Check for updates

NAD

*Research report*

Nordic Studies on Alcohol and Drugs
1–13
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1455072520972304
journals.sagepub.com/home/nad
SAGE

# Adapting existing behaviour: Perceptions of substance switching and implementation of minimum pricing for alcohol in Wales

**Wulf Livingston**
Wrexham Glyndwr University School of Social and Life Sciences, Wrexham, UK

**Marian Buhociu**
University of South Wales School of Humanities and Social Sciences, Pontypridd, Rhondda Cynon Taff, UK

**Katy Holloway**
University of South Wales School of Humanities and Social Sciences, Pontypridd, Rhondda Cynon Taff, UK

**Iolo Madoc-Jones**
Wrexham Glyndwr University School of Social and Life Sciences, Wrexham, UK

**Tom May**
University College London, London, UK

**Andy Perkins**
Consultancy c/o The Signpost Centre Lothian Crescent Dundee, UK

### Abstract

**Aim:** Minimum Pricing for Alcohol (MPA) was enacted in Wales on March 2nd 2020. During the legislative process (i.e. consultation and parliamentary discussion), concern was expressed about the possibility of some drinkers switching to using other substances in response to any rise in the cost of alcohol. This paper reports on findings from a study which explored these pre-implementation concerns and how the policy was shaped. **Method:** The research involved surveys (n=193) and interviews (n=87) with drinkers (predominantly harmful or treatment seeking) and providers of services. Survey responses were detailed, thus when combined with the interviews, provided a wealth of qualitative data, which are drawn upon in this paper. **Results:** The findings highlight an expectation that most drinkers would respond to the new policy with adaptations of their coping mechanisms to maintain alcohol use at pre-legislative levels. This was either by

Submitted: 16 June 2020; accepted: 20 October 2020

**Corresponding author:**
Wulf Livingston, Wrexham Glyndwr University School of Social and Life Sciences, PP13 Plas Coch Campus Mold Road Wrexham, LL11 2AW, UK.
Email: w.livingston@glyndwr.ac.uk

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (https://creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (https://us.sagepub.com/en-us/nam/open-access-at-sage).

switching alcohol products and adjusting their lifestyle to maintain an affordable drinking habit or developing new behaviours to manage additional costs. A small group of those with previous experience of drug use were identified as likely to switch from using alcohol to some other substances. **Conclusions:** Prior to the legislation being implemented awareness of the detail of the policy was found to be low, and the perceptions of increased potential harm for certain groups, including switching, were linked to concern about a lack of treatment capacity.

**Keywords**
alcohol, drinkers, minimum pricing, minimum unit pricing, policy

## *Legal context*

Since achieving devolved status in 1999, the Welsh Government has increasingly developed its own policy responses with regard to alcohol and other drugs. Its current 2019–2022 delivery plan extends the core framework established in its 2008–2018 strategy, "Working Together to Reduce Harm". The review of that strategy (Livingston et al., 2018), had as one of its key recommendations that the Welsh Government consider the immediate adoption of a minimum price for alcohol policy to reduce the increasing levels of alcohol-related harm. The imperative nature of this was emphasised as the window of opportunity for the Welsh Government's adoption of such a measure was likely to disappear with the demarcation of devolved powers under implementation of the Wales Act 2017. This Act redefined which matters were reserved to Westminster (United Kingdom Government) and those devolved to Wales, and interpretation suggested that after the Act, the power to implement such a policy would be reserved to Westminster.

While the Welsh Government had already begun deliberations on the merits of minimum pricing (Livingston et al., 2018), and had drafted its own legislation in 2015,[1] its delay had been influenced by active monitoring of issues emerging from Scotland, following on from The Alcohol (Minimum Pricing) (Scotland) Act 2012. The pressures of the Wales Act 2017 led to the adoption of legislation in 2018, namely, The Public Health (Minimum Price for Alcohol) (Wales) Act 2018. It became an element of current policy delivery through enactment on March 2, 2020.

## *Models of minimum pricing for alcohol*

The Welsh Government policy of Minimum Pricing for Alcohol (MPA) utilises the same mechanism as in Scotland, explicitly that of mandating a minimum unit price. This article adopts the Welsh Government label for the policy as Minimum Pricing for Alcohol (MPA), whereas in Scotland the policy is frequently foreshortened to Minimum Unit Pricing (MUP), despite it including other measures such as restrictions on retail promotion. Wales became the second country after Scotland to adopt a whole national approach of the minimum unit price mechanism. It has also been utilised in other smaller specific state-limited contexts, notably in Australia and Canada (Keatley et al., 2018; Thompson et al., 2017). Minimum pricing for alcohol through other mechanisms has been adopted elsewhere. For example, Uzbekistan prohibits below-cost selling (selling for a price less than the production cost) and Belarus, Russia, Ukraine and Moldova have different levels of minimum pricing depending on the type of alcohol (i.e., beer, wine, spirits) (Livingston et al., 2018). It is also worth noting that, although it did ban below-cost-price selling in 2014 (Woodhouse, 2020) and despite various calls to do so, the UK Government has no plans to introduce minimum unit pricing for alcohol in England.

### Effectiveness of minimum pricing for alcohol

The impact of increased alcohol prices (including taxation and minimum unit pricing) on reductions in alcohol consumption is well established and evidenced in empirical literature (Robinson et al., 2014; Stockwell, Auld et al., 2012), meta-analyses (Wagenaar et al., 2009) and systematic reviews (Elder et al., 2010; Fogarty, 2010; Nelson, 2013; Sharma et al., 2017). This evidence base supports notions that controlling levels of alcohol consumption leads to reductions in alcohol-related harm (Nelson et al., 2013; Wagenaar et al., 2009). The Sheffield Alcohol Research Group (SARG) at the University of Sheffield has been particularly influential in the UK's modelling of unit price as a mechanism for such changes in consumption and harms. They provided the Welsh Government with an initial modelling of the potential impact of a number of different minimum prices from 35–70p per unit in 2014 (Meng et al., 2014), and this was adjusted for inflation in 2018 (Angus et al., 2018). The Welsh Government consulted on and adopted a unit price of 50p, the same as that in force in Scotland. The impact of this would be a significant increase (up to 200%) in the cost price for some very cheap cider products, and some more modest increases (10–25%) on certain lower-priced beers, wines and spirits, as well as bulk discount purchases.

### Potential unintended consequences

One of the concerns repeated through the proceedings of the Bill, and in particular from some Welsh Assembly Members, was the possible unintended consequences arising from the legislation, including the possibility of hazardous and harmful drinkers switching to other potentially more harmful substances.[2] However, while effect of price on alcohol consumption is well documented, far less is known about the fuller and wider impacts on drinkers and the communities in which they live. The small volume of literature concerning unintended consequences is explored further in our discussion, but in summary suggests that: harmful coping strategies are rarely deployed among this population when alcohol becomes less affordable, switching is only likely amongst those with previous history of drug use, and unintended consequences tend to be short term (Holloway et al., 2019; Black et al., 2011; Erickson et al., 2018; Falkner et al., 2015; O'May et al., 2016; Stockwell, Auld et al., 2012). A commitment was therefore made to commission research that would investigate these concerns prior to the legislation's enactment. The research reported in this article is drawn from that commissioned research.

### Aims of the research

The main aim of the study was to explore the extent to which switching or substituting substances was considered likely as a result of introducing MPA in Wales (Araya & Paraje, 2018; Sharma et al., 2017). However, the study also sought to investigate how drinkers would cope in response to less affordable alcohol and hence identify additional unintended consequences of the legislation (Erickson et al., 2018). Of 11 objectives in the primary research element, four focused on individuals working as providers of services to people with alcohol problems (i.e., service providers) and seven focused on people receiving support from those services (i.e., service users). Thus, the research element reported on in this article concentrates on the perceptions of two specific populations about the likely impact of a new policy.

## Methodology

The study was composed of secondary and primary research. A systematic literature review of substance switching behaviour, critically examining 23 sources, from initial Boolean searches that yielded 794 potential studies, is referenced, but not directly retold, throughout this article (see Holloway et al., 2019). The primary

research adopted a cross-sectional design, utilising a mixture of survey and interview responses to study the moment in time prior to the implementation of the legislation (Bryman, 2016).

The adoption of a principally qualitative strategy enabled data to be gathered on service providers' and service users' knowledge, understanding, perceptions of and attitudes towards the key issues relating to MPA and its potential consequences, especially those of switching behaviour. This was particularly useful for helping to understand how they interpreted the policy and for seeing its potential impact through their eyes (Wincup, 2017). A combination of interviews and online questionnaires were used. The sample was a targeted one, in that it focused on harmful and hazardous drinkers engaged in some form of treatment for drink-related concerns (service users) and those providing services for such, predominantly alcohol alone but sometimes in combination with other drug use (service providers). Additional regard was given in the survey element to harmful and other drinkers not engaged with services. The research focused on adults aged 18 years and over who were either resident in Wales or involved in the delivery of alcohol services within Wales, with the option to participate provided in either the English or Welsh language.

Interviews were conducted with 49 service users and 38 service providers (including operational management and frontline staff). Convenience sampling was used to recruit interviewees from alcohol services operating across the seven regional policy coordination units, Area Planning Boards, of Wales. Third-sector services were identified through a sampling framework agreed between Welsh Government, Regional Policy Coordinators, Project Advisory Group and researcher contacts, and included specific criminal justice and homelessness organisations. They excluded specific National Health Service (NHS) organisations as the extended timeframe usually involved in securing NHS ethics applications could not be fitted in prior to policy implementation. Three of the service user interviews were group interviews. Most individual interviews were conducted face to face with a small number being undertaken via telephone. All were recorded and subsequently transcribed. Both the service user and provider interviews followed a semi-structured approach; common starting questions were used, and exploration of answers undertaken. The service users were predominantly male, aged 45–54 years, with over half using alcohol only. The service providers were equally split male and female, most had over five years of direct work experience and were in the alcohol or drug sector, with a smaller number working in aligned services (e.g., criminal justice, domestic violence, and housing). Respondents were situated all over Wales, and hence included both urban and rural experiences.

The survey questionnaires were created in Online Surveys (formerly Bristol Online Surveys) and included both closed and open-ended questions. Separate surveys were made available to drinkers and service providers and were distributed by email through a mixture of organisational and researcher contacts (as above), plus through social media (i.e., Facebook and Twitter). The sections of the drinker survey asked about: demographics, alcohol use (including purchasing behaviour), other drug use, treatment history, prior and perceived switching between substances, and finally knowledge, attitudes towards and perceived impact of the new policy. Similarly, for the providers: demographics, current job role, characteristics of drinkers and drug users accessing services, perceptions on switching of substances, and knowledge, attitudes, impacts of and preparation for the policy. (Full copies of the survey instruments are available on request from the authors.)

In total, 100 service providers and 93 drinkers completed the surveys, five of the latter completed hard copies (with the assistance of their support worker), which were subsequently entered by a member of the research team. The

survey drinkers were broader in their age range and extent of drinking than the specific treatment population that took part in the interviews. The demographic make-up of the service providers responding to the survey was broadly consistent with those of the interview population. Both groups of survey respondents put considerable time and effort into their survey responses and included detailed answers to the open-ended questions. Consequently, far more qualitative data than had originally been anticipated were gathered. The qualitative elements of the surveys combined with the in-depth interview data, generated a rich set of data upon which this article is based.

The two sets of survey data were exported from Online Surveys directly into Statistical Package for the Social Sciences (SPSS). The survey responses were analysed using SPSS, Excel and Word to facilitate the analysis of the extensive amount of data collected. All interview transcripts were anonymised and then uploaded into NVivo. Data coding was quality assured by different team members checking each other's coding and/or leading on separate coding. This process helped to ensure that it was more likely the final extracted themes were not just the personal interpretation of one team member and borne out by the data. A thematic analysis approach was adopted, and a thematic framework grounded in the data was developed and reshaped (Braun & Clarke, 2006; Glaser & Strauss, 1967). Consistent with this approach, the coding framework (a) utilised propositional starting points drawn from the literature research, advisory group consultation and tender documentation; and (b) emerging iterative perspectives. The primary nodes in NVivo or Word were thus organised around key considerations of changes in alcohol consumption and purchasing, history and likelihood of switching between substances, as well as probable coping methods, impacts (positive and negative) and preparation(s) in response to MPA.

Ethical approval was granted from two universities (Glyndwr University and University of South Wales) and Her Majesty's Prisons and Probation Service. All respondents provided consent; online for surveys, in writing for face-to-face interviews and verbally/via email for telephone interviews. Data examples used in the final report and this article are identified first as coming from either a drinker or service provider, and then whether they were gathered via interview or survey, and then finally within this, each is given a unique number (other than those in a group interview).

## Findings

Broadly speaking there was consistency between the responses of drinkers and service providers. Most respondents anticipated negative results from MPA and only some drinkers (notably the moderate ones within the survey) were confident about being able to cope and adapt to the changes.

### *Potential for switching substances*

The key message in terms of the aim of the study, was that for most drinkers, the likelihood of switching substances related to their existing behaviour patterns. Thus, where drinkers did not use other drugs, the perceived likely consequence of MPA was switching from one drink or brand to another. This was because it was felt that for many drinkers, alcohol was a clear drug of choice and one they would continue to prioritise. Crossing over to drugs, and especially towards the margins of legal/illegal activity, was just not an option for most drinkers:

> I don't think I'd just deliberately go out and switch to something that I'm not really interested in. (Drinker, Interview 04)

> They are two separate entities anyway . . . Different in terms of their effects. . . . But it was mainly the alcohol for me. (Drinker, Interview 10)

> They're just going to still be an alcoholic, they're just going to get it somehow. (Drinker, Interview 25)

> I don't like drugs. I don't like the idea of them. (Drinker, Interview 13)

> The idea of doing an illegal drug wasn't comfortable. (Drinker, Interview 23)

> Some of them won't go on . . . they're completely anti-drugs. (Provider, Interview 22)

The expected switch was most often expressed as a move away from strong ciders (that would become far more expensive under the new legislation) towards spirits and wine, with an emphasis on getting the best possible value for each pound spent.

> If a bottle of cider cost £2.50 and then you're going to pay £8.00, you're just going to make people drink vodka instead of cider. Sorry. (Drinker, Interview 31)

Conversely there was a suggestion that for those with prior experience of drug use, switching away from alcohol was more likely. This expectation was associated with certain groups, notably street drinkers. This group were seen as being both more dependent on alcohol and having fewer financial alternatives or other coping mechanisms to fall back on:

> . . . a pressing need to meet their dependency requirements . . . (Provider, Survey 93)

> . . . [would not be able] to afford their alcohol dependency so [would] access a cheaper substance. (Provider, Survey 94)

> Because they are simply trying to forget shit that has happened to them and numb themselves to what is around them. If alcohol won't be doing this, and there is no or little support, then of course they will use something else. (Provider, Survey 72)

The predicted pattern of switching to other substances, when it did occur, was consistent amongst the respondent groups. This was focused on a combination of factors: availability, price, and mimicking the effect of alcohol. Thus, where switching away from alcohol was to occur, it was predicted that this would most likely be to substances that mimic the effects of alcohol, such as benzodiazepines:

> The diazepam is the next closest thing to alcohol. (Drinker, Interview 04)

> Going to take something else that gives you the same feeling as a drink, but is a lot cheaper, like Valium. (B1, Drinker, Group Interview B)

> R: Or looking for something else to bridge the gap, like going to your GP maybe, asking for something instead of alcohol.
>
> I: Okay. What might that be then?
>
> R: I don't know, sleeping tablets maybe. (Drinker, Interview 08)

Cannabis and "spice" (or other novel psychoactive substances, especially synthetic cannabinoid substitutes) emerged as other possible substitutes, but only a few suggested that a switch to cocaine or opiate use might be likely:

> If a polydrug user this could be an issue. (Provider, Survey 73)

> Those that already take both drugs and alcohol may turn more to drugs. (Provider, Survey 18)

> Unknown, but a possibility of those looking at previous use and starting using again – potentially more affordable options. (Provider, Survey 78)

Finally, there were occasional references to the possible substitution of other substances, such as food, coffee or non-beverage alcohol (i.e., hand sanitiser or methylated spirits), the latter of which was a matter of considerable concern for some given the serious potential health consequences.

## *Awareness and understanding of MPA*

There was little and sometimes no awareness of the impending MPA policy among most interviewees and survey respondents. What awareness there was had usually either been triggered

by the research process or through news or community discussion:

> Really what is reported on the news. (Provider, Interview 15)

> I believe it's something to do with the pricing of per unit, is that correct? (Provider, Interview 26)

Thus, very few individuals in the study had any accurate, concrete, or detailed understanding of the plan to introduce MPA in Wales.

Associated with this were four dominant perceptions:

(i) Doing something about cheap alcohol and harms was welcomed and perceived as indicative of a positive cultural shift which was likely to particularly benefit future generations/younger people:

> To try to reduce consumption of alcohol by increasing minimum price. (Drinker, Survey 2)

> To avoid cheap alcohol beverages. (Drinker, Survey 70)

> Yes, I mean I think students it could have a positive effect because often students go for the cheap beers and ciders and they're definitely not going to be able to afford it. So, I think it'll have a positive effect on students. (Provider, Interview 32)

(ii) The introduction of a minimum price (especially the expressed 50p) would make very little overall difference to most people's drinking. It was considered that moderate drinkers would not be affected by the price increase largely because they did not drink enough for the increase in price to impact on them. However, for dependent drinkers, the need to continue drinking was expressed very strongly:

> I would find a way to get the desired effect of the alcohol in my system. People will find a way around it. (Drinker, Interview 15)

> When I was really at the bottom of the pit, when I was on the street and all, I would have found money for any drink to get wrecked. (Drinker, Interview 29)

> None. It won't deter people from drinking. People will spend less in other areas, i.e., children's shoes, school trips, family days out, food etc. The only people benefitting will be the manufacturers. (Drinker, Survey 21)

(iii) The impact would be on a small group of already vulnerable individuals:

> No, people on the streets may be struggling more because they just want to knock themselves out all the time and what's going on. So, they'd be looking for anything to try . . . (Drinker, Interview 08)

> And people who perhaps are in work but on minimum wage or very poorly paid, I think for them they're not going to be able to afford to buy what they've been buying. And hopefully it'll help those people look at it a bit more as well and some of the harmful effects of drinking those awful ciders and lagers won't be there because they're not going to be able to afford it. (Provider, Interview 32)

> Minimum pricing on anything only really affects those on lower incomes and from lower socio-economic backgrounds. (Drinker, Survey 40)

(iv) A belief that the price change was a tax, with questions about where the new revenue would go:

> Where does the money go, that's another thing, where does the money go for that increase? (Provider, Interview 04)

> So, it's a tax on everyone and the manufacturers are quids in and the rich get richer. (Provider, Survey 91).

There was an expectation that the introduction of MPA would be associated with more demands being placed on a range of public services including health, housing, substance misuse treatment, and policing:

> If they cannot afford to continue their current drinking levels this will be very dangerous for them. This in turn will have a huge impact on the NHS if they enter withdrawal. (Provider, Survey 7)

> Dependent drinkers will be unable to fund their alcohol use putting their lives in danger as access to clinical services is subject to significant waiting lists. Impact on A&E admissions due to alcohol withdrawal. (Provider, Survey 68)

## *Coping with the implementation of minimum pricing for alcohol*

A range of potentially different coping mechanisms were identified that related to the perceived level of impact on different groups. Thus, for low–medium-risk drinkers and those with sufficient income, the general sense was that any increase in expenditure would be absorbed into existing budgets and that no significant adaptation or change in behaviour would be warranted.

However, for those drinking at high risk or dependence levels and those with particularly low incomes, it was suggested that adaption of behaviour was much more likely, and a range of coping mechanisms were identified. As already mentioned, one was the coping mechanism of switching to stronger drinks providing higher levels of intoxication. Associated with this was an increased probability of:

(i) Re-aligning existing budgets, e.g., going without or not paying some bills:

> Oh God, yes. If it would come down to food or drink, it would definitely be drink. Oh God, yes, definitely. (Drinker, Interview 27)

> And if you're in that place where you're still using, and you've got money to buy food or buy drink, you're going to buy the drink. (Drinker, Interview 14)

> So, they may well cut down on food and necessities and things that they should be doing around the house, to save up and buy the alcohol. (Provider, Interview 14)

(ii) Borrowing from family members or friends:

> Friends borrow us money, I just get it where I can really. (Drinker, Interview 03)

> Mates. Yes, friends and family and obviously ask my family to lend me money. (Provider, Interview 34)

(iii) More credit through pubs or shopkeepers:

> I had a credit tab at the corner shop where I'd max that out to £200. So that was one line of obtaining it that would have dried up. But then I perhaps would have got paid, paid that, racked it up again. (Drinker, Interview 11)

(iv) An increase in acquisitive crime:

> To tell the truth, we sometimes have to go out and make the money, i.e., beg or work for it. (Drinker, Group Interview A)

> If they cannot afford to buy the amount that they need then, yes, they will I think, they might resort to stealing it. (Provider, Interview 14)

In addition to managing affordability, was the consideration that individuals might look for alternative sources of alcohol:

(i) through cross-border shopping,

> I could envisage how you might sort of think "well it's only a few miles away, I'll make my way over there and buy it there because it's cheaper", maybe. (Drinker, Interview 23)

> Well, they can just go over there then, yes. They're going to be, aren't they? That's what they're going to do then, yes, you'd have thought. Especially now the tolls have gone. Why not? (Drinker, Interview 25)

(ii) by home brewing,

> Well, I've looked into it and I've got all the plans and the whole thing ready to make a little distillery in the shed. Pressure cooker modified and you can support your habit and make money. (Drinker, Interview 09)

> I just think people are going to think if they can't afford to buy the alcohol from the shop they are going to try and make it themselves and then I think we'd be looking at how do you manage that, how do you monitor that? (Provider, Interview 29)

(iii) by purchasing counterfeit or illicit alcohol.

> It could encourage more people or criminal gangs to sell counterfeit products. (Provider, Survey 9)

> Increase in the amount of unregulated bootleg and smuggled alcohol. (Provider, Survey 81)

There were a number of suggestions that coping with an increase in price due to MPA, or the pressures of maintain drinking habits, would be likely to have a negative impact on other aspects of life, notably mental health, family and housing.

## *Preparing and planning for the introduction of minimum pricing*

Given the general lack of awareness, it naturally follows that preparation for the impending change by either service providers or drinkers had not really begun to take place. This research took place when no formal date for enactment had been identified, and at best was being suggested as being nine months or more away. There were only a small number of examples of either drinkers or services showing any preparation for the change. For both groups, the consensus was for a need for a combination of awareness raising and resources to be available to support such:

> I think there should be more advertising, that's the first I've heard of it. So, then it's up to them what steps they're going to take go forward in that. But yes, I think there should be more advertising. I mean I drink every day. I didn't know nothing about that. (Drinker, Interview 18)

> All the information readily available for people, whether that's like, an advert on TV, like literally something that people can't ignore. (Drinker, Interview 34)

> Yes, absolutely need more resources. Staffing levels, we have not got enough staff... that's not really beneficial for the Service users to have that many on a caseload so yes, just having more staff in place really. (Provider, Interview 15)

> You will need more debt counsellors and social workers to cope with families cutting back on other household expenditure just so they can have a drink every now and then. (Drinker, Survey 75)

Some workers identified the need to help prepare individuals within their caseloads. Unlike the providers, few drinkers anticipated doing anything to prepare for the introduction of MPA:

> Well I don't see what difference it is going to make now because it is going to happen anyway, and how are they going to prepare for it because they haven't got the money and resources to buy the alcohol anyway. They can't plan. It is not as if they can save money going forward because they haven't got any money. (Drinker, Interview 22)

But the small number who did, suggested either pre-implementation stock piling or beginning the process of switching away from the products likely to increase in price most significantly:

> Do you know what, when my next shop for cider was going up and I'd buy a couple of boxes and store them up ready for this nonsense. (Drinker, Interview 36)

> I will not spend £9 on a bottle of cider, no way. I could stock my cupboards up or... I wouldn't spend that, no way. {interviewer -I: Okay, so you will prepare by trying to cut down?} Yes, cut

> down. Either that or change to something else, lager or something. . . . (Drinker, Interview 18)

Longer-term solutions such as cutting down the quantity consumed or seeking professional support were mentioned by only a small number of drinkers.

## Discussion

This article has presented findings from a mixed-methods study drawing on the specific perspectives of drinkers and service providers across Wales about the introduction of MPA, and with a focus on the likelihood and nature of substance switching.

The headline finding was that mass switching from alcohol to illegal drugs was thought to be an unlikely consequence of MPA. Consistent with other research findings, alcohol was perceived to be a clear drug of choice for most drinkers and therefore any switching would be from one alcohol to another (Doran & DiGiusto, 2011; Hobday et al., 2016; Muller et al., 2010). Where substance switching might occur, it was felt to be to drugs that mimic the effects of alcohol, such as benzodiazepines, or possibly to cannabis and synthetic cannabinoids. This echoes Peters and Hughes' (2010) finding. Crossing over the boundary from a legal to an illegal activity was anticipated only among certain types of drinker, notably those with prior experience of illegal drug use (Miller & Droste, 2013). Thus, while switching to potentially more dangerous substances is often vocalised in the context of increased alcohol prices, our study and the literature suggest changing of drinking product is much more likely.

In our study, drinkers and service providers alike were generally pessimistic about the potential impact of MPA, largely because they believed people would find ways to keep drinking at similar rates. It was thought that low–medium-risk drinkers would more readily absorb the price increase into their existing budgets without the need for significant changes in behaviour. In contrast, it was anticipated that high-risk drinkers were those with a need or addiction, and as such would continue drinking by employing a range of strategies to help them cope with the price increase. Common to many other research studies is the consideration of drinkers aligning budgets, re-directing spending and going without in response to increased costs of alcohol (Black et al., 2011; Erickson et al., 2018; Falkner et al., 2015; O'May et al., 2016; Stockwell, Auld et al., 2012). Many of our respondents expected such behaviours to be a part of extensions of existing behaviours, already deployed in moments when money was tight.

Within this general pessimism concern was expressed about the possibility that some of the responding strategies (e.g., an increase in acquisitive crime, home brewing and use of counterfeit alcohol) would have particularly negative consequences, not only for already economically pressed drinkers but also for those around them. This included the suggestion of potential harm to children, with some respondents worried that funds would be diverted away from rent, food, and clothing to pay for alcohol. Further increases in abuse and violence more generally were also feared as a consequence of heightened intoxication through consumption of stronger products.

It is important to note that these somewhat negative predictions may well not materialise in the post-implementation period. Research from other countries suggests that such concerns may not be wholly justified (Chaiyasong et al., 2011; Falkner et al., 2015). This body of research highlights where the price of alcohol was increased (through taxation or minimum pricing) that harmful coping strategies such as stealing alcohol, committing income-generating crimes and substituting alcohol for non-alcoholic beverages are relatively uncommon (Black et al., 2011; Falkner et al., 2015). It does, though, suggest that re-budgeting was one of the most common strategies used in response to an increase in the price of alcohol in other countries (Erickson et al., 2018). It is only with post-

implementation research that we will be able to establish the extent to which perceptions become realities.

As found in Scotland shortly before implementation of Minimum Pricing for Alcohol, a general lack of awareness of MPA and the new legislation was evident among service providers and drinkers (O'May et al., 2016). As a result, few drinkers or indeed services had begun preparing for the change. When probed about what preparatory work was needed, the consensus was that the focus should be on raising awareness in simplistic terms and on signposting people to appropriate (and fully funded) support services.

### Limitations

This study has obvious limitations. In the first instance it is a perceptions study, rather than things that have happened or that will definitely happen. As such, the report suggests possible, rather than actual, future scenarios after the minimum price implementation. Secondly, while the policy is promoted as a whole-population measure (that will benefit all parts of society in some way), this study, due to the perception among certain politicians of the possibility of switching, was deliberately focused on the small, but significant, population of heavier drinkers and those providing services to them. While the views appear to be representative of the sample, they are not representative of the whole population of drinkers. The findings clearly reflect the context of those asked.

## Conclusions

It perhaps comes as no surprise that those experiencing problems with their drinking and those providing services to them had limited expectations of MPA. Both groups witness entrenched behaviour that is difficult to overcome. There was a consensus that for this particular group MPA (especially at a price of 50p affecting only a few alcohol types) would make no overt difference to the dependent drinkers' consumption of alcohol. They were drinkers who needed to drink. The anticipated switching from strong cider to spirits is borne out of the first-year sales data to emerge from Scotland (Giles et al., 2019; O'Donnell et al., 2019). The impact of realigned budgets, going without and increased family pressures, has recently been highlighted in the different context of the global Covid-19 pandemic (Fox & Galvani, 2020).

The lack of awareness of MPA among the respondents was a matter of particular concern given the potential negative consequences and the report recommended that action be taken. The Welsh Government responded positively to two recommendations of the report; to make available publicity (and material) of MPA and to organise some pre-implementation awareness events with service providers (Holloway et al., 2019). They distributed a range of materials for drinkers, retailers, and services providers. In addition, they invested in events across the country, aimed at service providers and service user groups, to share the findings of the research and develop action plans in preparedness for implementation.

It should be noted that at the time of writing this article, implementation of MPA has been overshadowed by the global Covid-19 pandemic. Within a week of the implementation date (March 2, 2020), Wales experienced changing behavioural patterns in (panic) shopping and use; and within three weeks was in a full lockdown of strict physical distancing, with pubs and restaurants (on sales) closed, but off sales (shops) accessible and even deemed essential. In this context, it is going to take a significant period of time to establish whether the fears and perceptions of MPA, as we have highlighted here, are borne out in the reality of post-implementation (and/or Covid-19-free) realities.

## Notes

1. Welsh Government (2015) Draft Public Health (Minimum Price for Alcohol) (Wales) Bill https://gov.wales/sites/default/files/consultations/2018-01/150715memorandumen.pdf

2. Health, Social Care and Sport Committee 23/11/2017 http://record.assembly.wales/committee/4416

## Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research which this paper is based on was funded by the Welsh Government - GSR report number 48/2019.

## ORCID iDs

Wulf Livingston https://orcid.org/0000-0003-3017-4370

Tom May https://orcid.org/0000-0003-3077-523X

## References

Angus, C., Holmes, J., Brennan, A., & Meier, P. (2018). *Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report* (GSR report number 11/2018). Welsh Government.

Araya, D., & Paraje, G. (2018). The impact of prices on alcoholic beverage consumption in Chile. *Plos One*, *3*(10), *Article e0205932*.

Black, H., Gill, J., & Chick, J. (2011). The price of a drink: Levels of consumption and price paid per unit of alcohol by Edinburgh's ill drinkers with a comparison to wider alcohol sales in Scotland. *Addiction*, *106*(4), 729–736.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Bryman, A. (2016). *Social research methods*. Oxford University Press.

Chaiyasong, S., Limwattananony, S., Limwattananon, C., Thamarangsi, T., Tangchareonsathien, V., & Schommer, J. (2011). Impacts of excise tax raise on illegal and total alcohol consumption: A Thai experience. *Drugs-Education Prevention and Policy*, *18*(2), 90–99.

Doran, C. M., & DiGiusto, E. (2011). Using taxes to curb drinking: A report card on the Australian government's alcopops tax. *Drug & Alcohol Review*, *30*(6), 677–680.

Elder, R. W., Lawrence, B., Ferguson, A., Naimi, T. S., Brewer, R. D., Chattopadhyay, S. K., Toomey, T. L., & Fielding, J. E., & Task Force on Community Preventive Services. (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventive Medicine*, *38*(2), 217–229.

Erickson, R. A., Stockwell, T., Pauly, B. B., Chow, C., Roemer, A., Zhao, J., Vallance, K, & Wettlaufer, A. (2018). How do people with homelessness and alcohol dependence cope when alcohol is unaffordable? A comparison of residents of Canadian managed alcohol programs and locally recruited controls. *Drug and Alcohol Review*, *37*(Supplement 1), 174–183.

Falkner, C., Christie, G., Zhou, L. F., & King, J. (2015). The effect of alcohol price on dependent drinkers' alcohol consumption. *New Zealand Medical Journal*, *128*(1427), 9–17.

Fogarty, J. (2010). The demand for beer wine and spirits: A survey of the literature. *Journal of Economic Surveys*, *24*(3), 428–478.

Fox, S., & Galvani, S. (2020). *Briefing: Alcohol and domestic abuse in the context of Covid-19 restrictions*. Manchester Metropolitan University.

Giles, L., Robinson, M., & Beeston, C. (2019). *Minimum Unit Pricing (MUP) evaluation. Sales-based consumption: a descriptive analysis of one-year post-MUP off-trade alcohol sales data*. NHS Health Scotland.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Publishing Company.

Hobday, M., Gordon, E., Lensvelt, E., Meuleners, L., Liang, W. B., & Chikritzhs, T. (2016). The effect of price increases on predicted alcohol purchasing decisions and choice to substitute. *Addiction Research & Theory*, *24*(6), 441–449.

Holloway, K., May, T., Buhociu, M., Livingston, W., Perkins, A., & Madoc-Jones, I. (2019). *Research into the potential for substance switching following the introduction of minimum pricing for*

*alcohol in Wales: Final report* (GSR Report 48/ 2019). Welsh Government.

Keatley, D. A., Hardcastle, S. J., Carragher, N., Chikritzhs, T. N., Daube, M., Lonsdale, A., & Hagger, M. S. (2018). Attitudes and beliefs towards alcohol minimum pricing in Western Australia. *Health Promotion International*, *33*(3), 400–409.

Livingston, W., Perkins, A., McCarthy, T., Madoc-Jones, I., Wighton, S., Wilson, F., & Nicholas, D. (2018). *Review of working together to reduce harm: Final report* (GSR report number 21/ 2018). Welsh Government.

Meng, Y., Sadler, S., Gell, L., Holmes, J., & Brennan, A. (2014). *A model-based appraisal of minimum unit pricing for Wales: An adaptation of the Sheffield Alcohol Policy Model, Version 3*. Sheffield University.

Miller, P. G., & Droste, N. (2013). Alcohol price considerations on alcohol and illicit drug use in university students. *Journal of Alcoholism and Drug Dependency*, *1*(2), 109.

Muller, S., Piontek, D., Pabst, A., Baumeister, S. E., & Kraus, L. (2010). Changes in alcohol consumption and beverage preference among adolescents after the introduction of the alcopops tax in Germany. *Addiction*, *105*(7), 1205–1213.

Nelson, J. P. (2013). Does heavy drinking by adults respond to higher alcohol prices and taxes? A survey and assessment. *Economic Analysis & Policy*, *43*(3), 265–291.

Nelson, T. F., Xuan, Z., Babor, T. F., Brewer, R. D., Chaloupka, F. J., Gruenewald, P. J., Holder, H., Klitzner, M., Mosher, J. F., Ramirez, R. L., Reynolds, R., Toomey, T. L., Churchill, V., & Naimi, T. S. (2013). Efficacy and the strength of evidence of US alcohol control policies. *American Journal of Preventive Medicine*, *45*(1), 19–28.

O'Donnell, A., Anderson, P., Jané-Llopis, E., Manthey, J., Kaner, E., & Rehm, J. (2019). Immediate impact of minimum unit pricing on alcohol purchases in Scotland: Controlled interrupted time series analysis for 2015–18. *British Medical Journal*, *366*, Article l5274.

O'May, F., Gill, J., Black, H., Rees, C., Chick, J., & McPake, B. (2016). Heavy drinkers' perspectives on minimum unit pricing for alcohol in Scotland: A qualitative interview study. *SAGE Open*, *6*(3). https://doi.org/10.1177/2158244016657141.

Peters, E., & Hughes, J. R.. (2010). Daily marijuana users with past alcohol problems increase alcohol consumption during marijuana abstinence. *Drug and Alcohol Dependence*, *106*(2–3), 111–118.

Robinson, M., Geue, C., Lewsey, J., Mackay, D., McCartney, G., Curnock, E., & Beeston, C. (2014). Evaluating the impact of the alcohol act on off-trade alcohol sales: A natural experiment in Scotland. *Addiction*, *109*(12), 2035–2043.

Sharma, A., Sinha, K., & Vandenberg, B. (2017). Pricing as a means of controlling alcohol consumption. *British Medical Bulletin*, *123*(1), 149–158.

Stockwell, T., Auld, M. C., Zhao, J., & Martin, G. (2012). Does minimum pricing reduce alcohol consumption? The experience of a Canadian province. *Addiction*, *107*(5), 912–920.

Thompson, K., Stockwell, T., Wettlaufer, A., Giesbrechtd, N., & Thomas, G. (2017). Minimum alcohol pricing policies in practice: A critical examination of implementation in Canada. *Journal of Public Health and Policy*, *38*, 39–57.

Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies. *Addiction*, *104*(2), 179–190.

Wincup, E. (2017). *Criminological research: Understanding qualitative methods*. Sage Publications.

Woodhouse, J. (2020). *Alcohol: Minimum pricing*. Briefing paper number 5021, 11 March 2020. House of Commons Library.