

Health, Social Care and Sport Committee – Public Health (Minimum Price for Alcohol) (Wales) Bill

Background

As part of the **Health, Social Care and Sport Committee's** scrutiny of the Public Health (Minimum Price for Alcohol) (Wales) Bill, the National Assembly's Outreach Team has held a series of focus groups across Wales in order to capture the views and experiences of a cross-section of people.

Contributions were gathered from young people, school pupils, college and university students, homeless people, frontline staff and service users. The focus groups enabled the Outreach Team to gather the views of those most likely to be affected by the Bill, to capture opinions on its effectiveness, and any alternatives that could achieve the objectives of the Bill. Views were received from a mix of people, ranging from those who are teetotal to those with alcohol addiction issues. Participants were sourced through contacts developed by the Assembly and those provided by third sector groups.

The Outreach Team held 9 sessions across Wales with written information provided by one other organisation which was unavailable for a focus group session. The team engaged with groups from Anglesey, Cardiff, Carmarthenshire, Conwy, Pembrokeshire, Powys, Swansea and Wrexham. The views of 94 participants have been captured and summarised into key themes.

Format

Participants were given background information, a brief overview of the Bill and a description of the type of alcohol the Bill is likely to effect, before being asked the following questions:

- Do you buy this type of alcohol? – If yes, why? If no, why?
- If this type of alcohol becomes more expensive, how would this change the type and amount of alcohol that you buy?
- If it won't change the type and amount of alcohol that you buy, how will the increase in price affect you?



- The aim of the Bill is to improve and protect the health of people in Wales. Do you think the Bill will have a positive or negative impact on your health and why?

Summary of key themes and contributions

1. Cost

“...although I’ll still drink daily, it will probably mean that I won’t be able to afford white cider, so I’ll switch to the next cheapest drink, which will probably be ‘better’ for me”

- Person with alcohol addiction, Cardiff

The introduction of a minimum price for alcohol will have the greatest affect on people from lower socio-economic backgrounds, according to participants. Homeless people, those on low incomes and those with alcohol addiction issues were identified as most likely to be affected by the proposals by all participants. Others believed that the proposed legislation unfairly punished responsible drinkers. Cost was a theme which was discussed extensively at all focus groups.

When asked how the increase in price will affect them, the majority of participants, particularly young people and students, said they would not make any adjustments to the type of alcohol they currently buy, and would simply make sacrifices elsewhere in their budget. This would mean they would be unable to afford healthy food and drink. They also said they would be at greater risk of getting into debt.

Some young people explained that instead of giving up alcohol completely, they would simply drink a slightly more expensive alcohol, if their financial situation allows.

“I don’t buy the kind of high-strength, low price alcohol the Bill is targeting so I’ll be unaffected by it”

- Young person, Carmarthenshire

Crossing the border to England was also considered an option for some, if a minimum price for alcohol is introduced in Wales. Participants also commented that the Bill risked creating a black market with high-percentage, home-made alcohol being consumed more frequently.

2. Drug-use



“You can buy a bottle of vodka for £15 but you can get a pill for £7 – £10, and its effect will last all night”

– College student, Conwy

All participants believed that introducing a minimum price for alcohol would drive some people who drink alcohol to turn to drugs, which were perceived as cheaper. ‘Pills’ and ‘weed’ were cited as examples and participants explained that this could lead to complex and acute addiction issues, which would be more resource-intensive for the NHS.

Some participants also commented that introducing a minimum price for alcohol may push some people on low incomes or with pre-existing addiction issues to sniff glue or paint thinner.

3. Addiction

“Increasing the price of alcohol will not do anything to tackle alcoholism”

– College student, Swansea

A common theme that emerged during discussions was the risk that introducing a minimum price for alcohol would drive those with alcohol addiction issues to appease their addiction in other, potentially more harmful, ways. A participant with alcohol addiction was of the view that people with severe alcohol addiction would look to satisfy their need by consuming household products with alcohol content, such as hand sanitizer.

As such, participants felt that the proposals, if introduced in their current form, would be counter-productive. Staff at a homeless centre said that treatment for alcohol addiction will be substituted for drug addiction treatment or potentially, the treatment of illnesses/side-effects suffered as a result of ingesting products not meant for human consumption, but which have alcohol content.

“I agree that the price of alcohol should be raised, but this should be introduced as a tax, with the money being used to support those with alcohol addiction issues”

– School pupil, Anglesey



A number of participants believed the proposed legislation will force many people with alcohol addiction issues who are homeless or on low income to “go cold turkey”. The dangers of rapid alcohol withdrawal for those with addiction issues was highlighted as a key concern, and can result in seizures, or in the worst cases, death.

4. Crime

“Increasing the price of alcohol won’t change the drinking culture but may lead to more anti-social behaviour like stealing”

– College student, Swansea

Every group raised the issue of an increase in crime, particularly theft, as a ramification of the proposed legislation. Some participants also explained that sex workers often undertake the work in exchange for alcohol and/or drugs instead of money. The proposals are also likely to increase the number of people who beg and the length of time they beg for, according to staff at a homeless centre.

Participants were of the view that introducing a minimum price for alcohol would exacerbate this situation.

5. Branded alcoholic drinks

“People will move towards branded products. It may lead to the re-distributing of profit within the industry. We tend to go for brands such as Smirnoff and not the supermarket ‘own brands’, because of the taste”

– College student, Conwy

Introducing a minimum price for alcohol would reduce profits for supermarket ‘own brands’ such as Tesco Everyday Value. However, some university students were of the view that profits will increase for well-established, specialist brands such as Smirnoff and Budweiser who have the expertise and resources to introduce sophisticated marketing strategies to counter the proposed legislation.

It may also allow these brands to create their own ‘everyday value’ drinks which would create better economies of scale and a more diverse customer pool. Young people and students said that long-established, specialist brands are more attractive than supermarket own brands and the proposed legislation would not therefore change the type or amount of alcohol they drink.



6. International comparisons

Whilst many participants understood and admired the intention of the Bill, they considered the proposals *“too extreme”*. One young person referred to the situation in Australia and said that introducing measures that would prevent alcohol being served after 10:00pm and/or restricting the amount of alcohol that can be purchased in a day would be more effective.

Other participants drew comparisons with India and Russia, which have introduced a minimum price for alcohol. However, the unintended consequence of this was home brewing and the creation of a black market.

Alternatives to the current proposals

1. Education

“...the government has not really tried any of the alternative ways of tackling the underlying issue. Restricting people’s freedom should always be the last resort for government when trying to solve social problems”

– University student, Cardiff

Some participants were of the view that there should be greater focus on educating the citizens of Wales about the risks associated with irresponsible drinking.

Many considered the proposed legislation as too drastic and prohibitionist in nature. Creating an alcohol awareness campaign was mooted as a more effective way of tackling the underlying issue. Some young people commented that educating citizens about responsible drinking and the dangers associated with alcohol should be similar to the level of education school pupils currently receive on sex.

Including visible and impactful health warnings on alcohol products and disguising them in shops, in the same way as cigarettes, was suggested as an alternative to legislation. Participants said that this approach would yield greater benefits for the public health of citizens in the long run, much in the same way as the smoking ban. Future generations would *“not bat an eyelid”* because they will not know any different.

2. Treatment for alcohol addiction



“I suffer from cirrhosis of the liver and was given two years to live by my doctor. Even though I was considered a ‘serious case’, I still haven’t started the detox programme. It will be 9 months between receiving the news from my doctor and starting the detox programme”

Person with alcohol addiction, Cardiff

Improving the alcohol addiction and detox referral process was identified as an area of great concern, particularly by those with alcohol addiction issues. Some participants do not believe the current process is fit for purpose and said that resources should be focused on treatment instead of introducing legislation.

Participants explained that people with addiction issues often lead chaotic lives and find it difficult to attend or keep track of appointments. Failing to attend an appointment, arriving late or arriving intoxicated often means that the process by which someone is referred to a detox programme is suspended. The vast majority of participants said that support for those with alcohol addiction issues should be greater.

We would like to thank everyone who participated in these focus groups and who contributed information in writing, for sharing their views with us. Thank you also to the organisations who worked with us to gather these views and experiences:

Cardiff University’s Students for Liberty

Carmarthenshire Youth Support Service

Coleg Llandrillo

Gower College Swansea

Huggard Centre

Newtown High School

Pembrokeshire Care Society

Tŷ Croeso – The Wallich

Ysgol Gyfun Gymraeg Bryntawe

Ysgol Uwchradd Bodedern

