



Minimum Unit Pricing: Qualitative study of the experiences of homeless drinkers, street drinkers and service providers

Dr Elena Dimova, Research Fellow, Glasgow Caledonian University

SHAAP/SARN 'Alcohol Occasional' Seminar Thursday 31 March, hosted on Zoom

Scottish Health Action on Alcohol Problems ([SHAAP](#)) and the Scottish Alcohol Research Network ([SARN](#)) are proud to host the lunchtime Alcohol Occasionals, which showcase new and innovative research on alcohol use. These events provide the chance for researchers, healthcare professionals, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice. The current theme is *alcohol and society*. [Event reports](#) aim to capture the main discussion points and communicate these to a wider audience. SHAAP is responsible for the contents of this report, which is our interpretation.

Introducing the seminar, SHAAP Director Elinor Jayne welcomed Dr Elena Dimova (@ElenaDDimova) on behalf of SHAAP and SARN, provided background to SHAAP and SARN, introduced Dr Dimova and gave context to her research. Dr Elena Dimova thanked her co-researchers at Glasgow Caledonian University (GCU)'s [Substance Use research group](#) (@SubMisuseGcu), and their third sector partners, Homeless Network Scotland (@homelessnetscot). Dimova highlighted that the study was funded by the [Chief Scientist Office](#) and confirmed that the authors had no conflict of interest.

Dimova first provided background information on minimum unit pricing (MUP) in Scotland, explaining that the aim of MUP is to reduce alcohol consumption, particularly among hazardous and harmful drinkers.

Dimova outlined the potential benefits of MUP, including the reduction of population-level alcohol consumption and harm. MUP was introduced in Scotland in 2018, at a price of 50p per unit. MUP targets the cheapest, strongest drinks such as white cider and own-brand spirits, which are consumed mostly by the heaviest drinkers, especially those with limited income.

Dimova went on to introduce the Public Health Scotland [theory of change model](#) which has been developed to explain how MUP may result in a series of outcomes. **Dimova** then presented [evidence on the impact of MUP in Scotland](#). MUP was associated with a 3.5% reduction in off-trade alcohol sales per adult within 12 months of implementation and cider was the product which saw the largest impact.

Dimova described a research gap in terms of the impact of MUP on homeless and street drinkers, who may be susceptible to pricing since (i) levels of alcohol dependence and harm are much higher in the population and (ii) the volume and types of alcohol typically consumed by this population are especially



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damaging to health.

Dimova and colleagues' research addressed this gap, and unintended consequences of MUP. It is the first study to explore the experiences of MUP among homeless and street drinkers, and the support services that work with them.

This qualitative study consisted of 46 interviews with homeless and street drinkers in Glasgow (30 men and 16 women with an age range of 21-73 years) and 41 interviews with service providers and other professionals working with this population across Scotland. Organisations included charities, NHS, police, Scottish Government, Public Health Scotland, local authority housing, and social work departments.

Dimova shared the main findings of these interviews:

Homeless and street drinkers

Individuals interviewed were aware of the implementation of MUP. Some participants were supportive of MUP, stating that they have seen the harm that cheap, high strength alcohol can cause. Others were concerned that MUP, in isolation, would do nothing to address the social inequalities perceived to underlie and exacerbate alcohol problems.

Reported impacts of MUP on the quantity and type of alcohol consumed were varied: some participants reported a reduction in consumption, because they couldn't afford to drink as much; others reported no impact on their drinking, mainly because they were drinking products which were not affected in price by MUP; some participants indicated that, when they could no longer afford cider, they switched to spirits such as vodka. Some of the street drinkers were concerned by the health implications of switching to spirits.

Some of the participants, who also used drugs before the implementation of MUP, talked about how street drugs helped them to drink less when alcohol prices increased.

MUP exacerbated an existing tendency for a minority of heavy drinkers in the sample to beg or steal to obtain alcohol, or to prioritise the acquisition of alcohol over necessities such as food when they ran out of money. Borrowing and pooling of resources was also mentioned by participants.

Service providers and other professionals

Participants were interviewed about their expectation of MUP prior to its implementation. Many voiced their concerns of the potential negative impacts of MUP on homeless and street drinkers.

Participants were also asked about what services did to prepare for the implementation of MUP. Some participants received briefing notes and information materials, but most commonly participants reported only discussions surrounding the potential impact of MUP, for example on the numbers of individuals seeking treatment. A lot of organisations reported no planning prior to implementation of MUP. Third sector homelessness organisations appeared to have prepared more, compared to statutory services.

Regarding impact on services, most individuals reported minimal impact, despite initial concerns. Some reported a perceived increase in the use of food banks and drop-in centres that provide food – but that this was likely more pronounced due to the impact of the COVID-19 pandemic.

Some individuals felt that MUP had reduced the levels of alcohol consumption in their patients/clients. Service providers noticed individuals switching away from strong ciders (some saw this as a positive).

Service providers had limited observations of an increased use of illicit drugs/non-beverage alcohol, nor an observed increase in begging or stealing. Many service providers spoke of the importance of provision of support to homeless and street drinkers to reduce or stop their drinking – highlighting the imperative of ensuring that suitably holistic and psychologically-informed services which are equipped to meet the needs of this population are more readily available if alcohol-related harms are to be reduced.

Dimova concluded that policy makers need to devise plans to mitigate the unintended impacts and to promote the potential benefits of MUP for homeless and street drinkers.

Elinor Jayne thanked **Dr Dimova**, before opening for discussion and questions, which explored various issues, including: the key role of peer researchers from Homeless Network Scotland in the study fieldwork, the differential harmful effects of drinking

cider vs. spirits, comparison of the study findings to the impacts of MUP in the wider Scottish population, discussion of expected findings prior to the research being conducted, preparation of services in advance of MUP implementation, the alcohol industry response to MUP, and further research to be conducted in the future.

Read the research project briefing

Read the research project briefing on the [CSO website](#).

Watch this seminar

You can [watch this seminar, and other recent webinars](#)



Forthcoming event

All 2022 *Alcohol Occasionals* are [available for booking](#)

The next will be on 20th April: *Youth drinking in decline: Implications for policy and practice*. [Book here](#).

SHAAP Blog

Read [our blog](#), including posts on alcohol screening/interventions in prisons, and the PCANOS model.

