CHIEF SCIENTIST OFFICE

CODE: HIPS/18/43

RESEARCH PROJECT BRIEFING

Minimum Unit Pricing: Qualitative Study of the Experiences of Homeless Drinkers, Street Drinkers and Service Providers

AIMS

Alcohol Minimum Unit Pricing (MUP) was introduced in Scotland in May 2018. Existing evidence suggests MUP can reduce drinking in the general population, but there is little evidence regarding its impact on vulnerable groups. This qualitative study aimed to capture the experiences of MUP among homeless drinkers, street drinkers, and the support services that work with them.

KEY FINDINGS

- Homeless and street drinker interviewees were generally aware of MUP but it was accorded lower priority in their hierarchy of multiple concerns than other difficulties they faced on a day-to-day basis.
- Reported impacts on the quantity and type of alcohol consumed were varied. Some individuals reduced their drinking, some were unaffected, some switched drinks, and for some the balance of alcohol vis-à-vis drugs consumed shifted toward the latter.
- MUP exacerbated an existing tendency for a minority of problem drinkers to beg or steal to obtain alcohol, or to prioritise acquisition of alcohol over necessities such as food, when they ran out of money.
- MUP had negligible if any discernible impact on services that work with homeless and street drinkers.
- Policy makers in Scotland need to devise mitigations for the unintended outcomes affecting a minority of homeless and street drinkers. Other countries considering MUP should support stakeholders prior to implementation to exploit potential benefits as well as mitigate unintended consequences.

WHAT DID THE STUDY INVOLVE?

- **Qualitative interviews** with 46 people with current or recent experience of *homelessness* (such as rough sleeping, temporary or insecure accommodation) or *street drinking* (in public places because they do not have access to domestic space allowing alcohol consumption and/or cannot afford to drink in pubs). These were conducted in Glasgow with the assistance of our partners Homeless Network Scotland and took place after MUP implementation. They involved 30 men and 16 women aged 21-73 years.
- **Qualitative interviews** with 41 *service providers and other professionals* working with this population across Scotland, representing charities, NHS, Police, Scottish Government, Public Health Scotland, Local Authority Housing and Social Work Departments.
- **Public/Stakeholder involvement:** *Stakeholder* groups were conducted throughout the study (from design to dissemination) and included individuals with lived experience of homelessness or street drinking and alcohol use.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Most homeless and street drinker interviewees were aware of MUP when it was introduced. Many recognised the potential health benefits, especially as regards to disincentivisation of the most damaging forms of cheap alcohol (e.g., strong cider). It was nevertheless widely perceived as an unfair 'tax on the poor' which disproportionately affected individuals who engaged in problem drinking.

MUP was generally accorded low priority in homeless and street drinkers' hierarchy of concerns given the multiple difficulties they faced on a day-to-day basis (e.g. challenges accessing accommodation or treatment services, relationship issues, welfare reform and associated social security benefit problems, mental health etc.). MUP was perceived to have the greatest impact on problem drinkers and those with extremely low or no income.

Reported impacts of MUP on the alcohol consumed by homeless and street drinkers varied:

- Some reduced their drinking due at least in part to the increase in price, that is, responded in line with policy intentions.
- Some were unaffected because the cost of their preferred beverage(s) (most commonly wine and beer) did not change or, alternatively, their income was sufficient to accommodate an increase in price.
- Some individuals switched beverages, most commonly from strong white cider to spirits, usually vodka. The switch away from strong, cheap cider was an intended aim of MUP. However, for some drinking vodka was "the quickest way…to get drunk". MUP may have changed what and how they drank although not the amount consumed.
- The balance of alcohol vis-à-vis drugs consumed by some shifted more toward the latter, most commonly 'street benzos' (cheap and easily accessible illicit benzodiazepines). There was no evidence that homeless people who had not previously used drugs started to use them after the introduction of MUP.

MUP exacerbated an existing tendency for a minority of problem drinkers to beg or steal in order to avoid withdrawal, or to prioritise acquisition of alcohol over necessities such as food, when they ran out of money. The practice of borrowing from or pooling money or alcohol with other drinkers when financial resources were depleted was widespread.

There was some (limited) evidence based on service providers' accounts of a possible increase in consumption of non-beverage alcohol around the time MUP was introduced, but only in relation to a small sub-population of rough sleepers (most of whom had no recourse to public funds). It was unclear whether and if so to what extent this may have been a consequence of MUP and/or other factors (e.g., availability).

The introduction of MUP had negligible if any discernible impact on services that work with homeless and street drinkers. Most service provider interviewees reported feeling insufficiently prepared prior to its implementation, and only a few had supported staff to initiate conversations with service users about the policy's potential implications. Opportunities to use the introduction of MUP to promote service users' engagement with harm reduction and/or treatment were therefore missed.

Service providers and homeless/street drinker interviewees alike consistently emphasised that MUP does not address the reasons underpinning the (sometimes high level of) alcohol consumption within this population, this typically being to cope with past or present trauma and/or to soften the hardship of everyday life. They pointed to inadequacies in provision of services for this population that existed pre-MUP including but not limited to: prohibitive eligibility thresholds for mental health services which exclude people misusing substances; lack of addiction treatment for poly-substance users; and long waiting lists for residential detoxification and rehabilitation.

Stakeholders highlighted the imperative of ensuring that suitably holistic and psychologically-informed services which are equipped to meet the intersecting needs of this population are more readily available if alcohol-related harms are to be reduced demonstrably. A number emphasised the need for better integration of housing, drug/alcohol and mental health services, together with increased provision of outreach to improve intervention uptake. This was allied with a call for further investment in new and existing services to serve this vulnerable population including, in particular, alcohol treatment and rehabilitation, Managed Alcohol Programmes and Housing First.

Critically, these findings highlight the importance of considering the impacts of population-level health interventions on society's most vulnerable and marginalised groups, given that the nature and scale of effects can be very different from those reported for a population as a whole.

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WHAT IMPACT COULD THE FINDINGS HAVE?

- Improved understanding of the impacts of MUP on marginalised populations will put policymakers within and beyond Scotland in much better position to ascertain how to mitigate unintended consequences and support service providers to exploit the potential benefits more effectively.
- Study findings also lend weight to existing calls for improved provision and integration of holistic and psychologically-informed health, social care, and housing services for this population which are necessary if alcohol-related harms are to be reduced demonstrably

HOW WILL THE OUTCOMES BE DISSEMINATED?

- Two academic papers will be submitted in 2022, one focussing on homeless and street drinker experiences, the other on stakeholder perspectives.
- Presentations at Academic/Practitioner Conferences in 2022.
- Working with our partners, Homeless Network Scotland, and other stakeholders to disseminate our findings and recommendations in appropriate ways for different audiences, including but not restricted to: Homelessness organisations and those who use their services; Scottish Government; NHS Health Scotland; social and housing services; community alcohol services; other governments considering MUP (e.g., Ireland)

CONCLUSION

- MUP worked as intended for some homeless and street drinkers; others however were unaffected, and a minority experienced unintended consequences.
- MUP had a negligible or no impact on services supporting homeless and street drinkers, and opportunities to exploit potential benefits were missed.
- Policy makers need to devise plans to mitigate the unintended impacts and promote the potential benefits of MUP for homeless and street drinkers.

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