

The Cost of Alcohol: The Advocacy for a Minimum Price per Unit in the UK

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Executive Summary

Background. UK drinkers regularly consume alcohol in excess of guideline limits; alcohol consumption and binge drinking are also known to have increased in recent years. One reason for this is the availability of low-cost alcoholic beverages. The introduction of a minimum price per unit of alcohol has been proposed as a means to reduce alcohol consumption in the UK. However, there is little in-depth research investigating public attitudes and beliefs regarding a minimum pricing policy. This report presents the findings of an in-depth qualitative study to investigate people's attitudes, beliefs, and responses to the introduction of a minimum price per unit of alcohol policy and its perceived acceptability.

The Project. Twenty-eight focus groups were conducted to reflect representative views regarding the introduction of a minimum price per unit of alcohol policy. Participants were asked to give their opinions about minimum alcohol pricing, its possible outcomes, and how its introduction might be made more acceptable. The thematic content analysis of focus group transcripts revealed important insight into participants' attitudes and beliefs with respect to a minimum price per unit of alcohol policy.

Major Finding 1. Participants were found to express largely negative views of the possible introduction of a minimum price per unit policy. Analysis indicated that participants' objections to a minimum price had three main elements: (1) participants were sceptical of minimum pricing as an effective means to reduce UK alcohol consumption; (2) participants disliked the policy for a number of reasons, in particular, the policy was believed to unfairly punish those who drink in moderation or 'sensible' drinkers; and (3) participants were concerned that a minimum price per unit might create or exacerbate other existing social problems (e.g., crime and drug abuse).

Major Finding 2. Although they were clearly not enthusiastic about the prospect of paying higher alcohol prices, a number of participants reluctantly accepted that a minimum price per unit might be necessary to address excess alcohol consumption. Accordingly,

participants who supported (or at least did not object to) the introduction of a minimum price did so for one or more of three reasons: (1) the need for action to curb excessive alcohol consumption; (2) the prospect of improved public health, particularly among young and underage drinkers; and (3) the introduction of a minimum price was not perceived by participants to have a significant effect on their own personal drinking habits.

Major Finding 3. When asked how the introduction of a minimum price might be made more acceptable, two themes emerged from the analysis with participants making the following suggestions: (1) a minimum price per unit should be introduced as part of a broader package of government policies to address excessive alcohol consumption; and (2) revenue generated by higher alcohol prices should be used to fund other interventions. In both cases, it was evident that participants were more likely to accept a minimum pricing policy if it was introduced together with other government policies participants considered most likely to reduce alcohol consumption significantly. There was also little evidence that participants' views of the minimum price policy and its acceptability varied across gender and age groups.

Conclusions. Current findings indicate that participants were largely sceptical of the introduction of a minimum price per unit alcohol-pricing policy and expressed doubts regarding its effectiveness. Participants did, however, suggest that the policy could be made more acceptable if introduced as part of a wider strategy to curb alcohol consumption. Present findings suggest that participants' objections to a minimum price per unit were the result of three main issues: (1) a misunderstanding of the minimum price per unit policy itself; (2) the failure to recognise the significance of small incremental reductions in alcohol consumption; and (3) a preoccupation with the effects of a minimum price on heavy and dependent drinkers. Policymakers looking to introduce a minimum price policy should focus on dispelling the misconceptions regarding an alcohol-pricing policy and on highlighting the key features of the policy to counter the misunderstandings expressed by participants in the present research.

Abstract

Background: UK drinkers regularly consume alcohol in excess of guideline limits. One reason for this may be the availability of low-cost alcoholic beverages. The introduction of a minimum price per unit of alcohol has been proposed as a means to reduce UK alcohol consumption.

However, there is little in-depth research investigating public attitudes and beliefs regarding a minimum pricing policy. The aim of the present research was to investigate people's attitudes and beliefs, and their potential responses to the introduction of a minimum price per unit of alcohol policy.

Methods: Twenty-eight focus groups were conducted to reflect representative views regarding the introduction of a minimum price per unit of alcohol policy. Participants were asked to give their opinions about minimum alcohol pricing, its possible outcomes, and how its introduction might be made more acceptable.

Results: Participants were found to be largely negative about the possible introduction of a minimum price per unit. Analysis indicated that participants' objections to a minimum price had three main elements: (1) participants were sceptical of minimum pricing as an effective means to reduce UK alcohol consumption; (2) participants disliked the policy for a number of reasons, in particular, it was believed to unfairly punish those who drink in moderation or 'sensible' drinkers; and (3) participants were concerned that a minimum price per unit might create or exacerbate other existing social problems (e.g. crime and drug abuse). There was a general perception that the policy was aimed at 'problem' and underage drinkers. Participants did express some support for the policy but expressed the view that it would only work as part of a national campaign with other educational elements.

Conclusion: There was little evidence to suggest that people would support the introduction of a minimum price per unit of alcohol policy. Scepticism about the effectiveness of a minimum price per unit is likely to represent the most significant barrier to public support for the policy. These findings also suggest that clearer educational messages are needed to dispel

misconceptions regarding the effectiveness of a minimum price per unit policy and the introduction of the policy as part of a broader package of government initiatives to address excess alcohol consumption might be the best way to advance support for the policy.

Keywords: Alcohol cessation; Minimum price per unit; Focus groups; Public opinion.

The Cost of Alcohol: The Advocacy for a Minimum Price per Unit in the UK

Excess alcohol consumption is known to have significant health, economic, and social consequences for people in the UK. Consumption of alcohol in excess is associated with increased risks of chronic health problems such as heart disease, liver cirrhosis, and some cancers (Boffetta & Hashibe, 2006; Britton & Marmot, 2004; Corrao, Bagnardi, Zambon, & Vecchia, 2004; Schütze et al., 2011). The emergency treatment of alcohol-related injuries and hospital admissions are known to place a considerable burden on the UK health care costs; a recent estimate suggested that the treatment of alcohol-related problems cost the National Health Service (NHS) £2.7 billion (Department of Health, 2008). There are also numerous maladaptive social consequences such that great numbers of people are frequently affected indirectly by drinking through the behaviour of others (e.g., domestic violence, street disorder, and criminal behaviour). The annual cost to the UK taxpayer of dealing with the secondary consequences of excessive alcohol consumption (so-called ‘passive’ drinking; Department of Health, 2009) is estimated at £7.3 billion through the provision of policing, administration of the justice system, incarceration, and rehabilitation costs.

The problems associated with alcohol misuse are further exacerbated by evidence that in the UK alcohol consumption increased by 40% between 1970 and 2007, in contrast to falling alcohol consumption in many other European nations (ONS, 2007a). A recent survey found that 40% of men and 33% of women in the UK drink above guideline limits at least once a week. Evidence indicates that the rise in alcohol consumption can be attributed to several factors: (1) increases in alcohol consumption among certain groups (e.g., young people and women) who did not previously drink to excess (ONS, 2007b); (2) increased availability and affordability of alcohol (ONS, 2008); and (3) the advent of aggressive marketing by the alcohol industry (Brennan, Purshouse, Taylor, & Rachid, 2008).

In recognition of these problems, the UK government has investigated possible legislative solutions to curb alcohol consumption and policies to raise the price of alcohol have

been at the forefront of these solutions. Such approaches are based on clear evidence that raising the cost of alcohol leads to concomitant reductions in alcohol consumption. For example, a comprehensive meta-analysis of studies on pricing and alcohol consumption reported a significant effect of alcohol pricing on alcohol consumption (Wagenaar, Salois & Komro, 2009). The research also revealed a reduction in mortality from chronic illness associated with excessive alcohol consumption and in the negative social effects of alcohol including violent crime, social disorder, and accidents. The majority of studies have focused on the use of governmental taxation and duty to raise the price of alcoholic beverages. However, one of the disadvantages of taxation is that it uniformly raises the price of alcoholic beverages which means that a disparity remains between alcohol products and the high- and low-ends of the market (House of Commons Select Committee on Health, 2009). Therefore, notwithstanding tax increases, there is still considerable potential for heavily-discounted alcoholic beverages to be made available in retail outlets that have small margins and sell strong alcoholic beverages in bulk. In addition, taxation does not curb retailers from selling discounted alcohol via multi-buy promotions such as ‘buy-one-get-one-free’ or ‘happy hours’. This means that at the low-end of the alcoholic beverages retail sector is still able to produce relatively low-cost alcohol.

The introduction of a pricing policy that is based on the alcohol content (or ‘strength’) of beverages available for sale such as a minimum price per unit of alcohol policy has been put forward as a possible solution. Systematic reviews of research concerned with the economics of drinking behaviour have demonstrated strong links between the price of alcohol and consumption levels (Anderson, Chisholm, & Fuhr, 2009; Booth et al., 2008; Cook & Moore, 2002; Elder et al., 2010; Wagenaar et al., 2009). One recent review concluded that “public policies that raise prices of alcohol are an effective means to reduce drinking” (Wagenaar et al., 2009, p. 179). Economic models provided by the Department of Health suggest that the introduction of a minimum price per unit of alcohol would likely result in a significant

reduction in alcohol consumption (Brennan et al., 2008). Introducing a minimum price for alcohol at 50-pence-per-unit, for example, would be expected to reduce UK alcohol consumption by 6.9%. This review also indicated that a 50p minimum price would be worth savings of £9.7 billion in terms of the overall costs associated with treating and managing excess alcohol consumption. On the basis of this growing body of empirical support, a number of researchers and policy makers have concluded that price legislation is likely to be a more effective means of reducing alcohol consumption and alcohol-related harm than behavioural interventions and campaigns (e.g., Department of Health, 2009; Elder et al. 2010).

Despite support from medical community (Cohen, 2009; Donaldson, 2009) and other advocacy groups (e.g., House of Commons Select Committee on Health, 2009; NICE, 2010), UK governmental support for the introduction of a minimum price per unit of alcohol has been described as “lukewarm” (NHS, 2009) and “less than enthusiastic” (Ward, 2011). The introduction of a minimum price per unit of alcohol has been advocated by various organisations that have conducted independent reviews of the evidence (e.g., House of Commons Select Committee on Health, 2009; NICE, 2010). There has also been a proposal tabled in the Scottish executive proposing the introduction of a minimum price of 45 pence per unit of alcohol in Scotland although the proposal failed to receive support in parliament. The UK Prime Minister, David Cameron, has voiced support of a general advocacy for reducing heavily discounted alcohol, but such support has fallen short of developing national legislation to introduce a minimum price per unit policy (Linton, Ottewell, & Rowey, 2010). Instead, the Prime Minister has endorsed local government pricing initiatives to reduce alcohol consumption such as the minimum price per unit policy proposed in the North West of England. The policy of Westminster is now focused on reducing “below cost” alcohol, although clear definitions have yet to be agreed (Ward, 2011).

The lack of unequivocal government support for the proposal is set alongside concerns that price legislation may harm the UK alcohol industry, may be in breach of EU competition

laws, may unfairly target those on low incomes, and may be perceived to infringe upon the freedom of the general public to drink alcohol however they choose. Proponents of the policy suggest that the price changes will reduce overall alcohol consumption and alcohol-related harm, but it is individuals with the highest rates of consumption that are likely to be the most affected financially by its introduction while those who drink within-guideline limits will be relatively unaffected financially (House of Commons Select Committee on Health, 2009). In summary, evidence that the introduction of a minimum price per unit will lead to an overall reduction in alcohol consumption in the UK is clear (Booth et al., 2008) and it appears to be the pricing policy of choice among the majority of organisations and researchers that have examined the effect of pricing on consumption, health, and social outcomes. Notwithstanding this general support, there has, to date, been little in-depth investigation of the attitudes and beliefs of the general public toward such a policy.

The Present Research

The primary aim of the present study is to address this gap in the research literature by investigating peoples' attitudes and beliefs concerning the proposed introduction of a minimum price per unit of alcohol in the UK. In addition to this, the present study also aimed to identify the conditions that might increase the acceptability of this policy. Household surveys have consistently shown public support to be higher for those policies that provide information or treatment for alcohol abuse than those that raise the price of alcohol or restrict access to alcohol (see Greenfield, Johnson, & Giesbrecht, 2004 for a review). Given this evidence, it is reasonable to assume that the public is likely to oppose policy introducing a minimum price per unit of alcohol. Nevertheless, there has, to date, been no formal in-depth investigation of people's beliefs and attitudes toward such a policy. Furthermore, based on the assumption that people's attitudes toward the policy will be negative or largely unsupportive, no research has sought to identify the possible conditions under which people may be more likely to endorse such a policy. We conducted a number of focus groups with people from a representative

cross-section of community groups to gain in-depth data on their attitudes and beliefs with respect to a minimum price per unit policy and, importantly, how it might be made more acceptable to them. The results of these focus groups were expected to provide the first in-depth data on public views toward the minimum price per unit policy and provide information to inform policymakers on effective means to introduce the policy.

Method

Procedure and Interview Schedule

Twenty-eight focus groups were conducted to investigate the attitudes and beliefs held by members of the public with respect to the introduction of a minimum price per unit of alcohol policy and investigate the conditions that would maximise the acceptability of the policy. Before each focus group, participants were asked to complete a brief questionnaire concerning their usual alcohol-drinking patterns. This was intended to provide overall descriptions of each focus group in terms of general levels of drinking with respect to population norms, their typical patterns of drinking, and their overall experience with alcohol. Participants were asked how many units of alcohol they had consumed in the previous two weeks and how many occasions they consumed 10 units or more for men, or seven units or more for women, on a single drinking occasion over the previous two weeks¹. In addition, participants completed the four-item Fast Alcohol Screening Test (FAST; Hodgson, Alwyn, John, Thom, & Smith, 2002) to assess the extent of participants' alcohol misuse. This instrument has rigorously evaluated and demonstrated validity and reliability as a brief means to evaluate the extent of heavy drinking (Hodgson et al., 2002). A FAST score of 3 or above is regarded to indicate that a participant is a 'hazardous' drinker.

Each focus group was organised according to a semi-structured interview schedule. The discussions were initiated and led by a facilitator with questions aimed at eliciting opinions and discussion of the minimum pricing policy among participants. Participants were initially introduced to the overall topic of discussion by encouraging brief discussions on alcohol-

related topics such as their own drinking behaviour, peoples' motives for drinking, and the possible antecedents of binge drinking in the UK². Thereafter the central topic of discussion was the proposed introduction of a minimum price per unit. The policy was explained and participants were given an indication how this might influence the price of alcoholic drinks³. Following this, participants were asked to give their opinions about minimum alcohol pricing and the possible outcomes following its implementation, together with a discussion of how the introduction of a minimum price per unit of alcohol might be made more acceptable. The facilitator helped focus the discussion by providing occasional reminders of the core topic, although, in keeping with the methodological approach, the facilitator avoided being too prescriptive and participants had reasonable freedom to discuss the issues they felt pertinent. The focus groups typically lasted 90 minutes, although the length of groups varied according to group size and the contributions made by participants during the course of the discussions. Discussions were recorded using digital recording equipment and transcribed in full.

Ethical approval for the study was obtained from the Ethical Review Board of the School of Psychology, University of Nottingham. Participants were fully informed of the purpose and requirements of the study in advance, the expectations of the researchers, and their rights to withdraw from the study without prejudice and to have any testimony that they had provided in the course of the study deleted from the transcripts. Participants were informed that they would be guaranteed complete anonymity, that the data gained in the course of the study were to be used exclusively for research purposes, and that their name would not be used at any time during the course of the study and in any subsequent publication. Participants' were also explicitly informed that the ensuing discussion would be recorded and transcribed. Participants were given ample opportunity to ask questions prior to their participation and were required to complete a consent form. These procedures were completed with each participant in isolation so they did not feel under undue group pressure to participate.

Participants

In order to gain views on the minimum price per unit policy that were representative of different community groups, focus group participants were recruited from one of ten target groups: (1) sixth-form students; (2) university students; (3) blue-collar workers; (4) white-collar workers; (5) unemployed people; (6) older adults; (7) people from the African-Caribbean community; (8) people from the South Asian community; (9) people from the rural community; and (10) 'hazardous' drinkers. Each focus group comprised 4 to 16 participants and all were recruited from the same target group. In total, 217 participants took part across the 28 focus groups. Twenty-two focus groups were conducted in the East Midlands region of the UK and a further six were conducted in the North West region of the UK. The characteristics of the focus groups conducted in each target groups are outlined next.

Sixth-form students

Twenty-six sixth-form students (21 male, 5 female, mean age = 16.85, $SD = 0.37$) took part in three focus groups (Focus group 1 (FG1), $n = 6$; FG2, $n = 10$; FG3, $n = 10$). On average, participants consumed 5.96 units of alcohol ($SD = 6.09$) and reported binge drinking 0.35 times ($SD = 0.69$) in the two weeks prior to the focus group. FAST scores indicated that 12 of the 26 participants could be classified 'hazardous' drinkers.

University students

Forty-one university students from the University of Nottingham (18 male, 23 female, mean age = 20.88, $SD = 3.23$) participated in six focus groups (FG4, $n = 8$; FG5, $n = 6$; FG6, $n = 8$; FG7, $n = 6$; FG8, $n = 7$; FG9, $n = 6$). On average, participants reported consuming 21.63 units of alcohol ($SD = 28.53$) and binge drinking on 1.20 occasions ($SD = 1.93$) in the two weeks prior to the focus group. FAST scores indicated that 26 of the 41 participants could be classified as 'hazardous' drinkers

Blue-collar workers

Twenty employees of a national supermarket chain (4 male, 16 female, mean age = 47.40, $SD = 9.82$) took part in two focus groups (FG10, $n = 5$; FG11, $n = 15$). Participants were

reported consuming 17.05 units of alcohol ($SD = 18.01$) and binge drinking 0.35 times ($SD = 0.75$) in the prior two weeks. FAST scores indicated that 3 of the 20 participants could be classified as 'hazardous' drinkers.

White-collar workers

Twenty administrative office workers from the University of Nottingham (5 male, 15 female, mean age = 34.80, $SD = 9.36$) took part in three focus groups (FG12, $n = 6$; FG13, $n = 8$; FG14, $n = 6$). Participants consumed 18.55 units of alcohol ($SD = 15.88$) and reported binge drinking 0.55 times ($SD = 0.76$) in the two weeks prior to the focus group. FAST scores indicated that 8 of the 20 participants could be classified as 'hazardous' drinkers.

Unemployed

Nineteen adults who were unemployed at the time of the study (13 male, 6 female, mean age = 36.26, $SD = 12.56$) participated in three focus groups (FG15, $n = 7$; FG16, $n = 4$; FG17, $n = 8$). They consumed 29.79 units of alcohol ($SD = 36.08$) and reported binge drinking 1.37 times ($SD = 2.24$) in the two weeks prior to the focus group. FAST scores indicated that 10 of the 19 participants could be classified as 'hazardous' drinkers.

Older Adults

Forty-four older adults (23 male, 21 female, mean age = 69.27, $SD = 8.96$) took part in five focus groups (FG18, $n = 6$; FG19, $n = 9$; FG20, $n = 5$; FG21, $n = 8$; FG22, $n = 16$). Participants reported consuming 12.00 units of alcohol ($SD = 12.95$) and binge drinking 0.24 times ($SD = 1.03$) in the previous two weeks. FAST scores indicated that one of the 44 participants could be considered a 'hazardous' drinker.

African-Caribbean

Four people who described their ethnicity as African-Caribbean (2 male, 2 female, mean age = 54.00, $SD = 19.20$) took part in a single focus group (FG23). They consumed 4.00 units of alcohol ($SD = 1.83$) in the two weeks prior to the focus group, and over the same

period, none of them reported binge drinking. FAST scores indicated that one of the four participants could be considered a ‘hazardous’ drinker.

South Asian

Twenty four people who described their ethnicity as either Asian-Indian or Asian Pakistani (16 male, 8 female, mean age = 40.29, $SD = 20.33$) took part in three focus groups (FG24, $n = 9$; FG25, $n = 7$; FG26, $n = 8$). Participants reported consuming 6.33 units of alcohol ($SD = 12.85$) and binge drinking 0.13 times ($SD = 0.45$) in the two weeks prior to the focus group. FAST scores indicated that 6 of the 24 participants could be classified as ‘hazardous’ drinkers.

Rural Community

Thirteen participants (4 male, 9 female, mean age = 21.82, $SD = 3.37$) took part in a focus group (FG27) held in Gosforth, West Cumbria, in the North West region of England. Participants described themselves as White-British and reported consuming 25.67 units of alcohol ($SD = 32.33$) and binge drinking 1.42 times ($SD = 1.16$) in the two weeks prior to the focus group. FAST scores indicated that 7 of the 13 participants could be classified as ‘hazardous’ drinkers.

Hazardous Drinkers

Seven participants (4 male, 3 female, mean age = 20.71, $SD = 2.29$) took part in a focus group (FG28) held in Blackburn, Lancashire in the North West region of England. When asked to indicate their ethnicity, six participants described themselves as White-British and one as of ‘other ethnic background’. Participants consumed 57.71 units of alcohol ($SD = 38.11$) and reported binge drinking 3.00 times ($SD = 1.73$) in the two weeks prior to the focus group. FAST scores indicated that 6 of the 7 participants could be classified as ‘hazardous’ drinkers.

Analytic approach

Inductive thematic content analysis was used to identify any patterns or themes present in focus group discussions (see Braun & Clarke, 2006 for an overview). Using qualitative data analysis software (NVIVO), themes were identified through multiple readings of the focus

group transcripts, cross-checking for common patterns and emergent themes. The reading process was repeated until theme saturation occurred. Taking an inductive approach, the analysis was carried-out with no prior assumptions about how participants might feel about the introduction of a minimum price per unit alcohol. Given that there is virtually no previous research investigating people's views of introducing a minimum price per unit alcohol pricing policy, the subject matter of the current study lends itself to an inductive approach and the identification of emergent themes and ideas; rather than a deductive approach where a priori hypotheses regarding attitudes and beliefs about the policy would be proposed and tested against a set of data collected on those views.

The researcher and facilitator was a social and health psychologist with elaborate knowledge of the research findings regarding the effectiveness of pricing policy, particularly minimum price, in curbing alcohol consumption at the population level as well as knowledge of the demographic, personal, social, and environmental factors that influence alcohol drinking and peoples' beliefs surrounding the minimum price policy. It is important to acknowledge this prior knowledge as a likely influence on the direction of the interviews and the interpretation of the data. A key characteristic of the current inductive approach is that the perspective of the researcher as an important element in the interpretive process and reflects a lens through which the identification of emergent themes and decisions on theme saturation are viewed. This prior knowledge is particularly valid in the current analysis as it contributes to identifying discrepant and inconsistent views expressed in the interviews regarding minimum price relative to the research evidence regarding the effectiveness of the policy at the population level. It should, therefore, be acknowledged that the current analysis was influenced and affected by the knowledge and awareness of the researcher regarding the effectiveness of minimum price and the psychological factors likely to be involved in beliefs expressed regarding the policy. It is also important to indicate that the present thematic analysis represents one of several interpretations of the current data.

Results and Discussion

The thematic content analysis revealed important insight into participants' attitudes and beliefs with respect to a minimum price per unit of alcohol policy and a number of key themes emerged. In terms of general preliminary findings, it was clear that there was little evidence to suggest that people would support the introduction of a minimum price per unit of alcohol. Many participants viewed the policy with suspicion, viewed it as an imposition by the government on their rights, and many thought it would not be effective. In some cases, participants accepted that a minimum price per unit might play a necessary role in reducing alcohol consumption, but it was viewed as only having potentially limited effects. Analysis showed that objections to a minimum pricing policy had three main elements: (1) participants were extremely sceptical of minimum pricing as an effective means to reduce UK alcohol consumption; (2) participants disliked the policy for a number of reasons - the most frequently cited reason was that the policy unfairly punished those who drink in moderation or 'sensible' drinkers; and (3) concerns were also expressed that a minimum price per unit might create or exacerbate other existing social problems. Evidence of these three themes was found in focus group discussions in all ten of the target groups.

Will a minimum price per unit be effective in reducing alcohol consumption?

When asked to give their opinions about minimum pricing, the most prominent theme evident throughout all focus group discussions was that participants did not regard a minimum price per unit to be an effective means to reduce alcohol consumption in the UK. Scepticism concerning the efficacy of minimum alcohol pricing was found to have two elements: (1) a strong belief that the introduction of a minimum price per unit would have no significant influence on UK alcohol consumption, and people would continue to drink regardless of any price increase; and (2) minimum pricing would only have a limited effect on people's drinking habits, and these effects would, at best, be confined to underage drinkers and subject to

limitations. In both cases, participants' scepticism about the effectiveness of a minimum price was found to have a number of sub-themes (see Figure 1 for an overview).

- Figure 1 about here -

A minimum price is unlikely to be effective at all

The belief that the introduction of a minimum price per unit of alcohol would not work was common among participants. There was a general perception that such a policy would be unlikely to have any real impact on alcohol consumption in the UK. This scepticism about minimum pricing seemed to stem from one or more of three sub-themes that were frequently cited in the focus group discussions: (i) people will drink alcohol if they want to, and would always find ways to continue drinking (i.e., "where there's a will, there's a way"); (ii) a minimum price would have no impact on the alcohol intake of heavy or dependent drinkers; and (iii) the perceived failure of previous price-control policies.

Where there's a will, there's a way

Participants repeatedly expressed a view that the introduction of a minimum price per unit would have no effect on alcohol consumption in the UK, and that people were likely to continue to drink regardless of the proposed price increases. Indeed, participants frequently argued that if sufficiently motivated, people would find ways to continue drinking following the introduction of a minimum price per unit:

I don't think it's going to work... Necessity is the mother of invention, so if people want alcohol, they'll find a way to get it... there's plenty of ways to get money to get alcohol.

[FG3 – Sixth-form student]

I think you'd just find another way of getting cheap alcohol. Something will be brought in... there will always be a way to get cheap stuff I should think.

[FG6 – University student]

I think if the prices went up, I'd find a way to still buy it cheap and carry on.

[FG7 – University student]

One way or another, it won't stop people drinking if they want to.

[FG11 – Blue-collar worker]

It wouldn't work... people will always find a way round it.

[FG17 – Unemployed]

If they want to drink, they'll find a way to do it. So personally I don't think it'll make much difference at all.

[FG22 – Older adult]

If you want something you're going to get it aren't you? Regardless of what the price is, if you want that you're going to get it.

[FG23 – African-Caribbean]

Participants suggested a number of different ways that people were likely to respond to the introduction of a minimum price per unit of alcohol. In particular, minimum alcohol pricing was expected to lead to significant increases in home brewing, bulk buying, and an influx of cheap foreign imports. In most cases, however, participants simply expected that people would continue drinking, prioritise their spending on alcohol and cut down on expenses elsewhere to maintain their drinking habits:

I think that people will just cut back on other things if they can't afford to drink.

[FG2 – Sixth-form student]

People will still keep on drinking, they might cut down on their other expenses.

[FG4 – University student]

I think people will just find ways round it, with booze cruises, home brews, and bootlegging.

[FG13 – Office worker]

If they put the price up, then people [will] start to home brew... They will start making it at home.

[FG24 – South Asian]

But they'll save on something else, in order to compensate for alcohol... If people want to drink, they'll cut down on how much they spend on their shopping bill, how much they gamble, or whatever... how much they drive their car, they'll cut down.

[FG25 – South Asian]

Minimum pricing won't work for heavy and dependent drinkers

One reason for the scepticism expressed about the effectiveness of a minimum price per unit policy was that participants believed that its introduction would fail to influence the

drinking habits of those who were heavy drinkers or alcohol dependent. For many participants, this failure to address the issue of alcohol dependency suggested that a minimum pricing policy was unlikely to work as an effective means to reduce alcohol consumption in the UK. When evaluating the likely effectiveness of a minimum price per unit it therefore seemed that, in some cases, participants were more preoccupied with the effects that the policy may have for heavy and dependent drinkers than a policy that would affect the alcohol consumption of the majority of drinkers in the UK:

I don't think it's going to affect the people that actually drink loads.... My auntie is an alcoholic and I don't think anything will stop her buying her alcohol. So I don't think it would make a difference if they raise the prices... So actually [for] people who need help, I don't think it's going to make a difference.

[FG1 – Sixth-form student]

The people who are taking it to stupid extreme and ending up in hospital, I would be tempted to call them addicts... when you're drinking that much, that frequently, and it's affecting you like that, and addicts will get what they're [going] for regardless of the price.

[FG6 – University student]

I don't think it'll work on the people who have a drink problem because they will find a way to do it.

[FG11 – Blue-collar worker]

I think the people who are at the extreme end of the problem, who are the heavy drinkers, who perhaps even drink so much that they're going to get ill or that they suffer from alcoholism, it doesn't matter how much it costs, they'll just find a different way of getting the money to pay for it.

[FG13 – Office worker]

This finding is expected to have implications for how policymakers might introduce the minimum price per unit to the general public. Alcohol dependency is arguably one of the most conspicuous examples of the ill effects of excess alcohol consumption; because of this it is perhaps understandable why many participants fixated on this issue, and considered minimum pricing unlikely to work. This fixation on alcohol dependency was perhaps an indication that participants did not regard the minimum price policy as one that was relevant to their own alcohol consumption and the consumption of alcohol by drinkers in the general population who

are non-dependent but exceed guideline limits. In the process of introducing a minimum price, policymakers would therefore need to highlight the proportionately greater public health problems associated with binge drinking and those who regularly exceed guideline limits, and to clearly define the target populations for pricing interventions.

Perceived failure of previous price control policies

It was evident that participants' scepticism about the effectiveness of a minimum price was, in part, based on the assumption that previous price control policies had largely failed to achieve significant changes in the health behaviour of the general public. In particular, the perceived failure of increasing taxation to reduce levels of smoking was considered evidence that the introduction of a minimum price per unit would also fail to reduce alcohol consumption. For this reason, many participants did not regard price legislation or taxation as an effective means to change behaviour:

Smoking is a social thing like alcohol... So if you were judging it on what's happened with cigarettes, then this isn't really going to work very well.

[FG3 – Sixth-form student]

I mean the comparison is, for me, cigarettes. I mean cigarettes are ridiculously expensive, but people still pay the money because they want cigarettes... but if they want it enough then they'll just keep [drinking], they'll just be forced to pay the extra money.

[FG8 – University student]

I doubt that it would work for the same reason that smoking continues, and I think possibly even drinking's more accepted in a way than smoking. So it stands less of a chance.

[FG12 – Office worker]

I think they will [keep buying alcohol] whatever price it is, they will buy it. It's like when cigarettes kept going up and up, they still kept buying them... it didn't stop them.

[FG20 – Older adult]

Notwithstanding these perceptions, there is clear evidence that increasing the price of cigarettes has played an important role in encouraging people to stop and reduce smoking both in the UK and countries across Europe (e.g., Forster & Jones, 2001; Gallus, Schiaffino, La

Vecchia, Townsend & Fernandez, 2006). This is also coupled with evidence that increasing taxation and price on alcohol in general leads to population-level reductions in alcohol consumption (e.g., Booth et al., 2008; Elder et al., 2010). These testaments therefore outline the overall misconceptions endemic among participants, and the general public, regarding the economic links between price increases and purchasing behaviour, particularly when it comes to duty and smoking and alcohol consumption. Policymakers interested in introducing a minimum price per unit of alcohol should be aware of this limited understanding and clearly communicate how effective previous price-control policies have been as a public health measure.

A minimum price will only have a limited effect

Where participants were willing to consider that a minimum price per unit alcohol might reduce alcohol consumption, they were sceptical about the scale of the impact the policy might have and believed it was likely to have only minimal effects. Although some participants thought that reductions in overall alcohol consumption were possible, this view was qualified by a belief that the introduction of a minimum price per unit was only likely to bring about relatively small changes in people's alcohol consumption and drinking habits. Specifically, participants perceived that the effects of a minimum price on alcohol consumption might be limited in one of five ways: (i) people's choice of drinks will change; and (ii) people would engage in binge drinking less frequently. Moreover, participants believed that the effects of any reductions would be subject to limitations: (iii) reductions would be confined to particular groups such as young people and underage drinkers; (iv) reductions in alcohol consumption would last a relatively short period of time, after which people would adjust to the higher alcohol prices; and (v) reductions in alcohol consumption would be achieved only after a long period of time, where higher alcohol prices were thought most likely to affect the next generation of drinkers. In each case, it was clear that participants did not regard these

incremental changes in drinking behaviour to be significant enough to merit the introduction of a minimum pricing policy:

It might have a small impact but probably not worth all the effort that they'll go through to put it through.

[FG7 – University student]

It could work, have a slight impact, but I don't think anything like what they would want... It wouldn't solve the problem.

[FG12 – Office worker]

What difference would it make if the majority of people reduce their alcohol consumption by one or two units a week, or even three or four units a week?

[FG13 – Office worker]

Minimum price will only change peoples' choice of drinks

In the course of the focus groups it was made clear that the introduction of a minimum price per unit would not indiscriminately raise the price of alcohol; instead it would only increase the price of discounted alcoholic beverages and those at the lower end of the market that are currently sold below the minimum price. Many participants, often in response to this information, put forward the view that the most likely outcome of a minimum pricing policy would be changes in what people drink, not the amount they drink:

I think that people would just be clever with what they bought, and try and maximise by just swapping drinks.

[FG7 – University student]

It will affect drink choices, you'd just switch from say beer to wine, and in the long run it won't have that much effect I think. So it's not really a good idea to raise the prices.

[FG7 – University student]

Instead of buying the cheap strong beers, they'll move on to something like a bottle of scotch, or something which is, hasn't changed by that much [in price]... So I think it'll just transfer the problem from people drinking cheap cider, from drinking cheap scotch, and then they'll be having the same kind of debates in ten years about putting the price of scotch up and it'll kind of go on from there.

[FG8 – University student]

If you just make it on the high alcohol, like Diamond White or whatever, instead of buying that they'll just buy a bottle of cheap whiskey, they'll buy a couple bottles of

that, instead of one bottle of that, which would give them the same effect, there's no difference.

[FG11 – Blue-collar worker]

I don't think it would solve the problem because these people [binge drinkers]... would then go to the cheaper one and they buy more because it's cheaper.

[FG19 – Older adult]

I just think that they [drinkers] will probably just switch to something else.

[FG25 – South Asian]

This finding suggested that participants expected that most drinkers would respond to the introduction of a minimum price by switching drinks to the next cheapest alternative. Interestingly, this seemingly modest change in drinking habits was frequently dismissed as inconsequential, and most participants failed to recognise that these changes in drink choice might lead to population-level decreases in alcohol consumption. This arguably led a significant number of participants to underestimate how effective a minimum price per unit was likely to be if introduced. These perceptions indicate that it would be important to highlight to a sceptical population that switching from stronger to weaker alcoholic beverages, or any other incremental change in the alcohol intake of individuals, is likely to add up to significant accumulative reductions in UK alcohol consumption.

A minimum pricing policy will only reduce binge drinking frequency

Participants also expected that a minimum price per unit policy, if implemented, may lead people to change their drinking habits. Most significantly, participants were willing to accept that minimum alcohol pricing might lead individuals to engage in binge drinking less frequently. Despite this, participants believed minimum pricing might not lead to an appreciable reduction in overall alcohol consumption in the UK, and may instead only serve to focus people's drinking habits more on the more risky heavy episodic 'binge' drinking at the expense of safer, more 'sensible', moderate drinking. In this context, participants were often sceptical as to whether the net effect of introducing a minimum price per unit was likely to be a positive one:

[People will] probably drink less often, but more heavily when they do drink.
[FG2 – Sixth-form student]

I'd just save the money I would have been spending on casual drinking, and just save up for the big nights.
[FG5 – University student]

People are drinking slightly more but on fewer occasions when they do, [if they] drink slightly more... the alcohol problems, you know, hospital admissions and stuff could shoot up, you never know.
[FG9 – University student]

I think it might make binge drinkers not binge as many times in a month maybe...if they did every single weekend, maybe they'll only do it twice a month.
[FG11 – Blue-collar worker]

Maybe people will drink the same amount less often... people would save-up their units for one night maybe, rather than two.
[FG13 – Office worker]

You're more likely to binge because they can't do it as often as what they used to... more likely to binge and binge worse than what they what they used to.
[FG15 – Unemployed]

Whilst there is clear evidence that reducing the number of occasions that drinkers engage in heavy episodic 'binge' drinking would have important positive implications for many of the problems associated with acute alcohol intoxication (e.g., violence, injury, unprotected sex, drink-driving), it seems that participants in the current focus groups did not recognise the potential benefits of reducing binge drinking frequency. Findings suggest that participants expected that any gains made in terms of reducing alcohol consumption may be undermined by people drinking more alcohol on fewer occasions. To address this concern, the introduction of a minimum price should be accompanied by messages that highlight that reducing binge drinking is a key target outcome of a minimum pricing policy, that it will likely lead to fewer incidences of the maladaptive outcomes of binge drinking, and also explore how drinkers might be encouraged to stagger their alcohol consumption rather than 'saving up' their money for a 'binge'.

A minimum price will only affect young people

Though seemingly willing to accept that reductions in alcohol consumption might be possible, most participants believed that increasing the cost of alcohol might only lead drinkers from a small number of specific social groups to reduce their alcohol intake. In particular, it was evident that significant reductions in alcohol consumption were considered only likely among young or underage drinkers:

I think it might only work for young people though...teenagers prefer to drink the cheaper stuff, so it'll only affect them really.

[FG3 – Sixth-form student]

It might [work], but I'm not sure, for just some groups of people, for example, very young people... [but] not for everybody.

[FG15 – Unemployed]

I think it's only going to affect people who are under eighteen, who are trying to drink as much as they can but for as cheap as possible.

[FG27 – Rural community]

It could reduce underage drinking a bit, but not anybody else.

[FG28 – Hazardous drinker]

If implemented, a minimum price per unit is expected to have the greatest effect for binge drinkers and those who regularly consume alcohol in excess of guideline limits regardless of their age or background. This finding suggests that the participants did not share this expectation; this misconception will need to be addressed if a minimum price is to be seen by the public as an effective means to reduce alcohol consumption for the UK as a whole.

A minimum price will only lead to short term reductions

Participants also expressed the view that minimum pricing was likely to produce only short term reductions in alcohol consumption in the UK, believing that after a certain period of time drinkers would adjust to the higher prices and return to drinking as they did previously. Accordingly, many participants did not regard the introduction of a minimum price per unit as an effective, long term solution to curb excess alcohol consumption:

My personal use would probably go down, and then probably go back up again [after I] got used to the price change.

[FG1 – Sixth-form student]

I think people six months down the line people would just be used to the new prices, everyone just accepted the new prices... People have sort of adjusted how they spend their money, people [will] probably still drink the same... and the government [will] probably start trying to look for a new way to try and address the binge drinking issue.

[FG7 – University student]

To be honest, I don't think it's going to affect anyone in the long term. Like, initially there'll be outcry, and people will be like, oh I can't afford White Lightning, and then there'll just be a shift, and they'll be exactly the same. I don't think it's going to affect anyone long term at all.

[FG13 – Office worker]

I don't think it's going to make a difference. I think people will just get used to that price and carry on.

[FG26 – South Asian]

When introducing a minimum price per unit, policymakers ought to be aware of this scepticism, and look to reassure the public that measures will be taken to ensure any reductions in alcohol consumption that a minimum price might achieve in the short term are likely to be sustained. For example, highlighting the evidence that successive above-inflation increases to the price of alcohol have been successful in reducing alcohol consumption might reassure people that the policy would be an effective means to reduce alcohol consumption in the UK.

A minimum price will only have long term effects

Though evidently sceptical of how effective a minimum price per unit was likely to be, a number of participants considered significant reductions in alcohol consumption might only be achieved long after its introduction. For this reason, higher alcohol prices were thought most likely to have the greatest effect upon future generations of drinkers, and the introduction of a minimum price would therefore be of limited value in addressing the problems of excess alcohol consumption in the current population:

It won't really affect our generation, it'll affect the next generation... you won't see the effects in this generation of binge drinking, you'll see the next generation not really drinking that much.

[FG2 – Sixth-form student]

I think it'll work. I think the impact on the generations now, would be minimal to average. I think going forwards, [for the] next generation and the ones after that, I think it'll just become accepted and that's how it is, and I think that'll be the biggest benefit.

[FG11 – Blue-collar worker]

I actually think this is probably something that would work if you change the price, but not in our generations. I think may be two generations down the line... But for our generation of people in here, I don't think it'll have much of an effect.

[FG11 – Blue-collar worker]

I don't think it'll make an amazing difference... It will have an effect, but an eventual effect, not an immediate effect.

[FG26 – South Asian]

This finding suggested that participants did not believe a minimum price per unit would significantly influence the drinking habits of those who are already consuming alcohol, and change might only be possible for future generations unaccustomed to drinking. This reflected a pervasive belief that individual drinking habits are somehow 'fixed' and that people would be unlikely to respond to effects of higher alcohol prices.

Do people like the minimum price per unit of alcohol proposal?

When asked directly, it became clear that the majority of participants did not like the idea of a minimum price per unit. Participants found to dislike the idea of minimum alcohol pricing, did so for one or more of six main reasons (see Figure 2 for an overview): (i) a minimum price per unit would indiscriminately target all drinkers, unfairly 'punishing' those who drink in moderation or 'sensible' drinkers at the expense of 'reckless' binge drinkers; (ii) minimum pricing was perceived a restriction on people's personal freedom to drink alcohol however they chose; (iii) a minimum price was also considered unfair because it would disproportionately affect the lives of the poor more than the rich; (iv) a minimum price was considered a reductionist intervention, and would not address the complex interaction of psychological, social, and cultural issues participants believed to be responsible for growing alcohol consumption in the UK (i.e., "there's more to alcohol than price"); (v) participants

believed there were other, more effective ways to reduce consumption other than increasing the price of alcohol that were being overlooked the UK government (i.e., “there must be a better way than this”); and (vi) participants suspected the UK government were likely to have ulterior political motives for the introduction of a minimum price aside from the improvement of public health.

- Figure 2 about here -

Punishing the moderate or ‘sensible’ drinker

Participants disliked the idea of a minimum price per unit policy because they believed that increasing the price of cheap alcohol would affect all drinkers indiscriminately, and failed to offer a sufficiently targeted solution to the problems of excess alcohol consumption. This perceived failure to appropriately target the behaviour of a minority of problem drinkers was arguably the main reason why people disliked the idea of a minimum price. Indeed, participants frequently described minimum pricing as a ‘blanket’ approach that would serve to unfairly punish those who drink sensibly, at the expense of the more ‘reckless’ behaviour of binge drinkers:

[It] seems to be punishing people... people [that] haven’t done anything wrong, there’s some people who are going out and getting absolutely drunk, and ending up in hospital, and that is a strain on our society. But a lot of people are just drinking socially and having a good time, we’re not posing a problem to our country at all. So I don’t see why we should be punished by high prices.

[FG6 – University student]

It doesn’t directly target the problem, it targets the country as a whole. The country as a whole isn’t a problem, it’s a proportion of the population who are the problem.

[FG7 – University student]

I’m a responsible drinker, why should I get penalised for people that can’t control themselves?

[FG11 – Blue-collar worker]

It is penalising the majority for the minority’s problems.

[FG12 – Office worker]

Personally I feel a bit offended that it would be people like myself that’ll be having to pay some more money... I just feel the principal of it is unjust, when it’s sensible

drinkers who are not causing the problem, but they're still going to end up having to pay for it.

[FG13 – Office worker]

If the introduction of a minimum price is to be successful, the perceived unfairness of raising the price of cheap alcohols must be addressed. Accordingly, it would seem important that policymakers demonstrate clearly that a minimum price would, in all likelihood, have very little or no real financial impact for those who drink alcohol sensibly and in moderation. Indeed, educational interventions should highlight that the only people likely to be significantly affected financially by a minimum price policy are those who consume high-strength alcohols from the lower end of the market, those who regularly drink to excess, and binge drinkers. In doing so, the public may be more inclined to regard the minimum price per unit policy more as a targeted response to the UK's problems of excess alcohol consumption, rather than an indiscriminate tax on all drinkers.

A restriction of personal freedom to drink alcohol

Although it was largely accepted that a minimum price policy would not stop people from drinking alcohol to excess, a number of participants believed that higher alcohol prices would, to some extent, restrict an individual's freedom to drink however they chose. In this context, it was evident that participants regarded the introduction of a minimum price as an unwelcome state regulation of drinking behaviour, and detracted from the autonomy of individuals to determine their own alcohol intake:

I think its restricting people's choice.

[FG4 – University student]

I don't agree with it. I don't see [why] the government should tell us what we can do, and what we can't do.

[FG11 – Blue-collar worker]

I think we live in too much of a nanny culture as it is... there are too many rules and regulations about what to do, what not to do. If people want to slowly kill themselves because of alcohol, [they can]. Yes, it has a huge burden on the NHS and therefore

society as taxes as a whole, but at the end of the day this isn't necessarily going to stop them... I think people should be left alone.

[FG12 – Office worker]

I just don't like the idea that the government trying to control your life, that's something I don't like.

[FG25 – South Asian]

This finding suggests many participants regarded the introduction of a minimum price as an overly prescriptive approach, where the increase in the price of cheap alcohol would, in effect, force drinkers to change their drinking habits rather than leaving individuals to reduce their alcohol intake of their own volition. With this mind, it is understandable that participants often interpreted the introduction of a minimum price as a government measure intended primarily to control peoples' behaviour, rather than to improve their health. If introduced, policymakers will need to address this misconception, emphasising that drinkers would retain the freedom to drink however they chose, and instead of trying to control behaviour, higher alcohol prices would arguably reflect the costs that excess alcohol consumption has for government spending more appropriately than they do at present. Furthermore, as before, it would be important to emphasise that the introduction of this policy would in all likelihood have little economic effect on drinkers who consume alcohol in moderation.

Minimum pricing unfairly targets the poor

The introduction of a minimum price per unit, like any other price control policy, would affect household budgets disproportionately more for people with lower incomes than for those with higher incomes (NICE, 2010); participants were uneasy about this prospect. For this reason, participants were critical of minimum alcohol pricing, suggesting that it would unfairly reduce the quality of life for poorer drinkers, whilst the lives of the rich would remain largely unaffected and continue to drink however they chose. This perceived inequality was considered by many participants to be unfair and perhaps even socially divisive:

I think they're intervening in the wrong way... well, it's bad for the poorer people, because it's not going to affect people that are really rich really at all, is it? So I think they've got this the wrong way round.

[FG3 – Sixth-form student]

But there are people on low incomes, if they want to go and have a drink that's going to cost them a lot of money. They're going to be less well off, and they probably will still drink to the same extent, and will have less money, maybe for their children or whatever.

[FG9 – University student]

The only sort of downside for me is that people on low-incomes, they should be able to a drink, and they shouldn't be excessively penalised because of this.

[FG12 – Office worker]

It targets low-income people basically... So in that sense, no, it's not fair.

[FG14 – Office worker]

To some extent, the views of the participants are borne out by data from research on alcohol pricing. There is evidence that pricing policies may place a disproportionately higher economic burden on those from poorer backgrounds. However, it is important to note that this group is also likely to suffer more from the direct (e.g., increased risk of chronic illness) and, most importantly, the indirect effects (e.g., domestic violence) of excess alcohol consumption and, therefore, the overall gains of alcohol reductions brought about by introducing a minimum price are considered to outweigh the economic disadvantages (NICE, 2010). Furthermore, the introduction of a minimum price per unit would not be responsible for the social inequalities that exist between those on high and low incomes. However, given that focus group participants often viewed it as a 'tax on the poor', policymakers advocating a minimum price policy should be aware that this policy might serve to draw public attention to, and may exacerbate, existing social divisions in society. Indeed, promotional material for a minimum price should make it clear that it has been introduced as a means to improve public health in the UK and would have little overall effect on long standing social inequities between the rich and the poor. It would also be prudent to highlight that there is clear evidence that it is individuals from poorer backgrounds that have greater incidences of alcohol-related harm than other

groups and, therefore, would stand to benefit more from any reductions in alcohol consumption (House of Commons Select Committee on Health, 2009). It would be important to highlight that the minimum price would therefore have a greater impact in terms of health-related outcomes for those from poorer backgrounds than in any other social group.

“There’s more to alcohol reduction than price”

The proposal to introduce a minimum price per unit is based on the assumption that the increasing affordability of alcohol is responsible for growing UK alcohol consumption. Participants frequently expressed the view that focussing solely on the relationship between price of alcohol and consumption was simplistic, and did not appropriately reflect the multidimensional nature of the problem. Instead, participants often observed that alcohol consumption was the result of a complex interaction of several, social and cultural factors, and criticised the idea of a minimum price for its failure to recognise this complexity and to intervene accordingly:

I’m not really in favour of it because it doesn’t address the core issues that make people drink in the first place.

[FG3 – Sixth-form student]

I think it just seems quite a simplistic way to sort of address the issue... it’s part of the culture, drinking... And to just say, oh people drink because it’s cheap, it doesn’t really address the sort of deeper, cultural issues.

[FG7 – University student]

It’s almost a cultural thing, and we’re trying to put a sticky plaster on it... by doing the price thing, and it’s a deeper thing than that. And it is going to penalise the people who like a drink, and it’s not a problem for them.

[FG12 – Office worker]

It’s not addressing the proper issue is it? Why do people drink too much? It’s not answering that... It’s not looking at society as a whole, and the problems that are causing it.

[FG13 – Office worker]

It was evident that many participants did not like the idea of a minimum price per unit because they considered it a ‘reductionist’ intervention, and, as such, would fail to address

what they believed to be the root causes of excessive alcohol consumption in the UK. These perceptions are important and relevant – it is clear that the fact that the cause of excess alcohol consumption is multifactorial is not lost on the general public and that many understand that pricing alone will not completely stem the maladaptive consequences of alcohol consumption. However, these comments suggest that people may hold unrealistic expectations as to what is possible through government intervention. It is also clear from these testimonies and those cited previously, that they might not be aware of the clear evidence that links price with consumption; policymakers should be aware of such misunderstandings as they might serve to undermine public support for a minimum price.

“There must be a better way than this”

It was evident that participants also disliked the proposal to introduce a minimum price per unit because they believed there were better ways to address excessive alcohol consumption in the UK. Accordingly, disapproval of a minimum price was, in some cases, based simply on the idea that alternative interventions had been overlooked:

There are other ways to deal with it if they really, really wanted to deal with it.
[FG13 – Office worker]

I personally don't mind that government thinking about helping people to reduce our drinking... But I think that they should think of better ways.
[FG15 – Unemployed]

Well the government seem to think that that is the answer to everything... putting prices of things up. They don't look at other ways round it.
[FG19 – Older adult]

I'm not in favour, because I think there's other ways of dealing with the problem.
[FG20 – Older adult]

There's got to be a better way than this.
[FG20 – Older adult]

Research evidence has indicated that many of the interventions that participants advocated most strongly (e.g., educational programmes, mass-media campaigns) have, for the

most part, had modest effects on reducing alcohol consumption and alcohol-related harm (Snyder, et al., 2004; Wakefield, Loken, & Hornik, 2010) and participants did not seem to be aware of this. Participants did not cite other strategies that have been shown to be most effective such as brief and extended one-to-one interventions (Murphy, Dennhardt, Skidmore, Martens, & McDevitt-Murphy, 2010; NICE, 2010) and pricing policies like increasing duty or introducing a minimum price per unit (Brennan et al., 2008). Based on these testimonies, it is important to highlight the substantially greater effectiveness of economic interventions such as the proposed minimum price per unit policy in reducing alcohol consumption relative to the modest effects of previous behavioural campaigns. This appears to be an important step in order to alleviate the misconceptions surrounding alternative policies and measures for reducing alcohol consumption and demonstrate the need for advocating the most effective strategies which, according to evidence, includes pricing policies such as the introduction of a minimum price per unit of alcohol.

Suspicion of government motives for introducing a minimum price

In many cases, participants objected to a minimum price per unit because they suspected that its introduction would not be motivated by a genuine concern to address the problems of excess alcohol consumption. Rather the policy tended to be regarded as motivated by the UK government's desire to gain financial and political advantage by its introduction. Specifically, participants believed that a minimum pricing policy would serve the interests of the government by generating additional tax revenues and serving to garner favour with the general public by convincing them that steps were being taken to tackle the problems associated with excess alcohol consumption. In both cases, it was clear that many participants believed the UK government was likely to have an ulterior motive for the introduction of a minimum price:

I'm not in favour, because it's a sneaky way of getting more money out of people for the treasury.

[FG13 – Office worker]

[I am] not in favour of it. I think they're not fixing the underlying problem, they're just putting a plaster on it. I think it's probably more of a publicity stunt and a way to make money than actually solve the problem.

[FG13 – Office worker]

It's a tax in everything but name.

[FG22 – Older adult]

It's just another one of the things that they want us, people to know about, to make us think that they're doing something.

[FG23 – African-Caribbean]

This finding suggests that in some cases participants' objections to minimum pricing were based on the perceived motivation for its introduction rather than the policy itself. It seems necessary to take steps to reassure the public that there is clear converging evidence connecting minimum price policy to reducing alcohol consumption and associated maladaptive outcomes and that the evidence comes from sources independent of the UK government. This would garner support from the public for the policy by allaying concerns that it was motivated by political gain and is, instead, aimed at addressing the public health problem associated with excess alcohol consumption.

Support for the introduction of a minimum price per unit

A number of participants reluctantly accepted that a minimum price per unit might be necessary to address excess alcohol consumption. Accordingly, participants who supported (or, at least, did not object to) the introduction of a minimum price did so for one or more of three reasons (see Figure 2 for an overview): (i) the need for action to curb excessive alcohol consumption; (ii) the prospect of improved public health, particularly among young and underage drinkers; and (iii) the introduction of a minimum price was not perceived by participants to have a significant effect on their personal drinking habits (i.e., "it doesn't bother me, I don't drink that much").

The need for action to curb excessive alcohol consumption

Focus group discussions showed that participants who welcomed the introduction of a minimum price per unit did so because they considered government intervention was required to address the growing problems of excess alcohol consumption in the UK. It was therefore clear that support for a minimum price was not for the policy itself, but rather because participants believed some sort of intervention was necessary:

I think it's quite a big problem, and something needs to be done to sort it out.
[FG2 – Sixth-form student]

At least they're trying to address the problem somehow.
[FG7 – University student]

But if they go ahead with it, I don't think I'd complain because I know they've got to do something.
[FG11 – Blue-collar worker]

So it's a start, and I certainly would be for anything that's a positive and working towards that [reducing alcohol consumption].
[FG14 – Office worker]

I'm in favour simply because something's got to be done.
[FG22 – Older adult]

These views indicate that many participants supported the introduction of a minimum price per unit because the policy addressed the perceived necessity for the UK government to intervene in some way. Notwithstanding this finding, the participants often stopped short of explicitly advocating or endorsing the policy itself. Indeed, some clearly qualified their statements indicating that they did not approve of the means, but approved of the motive indicating that at least the government was taking some sort of action to curb what they perceived to be a substantial problem.

The prospect of improved public health – A price worth paying

In many cases, participants seemed willing to overlook their own personal objections to a minimum price per unit, and expressed support for its introduction given the prospect of significant public health improvements that the policy might bring. In particular, the idea that a

minimum price was likely to reduce the alcohol intake of underage drinkers and improve health outcomes for future generations seemed especially persuasive to participants:

I think it's a good idea... it's going to stop younger people drinking as much.

[FG1 – Sixth-form student]

I'm in favour of it... For the simple reason you've got to think of the younger generation. I'm not bothered about the alcoholics, they've been drinking for years and years. It's the younger generation that I think we've got to educate... and if by putting it up a few pence stops even one of them buying it and drinking it's worth it.

[FG11 – Blue-collar worker]

Yes. I am in favour of it, because hopefully it will reduce the people that are drinking a lot. Hopefully it'd give them a better life, so [they're] not so reliant on the NHS.

[FG18 – Older adult]

I am in favour of it... stopping underage drinking, and obviously getting the people that are alcoholics to reduce their consumption.

[FG28 – Hazardous drinker]

Support for a minimum price per unit is likely to be highly conditional, and is expected to depend largely on how confident participants were that the policy would achieve significant reductions in alcohol consumption. It indicates that some participants were aware of, or had taken on board, the complexities surrounding alcohol consumption but also the importance of the measure to improving the health of the general public rather than specific groups of individuals.

"It doesn't bother me, I don't drink that much"

The introduction of a minimum price per unit would only serve to raise the price of alcohol currently sold below the minimum price, leaving the price of the majority of drinks unaffected. It seems that participants had recognised this fact and did not object to the minimum price per unit policy because the cost of their chosen drink would not change or they did not regularly drink alcohol to excess:

I feel quite indifferent to be honest... somehow I don't feel like it'll be affecting me personally with my [drinking]. I'm already paying the increased price at the moment, so... I wouldn't support it, but I wouldn't oppose it either.

[FG8 – University student]

I'm in favour of it because I'm not a drinker.

[FG16 – Unemployed]

I'm not too bothered to be honest, because I don't really drink much and I don't really care what everybody else does.

[FG25 – South Asian]

One reason why some participants liked the idea of a minimum price was simply that as individuals they would incur no increased costs by its introduction, mainly because they recognised that the policy did not affect them due to their comparatively low consumption. With this in mind, public support for a minimum price per unit might be best promoted or, at least, opposition minimised by drawing attention to the idea that for the majority of drinkers in the UK the cost of alcohol would remain largely unaffected.

A minimum price policy might make matters worse – Unintended consequences

In addition to believing that minimum pricing would not work, a regular theme emerging from participants' transcripts was the belief that a minimum price per unit policy might also create or exacerbate other social problems. In particular, participants considered a minimum price would make things worse in one or more of three ways: (i) crime was likely to increase because some drinkers might not be able to afford the higher alcohol prices; (ii) drug abuse was likely to increase because the increasing the price of alcohol would lead drinkers to seek out cheaper alternatives such as some drugs; and (iii) higher alcohol prices would also have negative economic impact. In each case, it was clear that whether or not a minimum price served to significantly reduce alcohol consumption in the UK, participants considered that the overall impact of a minimum price was likely to be negative (see Figure 3 for an overview):

I'm not in favour. I think it'll make things worse.

[FG15 – Unemployed]

If the prices go up, I think it's going to make it worse.

[FG15 – Unemployed]

I just think it's going to cause more problems than it's going to solve... I think it'll make it worse.

[FG16 – Unemployed]

- Figure 3 about here -

Increases in crime

The foremost concern expressed by participants about the minimum price per unit policy was that its introduction might lead to increased levels of crime in the UK. Specifically, participants expected that because some drinkers, in particular those who are alcohol dependent, might not be able to afford the higher alcohol prices, they may turn to crime to continue drinking:

There will not be any long-term benefit... because it'll cause problems elsewhere. People [who] need a drink, they'll get it by other sources. If they can't afford it they'll go out and steal, whether it's the wines and spirits themselves, or steal money, or rob, they'll do whatever.

[FG10 – Blue-collar worker]

I think there might be a lot more crime because I think people might steal what they can't afford.

[FG18 – Older adult]

If you increase the price for those who are dependent upon alcohol for their fun, for their buzz or whatever, will fund it somehow. So therefore crime will go up, whether it's petty crime or major crime, they will fund it somehow.

[FG22 – Older adult]

Crime will go up, definitely... because I think people who are alcoholics, they need to drink... if you put the price up, they need the money, the crime will go up.

[FG24 – South Asian]

This is another instance in which many participants appeared to be disproportionately fixated on the effects a minimum price per unit policy might have on behaviour of heavy or dependent drinkers than on the majority of drinkers in the UK. The advocacy of the policy should therefore seek to make it clear that there is evidence to suggest that the introduction of a minimum price per unit will, in all likelihood, lead to an overall reduction in crime, particularly violence and social disorder (e.g., Booth et al., 2008).

Increases in drug abuse

Participants were also concerned that the introduction of a minimum price per unit might lead to an increase in drug abuse. Specifically, it was anticipated that increasing the price of cheap alcohol would force some drinkers, especially those who are alcohol dependent, to turn to drugs as a cheaper alternative to serve their needs:

It's working out now that a line of cocaine is cheaper than a pint of beer from a pub... So [people] might go on to some other form of drugs instead because it would be cheaper.

[FG1 – Sixth-form student]

There might be more drug usage... because people will find alternatives, an alternative to alcohol... Alcohol gives them a feeling of happiness and stuff, so they'll look for something else that gives them that feeling.

[FG2 – Sixth-form student]

If you've got a mind-set where you actually want to go and get off your head, the cheapest way to do that might be to go and get some cocaine or something.

[FG13 – Office worker]

Well they'll start taking cocaine, because cocaine will be cheaper than buying alcohol. So then you've got a cocaine problem.

[FG19 – Older adult]

They will follow the cheapest commodity, whether it be drugs [or alcohol] to get the same buzz.

[FG22 – Older adult]

The perception that individuals who were heavy drinkers or dependent on alcohol would to switch to illegal drugs demonstrated once more that some participants' were preoccupied with the impact of a minimum price on the behaviour of heavy drinkers rather than as a policy that would improve the health of the general public. Furthermore, although there is evidence that use of alcohol, particularly heavy use, is related to an increased likelihood of trying or using illegal drugs (Office of Applied Statistics, 2005), the evidence that alcohol leads to the use of such drugs is less strong (Tarter, Vanyukov, Kirisci, Reynolds, & Clark, 2006). We could find no evidence that alcohol drinkers increase their use of alternative substances, illegal or otherwise, if the price of alcohol increases. The view that price increases

in alcohol may lead to increased use of drugs is largely overstated and information accompanying alcohol pricing policy may seek to allay these fears.

Negative economic impact

The introduction of a minimum price per unit was expected by many participants to have a negative economic impact for individuals and the UK economy as a whole. Specifically, participants were concerned that introducing a minimum price would lead to job losses, reduced profits for the alcohol industry, and increased levels of indebtedness among certain groups of drinkers:

I think that it'll cause a lot of problems with alcoholics on low income, because they've got an illness, they can't help themselves, they need that alcohol so they're just going to end up in more debt.

[FG2 – Sixth-form student]

[It] would probably reduce revenues for the bars and stuff, which would be a kind of big disadvantage against this.

[FG4 – University student]

It would probably end up putting people out of business.

[FG12 – Office worker]

I think if anything, it'll just cause financial problems because a lot of the people who drink heavily, for example, people who have no houses, students, and like people who are unemployed maybe, are stressed so they drink a lot. They haven't got any money anyway, and they're still doing it. So students will just get more overdrafts, get more loans and get in more debt, as will everyone else who's got no money and is still [drinking]... It'll just cause more financial difficulties.

[FG13 – Office worker]

Some participants regarded the introduction of a minimum price per unit as a potential obstacle to economic growth, and likely to create unnecessary financial difficulties for heavy or dependent drinkers. To address this concern, policymakers might need to highlight the costs UK taxpayers incur as a result of excessive alcohol consumption, and point out that the potential benefits of introducing a minimum price (e.g., reduced crime, improved health outcomes, increased productivity in the workplace) might be economically advantageous for individuals, companies, and organisations.

Maximising the acceptability of a minimum pricing policy

When asked how the introduction of a minimum price might be made more acceptable, two themes emerged from the analysis: participants suggested that (i) a minimum price per unit should be introduced as part of a broader package of government policies to address excessive alcohol consumption; and (ii) revenue generated by higher alcohol prices should be used to fund other interventions. In both cases, it was evident that participants were more likely to accept a minimum pricing policy if it was introduced together with other government policies participants believed would be most likely to reduce alcohol consumption (see Figure 3 for an overview).

A minimum price as part of a broader policy 'package'

Participants generally expressed the opinion that if introduced on its own, a minimum price per unit was unlikely to reduce alcohol consumption significantly and suggested that a more effective policy 'mix' might be needed to address the problems of excess alcohol consumption. More specifically, it was evident that a minimum price would become more acceptable to many participants if introduced alongside educational programmes and the greater provision of public health information for drinkers (e.g., health warnings, advertising, clearer labelling):

Yeah, [I'm in favour] if this is combined with other schemes then it will work very well. But if this is the only thing, they don't do anything else, like they don't help in education, like, teaching young children about alcohol, like, even the units thing at a young age... then the programme will work, but otherwise on its own it won't, I don't think it'll do that.

[FG2 – Sixth-form student]

I think potentially it could [work], yeah. But I don't think just this measure would make a difference... I think there needs to be a combined approach, like the pictures that you get on cigarette packets now, you know, obscene throat cancer and stuff like that. I think it needs to be a joined-up approach.

[FG11 – Blue-collar worker]

I think I would be in favour of it, but not on its own. I think it's one tool in the armoury so to speak.

[FG12 – Office worker]

It's not just a one thing, we don't feel it's all about the price, so just doing this to the price wouldn't necessarily change it... you'd want it to then also provide other activities, or to help other people that are suffering from this, of the NHS or other things to do... You'd want it to come as a package, not as [if] this is going to solve everything.

[FG14 – Office worker]

I think it could possibly work but it would have to work in conjunction with other things. It couldn't do it on its own, they'd need to have education with it.

[FG17 – Unemployed]

This suggestion was based on an assumption that a minimum price per unit policy would most effectively reduce alcohol consumption and binge drinking when introduced together with other government policies. Researchers and organisations examining the effectiveness of intervention strategies to reduce alcohol consumption have advocated the adoption of multiple intervention strategies at the population (e.g., pricing) and individual (e.g., brief, one-to-one psychosocial interventions) levels (NICE, 2010; Maynard & Godfrey, 1994; Hagger, Lonsdale, & Chatzisarantis, 2011). Such a multi-pronged approach is logical given the evidence supporting the effectiveness of interventions using both approaches. However, there is little evidence that a combination of pricing and other interventions such as mass-media information campaigns will interact to produce greater reductions in alcohol consumption or improve the effectiveness of other approaches. Future research should explore whether a minimum pricing policy in combination with other intervention strategies such as mass-media information campaigns will have synergistic effects on alcohol consumption. It is, however, clear from the present study that participants believe that the effectiveness of a minimum price policy will be reduced, and its acceptability impaired, without the introduction of additional measures. Current findings suggest that an optimal strategy to increase the acceptability of a minimum price policy would be to include a mass-media educational campaign aimed at changing beliefs and attitudes toward minimum price itself, and dispelling any misconceptions

surrounding its effectiveness as a standalone policy, rather than including campaigns aimed at changing alcohol behaviour alongside a minimum price policy.

Revenues should fund other interventions

Although highly sceptical that a minimum price would work effectively, it was clear that most participants were receptive to the idea that any additional revenue generated by its introduction might be used to finance the implementation of other alcohol initiatives to reduce excess alcohol consumption in the UK. In this context, participants believed that the introduction of a minimum price per unit might be made more acceptable if put forward as a means to fund public services or other intervention policies perceived to be most effective in reducing alcohol consumption:

I'm against it. I don't think it'll work, and I'd probably be more for it if I thought the profits were going to go to the NHS, and the police.

[FG1 – Sixth-form student]

I don't see that's going to help the situation. I'm also a bit suspicious as to where the money would be going... If it was going in to helping people with alcohol-related issues then fair enough. If it was going into education in school, maybe setting-up community centres and youth facilities so that kids weren't bored and hanging round the streets, and didn't feel the need to go out and have two bottles of cider between four of them on a nightly basis, then it's a good idea.

[FG12 – Office worker]

I think that this proposal alone wouldn't work, therefore I'm not in favour of it. But I think there's a possibility that they could use the extra money they're making on the alcohol to put directly into other ways of tackling the same issues, and then the two combined could work, but this proposal alone I wouldn't agree with.

[FG13 – Office worker]

But if they did [that] with the extra money that they're making from per unit, if they ring-fence it and then educate and rehabilitate, then it'd work. Then it'd be worth it.

[FG17 – Unemployed]

It's got to be packaged right, if he says this is where the money's going to be going, you'll see more policemen, for instance, on the beat, and we're going to clamp down on the on-street drinking, then they might take the public with him.

[FG18 – Older adult]

This suggestion indicates that, despite scepticism about the likely effectiveness of a minimum price per unit to significantly reduce alcohol consumption, many participants would happily accept its introduction if they could be reassured that any revenue generated from higher alcohol prices would ultimately be put to good use. However, the belief that revenues gleaned from minimum price could be ring-fenced for other alcohol-reducing interventions is a misconception. One of the challenges surrounding minimum price per unit as a policy to curb alcohol consumption, as opposed to increasing tax or duty, is that it makes it difficult to recover any revenue directly because it will only lead to increases in prices of certain alcoholic beverages, namely, those with high-alcohol content at the low-end of the market. This has led to some advocating the use of ‘targeted duty’ that differentially raises the price of certain beverages with high-alcohol content, which makes revenues easier to recover (House of Commons Select Committee on Health, 2009). The present data indicates a general lack of understanding in the general public as to how minimum price will function because calculating how price will rise and which beverages will be affected if the policy were to be introduced is not easy to establish at first glance. It therefore seems important to find means to clearly outline how minimum price works when it comes to recovering revenues. It also seems prudent to provide information that sufficient funds will be made available to deal with the problems of excess alcohol consumption alongside a minimum pricing policy to ensure its introduction is made most acceptable for the public.

Summary and Conclusions

The aim of the present study was to investigate peoples’ attitudes and beliefs regarding the introduction of a minimum price per unit of alcohol policy in the UK, and to identify the conditions that might increase the acceptability of this policy. There is a growing body of evidence to suggest price legislation is likely to be the most effective means of reducing alcohol consumption and alcohol-related harm. Recent empirical reviews and policy documents have advocated the introduction of a pricing policy based on the strength or alcohol

content of alcoholic beverages in the form of a minimum price per unit of alcohol. This minimum price policy has been favoured by a number of organisations that have conducted independent reviews on alcohol pricing and its concomitant effects on alcohol consumption and associated health-related, economic, and social outcomes (Booth et al., 2008; House of Commons Select Committee on Health, 2009; NICE, 2010). There is, however, a relative dearth of information on people's beliefs and attitudes toward such a policy and how they might respond to its introduction. Furthermore, no in-depth investigation has examined the acceptability of this pricing policy and the strategies that individuals perceive might increase its acceptance among the general public. The present findings are therefore expected to inform how policymakers might effectively introduce a policy of alcohol minimum pricing, and maximise its public acceptance.

A series of 28 focus groups comprising participants from a diverse set of community groups were conducted to investigate attitudes and beliefs toward the minimum price policy and its acceptability. Transcripts from these discussions were subjected to inductive thematic analysis to identify common themes. Four major themes emerged from the analysis: (1) the perceived effectiveness of the minimum price policy in reducing alcohol consumption; (2) perceived acceptability of the introduction of a minimum price; (3) perceptions that the policy might exacerbate existing social problems, and (4) strategies thought to enhance the acceptability of minimum price.

Focusing on the first major theme, two primary themes emerged: (1) beliefs that minimum price policy would not be effective at all and (2) beliefs that a minimum price policy would only have a limited effect. The first primary theme indicated that participants were highly sceptical that introducing a minimum price per unit would be an effective means to reduce alcohol consumption in the UK. Reasons participants' gave for their scepticism over the effectiveness of minimum price were that people would likely continue to drink regardless of any price increase, that the policy would not work for heavy or dependent drinkers, and

previous pricing policies had been ineffective in tackling alcohol-related problems, so minimum price was likely to fail as well. With respect to the second primary theme, that minimum price would only have a limited effect on people's drinking habits, participants reported that the policy would only lead to people changing their choice of drinks and not their overall consumption, reduce the frequency of binge drinking but not the scale of it, only affect younger people, lead to short term reductions in alcohol consumption, and only have long term effects. Participants did not regard these small reductions in alcohol consumption significant enough to merit its introduction. The overall scepticism surrounding the effectiveness of the policy is likely to present the most significant barrier to public support for the policy.

Focusing on the second major theme regarding the acceptability of the minimum price policy, two primary themes emerged: (1) people expressed a dislike for the policy and (2) expressions of qualified support for the policy. Participant reported that they disliked the proposal for a number of reasons; foremost of these was the belief that increasing the price of cheap alcohol would affect all drinkers indiscriminately and was a restriction of personal freedoms. This misconception led many participants to regard a minimum pricing policy as a 'blanket' approach that would unfairly punish individuals who drink sensibly and in moderation, or people from poorer backgrounds, at the expense of addressing the behaviour of those who binge drink. Participants also expressed views that other policy initiatives were needed and had not been tried and expressed suspicion over governmental motives for introducing the policy. Participants who did not object to the introduction of a minimum price did so because they recognised the need for government intervention to curb excess alcohol consumption, the prospect that public health might improve significantly, or, in some cases, simply because a minimum price was unlikely to affect them personally.

In the third major theme, participants also expressed concern that the introduction of minimum price per unit might make matters worse and would serve to create or exacerbate other social problems, such that the overall impact of a minimum price was considered likely

to be a negative one. Specifically, participants were anxious that higher alcohol prices might lead to increases in crime, drug abuse, and financial difficulties for some drinkers and in particular those who are alcohol dependent. Finally, the fourth major theme, focusing on how the policy might be made more acceptable, participants suggested introducing a minimum price as one of several government policies to address excess consumption. In addition to this, a minimum price per unit was also perceived to be more acceptable if participants were reassured that the revenue generated by higher alcohol prices would be used to fund other interventions to tackle excess alcohol consumption.

Overall, on the basis of the present analysis, it might be concluded that participants' objections to a minimum price per unit were the result of three main issues: (1) a misunderstanding of the minimum price per unit policy itself; (2) the failure to recognise the significance of small incremental reductions in alcohol consumption; and (3) a preoccupation with the effects of a minimum price on heavy and dependent drinkers.

Although the effects of the minimum price per unit policy on alcohol prices was explained prior to the commencement of each focus group, it was evident that in a number of cases participants' objections to the policy were based on a limited understanding of the policy itself. Many participants failed to recognise that the price of alcohol would not increase for most drinkers under the policy. A possible reason for this may have been a failure to recognise that price increases were proportional to the relative strength of the alcoholic beverage rather than absolute. This may be rooted in a limited understanding of the system of measuring beverage strength in alcohol 'units' and a public that is accustomed to blanket rises in alcohol prices through governmental budgetary increases in duty. It would therefore seem necessary to improve public understanding of standard alcohol units, that the effects of the policy on prices would be proportional to the strength of the alcoholic beverage, and, therefore, that the policy would only affect those drinking high levels of stronger alcoholic beverages.

Despite accepting that changes in peoples' drinking habits were possible, most participants were sceptical that a minimum price per unit was likely to bring about an overall reduction in alcohol consumption. This scepticism was arguably the result of a failure to recognise that small, seemingly unsubstantial, changes in the drinking behaviour are likely to add up to significant reductions in overall alcohol consumption for the UK population as a whole. For example, despite expecting that a minimum price was likely to encourage drinkers to switch from stronger to weaker alcoholic beverages, a significant number of participants did not consider its introduction would lead to substantial reductions in alcohol consumption. Based on these findings, the challenge for policymakers is not only to appropriately manage public expectations as to what a minimum price per unit is likely to achieve, but also to demonstrate how incremental changes in individual behaviour will in all likelihood lead to aggregate reductions in alcohol consumption and alcohol-related harm in the UK.

Objections to a minimum price per unit also showed that many participants were preoccupied with the likely effects of a minimum price on the behaviour of heavy and dependent drinkers. Specifically, participants were critical of a minimum price per unit because it was considered unlikely to deter heavy or dependent drinkers from drinking to excess, and expressed concerns that higher alcohol prices might also lead to increased levels of crime, drug abuse, and financial difficulty because of their alcohol dependence. In each case, it would seem that some participants who opposed the introduction of a minimum price assumed that alcohol dependence was the most important public health issue associated with excessive alcohol consumption and that this was the main target of introducing minimum price. While alcohol dependence is a serious health threat, there is a need to challenge the assumption that pricing policy should be directed exclusively at dependent drinkers. It should be highlighted that other patterns of drinking such as binge drinking and regularly exceeding guideline limits present a proportionately greater risk to public health issue than alcohol dependence.

An additional aim of the present research was to identify the conditions likely to improve the acceptability of a minimum price per unit policy and how it might be introduced more effectively. Findings indicate that a minimum price per unit would be most acceptable to participants if introduced together with additional policies (e.g., media campaigns highlighting the harmful effects of alcohol) also aimed at reducing excessive alcohol consumption. It was evident that participants regarded the synergistic effects of such a policy mix was most likely to achieve significant reductions in alcohol consumption and alcohol-related harm, and in so doing it would serve to address the foremost objection, namely that a minimum price per unit would not work effectively. Although these assumptions are not based on evidence, it seems that the introduction of a minimum price per unit would be most acceptable to the UK public if introduced as the centrepiece policy as part of a wider UK government strategy to curb excess alcohol consumption. However, given the limited levels of understanding demonstrated by participants of the policy, the most efficacious approach to promoting acceptance of a minimum price per unit would be to provide sufficient and appropriate information to dispel the negative beliefs that the policy will have limited effects, highlight that the policy will likely lead to population-level reductions in alcohol, and make clear that the policy would leave the cost of alcohol for moderate drinkers largely unchanged.

Limitations and Future Research

The present findings suggest the most significant barrier to public support for a minimum price per unit is likely to be people's scepticism regarding the effectiveness of the policy to significantly reduce alcohol consumption. In many cases, this scepticism seemed to be the result of a misunderstanding of the policy. Future research should therefore aim to seek to identify education interventions that improve public opinion most effectively and serve to allay misconceptions regarding a minimum price; such an intervention is likely to prove useful as a means to facilitate the introduction of the policy.

Although the present findings provide an important first insight into public opinions about the introduction of a minimum price per unit, the present study had a number of limitations that should be acknowledged. First, caution should be exercised when generalising from focus group data alone. Using focus groups, the present study aimed to provide rich, detailed data on peoples' beliefs regarding the minimum pricing policy. We collected data from a large number of focus groups from diverse populations in order to canvass views and obtain sufficient coverage of public opinion on minimum price from numerous important groups within the population. This meant that any generalisation made on the basis of the present findings should be viewed as speculative because of the comparatively small sample and the investigative approach was one that focused on in-depth analysis of people's attitudes and beliefs rather than the mapping of public opinion at the population level. Second, the present findings do not permit us to conclude how prevalent or how important these beliefs and perceptions might be among the general public. The use of focus groups in this context did not allow us to make definitive comparisons to establish whether attitudes and beliefs concerning a minimum price varied significantly between the different community groups investigated. Accordingly, future research should look to instigate surveys of public opinion to further investigate the main themes raised in this investigation and explore the possibility that people from different community groups might hold differing views about the introduction of a minimum price per unit.

¹Drinking in excess of these limits was used as a measure of the number of times participants engaged in binge drinking in the two week period prior to the focus group.

²The interview schedule is available on request from the first author.

³Posters were used to help explain how the introduction of a minimum price per unit might affect real alcohol prices. The lowest current price for different brands of lager, cider, wines, and spirits (taken from supermarket price comparison website - www.mysupermarket.co.uk) were shown together with the price likely to be set under a minimum pricing policy (i.e., prices were calculated for a minimum price per unit of alcohol set at 40p). Please contact the first author for further details and electronic copies of the posters.

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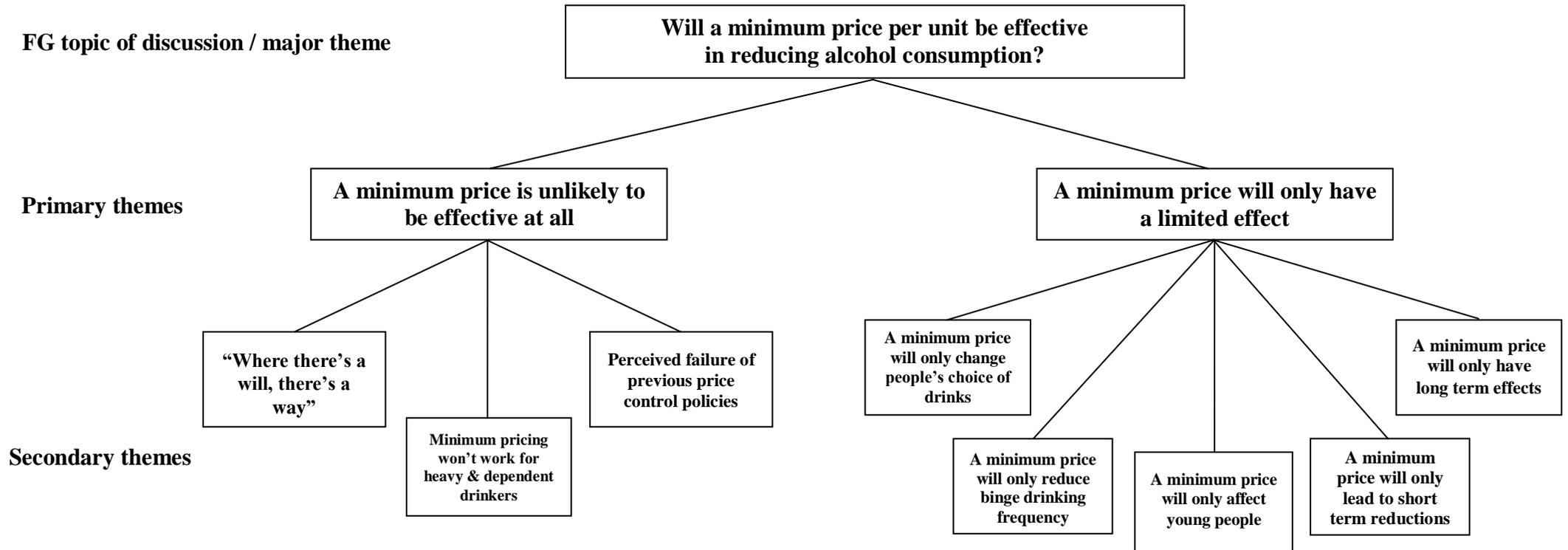


Figure 1. Major theme 1: “Will a minimum price per unit be effective in reducing alcohol consumption?” with associated primary and secondary themes

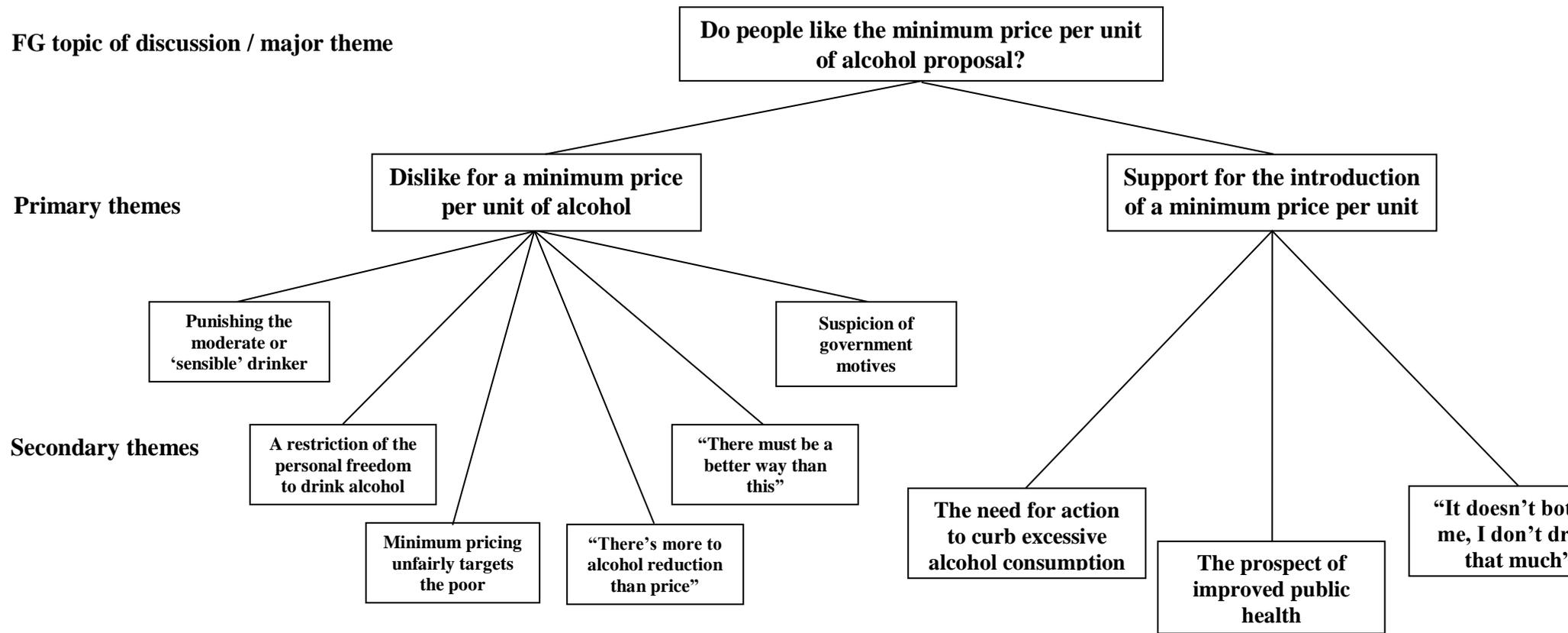


Figure 2. Major theme 2: “Do people like the minimum price per unit of alcohol proposal?” with associated primary and secondary themes.

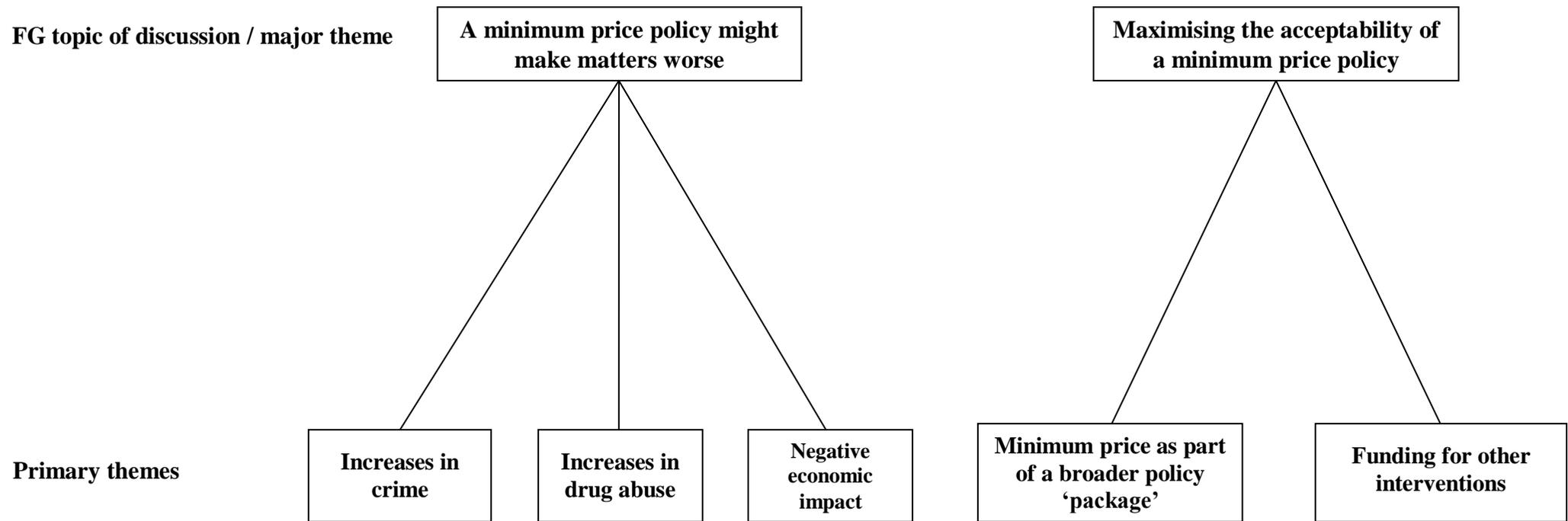


Figure 3. Major themes 3 and 4: “A minimum price policy might make matters worse” and “maximising the acceptability of a minimum price policy” with associated primary themes.