

Research Report

Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Technical appendix structured interview data

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Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services:

Technical appendix structured interview data

Version 1:0

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Study conducted on behalf of Public Health Scotland as part of the wider MESAS evaluation of Minimum Unit Alcohol Pricing

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List of acronyms

AUDIT	Alcohol Use Disorders Identification Test
IQR	Inter quartile range
MUP	Minimum unit price
PPU	Price per unit
SADQ	Severity of Alcohol Dependence Questionnaire
SD	Standard deviation
TLFB	Time Line Follow Back

1. Background

This appendix provides additional methodological detail on Work Package 1 (WP1) of the project described in the main report. In particular, it provides information on our recruitment and interview procedures as well as a full description of the content of the structured interview and example copies of the data collection instruments. Some material is repeated from the main report to allow this appendix to be read as a standalone methodological document.

2. Method

2.1. Study design Work Package 1

WP1 is a three-wave, two country, repeat cross-sectional study of people entering treatment in relation to alcohol dependence. Alcohol dependence was operationalised for recruitment purposes as having an Alcohol Use Disorders Identification Test [AUDIT]^[1] score of 16 or more out of a possible 40.

Respondents were recruited from alcohol treatment services, gastroenterology and liver clinics and GP practices in Scotland and Northern England at three time points covering the period before and after the introduction of minimum unit pricing (MUP) in Scotland on 1 May 2018. This design was chosen to enable us to explore shorter- and longer-term changes after the implementation of MUP and to compare Scotland with a near neighbour (Northern England) where MUP does not apply. The data collection time points were as follows:

- Wave 1 (pre-MUP implementation [baseline]): November 2017 – April 2018
- Wave 2 (3–9 months post MUP implementation): August 2018 – February 2019
- Wave 3 (18–22 months post MUP implementation): November 2019 – March 2020*

At each wave, we undertook three forms of data collection; structured interviews with people entering treatment services, qualitative interviews with a subsample of structured

* Data collection ceased earlier than planned due to COVID-19 restrictions.

interview respondents, and qualitative interviews with service providers. For the interviews with people entering services, we adopted a cross-sectional rather than a longitudinal design because of the likely difficulties of retaining people in the study and the challenges in disentangling MUP effects from the effects of treatment received by respondents. For the service provider interviews, we had a mix of repeat and new respondents at Waves 2 and 3. These two types of data will be mutually supportive in providing a robust understanding of how MUP has affected this population.

2.2. Structured interviews with people entering treatment services

Site selection

WP1 collected data in 10 different NHS health board areas/trusts; six health boards in Scotland (Greater Glasgow and Clyde; Lothian; Grampian; Dumfries and Galloway; Highland; and Tayside) and four trusts in Northern England (Sheffield; Pennine Care; Northumberland, Tyne and Wear; and Liverpool and Broadgreen). These locations were selected to provide geographic and socio-demographic diversity and insight into particular areas of interest (e.g. the Scottish border with England and remote or rural areas). They were also selected to facilitate recruitment and sustained study involvement by building on existing connections between the research team and key personnel working in services within those areas.

Within each location, up to five (though generally only one or two) services were approached to take part as a recruitment site. Three types of service were included in the study: (1) alcohol and drug services (including detoxification services and a low threshold methadone programme), (2) gastroenterology and liver services, and (3) general practices. Services were delivered in two types of treatment setting: community/outpatient and inpatient. Prior to and throughout each recruitment wave, research team members visited each service to explain the purpose and requirements of the study to staff and to seek their assistance in identifying and referring eligible people to the study.

Recruitment and sample size

At each wave we aimed to recruit 280 people: 200 people from six areas of Scotland and 80 people from four areas of northern England (hereafter England). Although we aimed to recruit from a range of services and for our sample to be broadly similar to treatment populations in terms of age and gender mix, we did not seek a representative sample in terms of the proportion of respondents attending different treatment types or by geographic region due to the difficulties of achieving this within the time and resources available.

Recruitment procedures varied across services and over time to fit in with working practices at the sites. The basic model was to ask service providers to mention the study to potentially eligible clients and, if the person was interested, to refer them to the researcher for more information. To be eligible for referral, people entering services needed to be over 18 years old, able to understand and speak English, and to be assessed by the service provider as 'probably' alcohol dependent. The primary criterion for assessing alcohol dependence was having an AUDIT score of 16+ (or if the service did not have an AUDIT score for the individual, the person was otherwise assessed as alcohol dependent according to client information available to the service). The AUDIT is a widely used 10-item tool, which has been shown to be a valid and reliable screen for alcohol problems.^[2, 3] The threshold of 16 was chosen to be consistent with the categories described in the report of the Adult Psychiatric Morbidity Survey, where an AUDIT score of 16 to 19 is considered indicative of 'harmful drinking and/or mild dependence' and a score more than 20 is considered indicative of 'probable dependence'^[4]. * Treatment service staff excluded those they felt would be unable to provide informed consent, for example, for reasons of cognitive impairment. We also asked service providers to focus on referring clients who had entered treatment within the last four weeks, as they were likely to have more recent experiences of alcohol purchasing and consumption. In practice, however, some services had more long-term than new clients. Long-term clients were therefore included if they were able to recall details of their typical alcohol purchasing and

* The AUDIT was also part of the interview schedule and in a small number of cases (n=6) interviewers noted that participants did not meet the threshold of 16. This inconsistency was not anticipated in the guidance originally provided to interviewers (as services were asked to refer people with an AUDIT of 16 or above). These cases were removed from the sample prior to analysis.

consumption prior to entering treatment. Variations in referral procedures between sites and over time included some services arranging appointments for structured interviews with interested eligible clients and others suggesting 'good days' for the research team to be present in the service for recruitment (e.g. on clinic days).

In comparison to our target of 200, in Scotland, we recruited 174 respondents at Wave 1, 193 respondents at Wave 2 and 123 respondents at Wave 3. Four Wave 1 respondents and three Wave 2 respondents were subsequently excluded because they did not meet the AUDIT threshold of 16 and/or they provided insufficient data to be included in the analysis. In England, where we had a target of 80 interviews per wave, we recruited 85 respondents at Wave 1, 87 respondents at Wave 2, and 52 respondents at Wave 3. One respondent at Wave 2 was excluded for insufficient data.

Table 1 shows the number of individuals recruited by location and the final sample sizes for each wave. Wave 1 recruitment was delayed due to research governance procedures and we also experienced slower than expected recruitment at some sites. Wave 3 recruitment was stopped early (March 2021), due to the onset of the Covid-19 pandemic. These circumstances contributed to come under-recruitment relative to target for Wave 1 and 3.

In both countries and for all waves, the majority of respondents were recruited from alcohol and drug services (>70%) (Table 1). Most of the remainder in both countries were recruited from gastroenterology and liver services, with a small number recruited from general practice in Scotland only. The majority of respondents in Scotland at Wave 1 were recruited in community/outpatient settings (62.3%). However, for Waves 2 and 3, most were recruited in inpatient settings (53.2% and 65.0% respectively). All respondents in England were recruited in community/outpatient settings.

We are not able to report a response rate for recruitment as it is not possible to determine how many people the study was mentioned to. This is because recruitment occurred across multiple sites, each with their own ways of working and recording client interactions, with additional variations in practices due to the multiple staff involved at each site.

Table 1: Interviews by country, region, service type and setting

Scotland						
Location	Wave 1	Wave 1	Wave 2	Wave 2	Wave 3	Wave 3
	(N=170)	(N=170)	(N=190)	(N=190)	(N=123)	(N=123)
	n	%	n	%	n	%
Region						
Glasgow	70	41.2	92	48.4	80	65.0
Edinburgh (Lothian)	39	22.9	35	18.4	25	20.3
Aberdeen (Grampian)	30	17.6	30	15.8	6	4.9
Dumfries & Galloway	18	10.6	16	8.4	7	5.7
Highlands	11	6.5	8	4.2	1	0.8
Dundee (Tayside)	2	1.2	9	4.7	4	3.3
Service type & setting ^a						
Alcohol & drug services	126	74.1	154	81.1	107	87.0
Community/outpatient	98	57.6	74	38.9	43	35.0
Inpatient	28	16.5	80	42.1	64	52.0
Gastroenterology/liver services	36	21.2	33	17.4	16	13.0
Community/outpatient	8	4.7	12	6.3	0	0.0
Inpatient	28	16.5	21	11.1	16	13.0
General practitioner	8	4.7	3	1.6	0	0.0

England						
Location	Wave 1	Wave 1	Wave 2	Wave 2	Wave 3	Wave 3
	(N=85)	(N=85)	(N=86)	(N=86)	(N=52)	(N=52)
	n	%	n	%	n	%
Region						
Sheffield	36	42.4	25	29.1	8	15.4
Stockport (Pennines)	20	23.5	16	18.6	5	9.6
Newcastle (Northumberland)	17	20.0	21	24.4	19	36.5
Liverpool	12	14.1	24	27.9	20	38.5
Service type & setting ^a						
Alcohol & drug services	81	95.3	77	89.5	47	90.4
Community/outpatient	81	95.3	77	89.5	47	90.4
Inpatient	0	0.0	0	0.0	0	0.0
Gastroenterology/liver services	4	4.7	9	10.5	5	9.6
Community/outpatient	4	4.7	9	10.5	5	9.6
Inpatient	0	0.0	0	0.0	0	0.0
General practitioner	0	0.0	0	0.0	0	0.0

a. Percentages are of column total, not service type sub-category.

Procedures

Upon referral, the researcher provided respondents with detailed information about the study in both written and verbal form. Respondents had the opportunity to ask questions before deciding whether or not to take part. After receiving signed, informed consent, interviews were conducted in a suitable interview space within the service from which the person was recruited. This generally meant a private interview room, however for some respondents in in-patient settings this involved a bedside interview. In these instances, interviewers made additional efforts to ensure the respondent was comfortable with the interview setting and gave informed, voluntary consent.

Interviews involved completion of a researcher-administered structured interview which typically took approximately 45 minutes to complete, although interview lengths varied substantially between approximately 30 minutes to over two hours, depending on the interview setting and the time interviewees needed to consider the questions. After completion of the structured interview, respondents were asked whether they would be also be willing to participate in an additional qualitative interview and, if so, contact details were recorded. Qualitative interview data will be included in the final project report. At the conclusion of each interview, respondents were offered a £10 voucher for one of two major high street retailers in recognition of their time and expertise.

Interview schedule

The structured interview schedule comprised 11 sections, which are described below (also see Appendix 1 for the version used in Scotland at Wave 1). The questions were a mixture of previously validated items/scales and measures developed specifically for this study. The overall layout of the interview schedule and wording of some items drew particularly on a questionnaire successfully used in a previous study involving people entering substance treatment.^[5]

The same schedule was used for both Scotland and England at Wave 1. The schedule was slightly updated and adapted for Waves 2 and 3, particularly in Scotland to reflect the introduction of MUP. The few changes made are specifically noted where relevant below.

A. Demographic information

Information collected included age, gender, highest level of education, relationship status, whether the respondent had dependent children, who they currently live with, current housing type, recent housing problems, post-code (to permit identification of respondents' Index of Multiple Deprivation Quintile^[6, 7]), occupation, sources of income, level of household income, respondents' subjective experience of how well they are managing financially, and ethnic and national background. The Wave 2 and 3 schedule was updated in both countries to add Universal Credit to the list of income sources.^[8, 9]

B. Health status

Current health status was assessed using the EQ-5D-5L.^[10, 11] This standardised instrument measures quality of life in five domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/ depression, with respondents asked which of five statements for each domain best describes their health 'today'. A sixth item asks respondents to rate their health 'today' on a visual analogue scale from 0 to 100.

C. Past alcohol and drug use and current alcohol dependence

Respondents were asked to indicate which of a list of substances they had used in the past 12 months and the past 30 days, and to identify which of these was of 'greatest concern' to the respondent (ranked from 1 to 3). Substances included alcohol, tobacco, various illicit drugs and medications (benzodiazepines, antidepressants and painkillers), and 'other'. Where a person indicated use of medications, they were asked whether this medication was prescribed, non-prescribed, or both.

The 10-item AUDIT ^[1] was used to examine the proportion of respondents in the harmful drinking or mild dependence category as compared to the probable dependence category. The severity of dependence was assessed using the Severity of Alcohol Dependence Questionnaire (SADQ).^[12] The SADQ is a validated, widely used 20-item tool that includes questions related to withdrawal symptoms, craving, and typical daily consumption (with a reference period of typical drinking in the last 6 months). Scores range from 0–60, with scores of <16 indicating low dependency, 16–30 moderate dependency, and 31+ severe dependency.

D. Treatment history

Respondents were asked to indicate which of seven different treatment types or supports they had accessed for their alcohol or other drug use (e.g. community detox, prescribed medication, peer support groups). Respondents indicated whether this treatment or support was ever accessed, accessed in the past 12 months, or accessed currently. For currently accessed treatment or support, respondents were asked approximately when this had started. Respondents were also asked how old they were when they first experienced problems with alcohol and at what age they had first sought help for their problems.

E. Seven-day Time Line Follow Back (TLFB) of recent alcohol and drug use

A seven-day retrospective alcohol and drug consumption diary collected information regarding recent alcohol purchasing and consumption, using the Time Line Follow Back method^[13] and drawing on recent examples of similar work^[14]). Respondents were asked to think back to the last day on which they drank before entering treatment or, if recruited from an outpatient liver clinic or GP surgery, their last day of drinking starting from yesterday. For this 'Index day', respondents were asked to recall which types of alcohol they had drunk (e.g. cider, whisky, wine). For each separate alcohol type, respondents were then asked how much they had drunk, the price paid, and the brand. The amount drunk was sometimes reported with a precise measure (e.g. 'a 700 ml bottle of vodka') and sometimes in 'natural measures' (e.g. '6 to 8 cans of beer' or 'half a bottle of wine'). We used free text fields rather than pre-determined codes to collect information about respondents' alcohol consumption, both to help with interview flow and because the common drink types, brands and sizes that respondents would report were not known in advance. Respondents were also asked where they had bought or acquired each type of alcohol consumed each day, in what country (e.g. England, Scotland), whether or not it was ordered via the internet and whether or not it was home delivered. Respondents were then asked whether they had consumed any non-commercially produced alcohol (i.e. homebrew), alcohol substitutes (e.g. aftershave), tobacco, antidepressants, benzodiazepines, painkillers, or illegal drugs. This process was then repeated for the six days preceding the Index day.

Respondents were generally able to complete the TLFB for all seven days, although some who felt they had a stable daily pattern of purchasing and consumption provided information regarding a 'typical' day which was then used for all days in the TLFB week.

As it was recognised that some people might change their pattern of consumption immediately prior to treatment entry (e.g. by cutting back or, conversely, by drinking more heavily in anticipation of stopping), respondents were asked to indicate on a 5-point scale whether they drank more than, less than or about the same in the TLFB week as they usually would. Similarly, as we were concerned to know how confident respondents were in their recall, they were asked to rate their memory of what they consumed in the TLFB week on a 0-20 scale.

F. Anticipated or actual response to alcohol price changes

In both countries at Wave 1, respondents were shown pictures of common alcohol products with their current prices and the minimum price required by MUP (if this was higher than the current price). The pictures included cheaper products that would be affected by MUP and more expensive products with no required price change (see the 'Visual aids' section below for further information). The interviewers helped respondents to find the visual aid of greatest relevance to them, based on their typical drinking behaviour, and then asked open-ended questions regarding what effect respondents thought price changes of this type would have on themselves and others and why.

Respondents were also presented with 12 statements about how they might respond to the price changes (or lack of change for those who drank products already priced above the MUP). The statements included: 'I would give up drinking', 'I would drink less alcohol on each day', 'I would drink about the same as before' and 'I would reduce how much money I spend on other things to buy alcohol'. Respondents were asked to rate how likely the statements were to apply to them on a 5-point scale from 'very unlikely' to 'very likely' or to indicate if the item was not applicable to them. The statements were drawn both from the theory of change shown in Figure 1 of the main report and also from earlier research on responses to alcohol unaffordability by people with alcohol dependence.^[15]

For Wave 2 in Scotland, the visual aids were updated and all questions in this section were replaced. The revised visual aids showed the actual pre- and post-MUP prices for products. After being shown the visual aids, respondents were then asked whether or not their alcohol use had actually changed as described in each of the 12 statements (i.e. yes/no). If yes, respondents then indicated whether this change was 'a lot', 'a little' or 'not at all' related to MUP (drawing on a question format used in earlier research^[5]).

G. Impact of alcohol use on family, social and work life

To investigate the potential broader effects of MUP beyond purchasing and consumption, 14 items were developed to assess the impact of respondents' drinking in the past 3 months on **Relationships** (5 items, e.g. how well the respondents gets along with their partner/spouse, other family and friends), **Daily living** (5 items, e.g. impact on finances, chores and eating), and **Parenting** (4 items e.g. how the respondent has felt about parenting or getting their children to school). For each item respondents were asked to indicate whether their drinking had a negative, positive or no impact in that area, or to indicate that the item was 'not applicable' to them. Respondents were also asked whether they had used a food bank or other charity in the past 3 months.

H. Experience of crime

To assess involvement in crime as a perpetrator, respondents were asked whether they had been involved in the past 3 months in any of seven different types of crime. The list of crimes was adapted from the Public Health England 'Treatment Outcomes Profile' (TOP) assessment form. Respondents were also asked whether they had been a victim of three types of crime: theft/burglary/robbery; assault/violence; other.

Public Health Scotland were particularly interested in the impacts of alcohol on those other than the drinker, including domestic abuse and other conflict within the home. As these are sensitive topics and responses could potentially trigger mandatory reporting requirements, we opted to only ask about incidents already known to authorities, that is, whether respondents' drinking had led to 'police involvement because of domestic arguments' in the past 3 months.

I. Awareness of changing alcohol prices and product availability

In order to understand respondents' potential and actual experiences of the implementation of MUP, they were asked whether or not they had noticed any products disappear or any changes in the price of alcohol products sold in shops in the past 3 months, and if so, for which brands and packaging sizes. Respondents were then asked to indicate on a 4-point scale whether the products they identified had become cheaper or more expensive, and also whether these changes occurred gradually or suddenly. The reference period of the 'past 3 months' was altered for Wave 2 respondents in Scotland

only, who were asked the same questions, but in relation to the time since MUP was implemented (i.e. since April 2018, immediately before MUP was implemented).

J. Harm minimisation

To assess what people who are alcohol dependent think would help in preparing for a policy which would raise the price of alcohol, respondents at Wave 1 in Scotland and all waves in England were asked if they or people they know would need support and, if so, what this would be. They were also asked about any support currently being offered. For Wave 2 and 3 respondents in Scotland, the wording of the questions was amended to ask whether any support had actually been offered to cope with the rise in alcohol prices since May 2018, what this support was, and what else might have been helpful.

K. Other factors relevant to drinking

To identify other factors aside from MUP which might contribute to changes in drinking, respondents were asked whether there were any factors in the past 3 months, aside from price, which had a major effect on their drinking. This could include factors at a personal, community, regional or national level. At Wave 2 and 3, respondents in Scotland were also asked whether they had done anything differently in response to MUP-related price changes and for how long.

Visual aids

Three types of visual aid were used to assist respondents with the structured interviews. Firstly, pictures of five alcohol types (i.e. beer, cider, spirits, wine, fortified wines), covering a range of brands and container sizes, were used to support completion of the TLFB and questions regarding anticipated and actual responses to MUP. These were displayed with typical prices pre-MUP and assumed prices post-MUP (see Appendix 2 for visual aids used at Wave 1). Secondly, A4-sized 12-month calendars were also available for 2017, 2018, 2019 and 2020 to help respondents locate key dates such as treatment entry. Finally, a guide to alcohol units was provided to help people more accurately estimate the number of units drunk when completing the AUDIT and SADQ (Appendix 3).

2.3. Preparation of data

In this section we describe how the interview data were prepared for analysis. The data analysis itself is described fully in the main report and is therefore not discussed here.

Demographic information

For presentational reasons (and in some instances to address small cell counts), we collapsed several demographic variables into fewer categories:

- **Age** was coded into five groups (29 or less, 30–39, 40–49, 50–59 and 60+ years).
- **Highest level of education** was coded into four groups (Level 1 or no qualifications, Level 2 or equivalent [Scottish Standards, GCSE, trade apprenticeship], Level 3 or equivalent [Scottish Highers, A level, vocational level 3], and higher than Level 3 [including degrees]). For some subgroup and outcome comparisons we further combined those with up to Level 2 qualifications to those above level 2 qualifications.
- **Relationship status** was coded into four groups (Single; In a relationship [not living together]; In a relationship [married or cohabiting]; and Separated, divorced, widowed or other);
- **Who the respondent lives with** was coded into five groups (Live alone, With parents, With partner/spouse, With children, With friends, housemates or other non-family). The last four of these groups are not mutually exclusive.
- **Housing** was coded into five groups (Private ownership; Private rental; Social housing; Live in house of relative, partner or friend; and Hostel, shelter or no usual residence). For some subgroup and outcome comparisons we further combined the latter two groups.
- **Occupation** was coded into five groups (Employed, Training or studying full time; Looking for work or training; Intending to look for work but prevented due to temporary sickness/injury; Permanently unable to work due to permanent sickness/disability; and Retired, looking after home/family, or doing something else).
- **Sources of income** was coded into 5 groups (Wage or salary; Pension, benefit or universal credit; Partner, family or child support; Loans/pawning, betting, sex work, begging or criminal activity; and Other).

- **Household income per week** was coded into five groups (<£100, £100–199, £200–299, £300–499, and £500+). For some subgroups and outcomes we further combined those up to £299 and those £300 or above.
- **Nationality/ethnicity** was coded into five groups (Scottish [white], English [white], Other British[white], Scottish/English/other British [non-white] and Non-British [white]).

TFLB data

As noted above, the TLFB recorded drinking for a seven-day period, with details recorded for each drink type consumed each day (for up to six drink types per day). To calculate the number of alcohol units consumed each day and the average price paid per unit, it was first necessary to convert the 'natural measure' information for each drink type, quantity, brand and price into numeric data.

For each drink type consumed on each day, we calculated the number of units of alcohol consumed by multiplying the number (or proportion) of drink containers consumed, the volume of the container in millilitres multiplied by alcoholic strength (i.e. Alcohol By Volume or ABV) of the product divided by ten. From this we were able to calculate the total number of units consumed per day and also across the seven-day TLFB period. For example where a person reported drinking half a bottle of wine with a 12% ABV, the calculation was $0.5 \times 750 \times [0.12 \div 10]$, which equals 4.5 units. As another example, where a person reported drinking a litre bottle of whisky, the calculation was $1 \times 1000 \times [0.4 \div 10]$, which equals 40 units. From this data we were able to calculate the total number of units consumed per day and also across the seven-day TLFB period.

To calculate the price per unit for each drink type mentioned each day, we divided the overall price paid for the drink container by the volume of the container in millilitres multiplied by strength (ABV) of the product divided by ten. For example, if a person paid £6 for a bottle of wine with a 12% ABV, this was calculated as $6 / (750 \times [0.12 \div 10])$, which equals a price of £0.67 per unit. If a person paid £18 for a 1 litre bottle of whisky with a 40% ABV, this was calculated as $18 / (1000 \times [0.40 \div 10])$, which equals £0.45 per unit. From this we were able to calculate the average price per unit of alcohol consumed across the TLFB week.

Given that respondents were reporting their alcohol consumption in natural measures there was some imprecise or missing information. To manage this, and to minimise missing data, we established consistent decision rules for data entry:

- Where data were provided in ranges (e.g. 10-12 drinks, £10-15 cost), the mid-point was used;
- Where a person gave a maximum amount (e.g. cost no more than £5), then this highest value was used;
- Where drink container size was not provided in millilitres, we used the following assumptions based on standard UK serving sizes. For wine, we assumed a 'small' glass was 125 ml, a medium glass 175 ml and a large glass 250 ml (where size was not specified we assumed a medium glass). For Prosecco we assumed a glass size of 125 ml. Bottles of wine were assumed to be 750 ml for normal size and 187 ml for a mini bottle. For spirits, we assumed a single shot was 25 ml and a double 50 ml.
- TLFB responses concerning the volume of spirits and beer containers were cross-checked against market research data and online shopping websites to ensure only plausible volumes were entered. For example, spirit bottles were sometimes reported to be 750 ml in volume, but after cross-checking against actually available products, these were corrected to 700 ml so as to enable more accurate calculation of units and price per unit.
- Any ABVs given by respondents were cross checked against available products and amended to reflect true values. In cases where the ABV was unknown, the following values were used: cider 5%, beer 4.5%, wine 12%, spritzer 5.5%, and vodka 37.5%.

Self-rated memory of drinking during the TLFB week was recoded from 0-20 into four groups; 0–4, 5–9, 10–14, and 15–20.

AUDIT and SADQ

Total scores for each of these tools were calculated by summing the scores on individual items. For the AUDIT, there were two Wave 2 cases missing data for one item only (Wave 2: n=2/276 [0.7%]) To enable total scores to be calculated, missing items were substituted with the average score of all other AUDIT items for those individuals. For the SADQ, there were several cases missing data for at least one item (Wave 1: n=31/255 [12.2%]; 5 missing one item, 1 missing two items, 1 missing three items, 20 missing four items, 1 missing five items, and 2 missing all items, Wave 2: n=34/276, [12.3%], 5 missing one item, 1 missing two items, 1 missing three items, 24 missing four items, 1 missing 16 items and 2 missing all items). The most commonly missing SADQ items were the last four, which require the person to imagine whether they would have specific physical symptoms when drinking after a period of abstinence (i.e. reinstatement of withdrawal symptoms). Many of those who did not answer these items indicated they could not imagine this situation (i.e. a period of abstinence) or did not know what would happen. However, the other items were generally answered. To enable total scores to be calculated, for those cases missing five or less items, missing scores were substituted with the average score across all other SADQ items. Cases were also coded for severity of dependence according to conventional SADQ thresholds: mild (0–15), moderate (16–30) and severe (31+).

Other data

Postcode data were matched to external data files containing the most recent Index of Multiple Deprivation (IMD) decile information available at the time of data preparation. For Scotland, the Scottish Index of Multiple Deprivation^[7] was used, with deprivation decile identified on the basis of postcode lookup tables for 2016.^[16] English postcodes were matched to the English Indices of Deprivation deciles,^[17] using postcode lookup tables for 2019.^[6] For Waves 1 and 2, there were 23 and 35 cases respectively with insufficient postcode information to determine IMD decile. For the remainder, deciles were then collapsed into quintiles and a binary variable calculated to indicate whether or not the person lived in the most deprived quintile within their country (i.e. of either Scotland or England). It should be noted that deprivation quintiles are not directly comparable across the countries of the UK due to differences between countries in the method of calculation and deprivation gradients.^[18]

EQ-5D-5L: To determine whether people were currently experiencing poor health in any of the five EQ-5D-5L domains, ratings were dichotomised for each variable (1, 2 or 3 = 'no to moderate problems', 4 or 5 = 'severe problems'). A further dichotomous variable, 'poor health', was computed to show whether each respondent scored 4 or 5 in **any** of the 5 domains. Median and mean scores were calculated for the 0-100 visual analogue scale regarding self-rated health today.

AUDIT and SADQ: Total scores for each of these tools were calculated by summing the scores on individual items. AUDIT was analysed as a continuous variable whereas SADQ data were categorised by severity of dependence according to conventional SADQ thresholds: mild (0–15), moderate (16–30) and severe (31+).

Anticipated response to MUP: We dichotomised relevant items into 'Likely' (i.e. 'likely' or 'very likely') and 'Not likely' (i.e. 'neither likely nor unlikely', 'unlikely', 'very unlikely', and 'not applicable')

Experience of crime: No data preparation was required.

Awareness of changing alcohol prices and product availability: For numeric variables, no data preparation was required. For the open text fields, we reviewed the written responses and report on the most frequently mentioned drink types.

Harm minimisation: For numeric variables, no data preparation was required. For the open text fields, we reviewed and categorised the written responses and report on the forms of support most frequently mentioned as being required or seen.

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Appendices

Appendix 1: Structured interview schedule: version used for Scotland and England, Wave 1

Date of interview |_|_|/|_|_|/|_|_|

Time interview commenced |_|_|:|_|_| am/pm

Country (*Please circle one*) Scotland / England

Service name _____

Interviewer initials |_|_|

ALCOHOL MINIMUM UNIT PRICE STUDY

SERVICE USER QUESTIONNAIRE

Interviewer checklist

Prior to interview

- Written participant information given to participant
- Verbal summary of participant information provided to participant
- Consent form complete

Following interview

- Reimbursement offered
- Unique identifier generated
- Request to contact for qualitative interview
- Request for record linkage

Participant ID code: |_|_|_|_|_|_|_|_|_|_|_|_|_|_| (e.g. ED RC 14 02 18 PB 06)

Region|Agency|date consent form received |Initials of staff receiving consent|# of consent form that day

IRAS reference 226391

Questionnaire version **2.2 PRE-MUP & ENG**

Date **31Oct** 2017

Introduction: To begin with, we would like to know a little bit about you. If you don't understand something that's OK, please just ask and I will try to help. Please remember that you do not have to answer any question that you would prefer not to.

Section A: About you

A1. What is your age? (*Age at last birthday in years*) |__|__|

A2. What is your gender? (*Please tick one*)

Male I prefer to self-describe as _____

Female I prefer not to say

Non binary/third gender

A3. What is the highest level of education you have completed or are undertaking?

No qualifications

Qualifications at level 1 and below

Scottish Standards, GCSE/O Levels, Trade Apprenticeships, NVQ level 2 and equivalents

Scottish Highers, A level, vocational level 3 and equivalents

Other higher education below degree level

Degree or equivalent or above

Don't know

Other (please specify) _____

A4. How would you describe your relationship status? (Please tick one)

Single

Separated

In a relationship, not living together

Divorced

In a relationship, living together

Widowed

Married

Other _____

I prefer not to say

A5. Do you have any dependent children under the age of 18 (whether or not they live with you regularly)? (Please tick one)

Yes

No

I prefer not to say

A6. Who do you currently live with? [If you are in inpatient care/rehab, please indicate with whom you lived before admission]

I live alone

OR (Please tick all that apply)

Parent(s)

Friend/s

Partner/spouse

Housemates (who are not friends)

Child(ren) How many

Other

aged:

5 or less?

|____|

6-12 years?

|____|

13-17 years?

|____|

Other family member/s _____

A7. What kind of housing do you currently live in? [If you are in inpatient care/rehab, please indicate where you lived before admission] (Please tick one)

- | | |
|---|--|
| <input type="checkbox"/> House/flat that I own/am buying | <input type="checkbox"/> Friend's place |
| <input type="checkbox"/> House/flat that I rent privately | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Social housing | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Parents' / family's place | <input type="checkbox"/> Shelter/refuge |
| <input type="checkbox"/> Partner's place | <input type="checkbox"/> No usual residence/homeless |
| <input type="checkbox"/> Other (please specify) _____ | |

A8. In the past 3 months have you experienced acute housing problems/homelessness*?
(Please tick one)

- Yes No

* By this we mean if you have you had no place of your own to stay so that you had to sleep rough on the streets, or stay at a night shelter or hostel, or sleep on different friends' floor/sofas each night.

A9-a. What is your postcode?

A9-b. If you are not sure of your postcode, please provide the name of your suburb/local area

A9-c. If you have no usual residence please, provide the name of suburb/local area where you spend most nights

A10. Which of these descriptions applies to what you were doing in the last 3 months?

(Please tick one)

In paid employment or self-employment (or away temporarily)

Please specify fraction:

Full time (35+ hours a week)

Part time (regular hours). Hours per week?

Part time (irregular, casual). Hours per week? _____

On a Government scheme for employment training

Looking for paid work or a Government training scheme

Intending to look for work but prevented by temporary sickness or injury

Permanently unable to work because of long term sickness or disability

Retired from paid work

Going to school or college full-time (including on vacation)

Looking after the home or family

Doing unpaid work for a business that you own, or that a relative owns

Waiting to take up paid work already obtained

Answer should represent the majority of the last 3 months, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

A11-a. What were your sources of income in the last 3 months? (Please tick all)

A11-b. What was your main source of income in the last month? (Please circle one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wage or salary | <input type="checkbox"/> Partner | <input type="checkbox"/> Sex work |
| <input type="checkbox"/> Pension (specify
_____) | <input type="checkbox"/> Family (e.g. parents,
siblings) | <input type="checkbox"/> Begging |
| <input type="checkbox"/> Benefit (specify
_____) | <input type="checkbox"/> Loans or pawning
items | <input type="checkbox"/> Criminal activity |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Betting | |
| <input type="checkbox"/> Other main source of income (<i>please specify</i>)
_____ | | |
| <input type="checkbox"/> I prefer not to say | | |

A12. Please look at this table and tell me which group best represents your total (legal) household income before deductions for income tax, National Insurance, etc (*Please tick income band*)

Income band	Weekly	Monthly	Annual
<input type="checkbox"/>	Up to £99	Up to £432	Up to £5,199
<input type="checkbox"/>	£100 up to £199	£433 up to £866	£5,200 up to £10,399
<input type="checkbox"/>	£200 up to £299	£867 up to £1,299	£10,400 up to £15,599
<input type="checkbox"/>	£300 up to £399	£1,300 up to £1,732	£15,600 up to £20,799
<input type="checkbox"/>	£400 up to £499	£1,733 up to £2,166	£20,800 up to £25,999
<input type="checkbox"/>	£500 up to £699	£2,167 up to £3,032	£26,000 up to £36,399
<input type="checkbox"/>	£700 up to £999	£3,033 up to £4,332	£36,400 up to £51,999
<input type="checkbox"/>	£1000 or more	£4,333 or more	£52,000 or more
<input type="checkbox"/>	I prefer not to say		

A13. How well would you say you yourself are managing financially these days? Would you say you are . . .

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult

A14. Which of the following best describes your ethnic and national background? (Please tick)

	Scottish	English	Other British	Other (write in)
White				
Asian				
African				
Caribbean or Black				
Mixed (write in)				
Other (write in)				

OR I prefer not to say

Researcher: OK, thanks for providing that information about yourself. Now I'm going to ask some questions about how you have been feeling in different areas of your life.

Section B: How are you?

Under each heading, please tick the ONE box that best describes your health TODAY.

B1. Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

B2. Self-care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

B3. Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

B4. Pain/discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

B5. Anxiety/depression

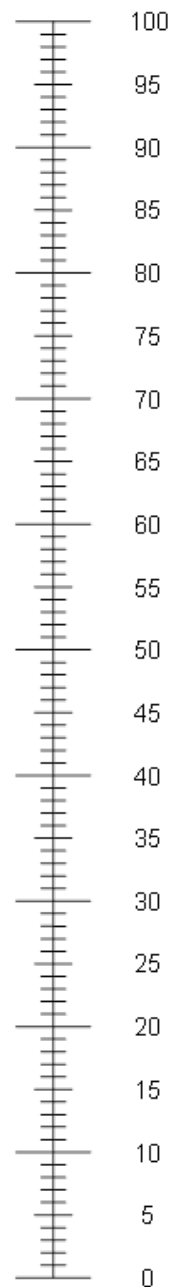
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

B6. We would like to know how good or bad your health is TODAY.

- This scale is numbered from 1 to 100
 - 100 means the best health you can imagine
 - 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is today
- Now, please write the number you marked on the scale in the box below

Your health today =

The best health
you can imagine



The worst health
you can imagine

Researcher: The next few questions are about your alcohol and drug use in general, and then about what types of treatment you may have had. After that, I'll ask you in more detail about what your drinking was like before you came into this service [or if recruited from a liver clinic or GP surgery 'I'll ask you in more detail about your drinking']

Section C: Which substances have you used?

C1-a. In the past 12 months, which of the following substances have you used? *(Please tick all that apply)*

C1-b. In the 30 days before entering treatment, which of these did you use? [or if recruited from a liver clinic or GP surgery 'In the last 30 days, which of these did you use?'] *(Please tick all that apply)*

C1-c. Which substance is causing you greatest concern? *(Please number top 3 in order)*

Substance	Used past 12 months (Please tick)	Used past 30 days (only if used past 12 months)	Greatest concern (Please number from 1 up to 3)
Alcohol			
Tobacco			
Cannabis			
Amphetamine			
Heroin			
Methadone			
Benzodiazepines e.g. Valium, Xanax			

Substance	Used past 12 months (Please tick)	Used past 30 days (only if used past 12 months)	Greatest concern (Please number from 1 up to 3)
<p>If used benzos in past 30 days, please tick whether:</p> <p>Please list types of benzos used (if known):</p>		<ul style="list-style-type: none"> <input type="radio"/> Prescribed only <input type="radio"/> Non-prescribed only (i.e. illicit) <input type="radio"/> Both 	
<p>Antidepressants e.g. Prozac, Cipramil, Efexor.</p> <p>If used antidepressants in past 30 days, please tick whether:</p> <p>Please list types of antid's used (if known):</p>		<ul style="list-style-type: none"> <input type="radio"/> Prescribed only <input type="radio"/> Non-prescribed only (i.e. illicit) <input type="radio"/> Both 	
<p>Painkillers e.g. Morphine, Gabapentin and <u>excluding</u> those available 'over the counter'</p> <p>If used non-OTC painkillers in past 30 days, please tick whether:</p>	<ul style="list-style-type: none"> <input type="radio"/> 	<ul style="list-style-type: none"> <input type="radio"/> Prescribed only <input type="radio"/> Non-prescribed only (i.e. illicit) 	

Substance	Used past 12 months (Please tick)	Used past 30 days (only if used past 12 months)	Greatest concern (Please number from 1 up to 3)
Please list types of painkillers used (if known):		○ Both	
'Legal highs' e.g. Spice Please list types of 'legal highs' (if known):			
Any other drugs not listed above 1 <i>(please specify):</i>			
Any other drugs not listed above 2 <i>(please specify):</i>			

C2. AUDIT: Thinking about the past 12 months (please refer to units guide for questions 2 & 3)

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many units of alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often have you had: - 6 or more units if female, or - 8 or more units if male on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

	0	1	2	3	4
going after a heavy drinking session?					
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	2	4		
9. Have you or someone else been injured as a result of your drinking?	No	Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year		Yes, during the last year	

C3. SADQ: Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month: _____ Year: _____.

During that period of heavy drinking:

	0	1	2	3
The day after drinking alcohol:	Almost never	Some-times	Often	Nearly always
1. I woke up feeling sweaty				
2. My hands shook first thing in the morning				
3. My whole body shook violently first thing in the morning if I didn't have a drink				
4. I woke up absolutely drenched in sweat				
5. I dread waking up in the morning				
6. I was frightened of meeting people first thing in the morning				
7. I felt at the edge of despair when I awoke				
8. I felt very frightened when I awoke				
9. I liked to have an alcoholic drink in the morning				

	0	1	2	3
10. I always gulped my first few alcoholic drinks down as quickly as possible				
11. I drank more alcohol to get rid of the shakes				
12. I had a very strong craving for a drink when I awoke				
I drank more than:	Almost never	Sometimes	Often	Nearly always
13. A quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beers)				
14. Half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer)				
15. One bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer)				
16. Two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer)				

Imagine the following situation:

- You have been completely off drink for a few weeks
- You then drink very heavily for two days

How would you feel the morning after those two days of drinking?

	0	1	2	3
The day after drinking alcohol:	Not at all	Slightly	Moderately	Quite a lot
1. I would start to sweat				
2. My hands would shake				
3. My body would shake				
4. I would be craving for a drink				

Section D: Treatment and support

D1. Which treatments/supports have you accessed for your alcohol or other drug use:

- Please tick all that apply in the table below

- Ever
- In the past 12 months?
- Are you accessing now?

D2. When did you start your current treatment? (Note, if recruited from liver clinic or GP surgery, may not currently be in treatment for substance use)

- Enter date if known, otherwise approximate time since started treatment (e.g. 3 weeks ago) and use calendar to best approximate date
- If more than one current treatment, circle treatment type from which recruited to study

Treatment	Ever accessed	Accessed past 12 months (only if ever accessed)	Accessing now (only if accessed past 12 months)	Approx. when started current treatment
Community detox				
Inpatient detox				
Prescribed medication What was this medication? (or if not				

Treatment	Ever accessed	Accessed past 12 months (only if ever accessed)	Accessing now (only if accessed past 12 months)	Approx. when started current treatment
sure, what was this medication for) 1. 2. 3.				
Support via GP				
Residential Rehabilitation				
Any other professional drug and alcohol support (<i>specify</i>) 1. 2. 3.				
Peer alcohol and drug support groups (<i>outside treatment setting</i>)				

D3. About how old were you when you first started having problems with alcohol?

Age in years: _____

D4. *(If have ever had treatment)* About how old were you when you first sought help for this?

Age in years: _____

Researcher: OK, so now I'd like to ask you some questions about your recent alcohol and drug use. Some of the questions are quite detailed.

Section E: Recent alcohol use

- For those recruited from an outpatient liver clinic or GP surgery

E1. 'I'd like you to think about the last 7 days, starting from yesterday'

Date yesterday (this is the INDEX day) |__|__|/|__|__|/|__|__|__|__|

Day of week yesterday (*circle one*) Mon / Tues / Weds / Thurs / Fri / Sat / Sun

- For those recruited from an alcohol/drug treatment service (inpatient or outpatient) or an inpatient liver clinic

E2. 'For these questions I'd like you to think back to the last week in which you had a drink before you entered this service'

Researcher

- 1) Use calendar and open questions to clarify as far as possible with respondent a treatment start day/week (e.g. 'About how long have you been here?', 'Can you remember the day of the week you started?')
- 2) Use calendar and open questions to clarify as far as possible with respondent the last day prior to treatment entry on which drinking occurred and from which the Time Line Follow Back could be anchored (e.g. 'OK, if we say you entered treatment about here, now we need to work out when was the last day before then you were drinking' – Prompt 'Do you know what day of the week that was?', etc)

Researcher notes relevant to establishing treatment entry date and TLFB index day:

Date of last drink prior to treatment (this is the INDEX day)

|_|_|/|_|_|/|_|_|_|_|

Day of week of last drink prior to treatment entry (circle one)

Mon / Tues / Weds / Thurs /Fri / Sat / Sun

Index Day 0 (last day drank):		(circle day of week)						
		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
What did you drink?	Where did you get this? (tick one)	If bought, what was the price?	Did you buy, or otherwise get, this in:	Was this ordered via internet?	Was this delivered to you?			
Drink type <u>3</u> Type of drink (e.g. whisky) How much drunk? (e.g. ½ 750 ml bottle) Brand (if known)	<input type="checkbox"/> Licensed seller – off trade: <input type="checkbox"/> Supermarket <input type="checkbox"/> Off-license chain <input type="checkbox"/> Local shop <input type="checkbox"/> Other _____ <input type="checkbox"/> Licensed seller – on trade <input type="checkbox"/> Unlicensed seller (i.e. black market) <input type="checkbox"/> Stolen <input type="checkbox"/> Other source _____	<input type="checkbox"/> Traded for: <input type="checkbox"/> Property <input type="checkbox"/> Drugs <input type="checkbox"/> Sex <input type="checkbox"/> Other trade _____ <input type="checkbox"/> Given by: <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other person _____	Price: _____	<input type="checkbox"/> Scotland <input type="checkbox"/> England <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, which website did you use? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Prompt for any other alcohol drunk i.e. not already identified in table above:

- To double check we've included everything; did you drink any other commercially produced alcohol on this day?
- And again to check we've included everything; did you drink any non-commercially produced alcohol on this day? (e.g. homebrew)
- And again to check we've included everything; did you drink any alcohol substitutes such as aftershave or other chemical products on this day?

If yes to any of these, add to table above. If person reports >3 types, use additional TLFB forms to record (additional TLFB forms used? No Yes)

Was there anything notable about this day which affected your how much you drank or what you drank? _____

Did you take any other substances on this day? (Index Day 0) No Yes (Circle all that apply)

Tobacco	Cannabis	Amphetamine	Heroin	Methadone	"Legal highs"
Benzodiazepines	Antidepressants	Painkillers	Other 1.	Other 2.	Other 3.

Researcher – if person reports a 7/7 day fixed pattern of drinking, no need to complete separate sheet for each day. Instead, tick here

Researcher:

OK, so now I'm going to ask you some questions about your drinking during that week, starting from the [day above] and going backwards in time (**use calendar to show 7 day TLFB period**). This will include what type of alcohol you drank, how much, what brand, where you got it from, and how much you paid for it.

For these questions, a day is not strictly from one midnight to the next. When we say a 'day' we mean from the time you feel you started a particular day until the time you feel you ended it. So say you got up at 10 am on Tuesday and stayed up until 3am the next morning, we will count all of that as 'Tuesday'. Does that make sense?

E3. Overall, in that week [indicate TLFB week on calendar], would you say that you (*circle one and then answer related question below*):

1 Drank a lot less than I would usually drink	2 Drank a little less than I would usually drink	3 Drank about the same amount as I would usually drink	4 Drank a little more than I would usually drink	5 Drank a lot more than I would usually drink
Briefly, can you tell me why this week was <u>less</u> than usual?			Briefly, can you tell me why this week was <u>more</u> than usual?	

E4-a. So firstly, thinking about [INDEX DAY 0] and thinking about one type of drink at a time, can you tell me what you drank...

E4-b. And now, thinking about the day before that [INDEX DAY -1], thinking about one type of drink at a time, can you tell me what you drank... Etc, through to [INDEX DAY -6]

Please record response for E4-a and E4-b using separate Time Line Follow Back booklet

E5. Overall, how would you rate your own memory of what you drank and how much you paid for it in the week we just talked about? (Where 0 is 'poor' and 20 is 'good, 'so 10 would be 'OK') *(Please circle)*

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

Poor

Good

Researcher notes relevant to completion of TLFB (attach extra sheet if required):

Researcher:

Thanks for that – now I have an understanding of your drinking and how much that costs. In the next few questions we are going to explore what impact a rise in the price of alcohol would have on you, if any. To help in thinking about this, I am going to show you some pictures of common types of alcohol and their prices

Show respondent visual aids – focussing on one or more that are most relevant to respondent.

Visual aid(s) primarily used (tick all aids used in answering questions below)

- Beer Cider Spirits Wine Fortifieds

OR: None of the visual aids were relevant to recent consumption or MUP

Reason not relevant (e.g. price paid well above MUP, consume non-beverage alcohol)

Section F: What would happen if the price of alcohol changed?

F1-a. Imagine these products were now priced like this (show visual aid).

Thinking about before you came into treatment, what effect do you think price changes like these would have had on you? [or if recruited from a liver clinic or GP surgery, ‘what effect do you think price changes like these would have on you’] (*List up to 3*)

1. _____
2. _____
3. _____

F1-b. Why?

F2-a. What effect do you think price changes like these would have on other people who you know, particularly people who are dependent on alcohol? (*List up to 3*)

1. _____
2. _____
3. _____

F2-b. Why?

F3. Here we have a list of some of the effects alcohol price changes like these might have on people who drink. For each statement, rate how likely each one would be for you (where 1 = very unlikely and 5 = very likely)

I would...	1 Very unlikely	2 Unlikely	3 Neither likely nor unlikely	4 Likely	5 Very likely	This question does not apply to me
a. Give up drinking						
b. Drink less alcohol on each day						
c. Drink alcohol on fewer days						
d. Drink about the same as before						
e. Buy cheaper alcohol						
f. Steal alcohol						
g. Try to get illicit (black market) alcohol						
h. Try to get non-beverage alcohol (e.g. white spirit, aftershave, methylated spirits)						

<p>i. Get more money to buy alcohol</p> <p>How would you do this?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>						
<p>j. Change to /increase other substance use</p> <p>Which substances?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>						
<p>k. Reduce how much I spend on other things to buy alcohol</p> <p>What would you spend less on?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>						
<p>l. Seek treatment</p> <p>Where would you seek treatment?</p>						

1. _____							
2. _____							
3. _____							

Researcher: OK, the next group of questions are about whether or not you think drinking has had any impact on different aspects of your daily life in the past 3 months. Not all of the questions will be relevant to everyone, for example, some people live alone rather than with others. Where a question is not relevant to you we will just tick 'not applicable to me'

Section G: Potential and actual impact upon family, social, and work life

G1. What impact, if any, has your drinking had on the following areas of your life in the past 3 months?

	- Negative impact	No impact	+ Positive impact	Not applic- able to me
How well you get along with...				
Your partner/spouse				
People in your household (besides partner/spouse)				
Family members who <i>don't</i> live with you				
Friends with whom you usually/often drink				
Friends with whom you <i>don't</i> usually/often drink				
Daily living				

	- Negative impact	No impact	+ Positive impact	Not applic- able to me
Managing household finances, paying bills, etc				
Doing household chores (e.g. cooking, cleaning)				
Eating well				
Sleeping well				
Getting to work/keeping appointments				
Parenting				
How you have felt about your parenting				
Getting child/ren getting to nursery/school/other appointments				
Child/ren having treats				
Child/ren having to act more grown up than their age				

Researcher note: Did the respondent answer the above table with reference to a recent positive change in alcohol use and associated effects (i.e. a reduction in drinking rather than stable or increased drinking)?

No Yes

G2. In the past 3 months have you needed to use a food bank or other charitable donations?

No Yes

Additional comment re use of donations if wish:

Section H: Experience of crime

H1. In the 3 months prior to entering treatment [or if recruited from a liver clinic or GP surgery 'In the past 3 months'], have you been involved in any of the following illegal activities? (*Please tick all that apply*)

- Shoplifting

- Selling drugs

- Theft from or of a vehicle

- Other theft, burglary, or robbery

- Fraud or forgery

- Handling stolen goods

- Committing assault or violence

OR

- I have not been involved in any illegal activities

H2. In the 3 months prior to entering treatment [or if recruited from a liver clinic or GP surgery 'In the past 3 months'], have you been a victim of the following illegal activities? (*Please tick all that apply*)

- Theft, burglary, or robbery

- Assault or violence

Anything else? _____

OR

I have not been a victim of any illegal activities

H3. In the 3 months prior to entering treatment [or if recruited from a liver clinic or GP surgery 'In the past 3 months'], has your drinking led to police involvement because of domestic arguments?

No Yes Prefer not to say

Section I: Have you noticed any change in the price of alcohol or the products available?

I1-a. Thinking about the alcohol products you or people you know typically drink, in the last 3 months, have you noticed **any products not available** in the shops? (that is, products you used to be able to buy, but which are no longer in stock)

No (go to Q. I2a)

Yes

I1-b. If yes, which products have you noticed disappearing from shops? (*Name up to three products below, including brand and product size*)

I1-c. The disappearance of which one of these products has had the biggest impact on you? (*Circle one*)

1. Brand _____ Product size

2. Brand _____ Product size

3. Brand _____ Product size

Or tick here if person says product disappearance has had no impact on them

I2-a. Thinking about the alcohol products you or people you know typically drink, in the last 3 months, have you noticed any significant **changes in the price** of alcohol in shops?

No (go to Q. J1)

Yes

I2-b. If yes, for which products have you noticed price changes? (Name up to three products below, including brand and product size)

I2-c. Which one of these price changes to products has had the biggest impact on you? (*Circle one*)

1. Brand _____ Product size _____

2. Brand _____ Product size _____

3. Brand _____ Product size _____

Or tick here if person says product price change has had no impact on them

I2-d. Compared to 3 months ago, would you say these products are now: (*Circle one*)

Much cheaper	A little cheaper	A little more expensive	Much more expensive
--------------	------------------	-------------------------	---------------------

I2-e. Would you say the changes in price you have noticed have been:

Gradual → What did you notice?

Sudden → What did you notice?

Don't know/not sure

Section J: Harm minimisation

J1-a. If the government were to introduce a new policy to increase the price of alcohol like this [refer to visual aid], would you (or other people you know) need help or support to prepare for this?

No (go to Q. J2a)

Yes

J1-b If yes, what help or support would be needed?

J2-a. Are you aware of any support now being offered to people specifically to help them prepare for an increase in the price of alcohol?

No (go to Q. K1)

Yes


J2-b. If yes, what support is now being offered and by whom?

Section K: Other factors

K1. In the last **x** months, has there been anything other than the price of alcohol which has had a major effect on your drinking? This could be anything, but might include:

- changes in your own life (e.g. to your income/benefits or your housing)
- the influence of people around you (e.g. attitudes to heavy drinking)
- changes affecting your local community, this region, or even the whole country

Appendix 2: Visual aid – pictures of alcohol types with pre-MUP prices and estimated post-MUP prices: version used for Scotland and England, Wave 1

 <p>1 x 500ml can £2.89</p> <p>£2.89</p>	 <p>1 x 500ml can £2.75</p> <p>£2.75</p>	<p>Alcohol products and prices version 1.2 – 25 July 2018 IRAS ref: 226391</p>  <p>10 x 250ml bottles £3.60</p> <p>£5.00</p> <p>{Brand change from Brasserie Premium as no longer available}</p>
 <p>12 x 440ml cans £10.00</p> <p>£10.60</p>	 <p>20 x 440ml cans £11.99</p> <p>£16.72 [England]</p>	 <p>4 x 440ml cans £7.48</p> <p>£7.48 [England]</p>



1 x 3L bottle
£3.59

£11.25
[England]



18 x 440ml cans
£12.00

£17.82



1 x 500ml bottle
£2.03

£2.03



1 x 2L bottle
£1.99

£5.00



4 x 440ml cans
£4.49

£7.04

Product ABV has changed from 8.4% to 8%



1 x 1L bottle
£15.00

£18.75

(Image changed from Castelgy brand as no longer available in Scotland)



1 x 1L bottle
£16.00

£20.00



1 x 350ml bottle
£5.75

£6.57



1 x 350ml bottle
£6.25

£7.00



1 x 700ml bottle
£24.50

£24.50



1 x 1L bottle
£16.00

£19.50



1 x 750ml bottle

£3.50

£4.13



1 x 750ml bottle

£3.50

£4.13



1 x 750ml bottle

£6.00

£6.00



1 x 750ml bottle

£6.00

£6.00



1 x 700ml bottle
£3.50 [15% ABV]

£4.90 [13% ABV]



1 x 750ml bottle

£7.99

£7.99



1 x 1L bottle

£6.15

£7.50



1 x 750ml bottle

£6.75

£7.13



1L

1 x 1L bottle

£5.75

£7.35

(image has been updated)



1 x 750ml bottle

£13.00

£13.00



1 x 350ml bottle

£7.25

£7.25



1 x 700ml bottle

£12.00

£13.13



1 x 700ml bottle

£9.97

£13.13



1 x 700ml bottle

£12.50

£13.13



1 x 1L bottle

£15.50

£18.75



1 x 1.5L bottle

£22.50

£28.13

[England]

Appendix 3: Visual aid – guide to alcohol units

