

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Isafbris Uned am Alcohol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Minimum unit pricing for alcohol in Wales](#)

MUP03 : Ymateb gan: Sefydliad Astudiaethau Alcohol | Response from: Institute of Alcohol Studies (IAS)



Institute of Alcohol Studies – Response to inquiry on Minimum Unit Pricing in Wales

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. IAS is a member of the Alcohol Health Alliance.

Main points:

- Evidence from Wales and Scotland suggests that Minimum Unit Pricing (MUP) is an effective way of reducing alcohol consumption and related harm.
- Although the COVID-19 pandemic makes it difficult to fully understand the impact of the policy, particularly in Wales, there is evidence that the policy reduced the availability of cheap, high-strength products, particularly those in large containers.
- The policy did not lead to any of the unintended consequences that were raised before it was introduced, for instance cross-border shopping, switching to illegal drugs, or increases in home-brewing.
- The policy should be continued in Wales, with the price increased to 65p and kept in line with inflation each year.
- Other measures to support people on low incomes and dependent drinkers should be improved, such as access to and provision of treatment services and early diagnosis.

Public understanding of MUP

- *Minimum unit pricing is a targeted health improvement measure which aims to reduce alcohol consumption among people drinking at harmful levels. How effectively has the purpose of the legislation been communicated to the general public and to businesses affected?*

There was concerted effort by the Welsh Government to communicate the purpose of MUP at the time of implementation. Qualitative evidence shows that many people understood the basic concept – that a minimum price had been introduced to address alcohol-related harm – but misconceptions remain.¹ Some members of the public and even some professionals incorrectly believe MUP is a tax, or that it targets only those with alcohol dependence rather than aiming to reduce harmful consumption across the population. Better ongoing public education would help embed understanding of the policy's preventive purpose.

Impact of MUP

- *What impact has minimum unit pricing had on alcohol-related harm in Wales?*

Evidence from Wales is limited but consistent with international findings. An 8.6% reduction in alcohol purchases was observed soon after MUP's introductionⁱⁱ, with subsequent data showing slower increases and sharper declines in alcohol purchases in Wales compared to Englandⁱⁱⁱ. There is also some indication that the increase in alcohol-specific deaths post-pandemic was smaller in MUP-implementing nations (Scotland and Wales) than in England.^{iv} However, alcohol-specific deaths in Wales rose 52% from 2019–2023, showing MUP is not sufficient on its own.

It is important to also consider the impact the COVID-19 pandemic had on analysing the impact of MUP in Wales (and Scotland). Wales introduced the policy only a matter of weeks before the first lockdown, and changes in drinking habits – particularly increases in heavy drinking – led to steep increases in deaths from alcohol across many countries including the US, Canada, Germany, and all UK nations.^{v,vi,vii} This makes it very difficult to extricate the effect of MUP alone, and increases the importance of Scotland's analysis of MUP, which was introduced two years before the pandemic.

The Welsh evaluation was also not as comprehensive as Scotland's and did not specifically look at the impact of the policy on alcohol-specific deaths and hospital admissions. The Scottish evaluation has clearly identified MUP as an effective way of reducing alcohol-related deaths and hospital admissions, by 13.4% and 4.1% respectively during each year of its implementation.^{viii}

- *What impact has the introduction of minimum pricing had on particular groups, including:*
 - *vulnerable and dependent drinkers*

MUP removed large bottles of cheap, high-strength cider from the market, products which are disproportionately consumed by dependent drinkers.^{ix,x} There is evidence that some switched from these products to consuming spirits instead, however this does not mean that the amount of alcohol consumed increased. In fact, as the per unit cost of alcohol would have been more expensive after MUP – whether it was consumed as cider or spirits – it is likely that consumption will have decreased among dependent drinkers.

As many public health advocates have argued, the answer to supporting dependent drinkers is not to make alcohol cheaper, but to improve access to and provision of treatment.

- *children and young people*

Direct evidence is lacking, but young people are price-sensitive and had access to the cheapest products pre-MUP. Given the removal of high-strength, low-cost alcohol, it's reasonable to infer a reduction in underage access, though further research is needed.

- *low income households*

Some people in low-income groups who drink heavily reported greater financial strain, including sacrificing food or bills to fund alcohol.^{xi} However, and similar to dependent drinkers, this pre-dated MUP and reflects the need for better support and not cheaper

alcohol. Research also shows alcohol harm is far more prevalent in more deprived areas, and evidence from Scotland shows that deaths from alcohol fell the most in the most deprived areas, demonstrating that MUP can help reduce health inequalities.^{xii}

- *What impact has the introduction of minimum pricing in Wales had on (i) retailers and (ii) local authorities?*

Retailers adapted with minimal disruption. Some products disappeared, others were reformulated or downsized.^{xiii} Losses from discontinued cheap products appear to have been offset by increased prices. Compliance was widespread, and concerns around illicit sales or enforcement burdens have not materialised.^{xiv} Retailers who understood MUP as a public health measure aimed at reducing harmful drinking were more supportive. Conversely, those who mistakenly perceived it as targeting only dependent drinkers were less supportive.^{xv} There is a lack of evidence on the impact on Local Authorities, although that does imply that they were not significantly burdened.

Future of MUP in Wales

- *Should minimum unit pricing continue in Wales? Why?*

Yes – MUP is an evidence-based policy recommended by the World Health Organization and has been shown to reduce alcohol consumption, deaths and hospitalisations in Scotland and reduce alcohol purchases in Wales, especially among heavy drinkers. It also contributes to reducing health inequalities. Allowing MUP to lapse would risk a resurgence of ultra-cheap high-strength drinks and would undermine years of progress.

The Scottish Parliament recently voted unanimously to continue their MUP policy, highlighting broad political support for the measure.^{xvi} There was no public backlash from doing so either.

- *Should the current minimum unit price of 50p be reviewed? Why?*

Yes – The current 50p threshold, set in 2020, has been eroded by inflation. In Scotland, MUP was uprated to 65p in 2024. A similar adjustment is needed in Wales to maintain the policy's effectiveness. Without uprating, MUP will lose its real-terms impact and fail to deter harmful drinking. The price should be kept in line with inflation each year, as is supposed to happen with alcohol duty rates.

- *Minimum unit pricing is intended as one of a range of policy approaches to tackling alcohol-related harm. Do any other approaches need to be considered/strengthened in order to reduce alcohol-related harm in Wales?*

Yes – MUP must be part of a broader strategy including:

- Greater investment in alcohol treatment services;
- Improved support for people experiencing alcohol dependence and financial hardship;
- Better access to food and housing support for vulnerable drinkers;
- Stronger regulation of alcohol marketing and availability;

- Public education campaigns to improve understanding of alcohol risks and policies;
- Ultimately, it should be part of a national alcohol strategy adopted by the Westminster government.

MUP also provides windfall profit to alcohol retailers.^{xvii} One consideration should be to claw back that profit in order to fund healthcare services, for instance alcohol treatment services or early diagnosis services (e.g. fibroscanning).

What impact has minimum unit pricing had on the need for alcohol treatment and support services?

There's no clear evidence of increased demand for services, but MUP likely creates more opportunities for engagement, particularly where it disrupts harmful drinking patterns (e.g., through price increases or reduced container sizes). This highlights the need for improved treatment services in Wales.

- *What impact has minimum unit pricing had on the risk of substituting alcohol for more dangerous and illegal substances?*

There is no significant evidence of substance substitution, cross-border shopping, or illicit brewing.^{xviii} Early fears have not materialised, and most dependent drinkers continued to consume alcohol rather than seek substitutes.

ⁱ Welsh Government (2023), Public attitudes to and awareness of minimum pricing for alcohol in Wales 2018 – 2022.

ⁱⁱ Anderson, P., O'Donnell, A., Kaner, E., Llopis, E. J., Manthey, J., & Rehm, J. (2021). Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. *The Lancet Public Health*, 6(8), e557-e565.

ⁱⁱⁱ Mitchell M, Ilic N, O'Shea C, et al. (2025) Evaluation of the Minimum Price for Alcohol in Wales – Final report on research with retailers and quantitative analysis. *Welsh Government*.

^{iv} Office for National Statistics (2025), Alcohol-specific deaths in the UK: registered in 2023.

^v Esser, M. B. (2024). Deaths from excessive alcohol use—United States, 2016–2021. *MMWR. Morbidity and Mortality Weekly Report*, 73.

^{vi} Statistics Canada (2023), Provisional death counts and excess mortality, January 2020 to October 2022

^{vii} Kilian, C., Carr, S., Schulte, B., & Manthey, J. (2023). Increased alcohol-specific mortality in Germany during COVID-19: State-level trends from 2010 to 2020. *Drug and Alcohol Review*, 42(3), 633-640.

^{viii} Public Health Scotland (2023), Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence.

^{ix} Mitchell M, Ilic N, O'Shea C, et al. (2025) Evaluation of the Minimum Price for Alcohol in Wales – Final report on research with retailers and quantitative analysis. *Welsh Government*.

^x University of South Wales (2025), Minimum alcohol pricing: what we found in Wales after five years.

^{xi} Perkins, A., Livingston, W., Cairns, B., Dumbrell, J., Holloway, K., Buhociu, M., ... & Madoc-Jones, I. (2023). Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers: Interim Findings.

^{xii} Public Health Scotland (2023).

^{xiii} Mitchell M, Ilic N, O'Shea C, et al. (2025)

^{xiv} Ibid.

^{xv} Ibid.

^{xvi} Scottish Government (2024), Minimum Unit Pricing rise, Parliament agrees continuation of policy and increase to 65p.

^{xvii} Sheffield Addictions Research Group (2025), Minimum unit pricing webpage accessed April 2025 states: “we would expect the profits of shops, supermarkets and companies who make alcoholic products to increase under an MUP’.

^{xviii} Perkins, A. et al (2023).