

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](#)

MUP04 : Ymateb gan: Coleg Brenhinol Meddygon Teulu| Response from: Royal College of Practitioners (RCGP Cymru Wales)



RCGP Cymru Wales: Response to Consultation on Minimum Unit Pricing for Alcohol

RCGP Cymru Wales welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Wales, we exist to promote and support the highest quality of patient care.

Alcohol-related harm in Wales is a growing crisis. In 2023 alone, there were 562 alcohol-specific deaths – the highest on record – representing a 15.6% increase from the previous year and a staggering 60% increase compared to a decade ago. Alcohol-related deaths also rose to 683, a 10.5% year-on-year increase. These figures reflect the real and rising toll alcohol is taking on individuals, families, and communities across Wales.

The effects of alcohol harm fall disproportionately on men, older adults, and those living in the most deprived areas. Nearly two-thirds of alcohol-specific deaths occurred in men, and 67% of over 12,000 alcohol-related hospital admissions involved individuals aged 50 and over. People in the most deprived areas of Wales face hospitalisation rates nearly three times higher than those in more affluent communities. This inequality demands urgent and sustained intervention.

MUP has been a core pillar of Wales' alcohol harm reduction strategy. While it is concerning that alcohol-related harms in Wales appear to be worsening despite the introduction of MUP, it is important to consider that there may be a time lag before the full effects of the policy become evident. Behavioural and health outcomes can take several years to manifest in response to policy interventions. It is worth noting that in Scotland, where MUP has been in place for a longer period, evidence points to a range of positive impacts including reductions in alcohol related hospital admissions and deaths. Within the first three years of implementation, alcohol sales decreased by 3%, and encouragingly deaths wholly caused by alcohol fell by 13.4% (equating to 156 fewer deaths), with alcohol-related hospital admissions also falling by 4.1% (411 fewer admissions). These outcomes suggest that in time, similar benefits will be reaped in Wales. RCGP do not see a reason to backtrack on the existing policy although would welcome further frequent audits of its effectiveness.

We understand the logic of increasing the minimum unit price from 50p to 65p. The current rate, unchanged since implementation, has been eroded by inflation and no longer reflects the equivalent value which was originally deemed to influence purchasing behaviour. An increase to 65p per unit will restore the intended deterrent effect and ensure the policy remains proportional.

It is important to acknowledge that MUP, though impactful, is not a silver bullet. To maximise its potential, it must be embedded within a broader approach to tackling alcohol misuse. We advocate for supporting measures such as:

- Stronger enforcement of laws preventing alcohol sales to under-18s

- Restrictions on opening hours for licensed premises
- Greater investment in public education around the far-reaching health and social harms of alcohol
- Expanded support services for individuals with alcohol dependency and addiction.

Minimum Unit Pricing is a somewhat clunky bit of policy - essentially requiring consumers to pay a subsidy to the drinks industry. It is assumed that if the Welsh Government had the appropriate tax powers to impose a levy on alcohol units, it would choose that route over implementing minimum unit pricing. The current constitutional limitations may justify MUP as a stopgap measure, but we should still acknowledge its limitations. Moreover, whilst MUP has and should remain a prominent mechanism for reducing alcohol related harms in Wales, it is equally important that Welsh Government continues to invest in support services for those struggling with alcohol dependency and addiction. A cost-neutral to government pricing model should not be used as a substitute for addressing the broader causes of alcohol harm.

In conclusion, RCGP Cymru Wales believes that MUP should continue, and adapt to inflation. Strengthening the minimum unit price, reinforcing public engagement, and embedding MUP within a wider public health strategy should collectively help reduce alcohol-related harms in Wales.