

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](#)

**MUP05 : Ymateb gan: | Response from: Scottish Health Action on Alcohol Problems (SHAAP)**

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## Future of MUP in Wales

- Should minimum unit pricing continue in Wales? Why?

Policies which target the pricing of alcohol were (and continue to be) recommended by the World Health Organization as the most successful and cost-effective measures to reduce alcohol consumption and harms.<sup>1</sup> This is because there is a direct relationship between the pricing of alcohol and harms: when price of alcohol goes up, consumption (and therefore harms) come down (and vice versa).<sup>2</sup>

### Evidence from Scotland

MUP in Scotland has achieved its aim of reducing harms – this has been clearly presented throughout the Public Health Scotland monitoring and evaluation of the policy, which found: MUP reduces alcohol consumption. MUP delivered on its intended aim of reducing overall population consumption in Scotland, with a 3% decrease in alcohol sales within the first 3 years of implementation.<sup>3</sup>

Within 32 months of implementation, MUP reduced deaths wholly caused by alcohol by 13.4% - equating to 156 fewer deaths every year purely because of the policy and reduced hospital admissions wholly caused by alcohol by an estimated 4.1% - equivalent to 411 fewer hospital admissions per year.<sup>4</sup> This relieves pressure on overstretched health services.

In addition, MUP has reduced deaths and hospital admissions due to alcohol from conditions where alcohol is not the sole cause (such as cancers and heart disease), averting an additional estimated 112 deaths and 488 hospital admissions per year.<sup>5</sup>

MUP has succeeded in reducing the consumption of cheap, high strength alcohol products<sup>6 7</sup>, which were disproportionately consumed by people drinking above the low risk guidelines (hazardous and harmful drinkers) prior to the implementation of MUP.<sup>8</sup> Households that purchased the most alcohol prior to MUP also reduced their purchasing the most after implementation.<sup>9 10</sup> The proportion of people drinking at hazardous levels decreased by 3.5%.<sup>11</sup> In total, MUP is estimated to save 268 lives and

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<sup>1</sup> World Health Organization (2018). <https://www.who.int/initiatives/SAFER/pricing-policies>

<sup>2</sup> Verill & Sheron (2005). [Alcohol-related harm--a growing crisis: time for action](#)

<sup>3</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>4</sup> Ibid.

<sup>5</sup> Wyper, G.M.A. et al. (2023). [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00497-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00497-X/fulltext) Public Health Scotland.

<sup>6</sup> Giles, L. et al. (2022). [Evaluating the impact of Minimum Unit Pricing \(MUP\) on sales-based alcohol consumption in Scotland at three years post-implementation.](#) Public Health Scotland.

<sup>7</sup> Ferguson, K. et al. (2022). [Evaluating the impact of MUP on alcohol products and prices.](#) Public Health Scotland

<sup>8</sup> Booth, A. et al. (2008). Independent Review of the Effects of Alcohol Pricing and Promotion Part A: Systematic Reviews. University of Sheffield

<sup>9</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence](#)

<sup>10</sup> Holmes, J. et al. (2022). Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels. The University of Newcastle Australia, The University of Sheffield, and Figure 8 Consultancy Services

<sup>11</sup> Ibid.

899 hospital admissions every year. The evidence around harmful drinking is more mixed, but some harmful drinkers have reported cutting down their consumption due to MUP.<sup>12</sup> The evidence on harm - and specifically the reduction in the number of people dying from alcoholic liver disease - clearly demonstrates that harmful drinkers have reduced their consumption.

### MUP reduces inequalities

There are major inequalities in the way in which alcohol harms are experienced in Scotland – with those living in the most deprived areas over four times more likely to die<sup>13</sup> and six times more likely to be hospitalised<sup>14</sup> because of alcohol, when compared to those living in the least deprived areas.

MUP helps to reduce inequalities by saving more lives in Scotland's most disadvantaged communities. The lives saved by MUP so far have been statistically significant among the 40% of people living in the most deprived areas, meaning that the policy is reducing alcohol-related health inequalities.<sup>15</sup>

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

SHAAP believes that the current minimum unit price of 50p should be increased to maintain effectiveness of MUP.

The effectiveness of any MUP policy in which the level remains unchanged will be eroded over time due to the effects of inflation. By 2024, when Scotland reviewed its MUP level, alcohol consumption was estimated to be 2.2% **higher** than in 2018 when MUP was introduced. There is every reason to presume that the same will apply to Wales.<sup>16</sup>

In April 2024, the Scottish Parliament agreed to uprate MUP in Scotland to 65p. MUP was delivering on its intended aim of reducing alcohol-related harms in Scotland, but it was essential that this policy was renewed and optimised.

Modelling from the Sheffield Alcohol Research Group (SARG) projected a dramatic increase in harms because of the COVID-19 pandemic and resulting changes in alcohol-related behaviours.<sup>17</sup> Keeping MUP at 50p until 2040 was estimated to lead to an additional 1,076 deaths, 14,532 hospital admissions, 37,728 years of life lost and £17.4 million additional NHS hospital costs over this period (when compared to if the MUP threshold was indexed to inflation throughout).<sup>18</sup>

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<sup>12</sup> Ibid.

<sup>13</sup> National Records of Scotland (2023). [Alcohol-specific deaths 2022](#)

<sup>14</sup> Public Health Scotland (2023). [Alcohol-related hospital statistics.](#)

<sup>15</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>16</sup> Angus C, Morris D, Leeming G, Kai Le Chen R, Wilson L, Stevely A, Holmes J, Brennan A, Gillespie D (2023) [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model](#) Sheffield: University of Sheffield. DOI: <https://doi.org/10.15131/shef.data.21931386.v1>

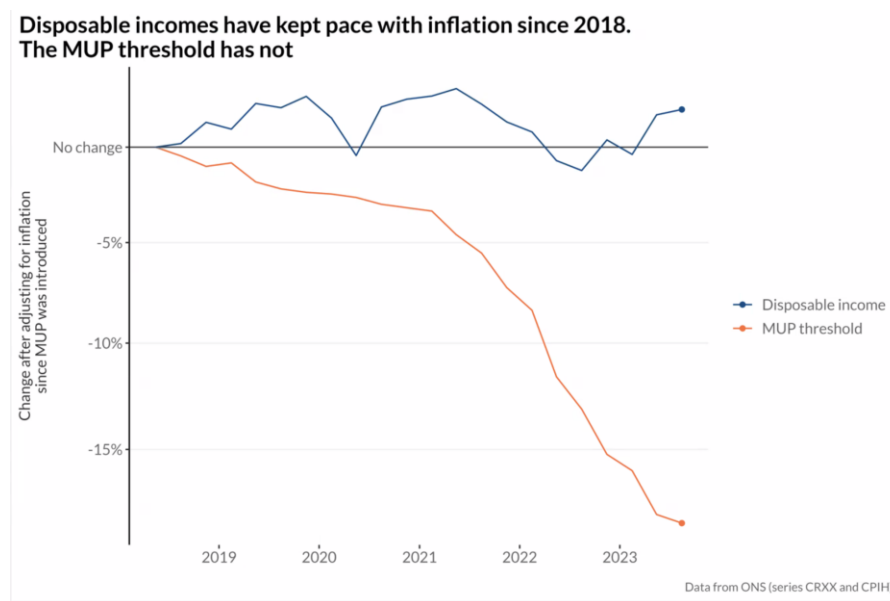
<sup>17</sup> Angus, C. Morris, D. Leeming, G. et al. (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland.](#) University of Sheffield.

<sup>18</sup> Ibid.

SHAAP called for MUP to be updated to at least 65p, in order to optimise the policy's ability to reduce harms and save lives. High levels of inflation since the policy was introduced (which have not been realised in alcohol prices) significantly eroded the value of MUP, and an uprating was essential to optimise the policy.

### Future proofing

To continue MUP but not uprate the level would be incoherent, as its impact would reduce until it became meaningless. Therefore, alongside our recommendation for MUP to remain and to be uprated to at least 65p, SHAAP recommends the introduction of an automatic uprating mechanism. This would mean that MUP maintains its effect and its relative level of affordability going forward.



*Credit: Prof Colin Angus, University of Sheffield, March 2025*

- 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?

### Polluter pays levy

Consideration should also be given to the implementation of a levy which would recoup the earnings made by the alcohol industry from MUP – this profit should instead be applied to tackling alcohol harms through services and treatment. The polluter pays principle should be applied to the sale of alcohol, meaning retailers should pay a levy – accompanied by a corresponding uplift in funding for alcohol treatment services.

SHAAP also supports the WHO best buys on

- Increasing alcohol beverage excise taxes,
  - Restricting access to retailed alcohol beverages and
  - Comprehensive advertising, promotion and sponsorship bans
- What impact has minimum unit pricing had on the risk of substituting alcohol for more dangerous and illegal substances?

### No evidence that MUP in Scotland has resulted in unintended consequences

In Scotland, there isn't evidence of any significant increases in crime rates (such as theft or violence) or cross-border purchasing since the implementation of MUP in Scotland, nor of a substitution from alcohol to drug use.<sup>19</sup>

Quantitative studies found no impact on household spend on food or nutritional value of food.<sup>20</sup> There is some qualitative evidence of impact of MUP at an individual level, particularly for individuals with alcohol dependence who are financially vulnerable.<sup>21</sup> However, as described above, MUP was not designed to target this group – who require treatment and support for their recovery.

MUP has also not penalised moderate drinkers. MUP targets low-cost, high-strength products specifically - which are the products most commonly consumed by heavy drinkers - and has little or no impact on the amount spent on alcohol by most moderate drinkers.<sup>22</sup>

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<sup>19</sup> Ibid.

<sup>20</sup> Ibid

<sup>21</sup> Ibid

<sup>22</sup> xii Holmes, J. et al. (2022). [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels](#). The University of Newcastle Australia, The University of Sheffield, and Figure 8 Consultancy Services