

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](#)

MUP07 : Ymateb gan: Grŵp Ymchwil Caethiwed Sheffield - Prifysgol Sheffield | Response from: Sheffield Addictions Research Group - University of Sheffield



**Response to the Welsh Parliament Health and Social Care Committee's
consultation on Minimum Unit Pricing for Alcohol in Wales from the Sheffield
Addictions Research Group at the University of Sheffield**

1. Background

The Welsh Government introduced a minimum unit price (MUP) for alcohol on 1st March 2020. A robust body of international evidence informed this decision.¹ That included:

- Extensive evidence that increasing the price of alcohol leads to a reduction in alcohol consumption and alcohol-related harm;^{2,3}
- Model-based analyses examining the potential impacts of MUP in Wales, which suggested the policy would particularly reduce alcohol consumption among those drinking at higher levels;⁴
- Evaluations of similar policies in Canada, which provide real-world evidence that increasing the price of the cheapest alcohol can reduce alcohol-related harm.^{5,6}

The Scottish Government implemented a MUP two years before Wales. Public Health Scotland then led a comprehensive evaluation of the policy. Their final report concluded that the MUP had a positive impact on health outcomes, including reductions in deaths, hospital admissions and health inequalities associated with alcohol.⁷ There was less evidence of beneficial effects on social harms (e.g. reductions in alcohol-related crime), and there was also no clear evidence of substantial negative impacts on the overall population or the alcoholic drinks industry.

Ireland and Australia's Northern Territory have also introduced a MUP, although the latter has recently repealed following a change of Government. There are no robust evaluation studies from Ireland and evidence from Australia is difficult to interpret because the Northern Territory introduced several other policies at the same as its MUP, making it difficult to separate out the effects of the different policies. Nonetheless, evaluation studies generally suggest the Northern Territory's MUP has been effective in reducing health and social problems related to alcohol.⁸⁻¹¹

2. Impact of MUP in Wales

Evidence on the effects of MUP in Wales is more limited than in Scotland for several reasons.

First, the Welsh Government introduced its MUP on 1st March 2020, three weeks before the UK Government announced the first of a series of 'lockdowns' to slow the spread of the COVID-19 pandemic. There is extensive international evidence that the pandemic

and associated lockdown restrictions led to substantial changes in alcohol consumption and deaths due to alcohol.^{12,13} This includes lighter drinkers reducing their alcohol consumption, heavier drinkers consuming more, and large increases in deaths from alcohol-specific causes (e.g. alcohol poisoning and alcohol-related liver disease). For example, the alcohol-specific mortality rate in the UK increased by over 40% between 2019 and 2022.¹⁴ Similar increases occurred in other countries, including Germany, Canada and the USA.^{13,15} These sharp changes and the lack of time between the introduction of the MUP and the onset of the pandemic make it difficult to separate the effects of the MUP from those of the pandemic.

Second, the evaluation programme for the MUP in Wales was substantially smaller than in Scotland. Reasons for this include the difficulties caused by the COVID-19 pandemic, the smaller resources available to the Welsh Government, the statistical challenges of identifying clear effects in a country with a small population, the lack of readily available datasets, and the reduced necessity for evaluation given the availability of comprehensive and clear evidence on the same policy from Scotland. Given all this, there is a lack of robust evidence of the impact of MUP in Wales in several key areas, including the impact on alcohol sales, hospital admissions, deaths or crime.

Third, much of the available evidence from Wales is qualitative. This is valuable for understanding people's experiences of the policy and for highlighting possible positive or negative impacts and the mechanisms through which they occurred. However, qualitative evidence cannot provide clear conclusions on whether or to what extent the policy led to changes in the level of alcohol consumption or alcohol-related harm.

For these reasons, the comments below on the impact of MUP in Wales are cautious and draw on the wider evidence on MUP and alcohol pricing in general to form a judgement on the likely effects of the policy.

2.1. How effectively has the purpose of the legislation been communicated to the general public and to businesses affected?

The Welsh Government made significant efforts to ensure the public and businesses understood the MUP, including outreach work with people with alcohol dependence. The effectiveness of these efforts is unclear as there is no robust statistical data on levels of understanding. Qualitative data suggests that there is varied understanding of the policy among the public. While many people understood the basic idea of a MUP, some believe it is a tax or that it is intended to address alcohol dependence rather than hazardous and harmful drinking in the general population. Although understanding was greater among providers of alcohol treatment services, there were still some misconceptions regarding who was intended to benefit from the policy. Service providers have also largely stopped discussing the policy with their service users.

What impact has MUP had on alcohol-related harm in Wales?

There is a small amount of limited evidence that suggests the MUP may have led to a reduction in alcohol-related harm in Wales. This evidence is consistent with the wider evidence from other jurisdictions on the impacts of MUP and raising alcohol prices.

There is some evidence that the increase in alcohol-specific deaths in the years immediately following the introduction of MUP was smaller in Wales than in England (which does not have a MUP).¹⁴ The same is true when comparing Scotland against England. This suggests the MUP reduced the negative impact of the COVID-19 pandemic on alcohol-specific deaths; however, it is only weak evidence as it does not account for other factors that may be driving the trend in deaths. These include any underlying trends established before the introduction of the MUP and differences in lockdown policies between the UK nations. The small population of Wales also means the data can fluctuate between years, making it risky to over-interpret changes that are seen only over a small number of years.

Analyses of alcohol purchasing data provide stronger, although still limited, evidence that the MUP may have reduced alcohol-related harm. An early analysis of data up to June 2020 found the introduction of the MUP in Wales was associated with a 8.6% reduction in the amount of pure alcohol purchased by Welsh households.¹⁶ A longer-term analysis to the end of 2023 found that alcohol purchasing increased by less in Wales than in England after March 2020, and then decreased more rapidly.¹⁷ This is in line with the data on alcohol-specific deaths and suggests that the MUP may have reduced the negative impact of the COVID-19 pandemic on alcohol consumption in Wales. This interpretation is supported by evidence that people in lower socioeconomic groups increased their purchasing in England but not in Wales, and uncertain evidence (i.e. not statistically significant) that alcohol purchasing decreased among households buying the most alcohol following the introduction of MUP.¹⁷

All of the analyses of alcohol purchasing data have important limitations. These include the short time-period covered by the first study, a relatively small sample of households in Wales in all studies (particularly in the analyses of smaller subgroups of the population), and some technical limitations in the detail of the analyses. Nonetheless, the findings are consistent with evidence from other countries on the impacts of introducing a MUP.^{18,19} This includes evidence from Scotland that, following the introduction of MUP:

- Alcohol sales decreased by approximately 3%;²⁰
- Heavier drinkers reduced their alcohol consumption by more than lighter drinkers, although with some uncertainty as to whether this extended to those drinking at the very highest levels (e.g. those with severe alcohol dependence);²¹

- Alcohol-specific deaths decreased by 13.4% and hospital admissions for alcohol-related liver disease decreased by 9.8%.²²

Overall, therefore, it is reasonable to conclude that the available evidence is consistent with the MUP in Wales leading to reductions in alcohol-related harm.

2.2. *What impact has the introduction of minimum pricing had on particular groups?*

There is a small amount of largely qualitative evidence that the MUP in Wales had a mixed impact on people with alcohol dependence, although it is likely that there were substantial health benefits alongside any unintended negative consequences. However, there is no evidence on the impact of the MUP in Wales on children and young people. Evidence on low-income households in the general population is described in the previous section.

A qualitative study of people receiving treatment for alcohol problems found evidence that some of those people changed their drinking patterns following the introduction MUP, including switching from drinking beer or cider to drinking spirits.²³ This is because they perceived spirits to be better value after beer and cider increased in price. Some people also described how drinking spirits led them to consume more alcohol more quickly (e.g. because cider makes them bloated and whisky does not). Participants in a similar study in Scotland reported the same switching behaviour.²⁴ However, this finding should be interpreted carefully. If someone drinking 100 units of cider a week at £0.25 a unit (i.e. spending £25.00 in total) switches to drinking spirits at £0.50 per unit, they will either need to increase their spending or reduce their consumption (or more likely, a combination of both). Therefore, while people may report changes in what they drink and how quickly, it is less clear whether any of those people actually increased their alcohol consumption as a result of the MUP. Although a small number may have done so, other evidence suggests it is likely that the majority reduced their consumption (see below).

There was also evidence in both Wales and Scotland that a small number of people with alcohol dependence and low incomes experienced an increase in financial difficulties following the introduction of the MUP.^{23,24} This led them to use strategies such as informal borrowing, running down savings and visiting foodbanks to continue purchasing alcohol. All studies on this topic note, however, that this group experiences a complex and interconnected set of problems that typically pre-date MUP.²³⁻²⁵ As such, it is important not to overstate the role of any one factor in driving those problems or responses to them. Other relevant factors that coincided with the introduction of the MUP and which are mentioned in the Welsh and Scottish evaluation studies include the

effects of the COVID-19 pandemic, problems associated with the design of Universal Credit, and the cost-of-living crisis.

These possible negative impacts of the MUP should also be considered alongside evidence of positive effects. The Welsh evaluation did not examine the impact on key health outcomes, such as deaths and hospital admissions caused by alcohol. However, as discussed above, the Scottish evaluation found clear evidence of a large reduction in alcohol-specific deaths after the introduction of MUP.²² This was particularly seen in conditions closely associated with alcohol dependence, such as alcohol-related liver disease. As this reduction happened quickly, it must have arisen in large part from reductions in alcohol consumption among people who already had advanced liver disease. The reduction in death was also largest among people living in the most deprived areas in Scotland. It is therefore likely that the MUP in both Wales and Scotland led to significant reductions in alcohol consumption and improvements in health among those with alcohol dependence, including those with lower incomes.

Regarding children and young people; one study examined the impact of the MUP in Scotland on alcohol use among this group.²⁶ This evidence is qualitative and comes from interviews with children and young people themselves and with professionals working with this group (e.g. social workers, alcohol treatment providers). Overall, this evidence suggests the MUP had little impact on alcohol consumption among children and young people because few of the products they buy were sold below the price threshold. However, as there is no statistical evidence, it is not clear whether there were still changes in alcohol consumption among the smaller number of children and young people who did buy cheaper alcohol.

Two further studies explored how any changes in parental drinking caused by the MUP might affect children.^{24,25} The qualitative components of these studies reported concerns from professionals (e.g. social workers, alcohol treatment providers) and family members that increasing the price of alcohol may exacerbate pre-existing problems within families, particular financial problems or violence. However, this was usually discussed in speculative terms and there were no clear examples provided of children being negatively affected by the MUP. A statistical analysis also found no evidence of any changes in parenting behaviours among people receiving treatment for alcohol problems.²⁴ It is likely however that at least some of the small group who experienced significant financial strain as a result of the MUP were parents. The impact of this on their children has not been examined in any study to date.

Overall, the MUP in Wales is likely to have reduced the harm caused by alcohol, particularly among those with alcohol dependence and those on low incomes. In contrast, there is little evidence of any beneficial impact on children or young people. Although there is some evidence of people with alcohol dependence and low incomes experiencing financial difficulties as a result of the MUP, and speculation that this may

have impacted some children, the lack of substantial or clear evidence of such problems suggests they were not widespread.

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

The MUP has had some positive and few negative effects on alcohol retailers, particularly after the initial implementation period. There is less evidence regarding its impact on local authorities.

A qualitative study with retailers in Wales found they experienced few problems with implementing the MUP.¹⁷ The Welsh Government's MUP app made it easy for smaller retailers to adjust prices while larger retailers were able to achieve this straightforwardly through their pre-existing largescale pricing systems.¹⁷ The need to adjust prices also decreased over time as retailers replaced cheap, higher-strength products affected by the policy with lower-strength or premium alternatives that were unaffected. This echoes findings from Scotland where implementation was largely unproblematic.^{27,28}

The same Welsh study found some smaller retailers believed the MUP had increased their sales as they were no longer competing with supermarkets on cheap alcohol. It is likely these retailers ultimately made larger profits from the higher prices charged on affected products.^{4,28} Some retailers in Wales and Scotland also reported fewer troublesome customers coming to their stores as they were no longer stocking cheap, high-strength alcohol. Finally, retailers in Wales reported no evidence of customers travelling over the border to buy alcohol in England, although a small number of people in other studies did report buying their alcohol in England.

Future of MUP in Wales

The available evidence suggests that the MUP in Wales is likely to be improving public health by reducing alcohol consumption and related harm. Any negative effects for individuals or businesses appear to be small and outweighed by these benefits. It is therefore reasonable for the Welsh Government to continue with the policy.

It is however crucial that the Welsh Government regularly reviews and increases the MUP to account for the effects of inflation. If it does not do so the policy will gradually become less effective and, eventually, irrelevant as all products will already be sold above the price threshold.

Inflation affects the MUP in two ways:

- First, it reduces the number of products affected by the policy. In the absence of data for Wales, it is easiest to demonstrate this using Scottish data. The Scottish Parliament passed legislation to introduce its MUP in 2012, when 60% of products sold in the off-trade (i.e. shops) would have been affected by a £0.50

MUP. This had fallen to 44% of products when the Government introduced the policy in 2018. In the last year for which Public Health Scotland published data, only an estimated 33% of products were being affected by the policy.

- Second, inflation increases the affordability of products affected by the MUP relative to other goods. For example, a bottle of spirits that would cost £0.30 per unit without the MUP may seem expensive at £0.50 per unit when compared to other goods. However, as the price of those other goods and household incomes rise with inflation, the spirits will seem more attractively priced if the MUP does not also rise.

The Welsh Government should therefore develop and implement a mechanism for regularly increasing the MUP. In a report to the Scottish Government, we recommended automatic increases each year in line with an appropriate inflation index (e.g. the Consumer Price Index after Housing costs; CPIH). We also recommended a light-touch review every five years to assess whether the policy is working as intended and consider additional changes to the MUP level.²⁹

Regarding the other questions asked in this section:

- The Welsh Government can be commended for taking action to tackle the burden of alcohol-related harm in Wales. However, the COVID-19 pandemic led to sharp increases in the already high levels of deaths caused by alcohol. The Government may therefore wish to take further action to build on its current policies. This is challenging given the limitations of devolved powers, but effective policy options available to the Welsh Government include:
 - i. Improving early intervention with people drinking at risky levels by investing in screening and brief interventions in primary care;
 - ii. Monitoring the ongoing evaluation of Alcohol Care Teams in NHS hospitals (see <https://fundingawards.nihr.ac.uk/award/NIHR152084> and investing in further roll-out of this intervention if it is successful;
 - iii. Following some local authorities in the UK by restricting alcohol marketing on council-owned sites;
 - iv. Lobbying the UK Government to implement policies that are not within the powers of the Welsh Government, including increases in alcohol taxes, restrictions on alcohol marketing, and strengthening the role of public health teams in the alcohol licensing process.
- There is no clear evidence that the MUP has affected the need for alcohol treatment or support services. It is likely that at least some people sought treatment in response to alcohol becoming less affordable but it is also likely that other people did not seek treatment because the MUP helped them to reduce their alcohol consumption. However, alcohol treatment and support services remain difficult to access, poorly resourced and inadequate to meet the

level of need in Wales. Addressing this should be a priority for the Welsh Government.

- There is no clear evidence from Wales, Scotland or other jurisdictions that the MUP has led to people substituting alcohol for more dangerous and illegal substances. Although a small number of people discussed use of other substances in qualitative evaluation studies, evidence that this behaviour is due to the introduction of MUP is weak or absent.

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