

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](#)

MUP16: Ymateb gan: Coleg Brenhinol y Seiciatryddion | Response from: Royal College of Psychiatrists



RCPsych Wales response to the call for evidence on Minimum Unit Pricing for Alcohol in Wales

About RCPsych Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry. The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

To achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies. RCPsych Wales represents more than 600 consultant and trainee psychiatrists working in Wales.

RCPsych Wales is grateful to Dr Julia Lewis, Consultant Addiction Psychiatrist at Aneurin Bevan University Health Board, for her support in preparing this consultation response.

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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?

We do not have any specific concerns regarding how the purpose of the legislation has been communicated to the general public.

However, we remain generally concerned about the impacts of harmful drinking, particularly when associated with alcohol dependence and alcohol-related brain

damage (ARBD). The physical *and* mental health risks of excessive alcohol intake should continue to be prioritised, therefore, in the Welsh Government's and NHS Wales' public health messaging.

Recent statistics by Public Health Wales (2025) show that alcohol-specific deaths in Wales increased to a new record high in 2013, with 562 fatalities recorded. This represents a 15.6% increase from the previous year (486) and a 60.1% increase from 2014 (351). Moreover, the figures also show there were 683 alcohol-related deaths in Wales in 2023, representing a 10.5% increase from the previous year (618) and a 48% increase from 2013 (462).

Public Health Wales. 2025. *Record high alcohol related deaths in Wales highlight urgent public health concerns*. 12 March. Available at: <https://phw.nhs.wales/news/record-high-alcohol-related-deaths-in-wales-highlight-urgent-public-health-concerns/>

Impact of MUP

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

We know that cost remains the most effective intervention when it comes to affecting population alcohol intake, and MUP has shown success in reducing alcohol purchases and consumption of high-strength alcohol in the short-term (Billan *et al*, 2025).

However, in respect of individuals who have significant alcohol use disorders and associated significant health problems, MUP has yet to have an impact. Further evaluation is therefore required at a future date to accurately evaluate the longer-term effects of MUP, particularly among vulnerable and dependent drinkers. We suggest that, as a minimum, a further five years is required for robust and accurate outcomes data to become available.

Billan, S., Angus, C. and Collins, B. 2025. "Evaluating the impact of minimum unit alcohol pricing on purchasing behaviour by different social class and age groups in Wales: A controlled interrupted time series study." *Public Health*. Volume 240. March. Pages 71-79. Available at: <https://doi.org/10.1016/j.puhe.2024.12.051>

Future of MUP in Wales

Should minimum unit pricing continue in Wales? Why?

Yes, we believe MUP should continue in Wales as it is too soon to assess its long-term impact on harmful or treatment seeking drinkers. Anecdotally, this group of individuals is no longer presenting to specialist clinical appointments having drunk high strength white ciders, but they have undoubtedly changed to other drinks,

thus corroborating anticipations of “substance switching” (Livingston et al, 2020) following the implementation of MUP.

Livingston, W., Holloway, K., May, T., Buhociu, M., Madoc-Jones, I. and Perkins, A. 2020. “Adapting existing behaviour: Perceptions of substance switching and implementation of minimum pricing for alcohol in Wales.” *Nordic Studies on Alcohol and Drugs*. Volume 38. Number 1. Pages 22-34. Available at: <https://doi.org/10.1177/1455072520972304>

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

Yes, we believe the current MUP of 50p should be reviewed by the Welsh Government. We endorse the recommendation made by the Welsh Government’s recent independent review that a price increase to at least 65p per unit is required to maintain the current policy value and any of the positive impacts observed so far (Livingston et al, 2025).

Livingston, W., Perkins, A., Holloway, K., Murray, S., Buhociu, M. and Madoc-Jones, I. 2025. *Final Report - Review of the introduction of Minimum Pricing for Alcohol in Wales*. Cardiff: Welsh Government, GSR report number 80/2024. Available at: <https://www.gov.wales/review-introduction-minimum-pricing-alcohol-wales-contribution-analysis>

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?

We believe that more thought needs to be given to managing anti-consumption of alcohol and tackling excessive drinking cultures. The link between high alcohol availability and increased alcohol consumption and harms is well-established, and evidence suggests that availability, accessibility and visibility of alcohol may contribute towards permissive drinking environments (Dimova et al, 2023). Stronger regulation in relation to alcohol advertising, promotion and labelling also has a part to play, as per existing policy in relation to tobacco which has decreased people’s exposure to products and smoking prevalence.

Dimova, E. D., Lekkas, P., Maxwell, K., Clemens, T. L., Pearce, J. R., Mitchell, R., Emslie, C. and Shortt, N. K. 2023. “Exploring the influence of local alcohol availability on drinking norms and practices: A qualitative scoping review.” *Drug and Alcohol Review*. Volume 42. Number 3. Pages 691-703. Available at: <https://doi.org/10.1111/dar.13596>

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

An increasing number and wider range of people with significant alcohol use disorders are presenting to specialist treatment, but the extent to which this can be wholly or partially attributed to MUP is not certain.

MUP is not a standalone solution when it comes to tackling alcohol harm. This requires a whole system approach that includes wider support infrastructure for those with alcohol dependence.

In this regard, we are concerned that alcohol treatment services in Wales remain under-funded and more needs to be done to remove barriers to access. This includes increasing the number of psychiatrists and other professions working in specialist addiction services to relieve existing workloads and enhance capacity.

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

We have no evidence that MUP has led to individuals with significant alcohol use disorders substituting alcohol for benzodiazepines.

There is an emerging trend of ketamine use among younger adults on nights out, as ketamine provides many of the same initial euphoric effects as alcohol but does not cause hangovers. However, we cannot be certain whether this has been driven by the introduction of MUP or is a natural psychological and/or sociological progression.