

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](#)

MUP17 : Ymateb gan: Iechyd Cyhoeddus Cymru | Response from: Public Health Wales





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Minimum unit pricing for alcohol in Wales: Written evidence for the Health and Social Care Committee.

Author: Helen Erswell, Consultant in Public Health, Drugs, Alcohol and Gambling Lead, Health Improvement Division, Public Health Wales

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Introduction

Public Health Wales is the national public health agency in Wales. We work to protect and improve health and well-being and reduce inequalities for the people of Wales. As a public health organisation, we draw upon the best available evidence to inform our work and our response to this call for evidence is based upon published evidence, evaluation and data. All evidence is referenced in the document.

Alcohol use is a major public health issue. In Wales:

- The three-year rolling average of European age-standardised rate of death from alcohol specific deaths is 16.0 per 100,000 population and alcohol attributable deaths was 54.9 deaths per 100 000 population. (Public Health Wales, 2025)
- In 2023/24 there were 12,236 hospital admissions with an alcohol-specific condition and 52,177 hospital admissions with an alcohol-attributable condition (Public Health Wales, 2025)
- 14 % of people are drinking more than 14 units a week, which is the CMO recommended limit for alcohol consumption. (Stats Wales, 2023)
- 35.6% of young people aged 11 – 16 report having consumed alcohol (Public Health Wales, 2024)

According to the World Health Organisation, alcohol consumption has been found to play a causal role in more than 200 diseases, injuries and other health conditions, including:

- Liver disease
- Heart disease
- Alcohol acquired brain injury
- Different types of cancers including breast, liver, head and neck, oesophageal and colorectal cancers.
- Mental health problems such anxiety and depression
- Alcohol use disorders. (WHO, 2018)

Minimum unit pricing has become an increasingly widespread policy, with many countries with either a MUP on all alcohol or targeted at specific alcohol products. As a result, there is a growing evidence base on the effectiveness, or otherwise, of MUP.

- There is indirect evidence where a robust body of international evidence which indicate that increases in the price of alcohol are associated with falls in alcohol consumption and alcohol related harm.
- There is modelling evidence in which computer models are developed that draw together different datasets to estimate future trends under different scenarios.

Whilst the usual caveats around modelling, this consistently finds that the policy is an effective and well-targeted approach to reducing alcohol related harm. (Holmes, et al., 2014) (Meier, et al., 2016).

- There is also evaluation evidence from the growing number of countries which has implemented this policy. A large evaluation from Scotland found that alcohol sales fell by 3% following the introduction of MUP in 2018 with the biggest falls in purchasing among households that bought the most alcohol. Deaths directly caused by alcohol consumption fell by 13.4% and hospital admissions by 4.1%, with the biggest reduction in among the most deprived groups. (Public Health Scotland, 2023)

Committee Questions

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 public and to businesses affected?

Welsh Government commissioned an evaluation of the MUP policy which was published in January 2025. This found that retailers became more aware of the policy over the course of time. There was a good understanding of the pricing of alcohol and the intention of targeting cheap, high strength alcohol, although this understanding varied dependant on how likely the retailer was to be selling this type of alcohol.

Amongst the public, there was not an understanding of the specific purpose of the policy, confusing it with tax increases, usual inflationary increases in the cost of alcohol I bars. (Holloway, Buhociu, Murray, Livingstone, & Perkins, 2025)

An earlier report from 2022 suggested that the public were aware of the policy when prompted but were generally unclear about the purpose or targeting of the policy. (Cartwright, 2023)

The evidence suggests that more work needs to be done to ensure that the public are both more aware of the impacts of alcohol, especially cheap, high-strength alcohol and educated on the specific policies in place that could protect people and communities from alcohol harms. It would also be helpful to do a larger public attitudes survey to be able to track the attitudes to minimum unit pricing more effectively.

The Time to Talk survey in February 2025 asked the question to over 2000 participants and 58% of people were aware of the policy, 43% either strongly in favour or in favour, 28% neither for or against with only 21% of people either against or strongly against. This finding, consistent with findings in Scotland and Ireland, shows that the public tend to be supportive of policies which aim to reduce harm from

alcohol. Those in favour of the policy recognised that it was designed to reduce the harm from cheap, high strength alcohol.

Impact of MUP

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

Welsh Government commissioned evaluation of this policy which was published in January 2025. The evaluation was a repeat cross-sectional survey and longitudinal interview study which interviewed 41 people at baseline, 32 at the first follow up, 22 at the third follow up and 16 people in the final follow up interview. Additional people were recruited whose characteristics match those who had become lost to follow up, a total of 75 unique individuals were interviewed.

This survey found some people had reduced their alcohol consumption, motivated by cost, others had reduced their alcohol consumption for other reasons, for example change in life circumstances. Other people had increased their alcohol consumption with the easing of covid restrictions being cited as a reason.

It is difficult to know what the impact on alcohol related harm this has been as has not been evaluated. The data mining report in Wales reports increases in alcohol related hospital admissions and deaths (Public Health Wales, 2025). The MUP policy is a targeted population measure with the aim to reduce consumption of specific high-strength alcohol products. Given that alcohol related harm is dose responsive and happens over a period of 10 – 20 years, reductions in alcohol use are unlikely to show a reduction in alcohol related harm in the short term.

In Scotland, there was strong and consistent evidence of a reduction in alcohol consumption measured by alcohol sales and purchasing data with the biggest decreases in those households purchasing the most alcohol prior to the implementation of the policy. (Public Health Scotland, 2023)

It would be helpful to have a longitudinal quantitative analysis to be able to judge the impact of the policy against outcomes such as hospital admissions, which could report in the short, medium and long term to be able to account for the time it would take for the impact to be shown in data.

It would be helpful if further evaluations were to take place and include a multi-purpose survey which could track users reports over time to see if there are changes to alcohol consumption alongside robust quantitative data collection.

- What impact has the introduction of minimum pricing had on groups, including:
 - vulnerable and dependent drinkers
 - children and young people
 - low income households

The evaluation looked at the impact of MUP on people in treatment for alcohol. The surveys found that people in treatment believed that dependant drinkers were more

likely to drink spirits in response, although, there is no evidence if this is the case one way or another. Respondents also believed that dependant drinkers were likely to prioritise spending money on alcohol over other essential living expenses - there is no other evidence of this one way or another. People in the survey reported increased financial hardship but has not motivated them to seek treatment.

In Scotland, there was strong evidence of a reduction in deaths and hospital admissions, relative to England with the largest effect seen in those living in the 40% most deprived areas of Scotland and men. (Public Health Scotland, 2023).

Inclusion of questions and analysis on this in the National Survey for Wales would provide useful, Welsh-specific information.

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

The evaluation report on this surveyed a sample of retailers 3 years after the implementation of the policy. There was a willingness to comply with the guidance and the use of an app developed by Welsh Government had made that easier. They reported as assimilating the policy as business as usual.

Businesses reported a decrease in demand for high-strength products at first but this had less impact on buying by wave 3 as inflation had increased the baseline of prices anyway. They did not see people going to England to buy alcohol as having an impact on their sales. Retailers also reported stocking better quality products in response and that the lack of cheap and strong alcohol could change the drinking habits of young people. Retailers reported that big supermarkets were less able to undercut small business in selling alcohol.

Future of MUP in Wales

- Should minimum unit pricing continue in Wales? Why?

Public Health Wales supports the continuation of the minimum unit pricing in Wales. As described briefly above, there are high rates of alcohol related harm in Wales. This is well described in the data mining report and the forthcoming drugs and alcohol needs assessment. There is a wealth of data and evidence that increasing alcohol consumption causes and is associated with a range of harms – health harms as well as broader societal harms such as intimate partner and general violence, sexual assault, financial harms and accidents. As the population's alcohol consumption has increased, so has the harms associated with it. This is a burden especially shouldered by the health service, with a significant amount of ambulance callouts, and hospital admissions and attendances related to alcohol.

Alcohol is more available than ever, with most people in cities being able to order alcohol to be delivered to their home, day or night with limited checks on age or inebriation, and payment accepted via buy now, pay later platforms.

Minimum unit pricing has been shown to be an effective policy in reducing the consumption of high strength, cheap alcoholic products where appropriate data has been collected.

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

The period in which minimum unit pricing has been implemented has been one of higher inflation which has meant there is less of a differential between the prices for all alcoholic products. MUP as a population intervention needs to be at a level where it is noticeable, otherwise the incentive to not buy the stronger products is lessened or removed altogether. The price should be regularly reviewed and kept in line with inflation to ensure that it continues to target the most harmful alcoholic products.

- 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 to reduce alcohol-related harm in Wales?

Public Health Wales supports the development of a strategic approach which will reduce alcohol related harm.

Such an approach would recognise that the bulk of alcohol related harm is caused by the general population drinking above the recommended limits and that this level of alcohol consumption is the strongest contributor to alcohol attributable mortality and morbidity.

However, a strategic approach must also ensure that there are measures to address the alcohol harms caused by hazardous and dependant drinking and address the health inequalities exacerbated by alcohol in Wales.

Elements of a strategic approach should include:

- Action on price, availability, access, advertising and licensing, where devolved, with a call to the UK Government where the issue is retained.
 - Work to make the nighttime and leisure economy safer for everyone to enjoy
 - Targeted prevention to those most at risk
 - Support for the implementation of screening and brief interventions
 - Support for people with alcohol use disorder
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- What impact has minimum unit pricing had on the risk of substituting alcohol for more dangerous and illegal substances?

The Scottish evaluation found no evidence that people were using illicit substances in response to MUP, and the survey results report similar position in Wales.

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