

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](#)

MUP18: Ymateb gan: Nesta | Response from: Nesta



Consultation and Call for Evidence:

Nesta Consultation Response, April 2025

Who we are

At Nesta, we design, test and scale new solutions to society's biggest problems to change millions of lives for the better.

Our efforts are focused on three core 'missions' including our Healthy Life mission which will support governments across the UK to implement policies that increase the average number of healthy years lived in the UK, while narrowing health inequalities. In order to do this we have chosen to focus on tackling obesity because it is one of the most common causes of preventable death and ill health. We are working towards a fairer, healthier and more resilient Wales.

This document is Nesta's response to the Welsh Government's consultation seeking views on Minimum Unit Pricing for alcohol in Wales

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Consultation response

Impact of MUP

Nesta's research suggests that Minimum Unit Pricing could contribute to a reduction in the obesity rate. By recognising and enhancing the complementary relationship between alcohol pricing policies and obesity reduction strategies, the Welsh Government could amplify positive public health outcomes across multiple priority areas.

- **MUP in Wales has reduced sales of cheap, high-strength spirits** like budget vodka.
- Excess weight is one of the main contributors of poor health and reduced quality of life in Wales. **62% of adults in Wales live with excess weight**. With obesity rates rising, obesity-related costs in Wales are projected to reach **£465 million in direct expenses and £2.4 billion in total societal and economic impact by 2050**. There is an urgent need to take action today for current and future generations.
- **Alcohol has a small but significant contribution to calories**. Alcohol accounts for around 5% of calories purchased by adults in the UK, based on Nesta analysis. Breaking this down, alcohol comprises about 5% of calories purchased by adults for consumption at home, and ~8% of calories purchased outside the home. In real terms, 5% of daily calories equates to around 140 calories – the same as a **standard 175ml glass of wine**.
- **Small changes in diet can make a difference to obesity rates at population level**. Nesta's analysis suggests that **reducing daily intake by around 200 calories** per person for those living with excess weight could help halve obesity by 2030. Cutting out alcohol entirely isn't realistic or necessary to reduce calories. But modest reductions in alcohol consumption could contribute to healthier diets and improved public health.

Attitudes towards MUP

Recent research from [The Behavioural Insights Team](#) and [Alcohol Change UK](#) on public attitudes to Minimum Unit Pricing is summarised below. This unpublished research took place in 2024.

1. **BIT** worked with **Alcohol Change UK** to run an online experiment with a nationally representative sample of 4,236 UK adults, between the 18th November and 2nd December 2024, to explore whether **different framings** of **Minimum Unit Pricing** ('MUP') could impact people's own support for implementing the policy and their perception of the public's support for implementation.
2. **56%** of participants expressed support for the implementation of MUP throughout the UK, however the average estimate for the level of **public support** for implementation was only **41%**. The large discrepancy between these figures suggests that there is **pluralistic ignorance** on this topic.
3. The level of participant support for implementing MUP varied depending on which framing message they saw. **51%** of those who saw the policy framed in terms of levelling the playing field for pubs were supportive, whilst **61%** of those who saw the policy framed in terms of reducing the burden on the NHS were supportive.
4. Support for implementation also **varied by current level of alcohol consumption**: from **46%** among those who currently drink at 'harmful' levels, to **63%** among those who previously drank alcohol but no longer do so.