

**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](#)**

**MUP19 : Ymateb gan: Confederaliwn GIG Cymru | Response from: Welsh NHS Confederation**

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	The Welsh NHS Confederation response to Health and Social Care Committee's inquiry into the Welsh Government's report and consultation on the operation and effect of <a href="#">Minimum Unit Price (MUP) for Alcohol</a> .
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## Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into the Welsh Government's report and consultation on the operation and effect of [Minimum Unit Price \(MUP\) for Alcohol](#).
2. The Welsh NHS Confederation is the only membership body representing all the organisations making up the NHS in Wales: the seven local health boards, three NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust and Public Health Wales NHS Trust) and two special health authorities (Digital Health and Care Wales and Health Education and Improvement Wales). We also host NHS Wales Employers and are part of the NHS Confederation.

## Public Understanding of MUP

3. Overall, our members believe that there has been a shortfall in communicating the rationale behind minimum unit pricing (MUP) to the wider population.
4. The introduction of MUP, a measure intended to lower harmful alcohol consumption, has seen varied levels of understanding by the public. For example, while substance use services in Gwent found the legislation clear for those in the alcohol system, their clients, and retailers, the alcohol pathway group believed the general public communication was poor both initially and ongoing. The initial messaging overly emphasised price increases rather than alcohol-related harms and the goal of reducing the harms and the benefits MUP could bring, a concern not often voiced by those seeking alcohol support in Gwent.
5. Confusion was further compounded by unclear messaging, potential counter-messaging from the alcohol industry, and the coincidence of MUP's introduction with the COVID-19 pandemic, leading some to mistakenly believe the price changes were a pandemic-related measure.

## Impact of MUP

6. Our members have stated that the assessment of MUP impact on alcohol-related harm in Wales remains in its early stages, with definitive conclusions hindered by the coinciding of the COVID-19 pandemic.

7. In Gwent, the alcohol pathways group is explicitly cautious against attributing any observed changes in alcohol-related harms directly to the legislation, citing the significant influence the pandemic has had on individuals' drinking habits and associated consequences. Notably, in Wales, the number of alcohol-specific deaths has increased year-on-year since [2019](#), with [Blaenau Gwent](#) local authority, for example, continuing to report the highest rate of alcohol-specific deaths in Wales (based on an age standardised rate over a 3-year rolling aggregate).
8. While [data](#) shows alcohol specific and related hospital admissions has been reducing, anecdotal evidence from hospital A& E staff suggest this may not be the case for alcohol-related hospital attendances that do not result in hospital admission, as these are not perceived to have reduced. Furthermore, in some areas there has not been a decrease in the number of vulnerable or dependant drinkers accessing substance use services, however it has been noted they are no longer drinking the low cost, high strength white cider that the MUP legislation aimed to reduce.
9. Prior to the introduction of MUP, there were concerns that the legislation would increase the risk of people substituting alcohol for more dangerous substances. However, in general, many services have not found this to be the case and do not feel MUP has increased the sale or consumption of home-brewed alcohol. While there are always exceptions, for example the consumption of publicly available hand sanitiser instead of alcohol as it is free, these are extreme cases and cannot be linked to the introduction of MUP.
10. The introduction of MUP has also had specific effects on retailers and local authorities. Retailers have experienced a decline in the sales of cheap, high-strength cider. However, this has been accompanied by a consumer shift towards more expensive or 'premium' alcoholic beverages, potentially influenced by industry marketing strategies, suggesting a change in purchasing patterns rather than an overall reduction in volume. The retail landscape has also evolved, with increased availability and accessibility through 'off-trade' options like 24/7 online deliveries.
11. Concerns have also been raised regarding the monitoring and enforcement of MUP within 'on-trade' promotions such as bottomless brunches. For local authorities, while the direct operational impacts of MUP are not detailed, the persistent high rates of alcohol-specific deaths and hospital admissions in certain areas underscore the ongoing challenges they face in addressing alcohol-related harm within their communities.
12. Finally, the stark health inequalities associated with alcohol misuse, for example alcohol-related deaths are disproportionately higher in the most deprived communities across Wales, reinforces the necessity for targeted interventions to address these disparities. [Public Health Wales](#) notes that between 2023 – 2024, the proportion of all patients admitted to hospital for alcohol-specific conditions who lived in the 10 per cent of most deprived areas of Wales was 2.8 times higher than those from the least deprived areas.

## Future of MUP in Wales

13. Due to the health and wellbeing benefits, our members are supportive of MUP continuing in Wales and raising the price at least in line with inflation.
14. While it is too soon to measure the impact of MUP in Wales, the link between reduced affordability with reduced alcohol consumption is well-established. The [World Health Organisation \(WHO\)](#) recognises alcohol pricing policies as the most effective and cost-effective measures to decrease alcohol consumption and related harms, which includes those to health and wider society. It also noted that for the benefits of MUP to be achieved, the MUP threshold needs to be set at a level which affects the prices faced by consumers.
15. An [evaluation of MUP in Scotland](#), which introduced the legislation before Wales, found it reduced deaths and hospital admissions linked to alcohol, especially amongst men and those living in the most deprived area. An additional public health benefit was a statistically significant reduction in sugar from alcohol consumption. However, the evaluation found some evidence of negative consequences for those with alcohol dependence on low incomes, such as increased financial strain among some economically vulnerable individuals with alcohol dependence who maintained consumption, and some who reduced spend on food.
16. Moreover, addressing alcohol related harm is a complex issue. A range of alcohol policies are required to successfully address these harms. A minimum price for alcohol is only one of the policies required that is effective in addressing the harms related to sales of cheap alcohol. Our members suggest that other policy considerations at a national and local level are introduced to minimise the impact of any unintended health inequalities or health inequities. This should include the continuation of the Welsh Government focus, via an updated Delivery Plan and directives to Area Planning Boards, on the key strategic objectives within the current delivery plan, which are: Prevention & Early Intervention, Harm Reduction, Treatment & Recovery, Complex Needs, Crime & Availability.
17. The updated delivery plan should continue to include an enhanced focus on:
  - Timely access to high quality treatment and recovery services and wider support.
  - Cross department work on the wider determinants leading to alcohol misuse.
  - Continued promotion of the importance of consideration of “health for all” in all policies implemented.
  - Broader prevention and early intervention measures such as the further encouragement (in line with the evidence base and NICE guidance) of universal alcohol screening and brief intervention in primary care and inpatient settings.
  - Continued focus on the complex needs agenda where the research findings indicate, the impact of MUP is most likely to be adversely experienced.
18. Ultimately, addressing the wider determinants of health, such as trauma and adverse experiences, and adopting a whole life-course approach are also crucial for long-term reduction in alcohol harms. Alongside preventative measures, our members emphasise the continued need for timely and high-quality treatment and recovery services for

individuals with alcohol dependence, as well as support for their families. The development of an updated national substance use strategy with clear cross-government commitments, roles, responsibilities, and appropriate resource allocation for prevention, early identification, and support services is deemed essential for a whole-system approach to tackling alcohol-related harms in Wales.

## Further Comments

19. Our members view alcohol misuse as a major and preventable threat to public health in Wales, comparable in importance to issues like tobacco use, obesity, and drug misuse.
20. As stated in our 2017 [response](#) to the Health, Social Care and Sport Committee consultation on the Public Health (Minimum Price for Alcohol) (Wales) Bill, our members advocated for the introduction of MUP for alcohol in Wales, recognising the overwhelming scientific evidence that excessive alcohol consumption significantly increases the risk of long-term health problems. Therefore, MUP is a targeted and proportionate way to reduce ill-health and other social costs associated with excessive drinking, particularly impacting the heaviest drinkers.
21. Furthermore, alcohol misuse places considerable financial strain on NHS services. Treatment required for alcohol-related illnesses and the high volume of alcohol-related hospital admissions are key contributors to this financial burden.
22. As highlighted in our [briefing](#) ahead of the Senedd 2026 election, prioritising prevention and shifting from a reactive model (treating illness) to a proactive one that prioritises prevention and early intervention is essential to manage the demand that alcohol misuse has on the NHS. Also, investing in prevention and recognising that health is significantly impacted by wider socio-economic factors beyond traditional healthcare, such as the environment, economy, transport, education, housing, fair work, and access to green spaces and the arts, is paramount for the sustainability of the health and social care system. Our members highlight the importance of a cross-government, partnership approach to address these determinants and improve public health. We need to move from short-termism towards long-term planning and a more collaborative approach.
23. Finally, by raising public awareness regarding the quantity of alcohol individuals consume and promoting greater understanding and knowledge of the significant health and wellbeing risks associated with excessive drinking, we can empower individuals to make more informed choices about their alcohol consumption and ultimately contribute to a healthier Wales.