



RESPONSE TO SCOTTISH GOVERNMENT CONSULTATION ON THE CONTINUATION AND FUTURE PRICING OF ALCOHOL MINIMUM UNIT PRICING (MUP)

Alcohol Focus Scotland (AFS) is the independent charity working to prevent and reduce alcohol harm in Scotland. We aim to reduce the impact of alcohol in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to the Scottish Government's consultation on the continuation and future pricing of alcohol minimum unit pricing (MUP).

Q1: Do you think Minimum Unit Pricing (MUP) should continue?

Yes

Q2. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

Yes

Q3. We invite comments on the Scottish Ministers' proposal to continue MUP and the proposed Minimum Unit Price of 65 pence.

Overview

Alcohol Focus Scotland strongly welcomes the proposal to continue MUP and to increase it to at least 65p per unit. The evidence is clear that the **policy has achieved its aim of reducing alcohol-related harm by both reducing population consumption and by targeting the consumption of people drinking at higher levels.** It has also contributed to **reducing alcohol-related health inequalities.** Any negative unintended consequences have not been prevalent or typical.

Despite the positive impact of MUP, **alcohol harm has been increasing due to the well-documented effects of the pandemic** on alcohol consumption and deaths. This resulted in the Scottish Government declaring a public health emergency. Unfortunately, this increase in harm is likely to continue well into the future. **Failure to renew and uprate MUP would result in even higher levels of alcohol consumption and harm, placing a substantial additional burden on our NHS and on our economy.**

It is essential that the minimum unit price is increased to at least 65p. The benefits of MUP have been eroded by inflation over the last 5 years, as alcohol has become more affordable than when the price was introduced in 2018. **Failure to uprate would critically undermine the policy and reverse the positive effects we have seen so far.** A MUP of 65p would make good inflation and modestly increase the benefits of the policy. A higher price would deliver even greater benefits: increasing the price to 70p is estimated to double the effect of setting it at 65p per unit.

At a time when life-expectancy is reducing in Scotland and health inequalities are widening, we urgently need policies which address the key drivers of non-communicable diseases like cancer and cardio-vascular disease. MUP has been shown to be such a policy. **it must be part of a wider package of measures to reduce alcohol consumption and harm, it remains an essential cornerstone of Scotland's alcohol strategy.** It is one which has public support, with opinion polls consistently showing greater support than opposition to the policy.

In addition to continuing MUP and increasing the price to at least 65 pence, AFS recommends the Scottish Government **introduces further legislation to provide an automatic uprating mechanism to ensure MUP rises in line with inflation.** In addition, an Alcohol Harm Prevention Levy would enable any **additional profits from MUP to be recovered from retailers and used to fund local action** on prevention and treatment and recovery support.

Scotland is justly proud of being of an international leader on MUP. Other jurisdictions have followed Scotland's lead and the World Health Organization (WHO) has now recognised that minimum price and MUP policies could play an important role in reducing alcohol-related harm across the European region. **Failure to renew and uprate MUP in Scotland, therefore, has consequences not just for the health of our own nation but globally, and could damage our international reputation.**

The benefits of MUP for health and health inequalities

The Public Health Scotland evaluation concluded that MUP has had a positive impact on health outcomes.¹ In the 32 months following implementation, **MUP significantly reduced rates of deaths from conditions that are only ever caused by alcohol** (such as alcohol-related liver disease and alcohol dependence syndrome) **by an estimated 13.4%**, compared to what would have happened without MUP;² this is equivalent to an estimated 156 deaths averted per year.³ MUP also **averted hospital admissions for these types of conditions by an estimated 4.1%**,⁴ equivalent to an estimated 411 hospital admissions averted per year.⁵ In addition, **MUP reduced deaths and hospital admissions rates due to alcohol from conditions where alcohol is not the sole cause** (such as cancers and cardiovascular disease), averting a further estimated 112 deaths and 488 hospital admissions per year.⁶

The evaluation also concluded that **MUP contributes to addressing alcohol-related health inequalities.** Alcohol harm is experienced very unequally. People in lower income groups are over four times more likely to die from alcohol⁷ and six times more likely to be hospitalised⁸ than people in higher income groups. Male deaths account for at least two thirds of all alcohol-specific deaths and alcohol-related hospital admissions.^{9 10} MUP helps to address these inequalities, with **estimated reductions in deaths and hospital admissions from MUP largest among men and those living in the 40% most deprived areas in Scotland.**¹¹

The positive health impact of the policy, compared to what would have happened without MUP, can be seen both in annual death statistics before the pandemic struck, and when comparing the rise in alcohol deaths in Scotland to England, since. In the first full year after MUP was implemented, there was **a 10% reduction in alcohol-specific deaths and a small reduction in hospital admissions from liver disease.**^{12 13} Changing drinking habits during the pandemic,¹⁴ combined with reduced access to services, led to a **tragic 22% rise in alcohol-specific deaths** in

Scotland between 2019 and 2021, however, **this was substantially lower than the 30% rise experienced in England.**¹⁵

These positive health outcomes are because MUP has reduced how much alcohol we consume, both as a population and, more specifically, for the 23% of us who drink at hazardous and harmful levels (i.e., above the low risk drinking guidelines).¹⁶ **MUP reduced total alcohol sales in Scotland by an estimated 3%** in the first three years of implementation, driven by a reduction in off-trade sales.^{17 18} Households that bought the most alcohol prior to MUP reduced their purchasing the most after implementation.^{19 20} This is because MUP successfully targeted a reduction in consumption of cheap, strong products^{21 22} which were disproportionately consumed by people drinking at hazardous and harmful levels.²³ Research also found that **the proportion of people drinking at hazardous levels decreased by 3.5%.**²⁴ The evidence around consumption among harmful drinkers is more mixed, though some have reported cutting down due to MUP.²⁵ However, the evidence on harm - and specifically **the reduction in the number of people dying from alcohol - clearly demonstrates that harmful drinkers have reduced their consumption.**

MUP will also have relieved some of the pressure and costs on the NHS in the five years since implementation, particularly through reduced hospital admissions. Public Health Scotland estimated that the 899 hospital admissions averted each year due to MUP would have cost the NHS £890,000.²⁶ Modelling has estimated that **if MUP were to be removed, there would be additional NHS hospital costs of £10m in the first 5 years, and £26.4m over 20 years.**²⁷

Most significantly, **removing MUP would have a catastrophic effect on Scotland's health.** The removal of MUP is estimated to increase consumption by 5.4%, leading to an increase of 131 deaths and 1,751 admissions in the following year, with this increase concentrated in the most deprived groups.²⁸

The lack of unintended consequences from MUP

Prior to the implementation of MUP, there were concerns around potential 'unintended consequences' of the policy. However, the evaluation concluded that there was no clear evidence of social harms at the population level.²⁹ For example, there was no widespread increased use of other drugs due to MUP, no increases in crime rates (such as theft or violence), little indication of increased use of non-beverage or illicit alcohol, and minimal cross-border purchasing.³⁰ Some drinkers, especially those with dependence, did experience exacerbated existing social harms (such as financial pressures), but this was not prevalent or typical.³¹ Alcohol dependence is a complex problem that once established, people may need intensive, individual treatment and support to overcome. While some dependent drinkers did report reducing their consumption due to MUP,³² the policy's greatest contribution to reducing alcohol dependence is by helping to reduce the risk of others becoming dependent in future.

The evaluation also concluded that there was no evidence of substantial negative impacts on the alcoholic drinks industry. On the contrary, it is likely that retailers have benefitted from the policy. Sales data show an overall increase in revenue for alcohol retailers,³³ and it was estimated prior to implementation that MUP would generate a 9.6% net revenue increase (after accounting for VAT and duty) for the off trade of over £40 million per year.³⁴ It is unclear how this impacts on profits³⁵ but what is clear is that producers themselves believe retailers are benefiting from increased profits, with the economic impact study reporting: "A significant concern for some

alcohol producers in Scotland is that large retailers are not passing on any profits created by MUP, in part by squeezing producers on costs to retain high profit margins on premium products.”³⁶ The Institute for Fiscal Studies has estimated that MUP results in windfall gains to off-trade retailers of £383m a year.³⁷ Recent estimates suggest that removing MUP would result in a £29.3m annual decrease in revenue for off-trade retailers, and conversely, any increase in MUP would result in further additional off-trade revenue.³⁸ We outline below how an Alcohol Harm Prevention Levy could be introduced which would recoup the additional profits from MUP to support local action on prevention as well as improved treatment and recovery support.

Other sectors of the Scottish economy beyond the drinks industry are expected to benefit from reductions in alcohol consumption, both due to people switching their spending from alcohol to other products and due to the workforce becoming healthier and more productive.³⁹

The need to increase the minimum price to at least 65p per unit

As predicted, MUP has delivered significant reductions in alcohol consumption and deaths, as well as reductions in hospital admissions, compared to if the policy were not in place. Now that we have clear evidence that MUP works, **the policy must be optimised to ensure these benefits are maintained and increased into the future.** This is all the more essential given the current public health emergency on alcohol deaths. **Along with more than 30 other organisations including medical bodies and children’s charities,⁴⁰ Alcohol Focus Scotland is calling for the minimum unit price to be increased to at least 65p** to account for the effects of inflation and to achieve additional health benefits, including reducing health inequalities and the burden on our NHS. **The minimum price must then be adjusted in line with inflation in future years to ensure it maintains these effects over time,** as proposed by the NCD Alliance Scotland.⁴¹

According to the WHO, minimum pricing policies must be regularly reviewed and revised to maintain and maximise their effectiveness.⁴² The Scottish Government itself has recognised that the minimum price per unit must be set and sustained at a level that is appropriate and had committed to review the price after two years.⁴³ Despite this, the price has remained the same for the last five years, reducing the impact of the policy. Based on the Consumer Price Index (CPIH), 50p in May 2018 is equivalent to 61.1p in 2023.⁴⁴ **Consumption in 2023 is estimated to be 2.2% higher than it would have been if the minimum price had risen with inflation.**⁴⁵

Choosing to continue MUP without increasing the price would, in effect, be a choice to decrease the price in real terms, which will lead to increased alcohol consumption and harms. Should the level remain at 50p, it is estimated that consumption will be 3.4% higher by 2040, leading to 1,076 additional deaths, 14,532 additional hospital admissions, and £17.4million in additional NHS hospital costs over this period.⁴⁶

Even if the price were to be linked to inflation going forward, **renewing the minimum unit price at anything less than 60p in May 2024 would result in additional harms** as the real terms value - and, therefore, positive impact - of MUP has reduced since 2018. For example, it is estimated that a price of 55p per unit (compared to 60p), would result in a 2.2% increase in consumption, leading to an estimated 49 additional deaths and over 650 additional hospital admissions in year 1, with a cost to the NHS of £3.8m in the first five years.⁴⁷

It follows that setting the price at 60p per unit would achieve the health benefits intended by the policy on a broadly comparable level to when MUP was first introduced in 2018. However, **AFS agrees with the Scottish Government that the MUP must be set at a level that would result in additional public health benefits given the increased health challenges Scotland faces.**

Compared to increasing to 60p per unit, **an increase to 65p per unit would lead to an estimated 60 fewer deaths and 774 fewer hospital admissions in the first year alone.**⁴⁸ These represent the most acute health harms for which we have annual national statistics to enable us to measure change.

However, it should not be forgotten that reducing alcohol consumption is likely to bring wider **public health benefits across a wider range of social harms from alcohol** that are not so easily measured, such as those experienced by others around the drinker including family members, friends, co-workers and the wider community. For example, one in two people in Scotland have reported experiencing one or more harms as a result of someone else's drinking.⁴⁹ Many of these experiences relate to anti-social behaviour⁵⁰ but alcohol is also a feature in more serious offences, with at least 44% of violent crime in 2019-20 involving alcohol.⁵¹ Parental alcohol use has a significant impact on children, with this featuring as a concern for 19% of children on the child protection register in 2021-22.⁵² In addition, alcohol use can also harm the unborn child. An estimated 3.2% of Scotland's young people live with Fetal Alcohol Spectrum Disorders (FASD),⁵³ however a study in the West of Scotland suggests that prevalence is higher than previously thought with as many as 40% of babies showing signs of exposure to alcohol in the second trimester.⁵⁴ **All of these wider impacts are likely to be positively affected by reductions in consumption.**

Increased health challenges require an increased minimum price

As is well-documented, the COVID-19 pandemic led to reduced population consumption but increased consumption amongst people drinking at higher levels in Scotland (and across the UK).⁵⁵ ⁵⁶ These changes in consumption have been a major factor in the **25% increase in alcohol-specific deaths in Scotland from 2019 to 2022**, reaching the highest level in 14 years.⁵⁷ In response, the Scottish Government has rightly recognised alcohol harm as a public health emergency.⁵⁸ ⁵⁹ Unfortunately, there is no sign of this emergency abating any time soon.⁶⁰ Even if drinking returned to pre-pandemic levels by 2023, it is estimated that Scotland will see an additional 663 deaths and 8,653 hospital admissions over 20 years.⁶¹ **Should these changes in consumption persist into the long term, Scotland will see an estimated 7,536 additional deaths and 72,140 additional hospitalisations over 20 years.**⁶²

The burden to our health and our NHS from alcohol use was significant even before the pandemic. **In 2015, alcohol was responsible for 8% of the entire burden of disease in Scotland,**⁶³ including years in poor health, hospitalisations, and deaths. In 2019, one in six of all ambulance callouts was alcohol-related.⁶⁴ **Alcohol's impact on the NHS is expected to increase due to the effects of the pandemic, with an estimated additional cost of between £10.9m and £82.2million by 2040 in hospital costs alone.**⁶⁵

This is in the wider context of the **dual challenges facing Scotland's health of low and falling life expectancy and widening inequalities**, which increase the demands on health and social care and risk the sustainability of services.⁶⁶ Alcohol consumption increases the risk of developing a range

of non-communicable diseases, including at least seven types of cancer, liver disease and cardiovascular disease. As Public Health Scotland highlight, “the health and economic case for primary prevention is well evidenced” and **“Universal approaches...– which target the whole population and do not require individuals to opt in – are most effective at preventing health harms overall and at reducing health inequalities”**.⁶⁷ This includes increasing the price of health-harming products.

The case for prevention is all the more urgent given that Scotland’s aging population will create cost and demand pressures on health and social care, playing a part in the **“unprecedented challenges facing public finances”**.⁶⁸ Public Health Scotland has forecast a **21% increase to the annual disease burden for the Scottish population over the next two decades due to demographic changes**, which they say “highlights the urgent need for action to address health related behaviours that may influence health outcomes later in life.”⁶⁹ In addition, in response to the expected long-term fall in population, the Institute for Fiscal Studies has emphasised the need to “focus on efforts to boost skills, productivity and incomes to increase the amount raised per person from devolved taxes, as well as efforts to tackle ill health and other drivers of demand for public services to reduce spending.”⁷⁰ Taking action to reduce alcohol use is key to achieving these outcomes. Recent calculations estimate that **alcohol costs Scotland £5-10bn each year, with a cost of around £1.2bn to the economy due to labour and productivity costs, and up to £700m in health and social care costs.**⁷¹

Compared to increasing to 60p per unit, **an increase to 65p per unit would reduce consumption by an estimated 2.7%, leading to an estimated 60 fewer deaths each year in the first year, totalling around 1,000 fewer deaths by year 20.**⁷² Other benefits include an estimated additional 774 hospital admissions averted in the first year alone, and a reduction of £5m in NHS hospital costs in the first 5 years, rising to £16.4m over 20 years.⁷³ The largest reductions in health harms from an increased MUP threshold would be among the most deprived groups, with **approximately a third of the deaths averted being in the most deprived quintile of the population.**⁷⁴

However, while 65p will reduce alcohol deaths and admissions below what they would otherwise be, it is unlikely to reduce them in absolute terms because of the projected effects of changes to consumption during the pandemic. **If as a nation we wish to see an overall reduction in the number of alcohol deaths, a higher price would be required.** AFS considers there is a strong case for this as higher MUP levels are estimated to lead to greater health impacts, and with that, a greater effect on reducing health inequalities.⁷⁵ **For example, increasing the proposed price to 70p is estimated to double the effect on consumption, deaths and hospital admissions of setting it at 65p per unit.**⁷⁶

Other actions required to ensure the effects of MUP are optimised

In line with WHO advice,⁷⁷ AFS also urges the Scottish Government to **embed the adjustment of the minimum price into legislation**, automatically increasing the MUP to ensure alcohol does not become more affordable by pegging it to a set level of inflation or affordability. This has been done in the Ontario province in Canada, where off-trade minimum prices are automatically increased.⁷⁸ In addition, we propose that the price level should be subject to periodic review by Public Health Scotland who can advise on any adjustments required to maintain or increase its effectiveness. **The Scottish Government must commit to such action as soon as is practicable,**

to limit the impact of deflation from the introduction of any new price. It should be noted that the estimates produced by University of Sheffield on the impact of any future price assume that the price will increase with inflation each year; without an inflationary mechanism in place, the estimated benefits will not be fully realised.

AFS also urges the Scottish Government to introduce an Alcohol Harm Prevention Levy, as proposed by the NCD (non-communicable diseases) Alliance Scotland.⁷⁹ As outlined in the previous section, off-trade alcohol retailers are likely to have benefitted from increased revenue following the implementation of MUP, as well as the increased shift to home drinking from the pandemic.⁸⁰ **A levy could be applied to recoup any additional revenue from MUP from retailers, which could be used to support local action on preventing alcohol harms and improving treatment and recovery support.** It would apply to retailers licensed to sell alcohol, via a supplement on non-domestic business rates, drawing on the tried and tested model of the public health supplement which raised nearly £96m between 2012 and 2015. Public opinion polling consistently shows that more people support MUP than oppose it.^{81 82} AFS considers it likely that public support would further increase were any increased profits to be used for public benefit.

MUP must be part of a package of measures to address alcohol harm

MUP was never intended to tackle Scotland's unhealthy relationship with alcohol on its own. The Scottish Government's own alcohol strategy contains 20 actions to reduce alcohol consumption and harm in Scotland, though a number of these have yet to be fully implemented. Pricing policies have the strongest evidence of success in impacting on alcohol consumption and alcohol-related harm, as identified by the WHO.⁸³ **Price must therefore continue to be a cornerstone of the Scottish Government's approach to reducing alcohol-related harm**, but to effectively address the public health emergency of alcohol harm, **a wider package of measures needs to be implemented including other evidence-based, preventative policies such as controlling the ready availability of alcohol and restricting how alcohol is marketed.** These policies must be accompanied by increased investment in the early identification of those at risk of harm (including through the provision of alcohol brief interventions across a range of settings and enhanced liver testing), as well as improvements in person-centred treatment and recovery support to ensure timely access for those who are already experiencing alcohol problems.

MUP and Scotland's international reputation

Scotland is justly proud of being of an international leader on MUP. Other jurisdictions - Ireland, Wales, Jersey and the Northern Territories of Australia - have already followed Scotland's example by implementing MUP. Many others are watching closely. In 2022, the WHO recognised that minimum pricing policies, including MUP, could play an important role in reducing alcohol-related harm across the European region.⁸⁴ **Failure to renew and uprate MUP, therefore, has consequences not just for the health of our own nation, but globally.** Stepping away from a policy for which the evidence of effectiveness is building **could damage our international reputation as a leader in alcohol policy and in tackling non-communicable diseases.**

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