

## Minimum Unit Pricing Briefing - September 2023

### Summary

Minimum unit pricing for alcohol (MUP) was implemented in May 2018 at a rate of 50p per unit, to reduce alcohol-related harm. The policy is subject to a sunset clause, which means it will lapse unless renewed by the Scottish Parliament by end of April 2024.

MUP has achieved its aims of **reducing alcohol-related harm** by **reducing population consumption** and **targeting the consumption of people drinking at higher levels**:

- **MUP reduced alcohol consumption by 3%** in the three years after implementation.
- People who **bought the most alcohol** before MUP **reduced their purchasing the most**.
- **MUP reduced deaths** directly caused by alcohol consumption **by an estimated 13.4%**, equivalent to **156 fewer deaths per year**.
- MUP **reduced hospital admissions by an estimated 4.1%**, equivalent to **411 fewer hospital admissions per year**.
- Reductions were greatest for men and those living in the most deprived areas, helping to **address alcohol-related health inequalities**.

**MUP may have mitigated some of the pandemic's negative effects**, as the rise in deaths since the pandemic in Scotland has not been as sharp as in England.

MUP remains an essential component of Scotland's alcohol strategy to reduce our high levels of alcohol consumption and harm. However, as highlighted by the World Health Organization, pricing policies **must be regularly reviewed and revised** to maintain and maximise their effectiveness.

The effect of 50p per unit has been significantly **eroded by inflation** since the legislation was passed in 2012. SHAAP and AFS recommend that the MUP is **uprated to at least 65p per unit**, and a **mechanism is introduced to automatically uprate the price in the future**. This will optimise the effectiveness of MUP in saving and improving lives.

To address the public health emergency of alcohol harm, the Scottish Government must **implement the full package of measures in its alcohol strategy** and **invest in evidence-based treatment and support** for alcohol problems. MUP alone is not enough.

### MUP's aims

MUP was introduced **in response to Scotland's high levels of alcohol consumption and related problems**. In 2016, Scottish alcohol sales were 17% higher than in England and Wales, and our alcohol death rates were 54% higher.<sup>1</sup>

The aim of MUP was *"to **reduce alcohol-related harm** by acting in two ways: to **reduce, in a targeted way, the consumption of alcohol by consumers whose consumption is hazardous or harmful, and also to reduce the overall population level of consumption of alcohol.**"*<sup>2</sup>

Pricing policies have been identified by the World Health Organization as having the **strongest evidence of success** in impacting on alcohol consumption and alcohol-related harm.<sup>3</sup> There is extensive evidence on the relationship between price and consumption, showing that **when prices go up, consumption decreases and when prices go down, consumption goes up.**<sup>4</sup>

MUP was never intended to tackle Scotland's unhealthy relationship with alcohol on its own, however it is a vital cornerstone of the **Scottish Government's alcohol strategy which contains forty actions to reduce alcohol consumption and related harm in Scotland.**<sup>5</sup>

## ✓ MUP has reduced alcohol-related harm

- **MUP has 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%** in the 32 months following implementation, compared to what would have happened without MUP.<sup>6</sup> This is equivalent to an **estimated 156 deaths averted per year**.<sup>7</sup>
- **MUP has reduced hospital admissions rates** for conditions that are only ever caused by alcohol **by an estimated 4.1%** in the 32 months following implementation, compared to what would have happened without MUP.<sup>6</sup> This is equivalent to an **estimated 411 hospital admissions averted per year**.<sup>7</sup>
- In addition, MUP has **reduced deaths and hospital admissions rates due to alcohol from conditions where alcohol is not the sole cause (such as cancers and heart disease)**, averting an additional estimated 112 deaths and 488 hospital admissions per year.<sup>7</sup>

The positive effect on alcohol-related harm has been observed in annual deaths statistics. 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**.<sup>8 9</sup>

The **COVID-19 pandemic led to a tragic 25% rise in alcohol-specific deaths** between 2019 and 2022,<sup>10</sup> leading Scottish Government to **recognise alcohol harm as a public health emergency**.<sup>11 12</sup> The increase in deaths was likely caused by the pandemic's effects on changing drinking habits, particularly increases in high-risk and harmful drinking, combined with reduced access to services. However, **there is evidence that MUP has mitigated some of the pandemic's negative effects**, as the rise in the number of alcohol-specific deaths since the pandemic in Scotland has not been as sharp as in England (22% rise in Scotland from 2019 to 2021, compared to 30% in England).<sup>13</sup>

## ✓ MUP has reduced inequalities in alcohol harm

Alcohol harm is experienced very unequally. People in lower income groups are over four times more likely to die from alcohol<sup>10</sup> and six times more likely to be hospitalised<sup>14</sup> than people in higher income groups. **The lives saved by MUP have predominantly been among the 40% of people living in the most deprived areas**, meaning that **the policy is reducing inequalities in alcohol harm**.<sup>6</sup>

## ✓ MUP has reduced overall population consumption

These positive health outcomes are because MUP has reduced how much we drink as a nation. **MUP reduced alcohol sales by an estimated 3% in the first three years of implementation**, driven by a **reduction in off-trade sales**.<sup>6 15</sup> There is no evidence to suggest that MUP affected on-trade sales. This is because the average price in the on trade is around four times the current MUP of 50p per unit.<sup>15</sup>

## ✓ MUP has reduced consumption of people drinking at higher levels

MUP has **successfully targeted a reduction in consumption of cheap, strong products**<sup>15 16</sup> which were **disproportionately consumed by people drinking above the low risk drinking guidelines** ('hazardous and harmful' drinkers).<sup>17</sup> Strong ciders have been particularly affected, with a clear shift away from their consumption.<sup>15 16</sup>

Households that purchased the most alcohol prior to MUP also reduced their purchasing the most after implementation.<sup>6 15</sup> The proportion of **people drinking at hazardous levels decreased by 3.5%**.<sup>18</sup> The evidence around harmful drinking is more mixed, but **some harmful drinkers have reported cutting down their consumption due to MUP**.<sup>18</sup>

It is important to understand that only a small proportion of harmful drinkers are dependent. **MUP was not designed to target dependent drinkers**. People who are dependent on alcohol require targeted and intensive support to help them into recovery. What MUP *is* designed to do is to prevent future generations from becoming dependent on alcohol.

## Renewing and optimising MUP

As predicted, MUP has delivered significant reductions in alcohol consumption, deaths and hospital admissions. Despite this, around 1 in 4 adults in Scotland regularly drink over the Chief Medical Officers' low-risk guidelines<sup>19</sup> and deaths are rising. **Now that we have evidence that MUP works, we need to renew and optimise it.**

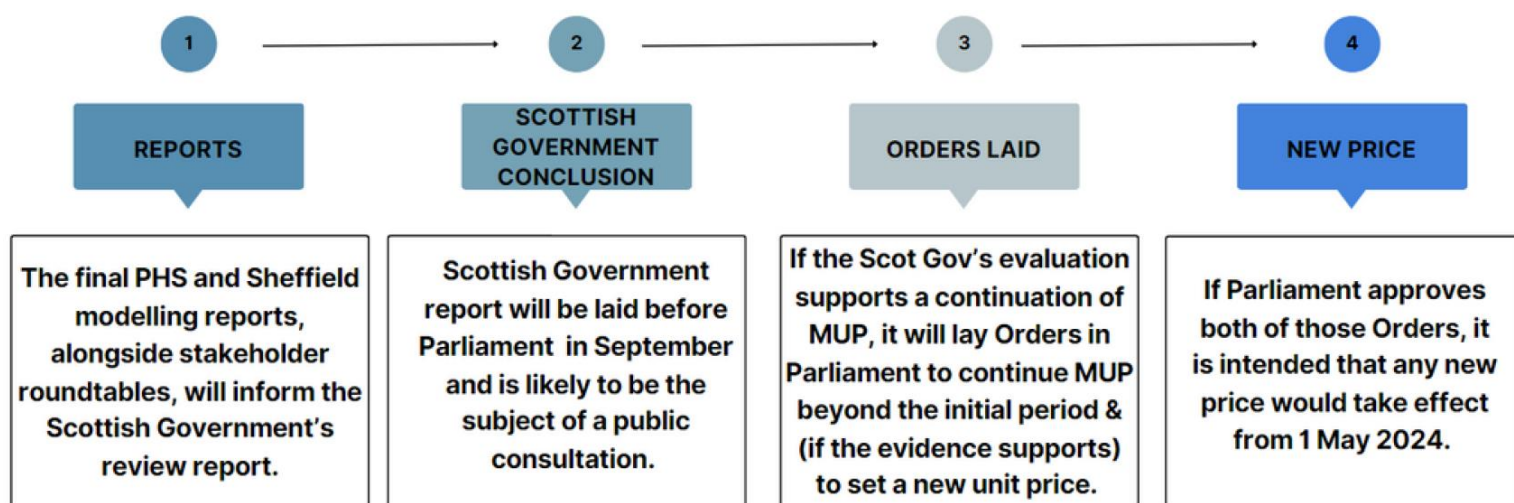
The Scottish Government had committed to reviewing the price after two years to ensure the minimum unit price remains appropriate, but this did not happen. The **effect of 50p per unit has been significantly eroded by inflation** since the policy was approved by parliament in May 2012. Based on the retail price index (RPI), **50p in May 2012 was equivalent to 58p when the policy was implemented in 2018, and equivalent to 77p in July 2023.**<sup>20</sup>

The **proportion of alcohol products affected by MUP has also, therefore, significantly reduced**, from 60% in 2012 when the legislation was passed<sup>21</sup> to 44% in 2018 when MUP was introduced.<sup>22</sup> This effect appears to have continued since implementation, with just 33% of off-trade alcohol units sold below 50p per unit in 2021 in England and Wales.<sup>23</sup>

**SHAAP and AFS recommend that the MUP is updated to at least 65p per unit**, and a **mechanism is introduced to automatically update the price in the future**, to increase the effectiveness of MUP in saving and improving lives.

### What's next?

MUP was introduced with a 'sunset clause', meaning that it will expire by 30th April 2024 unless the Scottish Parliament votes in favour of the policy remaining in place. Next steps include:



### About SHAAP

[Scottish Health Action on Alcohol Problems](#) (SHAAP) is a partnership of the Medical Royal Colleges in Scotland and the Faculty of Public Health and is based at the Royal College of Physicians of Edinburgh (RCPE). SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

### About Alcohol Focus Scotland

[Alcohol Focus Scotland](#) (AFS) is the independent charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime. Our work involves gathering and sharing evidence of the harm caused by alcohol; promoting effective policies to prevent and reduce this harm; and developing learning opportunities and resources to support best practice.

## References

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- <sup>8</sup> National Records of Scotland (2020). *Alcohol-specific deaths (new National Statistics definition) registered in Scotland, 1979 to 2019*.
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- <sup>19</sup> Hinchliffe, S. et al. (2022). [The Scottish Health Survey 2021 edition. Volume 1, Main Report](#). Scottish Government.
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- <sup>21</sup> NHS Health Scotland (2016). [Monitoring and Evaluating Scotland's Alcohol Strategy: annual update of alcohol sales and price band analyses](#).
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