



## **RESPONSE TO THE WELSH PARLIAMENT HEALTH AND SOCIAL CARE COMMITTEE ON MINIMUM UNIT PRICING OF ALCOHOL IN WALES**

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. 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 Welsh Parliament Health and Social Care Committee's short inquiry on minimum unit pricing of alcohol in Wales, with a focus on providing evidence from Scotland's experience of minimum unit pricing.

### **Impact of MUP**

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

The final evaluation report on minimum unit pricing (MUP) in Wales was published in January 2025.<sup>1</sup> This evaluation was less comprehensive than the **evaluation of MUP in Scotland by Public Health Scotland, which was widely considered to be a gold standard in its robust evaluation** of the policy in Scotland.<sup>2</sup> However, it still echoed a relatively positive view on the impact of the policy, concluding that "Overall, the implementation of the policy has been successful, with some specific observable impacts, general agreeability, and limited evidence of widespread harms."<sup>3</sup>

Whilst the Welsh evaluation didn't examine key health outcomes such as hospital admissions and alcohol-specific deaths, the Scottish MUP evaluation did look at these indicators, concluding that **MUP has had a positive impact on health outcomes:**<sup>4</sup>

- 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;<sup>5</sup> this is equivalent to an estimated 156 deaths averted per year.<sup>6</sup>
- MUP also **averted hospital admissions for these types of conditions by an estimated 4.1%,**<sup>7</sup> equivalent to an estimated 411 hospital admissions averted per year.<sup>8</sup>
- 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.<sup>9</sup>

The Public Health Scotland evaluation also concluded that **MUP contributes to addressing alcohol-related health 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.**<sup>10</sup>

Public Health Scotland's theory of change sets out that reductions in alcohol-related health and social harms are achieved through **reduced alcohol consumption**, which is achieved through **increased price of low-cost, high-strength alcohol** (via MUP). The Welsh evaluation's evidence relating to compliance, price and consumption is therefore of significance. With a strong resonance with findings from the Scottish evaluations, the Welsh evaluation **reported good compliance** with the policy, a **clear observable impact on price** for certain products, and a **significant impact on the**

**number of alcohol units purchased** by households.<sup>11</sup> For example, one study found that minimum unit pricing resulted in a **20% reduction in the amount of alcohol bought in Wales** during the pandemic compared with England.<sup>12</sup> Following the theory of change, it is likely that these effects will have translated into positive health outcomes in Wales, albeit obstructed from view by the impact of the COVID-19 pandemic that began around the same time as the introduction of the policy.

The positive health impact of the policy, compared to what would have happened without MUP, can be seen when comparing the rise in alcohol deaths from the pandemic. Changing drinking habits during the pandemic,<sup>13 14</sup> combined with reduced access to services, led to a **tragic rise in alcohol-specific deaths across the UK. The increase in deaths was, however, substantially lower in Scotland and Wales, where MUP was in place**, than in England, where it was not. Between 2019 and 2022, there was a 25% rise in alcohol-specific deaths in Scotland and a 32% rise in Wales, compared with a 36% increase in England.<sup>15</sup> This difference has led Public Health Scotland to assert that **“MUP has contributed to saving lives and slowing the increase in alcohol-specific deaths seen across the UK since the pandemic.”**<sup>16</sup>

It should be noted however, that the most recent alcohol-specific death figures show **a significant increase of 16% in Wales between 2022 and 2023**, leading Wales to have a higher overall increase (52%) since the pandemic than England (42%).<sup>17</sup> The reasons for this are complex. It may be that we are still seeing the effects of the increases in alcohol consumption during the pandemic amongst people who were already drinking at higher levels.<sup>18</sup> The cost-of-living crisis may also have compounded many of the pressures that emerged during the pandemic, including mental health issues and increased isolation, leading to increased alcohol consumption.<sup>19 20 21</sup>

Whatever the reason for these recent, tragic increases in harm, **it is clear that more needs to be done**. As pricing policies have the strongest evidence of success in impacting on alcohol consumption and alcohol-related harm, as identified by the WHO,<sup>22</sup> **price must continue to be the cornerstone of the Welsh Government’s approach to reducing alcohol-related harm. This means optimising the MUP policy by addressing the impact of inflation on its effectiveness since it was introduced**, as part of a wider package of measures. To have the same effect in 2026 as it did in 2020, **MUP in Wales would need to be closer to 65p** – the level to which the Scottish Parliament voted to increase their MUP in 2024.<sup>23</sup>

### **What impact has the introduction of minimum pricing had on vulnerable and dependent drinkers, children and young people, and low-income households?**

#### Dependent drinkers

By far the biggest change resulting from MUP has been to the price of the **cheapest strongest ciders** (known as ‘white ciders’) which are mostly consumed by alcohol-dependent drinkers.<sup>24 25</sup> Prior to MUP, three-litre bottles of 7.5% white cider were on sale in Wales for as little as £3.99, or 18p a unit. With MUP at 50p a unit, those bottles – which contained 22.5 units of alcohol – could not be sold for less than £11.25. At that price, they became **unsaleable and disappeared from the shelves**.<sup>26</sup>

Today in Wales, three-litre and two-litre bottles of 7.5% cider have been replaced in the shops by 500ml cans. **Reducing container size by this much greatly increases the number of ‘drinking increments’** – the number of stages in the drinking process – for the alcohol-dependent drinkers who are the typical consumers of white cider.<sup>27 28</sup> In order to get 22.5 units of alcohol in the form of white cider now, a drinker not only has to spend £11.25 instead of £3.99, they also have to buy six 500ml cans. That is six purchases and six drinking decisions, or in other words, six points at which it may not seem worth getting another can. This pausing and slowing of the drinking process both **reduces**

**harm and creates opportunities for professionals to come alongside people and support them into recovery.**<sup>29</sup>

This was observed in the Welsh study on the impact of minimum pricing on service users (harmful, hazardous, and dependent drinkers), which noted regular reports from service providers that **some individuals were seeking help to reduce or quit their alcohol consumption because they were financially unable to sustain their drinking habits.**<sup>30</sup>

**Overall, the policy's effect on drinking behaviours amongst dependent drinkers was mixed;** service providers reported little to no impact whilst others observed reductions in consumption, which was reinforced by interviews with service users themselves: "whilst participants largely maintained their alcohol intake, others sought to reduce consumption or were compelled to switch to different drinks".<sup>31</sup> This resonates with the findings from Scotland.

However, some drinkers, especially those with dependence, **did experience exacerbated existing social harms (such as financial pressures).**<sup>32</sup> In Scotland, this was **not prevalent or typical.**<sup>33</sup> Increased financial strain led some people with alcohol dependence to cope by using, and often intensifying, strategies they were familiar with from previous periods when alcohol was unaffordable for them.<sup>34</sup> The evaluators in Wales also emphasised that this is not a new problem and did not begin with the advent of MUP.<sup>35</sup>

**Alcohol dependence is a complex problem** that once established, people may need intensive, individual treatment and support to overcome. We have known for many years that people who are alcohol-dependent are often underfed, underweight and malnourished. We also know that the answer to this problem is not cheaper alcohol - it is better food support for people with alcohol problems.<sup>36 37 38</sup>

The **policy's greatest contribution to reducing alcohol dependence is by helping to reduce the risk of others becoming dependent in future,** as has been recognised by people with experience of alcohol dependency. During two sessions with Borders in Recovery in 2024, following an invitation from them to discuss MUP, the group recognised the **limited impact of MUP on current dependent drinkers** but noted the **importance of MUP in preventing people from developing dependency in the first place:**

*"I don't think it will discourage the people that are in active addiction at the moment and people that are dependent on alcohol. But I think it's more about making sure that the next generation isn't following in their footsteps and nobody wants their children to grow up to be alcoholics."*

#### Low-income households

**People living in the most deprived areas continue to suffer the highest harms.** In Wales, the rates of alcohol-attributable mortality are almost double for both men and women in the most deprived 20% of areas compared to the least deprived 20%. Similarly, alcohol-related admissions are around double in the most deprived 20% of areas in Wales compared to the least.<sup>39</sup>

Although the Welsh evaluation cannot provide evidence on the effects of the policy on health outcomes and inequalities, the Scottish evaluation can do so. Public Health Scotland concluded that **MUP contributes to addressing alcohol-related health 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.**<sup>40</sup> It is clear that people on low incomes benefit the most from this policy; similarly, failure to renew or uprate minimum unit pricing will lead to additional harms falling disproportionately on this group, increasing inequalities.<sup>41</sup>

### Children and young people

The Welsh evaluation focused on adults, so is unable to provide any insights into the impact of the policy on children and young people. In Scotland, practitioners working with families felt unable to determine if MUP had a positive or negative impact on the lives of children and young people affected by other people's drinking.<sup>42</sup> Interviews with drinkers under 18 years old from specific groups who tend to have above average alcohol use (including those with a history of offending and substance use, those who were care experienced, and LGBTI young people) did not indicate any increase in social harms for this group linked to MUP.<sup>43</sup>

However, there is consistent evidence that **young people are sensitive to price when purchasing alcohol**, and that they were consumers of super-strength ciders, which was consistently the cheapest way to access alcohol.<sup>44 45 46 47 48</sup> It is therefore reasonable to assume that MUP has had some impact on underage drinking in Wales, but more research is needed on this.

We also know that a substantial number of children are living in households with one or more alcohol-dependent parents, and alcohol-dependency is regularly recorded as a risk factor in child welfare cases.<sup>49 50</sup> Research has found that parental drinking, even at low levels, impacts on children's emotional wellbeing, and at higher levels can contribute to their risk of physical harm.<sup>51</sup> **Any reduction in alcohol consumption by parents as result of MUP is therefore likely to improve the situation of their children.**

### Future of MUP in Wales

#### Should minimum unit pricing continue in Wales? Why?

**Yes, minimum unit pricing should continue in Wales.** The evidence from the Scottish evaluation clearly demonstrates the positive health impact of this policy and the significant role that it plays in reducing alcohol-related health inequalities.

There was clear evidence of a **significant reduction on alcohol-specific deaths (13%) and hospital admissions (4%)** following the introduction of MUP. This was driven by a **3% reduction in sales** in the first three years of implementation.<sup>52 53</sup> Households that bought the most alcohol prior to MUP reduced their purchasing the most after implementation,<sup>54 55</sup> with the **proportion of people drinking at hazardous levels decreased by 3.5%.**<sup>56</sup> The evidence around consumption among harmful drinkers is more mixed, though some have reported cutting down due to MUP.<sup>57</sup> 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.**

The evaluation also provided **reassurances around concerns of potential 'unintended consequences'** of the policy, with no clear evidence of social harms at the population level.<sup>58</sup> 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.<sup>59</sup> There was also **no evidence of substantial negative impacts on the alcoholic drinks industry.**<sup>60</sup>

Price is one the main determinants of alcohol consumption and associated harms.<sup>61</sup> **Managing the price of alcohol is, therefore, one of the most effective ways for governments to reduce alcohol-related harm.**<sup>62</sup> Minimum unit pricing is the most targeted way of doing this, in that it correlates directly with the amount of alcohol in any drink, and therefore has the greatest impact on drinks sold at the lowest prices relative to their alcoholic strength.

The **discontinuation of MUP could fuel a detrimental escalation of alcohol harm in Wales.** For example, modelling estimated that if MUP were to be removed in Scotland, there would be additional NHS hospital costs of £10m in the first 5 years, and £26.4m over 20 years."<sup>63</sup>

The Welsh MUP legislation sets out that MUP will come to an end if not renewed by March 2026.<sup>64</sup> However, it is important to note that the Wales Act 2017 specifically designated sale and supply of alcohol as a matter for Westminster. This means that if MUP is allowed to lapse in Wales in 2026, it could be more problematic for the Senedd to reinstate it in future, **potentially requiring permission from the UK Government**<sup>65</sup>, which could be refused if not aligned with Westminster's UK-wide policy goals. This would limit the Welsh Government's ability to set alcohol control policies of their own should the current alcohol crisis escalate further in Wales.

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

Yes, **AFS fully supports a review of the current 50p MUP and recommends increasing the minimum unit price to at least 65p per unit**, in recognition that the effectiveness of the 50p MUP has been eroded over time by inflation.

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 alcohol harm crisis facing the UK. To have the same effect in 2026 as it did in 2020, **MUP in Wales would need to be closer to 65p** – the level to which the Scottish Parliament voted to increase their MUP in 2024.<sup>66</sup> The increase to 65p in Scotland was supported by over 80 organisations including medical bodies and charities,<sup>67</sup> to account for the effects of inflation and to achieve additional health benefits, including reducing health inequalities and the burden on our NHS.

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**. Modelling for Scotland estimated that should the level have remained at 50p, consumption would 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.<sup>68</sup>

Following an increase, **the minimum price must then be adjusted in line with inflation in future years to ensure it maintains these effects over time**. This is in line with the advice from the World Health Organization, that minimum pricing policies must be regularly reviewed and revised to maintain and maximise their effectiveness.<sup>69</sup>

### 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 in order to reduce alcohol-related harm in Wales?

Price controls are certainly not the only way to reduce alcohol harm; and, as the independent evaluation has made clear, MUP is not a perfect policy. **In order for MUP to work well, and for any adverse impacts to be minimised, it must be accompanied by a programme of support for people experiencing alcohol problems.**

The policy should be part of a **wider package of measures to tackle alcohol harm**. The UK has not had a new national alcohol strategy since 2012, and the picture of alcohol harm (as well as people's drinking habits post-pandemic) has changed markedly since then. As part of the Alcohol Health Alliance, we continue to call on the UK Government to bring forward a new UK alcohol strategy, with a range of policy initiatives tackling price, promotion and availability of alcohol, alongside bolstered treatment and support services to urgently tackle the growing alcohol harm crisis across the UK.

### What impact has minimum unit pricing had on the need for alcohol treatment and support services?

AFS refers the Committee to the **recommendations of the Welsh evaluation study on the impact on service users**, including those to **enhance treatment responses** across Wales for dependent drinkers to ensure there is the right sort of treatment available that is both sufficient and accessible in its

availability across the country; and to **provide a dedicated programme of support** to treatment agencies to focus their attention and expertise in actively engaging individuals around managing their finances and alleviating poverty whilst in treatment.<sup>70</sup>

### What impact has minimum unit pricing had on the risk of substituting alcohol for more dangerous and illegal substances?

Part of the Scottish evaluation was to investigate the extent to which any unintended harms have occurred because of MUP, including any increased consumption of other harmful substances, such as illicit drugs.

The final evaluation report<sup>71</sup> concluded that:

- There was **no evidence that people who did not use illicit drugs prior to MUP began using illicit drugs** after implementation.
- Quantitative studies found **no effect of MUP on illicit drug behaviours for people who already used illicit drugs** before MUP was implemented.
- A few individuals in qualitative studies reported **increased illicit drug use but this was often difficult to attribute to MUP**.

Similar findings were reported in the evaluation of minimum pricing for alcohol in Wales.<sup>72</sup>

<sup>1</sup> Livingston, W. et al. (2025). [Final report: review of the introduction of Minimum Pricing for Alcohol in Wales.](#)

<sup>2</sup> Gilmore, I. et al. (2023) [Commending Public Health Scotland's evaluation of minimum unit pricing.](#) *The Lancet*, Volume 402

<sup>3</sup> Livingston, W. et al. (2025). [Final report: review of the introduction of Minimum Pricing for Alcohol in Wales.](#)

<sup>4</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>5</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>6</sup> Wyper, G.M.A. et al. (2023). [Evaluating the impact of alcohol minimum unit pricing \(MUP\) on alcohol-attributable deaths and hospital admissions in Scotland.](#) Public Health Scotland.

<sup>7</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>8</sup> Wyper, G.M.A. et al. (2023). [Evaluating the impact of alcohol minimum unit pricing \(MUP\) on alcohol-attributable deaths and hospital admissions in Scotland.](#) Public Health Scotland.

<sup>9</sup> Wyper, G.M.A. et al. (2023). [Evaluating the impact of alcohol minimum unit pricing \(MUP\) on alcohol-attributable deaths and hospital admissions in Scotland.](#) Public Health Scotland.

<sup>10</sup> Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

<sup>11</sup> Livingston, W. et al. (2025). [Final report: review of the introduction of Minimum Pricing for Alcohol in Wales.](#)

<sup>12</sup> Bokhari, F. A. et al. (2024). Lockdown drinking: The sobering effect of price controls in a pandemic. *Economic Inquiry*, 62(4), 1539-1557.

<sup>13</sup> Angus, C. et al. (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report.](#) University of Sheffield.

<sup>14</sup> Angus, C. et al. (2022). [Modelling the impact of changes in alcohol consumption during the COVID-19 pandemic on future alcohol-related harm in England.](#) The University of Sheffield.

<sup>15</sup> Office for National Statistics (2025). [Alcohol-specific deaths in the UK: registered in 2023.](#)

<sup>16</sup> Public Health Scotland (2024) [PHS Welcomes Plans to Continue Minimum Unit Pricing for Alcohol - News - Public Health Scotland](#), 9 February 2024

<sup>17</sup> Office for National Statistics (2025). [Alcohol-specific deaths in the UK: registered in 2023.](#)

<sup>18</sup> IAS (2022) [The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic](#)



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