25/09/25

RESPONSE TO THE WELSH GOVERNMENT ON SETTING THE MINIMUM PRICE OF ALCOHOL BEYOND 2026

Alcohol Focus Scotland (AFS) is the national charity working to reduce harm caused by alcohol. We do this by campaigning for effective action that works for people and reduces inequalities. We develop policies informed by academic research and the real-life experiences of people affected by alcohol and provide accurate and accessible information about alcohol to the media, policymakers, practitioners and the general public. AFS welcomes the opportunity to respond to the Welsh Government's consultation on setting the minimum unit pricing of alcohol beyond 2026, with a focus on sharing the evidence from Scotland's experience of minimum unit pricing.

Question 1: Do you think minimum unit pricing should continue in Wales?
Yes.

Please provide any further information to support your views:

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**:

- 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;[1] this is equivalent to an estimated 156 deaths averted per year.[2]
- MUP also **averted hospital admissions for these types of conditions by an estimated 4.1%**,[3] equivalent to an estimated 411 hospital admissions averted per year.[4]
- 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.[5]
- Estimated reductions in deaths and hospital admissions from MUP were **largest among men and those living in the 40% most deprived areas** in Scotland.[6]

While the Welsh evaluation was less comprehensive than the **evaluation of MUP in Scotland by Public Health Scotland (which is widely considered to be a gold standard in its robust evaluation** of the policy in Scotland),[7] it still echoed a positive view on the impact of the policy. It concluded that "Overall, the implementation of the policy has been successful, with some specific observable impacts, general agreeability, and limited evidence of widespread harms."[8]

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.[9]

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.[10] 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,[11] [12] 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.[13] 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**."[14]

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%).[15] 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.[16] 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.[17] [18] [19]

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,[20] **price must continue to be the cornerstone of the Welsh Government's approach to reducing alcohol-related harm. This means not only continuing the policy, but also optimising it 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.[21]

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."[22] The Welsh MUP legislation sets out that MUP will come to an end if not renewed by March 2026.[23] 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**,[24] 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.

Question 2: If minimum unit pricing continues, do you agree with a new level being set at 65p per unit?

Yes.

Please provide any further information to support your views:

AFS fully supports 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 even 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 set to a higher rate of 65p – the same level to which the Scottish Parliament voted to increase their MUP in 2024.[25] The increase to 65p in Scotland was supported by over 80 organisations including medical bodies and charities[26], 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.[27]

Following an increase**, the minimum price should 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.[28]

Question 3: What are your views on the likely impact of minimum unit pricing continuing and the price per unit increasing to 65p on particular groups of people, particularly those with protected characteristics under the Equality Act 2010? What effects do you think there would be?

Whilst there has been limited research into the specific impacts of MUP on protected characteristics, as defined in the Equality Act 2010, we would highlight the impact of the policy in relation to gender. Public Health Scotland's evaluation found that the estimated reductions in alcohol deaths due to MUP were largest among men.[29] This is significant as men are twice as likely to drink at hazardous or harmful levels[30] and account for around two thirds of alcohol-specific deaths.[31] There are similar differences in Wales, with men 1.9 times more likely to die from alcohol than women.[32] The policy therefore targets the group that experiences the most harm. Modelling undertaken for England reveals that the benefits to women from MUP policies would increase substantially if set at a higher rate (70p vs 50p per unit).[33]

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