

Briefing - MUP and Drug Use

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This is a joint briefing from [Alcohol Focus Scotland](#), [Scottish Health Action on Alcohol Problems \(SHAAP\)](#), [Scottish Recovery Consortium](#) and [Scottish Families Affected by Alcohol and Drugs](#). It has been produced in response to media headlines claiming that minimum unit pricing (MUP) has increased drug use in Scotland and is, in turn, contributing to high levels of drug deaths. It presents the findings of independent evaluation research conducted so far, as well as other relevant information on alcohol and drug deaths in Scotland.

The evidence shows no widespread increased use of drugs

MUP is being thoroughly evaluated under the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme, overseen by Public Health Scotland (PHS). Part of the evaluation is 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 findings of eight evaluation studies conducted to date clearly indicate:

- **There has been no widespread increased use of illicit drugs due to the introduction of MUP**^{1 2 3 4 5 6 7 8}
- **A few individuals who were already using drugs did increase their drug use**^{9 10 11}
- **Several studies explicitly noted no shift to illicit drug use by people who had not used drugs before**^{1 2 5 7}

These studies used a variety of different methodologies, such as surveys, interviews, market research, and analysis of crime data. Studies focused on the following groups of people: harmful drinkers (both in treatment and not in treatment); homeless and street drinkers; people attending hospital emergency departments; sexual health clinic attendees; young people (13–17-year-olds) in groups likely to be affected by alcohol use issues; family members and carers; and service providers and professionals. Full details of these studies and their findings on drug use linked to MUP are included in Appendix A.

From annual drug-related deaths data published by National Records of Scotland,¹² we can see that drug deaths started to rise significantly from 2014, with no appreciable worsening in the trends following the introduction of MUP in 2018. The number of drug misuse deaths where alcohol was implicated has remained fairly similar over the past five years, although the proportion has fallen from 29% in 2008 to 12% in 2021.

The twin public health emergencies of drug deaths and alcohol harm

Each and every life lost from alcohol or drugs is tragic and avoidable. Last year, drugs deaths and harm from alcohol use were recognised as “twin public health emergencies” by the Scottish Government.¹³

The number of drug deaths in Scotland has tragically been accelerating since 2013, reaching 1,339 in 2020; the latest figure of 1,330 lives lost in 2021 is the second highest annual total on record.¹⁴ Scotland's drug misuse rate remains almost four times that for the UK as a whole, and Scotland has the highest drug death rate recorded by any country in Europe.¹⁵ People in the most deprived areas were 15 times more likely to have died from drugs than those in the least deprived areas.¹⁶

Even before the pandemic, Scotland experienced very high levels of alcohol use and harm. One in four adults exceeded the low risk drinking guidelines,¹⁷ and alcohol-specific death rates remained more than double what they were in 1981,¹⁸ and nearly twice that experienced in England.¹⁹ The pandemic saw a 17% increase in alcohol-specific deaths in Scotland in 2020 compared to the previous year, rising a further 5% in 2021 to 1,245 (the highest number since 2008).²⁰ Initial health gains made by MUP may therefore have been eroded due to the pandemic.

The availability of cheap drugs does not mean alcohol should be made cheaper

The substantial increase in drug deaths in the last 10-15 years has been partially attributed to the increase in the availability of cheap benzodiazepines ('street Valium'), sold for as little as 20p. The proportion of drug misuse deaths implicating these drugs rose from 26% in 2008 to 69% in 2021.²¹

Price is an important factor in the use of both legal and illegal drugs. When substances gets cheaper, consumption and harm levels generally increase, and vice versa.^{22 23 24} It is well established that regulating the price of alcohol is an effective way to reduce the harm caused by alcohol consumption,²⁵ with price increases recognised by the World Health Organization (WHO) as one of the most effective methods of reducing alcohol consumption and harm.²⁶ This evidence base helped inform the Scottish Parliament's decision to approve minimum unit pricing in 2012; and it has grown since.²⁷

The answer to addressing the harm from cheap street drugs cannot be to make alcohol cheaper: both are significant causes of death and misery. We need policies that prevent and reduce consumption of both alcohol and drugs as well as tackling poverty and inequality which help drive and sustain their use. We also need equal investment in person-centred treatment and support for those experiencing alcohol and/or drugs issues.

About MUP

Scotland was the first country in the world to implement minimum unit pricing (MUP) for alcohol, introducing a 50p minimum unit price in 2018 to reduce alcohol consumption and related health and social harms. MUP was introduced with a 'sunset clause', meaning that it will expire by 30th April 2024 unless the Scottish Parliament vote in favour of the policy remaining in place. A final report on MUP will be produced by Public Health Scotland in 2023 to inform the Scottish Government's evaluation report to be laid in Parliament later that year.

Evidence so far indicates that leading up to the start of the pandemic, **MUP had the intended effect of reducing alcohol consumption with off-trade per adult alcohol sales reducing by 3.5% in the first year of MUP,²⁸ to the lowest level in 26 years.²⁹ There has been some preliminary indications that MUP may be having an impact on alcohol-related harms:** alcohol-specific deaths reduced by 10% in the first full year after MUP was introduced (the lowest level since 2013),³⁰ and there was a small reduction in hospital admissions from liver disease in each of the first two years of the policy.³¹ Unfortunately the impact of the pandemic, both in terms of heavier drinkers reporting drinking more to deal with stress and anxiety³² and in terms of people accessing support services,³³ appears to have undermined these gains.

MUP has also had the intended effect of targeting people who drink the most and who are most likely to experience harm. Reductions in household alcohol purchases have been observed most in households that bought the most alcohol before MUP.^{34 35} The greatest impact has been on sales of cheap, high-strength products^{36 37} such as strong white cider, own brand vodka and gin, and super-strength lager, drinks that were favoured by the heaviest drinkers at most risk of harm.³⁸

For more information, please contact [Rebecca Sibbett](#), Senior Communications Coordinator at Alcohol Focus Scotland.

Appendix A - Evidence from MUP evaluation studies on effects on drug use

Date	Lead authors	Study title	Methodology	Findings in relation to drug use linked to MUP
June 2022	University of Sheffield	Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels. PHS Briefing.	Surveys and interviews with people presenting to treatment services with probable alcohol dependence, and those providing that treatment; interviews with people with experience of drinking at harmful levels who were not in treatment, and their family members and carers; statistical analysis of market research survey. Years of study: 2017-2020.	<ul style="list-style-type: none"> • Few people reported substituting illicit drugs for alcohol. • Those doing so were already using other substances before the introduction of MUP. • These findings were coherent from interviews in both treatment settings and in the community, including from quantitative analysis.
February 2022	Glasgow Caledonian University	Minimum Unit Pricing: Qualitative Study of the Experiences of Homeless Drinkers, Street Drinkers and Service Providers.	Interviews with people with experience of homelessness or street drinking and with service providers and other professionals working with this population across Scotland, and stakeholder groups, including individuals with lived experience of homelessness or street drinking and alcohol use. Year of study: 2019.	<ul style="list-style-type: none"> • For some who already used drugs, the balance between alcohol and drugs consumed shifted toward the latter. • There was no evidence that homeless people who had not previously used drugs started to use them after the introduction of MUP.
October 2021	University of Glasgow	Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment.	Natural experiment comparing Scotland to similar regions in England, before and after implementation of MUP. Interviews with attendees at emergency departments; self-complete questionnaires with attendees of sexual health clinics; interviews and focus groups with professional stakeholders and at-risk heavy drinkers. Years of study: 2018-2019.	<ul style="list-style-type: none"> • There was no evidence of substitution from alcohol consumption to other drugs. • Assessments of specific substances found no clear evidence of any increase linked to MUP. • Despite some stakeholders expressing concerns that MUP would drive use of alternative substances, no stakeholders reported observing this outcome.
October 2021	Manchester Metropolitan University	Evaluation of the impact of alcohol minimum unit pricing (MUP) on crime and disorder, public safety and public nuisance. PHS Briefing.	Analysis of crime data comparing Scotland with Manchester. Years of study: 2015-2020.	<ul style="list-style-type: none"> • The introduction of MUP did not have an impact on drug-related crime.

Date	Lead authors	Study title	Methodology	Findings in relation to drug use linked to MUP
June 2021	University of Sheffield	Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Interim report: Structured interview data.	Structured interviews with people with probable alcohol dependence presenting to treatment services. Years of study: 2017-2020.	<ul style="list-style-type: none"> The study did not find any evidence of increased uptake of illicit drugs in Scotland following the introduction of MUP. Fewer than 7% of respondents reported increased use of other substances following the introduction of MUP. Even fewer attributed such behaviour to MUP (data generally not able to be shown due to small numbers).
December 2020	University of Glasgow	An N-of-1 study of daily alcohol consumption following minimum unit pricing implementation in Scotland.	Daily smartphone surveys and qualitative interviews with 25 adults with current or recent history of alcohol dependence. Year of study: 2018	<ul style="list-style-type: none"> No evidence of switching to higher use of other drugs.
May 2020	Public Health Scotland	The impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption: A study of practitioners' views. PHS Briefing.	Interviews and focus groups with staff working in services that support children, young people and families where parents or carers were drinking at harmful levels. Year of study: 2019.	<ul style="list-style-type: none"> The participants were not aware of anyone just consuming alcohol and switching to drugs. They believed that drug use may increase for those using both alcohol and drugs if they felt drugs were cheaper than alcohol, but highlighted that price is only one factor.
January 2020	Iconic Consulting	Minimum Unit Pricing in Scotland: Qualitative study of children and young people's own drinking and related behaviour. PHS Briefing.	Interviews with groups of young drinkers (13-17 years) identified as more likely to experience alcohol use issues; interviews with staff working with these groups of young people. Year of study: 2019.	<ul style="list-style-type: none"> There was no reported change in the nature or extent of alcohol-related harms following the introduction of MUP in May 2018, including drug use.

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