

Minimum Unit Price: Time to uprate

- » Minimum unit price for alcohol was introduced in Scotland on the **1st of May 2018**, with the price set at **50p per unit**.
- » The aim of MUP is to **reduce the health and social harms of alcohol**, particularly among those drinking at harmful and hazardous levels.
- » **Early evaluation data from Public Health Scotland (PHS) has found that alcohol sales and consumption decreased following MUP.**
- » **Until 2020, there were also early signs of a reduction in the number of alcohol specific deaths (10% in 2019) and alcohol-related liver disease hospital admissions**, indicating that MUP was having the beneficial effects which were predicted.
- » In 2020, 1,190 people died of alcohol-specific causes, a 17% rise in alcohol-specific deaths on 2019. This figure indicates that **the initial health gains made after the introduction of MUP may have been negatively impacted by the COVID-19 pandemic.**
- » While the initial findings from the PHS evaluation are positive, the impact of a **50p MUP is likely to have been significantly eroded by inflation** since it was approved by the Scottish Parliament 9 years ago.
- » **MUP modelling predicts that setting a higher price for MUP will deliver greater benefits**, for example 60p per unit was predicted to save twice as many lives and hospital admissions as 50p per unit.
- » **Scottish Government had committed to reviewing the price after two years (i.e., in 2020).** This was delayed due to the pandemic.
- » Alcohol Focus Scotland and SHAAP – and 28 leading health and children’s charities and Royal Colleges – are calling on the Scottish Government to **increase the MUP to at least 65p per unit** to account for inflation, to increase the impact of the policy by saving and improving more lives and to counter the impact of the COVID-19 pandemic on previously observed health gains.

Minimum unit pricing in Scotland

The Scottish Government introduced minimum unit pricing (MUP) for alcohol at 50p per unit on May 1st 2018. The products primarily affected by MUP are the cheapest alcoholic products, such as strong

white cider, own brand vodka and gin, and super-strength lager,¹ the products favoured by the heaviest drinkers at most risk of harm.²

It is well established that regulating the price of alcohol is an effective way to reduce the harm caused by alcohol consumption.³ MUP aims to reduce alcohol consumption - particularly in the heaviest drinkers - and in turn the health and social harms caused by alcohol, including reducing hospital admissions and alcohol related deaths. It is those in Scotland's poorest communities who have most to gain from MUP: if you live in one of Scotland's poorest communities you are four times more likely to die as result of alcohol than someone living in the wealthiest communities.

Evidence of MUP's effectiveness

Public Health Scotland¹ (PHS) was appointed by the Scottish Government to lead an independent evaluation of the policy,⁴ with MUP being set to be one of the most rigorously evaluated policies ever implemented in Scotland. MUP was introduced with a 'sunset clause', meaning that MUP will expire by 30th April 2024, unless the Scottish Parliament vote in favour of the policy remaining in place.

The MUP evaluation explores four main areas: implementation and compliance; impact on the alcoholic drinks industry; impact on alcohol consumption; and changes in alcohol health and social harms.⁵ So far, evidence has shown that, in the first full two years after its implementation, MUP had the intended effect of reducing consumption. In the first full year after the policy's implementation, we also saw encouraging early signs that this reduction was beginning to translate into health benefits.

Amongst the benefits of MUP identified by PHS and others in evaluation studies so far are:

- A 3.5% reduction in off-trade sales per adult in the first year of MUP.⁶
- Reductions in household alcohol expenditure, particularly in households that bought the most alcohol before MUP.^{7,8}
- The volume of pure alcohol sold per adult in Scotland in 2020 was 9.4 litres; the lowest level in 26 years.⁹
- A 10% reduction in alcohol-specific deaths in the first full year after the introduction of MUP; the lowest level since 2013.¹⁰
- A small reduction in hospital admissions from liver disease in each of the first two years of MUP.¹¹
- Reduction in consumption of cheap, high-strength products related to harmful drinking.^{12,13}
- High levels of compliance with MUP by retailers¹⁴ and no significant negative impacts on alcohol producers or sellers.¹³

Tragically, we now know that 1,190 people lost their lives to alcohol-specific causes in 2020, a 17% rise in alcohol-specific deaths on the previous year.¹⁵ A similar increase was seen in England (20%). We do not yet know the full impact of the pandemic on people's drinking habits and alcohol-related health problems. However, indications are that though overall total alcohol sales reduced during the earlier stages of the pandemic, solitary drinking may have increased and heavier drinkers may have increased their consumption.^{16,17,18} The pandemic may also have accelerated the long-standing trend towards home drinking for some groups, which involves additional potential risks.¹⁹ This context makes the need to uprate MUP more urgent than ever.

The First Minister, speaking at the recent Side Event of the WHO Regional Committee for Europe, recognised that: "minimum unit pricing is also a flexible policy because you can vary the level of the

¹ Formerly NHS Health Scotland

unit price to take account of rising household incomes and make sure that the affordability of alcohol is continuing to have the right balance.” A failure to uprate MUP now, when the minimum unit price has already been eroded by inflation and the UK Government has chosen once again to freeze alcohol duty, will render alcohol more affordable – something we know is associated with increased alcohol consumption and attendant health harms.^{20,21}

The impact of the pandemic on alcohol consumption and harm has underscored the urgent need to raise the MUP, as many heavier drinkers have reported increasing their drinking during the COVID-19 crisis^{22, 23} and alcohol-specific deaths jumped by 17% in 2020.¹⁵ This risks undermining the world-leading efforts Scotland has made in tackling alcohol harm and risks the viability of achieving the Government's long-term public health goals, laid out in its recent Programme for Government.

In terms of the effectiveness of MUP – in addition to the evidence gathered through recent evaluations of the policy in Scotland – there is growing evidence in support of the effectiveness of MUP globally. For instance, evidence from Canada and the Northern Territory of Australia has shown that the policy is effective in reducing alcohol-related deaths and hospital admissions and in reducing consumption rates.^{24, 25, 26, 27} Other jurisdictions have followed Scotland in legislating for MUP, including Wales, the Republic of Ireland, the Northern Territory of Australia and Jersey.

Why is it time to uprate MUP?

Scotland was the first country in the world to implement MUP. Over 70% of the public are either neutral or in favour of MUP, with support for the policy having grown over time.²⁸ The Scottish Government had committed to reviewing the level of MUP after two years,²⁹ which would have been in 2020, but this was delayed due to the pandemic. Given the rise in alcohol-specific deaths in 2020 and the impact that the COVID-19 pandemic may have had on the initial health gains made after the introduction of MUP, this review is now more urgent than ever.

Scottish Government have noted the possible implications of the Internal Market Act for uprating MUP. However, during of the passage of the bill, the UK Minister, Lord Callanan explicitly stated “the Bill has no effect on minimum pricing of alcohol; that is excluded as a policy area”.³⁰

Alcohol Focus Scotland (AFS) and SHAAP (Scottish Health Action on Alcohol Problems) believe that now is the time to uprate the minimum unit price to ensure that it delivers full benefits and initial gains from the policy are not lost. Any review should consider MUP in relation to inflation, and the health benefits that would be gained from increasing the price. For instance, **the effect of the current 50p minimum price has likely been eroded by inflation since the policy was approved** by the Scottish Parliament in 2012 (over 9 years ago). Based on the retail price index, a minimum unit price of 50 pence in 2012 is equivalent to 61p in 2021.

The proportion of alcohol products affected by MUP has, therefore, significantly reduced. The proportion of off-trade alcohol units sold below 50ppu dropped from 60% in 2012³¹ when the Scottish Parliament passed the Alcohol (Minimum Pricing) Act, to 44% in 2018³² when MUP was introduced. This drop means a decline both in the proportion of products affected by the policy and the price increase imposed on each affected product. This effect appears to have continued since implementation, with data for England and Wales showing that just 34% of off-trade alcohol units were sold below 50ppu in 2020.⁹

However, it is not sufficient simply to make good inflation when alcohol harm remains so high. The original modelling by Sheffield University on which MUP was based indicated that **a higher price would save significantly more lives and prevent more hospital admissions**. The Sheffield modelling

from 2016 found that a minimum unit price of 60p would save twice the number of lives and reduce hospital admissions by twice the level of 50p per unit, while 70p per unit would have three times the effect.²

AFS and SHAAP recommend that the Scottish Government now **uprate MUP to at least 65p per unit**. In doing so, this would take account of inflation over the last nine years since the Parliament approved MUP, as well as increasing the impact of the policy, saving more lives. This call is supported by 28 leading health and children's charities and Royal Colleges (for full list, see below).

In order to prevent future erosion of the impact of MUP due to inflation, we recommend that the price should be index-linked, e.g. to the retail price index.

Alcohol Focus Scotland and SHAAP

[Alcohol Focus Scotland \(AFS\)](#) and [Scottish Health Action on Alcohol Problems \(SHAAP\)](#) have been at the forefront of the campaign to establish minimum unit pricing in Scotland over the last ten years. As key sources of expertise on alcohol harm and evidence-based interventions in Scotland, AFS and SHAAP have helped to build understanding of the evidence base and support for MUP as one of the main ways in which to prevent and reduce alcohol harm in Scotland.



Alcohol Focus Scotland (AFS) is the national 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 and violence.



Scottish Health Action on Alcohol Problems (SHAAP) represents the Medical Royal Colleges in Scotland and the Faculty of Public Health in Scotland, providing 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.

The other 28 signatories supporting the call to uprate MUP to 65p per unit are:

Professor Sir Ian Gilmore, Chair, Alcohol Health Alliance

Martin Crewe, Director, Barnardo's Scotland

Judith Turbyne, CEO, Children in Scotland

Dr Lewis Morrison, Chair, BMA Scotland

James Jopling, Head of BHF Scotland

Pamela Healy, CEO, British Liver Trust

John Watson, Associate Director Scotland, Stroke Association

Justina Murray, CEO, Scottish Families Affected by Alcohol and Drugs

Jardine Simpson, CEO, Scottish Recovery Consortium

Annemarie Ward, CEO, Faces & Voices of Recovery UK
Niven Rennie, Director, Violence Reduction Unit
Professor Sally Casswell, Chair of the Scientific Advisory Board of GAPA (Global Alcohol Policy Alliance)
Dr Peter Rice, Chair of EuroCare (European Alcohol Policy Alliance)
Nina Renshaw, Policy and Advocacy Director, NCD Alliance
Professor Annie Anderson, Scottish Cancer Prevention Network
Dr Graham Foster, Chair of the Scottish Directors of Public Health
Professor Marcus Munafo, Co-Director, SPECTRUM Consortium
Andrew Horne, Executive Director, We Are With You, Scotland
Clare Cable, CEO, Queens Nursing Institute Scotland
Dr Andrew Goddard, President of the Royal College of Physicians
Dr Catriona Morton, Deputy Chair of the Royal College of General Practitioners Scotland
Professor Andy Elder, President of the Royal College of Physicians of Edinburgh
Jackie Taylor, President of the Royal College of Physicians and Surgeons of Glasgow
Dr Linda Findlay, Chair of the Royal College of Psychiatrists in Scotland
Dr Julie Cavanagh, Chair of the Committee of the Faculty of Public Health Scotland
Professor Maggie Rae, President of the Faculty of Public Health
Dr Miles Mack, Chair of the Academy of Medical Royal Colleges and Faculties in Scotland
Dr Jyotsna Vohra, Director of Policy and Public Affairs, Royal Society for Public Health

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- ⁵ Public Health Scotland website: <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing-mup/outcome-areas-and-studies-of-evaluation-of-mup>
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