

## Minimum Unit Pricing (MUP): The Story So Far - May 2023

### Summary

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

Evaluation so far shows that by reducing alcohol consumption, **MUP has delivered its overall purpose of reducing alcohol-related harm.**

- It is estimated that **MUP has saved 268 lives and averted 899 hospital admissions** each year, on average.
- This is because MUP **reduced alcohol consumption in Scotland by 3%**, and targeted consumption by those drinking at higher levels.

MUP is **reducing inequalities** in alcohol harm as most of the lives saved are among the 40% of people living in Scotland's most deprived areas.

**MUP may have mitigated some of the pandemic's negative effects**, as the rise in deaths since the pandemic in Scotland was not 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, **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**, to ensure alcohol does not become more affordable. This will optimise the effectiveness of MUP in saving and improving lives.

### MUP's aims

As stated by the Scottish Government<sup>1</sup>: *"The policy aim of minimum pricing is 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."*

The policy was introduced in response to Scotland's high levels of alcohol consumption and related problems. In 2016, enough alcohol was bought in Scotland for every adult to substantially exceed the weekly low risk drinking guideline on every week of the year, with 17% more alcohol sold per adult than in England and Wales.<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.

### ✓ MUP has reduced alcohol-related harm

It is estimated that MUP has saved 268 lives and averted 899 hospital admissions per year on average, between its introduction in May 2018 and December 2020, compared to if the policy had not been introduced.<sup>5</sup> This represents a 13.4% reduction in deaths and a 4.1% reduction in hospital admissions for conditions that are only ever caused by alcohol (such as alcohol-related liver disease and alcohol dependence), plus an 8.4% reduction in deaths and a 3.4% reduction in hospital admissions due to alcohol from conditions where alcohol is not the sole cause (such as cancers and heart disease).<sup>55</sup>

The effect of MUP on alcohol mortality has been around three times greater than was expected. The modelling studies, which informed the Parliament's decision to approve MUP, predicted that a 50p MUP would result in around 80 fewer deaths each year by year 3.<sup>6</sup> The evaluation findings estimate that, in practice, MUP has delivered an average of 268 fewer deaths each year.<sup>7</sup>

This effect was seen in annual deaths statistics with a 10% reduction in alcohol-specific deaths and a small reduction in hospital admissions from liver disease<sup>8 9</sup> in the first full year after MUP was implemented. Sadly, increases in alcohol consumption among heavier drinkers and reduced access to services during the COVID-19 pandemic led alcohol-related deaths to rise again. However, MUP may have mitigated some of the pandemic's negative effects, as the rise in deaths since the pandemic in Scotland was not as sharp as in England.<sup>10</sup>

The effects of MUP in reducing alcohol-related deaths and hospitalisations are expected to build over time.<sup>11</sup> This is because it takes years for changes in consumption to impact on the development of chronic diseases such as breast and bowel cancer.

### ✓ MUP has reduced inequalities in alcohol harm

Alcohol harm is experienced very unequally. People in our most deprived communities are five times more likely to die from alcohol<sup>12</sup> and six times more likely to be hospitalised<sup>13</sup> than people in our least deprived communities. However, most of the lives saved by MUP have been among the 40% of people living in the most deprived areas, meaning that the policy is reducing inequalities in alcohol harm.<sup>5</sup>

### ✓ MUP has reduced overall population consumption

These positive health outcomes are because MUP has reduced how much we drink as a nation. MUP led to a 3% reduction in alcohol sales (the number of units of alcohol sold per adult per year), driven by a 3.6% reduction in off-trade sales.<sup>14</sup> There is no evidence to suggest that MUP has affected on-trade sales.<sup>14</sup> 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 targeted the consumption of people who drink at higher levels

MUP has successfully reduced the consumption of cheap, strong products,<sup>14 16</sup> which were disproportionately consumed by people drinking above the low risk drinking guidelines (referred to as 'hazardous and harmful' consumption).<sup>17</sup> Strong ciders have been particularly affected, with a clear shift away from their consumption.<sup>14 16</sup>

Drops in alcohol purchases following MUP were largely confined to the largest purchasing group (mostly hazardous and harmful drinkers).<sup>18 19</sup> The proportion of people drinking at hazardous levels has decreased by 3.5%.<sup>20</sup> The evidence around harmful drinking is more mixed, but some harmful drinkers have reported cutting down their consumption due to MUP.<sup>20</sup> The significant impact of MUP on alcohol deaths also suggests that consumption by heavier drinkers has been affected, given they are at higher risk.

## Conclusion

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>21</sup> and deaths are rising due to the effects of the pandemic. Now that we have evidence that MUP works, we need to renew the policy and to optimise it.

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.<sup>22</sup>

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, to ensure alcohol does not become more affordable. This will 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. MUP is being thoroughly evaluated by Public Health Scotland (PHS) which will publish a final report in June 2023. This will inform the Scottish Government's review report which will also draw on updated modelling of varying MUP levels by the University of Sheffield, and on stakeholder roundtables. The government's report will be laid before Parliament before the end of 2023 and is likely to be the subject of a public consultation.

If the Scottish Government's overall evaluation supports a continuation of MUP, it will lay Orders in Parliament to continue MUP beyond the initial six-year period and, if the evidence supports a change in price, to set a new unit price. If Parliament approves both of those Orders, it is intended that any new price would take effect from 1 May 2024.

Separate primary legislation would be required to introduce an automatic uprating mechanism for MUP.

## 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 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. 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>1</sup> Scottish Government (2018). [Final Business and Regulatory Impact Assessment. Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012. The Alcohol \(Minimum Price per Unit\) \(Scotland\) Order 2018.](#)
- <sup>2</sup> Giles, L. & Robinson, M. (2017). [Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017.](#) NHS Health Scotland.
- <sup>3</sup> World Health Organization. (2019). [The SAFER technical package: five areas of intervention at national and subnational levels.](#)
- <sup>4</sup> Babor, T. F. et al. (2022). *Alcohol: No Ordinary Commodity: Research and Public Policy. Third Edition.* Oxford University Press.
- <sup>5</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>6</sup> See table 4.20, Angus, C. et al. (2022). [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland. An adaptation of the Sheffield Alcohol Policy Model version 3.](#) SCHARR, University of Sheffield.
- <sup>7</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. Note: these figures use different methodologies, but both include deaths from conditions that are only ever caused by alcohol and deaths from alcohol for conditions where alcohol is not the sole cause.
- <sup>8</sup> National Records of Scotland (2020). *Alcohol-specific deaths (new National Statistics definition) registered in Scotland, 1979 to 2019.*
- <sup>9</sup> Public Health Scotland (2020). [Alcohol related hospital statistics](#)
- <sup>10</sup> Office for National Statistics (2023). [Alcohol-specific deaths in the UK: registered in 2021.](#)
- <sup>11</sup> Angus, C. et al. (2022). [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland. An adaptation of the Sheffield Alcohol Policy Model version 3.](#) SCHARR, University of Sheffield.
- <sup>12</sup> National Records of Scotland (2022). [Alcohol-Specific Deaths 2021.](#)
- <sup>13</sup> Public Health Scotland (2023). [Alcohol related hospital statistics Scotland, financial year 2021 to 2022.](#)
- <sup>14</sup> Giles, L. et al. (2022). [Evaluating the impact of Minimum Unit Pricing \(MUP\) on sales-based alcohol consumption in Scotland at three years post-implementation.](#) Public Health Scotland.
- <sup>15</sup> Ponce Hardy, V. et al. (2022). [MESAS monitoring report 2022 - alcohol sales.](#) Public Health Scotland.
- <sup>16</sup> Ferguson, K. et al. (2022). [Evaluating the impact of MUP on alcohol products and prices.](#) Public Health Scotland.
- <sup>17</sup> Booth, A. et al. (2008). [Independent Review of the Effects of Alcohol Pricing and Promotion Part A: Systematic Reviews.](#) University of Sheffield
- <sup>18</sup> O'Donnell, A. et al. (2019). Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18. *BMJ*, 366 :l5274.
- <sup>19</sup> Anderson, P. et al. (2021). Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. *The Lancet Public Health*, 6(8), e557-e565.
- <sup>20</sup> Holmes, J. et al. (2022). [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels.](#) The University of Newcastle Australia, The University of Sheffield, and Figure 8 Consultancy Services.
- <sup>21</sup> Hinchliffe, S. et al. (2022). [The Scottish Health Survey 2021 edition. Volume 1, Main Report.](#) Scottish Government.
- <sup>22</sup> World Health Organization (2022). [No place for cheap alcohol: the potential value of minimum pricing for protecting lives.](#)