

Consultation on introducing MUP in Northern Ireland

Response by the Institute of Alcohol Studies

We welcome the opportunity to respond to this consultation.

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. IAS is a member of the Alcohol Health Alliance UK (AHA), an alliance of more than 60 non-governmental organisations.

We support and endorse the AHA's response to this consultation.

We strongly support the policy aim to reduce alcohol harm, and believe that minimum unit pricing (MUP) for alcohol will have an impact on reducing alcohol-related harm.

There is strong evidence that alcohol harm is linked to affordability: the more affordable alcohol is, the more is consumed and thus the more harm is caused.¹ MUP is particularly effective at targeting cheap, high-strength alcohol, which is connected to the most harms.² Evidence from both Scotland and Wales has shown that the introduction of MUP has led to a reduction in alcohol sales; and, in Scotland, there has been a reduction in alcohol-specific deaths in the first year.³

To ensure the policy works most effectively, we strongly support implementing MUP along with a ban on promotions. The two policies complement each other and would work best together to reduce alcohol harm. We would also like to express concerns about the inclusion of self-regulation as a policy option. The alcohol industry's legal obligation to prioritise shareholders' returns over all other considerations creates too large of a conflict of interests to play a meaningful role in alcohol harm reduction.

It is important that MUP is set at a level at which it will be most effective. Modelling has consistently shown that a higher MUP has the potential to decrease alcohol harm more significantly.⁴ When deciding the level at which MUP will be set, the impact of inflation and how the effectiveness might deteriorate over time needs to be considered.

For instance, the effect of the current 50p MUP in Scotland has likely been eroded by inflation since the policy was approved by the Scottish Parliament in 2012. Based on the retail price index, an MUP of 50p in 2012 is equivalent to 61p in 2021.⁵ A

¹ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.](#)

² Black, H. et al. (2011). [The price of a drink: levels of consumption and price paid per unit of alcohol by Edinburgh's ill drinkers with a comparison to wider sales in Scotland.](#)

³ Giles, L. et al. (2021). [Using alcohol retail sales data to estimate population alcohol consumption in Scotland: an update of previously published estimates](#); Anderson, P. et al. (2021) [Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses](#); National Records of Scotland (2020). [Alcohol-specific deaths \(new National Statistics definition\) registered in Scotland, 1979 to 2019](#); Public Health Scotland (2020). [Alcohol related hospital statistics.](#)

⁴ Angus, C. et al. (2014) [Model-based appraisal of minimum unit pricing for alcohol in Northern Ireland: An adaptation of the Sheffield Alcohol Policy Model version 3.](#)

⁵ Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (2021). [Minimum Unit Price: Time to update.](#)

higher level of MUP in Northern Ireland would also reduce the potential price differences between Northern Ireland and the Republic of Ireland.

We further strongly support adapting the level of MUP over time, to ensure its impact is not eroded. Between 1987 and 2020, the affordability of beer in the off-trade sector more than tripled.⁶ It is evident that to maintain the impact of any price-based alcohol harm reduction measure, it must keep in line with the affordability of alcohol – and free of political pressures which might conflict with public health goals. This could be ensured by linking MUP rates to affordability/inflation, or by establishing an independent commission to review the rates.

For further information and detailed evidence, please see the response from the Alcohol Health Alliance UK.

⁶ The Institute of Alcohol Studies (2020). [Budget 2020 analysis](#).