

IAS response to Welsh MUP consultation 2025

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

- Yes
- No

Please provide any further information to support your views:

MUP is an evidence-based policy recommended by the World Health Organization and has been shown to reduce alcohol consumption, deaths, and hospitalisations in Scotland and reduce alcohol purchases in Wales, especially among heavy drinkers. It also contributes to reducing health inequalities. Allowing MUP to lapse would risk a resurgence of ultra-cheap, high-strength drinks and would undermine years of progress.

Evidence from Wales is limited but consistent with international findings. An 8.6% reduction in alcohol purchases was observed soon after MUP's introduction, with subsequent data showing slower increases and sharper declines in alcohol purchases in Wales compared to England. There is also some indication that the increase in alcohol-specific deaths post-pandemic was smaller in MUP-implementing nations (Scotland and Wales) than in England.

MUP removed large bottles of cheap, high-strength cider from the market, products which are disproportionately consumed by people with alcohol dependence. There is evidence that some switched from these products to consuming spirits instead, however this does not mean that the amount of alcohol consumed increased. In fact, as the per unit cost of alcohol would have been more expensive after MUP – whether it was consumed as cider or spirits – it is likely that consumption will have decreased among people with alcohol dependence.

The Welsh evaluation was not as comprehensive as Scotland's and did not specifically look at the impact of the policy on alcohol-specific deaths and hospital admissions. Decisions should therefore be largely informed by the Scottish evaluation, which has clearly identified MUP as an effective way of reducing alcohol-specific deaths and hospital admissions, which fell by 13.4% and 4.1% respectively following 2.5 years of implementation (saving an estimated 268 lives and averting 899 hospital admissions per year on average).

The Scottish Parliament recently voted unanimously to continue their MUP policy, and uprate it to 65p, highlighting broad political support for the measure. There was no public backlash from doing so either.

There was also little evidence that there were negative impacts from the policy, which were suggested before it was introduced, such as cross-border shopping, home production, or illicit alcohol sales.

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

- Yes
- No

Please provide any further information to support your views:

The current 50p threshold, set in 2020, has been eroded by inflation and would now only be worth just over 40p in real terms. In Scotland, MUP was uprated to 65p in 2024. A similar adjustment is needed in Wales to maintain the policy's effectiveness. Without uprating, MUP will lose its real-terms impact and fail to deter higher risk drinking. The price should be kept in line with inflation each year, as is supposed to happen with alcohol duty rates.

It makes sense to harmonise the rate with Scotland, and if this continues and England brings in the policy, there is an obvious price to set the policy at to provide consistency across Great Britain.

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?

Some people in low-income groups who drink heavily have reported greater financial strain, including sacrificing food or bills to fund alcohol. However, this behaviour pre-dated MUP and reflects the need for better access to treatment and wider support services, not cheaper alcohol. Research shows that alcohol harm is far more prevalent in more deprived areas, and evidence from Scotland indicates that deaths from alcohol fell the most in the most deprived communities following MUP's introduction – demonstrating that the policy can help reduce health inequalities.

The groups most likely to experience any short-term financial strain are the same groups that gain the greatest long-term health benefits. MUP is highly targeted, raising the price of only the cheapest, strongest drinks most associated with harm, while having minimal effect on moderate drinkers.

To maximise the positive impact and address any unintended consequences, MUP should be implemented alongside increased investment in alcohol treatment, mental health services, and community support, ensuring people have pathways out of risky drinking and associated financial pressures.

Question 4. What, in your opinion, would be the likely effects of the minimum unit pricing continuing and the price per unit increasing to 65p on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

N/A

Question 5. In your opinion, could the proposals be formulated or changed so as to:

- have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English

- **mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?**

N/A