

# Minimum Unit Pricing for Alcohol in Wales

June 2025

## 1. Background

- 1.** The *Public Health (Minimum Price for Alcohol) (Wales) Act 2018*<sup>1</sup> came into force on 2 March 2020. The Act introduced a ‘minimum unit price’ for the sale and supply of alcohol in Wales, and made it an offence for alcohol to be sold below that price.
- 2.** The Act was aimed at reducing alcohol-related harm by increasing the cost of cheap, high-strength, readily available alcohol which is often linked to harmful alcohol consumption and related health issues. It was intended to reduce the amount of alcohol being consumed by hazardous and harmful drinkers, whilst minimising impacts on moderate drinkers.
- 3.** The Act includes a ‘sunset clause’, which means that minimum unit pricing for alcohol will end in Wales in March 2026 unless the Welsh Government takes action to extend it. The Act also requires the Welsh Government to report on the operation and effect of the legislation five years after its implementation.
- 4.** In January 2025, the Welsh Government published the final reports of the independent evaluation<sup>2</sup> it had commissioned on the operation and effect of the Act. It is also undertaking a consultation to gather views on awareness of minimum unit pricing in Wales and its impact.

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<sup>1</sup> [The Public Health \(Minimum Price for Alcohol\) \(Wales\) Act 2018](#)

<sup>2</sup> Welsh Government, [Research into minimum pricing for alcohol](#), January 2025



## Recommendations

**Recommendation 1.** The Welsh Government should bring forward regulations providing for the continuation of minimum unit pricing for alcohol in Wales.....17

**Recommendation 2.** As part of any ongoing minimum unit pricing policy, the Welsh Government should continue to monitor and evaluate its implementation and effect. This should be stronger, and larger in scale than the previous evaluation and should include a longitudinal quantitative analysis of key outcomes, including hospital admissions and alcohol-related deaths..... 18

**Recommendation 3.** The Welsh Government should review the current minimum unit price for alcohol and, in setting any new price, should consider the administrative advantages of alignment with the minimum unit price in Scotland..... 18

**Recommendation 4.** The Welsh Government should establish a mechanism to regularly review and adjust the minimum unit price for alcohol, particularly in response to inflation, in order to ensure its continuing effectiveness. .... 18

**Recommendation 5.** The Welsh Government should ensure that any future monitoring and evaluation of minimum unit pricing for alcohol considers the impact of the policy on dependent drinkers on low incomes..... 19

**Recommendation 6.** As part of any continuation of minimum unit pricing, the Welsh Government should bring forward an updated substance use strategy as an important component in a whole-system approach to reducing alcohol-related harm. .... 19

**Recommendation 7.** Any future evaluation of minimum unit pricing should consider the impact of the policy on children and young people, including under-age drinking and the impact of alcohol on the lives of children and young people in households with one or more alcohol-dependent parents or guardians. .... 19

**Recommendation 8.** If the Welsh Government continues with minimum unit pricing, it should continue with, and strengthen, its public health messaging about:..... 20

- the purpose of the policy; and ..... 20
- the broader impact of excessive alcohol consumption on physical and mental health..... 20

**Recommendation 9.** As part of any ongoing policy, the Welsh Government should consider commissioning a large scale public attitudes survey to monitor ongoing public attitudes to minimum unit pricing. ....20

## 2. Our inquiry

**5.** On 21 January 2025, the Minister for Mental Health and Wellbeing wrote<sup>3</sup> to the Committee to inform us about the publication of the final evaluation reports on minimum unit pricing and to invite us to undertake our own review of the Act via a short call for evidence.

**6.** Following consideration of that letter, the Committee agreed to hold a short inquiry to inform a response to the Welsh Government's own consultation as part of its report on the operation and effect of minimum unit pricing for alcohol in Wales.

**7.** The Committee held a written consultation that ran from 12 March to 30 April 2025.<sup>4</sup> We received 20 responses.<sup>5</sup> As part of that consultation, we invited views on:

- the public understanding of minimum unit pricing for alcohol in Wales;
- the impact of minimum unit pricing for alcohol on groups including vulnerable and dependent drinkers, children and young people, and low income households;
- the impact of minimum unit pricing for alcohol on retailers and local authorities;
- the future of minimum unit pricing for alcohol in Wales, including whether it should continue and whether the current minimum unit price should be reviewed;
- the impact of minimum unit pricing for alcohol in Wales on alcohol treatment and support services and whether other policy approaches to alcohol-related harm should be considered or strengthened;
- the impact of minimum unit pricing on the risk of substituting alcohol for more dangerous and illegal substances.

**8.** We would like to thank all those who submitted their views to us.

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<sup>3</sup> PTN 5 - [Letter from the Minister for Mental Health and Wellbeing regarding Minimum Unit Pricing for Alcohol](#), 21 January 2025

<sup>4</sup> [Minimum Unit Pricing for Alcohol in Wales](#)

<sup>5</sup> [Minimum Unit Pricing for Alcohol in Wales](#) - consultation

### 3. Minimum unit pricing for alcohol

**9.** The implementation of the *Public Health (Minimum Price for Alcohol) (Wales) Act 2018* in March 2020 set a baseline price for the sale and supply of alcohol in Wales.

**10.** Calculating the minimum unit price for an alcoholic drink is done using a formula:

*Minimum Unit Price (50p) x strength (% Alcohol by Volume) x volume (litres)*

**11.** The minimum unit price in Wales is currently set at 50p<sup>6</sup>.

#### **The UK context of minimum alcohol unit pricing**

**12.** Minimum unit pricing was introduced in Scotland in 2018. Its evaluation concluded that it had a positive impact on health outcomes, namely a reduction in alcohol-attributable deaths and hospital admissions, particularly in men and those living in the most deprived areas. It also found no clear evidence of substantial negative impacts on the alcoholic drinks industry, or of social harms at the population level.

**13.** In April 2024, the Scottish Parliament voted to keep minimum unit pricing and to increase the minimum unit price from 50p to 65p per unit.

**14.** In October 2024, it was announced that Northern Ireland is also likely to introduce minimum unit pricing.

#### **Welsh Government evaluation of minimum alcohol unit pricing**

**15.** The Act places a duty on Welsh Ministers to publish a report on the operation and effect of MUP legislation five years after its implementation. The Welsh Government commissioned an independent evaluation of the legislation and the final reports were published in January 2025.

**16.** In summary, the independent evaluation found that its implementation had been “smooth and effective” and some cheap, strong alcohol had been removed

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<sup>6</sup> [The Public Health \(Minimum Price for Alcohol\) \(Minimum Unit Price\) \(Wales\) Regulations 2019](#)

from sale as a result. It found “some indicative evidence that overall, Welsh consumption was reduced” following the introduction of minimum unit pricing.<sup>7</sup>

**17.** There was also evidence to suggest that minimum unit pricing had a negative impact on drinkers on low incomes, causing financial strain, and with some “going without food or paying bills”.<sup>8</sup>

**18.** However, the independent evaluation also acknowledged the significant challenges of evaluating minimum unit pricing, given its implementation period included “austerity, changes in excise duty, cost of living crisis, COVID-19, cross border shopping opportunities, industry actors, inflation, and the limits of devolution (e.g., on alcohol marketing and licensing).” It also recognised that the evaluation of minimum unit pricing in Wales is “relatively modest” in scope and scale.<sup>9</sup>

## Our consultation findings

**19.** During our meeting on 21 May 2025, we considered the written evidence we received as part of our consultation. The main findings are summarised below according to theme.

### Public awareness of minimum unit pricing for alcohol

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**20.** The Institute of Alcohol Studies (IAS) described the “concerted effort” by the Welsh Government to communicate the purpose of minimum unit pricing at the time of implementation. The IAS said that “qualitative evidence shows that many people understood the basic concept” but “misconceptions remain.”<sup>10</sup>

**21.** As the Welsh Local Government Association (WLGA) highlighted:

*(...) with the impacts of the pandemic and more importantly the cost of living crisis the messaging is either not as strong or is no longer relevant to many people.*

*The wider implications of the cost of living crisis on individual and family finances, increased levels of poverty and the housing*

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<sup>7</sup> *Final Report – Review of the Introduction of Minimum Pricing for Alcohol in Wales*, Welsh Government, 15 January 2025

<sup>8</sup> *Final Report – Review of the Introduction of Minimum Pricing for Alcohol in Wales*, Welsh Government, 15 January 2025

<sup>9</sup> *Final Report – Review of the Introduction of Minimum Pricing for Alcohol in Wales*, Welsh Government, 15 January 2025

<sup>10</sup> Written evidence, MUP03

*and homelessness crisis all of which add to stress and pressure that people are under may have overtaken the narrative.”<sup>11</sup>*

**22.** Other respondents called for better public health messaging, both to raise awareness of minimum unit pricing and about the impacts of alcohol more generally. The Royal College of Psychiatrists Wales (RCPsych) stated:

*“the physical and mental health risks of excessive alcohol intake should continue to be prioritised (...) in the Welsh Government’s and NHS Wales’ public health messaging.”<sup>12</sup>*

**23.** Public Health Wales (PHW) suggested it would be helpful for the Welsh Government to undertake “a larger public attitudes survey to be able to track the attitudes to minimum unit pricing more effectively.”<sup>13</sup>

## **Impact of minimum unit pricing for alcohol**

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### **Alcohol related harm**

**24.** The implementation of minimum unit pricing for alcohol in Wales coincided with the Covid-19 pandemic. A number of respondents described the challenges of evaluating its impact when the broader picture was so “messy”. Alcohol Change UK said:

*“(...) in terms of direct evidence of the health benefits of MUP, it is fair to say that the findings have been encouraging at times but are not clear-cut. As the MUP evaluators in Wales and Scotland have noted, the picture is “messy” and the Covid-19 pandemic has been a major confounding factor in any analysis.”<sup>14</sup>*

**25.** There was a significant increase in alcohol-specific deaths during the years of the Covid-19 pandemic. Data published by the Office for National Statistics (ONS) in February 2025 shows that, in the four years from 2019 to 2023, deaths caused by alcohol misuse rose by 25% in Scotland, 42% in England, and 52% in Wales. There was a 15.6% increase in deaths in Wales between 2022 and 2023.

**26.** The Sheffield Addictions Research Group at the University of Sheffield said there was some evidence that the increase in alcohol-specific deaths in the years

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<sup>11</sup> Written evidence, MUP14

<sup>12</sup> Written evidence, MUP16

<sup>13</sup> Written evidence, MUP17

<sup>14</sup> Written evidence, MUP01

immediately following the introduction of minimum unit pricing was smaller in Wales and Scotland, which have implemented the policy, than in England. According to the Group:

*“this suggests that MUP reduced the negative impact of the Covid-19 pandemic on alcohol-specific deaths; however, it is only weak evidence as it does not account for other factors that may be driving the trend in deaths.”<sup>15</sup>*

**27.** Alcohol Change UK shared the findings of its own research in Wales, which showed that MUP had:

- Removed from sale two and three-litre bottles of high-strength, white cider;
- Removed many of the cheapest spirits from sale;
- Made it more difficult for supermarkets to offer multiple purchase discounts e.g. selling three bottles of wine for the price of two;
- In combination with changes to alcohol duty across the UK, pushed some producers to reduce the alcoholic strength of some of their drinks and/or to reduce container sizes.<sup>16</sup>

**28.** Alcohol Change UK said it was confident that these changes were likely to bring health benefits.<sup>17</sup>

**29.** The Sheffield Addictions Research Group said the evaluation programme for minimum unit pricing in Wales was substantially smaller than in Scotland and largely qualitative, meaning “there is a lack of robust evidence of the impact of MUP in Wales in several key areas, including the impact on alcohol sales, hospital admissions, deaths or crime.”<sup>18</sup>

**30.** Public Health Wales called for a

*“(…) longitudinal quantitative analysis to be able to judge the impact of the policy against outcomes such as hospital admissions, which could report in the short, medium and long*

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<sup>15</sup> Written evidence, MUP07

<sup>16</sup> Written evidence, MUP01

<sup>17</sup> Written evidence, MUP01

<sup>18</sup> Written evidence, MUP07

*term to be able to account for the time it would take for the impact to be shown in data.”<sup>19</sup>*

### **Vulnerable and dependent drinkers**

**31.** Alcohol Change UK claimed that the biggest change resulting from minimum unit pricing has been to the price of the cheapest, strongest ciders, or “white ciders,” which are mostly consumed by alcohol-dependent drinkers and have been found to have a particularly damaging effect on their health and behaviour. It said:

*“Prior to MUP, three-litre bottles of 7.5% white cider were on sale in Wales for as little as £3.99, or 18p a unit. With MUP at 50p a unit, those bottles – which contained 22.5 units of alcohol – could not be sold for less than £11.25. At that price, they became unsaleable and disappeared from the shelves.”<sup>20</sup>*

**32.** Alcohol Change UK said that three litre bottles of white cider had been replaced by 500ml cans. It describes this as a “a significant harm reduction measure” as 22.5 units of alcohol now costs £11.25 instead of £3.99 and must be bought in six 500ml cans. It said:

*“That’s six purchases and six drinking decisions. Put another way, it’s six inconveniences and six pauses for thought – six points at which it may not seem worth getting another can. This pausing and slowing of the drinking process both reduces harm and creates opportunities for professionals to come alongside people and support them into recovery.”<sup>21</sup>*

**33.** Other respondents pointed to evidence in the independent evaluation that some dependent drinkers changed their drinking habits to switch to spirits following the reduced availability of white cider. Betsi Cadwaladr University Health Board Substance Misuse Service reported that some of their patients had increased their daily consumption as a result.<sup>22</sup>

**34.** However, the Institute of Alcohol Studies (IAS) said:

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<sup>19</sup> Written evidence, MUP17

<sup>20</sup> Written evidence, MUP01

<sup>21</sup> Written evidence, MUP01

<sup>22</sup> Written evidence, MUP02

*“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 dependent drinkers.”<sup>23</sup>*

**35.** Alcohol Focus Scotland suggested that minimum unit pricing’s “greatest contribution to reducing alcohol dependence is by helping to reduce the risk of others becoming dependent in future” rather than having an impact on current dependent drinkers. It quoted a participant in a session with Borders in Recovery in 2024:

*“I don't think it will discourage the people that are in active addiction at the moment and people that are dependent on alcohol. But I think it's more about making sure that the next generation isn't following in their footsteps and nobody wants their children to grow up to be alcoholics.”<sup>24</sup>*

### **Children and young people**

**36.** Several respondents argued that the independent evaluation focused on adults and therefore did not provide any insights into the impact of minimum unit pricing on children and young people. Alcohol Change UK said more research was needed on the impact of minimum unit pricing in Wales on:

- underage drinking;
- the lives of children and young people living in households with one or more alcohol-dependent parents.<sup>25</sup>

**37.** The Royal College of Paediatrics and Child Health (RCPCH) (Wales) highlighted data showing that, while hospital admissions related to alcohol amongst children and young people have decreased over the last 10 years, school exclusions because of alcohol and drugs have increased.<sup>26</sup>

**38.** Public Health Wales said that 35.6% of young people aged 11 to 16 reported having consumed alcohol. RCPCH also said that parental substance or alcohol

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<sup>23</sup> Written evidence, MUP03

<sup>24</sup> Written evidence, MUP20

<sup>25</sup> Written evidence, MUP01

<sup>26</sup> Written evidence, MUP11

misuse was listed as a factor in 30% of cases for referral of children for care and support in 2023.<sup>27</sup>

**39.** Several respondents said that minimum unit pricing had the potential to have an effect on the lives of children and young people, given the impact that alcohol can have. However, overall, respondents were clear that this is an under-researched area.

### **Low income households**

**40.** The Royal College of General Practitioners (RCGP) Cymru Wales highlighted the inequality of alcohol-related harm:

*“The effects of alcohol harm fall disproportionately on men, older adults, and those living in the most deprived areas. Nearly two-thirds of alcohol-specific deaths occurred in men, and 67% of over 12,000 alcohol-related hospital admissions involved individuals aged 50 and over. People in the most deprived areas of Wales face hospitalisation rates nearly three times higher than those in more affluent communities. This inequality demands urgent and sustained intervention.”<sup>28</sup>*

**41.** The British Liver Trust said “the number of alcohol related liver disease diagnoses in Wales increased by 60% between 2002 (1,366) and 2021 (2,198) with diagnosis rates three times higher in the most deprived areas in Wales.”<sup>29</sup>

**42.** Scottish Health Action on Alcohol Problems (SHAAP) stated that minimum unit pricing has reduced health inequalities in Scotland by “saving more lives in Scotland’s most disadvantaged communities.”<sup>30</sup>

**43.** However, several respondents raised concerns about the financial impact of minimum unit pricing in Wales, particularly for dependent drinkers on low incomes. This echoed the independent evaluation, which found that minimum unit pricing had a negative impact by increasing financial strain on low-income people who are drinking heavily, and that this had sometimes led to going without food or not paying other bills.

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<sup>27</sup> Written evidence, MUP17

<sup>28</sup> Written evidence, MUP04

<sup>29</sup> Written evidence, MUP13

<sup>30</sup> Written evidence, MUP06

**44.** The Sheffield Addictions Research Group stated that people with alcohol dependence and low incomes experienced an increase in financial difficulties following the introduction of minimum unit pricing, which “led them to use strategies such as informal borrowing, running down savings and visiting foodbanks to continue purchasing alcohol.”<sup>31</sup>

**45.** The Betsi Cadwaladr University Health Board Substance Misuse Service said that some of its service users reported being unable to afford to buy alcohol, which could lead to increased risk and higher incidence of withdrawal-related health crises.<sup>32</sup>

**46.** The British Medical Association (BMA) Cymru Wales argued that the Welsh Government should “note the effect of the policy on certain populations of low income and heavy drinkers and ensure that its alcohol treatment, policy, and provision meet the needs of this group.”<sup>33</sup>

**47.** Alcohol Change UK said the answer to this problem was not cheaper alcohol but rather “better food support for people with alcohol problems”, such as enabling more people to access food banks and food pantries, ensuring that people receive all the benefits payments to which they are entitled, and supporting people with alcohol issues to eat more and better food.<sup>34</sup>

### **Retailers and local authorities**

**48.** Alcohol Change UK stated “MUP does not appear to be placing an unreasonable burden on retailers or local authorities.”<sup>35</sup>

**49.** The implementation and monitoring of minimum unit pricing is delivered by local authorities through Trading Standards teams to ensure compliance. The WLGA said:

*“Officers report that the new regulatory burden has not impacted significantly on their daily functions. However, officers have been required to understand and interpret the new legislation sufficiently, in order to inspect and advise businesses and premises owners to ensure compliance. Enforcement has*

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<sup>31</sup> Written evidence, MUP07

<sup>32</sup> Written evidence, MUP02

<sup>33</sup> Written evidence, MUP15

<sup>34</sup> Written evidence, MUP01

<sup>35</sup> Written evidence, MUP01

*been minimal, with just a few complaints received, and only one penalty notice issued.”<sup>36</sup>*

## **Future of minimum unit pricing for alcohol in Wales**

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**50.** Of the 18 respondents to the consultation who directly addressed the future of minimum unit pricing in Wales, all but one (the Wine and Spirit Trade Association (WSTA)) said that it should continue. Cancer Research UK said:

*“Removing MUP would present a rolling back of an effective, cost-effective and evidence-based public health measure to reduce alcohol harm, especially amongst people who drink the most.”<sup>37</sup>*

**51.** WSTA were concerned about the evidence base for the effectiveness of minimum unit pricing in reducing alcohol-related harm and did not “believe that MUP is an effective measure in tackling alcohol-related harm/deaths and therefore should not continue beyond the sunset clause in March 2026.”<sup>38</sup>

**52.** A number of respondents, whilst supportive of the continuation of minimum unit pricing, emphasised that it is neither a perfect policy, nor sufficient to address alcohol related harms.

**53.** RCGP described MUP as “a somewhat clunky bit of policy - essentially requiring consumers to pay a subsidy to the drinks industry.” It said that minimum unit pricing is justified as a “stopgap measure” by current constitutional limitations that prevent the Welsh Government from imposing a levy on alcohol units.<sup>39</sup>

**54.** A number of respondents expressed concern that, if minimum unit pricing was allowed to end in 2026, it may not be possible to implement again in future.

**55.** The British Liver Trust stated:

*“it is important to note that the Wales Act 2017 specifically designated sale and supply of alcohol as a matter for Westminster. This means that if MUP is allowed to lapse in Wales in 2026, it could be more problematic for the Senedd to reinstate it in future, potentially requiring permission from the*

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<sup>36</sup> Written evidence, MUP14

<sup>37</sup> Written evidence, MUP10

<sup>38</sup> Written evidence, MUP08

<sup>39</sup> Written evidence, MUP04

*UK Government, which could be refused if not aligned with Westminster's UK-wide policy goals.”<sup>40</sup>*

### **Reviewing the current minimum unit price**

**56.** A significant number of respondents who believed that minimum unit pricing should continue also said that it should rise to 65p, in line with minimum pricing in Scotland. They said that inflation following the Covid-19 pandemic has eroded its effectiveness at the current 50p rate.

**57.** Even WSTA, who were not in favour of continuing with minimum unit pricing, argued that if a decision was made to increase the minimum unit price for alcohol in Wales, “alignment with Scotland would be best”.<sup>41</sup>

**58.** Some respondents suggested that the minimum unit price should be kept under review and regularly adjusted to stay in line with inflation. The Sheffield Addictions Research Group said that the Welsh Government should develop and implement a mechanism for regularly increasing the MUP.<sup>42</sup>

**59.** SHAAP argued that the “polluter pays principle” should be applied to the sale of alcohol. This would mean that a levy should be implemented on alcohol retailers to recoup the earnings made by the alcohol industry from minimum unit pricing, which would then be used to uplift funding to alcohol treatment services.<sup>43</sup>

**60.** WSTA strongly opposed the suggestion of a levy, as it argued there is not enough evidence to show “MUP increases either turnover or profit, nor is it possible to predict how MUP might affect either metric for any given business. There is no fair or consistent formula that could be applied.”<sup>44</sup>

### **Impact of minimum unit pricing for alcohol in Wales on alcohol treatment and support services**

**61.** Respondents maintained that minimum unit pricing can only be one element of a broader package of substance misuse support and preventative measures to reduce alcohol related harm.

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<sup>40</sup> Written evidence, MUP13

<sup>41</sup> Written evidence, MUP08

<sup>42</sup> Written evidence, MUP07

<sup>43</sup> Written evidence, MUP06

<sup>44</sup> Written evidence, MUP08

**62.** Alcohol Change UK said:

*“there has been considerable investment in recent years in developing local services in Wales to help more people into recovery, and this needs to be sustained.”<sup>45</sup>*

**63.** It argued that these services “need to be engaging in assertive outreach” to reach those who most need support in their own settings.<sup>46</sup>

**64.** Betsi Cadwaladr University Health Board Substance Misuse Service reported an increase in referrals of individuals who were binge drinking or alcohol dependent. However, it said this increase “may be due to MUP or increased consumption of alcohol during Covid, or the rising cost of living.”<sup>47</sup>

**65.** The Sheffield Addictions Research Group said there was “no clear evidence that the MUP has affected the need for alcohol treatment or support services” in Wales. While making alcohol less affordable may have prompted some to seek treatment, it may also have helped others to reduce their consumption without treatment.<sup>48</sup>

**66.** Several respondents raised concerns about the availability and accessibility of alcohol treatment services in Wales. The Sheffield Addictions Research Group claimed that “alcohol treatment and support services remain difficult to access, poorly resourced and inadequate to meet the level of need in Wales.”<sup>49</sup> The RCPsych said the number of psychiatrists and other professions working in specialist addiction services needed to be increased to relieve existing workloads and enhance capacity.<sup>50</sup>

### **Other policy approaches to address alcohol related harm**

**67.** Aneurin Bevan University Health Board said:

*“Many people accessing alcohol services in Gwent have encountered trauma or adverse experiences in their past, resulting in current complex, co-occurring health and social care needs. As such, to reduce alcohol harms, the wider*

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<sup>45</sup> Written evidence, MUP01

<sup>46</sup> Written evidence, MUP01

<sup>47</sup> Written evidence, MUP02

<sup>48</sup> Written evidence, MUP07

<sup>49</sup> Written evidence, MUP07

<sup>50</sup> Written evidence, MUP16

*determinants which influence health and wellbeing must also be improved and a whole life-course approach taken.”<sup>51</sup>*

**68.** Respondents highlighted a lack of alcohol strategy, on both a Wales and UK level, to address alcohol related harm on a broader scale.

**69.** The British Liver Trust said:

*“(…) the UK has not had a new national alcohol strategy since 2012, and the picture of alcohol harm (as well as people’s drinking habits post-pandemic) has changed markedly since then. We therefore continue to call on the UK Government to bring forward a new UK alcohol strategy, with a range of policy initiatives tackling price, promotion and availability of alcohol, alongside bolstered treatment and support services to urgently tackle the growing alcohol harm crisis across the UK.”<sup>52</sup>*

**70.** In Wales, the ‘Working Together to Reduce Harm’ substance misuse strategy was in operation from 2008 to 2018, followed by a Substance Misuse Delivery Plan from 2019 to 2022. The Wales NHS Confederation said the “development of an updated national substance use strategy with clear cross-government commitments, roles, responsibilities, and appropriate resource allocation for prevention, early identification, and support services” was essential for a whole-system approach to tackling alcohol-related harms in Wales.<sup>53</sup>

**71.** BMA Cymru Wales argued that, given the mixed devolution settlement regarding alcohol and substance use, the Welsh and UK Governments should “act collectively where appropriate to address hazardous and harmful drinking in Wales.”<sup>54</sup>

### **Impact on substitution of alcohol for more dangerous and illegal substances**

**72.** The evaluations of minimum unit pricing in both Wales and Scotland found no evidence of drinkers substituting alcohol with more dangerous or illegal substances, and respondents to the consultation agreed that there was no evidence to suggest that this was an issue.

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<sup>51</sup> Written evidence, MUP05

<sup>52</sup> Written evidence, MUP13

<sup>53</sup> Written evidence, MUP19

<sup>54</sup> Written evidence, MUP15

## Our view

**73.** There was majority support amongst those who responded to our consultation for the continuation of minimum unit pricing for alcohol in Wales. As a Committee, we support this position, and the continued use of minimum pricing as a targeted public health improvement measure.

**74.** We consider it to be an important component of a wider harm-reduction approach to alcohol, particularly amongst those who drink at harmful levels. Further, we believe there is an important prevention element to the policy, aiming to reduce the risk of others becoming dependent drinkers in the future.

**75.** Having considered the independent evaluation, we were reassured to see that some of the main concerns about the minimum unit pricing legislation have been shown to be unfounded. The policy appears to have been implemented and enforced smoothly, without causing any undue burden for retailers. There is some indicative evidence that consumption of alcohol in Wales was reduced following the introduction of minimum unit pricing. Further, there seems to be no evidence of dependent drinkers turning to more dangerous, illegal substances.

**76.** However, it is clear that the full impact of minimum unit pricing on alcohol-related harm in Wales has been difficult to separate from the complex factors that affect alcohol consumption and its impacts, particularly given that implementation of the policy coincided with the onset of the Covid-19 pandemic. We note also that the evaluation itself was modest in scope and scale.

**77.** In light of this, we believe it is simply too soon to consider bringing minimum unit pricing to an end, particularly given the risk that it may be difficult to implement the same or a similar policy again in the future.

**78.** In supporting the continuation of minimum unit pricing, we believe it will be important for the Welsh Government to continue to monitor and evaluate its implementation and effect, and for this evaluation to be stronger and larger in scale than its predecessor. As part of this, we believe the Welsh Government should commit to ensuring that any future evaluation of minimum unit pricing will include a longitudinal quantitative analysis of key outcomes, including hospital admissions and deaths.

**Recommendation 1.** The Welsh Government should bring forward regulations providing for the continuation of minimum unit pricing for alcohol in Wales.

**Recommendation 2.** As part of any ongoing minimum unit pricing policy, the Welsh Government should continue to monitor and evaluate its implementation and effect. This should be stronger, and larger in scale than the previous evaluation and should include a longitudinal quantitative analysis of key outcomes, including hospital admissions and alcohol-related deaths.

**79.** In supporting the continuation of the policy, we have some more detailed comments on specific areas. These are set out below.

### **Reviewing the minimum unit price**

**80.** Should the Welsh Government choose to continue with minimum unit pricing, we believe it should review the current price of 50p per unit, particularly in response to inflation. Whilst we do not have a view on what the new price should be, we believe there are administrative advantages to alignment with the minimum unit price in Scotland.

**81.** Further, we believe that the Welsh Government needs to establish a mechanism to regularly review and adjust the minimum unit price to ensure its continuing effectiveness.

**Recommendation 3.** The Welsh Government should review the current minimum unit price for alcohol and, in setting any new price, should consider the administrative advantages of alignment with the minimum unit price in Scotland.

**Recommendation 4.** The Welsh Government should establish a mechanism to regularly review and adjust the minimum unit price for alcohol, particularly in response to inflation, in order to ensure its continuing effectiveness.

### **Dependent drinkers and low income households**

**82.** We were encouraged to hear the positive effect of minimum unit pricing on the availability of the largest bottles of cheap, strong alcohol, particularly white cider. We know these have tended to be mostly consumed by dependent drinkers and have been very damaging to health. We were concerned, however, to hear reports that some dependent drinkers may have switched to spirits as a result of a reduced availability of larger bottles of white cider, and we believe the Welsh Government needs to consider this further.

**83.** There is clear inequality when it comes to alcohol-related harm, with men, older adults and the most deprived areas being most profoundly affected. We were especially concerned by the worrying upward trend in alcohol-related

deaths in Wales, particularly in those deprived areas, with little, real understanding of the reasons for this.

**84.** We wish to draw to the Minister's attention the evidence we received about the negative financial impact of minimum unit pricing on low-income dependent drinkers. This was in line with the findings of the independent evaluation, and highlighted the issue of dependent drinkers on low incomes choosing to buy alcohol over other essentials, such as food and bills. We were concerned to hear reports of this, and believe it is an area that needs attention.

**85.** In light of the above, we believe there is a need for any future monitoring and evaluation of minimum unit pricing to consider the effects of the policy on low income and dependent drinkers. Further, there is a clear need for the Welsh Government to bring forward an updated substance use strategy, as part of a whole-system approach to harm reduction in this area.

**Recommendation 5.** The Welsh Government should ensure that any future monitoring and evaluation of minimum unit pricing for alcohol considers the impact of the policy on dependent drinkers on low incomes.

**Recommendation 6.** As part of any continuation of minimum unit pricing, the Welsh Government should bring forward an updated substance use strategy as an important component in a whole-system approach to reducing alcohol-related harm.

### **Children and young people**

**86.** Minimum unit pricing has the potential to have a really positive effect on children and young people, but the focus of the evaluation of the policy on adults has left an evidence gap.

**87.** As a result, we believe there is a clear and demonstrable need for greater research into the impact of minimum unit pricing on children and young people. This needs to consider both underage drinking, particularly given the worrying evidence of the rise in school exclusions due to alcohol, and the impact that alcohol has on the lives of children and young people in households with one or more alcohol-dependent parent.

**Recommendation 7.** Any future evaluation of minimum unit pricing should consider the impact of the policy on children and young people, including underage drinking and the impact of alcohol on the lives of children and young people in households with one or more alcohol-dependent parents or guardians.

## Public awareness

**88.** In terms of awareness of minimum unit pricing, we note that there seems to be a reasonable understanding amongst retailers of the purpose and intended effect of the policy. The broader public, however, seem less clear about this.

**89.** If the Welsh Government chooses to continue with minimum unit pricing, it will be important to continue the public health messaging alongside this, both to communicate the purpose of the minimum unit pricing policy, and to ensure the public are made more aware of the impacts of alcohol consumption, including the way that consumption of alcohol is promoted. Further, we believe the Welsh Government should consider commissioning a larger public attitudes survey to monitor ongoing public attitudes to minimum unit pricing.

**Recommendation 8.** If the Welsh Government continues with minimum unit pricing, it should continue with, and strengthen, its public health messaging about:

- the purpose of the policy; and
- the broader impact of excessive alcohol consumption on physical and mental health.

**Recommendation 9.** As part of any ongoing policy, the Welsh Government should consider commissioning a large scale public attitudes survey to monitor ongoing public attitudes to minimum unit pricing.