

**Alcohol: Minimum Unit Pricing (MUP): Continuation and Future Pricing:
SHAAP consultation response**

1. Do you think Minimum Unit Pricing (MUP) should continue?

- Yes
 No

2. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

- Yes
 No

3. We invite comments on the Scottish Ministers' proposal to continue MUP, and the proposed Minimum Unit Price of 65 pence.

Comment below

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.

SHAAP is wholly supportive of policies that aim to reduce deaths, ill health and other negative consequences of alcohol. Not only does the World Health Organization recommend pricing as a key way to reduce alcohol harms,¹ the recent Public Health Scotland evaluation programme of Minimum Unit Pricing (MUP) concluded that MUP: reduced population-wide alcohol consumption, reduced alcohol-attributable deaths and hospital admissions, was viewed positively by the public, and did not result in negative unintended consequences.² It is for this reason which we wholeheartedly support the continuation, as well as uprating, of MUP in Scotland.

Scotland's alcohol crisis – the current climate

Alcohol harms are one of Scotland's most pressing health and social issues, evidenced by the latest alcohol death figures from the National Records of Scotland (NRS). The figures show an increase from 1,245 alcohol-specific deaths in 2021 to 1,276 in 2022.³ Additionally, in 2021/22, there were 35,187 alcohol-related hospital

stays.⁴ This means that every day in Scotland, more than 3 people lose their lives and almost 100 more are hospitalised because of alcohol. All of these devastating harms are avoidable.

Alcohol contributes to Scotland's major health inequalities, as those living in the most deprived communities are worst affected: there are 4.3 times as many deaths from alcohol-specific causes in the most deprived communities as in the least deprived³ and anyone living in one of our most deprived areas is six times more likely to be hospitalised because of alcohol-related conditions.⁴

While these figures convey the scale of harm caused by alcohol in Scotland, they do not tell the whole story. These figures only include those deaths and admissions which are solely the result of alcohol. Taking account of the many other conditions, such as cancer and stroke, in which alcohol plays a role, gives a much higher figure. The statistics mask the damage and pain caused in the lives of people who are living with an alcohol problem, as well as that in the lives of their loved ones and in wider communities. This harm is immeasurable.

Alcohol harm also has major impacts on public services and the Scottish economy. Alcohol consumption is a causal factor for more than 200 disease and injury conditions and puts an immense strain on our overstretched NHS. Alcohol harm is estimated to cost the Scottish economy £5-10 billion every year.⁵

We are facing a public health crisis with alcohol which must be addressed with immediate and decisive action. A wide package of measures are required and MUP is an essential component which we cannot afford to lose, especially as alcohol harms continue to rise year on year and in light of the projected harms modelled by the Sheffield Alcohol Research Group.⁶

However, MUP must also be matched by other population-wide measures to reduce alcohol harms, such as comprehensive restrictions on the marketing and availability of alcohol, alongside an increased investment in alcohol treatment services.

MUP reduces harms

MUP was introduced in May 2018 with the aim of reducing-alcohol related harms through the mechanism of reducing population-wide consumption. The World Health Organization cites pricing policies as amongst the most successful and cost-effective measures to reduce alcohol-related harms.¹ MUP in Scotland has achieved its aim of reducing said harms – this has been clearly presented throughout the Public Health Scotland monitoring and evaluation of the policy:²

- **MUP reduces alcohol consumption**

MUP has delivered on its intended aim of reducing overall population consumption in Scotland, with a 3% decrease in alcohol sales within the first 3 years of implementation.² MUP has successfully targeted a reduction in consumption of cheap, strong alcohol products, which are associated with the most harms.

- **MUP reduces deaths**

Within 32 months of implementation, MUP reduced deaths wholly caused by alcohol by 13.4%² - equating to 156 fewer deaths every year purely because of the policy. MUP may have mitigated some of the pandemic's negative effects, as the rise in deaths since the pandemic in Scotland has not been as sharp as in England (22% rise in Scotland from 2019 to 2021, compared to 30% in England).⁷

- **MUP reduces hospitalisations**

Within 32 months of implementation, MUP reduced hospital admissions wholly caused by alcohol by an estimated 4.1%² - equivalent to 411 fewer hospital admissions per year. This relieves pressure on our overstretched health services.

In addition, MUP has reduced deaths and hospital admissions due to alcohol from conditions where alcohol is not the sole cause (such as cancers and heart disease), averting an additional estimated 112 deaths and 488 hospital admissions per year.⁸ We'll continue to see the effects of MUP into the future, as many health conditions caused by alcohol may take years to develop.

Therefore, **MUP saves an estimated 268 lives and 899 hospital admissions every year.**

- **MUP has reduced consumption of people drinking at higher levels**

MUP has succeeded in reducing the consumption of cheap, high strength alcohol products^{9,10} which were disproportionately consumed by people drinking above the low risk guidelines (hazardous and harmful drinkers) prior to the implementation of MUP.¹¹

Households that purchased the most alcohol prior to MUP also reduced their purchasing the most after implementation.^{9,2} The proportion of people drinking at hazardous levels decreased by 3.5%.¹² The evidence around harmful drinking is more mixed, but some harmful drinkers have reported cutting down their consumption due to MUP.¹²

It is important to understand that hazardous and harmful drinkers are entirely separate groups to dependent drinkers. MUP was not designed to target dependent drinkers. People who are dependent on alcohol require targeted and intensive support to help them into recovery. Unfortunately, alcohol treatment services are currently inadequate, with a 40% reduction in people entering treatment in the last decade.¹³ Alongside MUP, which is designed to prevent future generations from becoming dependent on alcohol, there is a need for urgent investment to improve capacity, quality and access to alcohol treatment. Funding for such investment could come from a levy on alcohol sales to take advantage of the increased retailer revenue generated by MUP (see below).

MUP reduces inequalities

As highlighted above, there are major health inequalities in the way in which alcohol harms are experienced in Scotland – with those living in the most deprived areas over four times more likely to die³ (and six times more likely to be hospitalised)⁴ because of alcohol, when compared to those living in the least deprived areas.

MUP helps to reduce inequalities by saving lives in Scotland's most disadvantaged communities. The lives saved by MUP so far have predominantly been among the 40% of people living in the most deprived areas, meaning that the policy is reducing alcohol-related health inequalities.²

No evidence that MUP has resulted in unintended consequences

Prior to the implementation of MUP, the alcohol industry forewarned of a series of potential 'unintended consequences' which may be realised. However, none of these have come to pass.

There isn't evidence of any significant increases in crime rates (such as theft or violence) or cross-border purchasing since the implementation of MUP.² Additionally, there is no evidence of a substitution from alcohol to drug use.²

Quantitative studies found no impact on household spend on food or nutritional value of food.² There is some qualitative evidence of impact of MUP at an individual level, particularly for individuals with alcohol dependence who are financially vulnerable.² However, as addressed above, MUP was not designed to target this group – who require targeted support for their recovery.

MUP has also done no damage to the Scottish economy or alcohol industry. Despite the fact that MUP does reduce the total volume of alcohol sold, this is offset by an increase in the average price of sale, resulting in little or no negative financial impact on the alcohol industry.² Additionally, reductions in the cost associated with alcohol harms (e.g. health care, policing, economic productivity) and related gains in economic productivity will financially benefit all sectors of the Scottish economy.⁵

MUP has also not penalised moderate drinkers. MUP targets low-cost, high-strength products specifically - which are the products most commonly consumed by heavy drinkers - and has little or no impact on the pricing of alcohol consumed by most moderate drinkers.¹⁴

The public support MUP

The Scottish public is supportive of MUP - recent polling found that more of the public are supportive of the policy than against: over 60% are either neutral or in favour of MUP.¹⁵

Renewing and optimising MUP

MUP has clearly delivered on its intended aim of reducing alcohol-related harms in Scotland, and it is essential that this policy remains in place as part of a package of measures to tackle Scotland's ongoing alcohol crisis. Now more than ever, as alcohol harms continue to increase, it is vital to renew and optimise the policy.

The recent modelling⁶ from the Sheffield Alcohol Research Group (SARG) included highly concerning projections of the increase in harms to be realised in light of the COVID-19 pandemic and resulting changes in alcohol-related behaviours. Keeping the MUP at 50p until 2040 is estimated to lead to an additional 1,076 deaths, 14,532 hospital admissions, 37,728 years of life lost and £17.4million additional NHS hospital costs over this period.⁶ It is essential that we mitigate against these projected harms and optimise MUP so that it prevents this loss of life.

As highlighted in the consultation paper, the SARG modelling investigates MUP, inflation, and the COVID-19 pandemic - setting out the predicted changes in alcohol-related harms if MUP were to be set at a series of levels between 40p and 80p.

SHAAP are calling for MUP to be updated to at least 65p, in order to optimise the policy in its ability to reduce harms and save lives. High levels of inflation since the policy has been introduced have significantly eroded the value of MUP and an uprating is essential to optimise the policy.

The Public Health Scotland evidence, alongside SARG modelling, demonstrates that MUP at 50p has clearly worked to reduce harms, but we know that high inflation means that 50p per unit is considerably less effective than when it was first introduced in Scotland in 2018, and even less effective than when it was first supposed to be implemented in 2012.

Based on the retail price index (RPI), 50p in May 2012 was equivalent to 58p when the policy was implemented in 2018, and equivalent to 77p in July 2023.¹⁶

The Sheffield analysis also shows that alcohol consumption is 2.2% higher than it would have been if the MUP level had risen in line with inflation since it was introduced in 2018.⁶

Sheffield researchers concluded that the level of MUP would need to rise from 50p to 61p just to maintain the same effectiveness of reducing harm (from 2018).⁶

The Sheffield modelling showed various impacts of different levels of MUP per unit:

- Changes in alcohol consumption within 1 year:⁶
 - removing MUP would *increase* consumption by 5.4%
 - increasing to 60p would reduce consumption by 6.7%
 - increasing to 70p would reduce consumption by 15.3%
 - increasing to 80p would reduce consumption by 24.6%
- Changes in all-cause mortality - within 1 year:⁶
 - removing MUP would result in 131 *extra* deaths
 - increasing to 60p would result in 130 less deaths
 - increasing to 70p would result in 278 less deaths
 - increasing to 80p would result in 435 less deaths
- Changes in alcohol specific deaths - within 1 year:⁶
 - removing MUP would result in 76 *extra* deaths
 - increasing to 60p would result in 77 less deaths

- increasing to 70p would result in 165 less deaths
- increasing to 80p would result in 261 less deaths

- Changes in hospital admissions within - 1 year:⁶
 - removing MUP would result in 1,751 *extra* hospitalisations
 - increasing to 60p would result in 1,732 less hospitalisations
 - increasing to 70p would result in 3,779 less hospitalisations
 - increasing to 80p would result in 6,015 less hospitalisations

- Changes in NHS hospital costs (£m) - cumulative over 5 years:⁶
 - removing MUP would result in £10m *further* costs
 - increasing to 60p would result in £10.9m less costs
 - increasing to 70p would result in £24.2m less costs
 - increasing to 80p would result in £38.7m less costs

It is clear from the above that to continue MUP but NOT uprate the level makes no sense as its benefits would dwindle year on year. Therefore, alongside our recommendation for MUP to remain and to be uprated to at least 65p, SHAAP recommends the introduction of an **automatic uprating mechanism**. This would mean that MUP maintains its effect and its relative level of affordability going forward.

Consideration should also be given to the implementation of a **levy** which would recoup the earnings made by the alcohol industry from MUP – this profit should instead be applied to tackling alcohol harms through services and treatment. Alcohol harms cost Scotland an estimated £5-£10 billion every year.⁵ The polluter pays principle should be applied to the sale of alcohol, meaning retailers should pay a levy – with funds going towards mitigating the health and social costs caused by the products they sell.

We know that industry earns significant profits from the sale of alcohol. These profits will have increased since the introduction of MUP, as although total off-trade sales have reduced by 3.5%, profit margins on many products have increased. The levy should be raised through a supplement on non-domestic rates for retailers and should apply to premises licensed to sell alcohol for consumption off the premises.

Scotland is facing a public health crisis with alcohol, which is devastating our communities. Alcohol deaths are rising year on year and the COVID-19 pandemic – and resulting changes to alcohol-related behaviours - has exacerbated this and widened health inequalities. *However*, MUP has been proven to have mitigated against this rise in deaths, particularly for those in the most deprived communities, which would have been even higher without the policy in place, and it is essential that we do not abandon this effective and progressive policy in a time of great need for action on alcohol harms and great strain on our NHS. We must maintain the policy and uprate it to at least 65p in order to optimise the policy's benefits and maximise the number of lives saved. Every death from alcohol is avoidable and we cannot continue to fail Scottish society by accepting these levels of avoidable harm as our reality.

References:

- ¹ World Health Organization (2018). <https://www.who.int/initiatives/SAFER/pricing-policies>
- ² Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)
- ³ National Records of Scotland (2023). [Alcohol-specific deaths 2022.](#)
- ⁴ Public Health Scotland (2023). [Alcohol related hospital statistics.](#)
- ⁵ Bhattacharya, A. (2023). [Getting in the spirit? Alcohol and the Scottish Economy.](#)
- ⁶ Angus, C. Morris, D. Leeming, G. *et al.* (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland.](#) University of Sheffield.
- ⁷ Office for National Statistics (2023). [Alcohol-specific deaths in the UK: registered in 2021.](#)
- ⁸ Wyper, G.M.A. *et al.* (2023). [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00497-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00497-X/fulltext) Public Health Scotland.
- ⁹ 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.
- ¹⁰ Ferguson, K. *et al.* (2022). [Evaluating the impact of MUP on alcohol products and prices.](#) Public Health Scotland.
- ¹¹ Booth, A. *et al.* (2008). Independent Review of the Effects of Alcohol Pricing and Promotion Part A: Systematic Reviews. University of Sheffield
- ¹² 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
- ¹³ Data can be accessed here: <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-19111>
- ¹⁴ World Health Organization. (2022). [No place for cheap alcohol: the potential value of minimum pricing for protecting lives](#)
- ¹⁵ Scottish Government. (2023). [Alcohol - minimum unit pricing: public attitudes research.](#)
- ¹⁶ Calculated 04/09/2023 using the approach set out in Bectu Freelance Research (29 March 2022). How to calculate inflation between two dates. Bectu Freelance Research <https://www.bectufreelance.org.uk/2022/03/29/how-to-calculate-inflation-between-two-dates/> and Office for National Statistics (16 August 2023). Consumer price inflation tables.