

Efficacy of Minimum Unit Pricing (MUP)

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.

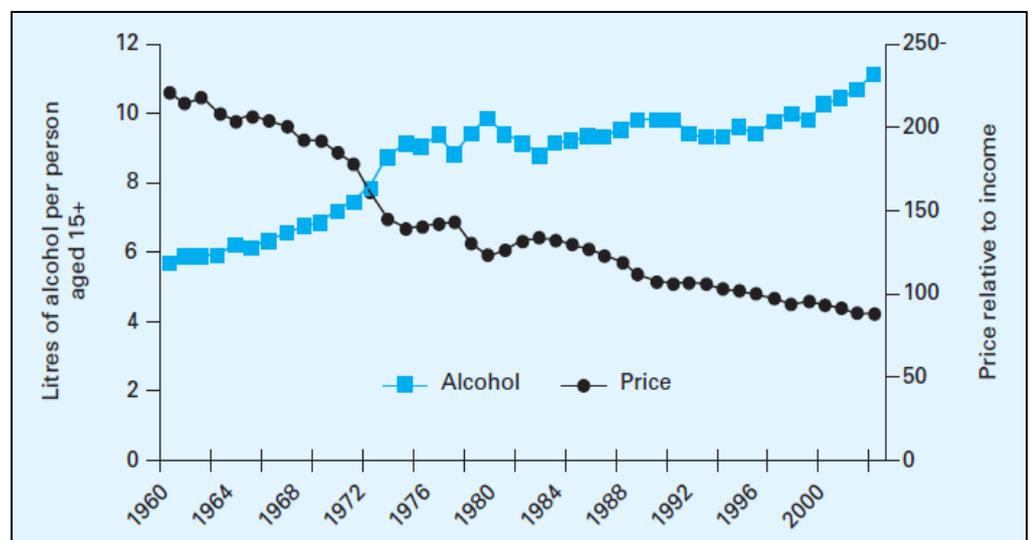
Every day in Scotland, more than 3 people lose their livesⁱ and almost 100 more are hospitalisedⁱⁱ because of alcohol. All of these harms are avoidable.

Background to MUP

Minimum Unit Pricing (MUP) was developed in response to Scotland's alarmingly high levels of alcohol consumption and related harms, especially in comparison to our neighbouring countries. In 2016, alcohol death rates were 54% higher in Scotland than in England and Wales,ⁱⁱⁱ with more than 3 people dying avoidable deaths from alcohol every day.

Policies which target the pricing of alcohol were (and continue to be) recommended by the World Health Organization as the most successful and cost-effective measures to reduce alcohol consumption and harms.^{iv}

This is because there is a direct relationship between the pricing of alcohol and harms: **when price of alcohol goes up, consumption (and therefore harms) come down** (and vice versa – see image^v).



Consumption of alcohol in the UK relative to its price, 1960-2002.

MUP was introduced in May 2018 with the aim: *“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.”*^{vi}

Results: efficacy of MUP

MUP in Scotland has achieved its aim of reducing harms – this has been clearly presented throughout the Public Health Scotland monitoring and evaluation of the policy^{vii}, which found:

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.^{vii} MUP has successfully targeted a reduction in consumption of cheap, strong alcohol products, which are associated with the most harms.

FAQ: If alcohol consumption has been reduced, has this damaged the 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.^{vii} Additionally, reductions in the cost associated with alcohol harms (e.g. health care, policing, economic productivity) and related gains in economic productivity benefit all sectors of the Scottish economy.

MUP reduces deaths

Within 32 months of implementation, MUP reduced deaths wholly caused by alcohol by 13.4%^{vii} - equating to 156 fewer deaths every year purely because of the policy.

FAQ: how can MUP be working if deaths are higher than before?

MUP has worked because deaths **would have been higher still without it** (+13.4%). In the first year of MUP being implemented, there was a 10% reduction in alcohol-specific deaths in Scotland. However, the pandemic dramatically affected drinking behaviours and worsened harms. MUP seems to have mitigated some of the pandemic's negative effects, as the increase in deaths since the pandemic in Scotland has not been as sharp as in England (22% increase in Scotland from 2019 to 2021, compared to 30% in England).¹

MUP reduces hospitalisations

Within 32 months of implementation, MUP reduced hospital admissions wholly caused by alcohol by an estimated 4.1%^{vii} - 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.^{viii}

In total, MUP is estimated to save 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^{ix,x} which were disproportionately consumed by people drinking above the low risk guidelines (hazardous and harmful drinkers) prior to the implementation of MUP.^{xi}

Households that purchased the most alcohol prior to MUP also reduced their purchasing the most after implementation.^{vii,xii} The proportion of people drinking at hazardous levels decreased by 3.5%.^{xii} The evidence around harmful drinking is more mixed, but some harmful drinkers have reported cutting down their consumption due to MUP.^{xiii} The evidence on harm - and specifically the reduction in the number of people dying from alcoholic liver disease - clearly demonstrates that harmful drinkers have reduced their consumption.

FAQ: has MUP affected dependent drinkers?

It is important to understand that **hazardous and harmful drinkers** are entirely separate groups to **dependent** drinkers.

Hazardous drinking = A pattern of alcohol consumption that increases an individual's risk of harm. Consumption at a level of more than 14 units a week, but fewer than 35 units a week for women. For men, alcohol consumption at a level of more than 14 units a week, but fewer than 50 units a week.

Harmful drinking = A pattern of alcohol consumption that is causing mental and/or physical harm to health. Generally indicated by alcohol consumption at a level of 35 or more units per week for women, and 50 or more units per week for men.

A minority of harmful drinkers develop physical and/or psychological dependence on alcohol. MUP was never expected to help these dependent drinkers who are a diverse group with complex needs. It is vital that additional support is considered for this group who make up about 1% of the Scottish population. Given the complex and long-standing issues which they face, they are likely to require intensive and individualised treatment and recovery support (which is why it is essential that MUP is part of a package of measures). However by reducing consumption in hazardous and harmful drinkers who make up more than 20% of the population, MUP is helping to prevent people developing dependence in the future.

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 retailers to take advantage of the increased revenue generated by MUP, in a "polluter pays" type model.

MUP reduces inequalities

There are major 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 dieⁱ and six times more likely to be hospitalisedⁱⁱ because of alcohol, when compared to those living in the least deprived areas.

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

No evidence that MUP has resulted in unintended consequences

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.^{vii}

Additionally, there is no evidence of a substitution from alcohol to drug use.^{vii}

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

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 amount spent on alcohol by most moderate drinkers.^{xiii}

Renewing and optimising MUP

MUP is delivering 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 modelling^{xiv} 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 £17.4 million additional NHS hospital costs over this period (when compared to if the MUP threshold was indexed to inflation throughout).^{xiv} It is essential that we optimise MUP so that it prevents this loss of life and the wider harms caused by alcohol.

SHAAP is calling for MUP to be updated to at least 65p, in order to optimise the policy's ability to reduce harms and save lives. High levels of inflation since the policy has been introduced (which have not been realised in alcohol prices) 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.

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.^{xv}

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.^{xiv}

The researchers concluded that the level of MUP would need to rise from 50p to 61p just to maintain the same effectiveness of reducing harm as at 2018.^{xiv}

Additional asks

It is clear from the above that to continue MUP but not uprate the level would be incoherent, as its impact would reduce until it became meaningless. 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.^{xvi} The polluter pays principle should be applied to the sale of alcohol, meaning retailers should pay a levy – accompanied by a corresponding uplift in funding for alcohol treatment services.

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, regardless of size.

Conclusion

Scotland is facing a public health crisis with alcohol, which is devastating individuals, families and 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. 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.

ⁱ National Records of Scotland (2023). [Alcohol-specific deaths 2022](#).

ⁱⁱ Public Health Scotland (2023). [Alcohol-related hospital statistics](#).

ⁱⁱⁱ Giles, L. & Robinson, M. (2017). [Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report](#) 2017. NHS Health Scotland.

^{iv} World Health Organization (2018). <https://www.who.int/initiatives/SAFER/pricing-policies>

^v Verill & Sheron (2005). [Alcohol-related harm--a growing crisis: time for action](#)

^{vi} Scottish Government (2018). [Final Business and Regulatory Impact Assessment. Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012. The Alcohol \(Minimum Price per Unit\) \(Scotland\) Order 2018](#).

^{vii} Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence](#).

^{viii} 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.

^{ix} 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.

^x Ferguson, K. et al. (2022). [Evaluating the impact of MUP on alcohol products and prices](#). Public Health Scotland.

^{xi} Booth, A. et al. (2008). Independent Review of the Effects of Alcohol Pricing and Promotion Part A: Systematic Reviews. University of Sheffield

^{xii} 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

^{xiii} World Health Organization. (2022). [No place for cheap alcohol: the potential value of minimum pricing for protecting lives](#)

^{xiv} Angus, C. Morris, D. Leeming, G. et al. (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland](#). University of Sheffield.

^{xv} 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.

^{xvi} Bhattacharya, A. (2023). [Getting in the spirit? Alcohol and the Scottish Economy](#).