AHA Submission: Senedd Cymru Consultation: Setting the minimum price of alcohol beyond 2026 (September 2025)

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

- Yes
- No
- Undecided

Please provide any further information to support your views:

The Alcohol Health Alliance UK (AHA) is an alliance of more than 60 non-governmental organisations dedicated to promoting evidence-based policies to reduce the harm caused by alcohol. Members include medical royal colleges, national treatment providers, and charities such as Cancer Research UK. A full list is available online.

The AHA advocates for evidence-based policies to limit the health, social and economic costs associated with alcohol. These include pricing policies, which are recommended by the World Health Organisation (WHO) as one of the most effective and cost-effective alcohol control measures[1]. MUP is one of these WHO-recommended pricing policies, and in its implementation so far in Scotland and Wales has already worked to good effect.

The AHA supported the Welsh Government's decision to implement a Minimum Unit Price (MUP) of 50p per unit of alcohol sold in Wales from 2020. The AHA is in favour of retaining MUP, as well as uprating the current MUP from 50p to 65p per unit, in line with Scotland who uprated their MUP to 65p from September 2024[2], to account for inflationary rises since 2020 on alcohol prices and ensure MUP remains as effective as possible at tackling the affordability of cheap alcohol. An automatic uprating mechanism would also ensure that the policy continues to keep pace with inflation.

The financial impact of alcohol harm on our NHS and wider economy is staggering. The OECD estimates that alcohol accounts for an estimated 3% of all health expenditure in the UK, equating to £8.3bn in 2021 alone.[3] In Wales specifically, every year alcohol leads to nearly 60,000 hospital admissions in Wales and costs NHS Wales an estimated £159 million.[4]

In addition, the most deprived areas continue to suffer the highest harms. In Wales, the rates of alcohol-attributable mortality are almost double for both men and women in the most deprived 20% of areas compared to the least deprived 20%. Similarly, alcohol-related admissions are around double in the most deprived 20% of areas in Wales compared to the least.[5]

The Welsh Government introduced a 50p minimum unit price (MUP) for alcohol on 1st March 2020, two years behind Scotland who introduced minimum unit pricing in 2018 (with a vote to maintain and uprate it in 2024).

[1] World Health Organisation (2017) Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases
[2] Public Health Scotland (2024) PHS welcomes increase in MUP to maintain effectiveness
[3] OECD (2021) Preventing Harmful Alcohol Use: Key Findings for the United Kingdom
[4] Welsh Government (2020) Press Release: Wales calls time on low cost, high strength alcohol
[5] Public Health Wales Observatory (accessed October 2019). Alcohol in Wales.

The Welsh MUP legislation sets out that MUP will come to an end if not renewed by March 2026.[6] However, 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 UK Government[7], which could be refused if not aligned with Westminster's UK-wide policy goals. This would limit the Welsh Government's ability to set alcohol control policies of their own should the current alcohol crisis escalate further in Wales.

MUP is an effective mechanism for managing alcohol pricing, ensuring that alcoholic products cannot be sold below a certain price per unit, and driving some of cheapest and most harmful products out of the national alcohol market entirely. Latest evidence available both from Wales and from other countries with a MUP such as Scotland indicate that this policy can be a powerful tool, particularly when deployed in combination with other alcohol control measures, in tackling alcohol harm rates including health harms, crime and disorder, and alcohol-specific deaths.

The AHA therefore fully supports the proposal to continue MUP in Wales and recommends increasing the minimum unit price to at least 65p per unit to reflect recent inflationary rises.

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

- Yes
- No
- Undecided

Please provide any further information to support your views:

We commend Wales for taking action on alcohol harm with MUP, particularly in lieu of robust national action from the UK government to tackle the UK-wide alcohol harm crisis.

The AHA fully supports the proposal to continue MUP in Wales and recommends increasing the minimum unit price to at least 65p per unit, in recognition that the effectiveness of the 50p MUP has been eroded over time by inflation. An automatic uprating mechanism would also enable the rate to keep pace with inflation longer-term, helping the policy to remain effective over time.

We recognise that efforts to evaluate the impact of MUP in Wales have been somewhat complicated by changes to alcohol behaviours and harms resulting from the Covid-19 pandemic. However, the overall impact of MUP in Wales is positive, with the Welsh evaluation concluding that the implementation of the policy has been successful. It highlighted a strong resonance with findings from the Scottish evaluations, which found that MUP led to a reduction in alcohol consumption, deaths and hospitalisations. Failure to uprate MUP would reverse the positive results seen so far. Furthermore, its discontinuation could fuel a detrimental escalation of alcohol harm in Wales. For example, modelling estimated that if MUP were to be removed in

[6] Legislation.gov.uk (2018) Public Health (Minimum Price for Alcohol) (Wales) Act 2018: Report and sunset provision: Section 22 (accessed online 04/04/2025)
[7] Legislation.gov.uk (2017) Wales Act 2017: Schedule 1 (accessed online 04/04/2025)

Scotland, there would be additional NHS hospital costs of £10m in the first 5 years, and £26.4m over 20 years."[8]

We do urge some caution around treating MUP as the silver bullet to tackle alcohol harm. Whilst studies in Scotland and Wales highlight promising data on the benefits of introducing a MUP, ideally this policy should be part of a wider package of measures to tackle alcohol harm. 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.

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?

The final evaluation report on minimum unit pricing (MUP) in Wales was published in January 2025[9]. This evaluation was less comprehensive than the evaluation of MUP in Scotland by Public Health Scotland (widely considered to be a gold standard in its robust evaluation of the policy in Scotland[10]). However, it still echoed a relatively positive view on the impact of the policy, concluding that "the results from the qualitative and quantitative research indicates that the implementation of the MPA [Minimum Price for Alcohol] policy in Wales has had the desired effect of decreasing the number of units of alcohol purchased by households."[11]

Whilst the Welsh evaluation didn't examine key health outcomes such as hospital admissions and alcohol-specific deaths, the Scottish MUP evaluation did look at these indicators and found that there was clear evidence of a significant reduction on alcohol-specific deaths (13%) and hospital admissions (4%) following the introduction of MUP.[12] MUP will also have relieved some of the pressure and costs on the NHS in the five years since implementation, particularly through reduced hospital admissions. Public Health Scotland estimated that the 899 hospital admissions averted each year due to MUP would have cost the NHS £890,000[13].

Public Health Scotland has also asserted that MUP has slowed the increase in alcohol-specific deaths seen across the UK since the pandemic[14], with Scotland experiencing a 25% increase in alcohol-specific deaths from 2019 to 2022, compared to a 42% increase in England.[15]

It is important to note that there are a number of factors that may have complicated the initial impact of MUP in Wales. The policy was introduced in March 2020, at the same time as the

[8] Angus, C. et al. (2023). *New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report.* University of Sheffield.
[9] Welsh Government (2025) Evaluation of the minimum price for alcohol in Wales: research with retailers and quantitative analysis
[10] Gilmore, I. et al. (2023) Commending Public Health Scotland's evaluation of minimum unit pricing. *The Lancet*, Volume 402
[11] Welsh Government (2025) Evaluation of the minimum price for alcohol in Wales: research with retailers and quantitative analysis
[12] Wyper GMA, Mackay DF, Fraser C, et al. (2023) Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study. Lancet
[13] Public Health Scotland (2023). *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.*
[14] Public Health Scotland (2024) PHS Welcomes Plans to Continue Minimum Unit Pricing for Alcohol - News - Public Health Scotland, 9 February 2024
[15] Bokhari FAS, Chakraborty R, Dobson PW, Morciano M. (2024) Lockdown drinking: the sobering effect of price controls in a pandemic. *Economic Inquiry.*

onset of the Covid-19 pandemic and the various associated lockdowns, which we know affected both drinking patterns and hospital presentations.

Recent figures show a rise in alcohol-specific deaths in Wales (increasing by 52% between 2019 and 2023[16]). Whilst this is possibly in part a result of continuing impacts of the pandemic, there are other factors that need to be considered in rising alcohol harm rates in Wales that MUP alone is unable to tackle. For example, ONS figures in Wales show that men consistently account for more than 60% of alcohol-specific deaths in Wales[17], and that rates are also far higher in former industrial areas than in Wales' rural areas and cities[18], indicating other factors at play in the rise of alcohol harm such as poverty and other regional inequalities.

Post-Covid inflationary rises also meant that the impact of a 50p MUP was potentially undermined early-on. We therefore support calls to uprate Wales' MUP to 65p to take account of inflationary changes since the measure was introduced in 2020.

Another important aspect to consider is the impact of MUP in Wales on the alcohol market itself, and what consumers were purchasing. Alcohol Change UK recently highlighted these post-MUP changes in Wales in more detail:

"The most obvious impact of MUP in Wales has been on the availability of the cheapest strongest drinks – such as the "white ciders" often favoured by chronically alcohol-dependent drinkers. To give just one example, a 3-litre bottle of a well-known 7.5% cider was on sale in Wales before MUP for £3.99. With MUP at 50p a unit, that bottle – which contained 22.5 units of alcohol – could not be sold for less than £11.25. At that price, it became unsaleable. As a result, 3-litre and 2-litre bottles of strong cider have been replaced on the shelves by 500ml cans. This may seem like a small change but it's a significant harm reduction measure, slowing consumption for the most vulnerable drinkers by increasing the number of "drinking increments". MUP has also removed many of the cheapest spirits from the market, while making it more difficult for supermarkets to offer multiple purchase discounts, such as three bottles of wine for the price of two. The minimum price doesn't ban these discounts, but it does mean that they can't take the price of any item below the MUP threshold."[19]

Multi-buy discounts typically encourage consumers to purchase (and therefore consume) more alcohol than they would otherwise have intended to. The impact of MUP on reducing these discount incentives, alongside changes in both the price and overall availability of cheap, high-strength drinks such as white ciders (nicknamed 'murder in a can' by some organisations including Thames Reach[20] working with the most vulnerable drinking populations such as street homeless drinkers) is a positive change in protecting people in Wales from alcohol harm.

We support responses submitted by members with experience of the impacts of MUP on the ground in Wales, such as Alcohol Change UK. These responses outline the impacts of MUP in Wales in more detail.

[16] ONS (2025) Alcohol-specific deaths in the UK: registered in 2023
[17] ONS (2025) Dataset: Alcohol-specific deaths in the UK
[18] ONS (2025) Dataset: Alcohol-specific deaths in England and Wales by local authority
[19] Alcohol Change UK (2025) Latest Welsh research shows minimum pricing remains a cornerstone of alcohol harm reduction *Blog published on ACUK website*
[20] Nicholas, M. (2017) Murder in a can – *Blog, published on Institute of Alcohol Studies website*

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.

No AHA response provided for this question.

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?**

No AHA response provided for this question.