

Alcohol: Minimum Unit Pricing (MUP): Continuation and Future Pricing: Consultation

Analysis of responses

February 2024

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Executive Summary

A public consultation ran from 20 September to 22 November 2023 to gather views on the Scottish Government's proposals to continue Minimum Unit Pricing (MUP) for alcohol beyond April 2024 and to increase the minimum unit price to 65 pence. In total, 545 consultation responses were received from 432 individuals and 113 organisations. Organisational responses, which were typically supportive of the proposals, often left lengthy responses covering multiple themes.

Quantitative analysis

Two fifths of all respondents (39%) supported MUP continuing, three fifths (59%) were opposed, and 2% did not answer. There were, however, significant differences between individuals and organisations. Just over one quarter (27%) of individuals supported MUP continuing, compared to nine in ten (88%) organisations. All public health organisations who responded to the consultation agreed MUP should continue; however, 83% of alcohol industry representative bodies and 60% of alcohol producers were opposed.

One third of respondents (32%) agreed with the proposed minimum unit price of 65 pence. Two thirds (66%) disagreed, and 2% did not answer. Individuals and organisations held almost exactly opposing views. While 79% of individuals disagreed and 19% agreed, among organisations 79% agreed and 17% disagreed.

Most respondents held firm views either for or against MUP. One third (32%) supported a continuation and a price increase, while three fifths (59%) opposed both proposals. However, 7% were in favour of MUP continuing, but opposed to the specified price.

Opposing views

The most prevalent theme in open comments was that the proposal would increase the financial burden on people, particularly those on low incomes. It was mostly unclear whether respondents were referring to continuing MUP, the proposed price increase, or both. The second most common theme was that increasing the minimum unit price would not reduce consumption among people with alcohol dependence.

Many respondents argued that there was insufficient evidence to justify the proposals or that the existing evidence is selective, biased, misleading or flawed. In addition, many respondents, primarily individuals, expressed a more direct view that MUP had not worked or had had minimal impact. It was variously described as a failure, ineffective, flawed, unfair and having had no effect on reducing alcohol-related health issues or deaths.

Overlapping with the theme of an increased financial burden, many respondents argued that the proposal to increase the minimum unit price was unfair to moderate or social drinkers. Other negative impacts raised by many included a view that continuing MUP or increasing the minimum unit price would result in further unintended harm if hazardous and harmful drinkers could no longer afford more expensive alcohol, and negative impacts on businesses such as hospitality and retail, including job losses. Several respondents suggested the proposals represented overreach by the Scottish Government into people's personal lives, or noted concerns that the money raised from MUP went to retailers, which they felt was inappropriate.

Supporting views

Many respondents felt the available evidence showed that MUP has been effective. This was the most prevalent supportive theme overall, followed by explicit comments that MUP should continue. Around three quarters of respondents in both themes were organisations. Several others made more general comments, expressing their view that the policy was worthwhile, successful, and a good idea and should continue.

Three themes were commonly raised by those who supported an increase in the minimum unit price. Many felt the proposed price of 65 pence per unit (ppu) was correct, or stated that it should be 'at least' 65ppu. Over two thirds of respondents who expressed this view were organisations, including coordinated responses from public health organisations and members of the European Alcohol Policy Alliance. This was the third most prevalent theme in responses from organisations. Secondly, a recommendation that the minimum unit price should rise over time was made by many respondents. Thirdly, some respondents explicitly agreed in their comments that the minimum unit price should increase.

Many respondents, particularly public health and third sector organisations, highlighted that policies aiming to reduce alcohol consumption, including MUP, can lead to positive improvements in health and wellbeing. These comments detailed how reducing alcohol consumption can improve public health, address health inequalities, help to reduce the burden on public services, improve other non-health-related, aspects of quality of life, and support early intervention and prevent future hazardous and harmful drinking.

In addition to the positive impacts on public health, other respondents expressed support for MUP on the basis of a lack of negative impacts or unintended consequences since it was implemented, or the positive economic impact of the policy. Some viewed MUP as a progressive model of best practice which had demonstrated Scotland's global leadership.

Other themes

The role of MUP as part of a wider strategy was explored in many comments covering three themes. A call for more support for hazardous and harmful drinkers was made by many; this was the fifth most prevalent theme overall, spanning both individuals and organisations, and those in support of and opposed to continuing MUP. Many respondents advocated for a wide suite of measures to address Scotland's relationship with alcohol. Around three quarters of those who expressed this view supported the continuation of MUP, with many seeing it as an integral part of Scotland's existing alcohol harm reduction strategy. Some respondents advocated for greater efforts to address the underlying reasons why people drink alcohol at hazardous and harmful levels.

Some respondents, most of whom favoured MUP continuing, called for more research and evidence into the effectiveness and impact of MUP, or for more engagement and consultation with the people and sectors most affected by the policy.

Conclusions

Many individuals and stakeholders with detailed knowledge took part in the consultation. They shared mixed views on the impact of MUP since it was introduced, and on whether it should continue at a higher minimum unit price, with higher support for the proposals evident among organisations than among individuals.

1. Introduction

Background

The Alcohol (Minimum Pricing) (Scotland) Act 2012 enabled Scottish Ministers to introduce a system of minimum unit pricing (MUP) for alcohol. This was first implemented on 1 May 2018, with the minimum price of alcohol set at 50 pence per unit (ppu). An evaluation of the first five years of MUP, led by Public Health Scotland (PHS), was published on 27 June 2023.

The 2012 Act states that the MUP provisions will expire after being in place for six years (30 April 2024) unless the Scottish Ministers legislate to continue their effect.

The Scottish Government is considering extending minimum unit pricing for alcohol beyond its initial phase and has proposed increasing this to 65 pence per unit (ppu) beyond the initial expiration date. A [public consultation](#) was open from 20 September to 22 November 2023. The consultation contained three questions to gather views on this proposal:

Q1. Do you think Minimum Unit Pricing (MUP) should continue? (Yes / No)

Q2. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence? (Yes / No)

Q3. We invite comments on the Scottish Ministers' proposal to continue MUP, and the proposed Minimum Unit Price of 65 pence. (Open)

Respondent profile

In total, 545 consultation responses were received¹. Almost all were submitted via the online consultation platform Citizen Space. Those received in an alternative format, for example, an email or PDF document, were uploaded to the Citizen Space by the Scottish Government and were included in the analysis.

Individuals provided 432 responses to the consultation; the remaining 113 were from organisations. More information about respondents, including the types of organisations who participated, is provided in Chapter 2.

Analysis approach

The Lines Between was commissioned to provide a robust, independent analysis of the responses to the public consultation. The primary purpose of consultation analysis is to understand the full range of views expressed, not to quantify how many people held particular views. This report provides a thematic analysis of responses based on the analysis approach outlined below.

¹ A further seven duplicate responses were identified and removed during the data checking process.

Quantitative analysis

Two closed consultation questions asked respondents whether they agreed or disagreed with the proposals. The first sought to identify whether respondents felt the MUP provisions should be extended beyond its initial period, and the second queried whether the minimum unit price should increase from 50p to 65ppu.

Each table in this report shows the number and percentage of responses to each question at a total sample level and is broken down by individual and organisational responses. Please note that figures in the tables may not add to 100% due to rounding.

Qualitative analysis

Qualitative analysis identifies the key themes across responses to each question. The analyst team developed a draft coding framework based on a review of the consultation questions and a sample of responses. New codes were created during the full coding process if additional themes emerged.

Where appropriate, quotes from a range of participants are included to illustrate key points and provide useful examples, insights and contextual information. In some instances, these quotes are long, but they have been included to ensure the detail and complexity of the points raised are reflected accurately.

Reflecting the large number of people who took part, it is not possible to detail every response in this report; a few organisations shared lengthy submissions reflecting their specific subject matter expertise. These responses are referenced where possible. Full responses to the consultation, where permission for publication was granted, can be found on the [Scottish Government's website](#).

When reviewing the analysis in this report, we would ask the reader to consider:

- Public consultations invite everyone to express their views; individuals and organisations interested in the topic are more likely to respond than those without a direct or known interest. **This self-selection means the views of respondents do not necessarily represent the views of the entire population.**
- As there was only one open question inviting comments, respondents frequently raised many points within their answers. These points have been coded into discrete themes to allow as much detail as possible to be presented in this report. However, we acknowledge that there is an overlap between some themes.
- In many cases, respondents did not specify whether their comment was solely in relation to continuing MUP, increasing the minimum unit price, or both. Where possible, we have referred back to the results of the quantitative questions to provide more context. For example, many commented that it was unfair on moderate drinkers, but it was unclear whether they were referring to the overall approach of MUP or a price increase.
- Qualitative comments do not always align with the results of the quantitative questions. For example, respondents may have expressed support for continuing MUP in Q1, but caveated their support or suggested areas for improvement in Q3.

- Three groups of coordinated ‘campaign plus’ responses were identified. This is where responses include identical or very similarly worded sections, plus additional text personalised by the respondent. More information about these responses is provided in Chapter 2. In the analysis process, all responses in each of these groups have been treated separately and the full content of all responses has been analysed.
- While there are other instances of organisations using similar wording in elements of their response, this is often the case where a respondent shares or endorses the same views as an organisation which has made its response public before the consultation closes.

Weight of opinion

For ease of reading and interpretation, this report presents themes in order of how frequently they appear in comments. We begin with the theme of opposition to MUP, followed by supportive views and then other themes. Each chapter is structured thematically, describing the themes identified in responses from most to least commonly identified. All themes, including views shared by small numbers of respondents, are covered; an insightful view expressed by a very small number of participants is not given less weight than more general comments shared by a majority.

Similarly, all responses have an equal weighting. We recognise this means a response from an individual has the same weight as a response from an organisation which may represent many members. This means there is no subjective interpretation of the relative weight or merit of one stakeholder’s response over another; however, any patterns in views expressed, for example, by organisation type, are highlighted in the analysis.

Qualitative analysis of open-ended questions does not permit the quantification of results. However, to assist the reader in interpreting the findings, a framework is used to convey the most to least commonly identified themes in responses to each question:

- The most common / second most common theme; the most frequently identified.
- Many respondents; more than 50 respondents, another prevalent theme.
- Several respondents; 31-50, a recurring theme.
- Some respondents; 11-30, another theme.
- A few / a small number of respondents; <10, a less commonly mentioned theme.
- Two / one respondents; a singular comment or a view identified in two responses.

2. Overview of respondent profile and responses

This chapter details the number and type of respondents who participated in the consultation and outlines the overall nature of their responses.

Total sample

A total of 545 consultation responses were received from 432 individuals and 113 organisations.

Listed below are the 10 most prevalent themes at a total sample level, from most to least commonly mentioned, regardless of whether the theme is positive or negative. This is to provide an understanding of prevalence across the total sample.

- An additional financial burden created either by MUP or by a price increase
- Will not deter people with alcohol dependence
- The available evidence has not proven that MUP is effective
- Unfair to moderate drinkers
- Need for more targeted action and support
- Support for a wide range of alcohol harm prevention measures, in some cases including MUP
- General comments that MUP does not work
- Evidence shows MUP has been effective
- Explicit support for continuing MUP
- Agreement with 65 pence per unit

Individuals

Individual members of the public represented 79% of respondents; their views drive the prevalence of specific themes at a total sample level.

Individuals typically left shorter responses to the open-ended questions (Q3). Over four fifths (86%) left a comment, using fewer than 100 words on average. In line with the quantitative results detailed in Chapter 3, responses from individuals were typically more negative about continuing MUP and increasing the price per unit to 65p.

Coordinated response - Brewing, whisky and spirits sector: Thirteen individuals provided the same or similar wording at Q3. Their response explained that as a worker in the sector, they felt MUP must be scrapped. Half of this group of respondents went on to provide additional detail, which was coded thematically with other open comments made in response to this question.

The 10 most prevalent themes among individuals, from most to least mentioned, were:

- An additional financial burden created either by MUP or by a price increase
- Will not deter people with alcohol dependence
- Unfair to moderate drinkers
- General comments that MUP does not work
- The available evidence has not proven that MUP is effective
- Need for more targeted action and support
- General criticism of the Scottish Government and SNP
- Increased negative impacts or unintended consequences
- Explicit opposition to MUP continuing
- Wider negative impacts on business

Organisations

Responses from organisations represent 21% of the sample. Organisations were asked in their Respondent Information Form to classify the nature of their work from a pre-selected list of options. The analyst team reviewed these responses and determined how to group respondents for analysis purposes. Table 2 shows the number of each type of respondent and the percentage of the total sample each group represents.

Table 2: Sectoral classification

	No. of respondents	% of all respondents	% of organisations
All respondents	545	100%	-
Organisations	113	-	100%
Public Sector Health Organisation	23	4%	20%
Third Sector Health Organisation	21	4%	19%
International organisation	20	4%	18%
Retail, including representative bodies and hospitality	10	2%	9%
Professional / Membership body / Trade Union	9	2%	8%
Other Third Sector	7	1%	6%
Alcohol Industry Representative body	6	1%	5%
Academia	5	1%	4%
Alcohol producer	5	1%	4%
Local Government body	4	1%	4%
Other	3	1%	3%

Organisations often provided long, detailed responses to the open-ended questions (Q3); some raised complex points, or referenced sources or research in support of their views. Nine out of ten organisations (90%) made a comment, using over 800 words on average.

Responses from organisations were generally more positive about continuing the MUP provisions and about increasing the price per unit to 65p. However, views varied considerably depending on the nature of each organisation's work; areas of divergence are highlighted in the analysis.

The 10 most prevalent themes among organisations, from most to least mentioned, were:

- Evidence shows MUP has been effective
- Support for a wide range of alcohol harm prevention measures, in some cases including MUP
- Improving public health
- Agreement with 65 pence per unit
- Explicit support for continuing MUP
- Minimum unit price should rise over time
- Reducing health inequalities
- Need for more targeted action and support
- Other comments on alcohol consumption in Scotland
- General support for MUP

Coordinated response - European Alcohol Policy Alliance (Eurocare): Sixteen international organisations who responded to the consultation were identified as members of the European Alcohol Policy Alliance. All 16 supported the continuation of MUP and the increase in the minimum unit price. Five organisations did not leave an open comment. Of the remaining 11, six provided a similarly worded, detailed response outlining the reasons for their support of MUP.

It should be noted that Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (SHAAP) are also members of the European Alcohol Policy Alliance. Both submitted their own responses to the consultation, the latter of which was endorsed by a small number of other respondents.

Coordinated response - Public health organisations: Six public health organisations, all in favour of continuing MUP and increasing the minimum unit price, submitted a similarly worded response to the consultation. These organisations were the Scottish Directors of Public Health, The Special Interest Group for Alcohol, NHS Highland, Highland Alcohol and Drugs Partnership, Dumfries and Galloway Alcohol and Drug Partnership (DGADP) and the Public Health Directorate NHS Highland. Their detailed responses outlined multiple points concerning the positive impact of MUP on public health, as well as their insight and recommendations to the Scottish Government.

3. Quantitative analysis

This chapter presents the results of the two quantitative consultation questions.

Q1. Do you think Minimum Unit Pricing (MUP) should continue?

Table 3: Q1 quantitative results

	Total		Yes		No		No answer	
	n=	n=	%	n=	%	n=	%	
All respondents	545	214	39%	321	59%	10	2%	
Individuals	432	115	27%	309	72%	8	2%	
Organisations	113	99	88%	12	11%	2	2%	
Public Sector Health Organisation	23	23	100%	-	0%	-	0%	
Third Sector Health Organisation	21	20	95%	1	5%	-	0%	
International organisation	20	20	100%	-	0%	-	0%	
Retail, including representative bodies and hospitality	10	8	80%	2	20%	-	0%	
Professional / Membership body / Trade Union	9	7	78%	1	11%	1	11%	
Other Third Sector	7	7	100%	-	0%	-	0%	
Alcohol Industry Representative body	6	1	17%	5	83%	-	0%	
Academia	5	5	100%	-	0%	-	0%	
Alcohol producer	5	2	40%	3	60%	-	0%	
Local Government body	4	4	100%	-	0%	-	0%	
Other	3	2	67%	-	0%	1	33%	

Among all respondents, 39% supported MUP continuing, 59% were opposed and 2% did not answer.

There were, however, significant differences between individuals and organisations. Just over one quarter (27%) of individuals supported MUP continuing, compared to almost nine in ten (88%) of organisations.

All public health sector organisations, international organisations, non-health third sector organisations, academic bodies and local government bodies responding to the consultation agreed MUP should continue. A clear majority of most other sectors were also supportive, with only a small number of organisations opposed.

However, 83% of alcohol industry representative bodies and 60% of producers were opposed.

Q2. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

Table 4: Q2 quantitative results

	Total	Yes		No		No answer	
	n=	n=	%	n=	%	n=	%
All respondents	545	173	32%	361	66%	10	2%
Individuals	432	84	19%	342	79%	6	1%
Organisations	113	89	79%	19	17%	5	4%
Public Sector Health Organisation	23	22	96%	1	4%	-	0%
Third Sector Health Organisation	21	19	90%	1	5%	1	5%
International organisation	20	20	100%	-	0%	-	0%
Retail, including representative bodies and hospitality	10	4	40%	5	50%	1	10%
Professional / Membership body / Trade Union	9	6	67%	1	11%	2	22%
Other Third Sector	7	6	86%	1	14%	-	0%
Alcohol Industry Representative body	6	1	17%	5	83%	-	0%
Academia	5	5	100%	-	0%	-	0%
Alcohol producer	5	1	20%	4	80%	-	0%
Local Government body	4	4	100%	-	0%	-	0%
Other	3	1	33%	1	33%	1	33%

One third of respondents (32%) agreed with the proposed minimum unit price of 65 pence. Two thirds (66%) disagreed and 2% did not answer.

Individuals and organisations held almost exactly opposing views. While 79% of individuals disagreed and 19% agreed, among organisations 79% agreed and 17% disagreed.

While a majority of most types of organisation supported the proposal, opposition to the proposed price increase was slightly higher than to continuing MUP. Opposition was highest among alcohol industry representative bodies (83%), producers (80%) and retail (50%).

Combined results

As shown in Table 5, most respondents held firm views either for or against MUP. One third (32%) supported a continuation and a price increase (Yes in Q1 and Yes in Q2). Three fifths (59%) opposed both proposals (No in Q1 and No in Q2).

Table 5: Q1 vs. Q2

Q1 Do you think MUP should continue?	Q2 Do you agree with the proposed MUP of 65p?	Individuals		Organisations		Total	
		n=	%	n=	%	n=	%
Yes	Yes	83	19%	89	79%	172	32%
Yes	No	32	7%	7	6%	39	7%
Yes	Not answered	-	0%	3	3%	3	1%
No	Yes	1	<1%	-	0%	1	<1%
No	No	308	71%	12	11%	320	59%
No	Not answered	-	0%	-	0%	-	0%
Not answered	Yes	-	0%	-	0%	-	0%
Not answered	No	2	<1%	-	0%	2	<1%
Not answered	Not answered	6	1%	2	2%	8	1%

However, almost one in ten (7%) were in favour of MUP continuing, but opposed to the specified price. Reasons for this are explored in more detail in the qualitative analysis, but common reasons were that an increase in cost was an additional financial burden and that 65 pence was an excessive price per unit. Specifically among the seven organisations who agreed with a continuation but not a proposed minimum unit price of 65p:

- Department of Public Health, NHS Forth Valley felt the proposed minimum unit price should be higher.
- Scottish Grocers' Federation called for it to remain at 50ppu until the impact of the policy is properly assessed, Scottish Wholesale Association did not endorse an increase and opposed any price over 65ppu, and the Association of Convenience Stores did not comment, explaining they did not have analysis to indicate the most appropriate minimum unit price.
- Scottish Youth Parliament felt the increase to 65ppu was too great, and Church of Scotland (Public Life and Social Justice Programme Group) favoured an increase to 60ppu.
- Another organisation advocated for a mechanism to align increases with inflation.

4. Opposing views

This chapter presents views expressed in Q3 against MUP or increasing the minimum unit price to 65 pence per unit. The themes cover various issues, including the financial burden of MUP, a lack of evidence that MUP works in practice, and unintended or wider negative economic consequences.

Additional financial burden

The most prevalent theme across all responses to Q3, mentioned by many respondents, was that the proposal would increase the financial burden on people, particularly those on low incomes. It was mostly unclear whether respondents were specifically referring to continuing MUP, the proposed price increase, or both.

Comments included that it was inappropriate to increase the minimum price per unit during a cost-of-living crisis, that it constituted an additional, regressive or stealth tax, that people in Scotland already pay more tax than elsewhere in the UK, and that income is squeezed due to high inflation leading to rising costs including increased prices for alcohol.

Respondents felt that MUP impacted everyone universally rather than focusing on a target group. It was therefore argued that as the price increase would be applied across the board, it would disproportionately impact those living in poverty.

“This adds to the cost of living crisis... It is punishing those who are working and have seen significant increases in the cost of living with no comparable rise in wages.” – Individual

“An unnecessary tax on everyone, and a particularly cruel burden on poor people during a cost of living crisis.” – Individual

“The summary stated: “People who drink at hazardous and harmful levels in lower socio-economic groups suffer greater harms than those who drink at these levels in higher socio-economic groups due to the impact of multiple drivers of health inequality”. This is the nub for me. There is no attempt to tackle this inequality. In fact, MUP exacerbates it by design. Lower socio-economic groups are disproportionately hit by MUP.” – Individual

Organisations expressing this view were mainly involved in the alcohol sector, such as producers or their representatives or wholesalers. However, Glasgow City Alcohol and Drug Partnership cited feedback from their recovery community that an increase in price per unit represented a tax on the poorest members of society which could lead to other unintended consequences for the families of hazardous and harmful drinkers²; such as increased hunger. The Health and Wellbeing Subject Committee of the Scottish Youth Parliament reported similar concerns and highlighted the potential for social exclusion among students experiencing financial hardship.

² Hazardous drinking is a pattern of consumption of alcohol which increases someone’s risk of harm commonly defined as drinking at a level of over 14 units per week (NICE 2010, SHeS 2020). Harmful drinking refers to a pattern of consumption which is likely to cause either physical or mental harm and is commonly defined as drinking over 35 units a week for women or 50 units for men (NICE 2010).

“A specific concern was raised for students who are already having to rely on SASS funding and other financial aid would suffer with this increase in unit pricing. MSYPs felt this could affect the social element of their university experience. One young person pointed out that the increase in a bottle of wine would significantly impact their budgeting for the week. Another young person also shared their personal experience of missing out on social events at university because they already cannot afford alcohol, and increasing this further would mean that they would move only further away from their peers.” – Scottish Youth Parliament

MUP does not work in practice

Respondents described multiple reasons for their views that MUP has not worked, typically noting that it is an ineffective way to reduce hazardous and harmful drinking, that there is no evidence that MUP has been effective, or general comments that MUP does not work. These themes are described below.

Will not deter people with alcohol dependence

The second most prevalent theme across all responses was that increasing the minimum unit price of alcohol would not reduce the amount consumed by people with alcohol dependence. Many respondents frequently argued that the cost of alcohol was not a consideration for such individuals, who would always find money to pay for it. Consequently, they would have less money available for food, clothing or to pay bills for themselves and other family members, potentially increasing household tensions. It was common for individual respondents to draw on their personal experiences to support their views. The recovery community consulted for Glasgow City Council’s response felt the policy had been written by those who did not understand the nature of addiction.

“Having worked in areas where I came into contact with alcoholics, it will not matter what the cost is; they will buy alcohol to the detriment of other areas of their lives or that of their families.” – Individual

“MUP punishes the family and dependants of the alcoholic drinker without helping them in any way... I write this as an alcoholic, now over 20 years sober.” – Individual

“Increasing the MUP means true alcoholics will use increasingly scarce funds in an already difficult cost of living crisis. This has a huge impact on women who are trying to hold their households and budgets together.” – Individual

Organisations that raised this issue also highlighted that the people perceived to be targeted by MUP were often among the most vulnerable members of society. It was suggested that the evidence accompanying the consultation found MUP could further disadvantage them despite being the most in need of targeted support to address their alcohol use. As a result, these respondents were likely to recommend further investment in alcohol treatment services or to use this as justification for ending MUP, both of which are outlined separately below.

“Whilst the purpose of MUP is to reduce alcohol consumption across the entire population, if MUP does not reduce consumption and harms of those who consume the most, then the policy has failed and should not continue. Therefore, if MUP were to continue, this would be punitive against the most vulnerable people in the midst of the cost-of-living crisis as they will maintain their consumption whilst forgoing food and home heating.” – GMB Scotland

“While we agree that MUP has had a positive impact on the wider population and should continue, we are not willing to overlook the harm it causes to a particularly vulnerable group of people in order to benefit the greater good. Secondly, future consideration and discussion of MUP should include consideration of this population who do not benefit from it. We cannot push ahead with a policy that delivers such positive impact for most while causing harm for some without connecting our thinking and our investment to ensure that harm is mitigated.” – Turning Point Scotland

The available evidence has not proven that MUP is effective

Many respondents argued that there was insufficient evidence to justify the proposals or that the existing evidence, such as the PHS evaluation, is selective, biased, misleading or flawed. This was the third most prevalent theme overall. The use of hypothetical, theoretical or modelled data was highlighted as a reason why the evidence was unconvincing, and respondents argued that the findings presented were often considered tentative, inconclusive or mixed, or that the evidence did not support the policy.

“The suggestion that MUP has "worked" is based on very selective reading of the data. It has been straightforward for commentators to read the same data and report that MUP has not worked. My reading of supporters of both conclusions leads me to believe that it has not worked and should not be further supported.” – Individual

“The evidence that MUP works is presented as estimates and likelihood. If MUP works there would be conclusive evidence of its success. The absence of this indicates a failure.” – Individual

“The 'evidence' to support the continuance of MUP has not been subject to robust challenge or even review. The report merely infers that MUP may be a contributing factor to positive outcomes without demonstrable data for our own analysis. Alcohol-related deaths have continued to rise, and I fear this policy is performative rather than efficacious.” – Individual

Some, for instance, pointed to an increase in alcohol-specific deaths since the introduction of MUP. A few cited National Records of Scotland figures which show that there were 1,276 alcohol-specific deaths registered in Scotland in 2022 – an increase of 2% (31) on 2021. Others highlighted alternative research findings to suggest the policy had not been effective. A few organisations highlighted that only one report from eight relevant studies considering alcohol-related health outcomes had identified positive impacts. The Law Society of Scotland noted that despite this, PHS' evaluation reported 'strong evidence' MUP had reduced morbidity and mortality rates; it was argued that this was not a true evidence-based approach.

“Rather than looking at all of the evidence as a whole and drawing conclusions based on the strongest indicators, the PHS report would appear to have selected the evidence that best supports the theorised outcomes, even when that evidence is in the minority or has fundamental flaws in its ability to prove the purported impacts” - The Institute of Licensing

The Retail Data Partnership, which analyses data from more than 250 convenience stores, expressed surprise that the evidence suggested a reduction in alcohol sales following MUP implementation, as its data found a steady and consistent increase in the volume and value of sales, even when the effects of lockdowns during the pandemic were removed. They suggested instead that there was a shift in purchase patterns from supermarkets to convenience stores and to sales of multipacks. Some respondents also noted a shift to drinking stronger alcoholic beverages such as spirits. The Retail Data Partnership also argued their data contradicted the ‘consumption’ section of the Appendix in the PHS report that suggested the purchase of alcohol from the off-trade reduced, and believed this was due to partial data being used which failed to incorporate data from small independent retailers.

“As highlighted by the recent analysis published, to date, assessing the impact MUP over the past five years, the data and findings provided have been substantially inconclusive. Recent changes to drinking habits in Scotland are a reflection of multiple factors far outweighing any impact MUP has had. The Covid-19 pandemic and subsequent fluctuations in behaviour, in particular an increased cost in hospitality and on-licensed consumption, mitigates and significantly skews any data collected since March 2020” – Scottish Grocers’ Federation

MUP does not work

In addition to those who questioned the evidence of the effectiveness of MUP, many respondents, primarily individuals, expressed a more direct view that MUP had not worked or had had minimal impact. It was variously described as a failure, ineffective, flawed, unfair and having had no effect on reducing alcohol-related health issues or deaths. While many did not explain why they felt this way, several others reiterated that the evidence did not show that MUP had yielded the desired results.

“It has not worked so far, and this new price increase will not work.” – Individual

“MUP hasn't worked. The latest proposal is basically ‘That hasn't worked, we must do more of it’.” – Individual

“It is clearly a failed policy with the proposed new increased rate basically covering inflation since the introduction of the policy which hurts the occasional drinker more than it has any effect on lowering deaths from alcohol-related problems.” – Individual

Unfair to moderate drinkers

Overlapping with the theme of an increased financial burden, many respondents argued that the proposal to increase the minimum unit price was unfair to moderate or social drinkers. These respondents were mostly individuals who felt those who drink casually, occasionally, responsibly and in moderation should not have to pay more for alcohol. A

few additionally criticised a situation where, in their view, the majority is penalised for the actions of a minority and to tackle a problem they are not responsible for.

A few organisations, including GMB Scotland and East Ayrshire Local Licensing Forum, either raised the same issue or argued that responsible drinkers would consume less in the event of a price increase, negatively impacting sales. The Federation of Independent Retailers was pleased that a price of 80p or more was not being considered as they felt this would impact this group of drinkers.

Respondents also commented that the cost of living crisis impacted those who enjoyed drinking in moderation and that household budgets were already squeezed. They saw any increase in the price of alcohol as a financial punishment or penalty despite their responsible drinking.

“There's absolutely nothing wrong with having a glass of wine to relax over a meal. Personally, I drink around 12 units a week, but I get annoyed when I've got to shell out more.” – Individual

“Why should those that have an occasional tittle have to suffer because a minority of individuals cannot control themselves?” – Individual

“In Scotland the majority of adults that drink, do so within the CMO guidelines. The Scottish Health Survey 2021 states that 77% of the population either do not drink or drink below the CMO weekly low risk drinking guidelines. However, it is recognised that MUP is a whole population policy and as such targets all adults that drink, despite the fact that 4 in 5 drink moderately. All those who consume alcoholic drinks responsibly as part of their social life would be negatively impacted by such a large MUP increase.” – The Scotch Whisky Association

Increased negative impacts or unintended consequences

Many respondents, mostly individuals, expressed a view that continuing MUP or increasing the minimum unit price would result in further unintended harm if hazardous and harmful drinkers could no longer afford more expensive alcohol. These included increases in poverty as described under the theme about increased financial burden, but also increased abuse, crime and use of other dangerous or illegal substances. For instance, the potential for theft, shoplifting or illegal activity, such as illicit trading, was commonly mentioned, including by a few in the retail sector.

A transition to stronger alcohol or other more dangerous substances, including drugs or alcoholic replacements, was also commonly predicted. For example, one individual reported that someone had broken into a car garage to obtain paint thinners in their town. Similarly, Glasgow City Council noted reported cases of drinking hand sanitiser amongst dependent drinkers who could not afford to buy alcohol. There was a concern that young people might choose illicit drugs rather than alcohol. Concerns were also noted that increased prices could lead to people being pushed further into poverty, becoming isolated or to negative impacts on family members, including increased neglect or abuse.

“Over the past year, the level and impact of retail crime has increased significantly. This includes increased volumes of shop theft as well as more frequent instances of abuse, threats and violence towards retailers and shop workers. This growing concern harms not only the people who work in retail but the wellbeing of families and the wider community. Three prominent factors which have driven the increase in retail crime in the past year are the cost-of-living crisis (product price and available income), the growth in organised groups committing larger-scale theft, and flash points relating to restricted and age-restricted items. As household budgets have become limited, more consumers are willing to engage in shop theft or purchasing illicit/stolen goods. Therefore, a significant increase to the price of some products, as a result of increasing MUP, will inevitably lead to higher levels of crime and illicit trade.” – Scottish Grocers’ Federation

“As a knock-on, there has been an increase in drug-related deaths as it was cheaper than drink. An increase in MUP will turn more people to drugs thus increasing drug deaths.” – Individual

“I believe MUP has a huge impact on child poverty and neglect and also domestic conflict.” - Individual

“I live in a very deprived area. I believe the more we increase alcohol, the more will turn to drugs. Drugs are a few pounds a hit. Especially attractive to the young and those on low incomes.” – Individual

Wider negative impacts on business

Other potential negative impacts for businesses in Scotland were raised by many. This included both individuals and organisations and those in favour of and against continuing MUP. Individuals raised concerns about the impact on hospitality, including pubs and restaurants, smaller retailers, smaller brewers and distilleries, and tourism, suggesting there could be job losses in those sectors. A small number of individuals in the brewing, whisky and spirits sector elaborated on their call for MUP to be scrapped by describing the potential for MUP to reduce investment in the sector, prevent workforce growth and lower pay awards. These concerns were reiterated by GMB Scotland.

“I own a tiny brewery in Glasgow... Our industry has been subject to horrifying increases in costs over the last years combined with an increasing inability of consumers to meet those costs. We are still facing the fallout of Brexit, Covid, and the Ukrainian conflict. Westminster has recently enacted the most punishing duty increases in decades and is promising further increases imminently. Businesses are closing and people are losing their jobs with alarming frequency. In circumstances like these, the need to be proportionate, pragmatic and evidence-constrained in the burdens we place on businesses is even more acute than usual.” – Individual

Organisations raising concerns were primarily producers, alcohol industry representative bodies and the retail sector. If there is an increase in the minimum unit price, three requests were repeatedly made of the Scottish Government:

- Ensure there is sufficient communication to raise public awareness of the change.
- Allow for appropriate timescales for the sector to implement the change without incurring unnecessary costs. Twelve months was often recommended. One concern was the need for retailers to manage their stock, some of which may have been bought in advance but may be less appealing to consumers at a higher price. Time to prepare for a change would allow retailers to sell existing stock and plan their future stock.
- Amend the wording of the existing legislation to say that the price should always be rounded to the nearest whole penny, rather than the nearest whole number, to simplify the selling of single products compared to multipack products.

“Although we understand that retailers will not be implementing any new legislation, there will be a significant change. Furthermore, a new Minimum Unit price may result in retailers curating the range of products that they stock, and no longer requiring particular products in which case the retailers will need sufficient time to comply with the relevant Groceries Supply Code of Practice obligations. We would therefore request a period of no less than nine months following the passing of the new law for implementation purposes.” – The Co-operative Group

“We would also ask Scottish Government to look at the interaction of MUP and linear pricing rules. The current MUP law says that any fraction above a whole penny must be rounded up to the next whole penny. Linear pricing rules from the Alcohol etc Act also say that a multipack cannot be sold for any less than the multiple of the single unit (where sold). So if there is a product that a trader sold in both single cans and a 4pk, MUP for the single can might be 100.2p and MUP for the 4pk 400.8p. The rounding up means that the trader would have to charge 101p for the single can, but linear pricing means that they would have to sell the 4pk for $4 \times 101p = 404p$, rather than the 401p the MUP calculation alone demands. Traders will want to work out whether an odd number like 65p is more likely to create these anomalies than an even one like 50p. Alternatively the rounding up rule could be revised or removed, so that any figure less than half a penny may be rounded down instead.” – The Wine & Spirit Trade Association (WSTA)

Explicit opposition to MUP continuing

Several respondents explicitly called for MUP to be stopped, scrapped or abolished in their response to Q3, though comments were generally brief, particularly those from individuals. Organisations who left comments to this effect included the Wine & Spirit Trade Association (WSTA), spiritsEUROPE, Aston Manor Cider, and GMB Scotland. Reasons given by respondents in this theme included public resentment, unintended consequences, a lack of evidence to support the policy or a belief that MUP had not achieved its aims.

“Alongside distorting a commercial market, it results in unintended consequences that unduly penalise many stakeholders, not least legitimate consumers, especially those in low-income households. Hence, we do not believe there is a valid case to continue this policy.” – Aston Manor Cider

“MUP must not continue. It is damaging to the pay, terms and conditions of those who work in the sector; it has encouraged divestment; it has limited growth of the workforce; and it risks deindustrialisation. Furthermore, public support for MUP has drastically decreased.” – GMB Scotland

“You should just let MUP lapse in April 2024 and most certainly should not even be thinking about raising it. Give us a break.” – Individual

A group of individuals in this theme provided similarly worded responses stating: “As a worker in Scotland’s brewing, whisky and spirits sectors (BWS), MUP must be scrapped”. Most did not go into detail though one explained:

“MUP is a tax on a successful sector during the cost-of-living crisis. Just like all other businesses, BWS is impacted by inflation – in particular high energy costs. Brewing and distilling are energy-intensive processes, as is the bottling process, which is where a significant proportion of the BWS workforce work. The costs of production and, therefore, products are already increasing. BWS does not need a double whammy hit of inflation and MUP.” – Individual

Criticism of the Scottish Government’s approach

General criticism of the Scottish Government and SNP

A critique of the Scottish Government and SNP was given by several respondents, all but one of which were individuals. Respondents criticised the Government more widely, particularly the perception that their preferred way to solve a problem or implement change was to raise taxes or introduce financial penalties. A few also cited other alcohol-related restrictions on citizens, and higher taxes than elsewhere in the UK. They suggested that the impact of such approaches would be fewer votes for the SNP in future elections.

A few felt Scottish Government priorities were wrong or contradicted the aim of MUP, for instance, allowing alcohol advertising at large public events or having a bar in the Scottish Parliament. A few expressed perceptions that the money raised by increasing the price of alcohol was used to supplement government spending or SNP priorities and felt this was inappropriate. The Scottish Wholesale Association, the only organisational respondent in this theme, noted that SNP MPs had called upon the UK Government to rule out further duty increases on Scotch whisky ahead of the Chancellor’s 2023 autumn statement.

“This is another stealth tax and yet another SNP act of folly. Stop trying to take as much money as you can from hard working families and concentrate on not wasting what you do get via already highest taxes in the UK.” – Individual

“You have turned Scotland in to a joyless miserable place where you tax the majority because of the minority.” – Individual

“The Scottish Government’s answer to all problems seems to be charge the public more for everything. Income tax, council tax, ULEZ tax etc.” – Individual

Scottish Government overreach

Several respondents, all individuals, suggested the proposals represented overreach by the Scottish Government into people’s personal lives. Some felt that MUP was an imposition that represented a ‘nanny state’. State interference was not desired by these individuals, who emphasised the need for personal freedom and responsibility, and that the market should determine the price of alcohol.

“This government thinks it can take away items from people [as] they see fit. If people don't want to drink, that’s their choice, and so is being able to drink without barriers. I am not a drinker.” – Individual

“The exercise is, in my view, more aligned to the Scottish Government's wish to control every aspect of people's lives than it is for any health benefit.” – Individual

Singular comments included that Scotland was becoming more restrictive than England, creating a culture of oppression and that people were being treated like children.

Concerns that retailers profit from MUP

A concern that the money raised from MUP went to retailers was raised by several respondents, mostly individuals. These respondents felt this was inappropriate, with suggestions that this increased retailer profits, contributed to inflation and was a missed opportunity.

Aligned with the theme of support for wider approaches and a levy described in Chapter 6, it was common for respondents to state that if the money raised through MUP was fed into prevention, care and treatment services, they would have more support for the policy.

“During a discussion around MUP, one family member said: ‘Try and get them to plough some of that [money] into treatment. That’s the only reason I would say to increase it – if the increase was getting fed back into the treatment sector. As opposed to profiting the producers and retailers and the government, and it’s no’ helping people who need help.’” – Scottish Families Affected by Alcohol and Drugs

“It would be different if the money made by this policy was being used to tackle the hazardous drinking, but it isn't, it just goes back to the retailer.” – Individual

“I wouldn’t mind so much if the extra costs went to, for example, the NHS, but my money goes to supermarket profits.” – Individual

Explicit opposition to an increase in the minimum unit price

Several respondents, primarily individuals, answered Q3 with a comment which explicitly opposed an increase in the minimum unit price, or argued that the specified price of 65 pence per unit is too high. Some of these respondents were part of the coordinated response from individuals working in the brewing, whisky and spirits sector. It should be noted, however, that around one third of those highlighting their opposition to an increase in the minimum unit price did support MUP continuing at Q1.

Reasons for opposing the increase to 65 pence per unit included that:

- The current price of 50 pence per unit is already sufficient, or too high.
- A 30% increase was considered too large or would disproportionately affect those who could least afford an increase.
- The evidence was insufficient to justify the increased rate.
- The cost-of-living crisis meant now was not the right time to increase the price per unit.
- Inflation had already increased the cost of alcohol and eroded people's income.
- That a high inflation rate and the higher consumption levels resulting from the pandemic are temporary factors.
- It was virtue signalling or patronising.

"I believe that the pricing is at a fair level and should not be increased as it will add to the cost-of-living crisis." – Individual

"Maintain the current level it deals adequately with the problem of the cheap ciders etc." – Individual

"SWA has concerns regarding an increase in the price per unit. SWA would like to express real concerns regarding the potential impact of any increase to the 50ppu level on the Scottish wholesale sector and its partners throughout the drink supply chain. SWA does not endorse a rise in the price per unit and specifically opposes any amount surpassing 65ppu, should the government choose this as the designated price. SWA seeks further clarity on the future MUP pricing strategy and is keen to understand the government's intended approach in this regard." – Scottish Wholesale Association

"There is no justification to increase MUP to 65p. Whilst inflation has increased rapidly, wages and salaries have not. Since the introduction of MUP in 2018 and 2022, there has been only 1.14% real terms pay increase when adjusted for inflation. Proposals to increase MUP from 50p to 65p would amount to a 30% increase. This far outstrips any increase in earnings and would not be proportionate. Therefore, if MUP is to remain at all, it must not go above 50p." – Individual

An organisation specified they did not wish to see MUP automatically uprated or linked to inflation, but suggested options for how it could be reviewed.

“When reviewing the level at which the MUP is set, consideration should be given to a range of factors: trends in consumption, drinking patterns, health and social harms, price and affordability and the overall economic and social context.” – Scotch Whisky Association

A small number who supported MUP but not a 65ppu minimum unit price suggested alternatives, ranging from 55p to 60p per unit, or called for the rate to remain unchanged at 50ppu.

The consultation report cites increased alcohol deaths for 2022 as an additional factor in recommending setting the level at 65ppu. However, this rise in alcohol deaths may need to be considered in the context of the increased alcohol consumption levels associated the Covid-19 pandemic- a factor which is unlikely to be germane in years to come. In conclusion, we would be in favour of 60ppu, a slightly lower rate than that advocated in the consultation document, as long as it is in association with a form of regular rate escalation.” – Church of Scotland (Public Life and Social Justice Programme Group)

MUP increases the potential for cross-border trade

The likelihood of MUP increasing the potential for people to purchase their alcohol in England or online was raised by some respondents, a mix of individuals and organisations. Some individuals reported that they would do this or knew people who did. They raised concerns about the negative impact on Scottish businesses close to the border or on the environment due to increased travelling.

“If it continues, I personally will go south and buy enough for the year and bring it home for responsible consumption, which will hit Scottish retailers in the pocket, so they lose out too.” – Individual

“I have found myself on holiday stocking up on purchases when in England and am aware of several people who also do this, depriving the Scottish economy of well-needed funds.” – Individual

Organisations called for more research or monitoring into the problem of cross-border or other forms of trade, such as online. For instance, the Scottish Wholesale Association raised concerns of their members, particularly if the minimum unit price is increased, noting that the Interim Business and Regulatory Impact Assessment (BRIA) had also highlighted this issue and indicated that the price differential could be substantive. This is also explored more in the ‘more research and evidence’ theme in Chapter 6.

“There is a growing concern amongst SWA members near the border that this trend could evolve into a more substantial issue, potentially leading to adverse effects on businesses already contending with narrow profit margins. This becomes especially challenging given the competitive advantages enjoyed by businesses based in England. The prospect of increased cross-border purchasing introduces additional hurdles and potential loss of business for Scottish wholesalers, compounding the existing pressures they are already facing.... To put into context what a 65p per unit charge would look like for a household: The absolute minimum price for a 15pk of 440ml, 4%abv lager (1.8 units) is currently £13.50. At 65 ppu this would add an additional 15x (1.8 units x 15p) = £4.05. The total New Minimum retail price = £17.55, which is a 30% increase in the consumer cost. Compare this with the rest of the UK where, on promotion, the same pack can retail at £12. Consumer savings of £5.55 per 15-pack, in contrast to the current £1.50 difference, raises significant concerns about the potential for a substantial surge in cross-border purchasing.” – Scottish Wholesale Association

MUP is disproportionate

A few respondents expressed a view that, as a population-wide measure applying to all who buy alcohol, MUP is too blunt an instrument. Comments included that MUP is indiscriminately targeted, or disproportionate to the problem it is designed to tackle.

“Whilst any alcohol-related death is tragic, the WSTA does not believe that Minimum Unit Pricing is an effective or proportionate measure to tackle alcohol-related harm and that targeted measures have significantly greater impact without penalising the vast majority who do drink responsibly within the Chief Medical Officer guidelines.” – WSTA

Some producers and retail organisations in this theme still supported continuing MUP, including Budweiser Brewing Group UK and Ireland and the Association of Convenience Stores, but Molson Coors Beverage Company did not. Industry representatives made alternative suggestions for how MUP or alternative initiatives could be more targeted, notably by concentrating on the reform of the alcohol duty system or a similar approach that focuses on increasing the cost of alcohol based on the strength of alcohol.

“The new duty system structure aims at supporting public health, alongside boosting innovation, and reflecting modern drinking practices. It broadly taxes alcohol products in reference to their alcohol content, and crucially, as opposed to flat rates, it differentiates between lower ABV products, such as beer, and higher ABV products, such as spirits, which are taxed at a higher rate. The potential to improve public health outcomes by steering consumers toward low, lower and 0% alcohol-strength products like beer has been recognised by the World Health Organisation (WHO) in the WHO Global Alcohol Action Plan (May 2022). If a policy of MUP is pursued in Scotland, an alternative MUP approach based on ABV bands, whereby lower strength products like beer are differentiated against higher strength products like spirits, could be less regressive and is also estimated to be more effective in tackling the stated objective of reducing harmful drinking.” – Molson Coors Beverage Company

Some producers argued that a differentiated approach based on alcohol strength could also mitigate against an apparent shift in consumption towards higher-strength alcohol as

a result of MUP. They called for more research into changing consumption patterns before MUP is continued or amended. Budweiser Brewing Group UK and Ireland also raised concerns around the apparent shift towards higher-strength alcohol. They reported findings from studies in Russia that male mortality had improved with a shift from hard to light alcohol, such as from vodka to beer.

The Scottish Beer and Pub Association and Budweiser Brewing Group UK and Ireland also argued that a deposit return scheme alongside MUP could compound a shift towards higher-strength alcohol consumption. It was argued that both policies running together would distort the price per unit as lower-strength products like beer are almost always sold as multi-packs and could lead to people losing money compared to if they bought single bottles of wine or spirits.

“While Budweiser Brewing Group recognises that the deposit is returnable and is conceived to motivate behavioural changes, the reality is that some consumers will not return the containers and will be economically impacted by the higher costs. For consumers who do not, or cannot, return their containers, the deposit is, in essence, a price increase. Other consumers, those most impacted by alcohol dependency and abuse, will have a higher propensity to purchase higher-strength products to negate the impact of the deposit. In the current fiscal environment, these impacts will be heightened as household budgets across all of Scotland are reduced.” – Budweiser Brewing Group UK and Ireland

People are drinking less

A few respondents highlighted that people in Scotland now drink less alcohol, mainly to argue that MUP should not be continued. Organisations used research findings to illustrate this point. For instance, the WSTA highlighted findings in a study by the Portman Group that indicated that around a third of adult drinkers in Scotland semi-regularly drink alcohol alternatives, and that over a fifth drink less alcohol as a result of consuming low and no alcohol alternatives. The Scotch Whisky Association and Molson Coors Beverage Company highlighted evidence from the Scottish Health Survey 2021 that reported steady declines in those drinking at hazardous and harmful levels.

“Whilst per capita alcohol consumption continued to decline after the introduction of MUP, this was/is the established trend over several years prior to this policy.” – Aston Manor Cider

Two respondents who supported the continuation of MUP also made general points on this theme – that young people were drinking less or that the closure of many pubs and breweries evidenced a decline in alcohol consumption.

5. Supporting views

This chapter presents themes evident in responses to Q3 in support of continuing MUP or increasing the minimum unit price. These include the effectiveness of MUP, expressions of support for the policy, agreement with the need to increase the minimum unit price over time and with the proposed price of 65 pence per unit, the positive impacts on public health and the lack of other negative impacts.

Evidence shows MUP has been effective

Many respondents felt the available evidence showed that MUP has been effective. All these respondents, around three quarters of whom were organisations, felt the policy should continue, with the majority supporting an uplift in price. This was the most prevalent theme in responses from organisations and the most prevalent supportive theme overall.

Respondents commonly highlighted the findings of the PHS evaluation of MUP in their response, as well as global research findings and World Health Organisation (WHO) and OECD (Organisation for Economic Co-operation and Development) recommendations. Many of these comments focused on the evidence of a positive impact on public health, which is explored separately below.

“There is clear evidence in the PHS report that MUP has reduced alcohol-related deaths and hospitalisations.” – Individual

“The World Health Organization cites pricing policies as amongst the most successful and cost-effective measures to reduce alcohol-related harms. 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.” – SHAAP

Some highlighted that the evaluation resonated with their observations or echoed the findings of their own research.

“In Glasgow Royal Infirmary, we documented a significant reduction in hospital episodes related to alcohol-related liver disease after MUP.” – Individual

“We know MUP works – it was noticeable to gastroenterologists in 2018 when it was brought in.” – Individual

“Local Glasgow City data on alcohol-specific deaths indicated a fall in the number of deaths after the introduction of MUP in 2018 and 2019. The greatest fall was seen in those from the most deprived quintile by SIMD [Scottish Index of Multiple Deprivation].” – Glasgow City Alcohol and Drug Partnership

Some organisations, all of whom supported continuing MUP, suggested that the available evidence shows that MUP has been effective in reducing consumption among hazardous and harmful drinkers to more moderate levels and, in particular, reducing consumption of cheap, high-strength alcohol. While the coordinated response from public health

organisations also stressed this positive impact, these organisations stated that people with alcohol dependence are a separate group who require more intensive support.

“Some anecdotal feedback from nursing staff is that MUP supported a switch to a lower percentage of alcohol for those most dependent drinkers.” – Glasgow City Council

“Dependent drinkers and hazardous and harmful drinkers – 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. MUP has succeeded in reducing the consumption of cheap, high-strength alcohol products, which were disproportionately consumed by people drinking above the low-risk guidelines (hazardous and harmful drinkers) prior to the implementation of MUP.” – Public Health Directorate, NHS Highland

Coordinated responses by members of the European Alcohol Policy Alliance highlighted the legal challenges to MUP posed by the industry. They argued that these had further strengthened the evidence-based approach to implementing and monitoring MUP and that the high quality of evidence enabled the policy to withstand legal challenges at the European Court of Justice and the UK Supreme Court.

Support for MUP

Support for MUP was expressed in two ways; explicit support for continuing the policy and more general comments about the value of MUP.

Explicit support for continuing MUP

Many explicitly commented that MUP should continue; around three quarters were organisations. This was the second most prevalent supportive theme overall. These comments were generally brief but consolidated and emphasised other points raised in comments to ensure there was no doubt they supported MUP and wished it to continue.

“The Association fully supports the retention of Minimum Unit Pricing in Scotland to avoid a return to the days of deep discounting and irresponsible promotions which were particularly seen in Supermarkets where alcohol, on some occasions, was being sold cheaper than bottled water.” – The Scottish Licensed Trade Association

“In conclusion, the public health case for continuing MUP is very strong and we believe it should therefore continue. Finally, a decision to discontinue MUP would lead to a drop in price, a likely increase in consumption, and subsequent increases in hospitalisations and deaths.” – School of Health & Wellbeing, University of Glasgow

“The focus group was in agreement on maintaining the Minimum Unit Pricing for alcohol. MSYPs saw Minimum Unit Pricing as a deterrent for binge drinking and potentially reduce binge drinking in young people as the high price point for drinks with a high alcohol percentage can be prohibitive.” – Scottish Youth Parliament

A few individuals stated MUP should continue, but qualified their comments. Examples include assertions that it should continue but the minimum unit price should not be increased for a few years, it should continue if the evidence proves it is effective, or it should continue if the ban on multibuy discounts is removed.

“If you are clear that the data show that deaths and hospitalisations have decreased and that this is unequivocal, then this MUP policy should definitely continue.” – Individual

“MUP has been beneficial in Scotland and must continue after the current sunset clause.” – Individual

General support for MUP

Supportive comments were provided by several respondents, all of whom indicated at Q1 that they wished MUP to continue. These respondents expressed their view that the policy was worthwhile, successful, and a good idea and should continue. Respondents frequently highlighted public support for MUP and stated that it is a useful and effective measure to reduce alcohol consumption at a population level.

For example, BMA Scotland noted they had been a long-term supporter and had been vocal in their belief that MUP would deliver results, whilst the Co-operative Group believed the current 50 ppu was widely understood by retailers and the public, for whom 50p is seen as a round number.

“Whilst Scotland lacks some of the devolved powers necessary to implement all of the WHO’s recommended interventions, it continues to hold the power to raise alcohol prices through pricing policies such as MUP and continue to enforce such policies.” – SPECTRUM Consortium

“It is notable that public support for Minimum Unit Price has grown in Scotland over the period of debate and implementation of the policy, showing that the public understands the need for effective alcohol controls and that this is not something which should be left to an unregulated market.” – Alcohol Justice

“As a hepatologist, I see the adverse health effects of alcohol every week at work. The majority of those coming to harm are not dependent and population-based measures are an essential part of addressing that harm.” – Individual

Support for a price increase to 65 pence per unit

This section outlines three themes which were commonly raised among those who supported an increase in the minimum unit price; agreement with the proposed price of 65 pence per unit, a recommendation that the minimum unit price should increase over time, and comments explicitly in support of an increase.

Agreement with 65 pence per unit

Many respondents felt the proposed price of 65ppu was correct, or stated that it should be ‘at least’ 65ppu. Over two thirds of respondents who expressed this view were organisations, including the coordinated responses from public health organisations and members of the European Alcohol Policy Alliance. This was the third most prevalent theme in responses from organisations.

Reasons given for agreement included:

- Inflation eroding the value of MUP;
- 50p already having been too low when introduced due to delays;
- Additional health benefits arising from a higher price per unit;
- Changes in consumption patterns;
- MUP being an evidence-based approach;
- That this amount would not overly impact those on low incomes.

“The effect of having the minimum unit price set at 50p per unit has been significantly eroded by the steep rise in inflation since the legislation was passed in 2012. We support the proposed uprating of MUP to a minimum of £0.65 per unit, to match inflation and not to impact those on the lowest income.” – WithYou

“The proposed uprate of MUP to 65 pence per unit, adjusted for inflation and economic changes, is a necessary step to maintain the policy’s effectiveness.” – Nordic Alcohol and Drug Policy Network (NordAN)

“The Scottish Government should therefore uprate MUP to at least 65p to mitigate high inflation and the long-term effects of the pandemic on drinking behaviour, and optimise the beneficial impacts of the policy. In order to optimise the benefits of MUP, the policy must be renewed and price uprated, given the context of the COVID-19 pandemic and rising inflation.” – Alcohol Health Alliance UK

“The PCC is hugely supportive of the Scottish Ministers’ proposal to continue and uprate MUP and would recommend a level of at least 65 pence per unit based on the work of the Balance North East Alcohol Office and AHA... An MUP of 65p would make good inflation and modestly increase the benefits of the policy.” - Durham Police and Crime Commissioner

A few cited the Sheffield Alcohol Research Group findings to justify their response.

“Additionally, when compared to a MUP of 60 pence per unit (ppu), modelling carried out by the University of Sheffield Alcohol Research Group has shown a 65ppu MUP could avert an additional 60 deaths in the first year of implementation and 774 fewer hospital admissions. The number of hazardous drinkers is estimated to fall by 15,742 and the number of harmful drinkers fall by 11,403, compared to 60ppu.” – The Association of Directors of Public Health

Minimum unit price should rise over time

A recommendation that the minimum unit price should rise over time was made by many respondents. All supported the continuation of MUP, and four fifths were organisations. Most commonly, it was suggested that the minimum unit price should rise automatically in line with inflation. Some respondents called for the Scottish Government to introduce additional legislation to provide an automatic uprating mechanism to ensure MUP rises in line with inflation, noting that this would be in line with WHO advice. This was primarily to

ensure its value did not decrease over time. However, it was also argued that this could minimise future challenges from affected sectors and free up policymakers' time.

“Could there be a formula for the cost per unit? It could use other data such as the retail price index, the current tax on alcohol, etc. This might save parliamentary time as the price would automatically adjust, maybe yearly.” – Individual

“The Scottish Government should uprate MUP in line with inflation (RPI) annually and set a suitable mechanism for doing so. Putting in place this mechanism will help to protect the value and effectiveness of the policy. Failure to do so would lead to its erosion. The WHO recommends linking MUP to measures of affordability (such as inflation) in order to maintain its public health impacts.” – Alcohol Change UK

“Eurocare would strongly encourage the Scottish Government to develop a regular uprating mechanism for Minimum Unit Price to maintain effectiveness. This has been shown to be achievable and effective for other health-promoting fiscal interventions, notably in the tobacco field. The UK Government implemented this approach for alcohol duties in the Duty Escalator from 2008-12. Commercial interests can be expected to oppose this approach, preferring to retain the prospect of lobbying on an annual basis for cuts and freezes to tax and other price mechanisms.” – European Liver Patients' Association

Some also discussed the need for a periodic review of MUP, with suggestions that this could be undertaken by a body external to the Scottish Government. PHS was the agency most commonly suggested.

“The appropriate level for the MUP threshold is a political judgement, and the factors informing that judgement, such as the scale of alcohol harms, the characteristics of the alcohol market and the wider economic situation, may all change over time. As such political judgement on the appropriate level of the MUP may change over time. It is therefore important that there is a periodic review of the MUP level to allow for these factors to be considered and adjustments made as is deemed appropriate. This should be over and above any automatic uprating mechanism, which would seek to simply maintain the effective level of the MUP. It may be appropriate for this review to be undertaken by an independent or semi-independent body (e.g. Public Health Scotland) with clear terms of reference that could then inform any decision to adjust the MUP level.” – Sheffield Alcohol Research Group, The University of Sheffield

“To maintain its effectiveness, the Minimum Unit Price must also be uprated in line with inflation. We support Alcohol Focus Scotland's proposal for automatic uprating with additional periodic review by Public Health Scotland.” – Diabetes Scotland

Explicit support for an increase in the minimum unit price

Some respondents explicitly agreed in their comments that the minimum unit price should increase. Within this group, all but two supported the recommendation to increase the amount to 65ppu in Q2. Church of Scotland (Public Life and Social Justice Programme Group) supported an increase but answered 'no' in Q2 as they felt 65ppu was too high. Scottish Drugs Forum did not answer Q2, arguing the Scottish Government should

determine the level after considering the available evidence and how best to maintain positive outcomes and a reduction in harms.

Others stated that they supported the proposed increase mainly because inflation had eroded the benefits of MUP.

“The MUP threshold would need to be raised to over 61p in October 2023 prices to return it to its real-terms level at the point of implementation in May 2018 (using CPIH or 67p using RPI). Inflation remains significantly above the government target of 2% and is forecast to remain above 3.5% until the middle of 2024. This will further erode the real-term value of the 50p MUP threshold and should be considered when assessing any increase in that threshold. This reduction in the real-term value of the MUP threshold is likely to have a corresponding erosive effect on the impact that the introduction of MUP has had on alcohol consumption and harm. Our recent modelling estimated that alcohol consumption in Scotland will be 2.2% higher in 2023 than it would have been if the MUP level had been increased in line with inflation each year since 2018, and this is estimated to increase to 3.4% by 2040 if the level remains at 50p until then. We estimate that by 2040 this would lead to an additional 1,076 deaths, 14,532 hospital admissions, 37,728 years of life lost and an additional cost to the NHS of £17.4million.” – Sheffield Alcohol Research Group, The University of Sheffield

“Inflation will erode its impact over time. Our evaluation demonstrated that MUP consumption reduced the most in the drink categories that increased most in price i.e. the way MUP worked was related to its value. Maintaining the value is essential to maintain effectiveness. Increasing the price of MUP to keep pace with inflation is important to its effectiveness as a policy.” – PHS

Positive impacts on public health

Many respondents, particularly public health and third sector organisations, and a few individuals, highlighted that policies aiming to reduce alcohol consumption, including MUP, can lead to positive improvements in health and wellbeing. Across their responses various overlapping themes emerged, which detailed how reducing alcohol consumption can:

- Improve public health.
- Address health inequalities.
- Help to protect public services.
- Improve other, non-health-related, aspects of quality of life.
- Support early intervention and prevent future hazardous and harmful drinking.

This section presents an analysis of each theme. Some organisations, particularly those with a public health remit, left detailed and similarly worded comments in Q3 which included some or all of these themes. These reflected their expertise in the area, and frequently referenced either their own data or evidence from PHS' evaluation of MUP in their responses.

Improving public health

The relationship between alcohol consumption and public health was noted by many respondents, all of whom responded in Q1 that MUP should continue. This was the second most prevalent theme in responses from organisations. Respondents frequently outlined a range of public health issues linked to alcohol consumption to illustrate the importance of policies to reduce hazardous and harmful drinking in Scotland.

The coordinated response from public health organisations, as well as PHS, NHS Grampian Public Health Directorate & Aberdeen City Licensing Forum, and The Royal College of Psychiatrists in Scotland, all stated that “the latest alcohol death figures from the National Records of Scotland (NRS)... show an increase from 1,245 alcohol-specific deaths in 2021 to 1,276 in 2022. Additionally, in 2021/22, there were 35,187 alcohol-related hospital stays. This means that every day in Scotland, more than three people lose their lives, and almost 100 more are hospitalised because of alcohol.”

Some, including The Stroke Association, British Liver Trust and World Cancer Research Fund, described how alcohol contributes to multiple health conditions, including cancer, liver disease, obesity, cardiovascular disease, and alcohol-related brain damage. A few cited alcohol as a causal factor in over 200 different diseases and injuries. These respondents argued that reducing overall alcohol consumption in Scotland could lead to many instances of these conditions being avoided.

Obesity Action Scotland and Diabetes Scotland noted how excess sugar and calorie consumption from alcohol can lead to obesity and conditions such as type 2 diabetes. The British Dental Association and Consultants in Dental Public Health / Chief Administrative Dental Officers' Group noted that excess alcohol consumption is an important risk factor in oral, head and neck cancer, dental trauma and facial trauma. Another organisation highlighted the impact of alcohol consumption on young people and resulting from parental consumption including greater exposure to Adverse Childhood Experiences, increased mental health problems and greater risk of Fetal Alcohol Spectrum Disorders.

“GPs in Scotland are acutely aware of the profound effects that alcohol has on the health of our communities. In Scotland, an average of 700 people are hospitalised, and 24 people die each week from illnesses caused by drinking alcohol. For GPs, it is a daily occurrence that consultations involve people who are impacted by harmful alcohol use; some of our patients are unaware of the extent of the damage that alcohol can cause to their current and future health, and we also treat others who are all too aware and desperate to stop.” – Royal College of General Practitioners Scotland

Several directly noted the positive impact of MUP on public health as part of their calls for it to continue, or increase to 65p. A few, including SHAAP, Alcohol Focus Scotland and the Royal College of General Practitioners Scotland, specifically noted impacts such as:

- Within 32 months of implementation, MUP contributed towards reducing deaths wholly caused by alcohol by 13.4%, or 156 fewer deaths every year.
- MUP reduced deaths and hospital admissions rates due to alcohol from conditions where alcohol is not the sole cause (such as cancers and cardiovascular disease), averting a further estimated 112 deaths and 488 hospital admissions per year. A

small number of other organisations cited a 4.1% reduction in alcohol-related hospital admissions since MUP was introduced.

- MUP may have mitigated some of the Covid-19 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).

“The Special Interest Group for Alcohol is of the view that we are facing a public health crisis with alcohol and that decisive action is called for now. Every death from alcohol is avoidable and the Special Interest Group for Alcohol urges the Scottish Government to continue with MUP and to increase the cost per unit to at least 65p.” – The Special Interest Group for Alcohol

“MUP confers significant population health benefit and must be continued as one of our approaches to reducing alcohol-related harm.” – NHS Tayside

“Change is happening, and the primary lesson we should learn from these first five years is that we should not take a single step backwards in fighting for measures that tackle the deep-rooted health problems we face in Scotland. The current, and hopefully continued, success of minimum unit pricing should be a rallying call to go further and save more lives.” – BMA Scotland

“An MUP of 65p would make good inflation and modestly increase the benefits of the policy. Compared to increasing to 60p per unit, an increase to 65p per unit would reduce consumption by an estimated 2.7%, leading to an estimated 60 fewer deaths and 774 fewer hospital admissions in the first year alone.” – NCD Alliance Scotland

“There is very strong evidence (in the quantitative studies collated by Public Health Scotland) that MUP reduces deaths directly caused by alcohol consumption. Scotland still has the highest level of alcohol-related deaths in the UK, and a decision not to continue with MUP would be extremely detrimental to public health.” – Research Centre for Health (ReaCH), Glasgow Caledonian University

“The evidence for reduced morbidity and mortality is clear and, having read the documents, it seems clear that the health benefits are greater with the price increase with no associated costs to the economy.” – Individual

“The public health case for continuing MUP is very strong. Its implementation has been linked to a reduction in alcohol-related hospitalisations and deaths in a robust large-scale natural experiment study comparing trends in Scotland and England.” – School of Health & Wellbeing, University of Glasgow

“There is no ‘safe’ level of alcohol use, and even drinking small amounts of alcohol increases the risk of developing cancer. Given the significantly positive findings for community health and wellbeing resulting from the minimum unit price for alcohol in Scotland, we strongly support the proposal to continue the measure and increase the price to 65 pence per unit of alcohol to ensure it keeps pace with pricing changes and delivers appropriate health benefits.” – Cancer Council

“Despite the positive impact of MUP, changing drinking habits during the pandemic, combined with reduced access to services, led to a tragic 25% rise in alcohol-specific deaths in Scotland between 2019 and 2022, reaching the highest level in 14 years. This resulted in the Scottish Government declaring a public health emergency. Unfortunately, this increase in harm is likely to continue well into the future. By 2040, there will be an estimated additional 663 deaths and 8,653 hospital admissions, even if drinking returned to pre-pandemic levels by 2023. This rises to an estimated 7,536 additional deaths and 72,140 additional hospitalisations should these changes in consumption persist into the long term. At a time when life expectancy is reducing in Scotland, and health inequalities are widening, we urgently need policies which address the key drivers of non-communicable diseases like cancer and cardiovascular disease. MUP has been shown to be such a policy.” – UK Liver Alliance

“The effect of MUP on hospital admission episodes in Glasgow was assessed in a study of discharges related to alcohol-related liver disease from the Gastroenterology wards at Glasgow Royal Infirmary. This showed a reduction in discharges with this diagnosis in 2018 and 2019 after the introduction of MUP compared with the preceding 3 years. Public Health Scotland Hospital Statistics data to acute hospitals for Glasgow City show an initial reduction in admissions for alcohol-related liver disease but subsequent increase during the COVID pandemic. Admissions due to Mental and Behavioural Disorders have tended to fall since the introduction of MUP. Conclusion: there was evidence of reduced alcohol-related hospital episodes after the introduction of MUP in Glasgow.” – Glasgow City Council

A small number noted that the first five years is not necessarily long enough to establish the impact of MUP on non-alcohol-specific mortality.

“There are also a number of other conditions, such as some cancers and stroke, in which alcohol negatively contributes and it can take 20 years to see the full effects of changes in alcohol consumption on other health-related conditions. Therefore, retaining and strengthening MUP will play a much wider role in preventing disease and protecting population health beyond saving lives directly resulting from alcohol and requires to be a long-term policy commitment.” – NHS Ayrshire and Arran

“We recently co-authored a systematic review of the impact of minimum pricing on alcohol-related hospital outcomes. This review found that natural experiment evaluation studies were consistent with modelling studies in finding that MUP could reduce alcohol-related hospitalisation and health inequalities. Further, the review found that modelling studies estimated that MUP could reduce alcohol-related admissions by 3%–10% annually and the majority of real-world studies demonstrated that acute alcohol-related admissions responded immediately and reduced by 2%–9%, and chronic alcohol-related admissions lagged by 2–3 years and reduced by 4%–9% annually. In the same review, we found that minimum pricing could target the heaviest consumers from the most deprived groups who tend to be at greatest risk of alcohol harms, and in so doing, has the potential to reduce health inequalities. Using the Bradford Hill Criteria in the review, we inferred a ‘moderate-to-strong’ causal impact of MUP on reducing alcohol-related hospitalisation. In the longer term, MUP, and particularly a higher MUP, may reduce the prevalence or severity of dependence amongst the Scottish population.” – Institute for Social Marketing and Health

“In Scotland, the policy achieved its aim of reducing consumption at the population level, reducing alcohol sales by 3%. Continuing with MUP and uprating it to at least 65p will reduce longer-term, cumulative and chronic impacts of alcohol, such as liver disease and cancer, which can take many years to emerge.” – Alcohol Change UK

Reducing health inequalities

The potential for MUP to reduce health inequalities was highlighted by several respondents, almost all of whom noted this in addition to describing the link between alcohol consumption and public health more generally. Some public health organisations all noted that: “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 deprived and anyone living in one of our most deprived areas is six times more likely to be hospitalised because of alcohol-related conditions.” Other groups, including individuals with poor mental ill health, women, children and young people, were also noted as being more likely to experience direct or indirect harm as a result of alcohol.

Respondents commented that evidence, particularly PHS’ evaluation, indicated that the largest health impact of MUP was for men and those living in the most deprived areas, and therefore argued that MUP reduces consumption in these communities and will contribute to reducing alcohol-related health inequalities. Some specifically mention that alcohol-related health inequalities will be reduced further with an increase in the minimum unit price.

“Modelling from Sheffield University estimates that rises in MUP lead to the greatest reductions in alcohol harm in the most deprived groups in Scotland. In contrast, reducing or removing MUP would lead to disproportionately more harm in the poorest communities, with rises in hospital admissions and mortality increasing to the greatest extent in the most deprived population groups in Scotland.” – Alcohol Change UK

“Impact of MUP on Alcohol-specific Deaths – Local Glasgow City data on alcohol-specific deaths indicated a fall in the number of deaths after the introduction of MUP in 2018 and 2019. The greatest fall was seen in those from the most deprived quintile by SIMD. However, again, the impact of the COVID pandemic is evident. It can only be inferred from the Public Health Scotland analysis that this pandemic-associated increase in alcohol-specific deaths has been mitigated by MUP. Conclusion: there was evidence of a reduction in alcohol-specific deaths after the introduction of MUP, especially amongst those from the most deprived areas of the city.” – Glasgow City Council

“There is evidence that a minimum unit price (MUP) for alcohol has achieved reduced alcohol-related harm across the population in Scotland. Health inequalities that reflect wealth and income inequalities are prevalent in Scotland and a key driver of Scotland's poor health outcomes. MUP has had a positive impact in reducing health inequalities as it has reduced alcohol consumption most in the poorest communities in Scotland. These are the two significant arguments for the retention of MUP.” – Scottish Drugs Forum

“Robust evaluation has shown that MUP has reduced alcohol-specific deaths by 13.4% and alcohol-related hospital admissions by 4.1% since its introduction, with the greatest benefits being seen among people living in the most deprived areas of Scotland. People in these areas are not only at greater risk of alcohol-related harm, but also face a 70% higher risk of obesity, significantly poorer mental health, and twice the risk of type 2 diabetes than those in the least deprived areas. This makes their health a priority for us at Diabetes Scotland, and we applaud MUP for its positive impact in this regard.” – Diabetes Scotland

“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 deprived and anyone living in one of our most deprived areas is six times more likely to be hospitalised because of alcohol-related conditions. 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.” – Scottish Health Action on Alcohol Problems (SHAAP)

Protecting public services

Some respondents, particularly public health organisations, noted that declining alcohol consumption could reduce the burden on public services; arguing that lower incidences of health issues among the general population would reduce demand for health services. A small number specifically noted that reducing hazardous and harmful drinking would decrease the number of alcohol-related hospital admissions. A few others noted that the benefits of reduced alcohol consumption extend beyond the NHS to include reductions in costs to social care and policing.

“Additionally there has been a reported 4.1% reduction in hospital admissions directly caused by alcohol use. This particular figure is crucial at a time when Scotland’s NHS is struggling to cope with the level of demand placed upon it. It demonstrates the potential for public health measures to make a real difference to demand on services. It frees up vital clinician time to see more people who desperately need their help. This is something worth celebrating.” – BMA Scotland

“44% of violent crime in Scotland is alcohol-related; and 41% of prisoners report being under the influence of alcohol at the time of their arrest. The evidence that MUP is effective in reducing consumption in those drinking hazardously is also positive in this context.” – NHS Ayrshire and Arran

“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. MUP reduces hospitalisations – Within 32 months of implementation, MUP reduced hospital admissions wholly caused by alcohol by an estimated 4.1% – equivalent to 411 fewer hospital admissions per year. This relieves pressure on our overstretched health services.” – Scottish Health Action on Alcohol Problems (SHAAP)

A few respondents explicitly supported increasing the minimum unit price above 50ppu to maintain the positive impacts highlighted above. Conversely, a small number of others supported an increase because they believed the positive impact on some public services has yet to be felt, highlighting a need for more stringent policy on alcohol consumption.

“The potential impact of MUP on harms in Scotland is likely attenuated by erosion over time in the effect of a static MUP at 50ppu due to background price inflation. The original 50p MUP has not yet shown benefits in terms of impact on emergency department visits, ambulance callouts, or road traffic accidents. Yet, these are all areas where there is still significant harm from alcohol. Our research on the impact of MUP and alcohol on the ambulance service in Scotland provides a stark reminder of the need for stronger alcohol policy, including a higher rate of MUP, to relieve pressure on emergency services.” – Institute for Social Marketing and Health

“An MUP of 65p would make good inflation and modestly increase the benefits of the policy. Compared to increasing to 60p per unit, an increase to 65p per unit would reduce consumption by an estimated 2.7%, leading to an estimated 60 fewer deaths and 774 fewer hospital admissions in the first year alone. There would also be a reduction in NHS hospital costs of £5m in the first 5 years, rising to £16.4m over 20 years. The most deprived groups would benefit the most from an increased MUP, experiencing the largest reductions in health harms.” – Balance

Improving quality of life

The impact on the non-health-related welfare of those who consume alcohol was mentioned by some. They noted that hazardous and harmful alcohol consumption can negatively influence mental wellbeing and social interactions, particularly for people with alcohol dependence. These respondents asserted that reducing alcohol consumption could lead to improved quality of life and extend to families and communities through lower levels of crime and improved child welfare and community safety.

“But importantly, behind the statistics are real people, who now have the chance to live fulfilling lives which they [may] not otherwise have done. They are families who get more time – better quality time – with their loved ones.” – BMA Scotland

“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.” – Scottish Directors of Public Health

“The harm of alcohol is multi-faceted & has been shown to be impacted positively by MUP. As well as health harm, there’s social harm too – impact of addiction, family based violence, problematic behaviour & crime etc. Personally I have a potential to be dependent on alcohol, so price helps – too cheap & it is too easy for me to drink too much. I was affected by childhood trauma as a consequences of my father’s drinking and domestic violence, MUP, along with other measures, might have helped then. Now we know more and should support current & future generations to have a healthier relationship with alcohol. The benefits are clear.” – Individual

Supporting early intervention and prevention

The role of MUP in early intervention and prevention was noted by some respondents, who suggested that the policy plays an important deterrent role, preventing moderate drinkers from drinking at hazardous and harmful levels in the future. In turn, they observed this could help to prevent many of the health issues outlined above.

“While some dependent drinkers reported reducing their consumption due to MUP, the policy’s greatest contribution to reducing alcohol dependence is by helping to reduce the risk of others becoming dependent in future.” – NCD Alliance

“We are also aware of the significant impact of the COVID pandemic on alcohol consumption levels and that it is likely to take several years to fully analyse the respective and combined impact of COVID and MUP on alcohol-related harm. We hope that objectives outlined in the Scottish government’s alcohol strategy, including those relating to pricing, will continue to drive reductions in consumption and improve access to treatment and support, leading to fewer hazardous drinkers moving into alcohol dependency and more serious harm in future years.” – Quaker Action on Alcohol & Drugs

Lack of negative impacts

In addition to the positive impacts on public health, other respondents expressed support for MUP either on the basis of a lack of negative impacts or unintended consequences since it was implemented, or the positive economic impact of the policy.

Little or no negative impacts of MUP

Some respondents, primarily health-related organisations, presented a similarly worded argument which stated that initial concerns about potential negative impacts and unintended consequences of introducing MUP have not come to pass. Respondents cited multiple early concerns, including: greater use of non-beverage or illicit alcohol; switching to or increased use of illegal drugs; increased theft, crime and disorder; and increased cross-border purchasing of alcohol. However, they suggested that these were either unfounded, not prevalent or that there is inconsistent or no clear evidence of these since the policy was introduced.

A small number further argued that MUP has not penalised moderate drinkers, having had little or no impact on the pricing of the alcohol products consumed by most moderate drinkers. A few respondents noted that some individuals, especially those with alcohol dependence, did experience social harms such as increased financial pressures. However, they suggested this was not prevalent or typical.

“Concerns were expressed about the weekly household spend being diverted from food or nutritional value of food into purchasing alcohol. Quantitative studies found no impact on household spend on food or nutritional value of food. There is some qualitative evidence of impact of MUP at an individual level, particularly for individuals with alcohol dependence who are financially vulnerable... [however] MUP was not designed to target this group who require targeted support for their recovery.” – Scottish Directors of Public Health

“We welcome the comprehensive analysis of MUP in Scotland, including the investigation of any unintended consequences of the policy. There is no population-level evidence of widespread harms caused by the policy.” – Alcohol Change UK

More specifically, some organisations argued that MUP has had limited or no impact on business or industry, particularly the alcohol sector. It was suggested that while there may have been a reduction in the total volume of alcohol being sold, this was offset by an increase in the average sale price and that applications for Licensed Premises continue, indicating sustained profitability of the off-sales trade. A few research organisations and retail organisations cited evidence of the lack of impact.

“The Public Health Scotland Report, Economic impact of MUP on Scotland’s alcoholic drinks, industry highlights there was no evidence of a significant economic effect on the Scottish alcoholic drinks industry through the implementation of Minimum Unit Pricing of Alcohol. The experience of retailers would correlate with that report. It was reported to us there was an overall shift in buying patterns, with smaller stores seeing a greater market share as larger stores could no longer offer as attractive promotions. Overall, though there appears to have been a fall in volumes which offsets the increased revenue through higher sales values. When the extra costs of implementation are included our view is retailers at best saw no revenue increase due to the policy.” – Scottish Retail Consortium

“Despite initial concerns, small retailers reported minimal disruption following the implementation of MUP, which was generally straightforward. Compliance was taken seriously and price calculations relatively manageable. Few/no negative reactions from customers were reported. Some felt that the measure enabled them to better compete with larger retailers/supermarkets and/or reported increases in revenue following the introduction of the measure. Concerns about MUP expressed by some trade bodies prior to implementation were largely not borne out in the experiences of small retailers.” – Institute for Social Marketing and Health

“On-trade (the supply of alcohol into premises where alcohol is sold for consumption on premise) has not been impacted as much by MUP. While the Scottish Government’s evaluation has provided no firm evidence of the negative/positive impact of MUP on wholesale specifically, anecdotal evidence from our members would suggest that at the current rate of 50ppu, to date, there has not been any substantial negative impacts to the wholesale business.” – Scottish Wholesale Association

“The introduction of MUP in Scotland in 2018 at 50 pence per unit (PPU) had limited impact on convenience retailers as alcohol sold in convenience stores was above the 50ppu MUP rate.” – Association of Convenience Stores

Positive economic impact

Some respondents argued that the reduction in harmful drinking due to MUP had wider economic benefits beyond saving money on public services. Multiple respondents who made comments in this vein, including Alcohol Focus Scotland, noted that alcohol harm is estimated to cost Scotland’s economy £5 billion to £10 billion each year, including £1.2 billion in labour and productivity losses. However, the British Dental Association cited a lower figure, of between £2.47 billion and £4.64 billion each year.

“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.” – Highland Alcohol and Drugs Partnership

“Failure to renew and uprate MUP would result in even higher levels of alcohol consumption and harm, placing a substantial additional burden on our NHS and on our economy. Other sectors of the Scottish economy beyond the drinks industry are expected to benefit from reductions in alcohol consumption, both due to people switching their spending from alcohol to other products and due to the workforce becoming healthier and more productive.” – Alcohol Focus Scotland

MUP is world-leading

Some respondents, all of whom felt MUP should continue, commented that MUP demonstrated Scotland’s global leadership. Respondents viewed MUP as a progressive model of best practice to be replicated internationally. Those expressing this view were mainly third sector, public health or international organisations, including members of the European Alcohol Policy Alliance.

“This policy not only serves as a national model but also as a global beacon, demonstrating the impact of well-formulated alcohol control measures.” – Nordic Alcohol and Drug Policy Network (NordAN)

More specifically, some organisations presented a similarly worded argument that Scotland’s MUP legislation has influenced positive developments in alcohol policy across the UK, Europe and worldwide. Countries mentioned as drawing learning and inspiration from Scotland’s actions included: Wales, Jersey, Ireland, Lithuania, France, and Australia. A few respondents, including Cancer Research UK and The Stroke Association, also noted that the WHO has recognised the value of MUP in reducing alcohol-related harms. A small number expressed the view that Scotland should continue MUP, or increase the minimum unit price, to further legitimise efforts to introduce similar policies elsewhere and protect public health in other nations. A few others highlighted the risk to Scotland’s international reputation as a leader in tackling non-communicable diseases by discontinuing the legislation.

“Failure to renew and uprate MUP in Scotland has consequences not just for the health of our own nation but globally and could damage our international reputation.” – NCD Alliance Scotland

“This process was an example of best practice which laid the groundwork for other jurisdictions such as Ireland, Wales, Jersey, Northern Territory in Australia to take action on low-cost alcohol.” – Ehkäisevä Päihdetyö EHYT ry, EHYT Finnish Association for Substance Abuse Prevention

The Scottish Parliament’s resistance of alcohol industry pressure was identified as one reason for the high international regard for MUP. Alcohol Action Ireland, for instance, urged the Scottish Government to commit to the legislation to continue to favour public interest over business interests.

“Your action is an example of the best alcohol policies to implement in Europe, especially in Portugal, where the alcohol industry is dominant and promote high levels of alcohol intake in vulnerable populations. All states need to know that it is possible to protect the health and well-being of these persons from commercial tactics of alcohol industry.” - Centre for Advocacy, Treatment and Recovery (CATR)

“Legal action is frequently used by commercial operators to block and delay action on health harming products and to intimidate Governments into avoiding action. The Scottish Parliament deserves much credit for prioritising action on the price of alcohol and the Scottish Government deserves credit for holding to its intentions to ensure the measure was introduced.” – Institute for Research and Development (Utrip, Slovenia)

Another reason given by some for the international admiration and support for continuing MUP was the evidence-based approach to its development, and the use of robust evaluation to demonstrate impact.

“The development of the policy was approached in a systematic way, informed by local and international evidence on the impact of price on patterns of drinking and harm across the population and within key target groups such as heavy drinkers and people living in poverty.” – Addictions France

“Cancer Council works to encourage measures to address the price of alcohol in various jurisdictions throughout Australia and this work is, in large parts, informed by the Scottish Government’s evaluation of the policy as it is the most comprehensive evaluation of the policy to date.” – Cancer Council

65 pence per unit is too low

A small number felt the proposed increase to 65ppu was too low and argued for this to be increased. Suggested figures were 70ppu, 75ppu and 80ppu. The primary reason for supporting a higher level was to ensure the policy maximised its impact. The Scottish Community Safety Network indicated it would support a higher level if the money were redirected to supporting those with alcohol dependency.

“QAAD’s preference would be for MUP to be raised to 70p. Our rationale is based on the differences in projected outcomes from SARG’s scenarios relating to reductions in alcohol-specific deaths over the next five years: 32.7% at 70p/unit compared with 21.6% at 65p/unit.” – Quaker Action on Alcohol and Drugs

“While 65p will reduce alcohol deaths and admissions below what they would otherwise be, it is unlikely to reduce them in absolute terms because of the projected effects of changes to consumption during the pandemic. If, as a nation, we wish to see an overall reduction in the number of alcohol deaths, a higher price would be required. AFS considers there is a strong case for this as higher MUP levels are estimated to lead to greater health impacts and, with that, a greater effect on reducing health inequalities. For example, increasing the proposed price to 70p is estimated to double the effect on consumption, deaths and hospital admissions of setting it at 65p per unit.” – Alcohol Focus Scotland

6. Other themes

While most of the themes evident in respondents' comments were either in favour or opposed to the continuation or an increase in the minimum unit price, some wider perspectives were raised. This chapter covers three main areas: the role of MUP as part of a wider strategy to reduce hazardous and harmful drinking, the need for more consultation and engagement; and other comments about alcohol consumption in Scotland.

MUP as part of wider strategy

The role of MUP as part of a wider strategy was explored in many comments. These covered three themes which are detailed below:

- The need for more targeted action and support
- Support for a wide range of alcohol harm prevention measures
- Tackling the root causes of hazardous and harmful drinking

Need for more targeted action and support

A call for more support for hazardous and harmful drinkers was made by many; this was the fifth most prevalent theme overall, spanning both individuals and organisations, and those in support of and opposed to continuing MUP. Respondents argued MUP should not be seen as a substitute for treatment and care delivery, particularly for the most vulnerable or people with alcohol dependence. While individuals typically made brief comments to this effect, a range of points were made by organisations.

Greater investment in care, treatment and support for individuals and their families was commonly suggested, with many arguing that current resource allocations to these services are insufficient. For instance, Scottish Families Affected by Alcohol and Drugs highlighted gaps in alcohol treatment services and other preventative measures, and SHAAP highlighted a 40% reduction in people entering treatment in the past decade.

Over 20 organisations and three individuals in this theme, all of whom supported continuing MUP, urged the Scottish Government to consider introducing an Alcohol Harm Prevention Levy, as proposed by the NCD Alliance Scotland. This would be applied to recoup industry profits generated by MUP, on a 'polluter pays' principle. These funds could then be used to fund care and treatment services for individuals experiencing alcohol-related harms. Those advocating a levy included SHAAP, Alcohol Focus Scotland, NCD Alliance, UK Liver Alliance, Alcohol Health Alliance UK, Northern Ireland Alcohol and Drug Alliance, Scottish Directors of Public Health, NHS Highland, NHS Lothian, NHS Ayrshire & Arran, Alcohol and Drug Partnerships in Highland and Dumfries and Galloway, and Recovery Coaching Scotland CIC/Borders in Recovery Community.

“NHS Lothian also recommend that 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 as alcohol harms cost Scotland an estimated £5-£10 billion every year.” – NHS Lothian

A few public health organisations specifically called for earlier detection of alcohol-related liver disease. They also advocated for the use of an inreach model, where community-based alcohol services link with health services, social care and police so those starting to come to harm from alcohol can be supported earlier. Other suggestions included residential rehabilitation and community-based alcohol and addiction services.

It was also noted that the MUP evaluation found the policy had led to unintended consequences amongst some, and it was generally felt that more effort should be made to mitigate these negative impacts. A few public health organisations welcomed the Scottish Government's commitment in August 2023 to treating alcohol harms as an important health priority, in addition to the existing commitments around drug-related harms.

“However, MUP cannot be seen as the only required intervention: support for the most vulnerable and those most dependent on alcohol is necessary to minimise unintended consequences.” – Individual

Those against extending MUP argued for a greater focus on more targeted measures or interventions to support people with alcohol dependence or problematic drug use. They felt that other policies, and greater investment in treatment and recovery services, would be more effective than MUP. Some felt they would be more likely to support continuing MUP if the money raised was used specifically for alcohol support services.

“We agree that people with alcohol dependency and those drinking at harmful levels would benefit from treatment and care services... Action taken to reach these individuals to support them to reduce their drinking will reduce alcohol-related deaths.” – The Scottish Whisky Association

“At the moment, those who get in a position to change their lifestyle are abandoned due to a lack of and almost non-existent support. So many start again due to feeling abandoned by the system. Why should everyone pay the price for a minority who need better focused treatment, which they are crying out for?” – Individual

Support for a wide range of alcohol harm prevention measures

Many respondents advocated for a wide suite of measures to address Scotland's relationship with alcohol. Around three quarters of those who expressed this view supported the continuation of MUP, with many seeing it as an integral part of Scotland's existing alcohol harm reduction strategy. However, it was argued that MUP alone could not prevent harm from alcohol and that a range of preventative approaches, alongside sufficient care and treatment measures, were required. Moreover, members of the European Alcohol Policy Alliance argued that: “The effectiveness of Minimum Unit Price will be enhanced if implemented as part of a comprehensive set of measures, including actions on marketing, availability, and treatment.”

“We recommend that MUP should form a component part of a comprehensive alcohol harm reduction strategy. It should not be considered a stand-alone policy, but rather a vital tool in the harm prevention toolbox.” – SPECTRUM Consortium

“Many of the deaths and much of the harm caused by alcohol dependence is preventable through a combination of appropriate public health measures, and RCGP views minimum unit pricing as part of this. MUP is by no means a silver bullet, but it is an important tool which can be used alongside a variety of other measures to address the widespread harms of alcohol dependence and misuse in Scotland.” – Royal College of General Practitioners Scotland

“MUP alone is not enough to address Scotland’s difficult and long relationship with alcohol. To prevent further deaths and reduce harm from alcohol other actions are required and include further investment and improvements in treatment and care, comprehensive restrictions on the marketing and availability of alcohol, alongside the implementation of effective prevention policies. A wide package of measures is 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.” – The Special Interest Group for Alcohol

“Due to the complexity of alcohol-related harm in Scotland, multiple whole-population approaches and individualised interventions are required. MUP was never intended to tackle Scotland’s unhealthy relationship with alcohol on its own. However, it is a vital cornerstone of the Scottish Government’s alcohol strategy, which contains forty actions to reduce alcohol consumption and related harm in Scotland, so ongoing resource and commitment is required to reduce alcohol-related harms in Scotland significantly.” – WithYou

“MUP is one of the most effective and cost-effective tools that can be employed to reduce alcohol harm but must be part of a wider package of measures to reduce alcohol harm implemented by the Scottish Government. We are separately calling for the UK and Scottish Governments to reduce the number of alcohol-attributable cancer cases by implementing comprehensive policy measures which reduce the availability, marketing and affordability of alcohol.” – Cancer Research UK

Other specific measures which respondents suggested as part of a wider strategy included comprehensive restrictions on the marketing and availability of alcohol, e.g., minimising shelf space in retail, education, person-centred outreach, access to advocacy services, and extending specialist alcohol care teams. Aston Manor Cider described an intervention known as the Primary Care Alcohol Nurse Outreach Service. This approach saw specialist addiction nurses placed in 100 GP practices in areas of highest deprivation in Scotland to support those who had not engaged with or had low engagement with specialist community alcohol services. An evaluation of the scheme by the University of Glasgow found it had targeted the right population and received positive feedback from GPs and service users.

“It is likely that there are subgroups in society, often living in the most socio-economically deprived areas of Scotland, that remain vulnerable to alcohol health harms and require additional preventive, planned, and unplanned support from health-care services.” – School of Health and Wellbeing, University of Glasgow

“We believe [MUP] has a role to play alongside other measures to help reduce alcohol abuse in Scotland. That includes the work already done by retailers who support charities such as Drinkaware, Community Alcohol Partnerships, support in-store for communications and advice, and voluntary measures such as not displaying alcohol or alcohol product marketing in shop windows.” – Scottish Retail Consortium

“The SLTA fully supported the principle of a Minimum Unit Price for alcohol and commended the Scottish Government in 2011 for trying to tackle the problem of “cheap booze” and the consequences of irresponsible promotions on the people of Scotland. We recognised then that minimum unit pricing would not be a panacea, but controls on pricing, in our view, continue to be the foundations for other complementary policies to be effective in controlling irresponsible pricing and promotions.” – The Scottish Licensed Trade Association

A quarter of respondents who did not support continuing MUP advocated for many of the wider approaches described above, favouring education and various restrictions on the advertising and purchase of alcohol.

“Ultimately, the most efficacious policy is education. I more than appreciate that this means any change will be generational rather than immediate, but if we're totally honest, that is the case with any policy.” – Individual

Tackle the root causes of hazardous and harmful drinking

Some respondents advocated for greater efforts to address the underlying reasons why people use alcohol at hazardous and harmful levels. A range of respondents raised this theme, including those who supported the continuation of MUP and those who did not.

Multiple issues were mentioned by respondents, including poverty and deprivation, Scotland’s culture of drinking and individual challenges such as low mood or self-esteem, trauma, poor diet and lack of exercise.

“Instead of taking the usual sticking plaster approach to social problems, would it not be more practical to address the social reasons that result in people especially low income individuals, to abuse alcohol in the first place?” – Individual

“To the extent that this may have a disproportionate impact on those with low incomes, the response to that should be to address poverty and income inequality as issues in their own right rather than limiting the MUP.” – NHS Greater Glasgow and Clyde

“The Scottish government needs to tackle the root causes of alcoholism in the country, poverty, mental health, lack of esteem, and unemployment, instead of penalising all responsible drinkers by raising the prices.” – Individual

“The Salvation Army is clear that action needs to incorporate increased access to support services that help tackle the reasons why people have turned to alcohol in the first place.” – The Salvation Army

“Minimum unit pricing for alcohol does not address the socio-economic problems leading to alcohol and other addictions in the first place. While I accept that MUP has reduced hospital admissions for health-related impacts related to alcohol consumption, it has not addressed the root issue. Scotland has some of the worst poverty levels and drug addiction problems in Europe. We need a complete restructuring of services to tackle this all the way from schooling to health care to law enforcement.” – Individual

“We must not lose sight of the fact that MUP, while helpful, can only ever be one weapon in the armoury of seeking to tackle the public health problem that is alcohol consumption in Scotland. We would urge the Scottish Government to continue to escalate work in areas in this space in relation to education and rehabilitation, as well as wider work to tackle poverty and to better understand trauma.” – Church of Scotland (Public Life and Social Justice Programme Group)

“There was some qualitative evidence that individuals with alcohol dependence who are financially vulnerable reduced spend on food, and it is important that interventions to support recovery, the wider family, and mitigate the effects of poverty, particularly its impact on children, are also in place.” – PHS

Calls for more evidence and engagement

More research and evidence required

Some respondents, most of whom favoured MUP continuing, called for more research and evidence. These covered a range of requests, including:

- For the Scottish Government to take an evidence-based approach to all changes to alcohol policy, including continuing MUP and changing the minimum unit price.
- Monitoring and evaluating the relationship between MUP, the public health impact of MUP and its impact on people in areas of deprivation and marginalised groups, including unintended consequences.
- The Scottish Community Safety Network requested more information on “the impact of MUP in reducing unintentional harm and injury (accidents) and teasing that data out on alcohol-related hospital admissions”.
- Glasgow City Council suggested it would be useful to have more evidence of any impact of MUP on people with Alcohol Related Brain Disease (ARBD).
- Turning Point Scotland noted that, while MUP was not intended to reach people who were dependent on alcohol, there is anecdotal evidence of harm being caused to this group. They called for “a commitment to better understand this population, how they are impacted by MUP and how this impact can be prevented or mitigated.” NHS Ayrshire and Arran and SPECTRUM Consortium made similar points.

A few public health organisations made the same specific request for:

“Implement a comprehensive evaluation of government policy around alcohol to better understand the impact and effectiveness of different approaches specifically as they affect dependent drinkers, women, children and young people.

Further investigation of the identified changes in acute alcohol-related presentations to hospital in order to better understand and quantify the risks associated with this. For example, to what extent are these acute withdrawal presentations amongst dependent drinkers, and what would be the appropriate service response to avoid this for those most affected by issues of affordability.

Planning for the next decade – robust monitoring and evaluation mechanisms should be put into place so that population changes are accurately recorded. The SDsPH also recommend a research framework is developed to capture new learning and for the design of future policies.” – Scottish Directors of Public Health

The European Alcohol Policy Alliance and a few of its members hoped for more insight into “patterns of sales among particular populations and localities”, particularly cross-border sales, as they argued that the evaluation of MUP was not as detailed on this point as it could have been. The Scotch Whisky Association, who were opposed to MUP continuing, also called for impacts on online and cross-border sales to be monitored.

“Commercial operators often cite increased cross border sales as a reason not to implement price interventions in a country, though the evidence is that this is a minor influence in population consumption and harm. The introduction of minimum unit price in Scotland was an ideal opportunity to study this issue and while we note that there is no evidence that MUP drove significant cross-border alcohol import, which is in line with our expectations, it was disappointing that there was little quantitative data to support this conclusion.” – The European Alcohol Policy Alliance

Future engagement and consultation

Calls for continued or more engagement were made by some respondents, primarily retail organisations and producers. From the producers' perspective, the WSTA and spiritsEUROPE requested the Scottish Government commit to consulting on future increases and consider establishing a timetable for regular reviews.

The Scottish Wholesale Association noted their appreciation of the commitment to regular review of the effectiveness and proportionality of MUP. They welcomed future collaboration to ensure the concerns of affected businesses are considered, “ensuring a balanced approach that considers both public health objectives and the welfare of businesses across the sector”. The Scottish Retail Consortium noted retailers were able to implement MUP in partnership with the Scottish Government, including raising public awareness of the policy, and requested a similar approach if the minimum unit price changes. They also suggested that a higher minimum unit price may affect some retailers not previously in the scope of the policy and that those businesses should be allowed time to make the required changes. UKHospitality Scotland also called for the Scottish Government to engage with businesses and trade associations.

Singular suggestions from individuals included: talking to people with lived experience of hazardous and harmful drinking to develop policy; engaging with other key stakeholders in addition to the alcohol industry, including medical bodies and third sector organisations; and for greater publicity of future consultations among the general public.

“If the Scottish Government decide to continue implementing and raise the value of MUP, it is imperative that industry, including retailers, have a fair lead in time till implementation to ensure necessary administrative updates, pricing and promotional changes and staff training can be made to help prepare businesses for implementation.” – Association of Convenience Stores

Other comments on alcohol consumption in Scotland

Several respondents commented more broadly on the consumption and sale of alcohol. A range of points were made, particularly about off-trade sales i.e. alcohol sold for drinking off the premises.

The relationship between price and location of drinking was noted by some. One organisation noted that licensed premises are bound by the Licensing (Scotland) Act 2005 where one of the five objectives is to ‘protect and improve health’. The Institute for Social Marketing and Health reported on its research into how policies can support public health without impacting on-trade businesses. They argued increasing the minimum unit price could reduce the price differential between on-trade and off-trade sales, thus encouraging more people to drink in licensed premises rather than at home. This could also reduce the amount of drinking done at home before people go out, meaning people have consumed less before they arrive at hospitality venues.

Glasgow City Council highlighted that licensed premises had increased by 7% since the implementation of MUP compared to an increase of 13% of off-sales only provision, and that following the pandemic, 66% of all licensed premises were now able to sell alcohol for drinking off the premises. They concluded that: “While MUP has provided a price point per unit of alcohol, there remains a substantial price differential between off-sales and on-sales continuing to drive unregulated consumption and for off-sales premises to provide this cheaper alcohol.”

Scottish Families Affected by Alcohol and Drugs recognised that MUP effectively targeted those drinking at hazardous and harmful levels, given that these individuals are more likely to purchase alcohol from off-sales premises. They felt this was appropriate given that off-trade alcohol had become 64% more affordable compared to 1987. A small number of respondents called for the licensing regime to be addressed.

“We are supportive of a strong, robust licensing policy based on the concomitance of the available evidence. It is only through robust and probative policy that good law can be made.” – The Institute of Licensing

“I think another approach is needed rather than just raising prices. Perhaps looking at licensing both on and off sales, again, and availability, would be a better bet.” – Individual

“It is also our local experience that the legal framework for alcohol licensing remains too weak to enable meaningful and effective application of the public health objective in individual alcohol licensing decisions. Rather than the MUP mitigating the need for this, it is our view that the legal framework for the public health objective needs to be strengthened alongside the MUP in order to achieve an adequate overall impact on alcohol harms in Scotland.” – NHS Greater Glasgow and Clyde

Respondents commonly cited the evidence from PHS’ evaluation of MUP that overall alcohol consumption had reduced by 3% at a population level, driven by a reduction in off-trade sales. However, as noted earlier, the Retail Data Partnership Ltd queried this finding, arguing that their data showed a steady and consistent increase in the volume and value of sales and suggested a displacement, rather than reduction, in sales.

Other comments

A few respondents raised other points which did not align with the themes in this report. These were typically made by one or a very small number of respondents and included:

- That more consideration needs to be given to the proposals.
- A critique of the consultation including that it was difficult to navigate and that there should have been an opportunity to comment on the closed questions.

7. Conclusions

Many individuals and stakeholders with detailed knowledge took part in the consultation, sharing their views on the impact of MUP since it was introduced, and their views on whether it should continue and at a higher minimum unit price. Reflecting their experience and perspectives, this report provides a high-level summary of the consultation responses. For more detail, readers are encouraged to look to individual responses where permission was given for publication³.

Overall, two fifths (39%) supported continuing MUP and three fifths (59%) were opposed, while one third (32%) agreed with the proposed minimum unit price of 65ppu and two thirds (66%) disagreed. While most respondents held firm views either for or against the proposals, there were significant differences between individuals and organisations. Among organisations, 88% favoured continuing MUP and 79% supported an increase to 65ppu, whereas among individuals 27% and 19% supported the respective proposals.

These mixed views were reflected in the qualitative comments. Those opposed to continuing MUP or increasing the minimum unit price raised a variety of concerns. These included an additional financial burden, a lack of evidence that MUP works in practice, that the approach is unfair to moderate drinkers, and the potential for further unintended harm to hazardous and harmful drinkers and their families. Negative impacts on retail, alcohol and hospitality businesses were also noted.

Conversely, those who favoured extending MUP or increasing the minimum unit price argued that the available evidence shows that MUP has been effective. Many respondents, particularly public health and third sector organisations, described positive impacts on public health and reducing health inequalities due to reduced alcohol consumption. Some respondents also argued that initial concerns about MUP had not come to pass and did not pose a barrier to continuing the approach.

Supporters most commonly agreed that the proposed 65ppu was correct, though a recommendation that the minimum unit price should rise over time, possibly using an automatic mechanism, was made by many respondents. A minority of respondents advocated for an alternative minimum unit price, both higher and lower than 65ppu.

More broadly, MUP's role as part of a wider strategy was explored by many, with calls for range of alcohol harm prevention measures to be used alongside targeted action and support for the most vulnerable. There were also multiple requests for more research and evidence into the impact of MUP, and for more engagement and consultation with the people and sectors most affected by the policy.

³ Responses are published on the [Scottish Government's consultation](#) website



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