

Minimum Unit Pricing of Alcohol – Continuation and Future Pricing

Equality Impact Assessment

February 2024

Summary of aims and desired outcomes

The policy aim of MUP is to reduce health harms caused by alcohol consumption by setting a floor price below which alcohol cannot be sold. In particular, it targets a reduction in consumption of alcohol that is considered cheap, relative to its strength. It aims to reduce both the consumption of alcohol at population level and, in particular, among those who drink at hazardous¹ and harmful² levels. In doing so, it aims to reduce alcohol related health harms among hazardous and harmful drinkers, and contribute to reducing harm at a whole population level.

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. MUP is also intended to address alcohol related health inequalities by reducing consumption, and therefore harm, among hazardous and harmful drinkers as a whole, having a positive effect on health inequalities given the greater harms people in lower socio-economic groups experience in relation to alcohol.

The policy was implemented on 1 May 2018 at a level of 50 pence per unit (ppu) of alcohol³. The legislation, the Alcohol (Minimum Pricing) (Scotland) Act 2012⁴, contains a 'sunset clause' which means further legislation is required to continue the policy, as well as setting the level going forward.

The Scottish Government set out, in a statement to Parliament on 8 February given by the Deputy First Minister, that it would lay secondary legislation seeking the agreement of Parliament to continue Minimum Unit Pricing and to set the price at 65 pence per unit, to take effect from 30 September 2024.

¹ Hazardous drinking is defined as a pattern of alcohol consumption which increases an individual's risk of harm. This is generally indicated by alcohol consumption at a level of more than 14 units a week, but fewer than 35 units for women. For women, it is considered to be alcohol consumption at a level of more than 14 but less than 50 units a week.

² Harmful drinking is defined as a pattern of alcohol consumption that is causing mental and/or physical harm to health. This is generally indicated by alcohol consumption at a level of 35 or more units per week for women, and 50 or more units per week for men.

³ [The Alcohol \(Minimum Price per Unit\) \(Scotland\) Order 2018 \(legislation.gov.uk\)](#)

⁴ [Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012 \(legislation.gov.uk\)](#)

Executive summary

The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. It is a legislative requirement. Equality legislation covers the protected characteristics of: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. An equality impact assessment (EQIA) aims to consider how policy (a policy can cover: activities, functions, strategies, programmes, and services or processes) may impact, either positively or negatively, on different sectors of the population in different ways.

This EQIA has been undertaken to consider the impacts of the Scottish Government's decision to continue the effect of the Alcohol (Minimum Pricing) (Scotland) Act 2012 beyond 30 April 2024 (the day on which the legislation is set to expire) and increase the minimum unit price to 65ppu⁵, if Parliament agrees, on individuals with protected characteristics.

As part of the EQIA process, the Scottish Government has considered the impacts of the proposals on people with one or more protected characteristic. The EQIA concluded that the new measures are neither directly nor indirectly discriminatory on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

Background

MUP forms part of the Scottish Government's wider whole population approach to reducing alcohol related harm, which is set out in the range of twenty actions contained in the 2018 Alcohol Framework⁶.

Alcohol-related harm continues to be a key public health challenge in Scotland. In 2021, the latest year for which data is available, Scots bought enough alcohol for

⁵ The Scottish Government consultation on these proposals is found here: [Alcohol: Minimum Unit Pricing \(MUP\): Continuation and Future Pricing](#).

⁶ [Alcohol Framework 2018 - gov.scot \(www.gov.scot\)](#)

everyone aged over 16 to drink 18.1 units of alcohol every week (9.4 litres)⁷. This is equivalent to around 36 bottles of spirits, or around 90 bottles of wine, per adult each year. This is nearly 30% more than the lower-risk UK Chief Medical Officers' guidelines of 14 units per week.

The high levels of consumption in Scotland causes a range of harms. High levels of alcohol consumption causes significant harm both at the individual and the population level. Alcohol increases the risk for developing liver disease, a range of cancers as well as for heart disease and stroke.

For example, the most recent figures published by National Records for Scotland showed that there were 1,276 alcohol-specific deaths in Scotland in 2022⁸. Whilst recognised as a problem across the UK, the evidence shows that alcohol-related harm through alcohol misuse is greater in Scotland, with rates of alcohol-specific deaths highest in Scotland.⁹ Mortality rates for chronic liver disease, of which alcohol consumption is one of the most common causes, are also markedly higher in Scotland compared to the UK as a whole and other Western European countries.¹⁰

MUP is subject to a 'sunset clause' that means that policy will expire at the end of 30 April 2024 unless Parliament agrees to extend its effects. Ministers were under a duty to lay a report before Parliament setting out their assessment of MUP over its period of operation. This report was laid before Parliament on 20 September 2023¹¹.

To support their assessment of MUP, the Scottish Government commissioned Public Health Scotland to undertake an extensive evaluation of the policy, the conclusions of which were published in 2023. The PHS evaluation considered the evidence of the effects and effectiveness of MUP over a number of years, including the impacts on a range of groups some of whom are have, or are likely to have, a protected characteristic.

⁷ [Monitoring and Evaluating Scotlands Alcohol Strategy \(MESAS\), 2022 \(publichealthscotland.scot\)](https://publichealthscotland.scot)

⁸ [Alcohol-specific deaths 2022, Report \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

⁹ [Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹⁰ [International comparisons - ScotPHO](https://scotpho.org.uk)

¹¹ [Evaluation of Minimum Unit Pricing of Alcohol in Scotland - Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012 - operation and effect 2018 to 2023: report - gov.scot \(www.gov.scot\)](https://www.gov.scot)

Broadly, the evaluation concluded that there was evidence that MUP had reduced alcohol specific deaths and likely to have reduced hospitalisations wholly attributable to alcohol during the periods relevant studies considered. There was evidence that MUP has contributed to a population level reduction in alcohol consumption of around 3% in the period considered.

The evaluation found that the estimated reductions in wholly attributable deaths and hospital admissions were greatest among men and those living in the most deprived areas of Scotland. There was some evidence of some negative impacts on people with alcohol dependency as a result of the increase in the price of alcohol.

The Scottish Government has set out that it will continue MUP and set the unit price at 65 pence per unit, if Parliament agrees the legislation giving effect to that decision. It is expected that this change, that both seeks to ensure the minimum unit price is increased in response to inflation and seeks to increase the public health benefits of the policy, will have similar types of effects – both positive and negative - as have been found to date.

This assessment was reached in consideration of the evidence base relating to MUP to date as well as modelling undertaken by Sheffield University on the potential effects of a unit price at different rates. (sarg-scottish-mup-report-2023.pdf (sarg-sheffield.ac.uk)). The Scottish Government has considered this in its deliberations.

Overall continuation of MUP, and an increase to the price per unit, are expected to have significant positive public health effects. The PHS evaluation reports some evidence of impacts on people with alcohol dependency as a result of the increase in the price of alcohol. For example, this included negative impacts, such as increased financial strain, and concern about switching from weaker to stronger alcohol drinks, and positive impacts, such as deciding to seek treatment.

As a whole population policy (rather than a clinical intervention) MUP alone is not specifically designed to reduce consumption in people with alcohol dependency. People dependent on alcohol require specialist treatment and support services – such as those provided by Alcohol and Drug Partnerships (ADPs) that the Scottish Government has allocated £112 million of funding to in the financial year 2023/2024.

The Scottish Government is also undertaking a range of actions in relation to support for people with the highest levels of alcohol consumption including ongoing work with the UK Government in reviewing and updating alcohol treatment guidelines and commissioning PHS to undertake further work to investigate the reduction in numbers for referrals to alcohol treatment services.

The Scottish Government will keep the impacts of the increased price under review.

The Scope of the EQIA

Because alcohol harm can impact a number of protected characteristics, particularly age and sex, it was determined that a full EQIA was required.

Key Findings

Age

There are differences in alcohol consumption by age meaning that the continuation of MUP, and any change in price level, are likely to affect people in different age groups in different ways. PHS's final evaluation report of MUP noted analysis of Kantar Alcovision data^[13] which found reductions in consumption were greater in the older age groups, particularly for men, and for those living in less deprived areas.¹²

Those under 18 years of age generally reported that MUP had not affected their alcohol consumption, largely because price was a relatively minor factor in their decision to drink alcohol. Broader context on trends in alcohol consumption among those aged under 18 are set out in the Health Behaviour of School Aged Children Scotland Study. Findings from the 2022 Health Behaviour of School Aged Children Scotland Study reports that levels of drunkenness among adolescents have declined steadily over time and are now at their lowest level for 32 years¹³.

¹² [Public Health Scotland, Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence, June 2023](#)

¹³ [University of Glasgow - Schools - School of Health & Wellbeing - Research - MRC/CSO Social and Public Health Sciences Unit - Research - Complexity in health - Health Behaviour in School-aged Children \(HBSC\) Scotland Study](#)

The PHS evaluation reports the older age cohort (75+) contains a lower proportion of those who have highest levels of consumption as well as the highest proportion of non-drinkers.

There is no evidence that MUP has had a differential negative impact on those within a certain age group nor that MUP exacerbates age inequalities.

The evaluation reported on statistically significant estimated reductions in deaths wholly attributable to alcohol consumption amongst specific social groups including males, females, people aged 35-65, people aged 65 and older and the four most socioeconomically deprived deciles. These estimated reductions in deaths wholly attributable to alcohol consumption were largest amongst men, those aged 65 years and older, and those living in the 40% most deprived areas in Scotland. The continuation of MUP at 65ppu is likely to reduce alcohol consumption and harms across all age groups with a potentially greater positive impact on older age groups, in line with the findings of the evaluation of MUP at 50ppu.

Disability

There is no direct evidence on the impact MUP may have on disabled people.

The available evidence suggests that people with a long-term health condition or disability are less likely to drink to hazardous/harmful levels than those without, and are likely to consume less units of alcohol on average per week.¹⁴ It is unlikely that the continuation of MUP at a price of 65ppu will have a specific differential impact on disabled people.

Sex

MUP is estimated to have reduced deaths directly caused by alcohol consumption (wholly attributable) in Scotland compared to what would have happened in the absence of MUP. The overall reduction was driven by reductions in deaths due to chronic causes, such as alcoholic liver disease. The observed reductions in wholly

¹⁴ [Scottish Government, Scottish Health Survey 2021, November 2022](#)

attributable deaths and hospital admissions were greatest among men and those living in the most deprived areas of Scotland.¹⁵

The continuation of MUP, and any price change, is likely to reduce alcohol consumption across the population, amongst both men and women. There is likely to be a slight differential positive impact on men, who consume more alcohol on average and therefore suffer more from alcohol harms (deaths, hospitalisations).

Pregnancy and maternity

Given there is, at a population level, low levels of alcohol consumption amongst pregnant women in Scotland, it is unlikely that continuation of MUP at 65ppu will have a significant impact on this group.

Sexual Orientation

There is no direct evidence on how those in the LGBTQ+ community have been impacted by MUP. Evidence suggests that those in the LGBTQ+ community are likely to have higher levels of alcohol consumption than other sub-groups.¹⁶ This might suggest that, given MUP reduces consumption amongst those who drink the most, this sub-group are likely to be impacted positively by the continuation of MUP at 65ppu.

Gender reassignment

There is a lack of information on alcohol consumption amongst trans people. Whilst the evidence above does include trans people there is not enough disaggregation to be able to draw specific conclusions. There is no evidence that the continuation of MUP at 65ppu would have a disproportionate impact on the people who identify as trans.

¹⁵ [Public Health Scotland, Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence, June 2023](#)

¹⁶ [Scottish Health Action on Alcohol Problems, The social context of LGBT people's drinking in Scotland, December 2015](#)

Race

MUP targets a reduction of alcohol consumption across the whole population. Evidence demonstrates that it has reduced consumption for those in households who purchase the most alcohol.¹⁷ Therefore those in any racial group who drink to hazardous or harmful levels are likely to be positively impacted by MUP as it may reduce their alcohol consumption and improve their health. Given we know that those who are white tend to drink the most, the continuation of MUP at 65ppu is most likely to have a positive impact on this sub-group.¹⁸ There is no evidence of MUP having a negative impact on any racial group.

Religion

MUP targets a reduction of alcohol consumption across the whole population. Evidence demonstrates that it has reduced consumption for those in households who purchase the most alcohol. Therefore those in any religious group who drink to hazardous or harmful levels are likely to be positively impacted by MUP as it may reduce their alcohol consumption and improve their health. Given we know that those who are Christian or do not belong to a religious group drink the most alcohol, the continuation of MUP at 65ppu is most likely to have a positive impact on these groups.¹⁹ There is no evidence of MUP having a negative impact on any religious group. Many other religious groups have lower levels of alcohol consumption on average, those within these groups are therefore less likely to be impacted by the continuation of MUP at 65ppu.

Recommendations and Conclusion

It is expected that the continuation of MUP at 65ppu will have a positive impact overall at the population level. In particular the increased price – as set out in Sheffield University's "[New modelling of alcohol pricing policies, alcohol consumption](#)

¹⁷ [Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence - Publications - Public Health Scotland](#)

¹⁸ [UK Government, Harmful and probable dependent drinking in adults, August 2018](#)

¹⁹ [Scottish Government, Scottish Health Survey - topic report: equality groups, October 2012](#)

[and harm in Scotland](#)" - is expected to reduce alcohol specific deaths and hospitalisations wholly attributable to alcohol.

The evaluation of MUP shows that MUP has had a positive impact on health outcomes, including addressing alcohol-related health inequalities. There was evidence that it reduced deaths directly caused by alcohol consumption by an estimated 13.4% and likely to have reduced hospital admissions by an estimated 4.1% up to the end of 2020, compared with if MUP was not in place. The largest reductions were seen in men and those living in the 40% most deprived areas.²⁰ This evaluation has been commended by public health experts in terms of its approach and conclusions and is considered to be a robust assessment of the impact of MUP.

A price rise to 65ppu will likely enhance the impacts that were observed at 50ppu. Although there is no evidence which looks at the anticipated impact of the price increase across the protected characteristics specifically, demographics of different groups that consume alcohol at different levels provides an indication of the potential impacts on some groups with protected characteristics. For instance, the increase in price is expected to lead to increased positive effects of the policy than at the current price of 50ppu, i.e. older age groups and men, who consume higher than average amounts of alcohol, are likely to experience increased positive effects than groups who tend to consume less alcohol.

In addition to this summary of equalities considerations, the Scottish Government has considered a range of evidence on the potential effects of the continuation and price increase of MUP. Further detail and evidence is set out in the Business and Regulatory Impact Assessment (BRIA).

²⁰ [Public Health Scotland, Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence, June 2023](#)



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