

# **Minimum Unit Pricing of Alcohol – Continuation and Future Pricing: Stage 2**

## **Child Rights and Wellbeing Impact Assessment**

**February 2024**

## **Disclaimer**

This impact assessment should be read in conjunction with the Equality Impact Assessment and the Fairer Scotland Duty Assessment.

## CRWIA Stage 2 – Assessment of Impact and Compatibility

### 1. What evidence have you used to inform your assessment? What does it tell you about the impact on children’s rights?

#### Background

MUP forms part of the Scottish Government’s wider whole population approach to alcohol harm prevention, which is set out in the Alcohol Framework 2018<sup>1</sup> and contains 20 actions to reduce alcohol-related harm.

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 everyone aged over 16 to drink 18.1 units of alcohol every week (9.4 litres)<sup>2</sup>. 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 cause 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 2022<sup>3</sup>. 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.<sup>4</sup> 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.<sup>5</sup>

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<sup>th</sup> September 2023<sup>6</sup>.

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<sup>1</sup> [Alcohol Framework 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>2</sup> [Monitoring and Evaluating Scotlands Alcohol Strategy \(MESAS\), 2022 \(publichealthscotland.scot\)](https://publichealthscotland.scot)

<sup>3</sup> [Alcohol-specific deaths 2022, Report \(nrscotland.gov.uk\)](https://nrscotland.gov.uk)

<sup>4</sup> [Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>5</sup> [International comparisons - ScotPHO](https://scotpho.gov.scot)

<sup>6</sup> [Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012 - operation and effect 2018 to 2023: report - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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.

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 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 hazardous and harmful 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.

The PHS evaluation noted that there was limited evidence to suggest that MUP was effective in reducing consumption for people with alcohol dependence (at a population level, this is estimated to represent around 1% of adults, based on Scottish Health Survey 'AUDIT' scores of 16+ which indicate drinking at harmful and possibly dependent levels<sup>7</sup>).

People with alcohol dependence are a particular subgroup of those who drink at harmful levels and have specific needs. People with alcohol dependence need timely and evidence-based treatment and wider support that addresses the root cause of their dependence. In 2023/24, the Scottish Government made £112.9 million available to Alcohol and Drugs Partnerships to support local and national treatment initiatives. The Scottish Government has been involved in a UK-wide group on reviewing and updating clinical guidance for alcohol treatment, which has been consulted on. Evidence around Managed Alcohol Programmes is also being explored.

To compile this CRWIA, A variety of information sources were used, including -

- Public Health Scotland's, *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report: A synthesis of the evidence*, which was published on 27 June 2023.
- Engagement with stakeholders in summer 2022 and summer 2023 as part of our report on minimum unit pricing (MUP).

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<sup>7</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/27/2023-06-27-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500)

- Meeting with internal policy colleagues
- Health Behaviour in School-Aged Children (HBSC): 2022 Survey in Scotland

### **Evidence from research**

The Scottish Government commissioned Public Health Scotland (PHS) to lead a wide-ranging, comprehensive, five-year review of MUP. The evaluation sought to answer two overarching questions:

1. To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?
2. Are some people and businesses more affected (positively or negatively) than others?

The evaluation comprised a portfolio of quantitative and qualitative studies across a number of areas including price and product range; alcohol sales and consumption; alcohol related harm; and economic impact on the alcoholic drinks industry.

The findings from each of these studies have been published on the [PHS website](#). Two of these related specifically to the impact of MUP on children and young people: [Minimum Unit Pricing in Scotland: A qualitative study of children and young people's own drinking and related behaviour](#) (published November 2019) and [Minimum Unit Pricing \(MUP\) for alcohol evaluation The impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption: A study of practitioners' views](#) (published 12 May 2020)

The first of these studies was a qualitative project with children and young people under the age of 18 who consumed alcohol to gather their views and experiences of drinking and related behaviour following the introduction of MUP. 50 children and young people between the ages of 13 and 17 participated in the research, and a further 21 staff and volunteers who worked with children and young people were interviewed, including support workers, youth workers, school guidance staff, and service managers. The study concluded:

Among the young people who took part in the study, the introduction of Minimum Unit Pricing had limited impact on alcohol use and no reported impact on related behaviour. The price of many drinks popular among young people did not change following MUP's introduction. The price of alcohol was not a significant factor in the young people's alcohol use as they tended to have the financial means to purchase the alcohol they wanted, including when the price of their favoured drink increased, sometimes by prioritising it over other purchases. However, some young people did switch to alternative alcohol products, and a small number of young people reduced their drinking

when the price of their favoured drink rose. There were no reported negative impacts on children and young people from the introduction of MUP.

Overall, this research highlighted that alcohol use among children and young people is a complex issue influenced by a range of factors which can change as they get older and their experiences and perceptions change.

It should be noted that the research only considered children and young people who consumed alcohol before and after the introduction of MUP in May 2018, and as such the views and experiences of the children and young people who took part are not representative to the general population of children and young people in Scotland.

The second study considered the potential impact of MUP in protecting children and young people from harm from the harmful alcohol use of their parent or carers. Eight focus groups and one interview were held with a total of 42 practitioners with specialist expertise in alcohol-related services. The study concluded:

The aim of the study was to contribute to an understanding of the potential role of MUP in protecting children and young people from harm from parent or carer harmful alcohol use. Through in-depth discussions with practitioners with specialist expertise in alcohol-related services the study powerfully illustrates the harms that children and young people may experience as a result of parent/carer alcohol use within some families. The participants in this study were experienced practitioners that understand the complexity of the lives of the families they work with, the pressures they face from challenges relating to financial hardship, and the multitude of factors that influence alcohol consumption and related harms to children. This complexity, together with the comparatively recent implementation of MUP made it difficult for participants to identify specifically how MUP had changed children and young people's experience of harm from parents'/carers' drinking.

Participants did feel that MUP may support some of those who were drinking at hazardous and harmful levels to reflect on and possibly reduce their consumption. There were some examples of this happening, with the potential for beneficial effects for children and young people. Participants felt that MUP may have a limited positive impact on those living with a possible dependence on alcohol. The study suggests that, in addition to MUP, in order to address alcohol consumption and related behaviours and to help mitigate the risk of harms to children and young people, interventions are needed that support individuals to address their underlying reasons for harmful drinking. It will be important to consider whether such interventions for individuals living with a possible dependence on alcohol may be different to those for individuals who are considered to be drinking at harmful and hazardous levels, but not living with a possible dependence. In a context of pervasive poverty, including child

poverty, the study also suggests a need for greater understanding of, and actions to address, the interactions between poverty, welfare reform and substance use.

In producing the final report on the impact of MUP, PHS conducted a comprehensive evidence synthesis which pulls together the findings of the PHS evaluation in addition to work on the impact of MUP conducted by others, primarily academic institutions. Following a quality appraisal process, 40 research publications were identified and rated as of sufficient quality for inclusion in the evidence synthesis. PHS published their final report, *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report: A synthesis of the evidence*, on 27 June 2023.

The overall conclusion by PHS on the impact of MUP is:

Overall, the evidence supports that MUP has had a positive impact on health outcomes, namely a reduction in alcohol-attributable deaths and hospital admissions, particularly in men and those living in the most deprived areas, and therefore contributes to addressing alcohol-related health inequalities. There was no clear evidence of substantial negative impacts on the alcoholic drinks industry, or of social harms at the population level.

In relation to children and young people, the evaluation included three papers, each of which was assigned a strong quality appraisal rating, and contributed qualitative evidence about the effects of MUP on families and children. This included the two papers described above. Looking at the evidence from these three studies, PHS wrote:

Practitioners working with families affected by alcohol expressed concerns about the ability of those with probable alcohol dependence to absorb the price increase without affecting the family budget, but recognised MUP was just one of many factors at play in the complex lives of these families<sup>8</sup>. Overall, they felt unable to determine if MUP had positive or negative impact on the lives of children and young people affected by other people's drinking<sup>9</sup>. Holmes and colleagues<sup>10</sup> also provided insights into the impact of MUP on children and families. In structured interviews with those with probable alcohol

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<sup>8</sup> Ford J, Myers F, Burns J, Beeston C. Minimum unit pricing (MUP) for alcohol evaluation: The impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption: [Practitioners' views on the impact of MUP on protecting children and young people](#) (published 12 May 2020)

<sup>9</sup> Ibid

<sup>10</sup> Holmes J, Buykx P, Perkins A et al. [Evaluating the impact of minimum unit pricing in Scotland on people who are drinking at harmful levels](#). Public Health Scotland; (published 7 June 2022).

dependence there was no evidence of change in any parenting outcomes after the introduction of MUP. Qualitative interviews with the families of people who drink at harmful levels provided some accounts of concerns about impacts on household budgets and the potential for increased domestic violence<sup>11</sup>. Analysis of survey data suggested that sharing a home with a partner or children had no impact on the consumption of people who drink at harmful levels<sup>12</sup>. Interviews with drinkers under 18 years old did not indicate any increase in social harms for this group linked to MUP<sup>13</sup>.

In summary, there were some qualitative insights that suggest that for some drinkers, especially those with probable alcohol dependence and particularly the financially vulnerable, existing social harms, particularly those related to financial pressures, may have been exacerbated, but there is no evidence of those experiences being prevalent or typical.

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.

The Scottish Government recognises that people with alcohol dependence need timely and evidence-based treatment and wider support that addresses the root cause of their dependence. In 2023/24, the Scottish Government made £112.9 million available to Alcohol and Drugs Partnerships to support local and national treatment initiatives. The Scottish Government has been involved in a UK-wide group on reviewing and updating clinical guidance for alcohol treatment, which has been consulted on. Evidence around Managed Alcohol Programmes is also being explored.

It is not possible to say whether children and young people in families affected by alcohol use were positively or negatively affected.

## **2. Evidence from stakeholders/Policy Colleagues**

### **Engagement for the PHS evaluation of MUP**

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<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Iconic Consulting. [Minimum unit pricing in Scotland: A qualitative study of children and young people's own drinking and related behaviour](#). Iconic Consulting; (published 23 January 2020).



The PHS evaluation explored the impact of MUP on harms from others' drinking in a study using focus groups with practitioners working with families, children and young people affected by parent/carer harmful alcohol use. A topic guide was developed and included questions on participants' perceptions of the potential harms experienced by children and young people affected by parent/carer harmful alcohol use, any potential changes participants had observed since the introduction of MUP, and what factors might have contributed to any changes.

The study employed purposive sampling to identify participants from organisations working with families affected by harmful alcohol use. With the help of Alcohol and Drug Partnerships (ADP) staff, services from different parts of the country were identified to ensure a mixture of geographical areas, with varying and mixed levels of socioeconomic deprivation, were included. The research team then provided senior staff in the identified services with a study information sheet to give to potential participants.

The final sample comprised eight focus groups and one interview: a total of 42 participants. Six focus groups comprised a mixture of health, social work and third sector participants. One focus group comprised local level third sector participants only, and one included staff from a national third sector organisation. Some participants worked within services that focused primarily on the needs of children and young people, some on adults and a few took a whole-family approach.

### **Engagement by Scottish Government**

In summer 2022, children and young peoples' stakeholder organisations (including the Scottish Youth Parliament, Children's Parliament and YoungScot) were invited to roundtable events that were held in 2022 and were invited to respond to a survey to submit any views on the continuation of the policy for children and young people.

One stakeholder attended these roundtables. The feedback received was that –

- Youth work sector is slightly more removed from alcohol harm prevention policy and would find it difficult to attribute any changes in alcohol consumption habits to anything in particular.
- Impact of Covid-19 pandemic found people spending more time at home, this has had a larger impact on young people's health
- Young people probably wouldn't even know MUP has been introduced, however, the cost of alcohol is probably more of a concern now with

the cost of living crisis with young people and families making decisions on what to spend their money on.

No concerns were submitted via the survey.

Officials who lead Children’s Rights interests within Scottish Government have been consulted and provided input into the evaluation process/price review of Minimum Unit Pricing. Children’s rights policy colleagues are supportive of MUP. Their only concern was that it could possibly have an indirect negative financial impact on children whose parents/care givers are harmful drinkers, however they were still supportive of the policy given the negative impact of alcohol harm on children.

### **3. Evidence from children and young people**

#### **Engagement for the PHS evaluation of MUP**

In relation to the report on children and young people’s own drinking, various methods were used by the researchers to engage with and represent the lived experiences of children and young people who consume alcohol. Participants were aged under 18 years as the study aimed to gather young people’s experiences of alcohol before they were legally entitled to purchase it. The young people had all consumed alcohol before and after the introduction of MUP in May 2018 so they could comment on any change in their drinking and related behaviour.

The young people were recruited through eight youth organisations and schools across Scotland using a purposive sampling strategy to capture lived experience.

Fifty young people aged 13 to 17 years old who were drinking alcohol before and after the implementation of MUP in May 2018 were interviewed via individual, paired and small group interviews depending on their preferences on how they wanted to take part. The interviews took place between January and May 2019. The socio-demographic characteristics of the children and young people who participated in this research are set out in the tables below.

*Table 1 Age and gender profile of participating children and young people*

<b>Age</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
13	0	1	1

14	6	5	11
15	5	2	7
16	5	12	17
17	7	7	14
<b>Total</b>	<b>23</b>	<b>27</b>	<b>50</b>

<b>Socio-demographic characteristics</b>	<b>Number</b>
Urban area with higher socio-economic status	6
Urban area with lower socio-economic status	6
Rural area with higher socio-economic status	6
Rural area with lower socio-economic status	6
History of substance misuse	6
Care experienced	10
History of offending	5
LGBTI	5
<b>Total</b>	<b>50</b>

In addition, 21 staff and volunteers who work with young people were also interviewed via individual, paired and small group interviews. The sample included support workers, youth workers, school guidance staff and service managers who commented on their perception of young people's alcohol consumption and related behaviour, including the impact of MUP.

### **Engagement by Scottish Government**

The MUP legislation required the Scottish Government (SG) to consult various categories of person while preparing their report on the operation and effect of minimum unit pricing. As part of this, we engaged with five young people (aged 18-24) through an online focus group. Topics discussed included their understanding of MUP, MUP's impact on them, their friends and households, and the impact of removing or increasing MUP. The following is a summary of the key findings

- Participants were aware that MUP exists and has been part of their lives for as long as they remember.
- Participants were aware of the cross-border price difference in alcohol. Many believed that people in England and on holiday abroad could engage in higher alcohol consumption because alcohol is cheaper and subject to promotions.
- Participants believed that MUP has created price similarity across different types and brands of alcohol and that cider consumption has decreased as a result.

- Regarding underage drinking, participants thought that MUP may prevent underage children from asking older young people to buy them alcohol due to the high price.
- While most of the participants' families were not as affected by MUP, one participant said that MUP put a constraint on their household budget. There were some concerns that an increase in MUP could push people to prioritise alcohol over food.
- Participants were concerned that younger people could substitute alcohol for drugs and buy less nutritious food if alcohol prices increase.
- Most participants saw the benefit of MUP in helping Scots limit their alcohol intake and deal with the negative consequences of harmful and hazardous consumption. Their general view was to keep the current level of MUP. One participant had a polarised view of either removing MUP altogether or increasing MUP in line with inflation as it is currently ineffective, making alcohol cheaper than it was 5 years ago when the policy was first introduced.

### **Health Behaviour in School-Aged Children (HBSC) – 2022 Survey Results in Scotland<sup>14</sup>**

The most recent HBSC report presents data on adolescent health and wellbeing, including drinking alcohol. A nationally representative sample of 4,388 pupils participated in the 2022 Scottish HBSC survey. With regard to alcohol, it found that:

- Just over one in five (22%) young people said they currently drank alcohol and this increased with age from 5% of 11-year-olds, 16% of 13-year-olds to 45% of 15-year-olds.
- Overall, 12% of young people reported having been drunk two or more times in their life. Prevalence of drunkenness increased with age: just under one third (29%) of 15-year-olds reported being drunk at least twice compared with 6% of 13-year-olds and 1% of 11-year-olds.
- Among 15-year-olds, prevalence of drunkenness increased from 40% in 1990 to 55% in 1998. Since 1998, levels have declined steadily and are now at their lowest in 32 years.

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<sup>14</sup> [Findings from the HBSC 2022 survey in Scotland.pdf - Google Drive](#)

## Analysis of the evidence

### 4. How have the findings outlined in questions 1-3 influenced the development of the relevant proposal?

The evaluation led by PHS on the impact of MUP at 50ppu found, overall, that there was no evidence of positive or negative impacts on children and young people.

In deciding to increase the minimum unit price to 65ppu, a range of factors have been considered including: the impact MUP at 50ppu has had; how alcohol prices have changed since MUP was implemented in 2018; the price distribution of alcohol in the off-trade (shops, supermarkets); the impact of the Covid-19 restrictions on peoples' drinking; and the cost crisis. Taking all of this into account, Scottish Ministers have decided that the 65ppu achieves an appropriate balance between achieving the public health aims sought and intervening in the market. Having given due consideration to the available evidence, it is the assessment of Scottish Ministers that the continuation of MUP, and the increase in price to 65ppu, is unlikely to have a significant negative or positive impact on children and young people. Further consideration of the decision on price, including a more detailed analysis of the available evidence on modelled impacts and effects, is set out in the Business and Regulatory Impact Assessment<sup>15</sup>.

Whilst alcohol is an age-restricted product, some children and young people under the age of 18 do drink alcohol<sup>16 17</sup> There is, however, evidence that price is not the primary consideration of children and young people in choosing whether or not to consume alcohol. One participant in the PHS study who did not alter her behaviour after the price increase suggested the change in price would have to be substantial in order to affect her purchasing decisions.<sup>18</sup> However, at a population group level, children and young people are more likely to have limited finances.<sup>19</sup>

Children and young people could potentially be indirectly affected if their parents/care givers are harmful drinkers. For example, an increase in the price of alcohol may not deter some harmful drinkers from choosing to spend more money on alcohol at the expense of buying essentials such as food. An evidence synthesis carried out by PHS as part of the evaluation of MUP found conflicting evidence on

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<sup>15</sup> [Business and Regulatory Impact Assessment](#)

<sup>16</sup> [Scottish Government \(2019\). Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\)](#)

<sup>17</sup> [Scottish Government \(2021\) Young people experiencing harms from alcohol and drugs: literature and evidence review.](#)

<sup>18</sup> [Minimum Unit Pricing in Scotland A qualitative study of children and young people's own drinking and related behaviour \(healthscotland.scot\)](#)

<sup>19</sup> [Office of National Statistics \(2022\) Wealth and Assets Survey April 2018 to March 2020.](#)

this. It should be noted that no evidence was identified of specific negative impacts on children and young people.

## 5. Assessing for compatibility against the UNCRC requirements

Complete the below matrix, placing a tick against each article which is relevant to your existing legislation or decision or relevant proposal. Further on in the form you will be able to explain these answers in more detail.

### UNCRC Articles

Please click on the triangle to expand and collapse the text for a full definition of each article.

**What impact does/will your relevant proposal have on children’s rights** (Please tick positive, negative or neutral)

	Positive	Negative	Neutral
Article 1 Definition of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 2 Non-discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 3 Best interests of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 4 Implementation of the Convention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 5 Parental guidance and a child’s evolving capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 6 Life, survival and development	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 7 Birth registration, name, nationality, care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 8 Protection and preservation of identity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 9 Separation from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 10 Family reunification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 11 Abduction and non-return of children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 12 Respect for the views of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 13 Freedom of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 14 Freedom of thought, belief and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Article 15 Freedom of association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 16 Right to privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 17 Access to information from the media	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 18 Parental responsibilities and state assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 19 Protection from violence, abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 20 Children unable to live with their family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 21 Adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 22 Refugee children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 23 Children with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 24 Health and health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 25 Review of treatment in care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 26 Social security	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 27 Adequate standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 28 Right to education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 29 Goals of education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 30 Children from minority or indigenous groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 31 Leisure, play and culture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 32 Child labour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 33 Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 34 Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 35 Abduction, sale and trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 36 Other forms of exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 37 Inhumane treatment and detention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 38 War and armed conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Article 39 Recovery from trauma and reintegration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Article 40 Juvenile justice

Article 41 Respect for higher national standards

Article 42 Knowledge of rights

### **First optional protocol**

Positive | Negative | Neutral

Article 4

Article 5

Nothing in the present Protocol shall be construed as precluding provisions in the law of a State Party or in international instruments and international humanitarian law that are more conducive to the realization of the rights of the child.

Article 6

Article 7

### **Second Optional Protocol**

Article 1

Article 2

Article 3

Article 4

Article 6

Article 7

Article 8

Article 9

Article 10

Article 11

## **6. Impact on children and young people**

The findings of the substantive evaluation of the operation of the policy during the period studies considered that there is no evidence of a positive or negative impact



on children and young people. it is our assessment that the decision to continue MUP and to increase the price to 65ppu is unlikely to have a significant positive or negative effect on any articles of the UNCRC.

## **7. Negative Impact/Incompatibility**

If negative impact is identified in Question 5 above, can you elaborate on this and explain why impact is or will be negative?

No negative impacts were identified in Question 5.

Are there any potential concerns about compatibility with the UNCRC requirements? Please explain these here.

No

## **8. Options for modification or mitigation of negative impact or incompatibility**

Not applicable given no negative impacts or incompatibility noted above.

No issues or risks have been identified as per the UNCRC articles or Protocols.

On balance, on the basis of the lack of evidence of significant effects, it is our assessment that the policy proposals are unlikely to have a significant effect positive or negative on children and young people.

## **9. Positive impact: Giving better or further effect to children's rights in Scotland**

No specific positive impacts were identified in Question 5.

## **10. Impact on Wellbeing: does or will the relevant proposal contribute to the wellbeing of children and young people in Scotland?**

Please tick all of the wellbeing indicators that are relevant to your proposal.

<b>Wellbeing Indicator</b>	<b>Will there be an improvement in wellbeing in relation to this indicator: yes/no</b>
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<b>Safe</b> - Growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.	Yes
<b>Healthy</b> - Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.	No
<b>Achieving</b> - Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.	No
<b>Nurtured</b> - Growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.	Yes
<b>Active</b> - Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.	No
<b>Respected</b> - Being involved in and having their voices heard in decisions that affect their life, with support where appropriate.	No
<b>Responsible</b> - Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.	No
<b>Included</b> - Having help to overcome inequalities and being accepted as part of their family, school and community.	No

## Post Assessment Review and sign-off

### 11. Communicating impact to children and young people

Alcohol is an age-restricted product which means children and young people under the age of 18 are not legally able to purchase alcohol. As such, children and young people are not directly targeted by the policy. Scottish Ministers do not consider continuing MUP, or increasing the price to 65ppu, is likely to have a significant impact on children and young people.

There are no current plans to publish a child-specific CRWIA as alcohol is an age-restricted product.

### 12. Planning for the review of impact on child rights (Stage 3)

As part of completing the Final Business and Regulatory Impact Assessment, we have set out our proposed arrangements for monitoring and evaluating the impact of the increased price going forward. To summarise, data on alcohol are routinely collected and this will continue. Both the alcohol surveillance and DAISy<sup>20</sup> systems collect data on alcohol sales, price, harms, treatment and will feed into the annual reporting of trends in consumption, price and harm.

Stage 3 (evaluation) will be undertaken once the increase in price to 65ppu has been in place for a suitable time period. This has not been determined at this stage.

### 13. Compatibility sign off statement

This relevant proposal has been assessed against the UNCRC requirements and has been found to be compatible.

Policy Lead Signature & Date of Sign Off: Sarah Murie, 10/2/23

Deputy Director Signature & Date of Sign Off: Niamh O'Connor 13/02/24

SGLD Sign Off: Yes  No

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<sup>20</sup> [Drug and Alcohol Information System](#) (DAISy) is a national database that holds data about drug and alcohol services across Scotland.



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