

Dadansoddi ar gyfer Polisi



Analysis for Policy



Llywodraeth Cymru
Welsh Government

SOCIAL RESEARCH NUMBER: 80/2024

PUBLICATION DATE: 15/01/2025

Final report - Review of the introduction of Minimum Pricing for Alcohol in Wales

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Final report: review of the introduction of Minimum Pricing for Alcohol in Wales

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Full Research Report: Livingston, Perkins, Holloway, Murray, Buhociu and Madoc Jones (2025). Final Report - Review of the introduction of Minimum Pricing for Alcohol in Wales. Cardiff: Welsh Government, GSR report number 80/2024. Available at: <https://www.gov.wales/review-introduction-minimum-pricing-alcohol-wales-contribution-analysis>

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Acknowledgements

There are many people we would like to thank for their help with this project. They have contributed throughout the life of this evaluation and without their support it would not have been possible to gather so many valuable contributions. In particular we would like to thank:

- Those who provided us with their time to be interviewed and shared their understanding of some of the wider contextual considerations.
- The Welsh Government team who managed the project so carefully and professionally and who responded patiently to our technical questions and requests for additional information.
- The Project Advisory Group for their comments on drafts of our data collection tools and reports as well as for their continued support with the research.

Glossary

Acronym/keyword	Definition
• ABV	Alcohol by Volume (% strength an alcohol drink is sold at)
• AUDIT	Alcohol Use Disorders Identification Test
• MPA	Minimum Pricing for Alcohol (i) used to refer to the policy of setting a minimum price for alcohol (ii) Shorthand reference to Welsh Government Policy
• MUP	Minimum Unit Price (i) a minimum price level set per unit which is used as a mechanism of minimum pricing for alcohol (ii) Shorthand reference to Scottish Government Policy, the policy itself is also routinely referred to as MUP
• PHS	Public Health Scotland
• PPU	Pence per unit, expressed as for example 50ppu
• SARG	Sheffield Addictions Research Group (for the majority of the MPA/MUP known as Sheffield Alcohol Research Group)
• Sunset Clause	A legislative requirement to ask a government to actively continue legislation or it becomes lapsed
• WHO	World Health Organization

NOTE: There are several acronyms that are used within single paragraphs/ passages – but nowhere else in the report. They have a specificity to the point made and are not general to the whole. These are not listed here but are each given a full title at the first time of use.

1. Introduction

- 1.1 This is the final in a series of 12 reports [see **Chapter 4**] covering the Welsh Government's commissioned evaluations of the introduction of a minimum price for alcohol (MPA) in Wales.
- 1.2 In November 2018, the Welsh Government issued a specification for an evaluation that would assess the process and impact of MPA in Wales.
- 1.3 The contract was split into four 'lots':
 - Lot 1 – a Contribution Analysis.
 - Lot 2 – work with retailers.
 - Lot 3 – work with services and service users.
 - Lot 4 – an assessment of impact on the wider population of drinkers.
- 1.4 Three of the contracts (Lots 1, 3, and 4) were awarded to a consortium of researchers based at Wrexham University, Figure 8 Consultancy, and the University of South Wales¹. The Retailers contract was awarded to the National Centre for Social Research. This report pertains to the Contribution Analysis (Lot 1), which seeks to synthesise and comment on the overall introduction and early implementation (first three years) of a minimum price for alcohol in Wales and identify any impact it has made to alcohol related behaviour, consumption, and retail outcomes.
- 1.5 The four projects were each commissioned within a broad longitudinal time frame. This had regard for pre-baseline data collection, post-implementation activity, interim reports, and final reporting. The overall evaluation was initially set to have final data collection at 42 months post implementation (December 2023), with final reports due within six months of this (June 2024). The detail of these timelines has been set out elsewhere². The final reports have all been published together.
- 1.6 The Welsh Government subsequently commissioned a fifth project and report on Public Attitudes towards MPA. [see **Chapter 4**]

¹ Lot 1 is led by Wrexham University; Lot 3 is led by Figure 8 Consultancy Services Ltd (Dundee); and Lot 4 is led by The University of South Wales.

² [24 month review Minimum Pricing of Alcohol for Wales. Welsh Government.](#)

- 1.7 Our final Contribution Analysis report provides an analysis of the Welsh minimum pricing journey up until the end of June 2024. It is a synthesis document that offers an overall evaluation of the implementation MPA into Wales. In doing so this report has brought together a range of secondary and primary data material. This includes the final reports from the other evaluations as noted above, some additional primary interview data, reflections on the implementation of pricing policies in other jurisdictions, and key messages from literature.
- 1.8 To maintain a manageable volume and readability, this report does not repeat the detail of previous events and evaluations that is available elsewhere. Instead, it signposts to these existing evidence trails. Instead, it concentrates on summarising the position in 2024 and what might be said about the effect of MPA, and the next steps for the Welsh Government in renewing the policy or not.

Aims and objectives

- 1.9 The overall aim of this Contribution Analysis study is to assess the contribution (if any) that the introduction of MPA in Wales has made to any (measurable and observable) alcohol related behavioural, consumption and retail outcomes. In doing so attention was paid to the following objectives:
- Refining and evaluating this contribution against a Theory of Change.
 - Providing a synthesis of other specific Welsh evaluations of MPA.
 - Analysing wider literature, other Welsh data sets and jurisdictional evaluations (notably Scotland).
 - Undertaking additional specific primary data collection to account for other possible contributions and explanations.
- 1.10 It should be noted that the report collates messages across the whole population, and as such includes considerations for the general population, as well as those relating to moderate, hazardous, harmful, treatment seeking, and dependent drinkers. Where appropriate, however, the report unpicks these definitions and potential impacts on each group in more detail.

Language (labels and descriptors)

- 1.11 The term Minimum Pricing for Alcohol (MPA) is consistently used in two contexts:
- To capture all the different international policy approaches to implementing minimum price for alcohol.
 - To refer specifically to Welsh Government policy.
- 1.12 The term Minimum Unit Pricing for Alcohol (MUP) is used:
- To refer to price per unit being used as a mechanism to implement MPA.
 - To refer specifically to Scottish Government policy.
- 1.13 More broadly this report adopts a sensitive approach to the language used to describe those drinking alcohol. This is consistent with the need for such, as highlighted in a previous Welsh Government policy evaluation³. In doing so it:
- Avoids use of terms that could be considered to be discriminatory or stigmatising notably alcoholic or addict/addiction.
 - Adopts the term ‘drinker/s’ to denote anyone who has consumed alcohol in the last year, no matter the quantity consumed.
 - Is consistent with other research, where terms ‘moderate’, ‘hazardous’, ‘harmful and dependent’ (drinking) are used, which broadly align to, and are defined on the basis of, AUDIT scores⁴.
 - Distinguishes between harmful drinkers, often those exceeding governmental recommended levels of consumption, and those either dependent or seeking/in specialist alcohol treatment services.

Report structure

- 1.14 This report is divided into eight further chapters, detailed in **Table 1.1** below, each taking account of a different evidential consideration that can be regarded as relevant to understanding the contribution MPA has had in Wales on alcohol-related behavioural, consumption, and retail outcomes.

³ [Review of Working Together to Reduce Harm: Substance Misuse Strategy, 2008 to 2018 | GOV.WALES](#)

⁴ [AUDIT : the Alcohol Use Disorders Identification Test : guidelines for use in primary health care \(who.int\)](#)

Table 1.1: Content of report chapters

Chapter	Content description
Chapter 2	This chapter summarises the policy journey so far, the developments and implementation in Wales and other jurisdictions.
Chapter 3	This chapter presents a summary of methodology of contribution analysis which has been utilised in developing our synthesis approach.
Chapter 4	This chapter provides a summary of the Welsh evidence. In doing so it provides a synthesis of all the other Welsh MPA evaluation projects and reports, and data from other Welsh agencies. It concludes with the primary data collected for this final stage through key stakeholders.
Chapter 5	This chapter explores the wider evidence base for minimum pricing policies. It explores experiences in other jurisdictions (notably Ireland and Scotland) as well as summarising messages from academic literature.
Chapter 6	This chapter explores the overlapping factors that complicate any analysis of any impact of MPA. This includes affordability, alcohol industry, cost of living, COVID-19, health Inequalities, media influences, and other policy.
Chapter 7	This chapter provides a range of discussions that arise out of considering the collective evidence base.
Chapter 8	This chapter explores the key messages of the overall evaluation. It does so through reaching several summary conclusions.
Chapter 9	This final chapter provides a summary of the next steps the Welsh Government might want to consider in the renewal or not of the current MPA legislation. It then concludes with a set of recommendations for the Welsh Government and service treatment providers from the evaluation team.

2. The Policy Story So Far

Summary

- Impacting the price and affordability of alcohol is one among several policy approaches to addressing alcohol related harms.
- Minimum Pricing for Alcohol Wales became statute in 2018, and was implemented in March 2020, at 50p per unit of alcohol.
- Minimum Pricing for Alcohol has been adopted across several other international jurisdictions.

2.1 The background for the Welsh Government's introduction of a minimum pricing for alcohol (MPA) policy has been set out in detail in the previous reports, and particularly this project's interim report⁵. This chapter summarises the legal and policy contexts of the policy and explains developments within Wales. The chapter concludes by introducing the key framework or theory of change model that underpins approaches to MPA.

Policy development

2.2 Alcohol consumption is deeply embedded in aspects of Welsh culture and social life. For many individuals, it poses minimal harm, and establishments like pubs play an important role in promoting social connectivity. However, the harm often linked to excessive alcohol use is clear, and may be experienced by individuals, families, communities, and wider society. It is this harm that leads governments, including the Welsh Government, to develop public health alcohol policies, aimed at reducing harmful alcohol consumption⁶.

2.3 Minimum pricing for alcohol is in the process of becoming an established policy response in countries and jurisdictions across the world^{7,8}. There is a

⁵ [24 month review Minimum Pricing of Alcohol for Wales. Welsh Government.](#)

⁶ [Livingston 2022 Minimum pricing – what can we say so far? Alcohol Change UK.](#)

⁷ [World Health Organization report on Minimum Pricing for Alcohol](#)

⁸ [BMJ Article exploring adoption of MUP globally.](#)

developing literature, evidence, and modelling base for the effectiveness and potential effectiveness of such pricing policies⁹. [see **Chapter 5**]

2.4 MPA sits within a diversity of alcohol policy responses that seek to regulate the availability, affordability, marketing, and supply of alcohol, as well as address the known harms caused by excessive alcohol use. The detailed context for understanding how pricing as one of the approaches to affordability sits within these wider policy frameworks has been outlined in Chapter 2 of our interim report¹⁰.

2.5 For the Welsh Government, MPA complements a framework that at the widest levels is underpinned by the two key cornerstone pieces of legislation: Social Services and Well-being (Wales) Act 2014¹¹ and Well-being of Future Generations (Wales) Act 2015¹². Within the approach sits an alcohol and other drugs delivery plan that focuses on, preventing harm, support for individuals, supporting and protecting families, communities, and stronger partnerships.

2.6 Alcohol minimum pricing policies are based on a straightforward theory of change. At their core is the following proposition:

Figure 2.1: Basic Theory of Change for alcohol minimum pricing policies



2.7 As such managing alcohol affordability, has become a key element of alcohol policy¹³.

2.8 The theory of change established by the Welsh Government, then developed for this evaluation, has been detailed within our previously

⁹ [Burton et al 2017 A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies. National Library of Medicine.](#)

¹⁰ [24 month review Minimum Pricing of Alcohol for Wales. Welsh Government.](#)

¹¹ [Social Services and Well-being \(Wales\) Act 2014 \(legislation.gov.uk\)](#)

¹² [Well-being of Future Generations \(Wales\) Act 2015 \(legislation.gov.uk\)](#)

¹³ [Burton et al 2017 A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies. National Library of Medicine.](#)

published interim report¹⁴. It is further referenced in **Chapter 3**, the methodology for the overall study.

- 2.9 MPA can be imposed in several ways. This can include minimum unit approaches (MUP) but can also include policies that focus on alcohol taxation, prohibit the sale of alcohol below the cost of production, or target specific products. Different variations of MPA have been introduced throughout the world (see **section 2.22-2.23** below). These tend to be whole population policies i.e., they affect all who buy (consume) alcohol, albeit they may have differential impacts on various subgroups of the population. Some Governments may have intended to target specific populations within the whole, depending on which pricing approach they adopted.

MPA in Wales

- 2.10 The Welsh Government MPA legislation concerns itself only with affordability¹⁵. This reflects some of the limited nature of the powers of the devolved Government in Wales i.e., that they have devolved responsibility for public health policy, but that much of the legislative control for issues associated with alcohol advertising, licensing, and taxation remain in the control of the UK (United Kingdom)/Westminster government. The ultimate timing of the Welsh Government's introduction of their Public Health (Minimum Price for Alcohol) (Wales) Bill, whilst a follow on from the evidence and Scotland's journey, was in the end specific to the establishment of the Wales Act 2017¹⁶, in which the redefined delineation between Cardiff and Westminster suggested Welsh legislation on MPA after this date would probably not be possible^{17,18}.

¹⁴ [24 month review Minimum Pricing of Alcohol for Wales. Welsh Government.](#)

¹⁵ There were conversations in 2014 about including minimum pricing in the Welsh Government's broader public health bill, but it was decided to extract MPA and settle for a separate bill. That the specific bill was then restricted to price rather than include say public health objectives in licensing conditions reflected the limits of devolution.

¹⁶ [Wales Act 2017 \(legislation.gov.uk\)](#)

¹⁷ [Livingston et al 2021 Perceptions of substance switching and implementation of minimum pricing. SAGE Publications.](#)

¹⁸ [Lesch and McCambridge 2021 Policy communities, devolution and policy \(transfer:online.com\)](#)

Development of Welsh MPA policy

- 2.11 The introduction of an MPA policy in Wales was subject to three stages of consultation: 2014 White Paper¹⁹; 2015 draft Bill²⁰; and 2018 draft regulations specifying a preferred level of MUP of 50ppu²¹.
- 2.12 In setting a price of 50ppu the Welsh Government explicitly set out its policy to ‘target alcohol consumption among hazardous and harmful drinkers, with the aim of delivering greater health benefits to those most at risk, while taking account of impacts on moderate drinkers and interference in the market’²². In deciding on the 50ppu level, the Welsh Government was also mindful of the long running arguments and concluding considerations of the Scottish Government’s legal battle to establish the legitimacy of its (50ppu) MUP policy.
- 2.13 It should be noted that hazardous and harmful are the middle two of the four AUDIT related categorisations of drinkers. They sit between a) moderate drinkers whose drinking is not considered risky, and b) dependent drinkers whose drinking is considered particularly debilitating and leads to immediate treatment needs. It appears that the Welsh Government, regarding the development of its MPA policy, was targeting these middle two groups, mindful of those who were in 2017 drinking above UK recommended guidelines of 14 units per week²³.
- 2.14 The Welsh Government policy development phases also included working with the University of Sheffield Addictions Research Group²⁴ (SARG) to analyse various modelled impacts of introducing a minimum unit price at various levels in Wales²⁵. The most recent report was published on 22 February 2018.

¹⁹ [Written Statement - Launch of Public Health White Paper consultation \(2 April 2014\) | GOV.WALES](#)

²⁰ [Draft Public Health \(Minimum Price for Alcohol\) Bill | GOV.WALES](#)

²¹ [Setting the minimum unit price of alcohol | GOV.WALES](#)

²² [Written Statement - Public Health \(Minimum Price for Alcohol\) \(Wales\) Bill \(23 October 2017\) | GOV.WALES](#)

²³ [24 month review Minimum Pricing of Alcohol for Wales](#)

²⁴ See table of acronyms re recent organizational name change

²⁵ [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: final report | GOV.WALES](#)

2.15 The Public Health (Minimum Price for Alcohol) (Wales) Bill was passed through the (then) National Assembly for Wales in June 2018 and received Royal Assent, becoming an Act, on 9 August 2018. It set a minimum price for alcohol based on 50ppu. The legislation took effect on 2 March 2020.

MPA elsewhere

2.16 Within the UK only Scotland and Wales have a minimum pricing for alcohol policy in place.

2.17 Scotland's adoption of the policy preceded that of Wales. The Scottish implementation was subject to a comprehensive evaluation. This is detailed within our interim report and the Public Health Scotland outputs²⁶. [**see Chapter 5**]

2.18 Following the final evaluation²⁷, the Scottish Government voted to continue the minimum price legislation, adopting a new price of 65ppu²⁸. This new price will come into effect on 30 September 2024.

2.19 While the UK Government has not adopted any direct minimum price for alcohol in England, it has, since 2014 and through licensing policy, implemented a ban on selling alcohol below the level of alcohol duty plus VAT (Value Added Tax). It has also since August 2023 implemented a set of changes in the excise duty on alcohol, primarily a differentiated rate by ABV²⁹. [**see Chapter 6**]

2.20 Be that as it may, the previous UK Government has stated there are 'no plans for the introduction of MUP in England', although it would continue to monitor the progress of MUP in Scotland and consider the evidence of its impact³⁰. The recent incoming 2024 UK Government, reaffirmed this position of 'no such plans at the moment'³¹

2.21 Since 2022 the Northern Ireland executive has been engaged in a consultation on introducing minimum unit pricing for alcohol at a level of

²⁶ [Public Health Scotland - Minimum Pricing Home Page](#)

²⁷ [Public Health Scotland 2023 Final Evaluation Synthesis of Evidence](#)

²⁸ [Scottish Government - News Legislation renewal 2024.](#)

²⁹ [House of Commons Library 2024 Alcohol Excise Duty briefing](#)

³⁰ [Alcohol: minimum pricing \(parliament.uk\)](#)

³¹ [UK Parliament written questions and answers 02 August 2024](#)

50ppu³². This is an alignment with the Welsh and Scottish introduced price levels rather than the Eire (Republic of Ireland) price which is higher. This process has been stalled by the long absence of an active sitting parliament in Stormont

2.22 In closest proximity to Wales, Eire (Republic of Ireland) has become the third country in the world (after Scotland Wales) to introduce a whole country minimum price policy. This came into effect in Jan 2022. Similar to the approach Scotland, the policy embedded a broader Public Health (Alcohol) Act³³. It is an approach that tackles availability, marketing, as well as price, and includes governing the sale, promotion, price, and labelling of alcohol. The price in Eire is calculated differently to Wales and Scotland (i.e. by per gram of alcohol rather than in units) and in the Euro currency (€1 for a unit of alcohol 10g), with the approximate equivalency of 70p per unit³⁴ (at the time of writing as it is dependent upon a fluctuating exchange rate).

2.23 Minimum [unit] pricing for alcohol has been utilised in other smaller specific state-limited contexts, notably in Australia and Canada. Minimum pricing for alcohol through other mechanisms has been adopted elsewhere. For example, Uzbekistan prohibits below-cost selling (selling for a price less than the production cost) and Belarus, Russia, Ukraine, and Moldova have different levels of minimum pricing depending on the type of alcohol (i.e., beer, wine, spirits)³⁵.

³² [Extension of Consultation on Minimum Unit Pricing for Alcohol | Department of Health \(health-ni.gov.uk\)](#)

³³ [Public Health \(Alcohol\) Act 2018 \(irishstatutebook.ie\)](#)

³⁴ [First Results of Alcohol Minimum Unit Pricing in Ireland - Movendi International](#)

³⁵ [Livingston et al 2021 Perceptions of substance switching and implementation of minimum pricing. SAGE Publications.](#)

3. Methodology

Summary

- Contribution Analysis was the preferred methodological approach identified by the Welsh Government in the commissioning process.
- The approach has previously been adopted by the Welsh Government and the research team to evaluate alcohol and other substance use policies.
- The approach is specifically designed to look at complex system evaluation, where there are multiple actors, actions, and outputs to be considered.

Introduction

- 3.1 This chapter summarises the methodology of Contribution Analysis. A detailed account sits within the previously published interim report³⁶.
- 3.2 It is an evaluation methodology that is increasingly being adopted by the Welsh and Scottish governments regarding evaluation of a range of public health policies, and particularly those concerning alcohol and other drug use.
- 3.3 Contribution Analysis is amongst a group of evaluation methodologies that combine realist and theoretical elements to evaluate more complex systems of change that involve various direct and indirect actors and actions³⁷.

Contribution Analysis: Stages of the evaluation process

- 3.4 Contribution Analysis adopts the following stages³⁸:

³⁶ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#)

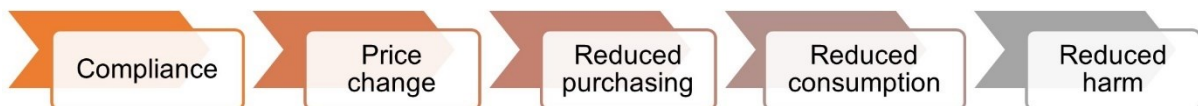
³⁷ [Livingston et al 2020 The potential of contribution analysis to alcohol and drug policy \(tandfonline.com\)](#)

³⁸ Mayne, J. (2011). Contribution analysis: Addressing cause and effect. In: R. Schwartz, K. Forss, & M. Marra (Eds.), *Evaluating the complex* (pp. 53–96). New Brunswick, NJ: Transaction Publishers.

- (i) Set out the cause-effect issue (or attribution problem) to be addressed. The establishment of an overall theory of change.
- (ii) Develop the postulated theory into a set of logic models that establish intended activities (inputs) expected outputs and outcomes (impacts).
- (iii) Layer onto this any assumptions or external factors that may account for different activities and impacts; and a potential evidence map (primary, secondary, and potential gaps).
- (iv) Gather the existing evidence, and assemble and assess the contribution story, and challenges to it.
- (v) Seek out additional evidence and revise and strengthen the contribution story.

3.5 In essence this means the evaluation takes the given core premise, assumption, or theory of change as the starting point or scaffold for the study. In this case the core premise/assumption is the harms of excessive alcohol use can be reduced through increasing price, which in turn results in reduced consumption. This presupposition can be summarised as:

Figure 3.1: MPA core proposition



3.6 The ultimate aim of the evaluation is to make some credible claims about this proposed chain of events. The claims of credibility derive from:

- Evidence that planned activities actually took place (i.e., policy was implemented and followed).
- Analysis of expected (and unexpected) results (i.e., the multiple data sources).
- Accounts of other influencing factors on the results observed (i.e., in this instance, what else may account for price increase and changes in alcohol related consumption and behaviour).

- 3.7 The detail of key activities adopted for this evaluation against the core stages are outlined in our interim report³⁹. In essence these have involved: the development of the theoretical understanding; consistent revision of available literature; undertaking interviews with key stakeholders; synthesis of Welsh and other jurisdictions' evaluations (notably Scotland); and evaluation of other secondary data sources.
- 3.8 As such this report summarises and incorporates findings from the other studies where the specifics of timeframes, research samples, and data collection methods have been detailed elsewhere⁴⁰.
- 3.9 With regard to the adoption of the Contribution Analysis methodology, it should be noted:
- Much of the activity for this report has been completed in parallel to activity for other components of the evaluation.
 - By consequence of the research team being involved in three out of four of these projects, it has been possible for some cross-fertilisation to take place.
 - The Welsh Government provided timely versions of drafts and final reports related to the retailers' study.
 - Two of the research team (AP and WL) have also had parallel involvement in one of the suites of projects informing the Scottish evaluation. That involvement has also informed and cross-fertilised this report.
 - Data collection and report writing for this final report has been cumulative over the implementation period, with an intensification in the latter stages.
- 3.10 The key data sources for informing this final report can be summarised as:
- (i) Recent international literature.
 - (ii) Bespoke evaluations of Welsh MPA, and previously published reports.
 - (iii) Other key Welsh alcohol data sets.
 - (iv) Additional new primary qualitative interviews.

³⁹ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#)

⁴⁰ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#)

(v) The final evaluation of MUP in Scotland and subsequent Scottish Government statements.

3.11 In analysing the data this report adopts what can broadly be considered a qualitative approach. Evidence has been explored against a combination of propositional starting points and emerging alternative understandings. This analytical approach utilised the following overall coding framework:

- (i) Policy.
- (ii) Implementation.
- (iii) Changes in alcohol consumption and purchasing.
- (iv) Alternative coping for affordability.
- (v) External factors and influences.
- (vi) Gaps in existing and new evidence.

4. The Welsh Evidence

Summary

- The Welsh Government commissioned six projects to evaluate MPA. These have evidenced some clear observable results. They have also captured a range of more nuanced attitudes towards, and impacts of, the policy. [The detail of the rest of this report].
- Comprehensive reviews of the specific pricing for alcohol policy literature have already been undertaken for, and published by, the Welsh Government within the previous evaluations. In summary they are broadly positive about pricing as an effective alcohol policy intervention.
- In a final range of stakeholder interviews we were able to confirm the observable activities, the nuanced impacts, and this broad support.
- The evidence emerging from Wales is broadly consistent with that established in Scotland.

Introduction

4.1 Over the last decade a significant volume of evidence from Wales has been gathered and analysed to establish:

- The nature of alcohol consumption and sales.
- The different impacts on alcohol related harms i.e., community safety, criminal justice, epidemiology, health promotion, policy, treatment etc.
- The role that MPA plays in this picture.
- The Welsh Government has specifically commissioned six different studies to contribute to the evaluation of MPA in Wales.

4.2 Much of this evidence base has supported the Welsh Government's approach and was cited to support the passage of legislative implementation. This report does not repeat the details of those arguments (see the [24 month review Minimum Pricing for Alcohol in Wales](#)).

4.3 This chapter outlines three elements of the most recent Welsh contributions to this picture: (i) a summary of the final positions of the bespoke Welsh MPA evaluations; (ii) other recent Welsh data sets; and (iii) specific primary data collected for this report.

Bespoke MPA Evaluations

4.4 The Welsh Government commissioned five other studies which have informed this overall evaluation. These are summarised in Table 4.1.

Table 4:1: Summary of Welsh MPA evaluations

Study	Summary
Switching study	<ul style="list-style-type: none"> • Pre-implementation study with service users and service providers to explore the extent to which switching between substances may be a consequence of introducing the Public Health (Minimum Price for Alcohol) (Wales) legislation.
Contribution Analysis (This report)	<ul style="list-style-type: none"> • An overall synthesis study exploring potential impact of the legislation and the range of other considerations that might have affected implementation.
Retailers study	<ul style="list-style-type: none"> • Specific study exploring quantitative sales, purchase data, and qualitative interviews with a range of retailers.
Treatment population study (service users and service providers)	<ul style="list-style-type: none"> • Specific study assessing both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) and services across Wales (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).
Wider population study	<ul style="list-style-type: none"> • Specific study assessing the impact of the minimum price for alcohol legislation on the wider population of moderate, hazardous and harmful drinkers.
Public Attitudes study	<ul style="list-style-type: none"> • Specific study utilising secondary data to explore public attitudes to and awareness of minimum pricing for alcohol in Wales.

The detail of which agency leads against which study and who are the principal investigators can be found in **Appendix 1**.

4.5 Each of these studies has led to published reports. Some findings have been presented in peer reviewed journals. These are detailed in table 4.2.

Table 4.2: Summary of published Welsh MPA evaluation reports and literature

Study	Published/publishing status
'Switching study'	<ul style="list-style-type: none"> Final Project report on Welsh Government website [Journal article published⁴¹]
'Contribution Analysis study'	<ul style="list-style-type: none"> Interim report website Final report (this study)
'Retailers study'	<ul style="list-style-type: none"> Baseline report on Welsh Government website Interim report website Final report website
'Treatment population study'	<ul style="list-style-type: none"> Interim report website Final report website
'Wider population study'	<ul style="list-style-type: none"> Baseline report on Welsh Government website Immediate post-implementation report on Welsh Government website [Journal article published⁴²] Interim report website Final report website
Public Attitudes Study	<ul style="list-style-type: none"> Final report website

4.6 The 'Switching' study, interim reports associated with other studies and the 'Public Attitudes' study are published elsewhere [**Links Table 4.2**]. Table 4.3 below summaries the messages from the final reports.

⁴¹ [Livingston et al 2021 Perceptions of substance switching and implementation of minimum pricing. SAGE Publications.](#)

⁴² [Holloway et al 2023 COVID MPA Wales. SAGE Journals.](#)

Table 4.3: Summary of main messages from evaluation final reports

Study	Main messages
Switching	<ul style="list-style-type: none"> • Most drinkers expected to adapt existing coping strategies to maintain affordability [switching alcohol products and adjusting lifestyle]. • Increased drug use only likely among those with prior experience of drug use, i.e., no expectation of non-drug users switching from alcohol to drug use.
'Retailers study'	<ul style="list-style-type: none"> • A clear observable impact of MPA, notably on price for certain products (e.g., cheap strong ciders) and whether these would be stocked/available. • Policy had also now become embedded in retailers' everyday business as usual, as had a willingness to comply with their legal obligations in relation to the MPA. • Decreasing effect of 50ppu over time, with influence of inflation and excise duty changes. • Awareness and understanding of the policy among retailers gradually improved over the three waves of data collection. • Good support for policy when understood as whole population measure, less so when perceived as targeting higher risk drinkers. • Positive perception of MPA levelling playing field for on and off sales retailers. • No significant impact on any sales of cross-border shopping. • Overall, there was a statistically significant impact of the MPA policy on the number of alcohol units purchased by households.
'Treatment study'	<ul style="list-style-type: none"> • Evidence collected in final waves resonates with that reported earlier in interim report, and the Switching Study. • Evidence broadly resounds with that reported by Holmes et al with a similar cohort for the Scottish MUP evaluation⁴³. • Observed, and continuing, misunderstanding and misinterpretation of the MPA policy amongst both service users and service providers. • Increased financial pressure on those low-income dependent drinkers, who previously consumed products at pre-MPA

⁴³ [Holmes et al 2022 final report evaluating MUP harmful drinking. Public Health Scotland.](#)

	<p>cheaper levels. This has led to quite a lot of negative attitudes towards MPA.</p> <ul style="list-style-type: none"> • A switch for many drinkers from cider to other products, notably spirits. • Minimal evidence of individuals who were primary drinkers (and not already using drugs) starting to use drugs because of higher alcohol prices. • A lot of conflation about difficulties in maintaining affordability between MPA, COVID-19, benefit system changes, and the cost-of-living crisis. • Limited evidence that some drinkers resorted to cross-border purchasing to obtain cheaper alcohol. • Service users and service providers reported a notable decline in discussions about MPA.
'Wider population study'	<ul style="list-style-type: none"> • MPA appears to have had little impact on the drinking patterns of the people in this study. • Mixed levels of awareness of the policy, with awareness lowest among higher risk drinkers. • Evidence was found of some people engaged in cross border shopping activity to ameliorate impact of MPA. • That the widely anticipated negative consequences of MPA were not commonly reported among the drinkers in this study. • Small numbers of certain populations of drinkers were affected by MPA leading to some switching of products and brands, the use of illegal drugs as a cheaper alternative to alcohol, and some limited evidence of an increase in acquisitive crime.
'Public Attitudes Study'	<ul style="list-style-type: none"> • There was evidence of respondents drinking more frequently but consuming fewer units when they do. • From 2014 to 2020 there was a growing awareness of measures to introduce minimum unit pricing for alcohol. • Increased support for MPA from 2014 to 2020.

4.7 Three of the evaluation studies (Lots 2, 3, and 4) identified several final recommendations, and these are synthesised in table 4.4.

Table 4.4: Synthesis of recommendations evaluation final reports

	Retailers Study	Treatment Population study	General Population study
Continued support for MPA	x	x	x
Concerns about declining impact of a static PPU	x		
Regard for specific populations of drinkers [adversely affected]		x	x
Enhance treatment responses across Wales for dependent drinkers		x	
Revisit messaging about who policy is for	x	x	x
Explore strategies to address cross border shopping			x
Regularly review price			x
Evaluate impact on attitudes, behaviours and products of any future price increase, and/or long-term impacts	x		x

4.8 The following observations can be seen drawn across the five final reports from table 4.3

- Consistent evidence of policy implementation and compliance, i.e., removal of certain cheap alcohol products notably cider.
- Different evidence and messaging about any reduced consumption or purchasing. Ranging from that which supports potential whole population decreases, to other evidence indicating no impact on

some drinkers, and the suggestion of increased financial pressure on the low income/dependent drinking populations.

- Incidental evidence of adverse negative harms because of MPA introduction and/or any high levels of switching to illegal or other drug use.
- Significantly different levels of understanding about what MPA is and who is targeted.
- A lot of support for the policy, combined with constant expressions of concern about its impact on low-income dependent drinkers.

4.9 All three of the longitudinal MPA studies conclude with a recommendation for continuation of the MPA, albeit that needs to happen with regard for messaging about the policy, amelioration of the impact on those with low incomes especially drinking at levels of dependency, and regard for further evaluation.

Other Welsh data sets

Alcohol Change UK

4.10 An important contribution to understanding the impact of MPA in Wales has been the work of Wales based staff from Alcohol Change UK, who throughout the period have undertaken a set of small-scale longitudinal price and product analyses comparing the prices of a selection of popular alcoholic drinks in supermarkets in England and Wales [see **Appendix 2**]. The data and summary reports have been made available to the Welsh Government and the MPA research teams.

4.11 We presented a summary of the findings from the first three of these time periods (2019, 2020, and 2022) in our interim report. This included the evidence: (i) immediate post MPA implementation of the 50ppu compliance/minimum; (ii) the initial disappearance of certain products, notably strong ciders and lagers; and (iii) some changes in the ABV of certain products.

4.12 This data has demonstrated a clear level of compliance in the post-implementation prices observed. Further it has shown which products have

increased in Wales because of MPA, but also those that have not. Under the key headlines or messages of the reports lies detail which illustrate significant nuance and variation.

4.13 The latest and final wave of data collection (December 2023) has illustrated how these things have changed over time and since MPA implementation. This final set of products and prices [see **Appendix 2**] also reflect the impact of the UK Government's (summer 2023) change in alcohol excise duty and overall inflation increases, and therefore the erosion of the effect of a static 50ppu MPA price over time. The findings can be summarised as:

- A consistent compliance with 50ppu within Wales, where some products are still sold below this threshold in England. MPA had produced a cushion for retailers in Wales who could absorb excise increase/inflation effects.
- Greater price parity between certain products in England and Wales (e.g., certain named [not own branded] red wines and spirits).
- The return of more multibuy offers in Wales, as certain products have a commercial price set by supermarkets now well in excess of 50ppu and as such MPA does not nullify the multibuy offer.

4.14 Interestingly the Alcohol Change UK data also includes a price comparison on some products between 2009 (the original Scottish modelling conversations of 50ppu) and 2024 [See **Appendix 2**]. These illustrate how 50ppu in 2009 was a much broader, bolder minimum that it is in 2024, and the main effects of a 50ppu in 2024 remain on cheap cider and cheap spirits, but these effects are much less pronounced than they were in 2009.

Alcohol consumption

4.15 Alcohol Use in Wales is a regular activity of much of the population. In 2017, one in five adults in Wales were hazardous or harmful drinkers (drinking over the UK guidelines)⁴⁴.

4.16 The National Survey for Wales (2022-2023) suggests 25% of males and 10% of women drink above recommended weekly guidelines (i.e. >14

⁴⁴ [Senedd Research 2022 Wales Drinking Habits](#)

units/week). It further highlights that 43% of individuals report drinking once or twice a week or more⁴⁵

- 4.17 Trends for changes in consumption vary between different groups within the population [see **6.49**]⁴⁶. Alcohol in Wales highlight the prevalence of increasing and higher risk (AUDIT) drinking.⁴⁷ It seems that establishing the causes of short-term trends in recent changes in consumption is confounded by many factors, including recent COVID-19 experiences [see **Chapter 6**]⁴⁸.
- 4.18 In this context establishing the exact impact of MPA on consumption is complicated. While evidence points towards an immediate impact of MPA on sales of alcohol, consumption figures in Wales from 2020-2024 have been confounded by other influences.

Alcohol-related deaths

- 4.19 According to the modelling undertaken by SARG in 2018, a 50ppu minimum price would lead to 66 fewer alcohol-attributable deaths per year⁴⁹. The modelling identifies a significant time lag (20 years) for some health conditions between changes in drinking and changes in negative health outcomes. We are unlikely, therefore, to see any such results during the initial period of the legislation and first four years of evaluation.
- 4.20 However, over the last five years, including the period since the introduction of MPA, reports on alcohol deaths in Wales, and those accounting for both England and Wales, show a notable increase in the number of alcohol-related deaths⁵⁰. These increases have continued since our interim report in which we detailed the various evidence links⁵¹. Alcohol specific death data for Wales highlights that the three-year rolling average increased by

⁴⁵ [National Survey for Wales: results viewer | GOV.WALES](#)

⁴⁶ [National Survey for Wales - collection of annual reports](#)

⁴⁷ [Alcohol in Wales - June 2024 Monthly Tracking](#)

⁴⁸ [Senedd Research 2002 Wales Drinking Habits](#)

⁴⁹ [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales. Welsh Government: Final report](#)

⁵⁰ [ONS Alcohol Deaths version 2022-3](#)

⁵¹ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#) (appendix 1.8)

9.2 per cent in 2020-22 compared to 2019-21, with rates highest among those aged 50-70⁵².

- 4.21 Similar rises in death rates are visible in the rate of alcohol-specific deaths and are consistently higher among men compared with women⁵³.
- 4.22 Alcohol-specific deaths in Wales are concentrated within the urban populations of the south and north of the country⁵⁴.
- 4.23 Recent increases in drink driving related deaths have also been recorded, and since 2010 in Wales, the proportion of casualties that occur in drink-drive collisions has been higher than in England or Scotland⁵⁵.
- 4.24 There are a range of factors that might account for these increases rather than suggesting MPA is ineffective. The other likely contributing factors include the recent pressures within this research period from COVID-19, cost of living, poverty and socio-economic considerations, and potential reductions in, or access to, service provision⁵⁶. The evidence from Scotland would suggest a positive impact on alcohol related deaths [see **Chapter5**].

Hospital admissions

- 4.25 The potential value for MPA to lead to a reduction in alcohol related hospital admissions has been evidenced in a systematic review⁵⁷. Further, according to the modelling undertaken by SARG in 2018, MPA at 50ppu would eventually (after 20 years) lead to 1,281 fewer alcohol-attributable hospital admissions in Wales per year⁵⁸.
- 4.26 In 2021-2022 alcohol related hospital admissions increased by 5.5 % compared to 2019-20⁵⁹.

⁵² [Latest data on substance misuse in Wales published - Public Health Wales](#) (pdf available only)

⁵³ [Alcohol-specific deaths in the UK - Office for National Statistics](#)

⁵⁴ [Alcohol-specific deaths in the UK - Office for National Statistics](#)

⁵⁵ [UK Gov-Department of Transport 2024 release alcohol related collisions and casualties](#)

⁵⁶ [Walsh et al 2022 -Austerity related death rates. BMJ Journals.](#)

⁵⁷ [Maharaj et al 2023 MPA and alcohol-related hospital outcomes: systematic review in BMJ. National Library of Medicine.](#)

⁵⁸ [Sheffield Alcohol Research Group 2018 - Wales MPA Modelling Final Report. Welsh Government.](#)

⁵⁹ [Public Health Wales 2022 Data Mining Substance Misuse](#)

- 4.27 As with alcohol related deaths, hospital admissions also are more prevalent amongst older individuals, males and those living in urban areas⁶⁰.

Note – there is always a time delay in publications of official (government and Public Health long term, comparable) data for alcohol consumption, related deaths and hospital admissions. Thus, we have some data for the period of 2020 -2022 (often confounded by COVID-19 among other things), but not for the full period of the second half of this evaluation 2022-24.

Inspections – Licensing

- 4.28 In the initial period following the introduction of MPA, licence inspections highlighted a great deal of initial compliance [See chapter 7 of interim report] with only six fixed penalty notices issued following 3,013 inspections by Trading Standard Wales⁶¹.
- 4.29 A further enquiry to eight Trading Standards offices in February 2024 [responses included within the primary data section below] confirmed that compliance remained high, with no fixed penalty notices being issued within the last 12 months.
- 4.30 Anecdotal accounts of ‘under the counter’ alcohol sales have been reported in the Welsh and Scottish ‘treatment population’ evaluations^{62,63}. A recent prosecution in Wrexham noted alcohol being sold under the minimum price (along with illegal vape and cigarette sales)⁶⁴.

Primary data

- 4.31 For this final stage of reporting, we interviewed a small bespoke group [n=8] of key stakeholders [some were repeated with those interviewed for the interim report], and had email correspondence from seven Trading Standard officers, to acquire their perspectives on the impact of MPA in Wales, its comparison with elsewhere, and thoughts about policy next steps and any future price.

⁶⁰ [Latest data on substance misuse in Wales published - Public Health Wales \(pdf only\)](#)

⁶¹ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#)

⁶² [Interim report -Wales MUP 'Treatment study'. Welsh Government.](#)

⁶³ [Holmes et al 2022 final report evaluating MUP harmful drinking. Public Health Scotland.](#)

⁶⁴ [Wrexham Council News May 2024](#)

- 4.32 As outlined in our interim report, capturing such data is an important element in helping to understand some of the interconnected complexities, alternative explanations, and identified gaps.
- 4.33 The new data we have acquired has been qualitative in nature and collected through one-to-one interviews or group focused conversations.
- 4.34 Our sampling methodology targeted those with leading/national roles in advocacy, evaluation, modelling, policy and service provision responsibilities within Ireland, Wales, and Scotland. Thus, while our inquiries of them were focused on Wales, we heard lots of informed contextual information drawn from other jurisdictions.
- 4.35 The specific and relatively easily identifiable roles of the respondents mean we have not included any descriptors for them associated with the direct quotes provided. They are simply referred to as R1, R2 etc.
- 4.36 Interviews were manually analysed for thematic considerations. The analysis was undertaken using the same coding frameworks that informed the interim report i.e., known propositional starting points rather than as free emergent coding. Consistent with the Contribution Analysis methodology, this was done later into the report writing stage, the timing of which ensured a probe of alternative explanations for other data findings, further contribution to gaps in understanding, and signposting to other data sources.
- 4.37 Ethical approval for this element of the study was approved by Wrexham University Ethics Committee (id405-11-09-2019).
- 4.38 Like all qualitative studies there is far more data than can be presented in any given report, and particularly a summative one of this nature. We offer here a limited amount of the data that particularly reinforced the observations shared with us. Several more data examples are also utilised in **Chapter 8**, to illustrate points made there too.

Implementation

- 4.39 Once on the statute book the implementation of MPA was seen as relatively straightforward.

'It's easy to do. It doesn't cost an awful lot. Once it's done the industry go, well it's done. People don't think about it...the big message is it works. It doesn't have unintended consequences at a population level and it's easy to administer.' [R3]

4.40 Further to our interim report which indicated high levels of post implementation compliance, respondents felt compliance remained strong with the legislation. None of the trading standards officers who replied to us indicated they had issued any fixed penalty notices in the last 12 months. Checking for MPA compliance had become a routine part of activity and was only specifically followed up if complaints were received.

'Yes, compliance was high with the majority of retail premises complying on first inspection. Where there was non-compliance during initial inspection this was generally corrected immediately and follow up inspections showed continuing compliance.' [R1]

'We have not received any complaints in relation to traders breaching the MUP policy. Compliance was high at the start and appears to remain so.' [R2]

4.41 It was noted the compliance with MPA was evident in the price point adopted for many spirits following implementation i.e., that of £13.13 for a standard bottle. As one respondent observed:

'No, it's very odd, and it's interesting that they sit bang on the 50p per unit so they could have actually chosen that more rounded number that looks a bit more normal, what you'd expect to see.' [R5]

Drinking: Behaviour, Consumption and Purchasing

4.42 There was universal agreement that pricing as a mechanism effects alcohol purchasing and by dint of this consumption and harms.

'So, I think it's just another piece of the jigsaw, another piece of evidence that says yes, pricing does influence behaviour.' [R3]

'I'm satisfied that it showed the policy has worked broadly in the terms that it was intended to. So, there is clear evidence that it led to the price increase.' [R7]

'I think on the impact thing my thought would be we have some evidence to say that it reduces alcohol consumption in people drinking today. And we want things to continue in that direction because less alcohol is less alcohol-related harm and that's a good thing.' [R10]

4.43 The evidence was understood as supporting the conclusion that behavioural changes had taken place:

'But in terms of sales and purchasing and in terms of harm, they all went in the same direction, so it's very consistent.' [R3]

4.44 However, the limited extent of the observable changes reflected the modest value of 50ppu in the context of distance since originally modelled and not keeping pace with inflation.

'50p is a modest measure, which is having a modest effect.' [R4]

4.45 There was a clear sense of the policy and the current 50ppu price affecting different populations.

'They obviously don't talk about it, but the ordinary drinker is not going to make a connection in their head between their drinking behaviour and the government policy, but they may well, without even thinking about it, seen that the prices of certain things have changed and without particularly thinking about it, switched to something else or buy less of it.' [R4]

'We do need to think about how we support people with alcohol dependence and MUP was never intended to address people with alcohol dependence.' [R3]

4.46 Many of the respondents identified the effectiveness of the policy varied according to the products under consideration.

'Whereas this did target high-strength, low-cost products and brought the price of those up and that's the stuff that particularly harmful drinkers were drinking. So, it's more targeted, I suppose is the argument. It's more targeted.' [R3]

‘At 50p a unit, it is primarily a white cider measure and aside from one or two discount stores, I haven’t seen a bottle of wine for much less than say £6 or £8 for years.’ [R4]

Adverse harms

4.47 The respondents identified very little evidence of any harms being caused and certainly not any general increase in acquisitive crime or move from alcohol to other drug use, as was often feared prior to implementation.

‘There may be things going on at the margins where people are struggling, but what definitely hasn’t happened is anything that has been big enough that really there has been a momentum built around a concern where you’ve had news story after news story, after news story, showcasing problems. That just hasn’t happened. If there were real significant problems going on, we really should know about it by now.’ [R7]

‘So, I don’t think the cross-border thing has been... certainly as someone who, as someone who I remember raising it, and saying, I think that’s going to be an issue. For whatever reason, I don’t think it is a major issue.’ [R8]

‘The thing that surprised me actually in a way is that I just assumed that there would be more of a market for homemade moonshine⁶⁵ alcohol in this population. I’m amazed that I haven’t come across that.’ [R9]

4.48 The most common harm noted was the negative impact on certain populations of low-income drinkers and especially low-income dependent drinkers. The specific harm being identified was the strain on incomes being intensified i.e., having less money because of the perceived need to prioritise drink over other things.

‘No, and the only real evidence of harm is this issue of financial strain...on people with dependence...those in deprivation.’ [R7]

⁶⁵ Moonshine – is normally a reference to illicit homemade distilled spirits.

Policy and price

4.49 There was a clear sense that inflation always contributed to price rises, and was something that always went up, rather than down, and as such should be kept pace with.

‘And I guess as well, the thing about inflation is, it never goes down, does it? It just slows down.’ [R4]

4.50 It was also noted that the more recent excise duty change intervention by the UK Government had led to a different set of price recalibrations, which in turn impacted on relative affordability and price of alcohol

‘I think the excise duty hike makes some difference...I think there’s two functions of excise duty - one of which is to control the consumption of alcohol, and the other is to get money into the Treasury, and different Chancellors believe in that to different degrees, and I don’t think we’ll ever know...’ [R4]

4.51 It was also clear the respondents felt it difficult to firmly establish which piece of the jigsaw was having the greater or lesser impact on observable prices and affordability:

‘I think part of the problem...not part of the problem with minimum pricing, but the cost-of-living crisis which we’ve lived through in the past couple of years has meant that people don’t really know what pricing is any more.’ [R8]

‘It’s very common that the people I’m working with are struggling financially, nearly always and that is always a big stress in their lives... [and] are struggling financially already, they’re on benefits, they’re often visiting food banks.’ [R9]

They also commented more research on this matter was needed.

‘That’s one of the things that we’re calling for is that there needs to be some kind of linkage and [SARG] have done a bit of work and different measures that you could link it to. There’s some debate about whether it’s inflation or it’s an affordability measure...’ [R6]

4.52 Some of the nuance in the conversation amongst the respondents was the understanding that whilst not having the unit price increasing in line with inflation reduced the effectiveness of 50ppu, increasing the price during ‘a cost-of-living crisis’ was a very difficult political decision.

4.53 For some the answer lay in reframing the conversation to one of maintaining the value of the policy, rather than that of a price increase.

‘I think raising the price is harder and obviously we would say it's not raising the price; it's maintaining the value and in order to continue to be effective it needs to maintain its value, but I think there's going to be a bit of resistance there.’ [R3]

Limitations of policy and evaluations

4.54 The respondents suggested the implementation and evaluations of MPA in Wales (and/or Scotland) had definite limitations. These were (i) of the price and its modesty, as above and (ii) some limitations of the evaluations (their messiness and/or in some instances the smaller and less statistically robust nature.

‘One is, this is a price-based policy, inflation changes prices over time. Price based policy needs to keep up with that. Just doing nothing, you're just deliberately making the policy less effective.’ [R7]

4.55 It was understood by many of the respondents that COVID-19 had impacted upon the ability to evaluate the impact of MPA in Wales. The pandemic was understood to have changed the nature of some people's drinking behaviours, and consequently affected the data and what could, or could not, be attributed to price:

‘I think given the pandemic and everything that's happened, measuring alcohol use or alcohol harm at point A and measuring at point B and saying minimum unit pricing is working is not honest interpretation.’ [R10]

‘We're seeing so many factors that have driven drink. As you say, unemployment, cost of living, COVID, and in fairness no...they're much wider than we can deal with.’ [R8]

4.56 The limited nature of the policy armoury available to the Welsh Government within the confines of the devolution settlement (as opposed the options available in other jurisdictions (i.e., control on availability, marketing, and licencing), was also considered as a factor on reducing any potential impact of MPA.

‘But I would still prefer us to have more powers in Wales and I certainly think the ability to influence licensing would be a welcome thing and...the marketing of alcohol.’ [R8]

4.57 Notwithstanding the positive nature of the (3-4 year) longitudinal evaluations undertaken by the Welsh and Scottish Governments, the implications of the findings was understood as limited, given the relatively short time frame they covered, and the recognition that a whole population effect might not be observable for many years to realise its true benefits.

‘But I think the sense was that minimum unit pricing was the measure that people had the most confidence in and the measure that would potentially have the most significant effect. Maybe not immediately but potentially over the medium to long term...And in fact, we'll probably need another 20 years, 25 years to really see what the prevention piece will be...’ [R10]

4.58 Despite this several people suggested the real-world nature and the complex contexts of the implementation meant that in reality the evidence and evaluation approaches were perhaps the best achievable under the given conditions.

‘...for policy evaluation this is as good as it gets. You can't do a policy evaluation that gives firm attribution. You couldn't have done this as an actual experiment, a randomised control trial, et cetera, so this is as good as it gets.’ [R3]

Next steps

4.59 There was unanimous support for continuing with the policy:

‘Yeah, so that in our view has had a positive impact.’ [R8]

Although often as not, as just one of the numerous policies required to address alcohol related harms.

‘It’s not the only solution, but it is part of the solution.’ [R3]

4.60 Respondents frequently attributed their support to (i) a certain obviousness around the (beneficial impact) associated with increasing the price of certain cheap alcohol products and (ii) the lack of any wholesale evidence of adverse harm. Typical of the responses was this one from one respondent contemplating the early 2024 decision facing the Scottish Government:

‘Yeah and given the weight of evidence that we’ve already talked about, and the relatively small set of concerns or potential negative outcomes, I agree, there’s no clear reason why you would want to overturn a decision that was taken in 2012.’ [R7]

4.61 That said, concern was often expressed that while supporting the benefits at a population level, the impact of MPA on low-income dependent drinkers raised questions as to what else might need to be put in place to help them.

‘My view professionally is that it needs to be balanced with, okay, this is going to help people more broadly, but it’s going to make things worse for this population, so how are we going to balance that out? What are we putting in place for them alongside these policies to make sure they’re not more hard hit?’ [R9]

4.62 The suggestion that it would also make no sense for the Welsh Government to abandon MPA now it was on the legislative books, was also made.

‘I think in terms of the balance of benefits and harms, I think there is more - a higher risk of harm from not pursuing a progressive minimum unit price policy than there is - I would be concerned that if we didn’t - that reining back, dropping minimum unit pricing or not progressing with it - I believe it works, I just don’t believe how much it works. But I believe that if we drop it, it has bigger consequences than just the pricing. I think it will be a sort of - it will be a step back.’ [R10]

5. The wider evidence base

Summary

- MPA, in various guises, has been implemented and evaluated in other jurisdictions. The Welsh Government has been, and should continue to be, mindful of MPA experiences elsewhere.
- There are an increasing number of published articles and reports, all generally supportive of, and suggesting that, minimum pricing of alcohol has a clear role to play as part of a broader range of activities to reduce the harms of alcohol. The Welsh Government should continue to take cognisance of this established evidenced base.

Introduction

5.1 This chapter provides an overview of the evidence beyond Wales. This comes in three sections. First, a summary of the final evaluation findings for MUP in Scotland, the subsequent path to having the provision continued, and introducing a new price of 65ppu. Second, an examination of the evidence following the introduction of MPA elsewhere. Finally, a summary of key recent evidence from the literature.

The Scottish evaluation

5.2 Public Health Scotland (PHS) concluded its evaluation for the introduction of MUP in Scotland in the summer [June] of 2023⁶⁶.

5.3 We have reported elsewhere on the detail of the studies that made up the totality of the evaluation suite⁶⁷. The final synthesis evaluation by PHS included 20 studies⁶⁸.

⁶⁶ [Public Health Scotland Website Final Evaluation Reports](#)

⁶⁷ [24 month review Minimum Pricing for Alcohol in Wales. Welsh Government.](#)

⁶⁸ [Public Health Scotland Final Report Full](#)

5.4 This section summarises the key findings and messages from PHS' overall evaluation and what next steps the Scottish Government have embarked upon.

5.5 PHS at the outset had two overall evaluation questions:

- To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?
- Are some people and businesses more affected (positively or negatively) than others?⁶⁹

5.6 In relation to harms, the evaluation concluded the following:

- There is strong evidence that MUP reduced deaths directly caused by alcohol consumption (wholly attributable) in Scotland compared to what would have happened in the absence of MUP⁷⁰.
- Overall, it is likely MUP has reduced wholly attributable hospital admissions in Scotland compared to what would have happened in the absence of MUP.
- There is no consistent evidence that MUP impacted on other alcohol-related health outcomes.
- There is no consistent evidence of either positive or negative impacts on social outcomes, such as alcohol-related crime or illicit drug use, at a population level.
- There is some qualitative evidence of negative health and social consequences at an individual level, particularly for those with alcohol dependence who are financially vulnerable.

5.7 In relation to the effect on individuals and businesses, the evaluation concluded:

- The observed reductions in wholly attributable deaths and hospital admissions were greatest among men and those living in the most deprived areas of Scotland.

⁶⁹ [The evaluation of Minimum Unit Pricing \(MUP\) for alcohol: Summary \(healthscotland.scot\)](https://www.healthscotland.scot)

⁷⁰ It should be noted that alcohol deaths in Scotland continue to rise - [ONS Alcohol Deaths 2022](https://www.ons.gov.uk)

- There is strong and consistent evidence of a reduction in alcohol consumption following MUP implementation.
- MUP impacted on the price of some products more than others, particularly some ciders and spirits.
- Retailers found that loss in sales was generally offset by an increase in price; the impact on profits overall is not clear.
- Overall, there is no consistent evidence that MUP impacted either positively or negatively on the alcoholic drinks industry as a whole.

5.8 PHS concluded their evaluation by:

- Indicating that overall, the evidence suggests 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.
- Suggesting the decision as to whether MUP should be retained, and at what level the MUP is set, is a decision for policymakers, who will need to weigh up the potential benefits and risks.

5.9 The evaluation also states, if MUP continues, in order to maintain and further enhance the positive impacts, the following should be considered:

- It is likely that any beneficial impacts of MUP realised to date will only continue if the value of MUP compared to other prices and incomes is maintained.
- There is limited evidence to suggest that MUP was effective in reducing consumption for those people with alcohol dependence.
- Some people with alcohol dependence who have limited financial support may experience increased financial pressure as a result of MUP.
- Those under 18 years of age generally reported that MUP had not affected their alcohol consumption.

- 5.10 Following the publication of the final evaluation report the Scottish Government embarked on a public consultation as to whether Minimum Unit Pricing (MUP) should be continued as part of the range of policy measures in place to address alcohol related harm, and in the event of its continuation, the level the minimum unit price should be set going forward⁷¹.
- 5.11 SARG provided the Scottish Government with a further report, providing new modelling of alcohol pricing policies, alcohol consumption, and harm in Scotland ⁷².
- 5.12 This was followed in January and February 2024 by the publication of independent advice from a Regulatory Review Group (RRG) and a series of Impact Assessment reports⁷³ considering the potential future implementation MUP⁷⁴.
- 5.13 Orders were laid before the Scottish Parliament on 19 February 2024 to continue setting a minimum price per unit of alcohol (i.e., remove sunset clause (the requirement to ask a government to actively continue legislation or it becomes lapsed) and to increase it by 15p. The orders went before the Scottish Parliament for approval (i.e., 65ppu)⁷⁵.
- 5.14 The Scottish Government produced a summative briefing document on 12 April 2024. It summarised the three key considerations as: (i) the evidence for the link between price, consumption, and harms; (ii) how it impacts on different drinking populations; and (iii) what might be the unintended consequences⁷⁶.
- 5.15 A renewal of MUP at 65ppu was approved by the Scottish Parliament on 17 April 2024⁷⁷.

⁷¹ [Scottish Government Analysis on Consultation of future of MUP](#)

⁷² [SARG report MUP to Scottish Government 2023. Sheffield Addictions Research Group.](#)

⁷³ [Scottish Government Business and Regulatory Impact Assessment](#)

⁷⁴ [Scottish Government Website -Publications re Alcohol](#)

⁷⁵ [Scottish Government MUP news announcement Feb 2024](#)

⁷⁶ [The Alcohol \(Minimum Pricing\)\(Scotland\) Act 2012 \(Continuation\) Order 2024 | Scottish Parliament \(pdf available only\)](#)

⁷⁷ [Scottish Parliament April 2024 Approval MUP renewal](#)

- 5.16 Subsequent articles continue to demonstrate the positive effective of MUP on reducing Scottish alcohol consumption and sales^{78,79}.

Other jurisdictions

- 5.17 MPA has been adopted in different forms in 13 different countries⁸⁰.
- 5.18 The World Health Organization (WHO) argue ‘The effectiveness of minimum pricing as a mechanism for reducing the health and social harms caused by alcohol is supported by a substantial body of evidence’, and that the evidence comes in three forms: (i) indirect evidence; (ii) modelling; and (iii) direct evaluation evidence⁸¹.
- 5.19 Like Scotland, over the last decade Ireland has maintained high levels of alcohol consumption and related harms^{82,83}. Consequently, it has also adopted a very comprehensive public health (alcohol) programme of legislation, wherein having a minimum price has been utilised alongside restrictions in availability and marketing, plus a move towards health information/warnings on labels⁸⁴. The Irish minimum price is amongst the highest of those across the world⁸⁵. Published evaluations have yet to appear.
- 5.20 Minimum pricing for alcohol was introduced (in 2018) as an element of alcohol policy by the state of Northern Territory, in Australia⁸⁶. The price of 1.30 Australian dollars per unit equates to about 70ppu. A three-year evaluation has now been published⁸⁷, accompanied by peer review articles⁸⁸. There have been clear observable impacts on the price and availability of certain cheaper products (i.e., cask wine), indications of a dampening effect on consumption, and positive effects on health^{89,90}.

⁷⁸ [Nguyen et al 2024 effects of MUP Scotland. PLOS ONE.](#)

⁷⁹ [Giles et al 2024 MUP 3 year sales data. Wiley Online Library.](#)

⁸⁰ [World Health Organization 2022 No Place for Cheap Alcohol](#)

⁸¹ Page 27 [World Health Organization 2022 No Place for Cheap Alcohol](#)

⁸² [Irish Health Research Board 2021 harms and policy report](#)

⁸³ [Zubair et al 2022 Global Burden of Disease Ireland. Health Research Board.](#)

⁸⁴ [Barry and Lyne 2023 Irish Implementation. National Library of Medicine.](#)

⁸⁵ [World Health Organization 2022 No Place for Cheap Alcohol](#)

⁸⁶ [Clifford et al 2021 Alcohol Policy in the Northern Territory Australia. National Library of Medicine.](#)

⁸⁷ [Frontier Economics 2022 Evaluation MUP Northern Territory Australia \(pdf available only\)](#)

⁸⁸ [Taylor 2023 Review of Evidence Northern Territory Australia. Wiley Online Library.](#)

⁸⁹ [Clifford et al 2021 Alcohol Policy in the Northern Territory Australia. National Library of Medicine.](#)

⁹⁰ [Taylor 2023 Review of Evidence Northern Territory Australia. Wiley Online Library.](#)

5.21 Canada was an early adopter of MPA. It has had a variation of minimum pricing for alcohol approaches in its states for many decades^{91,92}. Studies have shown that the Canadian experience has resulted in reductions in alcohol consumption and alcohol-related harms, including deaths^{93,94}.

Literature update

5.22 All previous Welsh evaluation reports have drawn on emerging messages from the literature. We provided a summary of these in our interim report, including a detailed appendix tabulation of key documents, noting authors, title, and links to place of publication⁹⁵.

5.23 We summarised these messages (as of summer 2023) as follows:

- Price control is an effective mechanism to reduce consumption.
- Modelling suggests price control will lead to reduced alcohol harms.
- Pricing approaches need to be embedded in wider holistic alcohol policy approaches.
- Pricing control brings about expected and actual changes in product price and availability.
- The effectiveness and impact of pricing control depends on the price level set.
- The policy, whilst affecting all products and thus all populations, is likely to impact differently on specific populations.
- Those heavy drinkers on low incomes are most affected and will adapt behaviour to manage affordability.
- Any pricing policy does not operate in a vacuum and is affected by a range of other economic, political, and social considerations.

5.24 The final reports from the other Welsh evaluations (Lots 2, 3, and 4) reviewed additional recent literature observations, and those reviews are incorporated within this report. This occurs across its chapters rather than being repeated in detail here. Much of it can be summarised as: (i)

⁹¹ [Thompson et al 2017 MPA in Canada. Journal of Public Health Policy.](#)

⁹² [Reducing Harm to Canadians 2012 \(Alcohol Price Policy Series\)](#)

⁹³ [World Health Organization 2022 No Place for Cheap Alcohol](#)

⁹⁴ [Zhao et al 2013 minimum price British Columbia. National Library of Medicine.](#)

⁹⁵ [24-month review of Minimum Pricing for Wales. Welsh Government.](#) (especially appendices 1.1-1.3)

evidence that price can be demonstrated to effectively counter cheaper alcohol products, purchasing, and wholesale population consumption; (ii) further positive expectations from modelling perceived impacts in different countries; and (iii) mixed results on specific populations or contexts (i.e., treatment seeking drinkers or hospital admissions).

5.25 Similarly for this final report we undertook a range of structured searches for further published literature 2022-24 (i.e., the period since our interim report), with a focus on alcohol policy and pricing-based approaches. These are detailed and summarised in **Appendix 3**.

5.26 The evidence continues to highlight addressing affordability, and minimum pricing in particular, as one of the most effective of possible policy approaches.

5.27 The literature continues to report on certain themes. These could be summarised as:

- Addressing affordability of alcohol, and notably reducing the availability of very cheap alcohol products.
- Comparing MPA approaches with other pricing policy approaches such as taxes.
- Considerations of how pricing is just one of a range of necessary policy approaches to reduce alcohol related harms.
- Comparisons between jurisdictions.
- The complexity (messiness) of the evaluation contexts.

5.28 One recently published study exploring the immediate experience of MPA in Wales (March 2020, during the initial public health protective measures) compared sales data with that of England, concluding the policy ‘...can be highly effective in reducing demand for cheap alcohol with an overall net reduction in take home alcohol...’⁹⁶.

⁹⁶ P15 [Bokhari et al 2024 - Economic Inquiry](#)

- 5.29 There are two other key publications that are frequently cited in debates or publications focussed on MPA policy adoption. They both strongly advocate for the policy.
- 5.30 First, minimum pricing for alcohol has become one of WHO's 'Best Buys' (i.e., a policy designed and well evidenced to improve public health). The WHO suggest the evidence demonstrates reductions in alcohol consumption and harms following the introduction of minimum pricing measures⁹⁷. While 'Best Buys' supports minimum pricing it does note that minimum prices should be considered as complementary to taxation, not as an alternative, and that minimum prices may lead to increases in unrecorded alcohol consumption, but these can be prevented through targeted measures.
- 5.31 Second, the detail of the how minimum pricing might sit within other policies is included in 'Alcohol: No Ordinary Commodity'⁹⁸. This document outlines 69 different strategies and interventions that have been scientifically evaluated for their effectiveness, organised around seven policy intervention chapters, including one on pricing and taxation. The other policy approaches include availability, marketing, and licensing, as outlined in **Chapter 2** and our interim report⁹⁹.
- 5.32 Much of this evidence base draws upon and tests the modelling as developed by SARG¹⁰⁰, who have produced original and updated models for many jurisdictions including Wales and Scotland.
- 5.33 The final model provided prior to the implementation of MPA for the Welsh Government by SARG was in 2018¹⁰¹. It concluded that a level of MPA set between 35ppu and 70ppu would: (i) be effective in reducing alcohol consumption; (ii) would create differentiated effects/impacts between types

⁹⁷ [World Health Organisation - The potential of minimum pricing to reduce harms](#)

⁹⁸ [Alcohol - No Ordinary Commodity. Oxford University Press.](#)

⁹⁹ [24-month review of Minimum Pricing for Wales. Welsh Government.](#)

¹⁰⁰ [Sheffield Alcohol Research Group - Publications](#)

¹⁰¹ [Sheffield Alcohol Research Group 2018 Wales MPA modelling final. Welsh Government.](#)

of drinkers and income levels; (iii) lead to a reduction in certain alcohol related harms; and (iv) be more effective than small tax increases.

5.34 There have been examples of modelling undertaken for other countries and by other academic groupings. All of these also indicate the positive potential of pricing and other alcohol policy measures. Recent examples can be found in **Appendix 3**.

5.35 While there is still some debate about the degree of any observable impacts, the extent of the effectiveness of the evaluation methodologies used, modelling as reality, and whether there are some adverse considerations of minimum pricing policies, there does appear to be a broad consensus about the following: that pricing policies can be introduced; they will raise the price of certain products; they contribute to reductions in overall consumption; and are likely to contribute to a reduction in alcohol related harms.

Conclusion

5.36 This chapter has outlined three wider sources of evidence regarding minimum pricing: the comprehensive Scottish experience; implementation in other jurisdictions; and reporting within the literature (especially academic peer reviewed material).

5.37 Taken as whole this evidence generally points towards minimum pricing contributing to reduction availability of cheap alcohol products, general population consumption, and some alcohol related harms.

Table 5.1: Summary of literature themes and headline messages

Theme	Source type	Messages
Price as a policy mechanism	<ul style="list-style-type: none"> • Policy reviews and research • Systematic evidence reviews 	<ul style="list-style-type: none"> • Alcohol pricing policies are an effective approach to reducing alcohol related harms. • Pricing policy approaches need embedding in a broad range of alcohol policy measures.
Expected changes (prices and consumption) of any policy implementation	<ul style="list-style-type: none"> • Modelling reports • Pre policy implementation studies • Trading standards data 	<ul style="list-style-type: none"> • Compliance with, and implementation of, alcohol policies can be done successfully.
Actual changes (prices and consumption) post policy introduction	<ul style="list-style-type: none"> • Sales data analysis • Direct reporting (quantitative and qualitative) from drinkers • Welsh and Scottish final evaluations 	<ul style="list-style-type: none"> • Prices do change with policy implementation, including a significant rise on very cheap alcohol products. • Price increases lead to modifications in purchasing behaviour and product availability. • Observable reductions in overall population purchasing and therefore assumed consumption.
Impact on specific populations (i.e. homeless, heavy episodic, treatment seeking, dependent etc)	<ul style="list-style-type: none"> • Direct reporting (quantitative and qualitative) from specific populations of drinkers and/or professionals working with them • Welsh and Scottish final evaluations 	<ul style="list-style-type: none"> • Many types of drinkers/groups of populations report no impact of minimum pricing (product of choice unaffected, income levels high enough, price not a factor in drinking etc). • Certain populations report difficulty in managing affordability of alcohol with price increase (i.e., dependent or low-income populations).

Maintaining affordability	<ul style="list-style-type: none"> • Direct reporting (quantitative and qualitative) from specific populations drinkers and/or professionals working with them • Welsh and Scottish final evaluations 	<ul style="list-style-type: none"> • Many drinkers switch between different products and alcohol type to maximise drinking within budget. • Coping mechanisms are often the extension of behaviours that existed prior to policy implementation, (i.e., borrowing, using debt, going without food, not paying bills or rent). • Switching from alcohol to other drug use is primarily concerned with those who had prior experience of drug use. • There is very limited evidence of crime, illicit and illegal alcohol purchasing, shoplifting etc. to maintain affordability. • Some evidence of cross border purchasing for those with income and transport means/opportunity and proximity to the border.
Expected and actual impact other behaviours	<ul style="list-style-type: none"> • Routine crime, health data sets etc. 	<ul style="list-style-type: none"> • Mixed set of results, with additional academic discourses and commentary about statistical validity.
Limitations	<ul style="list-style-type: none"> • Wider policy literature • Studies on other economic, health and social care considerations including questions about alcohol use • Welsh and Scottish final evaluations 	<ul style="list-style-type: none"> • The evaluation space is messy: <ul style="list-style-type: none"> ○ Affordability affected by benefits, inflation, global economies, pandemic etc. ○ Role of other actors in shaping alcohol policy, drinking behaviour and purchasing practices.

- 5.38 Arguments for, and evidence about, the potential impact of minimum pricing of alcohol are becoming increasingly clear¹⁰².
- 5.39 The Welsh MPA implementation and its bespoke set of evaluations add to this picture. As such, this report, contributes to the evidence and understanding of MPA.
- 5.40 The Welsh and wider evidence base point towards the immediate observable impacts on prices, products and overall consumption, recognising the need for a more nuanced interpretation of the effect on certain populations and any reduction in alcohol related harms. The latter point is confounded by many critical contextual considerations, which form the focus of the next chapter.

¹⁰² [Anderson 2024 -Why is MUP not more widely implemented BMJ](#)

6. The complications

Summary:

- MPA is not implemented in a vacuum and a range of factors affect attitudes towards alcohol, its price, and patterns of purchasing and consumption.
- In general, these factors have the effect of dampening, diluting, magnifying, negating, or obscuring any observable impacts of MPA.
- This renders evaluating MPA 'messy'.
- These complications equally apply to the Welsh MPA evaluation.

Introduction

- 6.1 Alcohol pricing policy is not implemented in a vacuum and a range of other external considerations impact on alcohol prices, products (availability and formulation - size and strength), drinking behaviour and attitudes towards the policy¹⁰³.
- 6.2 This chapter provides a summary of the key considerations that complicate our understanding of recent Welsh changes in price and affordability, patterns of alcohol consumption, and policy development.
- 6.3 The Welsh Government needs to be cognisant of these complicating factors, even where their influence on them is limited by the boundaries of devolution and external factors.

COVID-19

- 6.4 The extent of the impact of COVID-19 on Welsh society, health, and public services has been well documented.
- 6.5 In August 2022 the Welsh Government provided a final [archived] version of its interactive COVID-19 online dashboard¹⁰⁴. This identified a range of predominantly adverse impacts on deaths, NHS activity, the economic and labour market, and society/public services.

¹⁰³ For a clear visualization of this see Figures 1.1. and 6.1 in the Retailers Study Final report – published at the same time as this one [Chapter 4]

¹⁰⁴ [COVID-19 in Wales: interactive dashboard | GOV.WALES](#)

- 6.6 COVID-19 had several implications for individual alcohol consumption and purchasing behaviour; most notably affecting consumption, restricting and changing opportunities to purchase, impacting on income and affordability, and providing different motivations and opportunities to drink. Some of these effects have remained long term.
- 6.7 COVID-19 as reported in our interim report, distracted attention away from MPA with the first public health protection measures (lockdown) coming within weeks of MPA policy implementation. Identifying some of the early impacts of the immediate policy became challenging.
- 6.8 This situation led the Welsh Government to commission an additional report looking at the impact on the wider population of drinkers to evaluate this immediate proximity and any observable interactions and impact of COVID-19 on alcohol consumption and MPA¹⁰⁵. The key messages from that report are noted in chapter 6 of our interim report¹⁰⁶.
- 6.9 The Welsh Retailers study and several of the Scottish evaluations did involve some comparisons with English statistical data for the COVID-19 period, where similar effects of the pandemic were seen, but no alcohol unit price policy implemented. Each suggested a positive effect of MPA within the context of natural experiment comparison methodology.
- 6.10 However, one of the messages, that has remained constant over the entire evaluation period is that COVID-19 was, and has been, a much bigger ‘event’ than the introduction of MPA. This has meant the evaluation of the impact of MPA in Wales has not perhaps had the same clean window or focus as that of Scotland’s MUP introduction, even though it can still be argued that England can be used as a ‘control’.
- 6.11 Most obviously it made ‘unpicking’ some of the data and commenting on any observable consequences of the policy beyond those of compliance, price, and product change, very difficult. As noted below, the affordability of

¹⁰⁵ [Impact of COVID-19 and the minimum pricing for alcohol: impact on wider population | GOV.WALES](#)

¹⁰⁶ [Contribution Analysis - Interim Report](#)

alcohol has also been further compounded by experiences of poverty attendant on the ‘cost of living crisis’, inflation, and changes in excise duty.

- 6.12 That said, and taken as a whole, it is possible to suggest some core messages about COVID-19 and its relationship with alcohol consumption and MPA in particular, and these can be summarised as follows: (i) COVID-19 has been a confounder for the evaluation; (ii) it was potentially a bigger factor in changing drinking behaviour; (iii) it led to a change in the way services were accessed and provided; (iv) resulted in some long term changes in behaviour; and (v) positive support for the Welsh Government specific COVID-19 approach led to support/sympathy with Welsh Government specific messaging, including that of MPA. For links to evidence see earlier work in the evaluation¹⁰⁷.

Cost of living [Affordability]

- 6.13 Since MPA was introduced in Wales (2020-2024) the period has frequently been characterised as one of austerity or a cost-of-living crisis. Benefit cuts, Brexit, climate change, inflation, economic instability, and the war in Ukraine are among the reasons cited to explain this^{108,109}.
- 6.14 The net result of these collective cost and economic pressures has seen individual, organisational (service provider) and governmental (including Wales) incomes being squeezed.
- 6.15 In particular a number of research projects have evidenced the negative effect of the ‘cost of living crisis’ on the mental and physical health of individuals with low incomes, including potential rises in alcohol use and related deaths^{110,111}.
- 6.16 All three of the other Welsh MPA evaluation projects have continued to reference COVID-19, cost of living and inflation and their impact on outcomes. The latter two events have been more marked over the second and third waves of data collection.

¹⁰⁷ [Impact of COVID-19 and the minimum pricing for alcohol: impact on wider population | GOV.WALES](#)

¹⁰⁸ [Kutlovic 2022 Europe View Sage Journal](#)

¹⁰⁹ [Webster and Neal 2022. Journal of Public Health.](#)

¹¹⁰ [Williams 2022 Qualitative Study health and cost of living. Europe PMC.](#)

¹¹¹ [Broadbent et al 2023 Lancet](#)

Policy perspectives

- 6.17 Whilst awareness of the policy appeared to pick up in the period before and immediately after implementation, the level of detailed understanding remained limited across all groups of drinkers, service providers, and retailers. The final wave of evaluations suggests that awareness and understanding of MPA remained good among retailers but had declined among drinkers and service providers.
- 6.18 Many respondents across the evaluations have remained broadly supportive of the policy and its potential to reduce harm, remove cheap products and change generational behavioural trends.
- 6.19 There has been concern expressed in all the evaluations about the pronounced impact on the heaviest drinkers who also have low incomes.
- 6.20 In 2023 the Welsh Government published a report¹¹² which analysed findings from both the 2018 and 2020 waves of the Wales Omnibus Survey about public attitudes to, and awareness of, MPA in Wales. The report showed that awareness and support for MPA increased in this period. There was a minority who had a more negative attitude towards MPA and who thought it would not necessarily make any difference.

The alcohol industry

- 6.21 Alcohol is a legally available consumer product. As such, availability, marketing, and price reflects industry action as much as it does government policy. The alcohol industry (particularly larger scale and corporate producers and retailers) has provided a consistent challenge to any introduction of MPA across a number of jurisdictions and continues to try and ameliorate the policy through marketing activity and product changes.
- 6.22 That the alcohol industry is a major political actor has now become a well-established policy and research consideration, with comparisons of industry behaviour often made with those of other industries bordering on public health discourse and policy, such as food, gambling, or smoking¹¹³. A

¹¹² [2023 Public Attitudes to MPA. Welsh Government.](#)

¹¹³ [World Health Organization 2024 Commercial Determinants](#)

detailed account of relevant behaviours was contained within our interim report¹¹⁴.

- 6.23 This behaviour has continued, as evidenced in recent Industry challenges to the final evaluation of MUP in Scotland and any move to retain the policy^{115,116}.
- 6.24 Alcohol industry behaviour has had the effect of creating political hesitancy and regulatory chill with regard to developing and implementing policy in relation to alcohol¹¹⁷. It has been suggested that the pressure to introduce the policy with the unusual ‘sunset clause’¹¹⁸ represents industry power as it provided a further opportunity for industry challenge.
- 6.25 Corporate activities are quite naturally focused on industry gains. An important element of corporate practice may be summarised as focused on managing threats to commercial interests (i.e., profits¹¹⁹). Although it should be noted that the relatively smaller role of the industry in Wales, with its over preoccupation on Holyrood (Scotland) and Westminster (England), is suggested as a contributing factor that enabled the Welsh Government to implement MPA¹²⁰. In addition, a more cooperative relationship between the Welsh Government and the retail arm of industry was established during the period of MPA implementation.
- 6.26 This is what Wilt describes as the ‘commodification and deregulation by Big Alcohol’ which has successfully maintained self-regulation and offloaded responsibility for harm on ‘problem’ users ‘especially through the discourse of “responsible drinking”’¹²¹.

¹¹⁴ [MPA 24 month review. Welsh Government.](#)

¹¹⁵ [Scottish Government 2024 Analysis of consultation responses](#)

¹¹⁶ [SHAAP 2024 Commentary on Scottish Parliament evidence session.](#)

¹¹⁷ [Hawkins and McCambridge 2020 ‘Tied up in a legal mess’: The alcohol industry’s use of litigation. Edinburgh University Press.](#)

¹¹⁸ [Sunset Clauses in International Law and their Consequences for EU Law \(europa.eu\)](#) (pdf available only)

¹¹⁹ [McCambridge et al 2018 Alcohol industry involvement in policymaking. PubMed.](#)

¹²⁰ [Lesch and McCambridge 2021 Reconceptualising Alcohol Policy Decision Making. Taylor & Francis Open Select.](#)

¹²¹ Wilt, J. (2022). *Drinking Up the Revolution: How to Smash Big Alcohol and Reclaim Working-Class Joy*. Repeater Books.

- 6.27 It is important to note these commentaries about the alcohol industry refer to the larger corporate global industries of production and retail. A balance needs to be struck in such conversations as local small-scale sustainable alcohol producers and local retailers (pubs, shops and restaurants) all have a positive role to play in Welsh community life and valued tourism industry. The Welsh Government has to consider the three competing demands of alcohol health harms, tourism/Welsh Industry, and what is often referred to as the Nighttime Economy¹²².
- 6.28 The conclusion is that the alcohol industry does have influence but the range of this is not without its limits. The literature would suggest the influences were brought to bear more in Scotland and Ireland than in Wales. This might reflect less visibility as many of their operative domains are not exclusively devolved to Wales, and consequently occur in Westminster. It may also reflect the importance of the specific character of Welsh political institutions and a public health policy community actively supporting the framing of MPA^{123,124}.

Media

- 6.29 Much of the alcohol industry attempts to stop or ameliorate (in their favour) public alcohol policy, including pricing developments, and has utilised the media to broadcast its perspectives^{125,126}. This is often referred to as part of the increased polarisation/politicisation, and less use of (balanced) evidence-based journalism, or sometimes inferred, as a decline in media standards. That said, the media can also play a positive role in successful health promotion messaging.
- 6.30 Examples of the media being used to question the efficacy of MPA were some outspoken calls for a review, following the Scottish Drug Forum's use

¹²² [Fitzgerald et al 2024 Alcohol Policy Sweet Spots. International Journal of Drug Policy.](#)

¹²³ [Anderson 2024 -Why is MUP not more widely implemented BMJ](#)

¹²⁴ [Full article: Policy communities, devolution and policy transfer: The case of alcohol pricing in Wales \(tandfonline.com\)](#)

¹²⁵ [Katikireddi, Hilton How did policy actors use mass media to influence the Scottish alcohol minimum unit pricing debate? Comparative analysis of newspapers, evidence submissions and interviews. Informa Healthcare.](#)

¹²⁶ [Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newsprint coverage of key claim-makers in the policy debate? - ScienceDirect](#)

of media following the release of the Scottish drug-attributable death figures for 2022^{127,128} or the recent claims of mass job losses if Scotland proceeds with a revised 65ppu price¹²⁹.

- 6.31 It has been demonstrated that polarised views (vested interests) remained constant between proponents and opponents of minimum pricing, with very little shift through public media debate and positioning¹³⁰.

Cross-border

- 6.32 The lack of a MPA policy in neighbouring jurisdictions, in particular England with reference to policy in Wales and Scotland, has raised concerns about cross-border shopping activity on the Welsh economy especially the impact on small retailers operating on any such border, as drinkers potentially seek cheaper alcohol in their neighbouring communities.
- 6.33 The evaluations within Wales have evidenced some cross border shopping taking place, but not in any significant volume to impact on overall purchasing patterns [see **Chapter 4**], with a similar picture emerging in Scotland [see **Chapter 5**]. Tentative accounts are also emerging in relation to Ireland and Northern Ireland¹³¹. The number of individuals doing so were small in relation to overall population. Where it has taken place, it is limited to those living close to the border and who have the means (i.e., car and income) and opportunity (i.e., time) to take advantage of any possible financial gain offered by a cross-border journey.
- 6.34 In Wales, any cross-border shopping appears to be limited to those close to the border i.e., Deeside/Wrexham, Powys border communities, and Monmouthshire. The price differential between Welsh and English alcohol products would have to be significantly greater to induce mass behaviour¹³².

¹²⁷ [Call for review of minimum alcohol pricing in Wales after link to drug deaths – Swansea Bay News](#)

¹²⁸ [Welsh Conservatives call for review of minimum alcohol pricing after links to drug deaths \(nation.cymru\)](#)

¹²⁹ [Daily Record April 2024](#)

¹³⁰ [Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newsprint coverage of key claim-makers in the policy debate? - ScienceDirect](#)

¹³¹ [Donnelley 2022 Irish Cross Border shopping. Irish Mirror.](#)

¹³² Detailed examples within Lot 3 final report.

Economic and social inequalities

- 6.35 Minimum alcohol pricing is all about affordability. As such, both personal and wider societal economic considerations are important factors regarding the relative impact of any alcohol pricing policy.

Personal economics

- 6.36 The Welsh and many of the Scottish evaluation reports have established that despite the universality of minimum pricing policies (i.e., they affect the price of products available to and bought by all), income disparity is a significant factor in how such policies are experienced. Such policies are more keenly and acutely experienced by those with low incomes.
- 6.37 Low-income groups include many of the dependent and homeless drinkers who, prior to MPA, relied on cheap alcohol products, notably cider and lagers, to make their alcohol consumption affordable. Given the impact on this group, this evaluation highlights the need to locate pricing policy within wider initiatives. This does not necessarily suggest alcohol pricing policy is a bad thing, but rather it accentuates the need for broader social justice policies that address such inequalities.
- 6.38 Another low-income group is those who access the benefit system. Various changes have been made to Universal Credit and Housing Benefit since the introduction of MPA. The decision making around these benefits lies beyond the Welsh Government but has implications for individuals living in Wales. For example, it appears the payment of monthly sums under Universal Credit or Housing Benefit directly to individuals has had a negative impact on dependent drinkers, such as increased opportunities to spend large sums on alcohol and then forgo payment of other bills¹³³ [various Treatment and General Population reports – **Table 4.2**]. It has also

¹³³ [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels - Publications - Public Health Scotland](#)

been argued that sanctions arising from this have led to greater levels of deprivation^{134,135,136}.

- 6.39 The cumulative impact of Brexit, COVID-19, the ‘cost of living’ crisis and inflation has had a hugely disproportionate effect on those with low incomes.
- 6.40 Given MPA appears to disproportionately affect those with lower incomes, and there are more of them, the perception that MPA targets those on low incomes may have become more pronounced (see various **pre-implementation, interim and final Lot 3 and 4 reports** that explore these impacts).

Societal economics

- 6.41 The cost-of-living crisis has represented a period of intense inflation (10% at periods during this evaluation). Whilst fuel costs are a significant contributory factor here, this often hides more general inflationary price pressures. It is worth reflecting that a period of inflation is associated with general price rises so that any increase in the price of alcohol as a result of MPA may be buried in the expectation that a basket of goods just costs more.
- 6.42 Personal and societal economics become, along with COVID-19, another huge confounder, especially in areas that focus on product price and affordability. It becomes clear that it has made the whole landscape more complex, and certainly adds an extra (more difficult) element to any minimum price rise conversations and/or implementation. This is part of the messiness of such evaluations^{137,138}.
- 6.43 There is also a lot of persuasive literature that articulates the need to understand entrenched and problematic use of alcohol and other drugs as

¹³⁴ [In-work Universal Credit: Claimant Experiences of Conditionality Mismatches and Counterproductive Benefit Sanctions | Journal of Social Policy | Cambridge Core](#)

¹³⁵ [Impact of Universal Credit in North East England: a qualitative study of claimants and support staff - PMC \(nih.gov\)](#)

¹³⁶ [Full article: Universal Credit, Lone Mothers and Poverty: Some Ethical Challenges for Social Work with Children and Families \(tandfonline.com\)](#)

¹³⁷ [Robinson et al 2023 Messiness of natural experiments. Society for the Study of Addiction.](#)

¹³⁸ [Taylor et al 2024 Minimum Price, Inflation and Index linking. Society for the Study of Addiction.](#)

a deliberate manifestation of larger capitalist and globalised societies that result in the dislocation and marginalisation of individuals and communities. These arguments suggest there are many limits to current alcohol and other drug policy approaches¹³⁹.

Changes (or not) in Tax

- 6.44 Minimum pricing for alcohol is often compared favourably to direct taxation approaches. Indeed, modelling in Wales undertaken in 2018 argued that at then UK levels, changes in tax were required to match the impact of 50ppu¹⁴⁰.
- 6.45 When we last reported, UK tax (excise and VAT) levels on alcohol had not changed over the last decade. Alcohol duty is supposed to increase annually by the rate of the Retail Price Index. However, during the last ten years this has only happened once, in 2017/18, and has otherwise been frozen or reduced. This has the impact of making alcohol relatively more affordable in real terms if, for example, adjusting for income rises or inflation^{141,142}.
- 6.46 In August 2023 the UK Government implemented a change to the Alcohol Excise duty system^{143,144}. This had the primary effect of realigning duty in relation to the ABV of certain products. This differentiation between strength of products made lower strength beer, ciders, and lagers relatively more affordable. Given this report has already highlighted the impact of increases in price, tax and excise increases in reducing alcohol related harms, it is not a surprise that this was generally a welcomed measure by those concerned with alcohol health promotion¹⁴⁵. These new differentiated excise rates may lead to an industry reformulation of ABV in stronger

¹³⁹ Alexander, B. (2010). *The globalisation of addiction: A study in poverty of the spirit*. Oxford: Oxford University Press; Davies, J. (2021). *Sedated: How modern capitalism created our mental health crisis*. London: Atlantic; and Johnson, H.R (2016). *Firewater: How alcohol is killing my community (and yours)*. University of Regina Press.

¹⁴⁰ [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: final report. Welsh Government.](#)

¹⁴¹ [Angus, Henney 2019 Modelling Alcohol Duty impacts. Institute of Alcohol Studies.](#)

¹⁴² [Institute of Alcohol Studies 2002 Alcohol Alert Newsletter](#)

¹⁴³ [House of Commons Library 2024 Alcohol Excise Duty briefing](#)

¹⁴⁴ [Institute for Alcohol Studies Spring-Budget-Analysis-2023](#)

¹⁴⁵ [Alcohol Change UK 2023 - Excise Duty Change briefing](#)

products to fall within the revised duty bands¹⁴⁶. The net effect of this in relation to Welsh MPA as noted above in **Chapter 4** was some narrowing of the gap between the cheaper English and Welsh off sale retail alcohol prices.

- 6.47 This change aside, in two subsequent budgets the overall duty has remained frozen, rather than increasing with the assumed 'uprating' rise in line with the retail price Index¹⁴⁷. The stance of the UK Government remains one that year on year makes alcohol a relatively more affordable product.
- 6.48 Within the European Union (EU) there are very different alcohol taxation policies. The evidence is limited about whether duties are designed to minimise public health harms by ensuring that drinks containing more alcohol are taxed at higher rates, rather than appearing to reflect national alcohol production and consumption patterns¹⁴⁸.

Generational trends

- 6.49 Where a policy is concerned with reducing overall population consumption, it is also worth noting that such consumption goes through cycles of generational change. There is much evidence to suggest that among the population of younger drinkers there is an emerging pattern of increased proportions reducing their consumption or not drinking at all^{149,150} (this often also extends to illegal drug use). However, other reports note that within these trends, certain high-risk patterns of consumption remain among different groups of young people.
- 6.50 One Scottish study stressed how price was not a factor in young people's decision making around alcohol consumption¹⁵¹.

¹⁴⁶ [Burton et al 2024 Implications of Excise Duty Change. ScienceDirect.](#)

¹⁴⁷ [House of Commons Library 2024 Alcohol Excise Duty briefing](#)

¹⁴⁸ [Comparing alcohol taxation throughout the European Union - Angus - 2019 - Addiction - Wiley Online Library](#)

¹⁴⁹ [Oldham et al Youth Drinking in Decline \(sheffield.ac.uk\)](#)

¹⁵⁰ [Long waves of consumption or a unique social generation? Exploring recent declines in youth drinking: Addiction Research & Theory: Vol 28, No 3 \(tandfonline.com\)](#)

¹⁵¹ [Health Scotland 2020 Briefing Children and Young Peoples study](#)

Social and health Inequalities

- 6.51 Social and health outcomes, including those that are alcohol-related, are consistently worse for individuals in areas of socio-economic deprivation. This position has worsened over the last decade, and gaps in wealth within the UK continue to widen. This trend is identifiable in Wales for alcohol and other drug use¹⁵². Alcohol use, its disproportionate harms among certain populations, and any policy response, must be viewed in this light.
- 6.52 Evaluations have confirmed that drinkers who have a perceived need or dependency prioritise alcohol over other bills, and with all the potential attendant detrimental consequences for their own and other family members' health.

Conclusion

- 6.53 Whilst MPA is concerned with affordability, overall alcohol policies and harm reduction also consider the need to reduce availability (see **Chapter 2**). It is also worth noting that the number of premises with licences to sell alcohol in England and Wales has reached its highest level since comparable records began in 2008, including a 31% increase between March 2018 and March 2022. Such increased availability may possibly negatively counteract attempts to reduce affordability¹⁵³.
- 6.54 Many of the factors highlighted in this chapter do not appear overtly within any of the core Theory of Change models for MPA. In one sense they are beyond the simple cause and effect notion of the rationale for minimum pricing approaches. However, it is clear they need to be working considerations, and as such have been active within our logic model and deliberations (see **Chapter 3**).
- 6.55 Much of the content of this chapter has helped us shape one of our core conclusions that any evaluation of MPA is messy. This messiness, as noted above, has been acknowledged in the final Scottish evaluation¹⁵⁴ and in

¹⁵² [Public Health Wales 2022 Data Mining Substance Misuse](#)

¹⁵³ [Alcohol and late night refreshment licensing England and Wales, year ending 31 March 2022 - GOV.UK \(www.gov.uk\)](#)

¹⁵⁴ [Public Health Scotland Final Report Full](#)

emerging academic literature¹⁵⁵. The intense activities of the last few years, as described above, only serve to accentuate these complexities. Many considerations remain outside the direct influence of the Welsh Government and reflect limitations of the current devolution settlement¹⁵⁶. We have deliberately reflected this in this report, with the explicit notion of a complications chapter.

¹⁵⁵ [Robinson et al 2023 Messiness of natural experiments, Society for the Study of Addiction.](#)

¹⁵⁶ [Lesch and McCambridge 2023 Pricing Policy in Wales. Taylor & Francis Online.](#)

7. Discussion

Summary

- There is plenty of good evidence in relation to indicators of implementation i.e., compliance, price, and product change.
- There is a reasonable amount of evidence indicative of attitudinal support for the policy and suggestive of behavioural (purchasing and consumption) change (in part attributable to MPA).
- MPA appears to have had very little impact on the consumption patterns of dependent drinkers, and a detrimental impact on those drinkers who have low incomes.
- There has been very little evidence of MPA introducing or increasing adverse effects i.e., switching to drugs, crime etc.

Introduction

- 7.1 **Chapters 4-6** outlined the evidence base that supports arguments for minimum pricing policy. These included the positive observable impacts of the implementation of MPA in Wales. These impacts are often observed in other jurisdictions and reported upon in the wider academic literature.
- 7.2 The chapters have also outlined where there are concerns about adverse effects (mostly on certain populations rather than the general population) and the limitations (complicating factors and confounders) of the evaluation findings.
- 7.3 This chapter synthesises the key discussion points that arise from analysing the evidence on MPA in Wales and the comparative use of pricing policies elsewhere to date.

Policy implementation

- 7.4 MPA implementation in Wales can be described as smooth and effective. By which we would suggest that the policy took effect (noticeable price

change on certain products¹⁵⁷) [see Alcohol Change UK data **Chapter 4** and **Appendices**] and was followed by high degrees of compliance [see Retailers study and Alcohol Change UK data in **Chapters 4 and 5**].

- 7.5 The ease of policy implementation and the experience that a minimum price remove certain cheaper products, is evidenced in other jurisdictions, modelling and wider literature [see **Chapter 5**].

Purchasing and consumption behaviours

- 7.6 Most Welsh drinkers appeared to not be adversely affected by MPA at the 50ppu level [see general population study and **Chapter 4** above]. Consequently, there was limited evidence of significant changes in purchasing and consumption behaviour for the majority of the population.
- 7.7 There is some indicative evidence that overall, Welsh consumption [see **4.16** and by using purchasing as a proxy] was reduced post MPA [**Chapter 4** – notably the Retailers study] and marked evidence of MUP reducing consumption in Scotland¹⁵⁸.
- 7.8 It appears there was more impact on those drinking at levels consistent with dependency or treatment. Most marked in the changes observed was that of a switch away from the previously cheap cider products¹⁵⁹ towards spirits [**Table 4.3**], wine, and strong lagers, rather than any reduction in consumption.
- 7.9 There is evidence to indicate that for those drinkers on low incomes, especially those drinking at higher volumes, MPA had a negative impact of increasing financial strain [Treatment and General Population studies – **Chapter 4**]. For those struggling, the maintenance of affordability was usually achieved through the extension of existing coping mechanisms, typical of which would be going without food or paying other bills¹⁶⁰.

¹⁵⁷ [Bokhari et al 2024 - Economic Inquiry](#)

¹⁵⁸ [Holmes 2023 Analysis MUP Scotland. Society for the Study of Addiction.](#)

¹⁵⁹ [Bokhari et al 2024 - Economic Inquiry](#)

¹⁶⁰ [Livingston et al 2023 Expected and actual responses to MUP. Taylor & Francis Online.](#)

Alcohol related harms

- 7.10 Statistics for key alcohol harm measures, notably those of alcohol related deaths and hospital admissions have [yet] to show any decline in recent trends of increasing numbers of harms^{161,162} [see **Chapter 4**].
- 7.11 There was a noticeable reduction in hospital admissions during 2020-2022, however, this was probably due to the impact and restrictions of COVID-19 rather than MPA¹⁶³.
- 7.12 The evidence points towards acute pressures on health and social related harms, often connected with the increase in living costs and impacts of austerity on service provision [see **Chapter 6**].

Complications

- 7.13 There is an increasing amount of literature that refers to the ‘messiness’ of policy-based evaluations, and this includes minimum pricing for alcohol [see **Appendix 3**].
- 7.14 The period of implementation of MPA and the subsequent evaluation has seen factors that have contributed to this messiness, including ‘austerity’, changes in excise duty, ‘cost of living crisis’, COVID-19, cross border shopping opportunities, industry actors, inflation, and limits of devolution (on alcohol marketing and licensing).
- 7.15 Reporting post-implementation has consistently highlighted many of these factors as playing a very significant role in behaviour changes and choices [see **Chapters 4 to 6**]. For example, COVID-19 has had a notably and varied impact on individuals’ drinking behaviour and consumption, and the cost-of-living increases have made any price increases less noticeable.

¹⁶¹ [Wales Alcohol Related Deaths 2001-2022. Statista.](#)

¹⁶² [Alcohol Change UK 2021 Alcohol Harm Statistics and Sources](#)

¹⁶³ [Wales’s drinking habits: how much has changed since minimum pricing for alcohol? \(Senedd. Wales\)](#)

Adverse policy harms

- 7.16 The period of the evaluation has not seen any of the initially perceived fears of adverse harm materialise in any significant manner. This is true of the expressed fear of drinkers ‘switching’ to illegal drug use¹⁶⁴.
- 7.17 Whilst there was reporting of some other drug use, crime, and other extended negative consequences, these were for the minority of mostly dependent drinkers rather than all and were often compounded by other health and social related experiences [see **Chapters 4 and 5**].

Next steps

- 7.18 Alcohol consumption and its related harms remain a significant part of the Welsh economic, health, and social landscape.
- 7.19 There is early indicative evidence that MPA in Wales can contribute to reducing these harms. The next two chapters outline the key messages from the evaluation and the implications for the Welsh Government as the legislation approaches its ‘sunset clause’.

¹⁶⁴ This narrative is evidenced within the Previously published witching Study, baseline and interim reports signposted in Chapter 4.

8. Main messages and conclusions

Summary

- A complex set of overlapping considerations result in many of the messages from the implementation of MPA in Wales remaining nuanced.
- Overall, the implementation of the policy has been successful, with some specific observable impacts, general agreeability, and limited evidence of widespread harms.
- There remains concern for certain populations.
- It is possible to take confidence in Welsh evaluations through a strong resonance with findings from the Scottish evaluations.
- Pricing of alcohol needs to sit within a wider comprehensive set of policy considerations.
- The period of the Welsh evaluation and alcohol policy more generally is influenced by a range of complex overlapping considerations.
- Perhaps the more challenging issue, and area for policy impact, remains in addressing wider economic, health, and social inequalities.

Introduction

- 8.1 As has been established through the preceding chapters, evaluating the implementation of MPA within Wales has involved a complex set of considerations. This is reflected in the choice of the Welsh Government to commission this Contribution Analysis approach to the final report.
- 8.2 The Welsh evaluation suite has been a relatively modest one. This has felt appropriate in the context of: (i) Wales following Scotland and being able to compare with their more comprehensive evaluation; (ii) the size of the evaluation resources available to the Welsh Government; and (iii) the broader international academic literature already indicating the value of pricing as an integral element of effective overall alcohol policy approaches.

- 8.3 This evaluation has undoubtedly been what can be described as ‘messy’, with only a few clear observable impacts and many other more nuanced findings.
- 8.4 Notwithstanding these limitations, it is possible to come to a number of clear messages and conclusions, as outlined in this chapter.

The wider evidence base

- 8.5 The wider modelling, academic literature, and evaluations in other jurisdictions point towards governments needing to have regard to the price (affordability) of alcohol as one of the key mechanisms for successful alcohol policy implementation. Such effective alcohol policies are often referred to as ‘best buys’¹⁶⁵ or ‘sweet spots’¹⁶⁶. MPA remains one of the World Health Organizations ‘best buys’ for effective alcohol policy leading to harm reductions.
- 8.6 The earlier, more extensive Scottish evaluation of MPA at the same 50ppu unit was broadly positive and led to the Scottish Government adopting the policy beyond its sunset clause and a revised price of 65ppu.

The Welsh story

- 8.7 The introduction of the policy, the legislation, the implementation of the established minimum 50ppu, and the adoption and compliance by retailers within Wales has been successful. It is clearly a viable tool within the alcohol policy stock.
- 8.8 Taken in the round, all the Welsh evaluations show a broad degree of support for the policy. This is to be welcomed given the potential impact on future generations, overall consumption/health harms, and the removal of certain very cheap alcohol products.
- 8.9 The policy can be seen to have clear observable impacts. Notably these are: (i) the removal of certain very cheap products (notably large volumes of cheap ciders and lagers); (ii) a clear compliance with alcohol being sold by retailers within Wales at or above the minimum price; (iii) observable

¹⁶⁵ [World Health Organization 2017 Tackling NCDs -Best Buys](#)

¹⁶⁶ [Fitzgerald et al 2024 Alcohol Policy Sweet Spots. ScienceDirect.](#)

differences between English and Welsh retail behaviour; (iv) some adaptive change by producers and retailers in the nature of offers and products made available within Wales; and (v) some switching in purchasing (and assumed consumption) from cheap strong ciders and lagers to other beers, wine and spirits.

- 8.10 One study compared sales data during the pandemic (early stages of implementation) in Wales with that in England. It found that the introduction of MPA resulted in a 15% increase in transaction prices and a 20% reduction in the relative amount of alcohol bought, with an overall drop in expenditure per customer in Wales over the same period¹⁶⁷.
- 8.11 There has been very limited evidence in Wales of widespread harms as a direct consequence of MPA. This has included the pre-implementation concerns of potential switching from alcohol to other drugs.
- 8.12 That said, the expressions of concern about the impact of the policy on certain groups of heavy (and dependent) drinkers who also have low incomes have continued. Without a wider set of economic and other service provision support and given their perceived 'need' to drink, this group adapts its coping mechanisms to continue to make their drinking affordable. For this cohort of the overall population, this can lead to them forgoing paying bills or eating food and may also have an impact on their families.
- 8.13 In all of these regards, the Welsh experience of MPA, the implementation and evaluation, has consistently had a strong resonance with those of Scotland. In this context it presents as highly likely that the wider set of evaluation outcomes experienced in Scotland will have taken place within Wales.

Policy considerations

- 8.14 Approaches to pricing of alcohol should form one of several policy approaches to alcohol consumption and harm reductions adopted by

¹⁶⁷ [Bokhari et al 2024 - Economic Inquiry](#)

governments. There is a need for MPA to sit within a clear and comprehensive set of alcohol policy approaches¹⁶⁸.

- 8.15 Other approaches should include regard for availability and marketing. Some, but not all, of the policy mechanisms in these arenas are retained to the UK Government and not in the Welsh Government's discretion. Nonetheless, the Welsh Government should consider where and how they can impact on these two important factors affecting alcohol consumption.
- 8.16 For some, these prevention policies will come too late and harmful drinking patterns will have already developed. It is important there is also a comprehensive set of accessible, appropriate, diverse and outcome focused harm reduction, treatment, and recovery service provisions within Wales.
- 8.17 The relatively limited effects, both positive and negative, reflect the 50ppu price level and it being an initially cautious one. While it was the price level deliberately chosen for implementation, given it sits in an economic environment that has rapidly changed, there are strong arguments that it now needs to be updated [see **Chapter 4**].
- 8.18 Despite the impact of the 'cost of living' crisis and affordability issues outlined in **Chapter 6**, alcohol has become more, not less, affordable in recent years. Any potential effect of the minimum price is eroded over time by factors such as inflation and rising cost of living¹⁶⁹. Increasing the price to, for example, 65ppu will only mean that alcohol returns to the same affordability of 2018, let alone the initial modelling periods of 2009-10.
- 8.19 That said, it is recognised the current socio-economic climate is a difficult one in which to raise any prices, including that of a minimum price for alcohol.

¹⁶⁸ The World Health Organization has a vast range of supportive documents for policy development - [World Health Organization - Alcohol](#)

¹⁶⁹ [Institute for Alcohol Studies 2024](#)

Complicating factors

- 8.20 Alcohol consumption, policy and prices do not occur in a vacuum. They are often affected by a range of other economic, political and societal contexts beyond those specifically of alcohol [see **Chapter 6**].
- 8.21 In the period since implementation of MPA, two of the most significant complicating considerations have been those of COVID-19 and the increased cost of living.
- 8.22 These two events and the other factors have created a delineation between the directly observable impacts of MPA and what can be said or attributed in terms of impacts on alcohol related harms.

Inequalities

- 8.23 It is important to note that MPA specifically targets the affordability of alcohol, rather than encompassing all aspects of alcohol policy or addressing all alcohol-related harm considerations.
- 8.24 The affordability of any product disproportionately affects those with the lowest incomes and MPA is no different. This should not be a reason to reject the value of MPA to overall alcohol policy interventions. After all, no one would recommend cheap unhealthy foods as the solution to those experiencing food poverty.
- 8.25 There is now greater thought and understanding about the multiplicity of experiences individuals have and how they interact. The Welsh Government has acknowledged this through its adoption of a Well-being and Future Generations approach to strategy rather than a set of disaggregated approaches. As such, it is important to note for many, alcohol consumption is an adopted coping mechanism to other adverse experiences that in turn then creates its own problems.
- 8.26 The evidence base for the adverse impact of health harms, including those of alcohol, and the direct correlation to experiences of wider inequalities is

increasing¹⁷⁰. Policy interventions can substantially protect health and avoid exacerbating health inequalities¹⁷¹.

8.27 This explicitly concerns alcohol, as noted in our final data collection:

‘Alcohol is an amplifier of harms for poverty that we haven’t really thought about.’ [R10]

8.28 There is an argument to suggest these experiences are a direct consequence of political and social constructs as much, if not more, than they are a result of individual behaviour^{172,173,174}. Specifically, alcohol deaths are disproportionately experienced amongst certain groups¹⁷⁵ experiencing wider inequalities¹⁷⁶.

8.29 The complexity of taking these broader social justice perspectives up within the political arena were accurately described by two of our respondents [see also **Chapter 4**]:

‘... because it’s very common that the people I’m working with are struggling financially, nearly always and that is always a big stress in their lives...it’s a problem of poverty and low income, but it’s also about where people can find income streams...It would seem to me, that those sorts of jobs are becoming harder and harder to find...I feel like politically, perhaps then it becomes such a broad conversation, we’re not talking about specifics, and I think a lot of people don’t like that because you’re not attaching it to a department. You’re not attaching it to a specific area.’ [R9]

‘And I think what we did here from some of the sort of independent politicians or politicians who were representing communities in disadvantaged areas was a concern about pushing low-income families or families where there’s heavy drinking into more difficulty than they

¹⁷⁰ [Boyd et al 2021 Environmental Research and Public Health \(mdpi.com\)](#)

¹⁷¹ [Broadbent et al 2023 The public health implications of the cost-of-living crisis: outlining mechanisms and modelling consequences. The Lancet Regional Health.](#)

¹⁷² [Inckle 2020 Social Theory and Health \(mdpi.com\)](#)

¹⁷³ [Livingston 2024 Social Work and Social Sciences Review. Whiting & Birch.](#)

¹⁷⁴ [World Health Organization 2024 Commercial Determinants](#)

¹⁷⁵ [Angus et al 2020 Assessing the contribution of alcohol-specific causes to socio-economic inequalities. Wiley Online Library.](#)

¹⁷⁶ [Allison et al 2023 Deaths from alcohol-related liver disease in Lancet](#)

were already in and I don't think we listened to that carefully enough as policymakers. I think we sort of acknowledged it happened, but we didn't think about what that means in terms of communication, what does that mean in terms of support, what does that mean in terms of risk.' [R10]

Limitations

- 8.30 We have outlined the clear methodological process and framework of the evaluation [see **Chapter 3**]. Contribution analysis nonetheless requires the evaluators to ultimately make sense of any 'performance story'. In doing so, we are mindful that as a team we have become excessively immersed in minimum pricing policy considerations for many years. In many ways such detailed knowledge and understanding may be considered a strength. However, it could equally be argued that our analysis lacks objectivity. We have mitigated this through regard to an advisory group, the nature of those interviewed [see **Chapter 4**] and by ensuring the report is underpinned with extensive signposting (links) to the wider evidence base.
- 8.31 We have deliberately set out to keep this report to a readable length. It has involved us in therefore including a huge amount of signposting (footnotes) to the previously published evidence rather than detailed descriptions that would result in a hugely longer document.

Conclusion

- 8.32 This report and this chapter have highlighted that excessive alcohol use can lead to harms. A range of alcohol policies are required to successfully address these harms. A minimum price for alcohol is only one of the policies required but is effective in addressing the harms related to sales of cheap alcohol. The price of alcohol is an affordability issue and that in turn is tied into income levels, other costs of living and poverty considerations. This wider perspective forms part of a contested political environment.
- 8.33 In many ways the obvious reason to have a minimum price policy (the harms of cheaper alcohol) and the need to provide other support to those affected by such (low income/dependent drinkers), is neatly summed up by one of our respondents from **Chapter 4**:

'...make the policy more effective, or do you try and do something to take account of the cost of living struggles that people are having at the moment? I think that's a real difficult political judgement. But my feeling is always, if you want to help people with the cost of living, there are much better things you can do than make alcohol cheaper.' [R7]

9. Next steps and recommendations

Summary

- Wales must now choose what to do next about MPA (and other alcohol related policies). However, the overall evaluation points towards supporting a renewal of the MPA legislation.
- Questions remain about the diminishing impact of the original 50ppu price, and the Welsh Government should consider what an appropriate price is going forward.
- While establishing a minimum price for alcohol is a political decision, a price of 65ppu will be required to maintain the current policy value.

Introduction

- 9.1 The previous chapter outlined the key messages about how the current implementation of MPA within Wales can be understood within observable changes, wider evidence bases and overall alcohol policy considerations.
- 9.2 The Welsh MPA legislation, like that in place in Scotland, has a 'sunset clause'. Were the Welsh Government to take no further action the legislation and the policy implementation will cease to take effect from 2 March 2026.
- 9.3 The Welsh people and its government therefore face a choice about what to do next. This final chapter outlines the considerations aligned with those decisions and what reasonable recommendations we as evaluators can make about them.

Time to choose

- 9.4 Despite a small number of important reservations, the overall evaluation points towards a positive account of the MPA as a policy measure and more specifically the Welsh implementation. This in turn suggests that it is an important tool, among others, in alcohol policy development.

- 9.5 The obvious step would be to follow the Scottish lead and renew the legislation, and thus retain the policy option.
- 9.6 Electing not to renew the MPA legislation and letting the ‘sunset clause’ take effect has certain implications. The most obvious of these is that Wales will see the return of the availability of cheaper alcohol products and the associated increase in harms.
- 9.7 The Welsh Government could also consider, especially in light of the Wales Act (one of the original drivers to enact the legislation in 2018)¹⁷⁷, that if the current MPA legislation lapses it might not necessarily be available as a policy measure to the Welsh Government in the future (without the permissive support of the UK Government).
- 9.8 Questions remain about the diminished impact over time of the original (and still current) 50ppu price. The Welsh Government should decide what an appropriate price is going forward. The decision to raise the minimum price is also a political one, and not without its communication and implementation considerations in the current economic context.
- 9.9 Based on the findings set out above, our **recommendations** for the Welsh Government are as follows:
- 1) The Welsh Government should renew rather than lose the option of MPA as an alcohol policy measure in Wales.
 - 2) The Welsh Government should actively consider a review of the current 50ppu price level¹⁷⁸.
 - 3) A price increase to at least 65ppu is required to maintain the current policy value and any of the positive impacts observed so far.
 - 4) The Welsh Government should give regard to how any continued use of the legislation and any potential price increase will be supported by active well-crafted communication. This should continue to include explicit support for drinkers, retailers, trading standards and treatment

¹⁷⁷ [Lesch and McCambridge 2023 The case of alcohol pricing in Wales. Taylor & Francis Online.](#)

¹⁷⁸ At the time of publication, the Welsh Government have commissioned SARG to update previous modelling for Wales.

service providers, and may include the need for a re-launch of messaging about the policy and its intentions.

- 5) The Welsh Government should take note of the adverse effect of the policy on certain populations of low income and heavy drinkers and should in turn ensure that its alcohol treatment, policy, and provision readily meet the needs of this group¹⁷⁹.
- 6) Any continuation of the policy should be accompanied by ongoing and further evaluation. This should include regard for the impact of MPA on children, young people, and families.
- 7) The Welsh Government should take active regard that inequality and subsequent deprivation is such a critical factor in health outcomes. It should, where possible, continue to mitigate poverty and social injustice as it is increasingly clear that alcohol harms most heavily fall on those with multiple acute adverse experiences, lower levels of income, and who are experiencing poverty. Overall health and social policy approaches need to do more to integrate the intersections of support for food, housing, income and other social security considerations, within those of direct health and social services.

9.10 We also offer the following **recommendations** for service/treatment providers (if the policy remains and/or the minimum price changes):

- 1) They should better communicate more clearly with staff and those using their services about the policy of MPA.
- 2) They should actively engage with the experiences of individuals and support services for financial support, housing, relationship advice, counselling, and referral into detox.
- 3) They should be clear in offering explicit harm reduction advice regarding the potential harms of switching from one alcohol product to another and/or to other substances.

¹⁷⁹ There are some implications here about overall alcohol and drug service/treatment provision. Alcohol consistently reflects the most frequent substance of presentation yet is routinely a 'Cinderella' service with Area Planning board budget spending and agendas.