

Minimum unit pricing (MUP) for alcohol: Evaluation findings at a glance

Alcohol is a leading cause of early death and poor health in Scotland. Around 23 people die from alcohol use every week, while people in our poorest areas are five times more likely to die from alcohol consumption than those in the wealthiest.

In 2018 a minimum unit price (MUP) of £0.50 per unit of alcohol was introduced in Scotland. Public Health Scotland has led a robust and independent evaluation to see whether MUP has helped reduce alcohol-related harm.

What we looked at



Evaluation questions

- 1 Has MUP contributed to reducing alcohol-related health and social harms?
- 2 Are some people and businesses more affected (positively or negatively) than others?

What we found



Health

- MUP reduced deaths directly caused by alcohol consumption by 13.4% and hospital admissions by 4.1%.
- Reductions were greatest for men and those living in the most deprived areas of Scotland.
- There is no consistent evidence of impact, positive or negative, on other health outcomes.



Alcohol consumption

- MUP reduced alcohol consumption by 3%.
- The greatest reductions in sales were seen for products that increased the most in price.
- Households that bought the most alcohol before MUP reduced their purchasing the most after MUP was introduced.



Social harms

- There is no consistent evidence of impact, positive or negative, on wider social harm due to alcohol.
- There is some evidence of negative consequences, particularly for those with alcohol dependence on low incomes.



Business

- There is no consistent evidence that MUP impacted either positively or negatively on the alcoholic drinks industry in Scotland as a whole.



Conclusion

Overall, the evidence supports that MUP has had a positive impact on health outcomes, including alcohol-related health inequalities. There was no clear evidence of substantial negative impacts on the alcohol industry or social harms at the population level.

Five considerations for the future of MUP

- 1** The level at which MUP is set should take into account the balance of benefits and risks. Increasing the level could increase the positive impact on alcohol consumption and related harms but may also increase any harmful consequences.
- 2** People with alcohol dependence still need timely and high-quality treatment and wider support. MUP alone is not enough.
- 3** Consideration needs to be given on how best to monitor the needs and provide services for those on low incomes with alcohol dependence to minimise the negative impacts of MUP.
- 4** There is no evidence to suggest that MUP reduced underage drinking. Other evidence-based approaches should be considered to reach drinkers in this group.
- 5** The impact of new policies on the MUP pricing structure should be considered.



The final MUP evaluation report and all the study reports are available from www.publichealthscotland.scot