

WG52682

**Welsh Government
Consultation – Summary of responses**

Future of Minimum Unit Pricing for Alcohol in Wales

November 2025

Overview

This document provides a summary of the responses received by the Welsh Government to our consultation on the future of minimum unit pricing of alcohol in Wales.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: <https://www.gov.wales/setting-minimum-price-alcohol-beyond-2026>

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Introduction

On 4 August, the Welsh Government issued an eight-week consultation about whether minimum unit pricing for alcohol should be continued as part of the range of policy measures to address alcohol-related harm. Views were also sought about a second proposal, in the event of minimum unit pricing for alcohol continues, to raise the minimum unit price (MUP) to 65p per unit.

Having carefully considered minimum unit pricing for alcohol's impact, the evidence and the views and experiences of stakeholders, individuals and groups, the Welsh Government is satisfied there is a strong case for continuing the policy and legislation beyond the March 2026 sunset date, which is set out in the 2018 Public Health Wales (Minimum Price for Alcohol) (Wales) Act.

We believe this strikes a reasonable balance between achieving public health benefits and minimising potential impacts on the alcoholic drinks market and consumers.

Subject to the outcome of this consultation, the Welsh Government will lay the necessary legislation to ensure the minimum unit pricing for alcohol continues beyond March 2026. This would be via regulations laid in the Senedd in late 2025.

Almost 200 stakeholders, including individuals and organisations, were notified by e-mail about the consultation. These were drawn from the core consultation list held by the Welsh Government's Substance Misuse Policy Team. The consultation was made available on the Welsh Government's consultation website.

The consultation included five questions with a standard form for ease of response. Questions one and two related to the specific proposals and questions three to five related to the impacts of the proposals on protected characteristics and the Welsh language.

This document comprises three sections with the first two detailing a summary of responses to the consultation and the third about the Welsh Government's response and next steps. Specifically:

- Descriptive statistics for each question where figures could be extracted about the views expressed on each question (where statistics could be extracted).
- A summary of the comments and issues raised under each question.
- The Welsh Government's response.

We are grateful for the detailed and thoughtful responses received to the consultation and have carefully considered them. We would like to thank all the individuals, businesses, professional bodies and other organisations who took the time to respond. Your collective input has been invaluable in helping to inform our response and next steps.

It is not our intention, nor would it be possible, to reflect every comment received in this summary of responses. The purpose is to give an overview of the responses and

give an indication of the issues and concerns raised in relation to the questions we asked.

Overview

The consultation generated 433 responses in total. Respondents were assigned to distinct categories based on the information provided within each response. If not specified, we assigned a category based on informed judgement but if unable to, they were marked as unspecified.

The table below shows a summary breakdown of respondents.

Category	Number (%)
Individuals	386 (89%)
Industry/trade associations	10 (2.5%)
Health sector respondents	13 (3%)
Public sector	7 (2%)
Third sector	15 (3%)
Academic/research	2 (0.5%)
Total	433 (100%)

General responses from those who did not use the standard form were analysed and have been included in the key issues raised and attributed to the most relevant question(s), but these have not been reflected in the statistical breakdown following each question.

When the consultation was launched almost 200 stakeholders, including individuals and organisations, were notified by email about the publication of the consultation. These were drawn from the core consultation list held by the Welsh Government's Substance Misuse Policy Team. The consultation was also announced via a press release outlining the Welsh Government's proposals, and the Minister for Mental Health and Wellbeing wrote to all Members of the Senedd about the consultation.

Early in the consultation period, we observed a significant surge in responses from individuals opposed to the minimum unit pricing for alcohol in Wales. Within four days of the consultation launch, 268 responses were received. These were received shortly after a social media post that appeared to mobilise opposition to the legislation. This followed a regional newspaper front page article published two days into the consultation period, which appears to have significantly amplified public awareness. The timing and volume of responses suggest the post may have been shared within networks critical of minimum unit pricing, potentially triggering a co-ordinated response – 128 responses were completed in less than five minutes; 54 of these were completed in less than three minutes.

Following this early peak, the volume of individual responses slowed considerably and as the consultation period progressed, we received structured and comprehensive submissions from organisations, including public health bodies, third sector partners, and professional associations. These were detailed and evidence-

based, reflecting the perspectives of stakeholders with direct experience of alcohol-related harm and service provision.

Minor increases in response rates were observed following targeted reminder emails issued to stakeholders during the latter stages of the consultation period. These communications helped ensure continued engagement and supported a balanced representation of views across sectors.

Individual members of the public accounted for 89% of respondents, typically providing brief comments to express their support or opposition to minimum unit pricing.

Organisations often provided longer, more detailed responses to support their views about minimum unit pricing. Some organisations outlined the individuals involved in preparing their submission spanning managerial, operational and/or technical positions to reflect the organisation's collective position.

Question 1 – Do you think minimum unit pricing should continue in Wales?

Among all respondents for the continuation of minimum unit pricing, 357 (82.5%) opposed, 65 (15%) were supportive of the continuation and 11 (2.5%) were undecided or left a selection blank.

There were, however, marked differences between the views of individuals and organisations.

The individuals category accounted for 352 (90%) against, 28 (7%) for, undecided or left blank 11 (3%). The organisations category accounted for five (10%) against, 37 (78%) for and three (6%) undecided and two (4%) respondents did not indicate a preference for this response although from their responses they were in favour of the continuation of minimum unit pricing but provided a number of stipulations about the lead in time for any change and further evaluation. Although mainly positive in their response they have not been included in the "yes" category for this section.

Five organisations (10%) in the trade/industry associations category were opposed to the continuation of minimum unit pricing, accounting for 1.4% of the total overall opposition with individuals (352) accounting for the remaining 98.6% of the total, with almost a quarter of individual respondents (23.5%) providing no response to support their views. The remaining 268 individuals, who provided a narrative to their opposition about the proposals, on average used 31 words in their responses whereas organisations opposed provided on average 424 words in their response.

All but one of the public health sector organisations and academic/research agreed with the continuation of minimum unit pricing. Within the public sector, two of the seven respondents were undecided with two from the industry/trade associations remaining undecided, accounting for 10% of the undecided responses from organisations. From the remaining organisations responding to the consultation, they agreed that minimum unit pricing should continue, accounting for 80% of the positive responses from organisations. The industry/trade associations sector were the only organisation to oppose the continuation of minimum unit pricing.

Question 2 - If minimum unit pricing continues, do you agree with a new level being set at 65p per unit?

Of those responding to the proposed increase to 65p per unit, 363 (84%) were opposed, 51 (12%) were supportive, and 19 (4%) were undecided or left the question blank.

As with question one, there were notable differences between the views of individuals and organisations.

Among individuals, 358 (93%) were against, 17 (4%) were in support, and 11 (3%) were undecided or left the response. Within the organisations category, five respondents (11%) were opposed, 34 (72%) were supportive, four (8.5%) were undecided, and four (8.5%) did not indicate a preference. Of the latter, two provided no supporting narrative, while the remaining two offered comments broadly supportive of a price increase but did not select a response. As no clear indication was given, these have not been included in the “yes” category.

As with question one, five organisations (10%) under the trade/industry associations category were opposed to the increase in price to 65p per unit, accounting for 1.3% of the total overall opposition. Individuals (363) accounted for the remaining 98.7%, with 30% of respondents providing no narrative to support their views. The remaining 249 individuals who did provide a narrative to their opposition used, on average, 20 words in their responses, whereas organisations which were opposed provided, on average, 483 words.

All but one of public health sector organisations and academic/research agreed with the price increase. Again, within the public sector, two of the seven respondents were undecided, with four from the industry/trade associations category also remaining undecided, and one within the trade sector, together accounting for 17% of the undecided responses from organisations. Of the remaining organisations that responded to the consultation, 73% agreed. The industry/trade associations sector was the only group of organisations to oppose the proposed price increase proposal.

Summary of responses

The following section summarises the responses received to the consultation. For ease, these are broken down by sector. Given the volume of responses from individuals who said “no” to both questions, the Welsh Government has summarised these below. These responses generally lacked supporting information, so a bulleted summary is provided. We have then drawn out additional detail from responses submitted by those who supported or were undecided about the continuation and price increase.

Individuals disagreeing with continuation and increase in price.

A large number of respondents felt the minimum unit pricing policy is ineffective in achieving its intended goal of reducing alcohol-related harm, with no clear evidence of a decrease in alcohol-related deaths, hospital admissions, or consumption. A number of comments suggested minimum unit pricing has led to unintended consequences, such as increased cross-border shopping, reduced socialisation, and potential growth in illegal alcohol markets.

Minimum unit pricing was generally viewed by individual respondents as punishing responsible drinkers and a large number said they would purchase cheaper alcohol in England.

There was strong opposition to what many regarded as government overreach and “nanny state” interference; they said adults should have the freedom to make their own choices without financial coercion, particularly within the context of the current cost of living. Some said minimum unit price could disproportionately burden the working class and those on lower incomes.

Overall, these respondents view the policy as unfair and discriminatory, creating economic disparity between Wales and England. Calls to scrap the policy entirely are common among this group, with respondents urging the Welsh Government not to impose a price increase but to focus on addressing the causes of alcohol addiction and misuse, such as poverty, mental health issues, and lack of access to addiction services.

There were a number of comments about minimum unit pricing being a “stealth tax” and a revenue-raising measure rather than a genuine public health intervention. The additional revenue generated from minimum unit pricing was seen as benefiting large retailers and supermarkets.

The main points raised by individual respondents are:

- Criticism of minimum unit pricing: Many respondents said minimum unit pricing for alcohol in Wales is ineffective, unfair, and has not achieved its intended goals of reducing alcohol-related harm, reducing hospital admissions and overall consumption.
- Impact on low-income individuals: Minimum unit pricing was described as disproportionately affecting low-income individuals, making alcohol less affordable while wealthier individuals remain unaffected.

- Cross-border purchases: Many said they would go to England to buy cheaper alcohol.
- Negative impact on hospitality industry: Respondents said pubs, clubs, and social venues in Wales could struggle due to reduced patronage, as people opt for “cheaper supermarket alcohol” or avoid going out altogether.
- Perceived government overreach: The policy is widely criticised as “nanny state” interference, with many feeling that adults should have the freedom to make their own choices without government control.
- Economic disparity with England: Many said it was unfair that Welsh residents pay more for alcohol than people in England.
- Distrust in policy benefits: There is scepticism about where the additional money from minimum unit pricing goes, with claims of a stealth tax or revenue generation for the government, while others claim it benefits retailers.

Other respondents

Question 1 – Do you think minimum unit pricing should continue in Wales?

Individuals

Respondents who supported the continuation of minimum unit pricing highlighted that alcohol misuse remains a serious issue exacerbated by the low cost of alcohol compared to tobacco.

While attitudes among younger people appear to be shifting towards moderate or no alcohol consumption, alcohol-related harm continues to place a heavy burden on individuals, families, and public services.

There was strong support for alcohol related policies, including the continuation of minimum unit pricing, which has had positive impacts in both Wales and Scotland by reducing consumption of cheap, high-strength drinks.

These measures were seen as a clear statement of intent from the Welsh Government and a challenge to manufacturers to justify harmful marketing practices. Epidemiological evidence and data from the proposal were cited as supporting the effectiveness of such interventions.

However, some respondents who supported the continuation of minimum unit pricing did raise broader social concerns.

Individuals who were undecided on the continuation of minimum unit pricing expressed mixed views on the policy, questioning its effectiveness in changing population-level behaviours. They noted evidence from Scotland suggests minimal impact and highlighted concerns about the reliability of research used to support the policy. While acknowledging arguments on both sides of the pricing debate, they were sceptical the policy significantly altered individual habits, particularly among those with serious addictions.

Third sector

All third sector respondents supported the continuation of minimum unit pricing in Wales.

Respondents agreed both proposals – continuing minimum unit pricing and increasing the price to 65p per unit – are essential to maintain the policy's effectiveness.

Respondents believed minimum unit pricing was an effective policy to reduce alcohol consumption, hospital admissions, and alcohol-related deaths. Respondents viewed minimum unit pricing as responsible for successfully removing cheap, high-strength alcoholic products from the market, such as large bottles of strong cider and low-cost spirits.

The Scottish evaluations were cited as strong evidence to support minimum unit pricing continuation alongside data from Wales, which shows reductions in alcohol purchases and slower increases in consumption compared to England, particularly among heavy drinkers. Third sector respondents highlighted concerns that removing minimum unit pricing could subsequently increase alcohol consumption and result in additional NHS costs.

Fears surrounding cross-border shopping, illicit alcohol sales, or increased home production, were said not to have materialised in Wales. Stakeholders also noted industry fears about negative impacts on trade have proven unfounded.

Concerns were raised that allowing minimum unit pricing to lapse in 2026 may create additional challenges for Welsh Government to respond to alcohol harm in the future due to the requirement of UK Government approval.

Health sector respondents

The continuation of minimum unit pricing is widely supported across health, policy, and professional bodies in Wales as an effective public health measure to reduce alcohol-related harm, particularly among vulnerable and dependent drinkers.

Respondents agreed it has successfully removed cheap, high-strength alcohol products from the market, such as white ciders, and has not led to widespread substitution with more harmful substances.

However, stakeholders emphasised minimum unit pricing alone is insufficient and must be part of a broader strategy addressing affordability, availability, marketing, and access to treatment and support services. Concerns remained about the financial strain on low-income individuals with alcohol dependence, highlighting the need for trauma-informed care, nutritional support, and community outreach.

There was also a call for improved public communication about the policy's purpose and benefits, alongside robust, long-term evaluation to assess its impact on health outcomes, inequalities, and service demand.

Minimum unit pricing is seen by respondents in this sector not only as a tool to reduce alcohol harm but also as a contributor to Wales' broader goals of health equity and prevention under initiatives like the Marmot Nation and the Well-being of Future Generations Act.

Public sector

Public sector respondents widely supported minimum unit pricing as a public health measure aimed at reducing alcohol-related harm. Minimum unit pricing was seen to have reduced the availability of low-cost, high-strength alcohol and contributed to a decline in overall consumption. Concerns about increased drug use and shoplifting were largely unfounded.

Fears were expressed that removing minimum unit pricing could reverse this effect and make both cheap alcohol and drugs more accessible.

Respondents highlighted that minimum unit pricing is not a standalone solution. Minimum unit pricing needs to be part of a broader strategy, including education, support for dependent drinkers, and access to health and social care services.

Respondents supported the policy's alignment with the Welsh Government's ambition to a Marmot Nation.

Concerns were raised that key harm indicators such as alcohol-related deaths and hospital admissions have not shown significant improvement, however it was suggested this was partly due to external factors like the pandemic and the cost-of-living crisis.

Within this sector it was highlighted that Trading Standards officers play a crucial role in enforcing minimum unit pricing regulations as they ensure compliance with the policy and have allowed consistency for businesses and protecting responsible traders. Concerns were raised that officers face increasing pressures and resource constraints, potentially harming their role in maintaining the effectiveness of minimum unit pricing and this should be taken into consideration as part of future policy measures.

Undecided respondents argued there was a need for more robust evidence to demonstrate minimum unit pricing's effectiveness in reducing hospital admissions, violence, crime, and alcohol-related deaths and further research was required to understand unintended consequences and long-term outcomes.

Cross-border alcohol purchases were raised as a challenge, which could undermine the policy's effectiveness and negatively impact the Welsh economy. Claims were made that minimum unit pricing could have a negative impact on the hospitality sector with increases in home drinking leading to job losses. Pubs could be forced to raise food prices to compensate for reduced alcohol sales, discouraging customers and affecting trade.

In conclusion, undecided respondents viewed minimum unit pricing as a potentially valuable tool that needed to be accompanied by comprehensive support systems, targeted research and a need for better public communication and education around the policy.

Industry/trade associations

Sector representatives broadly expressed their support for minimum unit pricing,

recognising the public health benefits and regarding it as a valuable component of the wider strategy to reduce alcohol misuse.

The sector noted that smaller independent retailers were less likely to be impacted by the policy compared to larger supermarket chains, as typically they don't stock the lowest-priced alcohol products targeted by minimum unit pricing. However, there were concerns about cross-border purchasing, and the operational challenges for retailers located near the border, potentially complicating compliance and consumer messaging.

However, the sector reflected positively on collaboration with the Welsh Government during the initial implementation of minimum unit pricing in 2020 and they were able to deliver the policy effectively through joint efforts in relation to the development of guidance and public communications. This ensured consumers understood both the rationale behind the policy and its implications for pricing. They requested a similar collaborative approach if the price per unit is increased alongside a reasonable implementation period to allow businesses to adapt.

Where respondents did not agree with the continuation of minimum unit pricing, they argued that the UK Government's 2023 alcohol duty system offers a more effective and proportionate approach than minimum unit pricing. This taxes products based on their alcohol content, incentivising producers to lower the strength of their products and thereby reducing harm. Respondents noted the revenue from higher-strength products in this instance is directed to public services.

It was argued that minimum unit pricing has not yielded the intended public health outcomes, with Wales experiencing a greater increase in alcohol-specific deaths than other UK nations during the period. It was suggested that minimum unit pricing has disproportionately affected dependent and low-income drinkers, pushing them towards stronger alcoholic beverages and exacerbating financial hardship.

The sector considered evaluations from Scotland, where similar policies were implemented, and argued that most studies failed to demonstrate statistically significant improvements in health outcomes, with only one showing a reduction in deaths from chronic alcohol-related conditions. They argue that minimum unit pricing has not reduced alcohol-related deaths, hospital admissions, or overall consumption in Wales.

The sector argued that government-imposed pricing controls penalise responsible consumers and stifle innovation, and have led to economic strain on businesses, particularly in retail and hospitality, as consumers seek cheaper alternatives across borders. They warn that persisting with a policy that has not met its objectives risks undermining public trust in future government interventions and evidence-led policymaking.

Respondents who were undecided, noted they actively participated in initiatives aimed at reducing alcohol-related harm, were members of the Portman Group, supported Drinkaware, and were committed to responsible alcohol consumption. They noted these efforts have been independently evaluated and deemed effective.

The effectiveness of minimum unit pricing as a whole-population measure was questioned, noting that alcohol-related deaths have increased in Wales and targeted interventions, such as including robust local alcohol treatment services and community partnerships were suggested rather than pricing policies.

Academic/research

There were only two respondents in this category, both of which supported the continuation of minimum unit pricing in Wales. This is based, in their view, on the evidence, which strongly supports the continuation and uprating of minimum unit pricing in Wales. Their view was that this is a proven, cost-effective policy that reduces alcohol consumption, mitigates health inequalities, and supports public health goals.

Question 2 - If minimum unit pricing continues, do you agree with a new level being set at 65p per unit?

Individuals

Several respondents supported increasing the level, citing evidence from Scotland and the need to align with inflation, which would help reduce alcohol consumption, ease pressure on health services, and encourage more ethical marketing practices by drinks manufacturers. There was also support for a gradual increase over time and that this should be considered by the Welsh Government in the future.

Respondents who were undecided on increasing the price from 50p to 65p raised concerns about the potential negative impact of the policy on the hospitality sector, which is already under pressure. They suggested a differentiated pricing approach, maintaining a lower minimum unit price for alcohol sold in pubs (50p) while increasing it for supermarkets (65p), to support the industry and encourage on-trade consumption.

Third sector

Respondents highlighted inflation had significantly diminished the impact of the current 50p per unit, with its real-terms value projected to fall to 39p by 2026. It was also suggested that uprating to 65p would restore the original impact of the policy with suggestions that implementing an automatic uprating mechanism would be beneficial to ensure the policy keeps pace with inflation over time.

Respondents cited broad support for increasing minimum unit pricing across different public health organisations, charities, and research bodies as further reason to support minimum unit pricing being raised to 65p. Aligning the minimum unit price in Wales with the price set in Scotland would also help create consistency.

Stakeholders argued increasing the price per unit would discourage bulk purchases and limit multi-buy discounts, particularly in categories most associated with harmful drinking. The expected impact on pubs and restaurants would be minimal, as prices in these venues already exceed the proposed threshold.

Respondents emphasised the evidence displayed in modelled data, which shows increasing minimum unit pricing to 65p could reduce alcohol consumption, prevent hundreds of alcohol-related deaths, and save millions in NHS costs over 20 years,

noting maintaining the current 50p threshold risks reversing these gains and increasing alcohol harm. Respondents dismissed concerns about potential increases in cross-border shopping if minimum unit pricing is raised to 65p due to the lack of supporting evidence found in the minimum unit pricing evaluations.

Respondents stated that minimum unit pricing should be part of a broader alcohol harm reduction strategy, including education, treatment, and support services. A new UK-wide alcohol strategy is also thought necessary to address evolving drinking behaviours and rising harms.

Health sector respondents

Respondents from the health sector supported increasing the minimum unit price for alcohol to 65p per unit, saying it was necessary to maintain its effectiveness, particularly in light of inflation. No respondents were against the proposal. They highlighted the original 50p threshold has lost its impact over time, and increasing the minimum unit price would restore its intended value, but further consideration should be given to more frequent uprating. Aligning Wales with Scotland, which has already adopted the 65p threshold, was seen as a logical step.

While the policy is supported, there were concerns about its impact on economically disadvantaged individuals, particularly those with alcohol dependence. Stakeholders call for increased investment in treatment services, early intervention, and financial support to mitigate these risks.

Whilst minimum unit pricing is widely recognised as an effective public health tool, respondents note it is not a standalone solution and a comprehensive alcohol harm reduction strategy that includes wider regulation of alcohol advertising, promotion, and labelling, similar to that used for tobacco, is needed. Some respondents highlighted the need to address the wider determinants of alcohol misuse, including poverty, housing insecurity, and mental health.

Respondents suggested public engagement campaigns should emphasise the health benefits and societal impact of reducing alcohol consumption, particularly in deprived communities. They also noted the importance of ongoing monitoring and evaluation to assess the long-term impact of minimum unit pricing, especially on vulnerable groups, including improvements in data collection on waiting times and treatment outcomes for harmful drinkers.

Public sector

The sector noted the policy's effectiveness had been eroded by significant inflationary pressures, and the current rate no longer impacts the affordability of the cheapest, high-strength alcohol products most associated with harmful drinking. Respondents noted the proposed 65p rate aligns with recommendations from the University of Sheffield's paper and mirrors Scotland's updated minimum unit pricing level, reinforcing consistency across devolved governments.

There were suggestions about a regular review process, possibly every two years, with some responses arguing that indexing minimum unit pricing to inflation, such as CPIH, would ensure its long-term viability and effectiveness. They felt this was further supported by the modelling, which suggests that failing to adjust the rate

could lead to increased alcohol consumption, particularly among deprived populations, resulting in thousands of additional years of life lost and millions in added NHS costs.

There was strong support for raising the rate to 65p, which it is argued, will prevent more than 500 alcohol-specific deaths and save the NHS nearly £15m over two decades, with the greatest benefits accruing among those in the most deprived communities.

There were however concerns about the potential for unintended consequences, such as a shift from alcohol to illicit drugs if prices become comparable. It was felt this risk was particularly acute among vulnerable groups, including dependent drinkers and individuals with complex needs. There was also a concern about the impact on rural communities, where alcohol often plays a role in socialising. Rising costs could discourage social drinking and individuals may become more isolated, potentially exacerbating mental health issues.

There was a suggestion about ringfencing a portion of minimum unit pricing revenue to be used for health, policing, and rehabilitation services – this would ensure the policy not only curbs harmful drinking but also supports those affected by it.

From an enforcement perspective, Trading Standards officers reported businesses have generally adapted well to minimum unit pricing and that continued compliance at a higher threshold is feasible, provided there is clear communication. However, concerns were noted that a higher rate could drive demand towards informal or illicit alcohol markets, increasing the burden on enforcement agencies.

Respondents who were undecided noted there was a general lack of public awareness regarding the Welsh Government's role in implementing minimum unit pricing, with many service users unaware of the policy's origins and objectives. It was felt that increasing public understanding of why minimum unit pricing was introduced, how it works, and what benefits it aims to deliver could help build broader support and trust in the policy and would reduce the perception it is an arbitrary price rise rather than a targeted public health intervention.

Concerns were also raised about bulk supermarket promotions, and whether they continued to offer alcohol at prices below the minimum unit price threshold. It was suggested this could undermine the policy's intent and highlights the need for clearer communication about how minimum unit pricing is calculated and enforced, especially in the context of promotional pricing. Respondents in this sector also provided comment that minimum unit pricing has led to behavioural changes, where consumers are increasingly bulk buying and stockpiling alcohol during promotions, often choosing to drink alone rather than socially. Furthermore, some argue home brewing has been seen as providing a cost-saving alternative. As with other responses, cross-border shopping was also highlighted.

There were calls for more understanding about how the policy affects different communities, particularly those in rural areas or facing economic hardship. Some argued the increase would not significantly alter demand, except among those with limited financial resources, although this could lead to a rise in shoplifting among

those priced out of alcohol purchases. Within some areas there were already daily incidents of high-value thefts from off-licences. It was suggested further increases in minimum unit pricing could exacerbate this problem, with calls for robust enforcement mechanisms and support for retailers facing increased theft risks.

Industry/trade associations

There was broad support from one industry group for the price increase to maintain pace with inflation and maintain the efficacy of the policy.

Overall, there was strong opposition to raising the minimum unit price for alcohol to 65p per unit. The primary concern was that an increase in price may not effectively reduce harmful drinking among dependent or at-risk individuals. Respondents suggested it could lead to unintended consequences, such as drinkers switching to high-strength spirits to maximise alcohol intake at the lowest cost or illegal substances. They cited Public Health Scotland's 2023 study, where minimum unit pricing led to financial strain among alcohol-dependent individuals, who often reduce spending on essentials to maintain their drinking habits. The sector also highlighted the risk of cross-border trade.

The sector felt the modelling predicted only small reductions in consumption and harm, and questioned the reliability of these projections, against observed outcomes. They argued that policy decisions should be grounded in robust, long-term evidence rather than speculative modelling, given the complex nature of alcohol-related harm.

Respondents argued that pricing mechanisms like minimum unit pricing fail to address the root causes of addiction and instead they advocated for a more holistic approach, such as increased access to mental health support, therapy, public education campaigns, early intervention programmes, housing, and rehabilitation services, which they said are essential for tackling substance misuse effectively.

Sector representatives also highlighted the benefits of promoting lower and no-alcohol products. They consider the UK trend towards lower-alcohol consumption, reduced binge drinking, and declining alcohol-related incidents can be attributed to cultural changes and targeted public health initiatives. They also consider the taxation reforms that incentivise lower ABV products are more effective and equitable than minimum unit pricing.

The sector also expressed concern about the financial implications of minimum unit pricing. They have faced increases in costs as a result to changes in the national minimum wage, business rates, and employers' National Insurance contributions. The sector has argued a further price increases through minimum unit pricing would reduce consumer disposable income, particularly for home drinking, and negatively impact hospitality venues.

Some sector representatives undecided about this question noted the original 50p minimum unit pricing introduced in 2020 had minimal impact on convenience retailers, as most alcohol products were already priced above this threshold. Feedback from their members indicated minimum unit pricing has led to modest shifts in product ranges, particularly affecting higher-strength alcohols, where customers have moved away from these. There were, however, concerns about the

impact of a 65p minimum unit price on product availability, especially for mid-priced and low volume, lower-strength items which had previously been unaffected.

Undecided respondents in the sector expressed reservations about the proposed increase to 65p, when considered alongside the forthcoming Deposit Return Scheme (DRS). They argued that the combined impact of these policies has not been fully assessed, and DRS-related price changes could undermine the objectives of minimum unit pricing.

There were concerns that a flat-rated minimum unit pricing combined with DRS may inadvertently encourage the consumption of higher-strength alcohol products. For example, a multipack of beer could become more expensive than a bottle of vodka, contradicting the progressive alcohol duty system introduced by HM Treasury, which taxes drinks based on alcohol content to support public health goals. The sector recommends further research before any price increase is implemented.

One of the industry representatives supports aligning minimum unit pricing with Scotland's 65p per unit but recommends any changes should not be implemented before January 2027 due to operational constraints such as IT freezes, staff training, and regulatory compliance. Respondents noted the importance of clear consumer communication regarding minimum unit pricing-related price increases. There was strong opposition to any evolution of minimum unit pricing policy that introduces any regular inflation-linked uprating or a move towards a minimum unit tax-style model. They suggest that such changes would impose impractical burdens on retailers and are inconsistent with minimum unit pricing's original intent.

The sector reported no significant revenue gains from minimum unit pricing due to offsetting volume declines and implementation costs. There was support for a cautious approach to any future increase, emphasising the complexity of alcohol-related harm and advocating for individual-level interventions. While there was no opposition to the proposed 65p rate, questions were raised about the rationale behind the figure and urged that future changes are based on transparent, evidence-based mechanisms such as CPIH inflation indexing, which would ideally be reviewed every five years.

Concerns were raised about the timing and overlap of multiple regulatory changes in 2026, including minimum unit pricing, high fat, salt and sugar product restrictions, and UK-wide pricing regulations, which could put a strain on retailers' operational capacity.

It was stated that cross-border shopping is flagged as a risk, with consumers potentially bypassing Welsh stores for cheaper alcohol in England. There was also a request for clarity regarding online retailers delivering in Wales and that this is covered in future guidance.

The sector stressed the need for a nine to 12-month lead time for any changes to allow for product range adjustments and compliance with the Groceries Supply Code of Practice. There were calls for clear guidance, fair implementation timelines, and robust public awareness campaigns to support retailers and consumers. Alignment with Scotland's minimum unit pricing rate is seen as beneficial for operational

consistency, especially given the complexity of alcohol SKUs and associated costs like excise duty, VAT, and Extended Producer Responsibility fees.

Academic/research

Both respondents supported the proposed increase in the minimum unit price, stating the evidence strongly supports the continuation and uprating of minimum unit pricing in Wales. In their view a rise to 65p per unit is essential to maintain the policy's effectiveness and further increases in price, or an automatic inflation-linked mechanism will be needed to prevent its erosion.

They said the modelling shows failure to act will disproportionately harm the most deprived communities and increase alcohol-related deaths. They also said minimum unit pricing should be embedded in a wider national strategy to address alcohol harm comprehensively and equitably.

Question 3 - What are your views on the likely impact of minimum unit pricing continuing and the price per unit increasing to 65p on particular groups of people, particularly those with protected characteristics under the Equality Act 2010? What effects do you think there would be?

Individuals

The individuals responding to this question echoed concerns in answers to previous questions that increasing minimum unit pricing in Wales could disproportionately impact low-income individuals and vulnerable groups, including those with protected characteristics under the Equality Act 2010. Many put forward arguments the policy penalises responsible drinkers, particularly older people, disabled individuals, and single parents, who may drink alcohol for social inclusion or stress relief purposes.

A recurring theme is the public perception of the ineffectiveness of minimum unit pricing in curtailing alcohol dependency. Many respondents believe those with alcohol addiction will continue to drink regardless of price, often at the expense of essentials like food or bills.

Respondents also highlight the unintended consequences of the policy, such as increased shoplifting, home brewing, and cross-border alcohol purchases. The hospitality sector is viewed as particularly vulnerable, with respondents expressing fears about pub closures, job losses, and diminished tourism due to higher alcohol prices.

Overall, individuals expressed the view that minimum unit pricing unfairly burdens the majority for the actions of a minority and deepens existing inequalities without delivering meaningful improvements in health outcomes.

Third sector

Respondents outlined concerns about the policy's impact on low-income dependent drinkers who may sacrifice basic needs to afford alcohol. They also stressed these behaviours predate minimum unit pricing and highlight the need for better access to treatment, food support, and community services. Respondents supported calls to raise the minimum unit price to 65p to help maintain its long-term effectiveness but

suggested this should be done as part of a broader strategy, including increased investment in health services, nutritional support, and preventative measures.

They noted evidence from Scotland and early data from Wales, which suggests minimum unit pricing can reduce alcohol-specific deaths and hospital admissions, particularly in disadvantaged areas. However, they noted its effectiveness has been influenced by inflation, the pandemic, and regional inequalities.

Respondents highlighted that minimum unit pricing has shown greater benefits for men, who are more likely to drink at hazardous levels. Modelling suggests that increasing the minimum unit pricing threshold could enhance benefits for women. The policy also supports healthier habits among young people.

Suggestions were put forward for the introduction of a windfall tax on alcohol manufacturers, which could fund support services.

Health sector respondents

Minimum unit pricing was described as a pro-equity policy, in that it disproportionately benefits the most deprived communities in Wales. Although these groups may experience more of the policy's impacts, they also gain the greatest health benefits, helping to narrow health inequalities. Many individuals with protected characteristics are more likely to experience socioeconomic deprivation and therefore stand to benefit significantly from minimum unit pricing, especially if the price is increased to 65p.

However, respondents maintained the view that minimum unit pricing needs to be implemented alongside broader alcohol support and intervention measures to maximise the benefits of minimum unit pricing and mitigate potential harms. Minimum unit pricing has shown early success in reducing alcohol-related harm among young people, including a decrease in hospital admissions and school exclusions. However, children living in households with harmful drinking may face increased financial strain if alcohol prices rise. Therefore, minimum unit pricing must be part of a wider strategy that includes safeguarding, family support, and education to protect children and young people.

Communication about minimum unit pricing should be adapted for diverse groups, including those with neurodiversity and special educational needs, to ensure understanding and accessibility.

Public sector

It was noted by some in the wider public sector that those living in rural areas face unique challenges under minimum unit pricing, where they are disproportionately affected by higher alcohol prices. Combined with transport difficulties this increases financial strain, especially for those already facing economic hardship. Recent tax increases and budget pressures have reduced disposable income, with low-income individuals, particularly dependent drinkers, struggling to afford alcohol and essential living costs. While respondents referred to anecdotal evidence to suggest some low-income households prioritise alcohol over other essentials, they recommended that further qualitative research is undertaken to better understand the full impact on these groups.

There were concerns that alcohol misuse is often a coping mechanism for people facing adversity, including individuals with mental health conditions, learning disabilities, and care-experienced young people. It was noted these groups face higher risks of criminalisation and health harm, which minimum unit pricing may help mitigate if paired with adequate support. In addition, the sector noted older people are particularly vulnerable to alcohol-related health issues, and reduced access to cheap alcohol through minimum unit pricing may help protect them.

The sector noted children and young people are indirectly affected by minimum unit pricing through the wider high cost of living, and cited reports from the Children's Commissioner for Wales and the Carers Trust show rising anxiety about finances and housing, especially among young carers.

Respondents emphasised the importance of fair, inclusive communication about minimum unit pricing, especially for people with learning disabilities, sensory impairments, or limited English proficiency. It was noted a collaborative approach between enforcement, health, and community services is essential to ensure minimum unit pricing is implemented equitably and effectively.

There was a request for a review of the Equality Impact Assessment conducted in 2018, to ensure the policy remains fair and effective. The sector also made calls for an updated Substance Misuse Strategy with clear cross-government commitments, roles, and resources to address alcohol-related harms and associated inequalities.

Industry/trade associations

The sector expressed concerns that raising the minimum unit price will disproportionately affect responsible drinkers, who represent the majority of alcohol consumers, by reducing their disposable income. They argued the decline of traditional communal spaces like church halls, means pubs are a vital community hub, serving diverse groups from young adults to older individuals seeking social connection, although they noted any price increase would be particularly burdensome for younger people and disproportionately impact those with less disposable income. These groups, which often overlap with protected characteristics, are more vulnerable to socioeconomic disadvantage and are more likely to consume cheaper, high-strength alcohol, and deepen inequalities.

There was also concern that higher prices through minimum unit pricing and the introduction of the deposit return scheme (DRS) may push consumers towards stronger, higher-volume alcohol products.

Stakeholders were concerned this could also encourage cross-border shopping in England, undermining Welsh retailers, and urged a comprehensive assessment of how minimum unit pricing, DRS, and the alcohol duty review interact, especially amid the high cost of living, noting that the latter has led to a reduction in consumption of 100 million alcohol units in the market and a surge in lower-strength offerings.

The sector noted it had already adapted to changing consumer preferences, with 87% of pubs offering no or low-alcohol beer by January 2024, reflecting a commitment to inclusivity and lifestyle diversity.

There was criticism that minimum unit pricing means the additional costs of minimum pricing to consumers are not collected in taxation but benefit retailers, especially large supermarkets.

Academic/research

Respondents highlighted that minimum unit pricing has already proven to be a valuable tool in reducing alcohol-related harm, particularly among the most vulnerable populations.

Question 4 - What, in your opinion, would be the likely effects of the minimum unit pricing continuing and the price per unit increasing to 65p on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Individuals

The vast majority of individual respondents argued alcohol pricing affects everyone equally, regardless of language, and that the Welsh language should not be used as a justification for economic policy. Some responses criticised the Welsh Government's perceived obsession with promoting the Welsh language.

A smaller set of responses acknowledged that while minimum unit pricing may not directly affect the Welsh language, it could have indirect consequences. In particular, these detailed the potential closure of pubs, social clubs, and community events, spaces where Welsh is often spoken and cultural traditions are maintained. In rural and Welsh-speaking areas, such venues are seen as vital for intergenerational language transmission and community cohesion.

Some respondents raised concerns about the implementation of minimum unit pricing, particularly around bilingual messaging. They emphasised the importance of ensuring that public communications and support services are equally accessible in both Welsh and English

Third sector

Respondents argued the proposed continuation and increase of minimum unit pricing to 65p per unit would have no expected direct impact either positive or negative on the use of the Welsh language.

Respondents suggested comprehensive bilingual implementation, including guidance, enforcement, and support services, would mean the policy would ensure language equality and even help promote Welsh in public health communications.

Minor concerns relating to tourism or labelling were deemed manageable and not significant enough to affect language outcomes.

Health sector respondents

Minimum unit pricing for alcohol, set at 65p per unit, was seen as a potentially beneficial policy for Welsh-speaking communities, particularly those facing economic disadvantage in high language density areas. Harmful alcohol consumption undermines social cohesion, which is vital for sustaining the Welsh language. By

reducing excessive drinking, minimum unit pricing could support broader wellbeing and help protect the cultural fabric of these communities. However, public understanding of minimum unit pricing remains limited, with many unaware of its intended health and social benefits. This underscores the need for clear, bilingual communication that is culturally relevant and accessible to Welsh speakers.

While minimum unit pricing is considered linguistically neutral and unlikely to negatively affect Welsh language equality, it offers opportunities to promote Welsh language use through bilingual public health messaging and community engagement. Stakeholders suggest that Welsh-speaking communities should be involved in co-producing materials to ensure relevance and inclusivity. This proactive approach could help reinforce bilingualism and align with the Welsh Government's broader goals for language inclusion.

Public sector

It was felt minimum unit pricing poses a significant challenge for small off-licences and local shops in rural areas. These businesses often operate on tight margins and serve as vital community hubs, especially in Welsh-speaking regions. The financial strain caused by minimum unit pricing, particularly if the unit price increases, could lead to closures, which would not only affect local economies but also disrupt community cohesion and cultural continuity. In areas where the Welsh language is integral to daily life, the loss of these businesses could diminish opportunities for Welsh language use and erode the social fabric that supports its preservation.

Most responses did not anticipate a negative impact on the Welsh language, but several emphasised the importance of bilingual communication in public health messaging and policy engagement, ensuring equitable access to information and services. This was particularly important for outreach to young people in rural Welsh-speaking communities, where generational and cultural barriers may discourage help-seeking if services are not available in Welsh.

Industry/trade associations

While there were few responses to this question, those that did respond noted they were not aware of any issues and would not expect minimum unit pricing to negatively affect the status or use of Welsh, with retailers already operating bilingually and would continue to do so.

Academic/research

Neither respondent within this sector group provided a response to this question.

Question 5 - In your opinion, could the proposals be formulated or changed so as to:

- **Have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English**
- **Mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English.**

Individuals

The majority of respondents strongly rejected any link between alcohol pricing and the Welsh language, viewing the question as irrelevant. A small number of individuals acknowledged that while there may be no direct connection, indirect impacts could arise as covered in the summary to question four in relation to the closure of venues.

Some responses offered constructive suggestions, such as ensuring bilingual public health messaging and supporting Welsh-language businesses to mitigate any unintended consequences.

Third sector

Respondents argued that the proposed continuation and increase of minimum unit pricing to 65p per unit was linguistically neutral, with no direct impact on the Welsh language. However, it presents an opportunity to actively promote Welsh as a language of public health communication and compliance. This can be achieved through bilingual publication, Welsh-language campaigns, training, and support services.

The potential risk of unequal access to guidance or services in Welsh can be mitigated by embedding bilingualism across all implementation pathways and monitoring outcomes by language.

Health sector respondents

Clear, bilingual communication is essential in Wales, especially among Welsh-speaking communities in rural areas who may face barriers to understanding and accessing support. Communications must be tailored to diverse needs, including health literacy, neurodiversity, and accessibility, while complying with Welsh Language Standards to ensure equal understanding across both Welsh and English speakers. Embedding Welsh language provision in health and social care services is also vital, with calls for Welsh-medium support to be proactively offered in treatment settings and for businesses to receive bilingual guidance on minimum unit pricing compliance.

Ongoing consultation with Welsh language organisations is advised to prevent any unintended disadvantage to Welsh speakers, and future evaluations should monitor linguistic equity to address disparities in access and outcomes.

Public sector

While most responses from the sector believe minimum unit pricing has no direct impact on the Welsh language, there was a recognised need for more robust public communication about the purpose and mechanics of minimum unit pricing.

Misunderstanding about the policy's intent and impact persist among the general public, which can undermine its effectiveness. Clear, bilingual messaging was critical to improving public understanding and support, especially in communities where the Welsh language is widely spoken. This included ensuring that all materials, such as leaflets, posters, digital campaigns, and treatment referral information, are available bilingually in Welsh and English. These measures would not only comply with Welsh Language Standards but also promote meaningful engagement with Welsh-speaking

populations, particularly in rural areas where generational and cultural barriers may inhibit help-seeking if services are not linguistically accessible.

Industry/trade associations

While there were few responses to this question, one respondent proposed that materials related to minimum unit pricing, health messaging, or responsible drinking could be developed bilingually and distributed to retailers.

Academic/research

Neither respondent within this sector group provided a response to this question.

Welsh Government Response and next steps

The Welsh Government thanks all those who shared their views in this consultation about the future of minimum unit pricing for alcohol in Wales. As this summary demonstrates, we received a large number of responses and a wide range of opinions.

The consultation highlighted a variety of views, including concerns about the affordability of alcohol, the impact on vulnerable groups, and the need for a broader strategy to address alcohol-related harm. We recognise minimum unit pricing is not a standalone solution and must be part of a wider public health approach that includes prevention, support, and recovery services.

Some respondents expressed apprehension about the policy's impact on vulnerable groups, particularly individuals with alcohol dependence, and highlighted the need for enhanced support services. We will continue our support for substance misuse services, as we have done for a number of years.

Equally, we acknowledge concerns raised, particularly from a range of individual respondents, about perceptions of minimum unit pricing as a tax, about cross-border purchasing, and accusations of a “nanny state” approach.

Minimum unit pricing is not a tax. It does not generate any additional revenue for the government and neither is it overreach by the government. We believe the policy is a proportionate, evidence-informed, response to a serious health challenge. It sets a floor price to prevent the sale of cheap, high-strength alcohol, which is disproportionately consumed by hazardous and harmful drinkers. Any increase or decrease in revenue from the application of minimum unit pricing will impact on retailers. Minimum unit pricing is designed to reduce alcohol-related harm.

We take these concerns seriously and remain committed to ensuring that minimum unit pricing is implemented alongside other robust health and social care interventions aimed at addressing the health harms associated with alcohol use and abuse.

The feedback provided valuable insights into the policy's impact and the broader context of alcohol-related harm. The Welsh Government remains committed to protecting the health and wellbeing of its citizens and will continue to monitor and strengthen minimum unit pricing as part of its long-term approach to reducing alcohol-related harm.

We know minimum unit pricing is making a difference as set out within the independent evaluations of the policy, which also highlight broad support, emphasising its potential to reduce health harms and improve outcomes for future generations.

Since it was introduced in Wales in 2020, it has helped reduce the amount of cheap, strong alcohol available. This means fewer people are drinking at harmful levels, and we're seeing early signs of better health outcomes.

Next steps

The information gathered and considered from the responses to consultation about the future of minimum unit pricing for alcohol in Wales, alongside the recommendations from the Senedd's Health and Social Care Committee and findings from the Operation and Effect Report, and detail available in the Welsh evaluation, will be presented to Welsh Ministers. This will support their consideration of the next steps in determining the future direction of the policy for minimum unit pricing in Wales.