



Llywodraeth Cymru
Welsh Government

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018

Report on the Operation and Effect of the minimum pricing provisions 2020-25

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Section 1 - Introduction

1.1 Background

The Public Health (Minimum Price for Alcohol) (Wales) Bill was passed by the National Assembly of Wales in June 2018 and received Royal Assent on 9 August 2018.

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 provided the legal framework for introducing a minimum price for alcohol in Wales. The specific minimum unit price, set at 50p per unit of alcohol, was later established through the Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019, which came into force on 2 March 2020.

Together, the Act and the 2019 regulations set the minimum price at which alcohol can be supplied in Wales to a person in Wales and established a local authority-led enforcement regime. This includes powers to bring prosecutions, undertake investigations, and enter premises. The legislation has made it an offence for a person who is an alcohol retailer to supply alcohol from qualifying premises in Wales, or to authorise the supply of alcohol from qualifying premises in Wales, at a price below the applicable minimum price for the alcohol, punishable by way of a fine.

The equation for calculating the minimum price for alcohol is prescribed in the Act. The formula is based on the minimum unit price (MUP), which is currently set at 50p, the alcohol's strength (%) and its volume in litres, and is calculated as follows: $MUP (£0.50) \times \text{strength (\%)} \times \text{volume (litres)} = \text{minimum price at which the alcohol can be supplied}$.

Section 21 of the Act requires Welsh Ministers to lay a report on the operation and effect of the Act as soon as practicable after the end of the first five years of its implementation (i.e. after 1 March 2025). In preparing this report, the Welsh Ministers must consult the Senedd, and others, as considered appropriate.

Section 22 of the Act contains a sunset clause which states the MUP provisions will expire at the end of the six-year period (1 March 2026), unless the Welsh Ministers bring forward legislation to continue its effect before that time.

1.2 Minimum Unit Price Aim

The ultimate aim of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. In particular, the Act is targeted at protecting the health of

hazardous and harmful drinkers, including young people, who tend to consume greater quantities of low-cost and high-alcohol content products.

1.3 Purpose of this report

The purpose of this report is to detail the operation and effect of the minimum pricing provisions during the first five years of their implementation. It has been prepared in accordance with the requirements of the Act, which mandates that Welsh Ministers lay the report before the Senedd and subsequently publish it as soon as is practicable after five years from the commencement of the minimum pricing regime. In preparing this report, the Welsh Ministers were required to consult with the Senedd and any other persons they considered appropriate.

This report is informed by the independent evaluations which took place over the five-year period of the Act (sections 2, 3 and 4 in this report), and the feedback received from the consultation and engagement work with the Senedd, and with those persons Ministers deemed appropriate to consult with (section 5 in this report). As part of the consultation, Welsh Government officials met with a range of organisations (set out in Annex B) and an email was sent to a range of partners from the health, statutory and third sectors asking for their views about the Act, its operation, and impact.

The findings of this report may also be used to inform decisions about the future of the minimum pricing regime.

1.4 Report Structure

The remainder of this report is structured as follows:

Section 2 - Evaluative work on minimum unit pricing for alcohol in Wales. This chapter outlines the background to the independent evaluations of minimum unit pricing.

Section 3 - Key findings of the evaluations. This chapter summarises the key findings from the final minimum unit pricing evaluation reports.

Section 4 - Conclusions and policy considerations from the evaluations. This chapter summarises the key conclusions from the independent evaluations of minimum unit pricing and outlines the considerations they highlight for policy decision makers.

Section 5 - Consultation with stakeholders. This chapter summarises the key themes that have emerged from the consultation which was undertaken to fulfil the requirements of section 21 of the Act.

Section 6 - Final conclusions and next steps. This chapter outlines the Welsh Ministers' conclusions on the operation and effect of minimum unit pricing and details the next steps for the policy.

Section 2 - Evaluative work on Minimum Unit Pricing for Alcohol in Wales

2.1 Introduction to the Independent Evaluations of Minimum Unit Pricing for Alcohol in Wales

On 12 November 2019, the regulations to introduce a minimum unit price (MUP) for alcohol of 50p were approved by the then National Assembly for Wales. An MUP of 50p was introduced from 2 March 2020, informed by [modelling work undertaken by the University of Sheffield](#).

The Welsh Government commissioned independent evaluations of the Act. Four contracts were awarded, with studies looking at different aspects of implementation. These were:

- Study 1: Contribution analysis.
- Study 2: Research into the impact on retailers.
- Study 3: Qualitative work with services and service users; and
- Study 4: Assessment of impact of introducing minimum price for alcohol on wider population of drinkers.

These four studies were complemented by an initial piece of research pre-implementation, exploring the extent to which [switching between substances](#) might occur, and some early [public attitudes research](#) on attitudes to, and awareness of, minimum unit pricing in Wales.

All evaluation reports from each study, including the final reports, were published on 15 January 2025, and can be found on the [Welsh Government website](#).

2.2 Approach to Evaluating Minimum Unit Pricing for Alcohol in Wales

The overall aim of the evaluations was to assess the extent to which, if any, the introduction of minimum unit pricing for alcohol contributed to any (measurable and observable) changes in alcohol-related behavioural, consumption, and retail outcomes. This aim was set by the Welsh Government policy and research teams, in line with the objective to reduce alcohol-related harm and the need for findings to meet the reporting requirements outlined in the Act.

As set out in the [interim contribution analysis report](#), a theory-based approach to evaluating minimum unit pricing was taken, recognising the challenge in applying experimental approaches in the evaluation of a policy approach of this nature. Contribution analysis involves establishing a theory of change and collecting evidence from a range of sources to assess the contribution story, allowing credible

claims to be made about the consequences of the policy. This approach enabled the evaluation teams across the four studies to assess, for example, whether the price of low-cost, high-strength alcohol increased, whether the legislation was complied with, whether consumption decreased and whether external factors potentially impacting outcomes were taken into consideration.

While an [indicative theory of change](#) was developed and published as part of the legislative scrutiny process, the research team leading the contribution analysis refined this theory of change, which, in its simplest form, sets out how an increase in the price of alcohol would result in a decrease in consumption of alcohol, and associated decrease in alcohol-related harms. Details of this refined theory of change and evaluation approach can be found in section 5 of the [interim contribution analysis](#).

To provide the evidence considered necessary for the evaluation, as set out in the theory of change, and recognising evidence would also be available from other jurisdictions (for example, Scotland), four studies were commissioned to assess the views of retailers, users and providers of alcohol services, and the wider population of drinkers, alongside the overarching contribution analysis.

The four studies, funded by the Welsh Government, were led by Wrexham University (contribution analysis), the National Centre for Social Research (retailers study), Figure 8 Consultancy Services Ltd (service providers and users study), and the University of South Wales (wider population of drinkers study).

Across the four studies, qualitative, quantitative and mixed method designs were used to provide the evidence necessary to address the key evaluation questions. For example, surveys were used to collect quantitative data from service users, service providers, and the wider population of drinkers, alongside interviews with these groups to explore issues in greater depth. Similarly, the research with retailers had a qualitative component, addressing issues of implementation, alongside an analysis of purchasing data, the latter allowing a natural experiment where purchasing patterns in Wales could be compared with data for England, which has not adopted a policy of minimum unit pricing.

It should also be noted a longitudinal component was built into the studies of retailers, service users and providers, and the wider population of drinkers, such that as far as possible, participants took part in multiple waves of data collection across the five-year period of the evaluation.

Each of the separate studies sets out the key strengths and limitations associated with the methods used, with implications for interpretation of the findings drawn out.

Across the evaluation programme, advisory arrangements varied. Typically, Welsh Government representatives and the research contractors met as needed to discuss the projects, sampling, recruitment, research materials and quality assurance. In three of the studies (excluding the retailer research) these discussions were supported by advisory groups involving additional stakeholders relevant to the study focus.

2.3 Final evaluation report methods

Study 1 of the final evaluation used a contribution analysis approach to its methodology. This report brought together a range of secondary and primary data material. This includes the final reports from the other Welsh evaluations of the legislation, some additional primary interview data, other Welsh data sets, reflections on the implementation of pricing policies in other jurisdictions, and key messages from the research literature.

2.4 Evaluation strengths and limitations

The Covid-19 pandemic and the subsequent cost-of-living crisis added significant complexity to the evaluation process and have had a significant impact on the observable impacts of the policy. Both these events affected attitudes towards alcohol, its price, and patterns of purchasing and consumption, and contribute to key findings in both Wales and Scotland, that evaluation of minimum unit pricing is complex, which has knock-on implications for the conclusions that can be drawn.

It should also be acknowledged that while the Welsh evaluation was relatively modest, the [final contribution analysis](#) (see page 69) considered the approach appropriate in the context of available learning from Scotland, the evaluation resource available, and existing evidence from the broader international literature indicating the value of pricing as a policy mechanism.

Section 3 - Key Findings of the Evaluations

3.1 Evaluation Findings

Formal evaluation and review

As set out above, the independent evaluations of the Act took the form of four studies. The final evaluations were published on 15 January 2025.

The final contribution analysis report provides the overall analysis of the minimum unit pricing policy. As it outlines, this is a synthesis document, which offers an overall evaluation of the implementation in Wales. The report also brings together a range of secondary and primary data material and includes the final reports from the other evaluations (studies 2 to 4); some additional primary interview data; reflections about the implementation of pricing policies in other jurisdictions; and key messages from the research literature.

A summary of the key findings from each of the studies is set out below. In the text below from the evaluations, MUP refers to the minimum unit price – this is the specific price set per unit of alcohol as a mechanism for minimum pricing. MPA refers to the broader policy of setting a minimum price for alcohol.

a. Study 1 - Contribution analysis

The overall aim of the contribution analysis study was to assess the contribution (if any) the introduction of setting a MUP in Wales has made to any (measurable and observable) changes in alcohol-related behavioural, consumption and retail outcomes.

In doing so, attention was paid to the following objectives: refining and evaluating contribution against the theory of change underpinning delivery; providing a synthesis evaluation of other specific Welsh evaluations of the legislation; analysing wider research literature, other Welsh data sets, and jurisdictional evaluations – such as Scotland – and undertaking additional primary data collection to account for other possible contributions and explanations. For this final report, an additional eight interviews were undertaken with key stakeholders.

The main findings identified in the contribution analysis are presented below:

- Implementation of the minimum price for alcohol (MPA) policy in Wales was described as smooth and effective, with the policy taking effect (the price change on certain products) and with a high level of compliance.
- There have been clear observable impacts, notably:

- The removal of certain cheap products (for example cheap ciders and lagers)
 - Compliance by retailers in selling alcohol in Wales at, or above, the minimum price.
 - Differences between English and Welsh retail behaviour.
 - Some adaptive change by producers and retailers in the offers and products made available within Wales.
 - Some switching in purchasing (and assumed consumption) from cheap strong ciders and lagers to other beers, wine, and spirits, raising potential concerns about increased harm.
- Most Welsh drinkers appeared to not be adversely affected by MPA at a 50p per unit level, with limited evidence of significant changes in purchasing and consumption behaviour for the majority of the population.
- More pronounced impacts were observed among dependent drinkers on low incomes, who experienced increasing financial strain. These individuals often maintained alcohol consumption by extending existing coping mechanisms (for example, going without food or paying other bills).
- While 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 contribution of MPA to overall alcohol policy interventions, with the authors noting cheap unhealthy foods would not be recommended as part of efforts to address food poverty.
- Despite initial concerns about the impact of adverse harms before the passage of the Act, including hazardous and harmful drinkers switching to illegal drugs, the evaluation has found only limited evidence to substantiate this. While some drug use, crime, and other extended negative consequences were reported, these were found to be among the minority of mostly dependent drinkers and were found to be often compounded by other health and social-related experiences.
- Statistics for key alcohol harm measures (for example, alcohol-related deaths and hospital admissions) have yet to show any decline. 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.
- In line with the wider research literature, the authors note the ‘messiness’ of policy-based evaluations, including the MPA policy limiting conclusions that can be drawn. The period covered by implementation of MPA and that the evaluation – 2020 to 2024 – has been marked by ongoing austerity, changes in excise duty, the cost-of-living crisis, the Covid-19 pandemic and a period of

persistently high inflation.

- Alcohol consumption and its related harms are a significant part of the Welsh economic, health, and social landscape. There is early indicative evidence that setting an MUP in Wales can contribute to reducing these harms.
- The wider evidence base (modelling studies, academic literature, and evaluations in other jurisdictions) suggests governments should have regard to the price (affordability) of alcohol as one of the key mechanisms for successful alcohol policy implementation – introducing an MUP is one of the World Health Organisation's 'best buys' for reducing harm.
- The authors note the Welsh evaluation approach has been relatively modest, but appropriate, as Wales followed Scotland's lead in introducing minimum unit pricing. This provided an opportunity to compare findings with Scotland's comprehensive evaluation of its policy, taking into account the size of the evaluation resource available to the Welsh Government and the wider international academic literature available, which indicated the value of pricing as an integral element of effective overall alcohol policy approaches.
- The earlier, more extensive evaluation of MPA in Scotland at the same 50p per unit was broadly positive and informed the Scottish Government's decision to continue the policy and revise the minimum price to 65p per unit.

b. Study 2 - Research with retailers

This study presents findings from research with retailers conducted approximately three-and-a-half years post-implementation – in autumn 2023. The study included qualitative and quantitative methods. Qualitative interviews were conducted with 22 retailers across five Welsh regions. The sample included independent and chain retailers; micro, small, and medium-sized retailers; and a mix of on-trade, off-trade, and both on-trade and off-trade licensees.

For the quantitative analysis, comparative interrupted time series analyses of data for the period 2016 to 2023 were conducted to explore the impact of the MPA policy on alcohol purchasing trends in Wales, compared to England where MPA has not been implemented. The approach helped to isolate the effects of MPA from the period of concurrent Covid-19 protective measures.

The report concludes that taken together, the results from the qualitative and quantitative research indicate the implementation of the MPA policy in Wales has had the desired effect of decreasing the number of units of alcohol purchased by households. Selected findings include:

- Retailers felt the MPA policy is having the desired effect, reducing the sale of cheap, higher-strength alcohol by making products of this type more expensive. Customers were said to buy less of them, and retailers were less likely to stock these products.
- While the policy has become embedded in retailers' everyday business as usual, the effects may have been weakened since as increases in prices arising from the MUP have been overshadowed by the period of sustained high inflation, while the MUP has remained unchanged at 50p per unit.
- Retailers said the MPA had become part of their everyday business-as-usual. Previous difficulties experienced in calculating promotions, offers, and discounts were minimised using the Welsh Government MUP app, or by central pricing for chains at their head offices.
- A positive effect of the MPA policy was that on-trade retailers felt it created fairer competition between them and off-trade retailers, especially with supermarkets.
- Negative effects of the MPA discussed at wave two (such as costs of training, product wastage, and checking discounted products distributed from England) were less prominent in retailers' accounts at wave three. Retailers said there was no noticeable impact on their sales from customers going over the border to England to buy cheaper alcohol.
- Overall, there was a statistically significant impact of the MPA policy on the number of alcohol units purchased by households. Initially, there was a marked increase in alcohol purchases in Wales following the introduction of MPA, coinciding with the Covid-19 mitigation measures. However, this surge was smaller in Wales than in England, and subsequently, alcohol purchasing declined more rapidly in Wales.

c. Study 3 - Research with service users and service providers

The final report from this study builds on earlier work with service users engaged in treatment and service providers undertaken in 2019 and 2022, with the third wave of data being collected during 2024 – this is four years post-implementation. As with the previous waves of data collection, this final report presents findings from interviews and online surveys. Interviews were conducted with 17 service users (one interview containing three service users) and 15 service providers (one interview containing three staff members), including operational management and frontline staff. Surveys were completed by 121 service users across 14 local authorities, and 90 service providers from 21 local authorities.

The study broadly confirms the findings from earlier waves of data collection, and evidence from elsewhere (including Scotland). Participants expressed a range of attitudes towards the policy, with some negative feelings reported. However, many participants acknowledged that, compared to pre-MUP days when much cheaper alcohol (especially strong white ciders) was readily available and consumed by people who experience problems with alcohol, the current arrangements were preferable. Some participants also highlighted the importance of providing additional treatment and support options for low-income dependent drinkers, given the continuing harms experienced within this group.

Findings include:

- There is continued misunderstanding and misinterpretation of the MPA policy among service users and service providers – there is more work for the Welsh Government to do in educating the alcohol and drug treatment sector and workforce about the aims of the policy.
- The removal of cheap alcohol products has resulted in increased financial pressure on those seeking to maintain dependency, with MPA often misunderstood as targeting low-income vulnerable drinkers, rather than viewing them as an adversely affected group resulting from a wider overall population measure. This results in negativity and a perception of a policy that fails to support dependent drinkers.
- Service providers mentioned MPA is no longer a regular topic of conversation among staff or with service users, potentially reducing long-term impact and effectiveness. This suggests MPA has not been fully integrated into the broader public discourse about alcohol consumption and public health with these groups.
- Service providers and service users have observed some shifts towards purchasing stronger, alcoholic beverages, such as spirits and wine, due to the pricing constraints imposed by MPA, with users aiming to maximise alcohol intake despite higher prices.
- While there is a shared understanding among service providers and service users that financial hardship almost always leads individuals to prioritise alcohol over essential living expenses, for most drinkers this does not include law-breaking activity, such as shoplifting to fund higher alcohol prices, or switching to cheaper products or other substances, including illicit substances, as a result of higher alcohol prices.
- Both service providers and service users noted a small number of drinkers resorting to cross-border purchasing to obtain cheaper alcohol, but only

among those with the means (income) and method (transport) within easy reach of the border with England.

- There were some reports of poly-drug use by service providers and service users, as a cheaper alternative or complement to alcohol.
- While negative attitudes towards the policy were expressed, the majority of those interviewed considered the MPA legislation should be retained, to avoid returning to a time where much cheaper alcohol was available (notably strong white ciders) and consumed by those with alcohol problems. However, additional treatment and support is needed to address the harmful impact on lower income dependent drinkers.
- Action is recommended to enhance treatment responses across Wales for dependent drinkers, to provide a dedicated programme of support to treatment agencies to focus their attention and expertise in actively engaging people to help manage their finances and alleviate poverty and, if MPA continues, to improve messaging about the target audience and the impact on dependent, low-income drinkers.

d. Study 4- Research with the wider population of drinkers

This report presents data from the fourth (and final) wave of data collection focusing on the impact of MPA on the general population of drinkers living in Wales, collected during 2024 – four years post-implementation. As with the three earlier reports, data were collected using qualitative interviews with 34 drinkers who formed part of the longitudinal interview study or had been recruited as replacements for those who had dropped out, and a cross-sectional, anonymous, online questionnaire survey of adult drinkers living in Wales, completed by 181 people.

The authors note the findings from the study have shown MPA to be an effective mechanism for removing very cheap alcohol products, with strong white cider having increased significantly in price and now largely absent from shop shelves. It also shows the broader impacts of MPA are mixed, with certain populations appearing to be more vulnerable to its negative effects than others.

While the report contains a significant amount of data across the interviews and survey responses, selected findings include:

- In line with previous findings, most participants were aware of MPA, but understanding of the legislation was limited, with awareness higher among lower and increasing-risk drinkers than higher-risk drinkers. The legislation coming into force at the start of the Covid-19 pandemic may have contributed

to this. Price increases, where reported, were largely related to strong ciders, although price rises were only attributed in part to MPA, with inflation and the cost-of-living crisis was also thought to contribute.

- Similarly, as was also found in earlier waves of data collection, MPA appears to have had little impact on drinking patterns, with changes in the frequency and quantity of alcohol consumption reported by a small minority of respondents only. Reported changes in alcohol consumption were attributed to a range of factors, including decreases driven by rising costs or lifestyle changes, and increases associated with heightened social activity following the easing of Covid-19 restrictions. Price was identified as a driver in the shift from cider to spirits among higher risk drinkers.
- Most respondents reported not changing how much they spent on alcohol, with lower-risk drinkers more likely to report alcohol being less affordable.
- Changes in use of illegal drugs were rare, and when reported, was among those with a history of prior use.
- In terms of perceived effectiveness of MPA, views were mixed, with some recognising that the impact varied among different types of drinkers, while others suggested more time and evidence was needed to be able to assess this. Negative views tended to focus on the perceived impact on the poorest in society and those with alcohol problems, while positive views highlighted the impact on affordability and hence accessibility. Similarly, views on the continuation of MPA were mixed, with a significant proportion undecided given a lack of evidence or not being directly affected by the legislation.
- Increasing awareness about MPA was thought to be necessary to improve effectiveness, alongside other initiatives to address alcohol-related harm.

The report concludes with four observations. Firstly that MPA has had little impact on the drinking patterns of those participating in the study. Secondly, some people were not aware of MPA and among those who were, they had limited understanding of the policy. There was some evidence of people travelling to England to purchase alcohol at cheaper prices, notably among those living close to the border or visiting England regularly. And finally, the widely anticipated negative consequences of MPA were not commonly reported, but they were not entirely absent – examples reported including a shift from cider to spirits and the use of illegal drugs as a cheaper alternative to alcohol, albeit this was rare and mostly among those with a prior history of drug use.

The tentative recommendations included in the report cover improving awareness and understanding of MPA; providing clarity about policy intent to address the perceived “unfairness” and impact on vulnerable groups; the need for

complementary measures to enhance the effectiveness of MPA; continued evidence gathering and publication of findings to improve understanding of long-term effectiveness; and a regular review of the level of the minimum unit price to ensure MPA is having the desired impact.

Section 4 - Conclusions and policy considerations from the evaluations

4.1 Conclusion

The [final contribution analysis report](#), which brings together the findings from all the studies, highlights that, despite a small number of important reservations, the overall evaluation points towards a positive account of minimum pricing for alcohol (MPA) as a policy measure and, more specifically, the Welsh implementation.

The evaluators highlight that this, in turn, suggests it is an important tool, alongside others, in alcohol policy development.

Paragraph 9.5 of the contribution analysis report states “the obvious step would be to follow the Scottish lead and renew the legislation and thus retain the policy option”.

The authors of this independent study also point out in paragraph 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”.

Paragraph 9.8 states “questions remain about the diminished impact over time of the original (and still current) 50p per unit price. The Welsh Government should decide what an appropriate price is going forward”.

The evaluation states that there are overlapping considerations, such as the Covid-19 pandemic – the policy came into effect at the start of the pandemic – and impact of the subsequent cost-of-living crisis on the policy, which 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.
- In terms of alcohol related health outcomes, modelling work informing the policy in Wales built in a 20-year time lag, such that positive findings since the legislation came into force in 2020 and the final evaluation reports were published was unlikely. Alcohol-related deaths have risen in the last five years but this could be because of a range of factors other than MPA not being effective. The evidence from Scotland suggests MPA has a positive impact on alcohol-related deaths.
- There remains concern for certain populations. The evaluations highlight that dependent drinkers on low incomes are most affected by MPA, emphasising the need for robust support services and policies which address underlying social and health inequalities.

- It is possible to take confidence in Welsh evaluations as they strongly echo the 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.
- The more challenging issue, and area for policy impact, continues to be addressing wider economic, health, and social inequalities.

4.2 Considerations for policy decision-makers

The following considerations are drawn from the [final contribution analysis evaluation report](#) (see paragraph 9.9, pages 78 to 79) and are intended to inform, rather than prescribe, future policy decisions. These are in bold below and set out as they are written in the interim evaluation report. The Welsh Government's responses reflect a commitment to evidence-based policymaking and leave room for further deliberation.

- **The Welsh Government should renew rather than lose the option of minimum pricing of alcohol (MPA) as an alcohol policy measure in Wales.**
- **The Welsh Government should actively consider a review of the current 50p per unit price level.**
- **A price increase to at least 65p per unit is required to maintain the current policy value and any of the positive impacts observed so far.**

Welsh Government response

The Welsh Government acknowledges the final evaluation's recommendation to consider renewing the minimum unit pricing for alcohol legislation and to explore the potential impact of increasing the minimum unit price level to at least 65p per unit.

Alongside the findings in this operation and effect report, we recognise that consideration must be made to the potential impacts of changing the current price of 50p per unit, should minimum unit pricing continue. To support informed decision-making, the Welsh Government has commissioned updated modelling from the Sheffield Addictions Research Group, University of Sheffield, to assess the potential impacts of various price levels using the most recent data.

- **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.**

Welsh Government response

The Welsh Government worked closely with retailers, the alcohol industry, public health and substance misuse stakeholders to develop communications materials on minimum unit pricing for alcohol. A communications campaign accompanied the run-up to implementation to promote the public health aims of the legislation, with the focus on hazardous and harmful drinkers. If the legislation is continued and any changes to the price are made, future campaigns would aim to clearly communicate the purpose of the legislation and any updates. Feedback received from retailers as part of the consultation exercise for this report, and feedback from the evaluation studies, has also stressed the importance of communications, should the legislation continue and the price changes (see below).

- **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 group.**

Welsh Government response

We recognise the final report highlights that certain low income and heavy drinking populations can experience adverse effects because of the policy. In terms of those on low incomes, the evaluation acknowledged that while affordability of any product disproportionately affects those with the lowest incomes this should not be a reason to reject the contribution of minimum unit pricing of alcohol to overall alcohol policy interventions.

In terms of dependent drinkers, the Welsh Government continues its efforts to support dependent drinkers through the support we provide to Area Planning Boards which commission substance misuse services. We have maintained our investment at more than £67m a year in the substance misuse agenda to support people to reduce the harms associated with alcohol or drug use. This includes rehabilitation treatment centre support and alcohol use education.

Projects such as the Feeding Recovery Work developed by Alcohol Change have an important role to play. Alcohol Change published [The Feeding Recovery Handbook](#) in March 2025 to support local treatment services with delivering cooking and eating activities for people experiencing alcohol harm. This offers a model for services supporting people facing alcohol issues which helps tackle poor nutrition and social isolation that often go hand-in-hand with alcohol problems and about how connecting with others around food can promote wellbeing and reduce harm.

- **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.**

Welsh Government response

The Welsh Government has noted this recommendation and any work on fulfilling it will be considered if the legislation continues.

- **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.**

Welsh Government response

Minimum unit pricing is one policy designed and implemented by the Welsh Government to help tackle inequality and improve health outcomes. Efforts to support dependent drinkers through the support we provide to our Area Planning Boards, which commission substance misuse services will continue. The Welsh Government will also continue to work with partners to ensure the needs of the most vulnerable substance misuse population are met and the appropriate guidance and treatment is in place.

Section 5 - Consultation with Stakeholders

Under section 21(2) of the 2018 Act, Welsh Ministers are under a statutory duty to consult the Senedd and such other persons as they consider appropriate in the preparation of this report. The Minister for Mental Health and Wellbeing also agreed a 12-week consultation should be undertaken with relevant stakeholders to inform this report.

5.1 Consultation

A 12-week stakeholder consultation was undertaken between 30 January and 24 April 2025. In parallel, the Senedd's Health and Social Care Committee, at the request of the Minister for Mental Health and Wellbeing, issued a call for written evidence on minimum unit pricing, which closed on 30 April. The collected evidence was provided to the Welsh Government on 30 June. A summary of the findings from each element of the consultation is provided in section 5.2.

a. Email consultation with stakeholders

To support stakeholder engagement, a short set of questions (see annex A) was sent to stakeholders across various sectors. Some of these individuals had previously contributed when the legislation was first introduced. The questions focused on experiences with minimum unit pricing. Reminders were sent on 25 March, 7 April and 15 April. In total, 27 responses were received.

b. Meetings with key organisations

Officials also held meetings with key organisations from the health and retail sector, and with groups supporting people affected by alcohol misuse. While the discussion was guided by a set of questions (see annex B), participants also shared broader views on the impact of minimum unit pricing. A list of the organisations consulted, and the discussion questions is included in annex B. At several meetings, it was agreed these organisations would circulate the questions to their wider membership and encourage them to submit their views to the Welsh Government as part of the broader consultation response.

c. Public attitudes to minimum unit pricing

The Welsh Government also worked with Public Health Wales to include updated questions on public awareness and attitudes towards minimum unit pricing in the February 2025 wave of the [Time to Talk Public Health panel study](#). The data collection involved a nationally representative sample of 2,137 adults across Wales.

Participants were asked about their awareness of minimum unit pricing, whether they supported or opposed it, and the reasons behind their views. The questions were adapted from those [previously used by the Scottish Government](#).

d. Call for Evidence by the Health and Social Care Committee

As set out in the legislation, Welsh Ministers have a statutory duty to consult the Senedd and such other persons as they consider appropriate in the preparation of this report. To fulfil this requirement, the Minister for Mental Health and Wellbeing wrote to the chair of the Senedd's Health and Social Care Committee, inviting the committee to consider undertaking a short call for evidence on minimum unit pricing. The chair agreed, and the committee issued a written call for evidence. Full details, including the responses received can be found on the [Senedd Website](#).

5.2 Summary of Responses

a. Email consultation with stakeholders

The key issues emerging from the stakeholder responses submitted by email are summarised below. The Welsh Government received 27 written responses to the consultation and extends its thanks to all those who contributed.

Respondents to the email consultation represented a range of sectors, including the public and third sector bodies, health boards, and the retail sector. The breakdown of responses is as follows:

- Health board representatives: 10
- Trading Standards: 10
- Retail sector: 5
- Research organisations: 1
- Third sector: 1

The information below provides an overview of responses received and draws out the key issues raised. These are grouped into sub-headings for ease of reference. The findings largely echo those of the independent evaluation.

Impact of minimum unit pricing

The Covid-19 pandemic and the subsequent cost-of-living crisis may have influenced alcohol consumption across the population, making it challenging to isolate the specific impact of minimum unit pricing.

Compliance with minimum unit pricing has been largely high, with minimal disruption to alcohol retailers. Feedback from Trading Standards was that any non-compliant businesses were typically those with poor adherence to under-age selling regulations

and likely involved in illicit tobacco or vape sales. While no statistical data was provided, complaints to Trading Standards about under-age access to alcohol have reportedly decreased since minimum unit pricing was implemented.

Initially, an increase in lower-end vodka sales and a decrease in strong cider purchases were observed, suggesting that some problem drinkers shifted to spirits for perceived better value. However, this shift appeared to have minimal impact on convenience retailers, who typically priced alcohol above the MUP threshold, often aligning with recommended retail prices. Retailers did face some challenges in updating non-compliant marketing materials.

Service providers report observing little impact from minimum unit pricing on individuals with severe alcohol use disorders as yet – this reflects the views expressed that minimum unit pricing was either, in full or partly targeted, at dependent drinkers – as those already dependent continue drinking, often shifting from high-strength cider to other drinks. Some observed that dependent drinkers might resort to shoplifting alcohol if they cannot afford it, suggesting that pricing may have little effect on their behaviour.

Prior to its introduction, there were concerns that minimum unit pricing would increase the risk of people substituting alcohol for more dangerous (or illicit) substances. One service provider reported that, overall, this has not been the case, noting no significant rise in the consumption of home-brewed alcohol. However, others have observed such trends, including instances of alcohol being combined with substances like ketamine. Financial strain has become a more frequent reason for individuals seeking support, with some prioritising alcohol purchases over essential expenses.

One response referenced anecdotal reports suggesting that while minimum unit pricing has influenced drinking habits – prompting some dependent drinkers to switch to spirits – it has also complicated harm reduction efforts. Services have seen an increase in referrals for binge drinkers and alcohol-dependent individuals, placing additional pressure on staff, who are also supporting service users facing financial crises.

Some feel that minimum unit pricing has added to the financial pressures faced by high-risk drinkers, while others remain supportive of its long-term potential. As highlighted earlier, the Covid-19 pandemic and subsequent cost-of-living crisis made it difficult to isolate minimum unit pricing's direct effects. However, it was noted that alcohol-specific deaths continue to rise, particularly in socially deprived communities. While minimum unit pricing may help control excessive alcohol consumption and ease NHS workloads, some argue that pricing controls penalise low-income consumers, and does not effectively reduce harmful drinking, alongside an increased risk of unplanned withdrawal.

An industry response suggested minimum unit pricing penalises responsible consumers, those with lower incomes and discourages innovation within the sector, while failing to provide a comprehensive solution to alcohol misuse. They said that market conditions should determine how alcohol beverages are priced. Dependent drinkers reported prioritising alcohol over essential expenses, worsening financial hardship without sufficient support. Feedback from the retail sector suggested that moderate drinkers, who are more likely to reduce consumption, skew overall population-level responsiveness, masking a lack of effect among heavy drinkers, who may compensate by choosing lower-cost alternatives.

Additional policy changes in 2025, including a duty increase, payments under the Extended Producer Responsibility for Packaging scheme, and general business cost increases, will further impact alcohol pricing. One retail sector representative argued that targeted interventions are more effective at reducing alcohol harm than broad pricing policies like minimum unit pricing and oppose further policy changes beyond rate adjustments.

Continuation and price

Responses relating to the continuation and level of minimum unit pricing in Wales were mostly positive with many supporting its continuation and advocating for inflation-indexed adjustments to maintain its effectiveness. Others argue that rising alcohol prices due to inflation and duty increases have resulted in minimum unit pricing becoming almost irrelevant at its current level.

Concerns were raised that excessively high minimum prices could drive alcohol sales into illegal markets. Some considered minimum unit pricing beneficial for reducing youth alcohol consumption, as it would be less financially accessible. Some emphasised the need for a cautious, evidence-based approach to future increases, including sufficient adjustment periods for retailers.

Some industry representatives argued that sales should not be subject to any levy aimed at recouping revenue deemed excessive due to an increase in the MUP rate, as this would impose additional obligations on businesses. They also emphasised that if the Welsh Government decides to continue with minimum unit pricing and increases the rate, alignment with Scotland would help reduce complexity for retailers operating across both regions.

Future considerations

Stakeholders continued to see minimum unit pricing in Wales as one of the key public health measures to reduce alcohol-related harm, with many calling for it to be part of a national alcohol plan to improve accountability and resource allocation. It was strongly suggested the plan should focus on minimising the impact of any unintended health inequalities, in particular in terms of the suggested impact on lower income households and some socio-economic groups. The Welsh Government is encouraged to support local partnerships and remove barriers to effective implementation. Broader prevention strategies, including universal alcohol screening, brief intervention in primary care and inpatient settings, and stricter alcohol availability controls, are recommended.

Concerns remain among stakeholders that removing minimum unit pricing could lead to increased alcohol consumption and associated harms, particularly among lower-income groups, exacerbating health inequalities. Minimum unit pricing is seen as critical in reducing preventable cancers, with Wales recently experiencing higher alcohol-specific death rates than other UK nations.

Some suggest a more targeted approach, such as differentiated pricing based on alcohol strength to minimise unintended consequences. Specifically, a strength-based minimum unit pricing system was proposed in an industry response, where lower-strength products such as beer could remain at 50p per unit, potentially reducing harmful substitution effects, such as heavy drinkers switching to higher-strength alcohol. They recommended further evaluation, which assess the impact of minimum pricing for alcohol, specifically the impacts of switching between product categories among consumers.

Some industry representatives fed back on cross-border shopping as a potential unintended consequence.

Future communications

Stakeholders expressed a strong preference for a unified and consistent communication strategy across Wales, should minimum unit pricing continue. They recommend a government-funded campaign and sufficient lead-in time to support public understanding and promote access support services effectively.

Stakeholders recommended that, if policy changes are introduced, the Welsh Government should work collaboratively with retailers to manage price adjustments, lead public awareness campaigns, and provide updated guidance for businesses. They emphasised the importance of clear public messaging to distinguish between discretionary price increases and those mandated by law, particularly given the price sensitivity of alcohol consumers.

While those working in alcohol-related services generally found the initial implementation of minimum unit pricing to be clear; some stakeholders felt that broader public communication was lacking. They noted that messaging focused too heavily on price increases rather than the policy's aim of reducing alcohol-related harm. This confusion, they suggested, was compounded by counter messaging from the alcohol industry and the timing of the Covid-19 pandemic, which coincided with the introduction of the policy.

b. Meetings with key organisations

Twelve organisations from the health and retail sector, as well as those supporting people who misuse alcohol, were consulted through a series of meetings. A summary of the feedback gathered is presented below. These findings also largely align with those identified in the independent evaluations.

Impact of minimum unit pricing

Both health and retail sector stakeholders note that low-cost, high-strength alcohol products have been removed from the shelves, making them no longer available for purchase.

It was noted one impact of minimum unit pricing has been the discontinuation of own-brand alcohol by some retailers, as there is little difference between the price of own-branded products and the price of branded products.

In their response, the NHS Executive (now NHS Wales Performance and Improvement) argues minimum unit pricing has had a positive impact on liver disease admissions – an area where short to medium-term effects are more readily observable. Between 2014 and 2023, alcohol-related liver disease caused 3,460 deaths in Wales. During the same period, alcohol-related disorders were recorded in 114,252 hospital episodes, accounting for 974,546 bed days. In the three years following the introduction of minimum unit pricing, mortality associated with alcohol-related liver disease appears to have stabilised, while admissions and bed days linked to alcohol-related liver disease fell by 13.3% and 5.7% respectively. Similarly, admissions and bed days due to alcohol-related liver failure declined by 11.4% and 11.9%.

It also noted that while minimum unit pricing may contribute to improvements in areas such as maternal and child health, cardiovascular disease, and cancer risk, these benefits are likely to emerge over a longer timeframe – potentially 10 years or more – and incremental increases in the MUP are required to maintain the current gains in health benefits.

It was reported that minimum unit pricing has had no recognisable economic impacts on retailers in Wales, with their experiences largely mirroring those of counterparts in

Scotland. Retailers reportedly encountered no significant issues with enforcement. Contrary to concerns raised in public correspondence, stakeholders noted that the policy has not led to a direct increase in revenue for retailers, partly due to the costs associated with implementing the policy.

Stakeholders reported a shift in purchasing patterns following the introduction of minimum unit pricing, with smaller stores in Wales now having a greater market share of alcohol sales. This is due to the similarities in pricing between smaller and larger retailers, with the latter no longer able to sell at a cheaper wholesale price. As a result, some larger retailers experienced a slight decline in alcohol sales, with customers opting for more convenient local options.

It was noted that minimum unit pricing has had minimal impact on beer sales, largely due to higher production costs that already placed these products above the minimum price threshold. However, there was no evidence to suggest that minimum unit pricing has led to increased pub attendances. Some feedback also questioned the continued need for minimum unit pricing, in light of the new alcohol duty regime, suggesting that the revised tax structure may now serve a similar purpose.

Families and support for drinkers

Health sector stakeholders consistently acknowledged the impact of minimum unit pricing has been felt disproportionately by people on lower incomes. However, in line with the findings of the independent evaluations, this was not viewed as a reason to oppose the legislation.

Linked to this, stakeholders emphasised the importance of having adequate support services available for low-income, alcohol-dependent drinkers. While minimum unit pricing is not specifically designed to target dependent drinkers, it was recognised the type of products most affected, such as low-cost, high-strength ciders, are commonly consumed by this group, making some level of impact inevitable.

There was broad agreement that minimum unit pricing should be seen as one component within a wider strategy to address harmful and hazardous drinking. Stakeholders stressed the need for complementary measures, such as the provision of seven-day alcohol services, which were seen as both beneficial and cost-effective alongside minimum unit pricing.

Continuation and price

Although not prompted by a specific question, several organisations expressed support for the continuation of minimum unit pricing, with many recommending that the rate be increased to a minimum of 65p per unit. Stakeholders argued that the effectiveness of the current 50p per unit rate has been eroded over time by inflation,

and that maintaining its intended impact would require an uprating. Without such an adjustment, it was suggested that minimum unit pricing could gradually lose its effectiveness and become symbolic rather than functional.

Some retail sector organisations also indicated a preference for aligning the MUP rate in Wales with Scotland's 65p per unit, noting that consistency across nations would help reduce complexity for retailers operating in both markets. Concern was expressed about the challenges of managing and enforcing different minimum unit pricing levels across borders.

Future communications

Retailers emphasised the importance of clear and timely communication should minimum unit pricing continue, to ensure both staff and consumers are aware of any changes. This aligns with the approach taken prior to the original implementation of minimum unit pricing. A six-month lead in period, supported by adequate communications, was identified as the preferred timeframe.

Retail sector stakeholders also highlighted the need for continued clarification that minimum unit pricing does not inherently lead to increased turnover or profits for producers or retailers. They noted that while minimum unit pricing may influence purchasing behaviour, it cannot be assumed to result in higher profitability.

c. Public attitudes to minimum unit pricing

Findings from the [Time to Talk Public Health February 2025](#) panel survey found nearly six in 10 people (58%) reported knowing there was a minimum unit price for alcohol in Wales. There was twice the level of support for the legislation than opposition – 43% of people said they were in favour of an MUP for alcohol, while only 21% said they were against it. A further 28% were neutral, and 7% did not know whether they supported or were against.

Among those who supported the legislation, the most cited main reasons were to address alcohol-related problems more broadly (47%) and to help stop people drinking too much in general (18%). Among those opposed to the legislation, the most cited main reasons were that it unfairly punishes everyone for the actions of a few (24%) and that people will continue to drink regardless of the price (23%).

d. Call for Evidence by the Health and Social Care Committee

The Senedd's Health and Social Care Committee, at the request of the Minister for Mental Health and Wellbeing, issued a call for written evidence on minimum unit

pricing, which closed on 30 April. The Committee received 20 responses and published its report on Minimum Unit Pricing for Alcohol on 30 June.

The committee found there was strong support among respondents for the continuation of minimum unit pricing for alcohol in Wales. It views the policy as a valuable public health tool, particularly in reducing alcohol-related harm among those who drink at harmful levels. The committee also recognised its preventative potential in reducing the likelihood of future alcohol dependency. The report said the independent evaluation of minimum unit pricing provided reassurance, showing that many initial concerns about the legislation were unfounded. Implementation and enforcement appear to have been smooth, with no significant burden on retailers, and there is some early evidence suggesting a reduction in alcohol consumption without a shift toward more dangerous, illicit substances.

However, the committee acknowledged that focusing the full impact of minimum unit pricing on alcohol-related harm remains challenging due to the complex factors influencing alcohol use, especially as the policy's introduction coincided with the start of the Covid-19 pandemic. It also said the independent evaluation was limited in scope and scale, making it premature to consider ending the policy.

The committee believes minimum pricing for alcohol should continue, with a commitment from the Welsh Government to undertake more robust and comprehensive evaluation. Future assessments should include longitudinal quantitative analysis of key outcomes, such as hospital admissions and alcohol-related deaths, to better understand the policy's long-term effects.

The full report of the Health and Social Care Committee, including its nine recommendations is available at [Health and Social Care Committee Minimum Unit Pricing for Alcohol in Wales Report](#). The responses submitted to the call for written evidence are available at [Minimum unit pricing for alcohol in Wales](#). The Welsh Government will formally respond to committee's report and recommendations.

Section 6 – Conclusion and next steps

6.1 Conclusion

We have examined the evidence about the operation and effect of minimum unit pricing over the five-year period from its introduction in March 2020 to the end of February 2025. These findings are based on a range of sources, including the independent evaluations published on 15 January 2025, stakeholder consultation responses, the Public Health Wales Public Attitudes Survey, and the written evidence submitted to the Senedd's Health and Social Care Committee.

It is important to acknowledge several significant external factors during this five-year period have impacted the conclusions which can be drawn from the available evidence. The introduction of the legislation coincided with the start of the Covid-19 pandemic and was followed by the subsequent cost-of-living crisis, marked by a period of sustained high inflation. These have introduced significant complexity to the evaluation process and have likely influenced attitudes towards alcohol, its price, and patterns of purchasing and consumption.

Despite these challenges, the independent evaluations conclude the evidence suggests a generally positive trend in the implementation of minimum unit pricing, though some limitations and challenges remain. The evidence presents a broadly positive picture of minimum pricing for alcohol as a policy measure, particularly in terms of its implementation in Wales.

The independent evaluators concluded that minimum pricing for alcohol should be retained as an alcohol policy measure in Wales, rather than allowing it to lapse. They recommended consideration is given to reviewing the current 50p per unit rate. While the evaluators noted that an increase to at least 65p per unit would be necessary to maintain the current policy's value and preserve any positive impacts observed to date, they acknowledged that decisions regarding continuation of minimum unit pricing and any changes to the rate ultimately rest with the Welsh Government.

The independent evaluations also highlighted that compliance with the legislation was high, with only six fixed penalty notices issued during the review period. This suggests the sale of alcohol below the minimum price of 50p per unit has largely ceased since the Act came into force. The implementation of minimum unit pricing was described by the evaluators as "smooth and effective".

The independent evaluations identified several clear and observable impacts of minimum unit pricing, most notably the removal of certain low-cost, high-strength alcohol products from the market and adaptive changes by producers and retailers in the types of products and promotions available in Wales. Retailers reported the legislation was achieving its intended effect by making these products more expensive, leading to reduced customer demand and a decreased likelihood of such items being stocked.

The independent evaluations indicate minimum unit pricing has had a notable impact on people drinking at levels consistent with dependency or seeking treatment. Evidence suggests low-income drinkers, particularly those drinking at higher volumes, experienced increased financial strain, with some evidence of leading them to forgo essentials such as food. However, as noted, the fact that affordability measures disproportionately affect those on the lowest incomes should not undermine the value of minimum unit pricing legislation as part of broader alcohol policy interventions. The Welsh Government supports this view, while also acknowledging the importance of ensuring alcohol treatment services and related support are accessible and responsive to the needs of this group.

The consultation undertaken between 30 January and 24 April 2025 also gave the opportunity for relevant stakeholders from the health, retail and third sectors to consider their own experiences of minimum unit pricing. The consultation generated a range of feedback, much of which supported the findings of the independent evaluations but also generated additional commentary and divergence in views which is captured above.

One key area highlighted was the importance, from both the evaluation and the consultation, of clear communication if minimum unit pricing is continued and if the price is adjusted. The retail sector feedback strongly emphasised the need to ensure both staff and consumers are well-informed about any changes and these changes stem from Welsh Government legislation.

Welsh Ministers have reviewed all the evidence presented in this report. Based on this assessment, they consider there is evidence suggesting that minimum pricing for alcohol has contributed towards its intended objectives. Minimum unit pricing appears to have contributed towards its intended policy objectives, although the exact extent of its impact varies across different groups. Further evaluation will be needed to assess its long-term effectiveness.

6.2 Next steps

Alcohol-related harm is high in Wales; alcohol continues to be the most problematic substance for which people seek assistance. There were 562 alcohol-specific deaths in Wales in 2023, an increase of 76 since 2022 (15.6%) and 194 since 2019 (52.7%)¹.

Minimum pricing for alcohol is one of a multitude of health policies adopted by the Welsh Government to help tackle inequality and improve health outcomes. It was not designed to work in isolation and we will continue to support work in the substance misuse area, targeted towards prevention, support and recovery and tackling availability.

The findings of this report will be used to inform decisions about the future of the minimum pricing regime. We recognise that the effectiveness of minimum unit pricing as a policy may be influenced by the price per unit at which it is set, and this will be considered as part of the evidence base. As such, determining the future of MUP requires consideration of the appropriate minimum price level. To support this, we have commissioned the [Sheffield Addictions Research Group](#), University of Sheffield, to examine this relationship. Their analysis, alongside the evidence presented in this report, will inform a public consultation on whether to continue the minimum unit pricing provisions and, if so, at what level the minimum price per unit should be set.

¹ [Data mining Wales: The annual profile for substance misuse 2023/24 - Public Health Wales](#), p.62

Sunset Clause

The public consultation will also support the statutory decision-making process required under the sunset clause in the Public Health (Minimum Price for Alcohol) (Wales) Act 2018. A proposal to continue the minimum unit pricing provisions is, in effect, a proposal to extend the legislation beyond the six-year limit imposed by the sunset clause.

Section 22 of the 2018 Act sets out the duration of the minimum pricing provisions:

“(1) The minimum pricing provisions are repealed with effect from the expiry of the 6 year period, unless regulations providing otherwise are made under subsection (2).

(2) Regulations may, after the end of the 5 year period but before the end of the 6 year period, provide that the minimum pricing provisions are not repealed, despite subsection (1).

(3) Regulations may make such provision (including provision modifying any enactment) as may be necessary or expedient in consequence of the repeal, by virtue of subsection (1), of the minimum pricing provisions.

(4) In this section—

“minimum pricing provisions” (“darpariaethau'r isafbris”) means—

(a) this Act (other than subsection (3) and this subsection, and for the purposes of making regulations under subsection (3), sections 26(1), (2) and 27), and

(b) paragraph 2A of Schedule 4 to the 2003 Act²;

“modifying” (“addasu”), in relation to an enactment, includes amendment, repeal and revocation;

“the 5 year period” (“y cyfnod 5 mlynedd”) means the period of 5 years beginning with the day on which section 2 comes into force;

“the 6 year period” (“y cyfnod 6 mlynedd”) means the period of 6 years beginning with the day on which section 2 comes into force.”

Section 2 of the 2018 Act came into force on 2 March 2020 (by virtue of article 2(b) of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 (Commencement No. 2) Order 2020). This means that the minimum pricing provisions will automatically be repealed on 1 March 2026 (at the end of the six-year period) unless regulations are made to continue them during the period from after 1 March 2025 and before 1 March 2026.

² Paragraph 2A of Schedule 4 to the Licensing Act 2003 adds an offence under the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 to the list of relevant offences, as defined in section 113, for the purposes of Part 6 of that Act (personal licenses).

The outcome of the public consultation, together with the findings of this report and the modelling work, will form the evidence base for a decision about whether the minimum unit pricing provisions should be extended beyond the current legislative timeframe, and at what level the minimum price per unit should be set.

Annex Pages for information

Annex A – Questions distributed to stakeholders

Health, prevention of crime, education, social work

1. Please describe how minimum unit pricing has impacted your day-to-day work. Has this resulted in any changes?
2. Please describe if minimum unit pricing has impacted your overall workload?
3. Please describe what impact has minimum unit pricing had on the people you work with?
4. Please describe what impact do you think removing minimum unit pricing would have on your work?
5. Please explain if there is anything else about the current minimum unit pricing policy you would like to tell us to inform future policy decisions.

Holders of premises licences granted under the 2005 Act and producers of alcohol:

1. Please describe if minimum unit pricing has impacted your business?
2. Please describe if you think businesses have experienced any impact on their revenue from the introduction of minimum unit pricing? If so can you provide further details.
3. Please describe if the introduction of minimum unit pricing has affected your supply chain?
4. Please describe what impact do you think removing minimum unit pricing would have on your work?
5. Please explain if there is anything else about the current minimum unit pricing policy you would like to tell us to inform future policy decisions.

People with lived experience

1. Please describe how minimum unit pricing has impacted your/people you work with day-to-day life?
2. Please describe what the negative impacts of minimum unit pricing been for you, if any?

3. Please describe what the positive impacts of minimum unit pricing been for you, if any?
4. Please describe what impact do you think removing minimum unit pricing would have for you?
5. Please describe what impact do you think increasing the minimum unit price would have for you?
6. Please explain if there is anything else about the current minimum unit pricing policy you would like to tell us to inform future policy decisions.

Children and young people (those who are 25 and under)

1. Please describe what your understanding of minimum unit price is?
2. Please describe if minimum unit price has impacted you and your family?
3. Please describe if minimum unit price has impacted your friends?
4. Please describe how much price affects your alcohol choice?
5. Please describe what impact do you think removing minimum unit pricing would have for you?
6. Please describe what impact do you think increasing the minimum unit price for alcohol would have for you?
7. Please explain if there is anything else about the current minimum unit pricing policy you would like to tell us to inform future policy decisions.

Annex B – List of organisations we met (plus questions)

Area Planning Boards

The Wine and Spirit Trade Association

NHS Executive

Association of Convenience Stores

Alcohol Change

British Beer and Pub Association

Third Sector Substance Use Network Meeting

Trading Standards Wales

Public Health Wales

Welsh Retail Consortium

Directors of Public Protection

BMA Cymru Wales

The following questions were asked during discussions. Not all questions were relevant and the discussions did stray into other areas.

Health sector

1. How has minimum unit pricing impacted your day-to-day work?
2. Has minimum unit pricing changed how you do your work?
3. How has minimum unit pricing impacted your overall workload?
4. What impact has minimum unit pricing had on the people you work with?
5. What impact do you think removing minimum unit pricing would have on your work?
6. Is there anything else about minimum unit pricing you'd like to tell us?

Retail/industry sector

1. How has minimum unit pricing impacted your business?
2. Do you think businesses have seen increased revenue from the introduction of minimum unit pricing?
3. Do you have any evidence to support your view?
4. How has minimum unit pricing affected your supply chain?

5. What impact do you think removing minimum unit pricing would have on your work?
6. Is there anything else about minimum unit pricing you'd like to tell us?