Minimum unit pricing (MUP) evaluation summary

Why was MUP introduced?

On average, twenty-two people die every week in Scotland because of illnesses caused by alcohol. People who drink alcohol are also more likely to suffer from certain cancers, heart disease and strokes. Alcohol misuse places a heavy burden on individuals, families, communities, workplaces and public services such as health care and policing.

There is good evidence that the price of alcohol influences how much alcohol people drink. The more a person drinks, the more harm they, their family and their community is likely to experience. Increasing the price of alcohol can reduce how much people drink and the harm they experience. In 2012, the Scottish Parliament passed legislation to introduce a minimum price for a unit of alcohol, below which alcohol cannot be sold in licensed premises in Scotland. This is called minimum unit pricing (MUP) and is intended to benefit those at most risk of harm by targeting high-strength low-cost alcohol. The minimum legal price for a product is linked to how much alcohol is in it. MUP was introduced on 1 May 2018 at 50 pence per unit of alcohol.

No other country has tried MUP for all alcoholic drinks so we need to wait and see what all of the effects will be. The Scottish Government legislation states that the impact of MUP must be reviewed after five years and that there will be a vote in the Scottish Parliament to decide if it should continue beyond April 2024. People working in government, public health, alcohol services, the police, the alcohol industry and health advocacy groups have different views on what may happen.

How will we find out what effect MUP has?

NHS Health Scotland has been asked to lead an independent evaluation to get a complete picture of the impact of MUP. The evaluation will track how things change over time and compare what’s happening in Scotland to other places that don’t have MUP. This will help us to be more certain that the changes we see are due to MUP. For example, our confidence that MUP has had a positive impact on health will increase if there are bigger falls in Scotland than elsewhere in:

- the amount of alcohol consumed
- the number of people admitted to hospital due to alcohol
- the number of deaths reported to be caused by alcohol.
We are not just looking to see if the expected benefits of MUP happen. To get a complete picture of all the changes that happen after MUP is introduced we will use a wide range of evidence. This will include information that is regularly collected and some information that we are collecting specifically for the evaluation. Our evaluation will explore four themes:

- how MUP is implemented and complied with
- the impact MUP has on the alcohol market
- the impact MUP has on how much alcohol is consumed
- changes in alcohol health and social harms.

We know that factors, other than MUP, can affect the price of alcohol, how much alcohol people buy and how much harm is caused by alcohol. For example, changes in people’s income, in living costs and in funding to key public services. Where possible, we will explore these to help us understand whether changes are due to MUP or other factors.

We will use data from shops to explore the effects of MUP on the price of alcohol, the range of alcohol products available and the amount of alcohol sold. We will also use information from surveys asking people how much they drink to track changes in alcohol consumption. To understand the impact MUP has on the alcohol market we will be collecting information from a range of businesses, including small corner shops and larger businesses who produce or sell alcohol.

We will also explore how different groups respond to MUP. People who drink at harmful levels are more likely to have poor health and experience other harms from alcohol. We will gather information through surveys and interviews with people using and working in alcohol treatment services to explore the impact of MUP on these people and their families. Young people under the age of 18 will be asked about any changes they have made as a result of MUP. Government, police and health information will be used to track changes in the harms caused by alcohol over time. Where possible, we will look for any differences between age groups, men and women, and levels of income. Finally, we will involve the public and those from alcohol treatment services, the voluntary sector and the industry throughout the course of the evaluation.