

1. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

Yes

2. We invite comments on:

- the Scottish Ministers' proposal to continue MUP, and
- the proposed Minimum Unit Price of 65 pence.

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

We welcome the proposal to continue with a Minimum Unit Price (MUP) for alcohol in Scotland, as well as the proposed increase in price to 65 pence per unit.

GPs in Scotland are acutely aware of the profound effects that alcohol has on the health of our communities. In Scotland an average of 700 people are hospitalised and 24 people die each week from illnesses caused by drinking alcohol. For GPs, it is a daily occurrence that consultations involve people who are impacted by harmful alcohol use; some of our patients are unaware of the extent of the damage that alcohol can cause to their current and future health, and we also treat others who are all too aware and desperate to stop. Many of the deaths and much of the harm caused by alcohol dependence is preventable through a combination of appropriate public health measures, and RCGP views minimum unit pricing as part of this.

We are also aware of the disproportionate effect of alcohol dependence on the poor: Scots in the most deprived communities are over five times as likely to die and seven times as likely to be admitted to hospital because of alcohol than those in the wealthiestⁱⁱⁱ. The Health Foundation's report on health inequalities in Scotlandⁱⁱⁱ noted that "suicide, alcohol and drugs are leading causes of death for men aged 15–44 years old, accounting for two-thirds of absolute inequalities in total mortality at that age. Socioeconomic trends also point to younger men being at greater risk of poor future health through reduced earnings potential". The report also outlined that rates of alcohol-specific deaths remain higher in Scotland than the rest of the UK, with 27% of Scotland's deaths avoidable, and alcohol one of four leading contributors to these. We need effective interventions if we are going to tackle this.

It is our view that the response to public health issues such as alcohol misuse should be evidence based. The evidence is highly supportive of the position that the introduction of MUP has been impactful in reducing alcohol related harms in Scotland, as Scottish Health Action on Alcohol Problems (SHAAP) has outlined in their own response to this consultation:^{iv}

- **MUP reduces alcohol consumption:** MUP has delivered on its intended aim of reducing overall population consumption in Scotland, with a 3% decrease in alcohol sales within the first three years of implementation. MUP has successfully targeted a reduction in consumption of cheap, strong alcohol products, which are associated with the most harms.
- **MUP reduces deaths:** Within 32 months of implementation, MUP contributed towards reduced deaths wholly caused by alcohol by 13.4%² - equating to 156 fewer deaths every year purely because of the policy. MUP may have mitigated some of the pandemic's negative effects, as the rise in deaths since the pandemic in Scotland has not been as sharp as in England (22% rise in Scotland from 2019 to 2021, compared to 30% in England).

RCGP Scotland

Response to Alcohol: Minimum Unit Pricing (MUP): Continuation and Future Pricing

• **MUP reduces hospitalisations:** Within 32 months of implementation, MUP contributed towards reduced hospital admissions wholly caused by alcohol by an estimated 4.1%² - equivalent to 411 fewer hospital admissions per year. This relieves pressure on our overstretched health services.

It was because of the strong supporting evidence that earlier this year RCGP Scotland supported proposals for restrictions on alcohol advertising, one of the World Health Organisations 'best buys' for reducing the harmful use of alcohol.^v They also recommend, based on evidence of effectiveness:

- "Carry out regular reviews of prices in relation to level of inflation and income
- Establish minimum prices for alcohol where applicable"

We note the University of Sheffield's [modelling report](#) on the impact of alcohol pricing policies, alcohol consumption and harm in Scotland was published in September 2023. That report shows that high inflation and the pandemic have eroded the effectiveness of MUP in Scotland and concludes that increasing the MUP level would lead to greater health benefits. That group's analysis was that heavier drinkers increased their drinking during the pandemic, which they estimate will lead to a marked increase in alcohol harms. For example, even if alcohol consumption returned to pre-pandemic levels in 2022, an estimated 663 more people will die and there will be 8,653 additional hospital admissions linked to alcohol, costing the NHS £10.9 million, by 2040. They also estimate the reduction in the real-terms value of the MUP level since 2018 means alcohol consumption in Scotland was 2.2% higher in 2023 than it would have been if the MUP level had risen with inflation. This confirms the need to keep pace if the MUP is to be effective and RCGP Scotland strongly supports both the maintaining of the MUP policy, and the increase to at least 65 pence per unit.

MUP is by no means a silver bullet, but it is an important tool which can be used alongside a variety of other measures to address the widespread harms of alcohol dependence and misuse in Scotland.

i National Records of Scotland (2022). [Alcohol specific deaths 2021](#).

ii Public Health Scotland (2022). [Alcohol-Related Hospital Statistics Scotland 2020/21](#)

iii 'Leave no one behind'. The state of health and health inequalities in Scotland. Health Foundation. January 2023.

iv Alcohol: Minimum Unit Pricing (MUP): Continuation and Future Pricing: SHAAP consultation response <https://shaap.org.uk/downloads/543-shaap-response-mup-october-2023/viewdocument/543.html>

v 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Tackling NCDs. World Health Organisation. 2017.