

## Welsh consultation on Minimum Unit Pricing 2025 – WCRF response

World Cancer Research Fund examines how diet, weight and physical activity impact the risk of developing and surviving cancer. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982. While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives - free from the devastating effects of cancer.

Our response will focus on our expertise in cancer prevention as it relates to alcohol. As members of the Alcohol Health Alliance, we also endorse their response.

### Question 1: Do you think minimum unit pricing should continue in Wales

- Yes
- No

### Alcohol and cancer risk

Alcohol is a well-established risk factor for seven cancers, including breast and bowel - two of the most common in the UK - and oesophageal, one of the hardest to treat<sup>1</sup>. Crucially, risks are present even at low levels of consumption<sup>2</sup>. Across the UK, alcohol is responsible for about 4% of all cancer cases, making it the sixth leading cause of cancer<sup>3</sup>. In Wales alone, around 621 alcohol-attributable cancer cases were diagnosed in 2015, equivalent to almost two people every single day being diagnosed<sup>4</sup>.

Since 2015, drinking behaviours have shifted significantly. Notably, the COVID-19 pandemic drove an increase in high-risk drinking which has not yet returned to pre-pandemic levels<sup>5</sup>. Modelling by the Institute of Alcohol Studies and Health Lumen projects that, if this trend persists, England could see an additional 18,785 cancer cases by 2035<sup>6</sup>. While Wales-specific modelling is not available, the parallel rise in high-risk drinking indicates that a comparable increase in alcohol-related cancers is likely. Concerningly, in Wales those aged 55-74 most frequently exceed the weekly drinking guideline of 14 units and overall face a higher cumulative cancer risk<sup>7</sup>.

<sup>1</sup> World Cancer Research Fund. Alcoholic Drinks. Available at: <https://www.wcrf.org/wp-content/uploads/2024/10/Alcoholic-Drinks.pdf>

<sup>2</sup> Alcohol Change UK. Alcohol Harm Across the Drinking Spectrum. 2025. Available online: <https://s3.eu-west-2.amazonaws.com/sr-acuk-craft/documents/Alcohol-harm-across-the-drinking-spectrum-2.pdf>

<sup>3</sup> Rungay, H., Shield, K., Charvat, H., Ferrari, P., Sornpaisarn, B., Obot, I., Islami, F., Lemmens, V. E., Rehm, J., & Soerjomataram, I. (2021). Global burden of cancer in 2020 attributable to alcohol consumption: A population-based study. *The Lancet Oncology*, 22(8), 1071–1080. [https://doi.org/10.1016/s1470-2045\(21\)00279-5](https://doi.org/10.1016/s1470-2045(21)00279-5)

<sup>4</sup> Rungay, H., Shield, K., Charvat, H., Ferrari, P., Sornpaisarn, B., Obot, I., Islami, F., Lemmens, V. E., Rehm, J., & Soerjomataram, I. (2021). Global burden of cancer in 2020 attributable to alcohol consumption: A population-based study. *The Lancet Oncology*, 22(8), 1071–1080. [https://doi.org/10.1016/s1470-2045\(21\)00279-5](https://doi.org/10.1016/s1470-2045(21)00279-5)

<sup>5</sup> Welsh Government (2022). *Assessing impact of COVID-19 and the Early Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers*.

<sup>6</sup> Sadie Boniface, Joshua Card-Gowers, Alex Martin, Lisa Retat and Laura Webber (2022). The COVID hangover: Addressing long-term impacts of changes in alcohol consumption during the pandemic. Institute of Alcohol Studies and Health Lumen. Available [online](#).

<sup>7</sup> Institute of Alcohol Studies (2020). [Alcohol through the life course: older drinkers](#)

## Burden alcohol places on society and the economy

Beyond its link to cancer, alcohol causes substantial and growing harm in Wales. Alcohol-specific deaths reached a record high of 562 in 2023, a 15.6% increase from 2022 when 486 deaths were recorded, and a steep rise from the 351 recorded deaths in 2014<sup>8</sup>. Adding to this immeasurable human cost, is the economic burden placed on the NHS and society.

Overall, alcohol-related harms are estimated to cost Wales around £800 million every year<sup>9</sup>. Looking at the impact on health specifically, alcohol costs NHS Wales an estimated £159 million annually and leads to nearly 60,000 hospital admissions<sup>10</sup>. People in the most deprived areas are disproportionately affected. In Wales, rates of alcohol-attributable mortality are almost double for both men and women in the most deprived 20% of areas compared to the least deprived 20%<sup>11</sup>. Similarly, alcohol-related admissions are around double in the most deprived 20% of areas in Wales compared to the least<sup>12</sup>.

## Minimum unit pricing as an evidenced-based measure to reduce alcohol harm

Alcohol harm is closely linked to price. The cheaper alcohol is, the more is consumed, and the greater the associated harm. Minimum unit pricing (MUP) directly addresses this by raising the price of the cheapest, highest-strength alcohol available, which is most often consumed by vulnerable groups, including those living with alcohol dependency and young people<sup>13</sup>. The World Health Organisation categorises MUP as a ‘Best Buy’, meaning it is one of the most evidence-based and cost-effective policies to reduce alcohol consumption and its harms<sup>14</sup>.

As set out by Alcohol Change UK, after the implementation of MUP in Wales in 2020 the price of a 3-litre bottle of 7.5% ABV cider rose from £3.99 to £11.25<sup>15</sup>. As a result, demand for such products has fallen, leading many 3-litre and 2-litre bottles of strong cider to be replaced by 500ml cans<sup>16</sup>. This shift is an important harm-reduction measure as it slows consumption among vulnerable drinkers by increasing the number of “drinking increments”. MUP has also made it more difficult for supermarkets to offer multi-buy discounts, eg “three for two” offers on wine<sup>17</sup>, as products can’t be priced below the MUP threshold. This is another positive change as such discounts typically encourage consumers to purchase, and therefore consume, more alcohol than they would otherwise have intended to.

## Welsh and Scottish evaluations

Evaluations of MUP in both Wales and Scotland further strengthen the case for its effectiveness. The Welsh Government’s own evaluation, published in January 2025,

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<sup>8</sup> Public Health Wales (2025) [Record high alcohol related deaths in Wales highlight urgent public health concerns](#)

<sup>9</sup> Institute of Alcohol Studies (2024) [The costs of alcohol to society](#)

<sup>10</sup> Welsh Government (2020) [Press Release: Wales calls time on low cost, high strength alcohol](#)

<sup>11</sup> Public Health Wales Observatory (accessed October 2019). [Alcohol in Wales](#).

<sup>12</sup> Public Health Wales Observatory (accessed October 2019). [Alcohol in Wales](#).

<sup>13</sup> Alcohol Health Alliance (2025). [Minimum Unit Pricing](#)

<sup>14</sup> World Health Organization (2024). [Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed](#)

<sup>15</sup> Alcohol Change UK (2025). [Latest Welsh research shows minimum pricing remains a cornerstone of alcohol harm reduction](#). Blog published on ACUK website

<sup>16</sup> Alcohol Change UK (2025). [Latest Welsh research shows minimum pricing remains a cornerstone of alcohol harm reduction](#). Blog published on ACUK website

<sup>17</sup> Alcohol Change UK (2025). [Latest Welsh research shows minimum pricing remains a cornerstone of alcohol harm reduction](#). Blog published on ACUK website

concluded that MUP had achieved its desired effect of decreasing the number of alcohol units purchased by households<sup>18</sup>. It recommended renewing the policy and raising the minimum price to 65p, in line with Scotland.

Whilst the Welsh evaluation did not examine key health outcomes such as hospital admissions and alcohol-specific deaths, the Scottish evaluation did. Public Health Scotland found significant benefits following the introduction of MUP, including a 13% reduction in alcohol-specific deaths and a 4% reduction in hospital admissions – even after accounting for the impact of the COVID-10 pandemic<sup>19</sup>. The estimated 899 hospital admissions prevented each year saved the NHS around £890,000. Importantly, the greatest benefits were observed among those living in the 40% most deprived areas of Scotland, helping to reduce health inequalities.

Furthermore, Public Health Scotland has asserted that MUP slowed the increase in alcohol-specific deaths seen across the UK since the pandemic<sup>20</sup>. Between 2019 and 2022, Scotland recorded a 25% increase in alcohol-specific deaths, compared with a 42% increase in England<sup>21</sup>.

Whilst Wales also experienced record high alcohol-specific deaths, it is important to note that there are several factors that may have complicated the initial impact of MUP in Wales. Primarily, the policy was introduced in March 2020, coinciding with the onset of the COVID-19 pandemic and subsequent lockdowns, which we know affected both drinking patterns and hospital presentations.

Additionally, there are other factors that need to be considered in rising alcohol harm rates in Wales that MUP alone is unable to tackle. For example, ONS figures in Wales show that men consistently account for more than 60% of alcohol-specific deaths<sup>22</sup> and that rates are also far higher in former industrial areas than in rural and urban regions<sup>23</sup>, indicating the influence of poverty and other regional inequalities. Moreover, post-Covid inflationary rises potentially undermined the effectiveness of a 50p MUP early-on.

## Unfounded concerns around MUP

Concerns raised prior to the implementation of MUP in Wales failed to materialise. For example, Welsh residents did not travel across the border to buy their alcohol in England, and like Scotland, Wales didn't observe other unintended consequences such as an increase in theft<sup>24</sup>.

Industry opposition to MUP on the basis that it would damage sales in pubs and restaurants also proved to be unfounded as alcohol sold in these settings is already priced well above the minimum threshold.

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<sup>18</sup> Welsh Government (2025) [Final report – Review of the introduction of Minimum Pricing for Alcohol in Wales](#)

<sup>19</sup> Public Health Scotland. (2023) [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence 2023.](#)

<sup>20</sup> Public Health Scotland (2024) [PHS Welcomes Plans to Continue Minimum Unit Pricing for Alcohol - News - Public Health](#)

<sup>21</sup> Bokhari FAS, Chakraborty R, Dobson PW, Morciano M. (2024) [Lockdown drinking: the sobering effect of price controls in a pandemic.](#) Economic Inquiry.

<sup>22</sup> ONS (2025) [Dataset: Alcohol-specific deaths in the UK](#)

<sup>23</sup> ONS (2025) [Dataset: Alcohol-specific deaths in England and Wales by local authority](#)

<sup>24</sup> Andrew Misell, Alcohol Change UK (2025). "Minimum Unit Pricing: Lessons for England – IAS webinar" YouTube, uploaded by the Institute of Alcohol Studies. Available [online](#): 44:55.

## Wales must maintain its leading role on MUP

The Welsh Government introduced a 50p MUP for alcohol, two years after Scotland introduced their 50p MUP in 2018. Since then, momentum has grown. In 2024, Scotland uprated their MUP to 65p and Northern Ireland signalled their intention to set a MUP<sup>25</sup>, which would align them with the Republic of Ireland who also introduced the measure in 2022. England is now the only UK nation not to have a MUP in place or planned. Scotland and Wales can rightly be commended for their leadership in piloting MUP, particularly in lieu of robust UK government action to tackle the alcohol harm crisis.

However, under current legislation, MUP in Wales will expire if it is not renewed by March 2026<sup>26</sup>. Crucially, the Wales Act 2017 designates the sale and supply of alcohol as a reserved matter for Westminster. Thus, if MUP were to lapse, the Senedd may not be able to reinstate it without UK government approval<sup>27</sup>. This would restrict the Welsh Government's ability to respond independently to rising alcohol harm and could hinder progress in protecting public health.

To avoid this risk, it is essential that the Welsh Government renews and uprates MUP, upholding their status as a leading nation in alcohol harm reduction and safeguarding its capacity to act in future.

### **Question 2: If minimum unit price continues, do you agree with a new level being set at 65p per unit?**

- Yes
- No

The current 50p threshold has been substantially eroded by inflation, meaning that it will be worth the equivalent of just 39p in real terms by 2026<sup>28</sup>. To maintain the policy's effectiveness, Wales must uprate their threshold to 65p from 50p, as Scotland did in 2024. Failing to do so would diminish the positive impact of MUP and fail to continue deterring high risk drinking, which is vital given the increase in such behaviours brought on by the COVID-19 pandemic. Aligning with Scotland at 65p will also ensure policy consistency across Great Britain and provide a clear benchmark should England or Northern Ireland implement MUP. Looking ahead, the MUP threshold should be uprated in line with inflation each year.

### **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?**

Alcohol harm is an equalities issue. Whilst people in deprived areas drink at similar levels to those in wealthier areas, they experience disproportionate harms, including higher rates

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<sup>25</sup> BBC News (17 October 2024) [Minimum unit pricing looks set to be introduced in NI](#)

<sup>26</sup> Legislation.gov.uk (2018) [Public Health \(Minimum Price for Alcohol\) \(Wales\) Act 2018: Report and sunset provision: Section 22](#)

<sup>27</sup> Legislation.gov.uk (2017) [Wales Act 2017: Schedule 1](#)

<sup>28</sup> Welsh Government (2025). [New modelling of alcohol pricing policies, alcohol consumption and harm in Wales: An adaptation of the Sheffield Tobacco and Alcohol Policy Model v2.6.0](#)

of alcohol-related hospital admissions and deaths<sup>29</sup>. By targeting the cheapest, strongest alcohol, MUP is most effective at reducing harm in these communities, thereby helping to narrow health inequalities.

However, MUP alone is not sufficient and must be combined with other evidenced-based policy measures to reduce alcohol consumption such as mandatory labelling and marketing restrictions. We also support calls from the Alcohol Health Alliance and Institute of Alcohol Studies to increase investment in alcohol treatment, mental health services and community support, ensuring people have pathways out of risky drinking and associated financial pressures.

Arguments used against MUP citing the economic pressures on individuals fail to recognise that it is effective precisely because it limits access to ultra-cheap alcohol. Some people in low-income groups who drink heavily report greater financial strain, including sacrificing food or bills to fund alcohol, however it is important to highlight that this issue predates the introduction of MUP in Wales. We also maintain that allowing cheap, high-strength alcohol to remain readily available is not a positive measure to support low-income individuals or families. Moreover, arguments based on the cost of living overlook the substantial economic burden alcohol dependency can place on individuals as well as broader society by way of ill-health related economic inactivity and increased NHS costs.

Finally, it must be recognised that there is an opportunity to reinvest the additional revenues generated through MUP. For example, a windfall tax on alcohol manufacturers could channel income generated directly into treatment, recovery, and wider support services - providing wrap-around support for the most vulnerable and maximising the policy's public health impact.

**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.**

N/A

**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?

N/A

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<sup>29</sup> "Alcohol and Inequalities." Alcohol Change UK. Available at: <https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities>