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Scottish Parliament  
Edinburgh  
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**Our ref: PHS MUP session**

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Dear Convener,

**Health, Social Care and Sport Committee: Public Health Scotland Evidence  
Session on Minimum Unit Pricing**

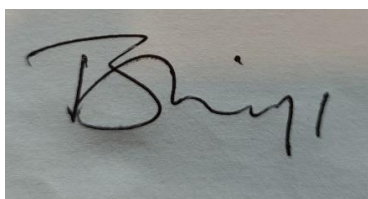
I am getting in touch following our attendance at the PHS MUP evidence session at the Health, Social Care and Sport Committee on 7 November 2023. I and my colleagues thought it would be timely to send further information on some of the points discussed, which have subsequently been debated in public.

Ahead of the Scottish Parliament vote on the continuation and amendment to MUP, we trust this information will help to add greater context to any future discussions.

Please feel free to share this document widely with committee members and MSPs.

We thank you for the opportunity to meet with the committee.

Yours sincerely



Dr Tara Shivaji, and on behalf of Clare Beeston, Lucie Giles and George Dodds

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## **What do the estimates of the reduction in deaths and alcohol related hospital admissions mean?**

**Public Health Scotland is confident that the evaluation provides robust and credible evidence that, overall, MUP has had a positive impact on population-level health outcomes and reduced alcohol-related health inequalities.**

The main policy intention of MUP was to reduce alcohol-attributable deaths and hospital admissions by reducing the consumption of those drinking at hazardous and harmful levels. One high quality study in the evaluation synthesis looked at the impact of MUP on alcohol-attributable deaths and hospital admissions. From that study we have strong quantitative evidence that the implementation of MUP was associated with an estimated 13.4% reduction in alcohol deaths in Scotland between 2018 and 2020 had MUP not been in place.

We were asked about the statistical significance of the finding on the estimated reduction in alcohol related hospital admissions. The estimate we provided was a 4.1% reduction (95% Confidence Interval: 8.3% reduction to +0.3% increase, p value=0.06) compared to what we would expect if MUP had not been implemented. The P value is a test of statistical significance and indicates how likely it is that the observed effect is due to the intervention being studied rather than chance. Values close to zero indicate that it is unlikely that the effect is due to chance while values close to 1 indicate that it is highly likely. When the p-value is 0.05 or less we can say the result is statistically significant and can have 95% confidence that the result is due to the intervention in question. This estimate does not reach the usually accepted cut off set at 0.05 but, with a p-value of 0.06, it is very close to zero indicating that the finding is more likely to be due to MUP.

It is important not to confuse statistical significance with clinical or public health importance. The picture is nuanced. A finding that is not statistically significant may still be of importance to improving health. To understand importance, the context is important. In this case we can look at the number of admissions which the estimate refers to. A 4.1% reduction is equivalent to a reduction of 411 hospital admissions, but as with any statistical estimation, we can't be certain in a single figure, and we provide a range to give decision makers context. The range is from an increase of 86 admissions to a reduction of 908 admissions. The emotional and practical impacts on individuals and their families of being admitted to hospital as a result of alcohol cannot be quantified. The Public Health Scotland report quantifies the financial impact of the estimated reduction in alcohol related hospital admissions between 2018 and 2020 if MUP had not been in place, as a saving of over £400,000 pounds, ranging from an increase in expenditure of £85,000 to a saving of £890,000. Further to this a reduction in hospital admissions due to chronic

conditions, such as alcoholic liver disease, was found to be statistically significant and we would identify this finding as being of public health importance.

Public Health Scotland estimated that the reductions in deaths and admissions compared to what would have been expected if MUP were not implemented were largest among men and those living in the 40% most deprived areas in Scotland. These findings are both statistically significant and of public health importance in efforts to reduce alcohol harms and inequalities in alcohol harms.

## **How can MUP have reduced deaths if the actual number of deaths are rising?**

**The evidence suggests that MUP has played an important role in minimising the increase in alcohol specific deaths. However, it also requires action across social and economic factors, improvements in the quality of health and care services, support for communities, including recovery communities and action to improve the physical environment.**

The latest figures from the Office for National Statistics (ONS) show that the rate of alcohol specific deaths across the UK was 25% higher in 2021 compared to 2019. This increase was seen in all of the constituent home nations including Scotland, but importantly the rate of rise has been slower in Scotland than in England. The definition used by the ONS describes people who died as a direct result of alcohol harm. The statistics tell us that around three quarters of people died of alcohol-related liver disease. The statistics do not tell us why there has been such a spike in deaths as a result of alcohol. They also underestimate the number of people who have died where alcohol has contributed indirectly to their death.

Reasons behind the rise in alcohol specific deaths across the UK include changes in patterns of alcohol consumption during the COVID 19 pandemic and higher risk drinking habits. People across the UK reported increasing the amount of alcohol they consumed. A step change was seen during the first lockdown. People who were already drinking at harmful and hazardous levels were most likely to report increasing their alcohol consumption. Alcohol related liver disease can take many years to develop, and there are stages of severity. Drinking a large amount of alcohol even just for a few days can affect the liver. Short term increased consumption can rapidly increase the risk of death. There is emerging evidence that patterns of increased consumption were sustained long after the first lock down. This is likely to have serious ramifications for levels of alcohol related harms and deaths in the coming years.

The COVID pandemic indirectly reduced access to specialist alcohol treatment, specialist hospital care, primary care and recovery support organisations.

There were signs of concern prior to the COVID 19 pandemic, the rate of alcohol specific deaths in Scotland generally rose year on year since 2012. Higher rates of alcohol specific deaths are seen in communities of socioeconomic deprivation in men, although rates in women have been steadily increasing. During the same period, life expectancy has fallen, and inequalities have widened in Scotland. The fall in life expectancy has been extensively studied and tell us that individual choices alone do not explain the differences, other contributory factors include the environments people live in, the availability accessibility and quality of treatment services, the availability and adequacy of wider public services and social security in creating the conditions needed to promote good health.

### **What are the implications of Minimum Unit Pricing in the context of rising rates of alcohol specific deaths?**

The evidence that Public Health Scotland have published suggests that alcohol-specific deaths would have been even higher in the absence of Minimum Unit Pricing. Although Scotland had the highest alcohol specific death rate in 2021, the largest increase in alcohol specific death rates since 2019 was seen in England (27.5%).

Public Health Scotland looked at alcohol deaths data up until the end of 2020, using England as a comparison (where there was no MUP). This study estimated that the alcohol-specific death rate in Scotland since implementation was 13.4% lower compared to what would have happened without MUP.

### **What impact has MUP had on families and household budgets?**

**Public Health Scotland estimated that MUP had a negligible impact on the household budgets of the majority of Scottish households. Among a small number of families where a loved one had alcohol dependence, MUP was associated with financial hardship.**

Public Health Scotland's evaluation has demonstrated that some people with alcohol dependence who have limited financial support may experience increased financial pressure as a result of MUP. Interviewees with probable alcohol dependence describe MUP as creating increased financial strain, leading them to employ a number of existing strategies such as reducing spending on non-alcohol essentials including food and paying bills, seeking help from charities or borrowing money.

Public Health Scotland [advocates for a multi-component approach to reducing alcohol harms](#). In addition to MUP, there is a need to improve the quality of early intervention, treatment and

recovery supports and work within the principles of Getting it Right for Everyone and Getting it Right for Every Child to reduce the wider negative consequences of alcohol dependence.

## **What impact has MUP had on different types of drinkers?**

**Public Health Scotland estimated that MUP reduced alcohol consumption amongst people who were at increased risk of experiencing alcohol harms with negligible impacts on consumption amongst people who drank moderately.**

Public Health Scotland described patterns of drinking in terms of the risk. This was to reflect the fact that there is a spectrum of risks, and these risks increase with consumption. Those who regularly consume the most alcohol are at the highest risk of experiencing harms. Public Health Scotland places greater weight on information about consumption that comes from alcohol sales data compared to surveys or interviews where amounts of alcohol may be incorrectly recalled or under reported.

Public Health Scotland has strong evidence from alcohol sales data that after three years of implementation MUP was associated with an overall 3% reduction in population-level alcohol consumption as measured by alcohol retail sales. This reflected a 1.1% fall in Scotland compared to a 2.4% increase in England and Wales. The overall reduction was entirely as a result of reduced sales through the off-trade with no impact on sales through the on-trade.

### **Impacts on low risk drinkers**

Around 78% of the adult population of Scotland have a low risk relationship with alcohol. This means that they regularly consume less than 14 units of alcohol a week. Households with low risk drinkers saw very little change in their purchasing behaviours or consumption.

### **Impacts on hazardous drinkers**

The proportion of drinkers reporting hazardous levels of consumption in Scotland (they regularly consume more than 14 units of alcohol a week) decreased by 3.5% following the introduction of MUP. This finding was both of statistical significance and of public health importance given the fact that over one in five adults in Scotland consume alcohol in this way. Reducing regular consumption to 14 units or less a week would reduce the short-, medium- and longer-term health risks. By 2043, the burden of disease in Scotland is forecast to increase 21%. Two thirds of this increase will be due to increases in cancers, cardiovascular disease, and neurological conditions.

Reducing the numbers of people who are drinking in a hazardous way can contribute to mitigating this projected increase.

### **Impacts on people drinking at the highest risk levels and those with alcohol dependence.**

The greatest reductions were observed in the households that purchased the most alcohol. Amongst the top 5% highest purchasing households, alcohol consumption, measured by data on purchases brought back into the home, reduced by almost 15%.

There were anecdotal reports of people with alcohol dependence responding to MUP by switching from purchasing high-strength ciders or beers to purchasing either lower strength products or spirits. However, this finding was not confirmed on a wider scale.

There was no evidence that MUP reduced the severity of alcohol dependence among people entering treatment.

There was no evidence that MUP led to an increase in drug consumption or drug harms amongst people who had never used drugs before. Among people with both drug and alcohol dependence, there was no evidence to attribute MUP to increased drug harms.

### **Impacts on young people under the age of 18**

The legal age for purchasing alcohol is 18. Common sources of alcohol for the under 18s include family and friends; purchasing directly from outlets is less common due to strict enforcement of age verification policies. Young people under 18 who consumed alcohol reported that MUP had not changed the amount, pattern, or type of alcohol that they drank. Price was not an important factor in purchasing decisions.

The nuanced impacts of the MUP policy on different population groups lead Public Health Scotland to conclude that a range of interventions, including MUP are required to reduce the high rates of alcohol harm in Scotland. These include addressing other underlying drivers of consumption such as advertising and physical measures to restrict the placement of alcohol. There is a need to improve the quality of brief interventions, treatment, and recovery services to meet the specific needs of different population groups. All of these measures should work together to actively challenge the stigma of alcohol dependence which remains a substantial barrier to accessing support.

## **Public Health Scotland's continuing support for MUP**

**Public Health Scotland found that MUP was an effective measure of reducing alcohol harms and inequalities in alcohol harms. It recommends the continuation of pricing policies as part of a multicomponent approach to reduce alcohol harms.**

The findings of the Public Health Scotland evaluation on Minimum Unit Pricing should be interpreted in the context of a flat rate of 50 pence per unit of alcohol during 2018,2019 and 2020. It is likely that any beneficial impacts of MUP realised to date will only continue if the value of MUP compared to other prices and incomes is maintained. Public Health Scotland is supportive of the continuation of MUP and setting it at a level which maintains its value relative to 2018 prices.

## Further information

### Alcohol specific deaths data:

- Office for National Statistics (UK), [Alcohol-specific deaths in the UK: 2021](#)
- National Records of Scotland, [Alcohol-specific deaths in Scotland: 2022](#)

### Patterns of alcohol consumption during the COVID pandemic:

- Public Health Scotland, [Alcohol sales and harm in Scotland during the COVID-19 pandemic](#)
- Public Health England, [Alcohol consumption and harm during the COVID-19 pandemic](#)

### Impacts of MUP on people with hazardous, harmful and dependent patterns of drinking:

- [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels](#)

### Scottish Self report alcohol consumption:

- [Alcohol - The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](#)

### Reducing life expectancy in Scotland:

- [A deeper look at stalling life expectancy - News - Public Health Scotland](#)

### Public Health Scotland Policy briefings:

- [Public health approach to prevention and the role of NHS Scotland](#)
- [Putting prevention at the heart of public health - Blog](#)
- [Minimum unit pricing \(MUP\) for alcohol: Evaluation findings at a glance](#)
- [MUP Evaluation: Briefing Paper](#)
- [Policy briefing: alcohol](#)