

# Minimum Unit Pricing in the UK:

Who's backing it and who's  
blocking it?

December 2025



# Executive Summary

## Context

Alcohol harm in England is at record levels, and rising. The costs to society are estimated to be a staggering £27bn per year.<sup>1</sup> It costs NHS England at least £4.9bn per year<sup>2</sup>, and if consumption does not return to pre-pandemic levels, it could cost an additional £1.2 billion by 2035.<sup>3</sup> The negative impacts of alcohol are felt by families, communities, public services and workplaces. The need for bold, effective and evidence-based policies to reverse this worrying trend and save lives is now critical.

## Policy solutions and obstacles

The World Health Organization (WHO) recommends policies that tackle the price, availability and marketing of alcohol to reduce its harms.<sup>4</sup> Minimum unit pricing (MUP) is a policy that tackles harmful alcohol by setting a floor price under which a unit of alcohol cannot be sold. Within the UK, MUP has been implemented in Scotland and Wales, with evaluations demonstrating significant positive impacts. These include reducing alcohol-specific deaths, hospitalisations, and health inequalities.

## The aim of this report

Divided stakeholder opinions, opposition from key alcohol industry voices, cost implications for consumers, and wider public unpopularity are arguments often cited when UK governments have decided against MUP in England. This contrasts with growing evidence of MUP's efficacy in addressing harms (particularly alcohol-specific deaths which reduced 13.4% in Scotland<sup>5</sup>), alongside public support for policies that improve health and reduce public spending. This report collated publicly available stakeholder positions on MUP in the UK to build a clearer picture of support and opposition, major reasons why, and whether MUP is as polarising as portrayed.

## Key findings

325 UK and international organisational positions on introducing MUP within the UK spanning 2010 to August 2025 were analysed. Across all 325:

- 89% (n=288) expressed support for MUP
- 8% (n=27) opposed the policy
- 3% (n=10) were neutral or undecided

Of the 27 that opposed MUP, 85% (n=23) were alcohol industry or industry-funded bodies. When narrowed down to UK-operating organisations only (n=298), 89% supported MUP (n=264), with 8% (n=25) opposed and 3% (n=9) neutral/undecided.

## Industry support

Analysis identified more support for MUP than opposition within the alcohol industry. In total, 20 UK alcohol industry organisations were in favour, with 17 against (and 3 neutral/ undecided). Alcohol industry brands and producers that supported MUP include Budweiser Brewing Group UK & Ireland (part of AB InBev), Pernod Ricard UK, C&C Group (owners of Magners and Tennents Cider) and Greene King.

Analysis of this sector showed that:

- 75% of industry organisations with an on-trade function or interest either fully supported MUP (66%) or were neutral/ undecided (9%), including UK Hospitality Scotland, the Campaign for Real Ale (CAMRA) Hospitality Ulster and Pubs of Ulster
- **50% of supermarkets supported MUP**, including The Co-operative Group, Tesco and Waitrose
- **More industry trade bodies supported MUP than opposed**, including the Federation of Independent Retailers, the Association of Convenience Stores, the Association of Licensed Multiple Retailers, and Scottish Retail Consortium.

## Other key supporters

There was unanimous support for MUP in 5 of the 10 sectors analysed (healthcare or treatment provider; local/regional power; public health body, alliance or charity; other charity/ non-profit/alliance; and cross-party parliamentary committee/commission).

Supporters included:

- Five major county or city councils
- 10 local alcohol and drug partnerships, and two local licensing forums
- The Welsh Local Government Association
- Four policing organisations, including the National Police Chief's Council
- Public Health Scotland, Public Health Wales, and (former) Public Health England
- NHS Trusts, Integrated Care Partnerships, healthcare bodies and treatment providers
- 18 universities (including research groups/boards within them) across the UK.

Looking at UK nations with MUP already in place, there were particularly high levels of support, with 97% of the Scotland-based and 86% of the Wales-based organisations supporting MUP. Initial polling in Scotland also found that public attitudes to MUP became more favourable over time after the policy was implemented in 2018.<sup>6</sup>

## MUP opposition

The number of UK organisations that expressed clear opposition to MUP was far lower than organisations expressing support, comprising just 8% of all the responses analysed. Of the 25 UK organisations that opposed MUP (out of all 298), 84% (n=21) were industry or industry-funded bodies. Consistent opposition was seen within think tanks with industry funding links.

## Recommendations

This report shows strong stakeholder support across the UK for minimum unit pricing and also demonstrates far less opposition or divide on MUP in the UK than assumed. We urge the UK government to implement MUP in England without delay, following other successful devolved roll-outs in Scotland and Wales, and planned implementation in Northern Ireland.

# Contents

<b>WHY MUP, AND WHY NOW?</b>	<b>5</b>
• The case for minimum unit pricing (MUP)	5
• MUP in the devolved nations	5
• Evaluation of MUP in Scotland and Wales	6
• England: The last piece of the MUP jigsaw?	7
• The need to map policy positions	7
<b>DATA ANALYSIS</b>	<b>8</b>
• Overall MUP support and opposition	8
<b>UK ORGANISATIONAL POSITIONS ON MUP</b>	<b>9</b>
• Geographical distribution of support	9
• MUP in Northern Ireland: Consultation responses	9
• Patterns of support and opposition	10
<b>KEY SUPPORTERS</b>	<b>11</b>
• Alcohol industry supporters	12
• Arguments in favour of MUP	13
<b>KEY OPPONENTS</b>	<b>15</b>
• Arguments against MUP	16
<b>NEUTRAL/ UNDECIDED ORGANISATIONS</b>	<b>17</b>
• Key arguments	17
<b>DISCUSSION</b>	<b>18</b>
• Overall findings	18
• Industry and industry-funded bodies	18
• Breaking down industry positions further	18
• MUP, the on-trade, and pubs	20
• Public opinion	20
• Regional support across England	21
• Exploring regional MUP	21
<b>CONCLUSION: WHAT NEXT FOR MUP IN THE UK?</b>	<b>22</b>
• Recommendations for policymakers	22
<b>APPENDICES</b>	<b>23</b>

# Why MUP, and why now?

UK alcohol harm levels are frighteningly high and rising. Data from the Office for National Statistics revealed that alcohol-specific deaths increased in the UK by 38% between 2019 and 2023, reaching another record high.<sup>7</sup> As a health-harming product, alcohol is linked to at least 70 deaths a day in the UK and to more than 200 different diseases and injuries.<sup>8</sup> Alcohol is also a grade one carcinogen (the same as tobacco and asbestos), playing a causal role in seven different cancers including two of the most common: breast and bowel.<sup>9</sup> The wider negative impacts of alcohol ripple out to families, communities, public services and workplaces too.

The UK can no longer afford to delay addressing alcohol harms: policy action is now needed.

## **The case for minimum unit pricing (MUP)**

There is strong and consistent evidence of the link between the affordability of alcohol, consumption and rates of harm.<sup>10</sup> Alcohol has become increasingly affordable in recent decades – and is now 91% more affordable than it was in 1987.<sup>11</sup> Sold at cheap, pocket money prices,<sup>12</sup> it is possible to well exceed the Chief Medical Officers' (CMO) low risk drinking guidelines (no more than 14 units per week) for the same price as a high street coffee.<sup>13</sup>

The disparity between on and off-trade consumption among adults has also widened, with almost three quarters (73%) of all alcohol consumed now done so off-premises.<sup>14</sup> This is a concerning trend considering that drinking at home carries increased risks associated with pre-loading, over-pouring, and higher overall consumption.<sup>15,[16]</sup>

Increasing affordability undoubtedly influences consumption: a key reason why leading international bodies including the WHO<sup>17</sup> and the Organisation for Economic Co-operation and Development (OECD)<sup>18</sup> recommend policies to tackle the price of alcohol, such as MUP, as effective mechanisms for addressing alcohol harms.

## **MUP in the devolved nations**

Over the last 20 years, increasing numbers of public health and medical experts, researchers, local authorities, policing representatives, and charities across the UK have called for policies like MUP to address alcohol harm rates and save lives. These voices have often clashed with industry positions (including alcohol producers and trade bodies) warning that MUP would cause jobs to be lost, the economy to suffer, and local produce to disappear from shelves.

With devolved powers to implement MUP nationally, Scotland became the first UK nation to legislate for MUP under the Alcohol (Minimum Pricing) (Scotland) Act passed in 2012.



This landmark Scottish public health policy was subject to almost 6 years of delay due to legal battling with the Scotch Whisky Association and a number of other alcohol industry trade associations, who argued that MUP would negatively impact their businesses and stifle competition. But the courts ruled in the Scottish government's favour, and in 2018 Scotland became the first UK nation to introduce MUP (initially at 50p per unit, uprated in 2024 to 65p), paving the way for Wales to follow suit just two years later in 2020 (also at 50p).

Since then, in October 2024 Northern Ireland also signalled their intention to set a minimum unit price,<sup>19</sup> bringing them in line with their Republic of Ireland neighbours who introduced their own minimum unit price (in force from 2022) via the 2018 Public Health (Alcohol) Act.<sup>20</sup> England is therefore now the only UK nation not to have MUP either in place or intended.

## Evaluation of MUP in Scotland and Wales

Below are some of the top findings from rigorous MUP evaluations in Scotland and Wales.

Scotland	Wales
Evaluation concluded that MUP “had a positive impact on health outcomes” including addressing alcohol-related health inequalities. Significant reduction on alcohol-specific deaths (down 13.4%) and on hospital admissions (down 4.1%) following the introduction of MUP, with the largest reductions seen in men and those living in the 40% most deprived areas. <sup>21</sup>	Final evaluation report concluded that “the results from the qualitative and quantitative research indicates that the implementation of the MPA [Minimum Price for Alcohol] policy in Wales has had the desired effect of decreasing the number of units of alcohol purchased by households.” <sup>22</sup>
Public Health Scotland estimated that the 899 hospital admissions averted each year due to MUP would have cost the NHS £890,000. <sup>23</sup> Modelling estimated that if MUP were to be removed in Scotland, there would be additional NHS hospital costs of £10m in the first 5 years, and £26.4m over 20 years.	ACUK Wales commented that “the most obvious impact of MUP in Wales has been on the availability of the cheapest strongest drinks – such as the ‘white ciders’ often favoured by chronically alcohol-dependent drinkers... This may seem like a small change but it’s a significant harm reduction measure.” <sup>24</sup>
MUP has slowed the increase in alcohol-specific deaths seen across the UK since the pandemic, <sup>25</sup> with Scotland experiencing a 25% increase in alcohol-specific deaths from 2019 to 2022, compared to a 42% increase in England. <sup>26</sup>	Evaluation found very little evidence of switching from alcohol to other substances, a rise in cross-border alcohol shopping, or increased home brewing. Overall, the evaluators concluded that “the period of the evaluation has not seen any of the initially perceived fears of adverse harm materialise in any significant manner.” <sup>27</sup>
Evaluation also showed no clear evidence of substantial negative impacts on the alcoholic drinks industry in Scotland as a whole.	MUP has removed many of the cheapest spirits from the market and made it more difficult for supermarkets to offer multi-buy discounts.

Due to the legal challenge to MUP in Scotland, the policy was subject to a sunset clause after five years, which prompted one of the most extensive and robust evaluation programmes of a public health policy in UK history.

Efforts to evaluate the impact of MUP in Wales have been complicated by changes to alcohol behaviours and harms resulting from the Covid-19 pandemic. However, the overall impact of MUP in Wales so far is positive, with the Welsh evaluation concluding that the implementation of the policy has been successful in achieving its aims. It highlighted a strong resonance with findings from the Scottish evaluations, which found that MUP led to a reduction in alcohol consumption, deaths and hospitalisations.

Whilst studies in Scotland and Wales highlight promising data on the benefits of introducing a MUP, for best effect this policy should form part of a wider package of measures to tackle alcohol harm. This would include a range of policy initiatives tackling price, promotion and availability of alcohol, alongside bolstered treatment and support services.

### England: The last piece of the MUP jigsaw?

Despite increasing pressure to address rising alcohol harms in England, fuelled by the impact of the pandemic on drinking habits as well as pressures on the NHS and wider public sector, England has still not committed to implementing MUP. This leaves England as an outlier with the other UK nations and allows harm rates to spiral unchecked, with rates in the North East overtaking rates in Scotland for the first time on record in the most recent figures for 2023.<sup>28</sup>

The last firm commitment to MUP in England was in 2012, as part of the Conservative-Liberal Democrat Coalition Government's flagship national alcohol strategy.<sup>29</sup> One year on from the announcement, the strategy had been widely undermined and unravelled, with key commitments including MUP dropped. Despite rumours that MUP might reappear as a policy commitment within the Labour Government's 2025 10 Year Health Plan, alongside key alcohol policies such as restricting alcohol marketing, reports indicate that fierce industry lobbying led to these being cut.<sup>30</sup>

### The need to map policy positions

To policymakers it may initially seem that the problem is simply a deadlock, an equal division of opinion on MUP across stakeholders and sectors that cannot be reconciled. However, opinions on MUP need systematic mapping and analysis to determine whether an extensive division really exists, or whether it is simply a long-assumed but unhelpful narrative that confuses and delays any discussions on MUP's implementation in England. This report therefore presents such analysis, **collating publicly available statements and policy positions on MUP from a total of 325 organisations over the last 15 years to map the advocates, abstainers and adversaries** across sectors and interests. The primary focus was UK stakeholders, although some international organisations were identified as engaging in UK policy debates on MUP. The analysis identified key arguments deployed to champion and oppose the policy and assessed public support for MUP.

# Data Analysis

From April to August 2025, 57 publicly available data sources spanning 2010 to August 2025 were reviewed. These included organisational submissions to public consultations, written evidence to select committee inquiries, research papers, academic articles, government reports, parliamentary briefings, and relevant media outputs (including news articles and blogs).

From these sources, 325 organisational positions on MUP were identified. Wherever possible, the most recent publicly stated policy position from each organisation was used to ensure contemporary relevance.

Data were divided into two categories:

- **UK organisations:** Our criteria for this section included UK-based organisations, international organisations (such as Budweiser) where a response was submitted to a UK consultation relating to impacts on operations within the UK, and internationally-based organisations that work closely with the UK (for example, organisations based in Ireland that work cross-border with Northern Ireland such as Alcohol Action Ireland).
- **International organisations:** This section covered internationally based/focused organisations that specifically either responded on UK consultations around MUP or have expressed public opinions about implementing MUP within the UK.

## Overall MUP support and opposition

Across all 325 organisations analysed (UK and international) **89% (n=288) expressed support for MUP**, 8% (n=27) opposed the policy, and 3% (n=10) were neutral or undecided. Of those organisations that opposed the policy, 85% (n=23) were industry or industry-funded bodies.

To retain the focus on the MUP debate for the UK, international organisations were not included in this analysis unless they had proactively contributed to policy discussions on MUP within the UK, such as responding to consultations on MUP in Scotland or Wales, or were a key voice in advocating for MUP as a policy globally (such as the WHO and the OECD).

Of the 325 organisations, 27 were identified as international, with 24 supporting MUP, 2 opposed (both industry bodies), and 1 neutral/undecided. These organisations were excluded from the UK analysis but their positions are outlined in Appendix 4.

See Appendix 1 for the full list of UK and international organisations included in these results.



# UK organisational positions

After excluding international organisations, 298 UK organisations with a clear, publicly stated position on MUP were identified.

Results are as follows:

- **Support MUP:** 264 organisations (89%)
- **Oppose MUP:** 25 organisations (8%)
- **Neutral/Undecided on MUP:** 9 organisations (3%)

Out of 298 organisations, only 4 non-industry groups opposed the policy. This demonstrates strong support across the UK to implement MUP.

## Geographical distribution of support

The geographic location and remit of each organisation was also categorised.

Of the 298 UK organisations:

- UK-wide (124 total): 100 stated support for MUP, 4 neutral/undecided, 20 opposed
- Scotland (91 total): 88 stated support for MUP, 1 neutral/ undecided, 2 opposed
- Wales (44 total): 38 stated support for MUP, 3 neutral/ undecided, 3 opposed
- England (26 total): 25 stated support for MUP, with 1 neutral/ undecided
- Northern Ireland\* (13 total): 13 stated support for MUP

\*This did include a small number of organisations (n=2) based in the Republic of Ireland, but only where those organisations openly engaged in cross-border work with Northern Ireland.

It is particularly interesting to track the high levels of organisational support for MUP in Scotland (97% in favour) and Wales (86% in favour), where MUP has been in place for some time.

## MUP in Northern Ireland: Consultation responses

Individual responses to the 2022 consultation on MUP in Northern Ireland unfortunately could not be located and accessed for the purposes of this analysis.

The Northern Ireland Department of Health (DoH NI) document summarising responses to the consultation stated that “[I]n total 54 organisations responded to the consultation... all 54 agreed or strongly agreed with the overall policy aim of reducing the harm alcohol causes; and 35 organisations either agreed or strongly agreed that introducing MUP would have an impact on reducing alcohol related harm.”<sup>31</sup>

However, given the lack of access to data via the DoH NI, these figures are not included in this analysis unless individual submissions were publicly located elsewhere online.

## Patterns of support and opposition

Organisations were grouped into 10 different sector categories. Support for MUP was unanimous among public health bodies, public health charities, and healthcare/treatment providers. Local and regional authorities also expressed universal support.

Within the alcohol industry category, more organisations supported MUP than opposed it – contradicting the common perception of uniform industry opposition. Table 1 presents data on all UK organisational positions on MUP by sector. Further detail on how each sector was categorised is available at Appendix 3.

As alcohol industry organisations had a range of positions on MUP, we created four sub-categories to enable more detailed analysis: Trade body/alliance, retailer (on-trade), retailer (off-trade) and producer. These breakdowns are set out and explored further on in the discussion.

**Table 1:**

	SECTOR CATEGORY	SUPPORT MUP	OPPOSE MUP	NEUTRAL/ UNDECIDED	TOTAL
1	Academic/research/think tank	29	4	4	37
2	Community group	9	3	0	12
3	Cross-Party Parliamentary Committee/Commission	3	0	0	3
4	Healthcare or treatment provider	35	0	0	35
5	Industry	20	17	3	40
6	Legal	0	0	2	2
7	Local/regional power(s)	34	0	0	34
8	Other charity/non-profit/alliance	33	0	0	33
9	Public health (body, alliance and/or charity)	94	0	0	94
10	Recovery organisation	7	1	0	8
	<b>TOTAL</b>	<b>264</b>	<b>25</b>	<b>9</b>	<b>298</b>

# Key supporters



Supportive organisations included numerous NHS bodies and public health teams, as well as treatment providers e.g., Turning Point, With You, and Castle Craig Hospital, and regional organisations e.g., Balance North East and CrossReach. Support providers such as Recovery Coaching Scotland and Scottish Families Affected by Alcohol and Drugs also provided positive statements of support in relation to continuing MUP in Scotland, whilst calling for safeguards to be in place for families where somebody is experiencing alcohol dependence.

Representative bodies within healthcare and public health joined calls for MUP, including the British Medical Association, British Dental Association, NHS Confederation of Wales, Non-Communicable Disease Alliance Scotland, Association of Directors of Public Health, and large numbers (19 in total) of royal colleges across fields such as general practice, psychiatry, nursing, paediatrics, and pharmaceutical.

Health sector charities also unanimously expressed their support for the policy, including alcohol-focused charities such as Alcohol Change UK, the Institute of Alcohol Studies, and Alcohol Focus Scotland, and wider charities where alcohol impacts core missions such as Cancer Research UK, the British Liver Trust, Obesity Action Scotland, the Stroke Association, Diabetes UK, Nesta, Cardiff Third Sector Council, and the Children's Society.

Organisations categorised as 'local/regional power' expressed unanimous support for MUP. This grouping is comprised of organisations with some form of statutory power or authority (including any elected officials, and excluding NHS Trusts and Boards which were covered in the 'healthcare/treatment' category). This category included licensing forums and local drug partnerships, police and crime representatives, local councils and others.

Some key supporters included:

- Several large city councils including Glasgow and Northumberland
- Public Health Scotland, Public Health Wales, and (former) Public Health England
- Welsh Heads of Trading Standards
- The Welsh Local Government Association
- The National Police Chiefs' Council (and its predecessor, the Association of Chief Police Officers)
- Durham's Police and Crime Commissioner
- The Scottish Community Safety Network
- The Scottish Youth Parliament.

Support was identified among several key community, third sector and religion-based organisations such as the Salvation Army, Quaker Action on Alcohol and Drugs, Evangelical Alliance Scotland, the Church of Scotland, Presbyterian Church of Wales, and Thames Reach.

Across the research community, there was wide support for introducing MUP in England (and for continuing it in Scotland and Wales), particularly when coupled with robust evaluations to measure effectiveness over time, and alongside other policies to tackle alcohol harm to maximise its impact. Supporters within this category included the University of Sheffield's Addictions Research Group, the School of Health and Wellbeing at the University of Glasgow, the Research Centre for Health at Glasgow Caledonian University, SPECTRUM Research Consortium, the Institute for Social Marketing and Health, and University Health Boards for both Aneurin Bevan and Hywel Dda universities in Wales.

### Alcohol industry supporters

The analysis of organisational positions within the industry category (comprising of on-trade and off-trade retailers, producers, and industry trade bodies/alliances) identified more support for MUP than opposition.

**In total, 20 UK alcohol industry organisations were in favour, with 17 against (and 3 neutral/ undecided).** To enable more detailed analysis of industry opinions across the off-trade, on-trade, producers and trade associations/alliances, subcategories were identified and allocated for industry bodies and explored further in the discussion section.

When examining alcohol industry trade bodies and alliances, bodies with larger multi-national corporations, retailers and/or producers as members tended to oppose MUP, whereas groups for the on-trade, convenience stores, grocers and wholesalers tended to support.

Some notable organisations that publicly expressed support for MUP in this analysis include:

- **Producers:** Budweiser Brewing Group UK & Ireland, Pernod Ricard UK, C&C Group (owners of Magners and Tennents Cider) and Greene King
- **Off-trade:** The Co-operative Group, Tesco and Waitrose
- **On-trade:** UK Hospitality Scotland, the Campaign for Real Ale (CAMRA), the Scottish Licensed Trade Association, Luminar Group (who ran over 50 nightclubs in England in 2013), and Northern Irish on-trade representatives Hospitality Ulster and Pubs of Ulster
- **Industry trade bodies/alliances:** Scottish Wholesale Association, Scottish Grocers' Federation, Scottish Retail Consortium, the Federation of Independent Retailers (formerly known as the National Federation of Retail Newsagents, NFRN), the Association of Convenience Stores, the Association of Licensed Multiple Retailers, and TCG Pub Group (dissolved in 2019).

## Arguments in favour of MUP

The most frequent arguments given in favour of MUP were:

- It is an effective tool for tackling alcohol harms, with many highlighting that mechanisms to tackle the price of alcohol are endorsed by the WHO.<sup>32</sup>
- Multiple evaluations of the policy have now been conducted and show positive impact
- There is particularly robust and convincing evidence from Scotland via the Public Health Scotland evaluation, which was frequently cited as a strong source of evidence
- MUP saves lives and reduces health harms from alcohol including liver damage
- Responses mentioned positive impacts on reducing alcohol-related hospital admissions and deaths, and suggested MUP had had a protective effect on the rise of alcohol-specific deaths in Scotland associated with the Covid-19 pandemic, compared to England
- It tackles cheap, high-strength drinks like white cider that cause the most harm, and in many cases removes them from the market entirely
- It can help to reduce costs to the public, including to the NHS
- It can ease frontline pressures (A&E presentations, and police/ambulance call-outs)
- MUP may be a potential deterrent for binge drinking, particularly for young people
- It tackles the effects of inflation (which make alcohol more affordable) on consumption, with success seen in reducing off-trade consumption where harms are often higher
- Unintended consequences of the policy have not been borne out in Scotland and Wales
- Whilst not designed for alcohol dependent groups, it could help children/ families impacted by alcohol by nudging those who are struggling to seek help earlier, and in some cases may work to prevent future alcohol dependence altogether.

Many organisations also highlighted that industry self-regulation, and a predisposition to let the markets alone determine price, have not been effective and that the government now has a more central role to play in tackling rising alcohol harms.



---

Some also emphasised that MUP must sit alongside other interventions to reduce alcohol-related harm for best effect. This includes policies to tackle the marketing and availability of alcohol alongside price, as well as to protect and improve access to treatment for those experiencing alcohol dependence/health harms.

Several responses raised concerns over where the profits from increased prices via MUP would go, since retailers would see increases in revenue from the minimum prices. Suggestions to tackle this were made including calls for an 'Alcohol Harm Prevention Levy' in Scotland (which the Fraser of Allander Institute calculated could generate £57m a year to Scotland<sup>33</sup>), or a Minimum Unit Tax (proposed by the Social Market Foundation, who estimated the retail windfall from MUP across Great Britain at £550m<sup>34</sup>) to recoup the additional revenue. This would ensure that MUP profits go towards tackling alcohol harm prevention and treatment.

# Key opponents



The number of UK organisations that expressed clear opposition to MUP was far lower than organisations expressing support (264 in support of MUP, versus 25 in opposition), comprising 8% of all the responses analysed.

MUP opposition was most prevalent among alcohol industry organisations, in particular larger multinational corporations and those producing or selling alcohol products.

These included:

- **Producers:** SAB Miller, Diageo, Heineken, and Aston Manor Cider
- **Off-trade:** ASDA, Sainsburys, and Morrisons
- **On-trade:** JD Wetherspoon
- **Other industry trade bodies/ alliances:** The Scotch Whisky Association (SWA), the Wine and Spirits Trade Association (WSTA), GMB Scotland, UKHospitality, the Portman Group, the British Retail Consortium, and the Retail Data Partnership.
  - The British Beer and Pub Association (BBPA) voiced overall opposition to MUP and have been included as such, but conceded in one consultation response that their membership 'has a range of views on the subject of minimum pricing'<sup>35</sup>
  - The SWA and WSTA were key actors involved in the legal challenge against the Scottish Government on MUP from 2012-2017, in partnership with two European trade associations (spiritsEUROPE and Comité Européen des Entreprises Vins)
- **Think tanks:** A number of industry-affiliated think tanks and research bodies – including the Institute of Economic Affairs (IEA), the Adam Smith Institute, the Centre for Economics and Business Research (CEBR), and Demos – were against MUP. All of these organisations have accepted industry funding.

JD Wetherspoon was the only on-trade venue to take a position against MUP. Typically offering lower alcohol prices in the on-trade than other licensed premises, something the chain says has “always been an attractive part of the customer offer,”<sup>36</sup> they would likely be more commercially impacted by MUP than other on-trade venues.

Favor UK was the only recovery organisation to oppose MUP in the public positions analysed.

Three service user forums in Wales (Cardiff and Vale; RCT and Merthyr; and Gwent) raised concerns about MUP in Wales in their 2019 consultation responses, and as such were categorised as opposing MUP. Concerns primarily focused around its impacts on dependent drinkers, families falling into poverty, users switching from alcohol to other substances, and the potential increases in people seeking treatment. However, it is unclear whether their positions have changed since MUP was implemented in Wales in 2020 given that evaluations show a number of these potential negative impacts did not materialise.

### Arguments against MUP

The most frequent arguments given either against MUP, or expressing reservations over it, in the responses we analysed included that:

- The evaluations of MUP in Scotland and Wales were insufficient, inconclusive or incorrect, more evidence/research is needed, and/or that the policy itself is ineffective
- 1. The Scottish Conservatives complained to the UK Statistics Authority (UKSA) about the quality of the Public Health Scotland (PHS) evaluation into MUP in July 2023, claiming the findings ‘overstate’ the impact of MUP in Scotland<sup>37</sup>
- 2. In August 2023 the UKSA responded, confirming that “we consider that the findings in the final PHS report are communicated clearly and impartially”<sup>38</sup>
- 3. A number of public health experts published a letter in the Lancet shortly afterwards, commending the ‘high quality’ evaluation and research methods used, and raising concerns about political attempts to ‘undermine the policy’<sup>39</sup>
- 4. Despite this, multiple MUP opponents frequently questioned the quality of evidence from the PHS evaluation in responses analysed
- It penalises responsible drinkers, low-income families and working people
- MUP has damaged the sector and those who work in it, including negative impacts on worker pay and conditions, as well as limiting sector growth
- Scottish alcohol death statistics continue to rise and alcohol sales are up despite MUP
- There is increased pressure on the healthcare and treatment sectors (particularly since the pandemic) and MUP will increase that further, e.g. via hospital presentations for unplanned alcohol withdrawals, or more people seeking medical treatment
- The social/community, crime and health benefits of the policy have not been realised
- Drinkers may switch to other more harmful substances
- The policy measure is disproportionate, unfair, and unpopular with the public

# Neutral and undecided

Risk of withdrawal

Limited factual evidence

May reduce competition, boosting industry profits

No positive impact on high-risk drinkers

Depends on drinker price sensitivity

Potential harm to smaller retailers

**Blunt tool**

Flawed

Needs further analysis

Other policies could be more effective

Adds financial pressures

## Organisations either neutral or undecided on MUP were:

- Molson Coors, who have historically been supportive of MUP but released conflicting statements on MUP in recent years, so have been marked as undecided
- The Law Society of Scotland (didn't take a position either for or against, but stated they were not convinced enough by existing evaluations of MUP)
- The Office of Fair Trading (OFT) (raised concerns in 2012 of compatibility with European free movement rules) – whilst the OFT has since been disbanded, these arguments are now largely outdated following a) the UK's departure from the European Union, and b) MUP being implemented
- The Federation of Small Businesses Wales, and the Welsh Retail Consortium – both didn't specifically oppose the policy but raised concerns about ensuring it was implemented thoroughly and with consideration to small businesses
- Think tanks the Institute of Licensing and the Institute for Fiscal Studies (the latter stated a preference for alcohol duty reform over MUP, rather than specific opposition)
- Two universities – Betsi Cadwaladr University Health Board, and the University of Newcastle – also remained undecided.

## Key arguments

Arguments frequently given in expressing reservations or neutrality over MUP were:

- It has had some positive impacts but has not had a beneficial impact on individuals drinking at high risk or dependent levels
- MUP may dampen competition in the retail market and increase industry profits
- More data is needed, and/or data is limited and worthy of further scrutiny
- A more effective fiscal impact could be achieved through other policy mechanisms that tackle price such as alcohol duty.

# Discussion

Whilst the overall findings by category are broadly consistent with groups typically expected to either support or oppose MUP, the overall numbers in support of MUP were high in contrast to those who oppose it. This highlights the fact that this issue is typically seen as (or assumed to be) more equally divided or split, when only 8% of total responses were in opposition.

This section outlines a number of important findings from the stakeholder mapping, including the relationship between those who oppose MUP and industry links/funding, mapping opinions on MUP within the on-trade (including pubs specifically), and exploring whether public opinion polling and data indicates additional support for MUP alongside organisational support.

## Industry and industry-funded bodies

Of the 25 UK organisations that opposed MUP (out of all 298), 84% (n=21) were industry or industry-funded bodies. This is not perhaps surprising given that industry and industry-funded bodies have vested financial interests in maintaining current UK alcohol consumption levels.

Similar patterns were seen within think tanks that have historically had links with industry. For example, Demos was funded by industry giant SAB-Miller in 2012 to conduct two studies into hazardous drinking. The findings supported core industry narratives around the importance of tackling parenting styles and individual drinking choices, alongside supporting industry self-regulation rather than government regulation.<sup>40</sup> Demos was recorded as opposing MUP.

Other think tank organisations such as the IEA have frequently voiced opposition to so-called ‘nanny state’ policy interventions across a number of industries including tobacco and unhealthy food, and as such were also expected to be anti-MUP.

## Breaking down industry positions further

The split across responses from the alcohol industry itself was also explored further. In the off-trade, specifically supermarkets, 3 UK supermarkets openly support MUP (Waitrose, Tesco, and the Co-operative Group) and 3 oppose (ASDA, Sainsburys, and Morrisons). Those were the only major UK supermarket chains found with publicly available positions on MUP, but it indicates that supermarkets are not unanimously against MUP.

Analysis of other off-trade retailers (including alliances that specifically represent off-trade retailers such as grocers, convenience stores and newsagents), found even more support, with 6 in favour of MUP and 1 against. The National Federation of Retail Newsagents, (since renamed to the Federation of Independent Retailers) even had a call for MUP in England in their 2015 policy manifesto, signed by almost 100 independent retailers.<sup>41</sup>



Major alcohol producers were relatively split, with 4 in support (Budweiser Brewing Group – part of AB InBev – UK and Ireland, C&C Group, Greene King, and Pernod Ricard), and 4 in opposition (Aston Manor Cider, Diageo, Heineken and SAB Miller). One producer was marked as neutral (Molson Coors) due to a number of conflicting statements making it difficult to establish a reliable policy position. They were cited as supportive of MUP in multiple credible sources. analysed,<sup>42,[43]</sup> but in 2018 they also commissioned industry-funded think tank the Centre for Economics and Business Research (CEBR) to conduct analysis on MUP which concluded that the “disproportionate burden of the policy would fall upon the poorest in society and that the policy would have significant regressive impacts,”<sup>44</sup> in line with other industry-funded research.

Contradictions were also identified within industry bodies operating in different regions of the UK: for example, the British Retail Consortium made statements opposing MUP whereas the Scottish Retail Consortium was in support, and UK Hospitality opposed MUP whilst UK Hospitality Scotland expressed support.

### **Industry sub-categories**

To see where the largest divisions within industry lay, all 40 UK responses in the ‘industry’ category were individually tagged with 4 more specific industry sub-categories: Trade body/alliance, retailer (on-trade), retailer (off-trade) and producer. 29 of the 40 industry organisations fell into more than one category, and were therefore tagged with all sub-categories relevant to that business (see Appendix 3, Tables 4 and 5 for more information).

We found that in 3 out of 4 industry sub-categories, more organisations with interests or functions in those areas expressed support for MUP than opposition. In addition:

- 75% of industry organisations with an on-trade function or interest either fully supported MUP (66%) or were neutral/ undecided (9%), compared to 25% opposed
- 53% of industry organisations with an off-trade function or interest supported MUP, with 35% against
- 50% of industry trade bodies/ alliances supported MUP, with 41% against.

‘Producer’ was the only sub-category with more opposition to MUP than support. This sub-category encompassed industry organisations with a production function or interest (for trade bodies, this included those with memberships linked to production), and therefore the group with the most financial/vested interests in maintaining current consumption rates of cheap alcohol. They were therefore anticipated to be more commercially sensitive to the policy.

Despite this, the margins between supporting and opposing MUP in this producer category were smaller than expected, with 40% supporting and 50% opposing (and 10% neutral/undecided).

## MUP, the on-trade, and pubs

Trade body responses analysed (e.g., the BBPA) indicated some divisions between their members, which aligns with previous reports and evidence. A report from the Institute of Alcohol Studies (IAS) in 2018 surveyed individual publicans on a range of issues, including alcohol policies such as alcohol duty and MUP, and found that:

*“Publicans’ voices in the political process are typically represented by large trade associations. Yet these organisations must balance the interests of a diverse membership, presenting a single view even when the objectives of different members – for example, pubs and breweries or large pub companies and individual independent pubs – may be in conflict.”<sup>45</sup>*

IAS found that 41% of pub managers supported MUP, with just 22% against. Amongst respondents, supermarket competition was seen as the single greatest threat to pubs, with 83% of publicans believing supermarket alcohol is too cheap, and almost three quarters (73%) thinking increasing price should be a priority for politicians in tackling alcohol problems. Around half of pub landlords in the North East of England polled in 2018 also supported MUP.<sup>46</sup>

In addition, the former CEO of Greene King and current Executive Chairman of RedCat Pub Company, Rooney Anand, has been vocal on supporting MUP and lent support to the 2012 Conservative and Liberal Democrat coalition government’s intention to introduce it.<sup>47</sup>

Analysis found strong support for MUP within the on-trade. These consumption settings have much to benefit from the policy, enabling them to better compete with supermarkets and off licences on price, encouraging people to return to supervised drinking environments.

Public Health Scotland’s evaluation of MUP in Scotland made it clear that that most pubs and restaurants are unlikely to sell drinks below the minimum prices prescribed by MUP, with less than 1% of products sold in the on-trade expected to be affected,<sup>48</sup> and no evidence of any significant negative impacts to on-trade footfall or sales.<sup>49</sup>

## Public opinion

Polling shows that the public want the government to step up and deliver a healthier nation, with 74% wanting policies to prioritise the public’s health over business growth.<sup>50</sup>

2025 polling carried out by IPPR and Public First found that public health policies are not only popular in general, but even more so amongst key voter groups for the next general election. For example, Labour 2024 voters now open to Reform were more likely to recognise the social determinants of health than any other voter group.<sup>51</sup>

Public polling has consistently showed that more people support MUP in England than oppose it.<sup>53</sup> A Public First survey asking people in England about a 65p MUP found 45% support compared to 29% opposition.<sup>54</sup> In addition, a 2021 YouGov survey of 12,247 adults also found that 51% of the public support introducing MUP, with the majority supporting the measure irrespective of their voting intention.<sup>55</sup>

Comparative polling also indicates that support is higher in Scotland (where MUP is in place) compared to England.<sup>56</sup> Polling in Scotland also found that public attitudes to MUP became more favourable over time after the policy was implemented in 2018.<sup>57</sup> This shows the potential for the policy to increase in popularity.

## Regional support across England

Regions within England are increasingly supportive of MUP. In the England-specific responses we analysed within this report:

- Three major councils in England expressed support for MUP (Newcastle City Council, Northumberland County Council, and Birmingham City Council)
- Four key policing statements expressed support for MUP, including from the National Police Chiefs' Council (and its predecessor, the Association of Chief Police Officers), Sussex Police, and the Police and Crime Commissioner for Durham
- Healthcare bodies stated their support, including NHS Trusts for Newcastle, Bolton, and Stoke on Trent, Health and Care Partnerships such as Humber & North Yorkshire, and the Integrated Care Partnership for Greater Manchester
- Regional treatment providers such as BAC-IN CIC (Nottingham), Balance North East, Breakthrough Recovery Chorley Group, and Northern Engagement into Recovery from Addiction Foundation, also supported MUP.

## Exploring regional MUP

Studies have also modelled the potential benefits of introducing MUP regionally or locally in England. A 2022 report from Sheffield University concluded that a local MUP policy would particularly benefit the three northern regions of England, with projected positive impacts on “alcohol consumption, alcohol-attributable mortality, hospitalisation rates, NHS costs, health inequalities and crime.”<sup>58</sup>

Some local authorities have also explored the idea of localised MUP in their authority areas:

- A report commissioned by NHS South East London in January 2025 recommended enabling “a pan-London Minimum Unit Price (MUP) for alcohol”<sup>59</sup>
- Sunderland City Council held a public consultation on localised MUP in 2024<sup>60</sup>
- County Durham made commitments to explore the possibility of a local or regional/North West MUP in their 2015-2020<sup>61</sup> and 2021-2025 alcohol harm reduction strategies<sup>62</sup>
- A briefing paper from 2011 also listed local authorities in Greater Manchester, Liverpool, Chester, Newcastle, Middlesbrough and Stockton as authorities that were exploring the possibility of a localised MUP<sup>63</sup>

These examples indicate growing support from local authorities across England on MUP.

# Conclusion

## What's next for MUP in the UK?

This analysis paints a relatively consistent picture: **the overwhelming majority of organisations across sectors support MUP, particularly in combination with other alcohol harm measures**, to tackle the growing alcohol harm crisis.

Scotland's implementation of MUP, whilst impacted by the pandemic, showed net positive effects in the robust evaluation by Public Health Scotland, resulting in the policy being voted to continue in 2024 (and uprated to 65p). We hope that Wales will follow suit when they vote similarly on the continuation (and potential uprating) of MUP in Wales in March 2026, and we will monitor closely the progress of legislation for MUP in Northern Ireland.

Over the last 30 years the affordability of off-trade beer has more than tripled. Alcohol duty and MUP can help to address increasing affordability that drives up alcohol harm. MUP targets cheap, high-strength alcohol, while leaving prices in pubs and restaurants largely untouched. In Scotland, the policy is estimated to have decreased alcohol-specific deaths by 13.4%, with the greatest reductions among men living in the most deprived areas.<sup>64</sup> Across England however, alcohol-specific deaths continue to spiral, increasing by 42% between 2019 and 2023 alone, a record high level for the fourth year in a row.<sup>65</sup>

This analysis demonstrates that support for MUP is not the fractured consensus that it is often painted to be. In reality, the problem is an imbalance of power, rather than an imbalance of opinion: whilst support for MUP outnumbers opposition almost 10 times over, those opposition voices are often far more powerful and influential, frequently disrupting, delaying and even entirely dismantling efforts to implement MUP across the UK.

## Recommendations for Policy Makers

With the right evidence-based policies – including MUP – and a government brave and bold enough to implement them, the UK will have better health, wellbeing and productivity, less chronic illness, reduced health inequalities and fewer lives cut short by alcohol harm.

One thing is clear from this analysis for policymakers in England: MUP attracts support from a wide number of stakeholders, including the public. Evidence from other nations with MUP in place suggests that it could play a vital and life-saving role in England – particularly as part of a wider package of measures – in tackling unacceptably high national rates of alcohol harm.

We therefore strongly encourage the UK Government to introduce MUP in England without delay, following the positive results seen from implementation in both Scotland and Wales.

# Appendices

## Appendix 1: Full list of supporters, opposers and neutral/ undecided

### UK Supporters:

20/20health

Aberdeen City Licensing Forum

Academy of Medical Royal Colleges

Action on Addiction (now The Forward Trust)

Action on Smoking and Health (ASH)

Action on Smoking and Health Scotland

Addiction Family Support

AdFam

Adoption UK – Scotland

Alcohol Action Ireland (included here given cross-border work with Northern Ireland and wider UK)

Alcohol Change UK

Alcohol and Drugs Support South West Scotland

Alcohol and Families Alliance (AFA)

Alcohol Focus Scotland (AFS)

Alcohol Health Alliance UK

Aneurin Bevan University Health Board

Argyll and Bute Alcohol and Drug Partnership

Association of Anaesthetists

Association of Chief Police Officers (now NPCC)

Association of Convenience Stores

Association of Licensed Multiple Retailers

Asthma and Lung UK Scotland

BAC-IN CIC

Balance North East

Barnardo's Cymru

Blenheim (since merged into Waythrough)

BMA (British Medical Association)

BMA Cymru Wales

BMA Northern Ireland

BMA Scotland

Breakthrough Breast Cancer (since merged to form Breast Cancer Now)

Breakthrough Recovery Chorley Group

British Association for the Study of the Liver

British Association of Social Workers (BASW)

British Dental Association (BDA)

British Dental Health Foundation

British Heart Foundation Scotland

British Liver Nurses Forum (since merged to form

British Liver Nurses Association)

British Liver Trust

British Society of Gastroenterology

Budweiser Brewing Group UK & Ireland

C&C Group

Campaign for Real Ale (CAMRA)

Cancer Focus Northern Ireland

Cancer Research UK

Cardiff and Vale Area Planning Board Alcohol Group

Cardiff Third Sector Council

Cardiff University Violence Research Group

Carers Trust

Castle Craig Hospital

Centre for Mental Health

Ceredigion County Council

Change, Grow, Live (CGL)

Changing Lives

Chartered Institute of Environmental Health

Children in Scotland

Children in Wales

Church of Scotland (Public Life and Social Justice Programme Group)

Collective Voice

Commission on Alcohol Harm

Congregational Federation in Scotland

Consultants in Dental Public Health / Chief

Administrative Dental Officers' Group

CrossReach

Cwm Taf Regional Collaborative Committee

Cymorth Cymru

Cytûn (Churches Together in Wales)

Department of Public Health, NHS Forth Valley

Diabetes Scotland / Diabetes UK

Drinkaware

Dumfries and Galloway Alcohol and Drug Partnership

Dundee Alcohol and Drugs Partnership

Durham Police and Crime Commissioner

East Ayrshire Local Licensing Forum

Edinburgh City Alcohol & Drug Partnership

Equality Network

Evangelical Alliance Scotland

Faculty of Occupational Medicine

Faculty of Public Health

Falkirk Alcohol & Drug Partnership

Families Campaign for Change Scotland

Federation of Drug and Alcohol Practitioners (now known as 'Addiction Professionals')

Foundation for Liver Research

Foundation for the Study of Infant Deaths (since renamed to The Lullaby Trust)

Free Church of Scotland

Glasgow City Alcohol and Drug Partnership (Alcohol Harms Group)

Glasgow City Council

Glasgow Council on Alcohol (GCA)

GPs at the Deep End Scotland

Greater Manchester Integrated Care Partnership

Greene King

Gwent Area Planning Board

Health Lumen

Health & Social Care Alliance Scotland

Highland Alcohol and Drugs Partnership

Homeless Link

Hospitality Ulster

Humankind (now Waythrough)

Humber and North Yorkshire Health and Care Partnership

Hywel Dda University Health Board

Institute for Social Marketing and Health (ISMH)

Institute of Alcohol Studies (IAS)

Institute of Healthcare Management

Institute of Psychiatry, Psychology & Neuroscience (IoPPN)



Institute for Public Policy Research (IPPR)  
 Inverclyde Alcohol and Drug Partnership  
 LGBT Health and Wellbeing  
 Liverpool John Moores University  
 Luminar Group (ran over 50 nightclubs in England in 2013)  
 Medical Council on Alcohol  
 Medics Against Violence  
 Men's Action Network (Northern Ireland)  
 Men's Health Forum  
 Men's Health Forum In Ireland  
 Methodist Church in Scotland  
 Methodist Church in Wales  
 Mouth Cancer Foundation  
 National Addiction Centre, Kings College London  
 National Association of Probation Officers  
 National Heart Forum  
 National Organisation for Fetal Alcohol Syndrome-UK  
 (since renamed to National Organisation for FASD  
 (NOFAS-UK))  
 National Police Chiefs' Council  
 NCD Alliance Scotland  
 Nesta  
 Newcastle City Council  
 Newcastle Hospitals NHS Foundation Trust  
 NHS Addiction Providers Alliance  
 NHS Ayrshire & Arran  
 NHS Bolton  
 NHS Grampian Public Health Directorate  
 NHS Greater Glasgow and Clyde  
 NHS Highland  
 NHS Lanarkshire  
 NHS Lothian  
 NHS Orkney  
 NHS Orkney  
 NHS Stoke on Trent  
 NHS Tayside  
 North East Clinical Liver Network  
 North East & North Cumbria ICS Prevention Board  
 Northern Engagement into Recovery from Addiction  
 Foundation  
 Northern Ireland Alcohol and Drug Alliance  
 Northern Ireland Cancer Registry  
 North Lanarkshire Alcohol and Drug Partnership  
 Northumberland County Council - Public Health  
 Obesity Action Scotland  
 Obesity Health Alliance  
 Office of the Children's Commissioner  
 Oral Health Foundation  
 Outer Hebrides Alcohol and Drug Partnership  
 Pancreatic Cancer Action  
 Parenting across Scotland  
 Pernod Ricard UK  
 Plymouth Community Healthcare (since renamed  
 to Livewell Southwest)  
 Powys Area Planning Board (APB)  
 Powys Teaching Health Board (PTHB)  
 Presbyterian Church of Wales  
 Primary Care Society for Gastroenterology  
 Public Health England (prior to 2021 disband)  
 Public Health NHS Highland  
 Public Health, NHS Stoke on Trent (later merged  
 into other ICS/NHS Trusts)  
 Public Health Scotland (PHS)  
 Public Health Wales

Public Health Wales Alcohol Leads Meeting  
 Pubs of Ulster  
 Quaker Action on Alcohol and Drugs (QAAD)  
 Quarriers  
 Queen's Nursing Institute for Scotland  
 Recovery Coaching Scotland CIC/ Borders in  
 Recovery Community  
 Regulation Services, Birmingham City Council  
 Research Centre for Health, Glasgow Caledonian University  
 Royal College of Anaesthetists  
 Royal College of Emergency Medicine (RCEM)  
 Royal College of General Practitioners (RCGP)  
 Royal College of General Practitioners Cymru Wales  
 Royal College of General Practitioners Scotland  
 Royal College of Midwives  
 Royal College of Nursing  
 Royal College of Nursing Scotland  
 Royal College of Nursing Wales  
 Royal College of Obstetricians and Gynaecologists  
 Royal College of Paediatrics and Child Health (Scotland)  
 Royal College of Paediatrics and Child Health (Wales)  
 Royal College of Pathologists  
 Royal College of Psychiatrists in Scotland  
 Royal College of Psychiatrists Wales  
 Royal College of Physicians and Surgeons, Glasgow  
 Royal College of Physicians of Edinburgh  
 Royal College of Surgeons of Edinburgh  
 Royal College of Surgeons of England  
 School of Health & Wellbeing, University of Glasgow  
 School of Medicine, Dentistry and Biomedical Sciences at  
 Queen's University Belfast  
 Samaritans Cymru  
 Scottish Cancer Foundation  
 Scottish Cancer Prevention Network  
 Scottish Childrens Reporter Administration  
 Scottish Directors of Public Health (SDPH)  
 Scottish Drugs Forum  
 Scottish Episcopal Church  
 Scottish Families Affected by Alcohol and Drugs  
 Scottish Grocers' Federation  
 Scottish Health Action on Alcohol Problems (SHAAP)  
 Scottish Licensed Trade Association  
 Scottish Recovery Consortium  
 Scottish Retail Consortium (SRC)  
 Scottish Trans  
 Scottish Wholesale Association  
 Scottish Women's Aid  
 Scottish Youth Parliament  
 Sheffield Addictions Research Group  
 (the University of Sheffield)  
 Simon Community  
 Spectrum Community Health CIC  
 SPECTRUM Research Consortium  
 Sussex Police  
 TCG pub group (dissolved in 2019)  
 Tenovus Cancer Care  
 Tesco  
 Thames Reach  
 The All Party Parliamentary Group (APPG) for Drugs,  
 Alcohol and Justice (2025)  
 The Association of Directors of Public Health  
 The Canmore Trust  
 The Children's Society  
 The Commission on Alcohol Harm

The Co-operative Group  
 The Deborah Hutton Campaign  
 The Directors of Public Protection Wales  
 The Federation of Independent Retailers  
 (formerly known as NFRN)  
 The Health Foundation  
 The King's Fund  
 The Lancet Commission on Liver Cancer  
 The Salvation Army  
 The Salvation Army - Scotland Office  
 The Scottish Community Safety Network (SCSN)  
 The Social Market Foundation (SMF)  
 The Special Interest Group for Alcohol  
 The Stroke Association  
 Transforming Choice  
 Turning Point Scotland  
 UCL Tobacco & Alcohol Research Group  
 UK Centre for Tobacco and Alcohol Studies  
 UK Hospitality Scotland  
 UK Liver Alliance  
 United Reformed Church  
 United Reformed Church National Synod of Wales  
 University College London  
 University of South Wales (Prifysgol De Cymru)  
 University of Stirling  
 Vale of Glamorgan Shared Regulatory Services  
 V-i-a  
 Victim Support Scotland  
 Waitrose  
 Waythrough  
 Wellbeing Economy Alliance Scotland  
 Welsh Association for Gastroenterology & Endoscopy  
 (WAGE)  
 Welsh Centre for Action on Dependency and Addiction  
 Welsh Heads of Trading Standards  
 Welsh Local Government Association (WLGA)  
 elsh NHS Confederation  
 With You  
 World Cancer Research Fund UK  
 Wrexham University

### International Supporters:

Actis - Norwegian Policy Network on Alcohol and Drugs  
 Addictions France  
 Alcohol Justice (California USA)  
 Associacio Rauxa (Spain)  
 Cancer Council (Australia)  
 Centre of Advocacy, Treatment and Recovery (CATR-  
 Portugal)  
 Danish Cancer Society  
 EHYT Finnish Association for Substance Abuse Prevention  
 Eurocare Italia  
 European Liver Patients' Association  
 Guttempler in Deutschland  
 Institute for Research and Development "Utrip" (Slovenia)  
 International Youth Health Organization  
 Italian Network of Clubs of Alcoholics in Treatment  
 Nigeria Alcohol Prevention Youth Initiative  
 Nordic Alcohol and Drug Policy Network (NordAN)  
 SOCIDROGALCOHOL - the Spanish Scientific Society for the  
 Study of Alcohol, Alcoholism and other Drug Dependencies  
 Société Française d'Alcoologie  
 The European Alcohol Policy Alliance (Eurocare)

The Organisation for Economic Co-operation and  
 Development (OECD)  
 The World Health Organisation (WHO)  
 VAD, the Flemish Centre of Expertise on Alcohol and Other  
 Drugs, Belgium, Brussels  
 World Cancer Research Fund

### UK Neutral/Undecided:

Betsi Cadwaladr University Health Board  
 Federation of Small Businesses Wales  
 Institute for Fiscal Studies  
 Institute of Licensing  
 Law Society of Scotland  
 Molson Coors Beverage Company  
 Office of Fair Trading  
 University of Newcastle  
 Welsh Retail Consortium

### International Neutral/ Undecided:

Federal Office of Public Health (Switzerland)

### UK Opposers:

Adam Smith Institute  
 ASDA  
 Aston Manor Cider  
 British Beer and Pub Association (BBPA)  
 British Retail Consortium (BRC)  
 Cardiff and Vale Service User Forum  
 Centre for Economics and Business Research (CEBR)  
 Demos  
 Diageo  
 FavorUK (Faces and Voices of Recovery UK)  
 GMB Scotland  
 Gwent User Forum  
 Heineken  
 Institute of Economic Affairs (IEA)  
 JD Wetherspoon  
 Morrisons  
 National Association of Cider Makers  
 Portman Group  
 RCT and Merthyr User Forum  
 SAB Miller  
 Sainsbury's  
 The Retail Data Partnership Ltd  
 The Scotch Whisky Association (SWA)  
 UKHospitality  
 Wine and Spirits Trade Association (WSTA)

### International Opposers:

SpiritsEUROPE  
 Comité Européen des Entreprises Vins

## Appendix 2: Table of key data sources used and links

Table 2:

	Document/ source	Year (with hyperlink)
1	Health Select Committee report into Alcohol (2010) (specifically compared impacts of MUP with duty increases in one section)	<a href="#">2010</a>
2	Podcast recorded in 2012 on MUP, with NICE, ALMR and JD Wetherspoon on the panel	<a href="#">2012</a>
3	House of Commons Library briefing on MUP from 2012	<a href="#">2012</a>
4	Government's 2012 Alcohol Strategy	<a href="#">2012</a>
5	Home Office Impact Assessment for MUP (2012)	<a href="#">2012</a>
6	Health Committee Report - and written submissions - into the Government's Alcohol Strategy (2012)	<a href="#">2012</a>
7	List of international research papers on MUP on the National Alcohol Beverage Control Association (NABCA) website (papers span 2012-2018)	<a href="#">2012-18</a>
8	Home Office Analysis of Consultation Responses for MUP (2013)	<a href="#">2013</a>
9	IAS analysis of responses to Home Office consultation on MUP (2013)	<a href="#">2013</a>
10	Telegraph article (2013) 'Pubs demand minimum alcohol price'	<a href="#">2013</a>
11	Research paper/article on newspaper and organisational positions on MUP (2014)	<a href="#">2014</a>
12	Article about industry tactics and think tanks/reports commissioned around MUP (2014)	<a href="#">2014</a>
13	BBC News article: "Drinks industry influence 'just wrong,' says Prof Jonathan Shepherd"	<a href="#">2014</a>
14	Full list of consultation responses for Public Health (Minimum Price for Alcohol) (Wales) Bill (Feb 2017)	<a href="#">2017</a>
15	Blog from Alison Douglas about context of MUP in Scotland (2017)	<a href="#">2017</a>
16	Pubs Quizzed 2017 IAS report (useful for outlining small pub manager support for MUP in opposite to larger pub union positions)	<a href="#">2017</a>
17	WHO report "Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases"	<a href="#">2017</a>
18	ACUK web page outlining organisational support for the 2018 Alcohol Charter	<a href="#">2018</a>

Table 2 continued:

	Document/ source	Year (with hyperlink)
19	Alcohol Charter (2018) - Drugs, Alcohol & Justice Cross-Party Parliamentary Group and APPG on Alcohol Harm	<a href="#">2018</a>
20	2018 article from UK Centre for Tobacco and Alcohol Studies (UKCTAS) welcoming MUP in Scotland	<a href="#">2018</a>
21	Full list of consultation responses for MUP in Wales (Feb 2019)	<a href="#">2019</a>
22	Research paper/article on newspaper positions on MUP (2019), with maps of supporters and opposers by sector	<a href="#">2019</a>
23	Frontier Economics 2019 report (commissioned by NHS Scotland as part of MUP evaluation) into impact on the industry	<a href="#">2019</a>
24	IAS 2019 report on MUP	<a href="#">2019</a>
25	IAS 2020 report on MUP	<a href="#">2020</a>
26	AHA report "Health First: An evidence-based alcohol strategy for the UK" (2020)	<a href="#">2020</a>
27	House of Commons Library briefing on MUP from 2020	<a href="#">2020</a>
28	Report "Health First: An evidence-based alcohol strategy for the UK" (2020)	<a href="#">2020</a>
29	Written evidence to the UK Parliament's Committee for the Health and Care Bill (2021)	<a href="#">2021</a>
30	Health Lumen joint report with IAS (Covid Hangover' in 2022 which recommended MUP amongst other policies	<a href="#">2022</a>
31	NCD Prevention Coalition Report: "Non Communicable Disease Prevention: Mapping Future Harm A case for action on health harming products."	<a href="#">2022</a>
32	University of Newcastle study into MUP	<a href="#">2022</a>
33	Summary of Responses to the 2022 Consultation on Minimum Unit Pricing for Alcohol in Northern Ireland – June 2023	<a href="#">2023</a>
34	Public Health Scotland MUP Evaluation (2023)	<a href="#">2023</a>
35	AHA 'Pouring Over Public Opinion' report (2023)	<a href="#">2023</a>

Table 2 continued:

	Document/ source	Year (with hyperlink)
36	AHA 2023 Manifesto ('Our manifesto for a future free from alcohol harm')	<a href="#">2023</a>
37	AHA, ASH, AND OHA joint report: 'Holding Us Back: tobacco, alcohol and unhealthy food and drink' (2023)	<a href="#">2023</a>
38	Full list of consultation responses for continuing MUP in Scotland (Nov 2024)	<a href="#">2024</a>
39	Joint letter to the Health, Social Care and Sport Committee in Scotland (2024) calling for MUP retention and uprating	<a href="#">2024</a>
40	IPPR Report: 'Our greatest asset: The final report of the IPPR Commission on health and Prosperity' (2024)	<a href="#">2024</a>
41	NCD Alliance Scotland Report: "NCD Prevention: A Commercial Determinants of Health Approach" (2024)	<a href="#">2024</a>
42	Full list of responses for Senedd Health Committee inquiry into MUP in Wales (April 2025)	<a href="#">2025</a>
43	Welsh Government MUP evaluation (2025)	<a href="#">2025</a>
44	APPG for Drugs, Alcohol and Justice's July 2025 report 'Action on Alcohol Harm: Priorities for Policymakers'	<a href="#">2025</a>
45	Press release about Wrexham University research on MUP in Wales (2025) as part of Welsh Evaluation	<a href="#">2025</a>
46	SMF MUP report: 'The price is right: Minimum unit pricing for alcohol and the case for a windfall tax' (2025)	<a href="#">2025</a>
47	Health Foundation Blog: 'Prevention and the 10-Year Health Plan' (2025)	<a href="#">2025</a>
48	Guardian article (2025) outlining the Lancet Commission on Liver Cancer's new report and policy recommendations (2025)	<a href="#">2025</a>
49	King's Fund 10 year Plan analysis: "Truly fit for the future? The 10 Year Health Plan explained" (2025)	<a href="#">2025</a>
50	OECD 'Harmful Alcohol Consumption' webpage (accessed July 2025)	<a href="#">2025</a>
51	Centre for Mental Health February 2025 publication "The Social Determinants of Mental Health"	<a href="#">2025</a>
52	WCRF article: "Tackling alcohol harm needs to be top of Keir Starmer's to-do list" (2025)	<a href="#">2025</a>



Table 2 continued:

	Document/ source	Year (with hyperlink)
53	Article: "Minimum alcohol pricing: what we found in Wales after five years" (2025)	<a href="#">2025</a>
54	Welsh Parliament Health and Social Care Committee (2025) Report: Minimum Unit Pricing for Alcohol in Wales	<a href="#">2025</a>
55	AHA Open Letter to Wes Streeting (2025)	<a href="#">2025</a>
56	AHA, ASH, and OHA joint report (along with Greater Manchester and Humber/North Yorkshire Care Partnerships) 'Addressing the three biggest killers on a regional and local level'	<a href="#">2025</a>
57	Morning Advertiser article (August 2025): Minimum Unit Pricing labelled 'ineffective'.	<a href="#">2025</a>

### Appendix 3: Assigning sector categories

The table below has been collated to further clarify how categories were assigned during the analysis of responses, and to explain the process on any overlaps between categories.

Table 3:

	SECTOR CATEGORY	CATEGORY CRITERIA	ADDITIONAL NOTES
1	Academic/research / think tank	This category was used for universities (and departments or schools within them), research centres/ institutes, as well as think tanks. This category was primary used to classify organisations with a significant role in research.	Where there were overlaps (e.g. Institute of Alcohol Studies and The King's Fund, which are also charities) we categorised by the organisation's more dominant function (so in these examples, research work rather than their charity status).
2	Community group	This category contained community groups including churches and religious organisations, as well as service user forums in Wales (which we deemed separate to the opinions expressed by any services themselves).	Whilst large numbers of community groups in various capacities were identified, this category was primarily used for community groups that weren't more suited to other categories (e.g. recovery groups, groups providing health or treatment services, or charities).
3	Cross-Party Parliamentary Committee/Commission or international governance organisation	This covered any organisations that had some form of political nature, such as the Scottish Youth Parliament, and any APPG's or Committees. For international responses, this category also included international governance organisations.	We did not include political parties, past or present governments, or individual politicians in our analysis, as these opinions tend to shift depending on party leadership and political circumstance, and as such cannot be considered as a reliable, consistent or permanent party position.
4	Healthcare or treatment provider	This category featured NHS Trusts and hospitals, public health departments and teams within local authorities or NHS regions, treatment providers, and other healthcare services. We also included Integrated Care Partnerships and Health and Care Partnerships in this category.	There was naturally crossover between other departments such as charities, community groups, and local/regional powers. We therefore tried to keep this category to those directly responsible for healthcare. Alliances and representatives bodies for healthcare providers were put into alliance categories.
5	Industry	This category was used to group representative bodies and alliances for the alcohol industry, as well as on-trade and off-trade retailers, and alcohol producers.	Industry organisations were broken down into four further sub-categories (trade body/association, on-trade retailer, off-trade-retailer and producer) in the discussion section, but for overall analysis we kept as one industry category for simplicity and given multiple industry activity crossovers making it difficult to assign a sole sub-category.
6	Legal	This category was for any organisations such as the Law Society of Scotland or the Office of Fair Trading, where legal issues around alcohol are their focus.	We excluded any court rulings on issues around MUP, as these do not reflect the opinion of the court but an opinion on the interpretation of the law.

Table 3 continued:

	SECTOR CATEGORY	CATEGORY CRITERIA	ADDITIONAL NOTES
7	Local/regional power(s)	This category was used for organisations with some form of local power such as councils and combined authorities, licensing forums, drug and alcohol partnerships, police and crime representatives and bodies, and commissioners.	Organisations with a specific healthcare focus or responsibility for healthcare services, such as NHS Trusts, ICB's/ICP's and Public Health teams, were assigned to the healthcare category instead.
8	Other charity/non-profit/alliance	This category encompassed any charities, non-profit organisations or alliances that did not fit more naturally into other categories, such as charities that did not have a specific public health focus, and non-profits that had an opinion on MUP impacts from a perspective other than public health.	As with other categories, where there was deemed to be crossover with other categories, the decision was based on the predominant category that formed most of the organisation's focus/work.
9	Public health (body, alliance and/or charity)	This category encompassed any representatives bodies, alliances or charities with a specific focus on health or public health issues.	We did not make a wider 'body/alliance' category as any that were not specific to either industry or public health tended to fit more specifically into other categories instead. Where the focus of a charity was deemed to be far wider than just public health, this charity was added to the 'other charity' category instead.
10	Recovery organisation	This category covered organisations specifically providing support around recovery.	Where the predominant focus of an organisation's work appeared to be on providing treatment services rather than support, they were part of the Healthcare/Treatment Provider category.

## Industry sub-categories

The below table sets out industry organisations assigned to each of the four sub-categories (trade body/alliance, on-trade retailer, off-trade retailer, and producer), as per the discussion section. A 'Yes' indicates that this organisation was judged to have a commercial interest or function in this industry area. Colours denote whether supportive, neutral/undecided, or opposing on MUP.

29 of the 40 industry organisations fell into more than one category (for example, some supermarket chains produce and sell own-brand alcohol, some producers including Greene King also own and run on-trade premises such as pubs, and some trade associations specifically represent off-trade or on-trade sectors).

Each industry organisation was therefore tagged with all sub-categories relevant to that business.

Table 4:

	Organisation name	Trade body /alliance	On-trade retail	Off-trade retail	Producer	Total sub-categories assigned
	SUPPORT MUP					
1	Association of Convenience Stores	Yes	No	Yes	No	2
2	Association of Licensed Multiple Retailers (ALMR)	Yes	No	Yes	No	2
3	Budweiser Brewing Group UK & Ireland (part of AB InBev)	No	No	No	Yes	1
4	C&C Group (owns Magners and Tennents Cider)	No	No	No	Yes	1
5	Campaign for Real Ale (CAMRA)	Yes	Yes	No	Yes	3
6	Greene King	No	Yes	No	Yes	2
7	Hospitality Ulster	Yes	Yes	No	Yes	3
8	Luminar Group (ran over 50 nightclubs in England in 2013)	No	Yes	No	No	1
9	Pernod Ricard UK	No	No	No	Yes	1
10	Pubs of Ulster	Yes	Yes	No	Yes	3

Table 4 continued:

11	Scottish Grocers' Federation	Yes	No	Yes	No	2
12	Scottish Licensed Trade Association	Yes	Yes	No	No	2
13	Scottish Retail Consortium (SRC)	Yes	No	Yes	No	2
14	Scottish Wholesale Association	Yes	No	Yes	Yes	3
15	TCG pub group (dissolved in 2019)	No	Yes	No	No	1
16	Tesco	No	No	Yes	Yes	2
17	The Co-operative Group	No	No	Yes	Yes	2
18	The Federation of Independent Retailers (formerly NFRN)	Yes	No	Yes	No	2
19	UK Hospitality Scotland	Yes	Yes	No	Yes	3
20	Waitrose	No	No	Yes	Yes	2
11	Scottish Grocers' Federation	Yes	No	Yes	No	2
12	Scottish Licensed Trade Association	Yes	Yes	No	No	2
NEUTRAL/UNDECIDED ON MUP						
21	Federation of Small Businesses Wales	Yes	Yes	Yes	Yes	4
22	Molson Coors Beverage Company	No	No	No	Yes	1
23	Welsh Retail Consortium	Yes	No	Yes	Yes	3

Table 4 continued:

	OPPOSE MUP					
24	ASDA	No	No	Yes	Yes	2
25	Aston Manor Cider	No	No	No	Yes	1
26	British Beer and Pub Association (BBPA)	Yes	Yes	No	Yes	3
27	British Retail Consortium (BRC)	Yes	No	Yes	Yes	3
28	Diageo	No	No	No	Yes	1
39	GMB Scotland	Yes	No	No	Yes	2
30	Heineken	No	No	No	Yes	2
31	JD Wetherspoon	No	Yes	No	No	1
32	Morrisons	No	No	Yes	Yes	2
33	National Association of Cider Makers	Yes	No	No	Yes	2
34	Portman Group	Yes	No	No	Yes	2
35	SAB Miller	No	No	No	Yes	1
36	Sainsbury's	No	No	Yes	Yes	2
37	The Retail Data Partnership Ltd	Yes	No	Yes	No	2
38	The Scotch Whisky Association (SWA)	Yes	No	No	Yes	2
39	UKHospitality	Yes	Yes	No	Yes	3
40	Wine and Spirits Trade Association (WSTA)	Yes	No	Yes	Yes	3



## Industry sub-category totals

The totals across the 40 industry responses analysed and sub-categorised (table 4) have been collated in the table below (table 5) to conclude where the largest divisions within industry lay.

Whilst this means totals in this table are higher than the actual number of industry responses analysed overall, it enables analysis of industry positions that accounts for organisations with multiple alcohol industry activities, interests and conflicts rather than one individual focus.

Table 5:

	INDUSTRY FUNCTION/ INTEREST SUB- CATEGORY	SUPPORT MUP	OPPOSE MUP	NEUTRAL/ UNDECIDED	TOTAL
1	Trade body/alliance	11	9	2	22
2	On-trade retailer	8	3	1	12
3	Off-trade retailer	9	6	2	17
4	Producer	12	15	3	30
	TOTAL	40	33	8	81

## Appendix 4: International responses

Whilst we did not include international responses in our previous UK analysis and statistics, we have included a brief breakdown below to capture the data we collated during the course of this report. We have outlined data on the 27 international responses analysed below.

These organisations either specifically commented on implementing MUP in the UK, or had a global policy on MUP that encompasses support for the policy in the UK), outlined by sector.

We removed sector categories that did not apply to any international respondents, leaving 6 sectors. We also added an ‘international governance organisation’ category to include organisations such as the WHO which did not apply to UK responses. Table 6:

	SECTOR CATEGORY	SUPPORT MUP	OPPOSE MUP	NEUTRAL/ UNDECIDED	TOTAL
1	Academic/research/ think tank	5	0	0	5
2	Industry	0	2	0	2
3	International governance organisation	2	0	1	3
4	Other charity/non- profit/alliance	3	0	0	3
5	Public health (body, alliance and/or charity)	13	0	0	13
6	Recovery organisation	1	0	0	1
	<b>TOTAL</b>	<b>24</b>	<b>2</b>	<b>1</b>	<b>27</b>

These widely mirror the proportions of support seen in the UK-specific figures outlined earlier. The only two international organisations in the responses analysed that opposed MUP were both trade bodies with vested financial interests in the alcohol industry: spiritsEUROPE and Comité Européen des Entreprises Vins.[66]

These alcohol producer trade associations were both part of the legal challenge brought against the Scottish Government on introducing MUP in Scotland from 2012 to 2017 (along with SWA). As such, their opposition to MUP has been well-documented.

Reports of arguments made by the SWA and the other European wine and spirits producers about the reasons behind their legal challenge stated that they argued the new law “would restrict trade and insisted that this was unjustified even if it improved health and saved lives.”[67] This highlights industry motives in opposing MUP even when there is a strong public health need for its implementation.

## Appendix 5: Report limitations

There are some small, anticipated limitations within this report and the findings presented. These include:

- Time period analysed: Some UK policy positions found were over 10 years old (22 out of 298), and some organisations have since been dissolved, merged, or changed names since submissions/statements. Whilst we have tried to use the most recent position statements for organisations (and to record any major developments such as mergers or name changes), this wasn't always possible to find
- Stakeholder shifts: Some stakeholders have been positioned on either side of the debate by different sources and/or at different points in time, making it difficult to fairly and accurately categorise them. In these cases we have categorised them as neutral to avoid assigning incorrect policy positions, but in reality it is possible that these organisations do have a firmer position on MUP than we concluded
- Secondary sources: A number of organisations (n=4) were cited on a particular side of the MUP debate in either reputable research literature or mainstream news articles, but we were unable to find specific statements from the organisation themselves. Credible sources were used to position the organisations, but appreciate that primary sources would be preferable to secondary sources
- Broken links: In one case, an older newspaper article that hyperlinked or referenced a specific document had links that no longer worked, and despite searches the original source could not be found. In this case, we have relied on news coverage (including quotes from the original document) without being able to double check the original source directly ourselves.
- Contradictions in submissions: A small number of organisations gave conflicting opinions and statements on MUP, for example in consultation responses where:
  - Organisations might tick the box to indicate that they were supportive of maintaining MUP in that nation, but their supporting statement contained a number of conflicting points
  - Organisations stated opposition to MUP in earlier consultation responses, but then supported retaining it in later consultations
  - Organisations might tick the box to indicate that they were supportive of maintaining MUP in that nation but also ticked the box to state their opposition to uprating it, and supporting statements went on to undermine the policy and question its evidence base

In most cases, we used the organisation's latest stated position on MUP, but appreciate that there is nuance to some responses. We studied the full submissions for organisations where there appeared to be multiple policy positions to try gain an overall indication of support or opposition. Where this remained unclear we added them to the neutral/ undecided category.

Limitations could be addressed in further reports or research by engaging with key stakeholders to understand whether their position has changed, and to understand more recent arguments developed since the successful implementation of MUP in both Scotland and Wales (which outdates some earlier concerns raised about potential impacts of MUP that have not been seen in those nations post-implementation).

# References

- [1] Institute of Alcohol Studies, [Economy](#) (accessed 19 August 2025)
- [2] Institute of Alcohol Studies, [Economy](#) (accessed 19 August 2025)
- [3] Boniface S, Card-Gowers J, Martin A, Retat L, Webber L (2022). [The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic](#). Institute of Alcohol Studies
- [4] World Health Organization (2017) [Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases](#)
- [5] Wyper GMA, Mackay DF, Fraser C, et al. (2023) Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study. *Lancet*
- [6] Public Health Scotland (2020) [Public attitudes to minimum unit pricing in Scotland](#)
- [7] Office for National Statistics (2025) [Alcohol-specific deaths in the UK: registered in 2023 \(accessed on 02 June 2025\)](#)
- [8] World Health Organisation (September 2018). [Fact sheets: alcohol](#)
- [9] Schütze M. et al. (2011). [Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study](#). *British Medical Journal*
- [10] Moore, S.C. et al. (2021) ['Alcohol affordability: implications for alcohol price policies. A cross-sectional analysis in middle and older adults from UK Biobank'](#). *Journal of Public Health*.
- [11] Institute of Alcohol Studies (Accessed 2025) [Price](#)
- [12] Institute of Alcohol Studies (accessed 2025) [Price](#)
- [13] Budgens (Accessed May 2025) [Omega white cider 2.5 litre. Available for £3.99 with 18.8 units per bottle.](#)
- [14] Institute of Alcohol Studies (Accessed 2025). [Consumption](#)
- [15] Wansink, B., & Van Ittersum, K. (2005). [Shape of glass and amount of alcohol poured: comparative study of effect of practice and concentration](#). *Bmj*, 331(7531), 1512-1514.
- [16] BBC News (2009), [Home drinkers 'over-pour spirits'](#)
- [17] World Health Organization (2017) [Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases](#)
- [18] OECD (2025) [Harmful Alcohol Consumption \(accessed online 05/08/25\)](#)
- [19] BBC News (17 October 2024) [Minimum unit pricing looks set to be introduced in NI \(accessed online on 3 April 2025\)](#)
- [20] Alcohol Action Ireland (accessed 03/04/2025) [Minimum Unit Pricing \(MUP\)](#)
- [21] Wyper GMA, Mackay DF, Fraser C, et al. (2023) [Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study](#). *Lancet*
- [22] Welsh Government (2025) [Evaluation of the minimum price for alcohol in Wales: research with retailers and quantitative analysis](#)
- [23] Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)
- [24] Alcohol Change UK Wales (2025) [Latest Welsh research shows minimum pricing remains a cornerstone of alcohol harm reduction](#)
- [25] Public Health Scotland (2024) [PHS Welcomes Plans to Continue Minimum Unit Pricing for Alcohol - News - Public Health Scotland, 9 February 2024](#)
- [26] Bokhari FAS, Chakraborty R, Dobson PW, Morciano M. (2024) [Lockdown drinking: the sobering effect of price controls in a pandemic](#). *Economic Inquiry*.
- [27] Livingston, W. et al. (2025) [Final report – Review of the introduction of minimum pricing for alcohol in Wales.](#)
- [28] DHSC (2025) [Alcohol profiles](#)
- [29] UK Government (2012) [The Government's Alcohol Strategy](#)
- [30] Movendi (2025) [Britain: 10-Year Health Plan Is Gift to Big Alcohol, Fails Needs of British People. Accessed online 07/08/2025](#)
- [31] Northern Ireland Department of Health (2023) [Summary of Responses to the Consultation on Minimum Unit Pricing for Alcohol – June 2023, accessed online on 30/05/2025](#)
- [32] World Health Organization (2017) [Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases](#)
- [33] NCD Alliance Scotland (2024) [NCD Prevention: A Commercial Determinants of Health Approach](#)
- [34] Social Market Foundation (2025) [The price is right: Minimum unit pricing for alcohol and the case for a windfall tax](#)
- [35] BBPA (2012) [Health Committee: Written evidence from the British Beer & Pub Association \(GAS 07\)](#)
- [36] JD Wetherspoon website, [Code of conduct for responsible retailing – England, Wales and Scotland, accessed online 18/08/2025](#)
- [37] UKSA (July 2023) [Letter from Sandesh Gulhane MSP to Sir Robert Chote –minimum unit pricing, accessed online 07/08/25](#)
- [38] UKSA (August 2023) [Response from Sir Robert Chote to Sandesh Gulhane MSP –minimum unit pricing, accessed online 07/08/25](#)
- [39] Gilmore, I., Finlay, I., McKee, M., Marmot, M., Casswell, S., Rice, P., and Severi, K. (September 2023) [Commending Public Health Scotland's evaluation of minimum unit pricing. The Lancet, accessed online 07/08/25](#)

# References

- [40] Hawkins, B., McCambridge, J. (2014) [Industry Actors, Think Tanks, and Alcohol Policy in the United Kingdom](#). Am.J. Public Health
- [41] Talking Retail (2014) [Independent retailers lend support to NFRN Manifesto launch](#) (accessed online 06/08/2025)
- [42] Hilton, S. et al. (2014) [Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newspaper coverage of key claims-makers in the policy debate?](#) Published in Soc Sci Med. 2014 Feb;102(100):157–164
- [43] Welsh Government (2019) [Summary of Responses: Consultation on the Proposed Level of the Minimum Unit Price for Alcohol](#)
- [44] CEBR (2022) [Blog: Minimum Unit Pricing in Scotland: Why the targeted policy has had minimal impact on the consumption of the targeted group](#)
- [45] Institute of Alcohol Studies (2017) [Pubs quizzed: What publicans think about policy, public health and the changing trade.](#)
- [46] Balance North East (2018) [North East landlords blame cheap supermarket booze for closures](#)
- [47] Harrington, J. (2012) [Greene King chief executive Rooney Anand reiterates his support for minimum pricing](#). Morning Advertiser
- [48] Angus, C. et al. (2015) [Modelling the impact of minimum unit price and identification and brief advice policies using the Sheffield alcohol policy model version 3](#). University of Sheffield. Frontier Economics (2019). [Minimum Unit Alcohol Pricing. Evaluating the impacts on the alcoholic drinks industry in Scotland: baseline evidence and initial impacts.](#)
- [49] Public Health Scotland. (2023) [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report.](#)
- [50] Alcohol Health Alliance (2025) [Demand for action on UK's 'top three killers' ahead of 10-year health plan.](#)
- [51] IPPR and Public First (2025) [The health mandate: The voters' verdict on government intervention.](#)
- [52] Balance North East (2024) [A Blueprint for Reducing Alcohol Harm](#)
- [53] Alcohol Health Alliance (2025) [Demand for action on UK's 'top three killers' ahead of 10-year health plan](#), Alcohol in England (2023) [Support for alcohol control policies](#), Ipsos (2025) [The public are largely supportive of government public health interventions.](#)
- [54] Alcohol Health Alliance (2025) [Demand for action on UK's 'top three killers' ahead of 10-year health plan](#)
- [55] Alcohol Health Alliance (2023) [Pouring over public opinion: Alcohol Policies in the UK](#)
- [56] Alcohol in England (2023) [Support for alcohol control policies](#), Alcohol in Scotland (2023) [Support for alcohol control policies](#)
- [57] Public Health Scotland (2020) [Public attitudes to minimum unit pricing in Scotland](#)
- [58] Brennan A, Angus C, Pryce R, Buykx P, Henney M, Gillespie D, Holmes J, Meier PS (2022) [Effectiveness of subnational implementation of minimum unit price for alcohol: policy appraisal modelling for local authorities in England](#). Published in the May 2023 edition of Addiction (volume 118, issue 5).
- [59] South East London ICS (2024) [Vital 5 Alcohol Harm Policy Impact and Implementation Review](#)
- [60] BBC News (April 2024) [Council considers implementing minimum alcohol price](#)
- [61] County Durham Partnership (2015) [Alcohol Harm Reduction Strategy](#)
- [62] County Durham Partnership (2021) [Joint Health and Wellbeing Strategy 2021-2025](#)
- [63] Durham County Council (2011) [Minimum Price Per Unit of Alcohol: A discussion paper for County Durham Health and Wellbeing Partnership](#)
- [64] Wyper, G. et al. (2023). [Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: A controlled interrupted time series study](#). The Lancet
- [65] Office for Health Improvement & Disparities (2024). [Alcohol profiles](#)
- [66] Institute of Alcohol Studies (2020) [Minimum Pricing of Alcohol](#)
- [67] Belfast Telegraph (2013) ['Alcohol price legal challenge fails'](#) (accessed online, 06/08/2025).



The Alcohol Health Alliance UK (AHA) is a coalition of 64 organisations working together to reduce the harm caused by alcohol. Our members include medical royal colleges, charities and treatment providers.

**Keep in touch**

E: [info@ahauk.org](mailto:info@ahauk.org)

W: [www.ahauk.org](http://www.ahauk.org)

