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Minimum pricing for alcohol: Evidence, uncertainties and the UK experience

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Abstract: Increasing the price of alcohol is among the best-evidenced approaches to reducing alcohol consumption and alcohol-related harm. International evidence, particularly from the UK and Canada, suggests that implementing a minimum price for a unit or standard drink of alcohol is likely to be particularly effective as those at greatest risk from their drinking tend to purchase cheaper alcohol. As this group includes lower income harmful drinkers, minimum pricing also has considerable potential to reduce health inequalities arising from alcohol use. In contrast, the effect of minimum pricing on moderate drinkers' alcohol purchases are likely to be small as these purchases tend to be above minimum price thresholds.

Despite the strength of the available evidence, uncertainties remain regarding the response of alcohol producers and retailers, how those dependent on alcohol will react to minimum pricing in the short- and long-term, and the impact on younger drinkers and on the wider social harms associated with alcohol use.

The Scottish Government implemented a minimum price of £0.50 per unit of alcohol in May 2018 following a five-year legal challenge led by the Scotch Whisky Association. The other UK Governments and devolved administrations are also engaged in long-running debates around the same policy. Analyses of different aspects of these policy debates provide insights into the diverse use of evidence by stakeholders, including the alcohol industry, public health advocates and policymakers. The evaluation of Scotland's minimum unit pricing policy, led by NHS Health Scotland, will play a key role in these debates, both by informing the Scottish Parliament's judgement on whether the policy continues after a six-year 'Sunset Clause' and by providing comprehensive evidence for other jurisdictions on the real-world effectiveness of minimum unit pricing.