



Reducing Alcohol Harms in Northern Ireland: The potential of Minimum Unit Pricing

Long Gallery, Parliament Buildings, Stormont Estate, Belfast
26 September 2024

Event Briefing

**Institute of
Public Health**



Key themes

Policymakers, academics, public health experts and community health advocates gathered to discuss the potential of Minimum Unit Pricing (MUP) to tackle alcohol-related harm and health inequalities in Northern Ireland. This report summarises the key themes and outcomes from the discussions. This policy innovation was first suggested by the North South Alcohol Policy Advisory Group¹ in 2014 in its report, "Reducing alcohol-related harm by addressing alcohol availability – maximising benefits from North South cooperation"².

The event was opened by Suzanne Costello, Chief Executive of the Institute of Public Health and the discussion was moderated by Jo Scott, BBC Northern Ireland.

The expert panel leading the discussion consisted of:



**Bill Stewart, Principal Statistician,
Northern Ireland Statistics and Research Agency**



**Alison Douglas, Chief Executive,
Alcohol Focus Scotland**



**Colin Angus, Senior Research Fellow
University of Sheffield**



**Alex Bunting, Group Director of Therapeutic and
Wellbeing Services, Inspire**



**Dr Roger McCorry, Consultant Hepatologist
Royal Victoria Hospital Liver Unit in Belfast**



**Dr Joanna Purdy, Public Health Development Officer,
Institute of Public Health**

¹ The North South Alcohol Policy Advisory Group was established by the Chief Medical Officers in Ireland and Northern Ireland in 2013 and is chaired by the Institute of Public Health.

² [Reducing alcohol-related harm by addressing alcohol availability – maximising benefits from North South cooperation](#)

Invited experts who contributed to the discussion included:

- **Professor Niamh Fitzgerald**, Institute of Social Marketing, University of Stirling
- **Professor Wulf Livingston**, Professor of Alcohol Studies, Glyndwr University
- **Dr Peter Rice**, Chair, Institute of Alcohol Studies and President of Eurocare (European Alcohol Policy Network)
- **Dr Eric Carlin**, University of Edinburgh, Institute of Public Health and formerly World Health Organization Regional Office for Europe.

What is MUP and how does it work?

MUP reduces the availability of cheap, high alcohol products by setting a floor price below which you cannot sell a fixed volume of alcohol, for example, a unit³. MUP affects different products differently, with the greatest impact on products such as white ciders or cheap vodkas, which are often consumed by those who are experiencing the greatest health harms, related to their high levels of alcohol consumption. Different from taxation, alcohol prices in pubs, restaurants and night clubs are almost always unaffected, as alcohol sold there is almost always going to be substantially more expensive per unit than the minimum price.

How does MUP affect prices? A 65p example:



Why is MUP needed in Northern Ireland?

One in every 10 deaths in the World Health Organization (WHO) European Region each year is caused by alcohol, amounting to almost one million in total, and many of these deaths occur at a very young age. WHO states that alcohol consumption is a causal factor for more than 200 diseases, health conditions and injuries. Alcohol is a group one human carcinogen, causally linked to seven types of cancer and consumption, particularly heavy consumption, which also weakens the immune system and reduces its ability to cope with infectious diseases⁴.

Official statistics were cited, showing that in Northern Ireland, almost half of adult males and almost a third of adult females consume alcohol at least once a week. Around a fifth

³ One unit equals 10ml or 8g of pure alcohol, which is around the amount of alcohol the average adult can process in an hour.

⁴ Turning down the alcohol flow. Background document on the European framework for action on alcohol, 2022-2025.

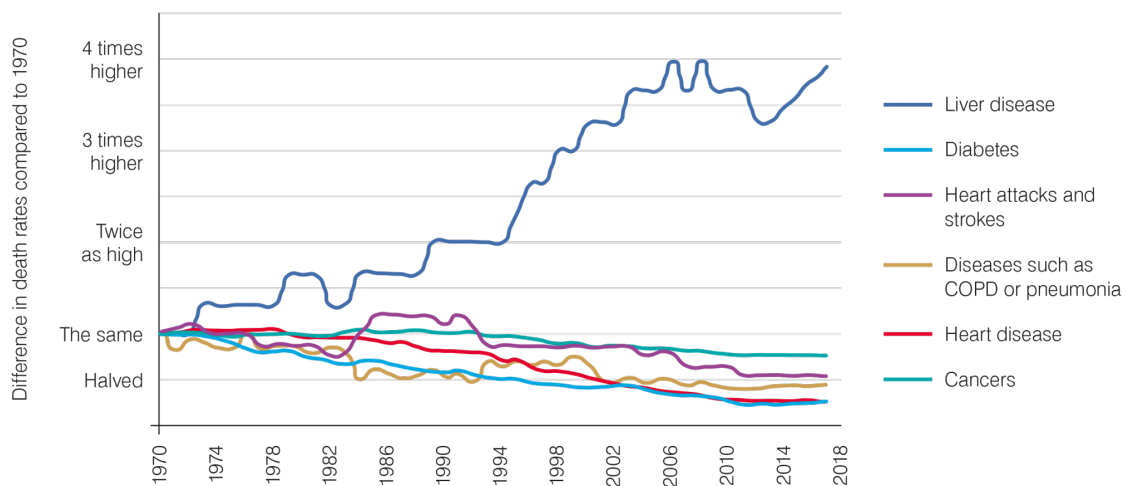
of males report consuming more than 14 units (the recommended low risk weekly limit guidance) in a single day. The health and social impacts in Northern Ireland are stark; in 2022, there were 356 deaths that were specifically due to alcohol consumption, accounting for 2.1% of all deaths⁵.

As well as this, alcohol harms disproportionately affect populations that are also experiencing other disadvantages⁶:

- Hospital admissions related to alcohol are three and a half times higher in the most deprived neighbourhoods than in the least deprived areas.
- Alcohol-specific deaths are over four times higher in the most deprived neighbourhoods than in the least deprived areas⁷.

While deaths from most major diseases have decreased over the last 50 years, liver disease deaths in the UK have surged by 400%⁸.

Acceleration in liver disease death rates compared with other major diseases



Comparison of UK standardised mortality rate data normalised to 1970.

As well as harming the health of individuals who consume alcohol and causing premature deaths, alcohol consumption places burdens on families, including children who may be affected by foetal alcohol spectrum disorder, as well as being at escalated risk of emotional or physical neglect or abuse.

Other issues that were raised by participants included:

- Alcohol increases the burden on already stretched health services, from primary care through to accident and emergency services.
- Alcohol consumption links to mental health problems. Trauma was noted as a specific issue in Northern Ireland, which could lead to alcohol problems. In a report from 2021, it was noted that 20% of patients whose deaths were reported as due to suicide in Northern Ireland had a primary psychiatric diagnosis of alcohol dependence/misuse (sic)⁹.

⁵ NISRA (2024) Alcohol-Specific Deaths in Northern Ireland, 2012 to 2022.

⁶ Including linking to other substance use problems

⁷ Department of Health (2024) Health Inequalities Annual Report 2024.

⁸ Liver disease in numbers – key facts and statistics

⁹ Compared to a reported 8% for the rest of the UK. University of Manchester (2021) National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: England, Northern Ireland, Scotland and Wales.

- There is good evidence that the effects of the COVID pandemic can be linked to increased mental health problems and related alcohol consumption patterns¹⁰.
- Harms are caused to individuals and to the economy due to people being absent from work as a result of alcohol consumption or presenting for work affected by their alcohol use.
- Alcohol consumption is strongly associated with crime, including domestic abuse and other violence.

What is the evidence that MUP will work?

In 2022, the World Health Organization made clear that MUP can play an important role in reducing alcohol-related harm and noted that, by specifically increasing the price of the cheapest, highest-strength alcohol this policy can have the greatest impact with the heaviest drinkers, who experience the highest rates of harm¹¹.

The independent evaluation report on MUP implementation in Scotland¹², published in June 2023, concluded that in two and a half years of operation, MUP prevented hundreds of avoidable deaths and reduced health inequalities linked to alcohol consumption.

This has led the World Health Organization to encourage other countries to learn from Scotland's experience and consider implementation of MUP so as to work towards creating safer communities and improving public health outcomes for all, leaving no one behind due to alcohol harms.¹³

As lead author of the aforementioned WHO report and drawing on experience from Scotland, Wales and Ireland¹⁴, Colin Angus estimated that immediate introduction of MUP at 50p per unit in Northern Ireland would annually reduce alcohol consumption by 3.25%, prevent 20 deaths, and save £2.2 million for the NHS. Establishment of MUP at a higher rate - for example, matching Scotland at 65p from October 2024, would have more beneficial impacts.

Outcomes from the discussions

Key issues to consider in planning for implementation of MUP should include:

- MUP should be considered as one of a portfolio of cost-effective alcohol policy options. Its implementation should be considered as complementary and synergetic with other necessary and evidence-based public health actions¹⁵, including taxation as well as measures to provide support for dependent drinkers to have the possibility of recovery.
- An assessment of the appropriate rate to have the most cost-effective impact should be made. This should be based on the best available evidence from Northern Ireland, as well as paying attention the other jurisdictions discussed in the seminar¹⁶.

¹⁰ [Turning down the alcohol flow. Background document on the European framework for action on alcohol, 2022–2025.](#)

¹¹ [World Health Organization \(2022\) No place for cheap alcohol. The potential value of minimum pricing for protecting lives.](#)

¹² [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report A synthesis of the evidence.](#)

¹³ [World Health Organization \(2023\) No place for cheap alcohol: Scotland's minimum unit pricing policy is protecting lives.](#)

¹⁴ Scotland: MUP implemented at 50p per unit from 1st May 2018. Wales: MUP implemented at 50p per unit from 2nd March 2020. Ireland: MUP implemented at one euro per 'standard drink', equivalent to 67p per unit from 4 January 2022.

¹⁵ Including, according to WHO, actions in relation to: alcohol pricing; alcohol availability; alcohol marketing; health information, with a specific focus on alcohol labelling; health services' response; and community action. **"These focus areas intersect, and thus a comprehensive approach is recommended to have the greatest impact."**

¹⁶ **Noting that in Scotland, to maintain the benefits of the policy, Parliamentarians recently made the decision to uprate to 65p, implemented in October 2024.**

- In order to maintain the policy's effectiveness, included in the regulation to implement MUP there should be an automatic mechanism to review it's level, linked to inflation rates.
- There should be a rigorous and transparent evaluation process to understand the impact of implementation of MUP, as has happened in Scotland¹⁷.
- A levy on alcohol producers and retailers should be considered, so that any additional revenue they might make from the policy can be directed into evidence-based public health measures to reduce harms due to alcohol consumption and to support recovery¹⁸.
- Public health messaging should be carefully designed, highlighting evidence, so as to gain and maintain public support for MUP, as well as to counter opposition to the measure.
- Alongside MUP, there should be consideration of broader public health campaigns to raise awareness of alcohol harms, including alcohol's links to cancer risks, and engaging actively with communities, including people with lived experience¹⁹.

Next Steps

Northern Ireland's Health Minister Mike Nesbitt, welcomed these discussions and commented:

"There are indications that setting a Minimum Unit Price could have significant positive benefits for reducing the harm alcohol can cause, reducing the impact on our health service, and reducing alcohol related deaths. Importantly, this targeted measure could have the biggest impact on those most at risk of alcohol-related harm. It also has potential to reduce health inequalities in Northern Ireland, which I have committed to addressing as a priority".

On 17th October 2024, the Minister informed the Northern Ireland Assembly Committee for Health that he had asked officials to progress work on the introduction of Minimum Unit Pricing for alcohol regulations.

The Institute of Public Health wishes to extend its thanks to David Brooks MLA, Deborah Erskine MLA, and Colin McGrath MLA who sponsored this event, as well as to all participants for such an important, stimulating and informative discussion.

We are also grateful to Dr Eric Carlin and Dr Joanna Purdy for compiling this report.

¹⁷ [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report A synthesis of the evidence.](#)

¹⁸ This will also build and maintain public support for the policy.

¹⁹ Including families.

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