



**Royal College of
Paediatrics and Child Health
Cymru**

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Royal College of Paediatrics and Child Health (RCPCH) Wales response to Welsh Government consultation on setting the minimum price of alcohol beyond 2026

September 2025

RCPCH Wales welcomes the opportunity to respond to the Welsh Government's consultation on setting the minimum price of alcohol beyond 2026. Taking into account our areas of expertise are those of child health and representing the views of paediatricians who constitute our membership, this response will focus on the ways in which alcohol is harmful to children and young people's health.

Summary

- RCPCH Wales supported the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 and agrees minimum unit pricing should continue beyond 2026.
- Alcohol consumption remains a concern for children and young people in Wales, with data indicating gender inequalities.
- Minimum unit pricing should remain an essential cornerstone of addressing the harmful impact of alcohol consumption. However, the Welsh Government should continue to pursue a wider package of measures to reduce alcohol related harm among children, young people and their families.

About us

The **Royal College of Paediatrics and Child Health** works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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MUP and wider policy measures

RCPCH Wales supported the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 and agrees minimum unit pricing should continue beyond 2026.

The Welsh Government's [final reports of the independent evaluation](#) on MUP in Wales overall points towards a positive account of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 as a policy measure and more specifically the Welsh implementation. This in turn suggests that it is an important tool, among others, in alcohol policy development.

The reports recommends that any continuation of the policy should be accompanied by ongoing and further evaluation, which should include the impact on children, young people, and families. We agree with this and would recommend the Welsh Government continue minimum unit pricing and conduct further research to understand the impact on children's health.

The reports make clear that the obvious step would be to follow the Scottish lead and renew the legislation and thus retain the policy option. We agree with this and advocates that MUP in the form of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 should remain an essential cornerstone for addressing the harmful impact of alcohol consumption.

However, it is also important to consider other measures to reduce alcohol consumption and harm among children, young people and their families. MUP was never intended to be a singular fix but rather part of a wider package of policy development.

In their [Global strategy to reduce the harmful use of alcohol](#), the World Health Organisation (WHO) indicated that pricing policies are particularly effective for young people, and can be used to reduce underage drinking, halt progression toward drinking large volumes of alcohol and/or episode of heavy drinking, and to influence consumers' preference.

The WHO further recommended ensuring intersectoral action to deliver a diverse range of measures. This includes ensuring broad access to information and effective education and public awareness programmes among all levels of society. To be effective, this needs to go beyond simply providing information about the risks of harmful use of alcohol and rather focus on promoting the availability of effective interventions and mobilising public opinion and support for effective alcohol policies. This should also ensure children who decide not to drink alcohol are supported in continuing this behaviour and protected from pressures to drink.

Children and Young People

It is widely reported that heavy drinking in adolescence can have adverse effects on people's immediate physical and mental health, as well as lead to alcohol-related health problems in the future. Evidence from our [State of Child Health Report](#) show that those who drink alcohol regularly from an early age are more likely to develop later alcohol misuse or abuse, as well as a range of other negative health and social outcomes when they reach adulthood.

Young people between the ages of 15 and 17 years are more likely to binge drink (drinking multiple drinks in a row), which is linked with other health risk behaviours such as: unprotected or regretted sexual activity, antisocial and criminal behaviour, and self-harm and thoughts of suicide.

Data taken from the [Health Behaviour in School-aged Children \(HBSC\) Study](#) show alcohol consumption is higher for children and young people in Wales than elsewhere in Europe, Central Asia and North America. The 2022 Wales findings indicate a noticeable gender gap in alcohol consumption and 'drunkenness'.

- 14% of boys aged 11 reporting consuming alcohol, rising to 68% by age 15.
- 20% of girls aged 11 reported consuming alcohol, rising to 76% by age 15.
- Over a quarter (26%) of aged 15 boys reported being drunk at least twice.
- Over a third (35%) of aged 15 girls reported being drunk at least twice.

For context, the HBSC average for reporting being drunk at least twice by aged 15 was 19.8% in 2022. This indicates that alcohol abuse remains higher and a concern for young people in Wales.

Additional [data from Public Health Wales \(PHW\)](#) highlights that there was a total of 869 school exclusions as a result of alcohol or drugs amongst school aged children in 2022-23. That's an increase of 119% from 2020-21 and up 16.5% from 2018-19.

However, hospital admissions related to alcohol use amongst children and young people has decreased over the last 10 years. There were 401 admissions involving young people aged under-25 with an alcohol specific condition in 2022-23, a decrease of 34.6% compared with the previous year. When compared to 2012-23, admissions have declined by 68.7%.

Despite the reduction in hospital admissions, it remains clear that alcohol consumption and harm for children and young people in Wales is still a challenge. To address this it requires more support, both through the continuation of MUP and a wider package of support for children, young people and their families.

Parental drinking

In cases where a child lives with a parent who exhibits problematic drinking behaviours, this can impact on the level of care the child receives and can lead to an increased risk of requiring care and support intervention, mental health problems and exposure to Adverse Childhood Experiences (ACEs).

When considering [parental factors of children receiving care and support](#) parental substance or alcohol misuse was listed as a factor for referral in 30% of cases in 2023, up from 27% in 2020. Children receiving care and support and those being looked after face significantly higher risks compared to their peers, particularly concerning alcohol and substance misuse, mental health, and overall wellbeing.

An independent report commissioned by Welsh Government into [the interplay between children looked after and substance misuse in Wales](#), detailed that ACEs significantly raise the likelihood of early onset drinking, with a single ACE tripling the chances of alcohol consumption by age 14.

The negative effect of ACEs can extend beyond a single generation, with their replication driven by complex interactions between personal and social environmental factors, leading to their intergenerational transmission.

[Research](#) by Public Health Wales and Bangor University has suggested that addressing the consequences of ACEs in adults may have the potential to also prevent exposure to ACEs for the next generation. For example, a person who uses alcohol as a coping mechanism for trauma may be vulnerable to exposing their own children to ACEs in the form of both parental substance misuse and the associated effects on parent-child interaction. The impact of exposure to ACEs in early life can be long lasting, where the psychological stressors in childhood result in physiological disruption and increased vulnerability to disease across the life course - a process referred to as biological embedding.