



RESPONSE TO THE HEALTH, SOCIAL CARE AND SPORT COMMITTEE'S CALL FOR VIEWS ON PRE-BUDGET SCRUTINY 2025-26: FINANCIAL POSITION OF INTEGRATION JOINT BOARDS

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We aim to reduce the impact of alcohol in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to the Health, Social Care and Sport Committee's call for views on Pre-Budget Scrutiny 2025-26: Financial Position of Integration Joint Boards.

2. What further resources would help achieve better service delivery and outcomes?

Outcomes for alcohol harm are worsening

In 2022, 1,276 people lost their lives to alcohol-specific causes, the highest number since 2008.¹ The tragic 25% rise in alcohol-specific deaths between 2019 and 2022 is likely caused by the pandemic's effects on changing drinking habits, particularly increases in high-risk and harmful drinking,² combined with reduced access to services. In light of these increases, the Scottish Government has rightly recognised alcohol harm as a public emergency.^{3 4}

Unfortunately, there is no sign of this emergency abating any time soon. Recent indications from the Scottish Health Survey are that increased consumption amongst hazardous and harmful drinkers from the pandemic has persisted; hazardous and harmful drinkers consumed an average of 32.9 units per week in 2022 compared to 30.9 units per week before the pandemic.⁵ It is estimated that if these changes in consumption persist into the long term, there would be an additional 7,536 deaths and 72,140 hospitalisations over 20 years, costing £82.2million by 2040 in hospital costs alone.⁶

Over 30 organisations have called on the Scottish Government to urgently take action to prevent further deaths and reduce harm from alcohol.⁷

Improvements are needed to the delivery of alcohol treatment services

Everyone should be able to access quality alcohol support services when and where they need them, no matter where they live in Scotland. Yet even before the COVID-19 crisis, alcohol services were already stretched, with a 2014 report suggesting fewer than one of four people with alcohol dependence were accessing treatment.⁸

Research of this kind was last carried out in Scotland nearly 10 years ago, so the extent to which demand for alcohol services is being met is unclear. However, figures published by Public Health Scotland (PHS) indicate a 40% decline in the number of people across Scotland accessing specialist alcohol treatment over the last 10 years.⁹ They are currently undertaking further work to understand what is happening and why, which should be published in the autumn.

Not only has the pandemic negatively affected service provision, it has also increased need. As noted above, there has been an increase in the amount of alcohol consumed by heavier drinkers.^{10 11} Calls to helplines and referrals to support services initially increased,^{12 13} along with relapse rates for

people in recovery from alcohol dependence.^{14 15} The Scottish Alcohol Counselling Consortium (SACC) noted an increasing complexity of alcohol problems and therefore length of time required to support people accessing their services during the pandemic. They have highlighted that referrals for alcohol counselling are continuing to rise year on year.¹⁶ In our engagement with individuals in recovery, recovery organisations, and service providers, lengthy waiting times for services have been noted as a current challenge (see Appendix 1).

These observations in relation to the delivery of alcohol treatment and support services aligns with the findings set out in the Accounts Commission's report that "the demand and need for services continue to increase and become more complex."¹⁷

Urgent investment is needed in alcohol services

In this context, it is essential that services are adequately resourced and clear that additional investment is required. This has also been highlighted by people with lived experience. For example, in a consultation event run by Scottish Families Affected by Alcohol and Drugs (SFAD), it was felt like there is a postcode lottery which determines options available and quality of treatment depending on where you live in Scotland.¹⁸ Families have called for treatment services to be better funded so treatment and care is improved, and so that support is more accessible.¹⁹ The need for investment in overstretched and struggling services came out clearly in our discussions with people in recovery, recovered organisations, and service providers themselves (see Appendix 1).

Given the very real possibility that alcohol deaths may reach an all-time high in Scotland this year, as they have already done in England, we require a proportionate response. This includes investment in recovery-oriented alcohol services ensuring availability of the full range of harm reduction and abstinence-based options to meet individual needs, and clear pathways into and through treatment, care and support. This includes community-based and hospital-based specialist alcohol services; alcohol counselling; residential and community-based rehabilitation provision; and promotion of peer-led and mutual aid options.

Audit Scotland has consistently reported slow progress in addressing the challenges of alcohol and drug harm since 2009, pointing to a lack of drive and leadership by the Scottish Government.²⁰ They note reductions in funding to Alcohol and Drug Partnerships (ADPs) over several years including a 20% reduction in core funding in 2016/17. There does appear to be some correlation with this reduction and the beginning of the decline in access to treatment services. Audit Scotland further report that by April 2021 funding to ADPs returned to around the level it had been pre-2016 in cash terms, but with no real terms increase in funding. The update report from Audit Scotland on drug and alcohol services, due to be published in the autumn, should provide further insight.

We have seen a significant investment of £250 million in drug treatment to address rising drugs deaths since 2021.²¹ However, it is unclear to what extent, if any, this additional investment has improved access to alcohol treatment.

The Scottish Government has indicated that the National Drugs Mission investment can also be used to support people with alcohol problems. For example, of the £250 million investment, £3 million is for investment in residential rehabilitation which can be accessed by people with drug and/or alcohol problems. The targeted investment in residential rehabilitation is having a positive effect, with placements for alcohol rehabilitation increasing between 2021/22 and 2022/23.²² The Scottish Government's announcement made earlier this week of a new £2 million Scottish Government Residential Rehabilitation Additional Placement Fund (APF) for Alcohol and Drug Partnerships that are experiencing high demand is also welcome.²³

It should be noted however, that residential rehabilitation is just one treatment option and is not suitable for everyone in need of help. People accessing residential rehabilitation constitute a relatively small proportion of those seeking support, with residential rehabilitation making up 2% of the types of treatment accessed by those seeking support for an alcohol problem, and a further 4% for co-dependency.²⁴ Other treatment options such as structured psychosocial intervention are much more common.²⁵

While the Minister for Drugs and Alcohol Policy has now written to ADPs to indicate that the National Mission funding can be used to improve alcohol services, it is not clear the extent to which it can or will be used for this at local level given the considerable demands in relation to tackling drugs deaths. AFS considers that additional dedicated investment is required. Below we outline how an Alcohol Harm Prevention Levy on those who sell alcohol, could help.

Investment in early access to treatment prevents more serious problems developing which offers better outcomes for people and costs savings for the NHS and public services. Public Health England has estimated that for every £1 spent on alcohol treatment, £3 is saved in the short-term, rising to £26 over ten years.²⁶

IJB finances

Alcohol Focus Scotland recognises the exceptionally challenging financial environment within which IJBs are operating. As set out in the Accounts Commission's recent report, IJB funding has decreased in real terms since 2021/22 by 9% (£1.1 billion) with the projected funding gap for 2023/24 having almost tripled in comparison to the previous year.²⁷ The financial position is expected to worsen: analysis of the 2024/25 budget reveals the projected funding gap for IJBs has increased again to £456 million.²⁸

There is a financial cost to health and social care services from alcohol use that should be recognised. Most recent estimates are that alcohol use costs Scotland at least £5-10bn each year, with a cost up to £0.7bn in health and social care costs.²⁹ The pressure alcohol use places on our health service is evident when we consider that every 15 minutes, someone is admitted to hospital due to alcohol, with almost all (93%) of these being emergency admissions.³⁰ In 2019, an estimated 16% (over 85,000) ambulance callouts were alcohol-related, rising to 18.5% at weekends.³¹

Parts of the alcohol industry imply that there is a zero-sum game when it comes to public health action and economic growth. This is not the case. People can stay in work and work for longer if their health is not damaged, or their lives cut short, by alcohol harm.³² People are more productive if they are not absent, or present but under-performing, due to the effects of alcohol consumption.³³ More importantly people will live longer, healthier and happier lives - and will require less support from the NHS and other public services to do so.

An Alcohol Harm Prevention Levy would deliver additional resources

As stated in the Accounts Commission's report, it is not sustainable for IJBs to increasingly rely on non-recurring sources of income.³⁴ Introducing an Alcohol Harm Prevention Levy in the 2025-26 budget would provide a sustainable source of funding for alcohol services and enable more demand to be met earlier, thereby improving outcomes for people and reducing future costs to our NHS.

The levy should be applied to retailers licensed to sell alcohol via a supplement on non-domestic business rates. The funds raised would help offset the significant costs to the public sector of dealing with the consequences of alcohol harm; by raising revenue from the sale of alcohol, this would make the 'polluter pay'.

A similar approach was previously employed by the Scottish Government between 21 April 2012 and 31 March 2015.³⁵ The Public Health Supplement was successful in raising significant revenue of £95.9m over its 3-year duration. It was applied to retailers licensed to sell both alcohol and tobacco with a rateable value of £300,000 or more. The supplement was regulated for through the Non-Domestic Rates (Levying) (Scotland) (No. 2) Regulations 2012, in exercise of the powers conferred by section 153 of the Local Government etc. (Scotland) Act 1994. In last year's Budget, the Scottish Government committed to revisiting a public health supplement in advance of this year's Budget.³⁶

An alcohol harm prevention levy would ensure that retailers - who sell 85% of all the alcohol in Scotland³⁷ - contribute financially towards reducing the impact of their alcohol sales on their local community. It would also help to address the increased revenue that off-trade alcohol retailers have likely experienced following the implementation of minimum unit pricing (MUP) in 2018.³⁸ Sales data show an overall increase in revenue for alcohol retailers,³⁹ with estimates on the additional revenue generated for retailers from MUP ranging from £32m per year (Fraser of Allander Institute) to £383m per year (Institute for Fiscal Studies).^{40 41} It is unclear how this impacts on profits, but producers themselves believe retailers are benefiting from increased profits.⁴²

The Fraser of Allander Institute estimates that, if set at the same level as the previous public health supplement (13p per pound of rateable value), the levy would raise £57m a year.⁴³ This rises to around £70m per year if set at 16p/£1, with each 1p increase in level raising £4.4m. The levy would principally affect large supermarket chains, making up 86% of the revenues raised.

Revenues would be pooled centrally into the Non-Domestic Rating Account (NRDA), from which the Scottish Government decides on the amount distributed to each local authority. A political commitment as to how these additional funds should be used by local authorities to address alcohol harm should be agreed between the Scottish Government and COSLA.

AFS has engaged with people in recovery, recovery organisations, and service providers, collating their views on whether an alcohol harm prevention levy is needed and where revenues from a levy could be allocated. A summary of these views is provided in Appendix 1, with the following key points raised:

- There was unanimous support for the introduction of an Alcohol Harm Prevention Levy.
- It is seen by those in recovery as an important point of fairness and accountability that industry do not get to profit without contributing to the cost of reducing the significant health harm which it causes.
- Residential rehabilitation and mental health services were the most mentioned areas for funding support, with other suggestions including peer support and support for recovery communities; support for families affected by problematic alcohol use; and education and awareness to tackle stigma.

Investment in early intervention and prevention

As stated by the Accounts Commission, "Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention."⁴⁴ Reinvesting in early intervention and prevention would align with the aim of integration, which was to ensure that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

A new alcohol strategy is required which commits both to investment in the full range of recovery-oriented alcohol services and to evidence-based preventative interventions to reduce alcohol consumption and future harms. This will both improve outcomes for people and reduce demand on our NHS, social services and criminal justice system. Primary preventative measures such as reducing affordability, restricting marketing and reducing availability cost little to implement. An Alcohol Harm Prevention Levy could also be used to fund early intervention and preventative measures.

Appendix 1 – Lived Experience views on an Alcohol Harm Prevention Levy **August 2024**

1. Background

Alcohol Focus Scotland hosted four sessions to collect views on the introduction of an Alcohol Harm Prevention Levy from people in recovery from an alcohol problem, recovery organisations, and people working in alcohol services. A total of 43 people participated in three sessions, which took place in March and August 2024, as follows:

- In-person session with 12 people from Borders in Recovery – March 2024
- In-person session with 8 people from a recovery support group in the North-East of Scotland run by With You – July 2024
- Webinar run jointly with Scottish Recovery Consortium (SRC) with 18 people in recovery, working in a recovery organisation, or working in an alcohol support or treatment service – July 2024
- Webinar with the Shetlands Recovery Hub with 5 people who have lived experience of issues around alcohol and drugs – August 2024

People who attended were asked whether they agreed with the idea of an Alcohol Harm Prevention Levy, whether they felt current services were lacking, and what they would like to see money raised from a levy be spent on. AFS are very grateful to those who came to these sessions for their time, and for being so open and honest about the personal experiences they have had throughout their recovery journey, and experiences with services they have interacted with. AFS will continue to advocate for those with lived experience and are committed to amplifying their voices throughout the policy process.

2. Principle of a levy

Not only was there unanimous agreement across the sessions that a levy is needed, but importantly it was seen as a way to hold industry to account for the harm caused by alcohol. For example, one participant said they feel the industry is “winning” from the current situation by profiting from minimum unit pricing (MUP) while services are so overstretched. In general, people were surprised that MUP was not a tax and that any additional revenue from MUP went to the alcohol companies and not into the public purse. There was a real sense of outrage and strong reactions about alcohol companies getting a boost to their revenue from MUP, while the public health emergency of alcohol harm continues to go without an emergency response. There was much concern expressed by people in recovery about the wider impacts of alcohol across the whole population, and the different physical and mental effects of alcohol consumption. For example, one participant from Borders in Recovery said: “I would like to see the money going into services for everybody because alcohol does bring a range of illnesses and risks and not just people drinking dependently.”

In addition, there was an acute awareness of the extent to which services are struggling, and a sense of frustration and unfairness that this is the case when money is being made from the sale of alcohol. This was summed up well in these contributions from participants in the sessions with With You and the Shetland Recovery Hub:

“When you see the amount of money being generated off of alcohol sales, services like this should feel the benefit. From coming here for just a few months, and you hear about tight budgets, that shouldn’t be a thing for a service that is helping so many people, and it is saving people’s lives at the end of the day and yet, they don’t have the budget to save lives.” [With You]

“The fact that people are profiting from other people’s misery and suffering, they should be paying for that.” [Shetland Recovery Hub]

3. Why an Alcohol Harm Prevention Levy is needed

Participants in the session commented on a distinct lack of parity with drug services, as well as noting that services are often combined and that isn’t always appropriate or desirable for those seeking treatment in relation to alcohol specifically.

One of the specific areas that was mentioned where services are lacking, was residential rehabilitation. This came across most strongly from the session with Borders in Recovery where one participant said it can cost up to £10,000 a week for residential rehab in their area. Similar points were raised in each of the four sessions, with several people noting that in spite of investment from the Scottish Government, there remains a lack of available rehabilitation beds in their area. The result of this is many people having to travel to rehabilitation centres in Glasgow, which means being away from their families and support networks, which also is not practical for many people. This presented a significant barrier to recovery and was due to a big gap in funding.

It was noted that not only are services too expensive to access for many people, but often only available for a 6-week period and that is simply not enough. Conversations about this often overlapped with people’s experiences of poor mental health. With many participants saying the treatment provided in rehabilitation for mental health was often not adequate to support people with complex or trauma-related mental health needs or those in crisis because of the waiting time to access services. We heard from one participant that -

“It used to be a lot easier to get into residential services but now it’s a lot more difficult. If I was to contact my alcohol and drug team, it would take them about 3 weeks to get back to me. By that point I could be at the bottom of the Clyde. They don’t have the staff, nor do they know how to communicate.” [With You]

In the session with Shetland Recovery Hub, discussion centred around rural communities feeling overlooked; one participant stated:

“The issue is, we have to start thinking about rural areas. Especially places like Shetlands. We have significant issues with both alcohol and drugs. Our deaths are soaring and we are struggling to support people with alcohol abuse.”

In summary, participants felt support for recovery is often prohibitively expensive, hard to access for practical reasons, comes with a lengthy waiting time, and is not long-term enough. They considered that these issues could be significantly improved by more funding, raised through a levy.

4. What funds raised by a levy should be spent on

4.1 Mental health support

The importance of mental health support was discussed in each of the four sessions, with two participants in the With You session noting the negative impacts poor mental health had on their recovery. Funding for mental health support was specifically raised nine separate times across the three sessions, with specific suggestions being for better-resourced crisis services, and for mental health nurses in recovery hubs. The lengthy waiting time was seen as a specific barrier to accessing mental health support. For example, participants said:

“Speaking about mental health, now it’s about 15-18 months to be seen by anyone. If you put more money back into services and provided that holistic approach, you wouldn’t have as many folk seeking mental health services and their mental health would actually improve.” [With You]

“I think it needs to be put into mental health services that are struggling, alcohol and drug services that are struggling, any sort of service that is helping people.” [Borders in Recovery].

4.2 Peer support and recovery communities

It was noted that many recovery and peer support groups are run entirely, or almost entirely, on a voluntary basis. Expecting people to do this for free was not seen as a sustainable model for this vital support. Furthermore, isolation was a particular problem referenced by people in recovery, with many identifying peer groups, recovery communities and activities as important parts of their recovery. Participants in the With You group shared their experiences of how valuable peer support is:

“I have been through lots of recovery services, and I have now stopped drinking, but I have definitely found that being able to get out there and engage with my peers has helped me massively. There needs to be more money for that.” [With You]

“For addicts, isolation is the biggest thing. Stopping people from being isolated by providing money to do things is a huge thing.” [With You]

There was a specific call for more community link workers to help provide links between services and ensure that there is continued support for people as they move through different stages of their recovery.

In addition to funding support for recovery groups, all groups considered it was important for young people to have youth clubs and community groups providing spaces to socialise that do not involve alcohol.

4.3 Stigma and educating the workforce

Tackling stigma and educating the workforce also came up often as an area that could be improved through funding from a levy. Discussion focused particularly on the stigma that people had encountered when interacting with NHS staff and the police. It was suggested that workforce development and awareness work would be useful so that people who are often in vulnerable situations are not seen as the problem themselves, re-framing to people who deliver these public services that alcohol harm is a burden on our NHS, but the individual people who experience it are not.

4.4 Support for families

The importance of support for families, to understand what will help or hinder someone's recovery, was also highlighted as deserving of additional funding. This included providing respite for family members who may be affected, especially young people:

"What I would do with the money is I would use it for families affected by alcohol use. Children are the first ones to be impacted by mummy and daddy's drinking. I would look at like a holiday scheme for the children to get a holiday and give them a break." [Shetland Recovery Hub]

"Families need help as well. There just isn't enough services out there. It needs to be accessible as well because my family just don't get it so there needs to be welcoming services where my family can go to receive support that I can't provide for them." [With You].

5. Summary

- Everyone that has provided input and shared their views with AFS has unanimously supported the introduction of an Alcohol Harm Prevention Levy.
- It is seen by those in recovery as an important point of fairness and accountability that industry do not get to profit freely from the sale of alcohol without contributing to the cost of reducing the significant health harm which it causes.
- Residential rehabilitation and mental health services were the most frequently mentioned areas for additional funding support.
- Many other important contributions and suggestions were made as to what money from a levy could be spent on, specifically – peer support and support for recovery communities; support for families; and education and awareness-raising to tackle stigma.

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