

ICMJE DISCLOSURE FORM

Date: 1/23/2022

Your Name: Niamh Fitzgerald

Manuscript Title: Factors influencing public health engagement in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)														
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Health Research Public Health Research Programme</td> <td>Paid to University</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute for Health Research Public Health Research Programme	Paid to University			Click the tab key to add additional rows.									
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Institute for Public Health (Ireland)</td><td>Paid to University of Stirling</td></tr> <tr><td>World Health Organization</td><td>Paid to University of Stirling</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Institute for Public Health (Ireland)	Paid to University of Stirling	World Health Organization	Paid to University of Stirling							
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World Health Organization	Paid to University of Stirling												
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>World Health Organization</td><td>Paid to University of Stirling and to me personally.</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	World Health Organization	Paid to University of Stirling and to me personally.									
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6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td>Government of Ireland</td><td>Paid to University of Stirling</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Government of Ireland	Paid to University of Stirling									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>World Health Organization</td><td>Paid to me</td></tr> <tr><td>European Monitoring Centre for Drugs and Drug Addiction</td><td>Paid to me</td></tr> <tr><td></td><td></td></tr> </table>	World Health Organization	Paid to me	European Monitoring Centre for Drugs and Drug Addiction	Paid to me							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
9	Participation on a Data Safety	<input type="checkbox"/> None											

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board	Community pharmacy highlighting alcohol in medication appointments (CHAMP1) study, Advisory Board	No payment received
		LGBT & Alcohol Services Study Steering Group	No payment received
		Public Health Alcohol Research Group of Department of Health, Irish Government	Member 2020 - present
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		International Confederation of Alcohol, Tobacco & Other Drug Research Associations	President 2018-2021 Past-President 2021 – present
		Governance, Ethics & Conflicts of Interest research network	Committee member 2019 – present
		Kettil Bruun Society for Social & Epidemiological Research on Alcohol Conflicts of Interest committee	Member 2021- present
		UK-Ireland Alcohol Research Network	Co-Lead
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: Dr. Andrea Mohan

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Health Research Public Health Research Programme</td> <td>Paid to University</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: gray; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute for Health Research Public Health Research Programme	Paid to University			Click the tab key to add additional rows.			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Parliamentary Advisory Council for Transport Safety</td> <td>Paid to University</td> </tr> <tr> <td>Scottish Health Action on Alcohol Problems</td> <td>Paid to University</td> </tr> <tr> <td>Scottish Government Drugs Death Task Force</td> <td>Paid to University</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Parliamentary Advisory Council for Transport Safety	Paid to University	Scottish Health Action on Alcohol Problems	Paid to University	Scottish Government Drugs Death Task Force	Paid to University		
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">World Health Organization Eastern Mediterranean Region</td> <td style="width: 50%;">Paid to University</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	World Health Organization Eastern Mediterranean Region	Paid to University					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in	<input type="checkbox"/> None							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid	Vice President of ICARA – International Confederation of Alcohol and other drugs Research Associations	Non-paid position
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/24/2022

Your Name: Richard Purves

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>University of Edinburgh</td> <td>Paid to me personally.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	University of Edinburgh	Paid to me personally.					
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	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/18/2022

Your Name: Rachel O'Donnell

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Government of Ireland	Payment made to the University of Stirling
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/11/2022

Your Name: MATT EGAN

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
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NIHR PHR	Paid to University								
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR SPHR PD-SPH-2015</td> <td> </td> </tr> <tr> <td>NIHR PHR Award ID: NIHR128607</td> <td> </td> </tr> <tr> <td>NIHR PHR Award ID: 16/09/13</td> <td> </td> </tr> </table>	NIHR SPHR PD-SPH-2015		NIHR PHR Award ID: NIHR128607		NIHR PHR Award ID: 16/09/13	
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None									

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	society, committee or advocacy group, paid or unpaid	Membership of the NIHR PHR Research Funding Board	N/A
		Membership of MRC PHIND Funding Panel	N/A
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: James Nicholls

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Nason Maani

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		NIHR Three Schools project grant	Payments made to my employer at LSHTM to cover my salary (20% FTE)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		World Health Organization	Consultant, WHO global programme on commercial and economic determinants of health (received 5600 USD in payment)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/11/2022

Your Name: Maria Smolar

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: Andrew Fraser

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		From 1 st January 2012 until 10 th September 2021 I was Head of Democratic Services of North Ayrshire Council, which included responsibility for the authority's licensing service	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: Tim Briton

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	society, committee or advocacy group, paid or unpaid	(1) Lawyers in Local Government (a company registered in England and Wales under number 08379439) aka LLG	I have been LLG's national lead officer for litigation and licensing since 2014. From 2015 to 2020 I was also a director of the company. Neither of these roles attract any remuneration. LLG is a professional membership body representing, promoting and supporting the interests of local government legal or governance officers working within a local authority within England and Wales.						
		(2) Institute of Licensing North East Branch (a company registered in England and Wales under number 04884548) aka IOL	I have been the IOL's North East Branch treasurer since 2009. The role does not attract any remuneration. The IOL is a professional body for licensing practitioners across the United Kingdom; and is a registered charity (No. 4884548).						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 15px;"></td><td style="width:50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/11/2022

Your Name: Laura Mahon

Manuscript Title: Factors influencing public health engagements in alcohol licensing in England and Scotland including legal and structural differences: comparative interview analysis.

Manuscript Number (if known): NIHR135566 (PHR 15/129/11) – Article 2

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