

ICMJE DISCLOSURE FORM

Date: 2/23/2023

Your Name: Andrea Mohan

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

Manuscript Number (if known): 135567

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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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									

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	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.

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Date: 2/23/2023

Your Name: Matt Egan

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

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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 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:

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Date: 2/23/2023

Your Name: Niamh Fitzgerald

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		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, Ireland	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	
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Date: 2/23/2023

Your Name: Nason Maani

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

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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 other 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> </table>							

		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)
	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 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: 2/23/2023

Your Name: Rachel O'Donnell

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

Manuscript Number (if known): 135567

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.

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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 type="checkbox"/> None <table border="1"> <tr> <td>ASH Scotland – Chair of the Scottish Tobacco Alliance Research and Evaluation Subgroup (2020-2021)</td> <td>Unpaid</td> </tr> <tr> <td>UK-Ireland Smoke-free Homes Innovation Network (SHINE)</td> <td>Co-Lead</td> </tr> <tr> <td></td> <td></td> </tr> </table>	ASH Scotland – Chair of the Scottish Tobacco Alliance Research and Evaluation Subgroup (2020-2021)	Unpaid	UK-Ireland Smoke-free Homes Innovation Network (SHINE)	Co-Lead			
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ICMJE DISCLOSURE FORM

Date: 2/23/2023

Your Name: Richard Purves

Manuscript Title: INNOVATION AND DIVERSITY IN PUBLIC HEALTH TEAM ENGAGEMENT IN LOCAL ALCOHOL PREMISES LICENSING: QUALITATIVE INTERVIEW FINDINGS FROM THE ExILEnS STUDY

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		NHS Health Scotland National Institute for Health and Care Research	Paid to University Paid to University
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	University of Edinburgh Paid to me personally.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Alcohol Focus Scotland Paid to me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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