

ICMJE DISCLOSURE FORM

Date: 12/2/2024

Your Name: Lynne Gilmour

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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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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: 11/25/2024

Your Name: [Louise Honeybul]

Manuscript Title: [Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 12/2/2024

Your Name: Shirley Lewis

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 11/21/2024

Your Name: Emma Smith

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

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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: 11/22/2024

Your Name: [Mariana Gonzalez Utrilla]

Manuscript Title: [Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)]

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 11/21/2024

Your Name: Helen Cheyne

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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 checked="" type="checkbox"/> None	

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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: 11/21/2024

Your Name: POLLY RADCLIFFE

Manuscript Title: **Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs, and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)**

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 11/29/2023

Your Name: Brigid Featherstone

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs, and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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13	Other financial or non-financial interests	<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>							

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: 11/25/2024

Your Name: Professor Narendra Aladangady

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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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ICMJE DISCLOSURE FORM

Date: 11/21/2024

Your Name: Margaret Maxwell

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		reduction intervention to improve mental health, quality of life, and related outcomes, for people experiencing homelessness and substance use problems: The 'SHARPS' trial.	
		EU Horizon 2020 Framework Programme Call: H2020-SC1-2019-Two-Stage-RTD Project: 848137 —SC1-BHC-22-2019 — Mental health in the workplace: MENTUPP	
		Tenovus Scotland. Study Protocol Co-production Group, leading on to the co-design of a suicide intervention service model for children and young people.	
		Stroke Association. SA PPA 18\100011 HEADS: UP (Helping Ease Anxiety and Depression following Stroke) psychological self-management intervention: non-randomised pilot study followed by a randomised cluster pilot trial.	
		CSO HIPS/19/51. Improving the mental health of farmers: what types of remote intervention and support are acceptable and feasible to best support improved outcomes?	
		NIHR HTA Reference Number: NIHR129798 Title: Understanding the contextual factors that impact on the effective provision of opiate substitution therapy (OST) and needle and syringe programmes (NSP) in the UK: a multi-method study and realist evaluation of what works, for whom and under what circumstances.	
		MRC Global Challenges Research Funding (GCRF) Seed Fund: MR/T039345/1. Improving maternal mental health in South East Asia through assets based approaches.	
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	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/21/2024

Your Name: Joanne Neale

Manuscript Title: Evaluating models of care: best practice and care pathways for women who use and are in treatment for using drugs and their infants, from preconception to 18 months postnatal -The Stepping Stones Study (NIHR130619)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None	
		Public Health Scotland	Consultant on a study of residential rehabilitation – payment made to KCL
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Camurus AB	Honoraria for presentations paid to KCL
		Indivior	Honoraria for presentations paid to KCL
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Senior Editor of Addiction Journal and the International Journal of Drug Policy	Personal payment
		Member of SMART Recovery Global Advisory Committee	No payment

		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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