

Online Appendix

Supporting Information: Additional Methodological Details

Evidence Submission Documents

As explained in the main text, a standardized process that proposals for new primary legislation undergo in Scotland helps ensure that new laws are adequately scrutinized.¹ For the first stage of this scrutiny process, the Health and Sport Committee (which is made up of elected representatives in proportion to the membership of the Scottish parliament) is required to produce a report on the general principles of new legislation. This report recommends whether the parliament should allow the bill to progress further and subsequently helps inform parliamentary debate. Two different bills proposing the minimum unit pricing of alcohol in Scotland have been introduced, with the first, introduced in 2009, being unsuccessful. Given our interest in framing the policy debate, we analyzed the earliest public documents, produced by a range of policy stakeholders. As a result, the documents submitted as evidence were drawn from the first stage of the committee's consideration of the first, albeit unsuccessful, attempt to introduce minimum unit pricing (in the bill entitled alcohol, etc. [Scotland]).²

Table A1. Participants Interviewed, by Sector

Sector	Number of Interviewees
Academic	8
Advocate	7

Civil service	10
Industry	6
Politician	5

Ensuring Participant Confidentiality

The limited number of potential participants for this study increased the risk that the interviewees would be identified and thus also risked making recruitment difficult. In order to improve recruitment, we obtained informed consent not just for participating but also for recording the interviews (possible in nearly all cases), using quotations in publications and presentations (again available for most participants), and identifying the broad sector from which the participants were drawn (ie, politician, civil servant, researcher, advocate, and industry), an approach previously used by others.³ After the interview, we marked those sections in the transcripts that were not to be quoted, to help minimize the risk of disclosure. We then gave the participants a copy of their transcript to review and asked them to make any modifications needed to ensure their anonymity (eg, indicating additional sections of the transcript that should not be quoted).

Reflexivity

Qualitative interview data are a jointly constructed endeavor, arising from the interaction between interviewer and interviewee. A critical reflection of the interviewer's impact on the nature of the data collected can help in the analysis and be considered a mark of rigor. The researcher's perspective also may influence the interpretation of the data. In this appendix,

we briefly describe the lead researcher's background and position with respect to the topic of study. Reflexivity helps us better understand the impact that *we as researchers* have had on the findings of our research and also allows readers to consider for themselves the implications of our perspectives on our findings.

All the interviews were conducted by the lead author (Srinivasa Vittal Katikireddi), a public health specialty registrar. The interviewees were aware that the interviewer was trained as a medical doctor and therefore would be familiar with epidemiology. The interviewees also knew that our study was sponsored by the UK Medical Research Council and thus we would be interested in health. In addition, our research team has been developing plans to evaluate minimum unit pricing of alcohol, and some of the interviewees knew this before being interviewed (and this may have been a factor in their participation).

Given that we work in the field of public health and have an interest in population-based interventions, we are explicitly interested in gaining a better understanding of how public health practitioners and researchers can learn to better influence the development of policies. We therefore are aware that the focus of our findings could privilege the role of active agents and downplay the role of institutional and broader contextual factors. Although this article does examine the potential role of agency in the policy process, we paid close attention to structural factors in the analysis and are aware of the risks posed in ignoring these broader influences.

Considerable qualitative research in the health field focuses on exploring the perspectives of patients or other potentially vulnerable groups. However, the interviewees for this study can be considered "elite."⁴⁻⁶ In other words, the traditional perspective in much qualitative research is that the interviewer holds power over the interviewee. In contrast, elite interviewees are characterized by power relationships that are either more equal or reversed, since many interviewees occupy high-level positions in their respective organizations. A

related issue is the relatively small size of the policy community that was asked to participate. This made ensuring confidentiality particularly important but also appeared to have facilitated the interviewees' participation if they had heard favorable comments about the research from others. While it has been argued that the distinction between "elite" interviews and other qualitative research has sometimes been overemphasized,⁴ we looked carefully at these complex and variable power relations during our analysis. The impact of changes in the political context in which we conducted the interviews also added another layer of reflexive complexity.

Overview of Evidence Submission Documents

Key

We divided the stakeholders as being academic, health, voluntary, civil servant, government, public sector, trade rep(resentative), producer, off-trade, on-trade, supermarket, or individual.

Their positions on minimum unit pricing were based on the following categories:

Supportive: explicitly states that the stakeholder favors minimum unit pricing.

Against: explicitly states that the stakeholder opposes minimum unit pricing.

Neutral: presents both positive and negative statements regarding minimum unit pricing and does not explicitly adopt either of the above positions.

Unclear: presents no explicit statements regarding supportiveness and therefore does not reveal the stakeholder's position on minimum unit pricing.

Exempt: cannot express an explicit opinion regarding the stakeholder's support for minimum unit pricing because his or her organization precludes the stakeholder from doing so.

Ref.	Stakeholder	Stakeholder Type	Position
1	School of Health And Related Research, Sheffield	Academic	Neutral
2	SPICe	Civil service	Exempt
3	Peter Anderson	Academic	Supportive
4	Anne Ludbrook	Academic	Uncertain
5	Scottish Government Overview	Civil service	Exempt

Ref.	Stakeholder	Stakeholder Type	Position
6	Centre for Economics and Business Research	Academic	Against
7	Royal Society of Edinburgh	Academic	Supportive
8	Salvation Army	Voluntary	Supportive
9	Children in Scotland	Voluntary	Supportive
10	Aberlour Child Care Trust	Voluntary	Supportive
11	NUS Scotland	Trade rep	Supportive
12	Youth Link Scotland	Voluntary	Supportive
13	BMA Scotland	Trade rep	Supportive
14	SHAAP	Health	Supportive
15	Faculty of Public Health	Health	Supportive
16	Alcohol Focus Scotland	Voluntary	Supportive
17	Scottish Association for Mental Health	Health	Supportive
18	Whyte & Mackay	Producer	Against
19	Tennents Caledonian Breweries Ltd.	Producer	Supportive
20	Scotch Whisky Association	Producer	Against
21	NACM (cider)	Producer	Against
22	Portman Group	Producer	Against
23	SIBA (independent brewers)	Producer	Against
24	Scottish Grocers' Federation	Off-trade	Against
25	Scottish Beer and Pub Association	Trade rep	Against
26	Scottish Licensed Trade Association	On-trade	Supportive
27	NOCTIS	On-trade	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
28	Consumer Focus Scotland	Voluntary	Supportive
29	Asda	Supermarket	Against
30	Sainsbury	Supermarket	Against
31	Cooperative supermarket	Supermarket	Against
32	Morrisons	Supermarket	Against
33	Tesco	Supermarket	Unclear
34	Association of the Chief Police Officers of Scotland	Trade rep	Supportive
35	City of Edinburgh Council Licensing Standards	Public sector	Unclear
36	W Dunbartonshire Licensing Forum	Public sector	Supportive
37	Glasgow City Council Licensing Board	Public sector	Unclear
38	Law Society of Scotland	Academic	Neutral
39	Office of Fair Trading	Civil service	Neutral
40	Canadian Centre for Substance Abuse	Health	Neutral
41	BAC Canada Brewers	Trade rep	Neutral
42	Alcohol and Gaming Commission of Ontario	Public sector	Neutral
43	Liquor Control Board of Ontario	Public sector	Neutral
44	Centre for Addictions Research of British Columbia	Academic	Supportive
45	Alberta Gaming and Liquor Commission	Public sector	Neutral
46	Molson Coors UK	Producer	Supportive
47	Scottish Government, Nicola Sturgeon	Government	Supportive
48	Aberdeen City Alcohol & Drugs	Public sector	Supportive
49	Aberdeen City Council	Public sector	Neutral

Ref.	Stakeholder	Stakeholder Type	Position
50	North Aberdeenshire Licensing Board	Public sector	Supportive
51	Aberdeenshire Alcohol Drugs Partnership	Health	Supportive
52	Academy of Royal Medical Colleges	Health	Supportive
53	Action for Children Scotland	Voluntary	Neutral
54	Addiction Recovery Training Services	Health	Against
55	Association of Directors of Social Work	Public sector	Supportive
56	Alcohol Concern	Voluntary	Supportive
57	Alcohol Health Alliance	Health	Supportive
58	Angus Alcohol and Drugs Partnership	Public sector	Supportive
59	Dr. E.M. Armstrong (former CMO)	Health	Supportive
60	Barnados Scotland	Voluntary	Supportive
61	British Institute of Innkeeping	On-trade	Unclear
62	Broadway Convenience Store	Off-trade	Supportive
63	Breakthrough Breast Ca{{correct?}}	Voluntary	Supportive
64	British Hospitality Association	Trade rep	Unclear
65	Campaign for Real Ale	Trade rep	Supportive
66	Castle Leisure Group	On-trade	Supportive
67	CBI Scotland	Trade rep	Against
68	Children in Scotland	Voluntary	Supportive
69	Chivas Brothers Ltd.	Producer	Supportive
70	Church of Scotland	Voluntary	Supportive
71	City of Edinburgh Licensing Board	Public sector	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
72	Clackmannshire Licensing Board	Public sector	Against
73	Dr. Forrester Cockburn	Health	Unclear
74	Comhairle Nan Eilean Siar (Western Isles Council)	Public sector	Supportive
75	Counselling and Psychotherapy in Scotland	Trade rep	Neutral
76	Convention of Scottish Local Authorities	Public sector	Unclear
77	Diageo	Producer	Against
78	Hugh Donnelly	Individual	Against
79	Dumbarton East and Central Community Council	Public sector	Supportive
80	Dumfries and Galloway Alcohol and Drugs Partnership	Health	Supportive
81	Dundee City Licensing Board	Public sector	Supportive
82	East Ayrshire Alcohol and Drugs Partnership	Health	Supportive
83	East Ayrshire Licensing Board	Public sector	Supportive
84	East Dunbartonshire Alcohol and Drugs Partnership	Health	Supportive
85	East Lothian Licensing Board	Public sector	Unclear
86	East Renfrewshire Licensing Board	Public sector	Against
87	Edrington Group	Producer	Against
88	Falkirk Council	Public sector	Supportive
89	Fife Council	Public sector	Supportive
90	Fed Small Bus	Trade rep	Unclear
91	Gin and Vodka Association	Producer	Against
92	General Medical Council	Trade rep	Neutral

Ref.	Stakeholder	Stakeholder Type	Position
93	David Harrell	Individual	Supportive
94	Health Protection Scotland	Health	Neutral
95	Heineken	Producer	Against
96	Highland Alcohol and Drugs Partnership	Health	Supportive
97	Highland Licensing Board	Public sector	Neutral
98	Home Safety Scotland	Voluntary	Unclear
99	Institute for Alcohol Studies	Voluntary	Supportive
100	The International Coalition Against Prohibition	Voluntary	Against
101	Inverclyde Council	Public sector	Supportive
102	James Kelly	Individual	Against
103	Lanarkshire Alcohol and Drugs Partnership	Health	Supportive
104	Leslie Logan	Individual	Supportive
105	Dr. Macleod	Health	Unclear
106	Mohamed Mashaal	Individual	Supportive
107	Medical Research Council	Academic	Neutral
108	Mid Lothian Alcohol and Drugs Partnership	Health	Unclear
109	Mitchell's & Butlers	On-trade	Unclear
110	Moray Alcohol and Drugs Partnership	Health	Supportive
111	Moray Licensing Board	Public sector	Unclear
112	Colin Murray	Individual	Against
113	NHS Ayrshire & Arran	Health	Supportive
114	NHS Ayrshire Clinical Forum	Health	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
115	NHS Borders	Health	Supportive
116	NHS Borders & South Borders Council	Health	Supportive
117	NHS Borders Health Improvement Team	Health	Supportive
118	NHS Forth Valley	Health	Supportive
119	NHS Grampian	Health	Supportive
120	NHS Greater Glasgow and Clyde	Health	Supportive
121	NHS Health Scotland	Health	Supportive
122	NHS Highland	Health	Supportive
123	NHS Lanarkshire	Health	Supportive
124	NHS Lothian Alcohol and Drugs Partnership	Health	Supportive
125	NHS Lothian	Health	Supportive
126	NHS Orkney	Health	Supportive
127	NHS Orkney Chair	Health	Unclear
128	NHS Tayside	Health	Supportive
129	NHS Western Isles	Health	Supportive
130	NOCTIS ^a	Trade rep	Supportive
131	North Aberdeenshire Licensing Forum	Health	Supportive
132	North Ayrshire Alcohol and Drugs Partnership	Health	Supportive
133	North Lanarkshire Council, Sports	Public sector	Unclear
134	Orkney Islands Licensing Board	Public sector	Supportive
135	Perth & Kinross Alcohol and Drugs Partnership	Health	Supportive
136	Perth & Kinross Council	Public sector	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
137	Prevention Research Centre	Academic	Unclear
138	Poverty Truth Commission	Voluntary	Supportive
139	Church of Scotland, Presbytery of Edinburgh	Voluntary	Supportive
140	Queen Margaret University	Academic	Unclear
141	Chris Record	Health	Unclear
142	Renfrewshire Council	Public sector	Supportive
143	Renfrewshire Licensing Forum	Public sector	Unclear
144	Royal College of General Practitioners Scotland	Health	Supportive
145	Royal College of Nurses	Health	Supportive
146	Royal College of Physicians	Health	Supportive
147	Royal College of Physicians and Surgeons of Glasgow	Health	Unclear
148	Royal College of Physicians of Edinburgh	Health	Supportive
149	Roy College of Psychiatrists Scotland	Health	Supportive
150	Roy College of Surgeons of Edinburgh	Health	Supportive
151	Royal Infirmary of Edinburgh	Health	Supportive
152	SabMiller	Producer	Against
153	Scottish Patients' Association	Health	Supportive
154	Scottish Commissioner for Children and Young People	Public sector	Supportive
155	Scottish Ambulance Service	Health	Supportive
156	Scottish Association of Alcohol and Drug Teams	Health	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
157	Glasgow Centre for Study of Violence	Academic	Unclear
158	Scottish Centre for Development and Industry	Trade rep	Against
159	Scottish Episcopal Church	Voluntary	Supportive
160	Scottish Police Federation	Trade rep	Supportive
161	Scottish Retail Consortium	Off-trade	Against
162	Scottish Women's Convention	Voluntary	Unclear
163	Scottish Youth Commission on Alcohol	Voluntary	Supportive
164	Scottish Youth Parliament	Voluntary	Supportive
165	Elizabeth Shelby	Individual	Supportive
166	Nick Sheron	Health	Unclear
167	Silverton and Overtoun Community Council	Public sector	Supportive
168	South Aberdeenshire Licensing Forum	Public sector	Supportive
169	South Ayrshire Alcohol and Drugs Partnership	Health	Supportive
170	South Ayrshire Licensing Board	Public sector	Supportive
171	John and Ann Steer	Individual	Supportive
172	Eleanor Steiner	Individual	Supportive
173	Jonathan Stewart	Individual	Supportive
174	UK Advertising Standards Agency	Civil service	Neutral
175	Unison Scotland	Trade rep	Neutral
176	University of Aberdeen	Academic	Supportive
177	University of Stirling	Academic	Supportive
178	University of the West of England	Academic	Supportive

Ref.	Stakeholder	Stakeholder Type	Position
179	University of the West of Scotland	Academic	Unclear
180	Violence Reduction Unit Scotland	Academic	Unclear
181	West Dunbartonshire Council	Public sector	Unclear
182	West Lothian Council	Public sector	Supportive
183	West Lothian Licensing Board	Public sector	Neutral
184	West Lothian Tobacco Alcohol and Drugs Partnership	Health	Supportive
185	West Isles Licensing Board	Public sector	Supportive
186	Gillian Wray	Individual	Neutral

^aDuplicate submission by stakeholder.

References

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