**Title of datasets used in analyses:**

Main dataset: LCCG\_Anonymised\_Alcohol-data270223

Column headings for tabular data in LCCG\_Anonymised\_Alcohol-data270223:

|  |  |
| --- | --- |
| UsualGPsOrganisationCode\_first | Anonymised code for GP organisation code. |
| Genderrecoded\_first | Participant gender |
| Age\_first | Participant age |
| GP\_REG\_PATIENTS | Number of patients registered at GP surgery |
| IndexofMultipleDeprivationdeciles\_first | IMD decile of the LSOA for individual patients |
| EthnicOriginrecoded\_first | Patient ethnicity |
| YEAR\_first | Year of first alcohol episode in EMIS system (2017 – 2021) |
| CodeTermADtermsrecoded\_first | Code term for alcohol: Dependence; Hazardous/Harmful drinking; non-harmful drinking |
| CodeTermOccuprecoded\_first | Occupation |
| MEDSrecoded\_first | Pharmacotherapy for alcohol management |
| CodeTermRefrecoded\_first | Onward referral from primary care |
| CodeTermPsychiatricrecoded\_first | Co-morbid psychiatric diagnoses |
| CodeTermPhysicalrecoded\_first | Co-morbid physical diagnoses |
| MEDS\_Count | Count variable for alcohol-related pharmacotherapy |

Supplementary datasets:

female\_eth: Ethnicity of all female patients registered at GP surgeries included in the study.

male\_eth: Ethnicity of all male patients registered at GP surgeries included in the study.

IMD\_surgeries: IMD decile of every anonymised surgery in the study.

Male\_v\_female: total numbers of male and female patients registered at each GP surgery in the study.

LSOA\_all\_GP: Number of patients in each GP population split by IMD decile based on patients’ address LSOA.

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File formats: CSV

Data and file overview: This datafile accompanies a study we performed using a cross-sectional analysis of anonymised GP electronic health records in Liverpool Clinical Commissioning Group. and requested data from the 86 GP practices within the CCG for a period covering 1/1/2017 – 31/12/2021. The file was shared by the business intelligence team at Liverpool CCG with Liverpool John Moores University. The team at NHS Liverpool CCG requested that anonymised identifiers were removed from the publicly available file, and GP surgery codes were anonymised throughout. Sixty-two practices provided agreed to share their data and provided us with routinely collected patient health data recorded via Egton Medical Information Systems (EMIS). Following the case definition of Alcohol Dependence developed by Thompson and co-workers (2017) records of individuals who:

1. Were aged 18 years or over
2. Had a SNOMED code for alcohol dependence or consequences of alcohol dependence (e.g. alcoholic cirrhosis of the liver) between 1st January 2017 and 31st December 2021 were selected.

Individuals with search terms associated with alcohol dependence were also identified by expanding the search to include individuals who had received an Alcohol Brief Intervention, pharmacotherapy to manage alcohol dependence or alcohol-related free text linked problems on the EMIS system. Anonymised data was recoded to reflect: UK Census 2021 ethnic categories (ethnicity), Diagnostic Statistical Manual for Mental Disorders 5 classifications (DSM-5) (psychiatric comorbidities) and year of first occurrence (2017 – 2021) of anonymised identifier (for incidence). GP postcode was recoded to reflect the 2019 Indices of Multiple Deprivation for England (IMD) deciles, based on the Lower Layer Super Output Area (LSOA) of the GP postcode. We also received patient level LSOA codes, which were recoded to reflect the IMD decile of that LSOA. In the current study IMD deciles were used in the main analyses with 1 = most deprived – 10 = least deprived. All analyses were performed in R Studio, and the open access analysis code can be found here: [https://osf.io/7ywdz/].