Supplementary Box S1: Details of practice relevant to participating practitioners work with older care recipients, as identified within their narratives

Care provider:	How alcohol related discussion is incorporated within care practice	Level of training about alcohol-related health risk and intervention relative to others in sample (with details of training relevant to addressing older people's alcohol use specifically)	Notes on perceptions of their role in addressing non-dependent drinking	Signs indicative of hazardous/harmful alcohol use available to the provider through their practice	Frequency of interactions with individual care recipients	Working exclusively/ predominantly with older adults?
General Practitioners	Not systematised within consultations. Non-dependent alcohol use bordered on some issues discussed in consultations, such as managing mental health and bereavement.	High; including some awareness of relevance of alcohol use to managing common long-term conditions. No training for intervention skills specific to supporting older people's decisions about alcohol.	Acknowledged much intervention is conducted by Allied Health Professionals (practice nurses and health care assistants)	Variable. Many available indicators i.e. blood screening results or patient presentation would only indicate very excessive use or alcohol dependence. Access to Alcohol Use Disorders Identification Test (AUDIT) results through patient records, but unlikely to evaluate these in consultations. Symptoms discussed in practice that may be caused by alcohol use may not be attributed to alcohol by GPs.	Can be frequent (several times a year) with older patients; but variable.	No
Practice Nurses	Alcohol-related discussion involved in chronic condition reviews/follow up of Alcohol Use Disorders Identification Test (AUDIT) results*.	High; including awareness of relevance of alcohol use to managing long-term conditions common in old age. Experienced in delivering alcohol intervention to older age group; but no training for intervention skills specific to supporting older people's decisions about alcohol.	Recognised role in providing feedback for risky alcohol use.	Alcohol Use Disorders Identification Test (AUDIT) results; other indicators signalling heavy use such as blood screening results and patient presentation.	Can be frequent (several times a year) with older patients; but variable.	Yes (about alcohol)
District Nurses	Not systematised in interactions with patients. But considered in managing falls risk*.	High; including awareness of relevance of alcohol use to managing common long-term conditions. No training for intervention skills*	Recognised role in supporting older people to live safely in their home environment; to which feedback about alcohol use was relevant.	Consultations within patients' home environment – indicators of misuse e.g. bottles available.	Can be frequent (several times a year) with older patients unable to attend practice; but variable.	Yes
Health Care Assistants	Involved in screening for risky alcohol use, but not intervention*.	Low; but developed skills for alcohol-related discussion through systematised screening	Not accountable for intervention*	Alcohol Use Disorders Identification Test (AUDIT) results; other indicators signalling heavy use such as	Infrequent – involved in health checks; frequency of which varies between patient (annually if living	Yes

				patient presentation (but not involved in intervention*).	with a chronic health condition).	
Pharmacists	Alcohol represented one of four health-related behaviours discussed in medicine use reviews with patients using high risk medicines, or >4 medicines in combination.	Very high; including awareness of particular risks of alcohol use relevant to older people i.e. heightened risk in combination with common diseases and medicine use in old age. Experienced in delivering alcohol intervention to older age group; but no training for intervention skills specific to supporting older people's decisions about alcohol.	Felt accountable for addressing alcohol use of those visiting the pharmacy regularly or for medicine use reviews.	Intake discussed, list of medicines, conditions and symptoms that may be effected by alcohol available through consultation.	Annual medicine use reviews with patients using high risk medicines or >4 medicines in combination; plus interactions when dispensing medicines.	Yes (about alcohol)
Dentists	Screening for hazardous drinking using Alcohol Use Disorders Identification Test-C (AUDIT-C) results and very brief advice in assessments; also Denplan Previser Patient Assessment (DEPPA) and very brief advice in private practice.	Low	Acknowledged they had a limited role; as part of a broader system of care providers contributing to assessing and addressing care recipients' alcohol use.	Care recipient presentation, any signs of alcohol-related disease from oral health exam, Alcohol Use Disorders Identification Test-C (AUDIT-C) results, DEPPA score.	Once or twice a year.	No
Social Care Providers	Screening and discussion involved in mental health assessments (including alcohol use); exploring and addressing care recipients' and their informal care givers' alcohol use when supporting them with mental health and coping.	High; including awareness of risk factors for increased alcohol use in old age. No responsibilities or training for delivering alcohol intervention.	Concerned with their care recipients' (and recipients' informal care givers') overall wellbeing, which alcohol was recognised to affect in both positive and negative ways.	Care recipients' presentation in home environment; signs available in home environment; mental health assessment (including alcohol use).	Variable – often concentrated periods.	Yes

Domiciliary Care Providers	Not systematised. Involvement in supporting older care recipients' alcohol purchase and drinking practices through role in supporting their daily living.	None	Flagged concerns for care recipients when alcohol use was perceived to have become hazardous; intervention not a formal part of role; may informally suggest limiting intake. Role in supporting the older person in continuity of their lifestyle (which could involve supporting purchase and use of alcohol). Through relationship with care recipient, felt a high level of individual responsibility for promoting and monitoring their wellbeing, including how it might be affected by alcohol.	Care recipients' presentation in home environment; signs available in home environment; involvement in alcohol purchase and drinking practices through role in supporting care recipient's lifestyle.	Weekly or more.	Yes

**Likely varies between practices; recorded as reported by providers participating in this study.*