

Association studies of up to 1.2 million individuals yield new insights in the genetic etiology of tobacco and alcohol use

AUTHORS

Mengzhen Liu^{1,†}, Yu Jiang^{2,3,†}, Robbee Wedow^{4,5,6,†}, Yue Li^{7,8,†}, David M. Brazel^{4,9,10}, Fang Chen^{2,3}, Gargi Datta¹, Jose Davila-Velderrain^{7,8}, Daniel McGuire^{2,3}, Chao Tian¹², Xiaowei Zhan¹³, *23andMe Research Team*⁷⁴, *HUNT All-In Psychiatry*⁷⁵, Hélène Choquet¹⁴, Anna R. Docherty^{15,16}, Jessica D. Faul¹⁷, Johanna R. Foerster¹⁸, Lars Fritsche¹⁸, Maiken Elvestad Gabrielsen¹⁹, Scott D. Gordon²⁰, Jeffrey Haessler²¹, Jouke-Jan Hottenga²², Hongyan Huang^{23,24}, Seon-Kyeong Jang¹, Philip R. Jansen^{25,26}, Yueh Ling^{2,9}, Reedik Mägi²⁷, Nana Matoba²⁸, George McMahon²⁹, Antonella Mulas³⁰, Valeria Orrù³⁰, Teemu Palviainen³¹, Anita Pandit¹⁸, Gunnar W. Reginsson³², Anne Heidi Skogholt¹⁹, Jennifer A. Smith^{17,33}, Amy E. Taylor²⁹, Constance Turman^{23,24}, Gonneke Willemssen²², Hannah Young¹, Kendra A. Young³⁴, Gregory J. M. Zajac¹⁸, Wei Zhao³³, Wei Zhou³⁵, Gyda Bjornsdottir³², Jason D. Boardman^{4,5,6}, Michael Boehnke¹⁸, Dorret I. Boomsma²², Chu Chen²¹, Francesco Cucca³⁰, Gareth E. Davies⁷⁶, Charles B. Eaton⁷⁷, Marissa A. Ehringer^{2,49}, Tõnu Esko^{8,27}, Edoardo Fiorillo³⁰, Nathan A. Gillespie^{15,20}, Daniel F. Gudbjartsson^{32,36}, Toomas Haller²⁷, Kathleen Mullan Harris^{37,38}, Andrew C. Heath³⁹, John K. Hewitt^{4,40}, Ian B. Hickie⁴¹, John E. Hokanson³⁴, Christian J. Hopfer^{4,42}, David J. Hunter^{23,24,43}, William G. Iacono¹, Eric O. Johnson⁴⁴, Yoichiro Kamatani²⁸, Sharon L. R. Kardina³³, Matthew C. Keller^{4,40}, Manolis Kellis^{7,8}, Charles Kooperberg²¹, Peter Kraft^{23,24,45}, Kenneth S. Krauter^{4,9}, Markku Laakso^{46,47}, Penelope A. Lind²⁰, Anu Loukola³¹, Sharon M. Lutz⁴⁸, Pamela A. F. Madden³⁹, Nicholas G. Martin²⁰, Matt McGue¹, Matthew B. McQueen^{4,49}, Sarah E. Medland²⁰, Andres Metspalu²⁷, Karen L. Mohlke⁵⁰, Jonas B. Nielsen⁵¹, Yukinori Okada^{28,52}, Ulrike Peters^{21,53}, Tinca J. C. Polderman²⁵, Danielle Posthuma^{25,54}, Alexander P. Reiner^{21,53}, John P. Rice⁵⁵, Erin Rimm^{24,56}, Richard J. Rose⁵⁷, Valgerdur Runarsdottir^{58,59}, Michael C. Stallings^{4,40}, Alena Stančáková⁴⁶, Hreinn Stefansson³², Khan K. Thai¹⁴, Hilary A. Tindle⁶⁰, Thorarinn Tyrfingsson^{58,59}, Tamara L. Wall⁶¹, David Weir¹⁷, Constance Weisner^{14,62}, John B. Whitfield²⁰, Bendik Slagsvold Winsvold⁶³, Jie Yin¹⁴, Luisa Zuccolo^{29,64}, Laura J. Bierut⁵⁵, Kristian Hveem^{19,65,66}, James J. Lee¹, Marcus R. Munafò^{64,67}, Nancy L. Saccone⁶⁸, Cristen J. Willer^{35,51,69}, Marilyn C. Cornelis⁷⁰, Sean P. David⁷¹, David Hinds¹², Eric Jorgenson¹⁴, Jaakko Kaprio^{31,72}, Jerry A. Stitzel^{4,49}, Kari Stefansson^{32,73}, Thorgeir E. Thorgeirsson³², Goncalo Abecasis¹⁸, Dajiang J. Liu^{2,3,*}, and Scott Vrieze^{1,*}

¹ Department of Psychology, University of Minnesota Twin Cities, Minneapolis, Minnesota, USA

² Department of Public Health Sciences, College of Medicine, Pennsylvania State University, Hershey, Pennsylvania, USA

³ Institute of Personalized Medicine, College of Medicine, Pennsylvania State University, Hershey, Pennsylvania, USA

⁴ Institute for Behavioral Genetics, University of Colorado Boulder, Boulder, Colorado, USA

⁵ Department of Sociology, University of Colorado Boulder, Boulder, Colorado, USA

⁶ Institute of Behavioral Science, University of Colorado Boulder, Boulder, Colorado, USA

⁷ Computer Science and Artificial Intelligence Lab, Massachusetts Institute of Technology, Cambridge, Massachusetts, USA

⁸ The Broad Institute of MIT and Harvard, Cambridge, Massachusetts, USA

⁹ Department of Molecular, Cellular, and Developmental Biology, University of Colorado Boulder, Boulder, Colorado, USA

¹⁰ Interdisciplinary Quantitative Biology Graduate Group, University of Colorado Boulder, Boulder, Colorado, USA

¹¹ Quantitative Biomedical Research Center, Department of Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, Texas, USA

¹² 23andMe, Inc., Mountain View, California, USA

¹³ Center for the Genetics of Host Defense, Department of Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, Texas, USA

¹⁴ Division of Research, Kaiser Permanente, Oakland, California, USA

¹⁵ Department of Psychiatry, Virginia Institute for Psychiatric & Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA

¹⁶ Department of Psychiatry and Human Genetics, University of Utah, Salt Lake City, Utah, USA

- 17 Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, USA
- 18 Department of Biostatistics, Center for Statistical Genetics, University of Michigan, Ann Arbor, Michigan, USA
- 19 K.G. Jebsen Center for Genetic Epidemiology, Department of Public Health and Nursing, Norwegian University of Science and Technology, Trondheim, Norway
- 20 Department of Genetics and Computational Biology, QIMR Berghofer Medical Research Institute, Brisbane, Queensland, Australia
- 21 Division of Public Health Science, Fred Hutchinson Cancer Research Center, Seattle, Washington, USA
- 22 Department of Biology Psychology, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands
- 24 Program in Genetic Epidemiology and Statistical Genetics, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA
- 24 Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA
- 25 Department of Complex Trait Genetics, Center for Neurogenomics and Cognitive Research, Vrij Universiteit Amsterdam, Amsterdam, the Netherlands
- 26 Department of Child and Adolescent Psychiatry, Erasmus MC Rotterdam, Rotterdam, the Netherlands
- 27 Estonian Genome Center, University of Tartu, Tartu, Estonia
- 28 Laboratory for Statistical Analysis, RIKEN Center for Integrative Medical Sciences, Yokohama City, Kanagawa, Japan
- 29 Department of Population Health Science, Bristol Medical School, Oakfield Grove, Bristol, United Kingdom
- 30 Consiglio Nazionale delle Ricerche, Istituto di Ricerca Genetica e Biomedica, Monserrato, Italy
- 31 Institute for Molecular Medicine FIMM, University of Helsinki, Helsinki, Finland
- 32 deCODE Genetics/AMGEN, Inc., Reykjavik, Iceland
- 33 Department of Epidemiology, University of Michigan, Ann Arbor, Michigan, USA
- 34 Department of Epidemiology, University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA
- 35 Department of Computational Medicine and Bioinformatics, University of Michigan, Ann Arbor, Michigan
- 36 School of Engineering and Natural Sciences, University of Iceland, Reykjavik, Iceland
- 37 Department of Sociology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA
- 38 Carolina Population Center, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA
- 39 Department of Psychiatry, University of Washington in St. Louis, St. Louis, Missouri, USA
- 40 Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, Colorado, USA
- 41 Brain and Mind Centre, University of Sydney, New South Wales, Australia
- 42 Department of Psychiatry, University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA
- 43 Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom
- 44 Fellows Program, RTI International, Research Triangle Park, NC, USA
- 45 Department of Biostatistics, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA
- 46 Department of Internal Medicine, Institute of Clinical Medicine, University of Eastern Finland, Finland
- 47 Department of Medicine, Kuopio University Hospital, Finland
- 48 Department of Biostatistics and Bioinformatics, University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA
- 49 Department of Integrative Physiology, University of Colorado Boulder, Boulder, Colorado, USA
- 50 Department of Genetics, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA
- 51 Department of Internal Medicine, Division of Cardiovascular Medicine, University of Michigan, Ann Arbor, Michigan
- 52 Department of Statistical Genetics, Osaka University Graduate School of Medicine, Suita, Osaka, Japan
- 53 Department of Epidemiology, University of Washington, Seattle, Washington, USA
- 54 Department of Clinical Genetics, VU Medical Centre Amsterdam, Amsterdam, the Netherlands
- 55 Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri, USA
- 56 Department of Nutrition, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA
- 57 Department of Psychological and Brain Sciences, Indiana University, Bloomington, Indiana, USA
- 58 SAA - National Center of Addiction Medicine, Vogur Hospital, Reykjavik, Iceland
- 59 Society of Alcoholism and other Addictions, Reykjavik, Iceland
- 60 Department of Medicine, Vanderbilt University, Nashville, Tennessee, USA
- 61 Department of Psychiatry, University of California San Diego, San Diego, California, USA
- 62 Department of Psychiatry, University of California San Francisco, San Francisco, California, USA

- ⁶³ FORMI and Department of Neurology, Oslo University Hospital, Oslo, Norway
- ⁶⁴ MRC Integrative Epidemiology Unit, University of Bristol, Oakfield Grove, Bristol, United Kingdom
- ⁶⁵ HUNT Research Centre, Department of Public Health and Nursing, Norwegian University of Science and Technology, Levanger, Norway
- ⁶⁶ Department of Medicine, Levanger Hospital, Nord-Trøndelag Hospital Trust, Levanger, Norway
- ⁶⁷ UK Centre for Tobacco and Alcohol Studies, School of Experimental Psychology, University of Bristol, Bristol, United Kingdom
- ⁶⁸ Department of Genetics, Washington University School of Medicine, St. Louis, Missouri, USA
- ⁶⁹ Department of Human Genetics, University of Michigan, Ann Arbor, Michigan
- ⁷⁰ Northwestern University Feinberg School of Medicine, Department of Preventative Medicine, Chicago, Illinois, USA
- ⁷¹ Department of Medicine, Stanford University School of Medicine, Palo Alto, California, USA
- ⁷² Department of Public Health, University of Helsinki, Helsinki, Finland
- ⁷³ Faculty of Medicine, University of Iceland, Reykjavik, Iceland
- ⁷⁴ A full list of members and affiliations appears at the end of the paper.
- ⁷⁵ A full list of members and affiliations appears at the end of the paper.
- ⁷⁶ Avera Institute for Human Genetics, Sioux Falls, SD, USA
- ⁷⁷ Department of Family Medicine & Community Health, Alpert Medical School, Brown University, Providence, RI, USA

†These authors contributed equally to this work: Mengzhen Liu, Ju Jiang, Robbee Wedow, and Yue Li

*Correspondence to Dajiang J. Liu, dajiang.liu@psu.edu, or Scott Vrieze, vrie0006@umn.edu.

Tobacco and alcohol use are leading causes of mortality and morbidity that strongly influence risk for a wide range of common complex diseases and disorders¹. They are heritable^{2, 3} and etiologically related^{4, 5} complex behaviors that have been resistant to gene discovery efforts⁶⁻¹¹. Here, in sample sizes of up to 1.2 million individuals, we discovered 564 genetic variants in 405 loci associated with important stages of tobacco use and addiction (initiation, cessation, and heaviness) as well as alcohol use, with 128 loci evidencing pleiotropic association. **Secondary analyses using MTAG¹², a multi-trait method, expanded the total number of associated genetic variants to 1,193.** Smoking phenotypes were positively genetically correlated with a wide collection of diseases, as expected. Drinks per week was negatively correlated with nearly all diseases, such that genetic risk for increased alcohol use lowered disease risk. Variants near nicotinic acetylcholine receptor genes were associated with smoking heaviness and cessation, reinforcing their value as therapeutic targets. We report novel robust associations between genes affecting risk for tobacco and alcohol use, including genes involved in dopaminergic and glutamatergic neurotransmission. The results **provide a solid starting point to evaluate the effects of these loci on more precise measures of substance use (e.g., biomarkers) in humans and model systems.**

An analysis overview is provided in **Figure S1**; all independent associated variants are in **Tables S1-S5**; and QQ, Manhattan, and LocusZoom plots are shown in **Figures S2-S12**. Smoking initiation phenotypes included age of initiation of regular smoking (**AgeSmk**; N=341,427; 10 associated variants) and a binary phenotype indicating whether an individual had ever smoked regularly (**SmkInit**, N=1,232,091; 376 associated variants). Heaviness of smoking was measured with cigarettes per day (**CigDay**; N=337,334; 55 associated variants). Smoking cessation (**SmkCes**, N=547,219; 24 associated variants) was a binary variable contrasting current versus former smokers. Available measures of alcohol use were simpler, with drinks per week (**DrnkWk**; N=941,280; 100 associated variants) widely available and similarly measured across studies. See the **Supplementary Note** and **Table S6-S7** for phenotype definition details.

The four smoking phenotypes were genetically correlated with one another (**Figure 1; Table S8**). DrnkWk was not highly genetically correlated with the smoking phenotypes ($r_g \sim .10$) except for SmkInit ($r_g \sim .34$, $p = 6.7 \times 10^{-63}$), suggesting that sequence variation affecting alcohol use and those affecting initiation of smoking overlap substantially. The phenotypes were highly genetically correlated across constituent studies (**Table S9**), suggesting minor impact of phenotypic heterogeneity in the present results, even across Western Europe and

the United States. Smoking phenotypes were genetically correlated in expected directions with many behavioral, psychiatric, and medical phenotypes (**Figure 1, Table S10**). Genetic variation associated with increased alcohol use was associated with greater levels of risky behavior ($r_g=.20$, $p=1.8\times 10^{-7}$) and cannabis use ($r_g=.36$, $p=6.2\times 10^{-10}$), but with less risk of disease, for almost all diseases (**Figure 1, Table S10**).

Using a novel method to evaluate multivariate genetic correlation at the locus (versus global) level, we observed 128 loci that affected multiple substance use phenotypes (**Table S11**), summarized in **Figure 2**. Patterns of pleiotropy across phenotypes were highly diverse, with only three loci significantly associated with all five phenotypes. These three loci included associations implicating Phosphodiesterase 4B (*PDE4B*) and Cullin 3 (*CUL3*). *PDE4B* regulates the cAMP second messenger availability and thereby affects signal transduction, and is down-regulated by chronic nicotine administration in rats¹³. *CUL3* has wide-ranging effects, including on ubiquitination and protein degradation, and de novo mutations in *CUL3* are associated with rare diseases affecting response to the mineralocorticoid aldosterone¹⁴, which itself is affected by smoking¹⁵ and associated with alcohol use¹⁶. In addition to testing for pleiotropy, we also used MTAG¹² to leverage the observed genetic correlations to increase power for locus discovery. Using this method, we discovered 1,193 independent, genome-wide significantly associated common variants (MAF > 1%; 173 for AgeSmk, 89 CigDay, 83 SmkCes, 692 SmkInit, and 156 DrnkWk) listed in **Table S12** and described further in the supplement.

Phenotypic variation accounted for by our initial 564 conditionally independent genome-wide significant variants from the initial GWAS ranged from 0.1% (SmkCes) to 2.3% (SmkInit; see **Figure 3**). SNP heritability calculated using LD Score Regression¹⁷ ranged from 4.2% for DrnkWk to 8.0% for CigDay (**Figure 3; Table S13**), consistent with estimates using individual-level data¹⁸, SNP heritabilities calculated from the largest individual contributing studies (**Table S13**), and prior work¹⁹. The results suggest that these phenotypes are highly polygenic and the majority of the heritability is accounted for by variants below standard GWAS thresholds.

To further investigate the polygenicity, polygenic risk scores (**Table S14**) were computed on the Add Health²⁰ and Health and Retirement Study²¹ datasets, which are representative of their birth cohorts in the United States, and represent exposures to different tobacco policy environments. Add Health participants were born, on average, in 1979; average birth year in the Health and Retirement Study was 1938. Despite these generational differences, the polygenic score performed similarly in both samples. It accounted for approximately 1%, 4%, 1%, 4%, and 2.5% of variance in AgeSmk, CigDay, SmkInit, and DrnkWk, respectively, about half of

the estimated SNP heritability of these traits (**Figure 3**). More concretely, in Add Health and the Health and Retirement study, respectively, a one SD increase in the CigDay risk score resulted in two and three additional daily cigarettes; a one SD increase on the SmkInit risk score resulted in a 12% and 10% increased risk of regularly smoking; and a one SD increase on the DrnkWk risk score reflected one additional drink per week in both datasets.

Cell/tissue enrichment²² was observed across all five phenotypes within core histone marks from multiple central nervous system (CNS) tissues (**Figures S13-S15, Table S15-S16**). Enrichment was observed in tissues from cortical and sub-cortical regions in the CNS. Structure and function of these regions have been robustly associated with individual differences in frequencies, magnitudes, and clinical characteristics of alcohol use, and substance use/misuse generally, in human imaging research. Our results include significant enrichment across phenotypes and histone marks in the hippocampus²³, inferior temporal pathways²⁴, dorsolateral and medial prefrontal cortex²⁵, caudate, and striatum²⁶ (**Figure S14**). Consistent with gene and pathway findings described below, alcohol and nicotine use affect dopaminergic and glutamatergic neurotransmission among these brain regions, compromising reward-based learning and facilitating drug seeking behavior²⁶. Enrichment within other cell/tissue groups and specific cell/tissue types included immune and liver cells but were less consistent across analytical approaches (**Figure S14**).

We manually reviewed all genes implicated by the GWAS or gene-based tests (see **Tables S1-S5** for the full catalogue of implicated genes). We replicated known associations between multiple variants in nicotine metabolism gene *CYP2A6* with CigDay ($p=4.0\times10^{-99}$) and SmkCes ($p=1.6\times10^{-48}$). We replicated an association signal in alcohol metabolism gene *ADH1B* associated with DrnkWk, identifying in that locus 11 conditionally independently associated variants (lowest $p<2.2\times10^{-303}$).

All drugs of abuse activate the mesolimbic dopamine system reward pathway²⁷, and dopamine-related genes have long been popular candidate genes. We found that variants near the widely studied dopamine receptor D2 (*DRD2*)²⁸ were associated across phenotypes, including CigDay, SmkCes, and DrnkWk ($p=6.5\times10^{-12}$, 1.1×10^{-10} , and 4.9×10^{-11} , respectively) but not with AgeSmk or SmkInit, suggesting that these variants are less relevant in early stages of nicotine use. Other dopamine-related genes only showed associations with smoking phenotypes, including multiple associations between CigDay and SmkCes with dopamine beta-hydroxylase (*DBH*, $p=9.8\times10^{-24}$ and 1.2×10^{-35} , respectively)⁹, an enzyme necessary to convert dopamine to norepinephrine.

Smklnit was associated with variation near protein phosphatase 1 regulatory subunit 1B (*PPP1R1B*, $p=3.9\times 10^{-8}$), a signal transduction gene that affects synaptic plasticity and reward-based learning in the striatum^{29, 30} and contributes to the behavioral effects of nicotine in mice³¹. In pathway analyses, dopamine gene sets were enriched only in Smklnit, where the exemplar pathway 'reactome dopamine neurotransmitter release cycle' pathway was enriched ($p=9.2\times 10^{-5}$; **Figure 4; Table S19**).

Neuronal acetylcholine nicotinic receptors are the initial site of nicotine action in the brain and have long been implicated in nicotine use and dependence³². With the exception of *CHRNA7*, all CNS-expressed nicotinic receptor genes were significantly associated with one or more smoking phenotypes, many reported here for the first time. Enrichment was also noted for nicotinic receptor-related pathways and genes in smoking phenotypes (**Tables S17-S21**). There was no evidence of association between nicotinic receptor genes or pathways with DrnkWk, despite the use of nicotinic receptor partial agonists (e.g., varenicline) in the treatment of alcohol dependence³³.

Associations with Smklnit highlighted structures and functions related to long-term potentiation and reward-related learning and memory, systems that affect reward processing and addiction^{28, 34, 35}. Glutamate is an important neurotransmitter mediating these processes, and exemplar pathways related to glutamate were significantly enriched in Smklnit (e.g., 'extracellular-glutamate-gated ion channel', $p=9.9\times 10^{-7}$; 'post-NMDA receptor activation events', $p=5.5\times 10^{-5}$; and 'DLG4 PPI subnetwork', $p=4.5\times 10^{-12}$; **Table S19**). DLG4 affects NMDA receptors and potassium channel clusters, and plays a central role in glutamatergic models of reward-related learning³⁵. Individual associated genes related to these pathways included glutamate ionotropic receptor NMDA type subunit 2 (*GRIN2A*, $p=3.4\times 10^{-11}$) and homer scaffolding protein 2 (*HOMER2*, $p=3.1\times 10^{-14}$), which affects addictive behavior in mice^{35, 36} and regulates glutamate metabotropic receptor 1 (*GRM1*). Pathways enriched in Smklnit also included sodium, potassium, and calcium voltage-gated channels (**Figure 4, Table S19**), essential to neuronal excitability and signaling.

Alcohol is known to affect glutamatergic signaling pathways³⁷, and over half of the enriched pathways for DrnkWk clustered within the exemplar 'glutamate ionotropic receptor kainate type subunit 2 (*GRIK2*) PPI subnetwork' (**Figure 4**). Not all DrnkWk-enriched pathways involved the brain, however, as glucose and carbohydrate processing pathways were associated with DrnkWk but no smoking phenotype, perhaps suggesting that alcohol consumption is influenced by individual differences in one's ability to process calorie-rich

alcoholic beverages. Finally, we discovered variation in and around gene rich regions including corticotropin releasing hormone receptor 1 (*CRHR1*; $p=1.6\times 10^{-17}$) and urocortin (*UCN*; $p=8.1\times 10^{-45}$), associated with DrnkWk but not smoking. *UCN* encodes an endogenous ligand for *CRHR1* and *CRHR2*³⁸. CRH affects hormones involved in the stress response, including cortisol, and has been associated with the stress response and relapse to drug taking in animals^{39, 40}.

Specific mechanisms by which implicated genes influence substance use in humans are largely unknown, even for those genes reported above involving systems such as neurotransmission, reward-related learning and memory, and the stress response. To prioritize genes for functional experimentation, we tabulated conditionally independent genome-wide significant nonsynonymous variants (**Table 1**). In the 405 GWAS loci, 4% of sentinel variants were nonsynonymous, representing a significant enrichment ($p=2.5\times 10^{-10}$; 0.4% of variants with MAF>0.1% in the imputation panel⁴¹ were nonsynonymous). Several genes in **Table 1** have been previously associated with substance use/addiction (see **Table S22**), and two variants have been functionally validated (rs1229984 and rs16969968)^{42, 43}. The others have not, but in some cases their genes interact with established molecular targets of addiction and may themselves be suitable targets for further investigation. For example, rs1024323 in G protein-coupled receptor (GPCR) kinase 4 (*GRK4*) was associated with CigDay ($p=8.7\times 10^{-9}$) and lies within a locus associated with AgeSmk. *GRK4* regulates GPCRs including metabotropic glutamate receptor 1 (*GRM1*)⁴⁴, GABA_B receptors⁴⁵, and dopamine receptor D1 (*DRD1*) and D3 (*DRD3*) in the kidneys and cerebellum, and is involved in essential hypertension⁴⁶. *GRK4* is also expressed in the midbrain and forebrain^{46, 47}, but no research has evaluated its impact on substance use behavior. To take one more example, the nonsynonymous variant in *SLC39A8* affects zinc and manganese transport, is highly pleiotropic for complex phenotypes, and may impair inflammation, glutamatergic neurotransmission, and regulation of various metals in the body⁴⁸.

Ultimately, substance use is embedded in a complex web of causal relations⁴⁹ (e.g., **Figure 1**), and caution must be exercised in drawing strong causal conclusions. However, the present findings represent a major step forward in understanding the etiology of these complex, disease-relevant behaviors. In particular, statistical and interpretive power were both enabled by simultaneously studying multiple related substance use behaviors representing different stages of use and substances. More precise measurements, including evaluating age and environment as moderators for these dynamic phenotypes⁵⁰, functional research, and

complementary gene mapping approaches (e.g., sequencing) will aid in the discovery of mechanisms by which implicated genes may affect substance use and related disease risk.

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CONTRIBUTOR LIST FOR THE 23andMe RESEARCH TEAM: Michelle Agee¹², Babak Alipanahi¹², Adam Auton¹², Robert K. Bell¹², Katarzyna Bryc¹², Sarah L. Elson¹², Pierre Fontanillas¹², Nicholas A. Furlotte¹², David A. Hinds¹², Bethann S. Hromatka¹², Karen E. Huber¹², Aaron Kleinman¹², Nadia K. Litterman¹², Matthew H. McIntyre¹², Joanna L. Mountain¹², Carrie A.M. Northover¹², J. Fah Sathirapongsasuti¹², Olga V. Sazonova¹², Janie F. Shelton¹², Suyash Shringarpure¹², Chao Tian¹², Joyce Y. Tung¹², Vladimir Vacic¹², Catherine H. Wilson¹², and Steven J. Pitts¹².

CONTRIBUTOR LIST FOR HUNT ALL-IN PSYCHIATRY: Amy Mitchell¹, Anne Heidi Skogholt², Bendik S Winsvold^{1,3}, Børge Sivertsen^{4,5,6}, Eystein Stordal^{5,7}, Gunnar Morken^{5,8}, Håvard Kallestad^{5,8}, Ingrid Heuch⁶, John-Anker Zwart^{1,3,9}, Katrine Kveli Fjukstad^{10,11}, Linda M Pedersen¹, Maiken Elvestad Gabrielsen², Marianne Bakke Johnsen^{1,9}, Marit Skrove¹², Marit Sæbø Indredavik^{5,12}, Ole Kristian Drange^{5,8}, Ottar Bjerkeset^{5,13}, Sigrid Børte^{1,9}, Synne Øien Stensland^{1,14}

1 FORMI, Oslo University Hospital, Oslo, Norway.

2 K.G. Jebsen center for genetic epidemiology, Dep. of public health and nursing, Faculty of Medicine and health sciences, Norwegian University of Science and Technology, NTNU, Trondheim, Norway.

3 Department of Neurology, Oslo University Hospital, Oslo, Norway.

4 Department of Health Promotion, Norwegian Institute of Public Health, Bergen, Norway.

5 Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway.

6 Department of Research and Innovation, Helse-Fonna HF, Haugesund, Norway.

7 Department of Psychiatry, Hospital Namsos, Nord-Trøndelag Health Trust, Namsos, Norway.

8 Division of Mental Health Care, St. Olavs Hospital, Trondheim University Hospital, Trondheim, Norway.

9 Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

10 Department of Psychiatry, Nord-Trøndelag Hospital Trust, Levanger Hospital, Norway.

11 Department of Laboratory Medicine, Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway.

12 Regional Centre for Child and Youth Mental Health and Child Welfare, Department of Mental Health, Faculty of Medicine and Health Sciences, NTNU – Norwegian University of Science and Technology.

13 Faculty of Nursing and Health Sciences, Nord University, Levanger, Norway.

14 NKVTS, Norwegian Centre for Violence and Traumatic Stress Studies.

AUTHOR CONTRIBUTIONS: G.A., D.J.L., and S.V. designed, led, and oversaw the study. M.L. was the study's lead analyst. She was assisted by Y.J., D.J.L., S.V., and R.W. Bonferroni thresholds were calculated by D.M. Phenotype definitions were developed by L.J.B., M.C.C., D.A.H., J.K., E.J., D.J.L., M.M., M.R.M., S.V., and L.Z. Software development was carried out by Y.J., D.J.L., and X.Z. Conditional analyses were performed by Y.J. and M.L. UK Biobank analyses were performed by D.M.B. and G.D. Heritability, genetic correlation, and polygenic scoring analyses were performed by R.W. Multivariate analyses were performed by Y.J., M.L.

and D.J.L. Bioinformatics analyses were performed and interpreted by F.C., J.D., J.J.L, Y.L., M.L., J.A.S., S.V., and R.W. The LocusZoom website was designed by G.D. Figures were created by M.L., R.W. Y.L., and S.V. M.L., S.V., R.W., and H.Y. coordinated among participating studies. M.A.E. and M.C.K. helped with data access. R.W. coordinated authorship and acknowledgement details. M.C.C, S.P.D., E.J., J.K., and J.A.S. provided helpful advice and feedback on study design and the manuscript. All authors contributed to and critically reviewed the manuscript. Y.L., D.J.L., M.L., S.V., and R.W. made major contributions to the writing and editing.

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Figure 1. Genetic correlations between substance use phenotypes and phenotypes from other large genome-wide association studies. Genetic correlations between each of the phenotypes are shown in the first 5 rows, with heritability estimates displayed down the diagonal. All genetic correlations and heritability estimates were calculated using LD Score Regression. Blue shading represents negative genetic correlations, and red shading represents positive correlations, with increasing color intensity reflecting increasing strength of a correlation. A single asterisk reflects significant genetic correlations at the $p < .05$ level. Double asterisks reflect significant genetic correlations at the Bonferroni-correction $p < .000278$ level (corrected for 180 independent tests). Note that SmkCes was oriented such that higher scores reflected current smoking, and for AgeSmk lower scores reflect earlier ages of initiation, both of which are typically associated with negative outcomes. AgeSmk=Age of Initiation of Smoking; CigDay=Cigarettes per Day; SmkInit=Smoking Initiation; SmkCes=Smoking Cessation; DrnkWk=Drinks per Week.

$h^2 = .05$	-.38**	-.71**	-.31**	-.10*	Age of Smoking Initiation (AgeSmk)
-.38**	$h^2 = .08$.33**	.42**	.07*	Cigarettes Per Day (CigDay)
-.71**	.33**	$h^2 = .08$.40**	.34**	Smoking Initiation (SmkInit)
-.31**	.42**	.40**	$h^2 = .05$.11**	Smoking Cessation (SmkCes)
-.10*	.07*	.34**	.11**	$h^2 = .04$	Drinks Per Week (DrnkWk)
.04	-.01	-.03	-.10**	-.02	Height
.22**	-.09*	-.04	-.02	.08*	Age at menarche
.67**	-.40**	-.48**	-.46**	.01	Age of first birth
.55**	-.26**	-.40**	-.51**	.01	Years of Education
-.21	.63*	.16	.43*	-.02	Cotinine
-.32**	.15**	.28**	.12*	.20**	General risk tolerance
-.43**	.09	.60**	.06	.36**	Lifetime cannabis use
-.31*	.20*	.41**	.17*	.17	ADHD
.06	-.04	.01	-.08	-.03	Autism spectrum disorder
.02	.06	.06	-.10*	.04	Bipolar disorder
-.17*	.12*	.19**	.26**	-.06	Major depressive disorder
-.17**	.13**	.20**	.20**	.02	Neuroticism
-.05	.10**	.14**	.06*	.01	Schizophrenia
-.05	-.02	-.06	.08	.13	Alzheimer's
-.03	-.01	-.04	.04	.03	MS
-.02	.02	.02	.01	-.10*	Parkinson's
-.16**	.19**	.12**	.12**	-.08*	BMI
-.20**	.24**	.13**	.17**	-.11**	Obesity class I
.03	-.04	-.08*	.02	.03	Bone density- Femoral neck
.03	.01	-.06	.04	.02	Lumbar spine
.16**	-.17**	-.09**	-.15**	.17**	Cholesterol- HDL
-.06	.07*	.02	.10*	-.03	LDL
-.03	.07*	.03	.08*	-.01	Total
.01	.05	-.08	.16*	-.11	Chronic kidney disease
-.27**	.25**	.19**	.21**	-.01	Coronary artery disease
-.16*	.15*	.07*	.06	-.08*	Diabetes- Type 2
-.13*	.17*	.07*	.11*	-.01	Fasting main effect- Glucose
-.24*	.16*	.09*	.10	-.24**	Insulin
-.17	.22*	.11	.20	-.01	Proinsulin
-.03	.14*	.04	.11*	-.04	Heart rate
.04	.03	.01	-.05	-.06*	Inflammatory bowel disease
.08	-.01	-.03	-.13*	-.06	Ulcerative colitis
-.04	.08	.08	.02	-.07	Primary biliary cirrhosis
.06	.07	.01	.06	-.06	Systemic lupus erythematosus

AgeSmk

CigDay

SmkInit

SmkCes

DrnkWk

Figure 2. Pleiotropy. Depicted here are results from the multivariate analysis of pleiotropy. For each locus, the method returns the best fitting solution of which phenotypes were associated with that locus. All loci with one or more associated phenotypes are shown here. For example, every locus associated with AgeSmk was found to be pleiotropic for other phenotypes (green, blue, red, purple, and fuchsia bars), and no locus showed association with only AgeSmk (no dark grey bar for AgeSmk). When sample sizes are unequal across phenotypes, the method also improves power for those phenotypes with smaller samples. The total number of loci associated with each trait (whether pleiotropic or not) from these analyses was 40 (AgeSmk), 48 (SmkCes), 72 (CigDay), 111 (DrnkWk), and 278 (SmkInit). Full information is in **Table S11**.

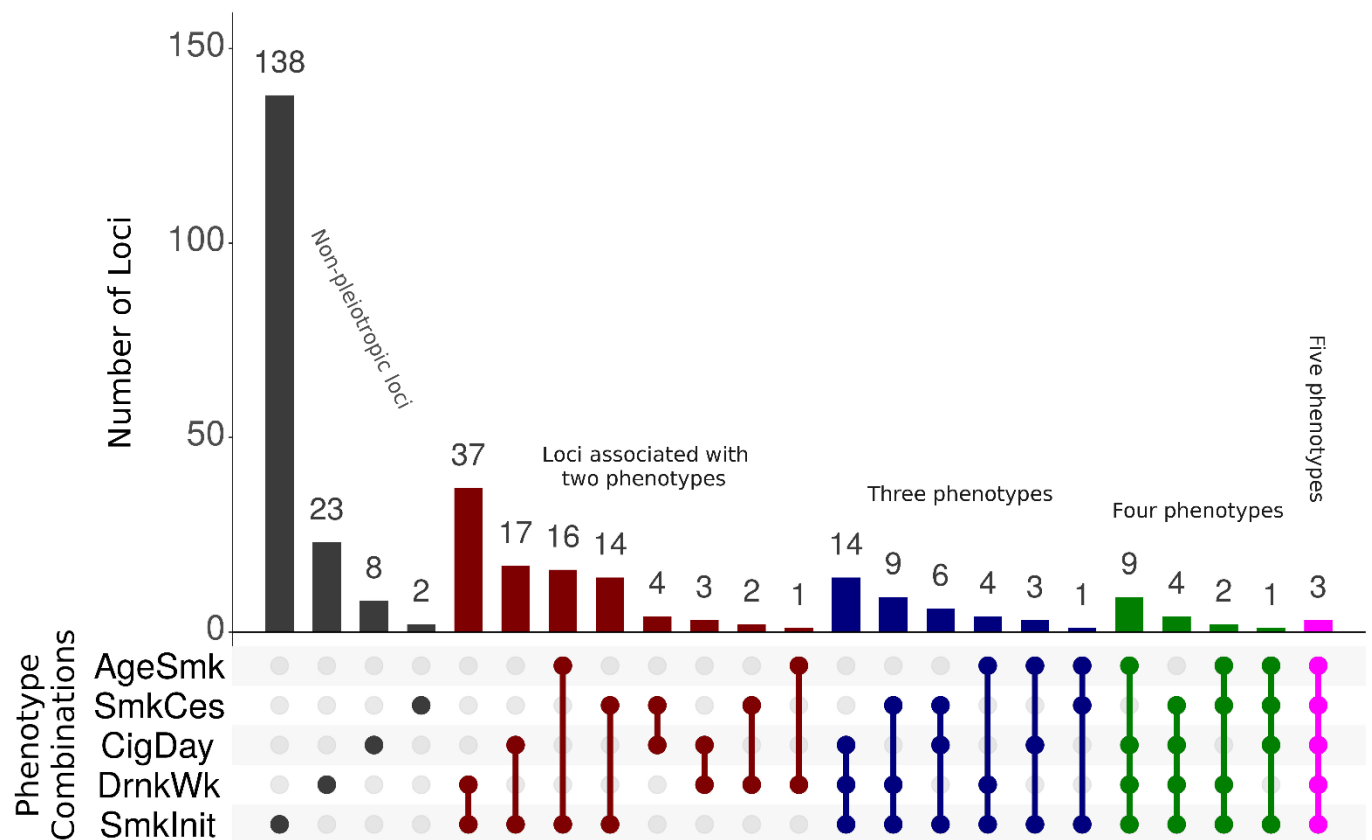
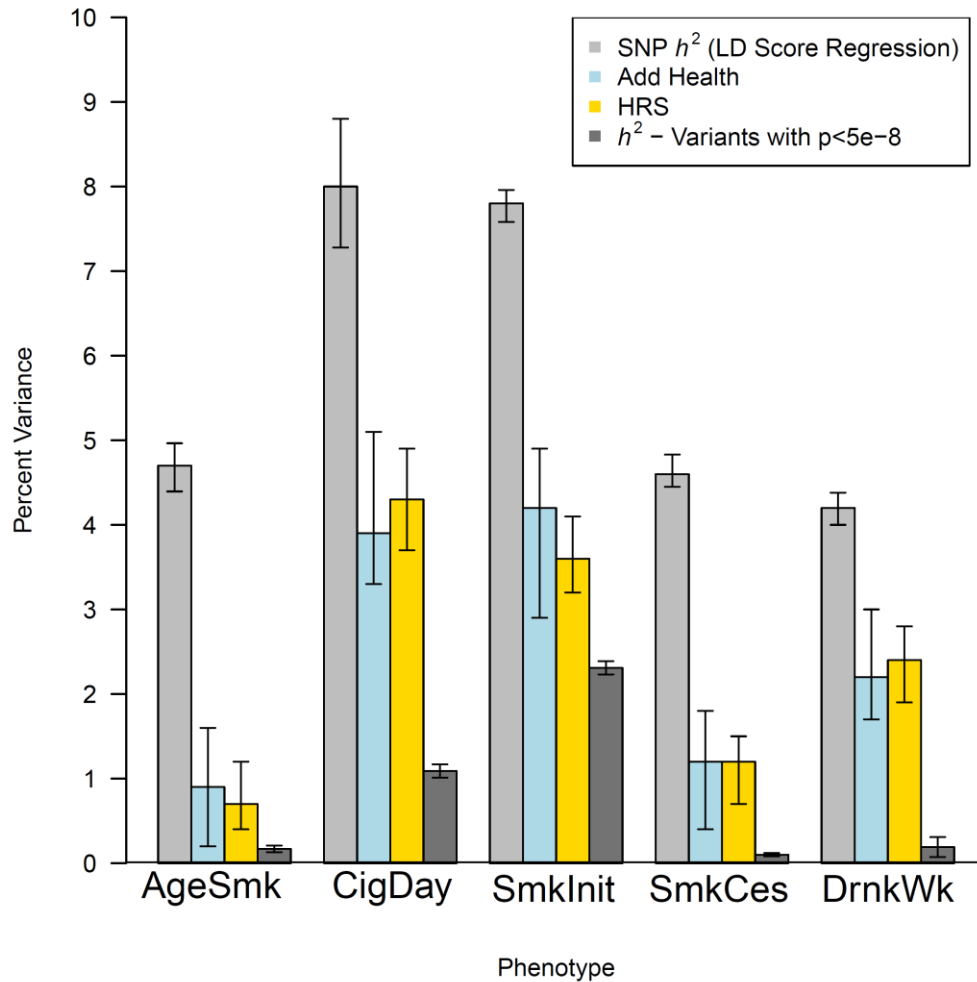


Figure 3. Heritability and polygenic prediction. The light gray bars reflect SNP heritability, estimated with LD Score Regression. The light blue and gold bars reflect the predictive power of polygenic risk scores in Add Health and the Health and Retirement Study (HRS), respectively. Despite the 41-year generational gap between participants from these two studies, and major tobacco-related policy changes during that time, the polygenic scores are similarly predictive in both samples. Standard errors are bootstrapped with 1000 repetitions each. Dark gray bars represent the total phenotypic variance explained by only genome-wide significant SNPs. h^2 =heritability.



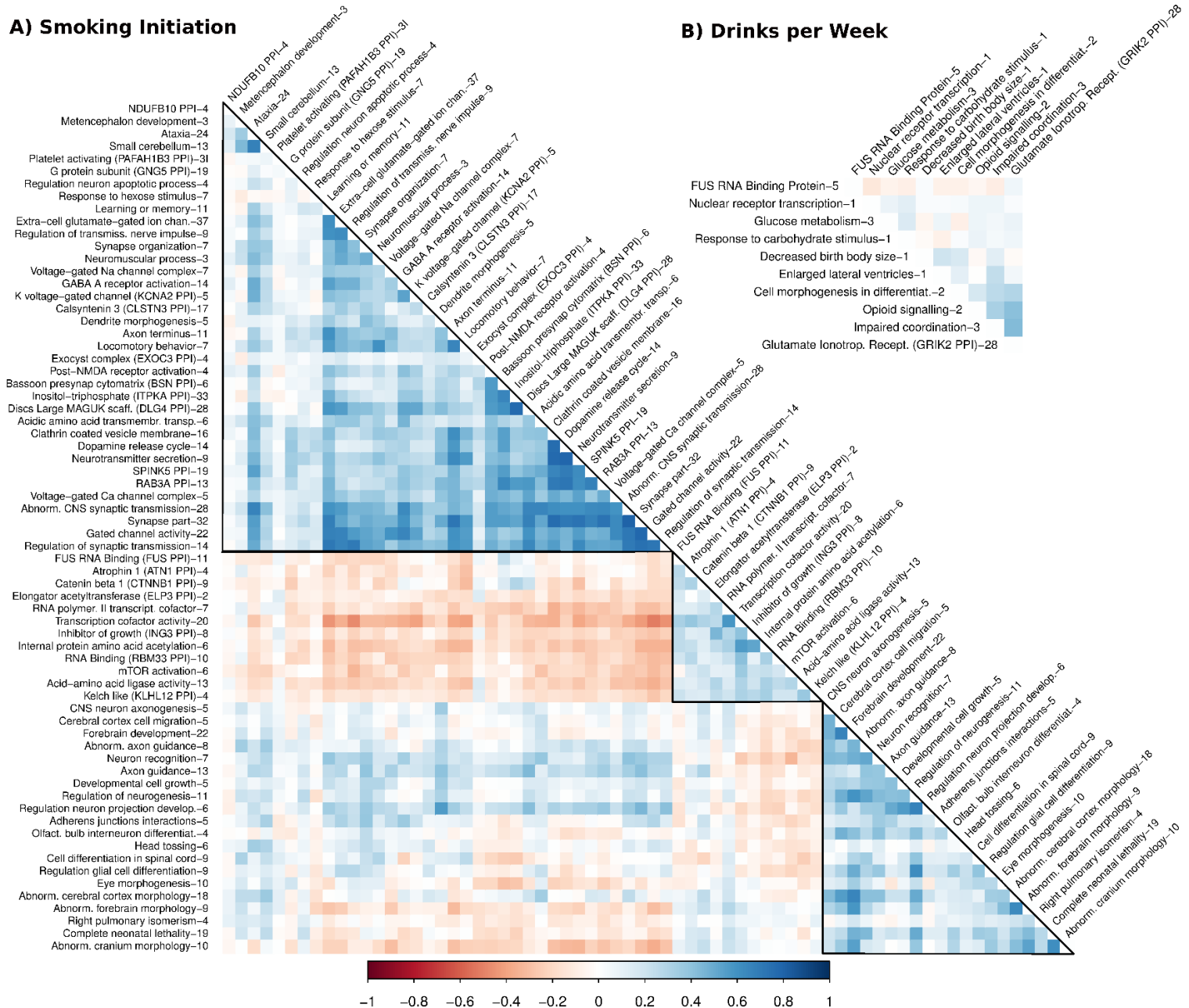


Table 1. Nonsynonymous sentinel variants. The sentinel variant in approximately 4% of loci was nonsynonymous. Shown here are all nonsynonymous sentinel variants, and all nonsynonymous variants in near-perfect LD with a sentinel variant. If the listed gene was also associated (through single variant or gene-based test) with another phenotype, that phenotype is listed in parentheses. Several genes have been implicated in previous studies of substance use/addiction, including *CHRNA5*, *BDNF*, *GCKR*, and *ADH1B*.

Phenotype	Gene	rsID	Chr	Position	REF	ALT	AF	Beta	<i>p</i>	N	Q
CigDay (SmkCes)	<i>CHRNA5</i>	rs16969968 ^a	15	78,882,925	G	A	.34	.075	1.2e ⁻²⁷⁸	330,721	.34
CigDay	<i>HIST1H2BE</i>	rs7766641	6	26,184,102	G	A	.27	-.014	2.9e ⁻¹⁰	335,553	.78
CigDay (AgeSmk)	<i>GRK4</i>	rs1024323	4	3,006,043	C	T	.38	-.012	8.7e ⁻⁹	337,334	.17
SmkInit	<i>REV3L</i>	rs462779 ^a	6	111,695,887	G	A	.81	-.019	4.5e ⁻²⁹	1,232,091	.67
SmkInit (DrnkWk)	<i>BDNF</i>	rs6265	11	27,679,916	C	T	.20	-.016	2.8e ⁻¹⁹	1,232,091	.13
SmkInit	<i>RHOT2</i>	rs1139897	16	720,986	G	A	.23	-.012	1.8e ⁻¹⁵	1,232,091	.61
SmkInit (DrnkWk)	<i>ZNF789</i>	rs6962772 ^a	7	99,081,730	A	G	.15	-.015	2.1e ⁻¹⁴	1,232,091	.92
SmkInit	<i>BRWD1</i>	rs4818005 ^a	21	40,574,305	A	G	.58	-.010	3.9e ⁻¹⁴	1,232,091	.75
SmkInit	<i>ENTPD6</i>	rs6050446	20	25,195,509	A	G	.97	.035	8.8e ⁻¹³	1,225,969	.33
SmkInit	<i>RPS6KA4</i>	rs17857342 ^a	11	64,138,905	T	G	.38	-.010	9.8e ⁻¹²	1,232,091	.16
SmkInit	<i>FAM163A</i>	rs147052174	1	179,783,167	G	T	.02	.037	2.3e ⁻¹⁰	1,232,091	.59
SmkInit	<i>PRRC2B</i>	rs34553878	9	134,907,263	A	G	.11	.016	1.2e ⁻⁹	1,232,091	.28
SmkInit	<i>ADAM15</i>	rs45444697 ^a	1	155033918	C	T	.21	.010	5.3e ⁻⁹	1,232,091	.46
SmkInit	<i>MMS22L</i>	rs9481410 ^a	6	97,677,118	G	A	.76	.010	1.1e ⁻⁸	1,232,091	.04
SmkInit	<i>QSER1</i>	rs62618693	11	32,956,492	C	T	.04	-.020	2.1e ⁻⁸	1,232,091	1.00
DrnkWk	<i>ADH1B</i>	rs1229984	4	100,239,319	T	C	.96	.060	2.2e ⁻³⁰⁸	941,280	.05
DrnkWk	<i>GCKR</i>	rs1260326	2	27,730,940	T	C	.60	.008	8.1e ⁻⁴⁵	941,280	.10
DrnkWk	<i>SLC39A8</i>	rs13107325	4	103,188,709	C	T	.07	-.009	1.5e ⁻²²	941,280	.33
DrnkWk	<i>SERPINA1</i>	rs28929474	14	94,844,947	C	T	.02	-.012	1.3e ⁻¹¹	941,280	.50
DrnkWk (SmkInit)	<i>ACTR1B</i>	rs11692465	2	98,275,354	G	A	.09	.008	2.5e ⁻¹¹	937,516	.40
DrnkWk	<i>TNFSF12-13</i>	rs3803800	17	7,462,969	A	G	.79	.004	1.5e ⁻¹⁰	941,280	.67
DrnkWk	<i>HGFAC</i>	rs3748034	4	3,446,091	G	T	.14	-.005	1.7e ⁻⁸	941,280	.65

Note: Phenotype abbreviations are defined in **Figure 1**. Chr=Chromosome; REF=reference allele; ALT=alternate allele; AF=allele frequency of ALT allele; Q=Cochrane's Q statistic p-value. ^aThese variants were not themselves sentinel, but were in near-perfect LD with a sentinel variant ($R^2 > .99$, from the 1000 Genomes European population). The scale of Beta is on the unit of the standard deviation of the phenotype. For binary phenotypes the standard deviation was calculated from the weighted average prevalence across all studies included in the meta-analysis (available in **Table S7**). P-values are listed in a dense format, where "e" is equivalent to " $\times 10$ ".

ONLINE METHODS

This article is accompanied by a **Supplementary Note** with further details.

Generation of summary statistics. Participants in all studies were genotyped on genome-wide arrays. The majority of studies imputed their genotypes to the Haplotype Reference Consortium⁴¹ using the [University of Michigan imputation server](#)⁵¹. Several studies did not impute using the imputation server, due to data sharing restrictions, computational, and/or resource limitations (described in the **Supplementary Note**). All studies used either Minimac3⁵¹ or IMPUTE2⁵² for imputation.

GWAS summary statistics were generated in each study sample using RVTESTS⁵³ according to a standard analysis plan. Studies composed primarily of classically related individuals (e.g., family studies) first regressed out covariates including genetic principal components under a linear model, inverse-normalized the residuals (except for 23andMe), and tested for an additive effect of each variant under a linear mixed model with a genetic kinship matrix. Family studies followed this analysis for all phenotypes, even binary phenotypes such as smoking initiation and cessation. Studies of entirely classically unrelated individuals followed the same analysis for quasi-continuous phenotypes (AgeSmk, CigDay, DrnkWk), but estimated additive genetic effects under a logistic model for binary phenotypes (SmkInit and SmkCes).

Quality control checks were applied to ensure quality of both the phenotypes and genotypes. For each phenotype and covariate, distribution statistics including the minimum, maximum, quartiles, median, mean, and standard deviation were examined. We ensured that these statistics were within expected limits given the phenotype definitions and any scale transformations per the analysis plan. We also evaluated simple relationships among phenotypes. When discrepancies were noted we contacted the original study for clarification or re-analysis, or the data were removed from further analysis. Phenotypic statistics are presented in **Tables S6 and S7**.

Extensive genetic quality control and filtering was performed on the contributed summary statistics from each cohort. We removed imputed variants with imputation quality less than 0.3 (the estimated squared correlation between the imputed dosage and true dosage). We compared the per-study allele labels and allele frequencies with those of the imputation reference panels, and removed or reconciled mismatches. For quantitative traits, we plotted the variance of the score statistics against the sample size, and tested whether the

trait residuals in each study were properly normalized and whether the trait analyzed between studies was measured and analyzed using the same unit.

Meta-Analysis. Meta-analysis was performed centrally using the software package rareGWAMA (<https://github.com/dajiangliu/rareGWAMA>). All statistical tests in the meta-analysis or secondary analyses of the meta-analytic results (e.g., polygenic risk scoring, functional enrichment) were two-sided. Given that rarer variants and/or behavioral phenotypes may show between-study heterogeneity in allele frequencies, imputation qualities, or genetic architecture, we extended existing methods and developed a novel fixed effects approach that accounts for between-study heterogeneity. Specifically, the methods aggregated weighted Z-score statistics, i.e. $Z_{META} = \frac{\sum_k w_k Z_k}{(\sum_k w_k^2)^{1/2}}$, where Z_k is the Z-score statistic in study k . The weight w_k is defined by $w_k = N_k p_k (1 - p_k) R_k^2$, where p_k is the variant allele frequency, R_k^2 is the imputation quality, and N_k is the sample size for study k . Under the null and with the present sample sizes, Z_{META} is normally distributed. The weights are proportional to the sample genotype variance. When the trait is uniformly measured and the allele frequency is similar, the method is approximately equivalent to meta-analysis of sample-size-weighted Z-scores. Yet, the method accounts for between-study heterogeneity in imputation accuracy and allele frequencies. The use of a fixed effects model, the most common approach in GWAS meta-analysis of single ancestry groups, appeared acceptable given the apparent lack of substantial meta-analytic effect heterogeneity (see Cochrane's Q and I^2 statistics in **Tables S1-S5**).

Population stratification and cryptic relatedness were addressed during the generation of summary statistics by each local study through the use of kinship-based linear mixed models⁵⁴ and genetic principal components⁵⁵. Residual stratification was further corrected at the meta-analytic level with study-specific genomic controls⁵⁶ (calculated separately for variants with $MAF \geq 1\%$ and $.1\% \leq MAF < 1\%$; **Table S23**) applied to each study's results prior to meta-analysis.

A locus was defined as a 1MB region surrounding the "sentinel" variant (the variant in the locus with the lowest p -value). When any two such loci overlapped or abutted, they were collapsed into a single locus. Variants within each locus were subjected to conditional analysis using a novel partial correlation-based score statistic using cohort-level summary statistics⁵⁷ implemented in a sequential forward selection framework. The method

requires marginal association statistics and approximated covariance matrices among them. Covariances among effects were based upon the linkage disequilibrium information estimated from a subset of the Haplotype Reference Consortium⁴¹.

We applied multiple post-meta-analysis variant filters to ensure robustness of reported findings. To reduce artifacts arising from a small number of studies, we excluded any variant that was present in only two or fewer studies. For each variant in the meta-analysis, we calculated the effective sample size $N_{eff} = \sum_k N_k r_k^2$, where N_k is the sample size in study k and r_k^2 is the imputation quality. We removed variants with effective sample sizes $< 10\%$ of the total sample size to ensure only well-imputed variants with a modicum of power were included. We also excluded all variants with minor allele frequency less than 0.001, the lower bound of moderate imputation accuracy with the currently best available imputation reference panel⁴¹. Variants with MAF $> 1\%$ are expected to be imputed with high accuracy. Results from the application of post-meta-analysis filters are displayed in **Table S23**.

After applying variant filters and obtaining our final meta-analytic results, we calculated genomic controls and maximum/median per-variant sample sizes. Sample sizes ranged from 337,334 for cigarettes per day to 1,232,091 for smoking initiation. QQ plots, LD intercept tests, and genomic control values indicate that Type I error rates were well controlled, for common and low-frequency variants (**Figure S2, Table S24-S25**).

We estimated the extent of pleiotropy for each genome-wide associated locus from our GWAS (i.e. whether a given locus is simultaneously associated with multiple phenotypes). Using summary association statistics from a given locus as input, the method estimated the 5x5 genetic correlation of the locus and the posterior probability of association for all possible phenotype configurations, while accounting for genetic correlations and trait residual correlations. In cases where loci associated with different phenotypes overlapped, the locus was expanded in size. Statistical details are available in the **Supplementary Note, Section 4.3**.

We applied MTAG¹² to variants with MAF $>1\%$ from the final meta-analysis results for each phenotype, using the other four phenotypes to increase power for locus discovery. Genomic controls and LD Intercept tests of the MTAG results were well controlled (**Table S26**). GCTA-COJO⁵⁸ was used to identify conditionally independent variants (listed in **Table S12**). Additional details, including testing of MTAG model assumptions, are provided in the **Supplementary Note**.

Genome-wide significant threshold. The primary focus was to test variants with $MAF \geq 1\%$, as these will be imputed with high confidence. The statistical significance threshold applied to meta-analysis of all variants with $MAF \geq 1\%$ was 5×10^{-8} , consistent with widespread convention in GWAS of European individuals. Since our imputation procedure is expected to provide some marginal level of accuracy down to MAF of 0.1% , we also conducted an exploratory association test for low frequency variants with $0.1\% < MAF < 1\%$, to which we applied a statistical significance threshold of $p < 5 \times 10^{-9}$. Only two such low-frequency variants surpassed the conventional common variant threshold of $p < 5 \times 10^{-8}$. Of these two, one low-frequency variant, associated with *Smklnit*, survived the more stringent multiple testing correction (*rs181508347*, intergenic, $MAF = .0096$, $p = 5 \times 10^{-10}$), and is included in our count of discovered loci and included in **Table S4**. The more stringent threshold applies a correction for ~ 10 million tests, which is approximately the number of conditionally independent variants tested once the MAF lower bound was extended from 1% to 0.1% . We calculated this threshold using three existing methods⁵⁹⁻⁶¹. These methods make use of the eigenvalues of the matrix of LD (measured in R^2) between SNPs, calculated with a spectral decomposition. We estimated the number of independent tests using the genotype data from a subset of the Haplotype Reference Consortium panel⁴¹. We first calculated LD blocks across the genome using the algorithm implemented in PLINK version 1.9⁶² with default settings, and then we lowered the MAF threshold to 0.1% to accommodate all low frequency variants. Next, we calculated the effective number of independent tests within each LD block and between LD blocks using the aforementioned three methods, which we aggregated to get the total number of independent tests. The three techniques estimated the number of independent variants at 9.8-10.1 million independent tests, similar to other independent estimates⁶³. A total of 278 sentinel variants (including the one genome-wide significant low-frequency variant) had $p < 5 \times 10^{-9}$, out of the original 405 with $p < 5 \times 10^{-8}$.

Heritability. We used univariate and bivariate LD Score Regression¹⁷ to assess the heritability of each phenotype and to estimate a variety of genetic correlations. Analyses included (1) LD Score Regression intercept tests to evaluate the extent to which population stratification or cryptic relatedness may artificially inflate our summary statistics; (2) estimation of genetic correlations across our five phenotypes; (3) estimation of genetic correlations computed within a phenotype but between the larger contributing studies, as an estimate of the extent to which phenotypes were measuring the same genetic risk in different studies; and (4) estimation of

genetic correlation between the five phenotypes and a wide variety of other phenotypes related to smoking and alcohol behaviors, and for which GWAS have already been made publicly available.

Under standard assumptions, bivariate score regression produces unbiased estimates of genetic correlation, even in the presence of sample overlap⁶⁴. Accordingly, to estimate the extent of genetic correlation between each of our phenotypes, and between our phenotypes and other phenotypes related to nicotine and alcohol use, we used standard procedures in LD Score Regression²². To be included in these analyses, variants were restricted to those present in HapMap3 with MAF>0.01. Standard errors were estimated with a block jackknife over all variants.

We estimated the proportion of variance explained by the set of all conditionally independently associated variants. The joint effects of variants in a locus were approximated by $\hat{\beta}_{JOINT} = \mathbf{V}_{META}^{-1} \vec{U}_{META}$, where \vec{U}_{META} is the single variant score statistics and \mathbf{V}_{META} is the covariance matrix between them. The phenotypic variance explained by the independently associated variants in a locus is given by $\hat{\beta}_{JOINT}^T \text{cov}(G) \hat{\beta}_{JOINT}$, where $\text{cov}(G)$ is the genotype covariance estimated from the Haplotype Reference Consortium panel.

Polygenic scoring. Polygenic risk scores (PRS) were computed using LDpred⁶⁵, which accounts for linkage disequilibrium between variants. Since we do not know the variance-covariance matrix of the effects in the training sample (here, the GWAS results), we replace this matrix with a block diagonal matrix estimated using LD patterns from the prediction cohorts, after dropping cryptically-related individuals and ancestry outliers.

Smoking and alcohol use rates are influenced by secular trends and policy changes over the last half century. We therefore selected two independent prediction cohorts, the Health and Retirement Study (HRS)²¹ and the National Longitudinal Study of Adolescent to Adult Health (Add Health)²⁰. The HRS is a nationally representative study of U.S. households that began in 1992; the mean birth year of respondents is 1938 (SD=9.3), and the mean age at the time of assessment is 57.6 (SD=8.9). Add Health is a nationally representative sample of U.S. adolescents enrolled in grades 7 through 12 during the 1994-1995 school year. The mean birth year of respondents was 1979 (SD=1.8), and the mean age at assessment (here, wave 4) was 29.0 (SD=1.8).

In the HRS, ~57% of respondents reported ever smoking regularly, and these respondents smoked ~13 cigarettes per day. In Add Health, slightly fewer (~53%) of respondents reported ever smoking regularly, and

these respondents smoked ~11 cigarettes per day on average (Table S14). For each of our five phenotype scores, we used variants that overlapped with HapMap3 (~1.1 million) to construct the scores. Prediction accuracy was estimated using ordinary least squares regression of a given phenotype (AgeSmk, CigDay, SmkInit, SmkCes, or DrnkWk) on the polygenic score and covariates including age, sex, age x sex interaction, and the first ten genetic principle components.

Prediction accuracy comes from a two-step process where we first regress the phenotype on a standard set of covariates without including the PRS. Then, the PRS predictor is added and the difference in the coefficient of determination (R^2) is calculated. For our quantitative phenotypes, AgeSmk, CigDay, and DrnkWk, the predictive power of the PRS is the change in the R^2 in going from the regression without the PRS to the regression with the PRS. For our two binary phenotypes, SmkInit and SmkCes, we measure the incremental pseudo- R^2 from probit regressions. 95% confidence intervals around all R^2 values are bootstrapped with 1000 repetitions each. The same polygenic scoring procedure was applied to the MTAG results.

Epigenomic enrichment. To detect genome-wide functional and tissue-specific epigenomic enrichments, we performed enrichment analyses by heritability stratification using Linkage Disequilibrium Score Regression (LDSC v1.0.0), implemented in the LDSC software (<https://github.com/bulik/ldsc/>). Annotation-stratified LD scores were estimated using dichotomized/binary annotations, 1000 Genomes Project samples with European ancestry, and one million base-pair LD windows by default. LDSC then determines functional enrichment of the GWAS traits by partitioning heritability according to the variance explained by the LD-linked SNPs belonging to each functional category²². Statistical enrichment was defined as the ratio between the percentage of heritability explained by variants in each annotated category and the percentage of variants covered by that category. A resampling approach was used to estimate standard errors²².

Following standard procedure, we trained a baseline LDSC model using the 52 non-cell-type specific functional categories (plus one category that includes all SNPs) and used the observed z-scores of HapMap3 SNPs for each trait. We tested cell-group enrichments over 10 pre-defined cell-group annotations²². The cell-group annotations are the result of aggregating 220 cell-type-specific annotations over 4 histone marks (H3K4me1, H3K4me3, H3K9ac, H3K27ac) and 100 well-defined cell types. To detect which specific epigenomes contribute to the group-level enrichment, we performed 220 tests over each individual annotation. Multiple testing

was accounted for through Bonferroni correction within phenotype with 10 tests for the cell-group annotation enrichment analyses and 220 tests for the cell-specific enrichment analyses. As a complementary method to LDSC, we also applied a recently developed mixture model learning approach⁶⁶, and report these results in **Figure S13**.

Gene and Gene-Set Tests. For each phenotype, we used SEQMINER⁶⁷ and the UCSC genome browser annotations (refGene; retrieved December 15 2017) to annotate all conditionally independent genome-wide significant variants. We identified all genes (all variants 5' to 3' UTR) harboring at least one variant within LD $r^2 > 0.3$ with any conditionally independent variant. See **Tables S1-S5**.

We conducted a manual review of all genes implicated within each locus, as well as all pathways identified by PASCAL and DEPICT (described below). We considered a gene to be implicated if it harbored variation in LD with a conditionally independent genome-wide significant variant, or if a gene was located within the locus and was significant by the PASCAL gene-based test. PASCAL⁶⁸ was used for gene based and pathway analysis to test genes and canonical pathways from MSigDb (**Tables S20-S21**). Default settings were used to test all variants within all genes. DEPICT⁶⁹ was used to identify enrichment within tissues/cell types, and reconstituted gene sets (also known as “pathways”). For each phenotype, variants from the GWAS were clumped using 500 kb flanking regions with the LD cutoff $r^2 > 0.1$ (based on 1000 Genomes phase 1 release v3, the default in DEPICT). We used DEPICT to understand genetic signals beyond the genome-wide significant loci that surpass the conventional 5×10^{-8} , and so included all variants with $p < 5 \times 10^{-5}$. DEPICT tissue enrichment results are displayed in **Figure S15**, where enrichment relative to genes in random sets of loci is indicated by red shading. To cluster DEPICT reconstituted gene sets, we used affinity propagation clustering⁷⁰ and calculated the correlation between each resulting “exemplary gene set” in **Figure 4**. Genes, gene sets, and tissue/cell enrichments were considered significant when their false discovery rate was below 0.05. All such significant DEPICT results are reported in **Tables S17-S19**.

DATA AVAILABILITY AND ACCESSION CODES

Summary statistics can be downloaded from <https://genome.psych.umn.edu/index.php/GSCAN>. We provide association results for all SNPs that passed quality-control filters in a GWAS meta-analysis of each of our five substance use phenotypes that excludes the research participants from 23andMe. The genome-wide 23andMe results can be obtained through a request to 23andMe. We do, however, provide summary statistics for all conditionally independent variants from our five phenotypes, based on all participants including 23andMe.

CODE AVAILABILITY:

All software used to perform these analyses are available online.

URLs:

GSCAN website: <https://genome.psych.umn.edu/index.php/GSCAN>
 ANNO: <https://github.com/zhanxw/anno>
 APIGenome: <https://github.com/hyunminkang/apigenome>
 BCFtools: <http://samtools.github.io/bcftools/>
 BOLT-LMM: <https://data.broadinstitute.org/alkesgroup/BOLT-LMM/>
 DEPICT: <https://data.broadinstitute.org/mpg/depict/>
 GCTA: <http://cnsgenomics.com/software/gcta/>
 GenomicSEM: <https://github.com/MichelNivard/GenomicSEM>
 GSCAN: <http://gscan.sph.umich.edu/>
 LDpred: <https://github.com/bvilhjal/ldpred>
 LDSC: <https://github.com/bulik/ldsc>
 LocusZoom: <https://github.com/statgen/locuszoom-standalone>
 Michigan Imputation Server: <http://imputationserver.sph.umich.edu/>
 Minimac3: <https://genome.sph.umich.edu/wiki/Minimac3>
 MTAG: <https://github.com/omeed-maghzian/mtag>
 PASCAL: <https://www2.unil.ch/cbg/index.php?title=Pascal>
 PLINK: <https://www.cog-genomics.org/plink/1.9/>
 PriorityPruner: <http://prioritypruner.sourceforge.net/>
 R: <https://www.r-project.org/>
 rareGWAMA: <https://github.com/dajiangliu/rareGWAMA>
 RiVIERA: <https://github.com/yueli-compbio/RiVIERA>
 RVTESTS: <https://github.com/zhanxw/rvtests>
 SEQMINER: <https://github.com/zhanxw/seqminer>
 SHAPEIT: http://mathgen.stats.ox.ac.uk/genetics_software/shapeit/shapeit.html

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