levels. We aimed to identify review level evidence on interventions to address or prevent gambling related harm, to document the scope and nature of the evidence base, any gaps in the evidence, and identify policy implications, including where further development and evaluation of interventions was most urgently needed to support the development of evidence-informed policy.

Methods Systematic mapping review and narrative synthesis of review level evidence for any intervention that aimed to address or prevent gambling related harm. Inclusion criteria included all forms of gambling; all populations (whole population; identified/self-defined gamblers and specific populations at risk (e.g. children and young people); all reported outcome measures.

Results After duplication, the searches generated 1080 records. Of 43 potential papers, 13 were excluded at the full paper stage and 30 papers were included in the review. We identified seven studies relating to whole population preventative interventions (demand reduction interventions to reduce the demand for gambling (n=3), and supply reduction interventions to limit opportunities to gamble (n=4)). Twenty three studies provided evidence relating to targeted treatment interventions for individuals with an identified gambling addiction (therapeutic interventions (n=12), pharmacological interventions (n=4), self-help/mutual support interventions (n=5), and studies comparing two or more of these approaches (n=2)). Two further types of intervention we had expected to find were not represented in the systematic review level evidence. These were interventions to screen, identify and support individuals at risk of gambling related harm (whole population) and interventions to support ongoing recovery and prevent relapse into gambling related harm for individuals with an identified gambling addiction.

Conclusion A public health approach suggests that to reduce gambling related harm, there is potential to deliver interventions across the whole pathway - from population-level regulation of provision of opportunity to gamble to screening to identify those at risk, to targeted services for populations with an identified problem already causing harms. Whilst there is some evidence for downstream interventions, there is a dearth of evidence for wider public policy interventions suggesting that implementation of these must be accompanied by robust evaluation of effectiveness.

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Background Smoking is a modifiable risk factor and has a well-known relationship with socioeconomic status and mental health. However, research into alcohol harm from others and its association with smoking habits is sparse. Despite a significant minority(20.1%) of the population experiencing some form of harm from other's alcohol consumption there has been little study into its effects on smoking habits. In this study we aimed to compare the prevalence of smoking in those who experience harm from other's alcohol consumption and those who don't.

Methods We conducted cross-sectional analysis on the Alcohol Toolkit Study data from 2015 to 2016. Households were selected using a hybrid system of random probability sampling and simple quota sampling. Respondents aged over 16 were asked about their smoking habits and whether they had experienced harm from another's drinking in the last year. Aggressive harm was categorised to include more serious harms. We used logistic regression to explore if the characteristics of those who experienced harm including age, ethnicity, work status, disability, housing tenure, life stage, qualifications and personal drinking, account for any of the difference in smoking rates between the people who experience harm and those who don't.

Results 4881 participants were included in the analysis. 38% of respondents that had experienced aggressive harm from others' alcohol consumption were smokers compared with 26% of those who had experienced some harm and 17% of those who had experienced no harm. Some of the variation was explained by the respondents' personal characteristics, but the odds of smoking remained higher for those who experienced harm (OR 1.27 95CI% 1.05–1.56) and for those who experienced aggressive harm (OR 1.92 95%CI 1.46–2.53) compared with those who did not.

Conclusion Alcohol and tobacco use are closely linked. This exploratory analysis has allowed us to show that the link extends to people who have experienced harm from another person's drinking. People who have experienced harm are more likely to smoke, particularly for those who experience aggressive harm. The reasons for this correlation between alcohol harm and tobacco use have not been investigated before and this study shows that the relationship does not appear solely to be due to sociodemographic characteristics. This warrants further study. Smoking cessation services should take into consideration the impacts of harm from other's alcohol consumption on the smokers attempts to quit.

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Background Given the decline in alcohol consumption amongst young people, which has coincided with the rise in technological use, there is a need for research to investigate whether technological use might be impacting on how young people drink alcohol. This study explores how social media use, and changes in social media use over time might affect alcohol consumption among youths.

Methods Using data from Understanding Standing, a UK household longitudinal study, from participants aged 12–19 (N=3586) from the youth and main survey in Wave 3 (2011–2013), and followed up in Wave 6 (2014–2016), we explored whether belonging to social media sites and frequency of interaction on social media sites in the past week, were related to being a drinker and drinking