many social determinants of health. NEs can be conceptualised as differing from other research in three important ways. First, unlike trials, investigators cannot allocate the exposure of interest which is instead externally decided. Second, researchers are unable to influence the exposure's characteristics which results in uncertainty of the fidelity, dose and whether the NE will occur at all. Third, and in contrast to many observational studies, the timing of the exposure and hence research itself, cannot be chosen by researchers.

Methods Using three case studies of research on H1N1 (two quantitative zero-epidemiology studies, one qualitative study) we identified key factors that allowed us to successfully conduct our investigation of a NE. We compared these factors with the wider NE literature to identify common barriers and facilitators to research.

Results We identified key external factors that influence capacity to successfully take advantage of NEs. As a result of the uncertainty of a NE occurring and the rapid response required, flexibility is needed by researchers, policymakers, practitioners, ethics committees and funders. This is achievable when research is perceived as immediately important for health (as in H1N1) but may otherwise be difficult.

Discussion We suggest researchers investigating NEs face additional challenges to traditional observational studies. While some barriers are insurmountable, actions such as rapid response funding, fast-tracking ethics procedures and improvements in routine data can create a more conducive environment allowing policy-relevant evaluation.

P1-187 ACCESS TO ALCOHOL OUTLETS AND HARMFUL ALCOHOL CONSUMPTION: A MULTILEVEL STUDY IN MELBOURNE, AUSTRALIA

doi:10.1136/jech.2011.142976d.80

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Introduction While developed countries have either introduced, or are considering, legislation to restrict the number of alcohol outlets, there is little evidence to support this strategy except in the USA. The regulatory mechanisms such as minimum unit price or location density restrictions are insurmountable, actions such as rapid response funding, fast-tracking ethics procedures and improvements in routine data can create a more conducive environment allowing policy-relevant evaluation.

Results Density of outlets was associated with increased risk of alcohol related harm with the strongest association evident for drinking at levels associated with short-term harm at least weekly (OR 1.10, 95% CI 1.04 to 1.16). When density was fitted as a categorical variable, the highest risk of drinking at levels associated with short-term harm was when there were eight or more outlets (short-term harm weekly: OR 2.36, 95% CI 1.22 to 4.54 and short-term harm monthly: OR 1.80, 95% CI 1.07 to 3.04). We found no evidence to support an association between proximity and harmful alcohol consumption.

Conclusion Restricting the number of off-premise alcohol outlets is likely to reduce levels of harmful alcohol consumption.