P1-241 HIGH DRUG-RELATED DEATH RATE SOON AFTER HOSPITAL DISCHARGE FOR DRUG-TREATMENT CLIENTS IN SCOTLAND
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Background Leading causes of death for drug-treatment clients across Scotland, 1996–2006, were related to DRDs and non-drug-related suicides (269). We investigate DRD-risk by time since most recent hospital stay.

Methods Drug-treatment records were linked to national registers of deaths, hepatitis C virus (HCV) diagnoses, and hospital/psychiatric episodes. We calculated DRD-rates (and suicide-rates): during hospitalisation, within 28 days, 29–90 days, 91 days –1 year, >1 year since discharge from most recent hospital stay vs never admitted.Proporional hazards analysis adjusted for demographic and other time-specific influences on DRD-risk.

Results The cohort comprised 69,457 individuals, 50,317 person-years (pys) and 90,314 hospital-stays. DRD-rate per 1000 person-years (pys) was: 87 (95% CI 72 to 103) during hospitalisation, 21 (18 to 25) within 28 days, 12 (10 to 15) during 29–90 days and 8.5 (7.5 to 9.5) during 91 days to 1 year after discharge vs 4.2 (3.7 to 4.7) when >1 year after most recent hospitalisation and 1.9 (1.7–2.1) for those never admitted. Adjusted HRs by time since hospital-discharge (vs never admitted) were: 10 (95% CI 8 to 12) within 28 days, 5.6 (4.6 to 6.3) during 29–90 days, and 4.0 (3.5 to 4.7) vs 2.3 (2.0 to 2.7) when >1 year after most recent hospital stay: Alcohol misuse increased HR (1.5, 1.3 to 1.7) and female, never injector, and no HCV diagnosis decreased it: 0.56 (0.49 to 0.64), 0.62 (0.52 to 0.73), 0.74 (0.65 to 0.85).

Conclusions Hospital discharge marks high DRD-risk periods. Doctors should consider prescribing Naloxone when discharging patients with opiate-dependency, and emailing discharge summary to alert the patients’ general practitioner or drug treatment agency.

P1-242 IMPACT OF WORK PLACE POLICIES AND EDUCATIONAL ATTAINMENT ON WOMEN’S CHILDBEARING DECISIONS IN CANADA
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Under Canada’s Employment Insurance (EI) system, parents are entitled to receive up to 50 weeks of parental leave at 55% of salary to a maximum of $413/week. In addition, many companies top-up these EI benefits so parents receive their full salary during parental leave. Despite this national policy, women with higher education are more likely to delay childbearing. Women who delay childbearing, particularly past age 35, are at increased risk of infertility, pregnancy and birth complications. This analysis aimed to assess whether workplace support impacted women’s decisions regarding when to have their first baby and how educational attainment affected this relationship. Within 3 months of delivery, women who had given birth to their first live-born infant in 2002/2003 within two large urban regions in Alberta, Canada, were randomly selected to participate in a telephone survey. Logistic regression was used to assess the relationship between workplace support, educational attainment and timing of first pregnancy. Among 836 women with a planned pregnancy, 26% agreed that the support or lack of support for pregnant women at their workplace affected their decision when to begin their family. After controlling for age and income, women who had completed a post-graduate degree were three times (OR=3.39, 95% CI 1.69 to 6.81) more likely to indicate that the support or lack of support for pregnant women in the workplace affected their childbearing decisions. In spite of national policies, and the potential risks associated with delayed childbearing, workplace support impacts timing of pregnancy, particularly for highly educated women.