loneliness and poor relationship quality have profoundly detrimental effects on health and wellbeing. The experiences of loneliness and poor relationship quality are thought to elicit a stress response, which when experienced chronically, can result in behavioural biases and negative physical and mental health outcomes. In comparison, the experience of high quality relationships can buffer the negative effects of other external stressors. To date, little is known about how the perceptions of loneliness and relationship quality within couples coping with a disability affect wellbeing, or how the partners' perceptions of loneliness and relationship quality affect the individuals' wellbeing, furthermore the directionality of effect is not well understood.

Methods In this study, we investigate the actor and partner effects, and the reciprocal effects of loneliness and relationship quality on wellbeing. The analyses are based on longitudinal dyadic data from the pro-WELL study ($n=246$), a Swiss community survey of persons with spinal cord injury (SCI) and their partners. Data was collected over a 12 month period using telephone interviews and questionnaires. We employed mixed effects modelling to explore actor and partner effects, and used cross-lagged path analysis to explore reciprocal effects. Both of these analyses were stratified to account for the potential differential effects in persons with SCI and their caregiving partners.

Results We found loneliness to be more prevalent in persons with SCI compared to their caregiving partners. Caregiving partners were found to be more sensitive to their own, and their partners' experiences of relationship quality, as we found significant actor effects ($\beta=0.15$ CI:0.04, 0.26), and significant partner effects of relationship quality on wellbeing ($\beta=0.21$ CI:0.10, 0.32). In both persons with SCI ($\beta=-0.30$ CI:-0.41, -0.18) and their caregiving ($\beta=-0.20$ CI:-0.31, -0.10), we found significant actor effects of loneliness on wellbeing. Over time, loneliness demonstrated reciprocal associations with wellbeing, as did relationship quality in caregiving partners, indicating a possible cycle of positive development between reducing loneliness, improving relationship quality and enhancing wellbeing.

Conclusion The findings of our study emphasise the high prevalence of loneliness in persons with SCI and the importance of reducing loneliness and strengthening relationship quality in order to improve wellbeing in couples coping with disability.

OP73

THE IMPACT OF MAJOR MENTAL ILLNESS ON RISK OF STROKE AND MYOCARDIAL INFARCTION IN PEOPLE WITH TYPE 2 DIABETES IN SCOTLAND: AN ANALYSIS OF ROUTINELY COLLECTED HEALTH DATA

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Background In Scotland, major mental illness reduces life expectancy by approximately 17 years, with cardiovascular disease (CVD) the leading cause of death. We aimed to investigate whether history of major mental illness affects CVD risk in people with type 2 diabetes mellitus (T2DM) in Scotland.

Methods We identified adults diagnosed with T2DM between 2004 and 2016 from a national diabetes register (the Scottish Care Information – Diabetes database). We ascertained history of mental illness from psychiatric and acute hospital admission records and incident/recurrent stroke or myocardial infarction (abbreviated to CVD) from acute hospital admission and mortality records. Using Cox regression analysis, we obtained hazard ratios (HRs) for CVD risk among people with a history of schizophrenia, bipolar disorder or depression, compared to those with T2DM but without a history of mental illness.

Results We included 2 12 011 people with T2DM. Of these, 2107 (1.0%) had schizophrenia, 1521 (0.7%) had bipolar disorder and 5288 (2.5%) had depression. People with these major mental disorders were younger at diagnosis of T2DM and had higher prevalence of smoking and history of alcohol use disorders than the comparison group. After adjusting for age, sex, area-based deprivation, hypertension and previous history of CVD, HRs (95% confidence interval) were 1.27 (1.05, 1.53) for schizophrenia, 1.45 (1.23, 1.70) for bipolar disorder and 1.50 (1.37, 1.65) for depression compared to those without a history of mental illness. Additional adjustment for smoking and alcohol use disorder attenuated effect estimates to 1.12 (0.93, 1.36) for schizophrenia, 1.35 (1.15, 1.59) for bipolar disorder and 1.37 (1.25, 1.51) for depression.

Conclusion Schizophrenia, bipolar disorder and depression are associated with increased CVD risk among people with T2DM and this is partially explained by higher prevalence of smoking and alcohol use disorders in people with these conditions. This highlights the need for better CVD prevention in people with T2DM and major mental illness especially with respect to modifiable risk factors. Major strengths are that the diabetes register includes 99% of all people with diabetes in Scotland and the follow-up period is relatively long. However, our definition of mental illness was limited to hospital admission data only and so findings may not apply to people with mental illness not admitted to hospital. Future analyses will also include adjustment for psychotropic medication use.

Health behaviours in young people

OP74

EXPLORING STUDENTS' PERCEPTIONS OF AND EXPERIENCES WITH ALCOHOL DURING THE TRANSITION TO UNIVERSITY AND ACROSS THE FIRST YEAR

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Background Recent studies suggest binge drinking rates are high among university students in the UK. It has been suggested that many students arrive at university with established drinking patterns, but that freshers' week (FW) also serves as an introduction to the university drinking culture, and there are many non-drinkers who may feel excluded from this. The aim of this study was to explore the extent to which students' views of and experiences with alcohol change as they transition to university and across their first academic year.

Methods First year undergraduates entering a large UK university in September 2016 who completed an online Students' Union welfare survey in August 2016 were invited to

participate in a set of three interviews across the academic year. Thirty-two students (16 drinkers, 16 abstainers) were randomly selected to take part. 28 interviews were completed in the two weeks following FW, 26 at the end of the first semester and 20 at the end of the second semester. Equal numbers of drinkers and abstainers were interviewed at each stage. Interviews were digitally audio-recorded, transcribed verbatim and analysed using the Framework approach.

Results Most drinkers came to university with the view that getting drunk was acceptable; some already had an established pattern of regular binge drinking. Upon arrival at university drinking became a more frequent feature for all, for some occurring on a near-daily basis during FW. Most students reported drinking in higher quantities. This in part appeared to be driven by students' expectations that university socialising is centralised around drinking, as well as the provision of daily nightclub events by the Students' Union which received more promotion over non-drinking focused social opportunities prior to and during FW. Alcohol remained a frequent part of socialising after FW, with a continued emphasis on drinking opportunities over alternative activities. Several abstainers reported feeling socially excluded due to the dearth of non-drinking focused social opportunities across the year, although some were able to quickly form friendships with other non-drinkers. Both drinkers and abstainers highlighted a need for there to be less emphasis on drinking throughout the year.

Conclusion Although many students come to university with established drinking patterns and expectations, the environment fosters binge drinking at the start of and throughout the academic year. Although this study was based on one university, the findings corroborate those found at others. They will be used to create recommendations on how to reduce problematic drinking in this population.

OP75 A QUALITATIVE EXPLORATION OF THE INTERSECTION BETWEEN SOCIAL INFLUENCE AND CULTURAL NORMS IN RELATION TO THE DEVELOPMENT OF ALCOHOL CONSUMPTION PRACTICES DURING ADOLESCENCE

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Background Despite downward trends in alcohol consumption among young people in the UK, a substantial proportion drink and by the age of 17, at least half of young people report weekly drinking. Evidence regarding effects of school-based interventions to prevent harmful alcohol use is mixed and there remains a need for qualitative research to inform intervention development. We sought to explore young people's perspectives on behavioural and cultural influences relating to alcohol use and the socio-cultural context around alcohol consumption during mid-adolescence.

Methods Forty-two young people (n=21 males, n=21 females) were recruited from schools (n=30, aged 14–15 years) and youth groups (n=12, aged 14–18 years) in the West of England. In schools, participants were randomly selected from year 10 (aged 14–15) with snowball sampling used to maximise diversity of alcohol use, while additional participants were recruited from youth groups via youth workers. Data were collected via semi-structured one-to-one (n=25) and paired (n=4) interviews and one focus group. Interviews were

audio-recorded, transcribed verbatim and analysed thematically using NVivo 10.

Results Alcohol use was perceived as a normalised social practice in the wider population and parental influence, attitudes and the provision of alcohol underpinned adolescent attitudes and behaviour. In adolescence, alcohol consumption was associated with being cool, mature and popular, while enabling escape from reality and boosting confidence and enjoyment. Such positive expectancies alongside opportunity contributed to motivating initiation, but social influences were paramount for most, with participants describing a need to fit in or conform with friends to avoid social exclusion or derision. Such influences positioned drinking and intoxication at parties as a normative social practice, further providing opportunities for social learning and incentivising drinking through competition, associations with popularity, and a desire to avoid responsibility for intoxicated friends. Social media weaved into young people's lives the display of positive alcohol-associated depictions of social status, enjoyment and maturity. This intersection of influences, norms and incentives generated a pressurised environment, characterised by conformity being experienced as an obligation to drink, and a sense of unease around abstinence which elicited stigmatising insults.

Conclusion Social influences, cultural norms, incentives and social media contribute to development of a pressurised environment around alcohol consumption during mid-adolescence, driving the escalation of alcohol use as a normative social practice. Our findings highlight the need to acknowledge normative influence and the drivers of cultural norms and practices when developing new interventions to prevent harmful alcohol use during adolescence.

OP76 INVESTIGATING THE GROWING TREND OF NON-DRINKING AMONG YOUNG PEOPLE; ANALYSIS OF REPEATED CROSS-SECTIONAL SURVEYS IN ENGLAND 2005–2015

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Background Non-drinking among young people has increased over the past decade in England, yet the underlying factors driving this change is unknown. Traditionally non-drinking has been found to be associated with lower socio-economic status and poorer health. This study explores among which sub-groups non-drinking has increased, and how this correlates with changes in drinking patterns, to identify whether behaviours are becoming more polarised, or reduction is widespread among young people.

Methods Using repeated annual cross-sectional data on young people aged 16 to 24 years from the nationally representative Health Survey for England 2005–2015, trends in non-drinking including lifetime abstinence and not drinking in the past week were explored using STATA15; 1) Trends in non-drinking among social-demographic and health sub-groups were examined through a test for linear time-trends among sub-groups, adjusting for age. Additionally, an interaction between year and each variable was modelled in sex- and age-adjusted logistic regression models 2) Spearman correlation co-efficients were calculated between the proportion non-drinking by year, and heavy episodic drinking, and the mean alcohol units