development of minimum unit pricing for alcohol as a public health policy in Scotland.

Results PET highlights the importance of redefining the policy problem so that it becomes a focus for policymaking. This therefore suggests reframing of alcohol as a public health problem amenable to a population-based solution has been instrumental in bringing about consideration of MUP. A multi-level governance framework suggests that the devolution of health (but not trade or taxation policy) to Scottish Parliament illustrates how public health advocates were able to ‘venue shop’ from Westminster to the Scottish Parliament. We also provide a necessary description of the process through which MUP has emerged.

Conclusion Political science theories are useful for understanding public health policy developments and could be more widely used by the public health community to inform advocacy or engagement with policymakers. This case study illustrates their value as well as providing more generalisable lessons for public health advocates (such as to seek opportunities for‘venue shopping’ and an appreciation of the importance of framing of policy issues).

PS52 ARE THERE GENDER DIFFERENCES IN THE SOCIAL PATTERNING OF BINGE DRINKING IN THE CZECH REPUBLIC, RUSSIA, POLAND AND LITHUANIA? A CROSS-SECTIONAL STUDY
doi:10.1136/jech-2012-201753.151

Background Binge drinking may have played a central role in mortality fluctuations in the former Soviet Union (FSU). In Eastern Europe, binge drinking is more common in men than women and in men of lower socio-economic position (SEP). Yet intersections of these factors have rarely been addressed with sufficient power to detect social patterns in binge drinking amongst women. The aim of this study was to determine whether there are gender differences in the social patterning of binge drinking in the Czech Republic, Russia, Poland and Lithuania.

Methods Cross-sectional baseline data from the HAPIEE (Health, Alcohol and Psychosocial factors in Eastern Europe) study was used. The participants were men and women aged 45–69 years randomly selected from population registers in the Czech Republic, Russia, Poland and Lithuania. Logistic regression was used to examine the association between social factors (education, employment status, household amenities and deprivation) and binge drinking (>100g (men) and >60g (women) ethanol per occasion ≥1x/month) in each gender and country separately. Amenities score was derived from 18 (Lithuania) or 12 (other countries) individual questions on household items. ‘Few amenities’ was defined as a score in the lowest quartile for the participant’s country.

Results Tests for interaction between gender and each variable were carried out. Tests for interaction between country and each variable were also completed. Pooled data (all countries) was interpreted where there was no evidence of country heterogeneity.

Results There were 34,069 participants with complete data. Amongst men in all countries, all markers of low SEP were associated with increased odds of binge drinking (e.g. OR 1.22, 95% CI 1.10–1.35 for few amenities, fully adjusted model). In women, few amenities (OR 0.81, 0.70–0.94, fully adjusted model), and to a lesser extent low education level, were associated with decreased odds of binge drinking. The associations between social factors, gender and binge drinking were homogenous between countries (few amenities test for country heterogeneity p=0.72 men, p=0.51 women) with the exceptions of education and deprivation in women.

Conclusion In Russia and Eastern Europe binge drinking in men and women is socially patterned, but in contrasting ways. Men with lower SEP may binge drink due to social instability and poor coping mechanisms. Women with higher SEP may binge drink due to greater resources and exposure to, and adoption of, male drinking patterns through employment or higher education. Policy to tackle binge drinking should take into account its gender-specific social determinants.

PS53 EFFECT OF GEOGRAPHICAL ACCESS TO HEALTH FACILITIES ON CHILD MORTALITY IN RURAL ETHIOPIA: A COMMUNITY BASED CROSS SECTIONAL STUDY
doi:10.1136/jech-2012-201753.152
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Background There have been few studies which have examined associations between access to health care and child health outcomes in remote populations most in need of health services. This study assessed the effect of travel time and distance to health facilities on mortality in children under five years in a remote area of rural north-western Ethiopia.

Abstracts
PS51 Could More Than Three Million Older People Be At Risk Of Alcohol-Related Harm? A Cross-Sectional Analysis Of Age-Specific Drinking Guidelines
C Knott, S Scholes and NJ Shelton

*J Epidemiol Community Health* 2012 66: A58
doi: 10.1136/jech-2012-201753.150

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