

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).

**PS51** **COULD MORE THAN THREE MILLION OLDER PEOPLE BE AT RISK OF ALCOHOL-RELATED HARM? A CROSS-SECTIONAL ANALYSIS OF AGE-SPECIFIC DRINKING GUIDELINES**

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**Background** To determine the effect of recently proposed age-specific alcohol consumption guidelines upon the estimated proportion and number of older individuals potentially at risk of alcohol-related harm. Nationally representative cross-sectional population data from Health Survey for England (HSE).

**Methods** Random sample of the general population living in private households in England. For reliable comparison of adult alcohol consumption by age and sex across a five-year period, data were extracted from HSE 2003 and 2008 for all participants aged 16 or over. The sample included those who drank in the previous week, never drinkers, non-drinkers and adults who reported not having consumed alcohol in the week prior to interview. Excluded from the sample were those for whom data on drinking behaviour or unit alcohol consumption were missing (around one per cent of the total available sample). The sample from HSE 2003 thus comprised 14,718 participants, while the 2008 sample comprised data on 14,939 individuals.

**Results** The total number of individuals aged 65 or over classified as drinking in excess of daily recommended limits would have increased to over three million in 2008 under age-specific guidelines proposed by the Royal College of Psychiatrists, equating to an at-risk population of 809,000 individuals greater than found within the 16–24 age group during the same year. Proposed revisions to existing binge drinking classifications defined almost 1,200,000 people aged 65 or over as hazardous consumers of alcohol in 2008, equating to a rise of 258% by comparison with existing definitions.

**Conclusion** The introduction of new age-specific drinking guidelines put forward by the Royal College of Psychiatrists would increase the elderly population drinking in excess of daily recommended limits by more than two-fold, and increase by more than three-fold the number of binge drinkers. However, there remains at present a dearth of evidence sufficient for guiding age-specific revisions to existing and already problematic alcohol consumption thresholds. Nevertheless, vigilance regarding heavy late-life drinking remains important in light of older people's heightened sensitivity to the effects of alcohol and the rising number within the sub-population potentially at risk of alcohol-related harm.

**PS52** **ARE THERE GENDER DIFFERENCES IN THE SOCIAL PATTERNING OF BINGE DRINKING IN THE CZECH REPUBLIC, RUSSIA, POLAND AND LITHUANIA? A CROSS-SECTIONAL STUDY**

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**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  $\geq 1$ x/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.

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**

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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.