

379 PRESCRIPTION DRUG OVERDOSE: ENVIRONMENTAL AND BEHAVIOURAL RISKS IN HOMES WITH AND WITHOUT CHILDREN

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Background According to a UN panel, prescription drug abuse will soon exceed illicit drug use worldwide. In the US, opioid pain relievers (OPRs) are widely available, and overdose deaths have increased. Children are vulnerable to either or both unintentional and intentional exposure to OPRs. Little is known about the environmental and behavioural risks associated with storage and disposal of these drugs in homes with children.

Methods We addressed this gap by completing an on-line survey of a nationally representative sample of 1,032 adults who had taken an OPR within the year preceding the survey. Environmental and behavioural risks examined by the presence and ages of children in the home were characteristics of the product, storage location, disposal plans and practices, and beliefs about safe storage.

Results One-third of the sample had children younger than 18 living in the home; 47% were still using the OPR at the time of the survey. Homes with children compared to those without were significantly more likely to have a child resistant cap on the medication (91% vs 78%) and to store the OPR most often in a place that was locked or latched, although the rates were low in both groups (27% vs 17%). Almost 40% of those who were no longer using the medication reported keeping it for future use, and only 5% reported turning the pills in to a take-back program. When asked about storage behaviours, adults with young children compared to those with older children/teens were significantly more likely to have positive beliefs about the benefits and higher perceived threats, and to report fewer barriers to safe storage.

Conclusions The high rates of unsafe storage and disposal of OPRs in homes with children is alarming because of the associated risks of unintentional or intentional exposure of children to these dangerous medications. Campaigns that focus on the risks to older children/teens and increasing the availability of take-back programs in communities are urgently needed.

380 BUILDING EPIDEMIOLOGICAL CAPACITY FOR DRUG OVERDOSE SURVEILLANCE IN THE U.S. HEALTH DEPARTMENTS

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Background In response to the growing prescription drug overdose (DO) epidemic in the U.S., an Injury Surveillance Workgroup on Poisoning (ISWP) released Consensus Recommendations for National and State Poisoning Surveillance in April 2012. The ISWP proposed standardised tools to conduct and improve DO surveillance.

Methods The Council of State and Territorial Epidemiologists (CSTE) formed an Overdose Subcommittee (OS) to raise CSTE

membership awareness of DO deaths and to test the proposed DO indicators before they were widely adopted as surveillance tools.

Results The CSTE OS aims and results have been discussed during monthly calls opened to all CSTE members. Several major projects were completed with voluntary participation from CSTE OS members. Analysis of death certificate (DC) data in 11 jurisdictions revealed variations in completeness and specificity of the drug-related information (e.g., DO death rates not contributed to any drug varied from 0/100,000 in New York City to 7.4/100,000 in Kentucky). A study using toxicology and DC data found that drug-specific sensitivity on DCs in three jurisdictions varied widely (23%–92% benzodiazepines, 61%–92% heroin, 91%–100% opioid analgesics). New epidemiological tools for DC data analysis were developed. Several jurisdictions worked successfully with medical examiners/coroners to improve completeness and specificity of drugs listed on DCs. The CSTE findings were presented at national conferences, published in papers, and informed the development of national guidelines for state special emphasis reports on DO death data.

Conclusions The CSTE OS work is an ongoing learning process that already improved the DO mortality surveillance methodology and standardisation, increased the epidemiological capacity for DO reporting and data quality improvement at state and local levels, and strengthened the collaborations among epidemiologists from different jurisdictions.

Occupational Safety

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381 AN INVESTIGATION OF THE STATE OF OCCUPATIONAL SAFETY AND HEALTH IN THE PHILIPPINES

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Background This study looked into the state of occupational health and safety in the country. Specifically, the objectives were 1) to show the current condition of workers, both local and migrant, in terms of their workplace condition and hazard exposures; and 2) to present occupational diseases and illnesses in various industries and occupational groupings in the Philippines.

Methods The methodology consisted of comprehensive analysis of records and statistics on occupational safety and health, and related variables from various institutions. Data were gathered from reviews of literatures, related research studies, and documentary research at the Occupational Safety and Health Centre. Analysis of data was done through a critical appraisal of the current status of occupational and health safety in the Philippines in terms of occupational diseases, injuries, and accidents, and existing occupational health and safety policies.

Results The study showed occupational hazards and health and safety conditions in various industries, occupational settings, and job groupings such as in the industrial sector, manufacturing, mining, agriculture, fishing, and cement manufacturing. In the industrial sector, particularly, in nine cement plants in the Philippines, workers were noted to be exposed to hazards such as heat, noise and dust. In the electronics sector, about 57 Filipino women were afflicted by Stevens–Johnson Syndrome (SJS) in two electronic factories in Taiwan. Another study of 399 female