An equity-adjusted typology should consider the multifactorial interplay and highlight system factors in the community focusing the groups in most need of change.

626 ROAD SAFETY IN A MUNICIPALITY

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Background In 1997 we started the work within Safe Community. Traffic safety was areas that were particularly focused. Road safety work has been a common thread through all years. Kindergartens and schools have undertaken to have a systematic traffic safety work. Use of reflectors, theoretical and practical experiences is important. All the work is rooted in municipal road safety plan.
Methods A municipality cannot physically build traffic safety for citizens. Children and adults need to be aware how they shall walk in traffic to be safe. Children must learn road safety from an early age. Therefore, we will start work in kindergarten.
Results The municipality is responsible for 19 kindergartens and 10 schools. Everyone should follow a common template for the work developed by Norwegian Council for Road Safety. Norwegian Council for Road Safety has been helpful in our work with several workshops and courses for employees. There are also tasks that the municipality must carry out such as municipal traffic safety plan and cooperation with clubs and associations where there is a lot of transport of children and young people to and from events.
Conclusions Now 1 kindergarten and 10 schools approved as safe for traffic. During spring 2016, the goal is that all kindergartens and schools should be approved. Afterwards the municipality may be approved. This is one way to assure the quality of road safety work. Road safety is a very important topic within safe communities in Ski municipality.

627 BASELINE INJURY DATA OF THE FIRST SAFE COMMUNITY IN SRI LANKA

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Background Despite injuries being the leading cause of hospitalisation for last three decades, the concept of Safe Community is quiet new in Sri Lanka. In April 2012, the Horana city was declared as the first safe community in Sri Lanka. Base Hospital, Horana (BHH) is the drainage hospital in Horana city. Objective of this study was to evaluate the injury rates in Horana before it was declared as a safe community, and generate baseline injury data for a future meaningful comparison.
Methods We extracted all the injury data from a database of an injury surveillance system piloted for the period of six months from September 2009 to February 2010 in BHH. We analysed data using SPSS statistical software and reported descriptive statistics. We used the population of Horana city as the denominator to calculate the rates.
Results During the six months study period, 1574 patients were admitted to BH Horana with injuries. Of them 1068 (69.3%) were males and 456 (29.6%) were females. Of all, 58.6% were admitted due to unintentional injuries, while 26.6%, 8.2%, and 5.4% were admitted with injuries due to road traffic injuries, violence, and self-harm/suicide respectively. Majority of the patients admitted with unintentional injuries were between 15 and 45 years of age and there were 365 females and 949 males. Importantly, 22.2% of the patients admitted due to injuries were less than 15 years old. Majority (45.4%) of the injuries occurred at homes (45.3%) or during sports (34.7%). All together there were 11 deaths, five (0.3%) were dead on admission and six died after inward treatment. The total injury rate was 1.4 per 100,000 population.
Conclusion This study evaluates the injury rates in Horana, Sri Lanka and provides a baseline for comparison when assessing the effectiveness of a safe community to prevent injuries in future.

Pitching Sessions Tuesday 20.9.2016

Alcohol, Drugs and Medicines Related Injuries

Post Tue 2.1

628 NEW OPIOID ANALGESIC USE AND THE RISK OF INJURIOUS SINGLE-VEHICLE CRASHES IN DRIVERS AGED 50–80 YEARS IN SWEDEN

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Background The increasing trend in opioid analgesic (OA) use in older adult drivers has raised concerns about their risk to be involved in car crashes.
Aim To investigate if older adult drivers who recently started using OAs (new users) have a higher probability of being involved in single injurious crashes.
Methods Population-based matched case-control study. Data from population registers were merged using a unique personal identity number. Cases were drivers aged 50–80 years involved in an injurious single crash between 01.07.05 and 31.12.09. Four controls were randomly matched to each case by sex, birth month/year, and area of residence from persons holding a valid driving license and who did not crash. New use was defined as at least one dispensation within 1–30 days prior to the crash date, but none within the previous 31–180 days. Conditional logistic regression was used to estimate ORs adjusting for benzodiazepine use, comorbidity, civil status, and occupation.
Results Adjusted ORs for new use were two-fold that of drivers using 1–2 non-OA medications (OR 2.0; 95% CI: 1.6–2.5).
Conclusion New users of OAs may result in higher crashing risks. Older adults need to be made aware of this initial risk linked to the use of OA.