

629 FROM PROVINCIAL PILOTS TO NATIONAL DRINK DRIVING ENFORCEMENT POLICY IN VIET NAM

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Background Drink driving is a major risk factor for road crashes in Viet Nam. Studies have shown up to 36% motorcycle riders and 66.8% car drivers admitted to hospital had a BAC above the limit.

Activities This program partnered with National Traffic Safety Committee (NTSC), Global Road Safety Partnership (GRSP) implemented pilot enhanced enforcement of drink driving in 5 provinces of Viet Nam. Senior traffic police were trained overseas on this model followed by extensive trainings for police officers in program provinces. Police operations were supplemented by international standard breathalysers, and an intensive social marketing campaign on national and provincial media. Implementation results in different time periods were periodically briefed to senior leaders of NTSC, and General Department of Police for decision making. Independent monitoring was provided by Hanoi School of Public Health (HSPH).

Results The enforcement campaign was implemented from 2010 to December 2013. More than 200,000 road users were breath tested during high alcohol times (12 pm – 2 pm and 6 pm – 9 pm). The efficiency of enforcement improved dramatically. The number of tests given in 2013 in Quang Ninh was 22 times higher than in Bac Ninh where the new practice was not implemented.

Enforcement results showed a declining trend of violations from over 30% to less than 10% in intervention provinces. Public's awareness on drink driving has been maintained at over 90%. Monitoring results from HSPH showed a declining mortality trend between 2010 and 2013.

Having shown high efficiency and high public acceptance of the new enforcement model, in June 2014, the General Department of Police issued a decision to implement the new enforcement practice nation-wide. In 45 days of implementation of the national enforcement campaign applying the new practice between mid-December 2014 and February 2015, traffic police penalised 35,370 drivers for violations of drink driving regulation compared with virtually none before the program.

Conclusions It's essential to design and implement solid pilot program so good quality data could be produced and presented to senior Government leaders to advocate for policy change. It's also crucial to link pilot interventions to national priorities to ensure large program impact and sustainability – an important factor for a problem that requires long term interventions.

630 TRENDS IN PREVALENCE OF DRINK DRIVING AND SPEEDING IN TWO CHINESE TWO CITIES FROM 2010 TO 2014: EVALUATING A FIVE-YEAR PROJECT

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Background Road traffic injuries are a serious public health challenge and impose huge health and economic burden in China. To address the problem, Bloomberg Philanthropies funded a consortium of international partners to design and implement targeted interventions, such as social media campaigns, advocacy for legislative change, and law enforcement training, to reduce the percentage of drink driving and speeding in two Chinese cities from 2010 to 2014. This is one of few road safety projects in China that involve multiple international partners and domestic stakeholders.

Methods To monitor and evaluate the project, observational data on speeding were regularly collected from representative samples in both Chinese cities. Data on drinking and driving were collected in collaboration with local traffic police using breathalysers.

Results The analysis based on 15 rounds of data show that from May 2011 to Nov 2014, the percentage of vehicles driving above speed limit decreased from 31.77% (95% CI: 29.16–34.47) to 7.40% (95% CI: 6.96–7.85) in Dalian and from 13.50% (95% CI: 11.69–15.47) to 6.86% (95% CI: 6.39–7.36) in Suzhou. Drink driving decreased from 1.64% (95% CI: 1.10–2.36) in Jan 2011 to 0.50% (95% CI: 0.24–0.92) in Nov 2014 in Dalian and from 5.66% (95% CI: 4.75–6.69) to 0.33% (95% CI: 0.04–1.20) in Suzhou during approximately the same period. All changes are statistically significant.

Conclusions Despite the difficulty in attributing the changes to the program due to the lack of control cities, the substantial reduction in the prevalence of the two risk factors suggests that through coordinated actions, internationally recognised best practices in road safety are effective in improving Chinese road traffic safety.

631 IMPLICATIONS OF ALCOHOL SCREENING IN PATIENTS WITH HEAD TRAUMA OF DIFFERENT MECHANISMS ON INJURY

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Background the effect of alcohol intoxication on the outcomes of traumatic brain injury (TBI) is debatable although recent data are in favour of its protective role. We aimed to evaluate the impact of alcohol status on the hospital outcomes in patients with TBI of different mechanisms of injury (MOI).

Methods A retrospective observational analysis was conducted for all TBI patients admitted in a level 1 trauma centre between 2010 and 2014. Patients were divided into 2 groups according to the serum alcohol (negative alcohol; NATBI vs positive alcohol TBI; PATBI). Patients demographics, injury severity score (ISS), head injury severity (AIS), type of TBI lesions and hospital outcomes were analysed and compared in the 2 groups in general and in relation to the MOI in terms of motor vehicle crashes (MVC), pedestrians injury, and fall from height.

Results Over the study period, 805 patients (93% males) were admitted with TBI with a median age of 28 (1–86) years. PATBI was found in 14% of cases. Mean ISS ($P = 0.10$), and hospital pneumonia ($p = 0.07$), sepsis ($p = 0.88$) and mortality ($p = 0.08$) were fewer in PATBI in comparison to NATBI patients. In-hospital acute respiratory syndrome (ARDS) was higher in PATBI ($p = 0.31$). Head AIS was greater in NATBI patients ($p = 0.04$). PATBI was greater among pedestrians (22%)