

State of the Art Sessions Wednesday 21.9.2016 10:30–12:00

Safety of Older Adults

24 ELDER ABUSE

Minna-Liisa Luoma. *National Institute for Health and Welfare (THL)*

10.1136/injuryprev-2016-042156.24

In many parts of the world elder abuse occurs with little recognition and is still considered mostly a private matter. Even today, elder abuse continues to be a taboo and mostly underestimated. This presentation will discuss the prevalence of abuse of older people as well as methods, instruments that are used in studies. Research about where, when and how often elder abuse occurs, is inadequate and inconsistent. Data in some cases are based on professionals' reports rather than on information from older people themselves. Some EU countries have a rich history of prevalence research, whereas other countries have just begun to tackle this aspect of research on of elder abuse. Surveying elders about such a sensitive topic, however, implies the need for an adequate research instrument (questionnaire) and research design, and an adapted data collection method. Substantial attention has to be paid to outlining possible guidelines for future research. Information on elder abuse helps health and social services to identify and deal with the problem. Without awareness raising and approaches to define, detect and address elder abuse this important wellbeing and health issue of elderly population will continue to be underestimated and overlooked.

Child and Adolescent Safety

25 DROWNING – A NEGLECTED BUT PREVENTABLE PUBLIC HEALTH ISSUE

Aminur Rahman. *International Drowning Research Centre – Bangladesh (IDRC-B) at the Centre for Injury Prevention and Research, Bangladesh, House – B162, Road – 23, New DOHS, Mohakhali, Dhaka 1206, Bangladesh*

10.1136/injuryprev-2016-042156.25

In 2012 WHO estimated that 372,000 people died from drowning, which has made it the world's third leading unintentional injury killer. Over half of all drowning deaths occur among those aged under 25 years. 91% of the drowning deaths of all ages occur in LMICs. The fatal drowning rate in LMICs is several times higher than the HICs. Although drowning occurs in all ages, studies suggest that children aged 1–4 years are at the highest risk of drowning globally. Children of the LMICs are the worst victim. In Bangladesh drowning is the leading cause of death among children 1–4 years (86.3 per 100,000 children-years) which is followed by pneumonia, malnutrition and diarrhoea.

In the HICs there is evidence of long term reduction of drowning. These reductions are due to piped water and reduced exposure to open water. The other factors include safety standards, policies and legislations. The interventions of HICs are not readily applicable in the resource constraint settings. However, some interventions in the LMICs which are developed considering the

country context are appearing to be effective in child drowning prevention. A recent research showed that child drowning is also preventable in a low resource setting Bangladesh utilising locally available low-cost resources. Two interventions – *Anchal* (community crèche) and SwimSafe (survival swimming teaching to children) were identified effective and cost-effective in preventing childhood drowning. A typical *Anchal* is a spacious room located in the house of a care-giver. The care-giver provides supervision of about 25 children aged 1–5 year-old 6 days a week within the hours of 9:00 *a.m.* and 1:00 *p.m.*, the peak period when children are most at risk for drowning in rural Bangladesh. During this period, the care-giver addresses safety, development, hygiene, nutrition and other health issues of the children. The SwimSafe is a survival swimming teaching intervention for children 4 years and over. Trained community swimming instructors teach survival swimming to children in a local pond modified with submerged bamboo platform. In the similar settings these interventions could be applicable to prevent child drowning.

Data on drowning is essential for developing drowning prevention strategies, which is severely lacking especially in the LMICs. To improve the drowning situation in these countries a system of collecting data needs to be established. Moreover, all countries should implement proven drowning prevention measures considering their country context. All countries should have a national plan on drowning prevention. In order to achieve all these activities to prevent drowning a global partnership should be established.

26 YOUNG PEOPLE – ALCOHOL AND RISKS IN NIGHTLIFE ENVIRONMENTS

Karen Hughes. *Public Health Wales*

10.1136/injuryprev-2016-042156.26

Alcohol consumption is strongly related to both unintentional and intentional injury. The more people drink, the greater their risks of injury through violence, road traffic incidents and other causes. For young people, much alcohol consumption occurs in bars and nightclubs, where environmental factors such as crowding and poor lighting can contribute to injury risk. Thus nightlife environments are high risk settings for both drunkenness and injury. This presentation will discuss drinking behaviours and alcohol-related injuries in nightlife environments and strategies that can work to prevent them. Such strategies include those to reduce risky drinking behaviours, to modify nightlife environments to make them less conducive to alcohol-related injury, and to address the broader alcohol environment to reduce access to alcohol. The challenge for policy makers and local partners is to create nightlife environments that are both safe and fun.

27 INNOVATIVE APPROACHES TO CAPACITY DEVELOPMENT FOR INJURY PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICs)

¹Adnan A Hyder, ²Olive Kobusingye, ³Evelyn Murphy, ¹Abdulgafoor M Bachani. ¹Johns Hopkins International Injury Research Unit, USA; ²Makerere University School of Public Health, Uganda; ³World Health Organisation, Switzerland

10.1136/injuryprev-2016-042156.27

Background Despite the high burden of injuries, in many developing countries there is limited supply of trained human