

After this session, attendees should be able to discuss various ways community trauma can manifest at the community level. During this session, we will briefly describe the findings of the study and present the emerging framework, along with examples of communities that are developing and implementing community level strategies. Prevention Institute will then facilitate a peer-to-peer discussion exploring how community level trauma shows up in communities, and emerging resilience strategies to prevent and address it.

**Conclusions** The community trauma framework has implications for practitioners, researchers, and advocates developing strategies to improve safety by overcoming community-level trauma as a barrier to successful injury prevention.

### 623 INTREGRATING STRATEGY TO TACKLE TRAFFIC ACCIDENTS IN BANPHAI DISTRICT, KHON KAEN PROVINCE, THAILAND

<sup>1</sup>Adun Bamrung, <sup>1</sup>Jirawan Kijlerdpornpairaj, <sup>1,2</sup>Rapeepong Suphanchaimat, <sup>1</sup>Prayoon Kowit. <sup>1</sup>Banphai Hospital, Khon Kaen, Thailand; <sup>2</sup>International Health Policy Program, Ministry of Public Health, Thailand

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**Background** Banphai district is the major economic area in Khon Kaen province where traffic accidents often occur. The numbers of injuries visiting Banphai hospital varied between 1,800 and 2,040 cases/year, with about 30 deaths/year. To tackle this problem, the 'Managing Information System' (MIS) team was set up in 2009.

**Description of problems and proposed solution** Banphai hospital staff are the founding members. The nature of MIS is action research. Soon after its inception, the team gradually included police, the Department of Highways (DOH), the Department of Land Transport (DOLP), commerce groups, and other stakeholders. The 5E (Engineering, Enforcement, Education, Emergency, and Evaluation) and PDCA principles (Plan-Do-Check-Act) are applied. Each authority is responsible for different 'E', eg. the DOH for road engineering and the DOLP for educating drivers. The reporting systems between authorities were harmonised.

**Effects/changes** About 80% of traffic accidents related deaths are due to risky behaviours of the riders/drivers, while unsafe environments account for the rest 20%. Some concrete measures (both long run and short run policies) were proposed. Examples of the measures are (1) establishing clear traffic signs in risky junctions, (2) closing the U-turn points where clashes often occurred, and (3) an instigation of Memorandum of Understanding (MOU) between authorities for campaigning helmet use. Since 2011, the incidence of traffic accidents related deaths has declined for about one third. It is estimated that had the MIS not been established, the injuries would have been risen by 81 cases/year. The MIS is also successful in reducing alcohol related traffic injuries by about 6% (28 cases/year).

**Conclusions** The MIS working system is a beneficial lesson for other countries to learn how to harness local resources and seek coordination from stakeholders for preventing traffic accidents. Open-mindedness, trust and endurance are key success factors.

### 624 HEALTHY NIGHT IN COIMBRA: PRIMARY PREVENTION PROJECT IN EDUCATIONAL CONTEXT

<sup>1</sup>Filipa Sola, <sup>2</sup>Paulo Simões, <sup>2</sup>Alexandre Fernandes, <sup>3</sup>João Redondo. <sup>1</sup>Psychologist at the Centre for Prevention and Treatment of Psychological Trauma, Department of Psychiatry of Coimbra Hospital and University Centre, Portugal; <sup>2</sup>Nurse at the Centre for Prevention and Treatment of Psychological Trauma, Department of Psychiatry of Coimbra Hospital and University Centre, Portugal; <sup>3</sup>Coordinator at the Centre for Prevention and Treatment of Psychological Trauma, Department of Psychiatry of Coimbra Hospital and University Centre, Portugal

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**Background** Night recreation plays an important role for young people but it has, sometimes, an intrinsic association to risk factors in areas such as sexuality, violence, road driving and consumption of alcohol or other substances. The influence of these risk behaviours in health status and life quality of young people has been widely documented in literature; documentation, monitoring and intervention in these behaviours has been considered by healthcare organisations as a public health priority. A survey conducted by European Institute of Studies on Prevention, Portugal (Coimbra, 2014), reports that today there is more violence and aggression in nightlife (60%), more cases of intoxication (70%), higher consumption of illegal drugs (43%) and sex under the influence of alcohol (65%).

**Methods** Sensibilization activities, on the scope of primary prevention, aimed for students from secondary schools (aged between 14 and 18), with emphasis on the following topics: consumption of alcohol and other psychoactive substances, violence, sexual risk behaviour and night road accidents. Sample: 235 students, 12 classes. A questionnaire was applied at the beginning of the second scholar period in order to characterise and understand the behaviours of the students and in the end of the third scholar period in order to assess the impact of our intervention.

**Results** We found that majority of the students increased knowledge in the addressed thematics. This methodology enables to introduce a new narrative on youngsters and developing a new perception of these thematics.

**Conclusions** Focusing the prevention idea and considering the premature beginning of risky behaviour, it is essential the intervention at younger ages, privileging the school context, which will be enhanced by the multidisciplinary and multisectoral network approach. We believe that early investment in these problematics represents an additional contribution to the promotion of healthy nights and safe communities.

### 625 A TYPOLOGY FOR SAFETY PUBLIC POLICY AND RISK MANAGEMENT

Bjarne Jansson. Karolinska Institutet, Stockholm, Sweden.

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Five elements could be identified as main components in a typology for safety policy and risk management. *Policy-making* should be used to provide long-term safety planning in a defined political jurisdiction area. *Trauma surveillance* is based on the development and maintenance of supportive systems in trauma emergency care departments. *Risk management* includes a number of organisations for developing supportive environments. *Settings* are channels and mechanisms of influence for reaching defined populations. *Community involvement* should guarantee peoples empowerment in the development of safe communities.

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

Liv Marit Bølset. *Health Promotion Adviser in Ski Municipality, Norway*

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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

<sup>1</sup>Tamara Kalubovila, <sup>2</sup>Samath Dharmaratne, <sup>3</sup>Diana Samarakkody, <sup>4</sup>Roshan Hewapathirana, <sup>5</sup>Achini Jayatilleke, <sup>6</sup>Achala Upendra Jayatilleke. <sup>1</sup>Base Hospital Horana, Horana, Sri Lanka; <sup>2</sup>Faculty of Medicine, Peradeniya, Sri Lanka; <sup>3</sup>Ministry of Health, Colombo, Sri Lanka; <sup>4</sup>University of Oslo, Oslo, Norway; <sup>5</sup>Family Planning Association of Sri Lanka, Colombo, Sri Lanka; <sup>6</sup>Postgraduate Institute of Medicine, University of Colombo, Colombo, 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

Joel Monarrez Espino, Lucie Laflamme, Jette Möller. *Department of Public Health Sciences, Karolinska Institutet*

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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.