

Conclusion/Learning Outcomes Key learning from the initial development and implementation of the VRUs will be presented, considering the principles of the public health approach and UK government guiding principles for VRUs: collaboration; co-production; cooperative in data and intelligence sharing; counter-narrative development; and community consensus.

7E.005 FINDING SUBSTANCE USE DISORDER TREATMENT FACILITY OPENINGS: NATIONAL EXPANSION OF KENTUCKY'S LOCATOR

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Context FindHelpNowKY.org (FHNKY) is a drug overdose prevention website intervention developed and implemented in 2018 to timely link individuals to substance use disorder (SUD) treatment facilities with available openings in the Commonwealth of Kentucky. FHNKY is a near real time treatment locator where facilities update their openings on a regular basis. In February 2020, there were 607 facilities who participated on FHNKY and have updated their availability over 11,000 times; over 142,000 searches were performed. The website is used by health professionals, safety professionals, friends and family, as well as individuals themselves in search of SUD treatment.

Process The FHNKY website was rebranded as a national FindHelpNow (FHN) platform that includes standardized national search criteria, and specifically branded marketing materials.

Analysis A FHN peer-to-peer learning network was established for other states to utilize the national FHN platform and/or FHNKY strategies and approaches.

Outcomes Fourteen interested states attended an in-person meeting with multiple presentations on website development, and functionality in November 2019. In February 2020, five states and jurisdictions adopted the FHN platform and recruitment strategies, and memorandums of understanding have been established.

Learning Outcomes This initial development and implementation phase of a national standardized FHN platform will enhance the ability of any individual anywhere in the U.S., who seeks SUD treatment at their critical stage of readiness, to find a SUD treatment facility that accepts their form of payment (or fee-free), and provides necessary services such as the provision of medication for opioid use disorders and concurrent mental health treatment.

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8A.001 ONE-SIDEDNESS OF MOTORCYCLE HELMET USE: A CHALLENGE TO MOTORCYCLE SAFETY IN NEPAL

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Background Mandatory motorcycle helmet use regulation is essential, but its enforcement is even more important for head injury prevention, especially in a country like Nepal with a high share of motorcycle traffic. We assessed the impact of one-sided motorcycle helmet use regulation in Nepal, where helmet use is mandatory, but only drivers are fined for not using a helmet, while passengers do not get punished.

Methods In a combined observational and questionnaire survey, knowledge about the helmet use regulation was assessed and adherence to the law evaluated. Data was collected at seven sites throughout the country, including rural and urban regions.

Results The observation of 2548 motorcycle riders reveals a dichotomy of motorcycle helmet use in Nepal. While 98% of drivers used a helmet, only less than 1% of observed passengers used a helmet. The questionnaire survey of 220 riders reveals a lack of knowledge about the existing mandatory helmet use for passengers, most probably due to inadequate enforcement of the helmet rule for them. The survey further reveals that helmets would be readily available for passengers, as over 50% have access to a helmet.

Conclusion In Nepal, the helmet use of motorcycle passengers is critically low. The sole existence of rules for mandatory helmet use is not enough, regulatory changes in the traffic-fine structure are necessary to increase helmet use and prevention of consequences of head injuries.

Learning Outcomes Educating motorcycle passengers about existing rules and benefits of using a standard helmet may support motorcycle safety in Nepal.

8A.002 COST OF MOTORCYCLE CRASH VICTIMS AT A PUBLIC TERTIARY HEALTHCARE FACILITY IN KARACHI, PAKISTAN

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Background Road traffic injuries account for the major proportion of injury and economic burden globally. However, motorcyclists are the most vulnerable group to sustain fatal and non-fatal injuries. The use of helmet is one of most acknowledged protective measure. However cost-saving ability of helmet use is inconsistent in the literature.

Aim To estimate the difference in the healthcare cost of motorcycle crash in those who were wearing helmet and those who were not wearing helmet in Karachi, Pakistan.

Methodology We conducted a cross-sectional study by using micro-costing method and out-of-pocket expenditure data collection for healthcare cost estimation in a public tertiary hospital of Karachi, Pakistan. We included 18 year and above victims of motorcycle crash both riders and pillions through consecutive sampling from the emergency department and grouped them in to helmeted and non-helmeted. Cost differences were compared using t-test.

Result We recruited 323 participants, 127 (39%) were wearing helmet, while, 93 (60%) were not wearing helmet at the time of crash. The helmeted group had 18% head injuries as compared to 46% in the non-helmeted. Helmeted group incurred a total healthcare cost of PKR.15855, whereas, non-helmeted victims had a median healthcare cost of