Transportation safety

0105 YOUNG DRIVER LICENSE EXAMINATION OUTCOMES IN RELATION TO AGE, SEX, LENGTH OF LEARNER PERMIT AND COMPLETION OF DRIVER TRAINING

¹E Walshe, ²S Cheng, ³D Romer, ²F Winston. ¹The Children's Hospital of Philadelphia, Philadelphia, USA; ²Children's Hospital of Philadelphia, Philadelphia, USA; ³University of Pennsylvania, Philadelphia, USA

10.1136/injuryprev-2021-SAVIR.79

Statement of purpose The on-road examination (ORE) for licensure marks the transition from supervised to unsupervised driving, but also to a driver's highest lifetime crash risk. The period pre- and post- licensure has been studied, yet the point of licensure itself is less documented. We describe license examination outcomes in relation to applicant age, sex, length of learner permit and completion of driver training.

Methods/Approach We utilized unique access to the State of Ohio's de-identified administrative licensing data. We examined all drivers under the age of 25 who attempted the on-road examination (ORE) for the first time across the state of Ohio in 2018. This dataset contained age at the ORE, sex, an indication of completed driver training (mandatory for those under 18 years), and ORE outcomes. We derived length of learner permit and categorical age groups to examine the impact of age-defined driver training regulations.

Results Applicants aged 16 and 17 spent 6 and 9 months (respectively) in the learner permit, on average. Applicants aged 18 years had a shorter learner period and only 27% completed driver training before attempting the ORE. Fail rates were lowest for the youngest applicants, with a linear increase in fail rates with increasing age. About 40% of applicants aged 18+ years failed the ORE at first attempt, compared to only 23% of those younger than 18 years.

Conclusions Older applicants without complete training are more likely to fail. Almost no applicants finished training before attempting the ORE if they were older than the age set by regulation, which strongly indicates that participation in driver training is driven by statute.

Significance These results should be considered when states contemplate policy that mandates driver training. Future work that relates license examination performance and driver training to crash outcomes will determine their impact on young driver safety.

Domestic & intimate partner violence

0106 PREDICTORS OF PARTNER VIOLENCE AGAINST WOMEN IN ANGOLA

¹S Skandro, ^{1,2}M Lowery Wilson, ^{1,3}T Bäärnighausen, ⁴MA Shaikh. ¹Heidelberg Institute of Global Health, University of Heidelberg, Heidelberg, Germany; ²Injury Epidemiology and Prevention, Turku Brain Injury Centre, University of Turku, Turku, Finland; ³Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Cambridge, USA; ⁴Injury Epidemiology and Prevention, Turku Brain Injury Centre, University of Turku, Turku, Finland

10.1136/injuryprev-2021-SAVIR.80

Statement of purpose Angola is still an under-explored country in the context of domestic violence and was therefore chosen as our focus of interest. The objective of our study was to

identify socio- demographic determinants of IPV against women in Angola.

Methods/Approach We used nationally representative data from female respondents of the 2015 Angolan Demographic and Health Surveys (DHS). Simple bivariate and multiple logistic regression analyses were used to assess the relationship between the experience of IPV and the women's individual and contextual characteristics.

Results Out of the 7,699 respondents, 3,070 (41.1%) reported having experienced at least one form of violence by their partners, with physical violence being more prevalent (32.5%) than emotional (27.7%) and sexual violence (7.2%). The partner's use of alcohol, the respondent's tendency to hurt her partner, her having witnessed her father beating her mother and being the first wife showed significantly higher odds of experiencing one or more types of IPV, whereas being older than the partner appears to have protective effects.

Conclusion Our results reflect the widespread prevalence rates of violence against women in African countries. Future intervention programs should focus on women with risky background characteristics to help decrease domestic abuse in Angola.

Significance Our findings can help to identify women at risk more easily and to create more effective prevention programs against IPV in Angola.

Prescription drug overdose/opioids

0108 LIMITATIONS OF OPIOID USE DISORDER (OUD) ICD CODES: DEVELOPMENT AND VALIDATION OF A NEW OUD IDENTIFICATION ALGORITHM IN ELECTRONIC MEDICAL RECORDS

¹S Ranapurwala, ¹I Alam, ¹M Clark, ¹T Carey, ¹P Chelminski, ¹B Pence, ²J Korte, ³Wu L-T, ⁴M Wolfson, ²S Christensen, ²M Capata, ⁵H Douglas, ³L Greenblatt, ³L Bowlby, ⁵J Spangler, ¹S Marshall. ¹University of North Carolina, Chapel Hill, Chapel Hill, USA; ²Medical University of South Carolina, Charleston, USA; ³Duke University, Durham, USA; ⁴University of California, Riverside, Riverside, USA; ⁵Wake Forest School of Medicine, Winston-Salem, USA

10.1136/injuryprev-2021-SAVIR.81

Statement of purpose In the US, over 130 lives are lost from opioid-related drug overdoses each day. Accurate and prompt diagnosis of opioid use disorders (OUD) may contribute substantially to prevention of overdose deaths. However, OUD research is limited because ICD codes used to identify OUD are specific but not sensitive, resulting in underestimation of OUD prevalence. Further, the specificity and sensitivity of the OUD ICD codes is unknown due to the lack of a gold standard.

Methods/Approach In this study, eight pain and addiction medicine clinical experts across four large healthcare systems in two southern United States (two experts per healthcare system) reviewed 166 electronic medical records (EMR) from 2014–2017 which may or may not have been assigned OUD ICD codes. The experts relied on Diagnostic and Statistical Manual of Mental Disorders-5 criteria for making OUD diagnoses. These 'gold standard' charts were used to 1) develop and validate a highly sensitive OUD identification algorithm over four iterations and 2) examine the sensitivity and specificity of OUD ICD codes.

Results Of the 166 EMR charts, 100 (60%) were reviewed by two experts and exhibited 83% agreement. After four