



## Substance Use & Injury Connection

*The purpose of this newsletter is to share bimonthly updates on activities across CSTE programs, our members, and our partners focused on substance use and injury surveillance and epidemiology. Features include highlights of CSTE Subcommittee activities and member accomplishments related to substance use and injury topics. If you have suggestions for content or updates to include, please submit them to Mia Israel at [misrael@cste.org](mailto:misrael@cste.org). To access the Substance Use & Injury Connection archives, visit <https://www.cste.org/page/substanceuseinjury>.*

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### CSTE Updates



*This section includes updates and opportunities relevant to substance use and injury epidemiology across CSTE programs.*

### CSTE ICD-10-CM Injury Surveillance Toolkit Now Available

The CSTE ICD-10-CM Workgroups are pleased to announce the release of the [CSTE ICD-10-CM Injury Surveillance Toolkit](#). The toolkit is intended to provide standardized guidance to epidemiologists and others who use ICD-10-CM medical administrative discharge data for injury and drug overdose surveillance. The surveillance guidance presented in the toolkit reflects the findings of the CSTE ICD-10-CM Transition Workgroup and ICD-10-CM Drug Poisoning Indicators

Workgroup for measuring injury morbidity using ICD-10-CM coded hospitalization and ED visit discharge data.

## **CSTE Hosts NSSP Syndromic Surveillance Data Sharing Workshops**

CSTE, in collaboration with the Centers for Disease Control and Prevention's (CDC) National Syndromic Surveillance Program (NSSP), is hosting four regional syndromic surveillance (SyS) data sharing workshops between May and August 2019. CSTE and partners will bring together regional SyS practitioners and data sharing decision-makers to discuss common barriers related to regional SyS data sharing and develop solutions to fix those barriers, with the purpose of strengthening public health departmental capacity for SyS and enhancing situational awareness using real-time electronic health data from emergency department settings through inter-jurisdictional data and regional surveillance practice sharing. Each workshop includes opioid-related classifier activities to develop action steps for establishing and strengthening inter-jurisdictional data sharing as it relates to the opioid crisis.

An overall workshop series evaluation and in-person capstone will highlight regional and national strategies developed throughout the course of these workshops to overcome data sharing barriers between states and locals. Please contact Hayleigh McCall at [hmccall@cste.org](mailto:hmccall@cste.org) for more information.

## **CSTE Jurisdiction-Level Vulnerability Assessments**

CSTE is collaborating with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention to provide technical assistance to states conducting jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis. Technical assistance will include peer discussion groups, webinars, guidance documents, as well as one-on-one phone consultations for mapping/mapping software as well as statistical methods/statistical software needs. Contact Cailyn Lingwall for more information at [clingwall@cste.org](mailto:clingwall@cste.org).

Please view the latest jurisdictional vulnerability assessment webinar on mapping software and strategies at: <https://cste.sharefile.com/d-s6a47bf8313946dfb>

## **CSTE HAI Drug Diversion Planning and Response Toolkit for State and Local Health Departments**

CSTE is pleased to announce the release of [The Healthcare Associated Infections \(HAI\) Drug Diversion Planning and Response Toolkit for State and Local Health Departments](#). The toolkit can be located on CSTE's HAI Subcommittee page, [here](#)! The toolkit focuses on drug diversion response to define best practices, provides resources informed by past drug diversion

investigations, and recommends the enhancement of collaborations among public health agencies and partners representing regulatory affairs: law enforcement, healthcare facility licensing, certification and accreditation.

## Get Involved



*The following groups may be of interest to our CSTE Substance Use and Injury members with ongoing activities related to substance use and injury topics. To join one of the CSTE Subcommittees, make sure you are logged into your CSTE member account, click the link to the Subcommittee page, and click "Join Group" under the group name. To join one of the workgroups, contact CSTE staff to be added to the email list and receive meeting information.*

### CSTE Subcommittee Highlight

The CSTE [Disaster Epidemiology Subcommittee](#) brings together epidemiologists from across subject disciplines to share best practices and collaborate on epidemiologic approaches towards improving all-hazard disaster preparedness and response capacities at local, state, tribal, regional, and national levels. Since 2010, CSTE has hosted an annual workshop on disaster epidemiology highlight recent advancements in disaster epidemiology and explore opportunities for new partnerships to improve the public response to emergencies. The 10<sup>th</sup> Annual Disaster Epidemiology Workshop in May 2019 focused one day on mental health surveillance following disasters. To learn more about disaster epidemiology, to join the CSTE Disaster Epidemiology Subcommittee, or to access any resources from this year's workshop, please contact Hayleigh McCall at [hmccall@cste.org](mailto:hmccall@cste.org).

The following CSTE Subcommittees and Workgroups have ongoing projects and/or discussion topics related to substance use and injury:

- [Alcohol Epidemiology](#)
  - Call Schedule: 1st Thursday of the month at 1:00pm ET
- [Health Disparities](#)
  - Call Schedule: 4th Thursday of every other month at 2:00pm ET
- [Injury Epidemiology and Surveillance](#)
  - Call schedule pending
  - **ICD-10-CM Drug Poisoning Indicators Workgroup**
    - Call schedule: 1st Thursday of the month at 1:00pm ET
    - CSTE Contact: Mia Israel, [misrael@cste.org](mailto:misrael@cste.org)
  - **Injury ICD-10-CM Transition Workgroup**

- Call schedule: 1st Wednesday and 3rd Tuesday of the month at 2:00pm ET
    - CSTE Contact: Mia Israel, [misrael@cste.org](mailto:misrael@cste.org)
  - **Technical Assistance for Drug Overdose Surveillance Workgroup**
    - Calls scheduled as needed
    - CSTE Contact: Danielle Boyd, [dboyd@cste.org](mailto:dboyd@cste.org)
- [Marijuana](#)
  - Call Schedule: 4th Thursday of every other month at 1:00 pm ET
- [Maternal and Child Health](#)
  - No call schedule
  - **Neonatal Abstinence Syndrome (NAS) Workgroup**
    - Call schedule: 3rd Tuesday of every other month at 2:00 pm ET
    - CSTE Contact: Nikka Sorrells, [nsorrells@cste.org](mailto:nsorrells@cste.org)
- **Mental Health**
  - Call Schedule: 1st Thursday of the month at 3:00 pm ET
- [Occupational Health Surveillance](#)
  - Calls scheduled as needed
  - **Healthy Aging Workgroup**
    - Calls scheduled as needed
    - CSTE Contact: Song Xue, [sxue@cste.org](mailto:sxue@cste.org)
- [Overdose](#)
  - Call Schedule: 2nd Thursday of the month at 1:00 pm ET
- [Prescription Drug Monitoring Program](#)
  - Call Schedule: 4th Thursday of every other month at 1:00 pm ET
- [Substance Use & Mental Health](#)
  - Calls scheduled quarterly- *next call Thursday, August 22 at 2:00pm ET*
- [Substance Use and Mental Health Indicators](#)
  - Call Schedule: 3rd Monday of the month at 1:00 pm ET
- [Tribal Epidemiology](#)
  - Calls scheduled quarterly
  - **Tribal Data Workgroup**
  - **Tribal Suicide Workgroup**
    - Calls scheduled as needed
    - CSTE Contact: Jessica Arrazola, [jarrazola@cste.org](mailto:jarrazola@cste.org) or Alyaa Altabba, [aaltabba@cste.org](mailto:aaltabba@cste.org)

**Member Spotlight**



*This section highlights CSTE member projects and accomplishments in the areas of substance use and injury epidemiology, allowing readers to learn more about their colleagues in the field. Contact Mia Israel at [misrael@cste.org](mailto:misrael@cste.org) with questions or to nominate yourself or others to be featured.*



**Robert D. Brewer, MD, MSPH (CAPT, USPHS)** is retiring from the CDC on August 1, 2019 after 30 years of service as a Commissioned Corps Medical Officer. Bob currently leads the Alcohol Program in the Division of Population Health in the National Center for Chronic Disease Prevention and Health Promotion, which he established in 2001, with the help of Tim Naimi, MD, MPH, under the direction of NCCDPHP then-center director, Jim Marks, MD. Since that time, Bob has worked tirelessly to increase awareness of excessive drinking as a major public health problem that is related to a wide range of health and social problems.

Bob's entrepreneurial spirit is credited for his being able to achieve so much impact through the Alcohol Program, in spite of modest funding and a small, though dedicated, staff. For example, he leveraged initial funding from The Robert Wood Johnson foundation to update the Alcohol-Related Disease Impact (ARDI) software, which was completed at half the expected cost, and then, with support from RWJF, used the balance to fund the first study on the economic cost of excessive drinking, a first-ever CSTE Fellow in Alcohol Epidemiology, and an updated module of questions on binge drinking for the BRFSS.

Bob began his career at CDC in 1989 as an Epidemic Intelligence Service (EIS) Officer in the North Carolina Department of Health and Human Services Environmental Epidemiology Section, where he worked with the Childhood Lead Program; participated in outbreak investigations, including drownings at a private lake; and a study of injuries following Hurricane Hugo. His major project as an EIS Officer looked at the increased risk of dying in alcohol-related automobile crashes among persons previously convicted of DUI. The resulting manuscript was published in the New England Journal of Medicine and was selected to receive the Charles C. Shepard Science Award in 1995.

Following his completion of EIS, Bob worked on Injury Surveillance in the National Center for Injury Prevention and Control, and ultimately led CDC's work on the prevention of alcohol-impaired driving. Bob subsequently left the Injury Center in 1997 to serve as a State Chronic Disease Epidemiologist in the Nebraska through the CDC's Chronic Disease Field Epidemiology Program. During that time, Bob worked closely with Nebraska State Epidemiologist, Tom Safranek, MD, to

help hire and mentor epidemiologists to work on tobacco control, physical activity and nutrition, and to assess the impact of Nebraska's Medicaid Managed Care Program.

Bob is a graduate of the University of Illinois at Chicago College of Medicine and School of Public Health, and is Board Certified in Preventive Medicine. Upon his departure from the CDC, he looks forward to having more time for many of the activities he enjoys: spending time with his family and friends, reading, photography, travel, and bicycling (with a helmet!).

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## Partner Announcements



*This section includes announcements relevant to our substance use and injury members from CSTE partners. Contact Mia Israel at [misrael@cste.org](mailto:misrael@cste.org) if you would like to submit an announcement.*

### **NCIPC Calls for Abstracts**

CDC's National Center for Injury Prevention and Control (NCIPC) is accepting abstracts for manuscripts to be published in a supplement to the journal *Injury Prevention* featuring articles describing the use of ICD-10-CM coded hospital and emergency department billing/discharge data for injury epidemiology and surveillance. Manuscripts are being solicited from both non-CDC and CDC authors. The issue will include ICD-10-CM surveillance case definitions for specific injury topics (e.g., hospitalizations and ED visits for drug overdose, TBI, suicide), ICD-10-CM evaluation studies from the field, and exploratory studies. See [here](#) for additional information and examples of topics. **Abstract submissions are due by 11:59 pm ET on Friday, August 9 (extended deadline).**

NCIPC is also accepting abstracts for manuscripts to be published in a supplement to *Public Health Reports* entitled "The surveillance of nonfatal and fatal drug overdoses: Best practices, innovations, and lessons learned." The issue will showcase the innovative overdose surveillance work completed by CDC's partners funded through the Opioid Prevention in States initiative (e.g., ESOOS, PfS, and DDPI). Please see [here](#) for additional information and examples of topic areas. **Abstract submissions are due by 11:59 pm ET on Friday, September 27** to [OverdoseSupplement@cdc.gov](mailto:OverdoseSupplement@cdc.gov).

### **New National Health Statistics Report: An Updated International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) Surveillance Case Definition for Injury Hospitalizations**

The National Center for Health Statistics (NCHS) and National Center for Injury Prevention and Control (NCIPC) have routinely collaborated with injury epidemiology partners to develop standard injury surveillance case definitions based on the International Classification of Diseases (ICD). The updated ICD–10–CM surveillance case definition for injury hospitalizations provides standardized selection criteria for monitoring differences in hospitalization rates among populations and over

time. Read the full report [here](#).

### **CDC Releases Study on Binge Drinking and Opioid Misuse**

More than half of the 4.2 million Americans who misused prescription opioids between 2012 and 2014 also engaged in binge drinking, according to a recent study released today by CDC in the *American Journal of Preventive Medicine*. View the press release [here](#) for more information, or read the full article [here](#).

### **CDC: Adolescent Connectedness to School and Family Has Lasting Effects**

CDC findings published in *Pediatrics* suggest that youth who feel connected at home and at school were less likely to experience health risk behaviors related to mental health, violence, sexual health, and substance use in adulthood. These findings suggest that increasing both school and family (i.e. parents and caregivers) connectedness during adolescence through school, family, and community-based approaches can potentially have a powerful impact on health outcomes later in life. Schools, families, and healthcare providers have a major role in ensuring that adolescents feel engaged and connected. Concrete actions schools and families can take, as well as resources, are available on CDC's [new adolescent connectedness webpage](#).

### **New FREE Continuing Education from MMWR and Medscape**

CDC's MMWR and Medscape are proud to introduce a new [FREE continuing education \(CE\) activity](#). The goal of this activity is to describe a wound botulism outbreak in California during 2017-2018 among persons who use black tar heroin. A CDC analysis of 2017-2018 data reported in MMWR is the basis of the activity. This CE activity is intended for infectious disease physicians, emergency medicine clinicians, family medicine practitioners, internists, neurologists, nurses, pharmacists, psychiatrists, public health officials, and other physicians who care for patients with or at risk for wound botulism from black tar heroin use.

Upon completion of this activity, participants will be able to:

1. Describe epidemiologic features of a wound botulism outbreak in California during 2017-2018 among persons who use black tar heroin.
2. Determine clinical presentation and course of patients identified in a wound botulism outbreak in California during 2017-2018 among persons who use black tar heroin; and
3. Explain clinical and public health implications of a wound botulism outbreak in California during 2017-2018 among persons who use black tar heroin.

To access this free MMWR/Medscape CE activity, visit <https://www.medscape.org/viewarticle/908000>. If you are not a registered user on Medscape, [register for free or login without a password](#) and get unlimited access to all CE activities and other Medscape features.

### ***Proceedings of the National Academy of Sciences (PNAS): Association between medical cannabis laws and opioid overdose mortality has reversed over time***

Previous research found a correlation at the state level between the legalization of medical

marijuana (cannabis) and fewer overdose deaths, suggesting that medical marijuana may help reduce opioid related mortality. In some states, the research was cited as a reason to legalize medical marijuana or allow its use in the treatment of opioid addiction. Read more [here](#).

### **Think Cultural Health E-Learning Program for Behavioral Health Professionals**

Later this month, the HHS Office of Minority Health (OMH) is launching the Improving Cultural Competency for Behavioral Health Professionals e-learning program. The free online program for behavioral health professionals is designed to enhance knowledge and skill levels as it relates to culturally and linguistically appropriate services. The e-learning program will cover:

- The connection between culture and behavioral health
- The impact of cultural identity on interactions with clients
- Ways to engage, assess, and treat clients from diverse backgrounds

Behavioral health professionals can earn up to five continuing education hours upon the completion of the self-paced program, which is accredited for counselors, nurses, psychiatrists, psychologists and social workers. The e-learning program will be available on the [Think Cultural Health website](#).

### ***American Journal of Public Health (AJPH): The E-Cigarette Debate: What Counts as Evidence?***

Two major public health evaluations of e-cigarettes—one from the National Academies of Science, Engineering, and Medicine (NASEM), the other from Public Health England (PHE)—were issued back to back in the winter of 2018. While some have read these analyses as broadly consistent, providing support for the view that e-cigarettes could play a role in smoking harm reduction, in every major respect, they come to very different conclusions about what the evidence suggests in terms of public health policy. A new clinical trial demonstrating the efficacy of e-cigarettes as a cessation tool makes understanding how values and framing shape core questions and conclusive evidence imperative. Read the full manuscript [here](#).

### **CDC STEADI-Rx Helps Coordinate Care between Community Pharmacists & Healthcare Providers**

In partnership with the University of North Carolina Eshelman School of Pharmacy and School of Medicine, CDC is introducing STEADI-Rx, a pharmacy initiative to reduce the risk of falls in older adults by encouraging collaboration between healthcare providers and pharmacists. Learn more [here](#).

### **New National Vital Statistics Report Release- Deaths: Final Data for 2017**

This report presents final 2017 data on U.S. deaths, death rates, life expectancy, infant mortality, and trends, by selected characteristics such as age, sex, Hispanic origin and race, state of residence, and cause of death. Read the full report [here](#).

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## Resources



*This section contains resources that might be valuable to substance use and injury epidemiologists.*

1. “CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3” available for download at [https://www.cste.org/resource/resmgr/crosscutting/CSTE\\_Substance\\_Abuse\\_and\\_Men.pdf](https://www.cste.org/resource/resmgr/crosscutting/CSTE_Substance_Abuse_and_Men.pdf)
2. “Evaluation of a Mobile Device Survey System for Behavioral Risk Factors (SHAPE): App Development and Usability Study,” Oakley-Girvan et al., available at [https://formative.jmir.org/2019/1/e10246/?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=JMIR\\_Formative\\_Research\\_TrendMD\\_0](https://formative.jmir.org/2019/1/e10246/?utm_source=TrendMD&utm_medium=cpc&utm_campaign=JMIR_Formative_Research_TrendMD_0)
3. “Smart(phone) Approaches to Mobile App Data Collection,” Miller et al., available at <https://www.surveypractice.org/article/4943-smart-phone-approaches-to-mobile-app-data-collection>.
4. “The Effect of Incomplete Death Certificates on Estimates of Unintentional Opioid-Related Overdose Deaths in the United States, 1999-2015” available online at *Public Health Reports*: <http://journals.sagepub.com/doi/10.1177/0033354918774330>
5. “Development of Indicators for Public Health Surveillance of Substance Use and Mental Health” available online at *Public Health Reports*: <http://journals.sagepub.com/doi/10.1177/0033354918784913>
6. “ICD-10-CM Official Guidelines for Coding and Reporting FY 2019 (October 1, 2018 - September 30, 2019)” available online from CDC and NCHS: <https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf>
7. “Fact Sheet: Overdose Reporting Requirements” available from The Network for Public Health Law: [https://www.networkforphl.org/resources\\_collection/2017/12/06/896/fact\\_sheet\\_overdose\\_reporting\\_requirements?blm\\_aid=263195](https://www.networkforphl.org/resources_collection/2017/12/06/896/fact_sheet_overdose_reporting_requirements?blm_aid=263195)
8. “Proposed Framework for Presenting Injury Data Using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD–10–CM) Diagnosis Codes” available online from NCHS: <https://www.ncbi.nlm.nih.gov/pubmed/26828779>
9. “The Transition from ICD-9-CM to ICD-10-CM: Guidance for Analysis and Reporting of Injuries by Mechanism and Intent (ISW9), 2016” available online from Safe States Alliance: <https://www.safestates.org/general/custom.asp?page=ISWReports>

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