This newsletter provides quarterly 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. 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 Annual Conference Registration Now Open

The CSTE Annual Conference connects more than 1,700 public health epidemiologists from across the country and will include workshops, plenary sessions with leaders in the field of public health, oral breakout sessions, roundtable discussions, and more. We are currently planning for the 2021 conference to be held in-person, however if circumstances change due to public health recommendations for group gatherings, then some or all portions of the conference may be held virtually. Registration for the 2021 CSTE Annual Conference in Pittsburgh, PA is now open, and the early bird registration deadline is Friday, April 30.

CSTE Health Disparities Subcommittee Co-Chair Position Open

The Health Disparities Subcommittee is seeking a new co-chair to assume leadership by June 2021. CSTE subcommittee co-chairs must be active members. If you are interested in filling this role, please send a resume and statement of interest to Alesha Thompson at athompson@cste.org.

CSTE-supported “Overdose Data to Action (OD2A)” Innovative Surveillance Community of Practice (CoP)

This community of practice (CoP) provides a forum for OD2A-funded state, territorial, local, and/or tribal (STLT) peer discussion on innovation surveillance topics, methods, and challenges/solutions across jurisdictions. The CoP is comprised of 3 topic-based workgroups that each meet every other month: Local Overdose Outbreak Detection, Tracking Illicit Drug Supply, and Linkage to Care. Are you an OD2A funded jurisdiction epidemiologist or practitioner interested in getting involved? Check with your health department OD2A staff to see if your jurisdiction is represented. Email Cailyn Lingwall at clingwall@cste.org for more information.

Nonfatal Opioid Overdose Emergency Medical Services (EMS) Case Definition Opportunity

CSTE is developing a case definition for using EMS data to determine nonfatal opioid overdoses. We are currently seeking jurisdictions to participate in a field test of a proposed EMS case definition for nonfatal opioid overdoses in February. Currently, no standardized guidance exists to help public health and EMS personnel understand how EMS data may be effectively used for the purpose of
identifying nonfatal opioid-involved deaths. Without standardized guidance, the reporting data cannot be reliably compared across jurisdictions to build a national picture of the burden of these incidences. If you would like to participate in this field test, please send Danielle Boyd and email at dboyd@cste.org by Friday, February 19.

**CSTE Injury Virtual Conference Presentation Series Recording Available**

Last fall, the CSTE Injury Surveillance Workgroup hosted a presentation series to feature speakers who were unable to present due to the 2020 Annual Conference cancellation. Invited presenters were individuals whose CSTE 2020 Conference Abstract submissions to the Injury Track were selected by the review committee for oral presentations prior to the conference cancellation. Access the recording of the presentations [here](#) and the cleared slides [here](#).

**CSTE Non-Communicable Disease Informatics Capacity Assessment Report Now Available**

The Non-Communicable Disease (NCD) Informatics Capacity Assessment report and webinar are now available on the Surveillance and Informatics Steering Committee [webpage](#). Results indicate a need for increased funding, capacity, and training related to data science and modernization efforts among NCD epidemiologists.

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**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 Workgroup Highlight**
The CSTE Injury Surveillance Workgroup is comprised of over 160 members from state, tribal, local, and territorial (STLT) jurisdictions as well as public health organizations and academia (80+ total STLT jurisdictions). The goals of this workgroup are to apply strategies to explore and improve injury surveillance methods, building off the accomplishments and products from previous years.

Examples of workgroup products are available in the CSTE Injury Surveillance Toolkit. The most recent additions to the toolkit are the 2020 Special Emphasis Report tools for Traumatic Brain Injury, Motor Vehicle Injury, and Suicide and the updated Exploratory Indicators. Based on discussions at the 2020 Fall Planning Meeting, the workgroup will prioritize projects related to developing Data Science Competencies for injury epidemiologists, data linkage tools for injury epidemiologists, and guidance for syndromic surveillance of injuries. The workgroup will also develop new Special Emphasis Report tools and Exploratory Indicators in 2021. To join the workgroup or to learn more, contact Mia Israel at misrael@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: Currently every other month, 1st Thursday of the month at 1:00pm ET
  - CSTE Contact: Mia Israel, misrael@cste.org
- **Disaster Epidemiology**
  - CSTE Contact: Alesha Thompson, athompson@cste.org
- **Health Disparities**
  - Call Schedule: Every other month, 4th Thursday of the month at 2:00pm ET
  - CSTE Contact: Alesha Thompson, athompson@cste.org
- **Injury Epidemiology and Surveillance**
  - **Injury Surveillance Workgroup**
    - Call schedule: 1st Wednesday of the month at 2:00pm ET
    - CSTE Contact: Mia Israel, misrael@cste.org
- **Cannabis**
  - Call Schedule: Every other month, 4th Thursday of the month at 1:00pm ET
  - CSTE Contact: Mia Israel, misrael@cste.org
- **Maternal and Child Health**
  - CSTE Contact: Valerie Goodson, vgoodson@cste.org
- **Occupational Health Surveillance**
  - CSTE Contact: Cailyn Lingwall, clingwall@cste.org
- **Overdose**
  - Call Schedule: 2nd Thursday of every other month at 1:00 pm ET
CSTE Contact: Cailyn Lingwall, clingwall@cste.org

**Prescription Drug Monitoring Program**
- Call Schedule: Every other month, 4th Thursday of the month at 1:00pm ET
- CSTE Contact: Danielle Boyd, dboyd@cste.org

**Substance Use & Mental Health**
- Call Schedule: Calls scheduled quarterly
- CSTE Contact: Megan Toe, mtoe@cste.org

**Substance Use and Mental Health Indicators**
- Call Schedule: 3rd Monday of every other month at 1:00pm ET
- CSTE Contact: Megan Toe, mtoe@cste.org

**Tribal Epidemiology**
- Call Schedule: Calls scheduled quarterly
- **Tribal Data Workgroup**: Calls scheduled monthly
- CSTE Contact: Jessica Arrazola, jarrazola@cste.org

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**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 with questions or to nominate yourself or others to be featured.

This month CSTE spotlights the co-chairs of the Cannabis Subcommittee, Julia Dilley, PhD, MES (Multnomah County, OR) and Elyse Contreras, MPH (CO). Under Julia and Elyse’s leadership, the subcommittee provides a forum for states to share knowledge and resources that will facilitate improved communication, collaboration, standardization of surveillance methodologies, and development of evidence-based intervention strategies. You can access the Cannabis Subcommittee webpage here. To include resources from your state on the webpage, please contact Mia Israel at misrael@cste.org.
Julia Dilley is a Senior Research Scientist and Epidemiologist working in an applied public health research unit that is shared by the Multnomah County Health Department and the State of Oregon Public Health Division. For more than 20 years, Julia has supported public health systems in Washington, Oregon, and Alaska, focusing on public health effects of cannabis, alcohol, and tobacco policies, and improving public health data quality for surveillance and evaluation. She is currently the principal investigator for a federally funded research study of cannabis legalization impacts on public health in Washington and Oregon which incorporates data on state and local policy, cannabis markets, behavioral surveillance, and health outcomes. She has co-chaired the CSTE Cannabis Subcommittee since 2016.

Elyse Contreras is Colorado’s marijuana epidemiologist and manager of the Marijuana Health Monitoring and Research Program at the Colorado Department of Public Health and Environment. Elyse’s program is required to monitor the emerging health effects associated with marijuana and the changes in marijuana use patterns across Colorado. She has been part of the program since its inception in 2014, after adult-use marijuana became legal in Colorado. She has participated in the processes that have shaped the current regulatory and public health framework of marijuana legalization in the state. Elyse remains an active participant in several marijuana-related committees and national workgroups that aim to inform public health surveillance, education, youth prevention and policy regarding marijuana use. Additionally, Elyse oversees the Marijuana Research Grants Program, which has funded 11 medical marijuana efficacy studies and seven marijuana public health impact studies since 2015. She has also authored and contributed to multiple publications on the public health effects of marijuana use and the impact of legalization in Colorado. Elyse holds a Masters degree in public health epidemiology from the University of Colorado and has over 10 years experience in public health. She has co-chaired the CSTE Cannabis Subcommittee since 2020.

Partner Announcements

This section includes announcements relevant to our substance use and injury members from CSTE partners. Contact Mia Israel at misrael@cste.org if you would like to submit an announcement.
Notice of Funding Opportunity: Rigorous Evaluation of Policies for their Impacts on the Primary Prevention of Multiple Forms of Violence

On January 13, 2021, the Centers for Disease Control and Prevention (CDC) released RFA-CE-21-001, Rigorous Evaluation of Policies for their Impacts on the Primary Prevention of Multiple Forms of Violence. CDC’s National Center for Injury Prevention and Control (NCIPC) intends to commit up to $700,000 in FY 2021 to fund up to two applications to expand the evidence base for policy approaches that prevent multiple forms of violence experienced by children, youth, and adults. The proposed research should evaluate the impact of a previously or currently implemented policy on reducing rates of at least two violence outcomes, including child abuse and neglect, youth violence, intimate partner violence, and sexual violence. To advance NCIPC’s commitment to increasing health equity, research supported under this announcement will investigate policies that address social and structural conditions to reduce the disproportionate burden of violence experienced by groups and communities. This Notice of Funding Opportunity can be found at grants.gov. Applications are due April 5, 2021.

New CDC Training and Resources for Safer Opioid Prescribing

CDC released a new suite of training tools and resources to help clinicians and healthcare executives apply CDC Guideline for Prescribing Opioids for Chronic Pain in clinical settings. To access the full suite of clinician training and resources, visit www.cdc.gov/drugoverdose/prescribing/resources.html.

- **Addressing the Opioid Overdose Epidemic in the Emergency Department**: This new interactive, online training module highlights strategies for improving patient outcomes by reducing opioid administration and prescribing in the emergency department, diagnosing opioid use disorder (OUD), and initiating treatment of OUD—especially for patients who have experienced an overdose—through inter-professional collaboration and coordination.
- **Tapering Opioids for Chronic Pain**: This video describes when and how clinicians should consider initiating opioid tapering, and ways to support patients through the process. This includes working with patients to lower dosages or to taper and discontinue opioids, when appropriate. It provides tips to help clinicians include their patients in collaborative decision making and individualize tapering plans to support the specific needs of their patients.
- **Risk Factors**: This video addresses the various risk factors likely to increase susceptibility to opioid-associated harms and suggests strategies for mitigating these risks.
- **Identifying Risks When Prescribing Opioids**: This clinician fact sheet highlights factors that can put patients at higher risk for opioid-related harms.
CDC NCIPC Releases Data Science Strategic Plan for Injury and Violence Prevention
The National Center for Injury Prevention and Control is excited to announce publication of its Data Science Strategy for Injury and Violence Prevention. The released Data Science Strategy outlines specific goals for data science activities at the Injury Center, solving immediate needs that exist in the field of injury and violence prevention and helping to lessen the burden.

CDC releases new Distracted Driving and Cost of Crash Deaths Fact Sheets
CDC recently released a new fact sheet on Distracted Driving that state lawmakers and public health professionals can use to learn about promising strategies being used to help address distracted driving. The fact sheet presents strategies such as high-visibility enforcement and requiring passenger limits for young drivers to highlight what some states have done and what other states can do to address distracted driving. CDC also recently updated state-based fact sheets on the cost of crash deaths. The cost of medical care and productivity losses associated with motor vehicle traffic deaths exceeded $55 billion for crashes that occurred in 2018. While these numbers are concerning, there are proven strategies that can help prevent motor vehicle injuries and deaths and reduce these costs.

New CDC Study in AJPM: One in Four People who Binge Drink Report Other Substance Use
A new CDC study published in the American Journal of Preventive Medicine shows that binge drinking is strongly associated with use of other substances, as well as prescription drug misuse while drinking alcohol. The use of alcohol and other substances increases the risk of overdose, particularly when certain prescription drugs are misused while drinking alcohol. A comprehensive approach to prevent binge drinking, substance use, overdoses, and other drug-related harms can include effective population-level strategies to reduce the availability and affordability of alcohol (e.g., increasing alcohol taxes, regulating the number and concentration of places that sell alcohol in communities) and other substance use prevention strategies.

CDC Releases Youth Risk Behavior Surveillance Data Summary & Trends Report
CDC released the Youth Risk Behavior Surveillance Data Summary & Trends Report: 2009-2019, which provides an in-depth look at trends in sexual behavior, high-risk substance use, experience of violence, mental health, and suicide. Risk behaviors co-occur, and many students experience multiple risks across these four priority areas that are closely linked to HIV and STD risk.

Career Opportunities at the National Indian Health Board (NIHB)
NIHB is currently hiring for the following public health positions. More opportunities are available on the career website.

- **Public Health Project Coordinator (Emergency Preparedness)**
  NIHB seeks an experienced public health professional to work on current and future public health projects and initiatives with a focus on emergency preparedness and response. Read full position description.

- **Public Health Project Coordinator (Aging)**
  NIHB seeks an experienced public health professional to work on current and future public health projects and initiatives with a focus on the needs of aging and elder populations (especially Alzheimer’s disease and related dementia). Read the full position description.

- **Public Health Project Coordinator (PHICCS)**
  NIHB seeks an experienced public health professional to work on current and future public health projects and initiatives focusing on projects that improve the state of Tribal public health infrastructure and captures data on Tribal public health programs, practices, and workforce. Read the full position description.

- **Public Health Project Coordinator (Environmental Health)**
  NIHB seeks an experienced public health professional to work on current and future public health projects and initiatives focusing on improving the state of environmental health and Tribal environmental health systems. Read the full position description.

- **Public Health Project Coordinator (Behavioral Health)**
  NIHB seeks an experienced public and/or behavioral health professional to work on current and future projects and initiatives that focus on creating and coordinating projects that seek to improve the state of Tribal behavioral health programming, including opioid overdose prevention, adverse childhood experiences (ACEs), and tobacco cessation. Read the full position description.

**CDC’s Division of Violence Prevention Five Year Strategic Vision**
The Centers for Disease Control and Prevention’s (CDC) Division of Violence Prevention (DVP) introduces our new five year strategy for violence prevention for 2020-2024. This Strategic Vision includes DVP’s vision, mission, guiding principles, and strategic priorities for the upcoming years.

**New CDC Guideline for Prescribing Opioids for Chronic Pain Provider Trainings and Resources**
A suite of new training modules and resources to support providers with implementing recommendations from CDC’s Guideline for Prescribing Opioids for Chronic Pain were launched.
this year. Most recently, we released Addressing the Opioid Overdose Epidemic in the Emergency Department, an interactive online module that highlights strategies for addressing the opioid overdose epidemic in emergency departments. Using the Prescription Drug Monitoring Program to Promote Patient Safety in Opioid Prescribing and Dispensing, released earlier this year outlines how providers, pharmacists, and Prescription Drug Monitoring Program managers can use this tool to inform opioid prescribing and dispensing practices, support care coordination, and improve patient safety. Other provider resources cover topics such as addressing acute pain, when and how to initiate opioid tapering and ways to support patients through the process, and identifying risk factors and strategies for opioid-associated harms. Click here to access all of our clinician resources and tools.

Health Alert Network (HAN) Advisory: Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic

CDC Health Alert Network (HAN) Advisory released December 17 shows approximately 81,230 drug overdose deaths occurred in the United States in the 12-month period ending in May 2020—the highest number of overdose deaths ever recorded in a 12-month period. The largest increases were estimated in March, April, and May of 2020, revealing a concerning acceleration of overdose deaths during the 2019 novel coronavirus disease (COVID-19) pandemic.


This is the first report using data on all drug overdose deaths from the State Unintentional Drug Overdose Reporting System (SUDORS). In this MMWR report, illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) were involved in nearly 85% of overdose deaths during January–June 2019, and there was at least one potential opportunity for intervention in more than three out of every five overdose deaths. These opportunities can be targeted to both prevent overdoses and improve response to overdoses to prevent deaths. Overdose prevention strategies and response efforts may need to be adapted to address the combination of illicit opioids and stimulants.

Nonfatal and Drug and Polydrug Overdoses Treated in Emergency Departments – 29 States, 2018-2019

Published as an MMWR, this analysis examined syndromic surveillance data from 2018 to 2019 in 29 states for suspected nonfatal drug overdoses treated in emergency departments. From 2018 to 2019, rates of suspected nonfatal overdoses involving opioids, cocaine, and amphetamines and co-involving both opioids and amphetamines increased, while suspected rates of nonfatal
benzodiazepine-involved overdoses decreased. In 2019, opioids were involved in a large percentage of suspected nonfatal drug overdoses overall. Opioids also had substantial co-involvement in stimulant overdoses. Continued surveillance of the evolving drug overdose crisis is necessary to inform ongoing prevention, response, and treatment efforts.

**Trends in stimulant dispensing by age, sex, state of residence, and prescriber specialty — United States, 2014–2019**

Published in *Drug and Alcohol Dependence*, this study estimated national stimulant dispensing trends from 2014 to 2019 and differences in dispensing by age, sex, state, prescriber specialty, payor type, patient copay, and stimulant type. From 2014 to 2019, the national annual rate of stimulant dispensing increased significantly from 5.6 to 6.1 prescriptions per 100 persons. Rates differed by prescription stimulant type, with increases occurring among both amphetamine-type stimulants and long-acting stimulants. Rates among females (AAPC = 3.6 %; P = 0.001) and adults aged 20–39 years (AAPC=6.7 %; P = 0.002), 40–59 years (AAPC=9.7 %; P < 0.001), and ≥60 years (AAPC = 6.9 %; P = 0.001) increased significantly during the study period. Stimulant dispensing rates varied substantially across states, ranging from 1.0 per 100 in Hawaii to 13.6 per 100 in Alabama.

**Suspected nonfatal drug-related overdoses among youth in the US: 2016-2019**

Published in *Pediatrics*, this study investigates trends in suspected nonfatal drug-related overdoses (all-drugs, opioids, heroin, and stimulants) among youth using syndromic surveillance data from 2016 to 2019. There was an average of a 2.0% increase for the 0-10 cohort and an average of a 2.3% increase for the 11-14 cohort for suspected all-drug overdoses. Suspected heroin overdoses decreased by an average of 3.3% per quarter for the 15-24-year cohort. Among all age groups, suspected stimulant overdoses increased across the study period, 3.3% for 0 to 10-year-olds, 4.0% for 11- to 14-year-olds, and 2.3% for 15- to 24-year-olds.

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**Resources**

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


