



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. 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 NAS Surveillance Funding Opportunity

CSTE is pleased to announce a funding opportunity for Neonatal Abstinence Syndrome (NAS) surveillance. This funding opportunity will provide a mechanism for state, local, tribal, and territorial public health organizations or agencies with public health authority to conduct population health surveillance using the CSTE NAS Standardized Case Definition (Tier 1) while leveraging existing surveillance infrastructure (example: collaborating with state local, territorial birth defects surveillance system where one exists, zika surveillance system, NEDSS, notifiable disease systems). This funding opportunity will provide up to \$150,000 per selected agency to conduct NAS surveillance using existing surveillance systems. The funding opportunity entitled: “State, Territorial, Local and Tribal Based Neonatal Abstinence Syndrome (NAS) Standardized Case Definition Implementation Project” can be found using the following link <https://www.cste.org/page/RFP>. Applications may be emailed or physically mailed to Nikka Sorrells at the CSTE National Office **by 11:59 pm ET on Tuesday, January 21, 2020**. Please contact Nikka Sorrells at nsorrells@cste.org or (770)-458-3811, if you have any questions.

Introducing CSTE's Overdose Surveillance Online Learning Course

CSTE recently launched a free interactive online learning course for public health practitioners and partners entitled “Creating an Action Plan for Opioid Surveillance,” as part of our technical assistance for public health drug overdose surveillance project in partnership with CDC’s National Center for Injury Prevention and Control (NCIPC). Participants will be guided through five recorded modules to learn about stakeholders, data sources, and data indicators. This format provides flexibility for participants to learn these essential concepts. Course materials are also available for download, including live recordings, power points presentations, notes, and workbook exercises. You can find the interactive online learning course and more information about the drug overdose surveillance technical assistance project on [CSTE's website](#).

CSTE Supports the National Syndromic Surveillance Program Community of Practice (NSSP CoP)

As of November 1, 2019, CSTE began providing administrative support for NSSP CoP-related calls and other syndromic surveillance activities. The NSSP Community of Practice promotes knowledge sharing, training, innovation, and timely exchange of syndromic surveillance data among state and

local public health agencies and partners. NSSP CoP membership includes state, local, and federal public health practitioners with responsibilities for syndromic surveillance in their organizations, nonprofit and for-profit organizations, health care and academia. Membership is voluntary and open to any person or organization interested in advancing syndromic surveillance. You can learn more about the NSSP CoP [HERE](#), access the NSSP CoP Knowledge Repository [HERE](#), and visit CSTE's new NSSP CoP webpage [HERE](#).

CSTE is excited to engage and provide support to the syndromic surveillance community – we believe this collaboration offers a unique opportunity for CSTE members to expand their knowledge and practice of syndromic surveillance methods. If you have any questions regarding the transition of activities or are interested in joining the community and/or its related groups, please email syndromic@cste.org.

CSTE 2020 Annual Conference Sponsorship Notice

CSTE is not able to provide travel funding for the Substance Use and Mental Health Surveillance Workshop at the 2020 CSTE Annual Conference. We are holding a half-day Substance Use and Mental Health Surveillance Workshop on Sunday, June 28 in Seattle, WA. All workshop details will be available at <https://www.csteconference.org/> in advance of the 2020 CSTE Annual Conference.

CSTE 2020 Annual Conference Updates

Please visit <https://www.csteconference.org/> for updates related to the 2020 CSTE Annual Conference in Seattle, WA. Early bird registration opens February 5, 2020.

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 Injury Surveillance Workgroup hosted an in-person meeting in November with the goal of planning for 2019-2020 activities and coordinating member roles and participation opportunities. The workgroup will continue efforts from 2018-2019, including the development of a CSTE Policy Briefs series related to working with ICD-10-CM coded data, updating the [CSTE Injury Surveillance Toolkit](#), and exploring injury indicators of interest to members. New activities include the development of injury epidemiology competencies in a data-science driven era as well as Special Emphasis Report templates for traumatic brain injury (TBI), suicide, adverse childhood experiences (ACEs), and motor vehicle crashes. Additionally, the group will explore topics related to syndromic surveillance of injuries, data linkage, and natural language processing and machine learning. If you are interested in joining the Injury Surveillance Workgroup and participating in this work, please 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: Monthly, 1st Thursdays at 1:00 pm ET
- [Health Disparities](#)
 - Call Schedule: Bimonthly, 4th Thursdays at 2:00 pm ET
- [Injury Epidemiology and Surveillance](#)
 - Calls scheduled as needed
 - **Injury Surveillance Workgroup**
 - Call schedule: Monthly, 1st Wednesday of the month at 2:00 pm ET
 - CSTE Contact: Mia Israel, misrael@cste.org
 - **Technical Assistance for Drug Overdose Surveillance Workgroup**
 - Calls scheduled as needed
 - CSTE Contact: Danielle Boyd, dboyd@cste.org
- [Marijuana](#)
 - Call Schedule: Bimonthly, 4th Thursday of the month at 1:00 pm ET

- **Maternal and Child Health**
 - Call Schedule: No call schedule
 - **Neonatal Abstinence Syndrome (NAS) Workgroup**
 - Call schedule: Bimonthly, 3rd Tuesday of the month at 2:00 pm ET
 - CSTE Contact: Nikka Sorrells, nsorrells@cste.org
- **Mental Health**
 - Call Schedule: Bimonthly, 1st Thursdays of the month at 3:00 pm ET
- **Occupational Health Surveillance**
 - Calls scheduled as needed.
 - **Healthy Aging Workgroup**
 - Call schedule: Calls scheduled as needed
 - CSTE Contact: Song Xue, sxue@cste.org
- **Overdose**
 - Call Schedule: Bimonthly, 2nd Thursday of the month at 1:00 pm ET
- **Prescription Drug Monitoring Program**
 - Call Schedule: Bimonthly, 4th Thursday of the month at 1:00 pm ET
- **Substance Use & Mental Health**
 - Call Schedule: Calls scheduled quarterly
- **Substance Use and Mental Health Indicators**
 - Call Schedule: Bimonthly, 3rd Monday of the month at 1:00 pm ET
- **Tribal Epidemiology**
 - Call Schedule: Calls scheduled quarterly
 - **Tribal Data Workgroup:** Calls scheduled monthly
 - **Tribal Suicide Workgroup:** Calls scheduled monthly
 - CSTE Contacts: Alyaa Altabbaa, altabbaa@cste.org or Jessica Arrazola, jarrazola@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 with questions or to nominate yourself or others to be featured.



This month we highlight two members, **Dr. Ruth Lynfield, MD**, State Epidemiologist in Minnesota, and **Dr. Mike Landen, MD**, State Epidemiologist in New Mexico. In August of 2019, CSTE activated its Incident Command System (ICS) to support state and local epidemiologists responding to the multi-state outbreak of e-cigarette or vaping associated lung injury (EVALI). In conjunction with the Centers for Disease Control and Prevention (CDC), CSTE coordinated the Vaping-Associated Pulmonary Illness (VAPI) Task Force consisting of state and local epidemiologists. Later that month, Ruth volunteered as chair of the Task Force, and Mike joined as her co-chair in September.

Under Ruth's and Mike's guidance, CSTE continues to coordinate with CDC, as well as with partners at the Association of Public Health Labs (APHL) and the Food and Drug Administration (FDA). Ruth and Mike lead the now biweekly Task Force calls, in addition to weekly leadership group calls with key states in the response (Wisconsin, Illinois, North Carolina, and California). They also provide the biweekly update on behalf of CSTE during the CDC National Lung Injury Update calls. CSTE is grateful for their guidance, support, and leadership as we continue to navigate the EVALI response.

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.

CDC Vital Signs: Preventing Adverse Childhood Experiences (ACEs) to improve U.S. health

The CDC performed an analysis examining the association between Adverse Childhood Experiences (ACEs), which include abuse, witnessing violence or substance misuse, and/or having a parent in jail and 14 adverse outcomes. Adults reporting the highest level of ACE exposure had increased odds of having chronic health conditions, depression, current smoking, heavy drinking, and socioeconomic challenges compared to individuals reporting no ACE exposure. The results found that one in six adults has experienced four or more types of ACEs and that preventing ACEs could reduce up to 21 million cases of depression, 2.5 million cases of overweight/obesity, and 1.9 million cases of heart disease in adulthood. In addition to the analysis, CDC has developed an [ACE Prevention Resource](#) to help states and communities leverage the best available evidence to prevent ACEs before they occur and lessen their effects. You can read the full Vital Signs report [here](#).

The Network for Public Health Law: Judicial Trends in Public Health

U.S. v. Safehouse, et al.: A federal judge from Pennsylvania ruled that Safehouse's plan to open a supervised injection site in Philadelphia did not violate the federal Controlled Substances Act (CSA). Safehouse, a non-profit, plans to offer a variety of services including medication-assisted treatment, medical care, referrals to a range of social services, and medically supervised consumption and observation rooms. Find more information regarding the case [here](#).

Bellion Spirits, et al. v. U.S., et al.: A federal judge in D.C. ordered a summary judgment in favor of the federal government regarding a claim filed by Bellion Spirits, a liquor manufacturer. The

manufacturer sought approval to market certain alcoholic beverages using positive health claims from the Alcohol and Tobacco Tax and Trade Bureau. Read more about the lawsuit [here](#).

Jeffrey Bowen, et al. v. Telfair County School District, et al.: A player, who sustained prolonged cognitive injuries in a game, sued the Telfair County School District, football coach, and others. The coach allowed the player to return to playing despite exhibiting symptoms of a concussion. The federal judge in Georgia ruled the school district is entitled to immunity, but the coach is only entitled to partial immunity. Find more information [here](#).

State of Oklahoma, ex. rel. Hunter v. Purdue Pharma, L.P., et al.: An Oklahoma state court ruled the company Johnson & Johnson® and other pharmaceutical companies engaged in a false, misleading, and dangerous opioid marketing campaign, violating the state's public nuisance law. Read more [here](#).

Vapor Technology Association, et al. v. Cuomo, et al.: A state intermediate appellate court prohibited the State of New York from enforcing ban on the sale of flavored electronic smoking devices (e-cigarettes or vaping devices) pending the outcome of a hearing on VTA's motion for a preliminary injunction, which would prevent enforcement of the ban until the case is fully resolved. Read more about the decision [here](#).

State Prescription Drug Monitoring Programs and Heroin Poisoning Rates

A study at Columbia University Mailman School of Public Health found an association between state adoption of Prescription Drug Monitoring Programs (PDMPs) and death rates from heroin poisonings using data from 2002 to 2016. States with proactive PDMPs reported a 6% reduction in heroin poisoning mortality by the program's third year. However, the results varied by program type. You can find the full summary with a link to the publication [here](#).

Creating Healthy Communities Through Cross-sector Collaboration Webinar Series

The University of Florida, in collaboration with partners, is hosting a webinar series November 2019 through April 2020. The national Creating Healthy Communities: Arts + Public Health in America initiative has recently released a white paper that presents a case for why cross-sector collaboration is critically needed to address the complex issues that limit health in the US. The webinar series offers examples that address these issues as well as new resources for cross-sector

collaboration and program building. Topics include trauma, social isolation and cohesion, racism, mental health, and chronic disease. You can find more information on the series, recordings of completed webinars, and registration for upcoming webinars [here](#).

APHA 2019 Annual Meeting Presentation Recordings

APHA held its 2019 Annual Meeting November 2nd-6th in Philadelphia, Pennsylvania. If you were unable to attend, want to watch missed sessions, or revisit attended presentations, APHA offers recordings of annual meeting presentations on their website. You can watch presentations from this year's conference for a fee or 2015-2017 presentations for free. Find out more about APHA's recorded presentations [here](#).

Resources



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

1. "CSTE ICD-10-CM Injury Surveillance Toolkit: Guidance and Methods for Applied Injury Epidemiologists" available at <https://resources.cste.org/Injury-Surveillance-Methods-Toolkit/>
2. "CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3" available for download at https://www.cste.org/resource/resmgr/crosscuttingi/CSTE_Substance_Abuse_and_Men.pdf
3. "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
4. "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>.

5. "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>
6. "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>
7. "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>
8. "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
9. "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>
10. "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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