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.

State Funding Opportunity Announcement: Reporting CSTE Recommended Indicators for Substance Abuse and Mental Health, Version 3
CSTE is pleased to announce the release of the RFP, “State Public Health Departments to Collect, Analyze and Report CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3 (2019).” States participating in this project opportunity will collect, analyze and report to CSTE the 18 CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3, using 2016 data. The state data reported for project completion will be posted on a dashboard developed at www.cste.org.

The full recommendations, including background on the initial development of these indicators since 2015 and the key updates reflected in Version 3, can be viewed here. An updated list of the indicators can be viewed online here.

States interested in participating should submit proposals as outlined in the RFP to mtoe@cste.org by 11:59 pm Thursday, March 14, 2019. CSTE is offering funding for related project costs up to $25,000.00. The project will run from March 22, 2019 - June 30, 2019 with additional detailed guidance for indicator collection and analysis, reporting tools, and ongoing webinars/conference calls to provide technical assistance and address questions provided by CSTE. Please email mtoe@cste.org with any questions about the RFP, the project goals, or about the CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3.

CSTE STLT Substance Use and Mental Health Novel Surveillance Pilot Webinar Series

CSTE is pleased to announce the STLT Substance Use and Mental Health Novel Surveillance Pilot Webinar Series. Over the last three years, CSTE has funded over 20 novel surveillance projects with the goal of improving surveillance for substance use and mental health in their jurisdictions. Registration is required for all webinars.

Webinar Series Dates:

- February 13, 2018 at 3 pm, ET
  - Access the recording from the first webinar here.
- March 13, 2018 at 3 pm, ET
  - To register for this webinar, click here.
- April 10, 2018 at 3 pm, ET
- May 15, 2018 at 3 pm, ET
CSTE Nonfatal Opioid Overdose Position Statement (Interim-CC-19)

Public health surveillance for the opioid overdose epidemic is challenging. While national surveillance indicators for substance abuse and mental health including fatal opioid overdoses exist, reporting fatality data has limitations to fully understand this rapidly evolving epidemic. Currently, surveillance for non-fatal opioid overdoses is not standardized. Jurisdictions need an agreed-upon public health approach to ascertaining, quantifying and releasing data on nonfatal opioid overdoses across data sources and jurisdictional boundaries to accurately assess and respond to the epidemic. This agreed-upon public health approach will supplement established surveillance practices and support access to near real-time data to drive rapid, coordinated community response to increases in opioid overdose. This position statement is an opportunity to build upon the current framework for opioid surveillance by developing a case definition that focuses on ascertaining cases from a variety of sources including case reporting by clinicians. This position statement addresses the evolving need to transform and supplement current prevention surveillance processes from review of historical data to near real-time surveillance of nonfatal opioid overdoses across data sources to more robustly assess and intervene in the epidemic. View the position statement here.

CSTE Opioid Response: Technical Assistance Update

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 a webinar series with breakout discussions, guidance documents, and a brief needs assessment to inform additional resource development. Click here to view the recording from the second webinar held on January 22, 2019 that included presentations on the statistical methods from the national vulnerability assessment as well as CDC’s Social Vulnerability Index. Contact Cailyn Lingwall for more information at clingwall@cste.org.

Open Positions: Epidemiologist Recruitment for West Virginia and Delaware

As part of our Opioid Crisis Cooperative Agreement, CSTE is recruiting and placing epidemiologists to conduct opioid related vulnerability assessments in West Virginia and Delaware. Contact Cailyn Lingwall at clingwall@cste.org with questions or for information on how to apply.

2018 CSTE Marijuana Surveillance Environmental Scan Report
In 2017, the Council of State and Territorial Epidemiologists (CSTE) Marijuana Subcommittee conducted an environmental scan to collect information about state-level public health surveillance and data collection activities, capacity and needs related to marijuana use and impact. In 2018, the subcommittee completed an analysis report of the 2017 CSTE State Marijuana Surveillance Environmental Scan results, including the addition of key informant interviews with retail states. The Marijuana Surveillance Environmental Scan Report is now posted to the subcommittee page and can be accessed here.

CSTE Member Svetla Slavova to Receive Jess Kraus Award

Congratulations to Svetla Slavova, PhD and her co-authors. The editorial board of Injury Epidemiology selected their article titled, “Interrupted time series design to evaluate the effect of the ICD-9-CM to ICD-10-CM coding transition on injury hospitalization trends” (Inj Epidemiol. 2018:5:36) to receive the Jess Kraus Award, which is an annual award for the best paper based on “novelty, simplicity, clarity and potential impact on population health.” Injury Epidemiology is an open-access, peer-reviewed journal, so the article and the additional files showing the data, SAS program, and SAS output is available here. This method can be applied to many public health topics and demonstrates the value of the CDC-funded injury surveillance quality improvement work to national efforts in the field of injury epidemiology. At the 2018 CSTE Annual Conference, CSTE selected Dr. Slavova for its annual Distinguished Leader Award.

2019 CSTE Annual Conference Registration is now available!

Visit www.csteconference.org to register for the 2019 CSTE Annual Conference in Raleigh, NC. You can also find a schedule of important dates to remember and additional information.

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
CSTE Subcommittee Highlight

The CSTE Tribal Epidemiology Subcommittee’s Suicide Workgroup worked with a consultant in 2018 to develop the *Recommended CSTE Indicators for Suicide among American Indians and Alaska Natives*. The resource guide builds upon the 2017 Recommended CSTE Surveillance Indicators for Substance Abuse and Mental Health to identify data sources specific to AI/AN populations as surveillance data sources for the general public may not be representative. The Workgroup continues to meet periodically to discuss challenges and lessons learned for AI/AN suicide surveillance. The next call is expected to be held in April 2019. For questions, please contact Jessica Arrazola at jarrazola@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
    - **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
  - **Technical Assistance for Drug Overdose Surveillance Workgroup**
    - Calls scheduled as needed
    - CSTE Contact: Danielle Boyd, dboyd@cste.org
- **Marijuana**
  - Call Schedule: 4th Thursday of every other month at 1:00pm 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

• Mental Health
  o Call Schedule: 1st Thursday of the month at 3:00 pm ET

• Occupational Health Surveillance
  o Calls scheduled as needed
  o Healthy Aging Workgroup
    ▪ Calls scheduled as needed
    ▪ CSTE Contact: Song Xue, sxue@cste.org

• Overdose
  o Call Schedule: 2nd Thursday of the month at 1:00pm ET

• Prescription Drug Monitoring Program
  o Call Schedule: 4th Thursday of every other month at 1:00pm ET

• Substance Use & Mental Health
  o Calls scheduled quarterly

• Substance Use and Mental Health Indicators
  o Call Schedule: 3rd Monday of the month at 1:00pm ET

• Tribal Epidemiology
  o Calls scheduled quarterly
  o Tribal Suicide Workgroup
    ▪ Calls scheduled as needed
    ▪ 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.
Terra Wiens is a second year CSTE Applied Epidemiology fellow at the Minnesota Department of Health. Her work examines the impact of drug and alcohol use on Minnesota communities, specifically as it relates to suicide and both fatal and non-fatal unintentional drug overdoses. Her recent work examines the question: “What Role Does Alcohol Play in Suicide Deaths?” and she presented the findings from this analysis to the CSTE Mental Health Subcommittee at the beginning of February. Terra’s other fellowship activities include the development and implementation of a pilot surveillance system designed to monitor emergency department visits and hospitalizations in Minnesota attributed to the recreational use of drugs and other substances. This surveillance system, the Minnesota Drug Overdose and Substance Use Pilot Surveillance System (MNDOSA), has been supported by CSTE funding for novel surveillance systems. Terra has presented her work on MNDOSA to both CSTE and CDC.
CDC Opioid Overdose Surveillance and Prevention Funding Opportunity

CDC’s National Center for Injury Control and Prevention recently released the funding opportunity titled *Overdose Data to Action (RFA-CE19-1904)*. The three-year funding opportunity is open to all states, DC, territories, and also to city or county health departments that serve a population greater than 700,000 people and reported more than 395 drug overdose deaths to NCHS in 2017. NOFO Appendix 10 with eligibility and budget details for each of the 78 eligible jurisdictions is also available at the link above. The approximate average award per the NOFO is “$3,000,000 per budget period.” CDC expects to make 78 awards to qualifying applicants. Letters of intent are optional; eligible jurisdictions that do not submit a letter of intent may be contacted with an inquiry about obstacles to application submission.

- **Due Date for Letter of Intent:** 03/01/2019
- **Due Date for Applications:** 05/02/2019
- **Informational Conference Calls:**
  - Component 1: Surveillance (Call Option #1)
    - 2/21/19, 3:30-4:45 ET
  - Component 2: Prevention
    - 2/26/19, 3:30-4:45 ET
  - Component 1: Surveillance (Call Option #2)
    - 3/5/19, 3:30-4:45 ET
  - Final Wrap Up
    - 3/12/19, 3:30-4:45 ET
- **Conference Number:** 1-888-455-1397
- **Conference I.D.:** 7264894#
- **Link:** [https://adobeconnect.cdc.gov/rtdp86dayqnw/](https://adobeconnect.cdc.gov/rtdp86dayqnw/)

For more details on the funding opportunity, see the full NOFO details at [https://www.grants.gov/web/grants/view-opportunity.html?oppid=309335](https://www.grants.gov/web/grants/view-opportunity.html?oppid=309335)
NIJ Research and Evaluation on Drugs and Crime FY2019 Solicitation Announcement

The National Institute of Justice (NIJ) seeks applications for funding of rigorous applied research on evidence-based tools, protocols, and policies for state, tribal, and local law enforcement and other criminal justice agencies that address drug trafficking, drug markets, and drug-related violence. The research focus of this solicitation is criminal investigation, prosecution, drug intelligence, and community surveillance relevant to narcotics law enforcement, forensic science, and/or medicolegal death investigation. Applications are due May 6, 2019 and more information is available at https://nij.gov/funding/Documents/solicitations/NIJ-2019-15444.pdf

DOJ has identified the FY2019 solicitation drug priorities as: 1) fentanyl and its illicit analogues, 2) methamphetamine, and 3) illegal marijuana markets. This solicitation is competitive; therefore, NIJ staff cannot have individual conversations with prospective applicants. Any questions concerning the solicitation should be submitted to the National Criminal Justice Reference Service: 1-800-851-3420; TTY at 301-240-6310 (for hearing impaired only); email; fax 301-240-5830; or web chat. See also NIJ.gov's solicitation FAQ page.

CDC Research Announcement for Public Health Opioid Overdose Prevention

The National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will identify effective strategies for state, community, and systems-level implementation to prevent fatal and nonfatal overdose from prescription and/or illicit opioids. The intent of this Notice of Funding Opportunity (NOFO) is to evaluate the implementation and impact of new or existing strategies in states and local communities that (1) enhance prescription drug monitoring program use; (2) support providers and health systems in improving prescribing, pain management, and overdose response; (3) enhance public health systems that support linkage to care for opioid use disorder and overdose; (4) infuse public health approaches into public safety and law enforcement response; or (5) empower individuals to make safer choices about opioid use. Research is intended to directly improve the ability of state and local health departments to implement and improve interventions to prevent fatal and nonfatal opioid overdose.

CDC Study on Poverty and Mental, Behavioral, and Developmental Disorders

A new CDC study published in the Morbidity and Mortality Weekly Report found that 1 in 6 children aged 2-8 years old in the US has a mental, behavioral, or developmental disorder. Many of these
children and their families are affected by poverty. This research suggests that public assistance programs might offer collaboration opportunities to provide families living in poverty with information, co-located screening programs or services, or connection to care for young children with mental, behavioral, or developmental disorders. Read the article here.

CDC Discover Connections Among Types of Violence: New Tool Enables Exploration of Risk and Protective Factors

You're invited to use Connecting the Dots Selector, a new tool from CDC that makes it easier to see links between different types of violence. A clear understanding of these connections can help you plan strategies to prevent multiple forms of violence at once. This tool enables you to connect the overlapping causes and what can protect people at individual, relationship, community, and societal levels.

For more information, visit:

- Connecting the Dots: Online Training
- Connecting the Dots: Notes from the Field
- Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
- Technical Packages for Violence Prevention: Using Evidence-Based Strategies in Your Violence Prevention Efforts

March is Brain Injury Awareness Month

CDC recognizes Brain Injury Awareness Month each year in March. During this time, CDC focuses on helping increase the knowledge and understanding of brain injuries. Traumatic Brain Injuries, also known as TBIs, affect the lives of Americans nationwide. Anyone can experience a TBI, but data suggest that children and older adults (age 65 and older) are at greatest risk. Many TBIs, including concussions, are preventable, and you can help. Join us in spreading the word about TBI and concussion prevention throughout the month of March. Visit CDC’s TBI Publications, Reports, and Fact Sheets web page to get the latest CDC research on preventing TBIs and helping people recognize, respond, and recover if a TBI occurs. Be sure to also read CDC’s Report to Congress on The Management of TBI in Children, which details the impact a TBI can have on children and their families.

2017 Fatal and Nonfatal Injury Data Now Available in CDC WISQARS
WISQARS now includes 2017 fatal and nonfatal injury data. You can find these data in the following WISQARS modules:

- WISQARS Data Visualization (Fatal Injury)
- Fatal Injury Reports
- Leading Causes of Death
- Years of Potential Life Lost
- Nonfatal Injury Reports
- Leading Causes of Nonfatal Injury

The Web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive, online database that provides fatal and nonfatal injury data from a variety of sources. Researchers, practitioners, the media, and the general public can use WISQARS data to learn more about the public health and economic burden of injury in the United States. Users can search, sort, and view the injury data and create reports, charts, maps, and slides.

**National Prescription Drug Take-Back Day scheduled for Saturday, April 27, 2019**

National Prescription Drug Take-Back Day will be Saturday, April 27, 2019 from 10:00 a.m. - 2:00 p.m. National Take-Back Day is a safe, convenient, and responsible way to dispose of unused or expired prescription drugs. The last Take-Back Day brought in more than 900,000 pounds of unused or expired prescription medication. This brings the total amount of prescription drugs collected by DEA since the fall of 2010 to 10,878,950 pounds. Check [DEA’s official Take Back Day website](https://www.dea.gov/takeback) for more information and to find year-round collection sites near you.

**US Department of Agriculture (USDA): Grant. Distance Learning and Telemedicine Grants – Opioid**

This funding opportunity provides financial assistance to enable and improve distance learning and telemedicine services that address opioid addiction prevention, treatment and recovery among rural populations. The deadline is April 15. Learn more.
This section contains resources that might be valuable to substance use and injury epidemiologists.
