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: June 19-23, 2022

The CSTE Annual Conference connects more than 2,500 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 poster presentations. CSTE is hosting a hybrid conference this year, with both in-person and virtual attendees. Conference session formats include in-person, virtual, live stream, and on-demand to allow access to content for both types of attendees. The final registration deadline for both in-person and virtual attendees for CSTE Conference 2022 is June 3, 2022. For more information, visit www.csteconference.org.

Please see below for highlights of this year’s conference Sunday Workshops (Sunday, June 19, 2022):

- Injury: Data to Action, Implementation of Surveillance Tools and Products Developed by the CSTE Injury Surveillance Workgroup (In-Person)
- Chronic Disease, Maternal and Child Health, and Oral Health: Exploring Data Visualization and Communication with a Health Equity Lens (In-Person)
- Environmental Health: Effects of Environmental Hazards on Communities and Intersection of Health Equity (Virtual)
- Occupational Health: Occupational Health Surveillance – Surveillance Skills, Stretches, and Strategies (Virtual)
- Substance Use: Substance Use Conversations from the Bluegrass Lands to the Seas (Virtual)
- Surveillance/Informatics: Leading the Field with Data Modernization (Virtual)

Release of Reproductive Health After Disaster Toolkit 2.0 (RHAD)

CSTE announces the release of the Reproductive Health After Disaster Toolkit 2.0 (RHAD). The RHAD 2.0 Toolkit features updated guidance for assessing the reproductive health needs of women aged 15-44, pregnant and postpartum women, and infants less than 1 year old affected by disasters. This includes infant caretakers of all gender identities. Click here to access the resource.

Release of EMS Nonfatal Opioid Overdose Standard Guidance
CSTE has released the **EMS Nonfatal Opioid Overdose Standard Guidance** to help surveillance staff identify nonfatal opioid-involved overdose events more consistently. This guidance supports the foundational instruction outlined in the **2019 CSTE Nonfatal Opioid Overdose Standard Surveillance Case Definition**.

This guidance was developed by CSTE members working in state and local health departments in collaboration with stakeholders from Centers for Disease Control and Prevention (CDC) and national EMS partners: NEMSIS Technical Assistance Center and the National Association of State EMS Officials (NASEMSO). The standard guidance directs surveillance staff to identify these cases using 6 coded EMS data elements and a text element, patient care report narrative.

When feasible, jurisdictions are encouraged to adopt the components of the standard guidance into their nonfatal opioid overdose surveillance protocols. To aid the adoption of the guidance and to offer support for better partnerships, CSTE has worked with national EMS partners to develop complementary recommendations to help public health and EMS entities work together to address some key implementation barriers. The **Recommendations for the Use of EMS Data to Identify Nonfatal Opioid Overdose** is designed to help jurisdictions lay the foundation for much stronger partnerships between public health and EMS entities.

### Release of CSTE Overdose Anomaly Toolkit

The **CSTE Overdose Anomaly Toolkit** was recently released. This dynamic tool provides public health response teams with a comprehensive approach to conducting a timely and effective investigation in response to notable increases in overdoses in a city, county, or region. This Toolkit outlines information on commonly used data sources, planning and action steps, in addition to providing alert protocol evaluation tips. Information is targeted for jurisdictions building alert protocols and those seeking to refine existing overdose alert protocols. Overall, it is intended to improve the use of overdose surveillance data and guide public health prevention and response activities in an ever-changing drug environment with increasingly lethal drugs.

### Release of CSTE Injury Data Science Competencies

The **CSTE Injury Data Science Team Competencies** were developed by the CSTE Injury Surveillance Workgroup for applied injury epidemiology programs. The competencies are intended to serve as a resource for injury epidemiologists, their colleagues, and their partners navigating the intersection of traditional epidemiology with emerging technologies and novel methods. Access the
competencies and more information on the CSTE Injury Subcommittee webpage.

Release of CSTE Data Linkage Toolkit & Office Hours Recordings

The CSTE Injury Data Linkage Toolkit was developed based on a need for data linkage specific training resources for injury surveillance that arose during monthly workgroup calls and during the 2020 Injury Surveillance Workgroup Planning Meeting. Office Hours were unstructured technical assistance sessions open to any CSTE Injury Surveillance Workgroup members. Access the toolkit and the session recordings here.

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

Occupational Health
The Occupational Health Subcommittee drives the ongoing communication between NIOSH, other federal and non-federal partners, and the states. Occupational health surveillance contributes important information to inform research priorities, select and plan prevention activities, and track progress in reaching prevention goals.

This subgroup focuses specifically on occupational health surveillance and has worked collaboratively with NIOSH to increase state-based occupational health surveillance capacity. Their work has involved determining the role of states in a nationwide occupational health surveillance
system, creating set guidelines for state-based occupational health activities, establishing a set of occupational health indicators, and providing technical assistance to states with low surveillance capacity.

Subcommittee Co-Chairs:

- Ken Rosenman, Michigan: rosenman@msu.edu
- Karla Armenti, New Hampshire: Karla.Armenti@unh.edu

For more information on the Occupational Health Subcommittee and its activities, please contact Cailyn Lingwall.

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, 1\textsuperscript{st} Thursdays at 1:00pm ET
  - CSTE Contact: Mia Israel, misrael@cste.org

- **Disaster Epidemiology**
  - CSTE Contact: Andrew Adams, aadams@cste.org

- **Health Disparities**
  - Call Schedule: Every other month, 4\textsuperscript{th} Thursdays at 2:00pm ET
  - CSTE Contact: Kyra Parks, kparks@cste.org

- **Injury Epidemiology and Surveillance**
  - Calls scheduled as needed
  - **Injury Surveillance Workgroup**
    - Call schedule: 1\textsuperscript{st} Wednesday of the month at 2:00pm ET
    - CSTE Contact: Mia Israel, misrael@cste.org

- **Cannabis**
  - Call Schedule: Every other month, 4\textsuperscript{th} 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, 4\textsuperscript{th} Thursday of the month at 1:00pm ET
  - CSTE Contact: Danielle Boyd, dboyd@cste.org

- **Substance Use & Mental Health**
  - CSTE Contact: Megan Toe, mtoe@cste.org
• **Substance Use and Mental Health Indicators**
  o CSTE Contact: Megan Toe, mtoe@cste.org

• **Tribal Epidemiology**
  o Call Schedule: Calls scheduled quarterly

CSTE Contact: Colin Gerber, cgerber@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.
Jim Davis is an epidemiologist with the Substance Use Epidemiology section at the New Mexico Department of Health. He set out to retire in 2019, but he only got halfway and is working part-time. His main responsibilities currently include working with Prescription Monitoring Program data and drug overdose mortality data. In his 10 years with NMDOH, he has worked with many kinds of data and has tried to ensure that the section has the data infrastructure that it needs.

Jim started college at the University of New Mexico (UNM) as a Physics major, but like most students, changed majors and got a BA in Sociology with a minor in Statistics. After graduation, he “floated” for a few years working part-time jobs around the university. As an undergraduate and after, he learned programming from friends and trial-and-error (using punch cards) in the mainframe days. In 1978 he took a job with the Division of Government Research (DGR) at UNM as a programmer. DGR was a soft money (contract and grant funded) organization where you could keep your jobs if you could find your budget somewhere else. After almost 29 years, he retired with the title of Director. A lot of things can happen in 29 years, but a few of the main points:

- DGR did analysis of traffic crash and other traffic safety data, working mostly in SAS (which was new then). The successor organization at UNM is still doing this work. In the early 1980’s, DGR developed a GIS system (before ARC/GIS existed) to display data on the road network. A lot of work was done on issues like DWI in addition to other causes of crashes.
- DGR developed the Hospital Inpatient Discharge Data system in the early 1990s and maintained it (in SAS) until around 2000. That system, in another form, is now in NM DOH.
- There were projects for several other clients over the years, which involved data integration, data analysis and GIS analysis and mapping, including analysis of data on insurance claims resulting from the PEPCON explosion in Henderson Nevada (google it).

After retiring from DGR in late 2006, Jim went back to work there quarter time as allowed by the retirement plan. The idea was to build a consulting practice based on a background in traffic safety work where he had contacts and connections. An economic downturn, a change of administration at the state, and a total lack of interest in sales and marketing kept that plan from being as successful as it might have been. After 5 years of that, he joined the NM DOH substance use section in 2012. At DOH he discovered that he’d been doing applied epidemiology for years – the skill set was the same, it just hadn’t been called that. He started out working with mortality and survey data, and then one afternoon discovered that DOH had an extract of data from New Mexico’s Prescription Monitoring Program and spent several days figuring out what the tables were and how they went together. After a little work to put the administrative permissions together, he started producing analysis and reports based on the PMP system.
Jim has been a member of CSTE since 2013 and has made presentations at every CSTE annual meeting since. He has co-chaired the PMP subcommittee and been a member of the Overdose, Injury Indicators and Alcohol subcommittees. He has found CSTE to be an invaluable resource – a place where people doing similar work can share ideas and insights.

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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 if you would like to submit an announcement.

**ASTHO: Health Equity, Minority Health, and COVID-19**

"In a state that sometimes is embattled with racial insecurities, we’re seeing a nice distribution across communities of color getting vaccinated" (Paula Tran).

Dr. Kimberlee Wyche-Etheridge from ASTHO spoke with Paula Tran from the Wisconsin Department of Health Services to review Wisconsin’s work on advancing health equity. Tran discusses topics including community engagement, COVID-19 boosters, and implementing health equity strategies.

[WATCH]

**ASTHO: Public Health and the Courtroom: How Health Officials Become Involved with Lawsuits**

Health officials serve as leaders of governmental health agencies, and as a result they are given large responsibilities and are in charge of important decisions that affect many. Those decisions can affect an individual, and there is always a chance that decision can be challenged in court.

[Read ASTHO’s weekly Health Policy Update] about three of these cases.

**Conversations on Healthcare: Naomi Judd and Treatment-Resistant Depression**

This “Conversations on Healthcare” episode talks with Tom Coderre, Acting Deputy Assistant
Secretary for Mental Health and Substance Use for the Substance Abuse and Mental Health Services Administration (SAMHSA). The suicide of country music star Naomi Judd has left many feeling confused and distressed. Throughout past interviews, Judd said she was diagnosed with “treatment-resistant depression”. Coderre discusses depression and explains that SAMHSA wants people to know that treatment and support is always available, there are always options. Coderre also describes how he works towards SAMHSA’s mission to decrease the impact of substance use disorder and mental illness on communities in America. LISTEN

CDC: 140,000 Deaths Annually from Excessive Alcohol Use in the US
New data from the CDC’s Alcohol-Related Disease Impact (ARDI) application shows that excessive alcohol use was the cause of more than 140,000 deaths in the United States for every year during 2015-2019. That amounts to more than 380 deaths per day. The life of someone who died from excessive drinking was decreased by an average of 26 years, which totals to about 3.6 million years of potential life lost each year.

The ARDI provides estimates of alcohol-attributable deaths and years of potential life lost from 58 conditions by age, sex, and state. Read about updates, improved methods, and more recent data from the ARDI here.

April was National Cannabis Awareness Month
Marijuana, also called cannabis, weed, pot, or dope, is the most commonly used federally illegal drug in the US. In 2019, it was estimated that 48.2 million people used marijuana. Marijuana is used for both medical and non-medical purposes and scientists are still researching the health effects and possible health benefits of marijuana use. Here are some updated resources from the CDC:

- What We Know About Marijuana
- What You Need to Know about Marijuana Use and Driving
- What You Need to Know about Marijuana Use and Pregnancy
- What You Need to Know about Marijuana Use and Teens

CDC: New Nonfatal Overdose Data Visualization Dashboard
Research has demonstrated a need for more timely nonfatal overdose data to be collected on suspected overdoses treated in the emergency department. This data can help improve coordination and strategic planning for intervention and response efforts between healthcare providers, community members, health departments, government agencies, public health, and law enforcement.
CDC’s Division of Overdose Prevention developed an interactive data visualization tool, the DOSE Dashboard, which shows current nonfatal overdose data. The dashboard presents current nonfatal drug overdose data from CDC’s Drug Overdose Surveillance and Epidemiology (DOSE) system, which gathers monthly and annual electronic health record information from syndromic surveillance data systems in 42 states, including the District of Columbia. The DOSE data can be utilized to compare patterns in nonfatal drug overdose-related ED visits by drug type, state, month/year, sex, and age.

**Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices**

This package offers guidance for developing and implementing effective linkage to care strategies for health care professionals and community leaders in public health, education, criminal justice, social services, business, and government who are working to increase access and linkage to medications for opioid use disorder (MOUD). It includes different healthcare and harm reduction settings, real-world examples, and promising practices across populations. Read it here.

**CDC’s Children’s Mental Health Champions**

It is important to support the mental health needs of children early on in life to positively impact their overall health. CDC’s Children’s Mental Health Champions Project forms the basis of a strong and inclusive mental health system to address the needs of children with or at risk for mental disorders. Learn about the work of Children’s Mental Health Champions.

**Community Guide: CPSTF Recommends Park, Trail, and Greenway Infrastructure Interventions to Increase Physical Activity**

Children and families can access parks, trails, and greenways for opportunities to be physically active during the summer. These community features can increase the number of people participating in moderate-to-vigorous physical activity, specifically when connected with opportunities for community partnerships, family engagement, and help for active transportation. The Community Preventive Services Task Force (CPSTF) has conducted studies on how to create and improve these infrastructure interventions. Read the complete systematic review and summary of CPSTF finding.

**NIOSH: Reducing Hazardous Exposures in Dental Clinics**

Dental workers are amidst those with the highest occupational risk for exposure to SARS-CoV-2, the virus that causes COVID-19. They primarily work with patients who are unmasked during their
procedures, which can produce aerosols, or sprays of liquid, from a patient’s mouth. This can result in many types of exposures to the workers treating the patient.

A 2018 MMWR reported a cluster of idiopathic pulmonary fibrosis (IPF), which is a lung disease that causes scarring in the lungs, among dental staff. The study did not determine an association between occupational exposures and IPF, but it did identify a need to conduct more research on what exposures may be the reason for IPF in these workers. Dental settings use dental evacuation systems which serve as a “source control” to directly catch and remove aerosols before they enter the air, so the potential exposure of aerosols is decreased. Read more in this month’s issue of the NIOSH newsletter.

**BOLD Public Health Center of Excellence on Dementia Risk Reduction to Host Social Determinants of Health Workshop and AAIC Registration**

Join the Social Determinants of Health workshop sponsored by the Building Our Largest Dementia (BOLD) Public Health Center of Excellence on Dementia Risk Reduction’s at the Alzheimer’s Association International Conference 2022 (AAIC) on **July 29 from 9am to 4pm** in San Diego, California.

Hear from dementia researchers and fellow public health academics and professionals to learn how social determinants of health link to dementia risk, analyze scientific evidence, and discuss how public health can act. Register for the workshop today. Also, register to attend AAIC from July 31 to August 4 either in San Diego or online.

**April was Child Abuse Prevention Month, Sexual Assault Awareness Month, and included Youth Violence Prevention Week**

Prevent Child Abuse America launched its Growing a Better Tomorrow for All Children, Together last month in observance of Child Abuse Prevention Month. Positive childhood experiences in safe and caring environments are important for children’s growth, learning, and physical and mental health. Watch and share this video. Mobilize your community and take action – so all of us are #GrowingBetterTogether! Harassment, cyberbullying, and sexual abuse and assault can happen anywhere but have become typical behaviors online. Learn about the National Sexual Violence Resource Center’s (NSVRC) 2022 campaign to Build Safe Online Spaces Together.

Join the National Youth Violence Prevention Week Campaign to engage your community with effective strategies to prevent youth violence. Learn how you can build safer communities and commit to protecting today’s youth with the Youth Prevention Action Toolkit.
May was Mental Health Awareness Month!
Experiencing stress, isolation, loss, or systemic social inequities is harmful to the health of Americans. Improving emotional well-being, social connectedness, and resiliency through research-based health promotion and prevention programs is critical to population health. CDC has updated a population health well being page of mental health related resources.

Firearm Deaths Grow, Disparities Widen
New analysis shows firearm homicide rates grew nearly 35% from 2019 to 2020, with disparities by race/ethnicity and poverty level widening, and firearm suicide rates remaining high.

The Biden Administration released a strategy that focuses on two critical drivers of the epidemic: untreated addiction and drug trafficking. It instructs federal agencies to prioritize actions that will save lives, get people the care they need, go after drug traffickers’ profits, and make better use of data to guide all these efforts.

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

1. CSTE Reproductive Health and Disasters (RHAD) Assessment Toolkit 2.0:

2. CSTE Emergency Medical Services Nonfatal Opioid Overdose Standard Guidance:
3. 2019 CSTE Nonfatal Opioid Overdose Standardized Surveillance Case Definition:
4. CSTE Injury Data Science
5. CSTE Injury Data Linkage
7. Jurisdiction Level Vulnerability Assessment Toolkit:
   https://resources.cste.org/JVAToolkit_Final_August2021/
