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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.

Introducing CSTE's Overdose Surveillance Online Learning Course

CSTE recently launched an interactive online learning course entitled “Creating an Action Plan for Opioid Surveillance,” as part of our technical assistance for drug overdose surveillance in partnership with CDC’s National Center for Injury Prevention and Control (NCIPC). CSTE has adapted these workshop materials into a self-paced online learning course. 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 Applied Epidemiology Fellowship Host Site Application Now Open

CSTE is currently accepting new applications from state and local public health agencies to host a fellow in the Applied Epidemiology Fellowship (AEF) Program. Modeled after the Centers for Disease Control and Prevention’s (CDC) EIS program, the fellowship is designed to give recent public health graduates on-the-job training at health departments in preparation for a career as an epidemiologist at the state or local level. Under the guidance of experienced mentors, fellows are expected to develop applied epidemiologic skills through training at the health department. CSTE is accepting host site applications for the following program areas: Birth Defects, Chronic Disease, Injury-Drug Overdose, Environmental Health, Infectious Disease (including HAI, Quarantine, and Food Safety), Injury, Occupational Health, Maternal and Child Health, and Substance Use/Mental Health. State/local health departments can apply to host more than one fellow, but a separate application must be completed for each position. **Applications are due by November 1, 2019.** More information, as well as the application, can be found [here](#).

CSTE Selected to Facilitate National Syndromic Surveillance Program Community of Practice

CSTE is pleased to announce that it has been selected to facilitate the National Syndromic Surveillance Program Community of Practice (NSSP CoP) through the [Center for State, Tribal, Local, and Territorial Support National Partnership Cooperative Agreement](#) (CDC OT18-1802). CSTE was selected through a competitive process among the 39 national partners who are recipients of CDC OT18-1802. In the coming month, CDC and CSTE will be meeting to transition

CoP activities – both parties ask for your patience during this time. Meanwhile, NSSP will continue to support the CoP workgroup and committee calls. NSSP will use several channels to keep the community up-to-date about the transition, including email communications, monthly *NSSP Update* newsletter, and [CDC's NSSP Portal](#).

If you have questions for CDC, please email the NSSP mailbox at nssp@cdc.gov. If you have any questions for the CSTE National Office, please email Hayleigh McCall at hmccall@cste.org.

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.

Please view the latest jurisdiction-level vulnerability assessment webinar on commonly used datasets and associated statistical challenges at: <https://cste.sharefile.com/d-s6c464b44e704a7ab>.

CSTE Consultant Opportunity

CSTE seeks one remote consultant or consultant team to conduct a vulnerability assessment in collaboration with the Wyoming Department of Health, including recommendations for appropriate platforms and mediums to disseminate vulnerability assessment results. The completed vulnerability assessments will identify service gaps at the local level as well as inform the types and locations of opioid and HIV/HCV prevention strategies. Please contact Cailyn Lingwall at clingwall@cste.org for more information.

CSTE Mental Health Subcommittee – “Mental Health in the St. Louis Region”

CSTE's Mental Health Subcommittee recently hosted a guest presentation by Echo Wang. Echo is the mental health epidemiologist at Saint Louis County Department of Public Health. Prior to coming to Saint Louis County Health Department, she worked as a biomedical informatics assistant

at Washington University School of Medicine. Now, she primarily works on mental health outcomes tracking and evaluation in the St. Louis Region. This presentation briefly discussed the process of preparing the first regional mental health report in the St. Louis Region and some highlights from the report. You can find the [regional mental health report](#) and [story map](#) online. Please find a recording of the call [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

In response to the recent lung injury outbreak associated with e-cigarette use, or vaping, CSTE activated its Incident Command System (ICS) to support applied epidemiologists responding to the multi-state outbreak. Shortly thereafter, CSTE assembled the **Vaping Associated Pulmonary Illness (VAPI) Epidemiology Task Force**. The purpose of this Task Force is to collaborate with federally led epidemiology and surveillance efforts for this response; discuss state public health needs as they relate to data collection and reporting for state-specific and national surveillance and to inform the development of guidance for a more effective national response. On the weekly Task Force calls, attendees discuss epidemiologic issues related to the outbreak including data collection, case identification, and case reporting. CSTE's ICS is still activated and related activities are ongoing.

To learn more about the Task Force and related workgroups, please contact Mia Israel at misrael@cste.org.

To access surveillance case definitions, clinical guidance, and other information related to the outbreak, please visit www.cdc.gov/lunginjury.

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.



Deanna Ferrell has worked as an epidemiologist in the Violence and Injury Prevention Program at the Utah Department of Health for nearly three years. She is an epidemiologist, evaluator, and the data coordinator for the Violence and Injury Prevention Program at the Utah Department of Health.

Deanna is responsible for strengthening surveillance and providing epidemiological support for local health departments and other partners in Utah. Deanna updates reports and fact sheets on a range of injury and violence topics, including sexual violence, intimate partner violence, traumatic brain injury, student injury, and adverse childhood experiences. Deanna is responsible for the development of the injury indicator reports and other special emphasis reports submitted annually to CDC. Additionally, Deanna develops and conducts evaluation plans, and disseminates

evaluation findings for multiple federal grants, including the Core State Violence and Injury Prevention Program Grant and the Rape Prevention and Education Grant. Deanna presents findings at local and national conferences and works closely with program staff to use data for program decision making. Deanna supervises the data abstraction team, coordinates multiple data surveillance projects for the program, and oversees the UDOH surveillance plan. Additionally, Deanna focuses on strategic planning around shared risk and protective factors. She works with internal and external partners to develop indicators and conduct gap analysis.

Deanna has five years of public health experience working for local, state, and federal governments, and three years in injury and violence. She graduated from the University of Minnesota with a Master of Public Health, Community Health Promotion degree. In addition to being an active CSTE member and Safe States Alliance, Deanna also participates on the CSTE ICD-10-CM Transition Workgroup and on two exploratory indicator subgroups looking at sexual violence, human trafficking, and falls. Deanna recently received the Safe States 2019 Rising Star Award.

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 Releases Linking Information for Nonfatal Crash Surveillance (LINCS) Guide

Data linkage is connecting data sets from three crash phases—before, during and after a crash—to provide more robust motor vehicle crash data for analysis, evaluation, surveillance, and prevention efforts. Existing data sources are generally collected and stored separately, but linking these data sets can create a more comprehensive understanding of motor vehicle crashes. States face many challenges when starting—and at times maintaining—data linkage programs. To address this challenge, CDC released the [Linking Information for Nonfatal Crash Surveillance \(LINCS\) Guide](#) to help states start or expand data linkage programs. The guide explains the key components of successful linkage programs and outlines the data-linkage process.

2016 NVDRS Surveillance Summary: Findings Highlight Circumstances of Youth Suicide

According to the latest data from CDC's National Violent Death Reporting System that includes information on 41,466 deaths from 32 states in 2016, the majority (62.3%) of deaths were suicides,

followed by homicides (24.9%), deaths of undetermined intent (10.8%), legal intervention deaths (1.2%) and unintentional firearm injury deaths (<1.0%). The new data are published in the Morbidity and Mortality Weekly Report, [Surveillance for Violent Deaths — National Violent Death Reporting System. 32 States. 2016](#).

In 2016, NVDRS collected data on 3,655 suicides among youth aged 10–24 years. The majority were male, non-Hispanic white, and aged 18–24 years. Most youth aged 10-17 years died by hanging/strangulation/suffocation (49.3%), followed by firearm (40.4%). Mental health, family relationships, and school problems precipitated most youth suicides among this age group. Most suicides among youth aged 18-24 years were by firearm (46.2%), followed by hanging/strangulation/suffocation (37.4%). Mental health, substance abuse, intimate partners, and family problems precipitated this age group. A recent crisis and/or an argument or conflict were common precipitating circumstances among all youth who died by suicide.

NCHS Data Brief: Prescription Drug Use Among Adults Aged 40-79 in the United States and Canada

Key findings from the survey indicated that around 7 in 10 adults aged 40-79 in the United States and Canada used at least one prescription drug in the past 30 days (69.0% and 65.5%, respectively). Around 1 in 5 adults 40-79 used at least 5 prescription drugs in the US and Canada (22.4% and 18.8%, respectively). The survey also found that among adults aged 40-59 in the United States, the most common drug types were antidepressants, lipid-lowering drugs, and ACE inhibitors. Among the adults aged 60-79, the most commonly used drug types were lipid-lowering drugs, antidiabetic agents, and beta blockers. Read the full report [here](#).

Suicide Risk for Veterinarians and Veterinary Technicians

A recent study using data from the National Violent Death Reporting System (NVDRS) examined the deaths of veterinary professionals and veterinary students whose cause of death was characterized as suicide or undetermined intent. The study reinforced that suicide is more likely among veterinarians than the general population. Male veterinarians are 1.6 times more likely and female veterinarians are 2.4 times more likely to commit suicide than the general population. The study identified a higher risk of suicide among veterinary technicians and technologists as well (5.0 times as high for males and 2.3 times as high for females). The most common cause of death among veterinarians was poisoning, most frequently with Pentobarbital, a euthanasia solution. When the researchers excluded Pentobarbital deaths, the likelihood of both male and female veterinary deaths from suicide was no different than that of the general population. You can find the full summary with a link to the publication [here](#).

Policies that Work to Reduce Gun Violence

APHA and the Bloomberg American Health Initiative at the Johns Hopkins Bloomberg School of Public Health hosted [Policies That Work to Reduce Gun Violence](#) in Washington, D.C. on September 23. This half-day forum highlighted the most up-to-date evidence on gun violence prevention and elevate the best research on strategies to reduce deaths and injuries.

AJPH Request for Proposals

The American Journal of Public Health (AJPH) is looking for proposals on papers for a special issue, "Aligning Health and Social Service Systems to Improve Population Health: Science, Policy, and Practice." Proposals are due by December 15, 2019. You can find more information [here](#).

CDC Child Passenger Safety Week and Fall Prevention Day

Child Passenger Safety Week was held September 15-21 in an effort to raise awareness about buckling children in age- and size- appropriate car and booster seats, as well as seat belt use. CDC has some great resources regarding Child Passenger Safety available on their [website](#). Additionally, September 23, 2019, was Fall Prevention Day. CDC released new and updated resources to assist fall prevention efforts nationwide, including three interactive maps for [deaths of older adult falls](#), [costs of older adult falls](#), and [older adult falls reported by state](#). The Algorithm for Fall Risk Screening, Assessment, and Intervention has been updated as well to better fit clinician needs. Information about the algorithm is [here](#), as well as an updated [pocket guide](#) and [wall chart](#).

Linking and De-Identifying State-Level Datasets to Tackle the Opioid Epidemic

Data can be a powerful tool for developing harm reduction policies and programs, but the complexities of data sharing can prove challenging. In a recent webinar, presenters from health departments in Massachusetts and Allegheny County, Pennsylvania presented case studies about their work to de-identify and link datasets to address the opioid epidemic. Presenters also shared strategies for navigating the legal framework to collect, use, and share data across sectors to improve community health, while complying with legal and regulatory requirements and maintaining the public's trust. This webinar was co-sponsored by the Network for Public Health Law and All In: Data for Community Health. You can read key takeaways and watch a recording of the webinar [here](#).

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.

CDC: WISQARS Data Visualization

WISQARS Data Visualization displays injury data in a new interactive, visual format. The website contains both fatal and nonfatal injury data from 2001 to 2017. Some exciting features include training videos and an integrated menu between Fatal and Nonfatal Injury Data Visualization. You can read more about WISQARS on CDC's [website](#).

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/crosscutting/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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