THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE. Injury death rates nationally rose more than 5 percent after a two–decade period of decline, according to a study released by the Centers for Disease Control and Prevention in the December 13 Morbidity and Mortality Weekly Report. The report indicates the largest increases were seen in the 20–29 and 45–54 year age groups.The total injury mortality rate includes deaths from unintentional injury, suicides, homicides, and injuries of undetermined intent. If a death could not be definitively attributed to unintentional injury or suicide, it is considered to be of undetermined intent. Homicide rates remained stable throughout the 1999–2004 period, with unintentional poisonings accounting for more than half of the total increase in injury deaths.--additional details are provided in this *Washington Report*.

The *CSTE Washington Report* is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S.

CSTE SECURES FUNDING FOR APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM – The FY 2008 appropriations cycle ended on December 26th with

President Bush's signature of a giant omnibus bill that wrapped together 11 separate appropriations bills, including the Labor, Health and Human Services and Education bill. Final funding levels for health programs were cut back severely from increases provided in an earlier, vetoed bill. However, the final bill does include $975,000 for the CDC/CSTE Applied Epidemiology Fellowship Program, the top CSTE priority in FY 2008. The recognition of the program in legislation provides a solid base for future efforts to increase funding.

Below are numbers for several other FY 2008 CSTE funding priorities. A final 1.747 percent across-the-board cut was applied to nearly all programs in the Labor, Health and Human Services bill to accommodate both the President's overall reduced budget level, and Congressional earmarks. Numbers reflect that cut.

Prevention Block Grant
FY 2007 -- $99 million
FY 2008 -- $97.3 million

Terrorism Preparedness (State and Local Cooperative Agreements only)
FY 2007 -- $760 m.
FY 2008 – $701 m.

BRFSS (Behavioral Risk Factor Surveillance Survey)
FY 2007 -- $7.4 m.
FY 2008 -- $7.3 m.

NVDRS (National Violent Death Reporting System)
FY 2007 -- $3.3 m.
FY 2008 -- $3.2 m.

Environmental Health Track Grants
FY 2007 -- $23.7 m.
FY 2008 -- $23.8 m.

NEW CDC STUDY FINDS 5.5 PERCENT INCREASE IN INJURY MORTALITY FROM 1999 TO 2004 --Injury death rates nationally rose more than 5 percent after a two–decade period of decline, according to a study released by the Centers for Disease Control and Prevention in the December 13 Morbidity and Mortality Weekly Report. The report indicates the largest increases were seen in the 20–29 and 45–54 year age groups.

The total injury mortality rate includes deaths from unintentional injury, suicides, homicides, and injuries of undetermined intent. If a death could not be definitively attributed to unintentional injury or suicide, it is considered to be of undetermined intent. Homicide rates remained stable throughout the 1999–2004 period, with unintentional poisonings accounting for more than half of the total increase in injury deaths.

"We′re very concerned anytime we see an increase in premature deaths," said Ileana

Arias, Ph.D., director of CDC′s National Center for Injury Prevention and Control. “We don′t know if this is an indication of a trend, but it is something that needs to be further examined.“

The 45– to 54–year–old age group experienced the largest increase in injury mortality rates. This group had a 25 percent increase, for an additional 8,000 deaths in 2004. In comparison, the 20–29–year age group had an 8 percent increase in total injury death rates. Unintentional poisonings accounted for more than 50 percent of the increase in each group.

Shared risk factors could contribute to the increase in multiple injury categories and age groups, Arias said. For example, the recent increase in prescription drug abuse during the same time period in these age groups could have contributed to an increase in mortality due to suicide, homicide, unintentional poisoning, and other types of unintentional injury. Prevention programs that focus on such shared risk factors could help reduce the number of injury–related deaths.

“The increase in prescription drug overdoses among the middle–aged is something that the CDC has noted before,“ said Len Paulozzi, M.D., a medical epidemiologist at the Injury Center. “We need to explore the increases in other types of injury for which drug abuse is a risk factor in the same age groups.“

For this study, CDC analyzed mortality data on resident deaths occurring in the United States, as compiled from death certificates by the National Vital Statistics System.

NIDA SURVEY SHOWS A DECLINE IN SMOKING AND ILLICIT DRUG USE AMONG EIGHTH GRADERS --The nation’s eighth graders took center stage in this year’s Monitoring the Future (MTF) survey, showing a significant decline in both smoking and illicit drug use in the past year, part of a downward trend for all measured age groups in the last decade. In addition, eighth graders showed a substantial long-term decline in past-year alcohol use, down to 31.8 percent from its recent peak of 46.8 percent in 1994. The Monitoring the Future project — now in its 33rd year — is a series of independent surveys of 8th, 10th, and 12th graders conducted by researchers at the University of Michigan under a grant from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH). Results from the 2007 survey were announced December 11 at a news conference at the White House.

The 2007 results appear to reflect an ongoing cultural shift among teens and their attitudes about smoking and substance abuse. Lifetime, past-month, and daily smoking among eighth graders has dropped considerably in the past year, and daily cigarette smoking among eighth graders dropped from 4 percent to 3 percent; down from its 10.4 percent peak in 1996. Similarly, annual prevalence of marijuana use by eighth graders fell from 11.7 percent in 2006 to 10.3 percent in 2007, and is down from its 1996 peak of 18.3 percent.

"Over the last decade, there has been a large science-based effort throughout the public

health community to drive down the rates of smoking, illicit drug, and alcohol use among teens," said NIH Director Elias A. Zerhouni, M.D. "These results show us we are definitely seeing a decline in substance abuse among our youngest and most vulnerable teens, and we are committed to continuing our efforts."

"We are especially heartened to see the decrease in smoking among eighth graders, and will be watching the next two years closely to see if this decline will stick as these kids get older," said NIDA director Nora D. Volkow. "If this change in attitude is carried with them throughout the rest of their teen years, we could see a dramatic drop in smoking-related deaths in their generation."

The survey also showed that while past-year use of marijuana declined among 8th graders in 2007, it remained steady among 10th and 12th graders. However, in the past decade, there has been a slow downward trend in overall illicit drug use driven by gradual declines in marijuana smoking. Past-year marijuana use among 10th graders sits at 24.6 percent after it peaked in 1997 at 34.8 percent. Similarly, past-year marijuana use among 12th graders registers at 31.7 percent after a 1997 peak of 38.5 percent.

The survey results are not without concerns, however. Prescription drug abuse remains high with virtually no significant drop in nonmedical use of most individual prescription drugs. Vicodin remains one of the most commonly abused drugs among 12th graders: 1 in 10 reported nonmedical use in the past year. The Monitoring the Future Survey traditionally measures misuse of a variety of different prescription drugs including opiates like Vicodin and OxyContin, amphetamines (including Ritalin), sedatives/barbiturates, and tranquilizers, as well as over-the-counter drugs, such as cough syrup. However, for the first time this year, researchers pulled together data for all prescription drugs as a measurable group, and 15.4 percent of high school seniors reported nonmedical use of at least one of these prescription medications within the past year. Recent data for consuming 5+ drinks in a row in the last two weeks — an especially dangerous pattern of consumption — have remained steady at worrisome levels for all three grades. In addition, recent data for drinking have remained steady at high levels, particularly for 10th and 12th graders.

Another concern in the survey is the softening of attitudes towards MDMA (ecstasy) and LSD in the younger grades. For the third year in a row, there was a decrease in perceived harmfulness of MDMA among eighth graders. Among 10th graders, there was a decrease in perceived harmfulness of LSD and MDMA and a decrease in disapproval of LSD. Concurrently, there has been an increase in past-year MDMA use in 10th and 12th graders over the past two years.

"We will be watching what happens with MDMA and LSD use in future surveys," said Dr. Volkow. "This decrease in both disapproval and perceived harmfulness among eighth graders shows us that we need to be vigilant in our educational efforts with every drug in each succeeding generation."

Since 1975, the MTF survey has measured drug, alcohol, and cigarette use and related

attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month. Overall, 48,025 students from 403 public and private schools in the 8th, 10th, and 12th grades participated in this year's survey. The survey has been conducted since its inception by investigators at the University of Michigan. Additional information on the Monitoring the Future Survey, as well as comments from Dr. Nora Volkow can be found at http://www.drugabuse.gov/Drugpages/MTF.html

MTF is one of three major Health and Human Services (HHS)-sponsored surveys that provide data on substance use among youth. Its Web site is http://monitoringthefuture.org. More information on MTF can be found at http://www.hhs.gov/news; or http://www.whitehousedrugpolicy.gov. Additional details are also available at http://www.drugabuse.gov/DrugPages/MTF.html.
The National Survey on Drug Use and Health (NSDUH), sponsored by HHS' Substance Abuse and Mental Health Services Administration, is the primary source of statistical information on illicit drug use in the U.S. population 12 years of age and older. The survey collects data in household interviews, currently using computer-assisted self-administration for drug-related items. More information is available at http://www.drugabusestatistics.samhsa.gov.

The Youth Risk Behavior Survey (YRBS), part of HHS' Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, is a school-based survey that collects data from students in grades 9–12. The survey includes questions on a wide variety of health-related risk behaviors, including drug abuse. More information is available at http://www.cdc.gov/nccdphp/dash/yrbs/index.htm.

BRIEF INTERVENTION HELPS EMERGENCY PATIENTS REDUCE DRINKING -- Asking emergency department patients about their alcohol use and talking with them about how to reduce harmful drinking patterns is an effective way to lower rates of risky drinking in these patients, according to a nationwide collaborative study supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Emergency department patients who underwent a regimen of alcohol screening and brief intervention reported lower rates of risky drinking at three-month follow-up than did those who received only written information about reducing their drinking. A report of the study by the Academic Emergency Department Screening, Brief Intervention and Referral to Treatment (SBIRT) Research Collaborative appears in the December, 2007 issue of the *Annals of Emergency Medicine*.

"This encouraging finding raises the prospect of reaching many individuals whose alcohol misuse might otherwise go untreated," says NIAAA Director Ting-Kai Li, M.D. "These new findings underscore the importance of using the American Medical Association health care codes for substance abuse screening and brief intervention," said SAMHSA Administrator Terry Cline, Ph.D.

Codes established by the AMA serve as the most widely accepted classification system for reporting medical procedures and services to public and private health insurance programs. In January, 2008 new codes will allow physicians to report services they provide to screen patients for alcohol problems and to provide a behavioral intervention for high-risk drinking.

"Using these new codes will increase the likelihood that an estimated 18.8 million Americans with serious alcohol abuse problems will receive effective intervention services that could possibly save their lives and promote wellbeing," adds Dr. Cline. Previous studies of screening, brief intervention, and referral conducted in primary care and in-patient trauma centers have shown positive outcomes in decreasing or eliminating alcohol use, reducing injury rates, and reducing costs to society.

In the current study, investigators at 14 university-based emergency centers throughout the United States used a brief questionnaire to assess the alcohol use patterns of 7,751 emergency patients, regardless of whether they had signs of alcohol use on admission. They found that more than one-fourth of the patients exceeded the limits for low-risk drinking — defined by NIAAA as no more than: four drinks per day for men and three drinks per day for women; and not more than 14 drinks per week for men, and seven drinks per week for women. More than 1,100 patients who exceeded these limits agreed to continue to participate in the study and were divided into intervention and control groups. The study enrolled patients with all levels of risky drinking and visit type.
The primary intervention consisted of a Brief Negotiated Interview (BNI) that emergency practitioners performed with each member of the intervention group. Patients in the intervention group also received a written handout explaining low-risk drinking and a referral list of alcohol treatment providers. Patients in the control group received only the low-risk drinking handout and referral list.

More than 400 emergency department providers including physicians, nurses, social workers, nurse practitioners and physician's assistants were trained in the BNI in either a two-hour interactive workshop or via the Internet.

"The BNI, a conversation between emergency care providers and patients that involves listening rather than telling, and guiding rather than directing, is designed to review the patient's current drinking patterns, assess their readiness to change, offer advice about the low-risk guidelines and the next steps to pursue, and negotiate a written prescription for change or a drinking agreement with the patient," explains co-author Edward Bernstein, M.D., professor and vice chair for academic affairs in the department of emergency medicine at Boston University School of Medicine. Dr. Bernstein, who coordinated the training of emergency department personnel in the study, notes that the interview typically takes less than 10 minutes to complete.

Researchers contacted members of each group three months later to assess any changes in drinking habits. The intervention group reported drinking three fewer drinks per week than the controls, and more than one-third of individuals in the intervention group reported drinking at low-risk levels, compared with about one-fifth of those in the control

group.

"This study demonstrates that a broad group of emergency practitioners can learn how to perform the intervention and that it is effective across multiple practice sites," says co-author Gail D'Onofrio, M.D., professor and chief of emergency medicine at Yale University. "The emergency department visit is often the only access to care for many patients and thus is an ideal opportunity to begin the conversation regarding unhealthy alcohol use."

The researchers conclude that widespread use of these techniques by emergency personnel could significantly reduce unhealthy alcohol use.

"Our results should provide the impetus for broader implementation of screening, brief intervention, and referral for treatment in the emergency department setting," notes co-author Robert Aseltine, Ph.D., associate professor in the division of behavioral science and community health and director of the Institute for Public Health Research at the University of Connecticut Health Center.