Substance Use & Injury Connection

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.

Consultant Continuation Opportunity: Alcohol Outlet Density
CSTE is seeking a technical expert to assess the usefulness of the proposed draft surveillance indicators for assessing alcohol outlet density at the state and/or local level, prepare a guide for the use of these indicators, and provide technical assistance to states and communities in the measurement of alcohol outlet density. Eligible applicants are previous consultants of the Alcohol Outlet Density Surveillance Indicators work to ensure timely completion of deliverables. Access the full Request for Proposals here.

NSSP CoP Overdose Surveillance Subcommittee to Sunset

During the 2020-2022 NSSP CoP Core Committee Virtual Planning Meeting held in August 2020, the Core Committee came to the consensus to sunset the NSSP CoP Overdose (OD) Surveillance Subcommittee due to duplicative efforts/conversations being held in other areas. The listserv will be archived for the future possibility of reconvening group members in some manner (should the need be identified). Moving forward, the Core Committee encourages NSSP CoP members to reach out with any requests for an overdose-related, syndromic surveillance-focused conversation discussion (syndromic@cste.org).

While this group is sunsetting, CSTE is aware of a few other avenues for discussion of overdose surveillance-related topics – information on those groups has been included below:

- **CSTE Overdose Surveillance Subcommittee:** Join the CSTE Overdose Subcommittee here
- **CSTE-supported “Overdose Data to Action (OD2A)” Innovative Surveillance CoP:** For more information, email Cailyn Lingwall at clingwall@cste.org
- **2019 CSTE Position Statement on Non-Fatal Opioid Overdose Implementation Guide Workgroup:** Interested in getting involved? Email Danielle Boyd at dboyd@cste.org

CSTE Injury Virtual Conference Presentation Series

During the month of September, the CSTE Injury Surveillance Workgroup is hosting a presentation series to feature some speakers we missed out on due to the 2020 Annual Conference cancellation. Invited presenters were individuals whose 2020 abstract submissions to the Injury Track for oral presentations were selected by the 2020 Conference Abstract review committee prior to the conference cancellation. The full list of presentations is below. If you missed one, no worries!
The recordings and slides will be shared once the series concludes. Contact Mia Israel at misrael@cste.org for more information.

- Wednesday, September 9 at 2pm ET
- Monday, September 14 at 12pm ET
- Monday, September 21 at 1pm ET
- Wednesday, September 23 at 3pm ET

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**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.

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**CSTE Highlight**

In recognition of Suicide Prevention Month, CSTE is highlighting a recent collaborative project, the **USVI Suicide Prevention Program**. The United States Virgin Islands (USVI) Department of Health (VIDOH), in partnership with CSTE and CDC, launched a Suicide Prevention Program in September 2019. This project aimed to build a sustainable program in the territory to provide ongoing outreach and training beyond the scope of the project year. Led by experts at Mental Health America (MHA) of Greater Houston’s Center for School Behavioral Health, the program trained a total of 98 VIDOH staff and community stakeholders in St. Croix and St. Thomas in mental health, trauma response, and suicide prevention in November 2019. In June 2020, 85 of these gatekeepers received their Train the Trainer certifications via a virtual training, again led by MHA professional development specialists. Read more about the USVI Suicide Prevention Program in the [final report](#), and look out for a CSTE blog feature coming soon!

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

**Disaster Epidemiology**
- CSTE Contact: Alesha Thompson, athompson@cste.org

**Health Disparities**
- Call Schedule: Every other month, 4th Thursdays at 2:00pm ET
- CSTE Contact: Alesha Thompson, athompson@cste.org

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

**Cannabis**
- Call Schedule: Every other month, 4th Thursday of the month at 1:00pm ET
  - CSTE Contact: Mia Israel, misrael@cste.org

**Maternal and Child Health**
- Call Schedule: No call schedule at this time
- CSTE Contact: Valerie Goodson, vgoodson@cste.org

**Mental Health**
- Call Schedule: No call schedule at this time
- CSTE Contact: Megan Toe, mtoe@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, 4th Thursday of the month at 1:000pm ET
- CSTE Contact: Danielle Boyd, dboyd@cste.org

**Substance Use & Mental Health**
- Call Schedule: Calls scheduled quarterly
- CSTE Contact: Megan Toe, mtoe@cste.org

**Substance Use and Mental Health Indicators**
- Call Schedule: 3rd Monday of every other month at 1:00pm ET
- CSTE Contact: Megan Toe, mtoe@cste.org

**Tribal Epidemiology**
- Call Schedule: Calls scheduled quarterly
- **Tribal Data Workgroup:** Calls scheduled monthly
- CSTE Contacts: 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.

![Barbara Gabella, MSPH](image)

Barbara Gabella, MSPH is a supervising epidemiologist in the Violence and Injury Prevention – Mental Health Promotion Branch at the Colorado Department of Public Health and Environment. She has co-chaired the CSTE Overdose Subcommittee with the inimitable and award-winning Svetla Slavova from the University of Kentucky. Barbara has facilitated strategic planning for the previous CSTE Injury ICD-10-CM Transition Workgroup and contributed to strategic planning for CSTE Substance Use and Mental Health. During her tenure from 2017-2020 as “Member-at-Large” on the CSTE Executive Board, she oversaw the CSTE portfolio on Substance Use and Mental Health, served on the ad hoc work group that developed the Nonfatal Opioid Overdose Standardized Surveillance Case Definition position statement, and gave feedback and/or scored countless applications, draft documents, manuscripts, and overdose abstracts for CSTE conferences. Ms. Gabella describes her board tenure like some people describe parenthood: “It is the hardest job you’ll ever love.”

Over the years, you have been instrumental in helping young professionals find meaningful
roles in CSTE initiatives. What is your number one piece of advice for young professionals entering the applied epidemiology workforce? The most useful training in my epi career was a training in group facilitation. Now I recommend it to all epidemiologists.

What would you like CSTE members to know about our work supporting substance use, mental health and injury surveillance? I recommend to external partners and staff the CSTE Injury Surveillance Toolkit and the CSTE Substance Use and Mental Health Indicators, most recently to the Colorado Hospital Association. The excellent CSTE staff in substance use and injury serve on the same team, which means the work has been less siloed than these two fields are at the state and federal levels. Melissa Jordan, the CSTE Executive Board member overseeing injury, occupational, and environmental health is very collaborative as well. Substance use and mental health epidemiology is still an emerging field, exciting for problem solvers, yet underfunded, despite substance use and mental being a cross-cutting risk factor for many adverse public health outcomes, including injury and violence.

OK, enough business talk. You have a fun-loving side as well! Tell us about the infamous hula-hoops that have been known to show up at in person injury meetings. Renee Johnson from CDC brought the hula-hoops to the kickoff meeting of the ICD-10-CM transition work group at CSTE. We worked hard. So on breaks, we competed in hula-hoop contests in the CSTE parking lot. I can’t think of a better way to refresh the mind and burn a few calories by laughing and swinging our hips. And a shout-out to Tom Largo for his hula-hooping skill!

From the CSTE Substance Use and Injury team at the National Office, we’d like to thank Barbara for her leadership and support during her term representing our work on the CSTE Executive Board. We look forward to staying in touch.

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<th>Partner Announcements</th>
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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 New Suicide Prevention Strategic Plan
To prevent suicide and address the broad range of risk and protective factors, CDC developed its comprehensive and coordinated public health approach that relies on data, science, and action,
grounded in strong collaboration. CDC’s vision is, “No lives lost to suicide.” To reach this vision, CDC’s mission is to use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States. Read more about CDC’s Suicide Prevention Strategic Plan.

**NIOSH Science Blog: Partnering to Prevent Suicide in the Construction Industry – Building Hope and a Road to Recovery**

The construction industry has one of the highest suicide rates compared to other industries. Several construction organizations are leading the industry by example and are partnering to share information about suicide prevention. Read more on the NIOSH Science Blog.

**Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24-30, 2020**

The COVID-19 pandemic is the most serious public health crisis our nation has faced in more than a century, affecting how we work, learn, and play. As we’ve seen during other health emergencies, symptoms of anxiety disorder, depressive disorder, substance use, and suicidal ideation increase. These symptoms increased considerably in the United States during April–June of 2020, compared with the same period in 2019. Read the full MMWR here.

**State Suicide Rates Among Adolescents and Young Adults Aged 10–24: United States, 2000–2018**

This new NHSN report presents suicide death rates among persons aged 10–24 for the United States and by state for 2000 through 2018 and percent change between 3-year periods of 2007–2009 and 2016–2018. Suicide rates are compared among states for 2016–2018. Nationally, the suicide rate among persons aged 10–24 was statistically stable from 2000 to 2007 and then increased 57.4%, from 6.8 per 100,000 in 2007 to 10.7 in 2018.

**Register for APHL 2020 Newborn Screening Virtual Symposium, October 20 — November 12, 2020**

The APHL 2020 Newborn Screening Virtual Symposium will take place two days a week for four weeks, from October 20 to November 12. Each day of the conference will include several 90-minute plenary sessions, posters, and a virtual exhibit hall with the latest in products and services and links to interact with exhibitors. Learn more and register.

**Webinar Recording Available: APHL Model Opioids Biosurveillance Strategy for Public Health Practice**
On August 31, 2020, International Overdose Awareness Day, APHL, CSTE, and CDC representatives provided an overview of the recently published APHL Model Opioids Biosurveillance Strategy for Public Health Practice. Laboratorians and epidemiologists will learn about how other jurisdictions have applied the strategy, and what they can do to strengthen their role in addressing the opioid epidemic collaboratively in their jurisdictions. Topics covered include laboratory testing, data sharing, and stakeholder collaboration. Register to view the webinar recording here.

Prescription Opioid and Heroin Epidemic Awareness Week
See the following CDC resources that highlight the commitment to help and support people who may be dealing with opioid use disorder by raising awareness about the dangers of opioid misuse, abuse, and overdose. Together, we can continue to build awareness and take actionable steps to fight this public health crisis.

- MMWR: Rate of Suspected Nonfatal Drug Overdoses Treated in Emergency Departments is on the Rise
- AJPM: Study provides a baseline profile of how primary care providers are utilizing nonpharmacologic therapies
- MMWR: Prescription Opioid Misuse and Use of Alcohol and Other Substances Among High School Students — Youth Risk Behavior Survey, United States, 2019

NIHB Launches Adverse Childhood Experiences (ACEs) Hub
The National Indian Health Board, in collaboration with CDC, has launched a new resource hub! Many Tribal individuals, families, and communities have been impacted by childhood experiences causing physical and mental health adversities throughout the lifespan. However, with understanding and effort, individuals and communities can confront Adverse Childhood Experiences (ACEs) for positive health outcomes. This information hub, launched by the National Indian Health Board includes a "resource basket" designed for American Indian and Alaska Native individuals, families, communities, professionals, and leaders to rummage through, harvesting resources. This Hub can assist Tribes in learning more about ACEs, research, tools, and interventions. Visit the ACEs hub here.

New State Fact Sheets on Alcohol-Impaired Driving
Every day, 29 people in the United States die in motor vehicle crashes that involve an alcohol-
impaired driver. This is one death every 50 minutes. The annual cost of alcohol-related crashes totals more than $44 billion. Nationally, alcohol-impaired drivers got behind the wheel 147 million times in 2018. CDC released new state-based fact sheets on alcohol-impaired driving deaths and an overview of proven strategies to reduce or prevent alcohol-impaired driving. During NHTSA’s Drive Sober or Get Pulled Over national enforcement mobilization campaign (August 19–September 7), CDC encourages states to use the new state-based fact sheets to identify strategies to help people stay safe on the road.

NIOSH Science Blog: Cannabis and Work: The Need for More Research
As more states adopt cannabis access laws, and as more workers choose to consume cannabis products, the implications for existing workplace policies, programs, and practices become more salient. A new commentary discusses the need for research into the implications and challenges relating to cannabis and work. Read more on the NIOSH Science Blog.

Wisconsin Develops Sexual Violence Factsheet
In collaboration with the state Department of Justice and Department of Health Services, Wisconsin developed a Sexual Violence Factsheet detailing crime and health data, limitations, and use of data. At the end of the webpage is a list of resources developed based on partner discussions and collaborative efforts.

Heavy Drinking Among U.S. Adults, 2018
This new NCHS data brief describes adult alcohol use in the United States and presents the prevalence of heavy drinking by demographic characteristics, select mental health indicators, and select measures of health care access and utilization.

Women Living With HIV/AIDS Who Binge Drink Are Less Likely to Take Their Antiretroviral Medicine as Prescribed
A new CDC study published in AIDS Care found that women living with HIV/AIDS in the United States who engaged in binge drinking were less likely to adhere to antiretroviral therapy or be virally suppressed compared with the women living with HIV/AIDS who did not drink alcohol. This increased their likelihood of negative clinical outcomes. Learn more about excessive alcohol use and risks to women’s health. Read the study here.

Excessive Alcohol Use Common Among Fatal Drug Overdoses in New Mexico
A new study by the New Mexico Department of Health, published in Drug and Alcohol Dependence, looked at excessive alcohol use among people who died by drug overdose in New Mexico in 2015–
2016. The study found that nearly 1 in 5 people who died by drug overdose had a blood alcohol concentration of 0.08 g/dL or greater at the time of death. Comprehensive prevention strategies can reduce alcohol, opioid, and other drug misuse. Read more [here](#).

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**Resources**

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