

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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Upcoming Events

- **March 20**
Webcast on drug take back events
- **April 2-5**
National Rx Drug Abuse & Heroin Summit
- **April 20**
ISTCC meeting

Division creates stroke center list

ISDH has begun compiling the statewide list of certified stroke centers in compliance with House Enrolled Act (HEA) 1145, which was passed by the 2017 Indiana General Assembly.

If your hospital is a certified stroke center, write to ISDH and list:

- The center's level of stroke certification (Comprehensive Stroke Center, Primary Stroke Center, or Acute Stroke-Ready Hospital),
- Name of the certifying entity (Healthcare Facilities Accreditation Program, Joint Commission, American Osteopathic Association's Bureau of Healthcare Facilities Accreditation, etc.)
- Provide proof of certification by including a copy of the stroke center certification and the date the certification is set to expire.
- Also, if there is a change in stroke center status, (such as suspended, revoked or lowered) the law requires hospitals to inform ISDH of such action within 48 hours of such action.

HEA 1145 became effective July 1, 2017. It is commonly referred to as the Stroke Protocols for Emergency Services Personnel (Public Law 138) and includes the following:

- The Emergency Medical Services Commission (EMSC) is required to adopt rules concerning protocols for the identification, transport, and treatment of stroke patients by personnel providing emergency medical services by July 1, 2018.

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(continued from page 1)

- Requires the Indiana State Department of Health (ISDH) to compile and **maintain a list before July 1, 2018** of:
 - Certified stroke centers and hospitals
 - Indiana stroke network participating hospitals.
- Requires certified hospitals to provide a copy of their certification and network participating hospitals to provide a copy of their written transfer agreements to ISDH if they want to be included on the ISDH list.
- Prohibits advertising that the facility is a certified comprehensive stroke center, a primary stroke center or an acute stroke -ready hospital, unless the facility has been certified by a nationally recognized organization after July 1, 2017.



The EMS Commission work group is also responsible for drafting the protocol considering tPA-capable hospitals as a destination for stroke patients, when appropriate. To better evaluate this position, the workgroup asks that hospitals provide detailed information about the hospital's capability to administer tPA (alteplase) for acute ischemic stroke with the hospital's supporting services listed below:

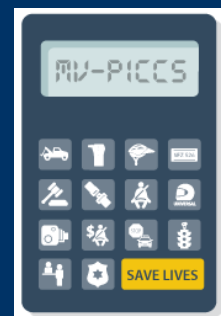
- 24/7/365 in-house CT and radiologist technician capability
- 24/7/365 access to radiology physicians for prompt CT interpretation
- Capability for neurology consultation and required response time
- ED physician coverage and level (Emergency Medicine Board Certified vs. other)
- Transfer agreement with an appropriate level of stroke care facility

All information about hospital stroke center certification (including information the workgroup has requested regarding tPA-capable hospitals including supporting information on resources) and any transfer agreements should be sent to Katie Hokanson, Director of the ISDH Trauma and Injury Prevention, 2 N. Meridian St., Indianapolis, IN 46204. Direct questions to Hokanson at 317-234-2865 or khokanson@isdh.in.gov.

Interactive Motor Vehicle Injury Prevention Tool

The Centers for Disease Control and Prevention has released [Motor Vehicle Prioritizing Interventions and Cost Calculator for States](#). This web tool can help states strengthen their motor vehicle injury prevention efforts. MV PICCS 3.0 is a free interactive tool that helps states select injury prevention interventions. It calculates the expected number and monetized value of injuries prevented and lives based on the selected intervention.

The MV PICCS web tool helps you review the costs and benefits of different statewide interventions designed to prevent motor vehicle-related injuries and deaths. MV PICCS selects the most cost-effective combination of interventions for implementation under a given budget and user identified parameters. There are 14 effective interventions, such as a motorcycle helmet law or higher fines for lack of seatbelt use, available to select.



Indiana trauma transfer guideline

The following are conditions that may require activation of emergency transfer procedures depending on the resources:

- Central nervous system
- Penetrating injury/open fracture with or without cerebrospinal fluid leak
- Chest
- Major chest wall injury or pulmonary contusion
- Pelvis/Abdomen
- Pelvic fracture with shock or other evidences of continuing hemorrhage
- Major extremity injuries
- Fracture/dislocation with loss of distal pulses
- Multiple-system injury
- Head injury combined with face, chest, abdominal or pelvic injury
- Secondary deterioration (late sequelae)
- Single or multiple organ system failure (deterioration in central nervous, cardiac, pulmonary, hepatic, renal or coagulation systems)

The following are conditions that may require activation emergency transfer procedures depending on the resources:

- Central nervous system
- GCS >10 and <14
- Chest
- Abdomen
- Solid organ injury
- Major extremity injuries
- Open long-bone fractures
- Multiple-system injury
- Injury to more than two body regions
- Co-morbid factors
- Age >55 years
- Secondary deterioration (late sequelae)
- Mechanical ventilation required
- Patients who may require prolonged ventilation



Criteria for Consideration of Transfer from Level III Centers to Level I or II Center:

- Carotid or vertebral arterial injury.

Procedure:

Before patient arrival:

After becoming aware that a trauma patient who likely will require emergent transfer is en route, the emergency department staff activates the trauma team and notifies the emergency department physician of the likelihood of transfer. Ascertain from EMS if they have already ordered air medical transportation.

After patient arrival:

The physician identifies and contacts the receiving facility, and requests the receiving physician to accept the transfer. The two should discuss the physiological status of the patient and the optimal timing of transfer.

Visit <http://www.in.gov/isdh/24972.htm> to see a full version of the transfer guideline.

Understanding opioid use disorder

Opioid use disorder is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences. It is considered a disease because drugs physically alter the structure of the brain and how it works. People with substance use disorder have an intense focus on using a certain substance(s), such as alcohol or drugs, to the point that it takes over their lives.

Why do some people develop opioid use disorder, while others do not?

As with any other disease, vulnerability to opioid use disorder differs from person to person, and no single factor determines whether a person will develop opioid use disorder. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to abuse and misuse. Protective factors, on the other hand, reduce a person's risk of developing a substance use disorder. Risk and protective factors may be either environmental (such as conditions at home, at school and in the neighborhood) or biological (for instance, a person's genes, their stage of development and even their gender or ethnicity).

Risk Factors	Protective Factors
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Academic competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

Is there a difference between physical dependence and opioid use disorder?

Yes. Opioid use disorder is characterized by an inability to stop using a drug; failure to meet work, social, or family obligations; and sometimes (depending on the drug) tolerance and withdrawal. This last consequence of opioid use disorder, tolerance and withdrawal, is often referred to as physical dependence. Physical dependence can happen with the chronic use of many drugs—including many prescription drugs, even if taken as instructed. Thus, physical dependence in and of itself does not constitute opioid use disorder, but it often accompanies it.

Visit [in.gov/recovery](https://www.in.gov/recovery) to learn more about opioid use disorder.

FSSA launches new addiction services portal and residential addiction treatment program

The Indiana Family and Social Services Administration (FSSA) has recently announced two initiatives as part of the state's effort to attack the drug epidemic. First, the Next Level Recovery website, www.in.gov/recovery, now has a new geolocation feature designed to help Hoosiers find Division of Mental Health and Addiction-certified addiction treatment providers throughout the state. Additionally, FSSA is preparing to open a new addiction residential treatment unit specializing in opioid use disorder at Richmond State Hospital to support Hoosiers with an immediate services need, particularly those in eastern Central Indiana.

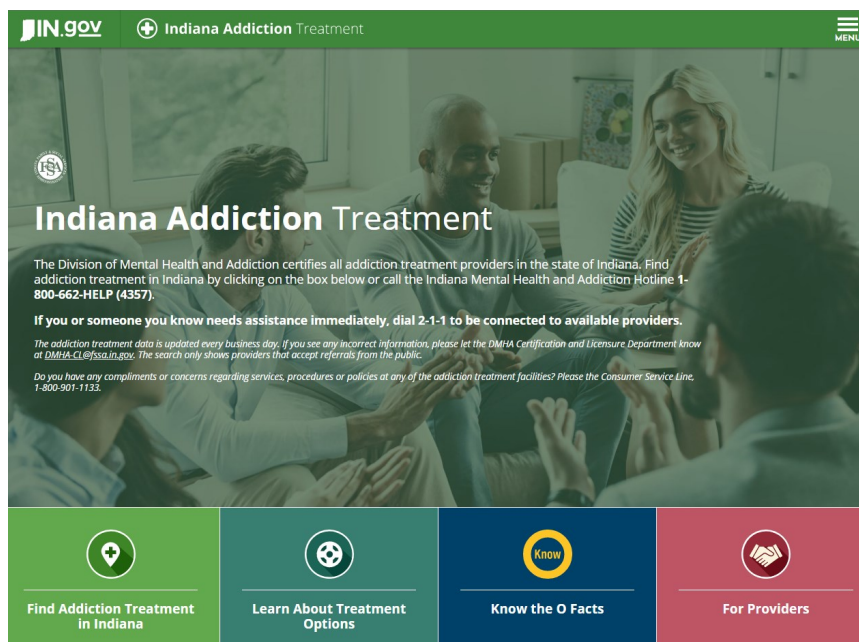
The new web portal, found under the "treatment" tab at www.in.gov/recovery, allows individuals to search for certified inpatient, outpatient, residential and opioid treatment providers by location, treatment option and populations served (adult or adolescent/male or female). The portal will display helpful information, such as payment types accepted by each provider and whether the facility is near public transportation.

"This new online feature puts critical information right into the palms of the hands of people who need it most – those who are struggling with addiction and are ready to find help," said FSSA Secretary Jennifer Walthall, M.D., M.P.H. "It is extremely important that we continue to add tools like this in our fight against the opioid crisis in Indiana as it helps direct individuals to addiction treatment that fits their unique needs." www.IN.gov/recovery, launched in October 2017, offers information for health professionals, emergency personnel, law enforcement, community leaders and persons with substance use disorder and their families. The website is one of several enhancements Indiana is making to provide a variety of ways to connect people to the right care at the right time.

The new 22-bed addiction residential treatment unit at Richmond State Hospital is expected to open by the end of March. It is the result of DMHA's recent search for existing and available state assets to try to meet immediate need for opioid use disorder treatment.

"We are grateful to Dr. Warren Fournier and his staff at Richmond State Hospital, for demonstrating leadership in identifying an existing, yet currently unused, unit at the hospital in which we could quickly develop much-needed residential treatment services," added Walthall. "We hope we are able to quickly see the impacts of the program, which will include medication-assisted treatment in the future."

Additional state efforts to improve access to treatment include adding new benefits and approximately \$80 million in annual funding for substance use disorder treatment for HIP and Medicaid members through a federal waiver just approved last week, five additional opioid treatment programs that are opening in 2018 and, through the federal 21st Century Cures grant, FSSA is working with addiction providers across the state to create other new residential treatment programs or expand their existing programs. The state also has a campaign underway to educate Hoosiers about opioid use disorder and has launched a website, www.KnowTheOFacts.org where people can learn more about the disease.

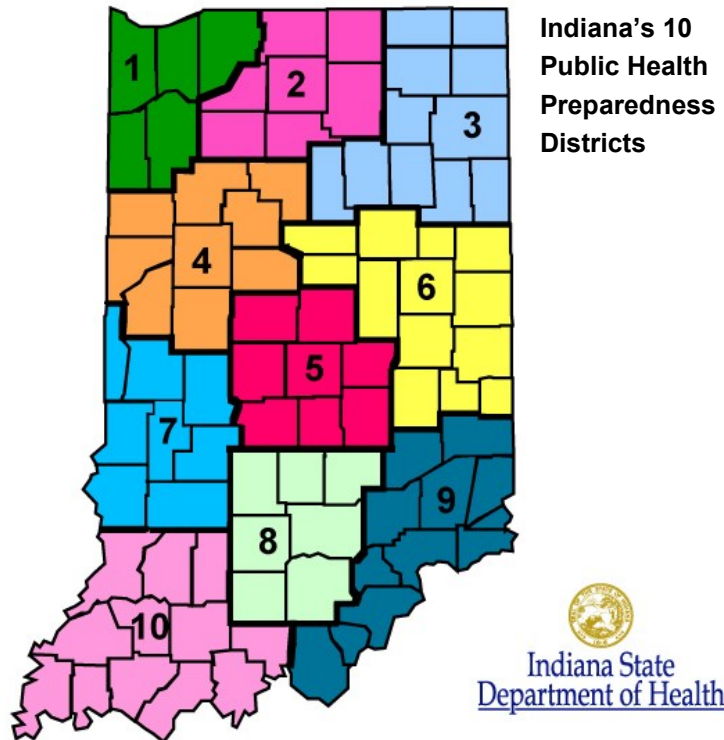


2018 Regional Trauma Advisory Council (RTAC) meeting dates

The Indiana State Department of Health (ISDH) Division of Trauma and Injury Prevention recognizes that the care of injured patients requires a system approach to ensure optimal care. By focusing on regional trauma system development, we are able to address the allocation of resources at a local level that then feeds into the development of the statewide trauma system. Below is a list of 2018 meeting dates, organized by district.

One of the goals in developing Indiana's trauma system is to help build and maintain strong regional systems (based on the Indiana's 10 Public Health Preparedness Districts) to improve the delivery of care for the region's patient population.

Visit <http://www.in.gov/isdh/26644.htm> for more information, including the points of contact in each district.



2018 Regional Trauma Council Meeting Dates

Date/Time	District	Building	Address
May 10, 1 p.m. CST	1	TBD	TBD
Aug. 9, 1 p.m. CST	1	TBD	TBD
Nov. 8, 1 p.m. CST	1	TBD	TBD
March 27, 8 a.m. EST	2	St. Joseph Regional Medical Center, Education Room C	5215 Holy Cross Parkway, Mishawaka, IN 46545
June 19, 8 a.m. EST	2	TBD	
Sept. 18, 8 a.m. EST	2	TBD	
Dec. 4, 8 a.m. EST	2	TBD	
April 12, 9 a.m. EST	3	Public Safety Academy/Ivy Tech	7602 Patriot Crossing, Fort Wayne, IN 46816
June 14, 9 a.m. EST	3	Public Safety Academy/Ivy Tech	7602 Patriot Crossing, Fort Wayne, IN 46816
Aug. 9, 9 a.m. EST	3	Public Safety Academy/Ivy Tech	7602 Patriot Crossing, Fort Wayne, IN 46816
Oct. 11, 9 a.m. EST	3	Public Safety Academy/Ivy Tech	7602 Patriot Crossing, Fort Wayne, IN 46816
Dec. 13, 9 a.m. EST	3	Public Safety Academy/Ivy Tech	7602 Patriot Crossing, Fort Wayne, IN 46816

2018 Regional Trauma Council Meeting Dates

Date/Time	District	Building	Address
April 5, 9 a.m. EST	4	Central Campus in Lafayette, Rooms 1142 & 1143	1501 Hartford St., Lafayette, IN 47901
June 7, 9 a.m. EST	4	Central Campus in Lafayette, Rooms 1142 & 1143	1501 Hartford St., Lafayette, IN 47901
Aug. 2, 9 a.m. EST	4	East Campus, Rooms 3F41/42	1701 S. Creasy Lane, Lafayette, IN 47905
April 18, 2 p.m. EST	5	Indianapolis EMS Headquarters	3930 Georgetown Road, Indianapolis, IN 46254
Aug. 15, 2 p.m. EST	5	Indianapolis EMS Headquarters	3930 Georgetown Road, Indianapolis, IN 46254
Dec. 19, 2 p.m. EST	5	Indianapolis EMS Headquarters	3930 Georgetown Road, Indianapolis, IN 46254
March 1, 10 a.m. EST	6	IU Health Ball Memorial, ED Conference Room	2401 University Ave., Muncie, IN 47303
May 31, 10 a.m. EST	6	IU Health Ball Memorial, ED Conference Room	2401 University Ave., Muncie, IN 47303
Sept. 6, 10 a.m. EST	6	IU Health Ball Memorial, ED Conference Room	2401 University Ave., Muncie, IN 47303
Nov. 29, 10 a.m. EST	6	IU Health Ball Memorial, ED Conference Room	2401 University Ave., Muncie, IN 47303
May 31, noon EST	7	Terre Haute Regional Hospital, Classrooms 1 & 2	3901 S. Seventh St., Terre Haute, IN 47802
Aug. 8, noon EST	7	Union Hospital Terre Haute, Atrium A & B, East Building	1606 N. Seventh St., Terre Haute, IN 47804
Nov. 29, noon EST	7	Terre Haute Regional Hospital, Classrooms 1 & 2	3901 S. Seventh St., Terre Haute, IN 47802
May 30, 5 p.m. EST	8	IU Health Bloomington	601 W. Second St., Bloomington, IN 47403
Aug. 29, 5 p.m. EST	8	IU Health Bloomington	601 W. Second St., Bloomington, IN 47403
Nov. 28, 5 p.m. EST	8	IU Health Bloomington	601 W. Second St., Bloomington, IN 47403
April 26, 11 a.m. CST	10	Deaconess Hospital	600 Mary St., Evansville, IN 47747
July 12, 10 a.m. CST	10	Memorial Hospital Jasper	800 W. Ninth St., Jasper, IN 47546
Oct. 25, 10 a.m. CST	10	Good Samaritan Hospital	520 S. Seventh St., Vincennes, IN 47591

Mark your calendars

You're encouraged to participate in these upcoming trainings and conferences hosted by the Indiana State Department of Health.

To learn more visit: <http://www.in.gov/isdh/19537.htm>.



Registration is open on the website

Date: March 8-9, 2018

Location: Indiana State Department of Health

www.amtrauma.org

@ATSTrauma

info@AM-Trauma.org

800-556-7890

COMPREHENSIVE EDUCATION FOR THE TRAUMA REGISTRY EXPERT

AMERICAN TRAUMA SOCIETY - TRAUMA REGISTRY COURSE

trauma registry course

The American Trauma Society's Trauma Registry Course has been recognized by the American College of Surgeons in the Resources for Optimal Care of the Injury Patient since 1999 as an avenue for comprehensive trauma registry training.



IDENTIFY

1) Various methods of presenting trauma data; 2) Basic principles of Quality Assurance (QA); 3) Fundamental elements of a trauma registry; 4) The process of reviewing and abstracting medical records for injured patients; 5) Basic principles for various scaling and scoring tools (ICD-10-CM, Trauma Score, ISS, TRISS); 6) Fundamental elements of the NTDs dataset patient inclusion criteria



UNDERSTAND

1) The significance of patient privacy and confidentiality and the development of basic technical safeguards from abstraction to data release; 2) Computer technology components (Security, EHR, hardware and software considerations); 3) Assignment of injury severity values and importance; 4) Anatomical and medical terms used in trauma and relevance to injury data collection; 5) ICD coding practices for trauma patients, including complex multisystem injuries



DISCUSS

1) The National Trauma Data Standards, their definitions, field values and required associated elements; 2) Discuss process improvement methodology and application to the trauma program and system; 3) The importance of complete and comprehensive documentation as it relates to injury severity



2018
Indiana Traumatic Spinal Cord and Brain Injury Research Conference

A program making an impact

Save the Date
Wednesday, April 18, 2018

IU Health Neuroscience Center
355 W. 16th Street
Conference Center Auditorium, Floor 1
Indianapolis, IN 46202
8 a.m. - 1:30 p.m.

Get notified when registration opens! Send your contact information to indianatrauma@isdh.in.gov.



Indiana State Department of Health

Take Em' Back! Prescription Drug Take Back Events

Tuesday, March 20
10-11 a.m. (EST)



The Indiana State Department of Health is hosting a live webcast to discuss drug take back events. The webcast will describe what these events are, why they are important and how to organize them in your community.

The presentation will feature Lenn Detwiler, Executive Director for Hendricks County Solid Waste Management, and Brett Clark, Hendricks County Sheriff, who work together to organize "Tox Away" days, which offer residents safe disposal options for unused medications. The webcast will also discuss how to organize smaller events, such as having a drug take back box in your local pharmacy or health department.

Register [HERE](#) for this free webcast!

To view ISDH webcasts, test your access to view streaming videos several days prior to the event. Use the following link for the test and to view the webcast: <http://videocenter.isdh.in.gov/videos/>. To test, click on any thumbnail. If the video does not play, your network may have restrictions that prevent you from watching streaming content. If you experience problems with accessibility, contact your system administrator. WiFi connectivity should be avoided given variable connection speeds and the risk of buffering problems. At the indicated date and time, this webcast will be available via the Live Video options at the top and right side of the webpage. Questions can be submitted both during and after the webcast at: indianatrauma@isdh.in.gov



5th annual EMS Medical Directors' Conference

Friday, April 27, 2018

Ritz Charles
12156 N. Meridian Street
Carmel, IN 46032

8am - 5pm

SAVE THE DATE

Get notified when registration opens!

Send your contact information to:
indianatrauma@isdh.in.gov



March 2018

Injury Prevention Observances

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Brain Injury Awareness Month	Workplace Eye Wellness Month			1	2 National Sleep Foundation Sleep Awareness	3 National Sleep Foundation Sleep Awareness
4 National Sleep Foundation Sleep	5 National Sleep Foundation Sleep	6 National Sleep Foundation Sleep	7 National Sleep Foundation Sleep	8 National Sleep Foundation Sleep	9 National Sleep Foundation Sleep	10
11 Patient Safety Week	12 Patient Safety Week	13 Patient Safety Week	14 Patient Safety Week	15 Patient Safety Week	16 Patient Safety Week	17 Patient Safety Week St. Patrick's Day Impaired Driving Prevention
18 National Poison Prevention Week	19 National Poison Prevention Week	20 National Poison Prevention Week	21 National Poison Prevention Week	22 National Poison Prevention Week	23 National Poison Prevention Week	24 National Poison Prevention Week
25	26	27	28	29	30 Good Friday	31

Health & safety tips

- Patient Safety Awareness Week falls in March 2018! Raise awareness in your facility and community by hosting a [campaign](#).
- Sleep Awareness Week: Promote better sleeping habits on your social media accounts! Find out [how much sleep is best for you](#).
- Traumatic Brain Injury (TBI) isn't the only type of brain injury. See an [overview](#) and see the [campaign materials](#) when they launch for 2018.
- Check out the Centers for Disease Prevention and Control HEADS UP Concussion and TBI Prevention Toolkit at: <https://www.cdc.gov/headsup/resources/index.html>
- The National Institute of Child Health and Human Development has a list of [materials](#) to share in your community, as well as an [e-toolkit](#).
- Remember a safe sleep environment by singing your ABCs: Babies should sleep **Alone**; babies should sleep on their **Backs**; and babies should sleep in their **Crib** or bassinette. Visit this [map](#) to find an Indiana Safe Sleep location near you.
- As St. Patrick's Day approaches, remember that the first one could be one too many. [Buzzed Driving is Drunk Driving](#). Use the National Highway Traffic Safety Administration (NHTSA) [SaferRide](#) app to call a taxi for you or a friend. Visit the NHTSA drunk driving [resources](#) for a list of press releases, documents, educational brochures and policies.
- During the festivities that started with the Super Bowl Sunday through St. Patrick's Day, police will be focused on patrolling highways. Remember to move over and slow down for our Hoosier police officers. See the Move Over, Slow Down law [here](#).

April 2018

Injury Prevention Observances

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Medication Safety Wk Window Safety Week	2 Public Health Week Medication Safety Week Window Safety Week National Rx Drug Abuse & Heroin Summit	3 Public Health Week Medication Safety Week Window Safety Week National Rx Drug Abuse & Heroin Summit	4 Public Health Week Medication Safety Week Window Safety Week National Rx Drug Abuse & Heroin Summit	5 Public Health Week Medication Safety Week Window Safety Week National Rx Drug Abuse & Heroin Summit	6 Public Health Week Medication Safety Week Window Safety Week	7 Public Health Week Medication Safety Week Window Safety Week World Health Day
8 Public Election Day Public Health Week	9 Work Zone Awareness Week	10 Work Zone Awareness Week PDO booth at HOSA Spring Conference	11 Work Zone Awareness Week	12 Work Zone Awareness Week	13 Work Zone Awareness Week	14
15	16	17	18	19	20 ISTCC ITN PDO booth at Opiate Awareness Symposium	21
22 Lifesavers 2018 Conference	23 Lifesavers 2018 Conference	24 Lifesavers 2018 Conference Playground Safety Week	25 Playground Safety Week	26 Playground Safety Week	27 Playground Safety Week	28
29	30	Alcohol Awareness Month National Child Abuse Prevention Month	National Distracted Driving Awareness Month	Nat'l Sexual Assault Prevention Month	Sports Eye Safety Month	National Youth Sports Safety Month

May 2018

Injury Prevention Observances

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Motorcycle Safety Awareness Month Mental Health Month	National Bicycle Safety Month Older Americans Month	1 Keep Kids Alive Drive 25 Day	2	3	4	5 Cinco De Mayo drunk driving prevention
6	7	8	9 Safe Kids Indiana Injury Prevention Conference	10 Safe Kids Indiana Injury Prevention Conference	11	12
13 National Prevention Week National Police Week	14 National Prevention Week National Police Week	15 National Prevention Week National Police Week	16 National Prevention Week National Police Week	17 National Prevention Week National Police Week	18 National Prevention Week National Police Week	19 National Prevention Week National Police Week
20 EMS Week Safe Boating Week	21 EMS Week Safe Boating Week	22 EMS Week Safe Boating Week	23 EMS Week Safe Boating Week	24 EMS Week Safe Boating Week	25 EMS Week Safe Boating Week	26 EMS Week
27	28 Memorial Day	29	30	31	National Youth Traffic Safety Month National Electrical Safety Month	National Trauma Awareness Month

Health & safety tips

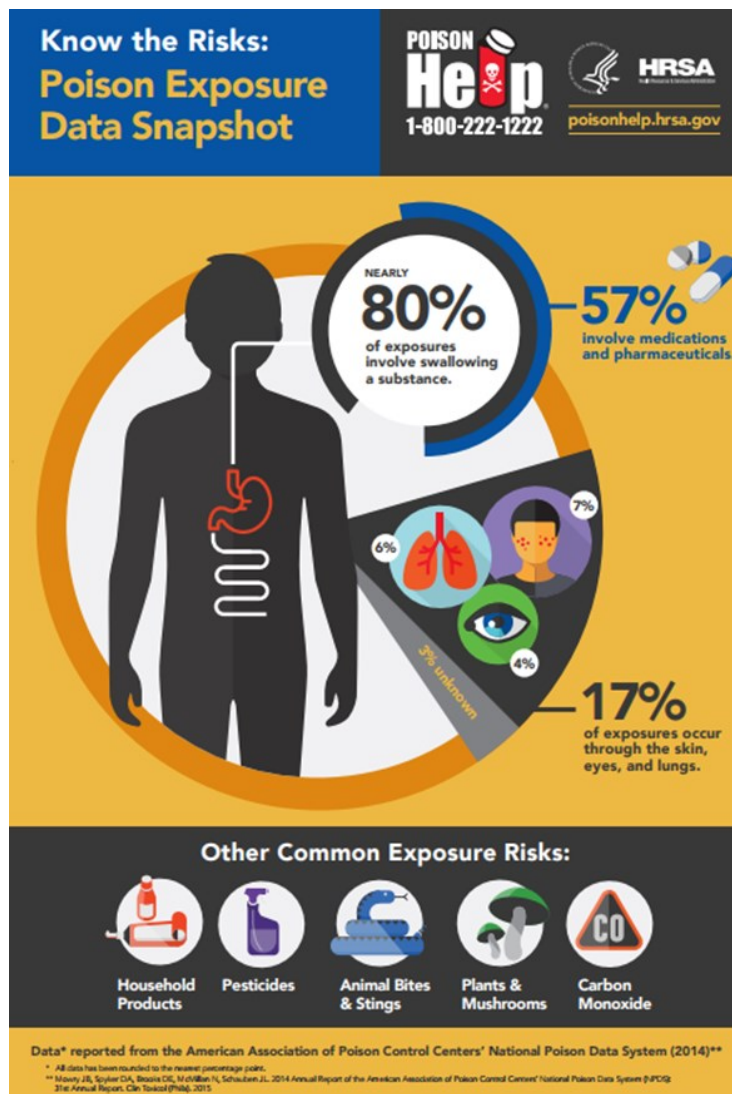
- Check out the Centers for Disease Prevention and Control (CDC) website for [tips on bicycle safety](#) and [motorcycle safety](#).
- Mental Health America (has wonderful content and information on its website for [Mental Health Month](#), including screening tools in both English and Spanish.
- The American Trauma Society is celebrating 50 years of making a difference for national trauma awareness month. A [toolkit of resources](#) can be found on their website.
- Remember to [wear your life jacket to work](#) on Friday, May 18, to raise awareness about boating safety.
- Looking for ways to recognize EMS providers during EMS week? [Check out this resource from the National Association of Emergency Medical Technicians \(NAEMT\)](#).

Drug poisoning and medication safety

March 18 to 24, 2018, is National Poison Prevention Week focused on raising awareness of poison prevention efforts nationwide during the third week of March. This serves as an opportunity to highlight the dangers of poisonings for people of all ages and to promote medication safety and poison prevention. The U.S. Health Resources and Services Administration defines a poison as anything that can harm someone if it is used in the wrong way, used by the wrong person, or used in the wrong amount.

Tips for medication safety and preventing poisoning

- Know your medication (the names, reasons for use, possible side effects, how much to take).
- Never use more medicine than what was prescribed.
- Keep all medicine locked up and out of reach of children.
- Do not share your medicine.
- Only use medications that are prescribed for you.
- Check each prescription label to make sure it is yours before taking it.
- Know what over-the-counter medications to avoid with your prescription medicine.
- Do not take expired medicine.



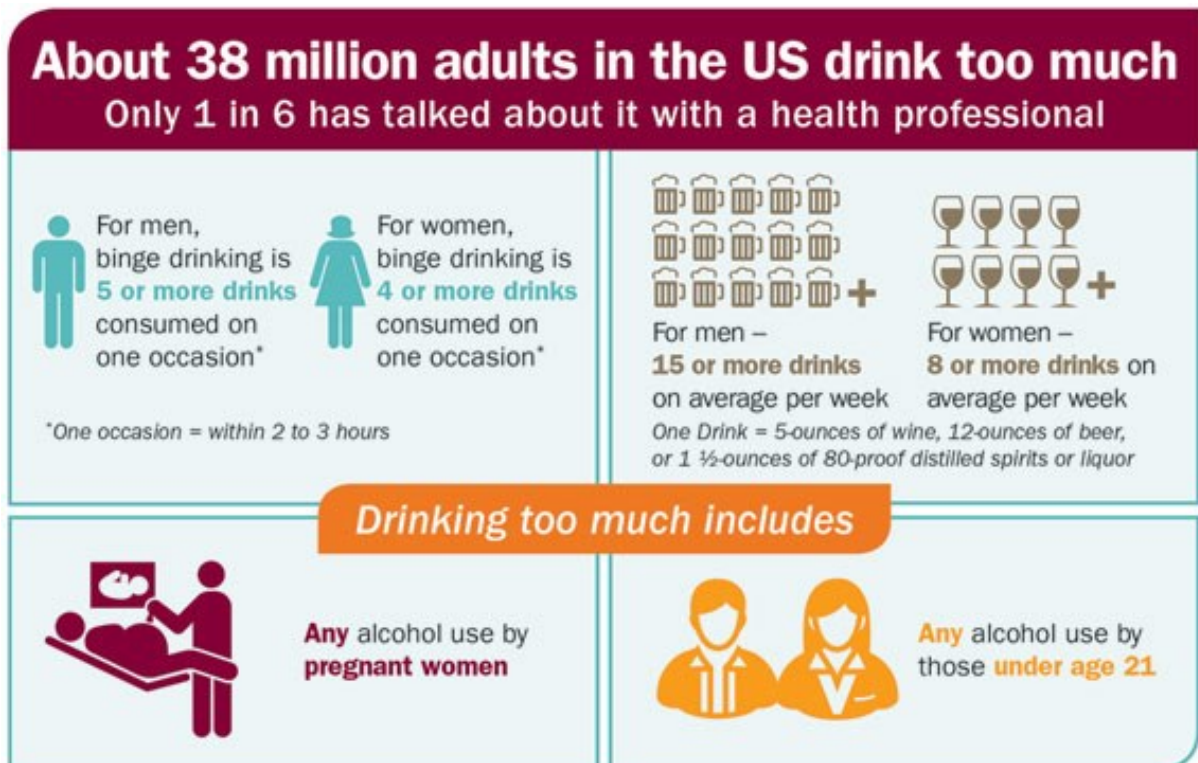
Alcohol screening and brief intervention (SBI) for trauma patients

As April is Alcohol Safety Awareness Month, this screening and intervention guide is being summarized to promote brief intervention in hospitals for trauma patients. In conjunction with the National Highway Traffic Safety Administration and multiple divisions of the U.S. Department of Health and Human Services, the American College of Surgeons (ACS) has a [guide](#) for best-practices when screening trauma patients for alcohol.

According to the [National Institutes of Health](#), in 2015 26.9 percent of people ages 18 or older reported they had engaged in binge drinking in the past month whereas 7 percent reported that they engaged in heavy alcohol use in the past month (whereas “heavy drinking” is classified as binge drinking on 5 or more days in the past month).

The ACS has condensed the guide into a simple 3-step process: Screen patients, conduct brief intervention and follow up. During the screening step, patients are screened using a multitude of tests that are recommended. These tests consist of Alcohol Use Disorders Identification Test (AUDIT); consumption and CAGE questions; CRAFFT screening tool; blood alcohol concentration (BAC); and binge drinking questions.

When in the brief intervention stage, it is important to understand the patient’s view on drinking and enhancing motivation. This can include active listening while giving feedback and providing education, such as explaining the scores with the screening tools and tests. It is important to educate the patient and explain how drinking is impacting his or her health.



The connection between substance use disorder and adverse childhood effects

Life events, both positive and negative, have a large impact on the developing brain. As such, early experiences are an important public health issue. Negative early experiences, such as stressful or traumatic events including abuse and neglect, are referred to as adverse childhood experiences (ACEs). ACEs are highly common, with almost two-thirds of adults surveyed reporting at least one adverse childhood experience. The high prevalence of ACEs is concerning because of their link to a host of negative health risk factors. ACEs have been shown to increase the risk of chronic disease, mental health problems, financial stress, high risk sexual behaviors and substance use.

One pivotal study that examined the relationship between ACEs and future life outcomes was conducted by the Centers for Disease Control and Prevention (CDC) in collaboration with Kaiser Permanente between 1995 and 1997. The results of this investigation showed a dose-response relationship between ACEs and multiple risk factors for negative health and wellbeing outcomes later in life. A dose response relationship means, as the number of ACEs increases so does the risk for negative health and well-being outcomes.

Many studies have further examined the link between ACE scores and substance use. One study found ACEs scores to be associated with the early initiation (14 years old or younger) of alcohol use (Rothman, 2008). This study also found those who reported experiencing at least one adverse childhood experience were more likely to report that they used alcohol as a coping mechanism compared to those with no ACEs. ACEs have also been found to be associated with a high risk of substance use disorders in older adults (50+ years) (Choi, 2017), and each additional ACE increases the likelihood of initiation into illicit drug use by two to four times (Dube, 2003). Additionally, a 2017 study found that the non-medical use of prescription drugs used by adolescents increased by 62 percent for every additional ACE score (Forster, 2017).

Visit <https://www.cdc.gov/violenceprevention/acestudy/> to learn more about ACEs and what can be done.

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments (SSNREs)** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

Contact Us

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Division of Trauma and Injury Prevention Staff

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Carrie Bennett — Resources and Records Consultant

Please email indianatrauma@isdh.IN.gov for more information.

Visit our website at indianatrauma.org.

Follow us on Twitter: @INDTrauma



Indiana State
Department of Health