



Lessons Learned

Share syndromic data with organizations, academia, law enforcement, and others already engaged in the fight against drug abuse.

Use syndromic data to:

- Help secure grants and other funding to implement new programs.
- Identify at-risk populations and demonstrate the prevalence of substance abuse.
- Develop dashboards and data repositories for organizations that respond to drug overdoses or support substance abuse reduction programs.
- Inform new policy and evaluate current policies.

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The findings and conclusions of this report are those of the authors and do not reflect the official position of the Centers for Disease Control and Prevention.

This success story shows how NSSP

- ✓ Improves Data Representativeness
- ✓ Improves Data Quality, Timeliness, and Use
- ✓ Strengthens Syndromic Surveillance Practice
- ✓ Informs Public Health Action or Response

Louisiana Takes Action Against Drug Abuse by Sharing Syndromic Data

Public Health Problem

Louisiana, like other states, grapples with widespread drug abuse. CDC's Drug Overdose Death Data show Louisiana had a statistically significant 14.7% increase in its drug overdose death rate from 2015–2016. As early as 2013, the Louisiana Office of Public Health, Infectious Disease Epidemiology section (IDEpi), began receiving requests for drug abuse data from the governor's office and community-based organizations for a deeper understanding of overdose trends and populations at greatest risk. The IDEpi team, which conducts the state's syndromic surveillance (SyS), recognized that to engage communities and organizations in the fight against drug abuse, syndromic data should be widely shared.

Actions Taken

IDEpi began by sharing the percentage of emergency department visits related to substance abuse with the State Epidemiology Workgroup, an initiative of the governor's office, and with the Greater New Orleans Drug Demand Reduction Coalition. Both organizations created dashboards to summarize trends in alcohol and drug abuse and, specifically, in opioid abuse. The governor's office used syndromic data to shape policies on substance abuse and to evaluate current policies. IDEpi shared syndromic data on prescription drug use by gender, race, ethnicity, and symptom information (collected from chief complaint and diagnosis fields). Data were put into a repository that schools and community-based organizations could use to support substance abuse reduction programs. Syndromic data were used to develop innovative ways that local law enforcement and other groups could respond to drug overdoses. Also, syndromic data were used to secure the Strategic Prevention Framework for Prescription Drugs grant and the State Targeted Response to the Opioid Crisis grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as the Data Driven Prevention Initiative grant and Enhanced State Opioid Overdose Surveillance grant from the CDC. Grant funding enable more staff to identify drug abuse trends and compile drug abuse data.

Outcome

Syndromic surveillance is an excellent source of data with many public health applications. It is flexible and can be adapted to the needs of different communities, which is essential because drug abuse trends and characteristics can vary across communities. By sharing syndromic data with others who fight substance abuse, Louisiana enhanced state awareness of trends in opioid abuse. Academia and organizations that study and present drug abuse trends use these data to gain funding to implement new prevention programs. Some of these organizations integrate drug abuse data into dashboards for broader audiences, whereas others use SyS data to demonstrate the need for funding by presenting the burden of disease. These organizations will continue to use SyS data as a component of various program activities or grant deliverables. Ultimately, SyS data play a pivotal role in Louisiana's surveillance of and response to drug abuse.