

# The USPHS Scientist Category: Partnerships to Enhance Science and Respond to the Opioid Overdose Epidemic



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## **Background**

The U.S. Public Health Service (USPHS) Scientist Category was established in 1945 for doctoral-level officers with scientific training backgrounds (e.g., biomedical, health, behavioral, natural, physical, and social sciences). In addition to collaborating with other officers and civilians to research and disseminate scientific findings on a variety of topics, Scientist officers play key roles in responding to the national opioid overdose epidemic. They have led or participated in multiple local opioid-related epidemiological investigations, partnering with several states and tribal regions, alongside other officers and civilian colleagues (e.g., investigations of fentanyl overdoses in Ohio and of HIV infection among people who inject drugs in Massachusetts). Scientist officers are contributing expertise to CDC's Opioid Rapid Response Teams (ORRTs), developed in partnership between the USPHS, CDC, and other federal partners. The ORRTs provide specialized surge support to communities responding to events such as spikes in opioid overdose deaths or closure of a pain clinic.

### **Scientists by the Numbers**

Based on results from the State of the Scientist Survey, as of 2018:

>300 officers

working in:

19 agencies



and



## Spotlight on Scientist Officers Working on the Opioid Overdose Epidemic



Scientist: LT Jamie Mells

Primary Discipline: Biological and

**Biomedical Sciences** 

Position: Health Scientist Assignment: CDC Division of Unintentional Injury Prevention

**Duty Station:** Atlanta, GA

Opioid-related work: LT Mells has served as a state support team member for CDC's

Prevention for States program, which funds 29 states to combat the opioid overdose epidemic, providing opioid-related technical assistance and training to state and local health departments, tribal entities, and large cities. He is a subject matter expert on prescription drug monitoring programs and evidence-based opioid prevention interventions. LT Mells is the lead scientist working with the Association of State and Territorial Health Officials (ASTHOS) to develop strike teams, which rapidly respond to communities experiencing sudden surges in fatal and nonfatal opioid overdoses or experiencing a clinic closure placing patients at risk. In addition, LT Mells is a PACE opioid lesson plan co-chair and a naloxone trainer, and has organized naloxone trainings for other USPHS officers and civilian colleagues.



Scientist: LCDR Jean Ko

**Primary Discipline:** Psychiatric epidemiology

**Position:** Epidemiologist **Assignment:** CDC Division of Reproductive Health **Duty Station:** Atlanta, GA

Opioid-related work: LCDR Ko has worked on multiple surveillance and research projects related to opioids, including evaluating

readmission rates of infants with neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS), and describing trends in hepatitis Camong women with/without opioid use disorder (OUD) at delivery. She has also investigated Ob/Gyns' substance use screening practices and management of women with OUD, and evaluated the impact of the ICD-10-CM transition on estimates of maternal OUD and NAS/NOWS. LCDR Ko has provided technical assistance to CSTE in standardizing surveillance definitions of NAS/NOWS across the U.S., and subject matter expertise to her Division on the opioid overdose crisis and opioid-related harms. She has also engaged Small Business Innovation Research to create a device to objectively measure newborn withdrawal.



Scientist: LT Sharoda Dasgupta Primary Discipline: Epidemiology Position: Epidemiologist Assignment: CDC Division of

**HIV/AIDS Prevention Duty Station:** Atlanta, GA

**Opioid-related work:** LT Dasgupta has provided leadership and subject matter expertise on

several projects related to opioid use. She was a lead scientist on a team sent to Scott County, Indiana after an HIV outbreak related to the use of the prescription opioid Opana among persons who inject drugs. LT Dasgupta helped implement a case-control study assessing the impact of a public health outbreak response on injection behaviors, and led the analysis of data, which she has presented at scientific conferences and submitted in a manuscript for peer review. In addition, LT Dasgupta has provided subject matter expertise to an epidemiological investigation of HIV infection among people who inject drugs in Massachusetts, one of the states hit hardest by the opioid overdose epidemic.

## **Surgeon General's Postcard on Opioids**

### WHAT CAN YOU DO TO PREVENT OPIOID MISUSE?



ioids can be addictive and dangerous. We all should have nversation about preventing drug misuse and overdose.



Only take opioid medications as prescribed. Always store in a secure place. Dispose of unused medication properly



### ments other than opioids are effective in managing pain and

ay have less risk for harm. Talk with your healthcare provider out an individualized plan that is right for your pain.



### KNOW ADDICTION.

Addiction is a chronic disease that changes the brain and alters decision-making. With the right treatment and supports, people





ny opioid overdose deaths occur at home. Having naloxone opioid overdose reversing drug, could mean saving a life.







### **Summary**

Scientist officers are on the front lines of work being done to combat the opioid overdose epidemic in the U.S., working daily on research, surveillance, and programmatic projects across HHS agencies.

Scientist officers also represent over one-fifth of the 43 currently rostered USPHS officers on the ORRTs, as well as many of the USPHS officers that will staff the teams via Global Rapid Response Team rosters as needed. Officers will be mobilized via the ORRTs to respond to urgent opioid-related needs in communities throughout the U.S.

## **Acknowledgments**

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### **Contact Info**

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