

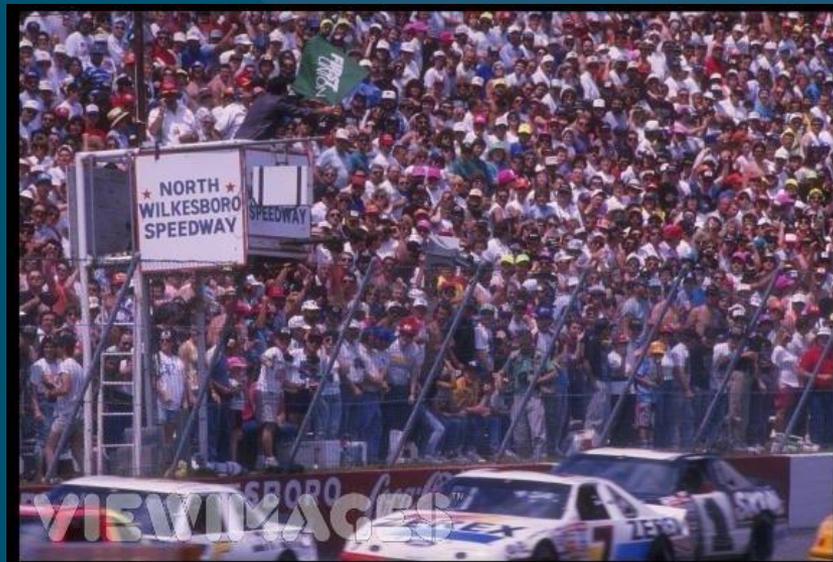


WV Integrated Behavioral Health Conference

PROJECT LAZARUS

Fred Wells Brason II fbrason@projectlazarus.org

Project Setting Wilkes County, NC



LA



Who is Project Lazarus?

- Non-profit organization
- Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.
 - ***Prevent prescription medication and heroin poisonings***
 - ***Present responsible pain management***
 - ***Promote Substance Use Treatment and Support services***

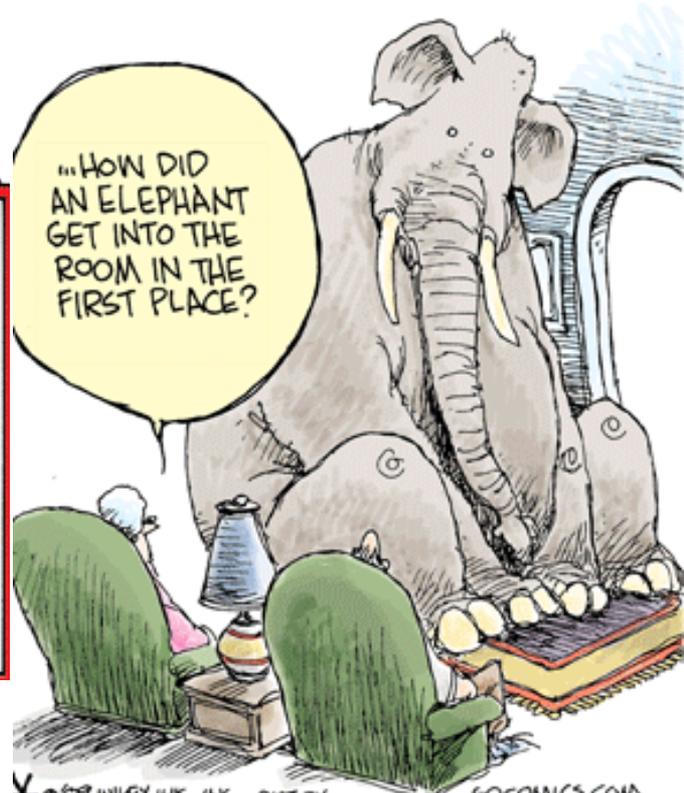
Overdose Defined: Accidental Poisoning – Unintentional Overdose

An overdose occurs when the body consumes more of a drug than can be tolerated.

Overdose – Who, What, When, Where, Why, How?

- ◆ Patient misuse
- ◆ Family/Friends sharing to self medicate
- ◆ Accidental ingestion
- ◆ Recreational User
- ◆ Substance Use Disorder/Treatment/Recovery

NON SEQUITUR BY WILEY



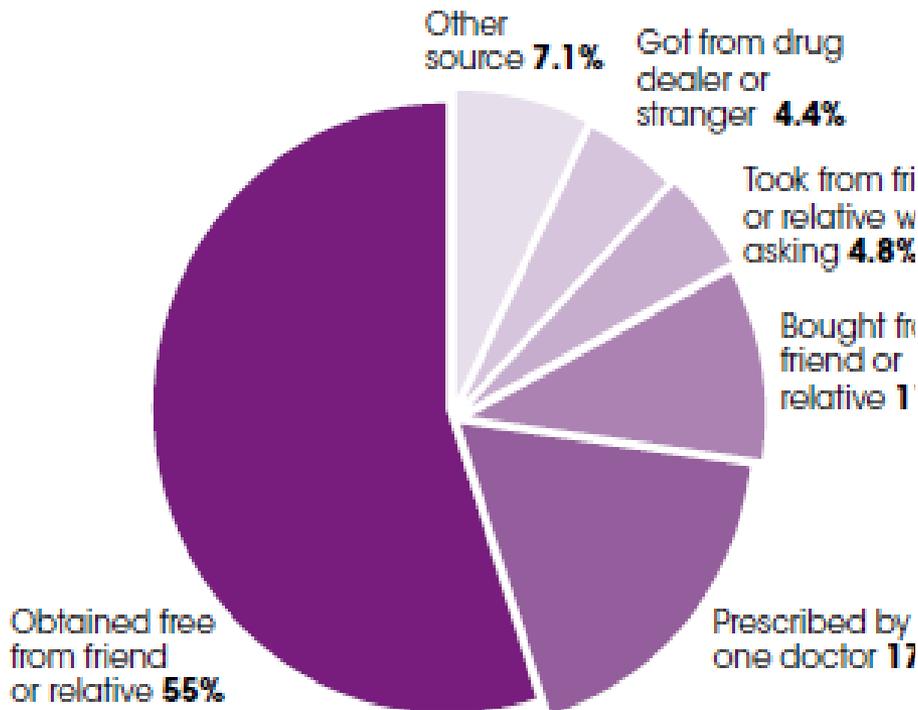
Pharmaceutical vs. Street Drugs Perception

- **Safer to use:**
 - Consistent Purity
 - Quality drugs
 - “it’s just a prescription drug”
- **Low or no acquisition cost:**
 - Medicaid/Medicare
 - Worker’s Comp
 - Private Insurance
- **Less legal risk than illicit drugs**

CDC Policy Impact: Prescription Painkiller Overdoses

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People who abuse prescription painkillers get drugs from a variety of sources⁷



JACHO and VA



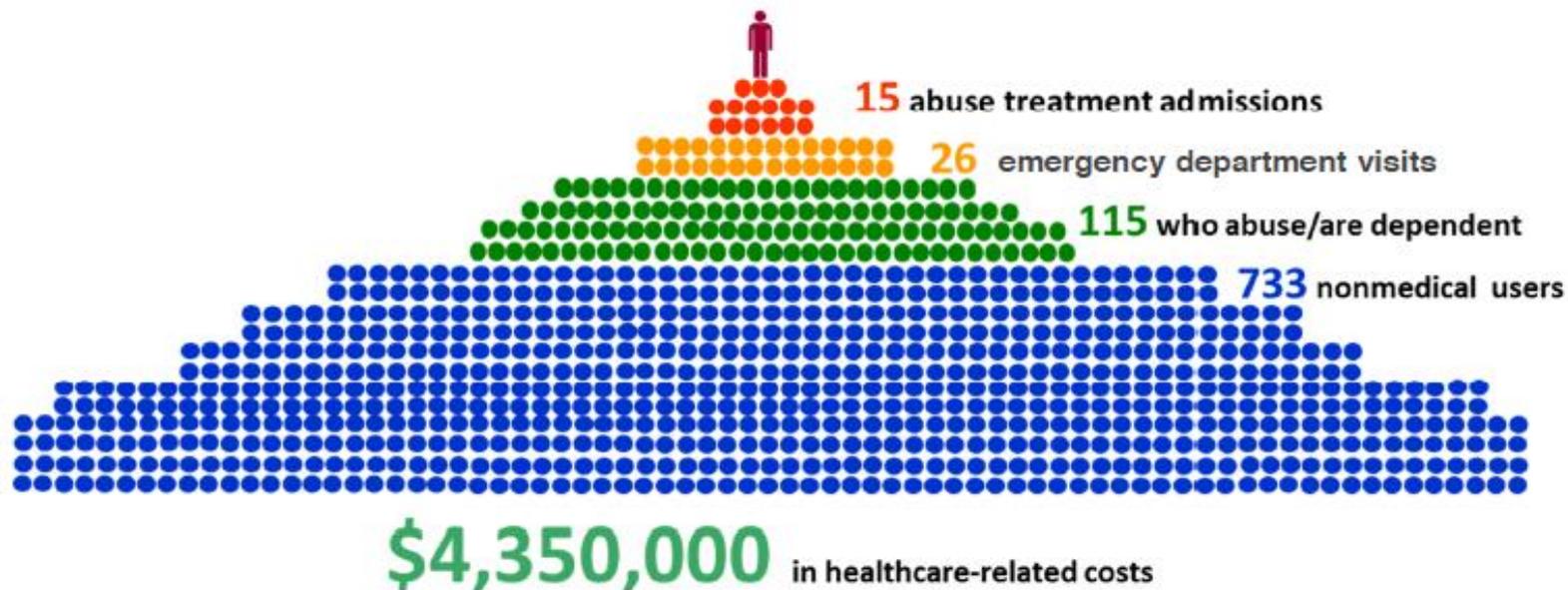
Sidewalk Bubblegum ©1995 Clay Butler

Factors Fostering Abuse

- **Societal:** “Medication mania”
 - Preference for quick symptom relief or “cure”
 - Difficulty of behavioral change
 - Availability of drugs: family/friends/docs/internet
 - Lack of adequate access to behavioral treatment
- **Patient:**
 - Personality or characterologic factors
 - Genetic predisposition
 - Other substance abuse disorder
 - Ongoing chronic non-malignant pain
 - Ongoing chronic anxiety

Overdose deaths are the tip of the iceberg

For every **1** opioid overdose death in 2010 there were...



SAMHSA NSDUH, DAWN, TEDS data sets

Coalition Against Insurance Fraud. Prescription for Peril. <http://www.insurancefraud.org/downloads/drugDiversion.pdf> 2007.

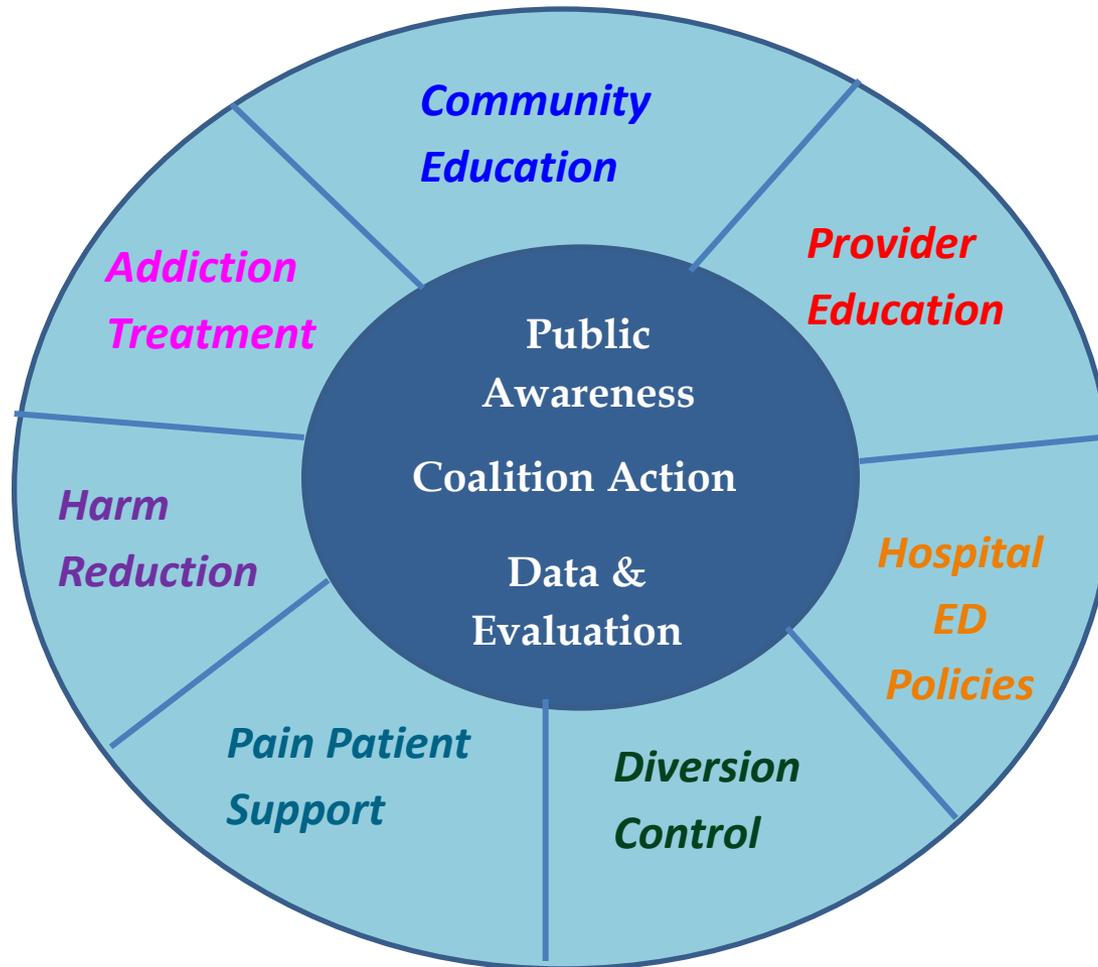
Source: CDC Public Health Week, Baldwin, Emory University, April 2014

Project Lazarus Model

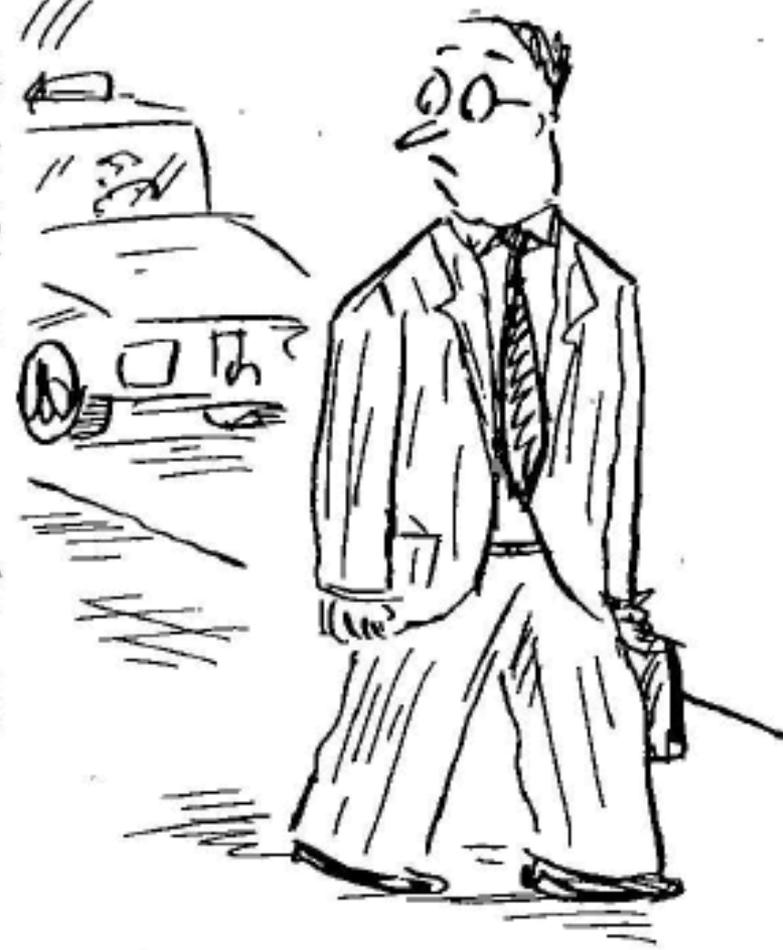
PROJECT

LAZARUS

Project Lazarus Model



The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.



SIPRESS



- I. **Public Awareness** – is particularly important because there are widespread misconceptions about the risks of prescription drug misuse and abuse. It is crucial to build public identification of prescription drug overdose as a community issue. That overdose is common in the community, and that this is a preventable problem must be spread widely.
 - *Identify issue at local level*
 - *Broad-based outreach – all population groups*

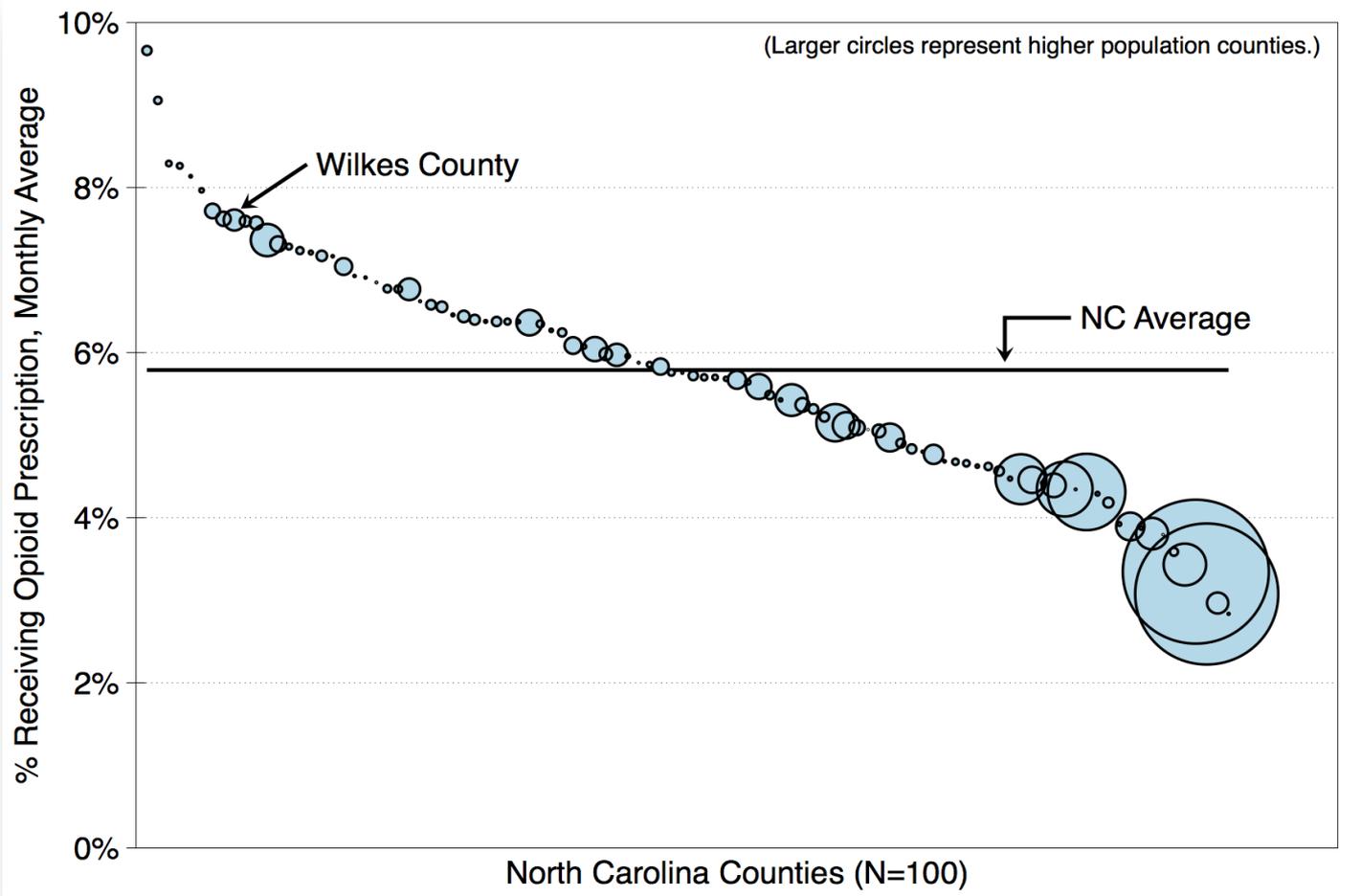
- II. **Coalition Action** - A functioning coalition should exist with strong ties to and support from each of the key sectors in the community, along with a preliminary base of community awareness on the issue. Coalition leaders should also have a strong understanding of what the nature of the issue is in the community and what the priorities are for how to address it.
 - *Community Sectors*
 - *Why am I needed*
 - *What do I need to know*
 - *What needs to be done*

Epidemiologic Profile of Unintentional Poisonings NC

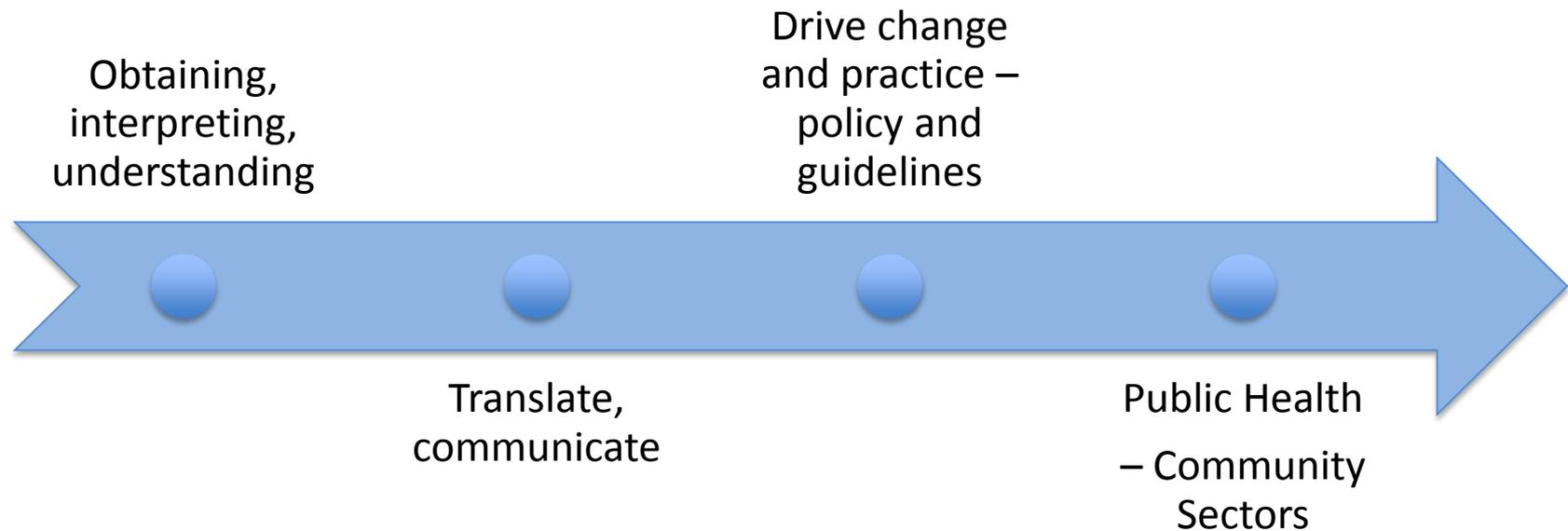
- All poisoning deaths
- Opioid OD
- Heroin OD
- All Hospital and ED admission/visits; medicine and drugs
- Opioid patients
- Opioid prescribers
- Benzodiazepine patients
- Buprenorphine patients
- Prescription/patient sleep aid
- Prescription/patient stimulants
- Self-inflicted Hospital/ED; medicine and drugs
- Self-inflicted poisoning and opioid deaths

Prescribing Data from PMP

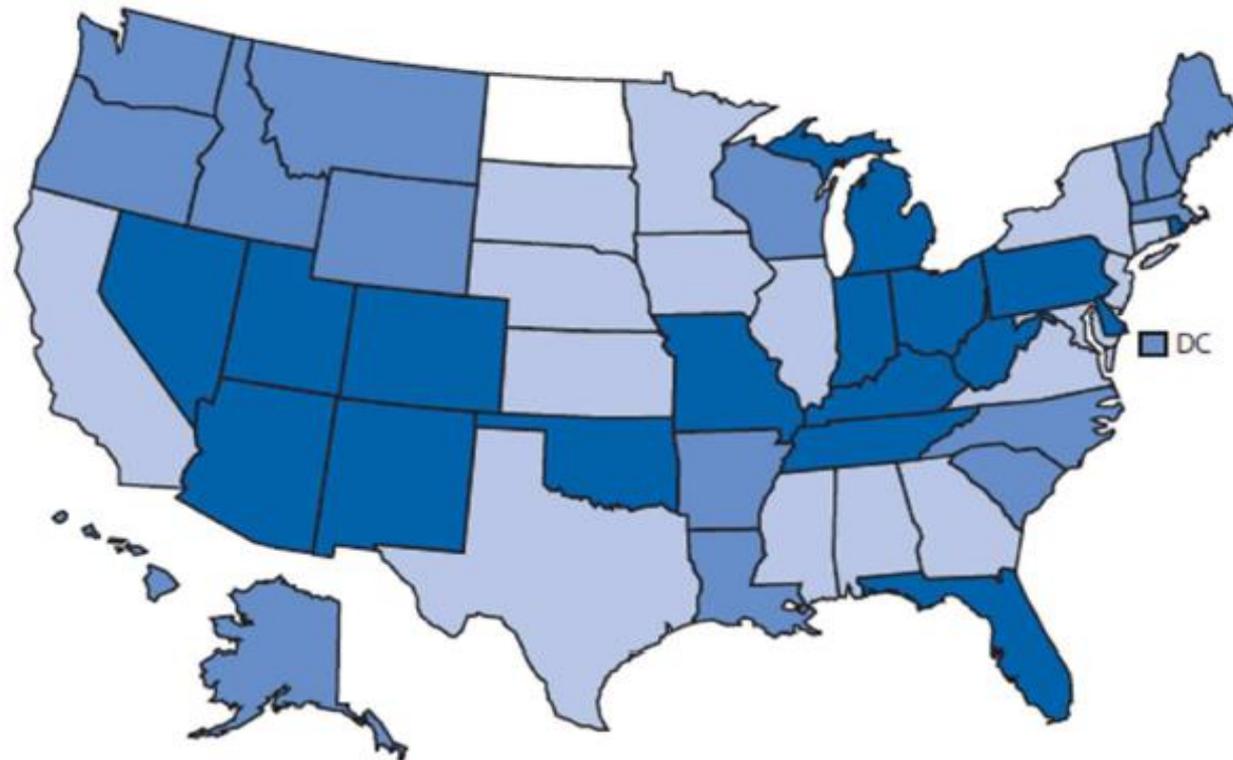
Differences in opioid availability suggest complex phenomena that are independent of pharmacology. Large cities have relatively fewer people receiving opioids than small counties. Areas with the highest opioid prescribing also have the highest poverty.



Varying sources and levels of Data



Overdose death rates by state, 2011



- Rate significantly⁵ higher than overall U.S. rate
- Rate not significantly different from overall U.S. rate
- Rate significantly lower than U.S. rate
- <20 deaths

46



Each day, 46 people die from an overdose of prescription painkillers* in the US.



259 M

Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.

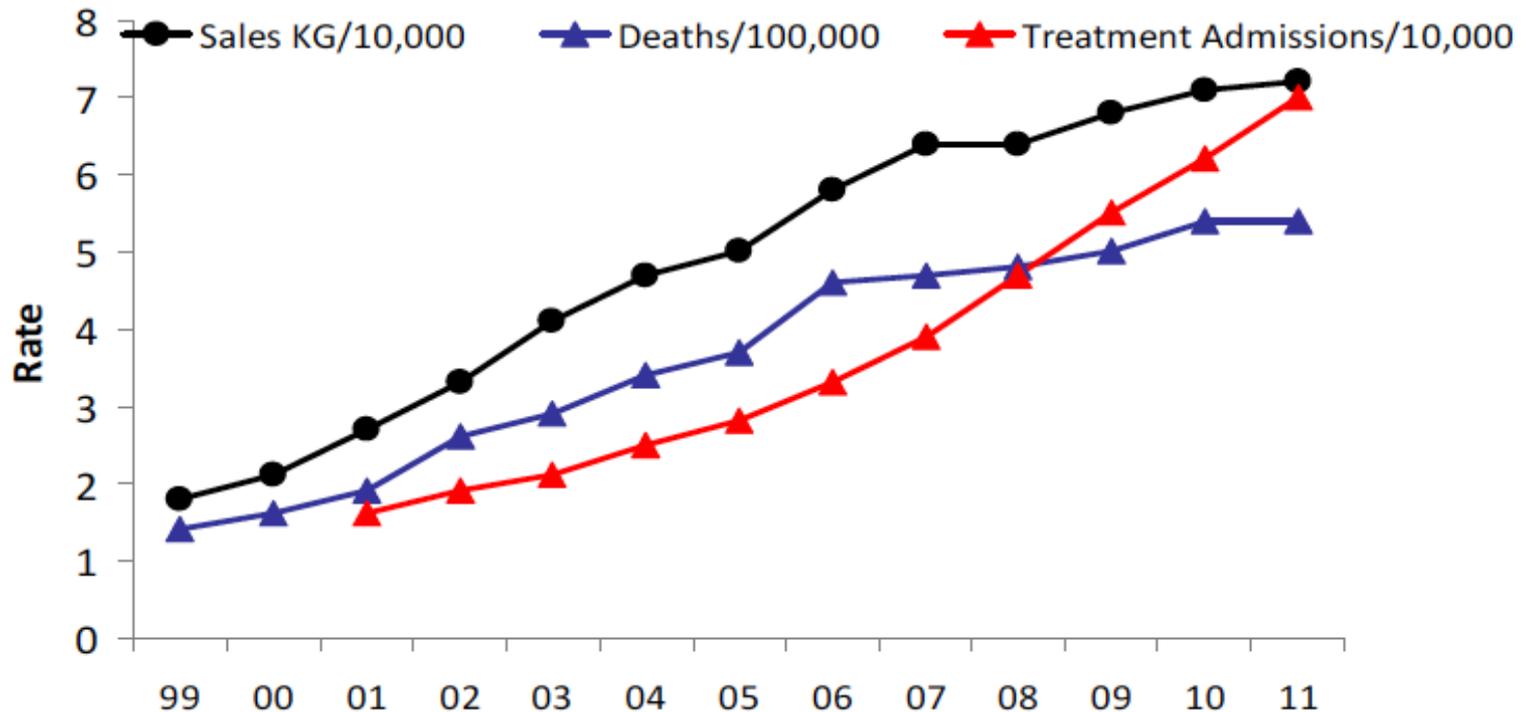
10



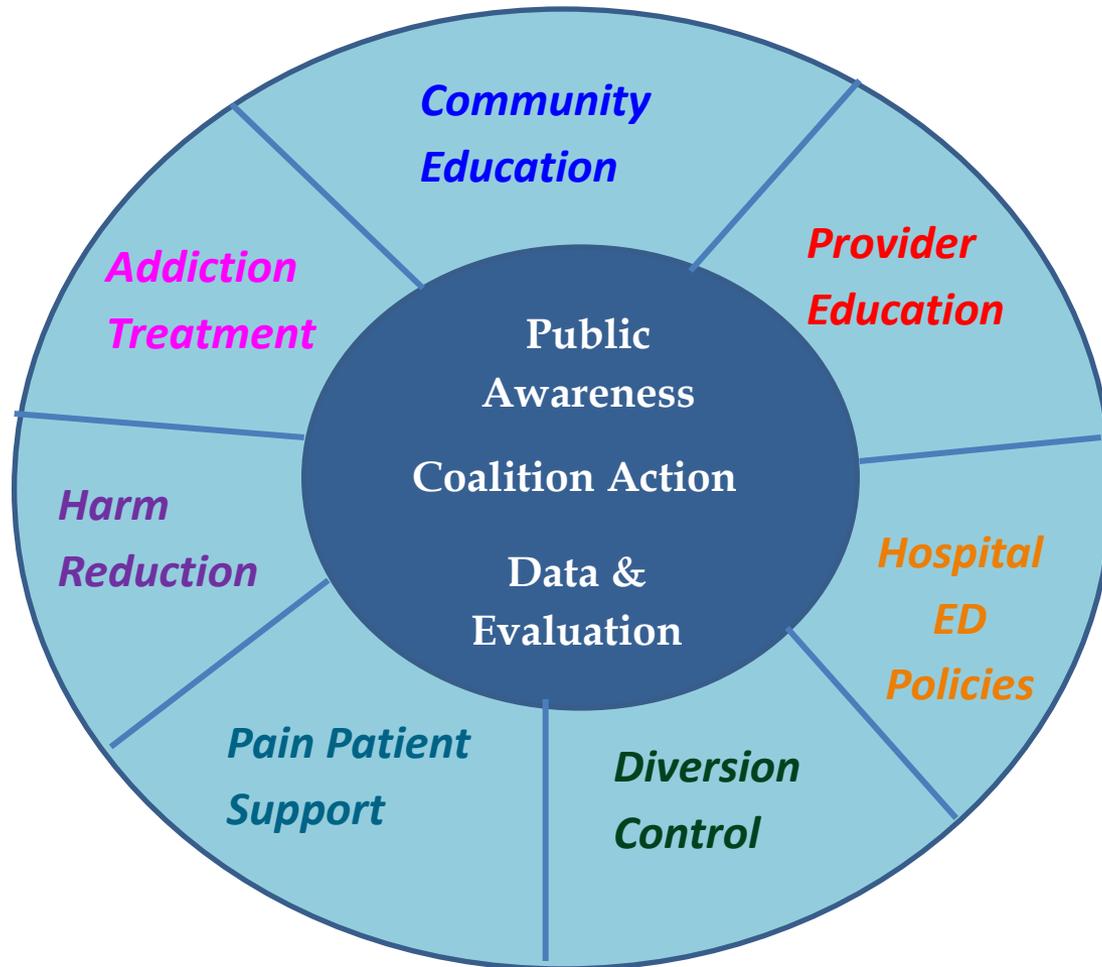
10 of highest prescribing states for painkillers are in the South.

- Each day, 46 people die from an overdose of prescription painkillers in the US
- Healthcare providers wrote 259 million prescriptions in 2012-enough for every American to have a bottle of pills
- 10 of the highest prescribing states are in the south
- Costs - \$55.7 Billion

Rates of opioid overdose deaths, sales and treatment admissions: U.S., 1999-2011



Project Lazarus Model – The Wheel



The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.

The SPOKES

PROJECT LAZARUS

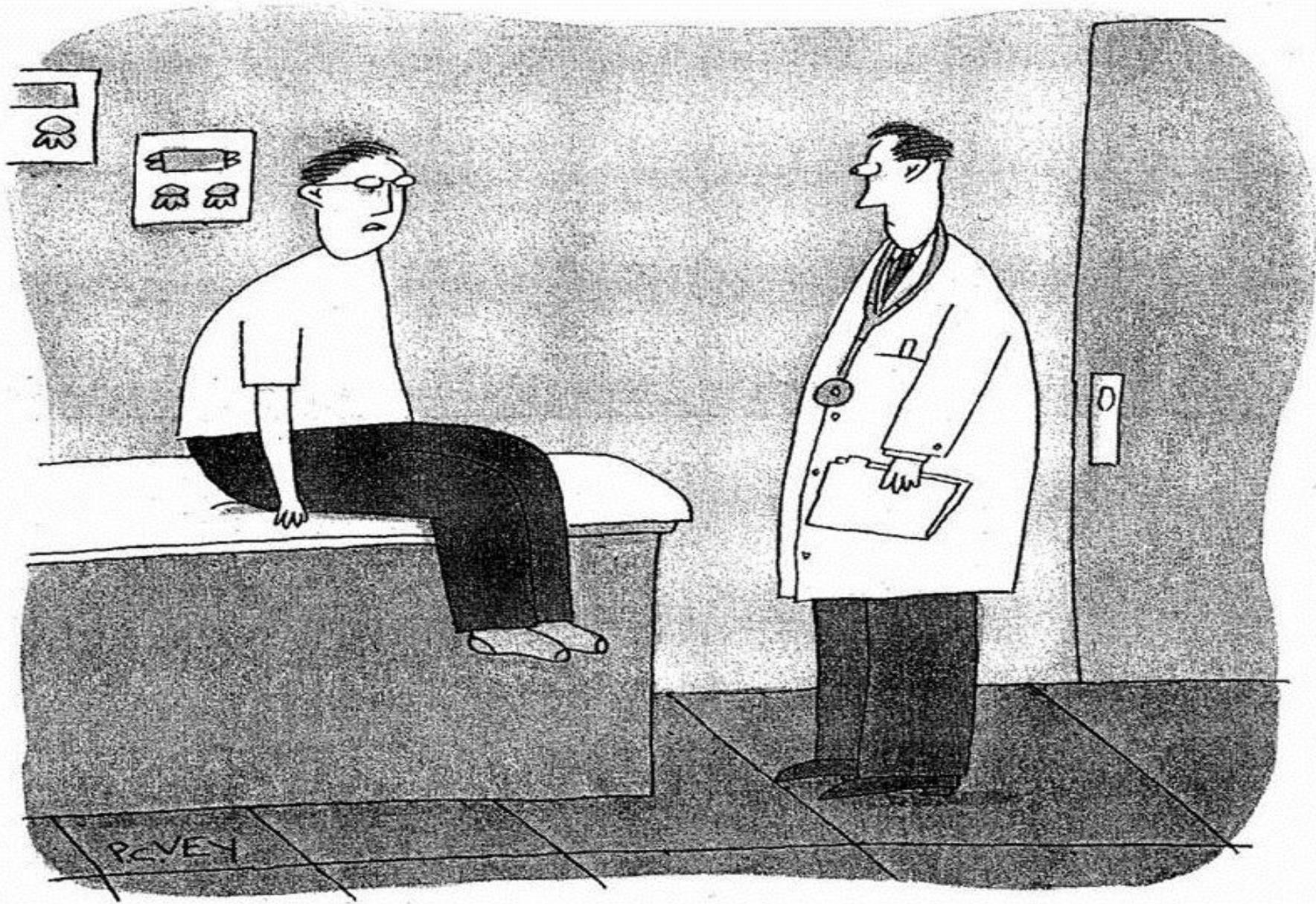


Community Education

- efforts are those offered to the general public and are aimed at changing the perception and behaviors around sharing prescription medications, and improving safety behaviors around their use, storage, and disposal.

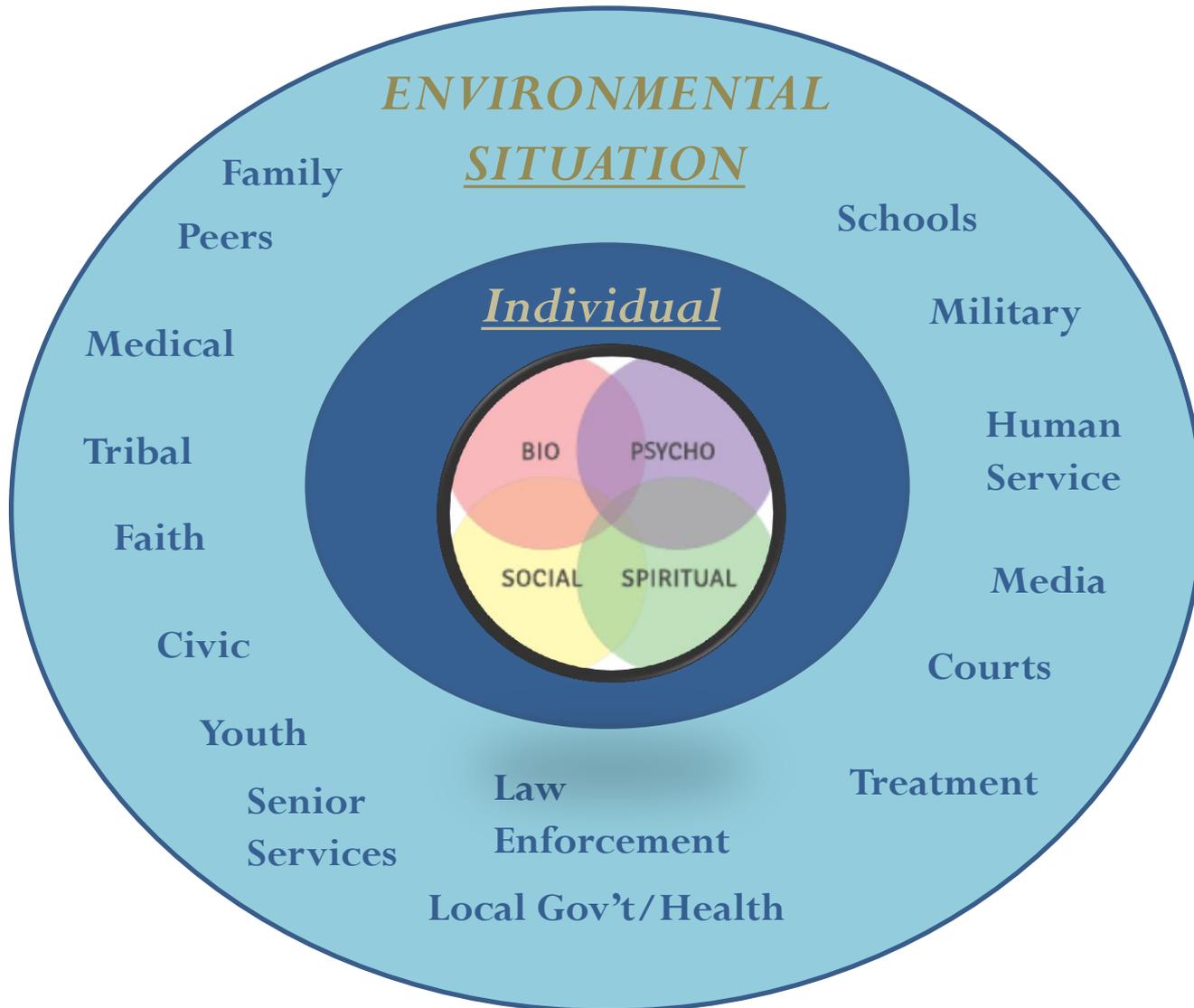
“Prescription medication: take correctly, store securely, dispose properly and never share.”

A prescriber can write appropriately, a pharmacist can dispense appropriately...but once in the community?



"Give it to me straight, Doc. How long do I have to ignore your advice?"

COMMUNITY





Community Awareness

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R_x ABUSE AND DEATH



THEY GO HAND IN HAND

Take a seat.

Take a breath.

Take a moment to be thankful for life.

And when using prescription medications:

Take Correctly,
Store Securely,
Dispose Properly,
and Never Share.

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Around 70% of people who misused prescription medications got the medication from a family member or friend.

Research has shown that those who unintentionally or intentionally use a medication not prescribed to them get access to the medication from someone who has a valid prescription. This means that the homes of family members, loved ones, and friends are all access sites to prescription medications.

By taking appropriate measures to ensure that medications are stored securely and disposed of properly, we can be certain that medications are not misused, abused, or diverted.

Unsecured and improperly disposed of medications are the number one source of access for children, teens, and those seeking to abuse or divert, which can unintentionally lead to misuse and overdose.

You can help prevent misuse, diversion, and overdose from prescription medications by:

- Always ***taking your medications correctly.***
- ***Storing your medications*** in a lock box.
- ***Disposing of your medications*** by taking your unused or expired medications to a disposal dropbox at the *Town of North Wilkesboro Police Dept., Wilkes County Sheriff's Office, or Brame Huie Pharmacy.*

What is Accepted?

Prescriptions
Cold & Flu Meds
Pain Relievers
Cough Syrups
Topical Ointments
Vitamins
Pet Meds

What is Not Accepted?

Needles
Syringes



- ***Never sharing your medication.***

PROJECT LAZARUS

For more information, please visit projectlazarus.org or call +1.336.667.8100.

Chronic Pain Initiative – CPI

PURPOSE

- Reduce risk of patient overdose
- Reduce risk of patient medication diversion
- Treatment of chronic pain
 - Exploring options instead/
in addition to medications

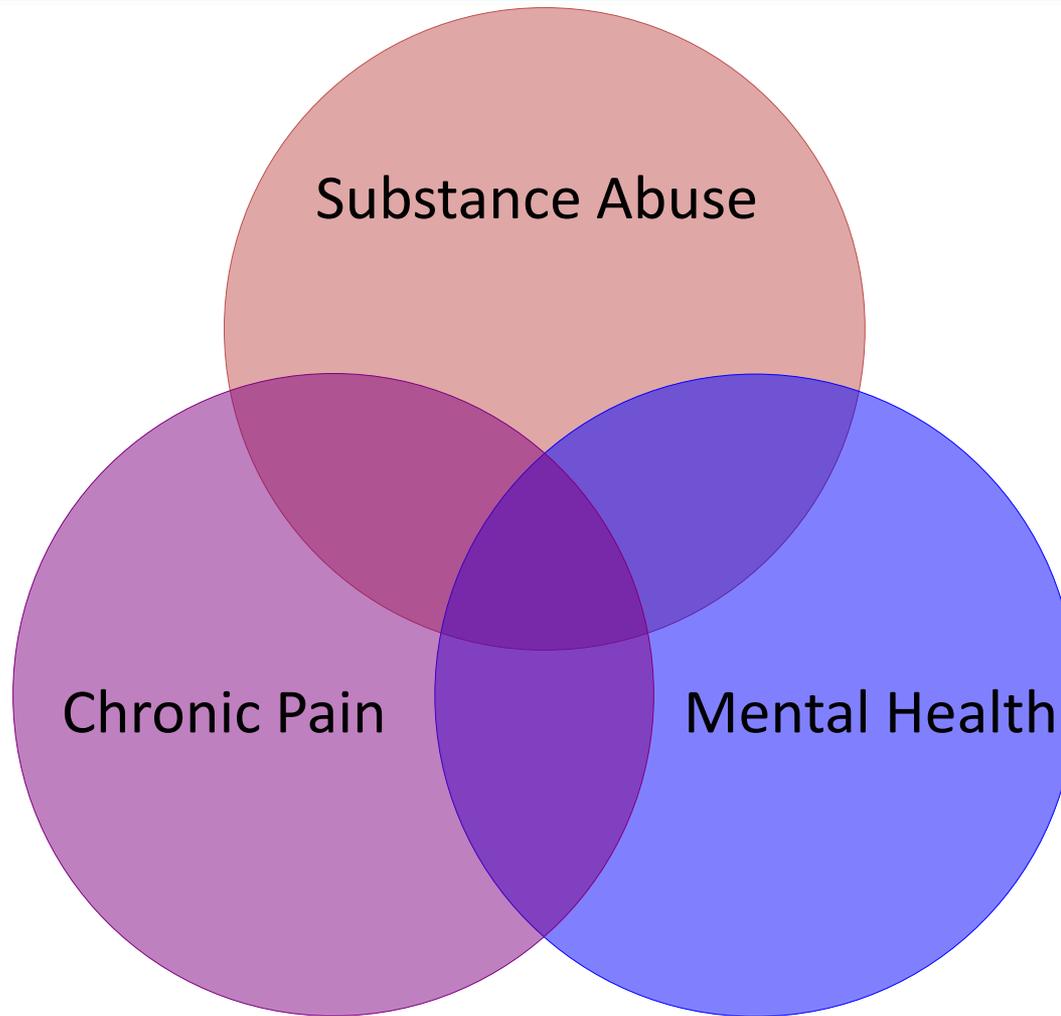
OUTREACH

- Reached via trainings with Continuing Medical Education Units (CME), lunch and learn, Grand Rounds, webinars
- Use of the Prescribers Toolkit
 - Overdose/Respiratory Depression Risks
 - Prescribing naloxone
 - Use of Prescription Drug Monitoring Program



- Is it pain **or** anxiety **or** addiction?
- Is it pain **and** anxiety **and** addiction?
- Is it “pseudo-addiction”?
- Is it criminal (“scamming”)?

What’s my role: **“Am I a clinician or a cop?”**



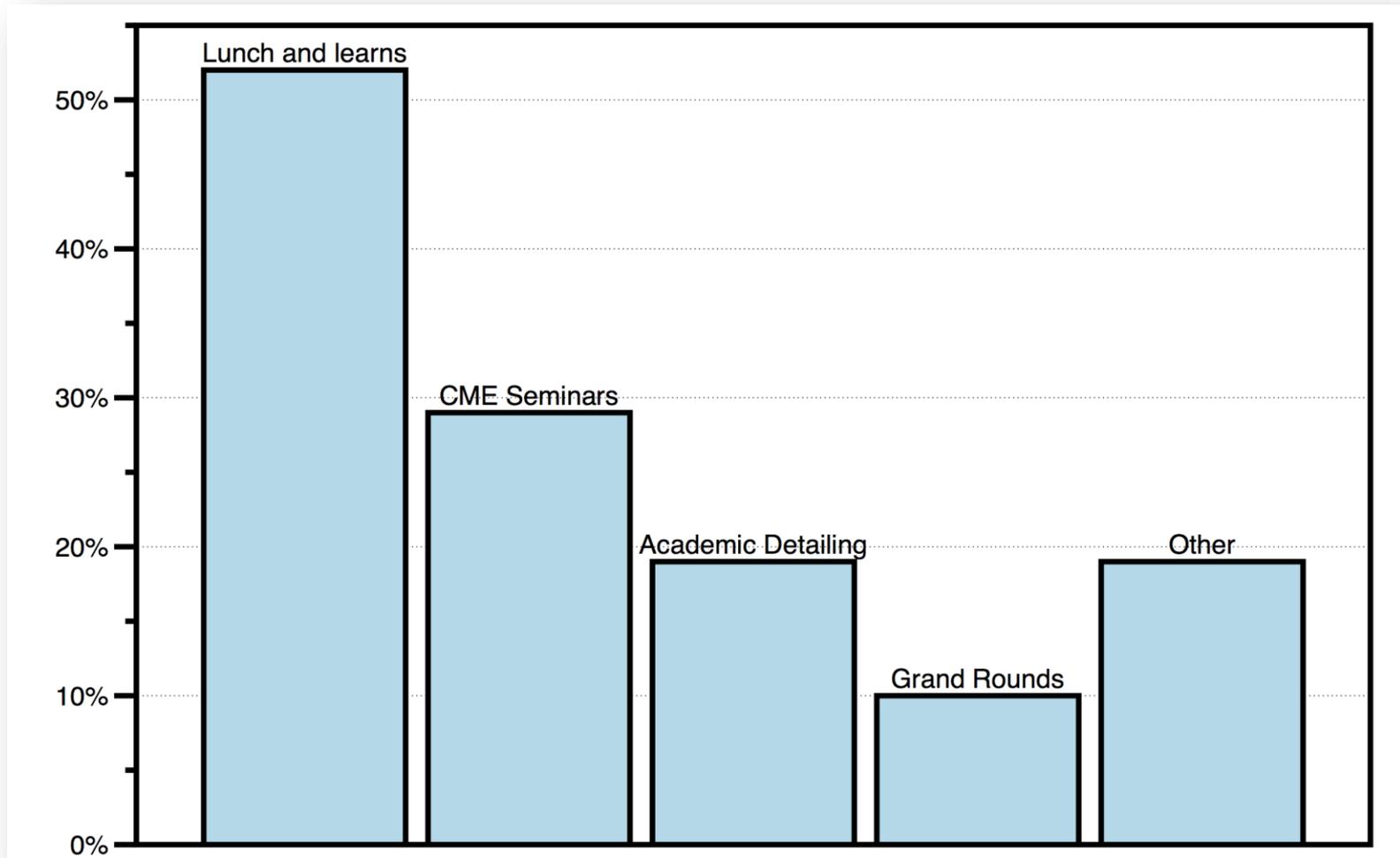
GOALS of CPI

- Improve PCP efficacy in chronic pain management
- Encourage appropriate pain clinic referrals
- Encourage co-management model for partnership with pain clinic
- Reduce number of accidental poisonings
- Develop a reproducible, comprehensive approach to chronic pain management that may be duplicated by other Networks.
- Decrease costs

- Case Management:
 - Patient enrollment based on claims data
 - Physician education
 - Patient and Physician satisfaction surveys
 - Patient functional assessment
 - Data collection

Prescriber Education: Chronic Pain Initiative

Most continuing medical education on pain management is didactic.

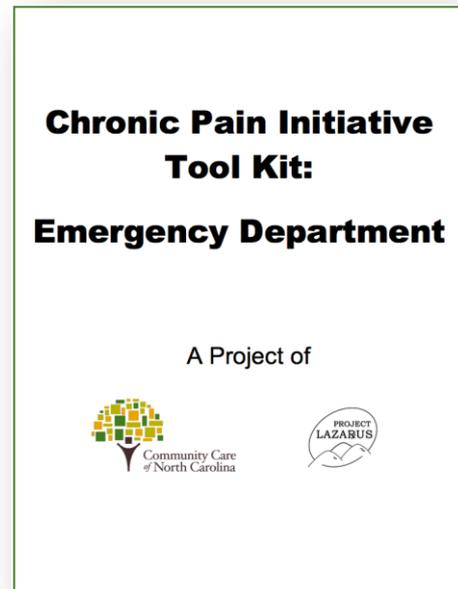


- Most providers reported that CPI led to improved CP policies & procedures in their practices
- Providers perceive pain contracts to improve patient behavior, especially in use of single pharmacy, PCP
- Some discomfort remains in treating CP w/ opioids
- ***“Patients are more satisfied because they feel they're validated having pain. If adhering to the agreement, don't have to feel guilty asking for pain meds.”***
- ***“Improved perceptions among patients of how they need to contribute to their own plan/agreement. “***

- Potentially stigmatizing to patients
- Frustrating and dispiriting for clinicians
- Ineffective for both:
 - Poorer outcomes
 - Failure to deal with underlying issues
 - More or unnecessary tests/costs
 - Deterioration in patient/clinician relationship

Hospital Emergency Department (ED) Policies - it is recommended that hospital ED's develop a system-wide standardization with respect to prescribing narcotic analgesics as described in the Project Lazarus/Community Care of NC Emergency Department Toolkit for managing chronic pain patients:

- 1) Embedded ED Case Manager
- 2) "Frequent fliers" for chronic pain, non-narcotic medication and referral
- 3) No refills of controlled substances
- 4) Mandatory use of PDMP (CSRS)
- 5) Limited dosing (10 tablets)



THE SPOKES cont. Diversion Control Project Lazarus - Project Pill Drop



Diversion Control – Law Enforcement, Pharmacist and Facility training on forgery, methods of diversion and drug seeking behavior



Pill Take Back Events – Permanent Pill Disposal
“Now available for retail pharmacies, hospitals and clinic with pharmacy”

**Wilkes Sheriffs Office, N. Wilkesboro PD,
Brame Huie and Wilkes Family Pharmacy**
Project Pill Drop placards placed in medical offices and pharmacies





SAFE DISPOSAL OF PRESCRIPTION DRUGS



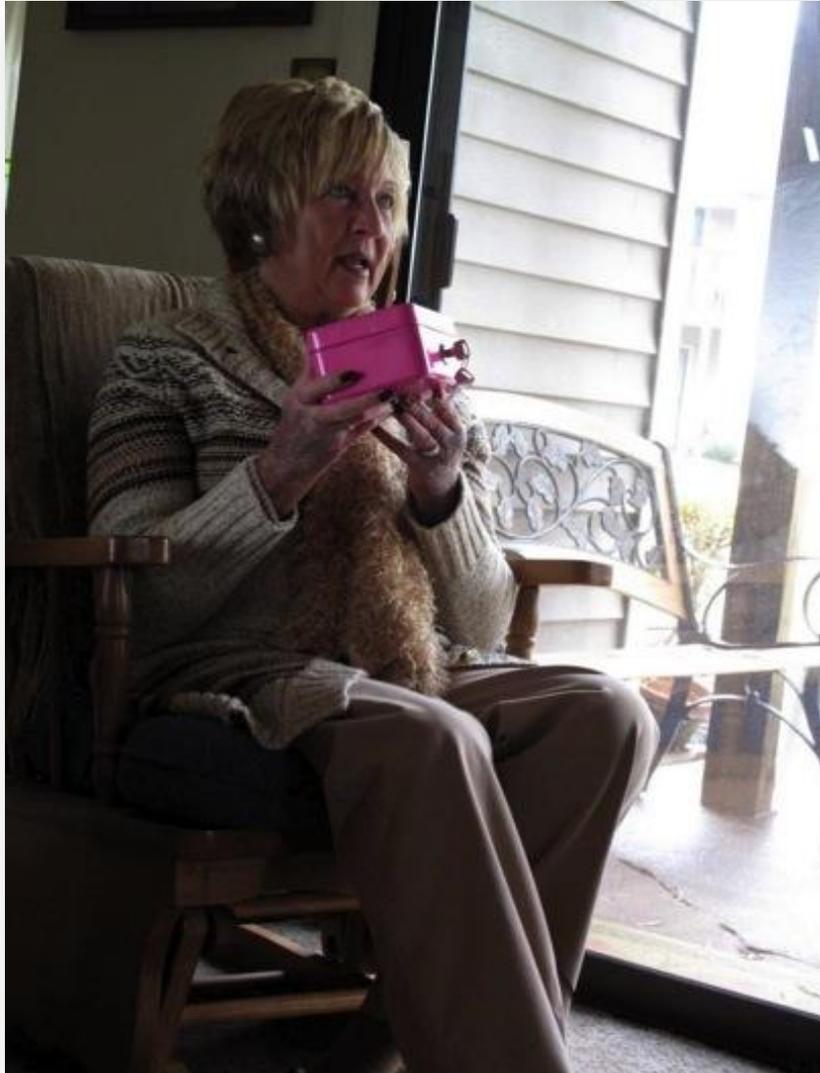
**North Wilkesboro Police Dept.
& Wilkes County Sheriff's Office**

Pain Patient Support - In the same way that prescribers benefit from additional education on managing chronic pain, the complexity of living with chronic pain makes supporting community members with pain important.

*“Proper medication use and alternatives”
Take correctly, store securely, dispose properly
and never share!*

Alternatives: health and wellness, music, breathing, physical therapies, acupuncture, yoga, exercise, etc.

Supporting Pain Patients



Supporting pain patients goes beyond access to opioids.



“Meeting patients where they are at” means that small changes at home can lead to less pain.

Drug treatment and Recovery

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Addiction treatment, especially opioid agonist therapy like methadone maintenance treatment or office based buprenorphine treatment, has been shown to dramatically reduce overdose risk. Unfortunately, access to treatment is limited by two main factors:

- **Acceptance, Availability and Accessibility** of treatment options
 - Negative attitudes or **stigma** associated with addiction in general and drug treatment.

Integration

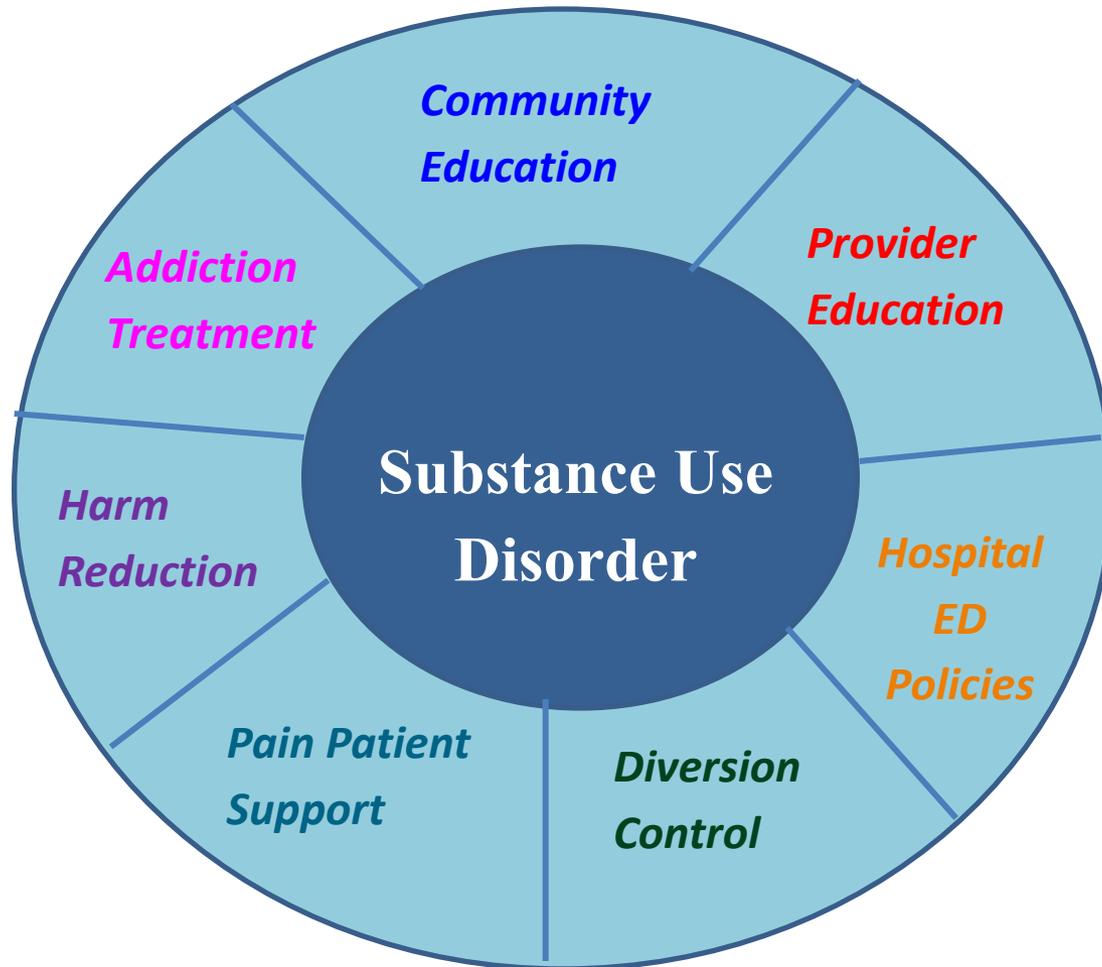
Law Enforcement – Behavioral Health – SA Treatment – ED – Health Department – Medical Providers – Labor and Delivery - OB/GYN

Local Methadone Clinic Helps Reduce Rx Deaths

Posted: Wednesday, March 12, 2014 **Journal Patriot Jule Hubbard**

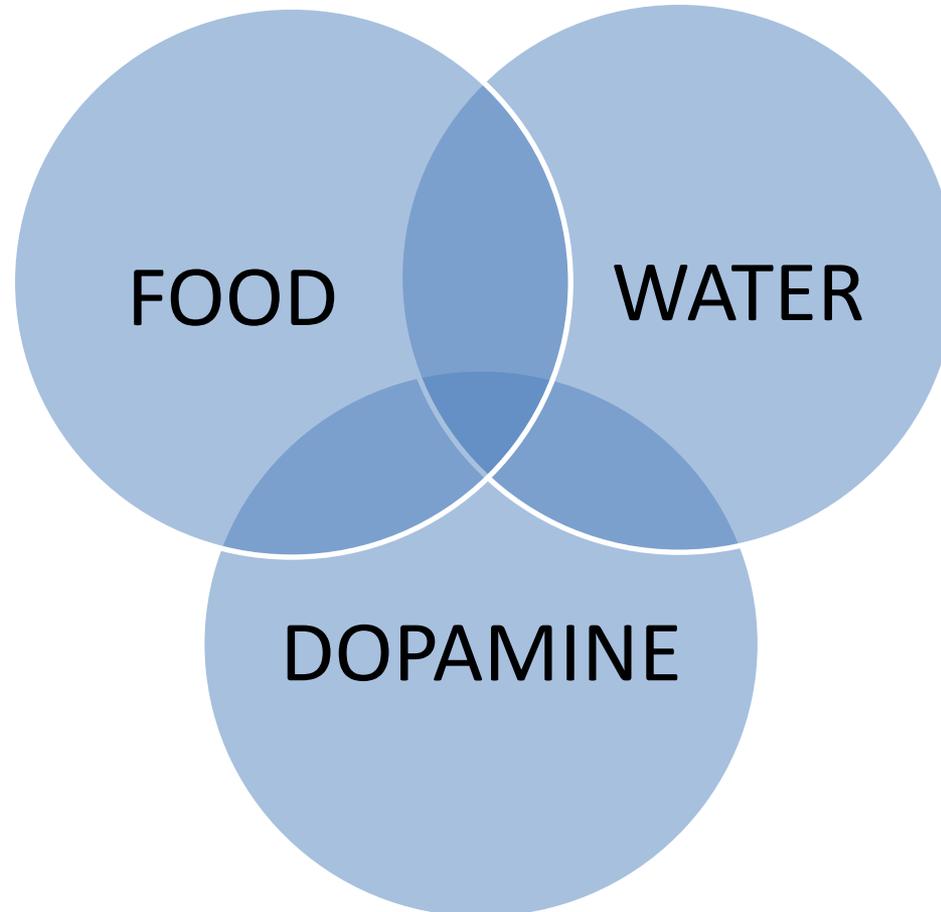
Mountain Health Solutions, Wilkes County's only methadone clinic, is credited with helping to bring a dramatic reduction in deaths from prescription pain medication overdose in Wilkes in the last five years...

Project Lazarus Model

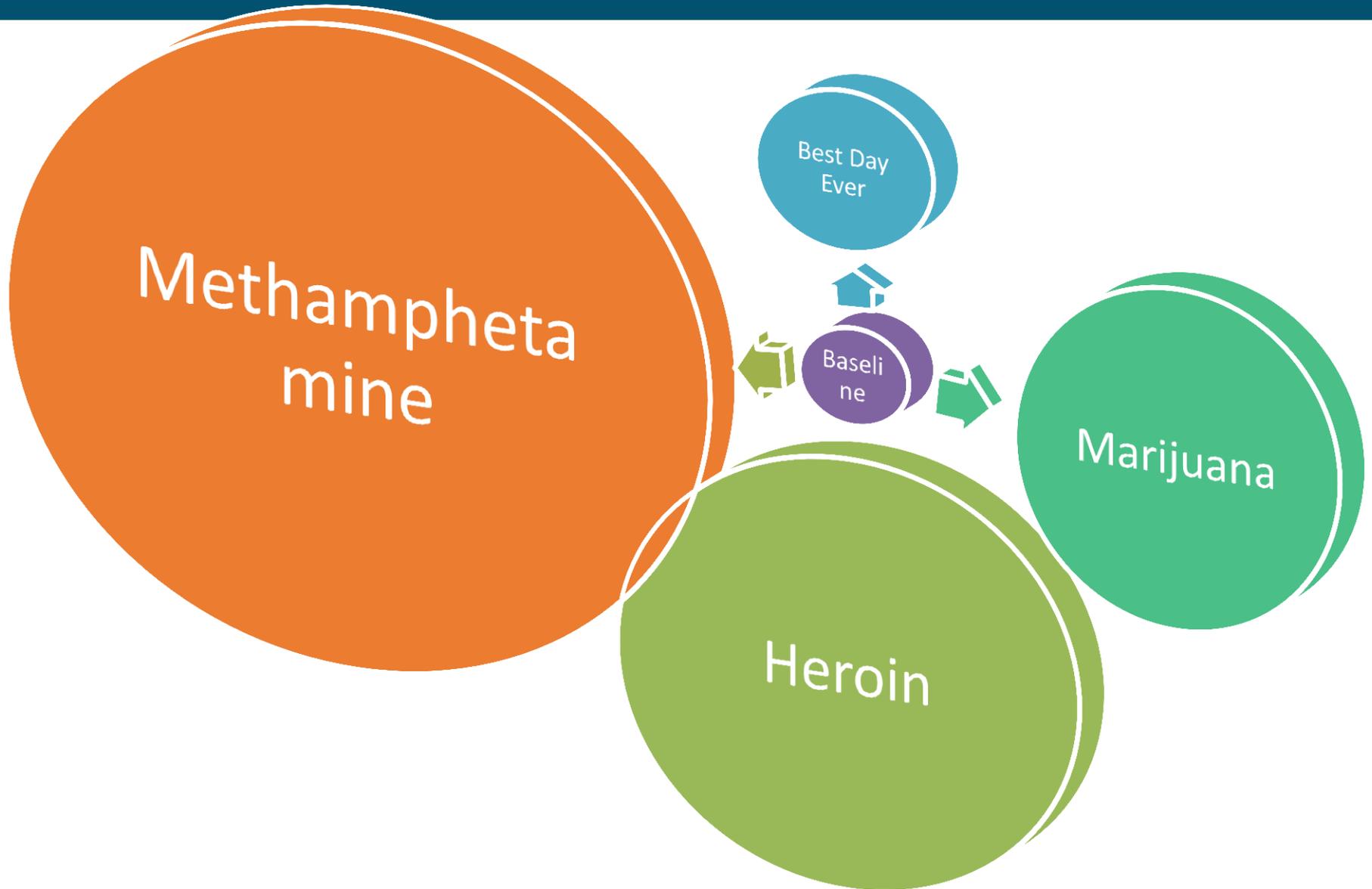


The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.

Understand the
“Concept of
Addiction”

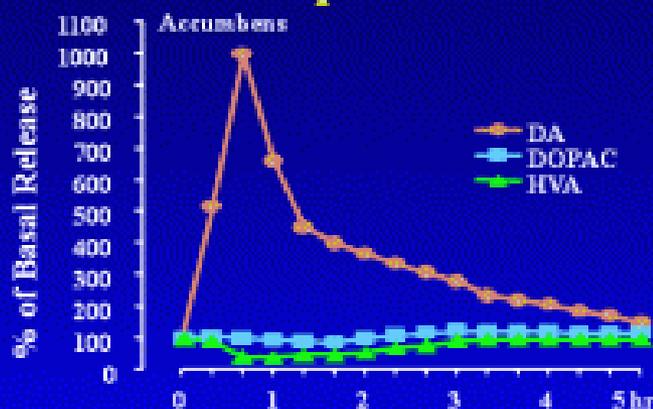




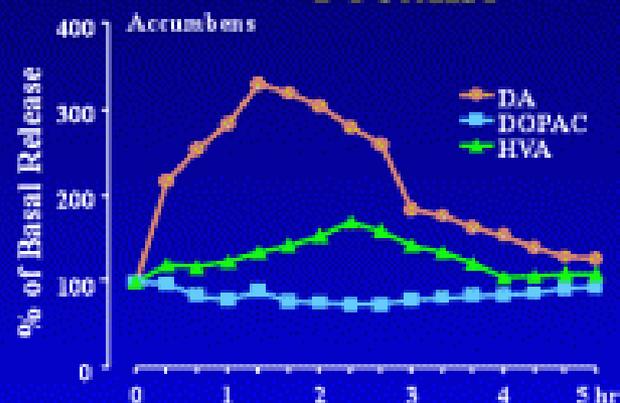


Effects of Drugs on Dopamine Release

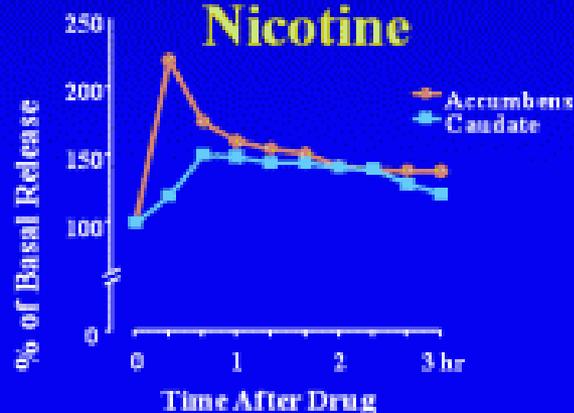
Amphetamine



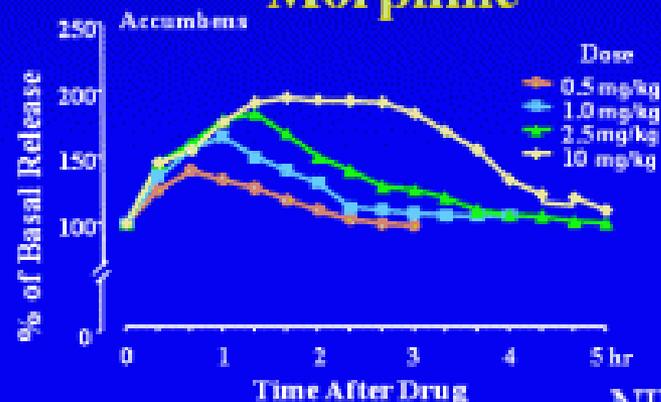
Cocaine



Nicotine

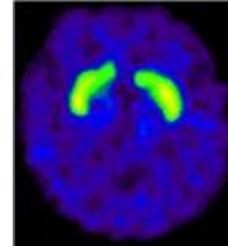
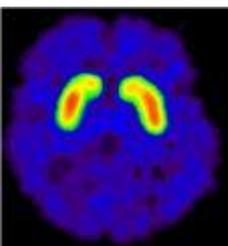
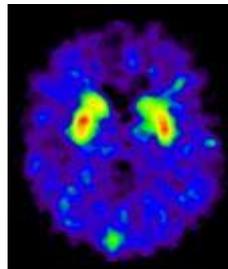
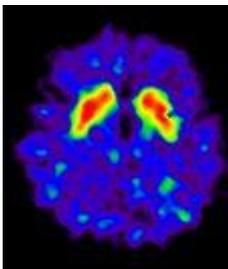
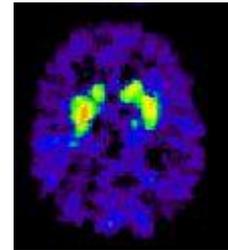
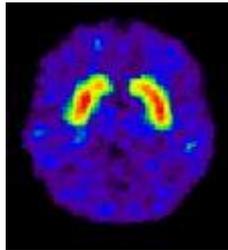
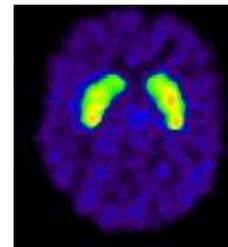
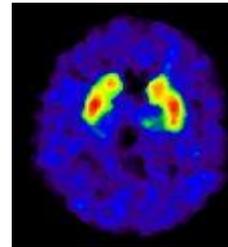


Morphine



Functionally...

Dopamine D2 Receptors are Decreased by Addiction



Amen Clinics

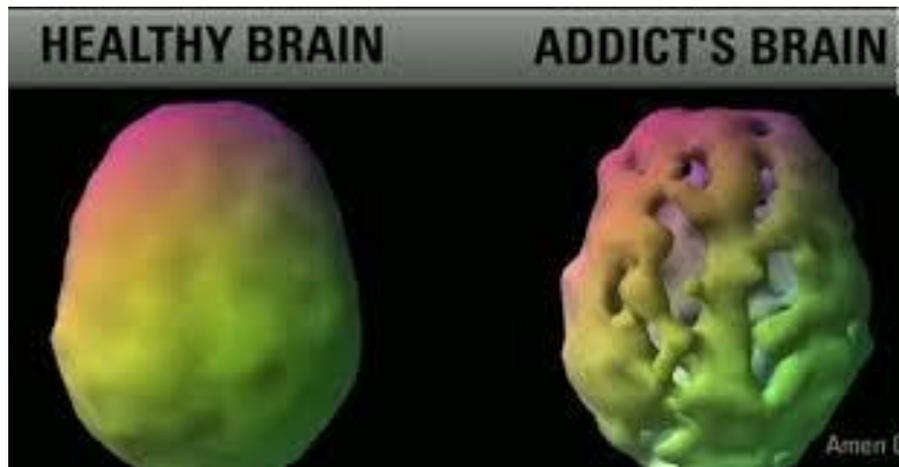
LONG TERM EFFECTS OF HEROIN & METHADONE



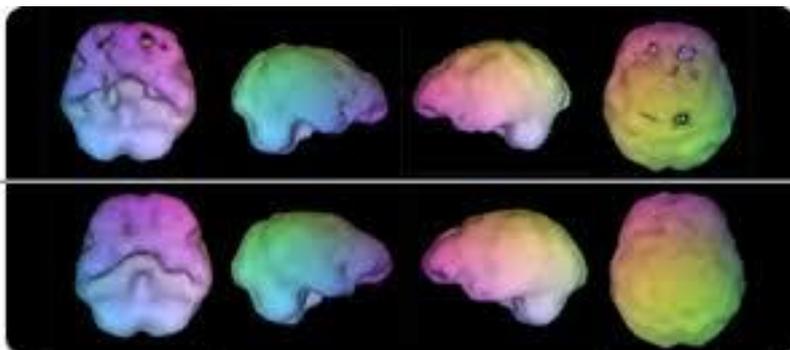
Normal view
top down surface view
full, symmetrical activity



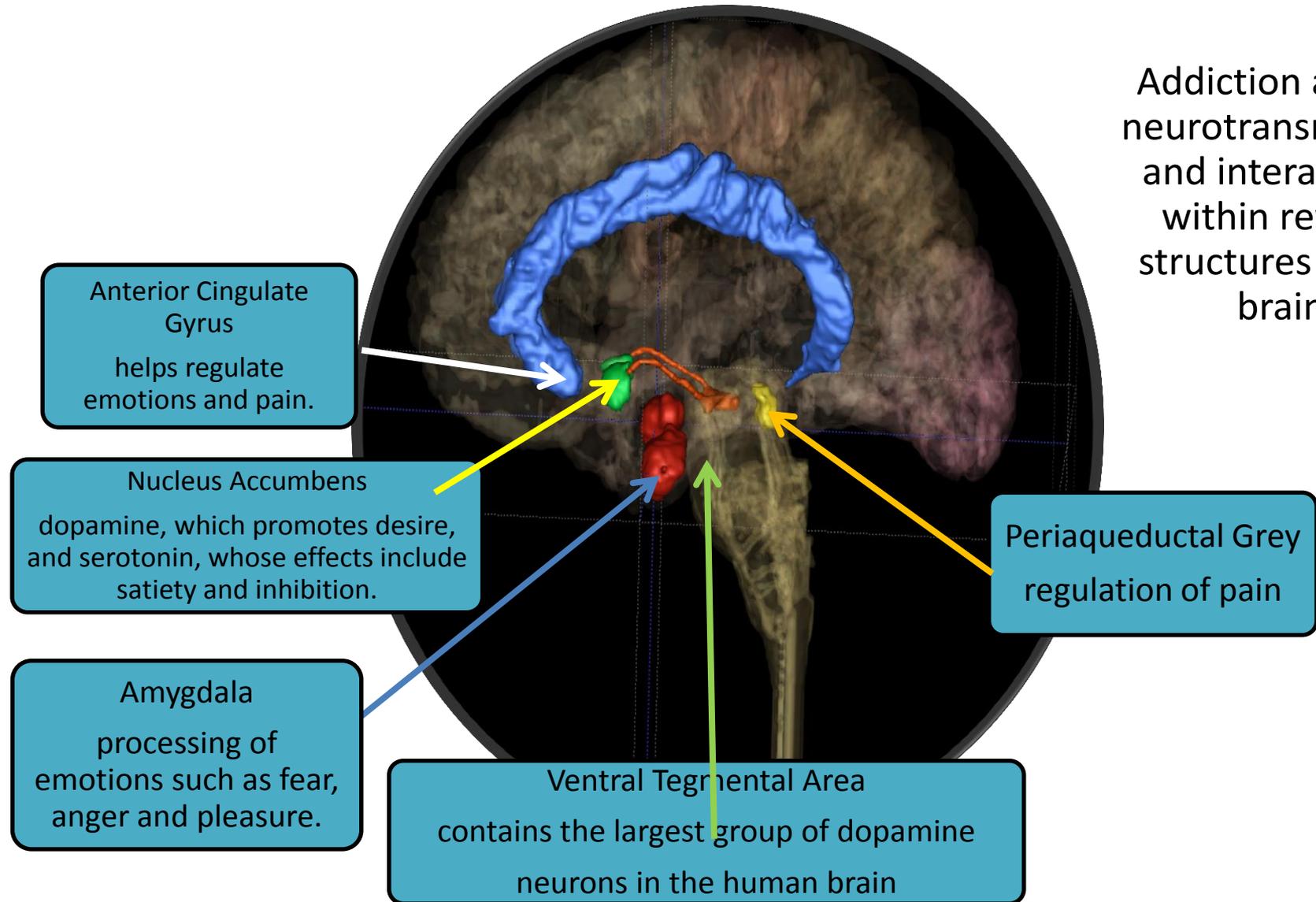
40 y/o, 7 yrs on methadone
heroin 10 yrs prior
top down surface view
marked decreased overall activity



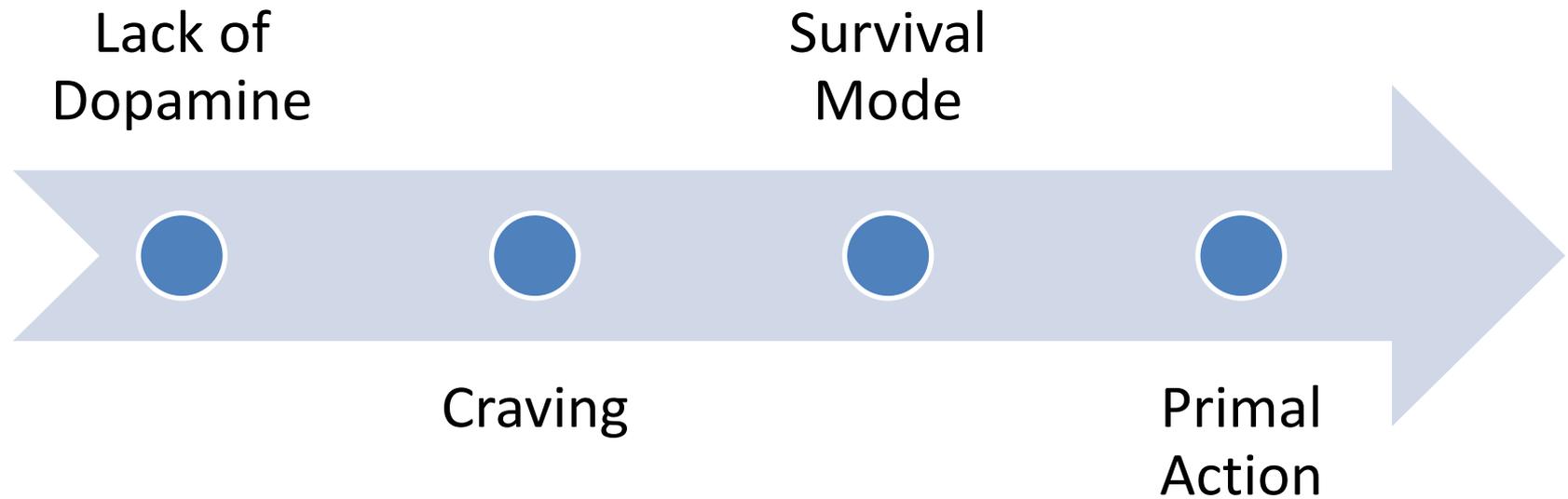
BEFORE
AFTER

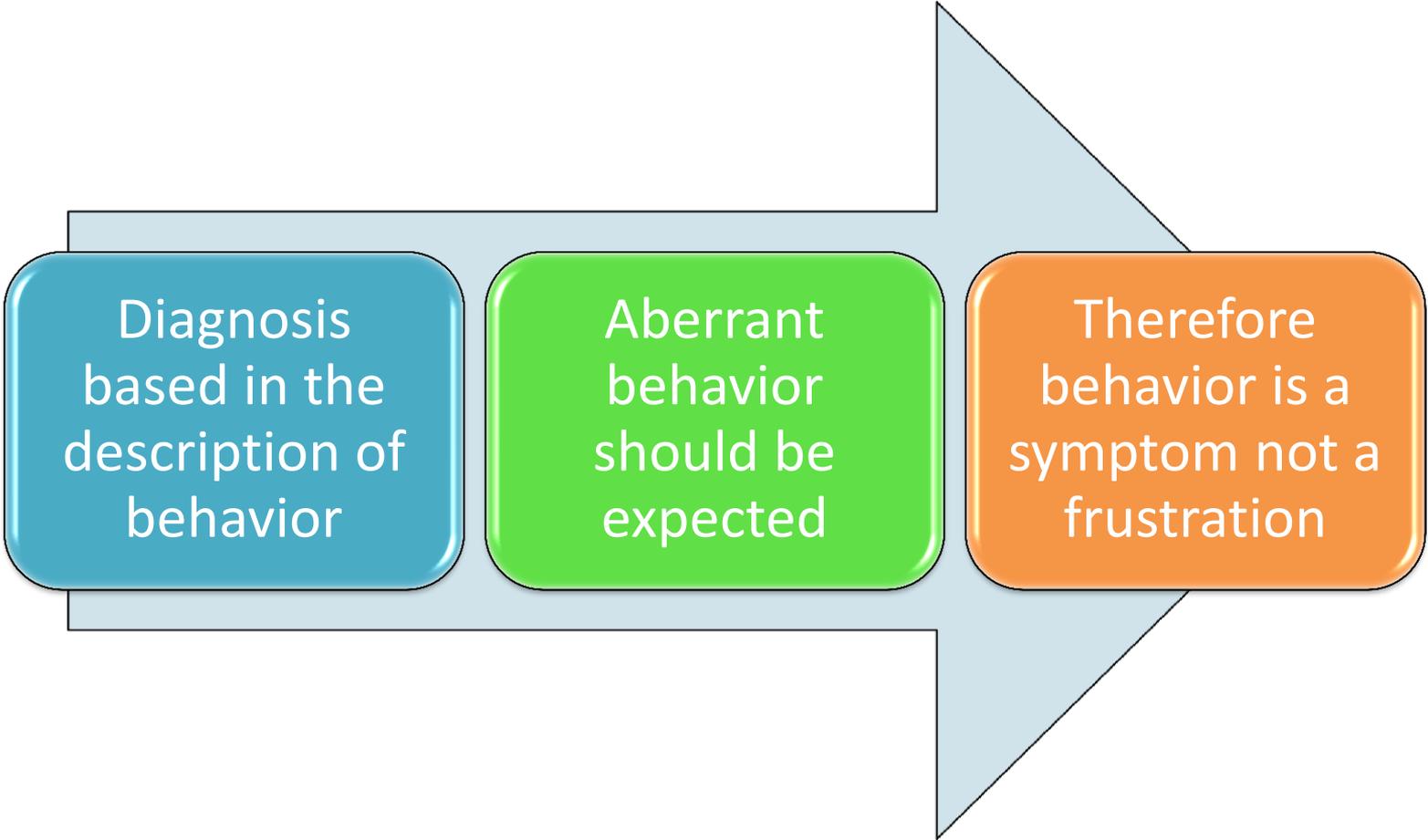


<http://www.amenclinics.com>



Addiction affects neurotransmission and interactions within reward structures of the brain

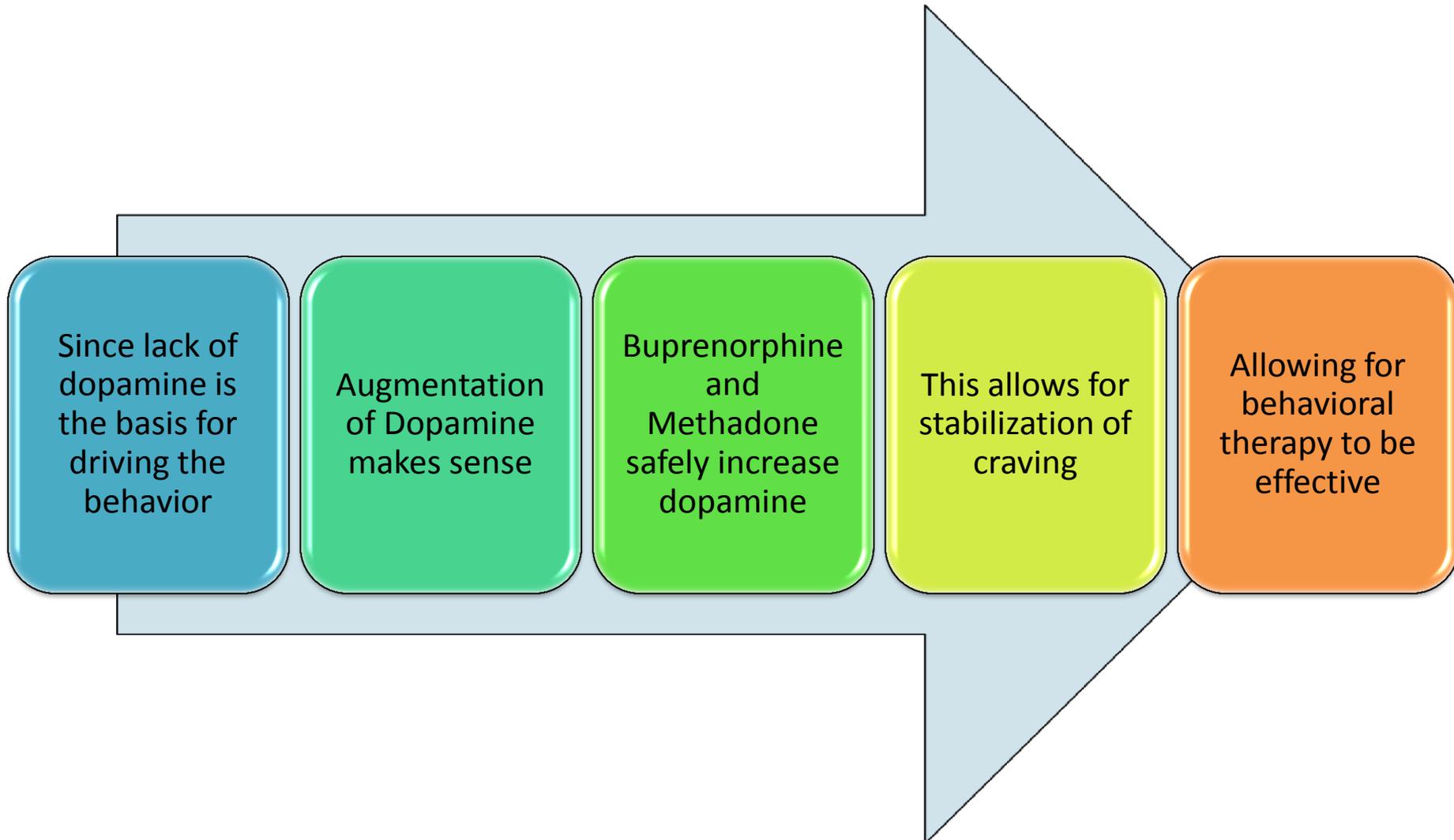




Diagnosis
based in the
description of
behavior

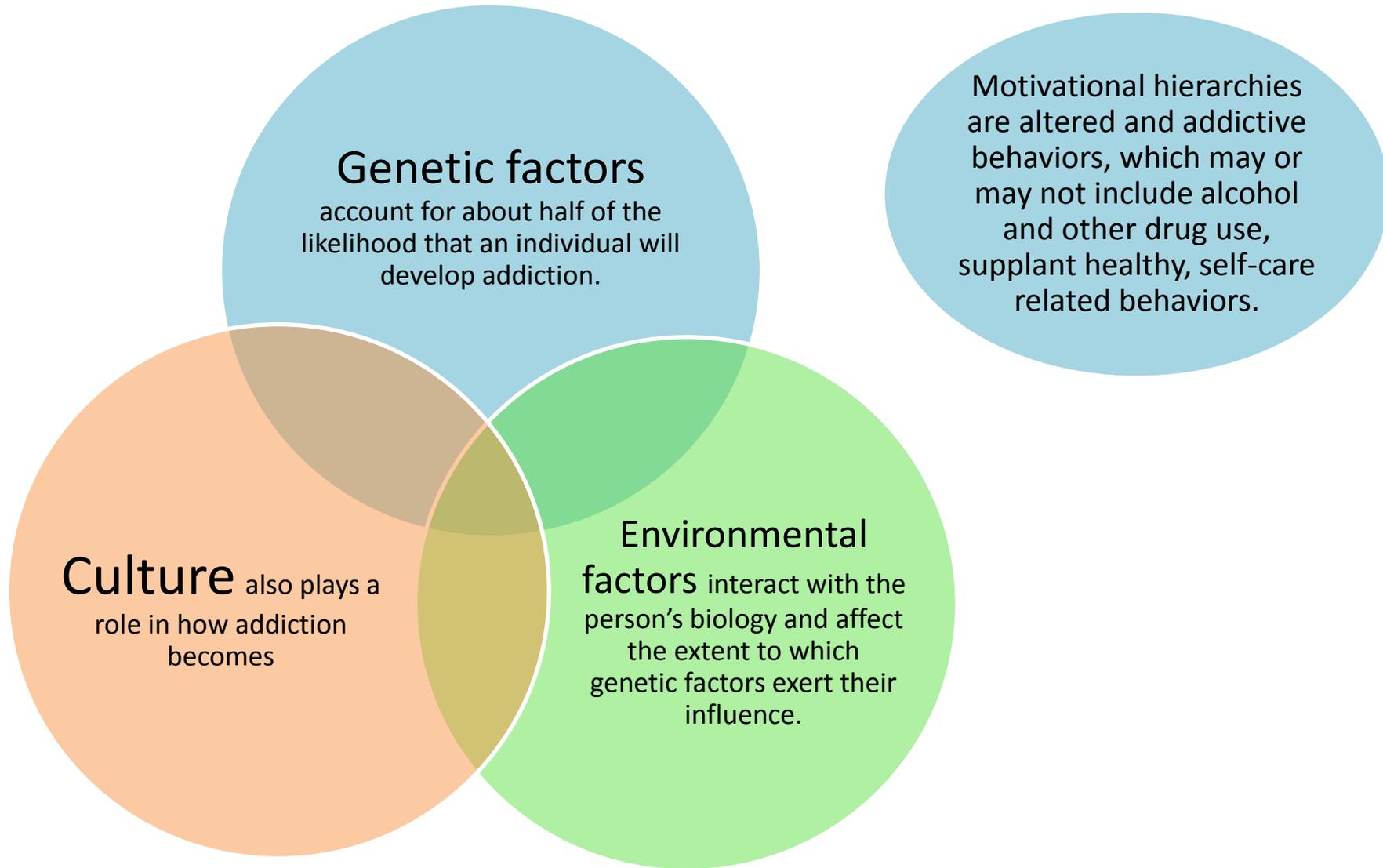
Aberrant
behavior
should be
expected

Therefore
behavior is a
symptom not a
frustration



American Society for Addiction Medicine Definition.....

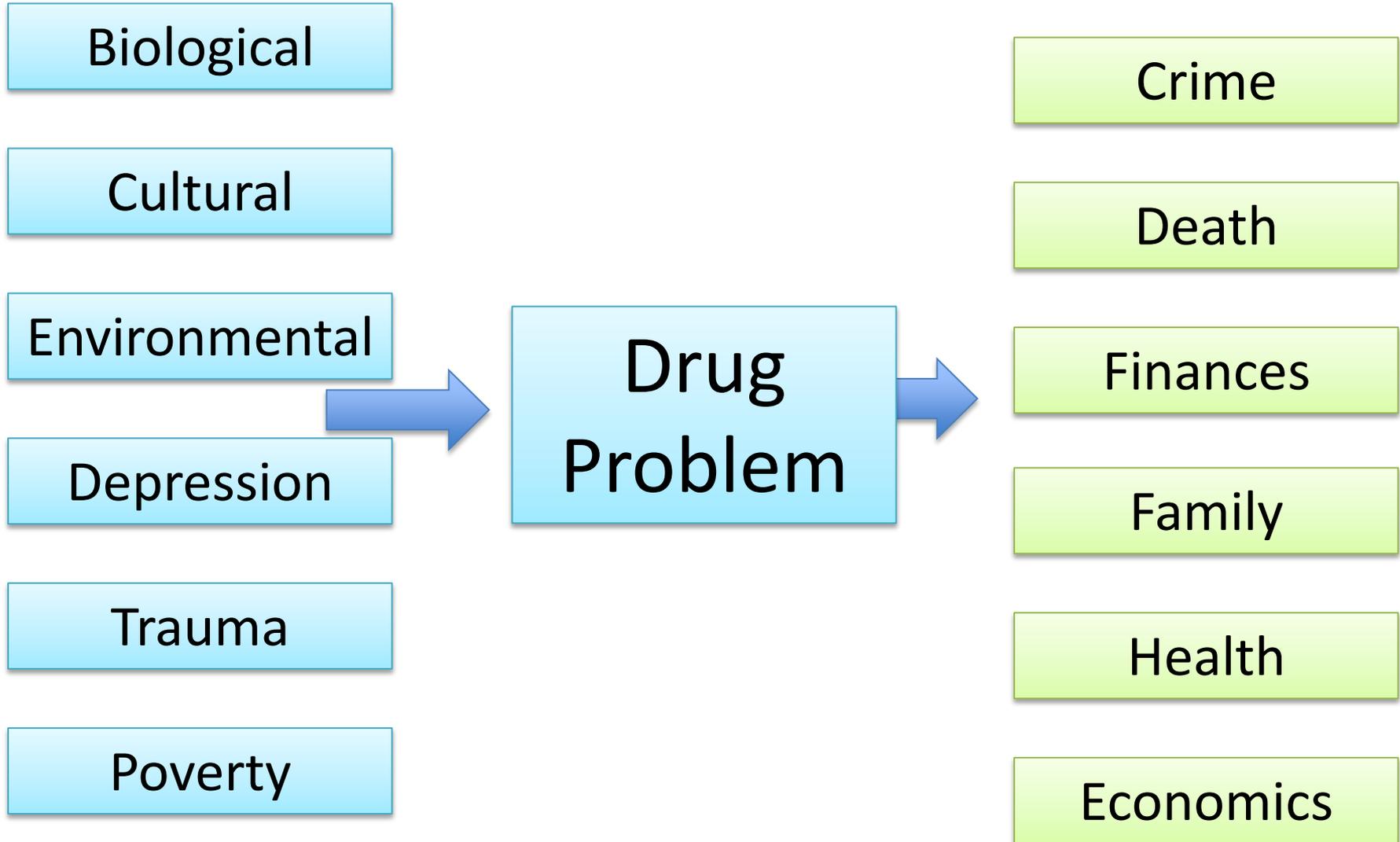
PROJECT LAZARUS





Drug Problem?

PROJECT LAZARUS



Lazarus Recovery Services



Lazarus Peer Guides (LPGs)

offer friendly companionship and successful experience navigating the pathway toward recovery.

We have:

- A stable recovery.
- A desire to enrich lives.
- Specialized training and certification to handle a crisis, an overdose, and save lives.

Supportive Roles

Empathic Support
Resource Support
Constructive Support
Connective Support

Lived Experience

Problem-Solving:
Crisis Intervention
Community Navigation
Family Involvement

Support Groups



Lazarus Recovery Services

Extending a Warm Hand

OBJECT

LAZARUS

WEBSITES

www.Bluelight.org

www.Opiophile.org

www.Erowid.org

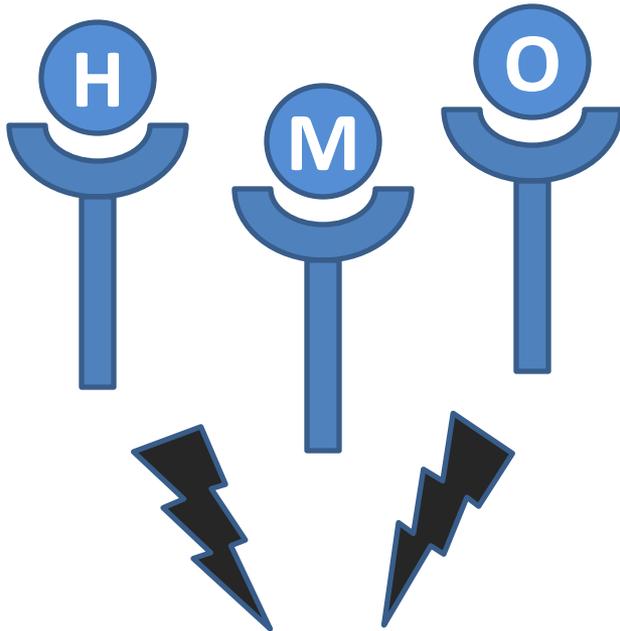
The Spokes- Naloxone Harm Reduction

PROJECT LAZARUS

- Overdose prevention training
- Increasing access to naloxone (Narcan)
 - Individuals, family members, law enforcement, first responders
- Prescribetoprevent.org
- Distributing a script that gives patients specific language they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan
- Naloxone access to community, tribal groups and military
 - Operation OpioidSAFE



*opioid receptors activated
by heroin and prescription opioids*

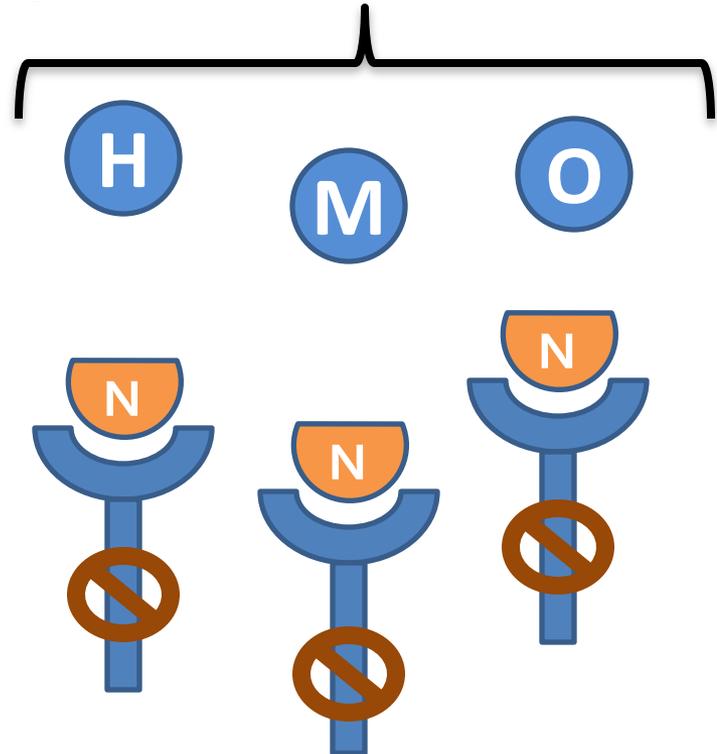


Pain Relief
Pleasure
Reward

Respiratory Depression

Naloxone **N** in the Brain

opioids broken down and excreted



Reversal of Respiratory Depression
Opioid Withdrawal

Potential Indications/Populations

- **RISK FACTORS for opioid-induced respiratory depression**

- 1. Recent emergency medical care for opioid poisoning/ intoxication.
- 2. Suspected history of illicit (heroin) or nonmedical opioid use.
- 3. Opioid prescription.
- 4. Any methadone prescription to opioid naïve patient.
- 5. Recent release from incarceration.
- 6. Recent release from opioid detox or mandatory abstinence program.
- 7. In methadone or buprenorphine detox/maintenance (addiction or pain).
- 8. Voluntary request from patient or family member.
- 9. May have difficulty accessing EMS (distance, remoteness, etc.)

- **Any opioid prescription and ...**

- 1. Smoking/COPD/emphysema/asthma/sleep apnea, other respiratory Diagnosis.
- 2. Renal dysfunction or hepatic disease.
- 3. Known or suspected concurrent alcohol use.
- 4. Concurrent benzodiazepine prescription.
- 5. Concurrent SSRI or TCA anti-depressant prescription.



A Kaiser Permanente [study](#), which recommends a universal prescribing method, in which naloxone would be indicated for all patients prescribed chronic opioids. The study revealed a need for increased awareness and dialogue surrounding the prescription of naloxone in conjunction with opioids.

Clinicians who were surveyed were reluctant to prescribe naloxone because they did not want to offend patients by talking to them about a risk of overdose and because there hasn't been consensus over who should be prescribed the drug.

[Guidelines issued last month by the American Society of Addiction Medicine](#), which recommend the establishment of a co-prescription program for patients prescribed high-potency, long-acting opioids.

FDA approval of the [EVZIO® \(naloxone HCl injection\) auto-injector](#), which can be prescribed by physicians. We have commended the FDA for expediting the approval process to quickly increase access to this medicine, which undoubtedly will save lives by reducing death from opioid-related overdose.

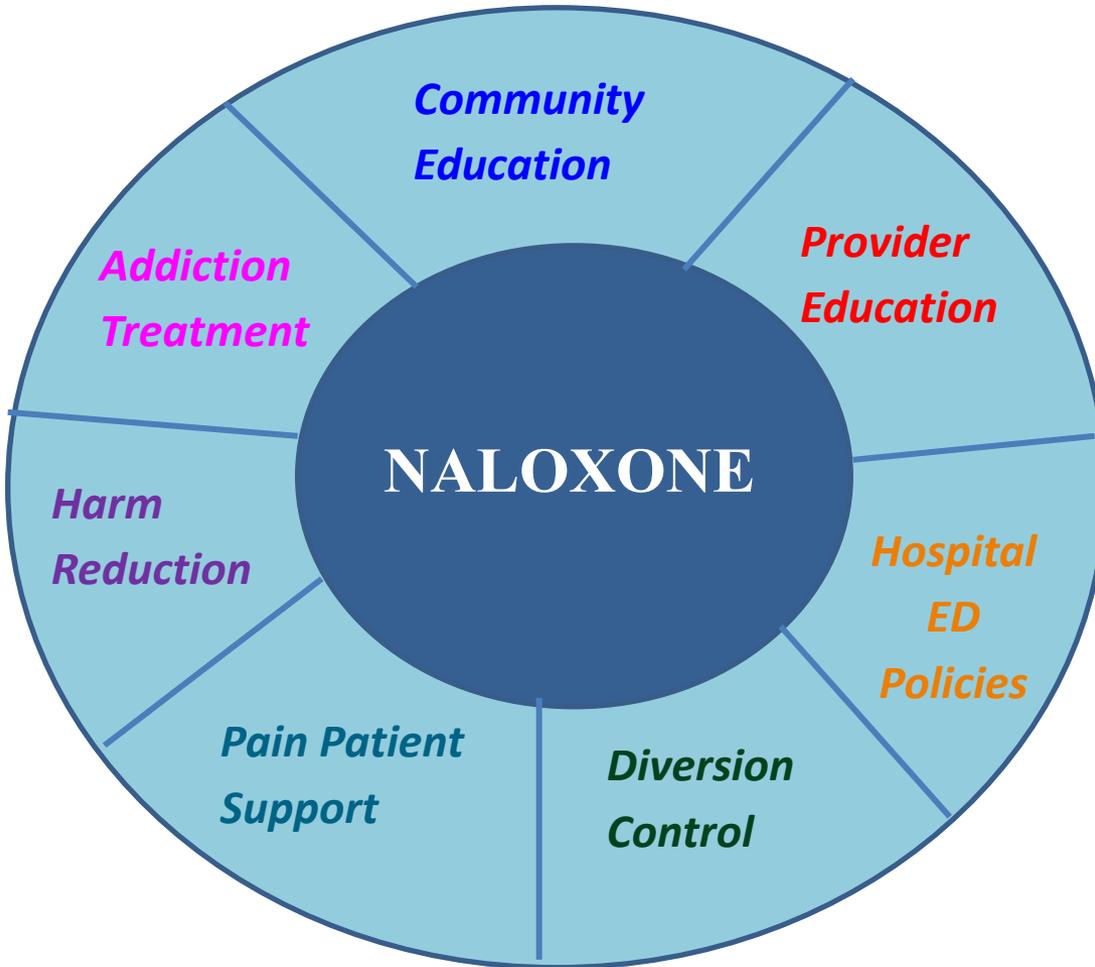
The Veterans Health Administration's [Overdose Education and Naloxone Distribution program](#) for all veterans in treatment for a substance use disorder or taking opioids chronically.

WV - The Alcohol and Drug Overdose Prevention and Clemency Act, or SB 523, was passed Saturday and will allow for persons who may be experiencing or witnessing a drug or alcohol overdose to call for emergency medical assistance, free from prosecution.

WV - The governor signed Senate Bill 335 creating the Opioid Antagonists Act. It will allow medical professionals to prescribe the drug Naloxone to first responders and those at risk of experiencing an overdose along with their families and friends who could help them if they did overdose.



Naloxone in community health



Prescribers...co-prescribing
Healthcare organizations
Individuals
Family members
Pharmacies
Addiction Treatment Facilities
Mental Health Agencies
Public Health Departments
Sheriff's and Police Depts.
Pain Management Clinics
First Responders
Medicaid Case Management
Harm Reduction
Emergency Departments
Medical Practice Facilities
Indian Reservation
Military

Integrating naloxone into community response utilizing the Project Lazarus Model to engage all possible “at-risk” population groups.

Each “Spoke” requires an individual approach for awareness, education, messaging, promotion and implementation of naloxone;

Community Education

Awareness; acceptance and availability

Myths

Signs and symptoms of overdose

How to talk with your doctor

Third Party prescribing

Provider Education

Behavioral health and substance use assessments

Overdose Prevention Toolkit

Patient/Family Education

Co-prescribing

Third Party prescribing

Hospital ED Policies

Patient/Family Education

Naloxone provided/prescribed

Diversion Control

Law Enforcement/First Responders

Schools

Prisons/jails, recently released inmates

MA - Withdrawal symptoms after naloxone

Symptoms	N=219
None	51%
Irritable or angry	21%
Dope sick	20%
Physically combative	4%
Vomiting	3%
Other	13%
Confused, Disoriented, Headache, Aches and chills, cold, crying, diarrhea, happy, miserable	

Alexander Y. Walley, MD, MSc
Boston University School of Medicine
Boston Medical Center

Program data

Naloxone Rescues

Program Size	Local Programs	Lay persons provided vials of Naloxone 1996-2014	Rescue reversals 1996-2014
Small < 100	64	7867	641
Medium 101-1,000	41	19,239	4,414
Large 1,001-10,000	7	29,099	11,807
Very Large >10,000	4	96,078	9,601
Total	136	152,283	26,463

Naloxone – *the conversation*

- 1) Relapse happens even to the most determined, we want you to be alive to come back if it does.
- 2) You may leave here planning to stay away from "people places and things" but we know it is always not possible. We believe that you are a very capable member of the community that can be equipped to save a life.

Samaritan Village TC (NY) trains and distributes naloxone early in orientation and have found it to be a very positive message.

Mountain Health Solutions – Wilkes County Opioid Treatment Program (Lexington NC, Bartlesville, OK, etc.)

Rescue Medication

Addiction medicine doctors count lives saved with take-home naloxone.

“I’m not ready to die. I’m only 26 years old. I always thought people who died from drugs didn’t know how to do them right and took too much. But I took the same amount I’m used to taking. I don’t know why I overdosed that time. It made me see I’ve got to do something different if I want to stay alive. My brother was a worse addict than me, and I’ve seen him change his life since he’s been on methadone. I want that too.”

Janaburson's Blog

JUST ANOTHER WORDPRESS.COM WEBLOG

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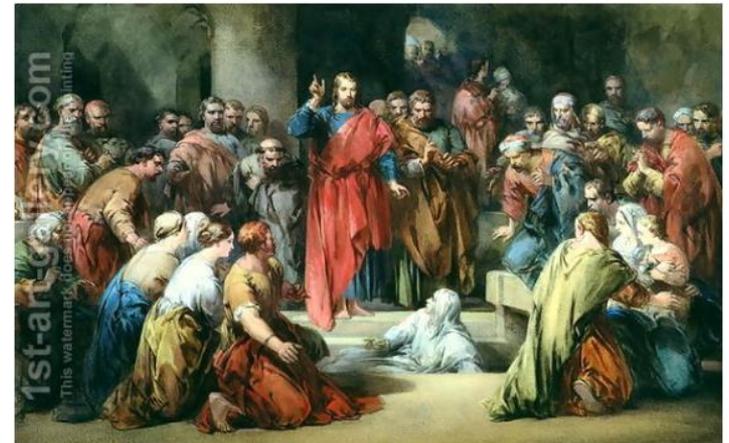
home pain pill addiction blog

« Opioid Addicts Have a New “Shot” at Treatment War Veterans, PTSD, Pain Pills, and Addiction »

28
MAR

Project Lazarus Saves a Life

Posted March 28, 2012 by janaburson in injecting drugs, opioid blockers, Overdose deaths. Tagged: intranasal naloxone, Pproject Lazarus. [6 Comments](#)

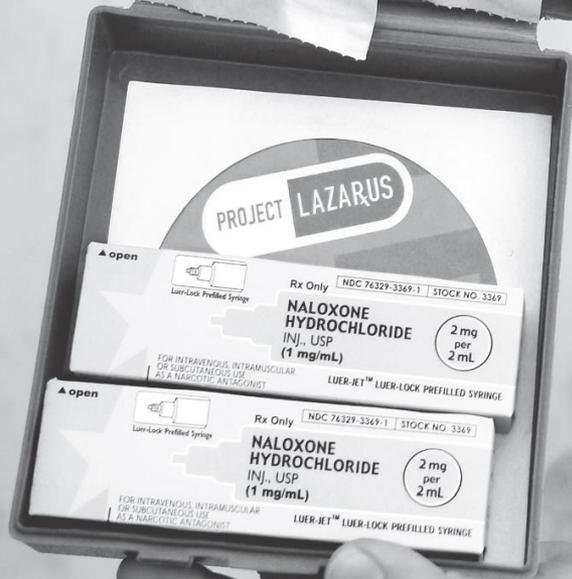


I've mentioned Project Lazarus in a previous blog entry. In that blog, I was cautiously supportive of this project, which provides kits to opioid addicts to reverse a life-threatening overdose with intranasal naloxone. Since that blog post, I've become a whole-hearted supporter of Project Lazarus, due to an incident in a community where I work. I'm going to change some of the details and circumstances of this occurrence so that the individuals involved can't be recognized.

Last month, a young lady seeking admission to the opioid treatment program said she came for help because she'd almost died four days earlier. She said she'd injected a normal (for her) dose of opioids, and passed out. Her breathing either stopped or slowed dramatically, because her brother, an established patient at this clinic, found her unresponsive and blue. He couldn't see her taking any breaths. Panicked, he called his counselor at the clinic, who told him to disconnect immediately so he could call 911, and then get his naloxone kit he'd been given when he entered treatment and started on methadone.

He followed those instructions precisely. After calling 911, he used his kit and shot the naloxone

Save a Life.



*Naloxone:
The Overdose
Antidote*

PROJECT LAZARUS

For prescribers and pharmacists

- [Prescribetoprevent.org](https://www.prescribetoprevent.org)

Family support

- [Learn2cope.org](https://www.learn2cope.org)
- [Grasphelp.org](https://www.grasphelp.org)

News + research on overdose prevention

- [Overdosepreventionalliance.org](https://www.overdosepreventionalliance.org)

International overdose prevention efforts

- [Naloxoneinfo.org](https://www.naloxoneinfo.org)

Opioid overdose prevention education

- [Stopoverdose.org](https://www.stopoverdose.org)

Legal interventions

- www.networkforphl.org/asset/qz5pvn/network-naloxone-10-4.pdf

Project manual

- harmreduction.org/issues/overdose-prevention/

2013 National Drug Control Strategy

- www.whitehouse.gov/ondcp/2013-national-drug-control-strategy

ASAM 2010 Policy Statement

- www.asam.org/docs/publicity-policy-statements/1naloxone-1-10.pdf

SAMHSA toolkit

- store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742

SAMHSA Letter to prescribers

- www.dpt.samhsa.gov/pdf/dearColleague/SAMHSA_fentanyl_508.pdf



Wilkes County NC RESULTS

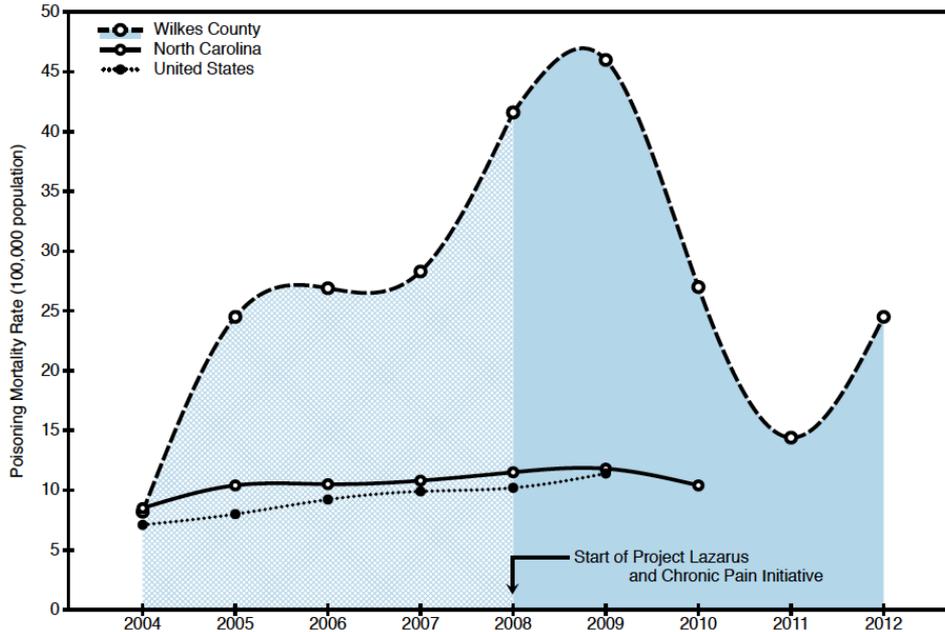


www.projectlazarus.org
Fred

The overdose death rate dropped 69% in two years after the start of Project Lazarus and the Chronic Pain Initiative.



Wilkes County Results



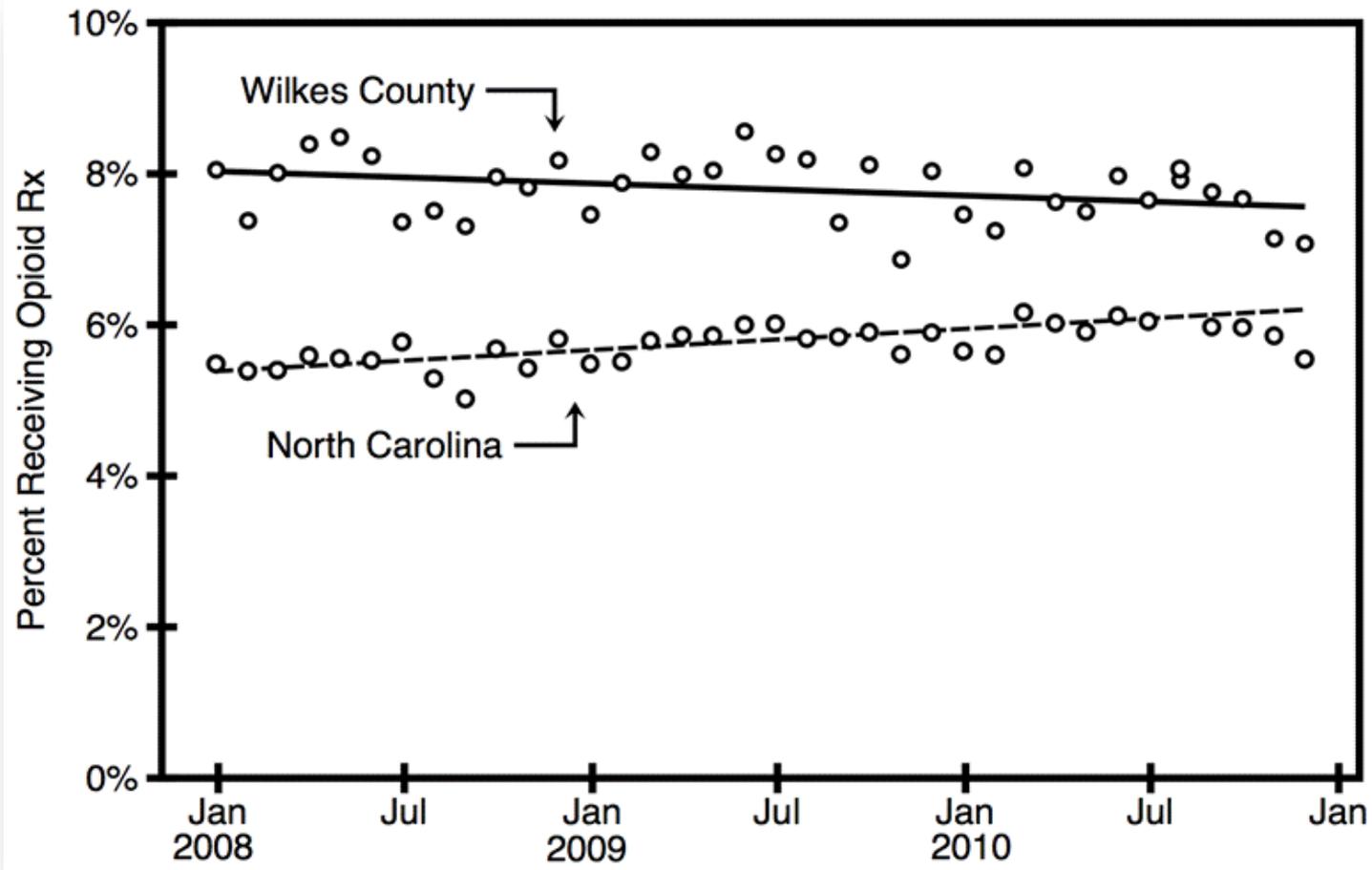
- Wilkes School SA incidences
7.3 per 1000 2011-2012
4.9 2012-2013
3.4 2013-2014
- SA ED visits down 15.3 %
- Involuntary commitments reduced/Less SA calls
- Diversion Tips increased
- OTP SA treatment admissions
2010 - 0, 2015 - 400+
- Churches supporting individuals in treatment

- Wilkes Scripts related to overdose
2008 – 82%, 2011 – 0%

- Operation OpioidSafe, US Army Ft. Bragg, NC 15 OD's per 400 soldiers to 1 per 400.
The non-fatal opioid overdose rate for 2008 and 2009 was 17 per thousand soldiers. That rate dropped to 1.4 per thousand soldiers according to WTU Brigade surgeon statistics.

Wilkes County Opioid Prescribing

Wilkes County had higher than state average opioid dispensing during the implementation of Project Lazarus and the Chronic Pain Initiative. Access to prescription opioids was not dramatically decreased.



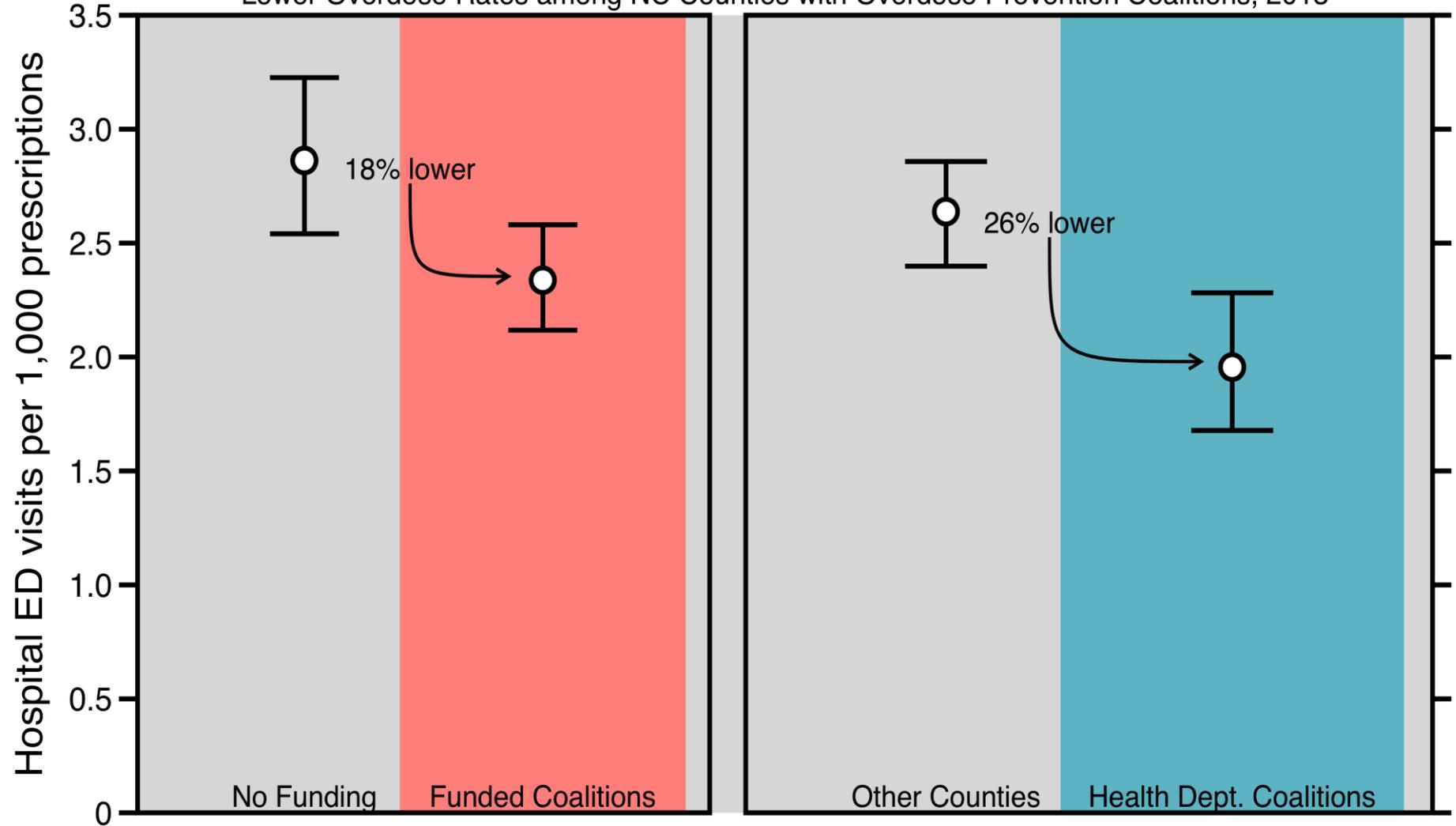
Can coalitions help reduce Rx drug abuse?

- Counties with coalitions had **6.2%** lower rate of ED visits for substance abuse than counties with no coalitions (but this could be due to random chance)
- In counties with coalitions **1.7%** more residents received opioids than in counties without a coalition.
- **However, counties with a coalition where the health department was the lead agency had a statistically significant 23% lower rate of ED visits ($X^2=2.15$, $p=0.03$) than other counties.**

Level 3: *"People have talked about doing something, but so far there isn't anyone who has really taken charge. There may be a few concerned people, but they are not influential.*

- **For every unit increase in county leadership there is a 2.7-fold increase in the odds of having community forums & workshops, after accounting for other prevention efforts and resources.**

Lower Overdose Rates among NC Counties with Overdose Prevention Coalitions, 2013



Vertical axis is rate of opioid overdose/dependence hospital visits per 1,000 opioid analgesic prescriptions dispensed to NC residents. ICD-9-CM-based case definition of ED visits taken from Injury Surveillance Workgroup 7 recommendations for opioid overdose/dependence. Source: Injury Prevention Research Center, University of North Carolina at Chapel Hill

Venues to help build coalitions



Community forums must be repeated to motivate the necessary stakeholders to take action.



The Secretary's efforts focus on three priority areas...

Prevention

Providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions and address the over-prescribing of opioids.

Intervention

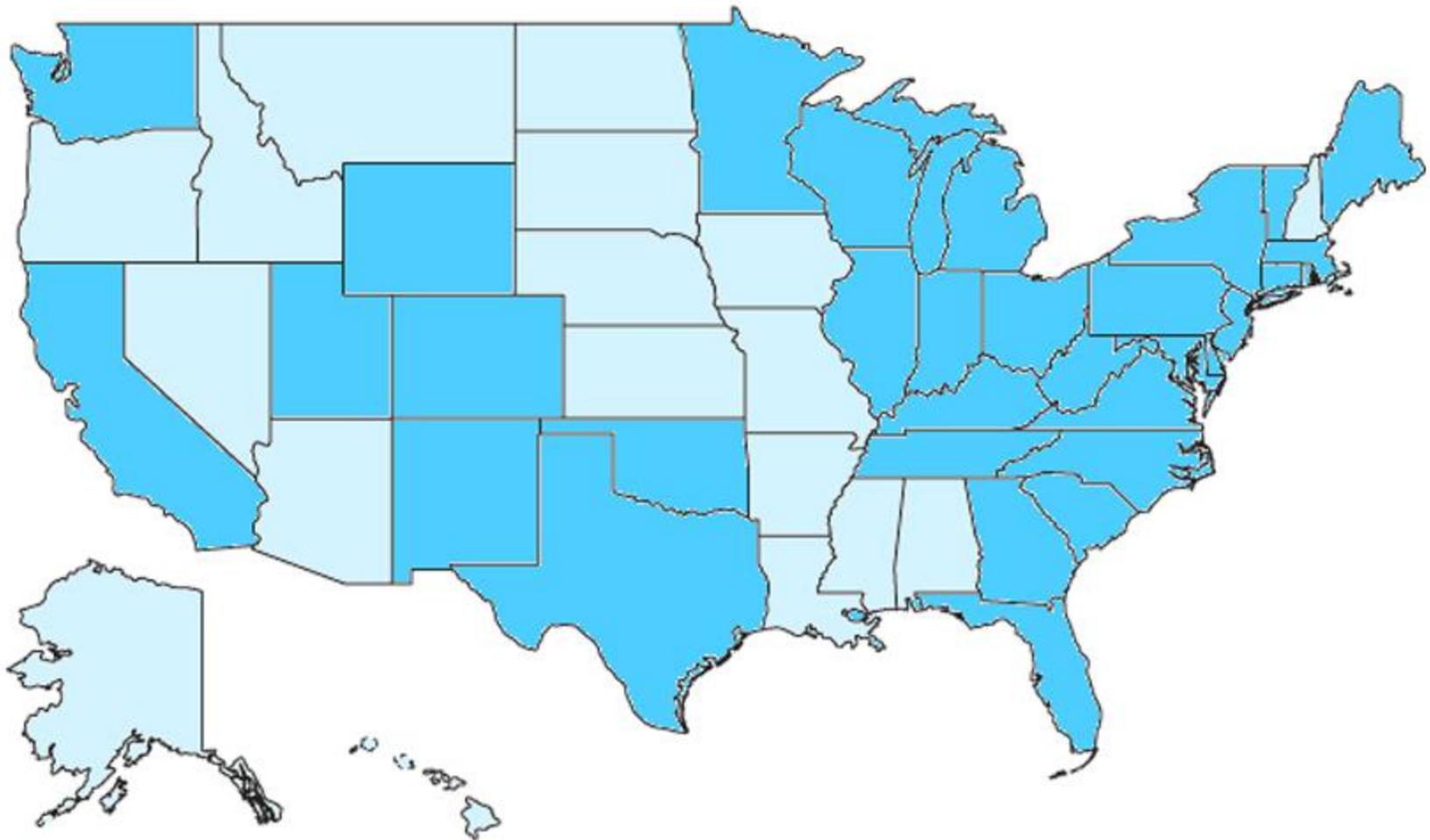
Increasing use of naloxone, as well as continuing to support the development and distribution of the life-saving drug, to help reduce the number of deaths associated with prescription opioid and heroin overdose.

Treatment

Expanding the use of Medication-Assisted Treatment (MAT), a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.

Project Lazarus Replication

PROJECT LAZARUS



Project Lazarus

PROJECT LAZARUS



Fred Wells Brason II
fbrason@projectlazarus.org

*Robert Wood Johnson
Community Health Leader
Award 2012*

projectlazarus.org

STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF THE PRESIDENT 2013

“Project Lazarus is an exceptional organization—not only because it saves lives in Wilkes County, but also because it sets a pioneering example in community-based public health for the rest of the country.”