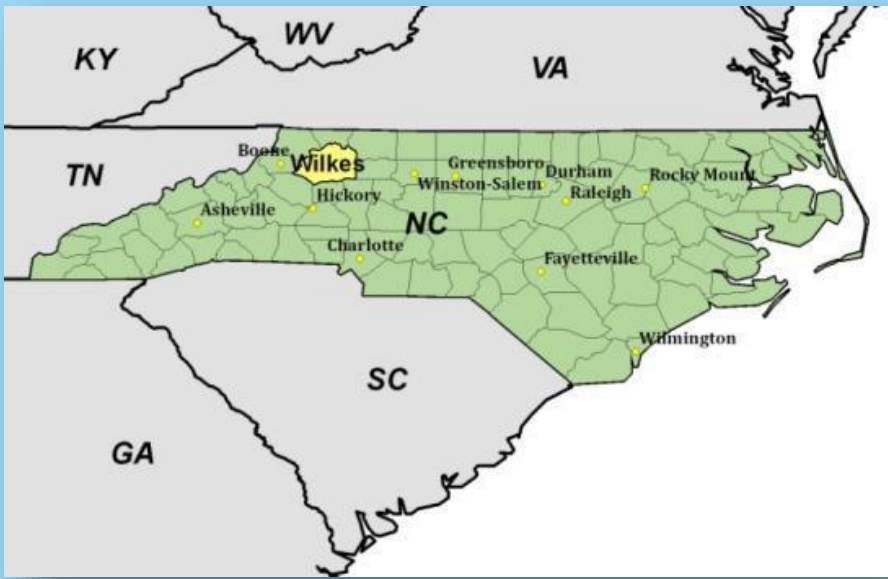


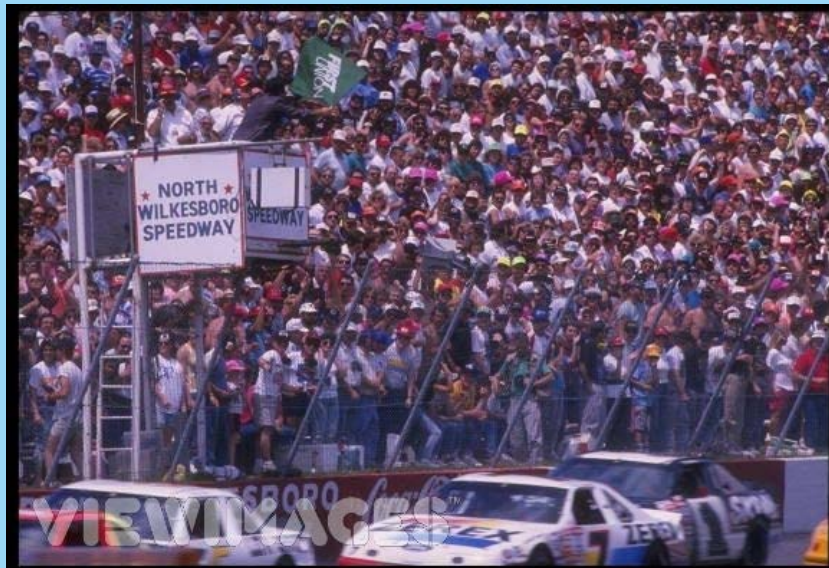
*Preventing opioid poisonings
Presenting responsible pain management
Promoting Substance Use Treatment
and Support services*

*Fred Wells Brason II
fbrason@projectlazarus.org*





Pilot Project Setting



Manual labor dominates employment options in this county of 68,000.



Project Lazarus believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.

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

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

CDC Policy Impact: Prescription Painkiller Overdoses

PROJECT LAZARUS

For every **1** death there are...



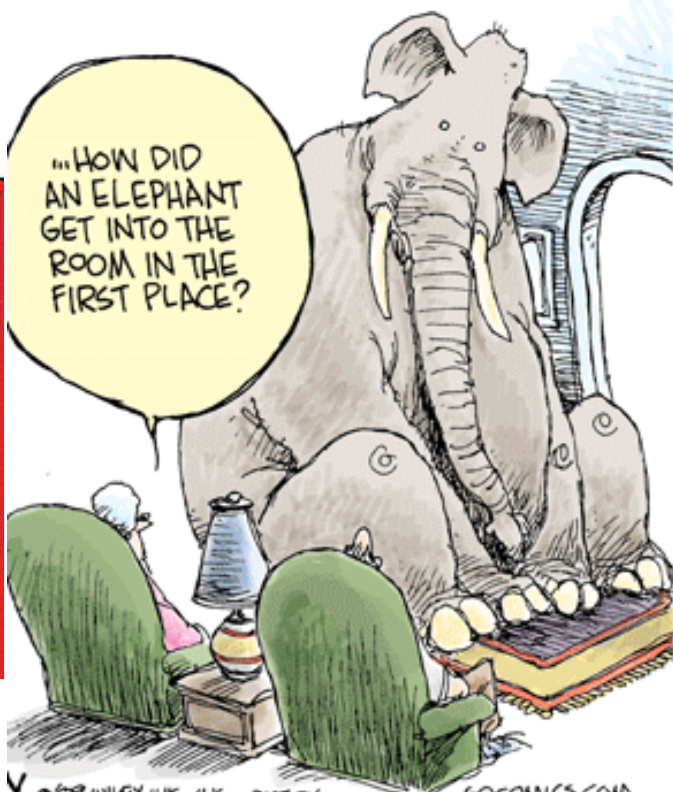
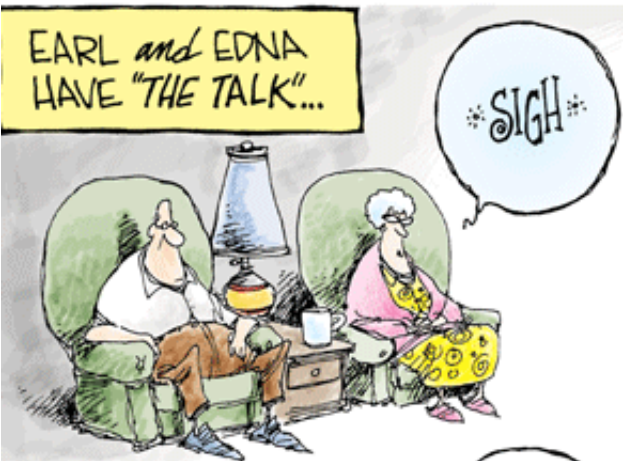
10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

NON SEQUITUR BY WILEY



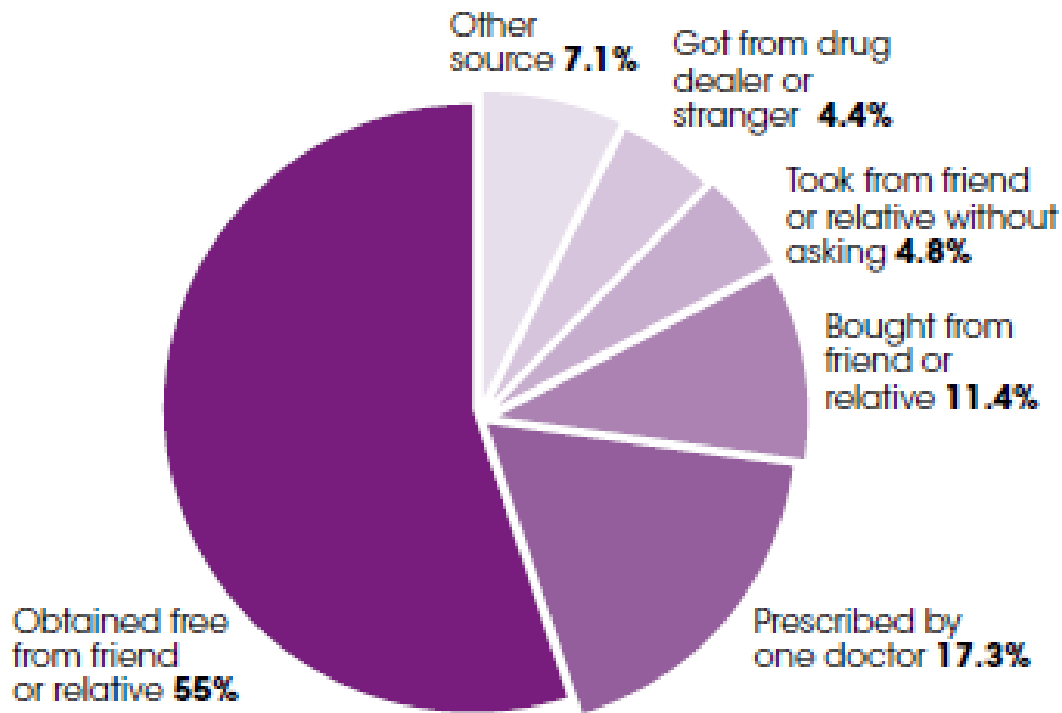
Pharmaceutical vs. Street Drugs Perception

- **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

PROJECT LAZARUS

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



Source: Substance Abuse and Mental Health Services Administration.

Results from the 2010 National Survey on Drug Use and Health: volume 1: summary of national findings.

Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2011.

Available from URL: <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#2.16>.

“EASY BUTTON” to life problems

PROJECT LAZARUS



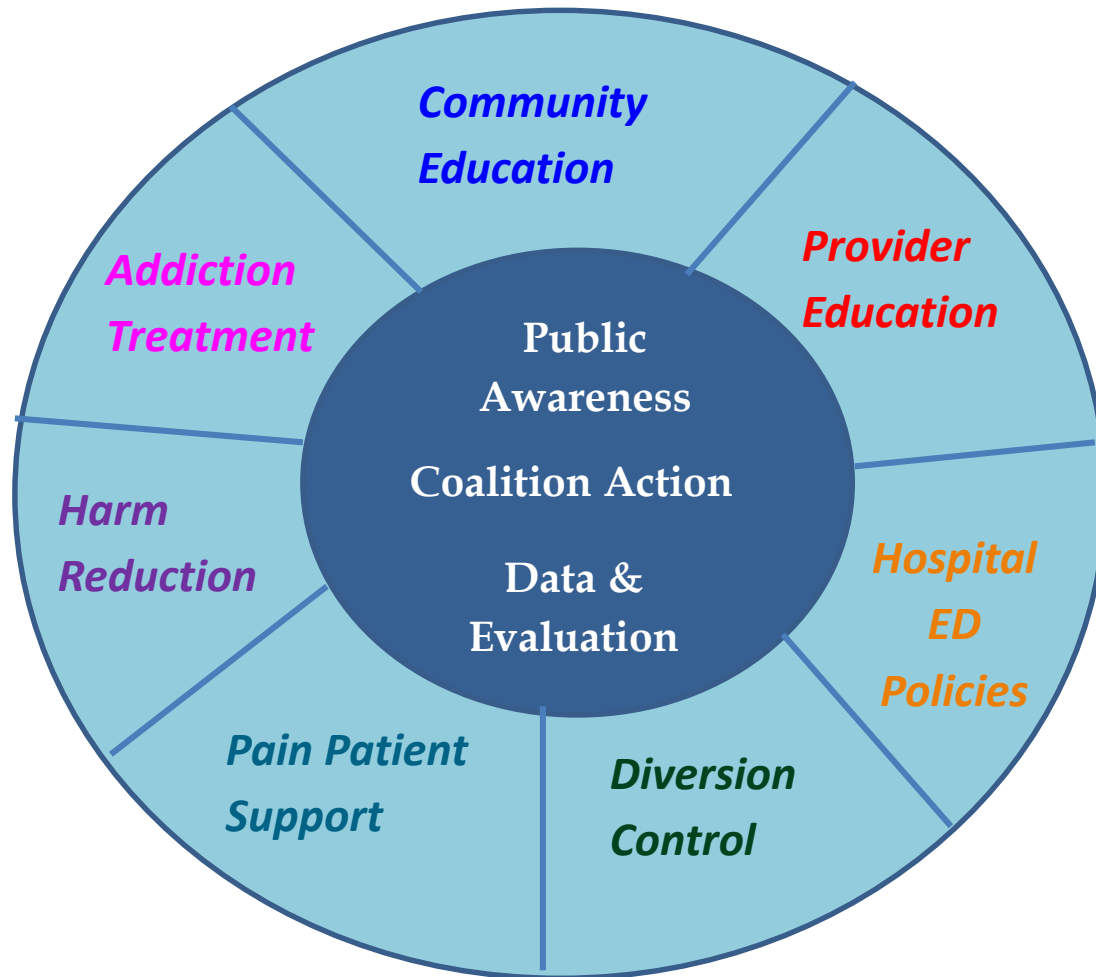
“JACHO and VA
5th new vital
sign



Sidewalk Bubblegum ©1995 Clay Butler



Project Lazarus Model



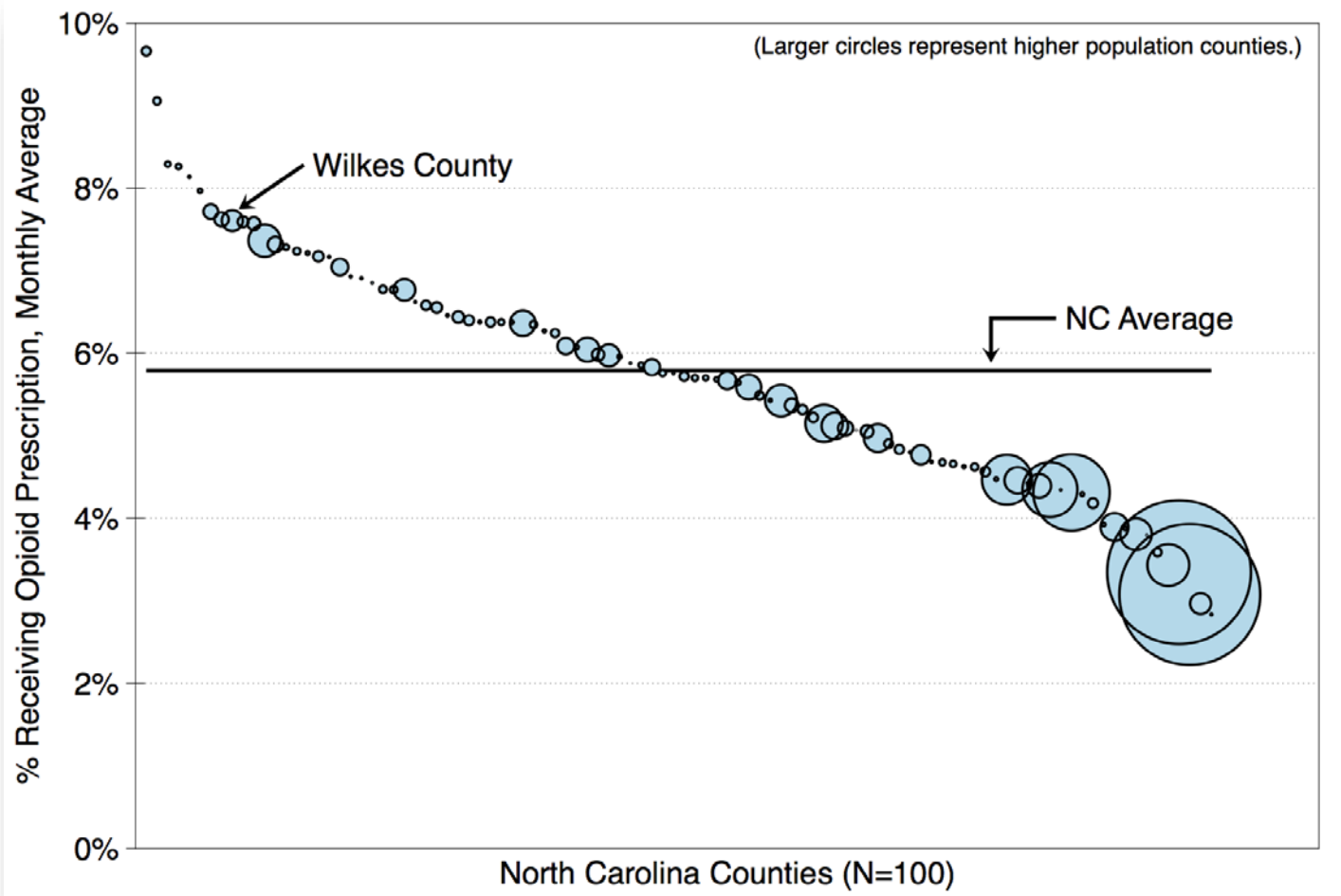
The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.

- 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*

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.

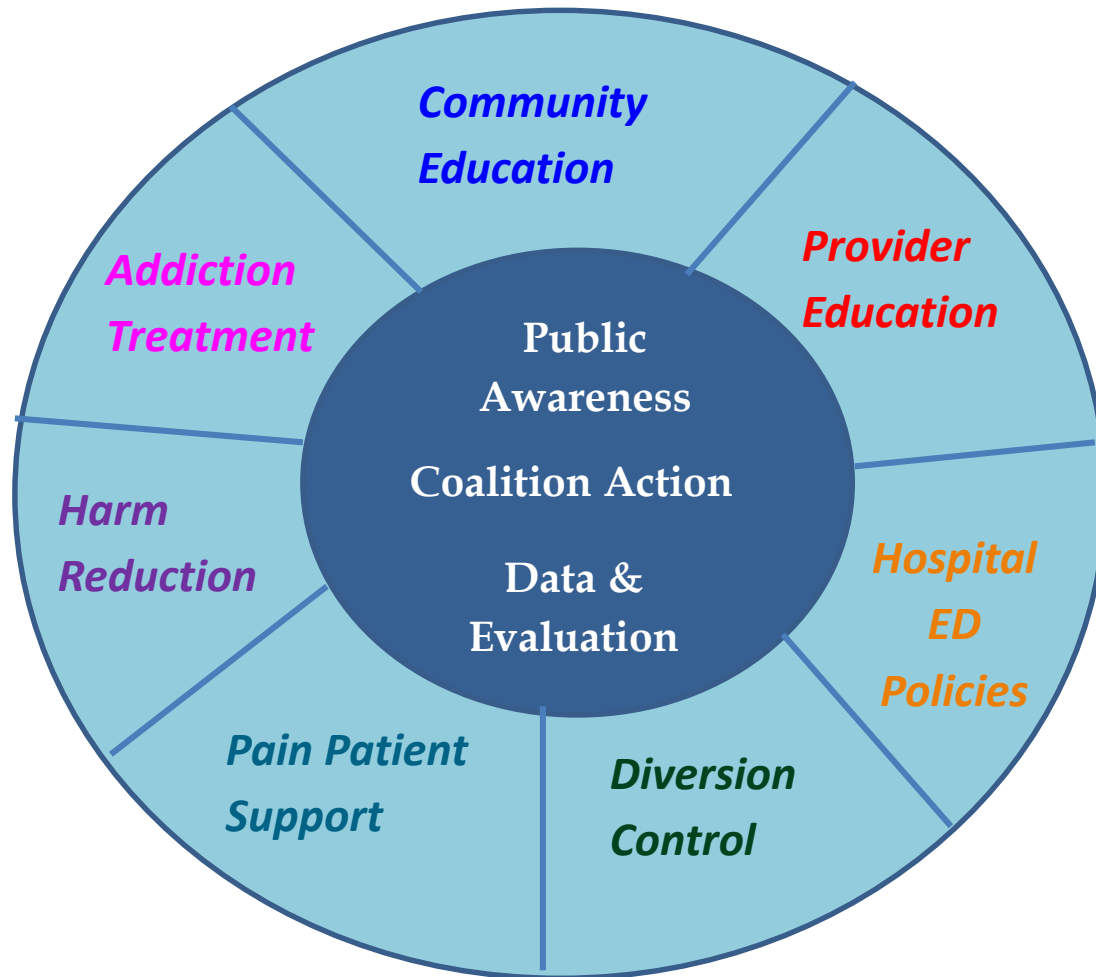


Epidemiologic Profile of Unintentional Poisonings: NC Counties

The early data that you will need includes certain health related information:

- Mortality
- ED/Hospitalizations
- Treatment admissions
- Prescriptions dispensed
- % Prescribers signed on to PDMP

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.

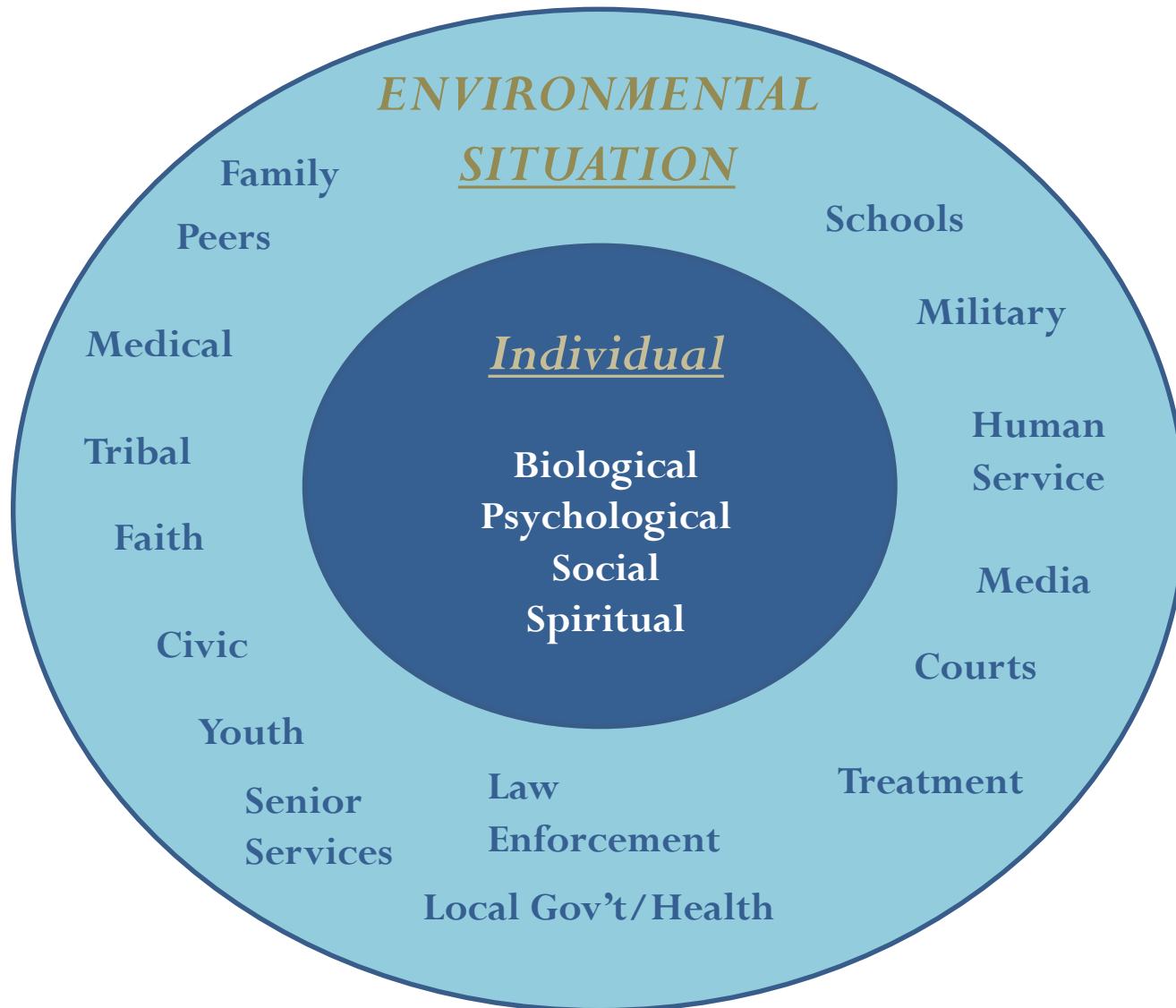
Community Education –

- 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.”

Project Lazarus Coalition Leader Manual and Community Toolkit

COMMUNITY



R_x ABUSE AND DEATH



THEY GO HAND IN HAND

Risk Reduction – Community Education

PROJECT LAZARUS

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.

PROJECT LAZARUS

Patient opioid safety education starts in the clinic and continues in the community.



Chronic Pain Initiative – CPI

- Treatment of chronic pain
 - Exploring options instead/
in addition to medications
- Reduce risk of patient medication diversion
- Reduce risk of patient overdose
- Reached via trainings with Continuing Medical Education Units (CME), lunch and learn, Grand Rounds, webinars
- Use of the Prescribers Toolkit



Hospital Emergency Department (ED) Policies - it is recommended that hospital ED's develop a system-wide standardization with respect to prescribing narcotic analgesics.

- Project Lazarus ED Toolkit –
 - Case Management - Embedded case manager
 - Clinical Management Algorithm
 - Prescribing Policies
 - “High Utilizers” for chronic pain - non-narcotic
 - No refills for controlled substances
 - 10 tablets recommended
 - Patient Education – risk/benefit - naloxone
 - Prescription Drug Monitoring Program (July 2007 NC, CSRS)
 - Prior to prescribing controlled substance
 - Substance Use Assessment Tools – referral mechanisms

Diversion Control – Supporting individuals on prescription medications, particularly those who are treated with opioid analgesics, is an important form of diversion control: *take correctly, store securely, dispose properly and never share.*

Law Enforcement, Pharmacist and Facility training on forgery, methods of diversion and drug seeking behavior.



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.

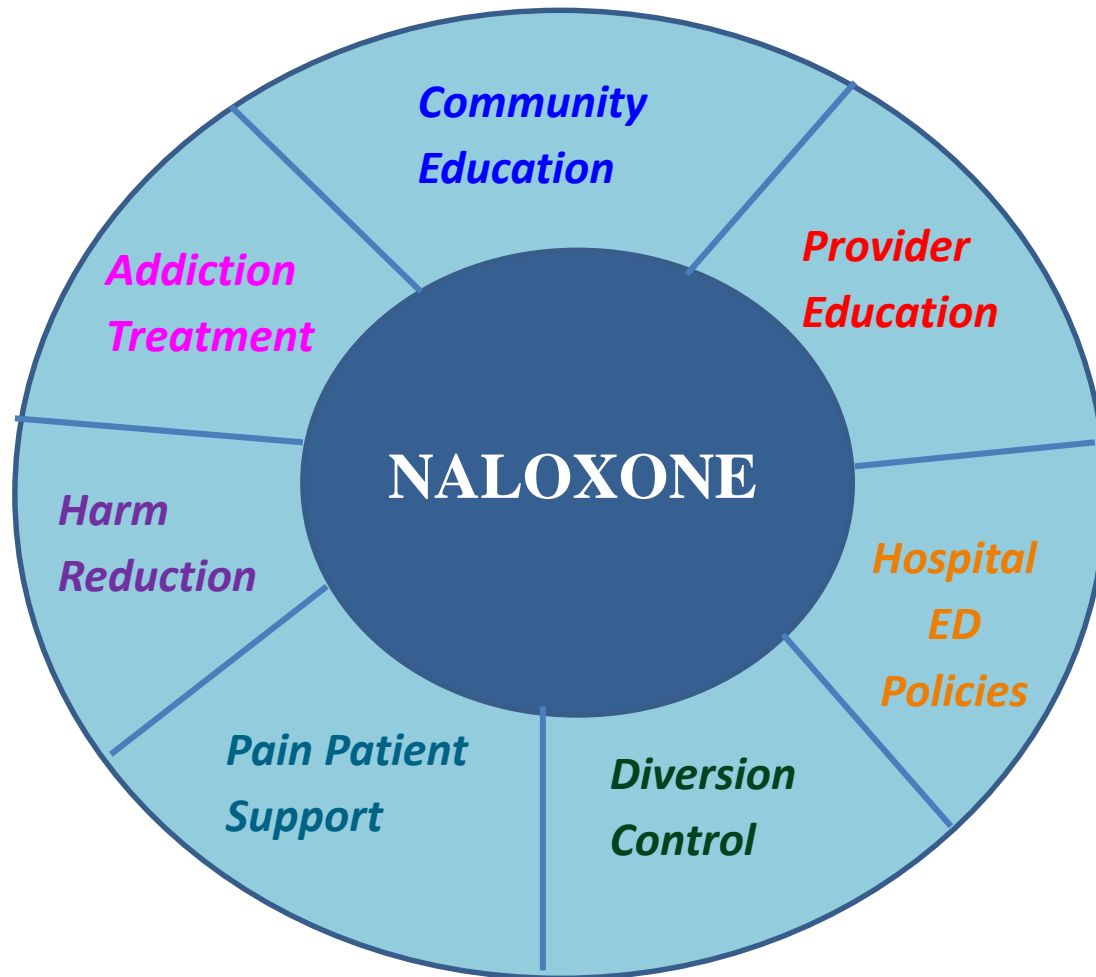
The Spokes- Harm Reduction

PROJECT LAZARUS

- Overdose prevention training
- Increasing access to naloxone (Narcan)
 - Individuals, family members, law enforcement, first responders
- 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 – Ft. Bragg
- NC SB 20 Naloxone and Good Samaritan



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.

Addiction treatment, especially opioid agonist therapy like methadone maintenance treatment or office based buprenorphine treatment, has been shown to dramatically reduce overdose risk.

Access to treatment is limited by two main factors:

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

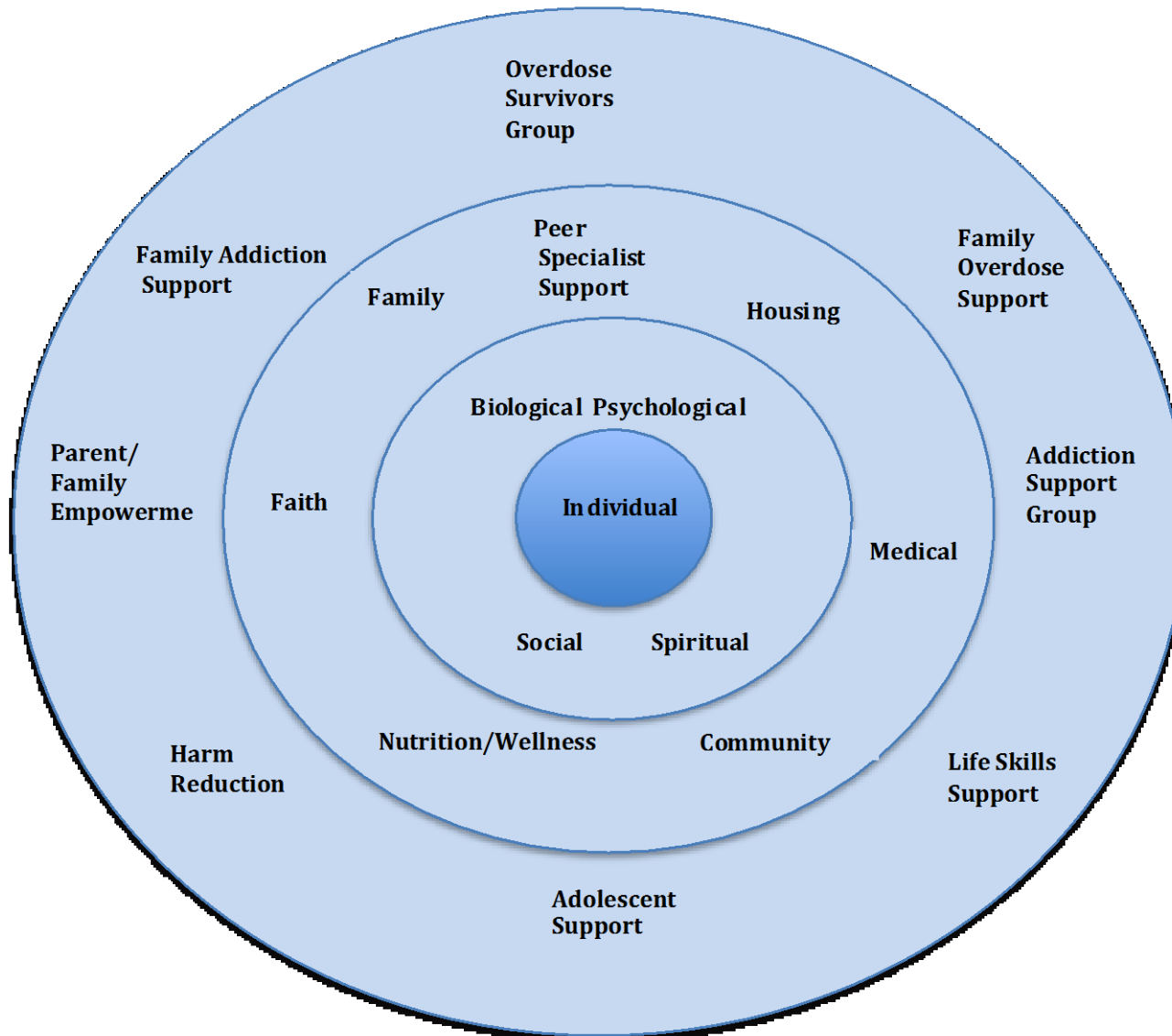
***Lazarus Recovery Services – community based
Lazarus Peer Guides***

“Local methadone clinic helps reduce Rx deaths”

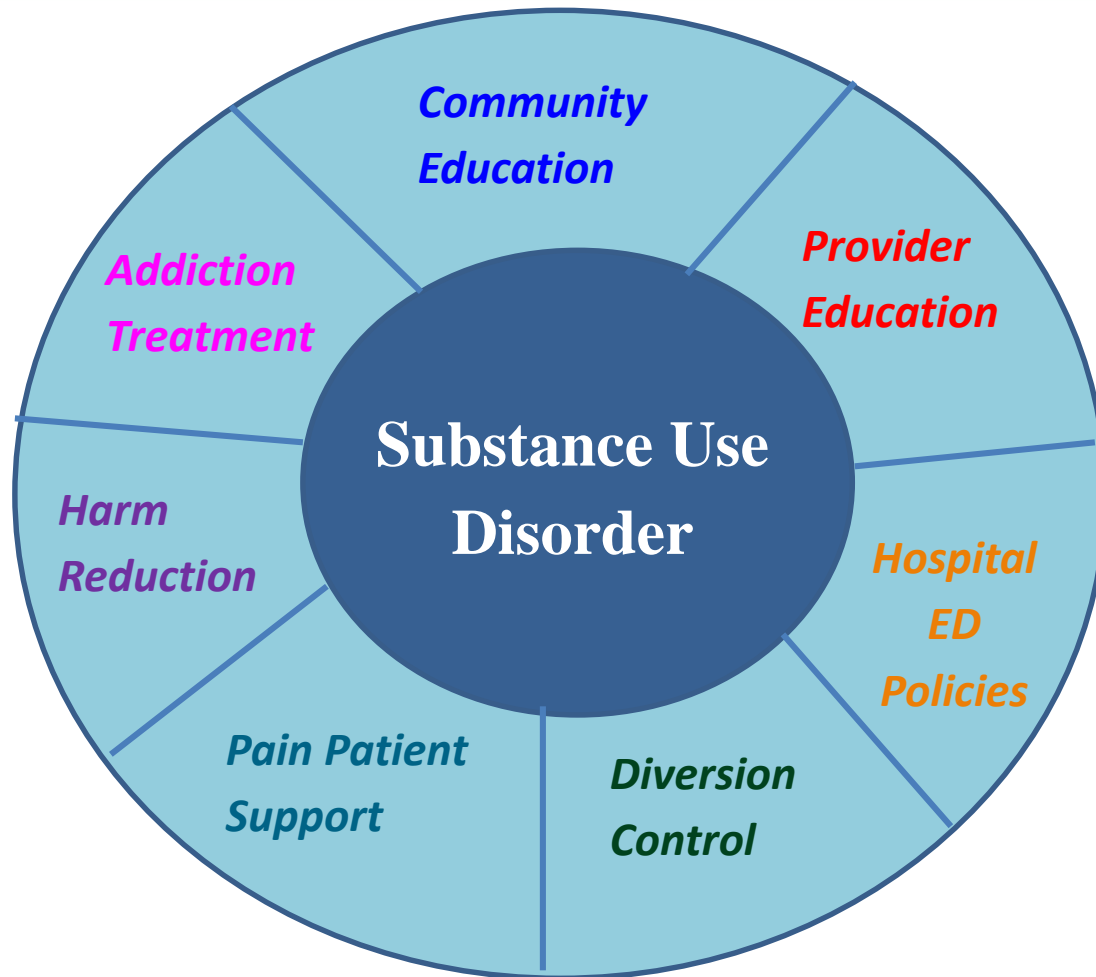
Wilkes Journal Patriot Posted: Wednesday,
March 12, 2014 2:00 pm **Jule Hubbard**



Lazarus Recovery Services



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.



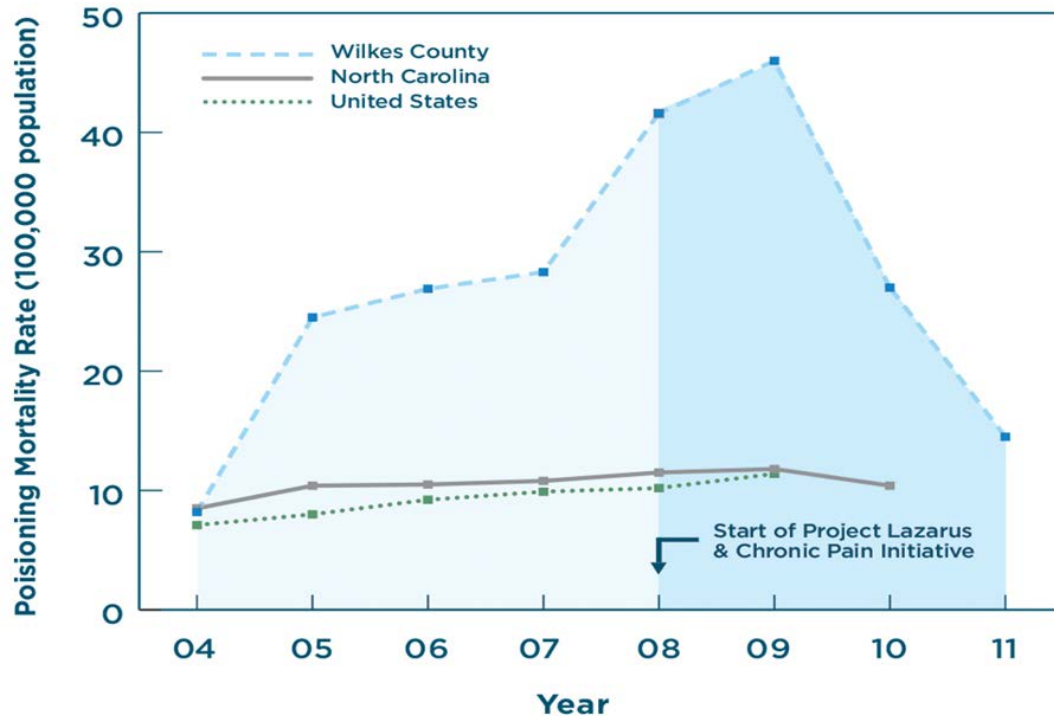
Wilkes County NC RESULTS



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 Scripts related to overdose 2008 – 82%, 2011 – 0%
- SA ED visits down 15.3 %
- Involuntary commitments reduced/Less SA calls
- Diversion Tips increased – prescription medication and methamphetamine

- Operation OpioidSafe, US Army Ft. Bragg, NC
15 OD's per 400 soldiers to 1 per 400
- Buprenorphine and MAT

Local methadone clinic helps reduce Rx deaths

Posted: Wednesday, March 12, 2014 2:00 pm

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...

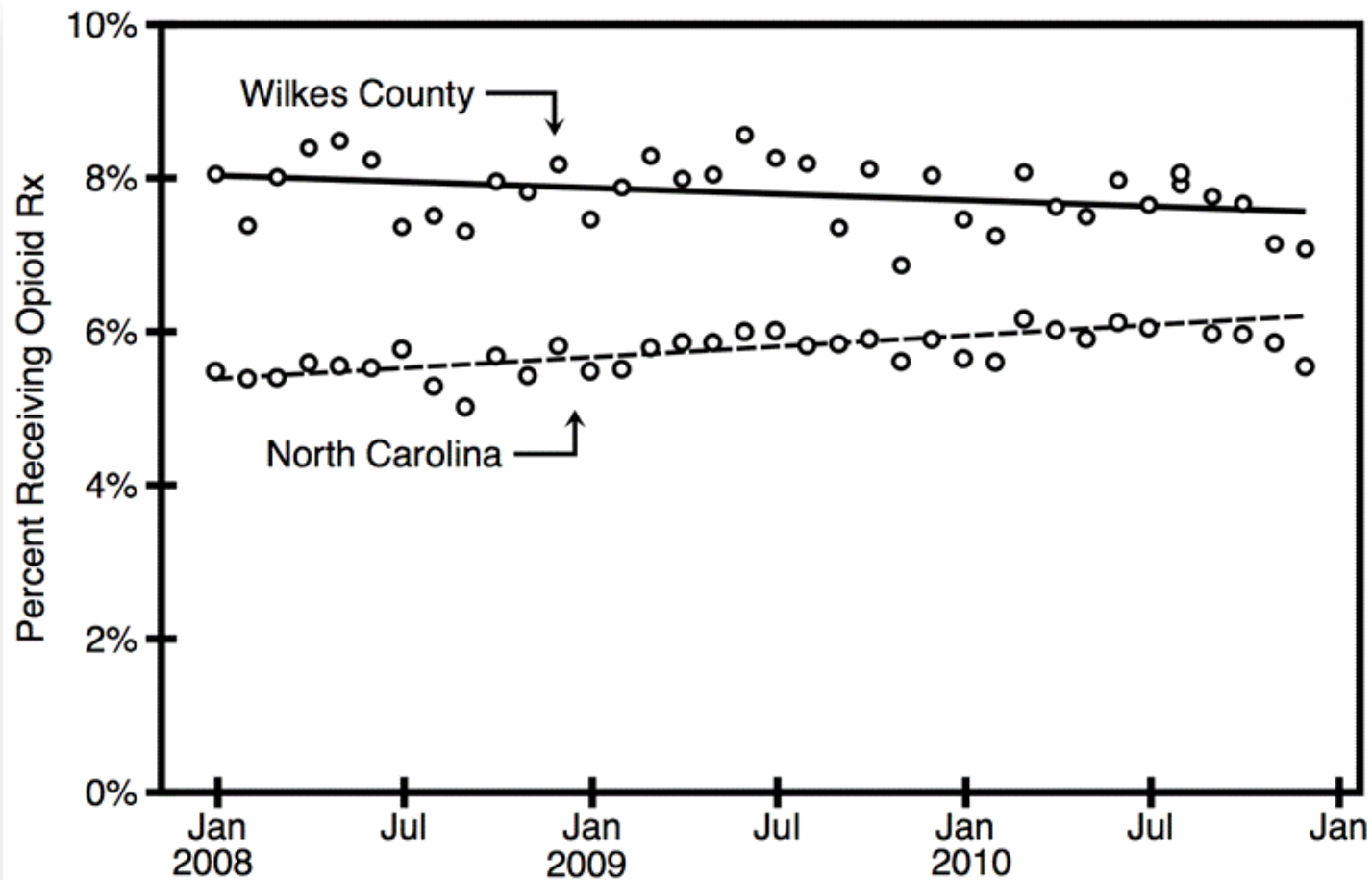


http://www.journalpatriot.com/news/article_dbd0f6e8-aa0c-11e3-8435-001a4bcf6878.html

- OTP SA treatment admissions
2010 - 0, 2013 - 400+
- Churches supporting individuals in treatment

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.**

Project Lazarus deliverables

- I. Training and Technical Assistance
 - A. Leadership Training Manual
 - B. Community Toolkit
 1. Sector Fact Sheets/Sector Training
 2. Media
 3. Sustainability
- II. Pharmacist CE
- III. Law Enforcement Training – Diversion/Project Pill Drop
- IV. School Resource Personnel (CISM, Addiction, Trauma)
- V. Prescriber CME
 - A. Prescribers Toolkit
 - B. ED Toolkit
- VI. Naloxone – Project Lazarus initiative – Rescue Kits
- VII. Data and Evaluation
- VIII. Community Based Addiction/Recovery Support Services

Casey Reeves

PROJECT LAZARUS



Feb. 4, 1980 – August 12, 2006

Project Lazarus

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Community-based
**Overdose Prevention from North Carolina and
the Community Care Chronic Pain Initiative**

Visit the Project Lazarus
blog @ for regularly updated
news and events related to
overdose prevention and
chronic pain management.

ProLaz
Results

ProLaz
In the News

Donate

Community Care
of North Carolina

Fred Wells Brason II
fbrason@projectlazarus.org

*Robert Wood Johnson
Community Health Leader
Award 2012*

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