
PROJECT
LAZARUS
www.projectlazarus.org
Fred Wells Brason II

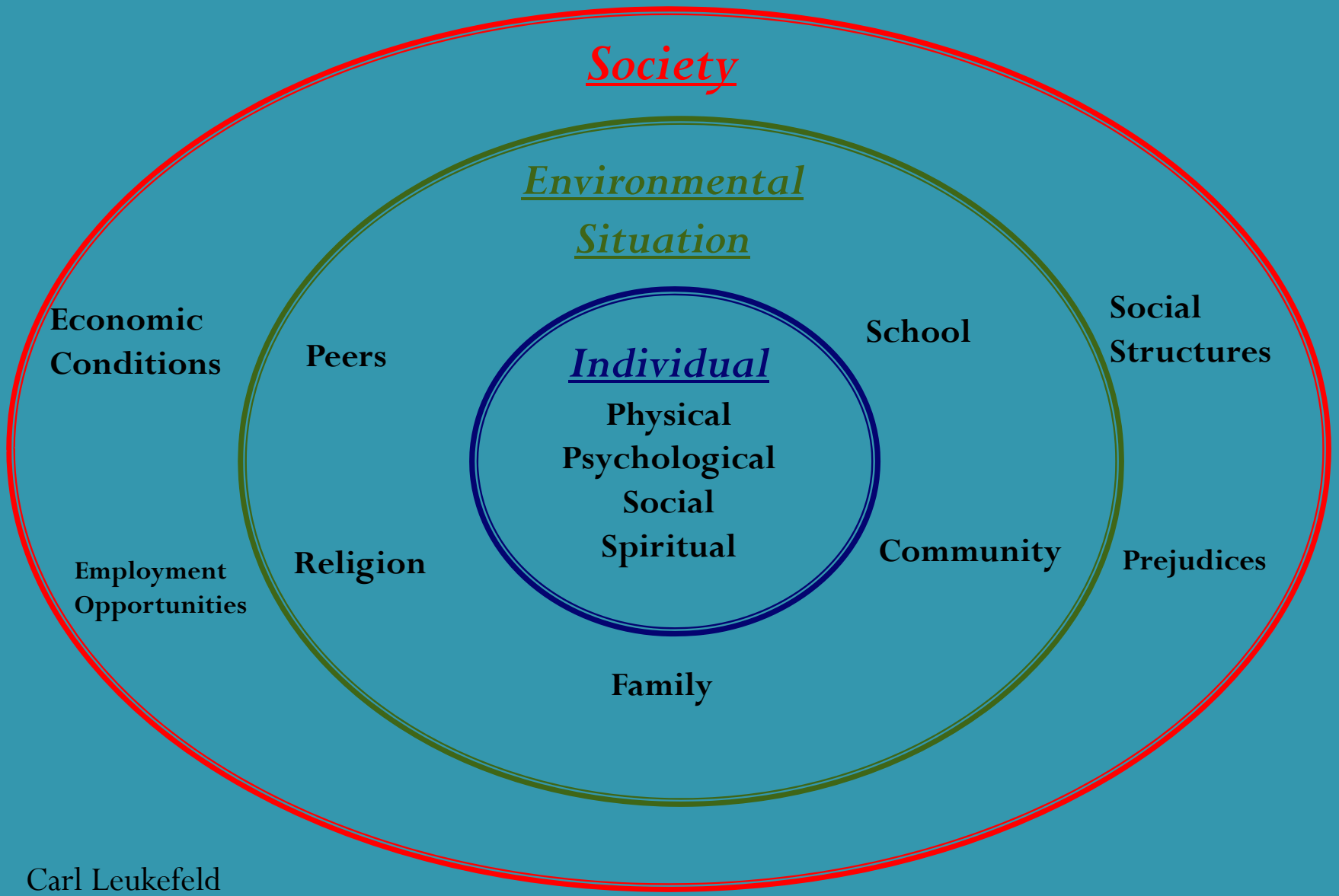
Project Lazarus - Mission Statement

Project Lazarus provides expertise in managing a community-based educational and interventional program that intends to reduce deaths among patients that are at increased risk from abusing or misusing narcotics and dying from an accidental poisoning (unintentional drug overdose).

DISCLOSURE: Support by Purdue Pharma, L.P. Grant NED 101356, Unrestricted Educational Funds.

Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

LOCUS OF RURAL INTERVENTIONS



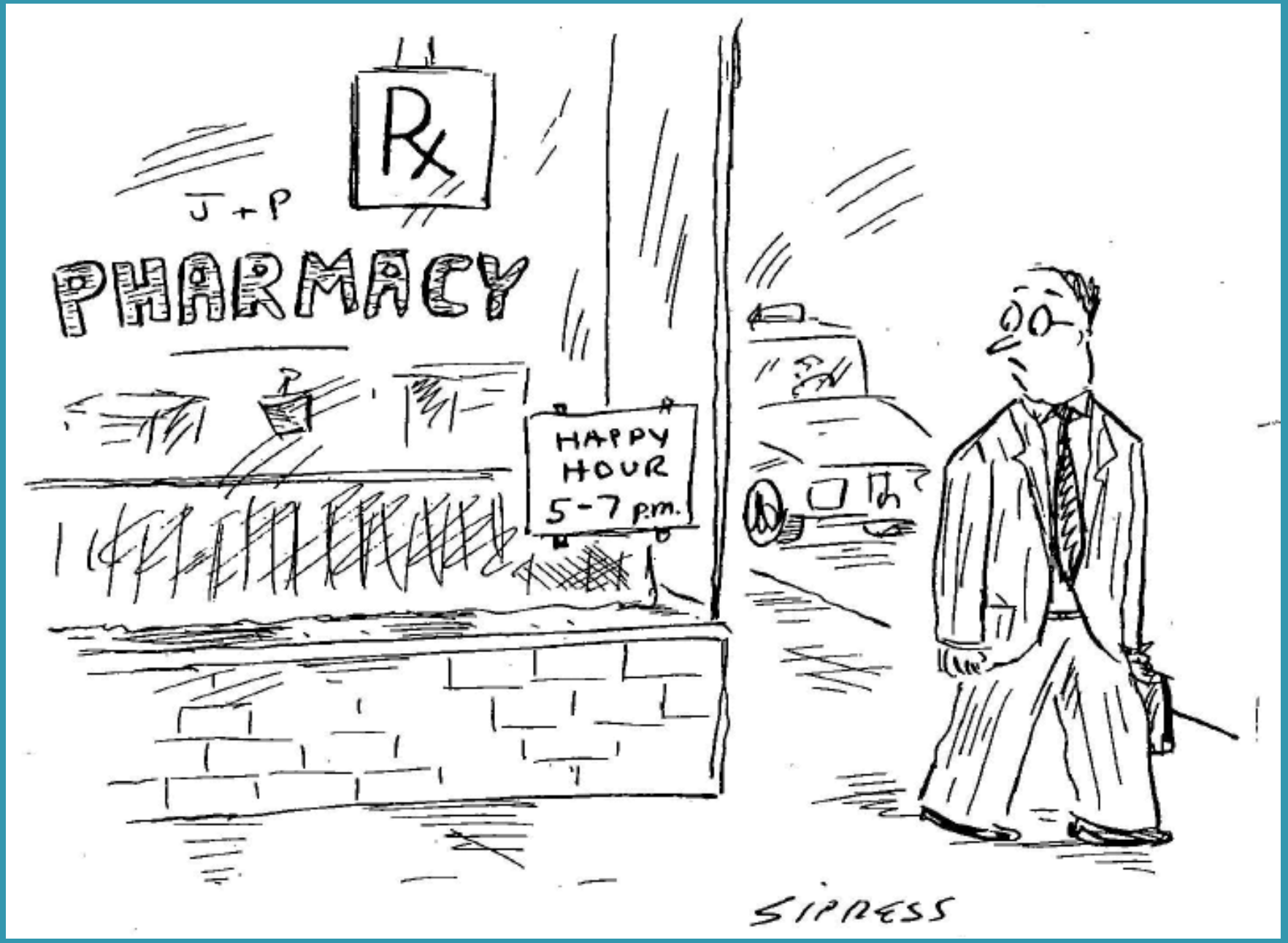
Carl Leukefeld
University of Kentucky July 2006

Community awareness and coalition building

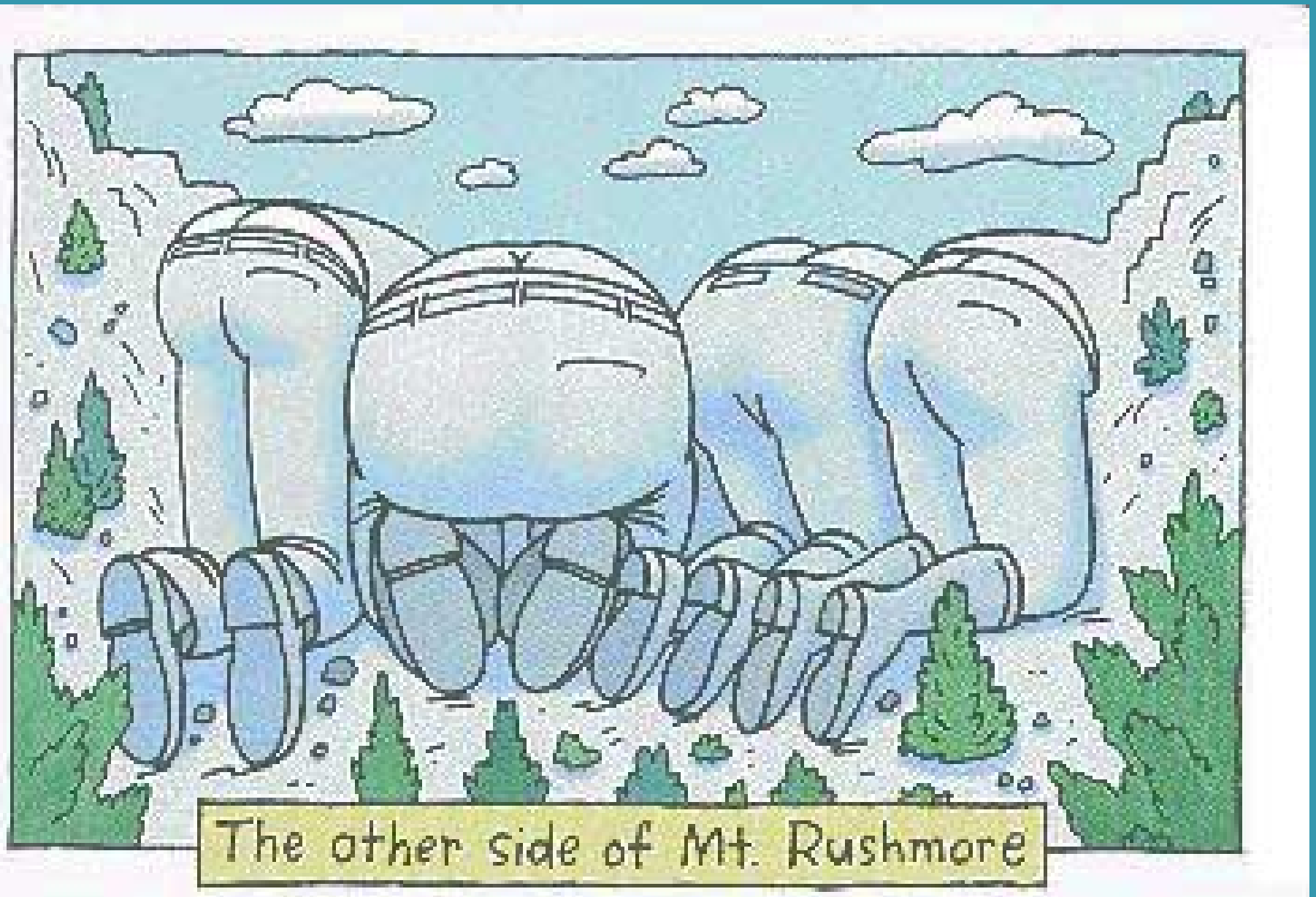
- Community organizers must know their communities.
- Communities must be made aware they have a problem, and
- Communities must be allowed to help formulate a response before they'll support changes to the status quo.

Wilkes coalitions working with Project Lazarus

1. Wilkes Healthy Carolinians Council
2. Substance Abuse Task Force
3. United Way and partner agencies
4. Wilkes Region Medical Center, practicing physicians
5. Wilkes Ministerial Association
6. Wilkes County Health Department
7. New River Behavioral Health Center
8. Wilkes Co. Sheriff's Office & Town Police, SBI
9. Parents and teens
10. Child Abuse Prevention Team
11. Wilkes Schools & Community College
12. SAFE Family Shelter/Domestic Violence
13. Northwest Community Care Network (Medicaid)
14. News Media
15. Wilkes Family Resource Center
16. TASC, Treatment Accountability for Safer Communities (bridge between justice and treatment)
17. Pain and Addiction Specialists, Practices, Clinics and Recovery Programs
18. Medical Examiners
19. Juvenile Court


Rx
J + P
PHARMACY
HAPPY HOUR
5-7 p.m.
SIPRESS

Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

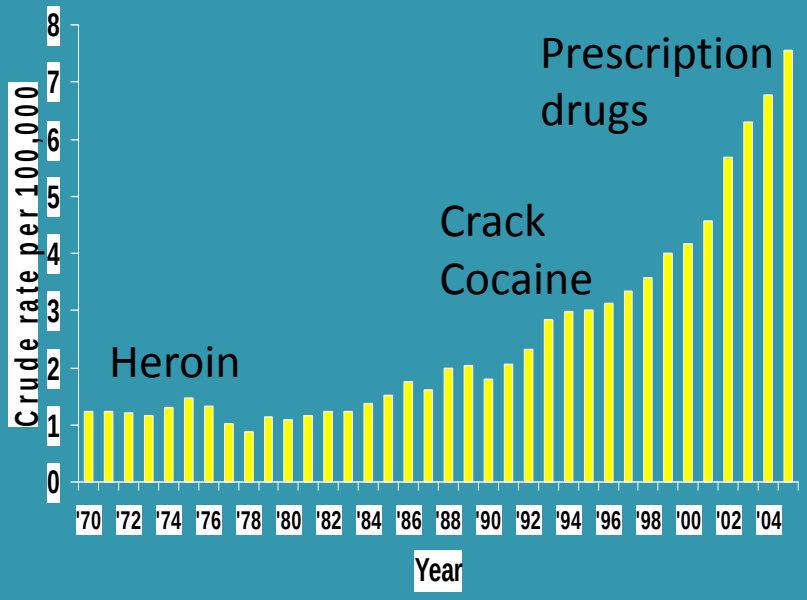

The other side of Mt. Rushmore

Step 2. Epidemiologic Surveillance

- Broad spectrum of data on fatal and non-fatal overdoses
  - Mortality
    - Vital records
    - Medical Examiner system
  - Non-fatal overdoses
    - Emergency Department
- Data on prescribing of controlled substances
  - Practitioner access to patient prescribing profiles
  - Public health access to anonymized data
- Global and local data
- Historical trends
- Current findings

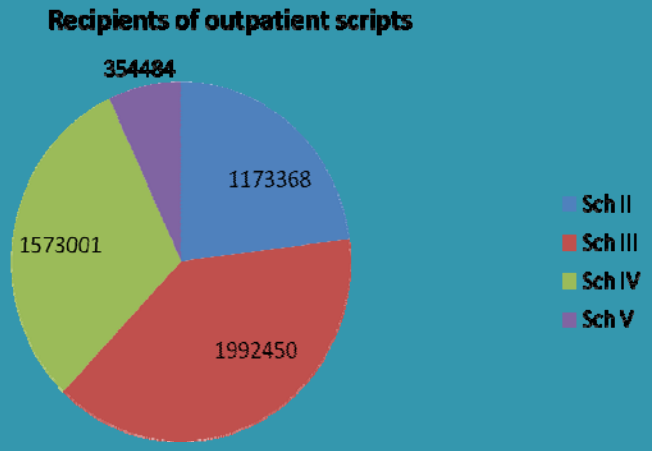
Increasing prevalence of fatal poisonings in US (1970-2004) and recipients of outpatient scripts in NC for 2008 by drug Schedule

Epidemics of unintentional fatal drug overdose in the United States, 1970-2005



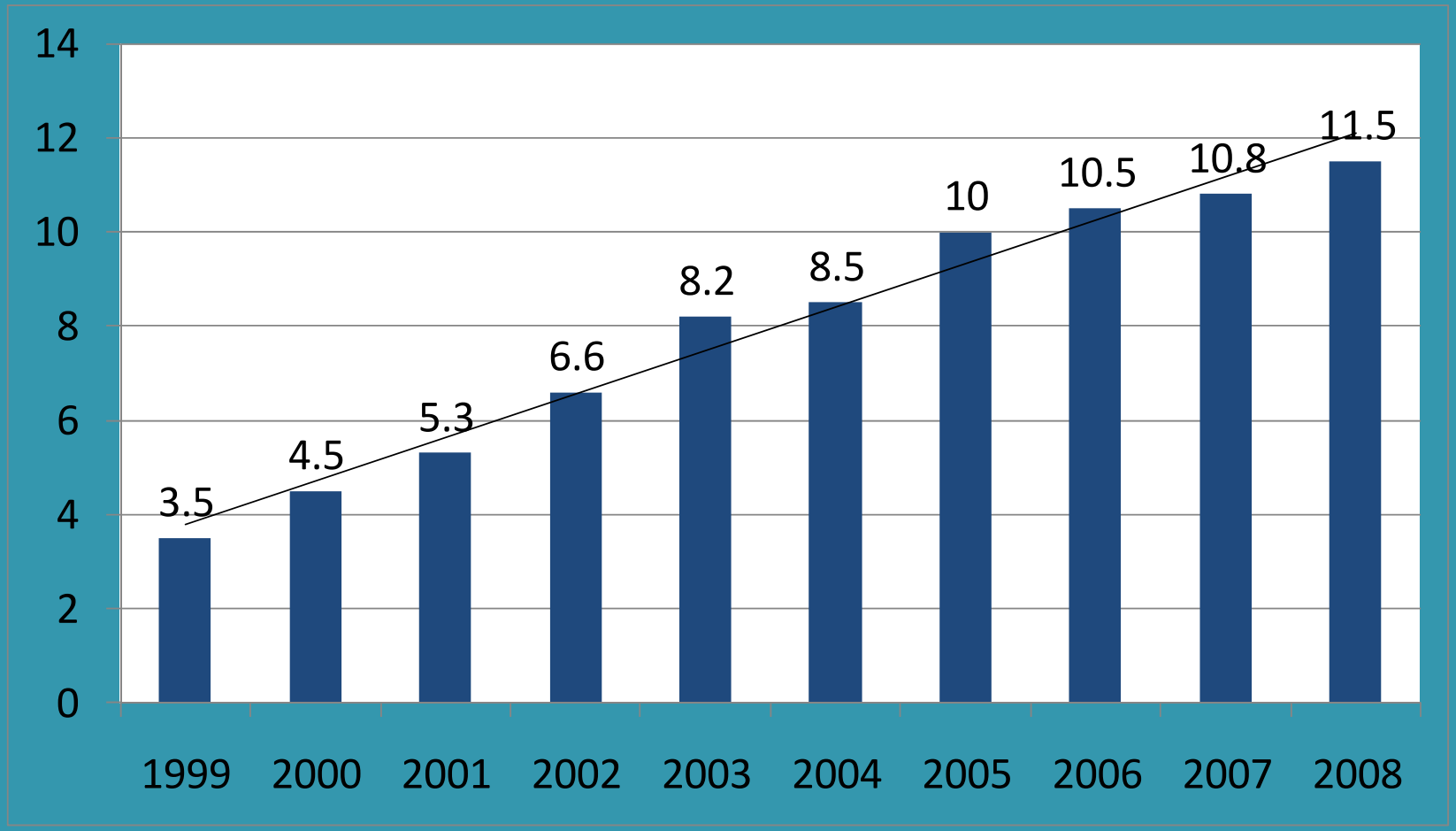
Source: Paulozzi, L. April 2008

5.1 million recipients of outpatient prescriptions for controlled substances by schedule: NC, 2008



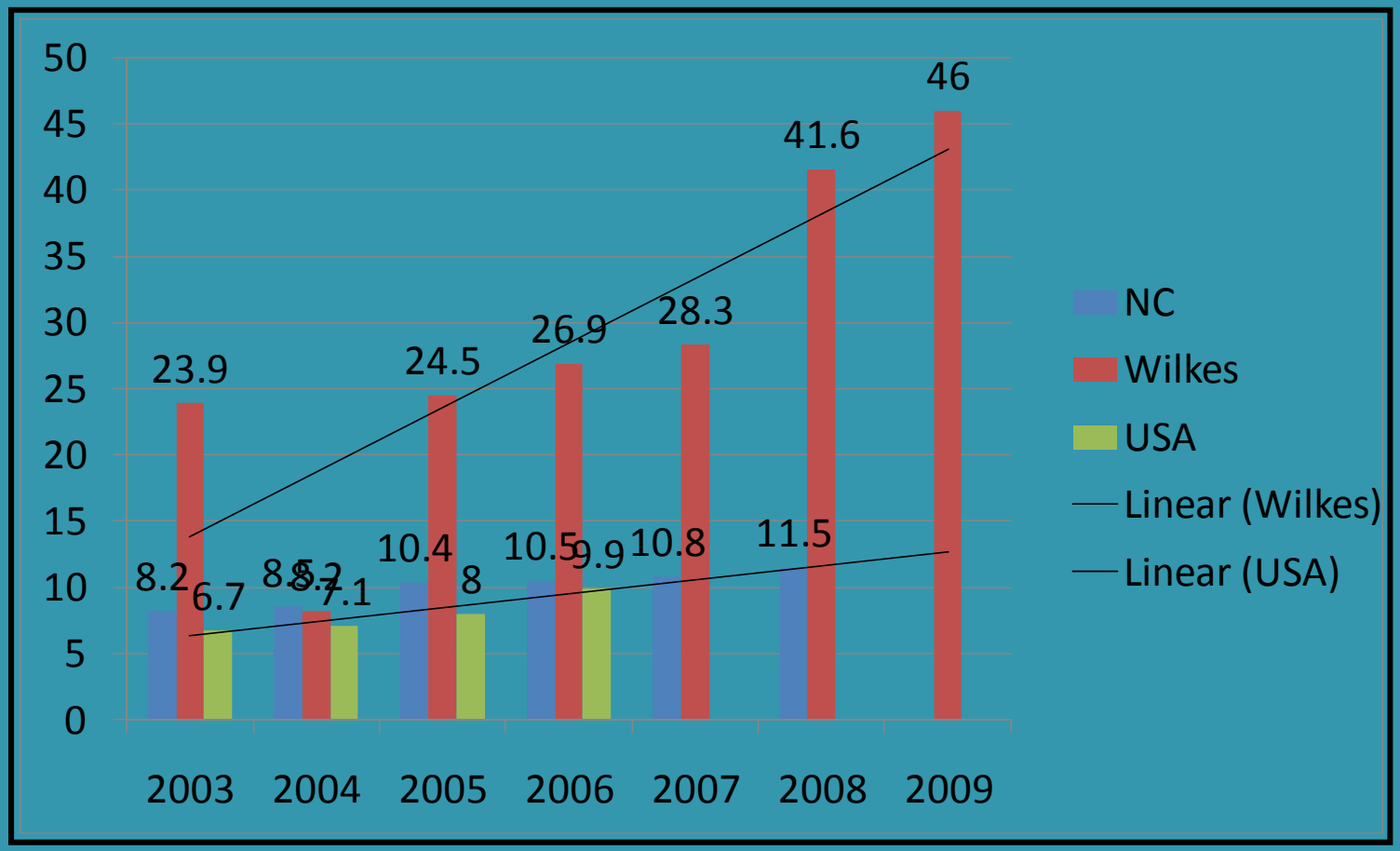
Source: NC-CSRS, Sanford, C. August 2009

Death rates for unintentional and undetermined poisonings: North Carolina, 1999-2008



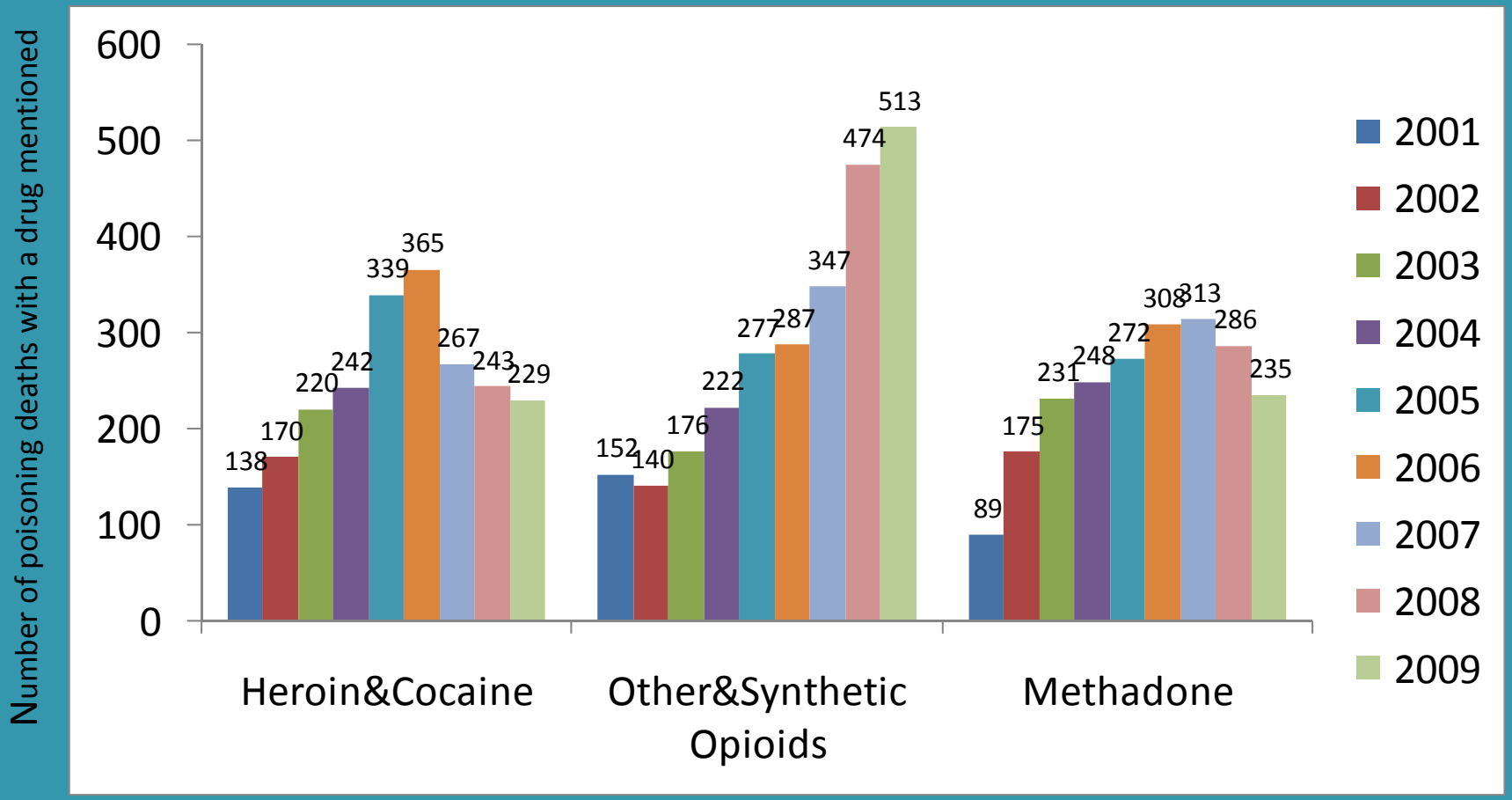
Source: NC State Canter for Health Statistics, Aug. 11, 2009; 2008 rate based on 2008 population estimate of 9,222,414 . Slide revised 08/17/09 by Sanford.

Unintentional and undetermined intent poisoning mortality rates: NC, Wilkes County, 2003-2009



Source: NC SCHS, August 2009

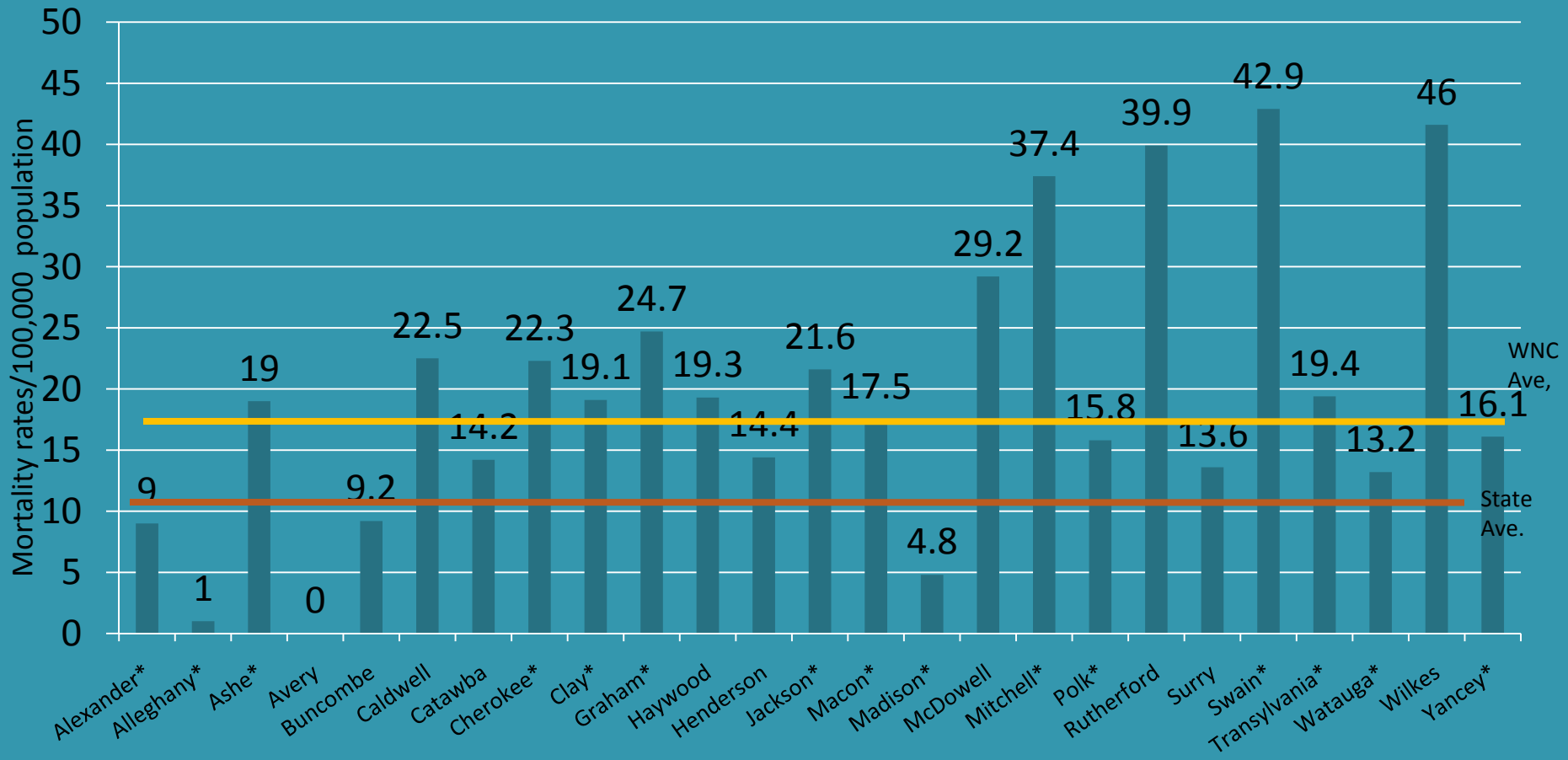
Number of unintentional and undetermined poisonings from narcotics*: NC residents, 2001-2009



Source: NC SCHS, *T-codes (40.1 and 40.5), (40.2 and 40.4) and 40.3, 9/20109

Prepared by Kay Sanford, September 2010

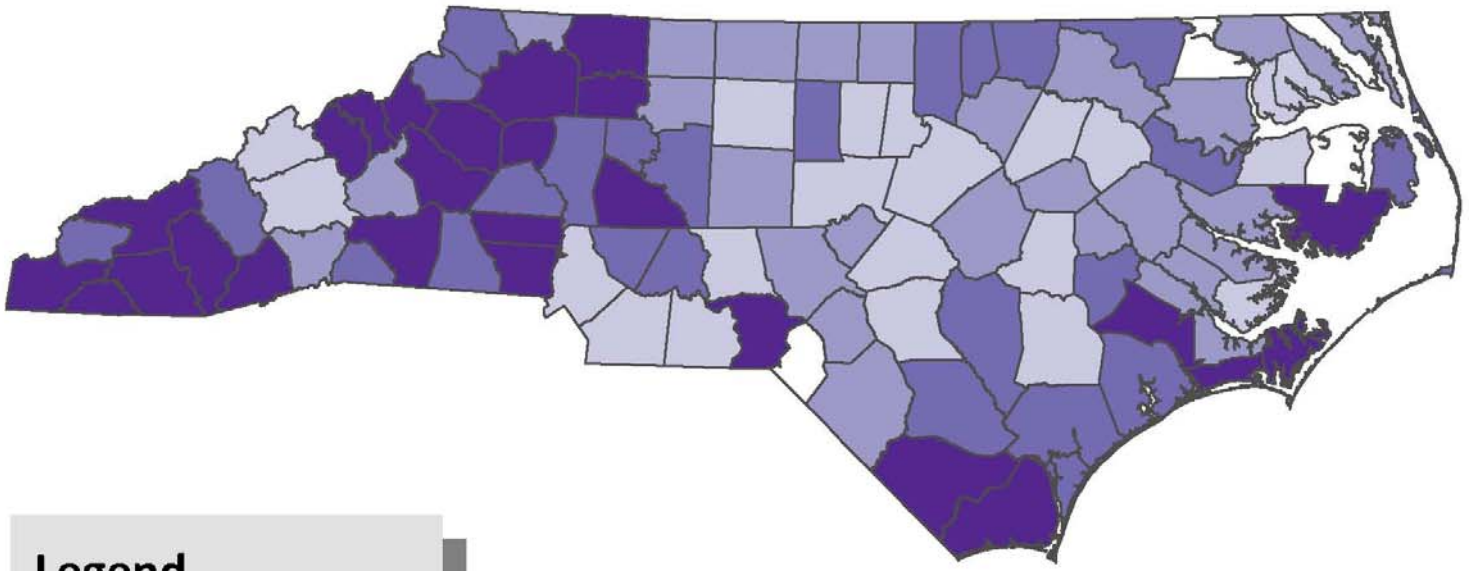
Unintentional and undetermined intent poisoning mortality rates/100,000 population: Western NC Counties, 2008



* Less than 10 deaths

Mortality data source: NC SCHS, August 2009

County Rates of Deaths Due to Unintentional Poisonings: North Carolina Residents, 2009[†‡]



Legend

Rate of Death

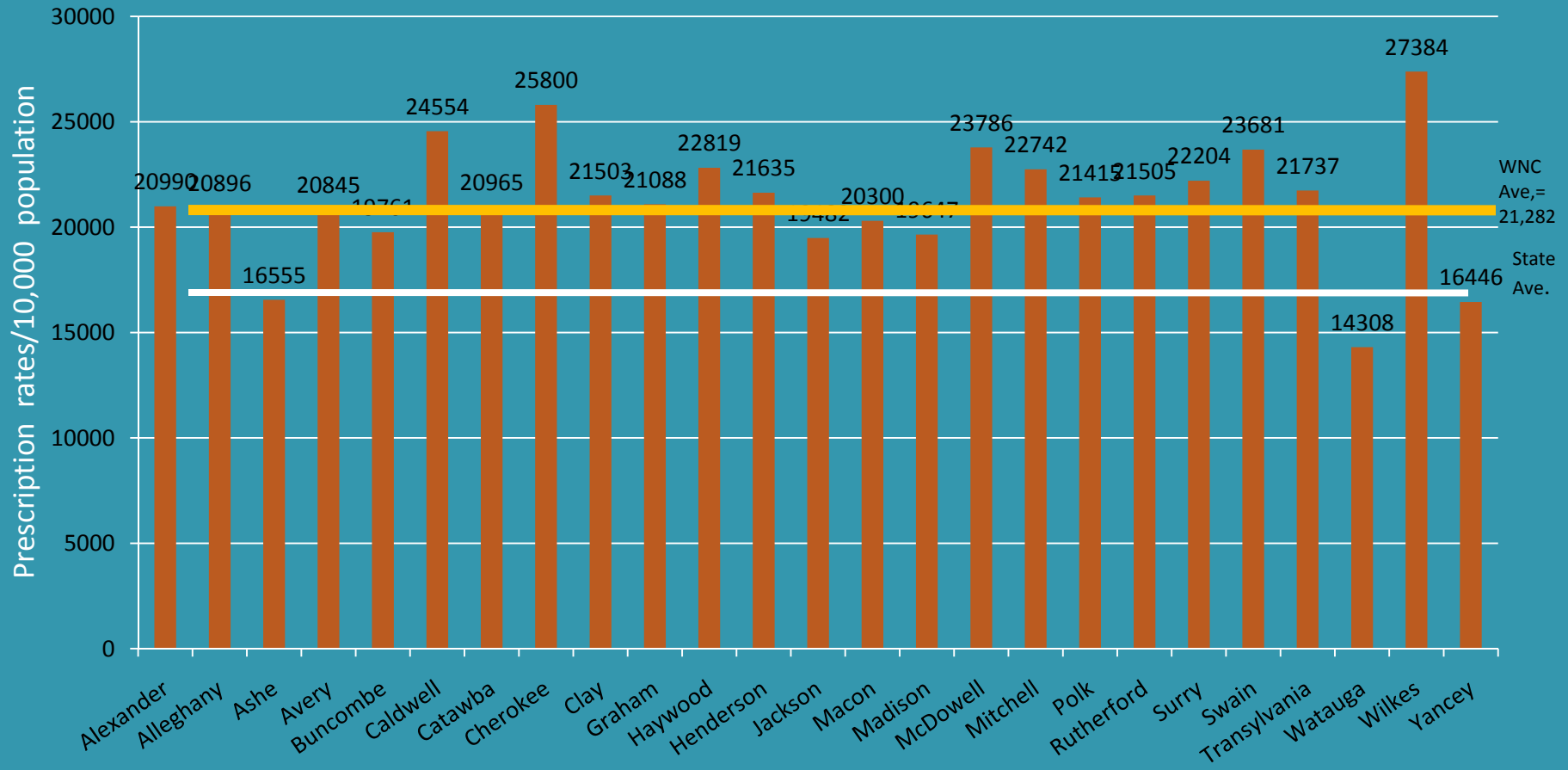
- 4.0 - 8.1
- 8.2 - 12.0
- 12.1 - 18.2
- 18.3 - 46.6
- Insufficient Data

In 2009, the average statewide rate for deaths due to unintentional poisonings was 11.0/100,000 persons.

[†]Source: North Carolina Division of Public Health, North Carolina State Center for Health Statistics, Vital Statistics

[‡]Analysis: North Carolina Division of Public Health, Injury Epidemiology and Surveillance Unit

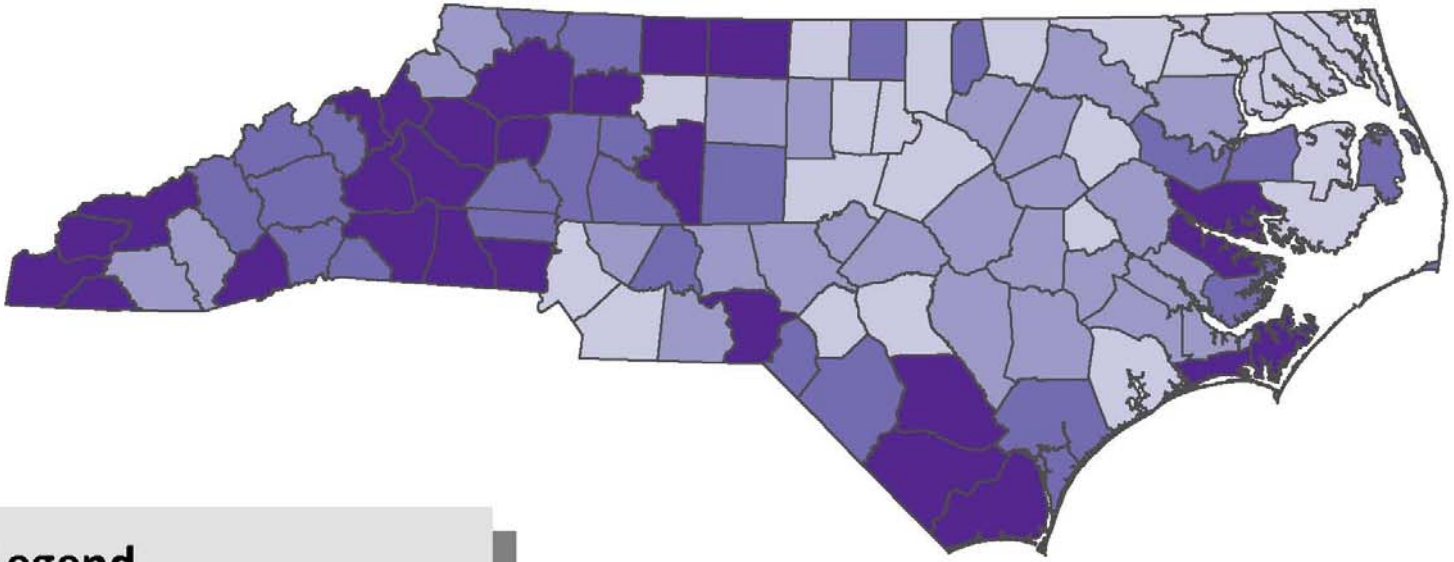
Dispensed outpatient prescriptions for controlled substances rates/10,000 population: Western NC Counties, 2008



Prescription data source: NC CSRS, March 2009

Supported by Purdue Pharma NED101356 and DPA grant

Dispensation of Controlled Substances: North Carolina Residents, 2009*†‡



Legend

Rate of Dispensation

- 89,743.4 - 169,691.0
- 169,691.1 - 203,839.6
- 203,839.7 - 235,385.7
- 235,385.8 - 307,495.3

In 2009, the average statewide rate for deaths due to unintentional poisonings was 185,234.1/100,000 persons.

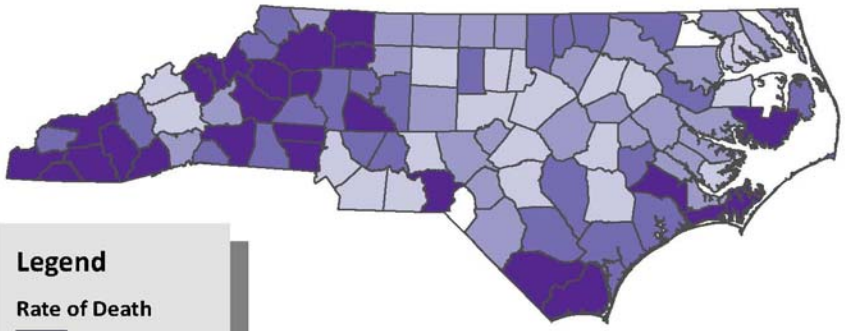
*All rates are per 100,000 persons.

†Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substances Reporting System

‡Analysis: North Carolina Division of Public Health, Injury Epidemiology and Surveillance Unit

Dispensation of Controlled Substances*† and County Rates of Deaths Due to Unintentional Poisonings: North Carolina Residents, 2009‡¤

County Rates of Unintentional Poisoning



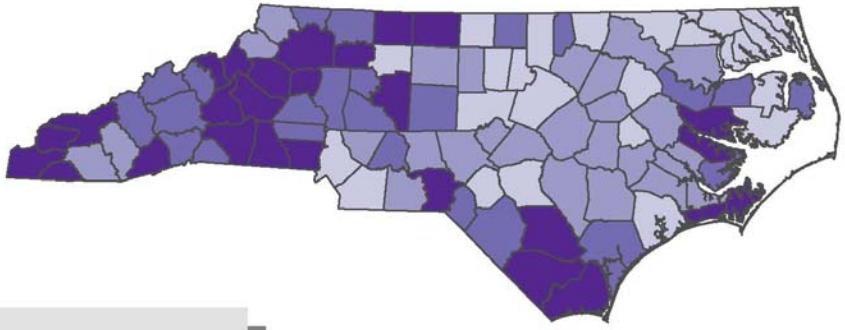
Legend

Rate of Death

- 4.0 - 8.1
- 8.2 - 12.0
- 12.1 - 18.2
- 18.3 - 46.6
- Insufficient Data

In 2009, the average statewide rate for deaths due to unintentional poisonings was 11.0/100,000 persons and the statewide rate for dispensed prescriptions of controlled substances was 185,234.1/100,000 persons (Pearson's correlation coefficient was 0.64 [p was less than 0.0001]).

County Rates of Prescription Dispensation



Legend

Rate of Dispensation

- 89,743.4 - 169,691.0
- 169,691.1 - 203,839.6
- 203,839.7 - 235,385.7
- 235,385.8 - 307,495.3

*All rates are per 100,000 persons.

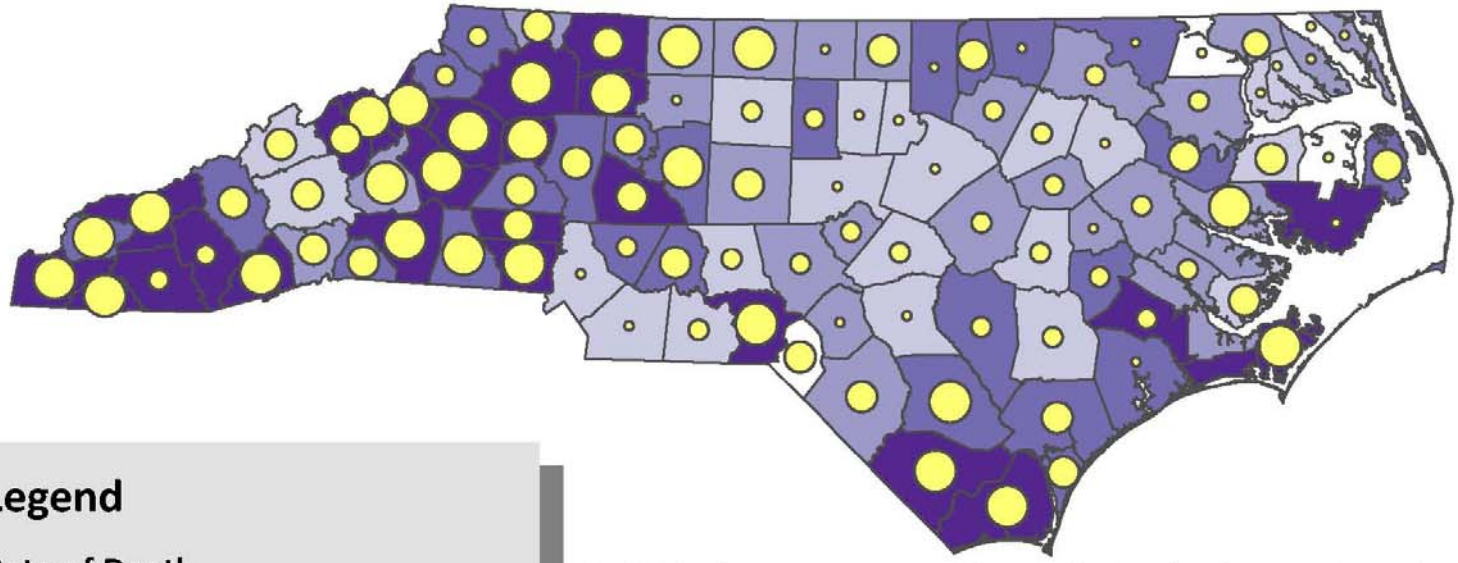
†Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substances Reporting System

‡Source: North Carolina Division of Public Health, North Carolina State Center for Health Statistics, Vital Statistics

¤Analysis: North Carolina Division of Public Health, Injury Epidemiology and Surveillance Unit

Funded by an
Purdue Pharr

Dispensation of Controlled Substances*† and County Rates of Deaths Due to Unintentional Poisonings: North Carolina Residents, 2009‡¤



Legend

Rate of Death

- 4.0 - 8.1
- 8.2 - 12.0
- 12.1 - 18.2
- 18.3 - 46.6
- Insufficient Data

Rate of Prescription Dispensations

- 89,743.4 - 169,691.0
- 169,691.1 - 203,839.6
- 203,839.7 - 235,385.7
- 235,385.8 - 307,495.3

In 2009, the average statewide rate for deaths due to unintentional poisonings was 11.0/100,000 persons and the statewide rate for dispensed prescriptions of controlled substances was 185,234.1/100,000 persons (Pearson's correlation coefficient was 0.64 [p was less than 0.0001]).

*All rates are per 100,000 persons.

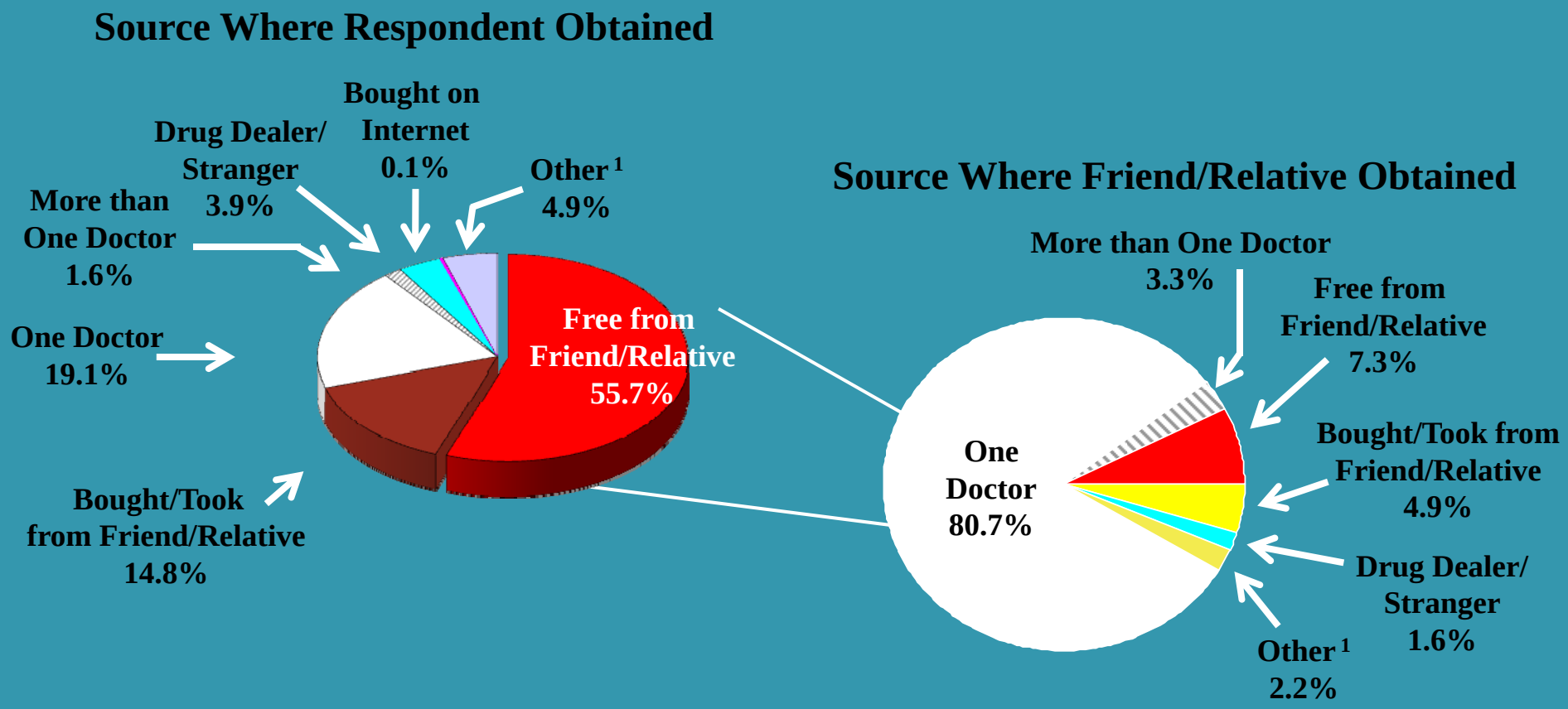
†Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substances Reporting System

‡Source: North Carolina Division of Public Health, North Carolina State Center for Health Statistics, Vital Statistics

¤Analysis: North Carolina Division of Public Health, Injury Epidemiology and Surveillance Unit

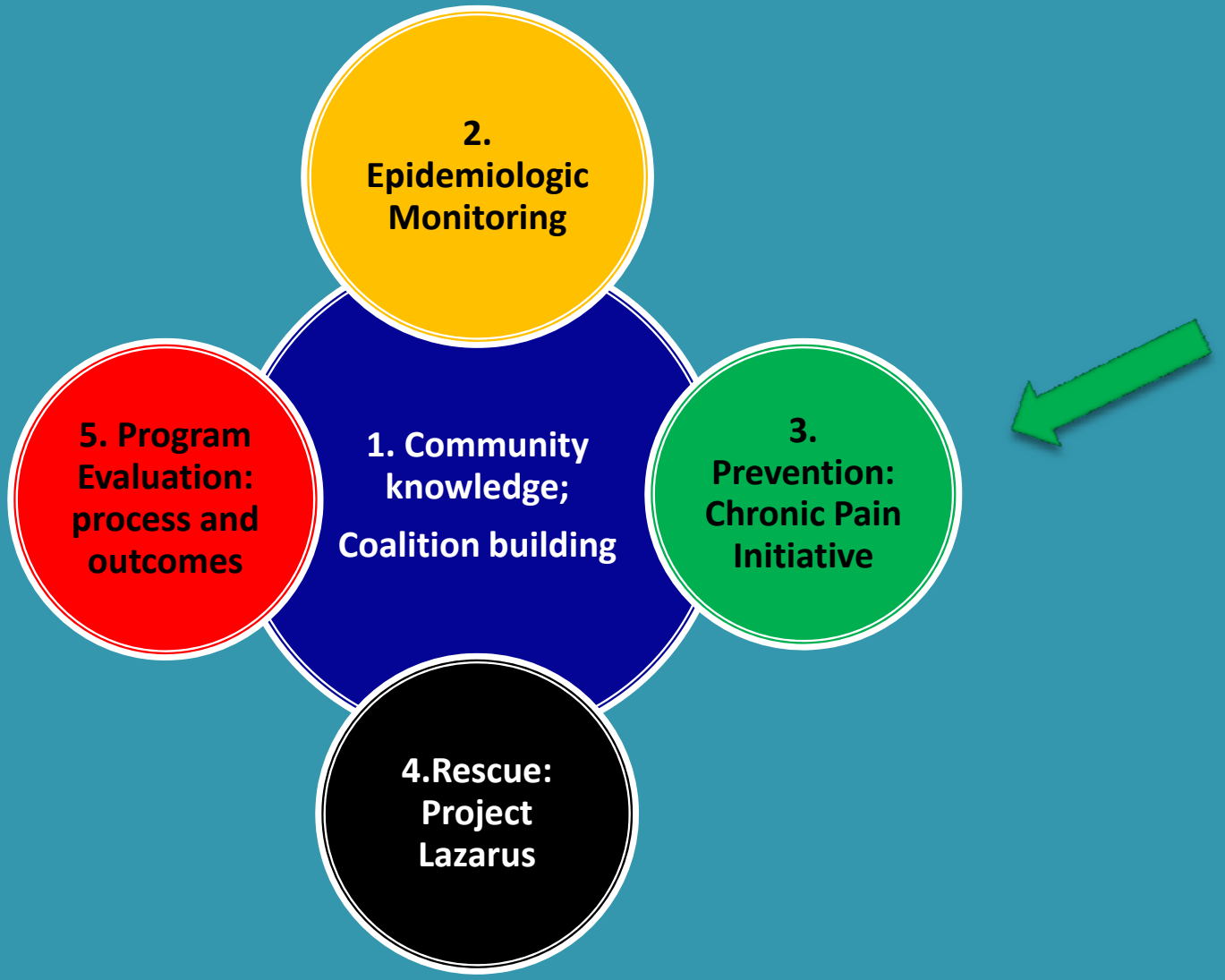
Where Pain Relievers Were Obtained

Non-medical Use among Past Year Users Aged 12 or Older 2006



[1] The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Project Lazarus Model for a Community-Based Drug Overdose Prevention Program



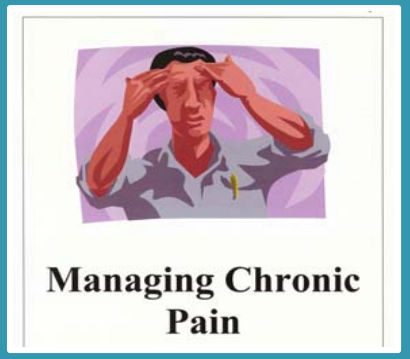
The Chronic Pain Initiative, Wilkes County, NC

1. Education of physicians in pain management.
2. Distribution of pain management tool kit.
3. Modification of ED opioid use.
4. Case management of ED and Medicaid patients.
5. Use of Controlled Substances Reporting System.
6. Decrease cost of medical (Medicaid) care.
7. Pilot study of Project Lazarus in Wilkes Co.

Goals of Physician Education

- Promote a more deliberate approach to managing chronic pain patients
- Encourage more discretion and data-collection by provider before prescribing opioids to a particular patient
- Greater use of Pain Agreement (to limit the number of providers and pharmacists that patients access)
- Reduce access to opioids among abusers, while ensuring that patients' legitimate medical needs are met

CPI Best Practice Tool Kit



I. Opioids in the Management of Chronic Pain: An Overview
II. Assessment and Management Algorithms
III. Patient Treatment Record
    a. Treatment Agreement (Pain Contract)
    b. Chronic Pain Progress Note
    c. Medication Flowsheet
    d. Personal Care Plan
    e. Functional Ability Questionnaire
IV. Patient Education Materials
V. SBIRT forms and intervention strategies
VI. Universal Precautions

Wilkes County Chronic Pain Initiative
EVALUATION

Doug Easterling, Ph.D.
Associate Professor and Department Chair
Department of Social Sciences and Health Policy
Division of Public Health Sciences
Wake Forest University School of Medicine
Medical Center Blvd.
Winston-Salem, NC 27157
Y. Montez Lane
Jessica Richardson

CPI Evaluation Questions

1. To what extent is the Physician Toolkit being used by the providers who were trained by the County Medical Director?

2. How much have the providers changed their approach to managing chronic pain patients?

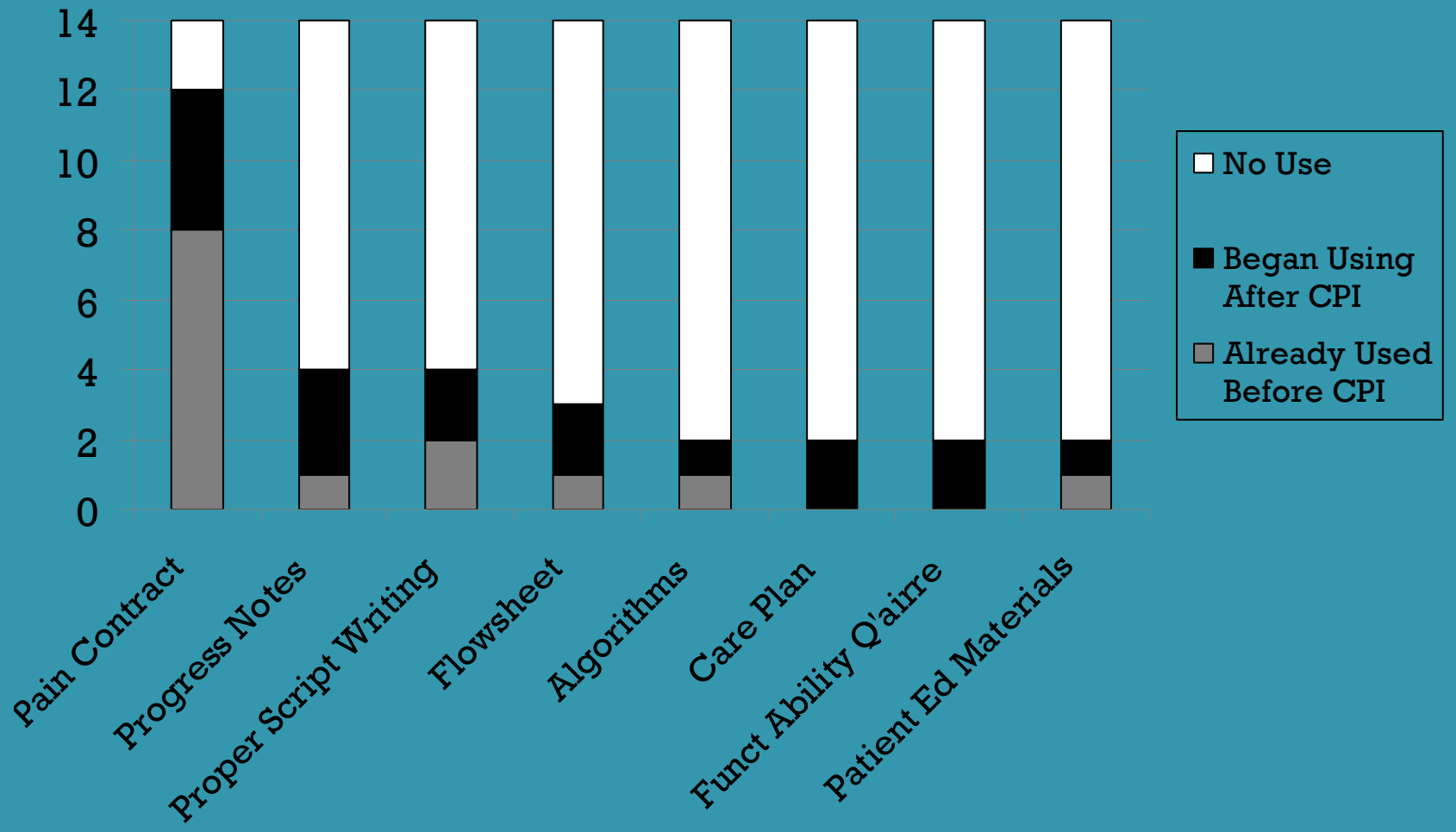
3. What are the strengths and weaknesses of the Toolkit?

4. How are patients responding to whatever changes in practice are occurring?

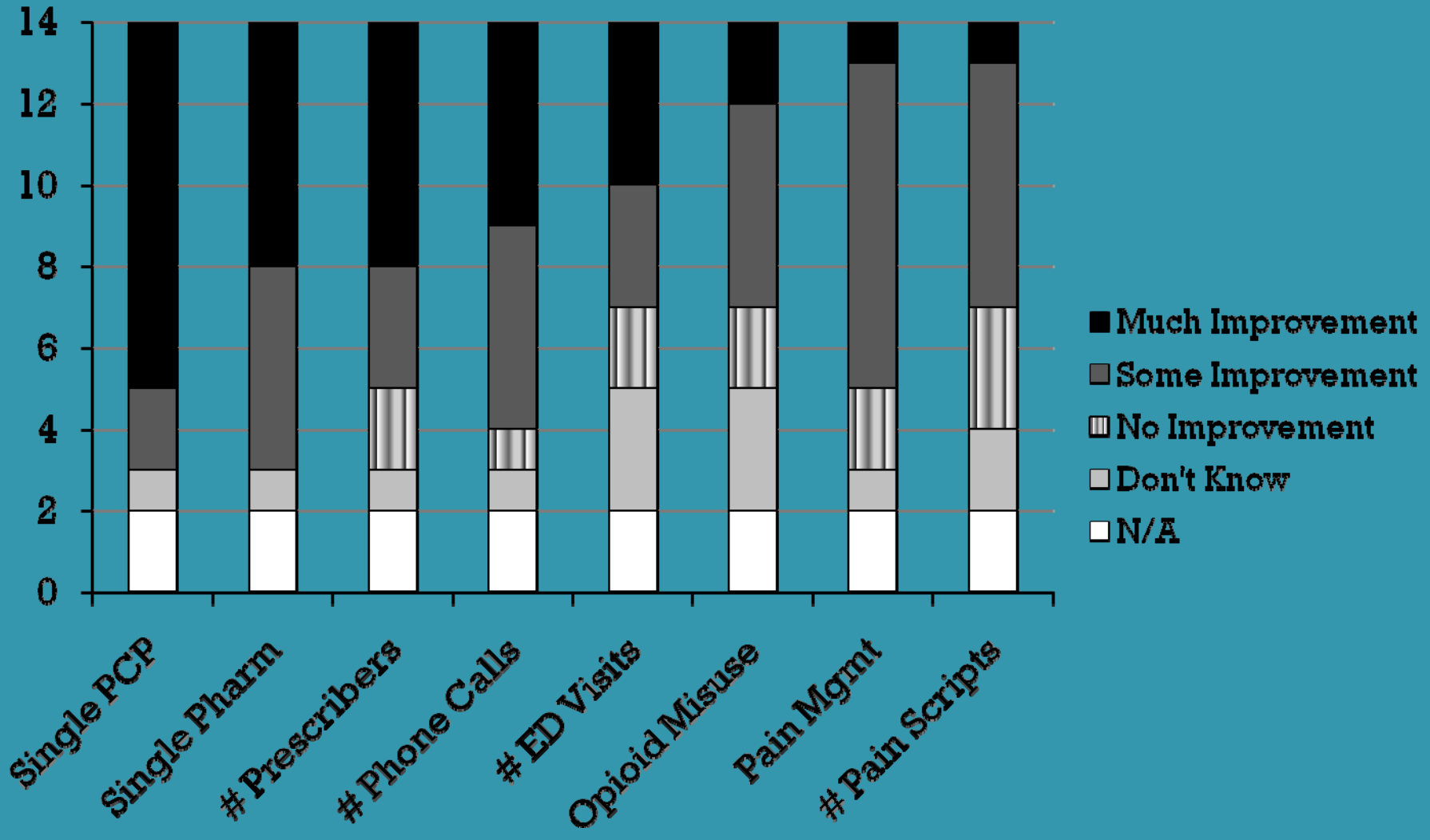
CPI Evaluation Methods

- Recruit at least one provider (physicians, PAs, NPs) from a Wilkes County clinic where CPI was in place for ≥ one year.
  - Excluded providers who do not see chronic pain patients
- Structured, in-person interviews with providers who received a Toolkit and training.
- Interviews asked about use and usefulness of Toolkit components.
- Interviews lasted 30-60 minutes

Use of Specific CPI *Toolkit* Components



CPI Provider Perceptions of Patient Change



CPI Provider Perceptions of Patient Change

- ***"Patients are more satisfied because the feel they're validated having pain. If adhering to the contract, don't have to feel guilty asking for pain meds."***
- *"Patients seem happier since they're given the boundaries up front. More satisfied by knowing what to expect."*
- *"Patients are made to be more honest about the issue once it's documented."*
- ***"Improved perceptions among patients of how they need to contribute to their own plan/contract. "***
- *"Patients realize contract is binding and cannot veer from it."*

CPI Lessons

- **Physicians regard the Pain Agreement as a valuable tool.**
  - Serves as a negotiation point between patient and prescriber;
  - Sets boundaries and explicit expectations with difficult-to-manage patients;
  - Patients appreciate guidelines for appropriate use of pain medications
- Use of Pain Agreements can be increased with brief education by a credible peer.
- Providing printed educational materials and tools to physicians is NOT sufficient to effect change in clinical practice.
- **Physicians regard the CSRS as valuable for detecting misuse, but current CSRS is cumbersome – 70% are using CSRS.**
- **Localized efforts to reduce supply of diverted and medically unnecessary opioids are needed in conjunction with demand reduction and harm reduction.**

Prevention – action plans

- Medical — proper prescribing, chronic pain management, monitoring
- Law Enforcement — Diversion training and implementation, pill take back
- Schools — Awareness and education
- Public — Take Correctly, Store Securely, Dispose Properly, Never Share
- Faith Community — Care Support network, addiction, trauma. Stress management training

Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

Katrina Storm Surge

Step 4. Rescue

- Prevention efforts -- not always sufficient.
- Rescue is a proactive response to the failures of drug overdose prevention
- Rescue focuses on
  - changing the practice of medicine (prescribing of an antidote for opioid-induced respiratory depression)
  - educating people to be better patients
  - changing community attitudes towards the misuse and abuse of opioids.

The antidote to fatal respiratory depression: Naloxone HCL (Narcan®)

- Mu-opioid receptor antagonist
- Can't get high from it
- Decades of experience
- Uses: anesthesia & emergency
- Quick acting, works 30-90 minutes.
- Generic (cheap?)
- Delivered via injection (IM, SC, IV) or nasal

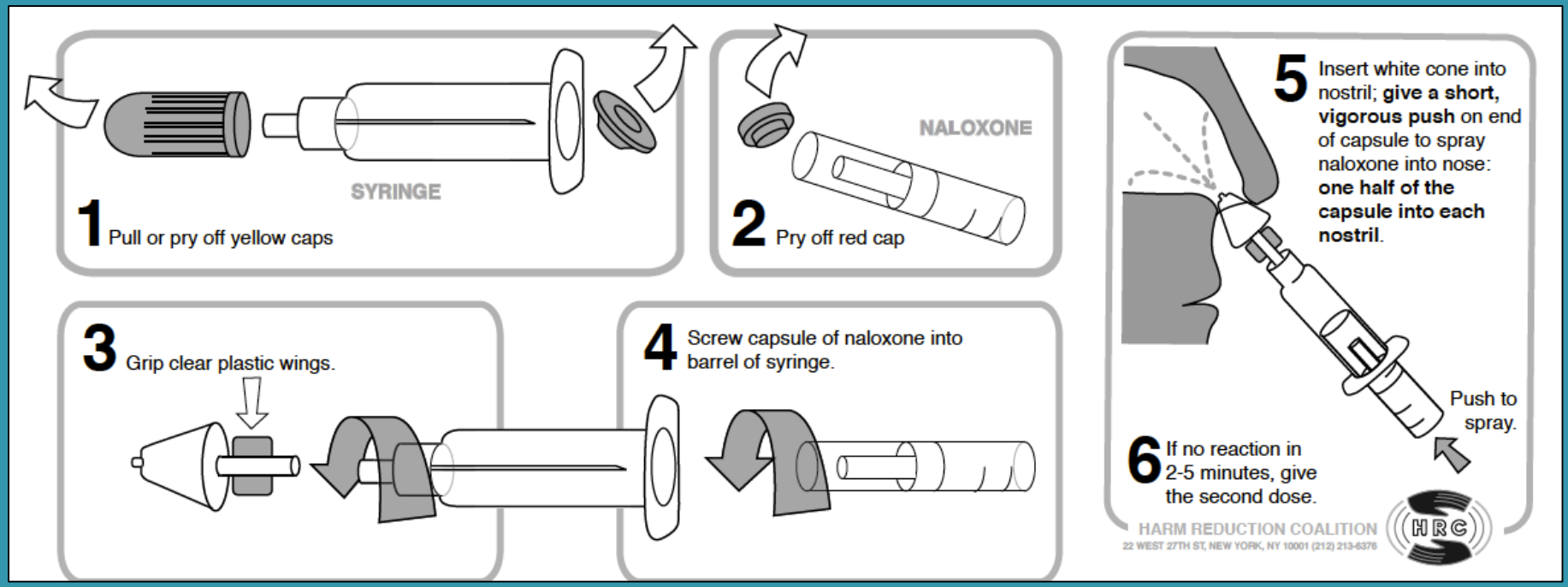
Project Lazarus: Patient/Peer Education on DVD and in Naloxone Kit

- Patient responsibilities in pain management.
- Recognize signs and symptoms of opioid overdose.
- Importance of calling 911.
- Rescue breathing.
- Administration of naloxone.
- Options for substance abuse treatment.

Contents of free Project Lazarus NALOXONE Kit

- Educational DVD;
- Overdose plan template;
- 2 prefilled naloxone syringes;
- 2 nasal adapters;
- Written and visual educational materials in English and Spanish on how to recognize and respond to an opioid overdose;
- Illustration card on how to assemble naloxone.
- Location of kit in house MAGNET
- Project Lazarus contact card.

Cartoon instructions on how to assemble naloxone syringe and nasal adaptor



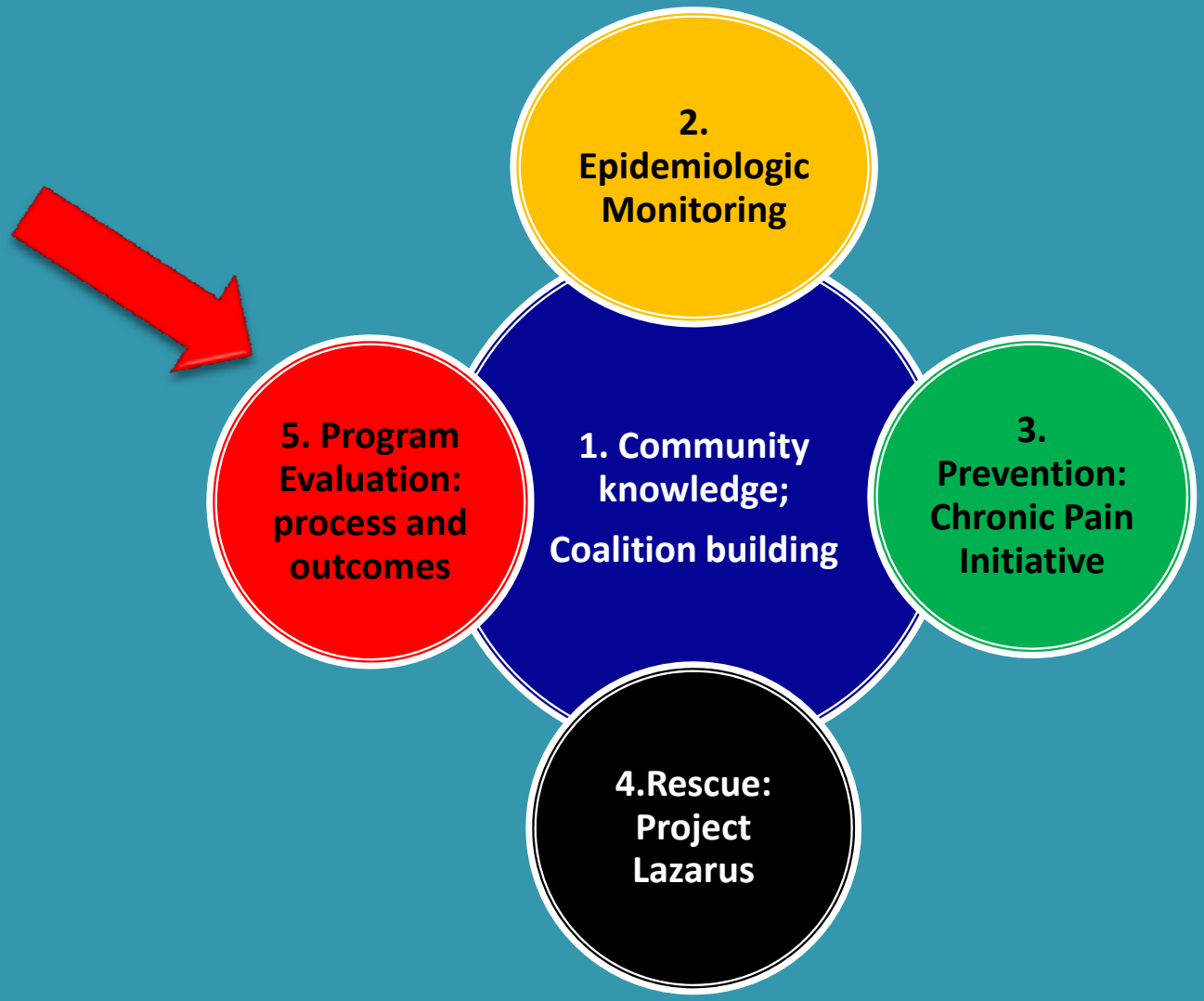
NC Medical Board Statement

"The goals of Project Lazarus are consistent with the Board's statutory mission to protect the people of North Carolina.

The Board therefore encourages its licensees to abide by the protocols employed by Project Lazarus and to cooperate with the program's efforts to make naloxone available to persons at risk of suffering drug overdose."

August 2008

Project Lazarus Model for a Community-Based Drug Overdose Prevention Program



Step 5. Evaluation of Project Lazarus

Process

- Simplicity in clinical setting and community
- Flexibility to clinicians and participants
- Data quality from pilot, vital records, CSRS
- Acceptability – LMDs and participants
- Representativeness of participants vs. decedents
- Timeliness of responses to LMDs and participants
- Monitoring changes of ED narcotics policies
- Availability/use of Buprenorphine and other substance abuse treatment

Project Lazarus Evaluation, cont.

Outcome – surveillance and participant follow-up

- Accidental poisoning deaths
- ED visits for substance abuse and poisoning
- Project Lazarus interviews every 3 months
- Project Lazarus opioid overdoses
- Project Lazarus uses of naloxone rescue kit
- Participant lives saved
- Prescriptions for opioids in Wilkes Co.
- Prescriptions for buprenorphine in Wilkes Co.

Project Lazarus Firsts

- First naloxone program in the South
- First community based approach
- First introduction into general medical practice
- First focus on prescription drugs
- First to focus on pain patients
- First time approved by a medical board

What we'd like to do next…

- Permanent drug take-back site
- Promote/give away lock boxes
- Pharmacist CE's on diversion and CSRS
- Continued physician CMEs
  - CPI Eval, SBIRT, Behavioral Health
- Broader regional coalitions
- Military populations
- Chronic Pain initiative NC State rollout 2011
  - MD, Emergency Dept, Case Manager and Community Toolkits


TENNESSEE


NO HAND HOLD

Operation OpioidSAFE

Operation OpioidSAFE is a novel provider, patient and community education program with the added advantage of lay person diagnosis and reversal of opioid overdose.

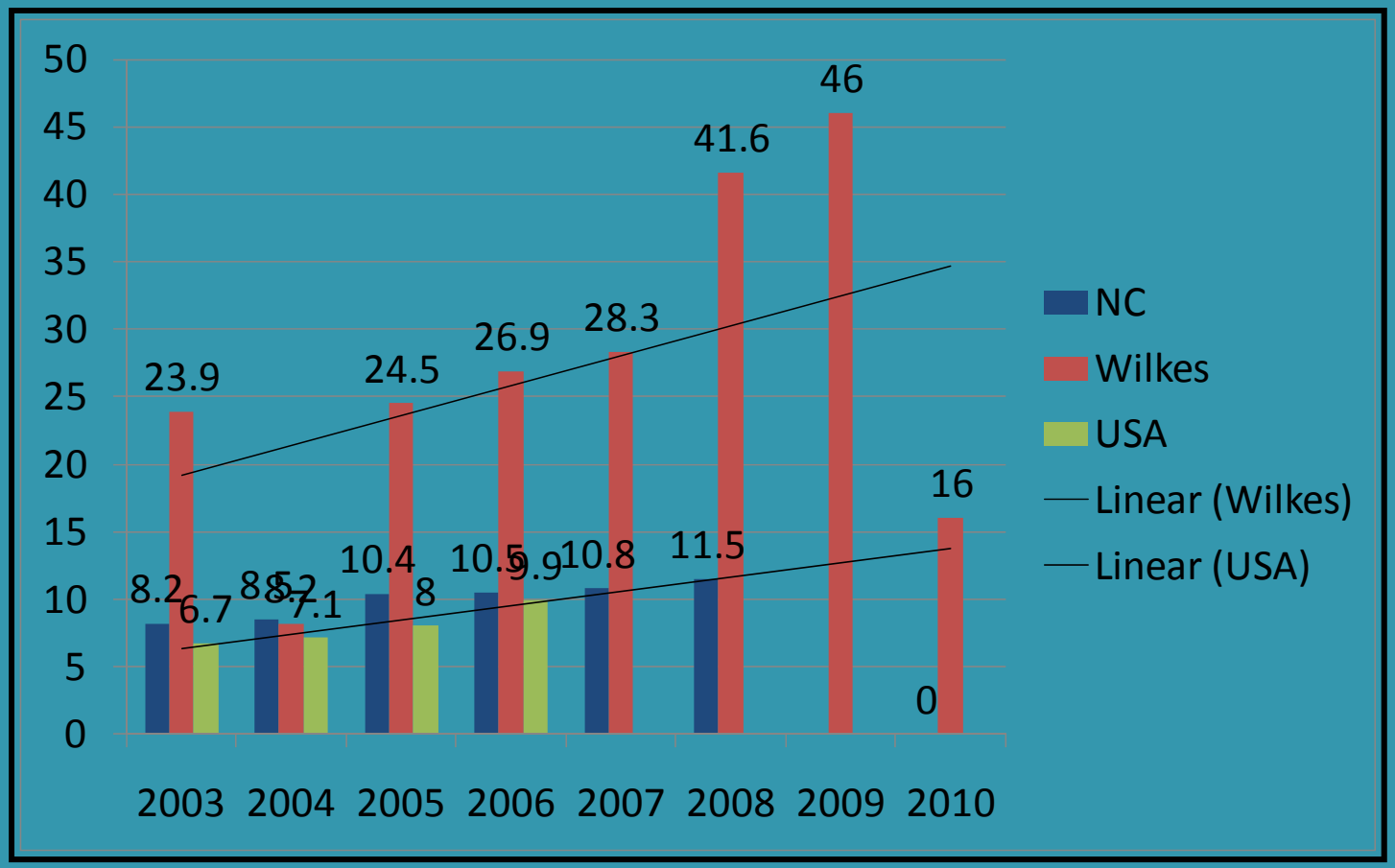
MAJ Anthony Dragovich MD
Medical Director, Pain Medicine
Ft. Bragg, NC

Qualla Boundary; Eastern Band of the Cherokee Indians

Wilkes County NC 2009 Overdoses

- **2009** 31 Deaths
  - 24 had prescription history - 75%
  - 7 had no prescription history - 25%
  - **18 had prescriptions from out of county MD - 75%**
    - (2 ethanol, 1 heroin that had script history)
  - 6 had prescriptions from in County MD
    - (First half of year) – Health Alert
  - 21 had prescription within two weeks that was related to death
  - 7 had no relation to death
- **2008 18% obtained outside of County**
- **2010 90% obtained outside of County**

Unintentional and undetermined intent poisoning mortality rates: NC, Wilkes County, 2003-2009



Source: NC SCHS, August 2009

STEPS

- Addressing by Assessing Issue (Awareness)
- Mobilize around Issue (Coalition)
  - Community forum
  - Coalition capacity building
  - Strategic Planning
- Develop Action(s) (Prevention, Rescue, Treatment)
- Explore and obtain resources
- Implementation

How to contact us

Fred Wells Brason II: **fbrason@projectlazarus.org**
Kay Sanford: **kay.sanford@gmail.com**
Nab Dasgupta: **nab@unc.edu**
Su Albert: salbert@wilkescounty.net

PROJECT LAZARUS
www.projectlazarus.org
336.667.8100