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.
need disclosure statement up front, before this.

nabarun dasgupta, 4/16/2010
Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

1. Community knowledge; Coalition building
2. Epidemiologic Monitoring
3. Prevention: Chronic Pain Initiative
4. Rescue: Project Lazarus
5. Program Evaluation: process and outcomes
this slide can go. too much to think through by looking at it. might have to make the point and move on.

nabarun dasgupta, 4/16/2010
Substance Abuse Task Force

Mission

SATF advocates for the improvement of services to victims of substance abuse by assessing the community’s current level of response to victims, and identifying ways to enhance services and to promote prevention and a reduction in the rate of illegal use of alcohol, tobacco, and drugs by developing and encouraging interagency coordination and community educational programs.
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

<table>
<thead>
<tr>
<th>1. Wilkes Healthy Carolinians Council</th>
<th>11. Wilkes Schools &amp; Community College</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Substance Abuse Task Force</td>
<td>12. SAFE Family Shelter/Domestic Violence</td>
</tr>
<tr>
<td>3. United Way and partner agencies</td>
<td>13. Northwest Community Care Network (Medicaid)</td>
</tr>
<tr>
<td>4. Wilkes Region Medical Center, practicing physicians</td>
<td>14. News Media</td>
</tr>
<tr>
<td>5. Wilkes Ministerial Association</td>
<td>15. Wilkes Family Resource Center</td>
</tr>
<tr>
<td>6. Wilkes County Health Department</td>
<td>16. TASC, Treatment Accountability for Safer Communities (bridge between justice and treatment)</td>
</tr>
<tr>
<td>8. Wilkes Co. Sheriff’s Office &amp; Town Police, SBI</td>
<td>18. Medical Examiners</td>
</tr>
<tr>
<td>10. Child Abuse Prevention Team</td>
<td></td>
</tr>
</tbody>
</table>
1. Community knowledge; Coalition building
2. Epidemiologic Monitoring
3. Prevention: Chronic Pain Initiative
4. Rescue: Project Lazarus
5. Program Evaluation: process and outcomes

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

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

- Heroin
- Crack Cocaine
- Prescription drugs

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

Source: Paulozzi, L. April 2008
Source: NC-CSRS, Sanford, C. August 2009
Death rates for unintentional and undetermined poisonings: North Carolina, 1999-2008

Deaths per 100,000 residents

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

Source: NC SCHS, August 2009
Rates (per 100,000) of drug-related deaths by region: NC, 2001-2008*

<table>
<thead>
<tr>
<th>Region</th>
<th>Rates (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Ridge Mountains</td>
<td>39.4</td>
</tr>
<tr>
<td>East Coast</td>
<td>27.5</td>
</tr>
<tr>
<td>Piedmont</td>
<td>28.5</td>
</tr>
<tr>
<td>All NC</td>
<td>28.9</td>
</tr>
</tbody>
</table>

*Source: Office of Chief Medical Examiner, prepared for Project Lazarus by the NC State Center for Health Statistics, November 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, 9/2010

Prepared by Kay Sanford, September 2010
Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

1. Community knowledge; Coalition building
2. Epidemiologic Monitoring
3. Prevention: Chronic Pain Initiative
4. Rescue: Project Lazarus
5. Program Evaluation: process and outcomes
The Chronic Pain Initiative, Wilkes County, NC

1. Education of physicians in pain management.
2. Distribution of pain management toolkit.
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?
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.
**CPI Provider Perceptions of Patient Change**

“Patients are more satisfied because 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

1. Community knowledge; Coalition building
2. Epidemiologic Monitoring
3. Prevention: Chronic Pain Initiative
4. Rescue: Project Lazarus
5. Program Evaluation: process and outcomes
Katrina Storm Surge
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.

10/19/2010
Cartoon instructions on how to assemble naloxone syringe and nasal adaptor

1. Pull or pry off yellow caps
2. Pry off red cap
3. Grip ovoid plastic wing
4. Screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose; one half of the capsule into each nostril.
6. If no reaction in 2-5 minutes, give the second dose.
“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

1. Community knowledge; Coalition building

2. Epidemiologic Monitoring

3. Prevention: Chronic Pain Initiative

4. Rescue: Project Lazarus

5. Program Evaluation: process and outcomes
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
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

<table>
<thead>
<tr>
<th>First naloxone program in the South</th>
</tr>
</thead>
<tbody>
<tr>
<td>First community based approach</td>
</tr>
<tr>
<td>First introduction into general medical practice</td>
</tr>
<tr>
<td>First focus on prescription drugs</td>
</tr>
<tr>
<td>First to focus on pain patients</td>
</tr>
<tr>
<td>First time approved by a medical board</td>
</tr>
</tbody>
</table>

![Image 1](image1.png)

![Image 2](image2.png)
What we’d like to do next:

Community Toolkits
MD, Emergency Dept, Case Manager and
Chronic Pain Initiative NC State Rollout 2011
Military populations
Broader Regional coalitions
CPI Eval, SBIRT, Behavioral Health
Continued Physician CMEs
Pharmacist CE’s on diversion and CRS
Promote/Give away lock boxes
Permanent drug take-back site
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**

- **31 Deaths**
  - 24 had prescription history - 75%
  - 7 had no prescription history - 25%

- **15 had prescriptions from out of county MD - 72%**
  - (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**
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