Preventing opioid poisonings
Promoting responsible pain management

Our Partners and Sponsors

COLLABORATION

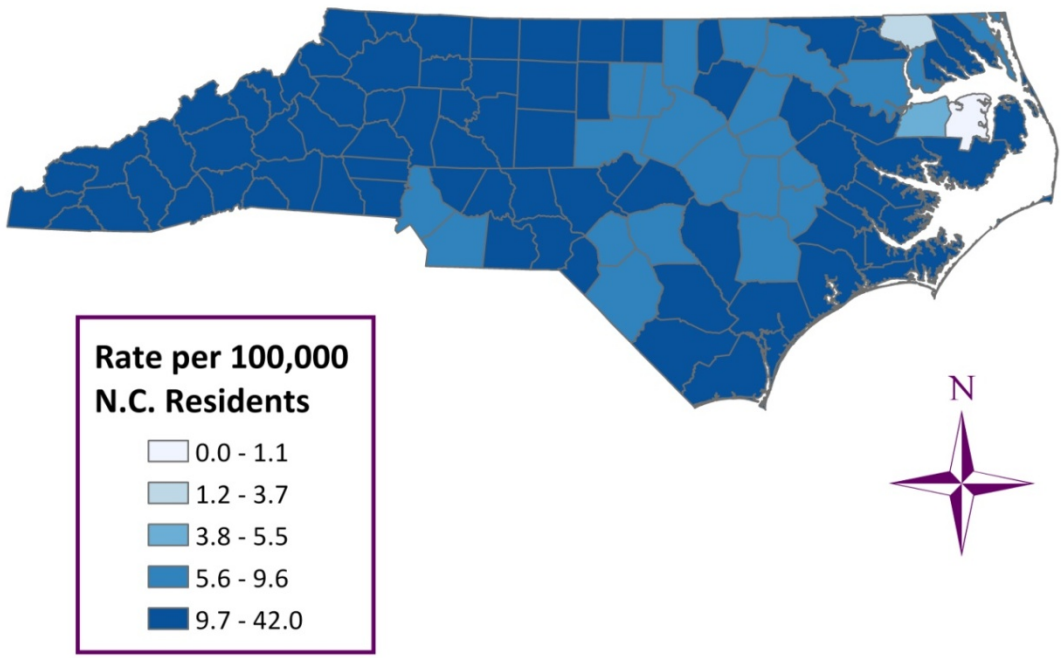
Project Lazarus believes that communities are ultimately responsible for their own health and that every drug overdose is preventable. We are a non-profit organization that provides training and technical assistance to community groups and clinicians throughout North Carolina and beyond. Using experience, data, and compassion we empower communities and individuals to prevent drug overdoses and meet the needs of those living with chronic pain.

"A PUBLIC HEALTH APPROACH TO OVERDOSE PREVENTION"
STATEMENT OF R. GIL KERLIKOWSKE, DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF THE PRESIDENT AUGUST 23, 2012

"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."

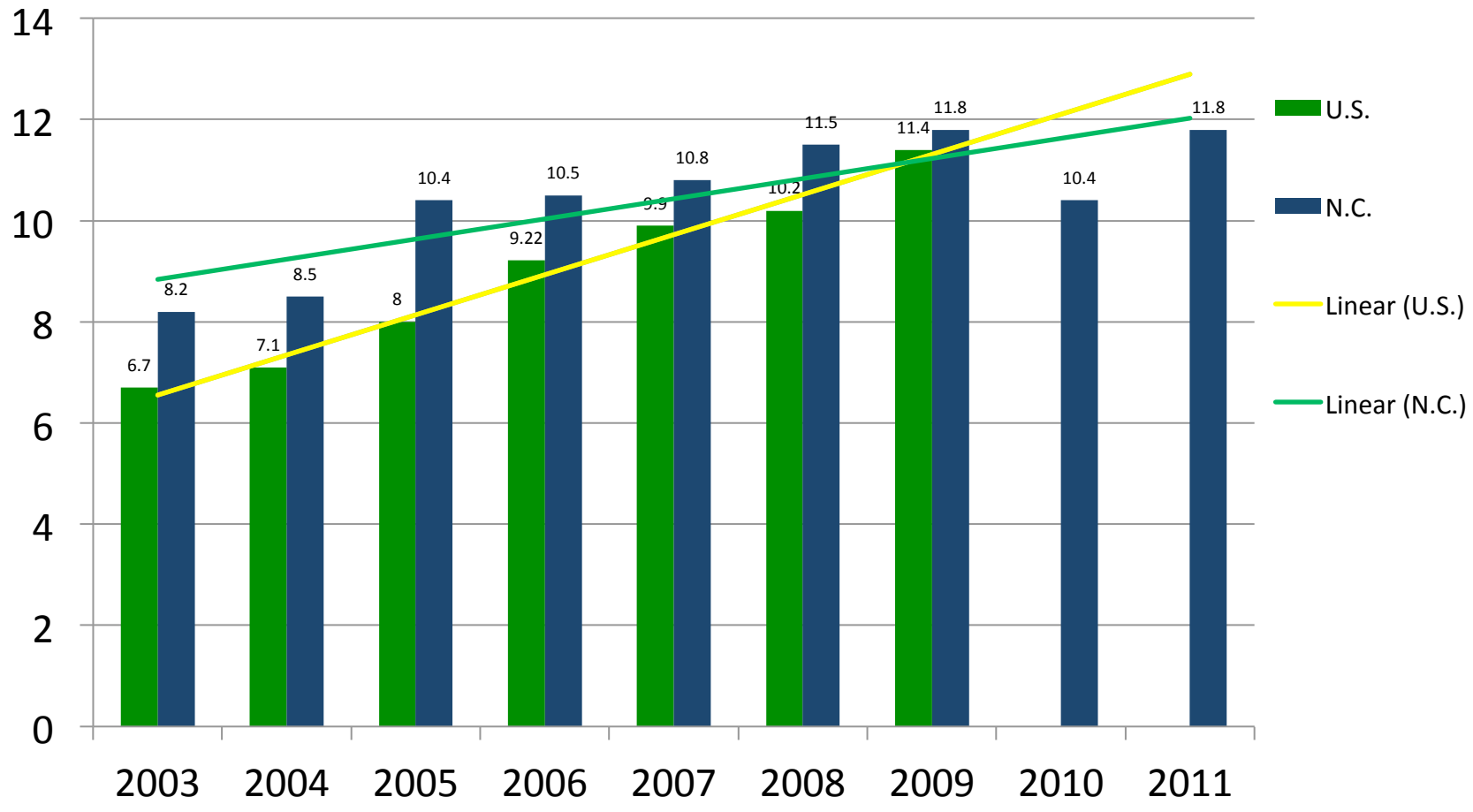
Unintentional Poisoning Deaths by County: N.C., 1999-2009

2006-2009

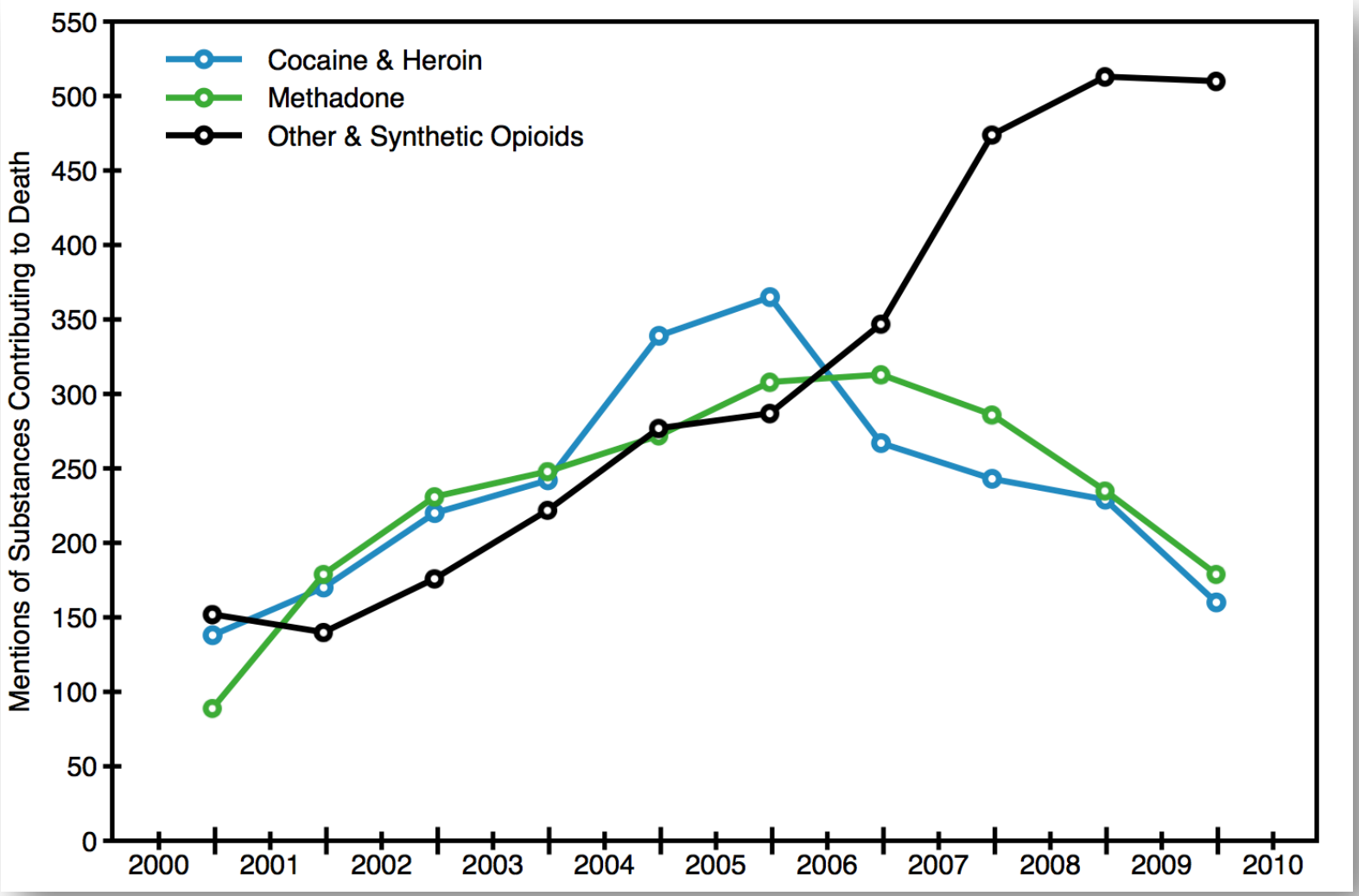


Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2009 Analysis by Injury Epidemiology and Surveillance Unit

Unintentional & undetermined intent poisoning mortality rates by year: U.S. and N.C., 2003-2011



Deaths from prescription opioid overdoses increased in NC over the last decade. Methadone deaths peaked in 2006.



Source: NC SCHS. North Carolina, 2010. Underlying COD X40-49.0 and Y10.-Y19.9; Contributing COD T40

Babies, Newborns

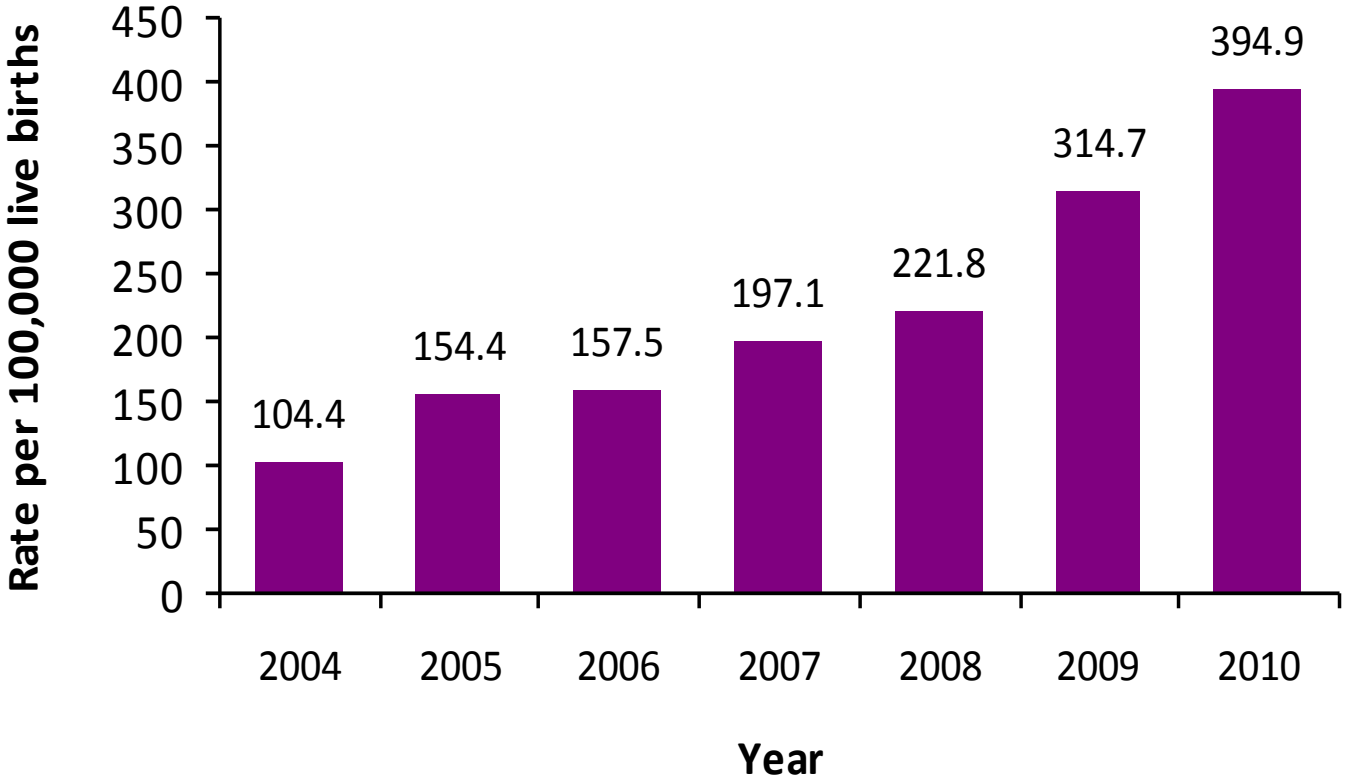
Neo-natal Abstinence Syndrome

chemical dependence withdrawal issue

2010 Wilkes County NC 10% of newborns

Public Awareness

Rates of Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births, North Carolina, 2004-2010



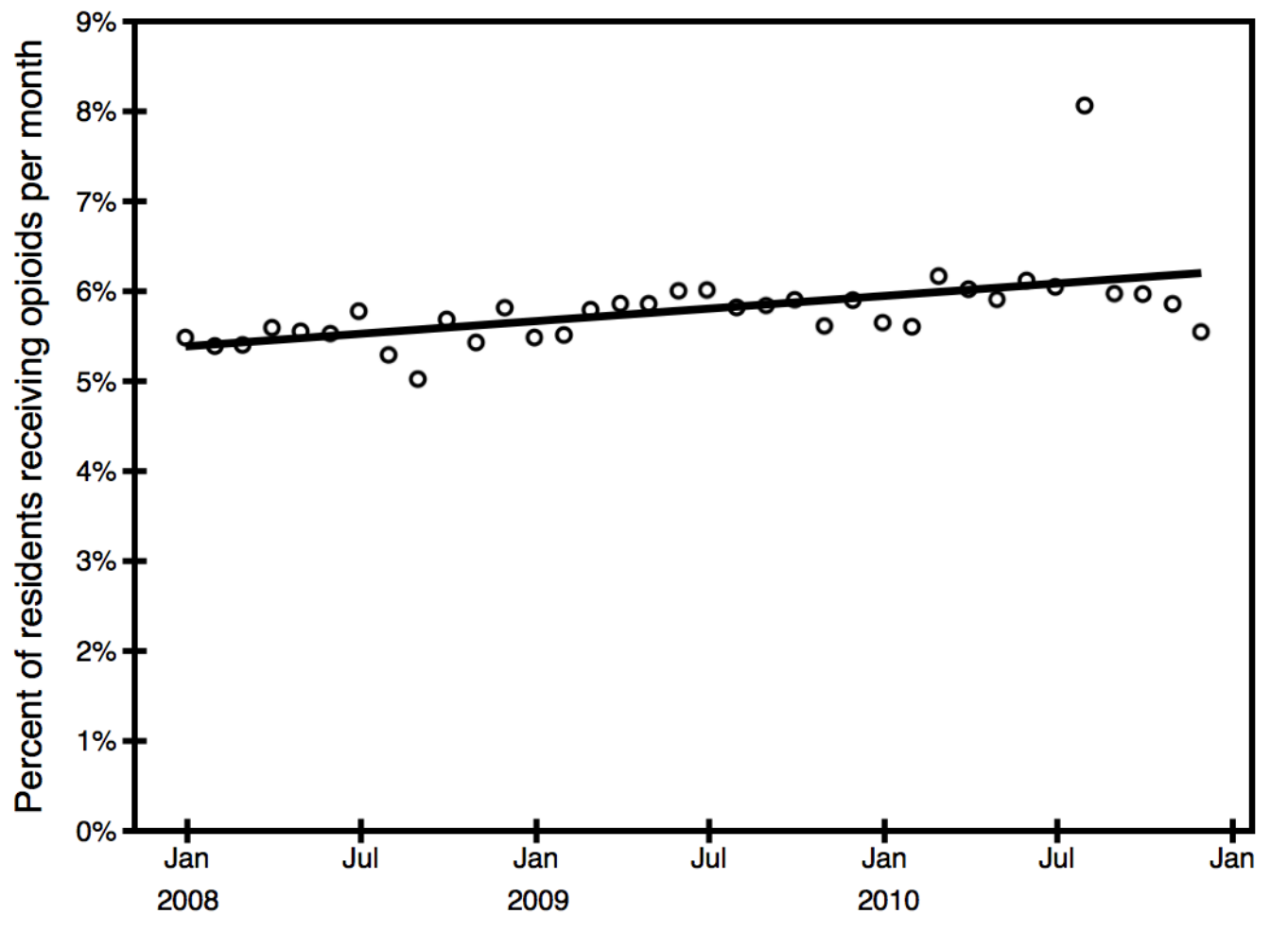
Source: N.C. State Center for Health Statistics, 2006-2010
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina Public Health

North Carolina Injury & Violence PREVENTION Branch

Prescribing Data from PMP

The percent of NC residents receiving an opioid prescription has grown steadily.



Source: NC CSRS

PROJECT LAZARUS

A Project of Community Care of North Carolina

PROJECT LAZARUS

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**

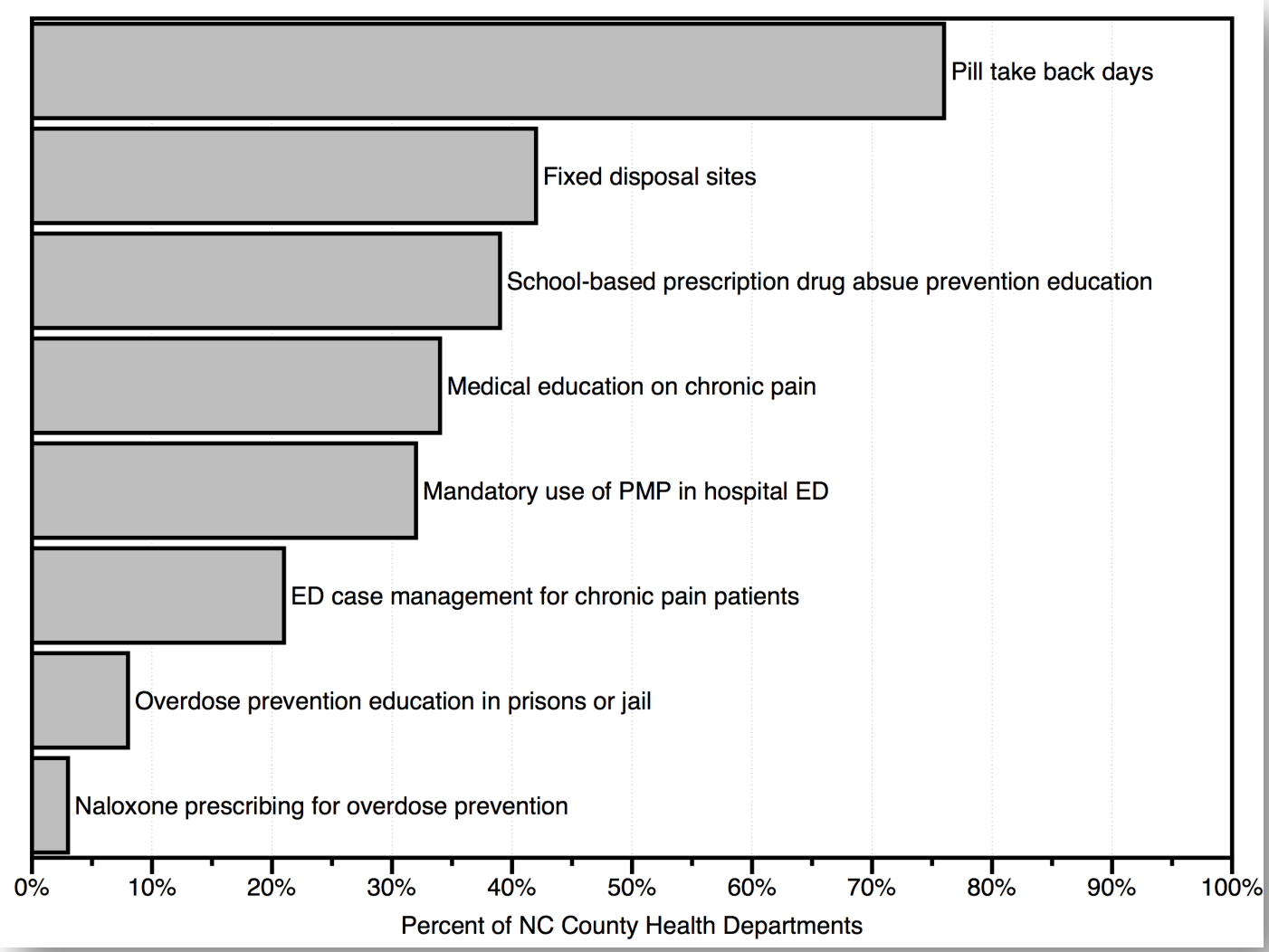
"EASY BUTTON" to life problems

"What is being done"

Survey Profile of NC Counties
Local Health Departments
89 Departments/100 Counties
78% Response

PROJECT LAZARUS

Traditional interventions intended to prevent drug abuse have not been able to stop overdose deaths in North Carolina.



Survey: NC County Health Directors

Communities lack of information, tools and leadership to prevent ODs.

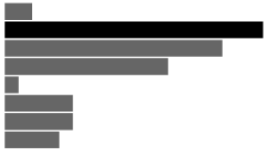
Prevention Programming

"The attitude is starting to reflect interest in prescription drug abuse."

Community Awareness

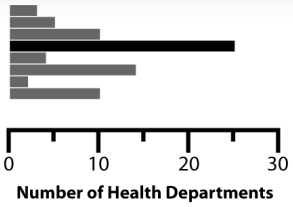
"Clear recognition that there is a problem, but detailed information is lacking."

Leadership



"People have talked about doing something, but so far there isn't anyone who has really taken charge."

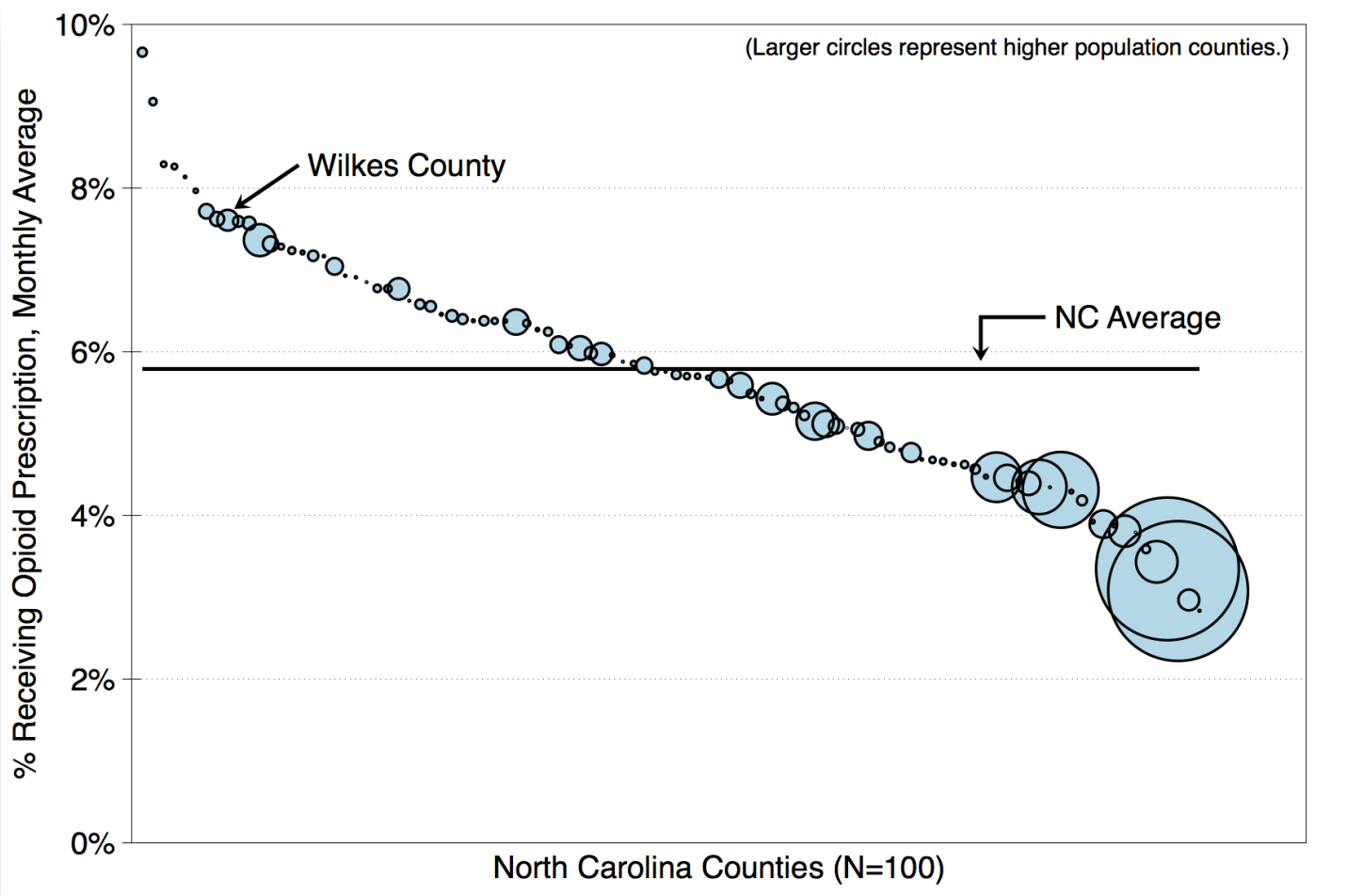
Knowledge of Prevention Efforts



"Some members of the community know about existing prevention efforts."

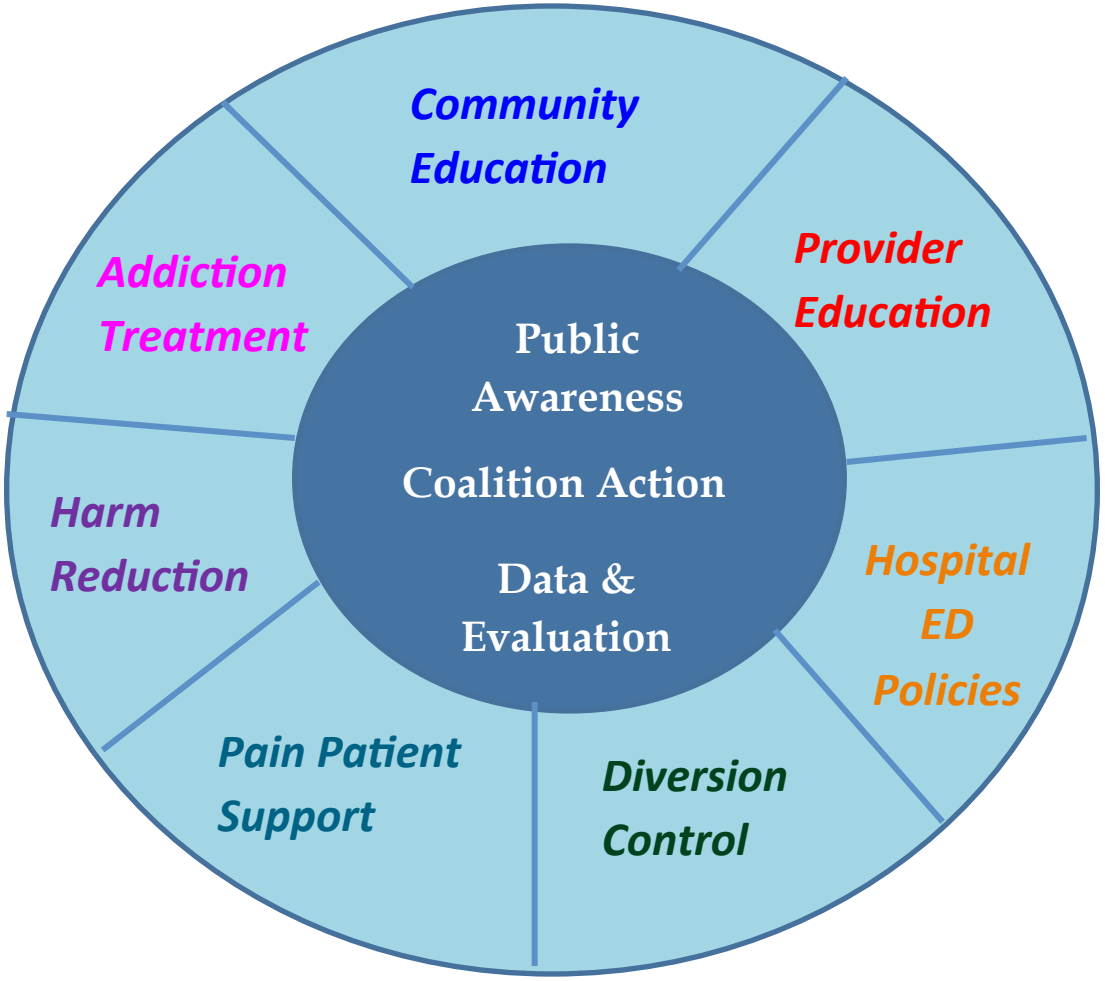
Source: 2011 Project Lazarus Health Director Survey

Differences in opioid utilization 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.



Source: NC CSRS and US Census

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.

THE HUB

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.

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.

III. **Data and Evaluation -** The early data that you will need includes certain health related information like number of emergency department visits and hospitalizations due to overdose, number of overdose deaths, number of providers in the county who actively use the PDMP, number of prescriptions and recipients for opioid analgesics dispensed and other controlled substances.

Coalition Development

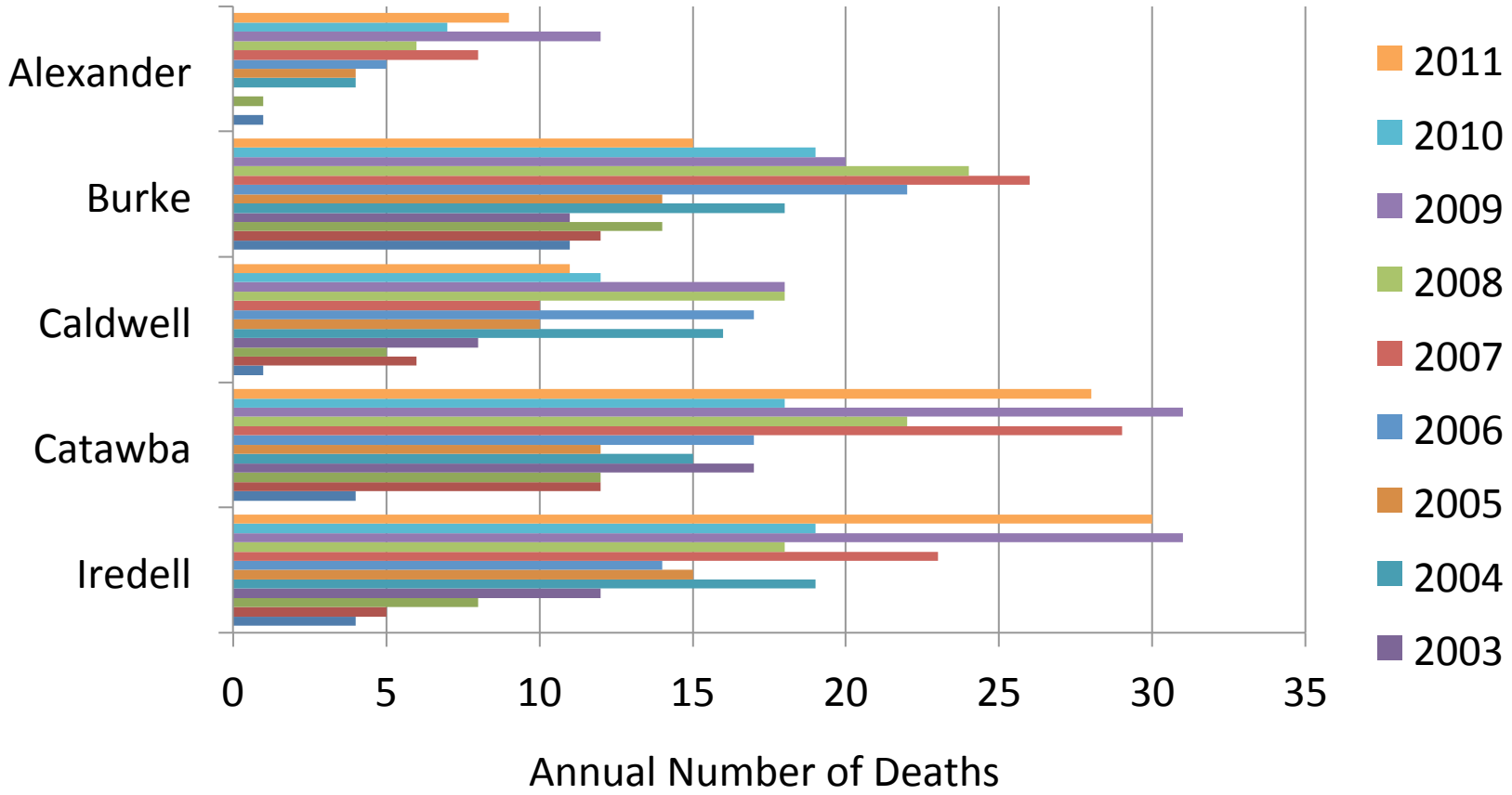
Community forums must be repeated to motivate the necessary stakeholders to take action.

Community coalitions must be provided tools to make their own strategic plans and design locally appropriate interventions.

Epidemiologic Profile of Unintentional Poisonings: Alexander, Burke, Caldwell, Catawba, and Iredell Counties

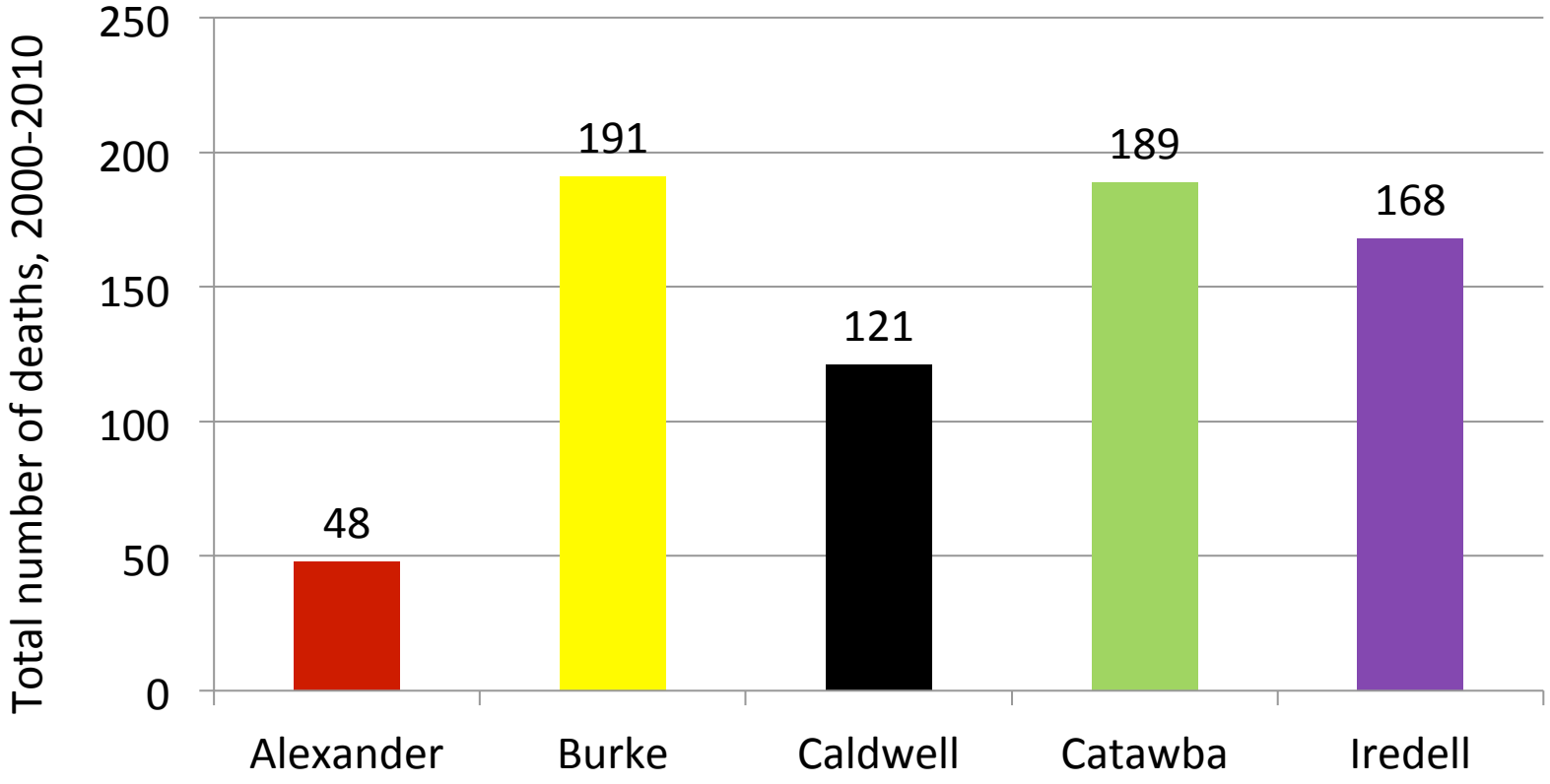
www.projectlazarus.org

A decade of deaths from unintentional and undetermined intent poisonings*: Alexander, Burke, Caldwell, Catawba and Iredell counties, 2001-2010



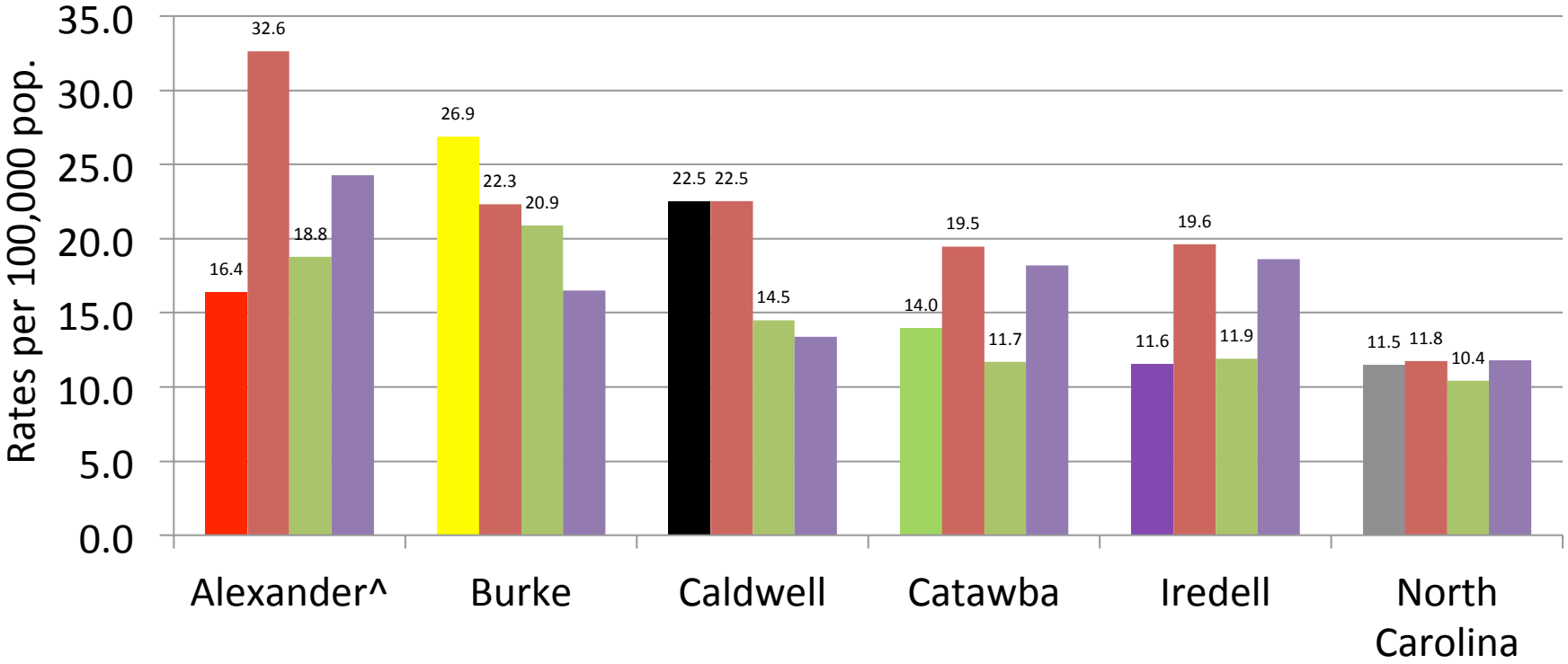
*Source: ICD-10 (X40-X49 and Y10-Y19.9); NC State Center for Health Statistics poisoning reports prepared annually for Project Lazarus

Total number of deaths from unintentional and undetermined intent drug overdoses*: Alexander, Burke, Caldwell, Catawba, and Iredell Counties, 2000-2010



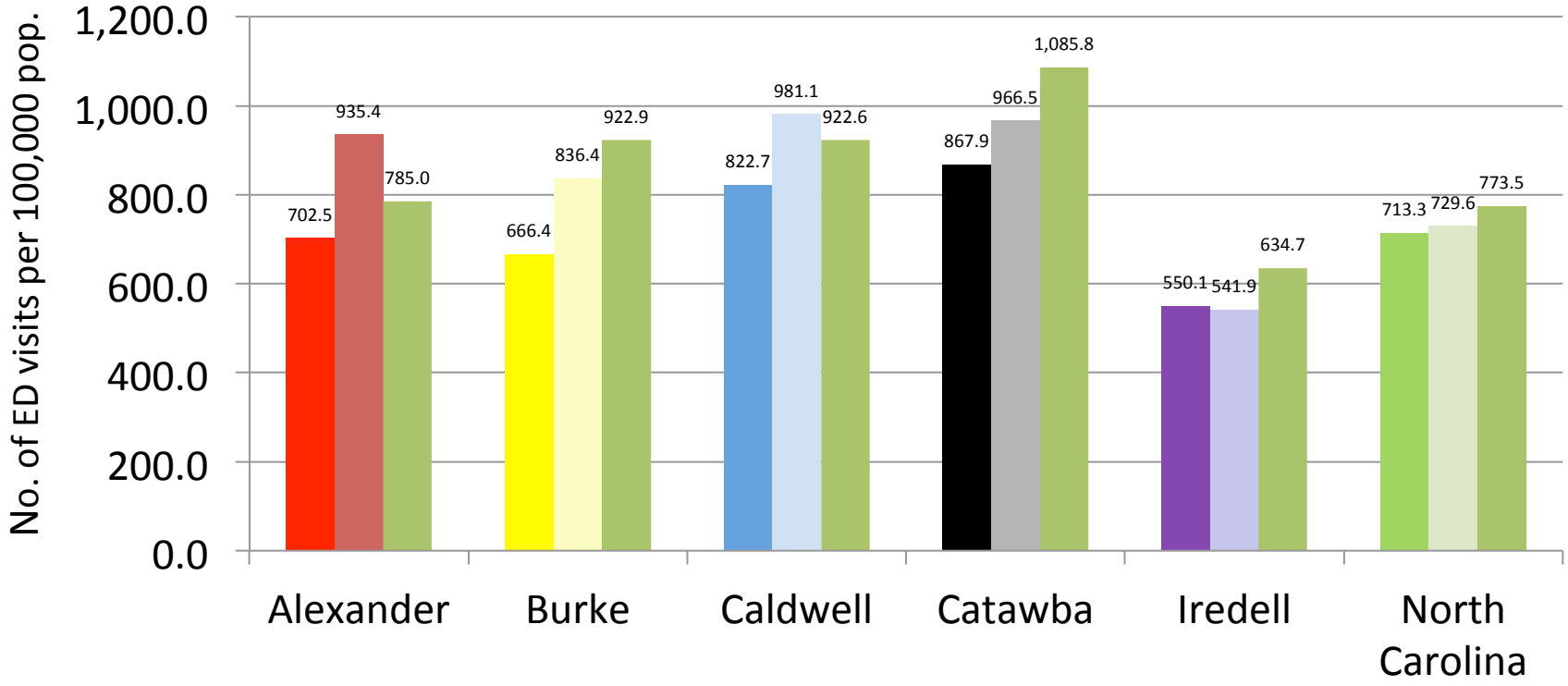
*Source: ICD-10 (X40-X49, Y10-Y19.9); poisoning reports generated annually by NC State Center for Health Statistics for Project Lazarus

Fatal unintentional and undetermined intent poisoning* RATES: Alexander, Burke, Caldwell, Catawba and Iredell counties, 2008-2010



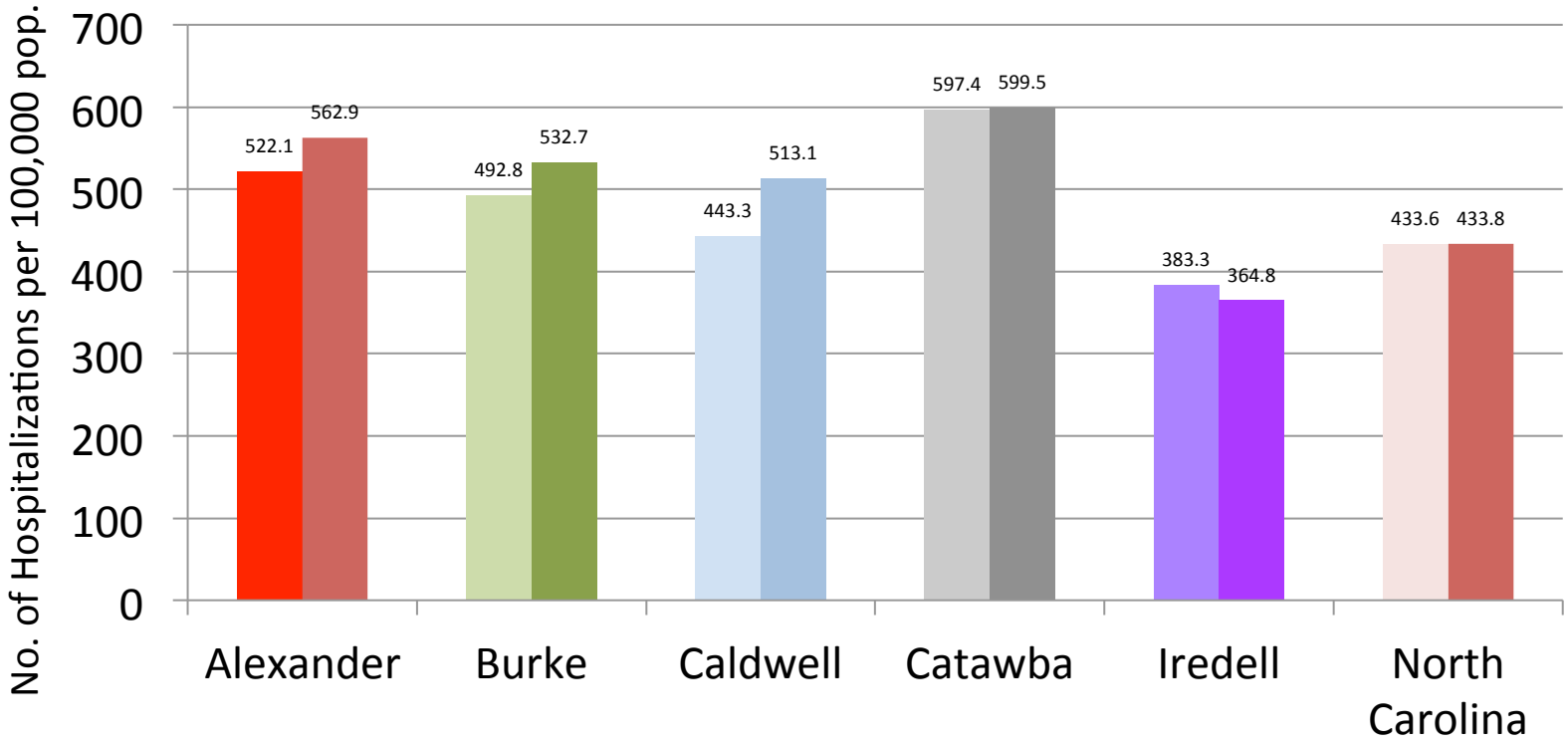
*Source: ICD-10 (X40-X49 and Y10-Y19.9) from NC SCHS. 2000-2009 population data are bridged population estimates provided by NC SCHS; 2010 are US Census Counts. ^ 2008 and 2010 had less than 10 deaths, making interpretation of trend analysis subject to unstable rates.

Drug-related ED visit* rates: Alexander, Burke, Caldwell, Catawba Iredell counties & NC: 2008-2010



*Source: Number of ED visits from NCDETECT based on ICD-9-CM codes: 292.0, 304-304.9, 305.2-305.93, 960-969.9, 977.9, E850-E858.9, and E980-E980.9, accessed 11/17/2011; 2008 and 2009 population data are bridged population estimates from NCSCHS; 2010 population data are US Census Counts.

Drug-related Hospitalization* RATES: Alexander, Burke, Caldwell, Catawba and Iredell, 2008



*Source: Number of hospitalizations from hospital discharge database at the NC State Center for Health Statistics, based on ICD-9-CM codes: 292.0, 304-304.9, 305.2-305.93, 960-969.9, 977.9, E850-E858.9, and E980-E980.9, accessed 11/17/2011; 2008 and 2009 population data are bridged population estimates from NCSCHS; 2010 population data are US Census Counts.

Cost of Hospitalizations for Unintentional Poisonings: NC, 2008

- Average cost of inpatient hospitalizations for an opioid poisoning*: **$16,970.**
- Number of hospitalizations for unintentional and undetermined intent poisonings**: **5,833**

- Estimated costs in 2008: **$98,986,010**

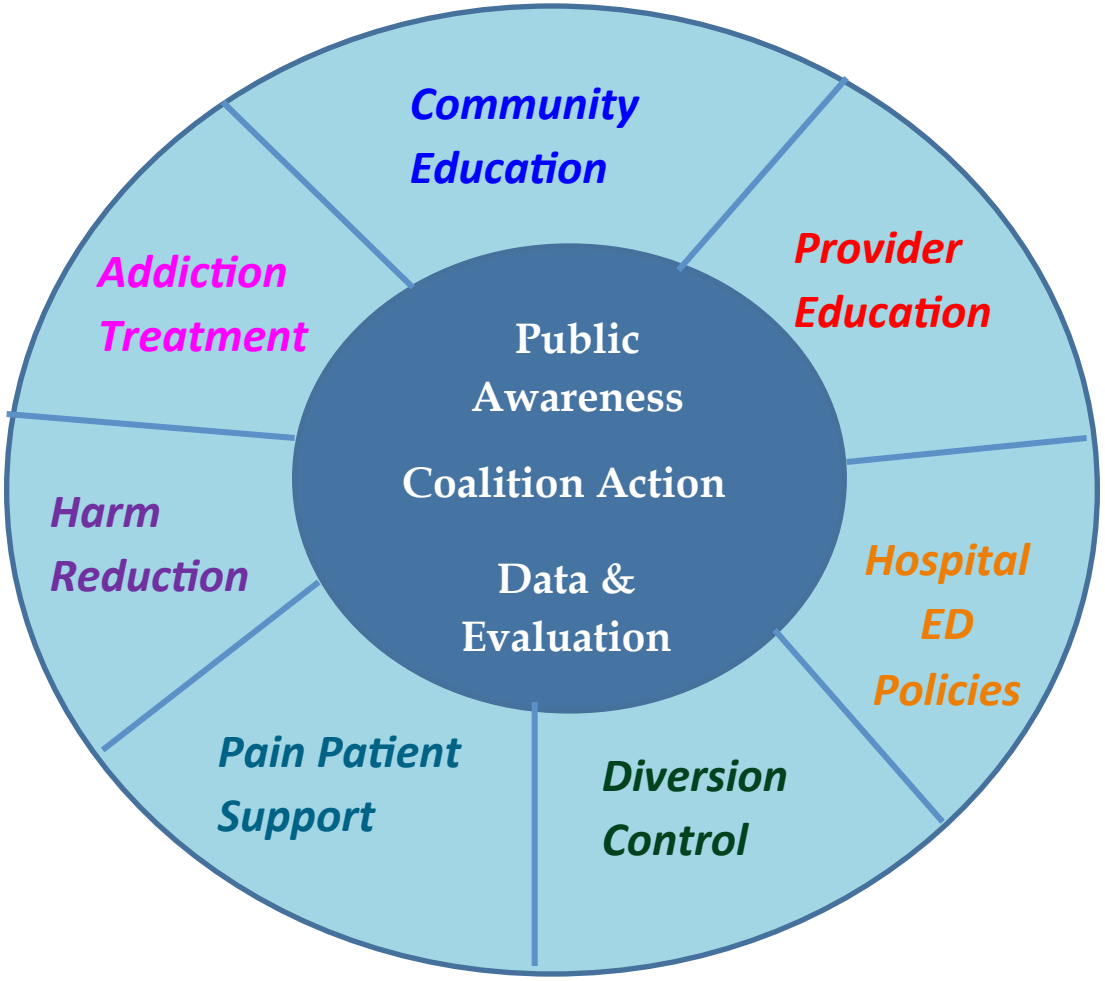
Does not include costs for hospitalized substance abuse

*Agency for Healthcare Research and Quality

** NC State Center for Health Statistics, data analyzed and prepared by K. Harmon, Injury and Violence Prevention Branch, DPH, 01_19_2011

Source: NC CSRS

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.

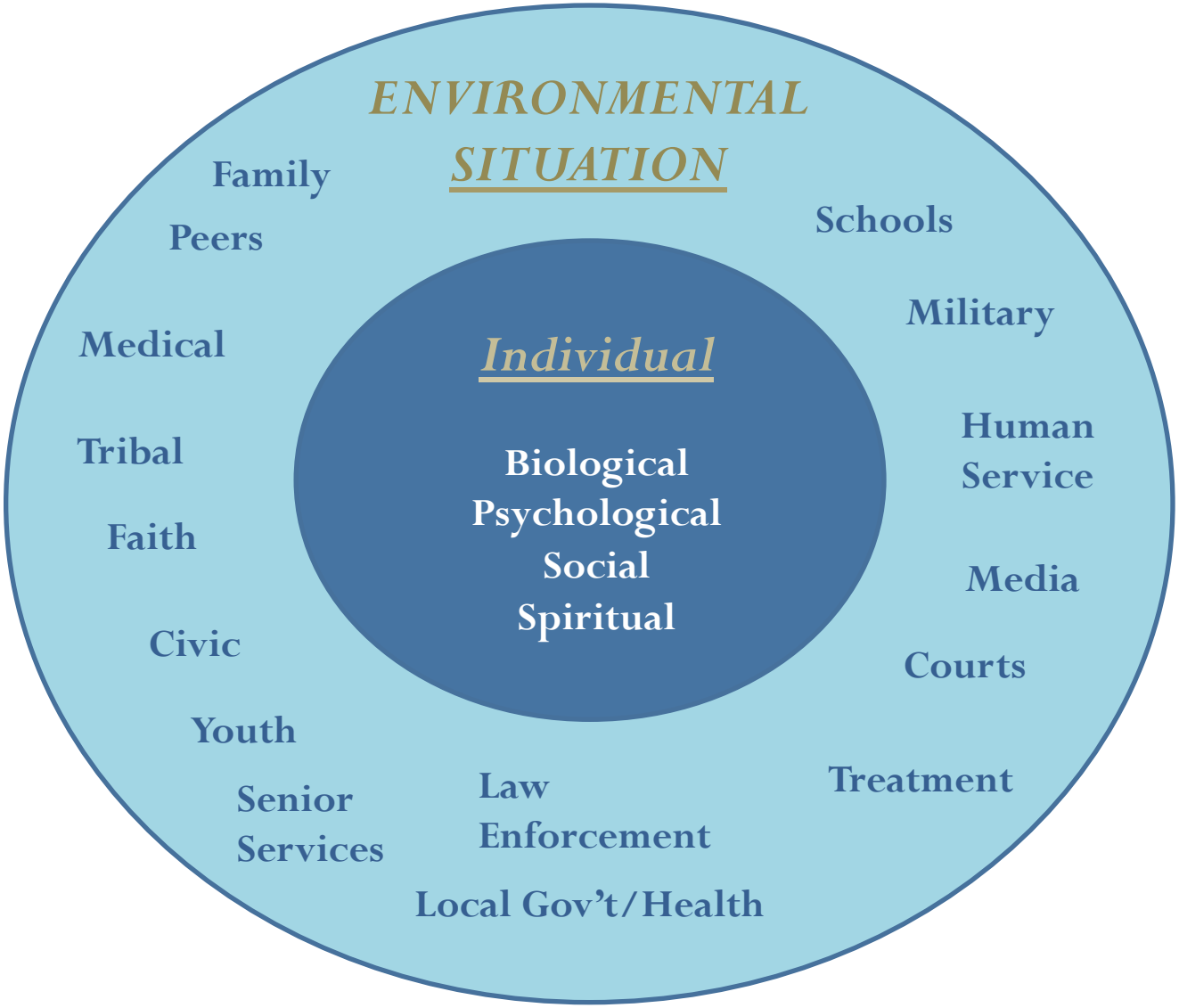
The WHEEL

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."

COMMUNITY


ENVIRONMENTAL SITUATION
Family
Peers
Medical
Tribal
Faith
Civic
Youth
Senior Services
Law Enforcement
Local Gov't/Health
Treatment
Courts
Media
Human Service
Military
Schools
Individual
Biological
Psychological
Social
Spiritual

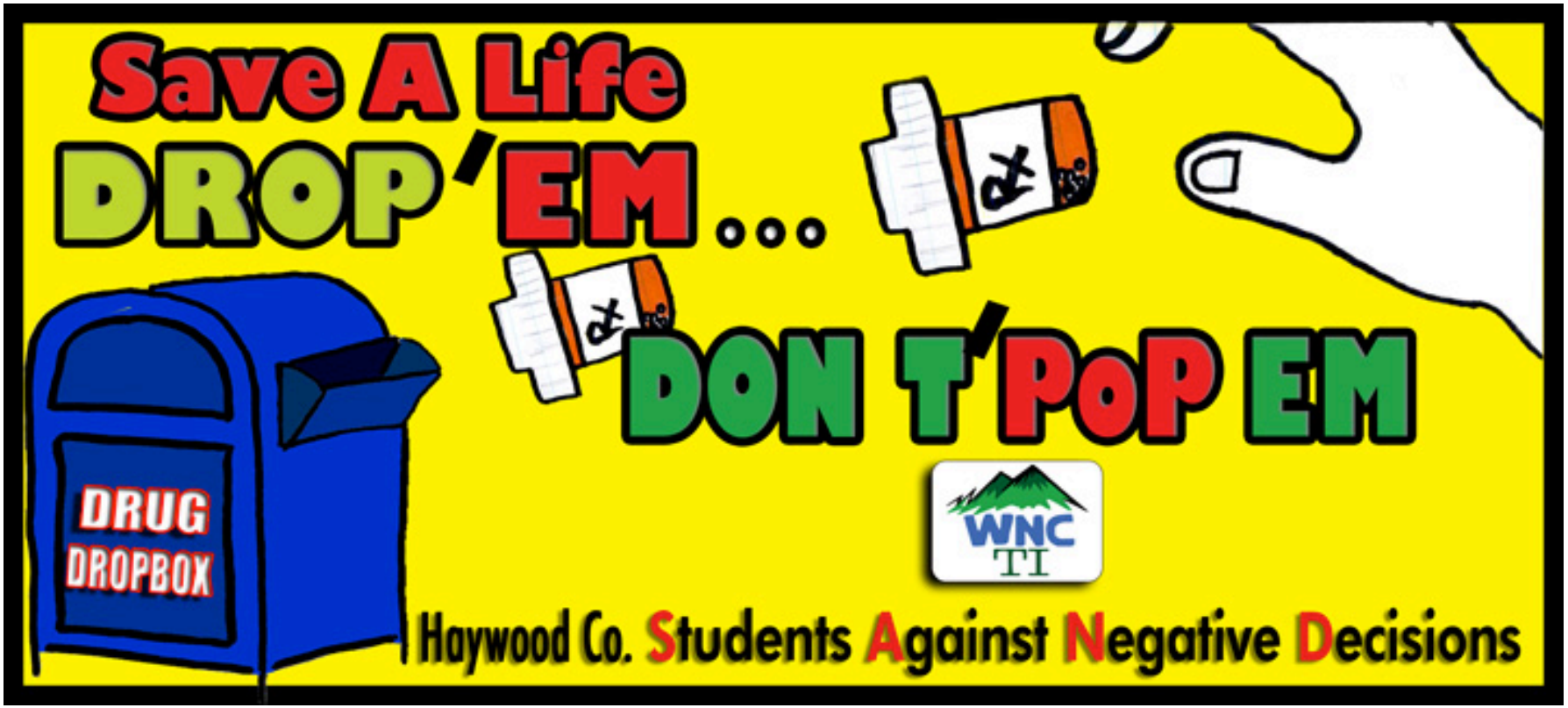
Community Awareness – Coalition Building

Community Awareness

School-based education
must be age-appropriate
and go beyond “just say no.”

Community Awareness

Community Awareness



Risk Reduction – Community Education

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

In NC, 11.5% of released prisoners die of an alcohol or drug problem.
But, only 2 counties have overdose prevention education in prison.

Prescriber Education - Chronic pain is recognized as a complicated medical condition requiring a substantial amount of knowledge and skill for appropriate evaluation, assessment, and management. Reached via CME, Lunch and Learn, Grand Rounds, Webinars, Medical Case Management Meetings – Prescribers Toolkit

1) Pain Agreements
2) Use of PDMP
3) Urine Screens
4) Assessment modalities - SBIRT
    a. Treatment options and local referral network

Prescriber Education: Chronic Pain Initiative

Chronic Pain Initiative Tool Kit:

Primary Care Provider

A project of:

Community Care of North Carolina

PROJECT LAZARUS

Chronic Pain Initiative Tool Kit:

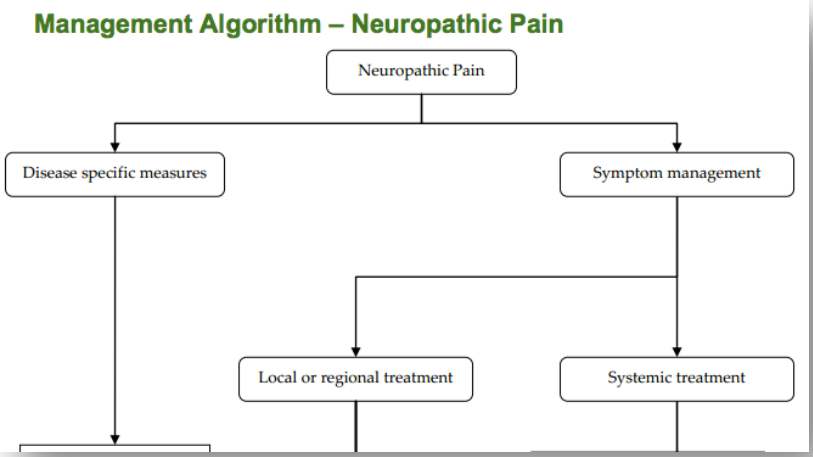
Care Management

A Project of

Community Care of North Carolina

PROJECT LAZARUS

Pain management education is being conducted statewide through Medicaid.



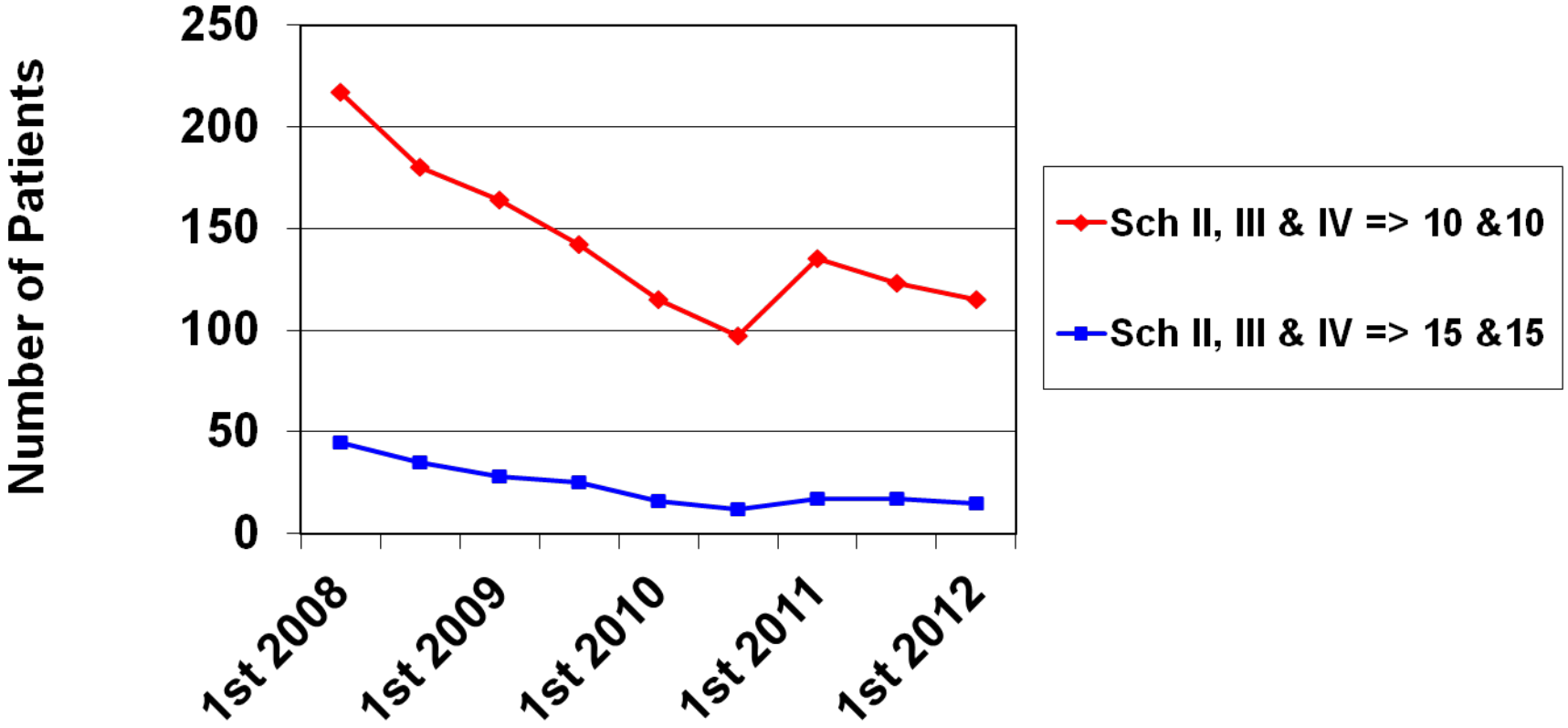
Locally-designed toolkits created by community coalitions have more legitimacy than those produced at a national level.

Controlled Substance Reporting System nccsrs.org

The stated purpose of the program (NC GS §90-113.71) is to "improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances."
www.ncdhhs.nc.gov/mhddsas/controlledsubstance

Source: NC CSRS

Drug Seeking Trends Schedule II, III & IV



Patients with Multiple Prescribers and Dispensers **Source: NC CSRS**

Source: NC CSRS

Prescribing Data from PMP

	Total Pharmacists Registered 8/23/12	Practitioners Registered 8/23/12	Percent Registered
Wilkes	11	89	64.5%
NC	1961	10378	30.0%
Alexander	7	20	54.1%
Burke	21	120	44.0%
Caldwell	21	65	44.8%
Catawba	37	207	28.4%
Iredell	34	183	32.0%

Source: NC CSRS

Hospital Emergency Department (ED) Policies - it is recommended that hospital EDs 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
5) Limited dosing (10 tablets)

Diversion Control - Supporting patients who have pain, 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"

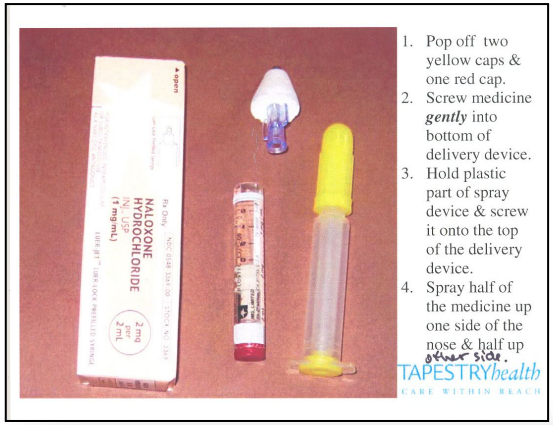
Diversion Control

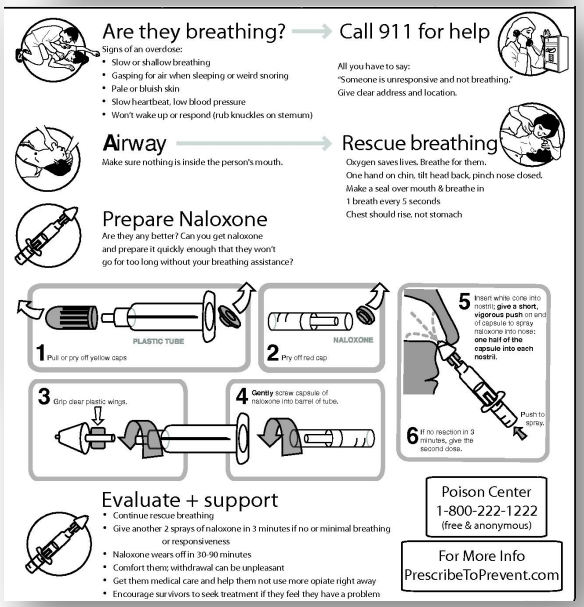
OPERATION MEDICINE DROP

Pill take-back days can raise awareness of the crisis, but can't solve the overdose problem alone.

Training law enforcement how to work with the pain community benefits all parties.

Harm Reduction – Naloxone rescue medication to reverse opioid overdose



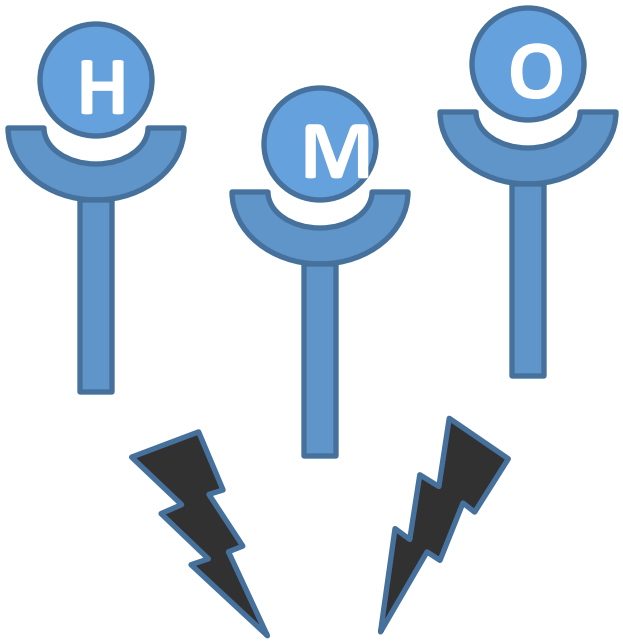


A script gives patients specific language that they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan.

Prescribetoprevent.org

Rescue Medication

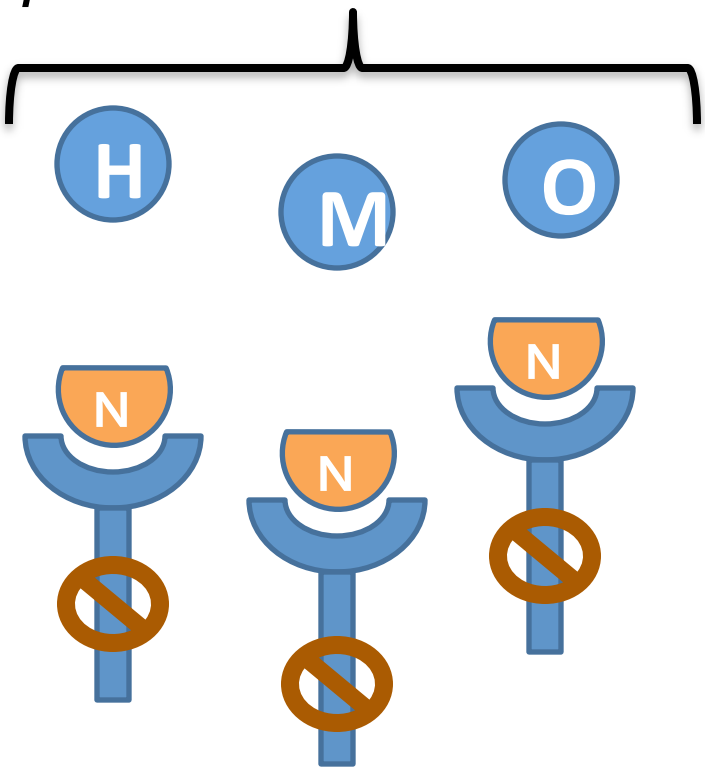
opioid receptors activated by heroin and prescription opioids



Pain Relief
Pleasure
Reward
Respiratory Depression

Naloxone in the Brain

opioids broken down and excreted



Reversal of Respiratory Depression
Opioid Withdrawal

Harm Reduction – Naloxone rescue medication to reverse opioid overdose

The North Carolina Medical Board has issued a statement supporting the use of naloxone to prevent overdoses: *"…The prevention of drug overdoses is consistent with the Board's statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs like Project Lazarus in their efforts to make naloxone available to persons at risk of suffering opioid drug overdose."*

AMA, June 19, 2012 "Fatalities caused by opioid overdose can devastate families and communities, and we must do more to prevent these deaths," said Dr. Harris. "Educating both physicians and patients about the availability of naloxone and supporting the accessibility of this lifesaving drug will help to prevent unnecessary deaths."

NADDI supports nasal naloxone

The National Association of Drug Diversion Investigators (NADDI) has taken a position to encourage law enforcement agencies to adopt policies that would allow officers to carry nasal naloxone with them to administer to individuals involved in a an opioid overdose. Proper training and certification by the proper authority of each state helps to ensure proper use of nasal naloxone on those in distress due to a drug overdose.

Risk Factors for Overdose among Patients

- Received emergency medical care involving opioid intoxication or poisoning
- Suspected history of substance abuse or nonmedical opioid use
- Prescribed methadone or buprenorphine
- Higher-dose (>50 mg morphine equivalent/day) opioid prescription
- Receiving any opioid prescription for pain plus:
  - Rotated from one opioid to another because of possible incomplete cross tolerance
  - Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness or potential obstruction.
  - Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
  - Known or suspected concurrent alcohol use
  - Concurrent benzodiazepine or other sedative prescription
  - Concurrent antidepressant prescription
- Patients who may have difficulty accessing emergency medical services (distance, remoteness)
- Voluntary request from patient or caregiver

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

Search this

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

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.

- *Lt Colonel Anthony Dragovich MD*
- *Medical Director, Pain Medicine*
- *Ft. Bragg, NC*

North Carolina Legislative Bill SB 20 Signed April 2013

(b) A person acting in good faith who seeks medical assistance for an individual 21 experiencing a drug-related overdose, and who did not physically supply the drugs to the 22 person experiencing the drug-related overdose, shall not be prosecuted for (i) a misdemeanor 23 violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less 24 than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than 25 one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under 26 those sections was obtained as a result of the person seeking medical assistance for the 27 drug-related overdose.

(b) A practitioner acting in good faith and exercising reasonable care may directly or by 9 standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an 10 opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a 11 person at risk of experiencing an opiate-related overdose.

(d) All of the following individuals are immune from any civil or criminal liability for 30 actions authorized by this section: 31

(1) Any practitioner who prescribes an opioid antagonist pursuant to subsection 32 (b) of this section. 33

(2) Any person who administers an opioid antagonist pursuant to subsection (c) 34 of this section."

Rescue Medication

- **Qualla Boundary**

  Eastern Band of the Cherokee Indians
- **NC Medicaid**
- **Wilkes County**
- **NC Opioid Treatment Programs (OTP)**
- **Law Enforcement**
  - **Jails**
- **First Responders**

Drug treatment and Recovery

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:

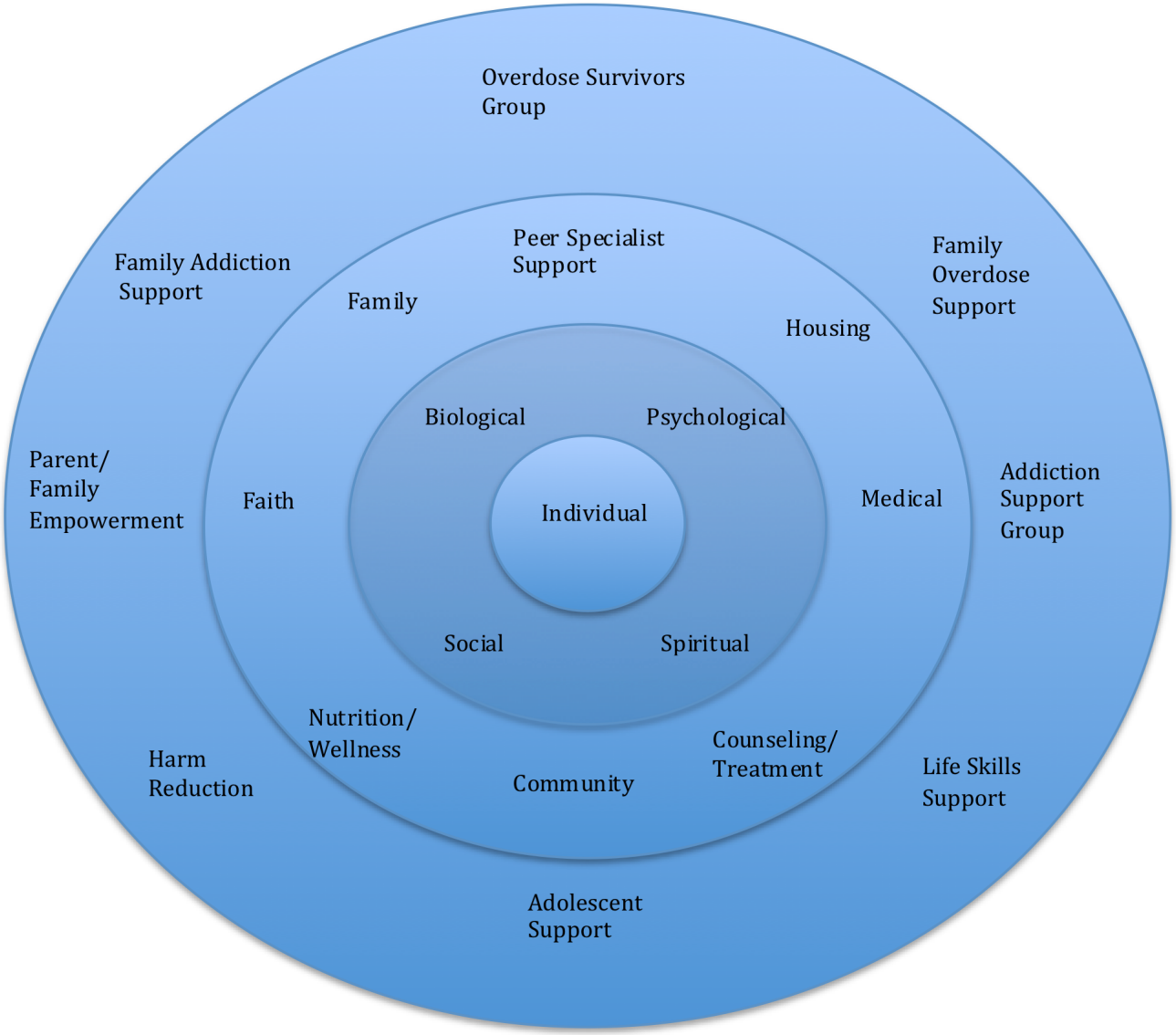
- **Availability** and accessibility of treatment options,
- Negative attitudes or **stigma** associated with addiction in general and drug treatment.

Robert Wood Johnson Foundation Honors

Fred Wells Brason II

2012 Community Health Leaders Award

Peer Guide Addiction Support Service



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)
- However, counties with a coalition where the health department was the lead agency had a statistically significant **23% lower** rate of ED visits ($X2=2.15$, $p=0.03$) than other counties.
- In counties with coalitions **1.7%** more residents received opioids than in counties without a coalition.
- **Coalitions may be useful in reducing the harms of Rx drug abuse while improving access to pain medications at the same time.**
- **More professional coalitions may have a greater impact on reducing Rx drug harms.**

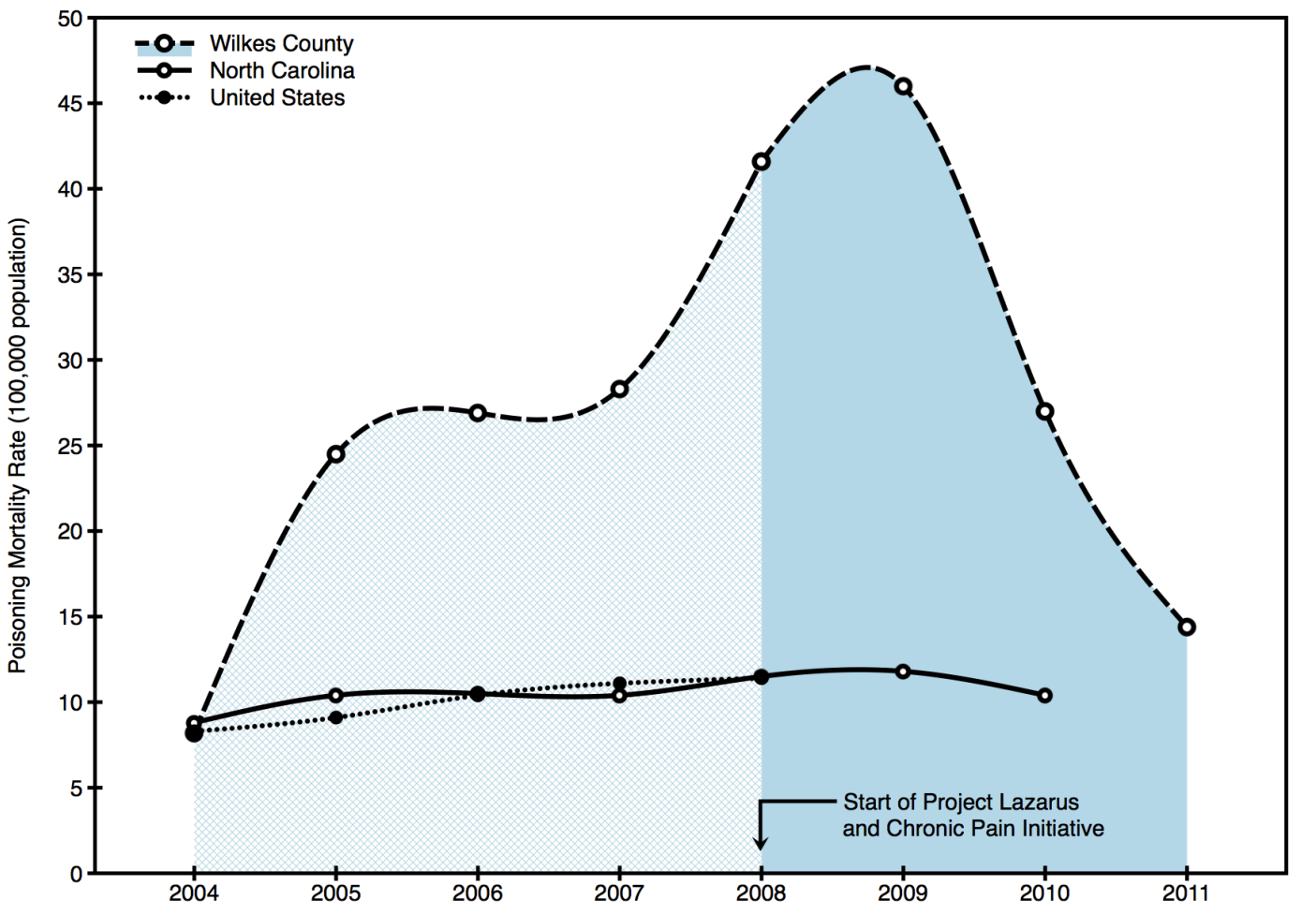
PROJECT LAZARUS

Wilkes County NC RESULTS

www.project

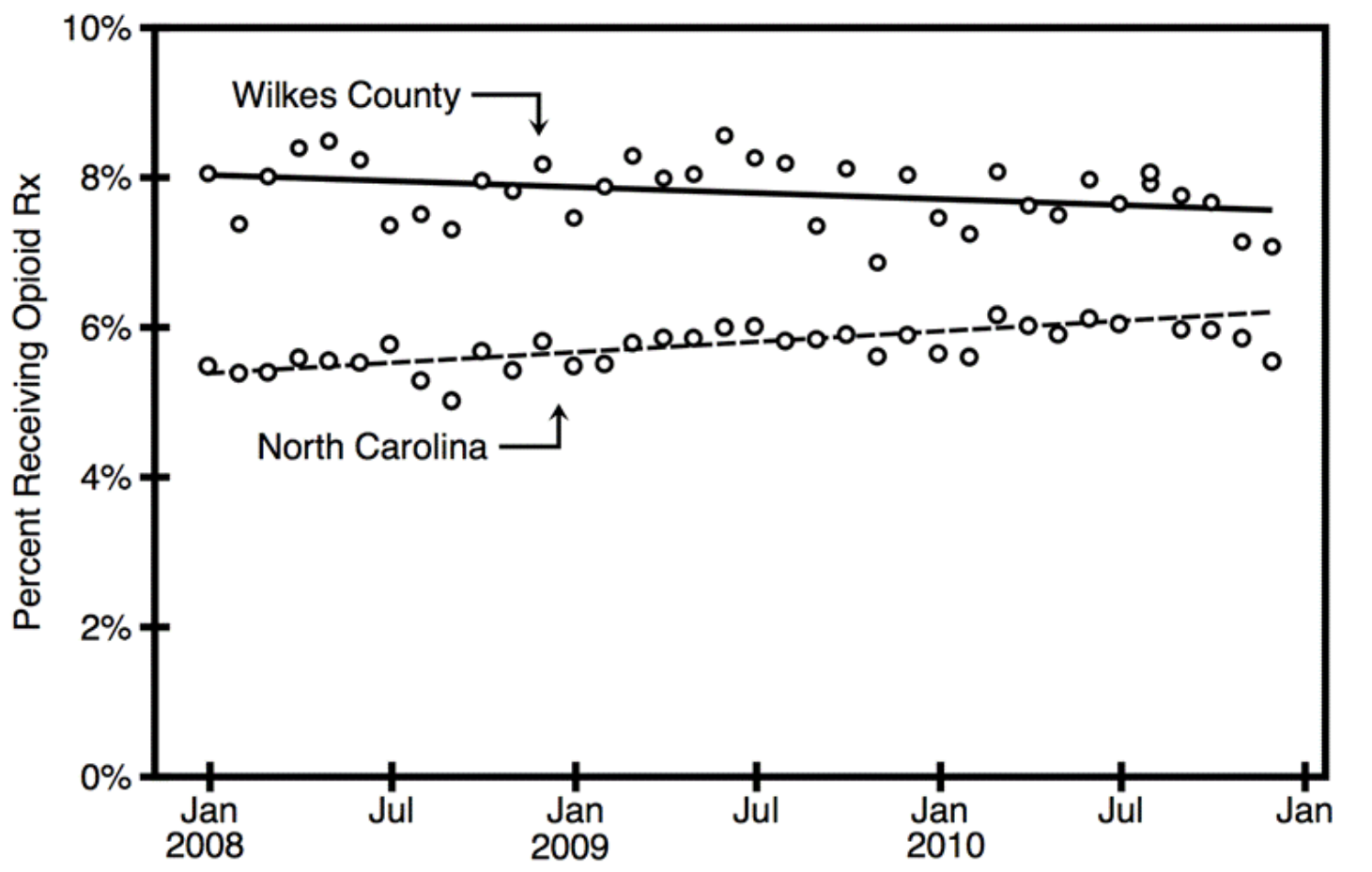
Fred

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



Wilkes County Opioid Prescribing

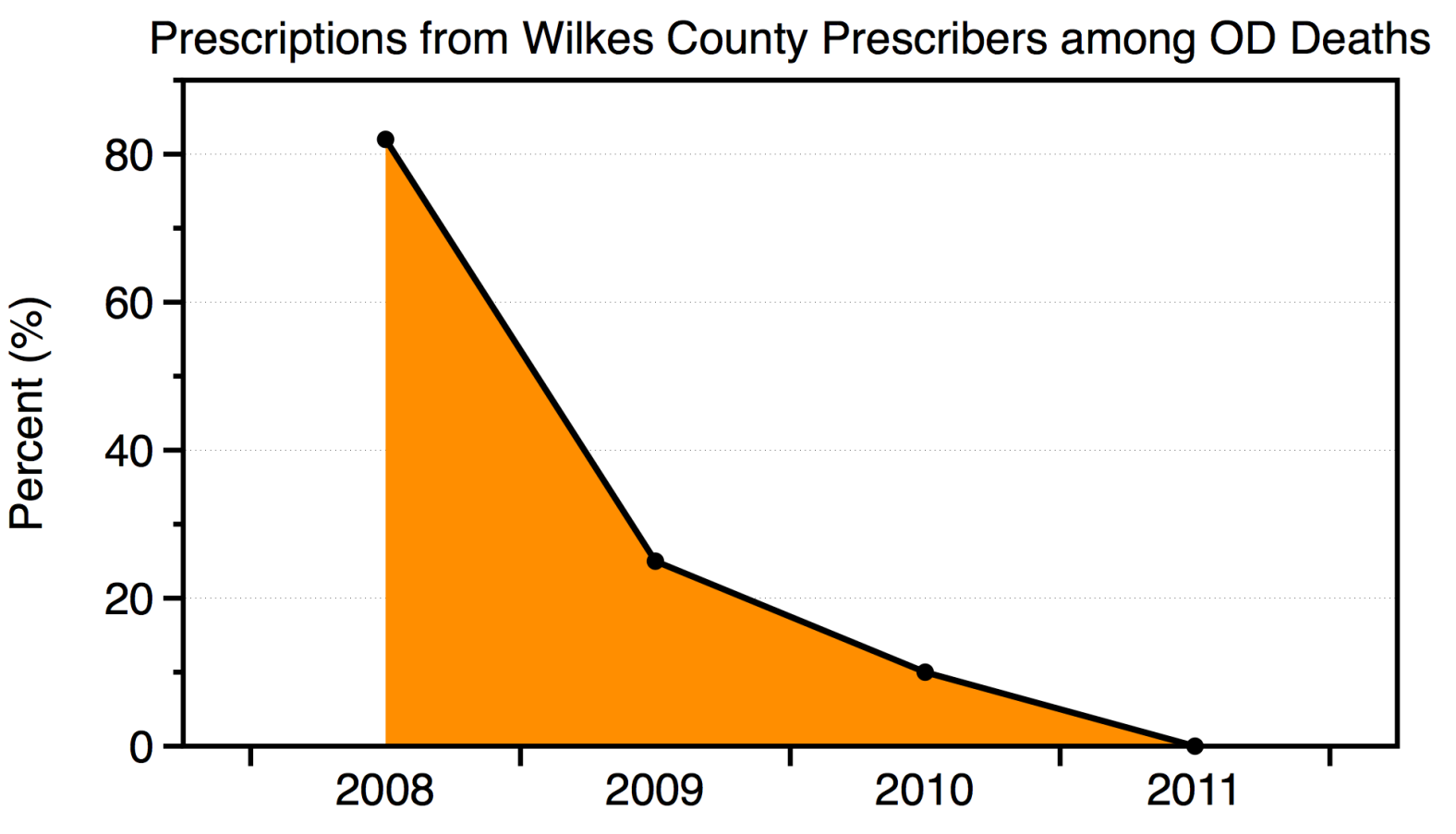
Wilkes County had higher than state average opioid dispensing during the implementation of Project Lazarus and the Chronic Pain Initiative. Access to prescription opioids was not dramatically decreased.



Source: NC CSRS

Wilkes County Overdose Script History

In 2011, not a single OD decedent had an opioid prescription from a Wilkes County prescriber. The fundamental risk:benefit ratio for opioids can be altered for the better through a community-wide approach.



NC Statewide Collaborative

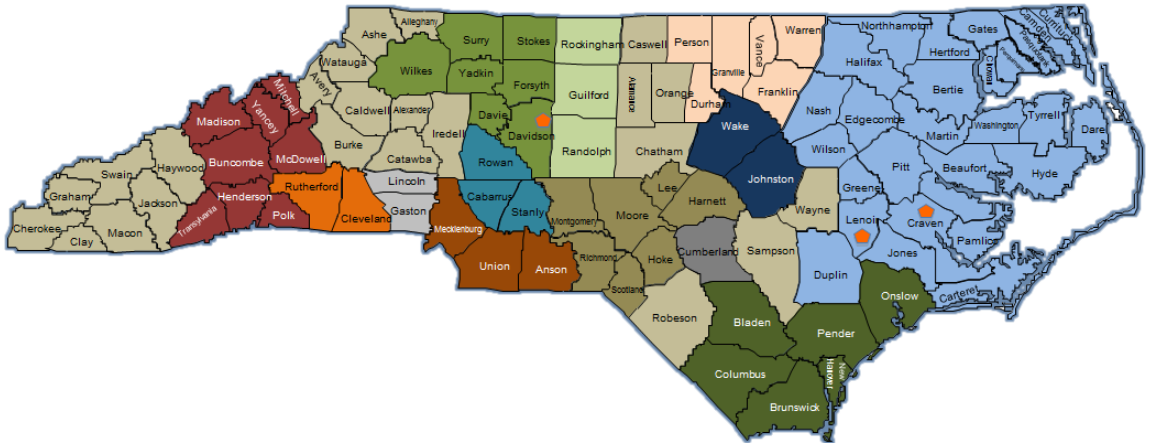
Kate B. Reynolds Charitable Trust - Office of Rural Health

Community Care NC

Project Lazarus* – Governors Institute for SA – UNC Injury and Prevention Research Center

*(*includes NC Div. of Public Health CDC Transformation Grant and MAHEC CMS Innovations Grant)*

NC Medical Board/NC Medical Society/NC Hospital Association
NC College of Emergency Physicians/Family Practice/Physicians Assistants
NC Div. MHDDSAS/OTP's/PDMP
SBI/NC Sheriffs Association
Carolinas Poison Center
Dental Society
FQHC
Prevention Organizations
Coalitions



Deliverables: Project Lazarus

- Community Coordinator training and TA
  - Leader Manual
  - Curriculum
- Community Toolkit
  - Community Sector Fact Sheets
  - Media Material; brochures, flyers, posters, billboards, PSA's
- Website page, Extranet
- Surveys
- Stake holder presentation(s), Forums and Workshops
- Legislative Initiatives; Good Samaritan, Naloxone, CSRS

REQUEST FOR PROPOSAL

- **Where are you in the process of building a coalition?**
  - Is there an established lead organization?
  - Will there be a fiscal intermediary?
  - What agencies or organizations have already committed to participating? (please provide letters of support from at least 3 other integral agencies)
  - Will there be/is there a paid employee?
  - What sources of support will provide the salary?
  - What data sources have you already accessed? And from which source?
  - How have you used any data that you have already accessed?
  - What data sources are you still trying to obtain?
  - What other resources are in place? (e.g. funding, in-kind donations of space, human resources, services, etc.)
  - How will you build on them?
- **Where are you in the process of developing a strategic plan?**
  - Have you had strategic planning workshops? If so, how many?
  - What sectors are actively involved in the planning process?
  - If you have a plan drafted, please describe the main aspects of each sector's strategy.

REQUEST FOR PROPOSAL cont.

- Where are you in the process of implementing your strategic plan?
  - For each sector, please describe activities which are in the planning phase.
  - For each sector, please describe activities which have been implemented.
- What are your main next steps?
- What are your main challenges or obstacles to moving forward? (You may include funding as a barrier, but that is universal. Please focus on other barriers or challenges.)
- How would you use any grant funding provided by Project Lazarus?
  - Please provide a budget and budget justification.
- Based on the Project Lazarus information provided, in what areas do you anticipate needing the most initial assistance?

COMMUNITY COORDINATOR LIAISON JOB DESCRIPTION

- JOB SUMMARY
  - The Community Coordinator Liaison communicates and promotes the objectives, action plans, and initiatives of Project Lazarus. Coordinator will serve as a vital link of communication among the strategic stakeholders in the community that effect health practices and policies; specifically, physicians and medical office managers, local government entities such as the county board of health, the hospital board, county commissioners, town councils, as well as community groups such as faith based volunteer fire departments, law enforcement and civic clubs, schools, etc.

Deliverables continued

- Community Coalition Building
  - Sector toolkits/fact sheets – Schools, Faith Based, Law Enforcement
  - Media –PSA's, posters, flyers, billboards, storyboards, banners, etc.,
  - Web page
- Pharmacist CE
  - Project Lazarus, CSRS, SBI, BoP
- Nursing (developing)
- Law Enforcement Diversion Training
  - *Project Pill Drop* - Pill Vaults and Disposal
  - SBI and others
- CME Participation
  - Hospital, local Medical Society
- Naloxone
  - Kits, protocols, DVD's, LE and First Responders.

Information

projectlazarus.org

communitycarenc.org

PROJECT LAZARUS
A Project of Community Care of North Carolina

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Robert Wood Johnson Community Health Leader Award 2012

Additional efforts underway in NM, VA, TN, OH, MD, ME, OK, etc.