



PROJECT  
LAZARUS



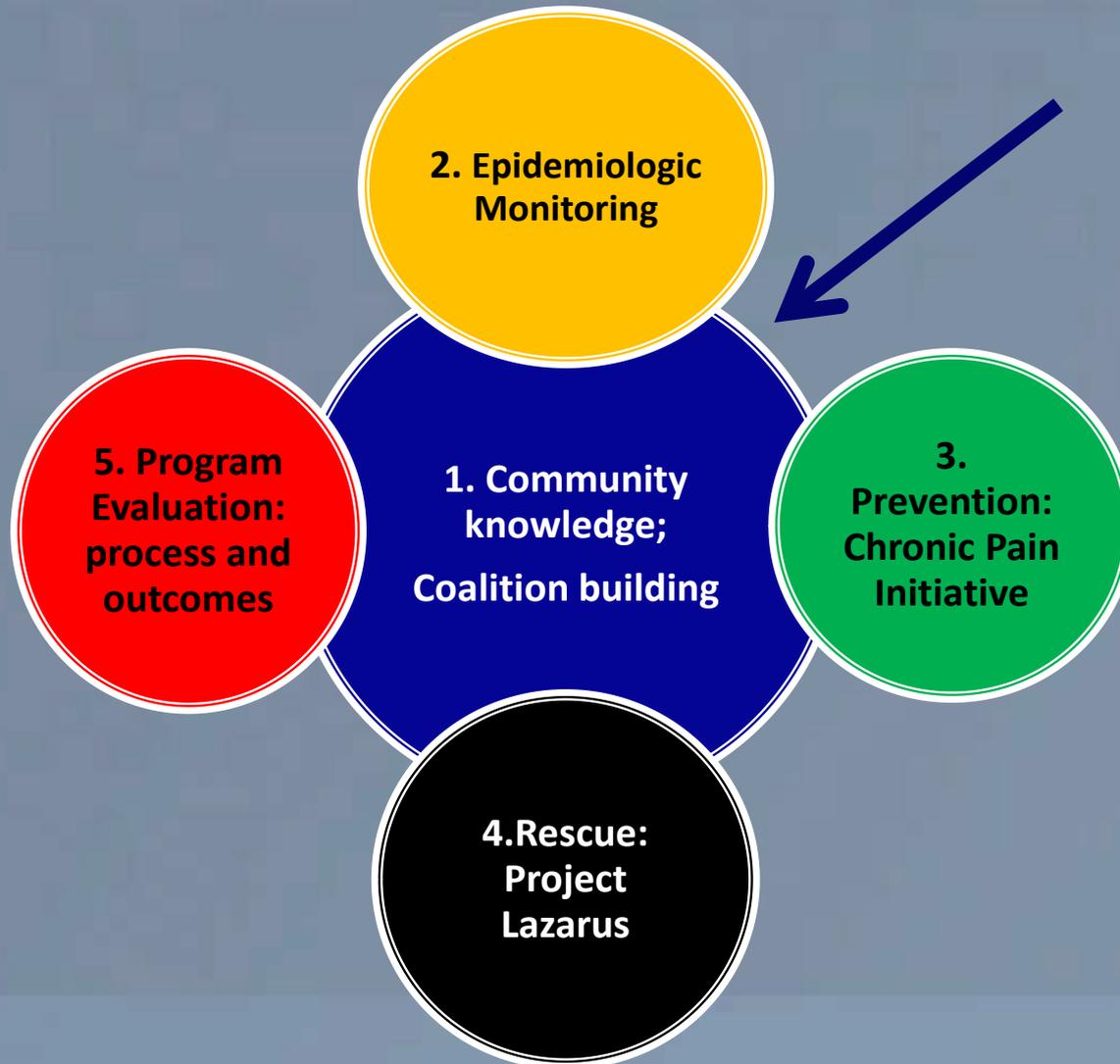
[www.projectlazarus.org](http://www.projectlazarus.org)  
Fred Wells Brason II

# 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 unintentional poisoning (accidental drug overdose).

*“Reducing supply, demand, diversion and harm.”*

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



# ONDCP Press Conference 4/19/2011

- 1.5 Billion doses a year of medicines go unused each year (40% of prescribed)
- ONDCP wants to reduce prescription drug abuse by 15% in 5 years
- Pharmaceutical companies will be required to develop educational materials on misuse of opioids
- We call on every state to establish prescription monitoring program
- Public Health issue, public health crisis; no longer war on drugs

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## Heath Ledger died of accidental overdose

28-year-old actor had oxycodone, anti-anxiety, sleep aids in his system

AP Associated Press updated 1:00 p.m. ET, Wed., Feb. 6, 2008

NEW YORK - The actor Heath Ledger died from an accidental overdose of six different drugs — painkillers and sedatives — the medical examiner said Wednesday, leading doctors to warn of the dangers of mixing prescription drugs.

The 28-year-old film star died "of acute intoxication" from the combination of two strong painkillers, two anti-anxiety medicines and two sleeping aids, according to the medical examiner's office.



AND NOW, GOVERNOR SCHWARZENEGGER

# Newsweek

## RUSH'S WORLD OF PAIN

His Path to Pill Addiction  
Hypocrisy and The Media Wars  
The Struggle of OxyContin

MICHAEL JACKSON 1958 - 2009

### Portrait of Jackson's pill consumption emerges

July 10, 2009 - Updated 12:06 GMT (09:06 GMT)

STORY HIGHLIGHTS

- 2004 document details security guards' accounts of singer's pill consumption
- Document describes Jackson's attempt to battle sleep disorder
- Death investigation could turn into a criminal probe, authorities say



CNN.com ENTERTAINMENT

### McCreedy to Oprah: I'm still healing

Singer has attempted suicide, been assault victim

Friday, November 6, 2008, 10:52 a.m. EST (08:52 GMT)

NASHVILLE, Tennessee (AP) — Mindy McCreedy says she still loves the man charged with nearly beating her to death earlier this year, and her two suicide attempts were the result of their troubled relationship.

"I wanted him to be gone," McCreedy said Thursday about her boyfriend, William McKinight, on "The Oprah Winfrey Show."

McKinight was charged with attempted murder in May after he allegedly broke into the couple's home and assaulted her.

McCreedy, 28, had a No. 1 hit in 1999 with "Don't Do It to the Man." But she has suffered

Mindy McCreedy in May, an other member as part of a preliminary hearing for her boyfriend.

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## People In Hot Water

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### Why Was Richie Really Taking Vicodin?

Sources Say It Was For Menstrual Cramps, But Critics Are Skeptical

NEW YORK, Dec. 14, 2006

(CBS) On Wednesday, two days after news broke about celebrante Nicole Richie's arrest for driving under the influence, a new story indicates that a very natural, very feminine, reason may lie behind Richie's unfortunate arrest: her period.

According to Us Weekly's Web site, one of Richie's friends says the reason "The Simple Life" star is taking Vicodin — a combination of hydrocodone and Tylenol — is menstrual cramps.

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nothing more than comic books come to life, a cultlike outlet

HOME SHOWS MUSIC COMPETITIONS

## KELLY OSBOURNE TO REHAB

NEW STORY 2007-12-12

eniger brother checked himself into rehab. 17-year-old Kelly Osbourne will for addiction to painkillers.

ry and Sharon Osbourne, revealed the news Friday (April 25) on CW's show they had originally planned to promote the third season of "The Osbournes" on Tuesday.

revealed Sharon said, "I'm not alone. I had like 2,000 pills, 3 years."

led Saturday, July 7, 2007 7:41 PM PDT

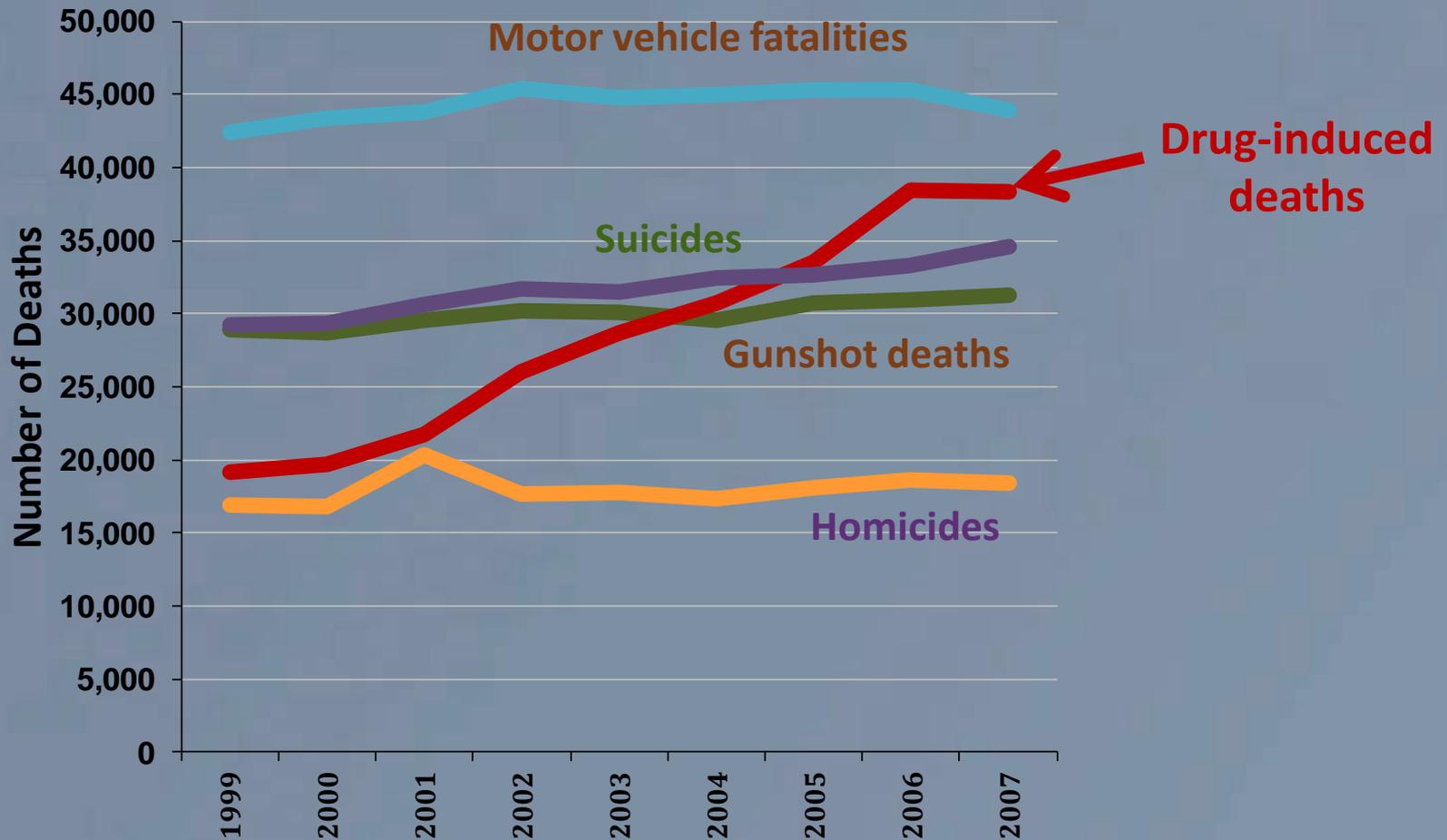
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# Project Lazarus Model for a Community-Based Drug Overdose Prevention Program

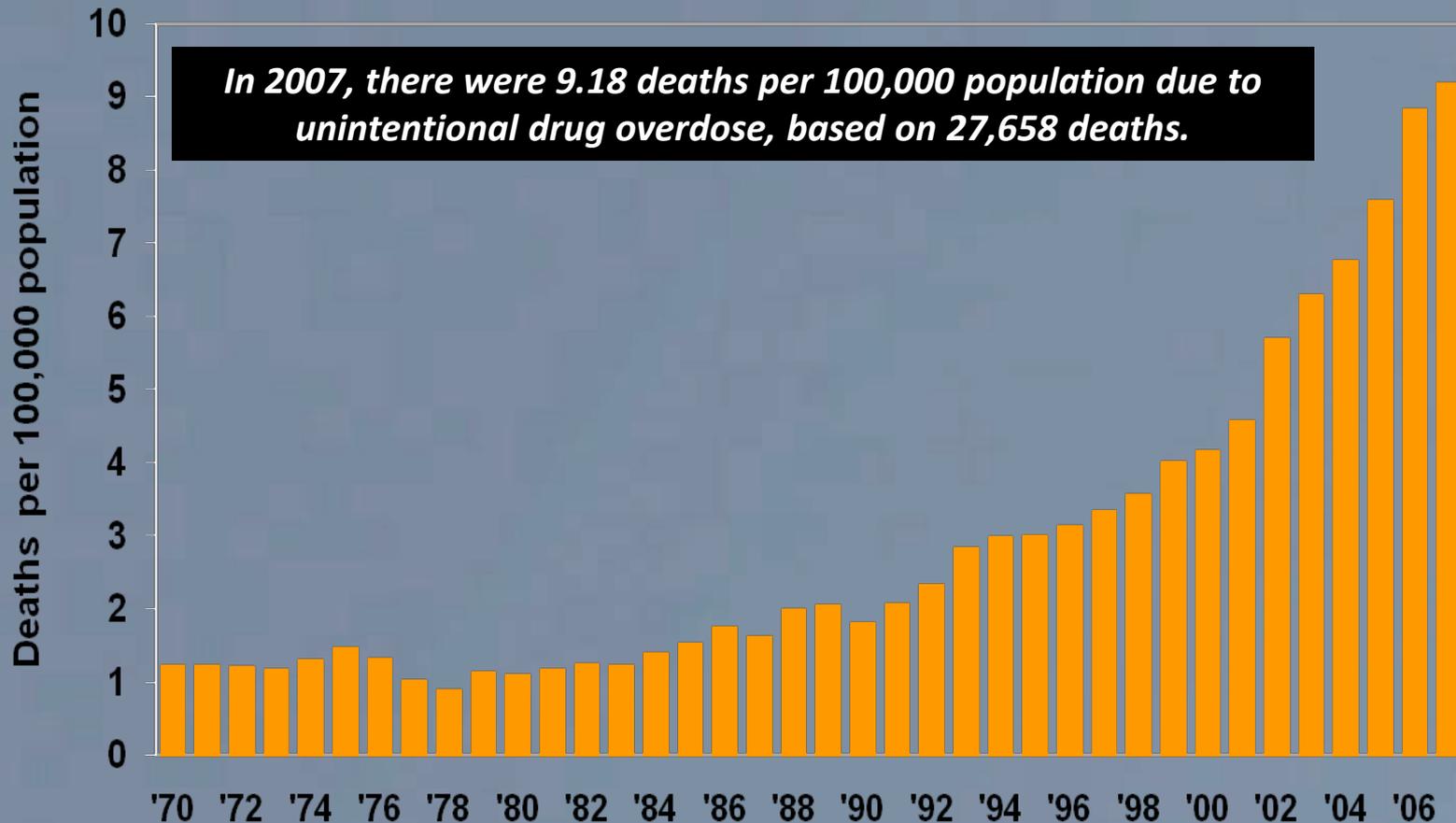


## Drug-Induced Deaths Second Only to Motor Vehicle Fatalities, 1999–2007



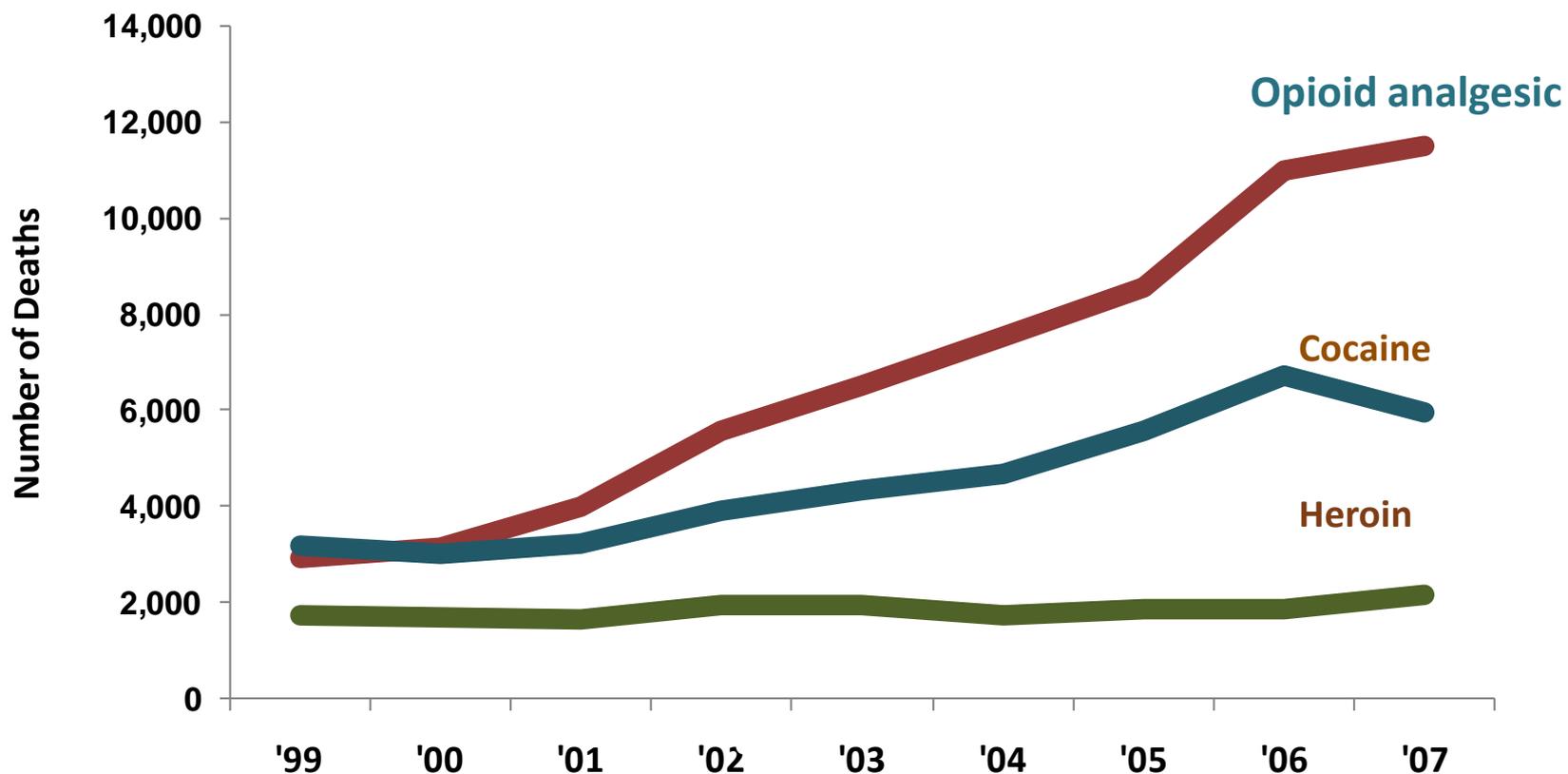
Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics Reports *Deaths: Final Data* for the years 1999 to 2007 (2001 to 2010).

# Unintentional Drug Overdose Deaths United States, 1970-2007

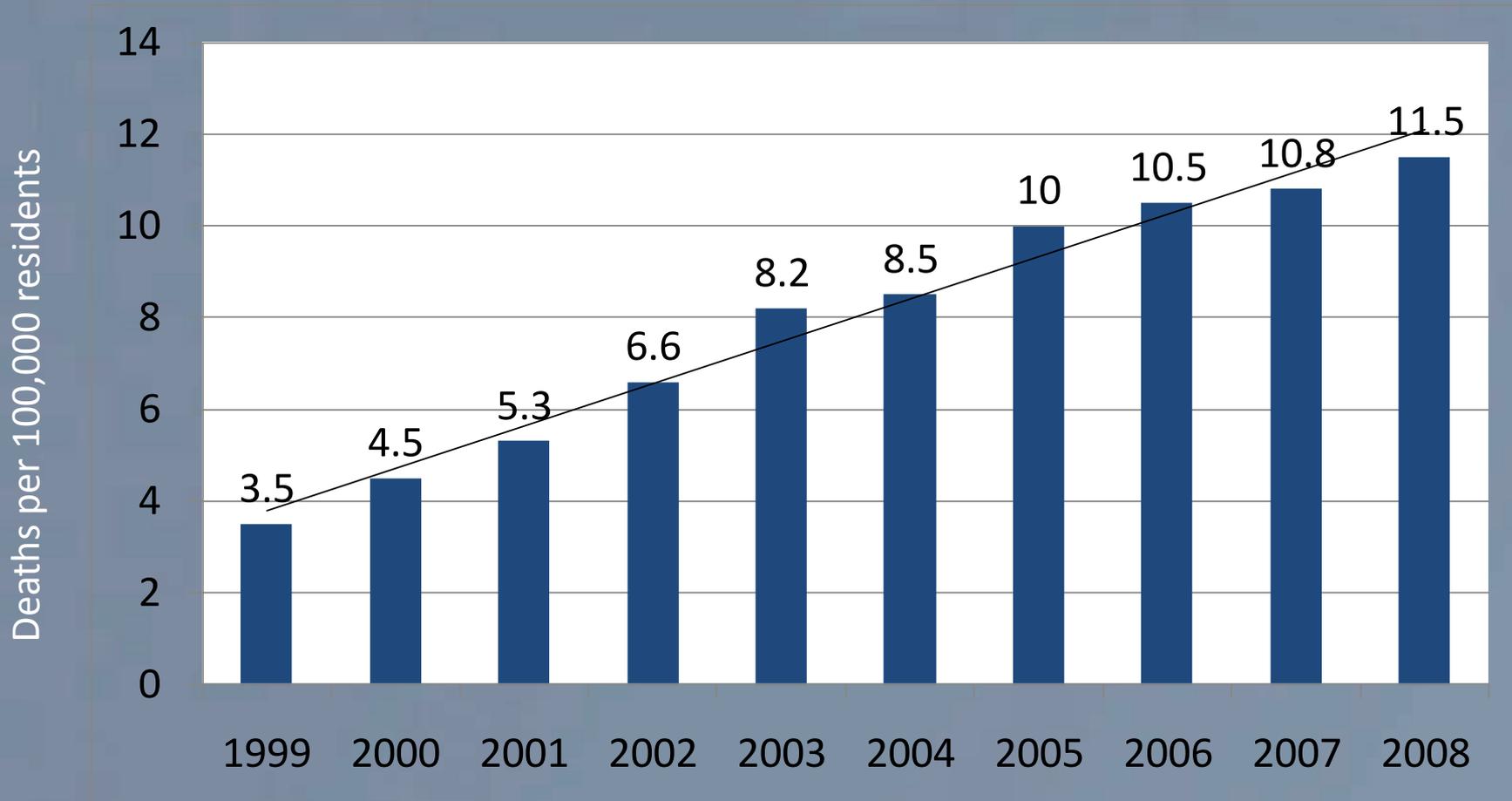


Source: Centers for Disease Control and Prevention. *Unintentional Drug Poisoning in the United States* (July 2010).

# Unintentional Overdose Deaths Involving Opioid Analgesics, Cocaine and Heroin United States, 1999–2007



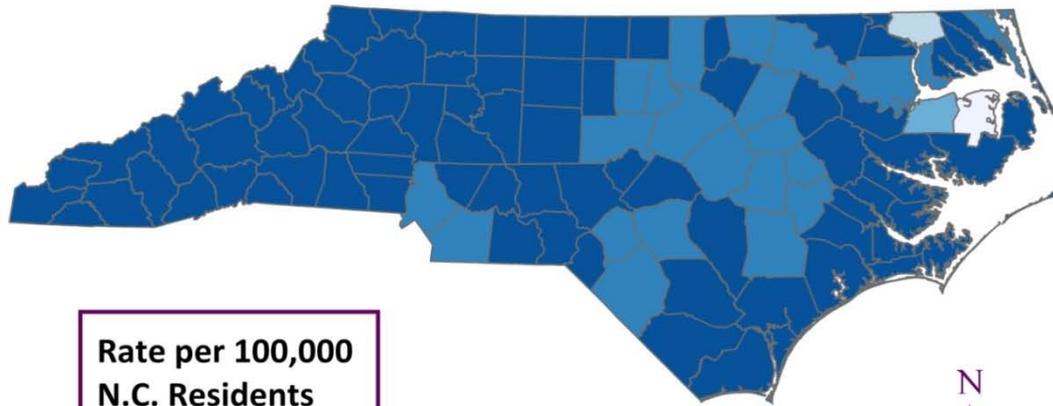
# Death rates for unintentional and undetermined poisonings: North Carolina, 1999-2008



Source: NC State Center 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 Poisoning Deaths by County: N.C., 1999-2009

## 2006-2009



**Rate per 100,000  
N.C. Residents**

- 0.0 - 1.1
- 1.2 - 3.7
- 3.8 - 5.5
- 5.6 - 9.6
- 9.7 - 42.0



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

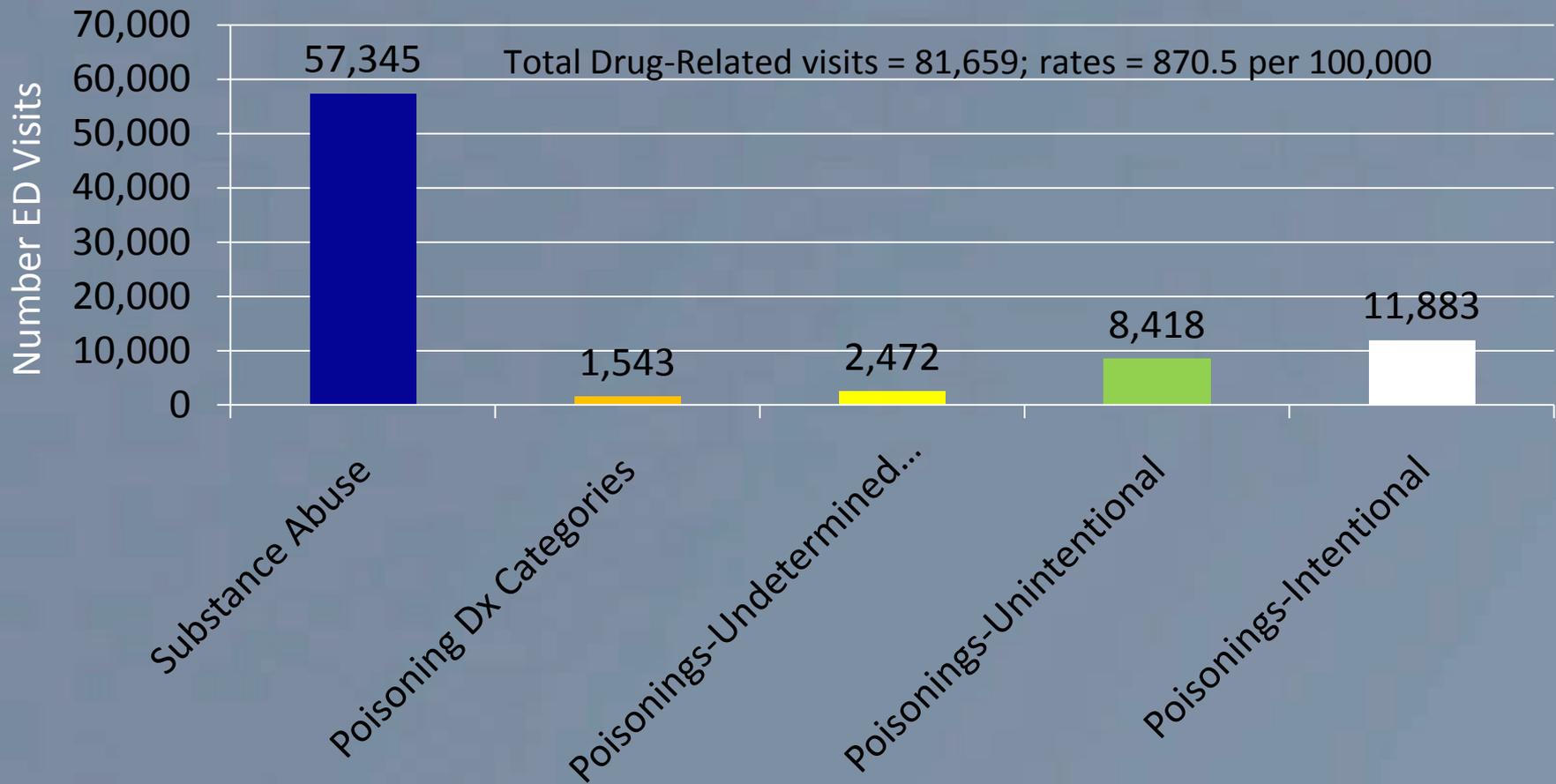
Prepared by Project Lazarus with an  
unrestricted educational grant from Purdue  
Pharma LP, NED101356

North Carolina  
Injury & Violence  
PREVENTION Branch

# Drug-Related ED visits abuse: North Carolina, 2009

Prepared by Project Lazarus, based on data analyzed by Katherine Harmon (NC-DPH Injury and Violence Prevention Branch), obtained from NCDETECT

# Drug-related ED visits by category\*: North Carolina, 2009

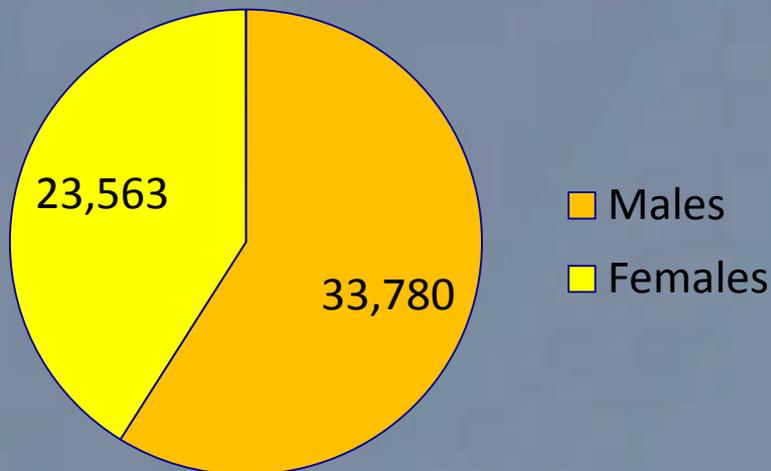


\*Data source: NCDETECT, obtained January 2011 based on ICD-9-CM codes for Substance Abuse (292.0, 977.9, 304-304.9, 305.2-305.93); Dx codes ( 960-969.9); Undetermined Poisoning (E980-E980.9); Unintentional Poisoning (E850-E58.9); Intentional poisonings (E950-E950.9); data analyses prepared by K. Harmon, NC-DPH Injury and Violence Prevention Branch, January 2011

# ED visits for substance abuse\* by gender: North Carolina, 2009

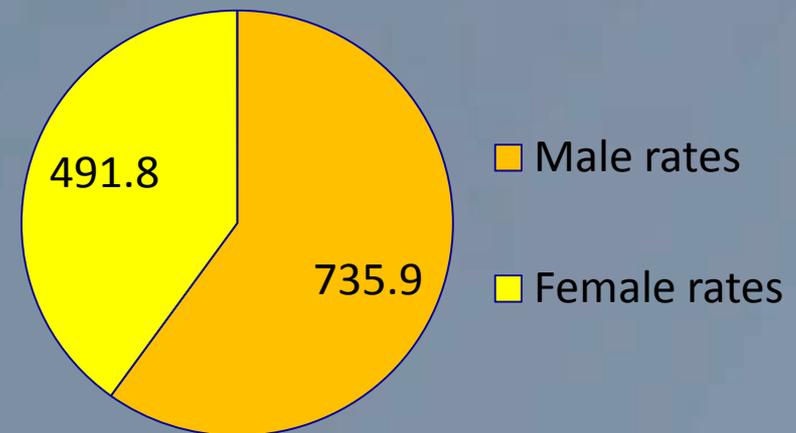
## ED visits by gender

Total SA ED visits=57,343



## ED visit rates by gender

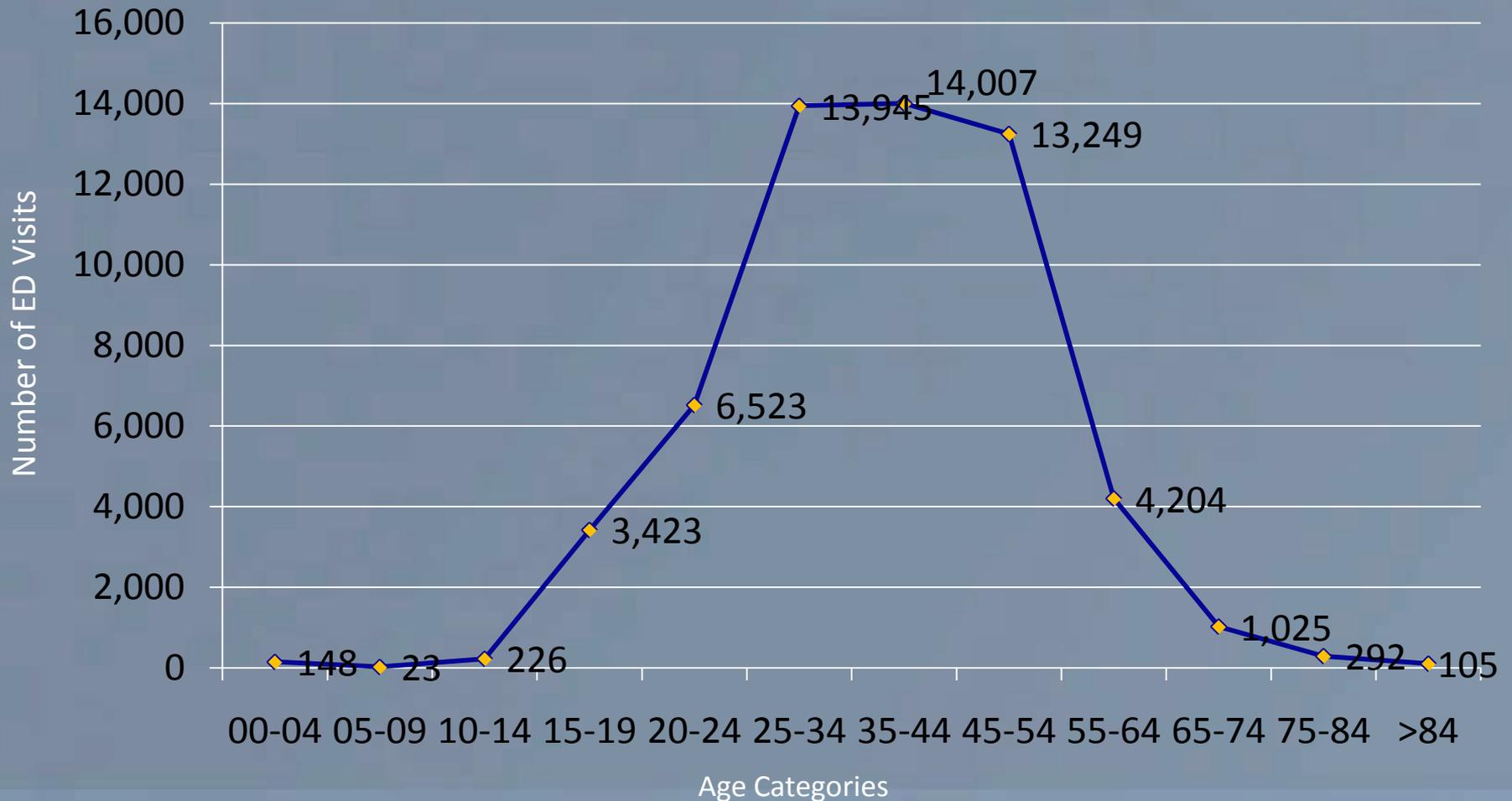
Total SA ED visit rates =  
611.3/100,000 population



\*Data source: NCDETECT, obtained January 2011 based on ICD-9-cm codes 292.0, 977.9, 304-304.9, 305.2-305.93 (excludes non-dependent use of alcohol and tobacco); data analyses prepared by K. Harmon, NC-DPH Injury and Violence Prevention Branch, January 2011

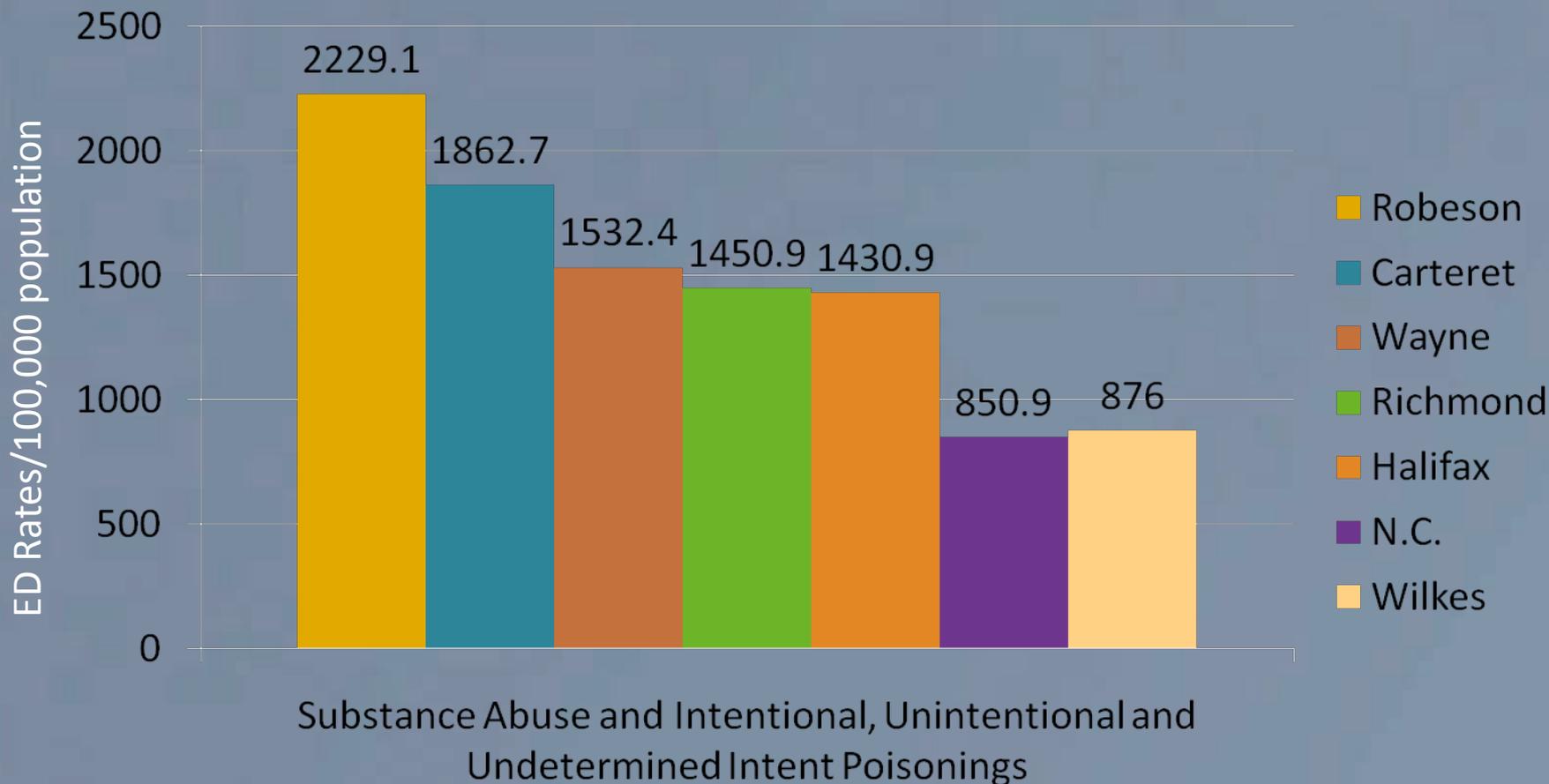
# ED visits for substance abuse\* by age:

North Carolina, 2009



# Provisional ED visit rates for all poisonings (injuries and substance abuse): 2009, NC, Wilkes, top 5 counties

16

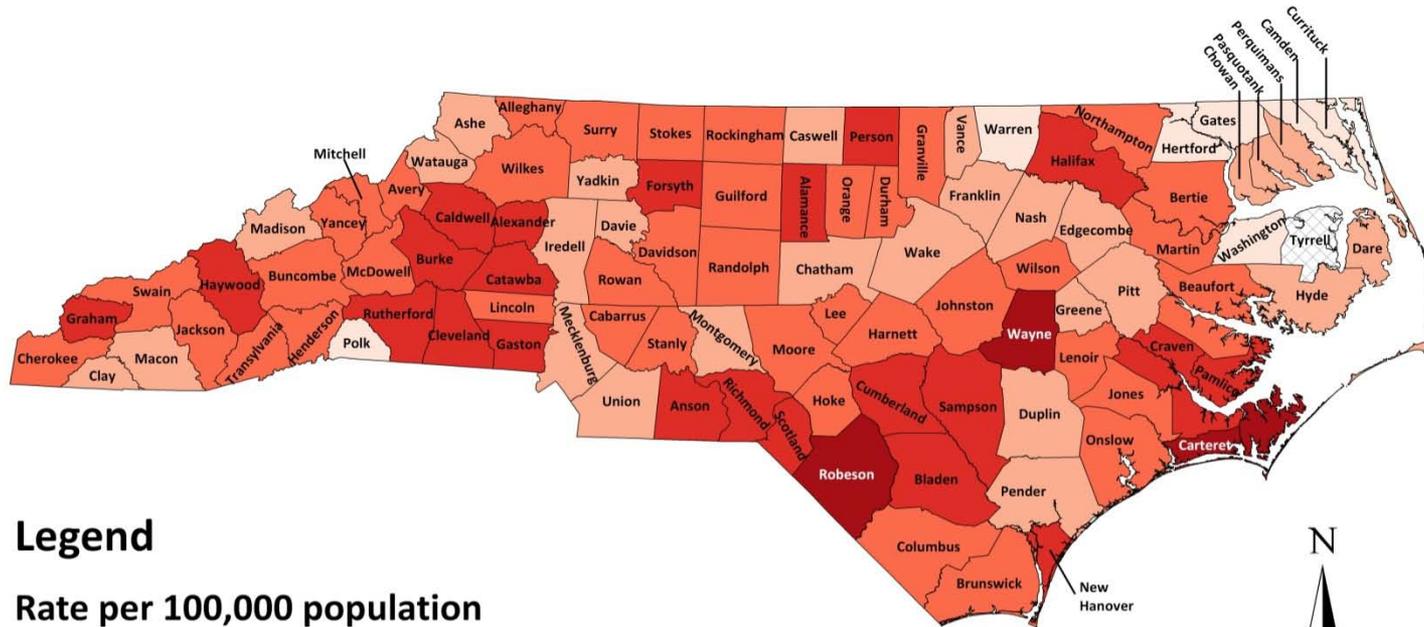


\*Analyses by K. Harmon, DPH Injury and Violence Prevention Branch for Project Lazarus, 01/2011

Funded by an unrestricted grant (NED101356) from  
Purdue Pharma LP

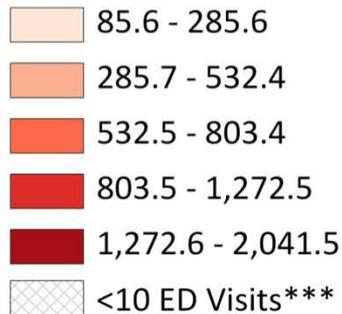
4/25/2011

# Emergency Department (ED) Visits for Substance Abuse\*, 2009\*\*



## Legend

### Rate per 100,000 population



\*Note: ICD-9-CM Codes: 292.0, 304.0-304.9, 305.2-305.93, 960.0-969.9, 977.9.

\*\*Note: Excludes visits related to alcohol or tobacco.

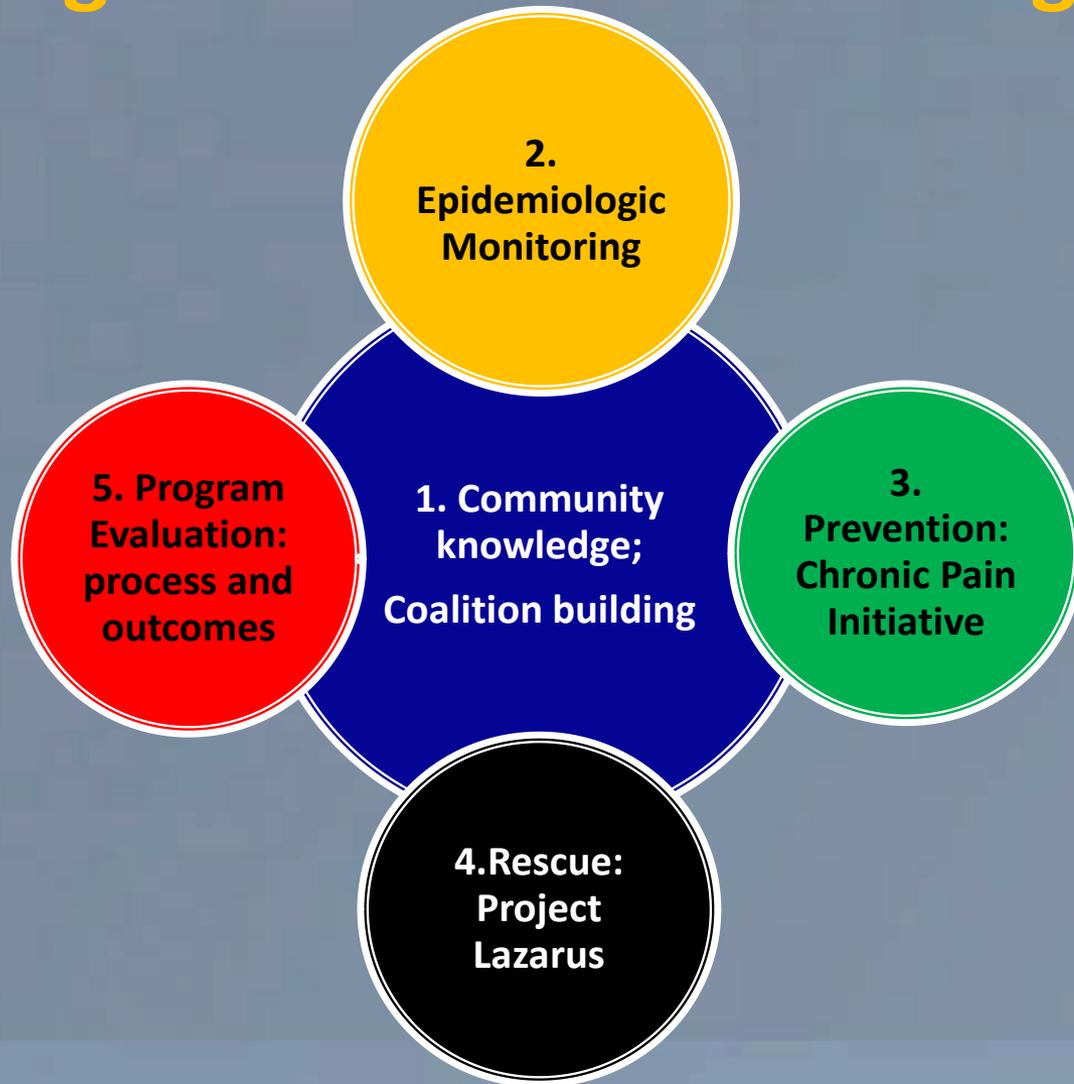
\*\*\*Note: Rates with <10 ED visits are not displayed.

ED Data: NC DETECT, ED File: 2009

Population Data: National Center for Health Statistics, Bridged Population File, 2009

Analysis: N.C. Division of Public Health, Injury and Violence Prevention Branch

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



# Project Lazarus. Step 3 -- Prevention

Implement Chronic Pain Initiative in Wilkes Co., replicate in CCNC Networks and NC counties.



Change ED opioid prescribing policies for chronic pain upon discharge.



Conduct drug misuse and abuse prevention programs in schools, faith community, juvenile justice system, etc.



Advocate for (more) Substance Abuse treatment facilities in NC state.

# Wilkes County Chronic Pain Initiative EVALUATION

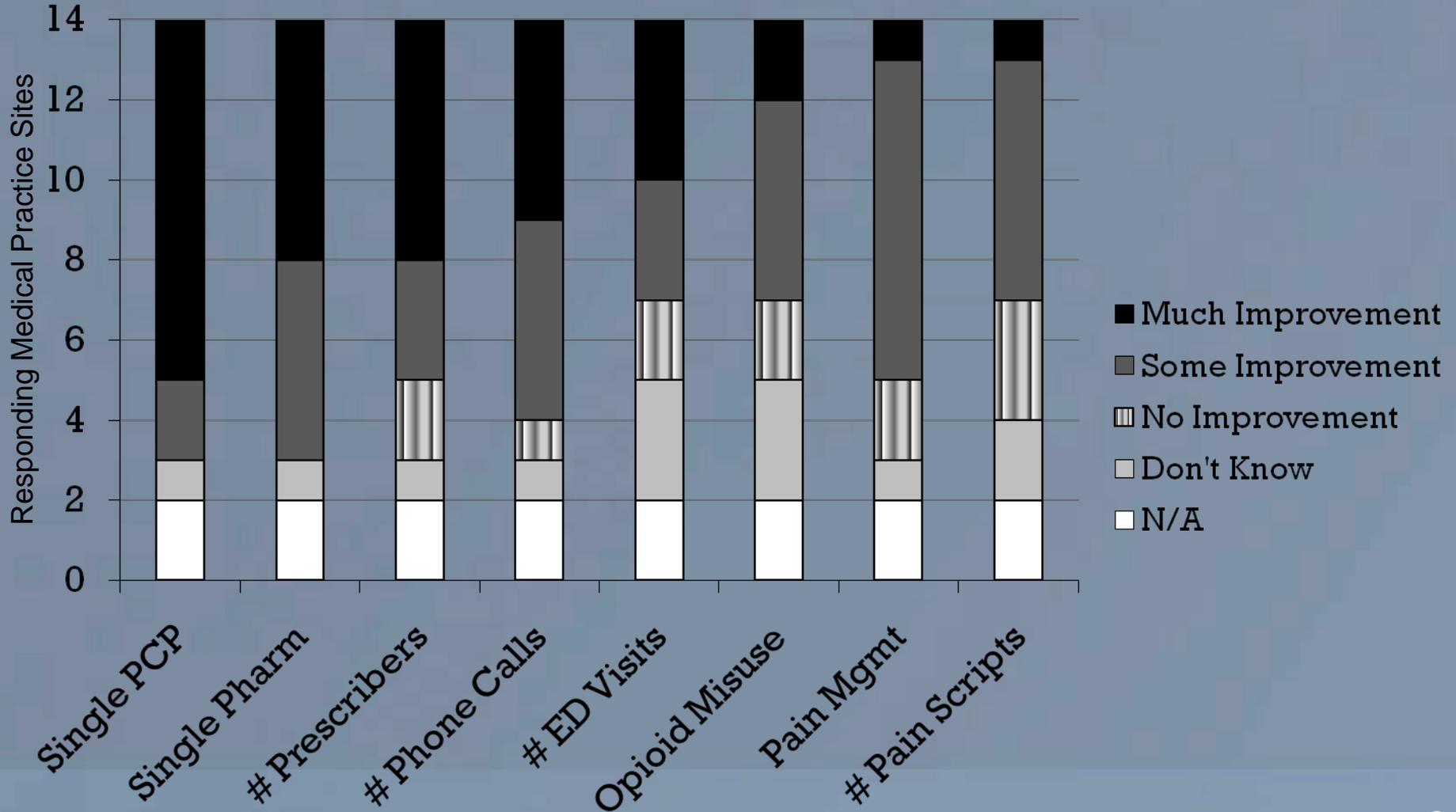
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# CPI Provider Perceptions of Patient Change



# SBIRT: Core Clinical Components

- **Screening:** Very brief screening that identifies substance related problems
- **Brief Intervention:** Raises awareness of risks and motivates client toward acknowledgement of problem
- **Brief Treatment:** Cognitive behavioral work with clients who acknowledge risks and are seeking help
- **Referral:** Referral of those with more serious addictions

# SBIRT Goals

- Increase **access to care** for persons with substance use disorders and those at risk of substance use disorders
- Foster a **continuum of care** by integrating prevention, intervention, and treatment services
- **Improve linkages** between health care services and alcohol/drug treatment services

# Does It Work? Evidence for SBIRT

- Significant decline in illicit drug use
- Significant decline in heavy alcohol use
- Significant improvement in self-reports of health and emotional problems as they relate to substance use
- Decreased risk of trauma
- Increased percentage of users who enter specialized substance abuse treatment

# Evidence....cont.

- SBIRT associated with fewer hospital days and emergency department visits
- Net cost savings from these interventions
- US Preventive Services Task Force recommends widespread implementation

# Wilkes Regional Medical Center ED

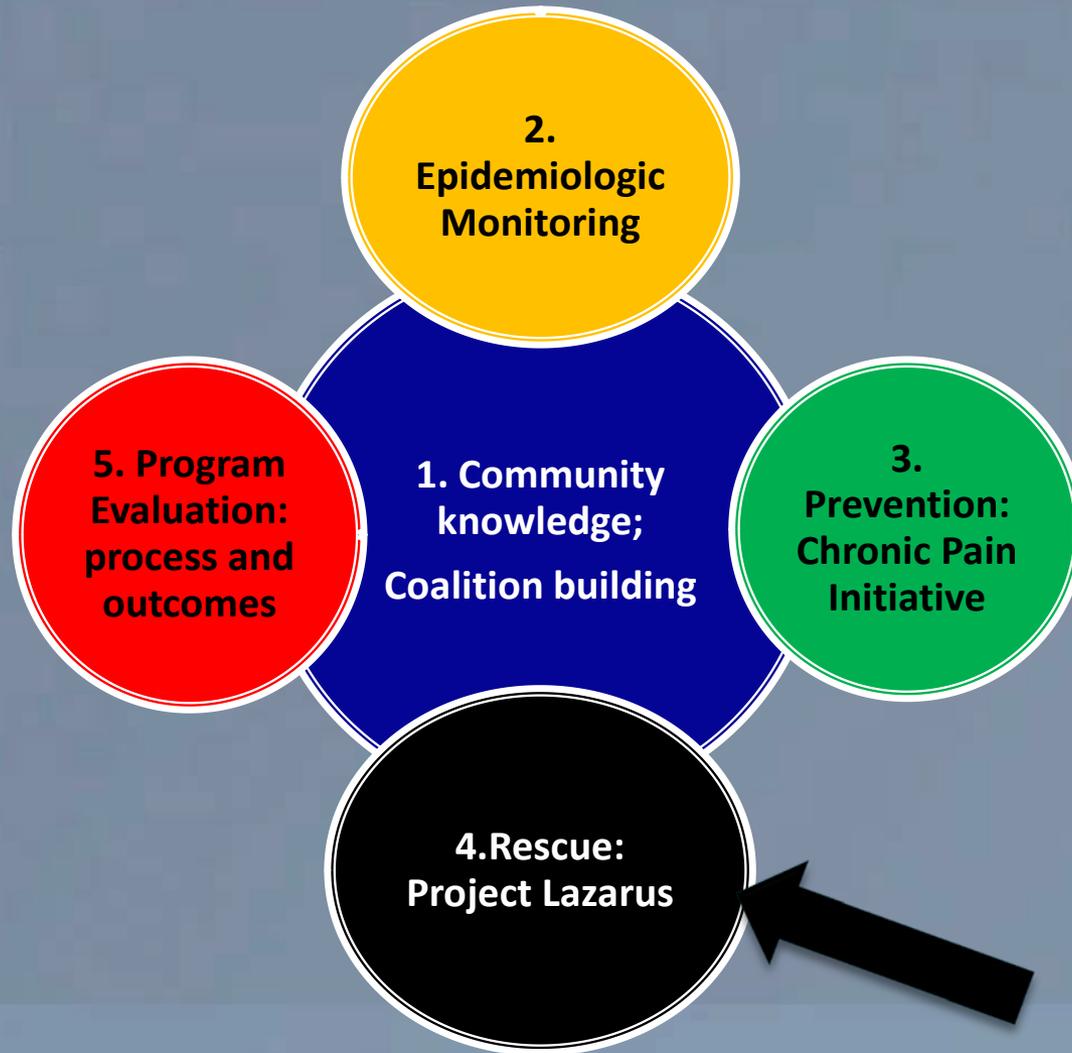
Wilkes County has a very high rate of unintentional deaths due to overuse of prescription drugs, much higher than the national average. In an effort to decrease these untimely deaths associated with prescription narcotics and sedating drugs, the Emergency Department has adopted the following policy with regard to prescribing narcotic and sedating medications.

- When patients come to the Emergency Department (ED) with acute medical conditions in which the Emergency Department physician feels appropriate to prescribe narcotic or sedating pain medication:
  - The physician will prescribe these in very limited quantities.
  - The amount of these medications will last only until you can see your primary care physician in his/her office.
  - Any patient who returns to the ED seeking refills will be given **only non-narcotic pain medications.**

- **Non-narcotic pain medication** only will be given to patients who have frequent ED visits due to chronic, on-going pain conditions, such as migraine headaches, back and neck pain, dental pain, fibromyalgia and/or neuropathies.
- In the event of an acute medical condition exists **and** the emergency physician feels it is necessary that the patient be given a narcotic or sedating medication –
  - **A responsible adult driver must be present in the room prior to the medication being given by the nurse.**
- **Prescriptions for narcotic or sedating medications that have been lost, stolen or expired will not be refilled in the Emergency Department.** Patients who have chronic pain will receive **non-narcotic pain prescriptions** until seen by their primary care physician. It is every patient's personal responsibility to maintain active prescriptions with his or her primary care physician or specialist.

- The Emergency Department have lists available of **Primary Care Providers Accepting New Patients**. If you do not have a primary care provider, this listing will assist you in obtaining a doctor for follow-up of your medical condition. These handouts are available at ED registration or from any ED staff member.
- If the ED physician decides to prescribe a narcotic or sedating medication, all patients names will be checked first through the **North Carolina Controlled Substances Reporting System**. This database is a record of controlled substance medication prescriptions that the patient has received. This has been established by North Carolina in an effort to eliminate the dangerous, and often life threatening, practice of obtaining multiple prescriptions from different medical providers.
  - CSRS NC State average for prescribers and pharmacists **20.94%**
  - Wilkes County **70.00%**

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



# NC Medical Board Statement

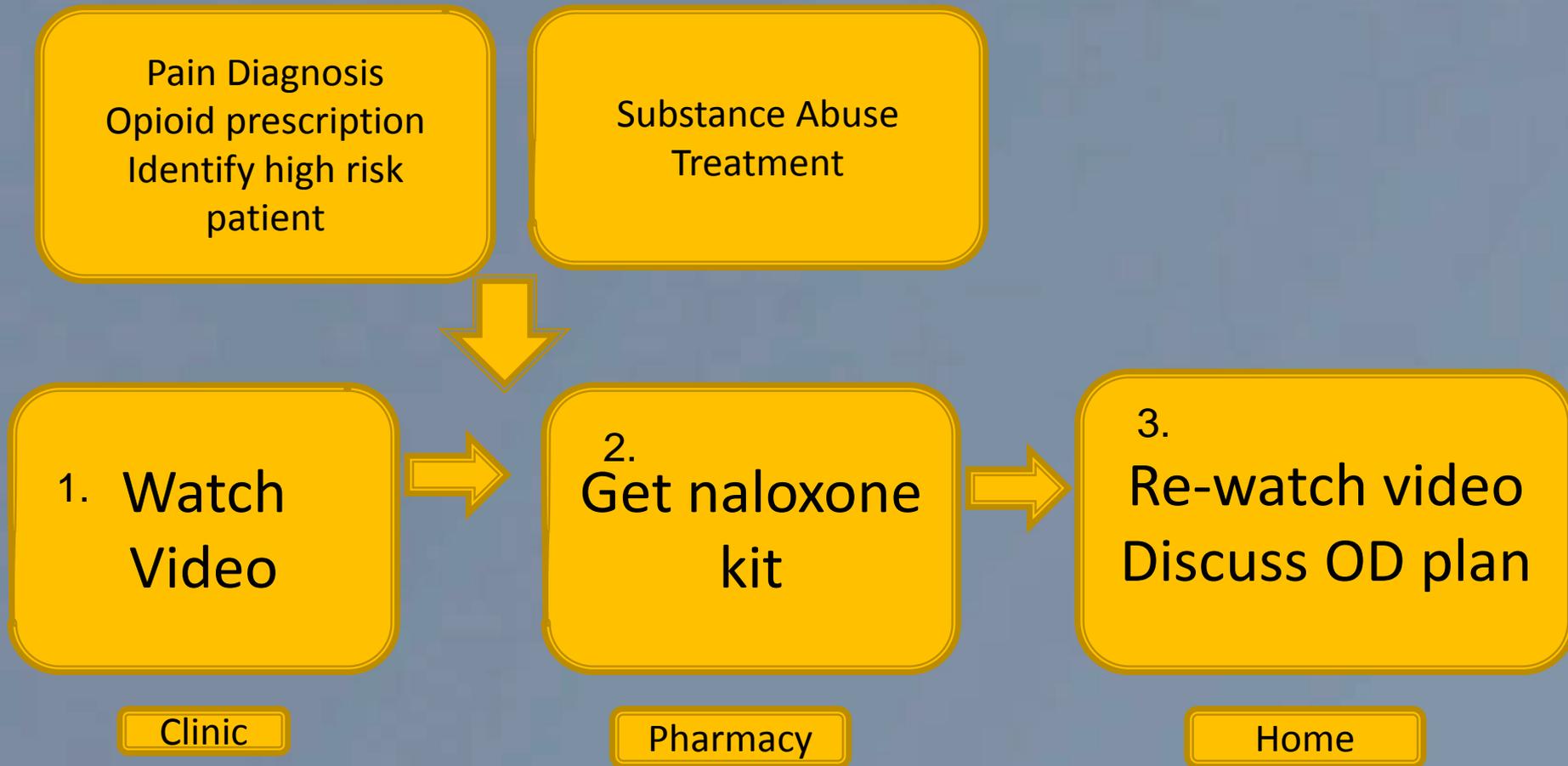
“The goals of Project Lazarus are consistent with the Board’s statutory mission to protect the people of North Carolina.

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: Step 4. Naloxone Rescue



# What's on the Project Lazarus Video?

- Stories of families who have lost loved-ones to an overdose;
- Benefits and risks of using an opioid to control pain;
- Safe ways to use, store and dispose of narcotic pain medication;
- How to recognize signs and symptoms of an opioid overdose;
- How to respond to an overdose;
- The importance of getting treatment for substance abuse.

# Step 4. Rescue -- Project Lazarus:

## Target Populations

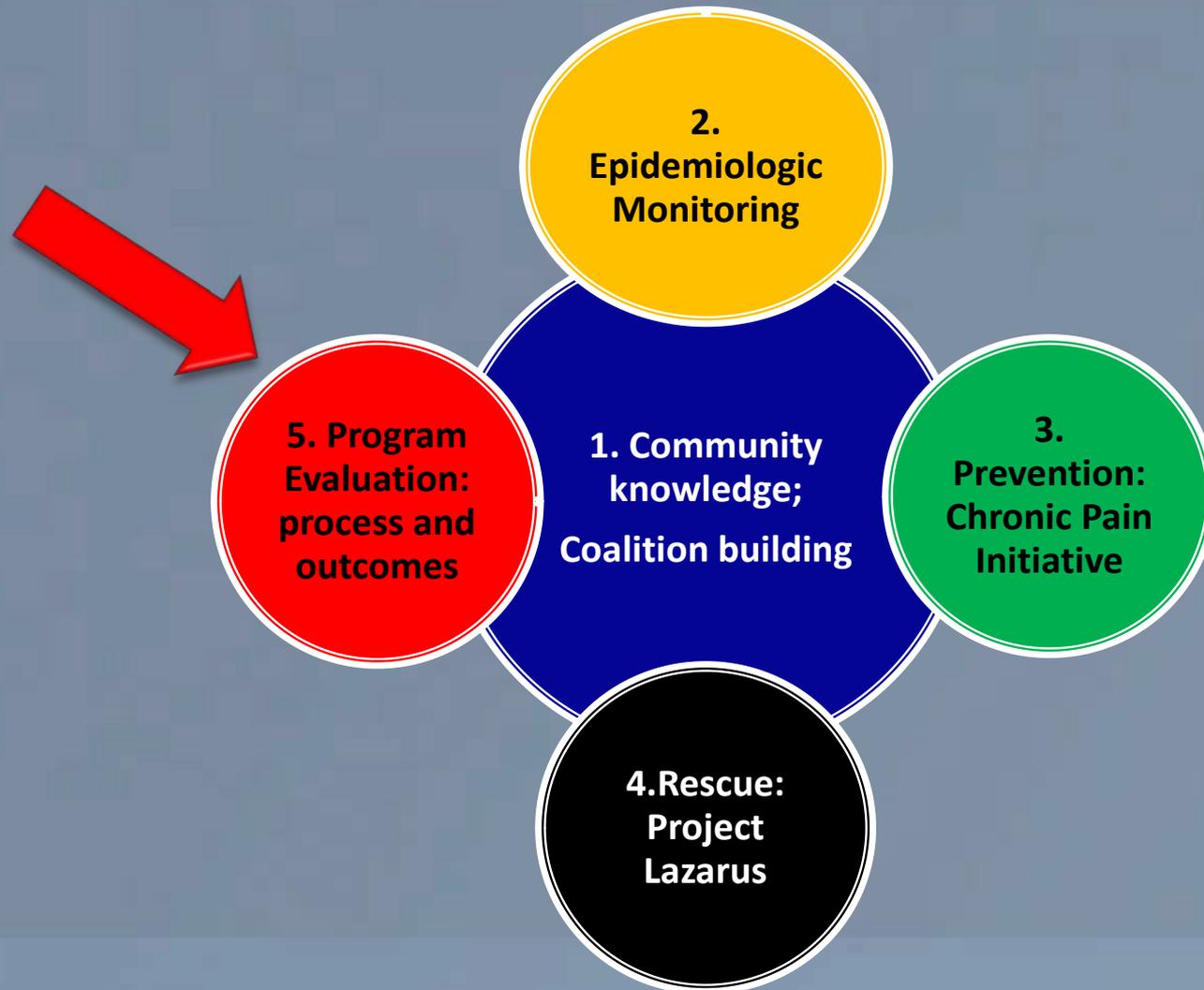
1. Recipient of emergency medical care for acute opioid poisoning
2. Suspected illicit or nonmedical opioid user
3. High-dose opioid prescription (> 100 mg of morphine equivalence/day)
4. Any methadone prescription to opioid naïve patient
5. Any opioid prescription and smoking / COPD / emphysema or other respiratory illness or obstruction
6. Any opioid prescription for patients with renal dysfunction, hepatic disease
7. Any opioid prescription and known or suspected concurrent alcohol use

8. Any opioid prescription and concurrent benzodiazepine prescription
9. Any opioid prescription and concurrent SSRI or TCA anti-depressant prescription
10. Released people from correctional facilities
11. Release from opioid detoxification or mandatory abstinence program
12. Voluntary request
13. Patients entering methadone maintenance treatment programs (for addiction or pain)
14. Patient may have difficulty accessing emergency medical services

# Medicaid - naloxone

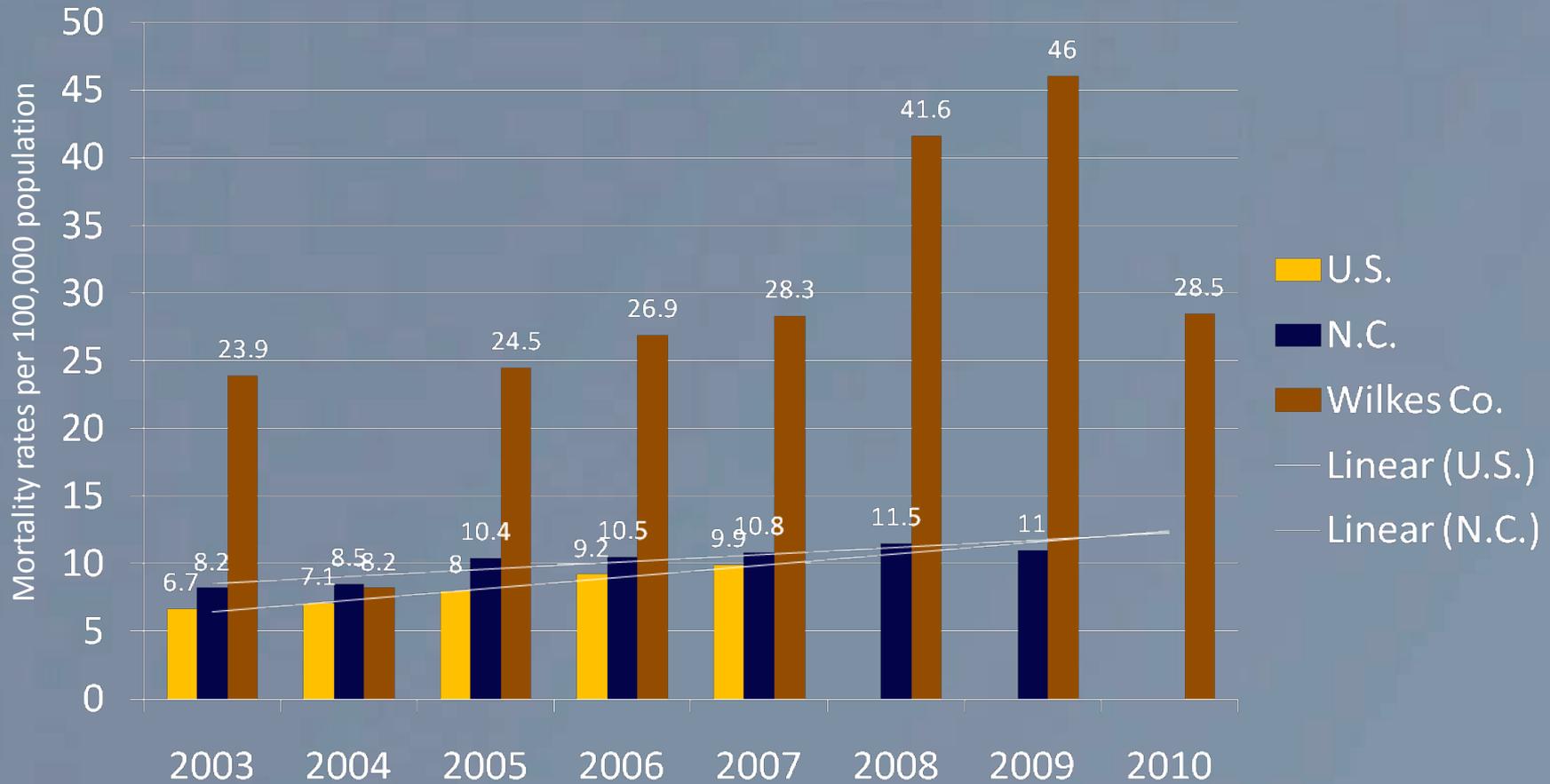
<b>NALOXONE 0.4 MG/ML AMPUL</b>	<b><u>00409121201</u></b>	<b>0.4 MG/ML</b>	<b>AMPUL</b>
<b>NALOXONE 0.4 MG/ML SYRINGE</b>	<b><u>00409178269</u></b>	0.4 MG/ML	DISP SYRIN
<b>NALOXONE 0.4 MG/ML VIAL</b>	<b><u>00409121501</u></b>	0.4 MG/ML	VIAL
<b>NALOXONE 0.4 MG/ML VIAL</b>	<b><u>00409121901</u></b>	0.4 MG/ML	VIAL
<b>NALOXONE 1 MG/ML SYRINGE</b>	<b><u>00548146900</u></b>	1 MG/ML	DISP SYRIN
<b>NALOXONE 1 MG/ML SYRINGE</b>	<b><u>00548336900</u></b>	1 MG/ML	DISP SYRIN

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



# Unintentional and undetermined intent poisonings mortality rates: US, NC, Wilkes 2003-2010\*

37

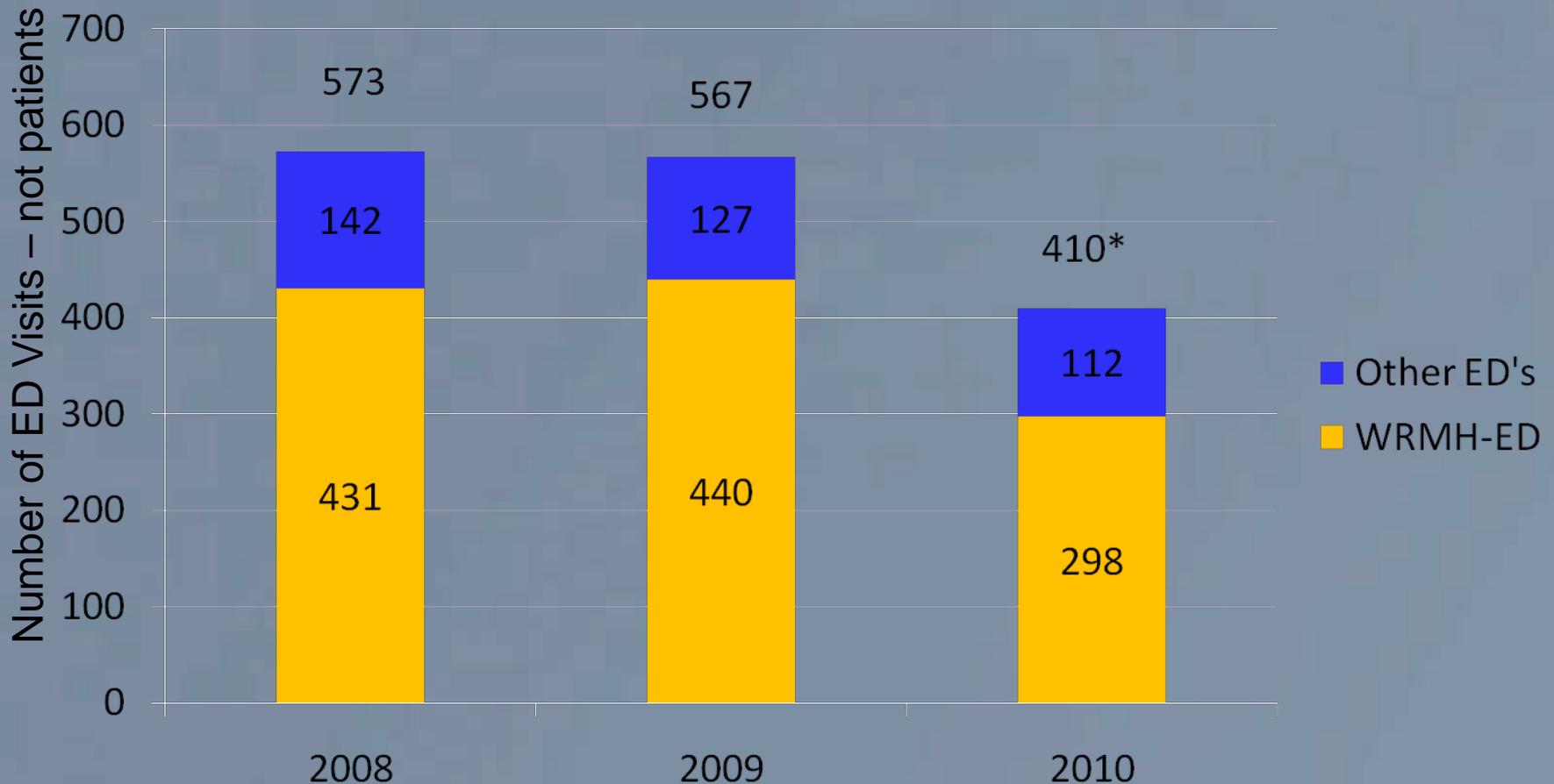


\*2003-2009- rates from SCHS-acquired 9/2010; 2010 rates based on provisional 2010 data from OCME data.

# Wilkes County NC 2008-10 Overdoses

- **2008 18% of Wilkes Co. overdose victims with a previous prescription for a controlled substance had obtained their prescriptions from a medical care practitioner outside of Wilkes Co.**
- **2009 75% had prescriptions from out of county**
- **2010 90% of OD victims obtained prescriptions outside of County**

# ED treatment of substance abuse and unintentional and/or undetermined intent poisonings: 2008-2010, Wilkes County, North Carolina\*\*



\*\*Source: NC DETECT, automated reports, prepared 01-17-2011; \*2010 counts may reflect not yet submitted cases to NCDETECT.

# How to contact us

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**PROJECT LAZARUS**

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