Non-profit organization
Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.

- Prevent prescription medication and drug poisonings
- Present responsible pain management
- Promote Substance Use Treatment and Support services

WHEN THE MUSIC CHANGES, SO DOES THE DANCE.

African Proverb
Prevent, Intervention, Treatment... why should I care?
Mortality - Toxicology
- ED visits
- EMS/Other naloxone rescues
  - (accepted or refused transport)
- Crime
  - Substance related arrests
    - (possession/sales)
  - Substance related crime
  - Substances confiscated
- Substance use related domestic violence/child abuse
- Foster Care
- School based substance incidents
- Substance use recovery admissions
- Workforce/Economic Factors
- HIV/HCV
- Endocarditis/Sepsis
<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Secondary Substance</th>
</tr>
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<tbody>
<tr>
<td>Atenolol, Gabapentin, Trazodone</td>
<td>Diphenhydramine, Ethanol, Lorazepam, Mirtazapine, Trazodone</td>
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<tr>
<td>Oxycodone</td>
<td>Alprazolam, Amitriptyline, Carisoprodol, Diazepam</td>
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<tr>
<td>Fentanyl</td>
<td>Diphenhydramine, Fluoxetine, Gabapentin, Hydrocodone</td>
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<td>Oxymorphone</td>
<td>Alprazolam, Gabapentin, Nortriptyline</td>
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<tr>
<td>Cocaine, Fentanyl</td>
<td>Methamphetamine</td>
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<td>Fentanyl</td>
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<tr>
<td>Buprenorphine</td>
<td>Carbamazepine, Pregabalin</td>
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<tr>
<td>Oxymorphone</td>
<td>Oxycodone</td>
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<tr>
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<td>Alprazolam, Diphenhydramine, Doxylamine, Gabapentin, Quetiapine</td>
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<tr>
<td>Morphine, Oxymorphone</td>
<td>Alprazolam, Duloxetine, Gabapentin</td>
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<tr>
<td>Metoprolol</td>
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<td>Oxycodone</td>
<td>Diazepam, Gabapentin</td>
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<td>Morphine</td>
<td>Gabapentin</td>
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<tr>
<td>Cocaine, Methadone</td>
<td>Gabapentin, Trazodone</td>
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<td>Manner of Death</td>
<td>Drug</td>
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<td>----------------</td>
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<tr>
<td>Suicide</td>
<td>Meprobamate, Carisoprodol, Ethanol, Gabapentin, Hydrocodone, Zolpidem</td>
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<tr>
<td>Accident</td>
<td>Oxycodone, Alprazolam</td>
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<tr>
<td>Accident</td>
<td>Oxycodone, Alprazolam, Gabapentin</td>
</tr>
<tr>
<td>Accident</td>
<td>Alprazolam, Citalopram, Hydrocodone, Oxycodone</td>
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<tr>
<td>Accident</td>
<td>Cocaine, Methadone</td>
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<tr>
<td>Accident</td>
<td>Gabapentin, Oxymorphone</td>
</tr>
<tr>
<td>Accident</td>
<td>Gabapentin, Diphenhydramine, Duloxetine, Alprazolam</td>
</tr>
<tr>
<td>Suicide</td>
<td>Ethanol, Gabapentin</td>
</tr>
<tr>
<td>Accident</td>
<td>Buprenorphine, Ethanol</td>
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<tr>
<td>Suicide</td>
<td>Gabapentin, Ethanol, Tapentadol</td>
</tr>
<tr>
<td>Accident</td>
<td>Alprazolam, Clonazepam, Lorazepam, Pregabalin</td>
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<tr>
<td>Accident</td>
<td>Ethanol</td>
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<td>Accident</td>
<td><strong>Cyclopropylfentanyl</strong></td>
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<td>Accident</td>
<td>Oxycodone</td>
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<td>Accident</td>
<td>Alprazolam, <strong>Methoxyacetylfentanyl</strong>, Cocaine</td>
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<td>Accident</td>
<td>Alprazolam, Tramadol</td>
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<tr>
<td>Accident</td>
<td>Ethanol, <strong>Fentanyl</strong>, Gabapentin</td>
</tr>
<tr>
<td>Accident</td>
<td><strong>Fentanyl</strong>, Gabapentin, Heroin</td>
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</tbody>
</table>
Increase in injection drug use in NC

Among NC residents entering drug treatment

NC TOPPS Data
• Why am I/We needed
• What do I/We need to know
• What needs to be done
Overdose Rate
15 OD’s per 400 soldiers to 1 per 400.

- 2008 and 2009 non-fatal OD’s were 17 per 1000 soldiers.
- That rate dropped to 1.4 per 1000 soldiers
  - according to WTU Brigade surgeon statistics.

Naloxone 2008 – the "stop, look and listen moment"
Abuse deterrent formulations – refills, all ER/LA

A systematic approach to pain management emphasizing
- risk stratification
- risk mitigation
- provider education
- other modalities to/with opioids for pain management

Resulted in a reduction of opioid prescribing with decreased healthcare utilization and improvement in patient satisfaction
Algorithm for calculating “High Dose” updated to > 90 MEQ

Source: Ft. Bragg Enrolled for Controls in CA
Mountain Area Health Education Center, Inc.’s (MAHEC) Integrated Chronic Pain Treatment and Training Project (ICPTTP). Partnered with Project Lazarus for community outreach and education on opioid misuse.
• This integrated approach to care in turn led to **better pain management**
• Providers **successfully** weaned some participants off opioids or reduced some participants’ opioid dosage
• Program staff believe the program **has reduced ED visits** among participants being weaned off their opioid medications
• The program **educated patients** about the dangers of overuse, misuse, and diversion of opioid
• The program helped **increase participants’ functionality** even when it did not reduce their levels of pain.
• At one site, formally scheduled group visits were **credited with breaking down the isolation of patients** by offering them a chance to meet and learn from one another
• Although primary care physicians can implement the chronic pain protocols successfully, they would **appreciate having a behavioral health provider onsite.**
Substance Use Disorder Recovery,
Unfortunately, access to ”Recovery” is limited by three main factors:

• **Acceptance, Availability and Accessibility** of recovery options.
  Negative attitudes or **stigma** associated with addiction in general and drug treatment.

• **Integration**
  Law Enforcement – Behavioral Health –
  SA Treatment – ED – Health Department –
  Medical Providers – Labor and Delivery - OB/GYN

buprenorphine, naltrexone, methadone,
12 Step, abstinence programs,
residential, Peer Support

“Teaching communities on the science of Addiction in order to address stigma”
Lazarus Peer Guides (LPGs) offer friendly companionship and successful experience navigating the pathway toward recovery.

We have:
• A stable recovery. • A desire to enrich lives. • Specialized training and certification to handle a crisis, an overdose, and save lives.

<table>
<thead>
<tr>
<th>Supportive Roles</th>
<th>Lived Experience</th>
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<tbody>
<tr>
<td>Empathic Support</td>
<td>Problem-Solving:</td>
</tr>
<tr>
<td>Resource Support</td>
<td>Crisis Intervention</td>
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<tr>
<td>Constructive Support</td>
<td>Community Navigation</td>
</tr>
<tr>
<td>Connective Support</td>
<td>Family Involvement</td>
</tr>
</tbody>
</table>

Support Groups
This decrease represents 4 fewer ED visits per 3,000 opioid scripts in counties with Health Department-led coalitions.

(20,000 NC ED visits - NC ED OD visit $12,000 – Medicaid $72 million 2014)
IMMEDIATE IMPACTS OF INTERVENTION STRATEGIES

Apostolos Alexandridis, MPH
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Provider Education
Hospital ED Policy
Naloxone policies
Community Education
Pain Patient Support
Diversion Control
Addiction Treatment

9% lower
3% lower

Overdose Mortality

ED Visits for Overdose

Relative Change in Overdose Mortality Rate

Relative Change in Overdose-related ED Visit Rate
Stephen Marshall, PhD, professor of epidemiology at UNC Gillings School of Public Health and director of the Injury Prevention Research Center, also was a co-author of the evaluation.

“This study is especially important because it helps empower community coalitions to fight the opioid problem, ....

What this study shows is that well-supported community coalitions are integral to helping Americans heal this terrible wound.”

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.
LAZARUS LINK
Telehealth Connects Community

- FIRST RESPONDERS
- HEALTHCARE
- COURTS
- LAW ENFORCEMENT
- SPIRITUAL SUPPORT
- FAITH ORGANIZATIONS
- FAMILIES/FRIENDS
- RECOVERY CENTERS
- SCHOOLS
Drug Problem?

# 2 county in USA for income loss - WILKES
Community Education

Our community...Our health

“Got Meds?:
take correctly, store securely,
dispose properly and never share.”

A prescriber can write appropriately, a pharmacist can dispense properly...but once in the community?

- Science of Addiction
- Social Determinants linked to substance use
- Prevention - Intervention – Recovery (modalities)
STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF THE PRESIDENT 2013

“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.”