

*Fred Wells Brason II, CEO of Project Lazarus, Robert Wood Johnson Foundation Community Health Leader Awardee 2012*

Project Lazarus staff members are available to help communities nationwide start comprehensive community-based programs to prevent prescription drug misuse, abuse, diversion, overdose, and implement effective substance abuse treatment. The goal is to provide what is necessary to get started, including a toolkit and in-person training for individual communities.

Project Lazarus can help connect communities to data and funding. In addition to community groups, staff members also work closely with the medical community to improve access to treatment for chronic pain, substance use disorders, and mental illness. Specialized programs for active duty military and Native American communities also exist.

Various venues provided by Project Lazarus to help with coalition building:

- Project Orientations
- Stakeholder Presentations
- Community Forums
- Community Sector Workshops
- Specific Sector Trainings

*"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."*

R. Gil Kerlikowske, Director of the White House Office of National Drug Control Policy, Executive Office of the President, speaking in Wilkes County, NC, August 2012.

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# PROJECT LAZARUS

community-based prescription drug  
overdose prevention

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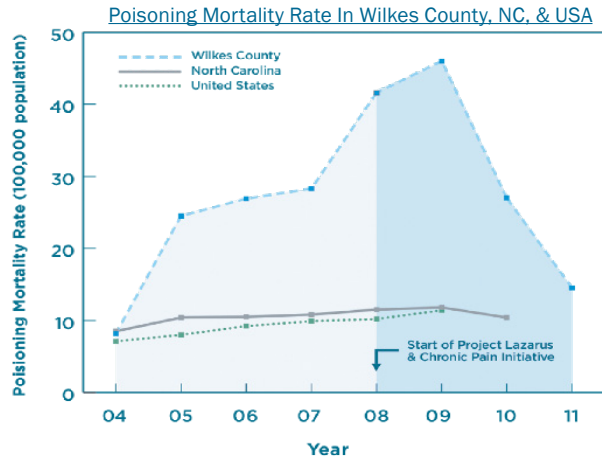
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## How Project Lazarus Was Started

There has been a steady and alarming increase in overdoses involving prescription drugs, primarily pain medications, since the 1990s. To address this, elements of what would become Project Lazarus were initiated in Wilkes County, NC in 2004. Project Lazarus spent two years raising funds, public awareness, designing interventions, and beginning implementation among various community sectors and the local emergency department. Our efforts were noticed in early 2007 by the Northwest Community Care Network, a network of local health professionals providing primary care for Medicaid enrollees. The collaboration with NWCCN led to the implementation of the Chronic Pain Initiative.

Data soon revealed that Wilkes County had the third highest death rate in the nation due to prescription drug overdose in 2007. By 2011, the overdose mortality rate had fallen 69% from 46.6 to 14.5 per 100,000.



The success of the Project Lazarus Model in Wilkes County created a greater interest from North Carolina Community Care Network (NCCCN) and the Mountain Area Health Education Center (MAHEC) leadership. In 2013, an official partnership began. Together, through local and state collaboration, Project Lazarus, NCCCN, and MAHEC have provided the means for the Project Lazarus Model to expand statewide into all (100) North Carolina counties. The Project Lazarus Model has also been replicated in other states, as well as military and tribal groups where overdose death rates have also decreased since implementation.

For more information:

Brason, F., Dasgupta, N., & Roe, C. (2013). Spotlight on the Safety Net: Project Lazarus. North Carolina Medical Journal, 74(3): 259-261.  
[www.ncmedicaljournal.com/wp-content/uploads/2013/05/74323-Brason-Final.pdf](http://www.ncmedicaljournal.com/wp-content/uploads/2013/05/74323-Brason-Final.pdf)



## The 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 Spokes) which can be promoted based on the specific needs of a community.

### THE SPOKES

**Community Education** to improve the public's capacity to recognize and avoid the dangers of misuse/abuse of prescription opioids.

**Provider Education** to support screening and appropriate treatment for mental illness, addiction, and pain.

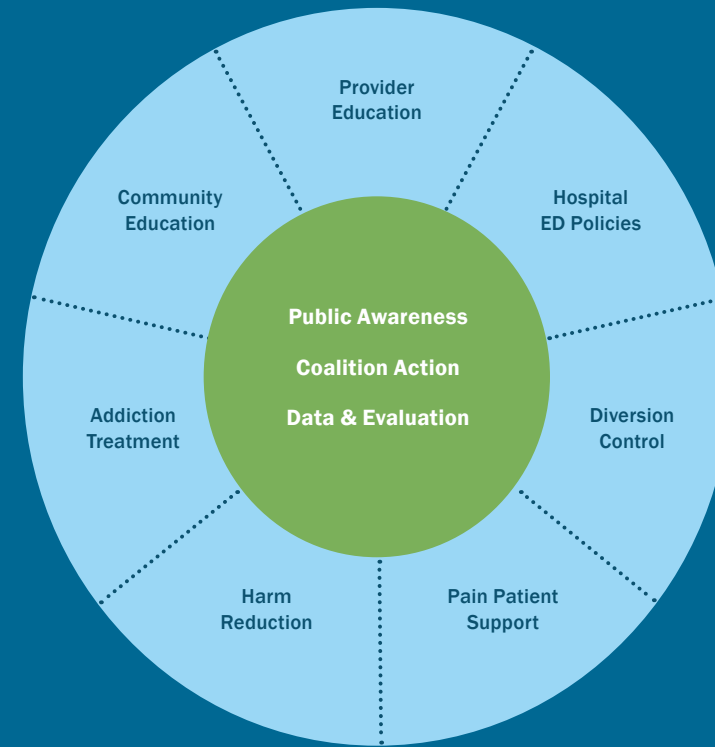
**Hospital ED Policies** to encourage safe prescribing of controlled substances and provide meaningful referrals for chronic pain and addiction.

**Diversion Control** to reduce the presence of unused medicines in society.

**Pain Patient Support** to help patients and caregivers manage chronic pain.

**Harm Reduction** to help prevent opioid overdose deaths with the antidote naloxone.

**Addiction Treatment** to help find effective treatment for those ready to enter recovery.



### THE HUB

**Public Awareness** of the problem of overdose from prescription opioid analgesics.

**Coalition Action** to coordinate all sectors of the community response.

**Data and Evaluation** to ground a community's unique approach in their locally identified needs and improve interventions.