

PROJECT LAZARUS

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 initiated based on the specific needs of a community.

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.

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.

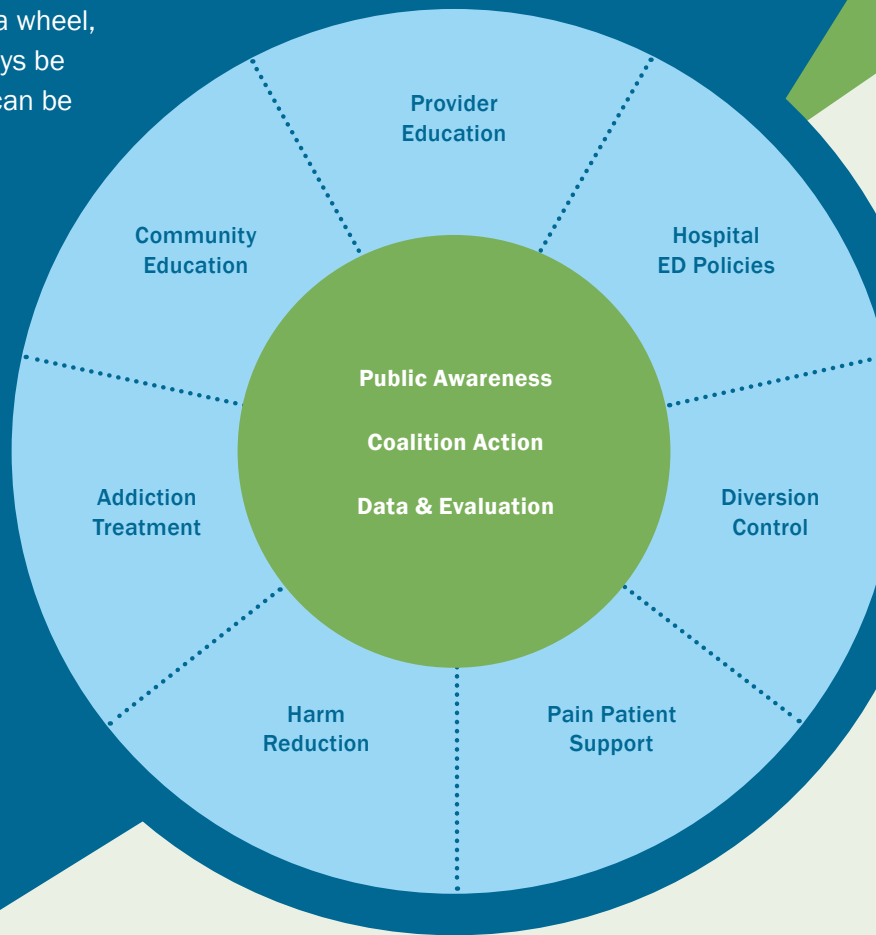
Hospital ED Policies to encourage safe prescribing of controlled substances and provide meaningful referrals for chronic pain and addiction.

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

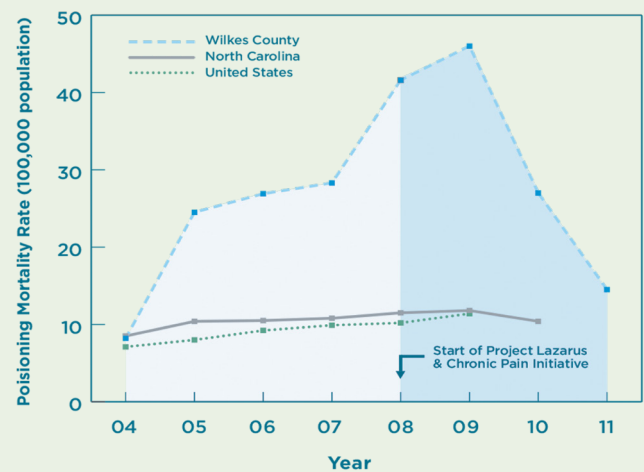
Pain Patient Support to help patients and caregivers manage chronic pain.

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.



Poisoning Mortality Rate In Wilkes County, NC, & USA



The overdose death rate in Wilkes County dropped 69% in two years, after the start of Project Lazarus.



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Community Coalition Development

Stakeholders: These are the decision makers from key sectors that can assign resources such as personnel and finances to the coalition members. Examples include health directors, superintendents of schools, sheriffs, chiefs of police, directors of local substance abuse treatment facilities, heads of behavioral health services, hospital leaders, and physician leaders.

Community Forum: Stakeholders gather to share information with the broader community about the issue of prescription drug abuse/misuse/diversion/overdose in the county during a community forum. Forums are held, on average, 45 days after the initial stakeholders presentation. The forum serves two purposes: to raise awareness in the community and to draw the attention of other dedicated people who want to become part of an on-going coalition that drives those efforts.

Coalition Formation: The high level stakeholders should designate one person from each sector to be involved. The forum will have identified community members such as parents, teens, people in recovery, pain patients, and patient advocates. who would like to be involved, yet were not otherwise designated by the high level stakeholders. Together these interested parties form the coalition.

Steering Committee: This is the group of liaisons who have been delegated by each sectors' leadership, along with the most active of community representatives. The committee works closely with Project Lazarus in the establishment of the coalition and propels the ongoing work of the coalition after Project Lazarus pulls back. Steering committees should designate a Community Coalition Coordinator to maintain contact with Project Lazarus.

Sector Committee: Members of the coalition divide into sectors such as clinical care, public health, law enforcement, schools, and faith community. Each sector has one member from the steering committee. A series of workshops allow time for these sector groups to work through the primary goals and objectives for their sector and then report back to the coalition for discussion and alignment with the other sectors. Once all goals and objectives are finalized, it is the sector committee's responsibility to carry out objectives, strategies, tactics, and action plans in their specific environment. Members are also responsible for evaluating the results of their work in the specific sector in which they are involved.

Take Correctly, Store Securely, Dispose Properly, Never Share™

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