WV Integrated Behavioral Health Conference

Fred Wells Brason II  fbrason@projectlazarus.org
Manual labor dominates employment options in this county of 69,000.
Who is Project Lazarus?

• Non-profit organization

• Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.

  • Prevent prescription medication and heroin poisonings
  • Present responsible pain management
  • Promote Substance Use Treatment and Support services
Prescription Drug Misuse

**Overdose Defined:** Accidental Poisoning – Unintentional Overdose

*An overdose occurs when the body consumes more of a drug than can be tolerated.*

**Overdose –**

**Who, What, When, Where, Why, How?**

- Patient misuse
- Family/Friends sharing to self medicate
- Accidental ingestion
- Recreational User
- Substance Use Disorder/Treatment/Recovery
Earl and Edna have "the talk"...

Sigh

I'd hoped it would just disappear.

I know, but it's wishful thinking and we can't ignore the elephant in the room anymore.

OK...we've avoided it long enough...

Yes...we're not getting any younger.

So where should we start?

At the beginning, to figure out the root cause of the problem...

...How did an elephant get into the room in the first place?
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**
People who abuse prescription painkillers get drugs from a variety of sources:

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17%
- Got from drug dealer or stranger: 4.4%
- Took from fri or relative: 4.8%
- Other source: 7.1%

Source: CDC-www.cdc.gov/homeandrecreationalsafety/rxbrief/
Factors Fostering Abuse

• **Societal:** “Medication mania”
  – Preference for quick symptom relief or “cure”
  – Difficulty of behavioral change
  – Availability of drugs: family/friends/docs/internet
  – Lack of adequate access to behavioral treatment

• **Patient:**
  – Personality or characterologic factors
  – Genetic predisposition
  – Other substance abuse disorder
  – Ongoing chronic non-malignant pain
  – Ongoing chronic anxiety
Overdose deaths are the tip of the iceberg

For every 1 opioid overdose death in 2010 there were...

- 15 abuse treatment admissions
- 26 emergency department visits
- 115 who abuse/are dependent
- 733 nonmedical users

$4,350,000 in healthcare-related costs

SAMHSA NSDUH, DAWN, TEDS data sets

Source: CDC Public Health Week, Baldwin, Emory University, April 2014
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.
PHARMACY

HAPPY HOUR
5-7 p.m.

SIPRESS
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.

- Identify issue at local level
- Broad-based outreach – all population groups

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.

- Community Sectors
  - Why am I needed
  - What do I need to know
  - What needs to be done
Epidemiologic Profile of Unintentional Poisonings NC

- All poisoning deaths
- Opioid OD
- Heroin OD
- All Hospital and ED admission/visits; medicine and drugs
- Opioid patients
- Opioid prescribers
- Benzodiazepine patients
- Buprenorphine patients
- Prescription/patient sleep aid
- Prescription/patient stimulants
- Self-inflicted Hospital/ED; medicine and drugs
- Self-inflicted poisoning and opioid deaths
Differences in opioid availability 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
Varying sources and levels of Data

- Obtaining, interpreting, understanding
- Translate, communicate
- Drive change and practice – policy and guidelines
- Public Health – Community Sectors
Overdose death rates by state, 2011

- Rate significantly higher than overall U.S. rate
- Rate not significantly different from overall U.S. rate
- Rate significantly lower than U.S. rate
- <20 deaths
• Each day, 46 people die from an overdose of prescription painkillers in the US
• Healthcare providers wrote 259 million prescriptions in 2012—enough for every American to have a bottle of pills
• 10 of the highest prescribing states are in the south
• Costs - $55.7 Billion
Rates of opioid overdose deaths, sales and treatment admissions: U.S., 1999-2011

Sales KG/10,000
Deaths/100,000
Treatment Admissions/10,000

Rate

99 00 01 02 03 04 05 06 07 08 09 10 11
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.
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.”

A prescriber can write appropriately, a pharmacist can dispense appropriately...but once in the community?
"Give it to me straight, Doc. How long do I have to ignore your advice?"
COMMUNITY

ENVIRONMENTAL SITUATION

Individual

BIO PSYCHO SOCIAL SPIRITUAL

Family
Peers
Medical
Tribal
Faith
Civic
Youth
Senior Services
Law Enforcement
Local Gov’t/Health
Schools
Military
Human Service
Media
Courts
Treatment
Local Gov’t/Health
Community Awareness

RX ABUSE AND DEATH

THEY GO HAND IN HAND
Take a seat.
Take a breath.
Take a moment to be thankful for life.
And when using prescription medications:

Take Correctly, Store Securely, Dispose Properly, and Never Share.

Around 70% of people who misused prescription medications got the medication from a family member or friend.

Research has shown that those who unintentionally or intentionally use a medication not prescribed to them get access to the medication from someone who has a valid prescription. This means that the homes of family members, loved ones, and friends are all access sites to prescription medications.

By taking appropriate measures to ensure that medications are stored securely and disposed of properly, we can be certain that medications are not misused, abused, or diverted.

Unsecured and improperly disposed of medications are the number one source of access for children, teens, and those seeking to abuse or divert, which can unintentionally lead to misuse and overdose.

You can help prevent misuse, diversion, and overdose from prescription medications by:

- **Always taking your medications correctly.**
- **Storing your medications** in a lock box.
- **Disposing of your medications** by taking your unused or expired medications to a disposal dropbox at the Town of North Wilkesboro Police Dept., Wilkes County Sheriff’s Office, or Brame Huie Pharmacy.

**What is Accepted?**
Prescriptions
Cold & Flu Meds
Pain Relievers
Cough Syrups
Topical Ointments
Vitamins
Pet Meds

**What is Not Accepted?**
Needles
Syringes

• **Never sharing your medication.**

For more information, please visit projectlazarus.org or call +1.336.667.8100.
Chronic Pain Initiative – CPI

PURPOSE
• Reduce risk of patient overdose
• Reduce risk of patient medication diversion
• Treatment of chronic pain
  • Exploring options instead/in addition to medications

OUTREACH
• Reached via trainings with Continuing Medical Education Units (CME), lunch and learn, Grand Rounds, webinars
• Use of the Prescribers Toolkit
  • Overdose/Respiratory Depression Risks
  • Prescribing naloxone
• Use of Prescription Drug Monitoring Program
Clinically Confusing:

- Is it pain or anxiety or addiction?
- Is it pain and anxiety and addiction?
- Is it “pseudo-addiction”?
- Is it criminal (“scamming”)?

What’s my role: “Am I a clinician or a cop?”
Prescriber Education: Chronic Pain Initiative
GOALS of CPI

• Improve PCP efficacy in chronic pain management
• Encourage appropriate pain clinic referrals
• Encourage co-management model for partnership with pain clinic
• Reduce number of accidental poisonings
• Develop a reproducible, comprehensive approach to chronic pain management that may be duplicated by other Networks.
• Decrease costs
Case Management:
- Patient enrollment based on claims data
- Physician education
- Patient and Physician satisfaction surveys
- Patient functional assessment
- Data collection
Most continuing medical education on pain management is didactic.

Source: 2011 Project Lazarus Health Director Survey
Most providers reported that CPI led to improved CP policies & procedures in their practices.

Providers perceive pain contracts to improve patient behavior, especially in use of single pharmacy, PCP.

Some discomfort remains in treating CP w/ opioids.

“Patients are more satisfied because the feel they're validated having pain. If adhering to the agreement, don't have to feel guilty asking for pain meds.”

“Improved perceptions among patients of how they need to contribute to their own plan/agreement.”
Consequences of Not Dealing Effectively

- Potentially stigmatizing to patients
- Frustrating and dispiriting for clinicians
- Ineffective for both:
  - Poorer outcomes
  - Failure to deal with underlying issues
  - More or unnecessary tests/costs
  - Deterioration in patient/clinician relationship
Hospital Emergency Department (ED) Policies - it is recommended that hospital ED’s 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 (CSRS)
5) Limited dosing (10 tablets)
Diversion Control – Law Enforcement, Pharmacist and Facility training on forgery, methods of diversion and drug seeking behavior.

Pill Take Back Events – Permanent Pill Disposal
“Now available for retail pharmacies, hospitals and clinic with pharmacy”

Wilkes Sheriffs Office, N. Wilkesboro PD, Brame Huie and Wilkes Family Pharmacy
Project Pill Drop placards placed in medical offices and pharmacies
SAFE DISPOSAL OF PRESCRIPTION DRUGS

North Wilkesboro Police Dept.
& Wilkes County Sheriff’s Office
**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*”

*Take correctly, store securely, dispose properly and never share!*

Alternatives: *health and wellness, music, breathing, physical therapies, acupuncture, yoga, exercise, etc.*
Supporting pain patients goes beyond access to opioids. “Meeting patients where they are at” means that small changes at home can lead to less pain.
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:

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

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### Integration

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

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**Local Methadone Clinic Helps Reduce Rx Deaths**

Posted: Wednesday, March 12, 2014  
Journal Patriot Jule Hubbard

Mountain Health Solutions, Wilkes County’s only methadone clinic, is credited with helping to bring a dramatic reduction in deaths from prescription pain medication overdose in Wilkes in the last five years...
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.
Objectives

Understand the “Concept of Addiction”
Survival

FOOD

WATER

DOPAMINE
Dopamine

Methamphetamine

Baseline

Best Day Ever

Heroin

Marijuana
Effects of Drugs on Dopamine Release

Amphetamine

Cocaine

Nicotine

Morphine

Di Chiara and Imperato, PNAS, 1988
Dopamine D2 Receptors are Decreased by Addiction

Functionally…

Cocaine

Meth

Alcohol

Heroin
LONG TERM EFFECTS OF HEROIN & METHADONE

Normal view top down surface view full, symmetrical activity

40 y/o, 7 yrs on methadone heroin 10 yrs prior top down surface view marked decreased overall activity

HEALTHY BRAIN

ADDICT'S BRAIN

http://www.amenclinics.com
Neurobiology

Addiction affects neurotransmission and interactions within reward structures of the brain.

- **Anterior Cingulate Gyrus** helps regulate emotions and pain.
- **Nucleus Accumbens** dopamine, which promotes desire, and serotonin, whose effects include satiety and inhibition.
- **Amygdala** processing of emotions such as fear, anger and pleasure.
- **Ventral Tegmental Area** contains the largest group of dopamine neurons in the human brain.
- **Periaqueductal Grey** regulation of pain.
Behavior

Lack of Dopamine → Craving → Survival Mode → Primal Action
Behavior

Diagnosis based in the description of behavior

Aberrant behavior should be expected

Therefore behavior is a symptom not a frustration
Since lack of dopamine is the basis for driving the behavior

Augmentation of Dopamine makes sense

Buprenorphine and Methadone safely increase dopamine

This allows for stabilization of craving

Allowing for behavioral therapy to be effective
American Society for Addiction Medicine
Definition.....

Genetic factors
account for about half of the likelihood that an individual will develop addiction.

Environmental factors interact with the person’s biology and affect the extent to which genetic factors exert their influence.

Motivational hierarchies are altered and addictive behaviors, which may or may not include alcohol and other drug use, supplant healthy, self-care related behaviors.

Culture also plays a role in how addiction becomes
Drug Problem?

Biological
Cultural
Environmental
Depression
Trauma
Poverty

Drug Problem

Crime
Death
Finances
Family
Health
Economics
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.

Supportive Roles
Empathic Support
Resource Support
Constructive Support
Connective Support

Lived Experience
Problem-Solving:
Crisis Intervention
Community Navigation
Family Involvement

Support Groups
WEBSITES

www.Bluelight.org

www.Opiophile.org

www.Erowid.org
The Spokes- Naloxone Harm Reduction

• Overdose prevention training
• Increasing access to naloxone (Narcan)
  • Individuals, family members, law enforcement, first responders
• Prescribetoprevent.org
• Distributing a script that gives patients specific language they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan
• Naloxone access to community, tribal groups and military
  • Operation OpioidSAFE
Naloxone (N) in the Brain

opioid receptors activated by heroin and prescription opioids

Pain Relief
Pleasure
Reward
Respiratory Depression

opioids broken down and excreted

Reversal of Respiratory Depression
Opioid Withdrawal
Potential Indications/Populations

- **RISK FACTORS for opioid-induced respiratory depression**

  1. Recent emergency medical care for opioid poisoning/intoxication.
  2. Suspected history of illicit (heroin) or nonmedical opioid use.
  3. Opioid prescription.
  4. Any methadone prescription to opioid naïve patient.
  5. Recent release from incarceration.
  6. Recent release from opioid detox or mandatory abstinence program.
  7. In methadone or buprenorphine detox/maintenance (addiction or pain).
  8. Voluntary request from patient or family member.
  9. May have difficulty accessing EMS (distance, remoteness, etc.)

- **Any opioid prescription and ...**

  1. Smoking/COPD/emphysema/asthma/sleep apnea, other respiratory Diagnosis.
  2. Renal dysfunction or hepatic disease.
  3. Known or suspected concurrent alcohol use.
  4. Concurrent benzodiazepine prescription.
  5. Concurrent SSRI or TCA anti-depressant prescription.
A Kaiser Permanente study, which recommends a universal prescribing method, in which naloxone would be indicated for all patients prescribed chronic opioids. The study revealed a need for increased awareness and dialogue surrounding the prescription of naloxone in conjunction with opioids.

Clinicians who were surveyed were reluctant to prescribe naloxone because they did not want to offend patients by talking to them about a risk of overdose and because there hasn’t been consensus over who should be prescribed the drug.

Guidelines issued last month by the American Society of Addiction Medicine, which recommend the establishment of a co-prescription program for patients prescribed high-potency, long-acting opioids.

FDA approval of the EVZIO® (naloxone HCl injection) auto-injector, which can be prescribed by physicians. We have commended the FDA for expediting the approval process to quickly increase access to this medicine, which undoubtedly will save lives by reducing death from opioid-related overdose.

The Veterans Health Administration’s Overdose Education and Naloxone Distribution program for all veterans in treatment for a substance use disorder or taking opioids chronically.
WV - The Alcohol and Drug Overdose Prevention and Clemency Act, or SB 523, was passed Saturday and will allow for persons who may be experiencing or witnessing a drug or alcohol overdose to call for emergency medical assistance, free from prosecution.

WV - The governor signed Senate Bill 335 creating the Opioid Antagonists Act. It will allow medical professionals to prescribe the drug Naloxone to first responders and those at risk of experiencing an overdose along with their families and friends who could help them if they did overdose.
Naloxone in community health

Prescribers...co-prescribing
Healthcare organizations
Individuals
Family members
Pharmacies
Addiction Treatment Facilities
Mental Health Agencies
Public Health Departments
Sheriff’s and Police Depts.
Pain Management Clinics
First Responders
Medicaid Case Management
Harm Reduction
Emergency Departments
Medical Practice Facilities
Indian Reservation
Military
Integrating naloxone into community response utilizing the Project Lazarus Model to engage all possible “at-risk” population groups.

Each “Spoke” requires an individual approach for awareness, education, messaging, promotion and implementation of naloxone;

Community Education

Awareness; acceptance and availability
Myths
Signs and symptoms of overdose
How to talk with your doctor
Third Party prescribing
Provider Education

Behavioral health and substance use assessments
  Overdose Prevention Toolkit
  Patient/Family Education
  Co-prescribing
  Third Party prescribing

Hospital ED Policies
  Patient/Family Education
  Naloxone provided/prescribed

Diversion Control
  Law Enforcement/First Responders
  Schools
  Prisons/jails, recently released inmates
MA - Withdrawal symptoms after naloxone

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>N=219</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>51%</td>
</tr>
<tr>
<td>Irritable or angry</td>
<td>21%</td>
</tr>
<tr>
<td>Dope sick</td>
<td>20%</td>
</tr>
<tr>
<td>Physically combative</td>
<td>4%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
</tr>
<tr>
<td>Confused, Disoriented, Headache, Aches and chills, cold, crying, diarrhea, happy, miserable</td>
<td></td>
</tr>
</tbody>
</table>
### Naloxone Rescues

<table>
<thead>
<tr>
<th>Program Size</th>
<th>Local Programs</th>
<th>Lay persons provided vials of Naloxone 1996-2014</th>
<th>Rescue reversals 1996-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small &lt; 100</td>
<td>64</td>
<td>7867</td>
<td>641</td>
</tr>
<tr>
<td>Medium 101-1,000</td>
<td>41</td>
<td>19,239</td>
<td>4,414</td>
</tr>
<tr>
<td>Large 1,001-10,000</td>
<td>7</td>
<td>29,099</td>
<td>11,807</td>
</tr>
<tr>
<td>Very Large &gt;10,000</td>
<td>4</td>
<td>96,078</td>
<td>9,601</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>152,283</td>
<td>26,463</td>
</tr>
</tbody>
</table>
Naloxone – *the conversation*

1) Relapse happens even to the most determined, we want you to be alive to come back if it does.

2) You may leave here planning to stay away from "people places and things" but we know it is always not possible. We believe that you are a very capable member of the community that can be equipped to save a life.

Samaritan Village TC (NY) trains and distributes naloxone early in orientation and have found it to be a very positive message.

Mountain Health Solutions – Wilkes County Opioid Treatment Program (Lexington NC, Bartlesville, OK, etc.)
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.”
Save a Life.

Naloxone: The Overdose Antidote
Websites

For prescribers and pharmacists
• Prescribetoprevent.org
Family support
• Learn2cope.org
• Grasphelp.org
News + research on overdose prevention
• Overdosepreventionalliance.org
International overdose prevention efforts
• Naloxoneinfo.org
Opioid overdose prevention education
• Stopoverdose.org
Legal interventions
• www.networkforphl.org/asset/qz5pvn/network-naloxone-10-4.pdf
Project manual
• harmreduction.org/issues/overdose-prevention/

2013 National Drug Control Strategy
• www.whitehouse.gov/ondcp/2013-national-drug-control-strategy
ASAM 2010 Policy Statement
• www.asam.org/docs/publicy-policy-statements/1naloxone-1-10.pdf
SAMHSA toolkit
• store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742
SAMHSA Letter to prescribers
• www.dpt.samhsa.gov/pdf/dearColleague/SAMHSA_fentanyl_508.pdf
Wilkes County NC
RESULTS

www.projectlazarus.org
Fred Wells Brason II
Wilkes County NC
The overdose death rate dropped 69% in two years after the start of Project Lazarus and the Chronic Pain Initiative.

**Wilkes County Results**

- **Wilkes School SA incidences**
  - 7.3 per 1000 2011-2012
  - 4.9 2012-2013
  - 3.4 2013-2014
- **SA ED visits down 15.3 %**
- **Involuntary commitments reduced/Less SA calls**
- **Diversion Tips increased**
- **OTP SA treatment admissions**
  - 2010 - 0, 2015 - 400+
- **Churches supporting individuals in treatment**

- **Wilkes Scripts related to overdose**
  - 2008 – 82%, 2011 – 0%

- **Operation OpioidSafe, US Army Ft. Bragg, NC**
  - 15 OD’s per 400 soldiers to 1 per 400.
  - The non-fatal opioid overdose rate for 2008 and 2009 was 17 per thousand soldiers. That rate dropped to 1.4 per thousand soldiers according to WTU Brigade surgeon statistics.
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
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).
- In counties with coalitions **1.7%** more residents received opioids than in counties without a coalition.

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.

Level 3: "People have talked about doing something, but so far there isn’t anyone who has really taken charge. There may be a few concerned people, but they are not influential."

- 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.
Lower Overdose Rates among NC Counties with Overdose Prevention Coalitions, 2013

Vertical axis is rate of opioid overdose/dependence hospital visits per 1,000 opioid analgesic prescriptions dispensed to NC residents.
ICD-9-CM-based case definition of ED visits taken from Injury Surveillance Workgroup 7 recommendations for opioid overdose/dependence.
Source: Injury Prevention Research Center, University of North Carolina at Chapel Hill
Venues to help build coalitions

Community forums must be repeated to motivate the necessary stakeholders to take action.
The Secretary’s efforts focus on three priority areas...

**Prevention**
Providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions and address the over-prescribing of opioids.

**Intervention**
Increasing use of naloxone, as well as continuing to support the development and distribution of the life-saving drug, to help reduce the number of deaths associated with prescription opioid and heroin overdose.

**Treatment**
Expanding the use of Medication-Assisted Treatment (MAT), a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.
Project Lazarus

Fred Wells Brason II
fbrason@projectlazarus.org

Robert Wood Johnson
Community Health Leader
Award 2012

projectlazarus.org

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.”