

Healthy North Carolina 2020

Injury and Violence – Reducing Unintentional Poisonings: A Success Story in Progress

Unintentional poisoning (primarily from overdoses of prescribed opioid pain relievers) has seen a tremendous increase in the rate of death over the past decade: in 1999, the rate of fatal unintentional poisonings per 100,000 North Carolina residents was 3.5 deaths; by 2009, the rate increased to 11.0 deaths, a 214 percent increase.

Trends this dramatic are rarely seen in public health surveillance; when they are, effective action is needed to address these preventable deaths. Project Lazarus – a community-based drug overdose prevention program that originated in Wilkes County – is using a public health approach to address this injury epidemic.

The results of Project Lazarus's efforts in Wilkes County are encouraging. In 2007, Wilkes County had the 3rd highest unintentional poisoning death rate in the country. In the past two years (2010 and 2011), the rates have dropped dramatically. Both 2010 and 2011 saw annual 40 percent decreases in the death rate from drug overdoses in Wilkes County and Emergency Department visits in 2010 for substance abuse or accidental poisonings were down 13 percent from the previous year.

The impact is also seen where decedents obtained their pain medication prescriptions. In 2008, 82 percent of the Wilkes County unintentional overdose deaths obtained their opioid prescriptions from doctors practicing in Wilkes County, whereas in 2010, only 10 percent of these overdose victims got their prescriptions from in-county doctors.

Project Lazarus focuses on preventing deaths from prescribed opioids. The project's public health approach includes data collection and community assessment, coalition building, strategic and action planning, implementation of overdose prevention activities, and evaluation that provides ongoing feedback at each stage of the process.

Project Lazarus recognizes that community attitudes about prescribing, use, misuse and abuse of these drugs are key to developing an effective prevention program. The project works through community organizers who are well-connected to the community and who help raise awareness of unintentional drug overdose. Further, Project Lazarus engages the people who are the focus of the intervention to help formulate responses that are acceptable to the community.

It also acknowledges that the misuse and abuse of prescription drugs for pain management is sensitive, as many patients legitimately need these drugs and their access to them should not be hampered. To better understand the dynamics of this aspect, medical providers work closely with Project Lazarus.

Project Lazarus also acknowledges prevention must be supplemented with risk reduction strategies; hence, the distribution of naloxone is another key component of Project Lazarus's strategy. Naloxone is a "rescue" medication that can be administered by a friend or family member to someone who has overdosed from an opioid medication. Many patients in Wilkes County who fill an opioid prescription also receive an overdose rescue kit that contains naloxone along with training on how to use it.

Project Lazarus can claim several firsts, including: first naloxone program in the south, first community-based approach to unintentional drug poisoning prevention, first introduction into general medical practice, first focus on prescription drugs, first to focus on pain patients, and the first program approved by the North Carolina medical and pharmacy boards.

The project continues to expand from its start in Wilkes. DPH and Project Lazarus will be partnering and working with local health departments over the next few years to support an expansion of this work. Community Care NC (CCNC) and Project Lazarus are teaming up to roll out the Chronic Pain Initiative statewide starting in 2012. The collaborations have only started to emerge as the need continues to be great.

The use of the basic public health model to address this continuing injury epidemic is an excellent example of building the evidence base for addressing public health problems where established guidelines are not yet available.

