PCSS
Providers' Clinical Support System
Monthly Update
June 2015

Inside

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Project Lazarus: A Grass-Roots Effort Effective in Reducing Opioid Deaths

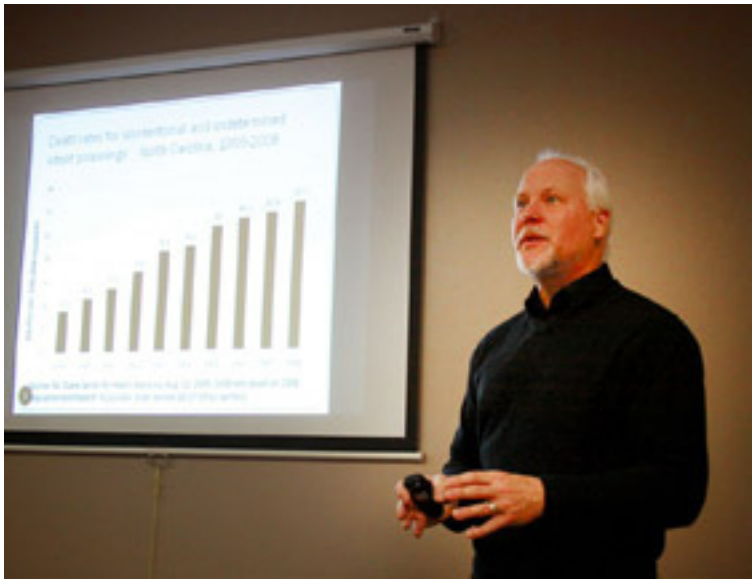
North Carolina, with one of the highest opioid overdose rates in the country, also has one of the most aggressive and successful community-based programs aimed at reducing this epidemic—Project Lazarus.

Fred Wells Brason II, Executive Director of the project and a former hospice chaplain, started Project Lazarus in response to seeing too many people needlessly dying in Wilkes County, an economically depressed region of the Blue Ridge Mountains and heart of this epidemic. High unemployment, depression, poverty, and accessibility to opioids collectively forming the perfect storm, resulting in an overdose death rate four times the national average.

From Brason's perspective, the death rate was unacceptable and completely preventable. But he knew to make real change he would need the community behind him. At that time, needle exchanges, methadone clinics, naloxone, and other strategies were not viewed as treatment but rather as helping substance abusers to continue abusing.
In 2009, the problem was so bad in Wilkes County, however, the community issued only slight resistance to Brason's ideas and quickly rallied around the cause. They were seeing their children, their neighbors, their friends all effected by opioids and they needed it to stop.

> "I always think, 'there's got to be a way.'"
>
> — *Fred Wells Brason II*

"When I first mentioned methadone, I thought I was done," said Brason, who now works full-time spreading the word throughout the state and nation about Project Lazarus. Now, though, residents are far more accepting of medication assisted treatment, including naloxone for overdose prevention, which when administered to a person overdosing from opioids, reverses the effects.



Fred Wells Brason II giving a recent talk about Project Lazarus.

Brason pointed out that prescribing buprenorphine as a treatment is much more palatable to residents than methadone because they are medications prescribed through a physician's office rather than a specialized clinic. Eventually, the community also accepted medication assisted treatment and became supportive of it as a viable treatment.

The heart of Project Lazarus is community-based coalitions made up of clinicians, parents, health officials, faith community representatives, school and college officials, law enforcement, and first responders. The concept behind Project Lazarus is to educate healthcare providers on evidence-based opioid prescribing practices, as well as the community about prevention and opioid use disorders.

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Project Lazarus cont.

Thus far, the results of the project, funded through state and federal grants, are impressive. Opioid overdose rates have dropped 69 percent since the start of Project Lazarus, a success rate that soon became recognized throughout North Carolina and eventually the country. More recently, Brason has been turning his sights toward the rest of North Carolina; this is no small task as the state has 100 counties. For the past few years, Brason has not only been busy at work replicating what Wilkes County did in other parts of North Carolina, but also in New Mexico, West Virginia, Michigan, Florida, Georgia and other states.

"If communities call us, we respond," Brason said. "I tend to see the world through rose-colored glasses. I always think, 'there's got to be a way. It's over, under, or around.'"

In addition to making naloxone more available, Branson said he is also working to have more physicians waivered to prescribe medications, such as buprenorphine, that help lessen cravings. Combined with other therapeutic approaches like "talk therapy," medication assisted treatment has been effective for many patients with opioid use disorder.

If you are interested in learning more about replicating Project Lazarus or how it might work in your community, please visit Project Lazurus.

Motivational Interviewing Helps Patients Find the Impetus for Real Change

Recognizing that a patient has a substance use disorder is only the first step toward treating that patient.

Last year, the *Journal of the American Medical Association* published a study in which physicians were able to identify patients with substance use disorders using screening methods, but saw little change in patient behavior even after screening and brief intervention. The results were counter to what many clinicians believed.

What may have been missing for these patients was the motivation to change their behavior and seek treatment. Clearly, telling patients that their behavior is unhealthy is not enough incentive for many to change. The question remains: How can a physician motivate their patients to get treatment for their substance use disorders?

Motivational interviewing (MI), a method by which clinicians tap into a patient's internal motivation for behavioral change, is one method that has been around for years but is gaining ground.

The motivational interviewing technique was first described by William R. Miller, PhD, Professor Emeritus in Clinical Psychology and Psychiatry, the University of New Mexico. It was his belief that telling patients what to do often did not work. Motivational interviewing is "a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal."

Research as shown MI is effective. According to a 2009 study, "a large and expanding number of controlled research studies ... have demonstrated that it is significantly (10 to 20 percent) more effective than no treatment."

Most experts conclude MI can be effective in motivating patients to change their behavior and must be conducted properly to have maximum benefits.

Resources:

- Substance Abuse and Mental Health Administration
- Prochaska and DiClemente's Stages of Change Model
- PCSS-O archived Module: Screening, Brief Interventions, Referrals to Treatment: Use of SBIRT in Practice
- PCSS-O archived module: Advances in Recognition and Treatment of Substance Use Disorders in Primary Care
- Principles of Motivational Interviewing
- National Institute on Drug Abuse CME/CE course
- Center on Alcoholism, Substance Abuse, and Addictions

OMED 2015

Osteopaths Nationwide Offered Addiction Medicine Training

The annual meeting for the **American Osteopathic Academy of Addiction Medicine (AOAAM)**, will be held October 17-21, 2015 in Orlando, FL, and will feature several addiction related trainings.

AOAAM, partner organization with PCSS-O and PCSS-MAT, will present the *Essentials in Addiction Medicine Course*, designed to provide up-to-date data and practice techniques for basic through advanced addiction treatment. This course will provide basic, fundamental, clinically oriented teaching essential to all clinicians working in addiction medicine. The Course is free for members or $200 for non-members.

AOAAM is also offering a half-and-half buprenorphine certification course, followed by a panel discussion on Oct. 17.

On Oct. 19, a panel discussion will include such topics as new innovations in addiction care, Danish Wounded Warriors, and talking to patients about cannabis use.

Other substance use topics during the meeting include: *Drug Diversion; Human and Drug Trafficking; EMS -- Drugs on the Street; TBI/SA; Impaired Physicians; Substance Abuse in Prison Populations;* and *Harm Reduction*.

More information about OMED 2015.

SAMHSA Launches Contest: Identifying Technology-Based Opioid Overdose Prevention Tool

SAMHSA's Division of Pharmacologic Therapies (DPT) is sponsoring a contest looking for new technology that will help prevent deaths from opioid overdose. Top prize is $10,000.

Participants are asked to develop innovative, software-based products that help people know the signs of opioid use, how to prevent death from opioid overdose, and support treatment and recovery. Learn more about the contest here.

ASPMN Annual Meeting Registration Open

The American Society of Pain Managment Nursing (ASPMN) 2015 25th National Conference is now open for registration.

ASPMN®'s 2015 National Conference is scheduled for Sept. 16-19, 2015 in Atlanta, GA.

The National Conference will include:

- Nationally recognized speakers and leaders in the field of pain management
- Pre-conference educational opportunities for additional learning
- Innovative educational sessions
- Incorporation of technology and human touch in pain management practice
- Networking opportunities
- Potential to gain new peers and partners

More information and register.

AAPM Releases First Archived Webinar

American Academy of Pain Medicine (AAPM) is excited to share with you that its first PCSS-O archived CME webinar *Best Practices: Eight Principles for Safe Opioid Prescribing for Pain Management* featuring Lynn Webster, MD, is now live.

Overdose and death associated with prescription opioids are major public health problems. While it is unclear what proportion of patients received opioids for pain, it is clear that people with pain who are prescribed opioids are among the decedents. Causes of opioid-associated deaths are multifactorial, including provider error due to knowledge deficits, unanticipated medical and mental health comorbidities, and patient nonadherence to the prescribed medication regimen.

This webinar educates prescribers about 8 practical and easily managed principles for safer opioid prescribing that, if followed, will have a dramatic effect on reducing the unintentional opioid overdose trend.

Note: Participants in this webinar training need to first create a profile to begin the pre-test and unlock the presentation.

Announcements and Educational Opportunities

If you have an educational resource or training on opioid sue disorder that you would like to share contact: jane@aaap.org.

Please limit to 400 words.

Trainings

[PCSS-O Upcoming Webinars](#)
[PCSS-O Archived Webinars](#)
[PCSS-O Online Modules](#)

[PCSS-MAT Upcoming Webinars](#)
[PCSS-MAT Archived Webinars](#)
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[Upcoming Buprenorphine Waiver Trainings](#)

Small Group Discussions

PCSS-O

What is the Appropriate Length of Buprenorphine Treatment?
Wednesday, July 15 10, 2015, 12:00 - 1:00 pm ET
John Renner, MD

PCSS-MAT

Determining the Most Appropriate First Line Treatment for Opioid Dependency
Wednesday, August 5, 2015, 12:00 - 1:00 pm ET
Alan Wartenberg, MD

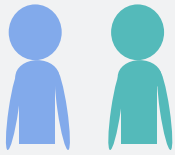
Note: These programs are designed as a coaching session on clinical issues. Invitations are sent to those already enrolled in [PCSS-MAT Mentor](#) or [PCSS-O Colleague Support](#) programs at least three weeks prior to the event. Learn more by emailing [Seth](#) (PCSS-MAT) or [Justina](#) (PCSS-O).

Case Study: What would you do?

Each month, PCSS Monthly Update provides a case followed by a series of questions. We encourage you to review the case and answer the questions to learn more about treating opioid use disorders. NOTE: there are NO CME credits for completing this case.

A 25-year-old man presents to your office requesting treatment with buprenorphine. He is on time, brings the completed forms your office provided in advance of this initial appointment, and presents neat, well-groomed, and polite. He reports that he sniffs heroin daily, last used the previous day, and has been abusing heroin for 3 years. He has not been in any form of treatment before. When asked what happens when he skips a day of use, he reports he has never skipped a day so he cannot really answer the question.

[Read the complete case study](#)



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