Access speaker bios here: https://asprtracie.hhs.gov/documents/mrc-speaker-series-bio--revive-program.pdf

Access the link here:
https://attendee.gotowebinar.com/recording/7176202791412184580

Access other recordings here:
https://asprtracie.hhs.gov/documents/aspr-tracie-mrc-voices-from-the-field-speaker-series-summary.pdf

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

medical reserve corps

Medical Reserve Corps (MRC) Voices from the Field (Speaker Series)

ASPR
Administration for Strategic Preparedness and Response

Unclassified//For Public Use

REVIVE!

DBHDS

Virginia's Opioid Overdose and Naloxone Education Program

What is REVIVE!?

REVIVE! OONE

- *REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone.*

- *Since 2013, fatal drug overdose has been the leading cause of unnatural death in the state, with opioid overdoses being the primary driver behind this grim statistic.*

Why REVIVE!?

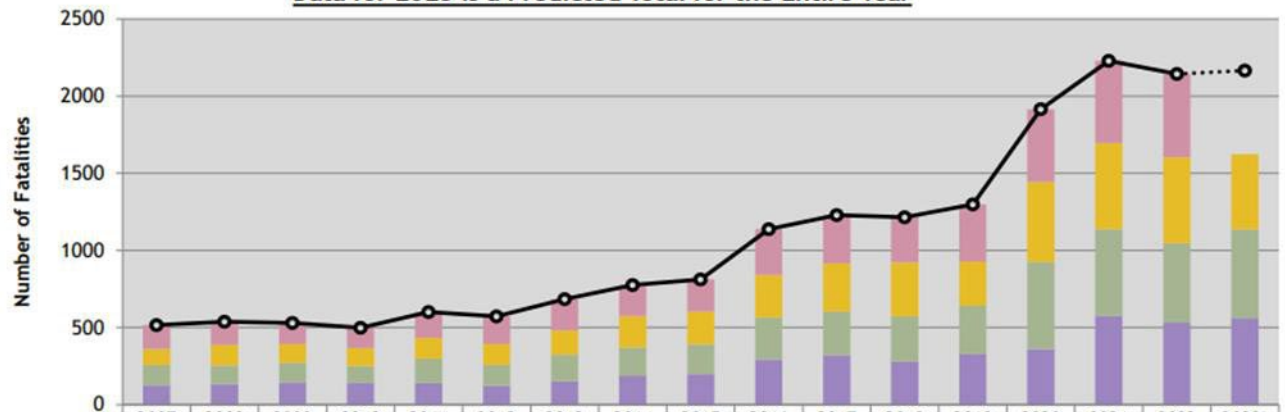
- *Since 2013, fatal drug overdose has been the leading cause of unnatural death in the state, with opioid overdoses being the primary driver behind this grim statistic*
- In response to the growing crisis, in 2013, Virginia implemented the REVIVE! program.
- REVIVE! seeks to empower communities across the Commonwealth to take proactive steps in combating the opioid crisis and saving lives.
- Despite these measures, the opioid crisis remains a significant public health challenge for Virginia. Continued efforts and resources are essential to address this epidemic effectively and to reduce the devastating impact it has on individuals, families, and communities throughout the state.

Why REVIVE!?

ALL OPIOIDS

From 2007-2015, opioids (fentanyl, heroin, U-47700, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses which began in late 2013 and early 2014. In 2022, 81.7% of all fatal overdoses of any substance, were due to one or more opioids. The number of fatal opioid overdoses in 2022 decreased 3.9% from the previous year.

Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2023*
Data for 2023 is a Predicted Total for the Entire Year



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*
Q4	156	151	136	131	168	179	202	201	208	298	312	292	371	472	534	538	
Q3	104	134	122	116	136	137	158	202	213	275	312	351	286	519	557	559	488
Q2	130	120	128	109	156	134	173	185	195	272	284	292	314	564	563	514	575
Q1	126	133	144	142	141	122	151	187	196	293	321	280	327	360	575	532	561
Total Fatalities	516	538	530	498	601	572	684	775	812	1138	1229	1215	1298	1915	2229	2143	2165

[1] 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, U-47700, and opioids unspecified
[2] 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.
[3] Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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Type of REVIVE! Trainings

REVIVE! offers two types of trainings:

- Lay Rescuer trainings
  - This training covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone*.
- Training of Lay Rescuers prepares you to become a REVIVE! instructor. This course covers the administrative requirements to lead REVIVE! trainings*.

*The basic REVIVE! Training is not sufficient for First Responders and will not qualify you for "No Cost Naloxone". Please click the link below for information on our First Responder's REVIVE! Training. First Responders include (Law enforcement, EMS, Fire Dept., Regional Jails, Probation and Parole, Forestry, Military, Juvenile Justice, Court Services, State Parks, and Correctional Facilities.)

Steps to Respond to an Opioid Overdose

1. Check for responsiveness
2. Call 911, if you must leave the individual alone, place them into recovery position.
3. Administer naloxone
4. Continue rescue breathing
5. Assess and respond based on outcome of first naloxone administration

If you must leave an unresponsive person at anytime, put them in recovery position

The REVIVE! program is built on three primary objectives:

- **Naloxone Administration:** Training individuals on how to correctly administer naloxone, a life-saving medication that can reverse the effects of an opioid overdose.
- **Breaking the Stigma**: Addressing and dismantling the stigma associated with substance use disorders, fostering a more understanding and supportive community.
- **Providing Second Chances**: Equipping people with the tools, resources, and knowledge they need to assist those affected by opioid use disorders, extending help beyond the initial intervention.

Learn more about naloxone, and find additional resources.

DBHDS
Virginia Department of Behavioral Health and Developmental Services

dbhds.virginia.gov

REVIVE!

State Level Activity

VIRGINIA medical reserve corps

Adreania Tolliver, *State Volunteer Coordinator*
vamrc@vdh.virginia.gov
vdh.virginia.gov/mrc

State of Emergency Declaration

- **In 2016, the Health Commissioner declared drug addiction a public health emergency.**
- **A statewide order authorized pharmacists to dispense naloxone in accordance with § 54.1-3408 (X) and (Y) of the Code of Virginia.**
  - A person acting on behalf of an organization (including LHDs) that provides services or training to individuals at risk of opioid overdose may dispense naloxone.



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MRC Authorization

- Health Commissioner's **Protocol for Expanding Access to NARCAN through the Local Health Department and Board of Pharmacy Guidance Document/Protocols**
  - *"Authorized staff" includes licensed and non-licensed VDH employees, contractors and volunteers (public health nurses, Medical Reserve Corps volunteers, health educators, etc.) who have completed training and are identified under the statewide standing order by the Commissioner of Health, pursuant to Va. Code § 54.1-3408 (X) and (Y).*



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Statewide Standing Order Requirements

Statewide standing order authorizes:

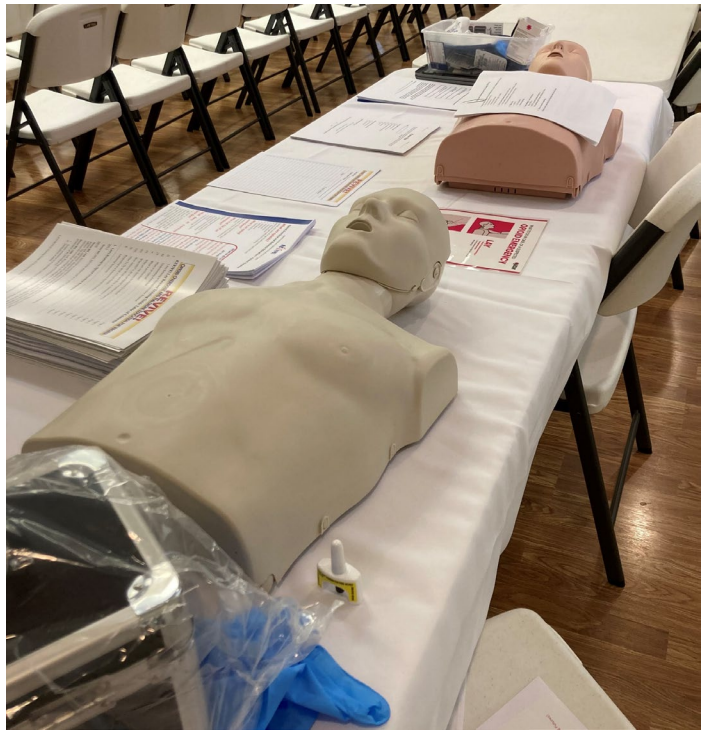
- Any person **seeking to dispense naloxone - must complete a training program,** which may include a REVIVE! Training, counseling, and/or instruction on the administration of Naloxone for opioid overdose reversal.



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District Variability in Virginia MRC Dispensing

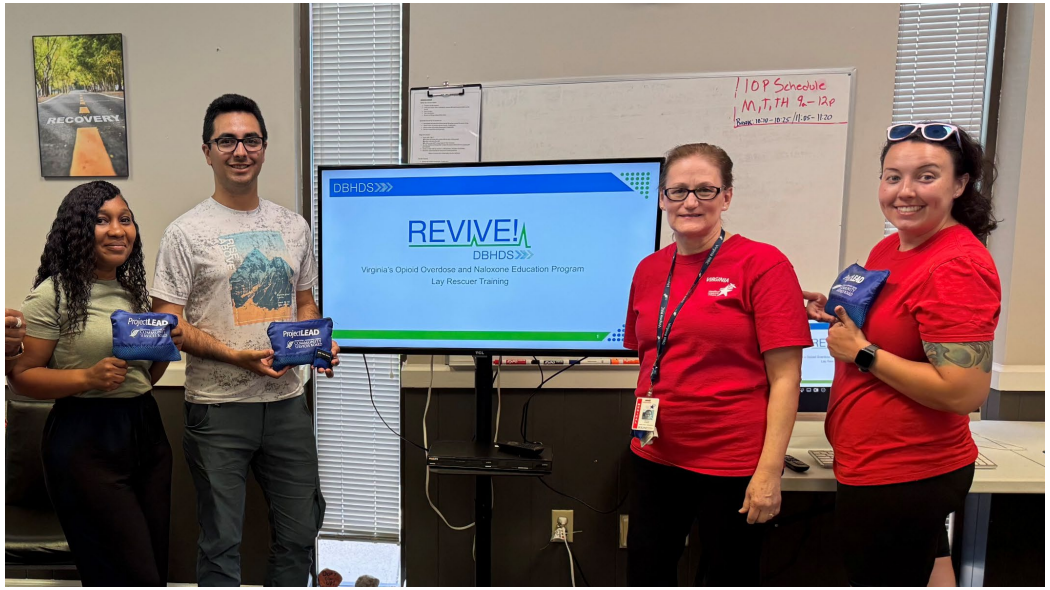
- In districts not allowing MRC dispensing, volunteers typically conducted REVIVE! training while PHNs or other staff dispensed naloxone.
- Some districts later allowed MRC dispensing, especially after naloxone became available over the counter.
- Dispensing remains dependent on local health district guidance.



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Virginia MRC Trainer Capacity

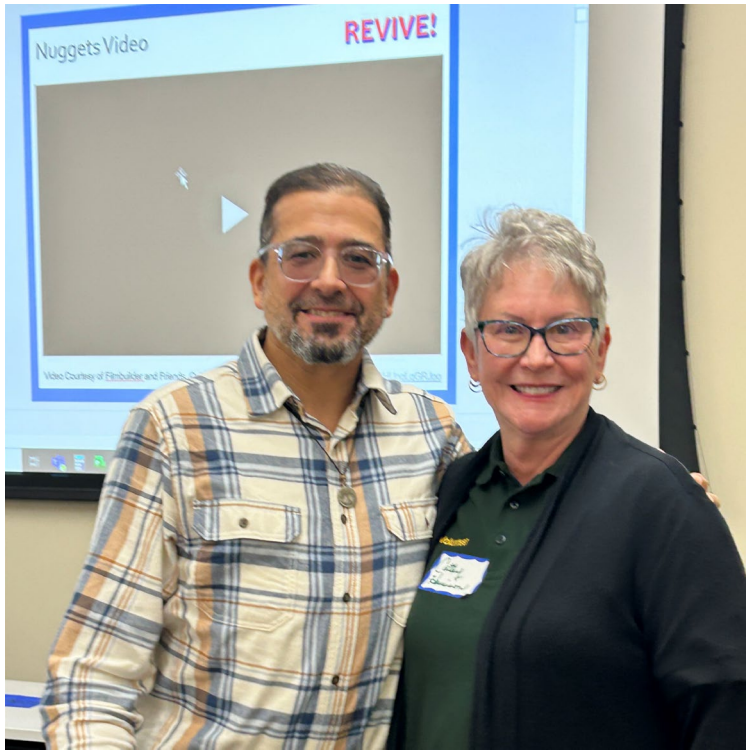
- **753 Virginia MRC volunteers have been trained as Trainers of Lay Rescuers.**
- Many of the **26 Unit Coordinators and 4 Regional Coordinators** are Trainers of Lay Rescuers or Master Trainers.



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REVIVE! Training Reach and Impact

- **Nearly 400 REVIVE! events/trainings have been recorded over the years.**
- Virginia MRC volunteers have provided trainings across diverse community settings: churches, MAT clinics, county fairs, community gatherings, private businesses, parks, and neighborhoods.



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Dedication of Active and Deployable Volunteers

- **641 volunteers** remain active and deployable to train.
- Over the past three years, MRC volunteers have contributed more than **3,500 hours** to REVIVE! trainings and related events.



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REVIVE!

Local Level Activity

VIRGINIA medical reserve corps

Alyssa Lewis, *Richmond City LHEC and Former Greater Richmond MRC Coordinator*

Kate Bausman, CVA, *VA MRC Eastern Region & Training Coordinator*

History of Involvement

- Richmond City begins offering training and dispensing in 2017, Henrico in 2018.
- Built a cadre of trained volunteer trainers.
- Community events, open dispensing hours at District offices, MAT Clinics.



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Volunteer and Coordinator Engagement

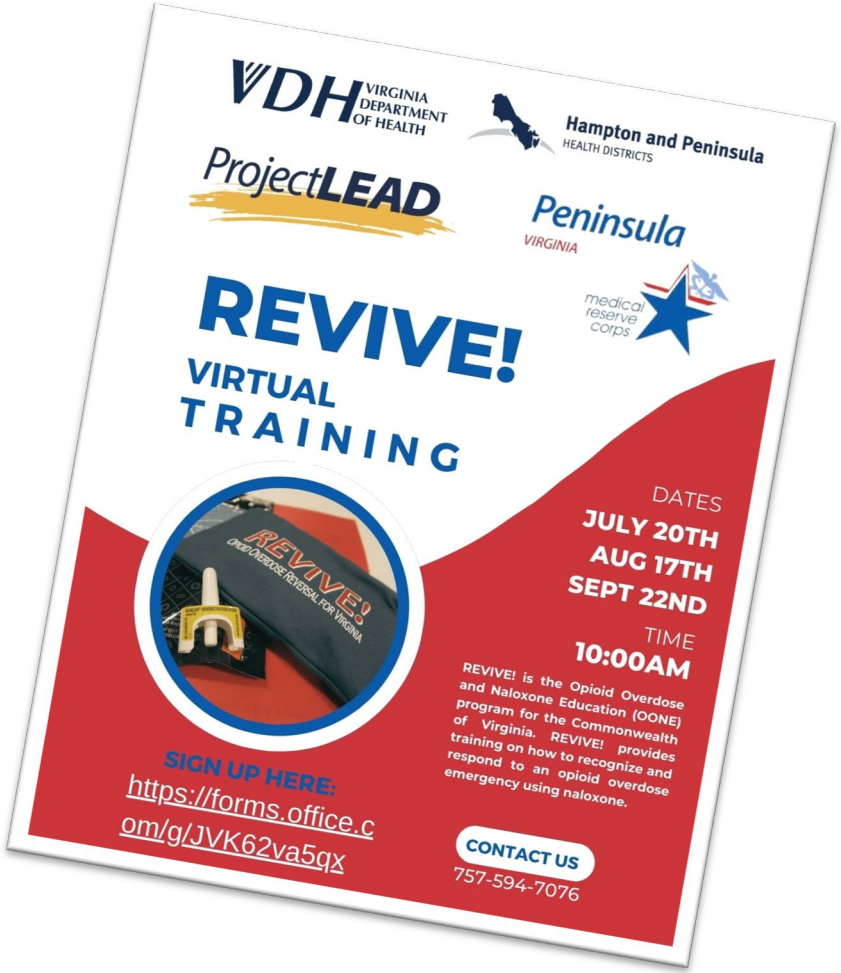
- Coordinators and volunteers provided community outreach and education on the program.
- Volunteers could be requested internally by the districts or externally to provide community trainings.



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Challenges and Changes

- Initial challenges included creating processes and protocols.
- Data and documentation requirements were extensive.
- COVID stopped momentum.
- Districts hired Opioid Response Coordinators that took over most tasks, but MRC still supported.
- With the previous Governor's renewed emphasis on opioid response efforts in 2024 many units are more active than ever.



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Contact Us



asprtracie.hhs.gov



1-844-5-TRACIE



askasprtracie@hhs.gov