

2024

RiVive[®] COMMUNITY FEEDBACK REPORT



Prepared By:

Erin Russell, MPH
Tricia Christensen, MPP
Nicole Lovitch, MPH

Feedback facilitated by Health Management Associates



Table of Contents

Introduction 3

Washington State 5

Community Feedback Methodology 6

Key Findings 8

Conclusion & Takeaways 12

Acknowledgements



Harm Reduction Therapeutics (HRT) thanks the Washington Department of Public Health, the program staff and community members at Emma Goldman Youth & Homeless Outreach Project, People's Harm Reduction Alliance, and the Hepatitis Education Project for their time, support, and participation. HRT also acknowledges Remedy Alliance/For the People for sharing guidance and expertise throughout this process, and Health Management Associates for conducting interviews and summarizing the findings in this report.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. HMA's team includes experts with over 30 years' experience tackling every aspect of the overdose crisis and substance use disorder system. HMA's trusted experts have a wealth of harm reduction experience, from training volunteers for community outreach to managing state procurement processes for harm reduction tools, to policy analyses at all levels of government. To learn more about HMA's harm reduction services, visit

<https://www.healthmanagement.com/insights/solutions/harm-reduction/>



Introduction



Meaningful involvement of people who use drugs is a harm reduction principle¹. People who use drugs are intimately familiar with their communities' needs, cultures, and barriers to services and health; their expertise is essential to building effective overdose prevention and response resources. People who use drugs are also the primary change agents of reducing harms of drug use. Harm Reduction Therapeutics seeks to support harm reduction programs by empowering people to share information and resources that reduce overdose risk.

Harm Reduction Therapeutics is committed to integrating input provided by people who use drugs at all levels of the organization, including hiring people with lived experience.

Harm Reduction Therapeutics engages people who use drugs through direct outreach and compensated interview participation. People who use drugs have the capacity to educate and be educated. They have the ability and expertise to form organizations, manage funding, provide consultation, engage in decision making, policy making and advisory structures, and be employed in a variety of roles. Harm Reduction Therapeutics is committed to integrating input provided by people who use drugs at all levels of the organization, including hiring people with lived experience. As a 501(c)(3) non-profit pharmaceutical company, Harm Reduction Therapeutics prioritizes saving lives over earning profit.

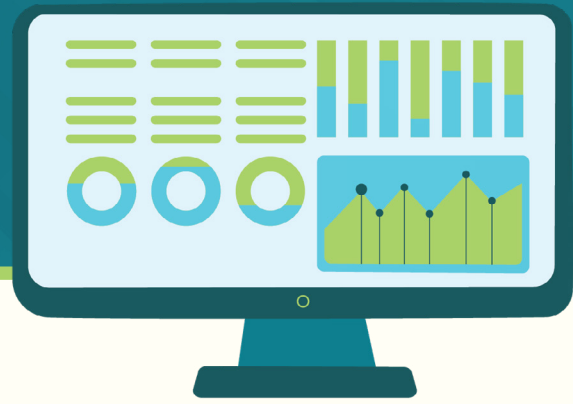
1 National Harm Reduction Coalition.
<https://harmreduction.org/about-us/principles-of-harm-reduction/>

RiVive® Naloxone HCl Nasal Spray 3 mg is a compassionate, low dose naloxone product that is available over the counter (OTC), approved by the U.S. Food and Drug Administration on July 28, 2023. It is intended for the emergency treatment of opioid overdose and is manufactured in the United States. Harm Reduction Therapeutics sells our product at the manufacturing cost plus the cost of administrative expenses to make RiVive® broadly available. HRT and its directors, employees, and consultants do not personally profit from the sales of RiVive®. This allows the company to focus on its mission: preventing opioid overdose deaths by making free-of-charge or low-cost over-the-counter naloxone available to everyone in the United States, primarily through community harm reduction organizations and governments.

Harm Reduction Therapeutics donates at least 10% of projected annual product production to Remedy Alliance/For the People, which then distributes products to low-resourced community harm reduction programs.



Washington State



Interviews were collected in Washington State. Opioid overdose deaths rose steadily in Washington State between 2013-2019, and then began to accelerate significantly, continuing to rise even as overdose mortality rates started to fall nationwide². According to preliminary Centers for Disease Control data between May 2023 and April 2024, Washington saw nearly 3,600 overdose deaths, a 14% increase over the previous 12 months. Importantly, fentanyl became prevalent in this U.S. region later than the rest of the country.³

Also of note, the prevalence of methamphetamine usage and drug smoking are high among syringe services program (SSP) participants in the state. More respondents of the 2023 Washington (WA) State Syringe Services Program Health Survey⁴ reported using methamphetamine in the past week (89%) than fentanyl (61%), and even among people who considered their main drug to be fentanyl, 88% said they had also used a stimulant in the past week. More than half (52%) of respondents used drugs by smoking only, whereas only 10% used drugs exclusively by injection and 89% of all respondents had smoked a drug in the past week. According to the authors of the survey report, these data reflect a significant shift from majority injection to majority smoking compared to previous years and reflect the displacement of heroin (typically injected in WA State) by fentanyl (typically smoked) in the local drug market and perhaps more people who smoke drugs coming to SSPs to obtain safer smoking supplies.

Washington State Department of Health purchases RiVive[®] through a contract with Remedy Alliance/For the People and provides it at no cost to harm reduction programs for community distribution.

2 Addictions, Drug & Alcohol Institute, University of Washington. (2024, October 15). Opioid trends across Washington State.

<https://adai.washington.edu/wadata/deaths.htm#overallTimeTrends>

3 Ahmad F.B., Cisewski J.A., Rossen L.M., Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024.

4 Kingston S., Newman A., Banta-Green C., Glick S. Results from the 2023 WA State Syringe Services Program Health Survey. <https://adai.uw.edu/download/9208/>

Community Feedback Methodology



Harm Reduction Therapeutics engaged harm reduction experts from Health Management Associates (HMA) to conduct interviews with people who use drugs in Washington in September 2024.

Programs that offered harm reduction services and had been distributing RiVive® for at least three months in Washington State were eligible to participate. Programs were also located within 2 hours driving distance of Seattle because of travel and time limitations. HMA approached 5 programs located across the cities of Seattle, Tacoma, and Olympia, and 3 programs were available and able to accommodate. In Seattle, People's Harm Reduction Alliance (PHRA) and Hepatitis Education Project (HEP) agreed to help identify interviewees within their brick-and-mortar establishments. In Olympia, Emma Goldman Youth & Homeless Outreach Project (EGYHOP) agreed to help identify interviewees during street outreach. HMA worked directly with each program to develop recruitment plans and interviewers followed the lead of program staff when entering their space and conducting interviews.



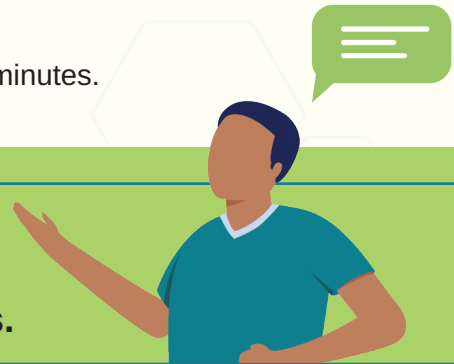
Eligible interview participants reported being active in drug use and having used RiVive® in response to a suspected overdose and/or experiencing an overdose that was reversed with RiVive®.

At each interview site, HMA provided food and snacks to program participants and staff. Eligible interview participants reported being active in drug use and having used RiVive® in response to a suspected overdose and/or experiencing an overdose that was reversed with RiVive®. Interview participants were compensated for their time.

HMA developed an interview guide in collaboration with Harm Reduction Therapeutics and Remedy Alliance/For the People. The guide was informed by the team's experience conducting similar interviews about overdose experience. Interviews were semi-structured, and participants were encouraged to take the conversation in the direction they wished, to truly capture their personal experiences. Interviewers were asked about overdose experience, use of RiVive®, observations of withdrawal, and what compassionate response means to them. The interviewer took de-identified notes during the interview and interviews were audio-recorded, with consent, for transcription and note taking purposes.

Fifteen people were interviewed. Interviews lasted 15-30 minutes.

Participants were encouraged to take the conversation in the direction they wished, to truly capture their personal experiences.



Key Findings



1 People expressed overall satisfaction with RiVive® and interest in the mission of Harm Reduction Therapeutics, but had little to no memory of which product was used during overdose response.

Programs were extremely happy to have the RiVive® product and welcomed Harm Reduction Therapeutics' effort to get consumer feedback. All 15 interviewees stated they always or almost always carry naloxone, and almost all felt confident in their ability to respond to an overdose. People shared that naloxone is easy to get in their community. Interviews were conducted in partnership with programs that have been present and operating in these communities for many years and are reliable locations at which to get naloxone.

“I carry naloxone all the time. I have 8-10 at my apartment at all times, if I see I grab it, I use it, I give it to someone else, two at a time, spread the wealth ... Everyone deserves to live.”

The majority of those interviewed did not know the difference between RiVive® and other nasal naloxone products, and said they use whatever product is available at the time of the overdose response. Most described overdose scenes as “chaotic,” involving yelling, crying, and confusion.

One person shared a specific story about their experience using RiVive® to reverse an overdose. They recalled the person being less sick than when they used other nasal naloxone brands. They regained consciousness and were speaking after a couple of minutes. They were aware of their surroundings.

“Most of the time people come back real on edge, confused, panicked – [with RiVive®], he was just kind of dazed.”

2

RiVive® is being used in a context of misinformation about overdose response.

Overall, people lacked in-depth understanding of naloxone dose and its relationship with precipitated withdrawal experiences. There is a general assumption that any amount of naloxone will cause withdrawal, and it's an expected outcome of overdose response.

“Lower dose will most likely put you into less of a withdrawal, easier to come back from it? That makes sense. I never actually thought about that.”

Every participant asked for education about naloxone dosing and withdrawal. About half of respondents said dosage was not important/did not know. In response to an overdose, people reported anticipating how many nasal spray kits to use by the person's physical size and the types of drugs they were known to have used, not by the milligrams.

“I never really paid attention to the amount [of milligrams of naloxone].”

We heard that many people give multiple doses back-to-back. They expect naloxone to work immediately and give additional doses until the person regains consciousness and is speaking. Many people reported relying on painful stimuli to spur response, even when naloxone was available.

“Shaking really hard, screaming. Don't wanna sock him, but I tried putting water in his face. By that time I use RiVive®, and if that don't work I call for help.”

As a result, when offered the choice between 3 or 4 milligram products, people do not feel strongly about one over the other. After asking questions about naloxone dose preferences, interviewers provided a brief overview of the relationship between naloxone dose and withdrawal symptoms. Once informed, most participants viewed lower-dose products as essential.

**“It would be useful for more people to know the difference.
No one is teaching this.”**

Participants noted that while people understand the utility of rescue breathing for overdose response, some are uncomfortable with doing it. Many prefer to do chest compressions to stimulate breathing. Respondents were adamant that chest compressions alone were effective for overdose response, knowing that EMS would be responding soon to provide oxygen.

“People are afraid to do mouth-to-mouth because of germs.”

Notably, community members in these jurisdictions are generally willing to call for EMS. Most do not have a favorable view of law enforcement and would likely run away from the scene if cops arrived. Several respondents also noted a less favorable view of hospitals; while they are fine calling EMS to respond, they are not interested in being transported to a hospital.

3 RiVive® is a part of a compassionate opioid overdose response.

Respondents shared their perspective on compassionate overdose response. Answers included advising responders to stay calm, and to minimize the experience of withdrawal for the person when they wake up. People considered the common experience of feeling confused and stressed when waking up from an overdose, and suggested ways to provide support.

“It makes a difference to have a calm environment. Cuffs are not the solution.”

“Most people are not trying to overdose... so being aware and empathetic for the person is a compassionate response.”

“Be gentle with the person.”

“Talk to the person, tell them what happened.”

“Have sympathy. Clean up an area. Be vigilant and look out for each other.”

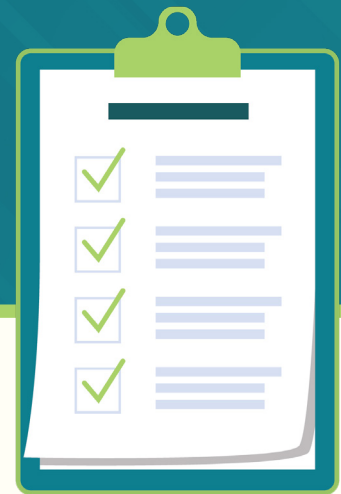
“I am hesitant to use naloxone at all because of how it makes you feel. I’m ok with using and receiving as long as it’s used right.”

“Caring that you’re saving someone’s life over everything else in a situation. Not like how you look to other people or whether or not you’re doing things by the book. Each case is going to be different so if you’re properly trained and you have the right information then doing it compassionately, you’re going to do the best you can to save the person’s life no matter what.”

“Handle the situation like it’s a family member, not some stranger on the street.”

“Reassurance that being calm is the best thing you can do. A lot of people freak out and you can kill people.”

Conclusion & Takeaways



Compassionate overdose response is possible, even in chaotic, street settings.

People can respond in a calm manner, speaking to the person in soft tones, and explaining what happened. This approach is in line with research that indicates agitation of a person revived from overdose is related more to the communication style of the responder than to withdrawal symptoms. And if standard-dose naloxone products, like RiVive®, are made available, people can administer dosages that are less likely to precipitate withdrawal.

RiVive® is perceived as an appropriate and helpful overdose reversal product.

People used whatever naloxone product was immediately available and given the, often chaotic, environment of an overdose, they did not always remember which product was used. However, they were comfortable with the 3 mg dose, did not express any concerns about its use, and requested more information on the relationship between naloxone dose and risk of withdrawal.

Overdose response resources are needed.

Despite access to naloxone, people who use drugs in Seattle and Olympia continue to apply a variety of tactics to respond to overdose that lack an evidence-base, including hitting and water dousing. Programs can provide more education on naloxone administration, including wait times between doses and rescue breathing techniques. Rescue breathing can be supported by increasing access to breathing shields, oximeter devices, or portable oxygen alongside RiVive®.

Furthermore, programs can provide space for participants to discuss overdose response and learn about effective and compassionate strategies. Harm reduction programs can have a great influence on program participants in this regard and are encouraged to provide education along with naloxone when possible.

