

2025

RiVive[®] COMMUNITY FEEDBACK REPORT



Prepared By:

Erin Russell, MPH

Nicole Lovitch, MPH

Mayur Chandriani, CPS

Margot Swift, MPH



Feedback facilitated by Health Management Associates

Table of Contents

Acknowledgements.....	3
Introduction	4
Methods.....	6
Site Selection: Why Pennsylvania?	6
Themes.....	10
Theme 1: Preference for RiVive is Growing.....	10
Theme 2: Education and Experience Can Change Expectations of Post-Overdose Withdrawal	12
Theme 3: What Matters Most Is That Naloxone Works, but How It Works Matters.....	14
Summary of Recommendations for HRT	16
Conclusion.....	17

Acknowledgements



Harm Reduction Therapeutics (HRT) thanks [Prevention Point Pittsburgh](#) and [South Philly Punks with Lunch](#) for their time, support, and participation in this report. HRT also recognizes [Health Management Associates \(HMA\)](#) for their collaboration in conducting interviews and bringing together the findings in this report. Finally, HRT extends its sincere appreciation to the community members who shared their experiences and perspectives, and acknowledges their time, trust, and the life-saving impact of their contributions.

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



Harm reduction principles center the voices of people who use drugs and those with a history of drug use in creating programs, policies, and products that serve them.¹ Their experiences inform overdose prevention and response because they know their communities, their risks, and their realities better than anyone. 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 (HRT) seeks insight into its product experience directly from people who use drugs and is committed to integrating input provided by people who use drugs at all levels of the organization, including hiring people with lived and living experience. Annually, HRT engages people who use drugs through direct outreach and compensated interview participation to create this Community Engagement Report.

HRT is a non-profit, tax-exempt 501(c)(3) pharmaceutical company formed to remove the profit driver from the tragic equation of high cost and limited access to naloxone. HRT's mission is to save lives with low dose, affordable naloxone. RiVive® Naloxone HCl Nasal Spray 3 mg, approved for over-the-counter (OTC) sale by the U.S. Food and Drug Administration (FDA) on July 28, 2023, is a compassionate, low dose naloxone product intended for the emergency treatment of opioid overdose. RiVive is sold at the cost it takes to manufacture it including administrative expenses. HRT and its directors, employees, and consultants do not profit from sales of RiVive. It is made in the United States.

Annually, HRT's goal is to provide at least 10% of projected annual production as donations to Remedy Alliance/For the People to distribute at no charge to under-resourced harm reduction programs.

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

Why is RiVive 3 mg?

RiVive uses 3 mg of naloxone to restore breathing following an opioid overdose, including fentanyl-involved overdoses. This 3 mg dose of naloxone is informed by:

1

Scientific evidence: 3 mg is absorbed as rapidly as injectable, intramuscular naloxone and works to reverse overdose from any opioid.²

2

Federal agency guidance: the FDA approved 3 mg for OTC sales, making RiVive more accessible for purchase and distribution by programs and government agencies.³

3

Harm reduction wisdom: consulted experts urged HRT to select 3 mg because of the desire to titrate doses during a response, which is a strategy to prevent opioid withdrawal.⁴

RiVive 3 mg is the lowest dose FDA-approved OTC naloxone product available in the U.S. It is comparable to the naloxone gold standard of 0.4 mg intramuscular naloxone.⁵ Published studies support the notion that no increase in naloxone dose is required for overdose reversals involving high potency synthetic opioids (i.e., illicitly manufactured fentanyl).^{5,6,7,8} Giving more naloxone than needed does not save more lives, it makes people feel much worse when they wake up.^{7,8,9}

HRT's 2025 community feedback results align with published findings and show a growing preference for lower-dosed intranasal products among people who use drugs.

2 Wheeler, E., et al. (2015). Opioid overdose prevention programs providing naloxone to laypersons — United States, 2014. *Morbidity and Mortality Weekly Report*, 64, 631–635.

3 Harm Reduction Therapeutics. Why 3 mg of naloxone? Retrieved from <https://www.harmreductiontherapeutics.org/why-3mg-of-naloxone/>

4 Substance Abuse and Mental Health Services Administration. (2025). Overdose prevention and response toolkit. U.S. Department of Health and Human Services. <https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf>

5 Hill, L. G., Zagorski, C. M., & Loera, L. J. (2022). Increasingly powerful opioid antagonists are not necessary. *International Journal of Drug Policy*, 99, Article 103457. <https://doi.org/10.1016/j.drugpo.2021.103457>

6 Carpenter, J. E., et al. (2020). Naloxone dosing after opioid overdose in the era of illicitly manufactured fentanyl. *Journal of Medical Toxicology*, 16, 41–48. <https://doi.org/10.1007/s13181-019-00735-w>

7 Russell, E., Hawk, M., Neale, J., Bennett, A. S., Davis, C., Hill, L. G., Winograd, R., Kestner, L., Lieberman, A., Bell, A., Santamour, T., Murray, S., Schneider, K. E., Walley, A. Y., & Jones, T. S. (2024). A call for compassionate opioid overdose response. *International Journal of Drug Policy*, 133, Article 104587. <https://doi.org/10.1016/j.drugpo.2024.104587>

8 Payne, E. R., Stancliff, S., Rowe, K., Christie, J. A., & Dailey, M. W. (2024). Comparison of administration of 8-milligram and 4-milligram intranasal naloxone by law enforcement during response to suspected opioid overdose — New York, March 2022–August 2023. *Morbidity and Mortality Weekly Report*, 73(5), 110–113. <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7305a4-H.pdf>

Methods



Harm Reduction Therapeutics' 2025 Community Engagement Report includes interviews with people who use drugs in Pittsburgh and Philadelphia, Pennsylvania (PA), many of whom regularly respond to overdoses. The purpose is to understand overdose experiences, community perceptions of naloxone, and real-world use of RiVive.

Site Selection: Why Pennsylvania?

HRT selected Pennsylvania for its 2025 report because the state continues to face a severe overdose crisis. Pennsylvania is the epicenter of drug market adulterants, including fentanyl, and most recently, tranquilizers, or “tranq” like xylazine and medetomidine. Xylazine was involved in 38% of overdose deaths in 2023 in Philadelphia, while medetomidine was found in 78% of street-purchased samples tested in 2025.⁹ Tranquilizers are not opioids and do not respond to naloxone. Polysubstance use further complicates and prolongs overdose response, as described by interview participants: **“All this stuff on the street right now has xylazine in it. They need to find something to counteract that.”**

“You could watch someone nod out and tip over a thousand times but never fall. Still with it. With fentanyl, there’s no zombie walk. You smash your face. You lay there for hours. Tranq... they’re just gone for hours... Probably twenty hours out of your day, you’re sleeping.”

“Xylazine and fentanyl is a horrible mix. It’s crazy people are putting an ounce or two of xylazine with an 8th of fentanyl. That’s why everyone is [nodding off].”

Syringe services programs (SSPs) are trusted access points for naloxone distribution, safer use supplies, overdose response and prevention education, and connection to care to people at highest risk in Pennsylvania. Although statewide standing orders and public health initiatives have expanded naloxone access, availability remains disproportionate

⁹ Substance Use Prevention and Harm Reduction. (2025). Philadelphia’s changing drug supply. Philadelphia Department of Public Health. <https://www.substanceusephilly.com/drugsupply>

across PA regions, particularly in communities at highest risk of overdose.¹⁰ The Pennsylvania Department of Health's Overdose Prevention Program (OPP) supplies naloxone and related supports but does not offer RiVive at the time of writing.

Prevention Point Pittsburgh and South Philly Punks with Lunch hosted HRT for community engagement.

Prevention Point Pittsburgh

In 2024, HRT donated RiVive to Prevention Point Pittsburgh (PPP) in recognition of International Overdose Awareness Day. PPP is a nonprofit organization with a mission to promote and advocate for harm reduction associated with drug use, HIV/AIDs, Hepatitis C, other bloodborne infections, and overdose. In April 2002, PPP established a county-authorized needle exchange site in East Liberty. Since that time, thousands of people have received critical prevention. PPP provides safe supplies at no cost in five locations across Pittsburgh, offering comprehensive case management services, risk-reduction counseling, overdose prevention, health education, and screening services.

“We are so excited to be able to offer a compassionate dose of nasal naloxone to people who are at risk of overdose and reversing overdoses daily. A program participant recently asked ‘Why does Pennsylvania not already have 3 mg naloxone available? Nobody ever asks us for what we need or pays attention when we say it. We’re tired of being forced to make our friends so sick to bring them back’, so we are very happy to be able to have RiVive to offer them now!” said Alice Bell from PPP at the time of the donation.

¹⁰ PA Department of Drug and Alcohol Programs. Overdose prevention program. Pennsylvania Department of Drug and Alcohol Programs. <https://www.pa.gov/agencies/ddap/overdose/overdose-prevention-program>

South Philly Punks with Lunch

The benefit of conducting interviews in Philadelphia includes speaking with people who may articulate a need and readiness for compassionately dosed RiVive. As part of HRT's commitment to supporting local harm reduction programs, HRT donated and distributed RiVive with the South Philly chapter of Punks with Lunch.



Figure 1. Photo of HRT Team Preparing Safer Boofing Kits and Serving Hot Meals at an Outdoor Site with South Philly Punks with Lunch.

Punks with Lunch is a nonprofit, volunteer-run collective that shares free food and harm reduction supplies in and around South Philadelphia. They host outdoor distribution events every Sunday, Wednesday, and Friday. Punks with Lunch offers individually packed food items and meals, and fresh, hot meals. The South Philly chapter of Punks with Lunch distributes free naloxone and testing strips, and it offers resources to support individuals in applying for public benefits such as food stamps and housing. Punks with Lunch also accepts adult clothing and snack donations, has a wish list for other donations, and welcomes volunteers.

Interview Process

On-site program staff at host organizations led interview recruitment using random selection, based on a “first come, first served” approach. All participants completed a brief eligibility screening and provided informed consent prior to participation. They received compensation for their time and expertise.

Semi-structured interviews lasted approximately 15–30 minutes. Interview topics included personal overdose experiences, use of RiVive and other naloxone products, observations of withdrawal following overdose reversal, understanding of naloxone dosing, and definitions of Compassionate Overdose Response™.

With participant consent, interviewers recorded de-identified notes and interviews were audio-recorded for accuracy and transcription purposes. HMA analyzed interview notes and transcripts to identify recurring patterns and themes across participant responses.

A total of 19 interviews were completed in Pittsburgh and Philadelphia. Participants were mostly White (88%, N=15) and generally middle-aged (average age was 41 years old) and self-identified as either male (65%, N=11) or female (35%, N=6). Many describe being highly confident in their overdose response abilities, reflecting substantial lived experience responding to overdoses. About half of participants reported prior awareness of RiVive before the interview.

Limitations

Limitations include convenience sampling, self-reported data, and geographic concentration, which may introduce selection bias and limit generalizability; however, consistent screening methods supported reliability of participant insights.

Themes



Theme 1: Preference for RiVive is Growing

Many interviewees reported RiVive as their preferred naloxone product (40%; N=6), while the remaining interviewees have never heard of it (60%; N=9). RiVive is increasingly preferred by people who use drugs because it works to restore breathing and reduce unnecessary suffering from precipitated “precip” withdrawal experiences, making overdose response more manageable for both the survivor and responder.

One interviewee described a contrast between prior overdose experiences:

“A couple years ago when someone gave me naloxone when I was OD’ing, I was really, really, really sick the whole day... It was the 4 mg one. This time it wasn’t like that, with the 3 mg one. I’m glad they dropped it from 4 mg to 3 mg. It worked... I had to give them two doses of the four milligrams, and they just started projectile vomiting. I haven’t had that issue with the 3 mgs. They were still a little sick, but not immediately, not so violently.”

One self-reported, very knowledgeable and confident interviewee described why he prefers low dose naloxone:

“The low doses, you can always add on top of the lower one. When it’s high, you can’t keep going. I think lower dose is better.”

Others shared:

“I used one the other day on my friend, she didn’t puke... but she was gagging. She didn’t do the normal, I think it’s with the [4 mg] that makes you throw up and all that but it didn’t seem like it did that with the blue ones [RiVive 3 mg]... she was kind of out of it but... wasn’t that bad and she went to sleep.”

“I... had to use both doses [of RiVive 3 mg]. When they woke up... they were still disoriented... and pretty high, [they] just were breathing again.”

One interviewee described not wanting 4 mg naloxone used at all during an overdose:

“Don’t overdose them with [4 mg].”

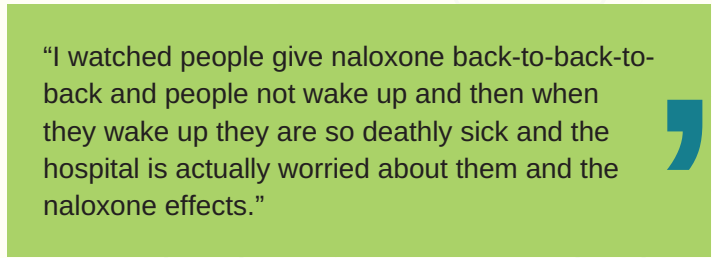
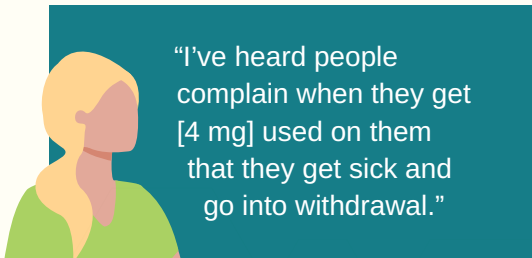
Post-overdose experiences are summarized in the chart below.

Post-Overdose Experiences

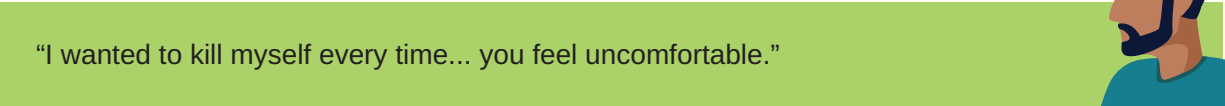
After 3 mg Naloxone Nasal Spray	After 4 mg Naloxone Nasal Spray
Overdose is reversed with 1-2 doses	Survivor is revived with 1-2 doses, but many people use more
Low intensity of withdrawal symptoms	Intense withdrawal, violent vomiting
“Manageable” recovery often includes a brief rest or nap	Challenging recovery including feelings of panic and agitation
Survivor is easily stabilized	Destabilizing experience after reversal

Theme 2: Education and Experience Can Change Expectations of Post-Overdose Withdrawal

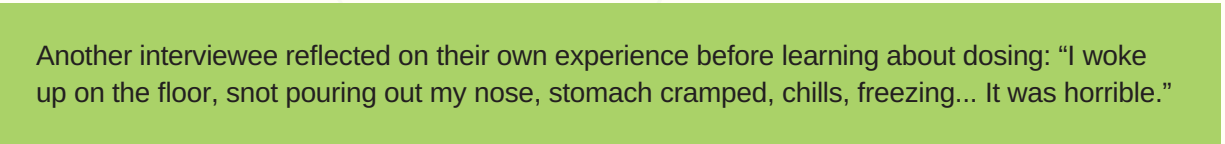
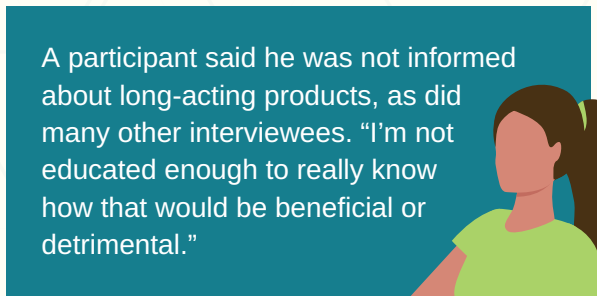
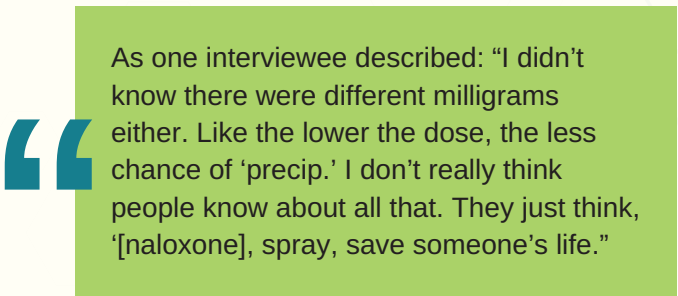
Repeated exposure to intense physical reactions following naloxone administration has shaped an expectation that receiving naloxone must mean being violently sick. This belief that severe withdrawal is an unavoidable part of overdose survival is reinforced by personal experience, shared stories, and witnessing overdoses of others.



One interviewee expressed how opioid withdrawal made him feel:



Many people who use drugs have not been made aware that 1) dose affects the severity of withdrawal; and 2) naloxone is available in different doses. Without knowledge, people can interpret the intense reactions they see as inevitable rather than preventable. Education and experience with RiVive challenge the normalization of traumatic precipitated withdrawal experiences. When interviewees were given even basic information about naloxone dosing, their understanding of overdose recovery changed.



Learning that lower doses can still reverse overdose while reducing the severity of withdrawal opened new possibilities for how people think about overdose response.

Participants described their experiences after receiving 3 mg:

“They only gave me naloxone once with the 3 mg, so it actually wasn’t as bad.”; “With the 4 mg I was sick all day — but with the 3 mg one I wasn’t.”

“After 3 doses of RiVive... I could feel the sickness coming... I did end up throwing up three times... then I fell asleep... He checked my breathing every 30 minutes... I woke up 4 or 5 hours later completely fine. I didn’t feel sick. No precip.”

“I was sick but not right away. I did throw up once, but it took a while for me to throw up. I was nodding out a little a couple hours later but they only gave me naloxone once with the 3 mg, so it actually wasn’t as bad in my own personal experience.”



Participants’ ideas about compassionate overdose response included being educated and informed on how to recognize signs of an overdose, how to respond to an overdose, and how to be supportive post-overdose. “Having someone there” or having a trusted presence at the scene to “tell them what happened” was also regarded as supportive (28%, N=5).

“It was helpful I had someone I trust who was with me who had the situation under control. He was well informed and educated on the situation. He was calm, compassionate, and understanding. We talked, made sure I got more [buprenorphine], and went through my car to make sure everything was gone.”



Bystander training and education have shown that people are more willing to intervene, and better able to provide calm, compassionate care in moments that may have once felt overwhelming.¹¹ Many interviewees called for more overdose prevention and response education (56%, N=10), the dose-withdrawal relationship, and Good Samaritan Laws to reduce fears associated with calling EMS or 911 for help (33%, N=6).

11 Marchek, A. M., Wolf, J. P., O’Leary, G. H., Pages, G., Benefield, M. C., Bennett, B., Arunkumar, P., Burrows, M., Redden, D., Stoner, A., & Cashman, J. (2025). *Utilizing naloxone education to reduce the mortality and morbidity rate of overdose deaths within opioid-exposed populations*. *Cureus*, 17(5), e84793. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12187035/>

Theme 3: What Matters Most Is That Naloxone Works, but How It Works Matters

Most interviewees are very confident in their understanding of overdose response and naloxone education (79%, N=11), largely due to having successfully restored breathing on multiple occasions. All individuals who are comfortable administering naloxone state they want to use naloxone products that work. The priority is effective care. The preferred approach is compassionate, minimizing the risk of withdrawal symptoms.

When asked to describe what the term *compassionate overdose response* means to them, interviewees advised giving the person water and a blanket and creating a calm environment (88%, N=14). Beyond these immediate comfort measures, compassionate overdose response is understood to mean treating people with dignity, like a human (44%, N=7). For many interviewees, responding to overdose was framed as a responsibility to help anyone, regardless of personal differences or outward appearances (63%, N=10).

One interviewee captured this sense of obligation:

**“I don’t care if it was my worst enemy...
I would help anyone that needed help.
Maybe you’d be my friend after I save your life.”**

This commitment to action is inseparable from how interviewees define compassion. They described concrete behavior in moments of crisis, like staying, explaining, protecting, and stabilizing. Interviewees, most notably in Pittsburgh, interpreted this term as reference to effective care, defined as ways to save a life by restoring breathing and preventing harm (69%, N=11). Someone’s overdose reversal experience can influence their future drug use, like using alone or their willingness to call for help.



“Treating them as you would want to be treated. Not like a lifeless carcass. Like a soul. Like a human.”

“Don’t rob them, don’t be scared to call the cops, and don’t just run away.”



Another interviewee described the steps of compassionate overdose response:

“Don’t put them down. **Save their life. Tell them what’s going on.** Tell them what happened. Make sure they’re good, they’re alert, stable, and just keep it pushing. And if you don’t want to go through that and be the compassionate person, call 911 and let them handle it.”



Others described getting help into treatment or medication for opioid use disorder were viewed as compassionate [post] overdose response:

“Be there for them. Help them get rehab or something.”

These experiences collectively demonstrate that effective overdose response requires more than medication. It requires a framework of care that prioritizes dignity, communication, and presence. Within this framework, RiVive is valued not only because it works, but because it does not inflict additional harm or trauma. Interview participants’ lived experience reflects the view that effective overdose prevention combines medical efficacy with compassion, respect, and humanity.

Summary of Recommendations for HRT



The 2025 Community Engagement Report shows that the impact of making RiVive 3 mg nasal spray available extends beyond effective overdose reversal to shaping a more humane overdose response culture. The following recommendations build directly on HRT's mission that values life, dignity, and access.

1

Promote Compassionate Overdose Response: Interviewees consistently defined effective overdose response as one that is lifesaving and human-centered. HRT is positioned to continue advocating for compassionate overdose response as a standard of care when engaging with state naloxone purchasers, policy decision-makers, and harm reduction activists. HRT should continue to integrate compassionate overdose response education when tabling at conferences, creating social media posts, developing educational or training materials for their website, and supporting harm reduction organizations. RiVive contributes to a national paradigm shift from overdose response as a crisis reaction to a culture of care.

2

Increase Education for People Who Use Drugs: HRT should invest in expanding educational materials that explain what “milligrams” and dosing mean in everyday terms and why 3 mg is sufficient and appropriate for most overdoses. These materials should be designed for street outreach, peer education, shelters, clinics, and community distribution, using clear language, simple visuals, and real examples from lived experience.

3

Make RiVive Kit Products Available: Create HRT overdose response kits that a program can distribute with naloxone. Suggestions from interviewees were a carabiner to carry with them, cards explaining what happened, rescue breathing tools, emergency blankets, water, and a timer mechanism.

Conclusion



Effective overdose response combines evidence with compassion.

The real-world experiences shared in this report show that RiVive saves lives, 3 mg of intranasal naloxone is the right dose, and overdose response does not have to be destabilizing to be effective.

In an era of continued overdose loss, the need for solutions that are both medically effective and deeply humane has never been greater. RiVive represents what becomes possible when evidence, affordability, and dignity are placed at the center of public health.





www.harmreductiontherapeutics.org