



Saving Lives with Compassion: Overdose Response Training with RiVive®

May 7, 2026



Today's Speakers



Michael Hufford, PhD
Co-founder & CEO

Harm Reduction Therapeutics



Van Asher, Moderator
Harm Reduction Consultant

Harm Reduction Therapeutics



Michael Lasday
Harm Reductionist

South Philly Punks with Lunch



Carlos Del Valle
*Community Engagement
Coordinator*

Prevention Point Pittsburgh



Charlie Nolan
*Community Healthcare
Specialist*

Savage Sisters Recovery



Nicole Lovitch, MPH
Consultant
HMA



Margot Swift, MPH
Senior Consultant
HMA

Webinar Agenda

Topic	Speaker	Time
Harm Reduction Therapeutics (HRT) Introduction	Dr. Michael Hufford <i>Co-Founder, CEO, HRT</i>	5 mins
2025 RiVive Community Feedback Report Key Findings	Nicole Lovitch <i>Consultant, HMA</i>	5 mins
Panel Discussion	Van Asher <i>Harm Reduction Consultant, HRT</i>	35 mins
Q+A	Margot Swift <i>Senior Consultant, HMA</i>	15 mins



Acknowledgments

HRT thanks **Prevention Point Pittsburgh** and **South Philly Punks with Lunch** for their time, support, and participation in the 2025 Community Engagement 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.

RiVive[®]
Naloxone HCl Nasal Spray 3 mg
Emergency Treatment
of Opioid Overdose

RiVive was developed by Harm Reduction Therapeutics, Inc., a 501(c)(3) non-profit pharmaceutical company **whose mission is to save lives that would otherwise be lost to opioid overdose.**



HRT and its directors, employees, and consultants **do not profit from the sales of RiVive.**



HRT forced for-profit naloxone manufacturers to **come over counter and lower their prices**, thereby increasing naloxone saturation and saving more lives.



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.



HRT also donates significant quantities of RiVive to other **high-risk communities** including indigenous, incarcerated and re-entry populations across the U.S.

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 naloxone dose is informed by:
 - Scientific evidence¹
 - Federal agency guidelines²
 - Harm reduction wisdom³

RiVive is the lowest-dosed, FDA-approved, over-the-counter (OTC) emergency treatment for opioid overdose in the U.S.



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

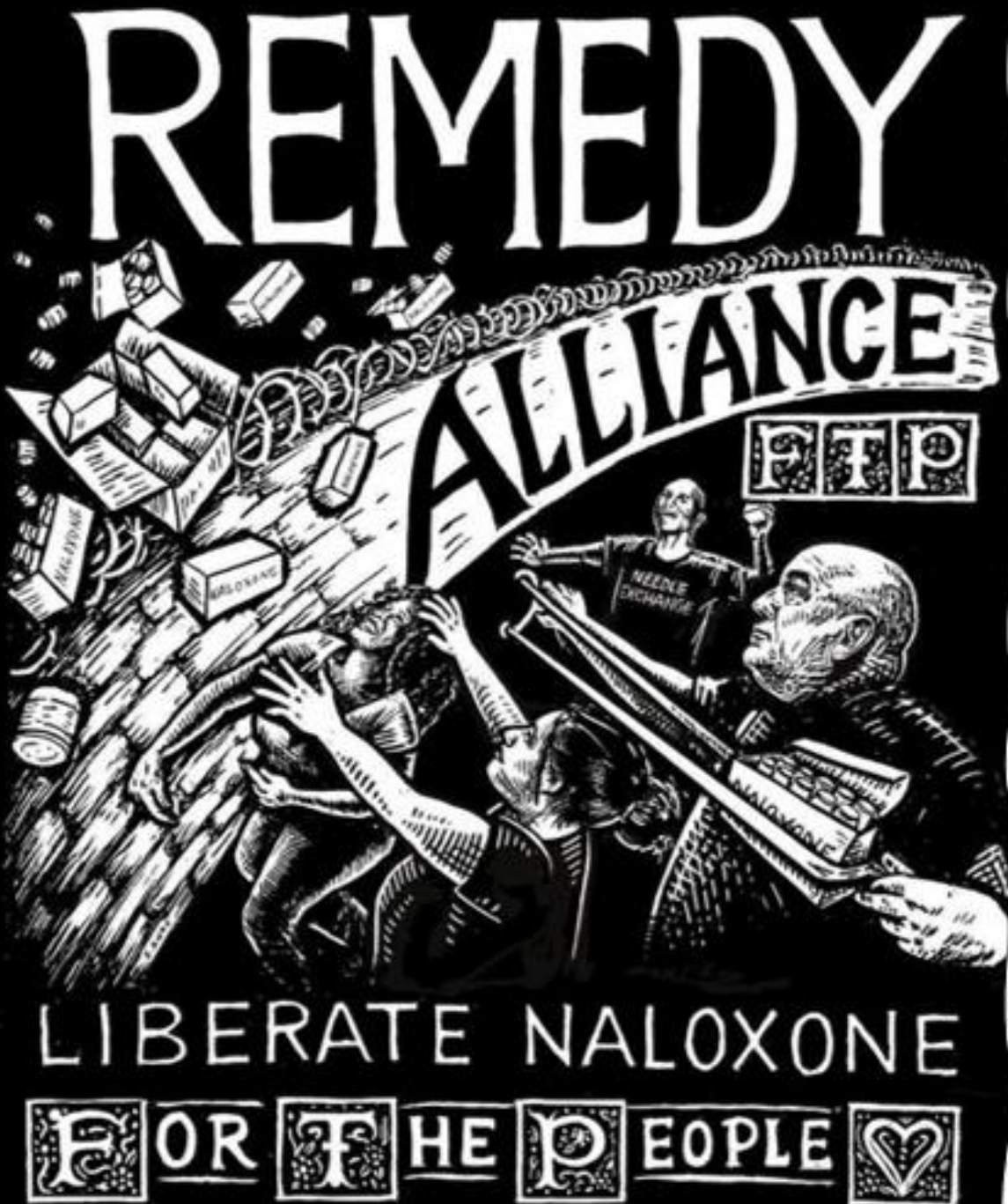
2. Harm Reduction Therapeutics. Why 3 mg of naloxone? Retrieved from <https://www.harmreductiontherapeutics.org/why-3mg-of-naloxone/>

Substance Abuse and Mental Health Services Administration. (2025). Overdose prevention and response toolkit.

3. U.S. Department of Health and Human Services. <https://library.samhsa.gov/sites/default/files/overdose-preventionresponse-kit-pep23-03-00-001.pdf>

Partnership with Remedy Alliance

- Remedy Alliance/For The People (RA/FTP) is a non-profit wholesale distributor of RiVive
- Largest distributor of free or low-cost naloxone nationwide (IN & IM)
- Works with over 200 harm reduction programs in at least 44 states and D.C.
- Provides technical assistance



2025 RiVive Community Feedback Report Key Findings

Report Written by:

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HMA



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Purpose

- Annually, HRT engages people who use drugs (PWUD) through direct outreach and compensated interview participation to create a Community Engagement Report.

The purpose is to understand overdose experiences, community perceptions of naloxone, and real-world use of RiVive.



Methods

Site Selection

- Pennsylvania Department of Health's Overdose Prevention Program (OPP) supplies naloxone and related supports but does not currently offer RiVive.
- SSPs make naloxone more accessible, particularly in communities at highest risk of overdose, but **statewide availability remains disproportionate.**
- **Adulterants in local supply:** 38% of overdose deaths in PA contained xylazine (2023) and 78% of street-purchased samples tested positive for medetomidine (2025).^{4,5}



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

Host Sites

- South Philly Punks with Lunch
- Prevention Point Pittsburgh



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

5. 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>

Key Findings and Themes:

1. Preference for RiVive is Growing



- 60% of participants hadn't heard of RiVive; the other **40% said it was their preferred IN naloxone product.**

"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."

- RiVive is increasingly preferred by PWUD because it works to restore breathing and **reduce unnecessary suffering** from precipitated withdrawal ("precip"), making overdose response more manageable for both the survivor and responder.

I had to give them two doses of the 4 mgs, 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."

"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."

"I woke up 4 or 5 hours later completely fine. I didn't feel sick. No precip."

Key Findings and Themes:

2. Education and Experience Can Change Post-Overdose Expectations



- Repeated exposure to intense precipitated withdrawal shaped an expectation that receiving naloxone *must* mean being violently sick.

"I watched people give naloxone back-to-back-to-back and people not wake up and then when they wake up, they are so deathly sick, and the hospital is actually worried about them and the naloxone effects."

- Many PWUD have not been made aware that 1) dose affects withdrawal severity; and 2) naloxone is available in different doses. Being given basic information changed their understanding of overdose recovery.

"I didn't know there were different milligrams either. Like the lower the dose, the less chance of 'precip.' I don't really think people know about all that. They just think, '[naloxone], spray, save someone's life.'"

- Many interviewees called for more overdose prevention and response education, the dose-withdrawal relationship, and Good Samaritan Laws to reduce fears associated with calling EMS or 911 for help.

"Don't rob them, don't be scared to call the cops, and don't just run away."

Key Findings and Themes:

3. What Matters Most is that Naloxone Works, But *How* it Works Also Matters



> 100% of participants who were comfortable administering naloxone **prioritized effective care** and a **compassionate approach** that minimized the risk of withdrawal symptoms.

> Participants described *Compassionate Overdose Response™* to mean:

- Giving the person water and a blanket, and **creating a calm environment**
- Treating people with dignity, **like a human**
- A **responsibility to help anyone**, regardless of personal differences or outward appearances

"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."

"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."

Recommendations

Effective overdose response combines evidence with compassion.

RiVive represents what becomes possible when evidence, affordability, and dignity are placed at the center of public health.

1. Promote Compassionate Overdose Response

- Continue advocating with state naloxone purchasers, policy decision-makers, and harm reduction activists
- Continue socializing at conferences, and in social media posts, educational and training materials
- Continue supporting harm reduction organizations

2. Increase Education for PWUD

- Expand educational materials that explain what “milligrams” and dosing means and why 3 mg is appropriate
- Design materials for street outreach, peer education, shelters, clinics, and community distribution
- Include clear language, simple visuals, and real-life examples

3. Make RiVive Kit Products Available

- Create overdose response kits for programs to distribute
- Interviewee suggestions include a carabiner to carry a kit, cards explaining what happened, rescue breathing tools, emergency blankets, water, and a timer

Meet the Panelists



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Harm Reduction Consultant
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