

REMEDY ALLIANCE / FOR THE PEOPLE

ANNUAL REPORT

Year Zero August 2021 to July 2022

Year One August 2022 to July 2023

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RA/FTP is a tax exempt 501(c)(3) organization. EIN 87-3486445

In our first year of operations as *Remedy Alliance* we sent

1,639,542 doses of generic injectable naloxone

to

196 harm reduction projects

in

44 US states, DC, and Puerto Rico

of which

206,371 doses were provided at no-cost

to

138 under-resourced harm reduction projects

and

we redistributed **\$180,000** in unrestricted funds

to

20 under-resourced harm reduction programs and mutual aid projects through our **Community Support Initiative**.



Photo: Nigel Brunson

In the spirit of our generous friend and mentor Dan Bigg

Our primary overarching goal for our first year was to really, truly come to an abundance mindset regarding naloxone.

We have never collectively experienced abundance in 27 years harm reduction programs have been distributing naloxone.

Remedy Alliance/For The People (formerly known as the volunteer/un-incorporated OSNN Buyers Club established in 2012), incorporated as a non-profit in 2021 and launched operations on August 1, 2022. We designed Remedy Alliance to have a sustainable infrastructure to provide low-barrier, low-cost access to naloxone to harm reduction programs in the US.

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OUR VALUES

Transparency!

Practicing ethical and harm reduction values-based “business”

Honoring the autonomy and self-reliance of harm reduction programs and allied projects and movements

Assisting harm reduction programs in building and seizing power and control over the means of distribution/production of resources, technologies and innovations

Centering and fairly compensating the wisdom and expertise of harm reduction programs and participants

Liberating materials, technologies, and knowledge from exclusive institutions that are hostile to people who use drugs and do sex work

Inaugural guiding statement

“WE ENSURE HARM REDUCTION PROGRAMS HAVE SUSTAINABLE AND EQUITABLE ACCESS TO NALOXONE FOR DISTRIBUTION IN THEIR COMMUNITIES.”

While our **initial focus** has been on expanded and low-barrier access to naloxone for harm reduction programs, our mission is more expansive. We operate within the context of a broader call for systemic change that includes but is not limited to the following:

- Implementation of safe supply
- Expansion of accessible, advanced drug-checking technologies that center the expertise of people who use drugs
- An end to the racist war on drugs and mass incarceration of people who use and sell drugs and do sex work
- Robust low-threshold funding and resource allocation to harm reduction and mutual aid projects who are providing access to life-saving material resources and knowledge to people who use drugs and do sex work
- Robust support, compensation, mentorship, and ongoing development of the paid and should-be-paid laborers that provide harm reduction services and advocacy
- Support for innovative supply distribution strategies such as mail-order, vending machine and peer-based models that get a wide variety of material resources into the hands of people who do not have access to traditional brick and mortar programs

Therefore, our **broader mission** could therefore be summarized as:

“We Ensure Harm Reduction Programs Have Sustainable and Equitable Access to Low-Cost Materials and Innovations for Distribution in Their Communities.”

HOW DOES REMEDY ALLIANCE/FOR THE PEOPLE WORK?

Harm Reduction programs, mutual aid groups, other not-for-profit organizations, and health departments/government purchasers (who are purchasing specifically for harm reduction programs) who distribute naloxone directly to people who use drugs can fill out an easy application to access bulk naloxone from Remedy.

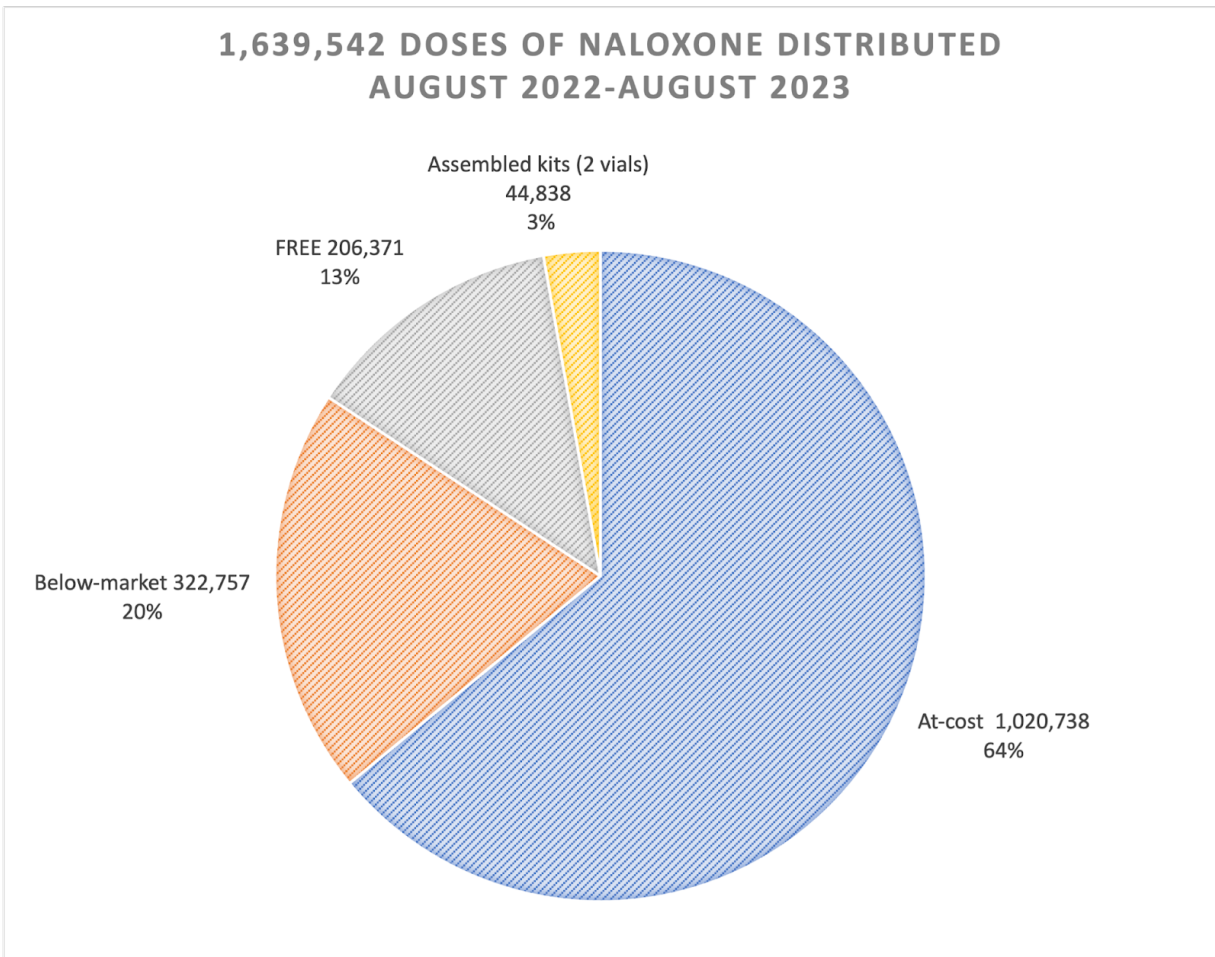
Depending on the programs' resources, we provide access to generic injectable naloxone at **three** price tiers: **below market rate, deeply discounted/at-cost to us, and free**. We ship naloxone to programs directly. No hassle, no bureaucracy. We have designed Remedy to eliminate or greatly reduce many of the barriers harm reduction programs currently face in getting access to supplies.

There is also a **re-distribution of resources** component to Remedy's model. The landscape of harm reduction funding across the country reveals many inequities, with some programs and government entities receiving millions (or tens of millions) of dollars in funding or in the form of naloxone products for distribution in their state, while other programs remain inadequately or completely un-funded and in many cases, excluded from accessing the state-purchased supply. Our different price tiers allow us to build a no-cost option for un-funded programs that ensures that all programs providing naloxone directly to PWUD can access naloxone in the volume they need at a cost they can afford.

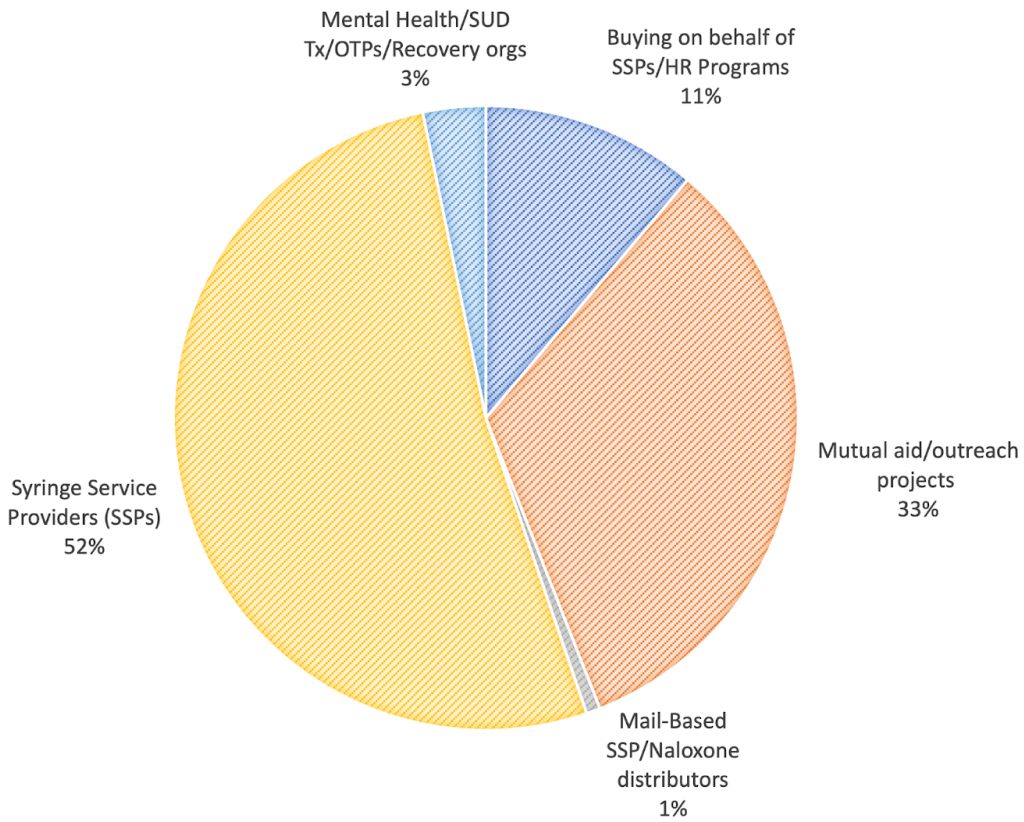
In our first 6 months of operation, we immediately noticed ordering patterns emerge. Harm reduction programs with limited funding would occasionally order at our **highest price**. When we would contact them to make sure it was not a mistake, in every case, they stated that they meant to order at that price so they could contribute to the no-cost supply of naloxone for other programs. They also indicated that they knew due to the fickle nature of funding, that they may need to access that resource at some point, and at this time they could afford the higher price and still meet their volume needs.

We have seen small unfunded programs order no-cost naloxone and pay for shipping—as a way to contribute what they could. A few purchasers contacted us to inquire if they could actually pay **more** than our highest price (\$19.05 for a pre-assembled two-dose kit, which is approximately \$20 cheaper than a two-dose box of nasal naloxone) to further contribute to the resource redistribution aspect of our model. We had programs who told us that they used to get free naloxone from other harm reduction programs when they first started, and that after decades of advocacy, they are now finally funded and wished to order at the highest price to give back to the community that sustained them in early years of operations.

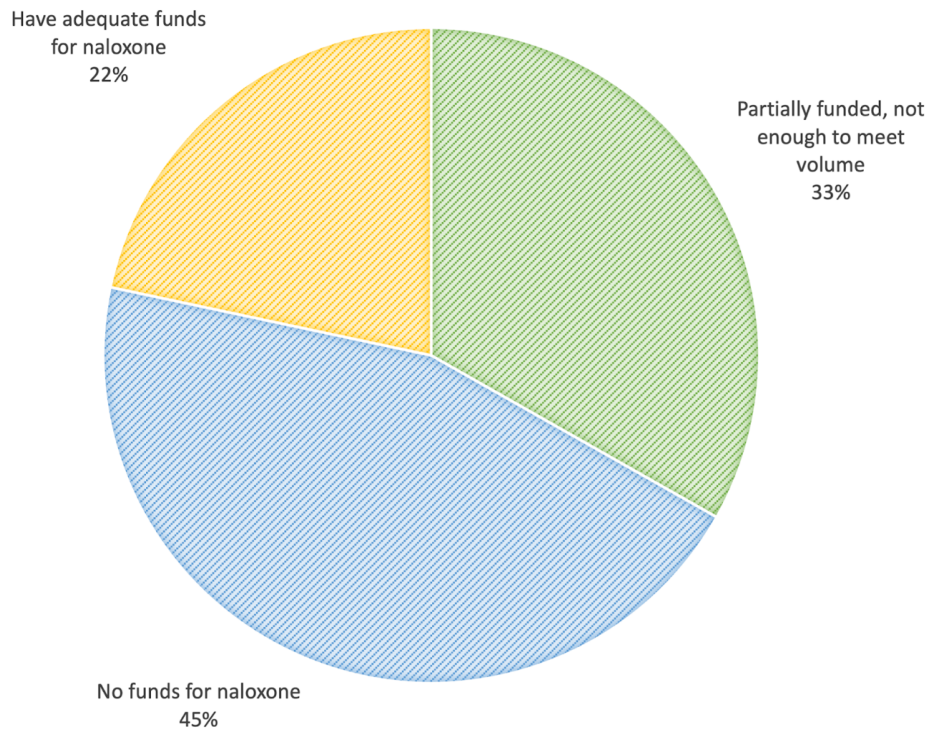
The generosity of harm reduction programs never ceases to amaze and fill us with gratitude for this resilient community.



WHO GETS THEIR NALOXONE FROM REMEDY?

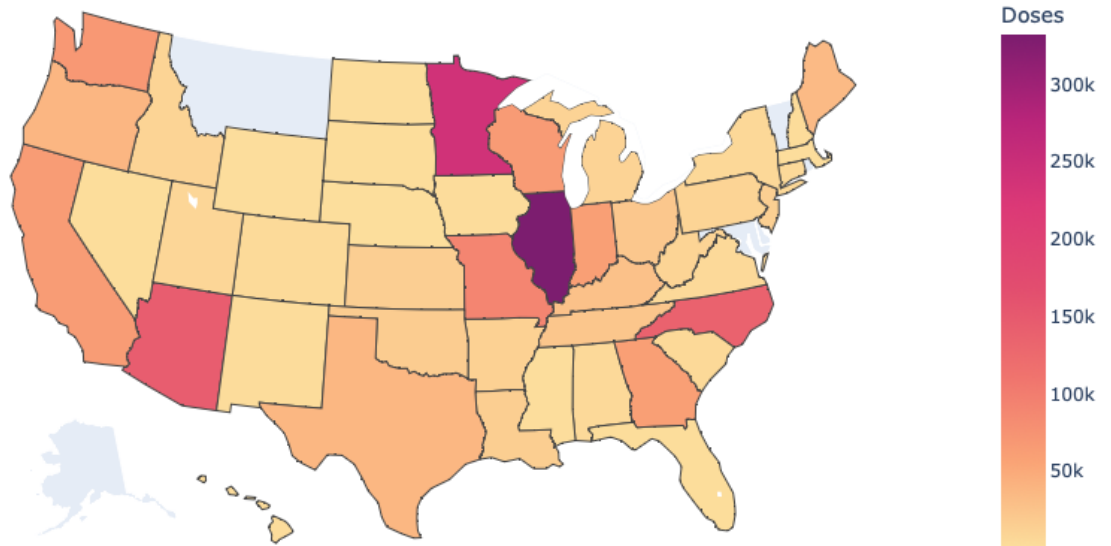


REMEDY'S PARTNER PROGRAMS: NALOXONE FUNDING



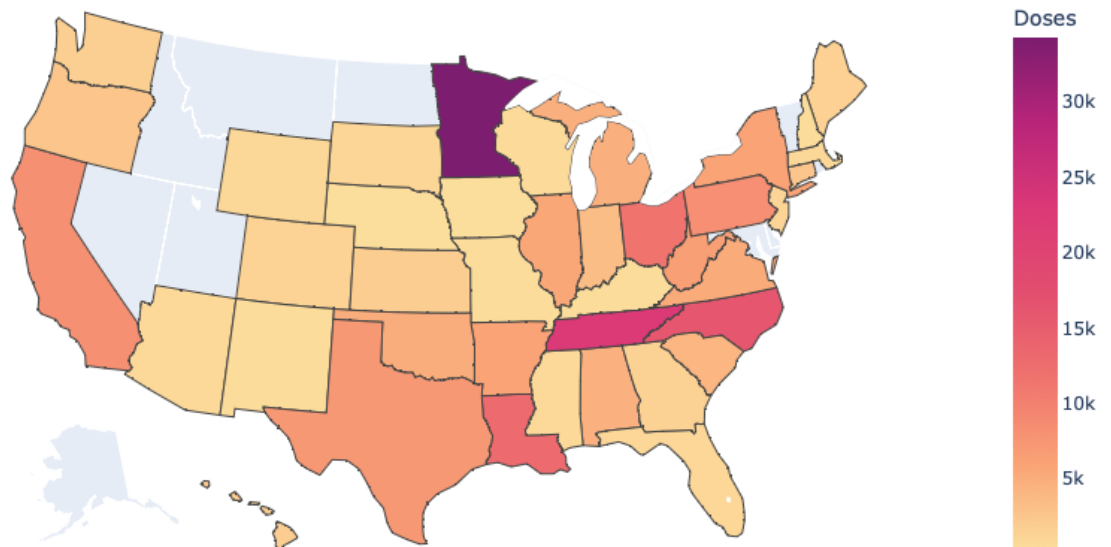
RAFTP Total Naloxone Doses Distributed in Year One

August 2022 through July 2023



Free Naloxone Distributed by RAFTP in Year One

August 2022 through July 2023



BACKSTORY

Read onto the next four sections for the history of the development of Remedy Alliance/For The People or skip to page 27 and check out the review of our first year and future plans.

DEVELOPMENT OF REMEDY ALLIANCE INFRASTRUCTURE

Fall 2021 to August 2022

In July 2021, Maya Doe-Simkins and Eliza Wheeler were a few months into dealing with the [affordable naloxone shortage](#) when they contacted long-time friend and co-founder of the Buyers Club, Nabarun Dasgupta for some help. The three began strategizing for short-term and longer-term solutions to the persistent supply chain, cost, and access issues facing harm reduction programs.

Maya, Eliza and Nab incorporated Remedy Alliance/For The People as a non-profit in November 2021 and began the process of establishing our infrastructure and operations plan to prepare for our application for 501(c)(3) status.

With generous support from [Open Society Foundations](#) and our partners and temporary fiscal sponsors [NEXT Harm Reduction](#) and [Points of Distribution](#), we were able to build infrastructure and create the foundation of Remedy Alliance.

During this time, we used OSF funds to set-up our website and store; compensate advisors and technical and legal experts; secure a brick and mortar facility to receive and ship products; cover shipping costs for programs' mutual aid contributions during the affordable naloxone shortage and to begin purchasing a small cache of naloxone pre-launch to support mutual aid requests.

We connected with a law firm who had previously worked with [Harm Reduction Therapeutics](#) to submit their application to the IRS. We worked collaboratively with this law firm (led by Stephen Miller) to outline our model and plan for launching Remedy Alliance. Miraculously, we obtained our federal non-profit status in two months, allowing us to diversify our funding from right around our initial launch.

Maya and Eliza planned to become co-directors of Remedy Alliance and we collectively agreed that Nab would take on the role of Board President and Co-founder of the organization. We invited Philomena Kebec (Board Vice President), Roxanne Saucier (Board Secretary), Dr. William Amarquaye, and Leslie Booher (Board Treasurer) to complete the formation of our first Board. Read more about Remedy Alliance's leadership and Board [here](#).

We also assembled an impressive dream team of advisors and contracted with individuals and organizations to help us establish Remedy Alliance as a viable organization that is values-driven and focused on sustainable growth.

Here's a bit about our extended team of **advisors, mentors and magic makers** that helped us get off the ground and keep this place running smoothly.

Corey Davis

Legal and Policy Advisor

Independently of his work with Remedy, Corey Davis, JD, MPH is the Director of the Harm Reduction Legal Project of the Network for Public Health Law, and is one of the the most knowledgeable legal experts on harm reduction-related law and policy in the US, with a special focus on naloxone over the years. He has been a stalwart member of the Remedy Alliance team and never hesitates to jump in to solve every kind of problem for us.

Dan Ciccarone

Medical Director

Dr. Daniel Ciccarone, MD, MPH is the physician who authorizes our purchases of naloxone from Hikma and Pfizer. "Dr. Dan," as he is affectionately known to San Francisco harm reduction programs, has been engaged in research and clinical practice focusing on substance use and harm reduction for nearly 30 years. In 2017, he took the Addiction Medicine Board exam as part of the first wave of Addiction Medicine applicants to the new formal subspecialty within the American Board of Preventive Medicine and since 2018, has been board certified in Addiction Medicine. Dan was an early supporter and facilitator of naloxone distribution in San Francisco starting in the late 1990s.

Burke Ramsay

Finance Advisor

Burke Ramsay holds an AB in Economics from Princeton University and a MBA with Distinction from Harvard Business School is Managing Partner at Auricle Capital Partners. Burke volunteers his time and expertise to us as our financial advisor and has helped us create a model for growth and sustainability, and assisted with our application to the IRS for non-profit status.

Kendall LaSane

Practicum Student Extraordinaire

Kendall is currently a DrPH student in the Health Policy and Management department at the University of North Carolina-Chapel Hill, and connected with Nab in 2022 via Twitter about doing a practicum focusing on racial equity and naloxone access as part of his doctoral studies. Kendall has written a white paper entitled “For The People: Autonomy and Equity in Naloxone Distribution” that will be completed in Fall 2023. Kendall’s work will inform Remedy Alliance’s blueprint for advancing racial equity in naloxone access. Kendall also has an MPH from Columbia University’s Mailman School of Public Health, and a BA from Wellesley College and formerly worked at the New York City Department of Health and Mental Hygiene where he was responsible for quality assurance activities and research studies related to opioid overdose morbidity and mortality.

Noella Teele

Bookkeeper

Noella of [Abacus and Typewriter](#) is our bookkeeper. Abacus & Typewriter is a boutique bookkeeping firm serving clients in Oakland, San Francisco, Los Angeles, Portland, and beyond. Noella specializes in providing impeccable bookkeeping services to small businesses, contractors, and non-profit organizations, with an emphasis on supporting and uplifting local communities. Noella has a personal connection to the work of Remedy Alliance and operates her bookkeeping services in alignment with our values as an organization.

Tory Howell

Websmith

Tory designed and implemented our website and naloxone “store.” Tory now leads operations, design, and development at [Doorway Creative](#). She’s partnered with dozens of justice-centered organizations to build digital experiences that further their life-changing work. Her approach to visual communications relies on the pillars of accessibility, community, iteration, and transparency. Tory is also a volunteer at one of Remedy Alliance’s partner organizations, Shot in the Dark, in Arizona.

Taeko Frost

Compensation Advisor

Taeko Frost, DrPH is a long-time harm reduction pioneer and innovator, and we were grateful to work with her new organization [Partners In the Works](#) to help us establish a values-driven benefits and compensation structure. Taeko led us through a process of establishing what our values were in terms of staff support and compensation. She had us think beyond just the needs of our first two employees and focus more long term on what kind of organization we want to build, and how we want to support the people who will work here in the future.

Jim Duffy

Business Practices Advisor

Jim from [SmokeWorks](#) spent countless hours advising on how to create an ethical and community-focused supply “business.” He also answered any and all questions about every minute detail we asked about, from shipping prices to payment processors to box sizes and tape quality. Lived experience led Jim to direct service work in the Boston harm reduction community in 2018. A former stimulant user, he was impressed with the resources for PWID but disheartened by the lack of engagement with stimulant users. Joining forces with co-founder Nate, the two began Smoke Works. Jim credits the tight-knit harm reduction community's support with saving him from an otherwise likely and miserable career in the restaurant industry.

Christine Rodriguez and Mary Pounder

Harm Reduction Program Advisors

Christine is a Senior Program Manager with AIDS United's Harm Reduction Futures Fund and Mary Pounder directs the Comer Family Foundation—the only national low barrier funding sources for harm reduction organizations. We worked closely with Christine and Mary to compare notes on contacts with smaller, newer or under-resourced harm reduction programs during the affordable naloxone shortage and beyond to make sure we weren't missing any crucial programs in our scan of the landscape. This duo of amazing women broadens our vantage point, contributes to the informal web of support between harm reduction workers, and provides us with unrelenting support, creativity, and solidarity.

OUR MEMBER ORGANIZATIONS ARE TRUE HEROES.

[OSNN Buyers Club](#) programs, the 100+ organizations who have been purchasing low-cost naloxone from Pfizer for the past decade, provided us with valuable guidance as we transitioned to Remedy Alliance and a new, more sustainable model of high-volume low cost and low barrier naloxone access. We held multiple focus groups with legacy Buyers Club members to ensure that we were on track and creating a system that would work for them.

We also relied heavily on the wisdom and experience of our friend Alice Bell, who has organized and nurtured the Opioid Safety and Naloxone Network (OSNN) listserv for years and been an unyielding advocate for naloxone access.

SECURING A DIVERSIFIED SUPPLY OF AFFORDABLE NALOXONE

We Take Care of Us.

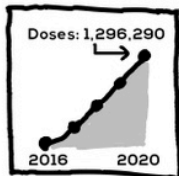
As the final tile in the cartoon below describes, harm reduction programs kicked it into high gear with collaborating and sharing available resources. In the first month of the affordable naloxone shortage, we launched our “get some-got some” system where programs that were out of naloxone could ask for it (get some) from a pool that was created by well resourced programs that offered some of their supply (got some) to the pool.

The shipping and costs associated with this were originally put on Maya’s credit card, but pretty quickly thereafter, our colleagues at Open Society Foundations provided some grant support that covered these costs. In this manner, harm reductions programs took care of each other and redistributed more than 200,000 doses of naloxone!

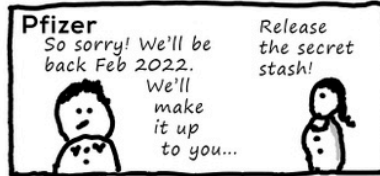
Another key component of this work was digging around to uncover stockpiles of unused naloxone sitting in closets at health departments, schools, prevention coalitions, etc that had supply, but not great access to people who use drugs. We wish we were more surprised with how much was uncovered in this manner.

Our colleagues at the [Drug User Health team at NASTAD](#) helped this process by developing an extremely helpful tool: [Recommendations for Federal Partners and Health Departments Navigating Naloxone Supply](#). This was particularly useful because it advised state and federal health departments to “Prioritize naloxone for SSPs and community-based overdose prevention programs”, which helped us to liberate those stashes that were not as likely to be used.

The 100+ overdose prevention programs in the Buyers Club save lives by giving out the antidote naloxone.



In April 2021 Pfizer had factory problems stopping all naloxone manufacturing.



Retail naloxone is prohibitively expensive, compared to our special deal with Pfizer.

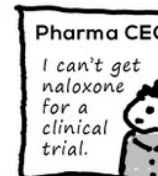
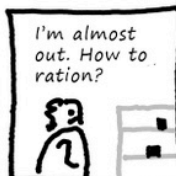
Budget 30x Buster



But, FDA does not consider cost. Many true shortages go unrecognized.

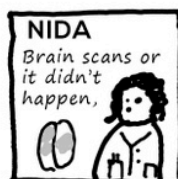


Meanwhile on the ground... the shortage leads to 18,000 additional deaths.

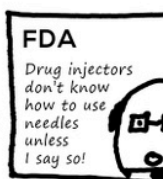


What We Learned from the 2021 Naloxone Shortage

Coming up 1 million doses short, the Buyers Club asked for help.



Needing an Rx hinders getting naloxone out. Focusing on pharmacies instead of harm reduction is shortsighted.



A handful of states ponied up money for favored programs.



But, 53% of programs get no federal assistance.



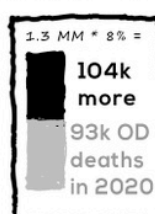
Excluded programs are run by and serve the most historically marginalized Americans.



Finally a small pharma stepped up to help.



Community programs have helped save hundreds of thousands of lives. Without them OD deaths could be twice as high.



The farce of needing a Rx is killing us.



200,000+ doses

Infographic: Nabarun Dasgupta

Throughout the second half of 2021, we worked closely with our team at Pfizer to monitor the ongoing naloxone shortage and its resolution. Pfizer’s routine manufacturing disruption demonstrated to us that relying on one sole manufacturer of naloxone to provide access to naloxone programs was a precarious house of cards. **We began designing a new model of centralized distribution that could offer more than one product without requiring harm reduction programs to set up high-barrier direct-buy accounts with multiple manufacturers and distributors.**

To accomplish this, we were able to work with Pfizer to transition the decade-old OSNN Buyers Club (a collection of over 100 individual direct-buy accounts with Pfizer) to one primary account with Remedy Alliance where we would be able to take on the role as “distributor” to harm reduction programs who become our “affiliates.” We had many meetings with our Pfizer team and they in turn had many meetings with their legal counsel in order to create this unprecedented new contract for the structure of Remedy Alliance moving forward.

Simultaneously, we developed a relationship with Hikma Pharmaceuticals who we made contact with in 2021 during the height of the Pfizer naloxone shortage. Hikma was instrumental in 2021 in providing low-cost and [donated naloxone](#) to harm reduction programs who were struggling to provide access to naloxone while the only source of affordable naloxone was unavailable. Hikma proposed creating a “white label” naloxone product for Remedy Alliance, where we would be the sole distributor, ensuring that this supply would not be subject to shortages or backorders or sold through other channels.



Photo: Hikma

This historic arrangement marks the first ever pharmaceutical manufactured for exclusive distribution to harm reduction programs.

Throughout the Spring of 2022, we held a series of meetings with existing OSNN Buyers Club programs to discuss the transition to Remedy Alliance. Our intention was to stay focused on creating a new model that would work for the harm reduction programs we already collaborated with, as well as becoming more accessible to programs who were unable to access the Buyers Club.

Joining the Buyers Club previously required setting up a direct-purchase account with Pfizer. Programs had to be registered 501c3 non-profits, have a commercial (not residential) address for shipment, and a prescribing physician who held a license and Drug Enforcement Agency (DEA) number in the state where they were located who was willing to “sign-off” on the program’s naloxone purchases. These were all significant barriers for many programs, and resulted in a small group of around 100 programs in the US holding direct-purchase accounts who were then routing naloxone to an additional group of harm reduction programs who did not meet the requirements for their own accounts. This structure created many opportunities for supply-chain opaqueness and gatekeeping access to naloxone for smaller programs who were unable to have autonomy over their own naloxone supply.

To solidify the details of this arrangement and create the white label contract, we met with our team at Hikma over 30 times between August 2021 and July 2022 when our first run of 200k vials went into production. The Remedy Alliance/For The People special label naloxone was produced in their Cherry Hill, New Jersey facility and we were able to connect them with one of our affiliate programs, the [New Jersey Harm Reduction Coalition](#), to have their staff visit the facility to watch this historic naloxone being manufactured.



Caitlin O'Neill and Anthony Gray from New Jersey Harm Reduction Coalition at Hikma's Cherry Hill Facility
Photo: Hikma

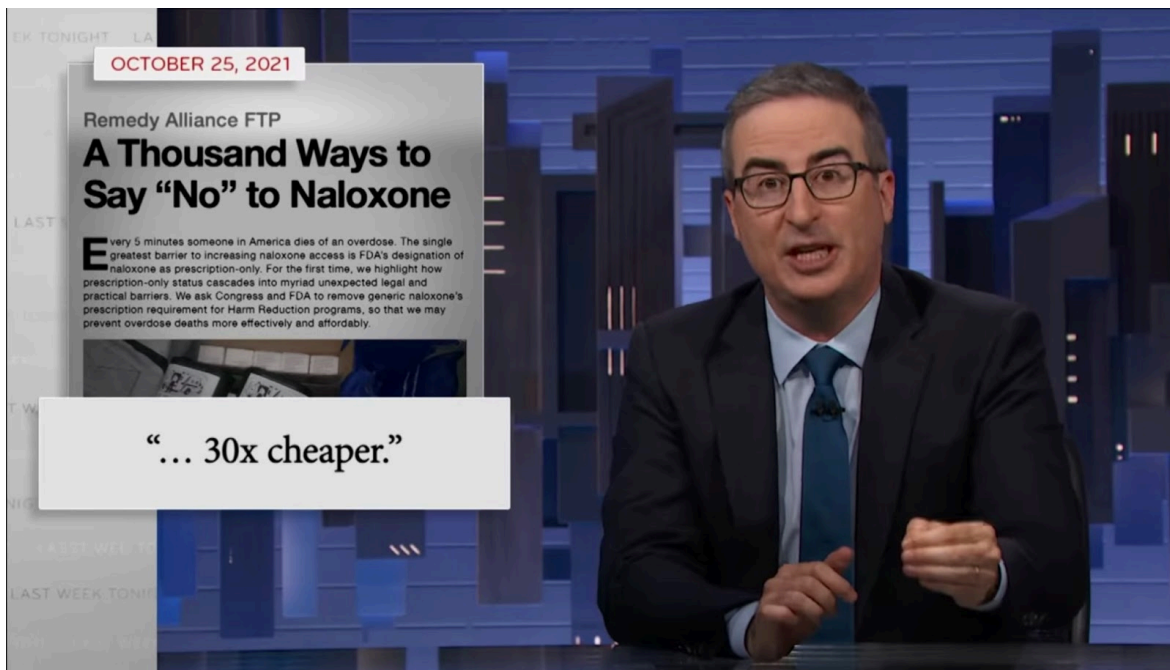
OVERCOMING REGULATORY BARRIERS

The affordable naloxone shortage of 2021 not only put a stress on supply, but also put a spotlight on the many regulatory and cost-related barriers that harm reduction programs continued to face 25 years after they established the [first naloxone distribution program in the world](#). As naloxone distribution became increasingly absorbed into the mainstream public health landscape over the years, more regulatory barriers were applied, and in some cases new ones *created*, by the [myriad web of state-by-state legislation](#) and rules created by federal and state agencies responsible for administering funds for naloxone. As more resources were put into getting naloxone to law enforcement, the general public, libraries, schools and drug prevention groups with little contact with people who use drugs—harm reduction programs doing the frontline work to distribute naloxone directly to people who use drugs were still left with inadequate resources.

The prescription status of naloxone requires a medical/pharmacy license, in some cases a DEA number to directly ***purchase or receive a donation*** from a manufacturer or distributor. Then, to ***distribute*** the naloxone, states have created a tangled mess of standing orders, pharmacy access laws and liability protections that vary from state to state.

Over a quarter century into naloxone distribution, there are still organizations being told by state, county and local administrators that they cannot distribute naloxone, or that lay persons cannot distribute it to the public without a medical provider present. This has resulted in the location of control in many places being at the funder/naloxone purchaser level, in particular with the single state agencies who are responsible for administering funds for naloxone that come from federal funding sources. State agencies purchase the naloxone and dole it out to programs and groups throughout the state that can meet certain bureaucratic requirements, and in many cases very little to none gets to harm reduction programs. In places where a substantial amount of naloxone *does* get allocated to harm reduction programs, there are still issues with supply chain delays and inadequate volumes.

To address these regulatory issues, Remedy Alliance/For The People created a document called [A Thousand Ways to Say No to Naloxone](#) in October 2021, outlining the many problems harm reduction programs still face when trying to get access to enough naloxone for their communities. We circulated the document to federal agencies, the media and to colleagues who were interested in these issues. The document garnered significant attention and put the issue of naloxone access on the radar in a new way. John Oliver even featured an image of our document on his segment about [Harm Reduction](#) on HBO's Last Week Tonight with John Oliver!



Screencap: John Oliver on HBO's Last Week Tonight

Throughout late 2021 and early 2022 we had a series of meetings with pharmacy and policy experts and various federal agencies to outline these regulatory issues and to workshop different solutions that may work to finally free naloxone from its constraints.

In March 2022, the Reagan-Udall Foundation in collaboration with the FDA, held a [public workshop](#) to discuss naloxone access and invited Nab to speak on their main panel. We helped organize a large number of harm reduction programs to submit testimony and attend the meeting to better describe the barriers that they continue to face accessing an adequate amount of naloxone for distribution in their communities. **This was a pivotal moment in helping the federal government decision-makers better understand the policy and regulatory changes that were crucial to freeing up access.**

DEVELOPING THE “EXEMPT” WHOLESALE MODEL

We eventually proposed a novel system where Remedy Alliance could be the purchaser of naloxone from manufacturers, and then act as a wholesale distributor to harm reduction programs across the US without requiring them to produce a medical license, commercial address, 501(c)3 documentation (required by distributors and manufacturers and some state/local govt agencies) or submit burdensome and unnecessary data (often required of programs getting “free” naloxone supplies from state/local govt purchasers).

Most US harm reduction programs do not have medical directors or pharmacy licenses, some are operating out of residential addresses or subleases of other programs’ spaces, and some are small collectives and mutual aid networks who are not incorporated as non-profit organizations. Some organizations do not identify as harm reduction organizations at all, and are doing adjacent social justice work in their communities and want to distribute naloxone as part of these activities. ***Harm reduction programs are the most impactful programs who get the most volume of naloxone to people who use drugs.***

However, there are lots of rules and regulations that govern pharmaceutical wholesalers—the exact rules and regulations that create such barriers for harm reduction organizations. And, the same rules industry is bound by that reproduces roadblocks.

In order to circumvent the regulations that hindered access for harm reduction programs, we needed some major help and creativity. After many conversations with policy makers, government officials, and professional associations working in the pharma distribution world (including the National Association of Boards of Pharmacy) - some collective brilliance emerged:

“Could our model qualify for the exemptions in the Drug Supply Chain Security Act (DSCSA) of 2013?”

Colleagues at FDA agreed, but we quickly learned that **it’s not effective for us to say “don’t worry, the FDA said we can do it - trust us!”**

We worked closely with allies at FDA to [clarify how the exemption would effectively remove barriers](#) to naloxone access and found them receptive and supportive. In particular we are appreciative of Marta Sokolowska, Deputy Center Director for Substance Use and Behavioral Health in FDA/CDER for her insight and tenacity.



July 21, 2022

Dr. Robert M. Califf
Commissioner
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20903

Dear Dr. Califf,

As the ongoing opioid epidemic continues to claim more and more lives every year, we write to urge the Food and Drug Administration (FDA) to help save lives by taking necessary steps to improve access to critical, fast-acting medical interventions. During an opioid overdose, every second counts. Administering naloxone, an opioid overdose antidote, before first responders arrive can mean the difference between life and death. The FDA should address regulatory ambiguity that is preventing public health organizations from obtaining and distributing this life-saving treatment.

Ambiguous regulations impede the capacity of public health organizations to purchase and distribute naloxone. Under FDA regulations, only licensed wholesale distributors may distribute prescription drugs unless an exception applies.¹ One exception is the distribution of prescription drugs for “emergency medical reasons.”² Suppliers are uncertain if public health organizations qualify for this exception, and refuse to sell naloxone to organizations that are not licensed wholesale distributors.

The FDA recently provided some context on what activities meet this exception, but this has not fully resolved the issue.³ We urge the FDA to immediately issue a public statement clarifying that public health organizations that distribute injectable or nasal spray naloxone fit the emergency medical reasons exception, and therefore do not need a license to obtain or distribute naloxone. Subsequently, the FDA should issue guidance to further explain what activities fall under this exception.

All 50 states, the District of Columbia, and Puerto Rico have taken steps to expand public access to injectable or nasal spray naloxone.⁴ We urge the FDA to minimize barriers that still impede its purchase, distribution, or use. We look forward to continue to work with you on ways to address the substance misuse epidemic.

¹ Definitions, 21 C.F.R. § 205.3; Wholesale Drug Distributor Licensing Requirement, 21 C.F.R. § 205.4.

² 21 C.F.R. §§ 205.3, 205.4.

³ Food and Drug Administration, “National Standard for the Licensure of Wholesale Drug Distributors and Third-Party Logistics Providers,” *Federal Register* 87, no. 24 (February 4, 2022): 6715, <https://www.govinfo.gov/content/pkg/FR-2022-02-04/pdf/2022-01929.pdf>.

⁴ “Naloxone Access: Summary of State Laws,” Legislative Analysis and Public Policy Association, September 2020, <https://legislativeanalysis.org/wp-content/uploads/2020/10/Naloxone-summary-of-state-laws-FINAL-9.25.2020.pdf>.

Exemption and Exclusion From Certain Requirements of the Drug Supply Chain Security Act for the Distribution of FDA-Approved Naloxone Products During the Opioid Public Health Emergency Guidance for Industry

This guidance is for immediate implementation.

FDA is issuing this guidance is for immediate implementation. FDA is issuing this guidance for immediate implementation in accordance with 21 CFR 10.115(g)(2). Submit one set of either electronic or written comments on this guidance at any time. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. You should identify all comments with the docket number listed in the notice of availability that publishes in the *Federal Register*. For questions regarding this document, contact (CDER) Office of Compliance, 301-796-3130.

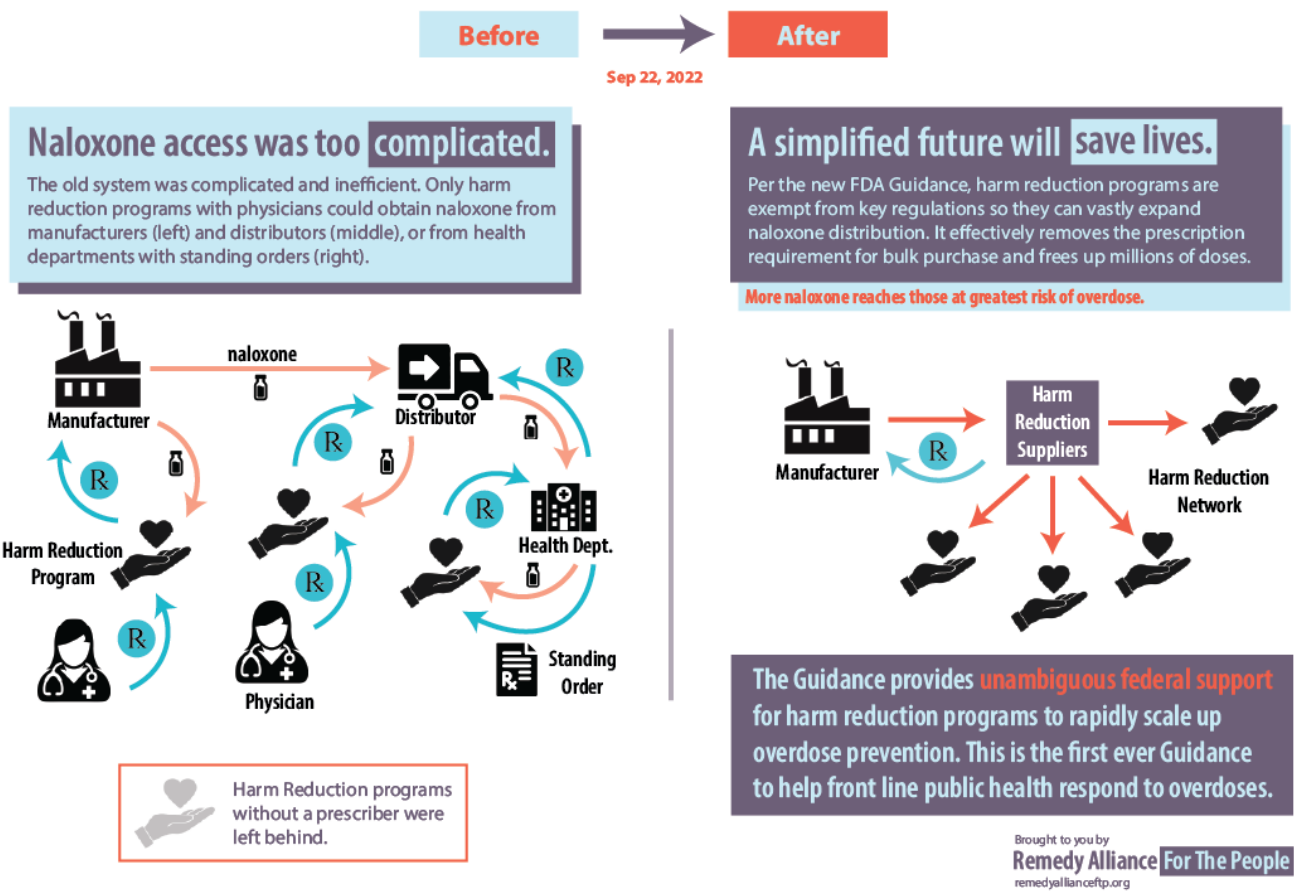
U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

September 2022
Procedural

After extensive vetting of the idea (and suggestions) by policy and legal experts in US Senate offices, we received support from **Sens. Hassan (D-NH) and Paul (R-KY)** who wrote to incoming **FDA Commissioner Robert Califf** to express their support of our distribution exemption model for naloxone. They [stated in their letter](#): “We urge the FDA to immediately issue a public statement clarifying that public health organizations that distribute injectable or nasal spray naloxone fit the emergency medical reasons exception, and therefore do not need a license to obtain or distribute naloxone. Subsequently, the FDA should issue guidance to further explain what activities fall under this exception.”

Learning from COVID pandemic-era guidances, and with truly unprecedented speed, FDA issued [a groundbreaking guidance](#) clarifying that naloxone distribution to harm reduction programs would qualify for the exemption in the Drug Supply Chain Security Act (DSCCA) in September 2022. Though the DSCSA exemption had been on the books since 2013, no one before had recognized that it could be applied in this way to facilitate naloxone distribution. Through this precedent-setting act by FDA, the legal and regulatory justification for implementing our model was born. The importance of this action cannot be understated; it immediately solved the last roadblock to expanding equitable access.

This is the first ever Guidance issued by US FDA to specifically support harm reduction programming.



Infographic: Nabarun Dasgupta

REMEDY ALLIANCE LAUNCH

We opened our first brick and mortar office/warehouse in Berkeley, California in August 2022 where Eliza is based. We chose California for the first physical location because our Medical Director Dan Ciccarone is licensed in California, and we still need medical licensure to purchase naloxone directly from any pharmaceutical company (this will be the case as long as our naloxone formulations remain prescription-only).



Remedy Alliance’s California warehouse, also known as the “naloxone store.”

Bottom left, Shop-Dog Chicky overseeing a delivery

Bottom right, Shop-Boss Eliza with her stocked shelves of naloxone



We spent the end of July setting up the warehouse and making final edits to our [website and store](#). We officially hired Maya and Eliza as co-directors of Remedy Alliance in August 2022. Eliza and Maya had been running the Buyers Club since 2012 as a nights-and-weekend labor of love—and just maybe a little during the weekdays while at their other jobs—and were now official employees (with benefits!) of Remedy Alliance.

We placed our first orders from Hikma and Pfizer in late July for a total of 125k doses. We stocked the shelves, bought boxes and packing tape and watched YouTube videos about how to pack pallets for freight shipping—and opened up ordering capabilities on August 4th, 2022.

At the time we opened the “naloxone store” for ordering, we had around 100 programs already signed up, many of which were existing Buyers Club members who made the transition to Remedy, and some were new programs who were previously excluded from obtaining their own supply of naloxone because of bureaucratic and regulatory barriers. We were now able to work directly with harm reduction programs to meet their naloxone supply needs.

In September we held a community art contest to source some logo ideas and graphics for Remedy Alliance from artists in the harm reduction community. We received many great submissions from artists in the community, and provided all “contestants” with a \$595 (if you know, you know) honorarium for their work. We donated all proceeds from sales of merch with their artwork at the National Harm Reduction Conference in Puerto Rico to under-resourced harm reduction programs of the artists’ choice. Two of the designs we have used for stickers, shirts and other materials, by Eddie McIntosh (left) and MxLeeway (right).



Art by [Eddie McIntosh](#)



Art by [Leeway Cat](#)

In December 2022, we opened our second brick and mortar warehouse in Traverse City, Michigan where Maya is based. The Michigan-based warehouse, which we lovingly refer to as **Remedy Alliance Middle America**, is the primary site of operation for our assembled naloxone kit project that we launched in early 2023 (more about that and our Community Support Initiative later in this report).

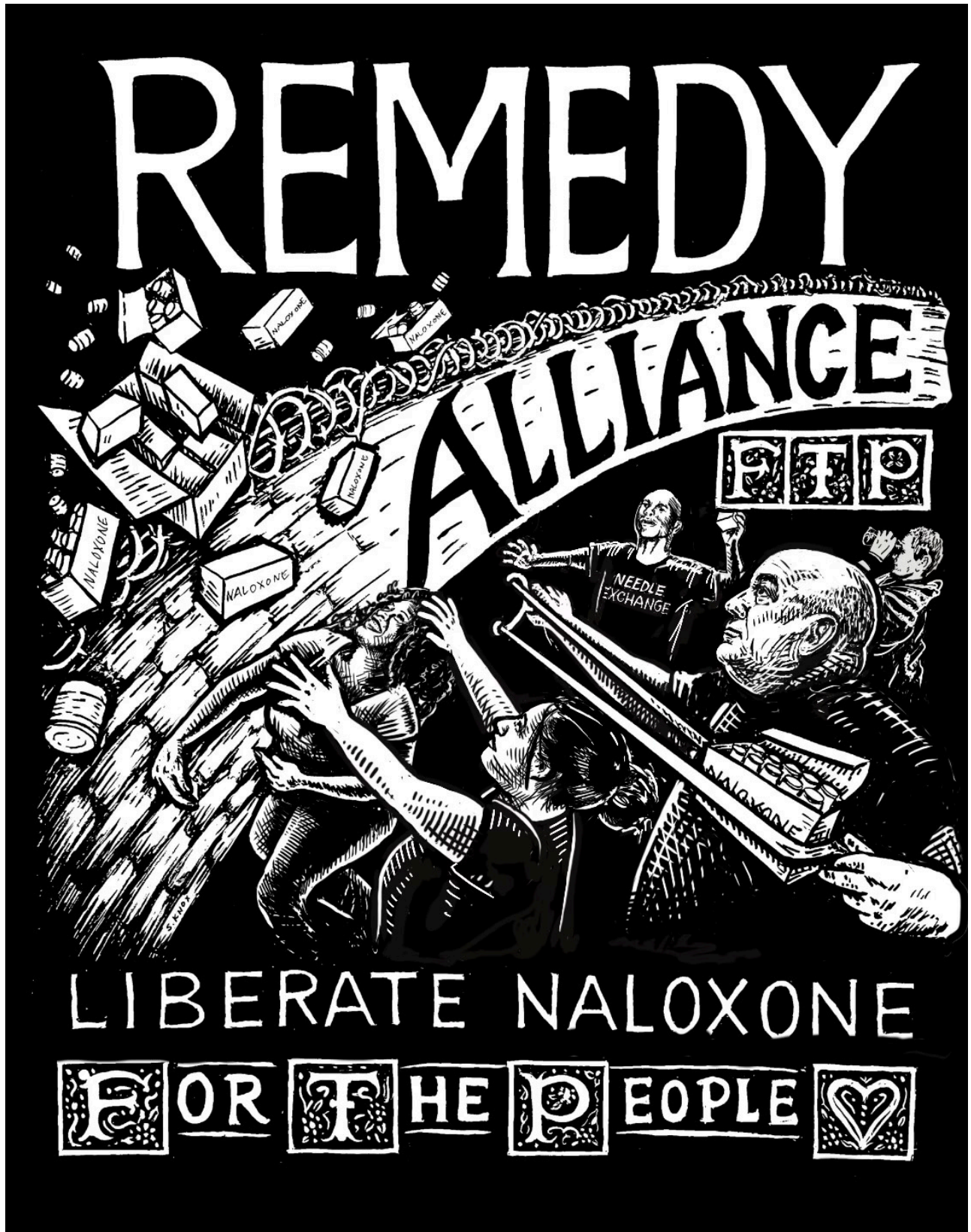


Photo of Maya at the Michigan warehouse

LIBERATING NALOXONE

In early 2023, we reached out to long-time friend, harm reduction badass and artist Shannon Knox to design a special image for Remedy Alliance. We asked Shannon to create an image that captured the fight to liberate naloxone from bureaucratic barriers, opportunistic pharmaceutical companies, carceral health care and criminal justice system control.

She came back to us with this incredible image, which also featured some of our (and her) personal mentors and inspirations; Precious and Kenny from Los Angeles, Loris Mattox from Oakland, Hollis Bradford and Dan Bigg—of course.



Art by [Shannon Knox](#)

Shannon Had This To Say About the Image:

"I made this drawing from a vision that [Remedy Alliance] had of naloxone being tossed over a prison wall, kind of just a "throwing some ideas out there" email that became a reality. I reworked the concept several times with different styles of figures, avoiding the task of creating a representative image of the diversity that reflects this movement. That is a hard task. Finally it dawned on me that I could use people that I have known and that have inspired me for that representation. Thus, the art happened, as it always does, by channeling forces outside of myself, becoming a conduit for an external energy to deliver a message. And these are the people who brought that out:

Furthest left is Loris Mattox, who I met when she was the executive director of Heppac (Oakland) and now pulls strings at the state level. Then, with her arms extended, and his naloxone pitching-posture are Precious and Kenny, two people who I worked with over the last couple years as overdose trainers, both of whom I got to watch grow into their voices to advocate for their own communities and beyond. And, of course, with the slingshot, we have Dan Bigg, who, despite having been the most important person in the effort to liberate Naloxone, himself died of an overdose in 2018. He is always hard to draw but man, he is the one. And I had left the drawing like that, those four, but I realized I wanted to add one more person. Behind Dan, with the binoculars, is Hollis. She has been my friend and then my mentor, and she was Dan's best friend. Or Dan was hers. But together they were the most radical co-conspirators, and it made sense that they would be in the back, scanning the area and launching from behind the scenes. This piece was an honor to create. The process was such a needed exercise in remembering that respect, gratitude, and love are the forces that deliver us to tomorrow."

We used this image to create posters we sent to all of the programs who have signed up with us to access naloxone, along with some of our early supporters, advisors and advocates in February 2023. Since then we've made some t-shirts and hoodies with the image for our [merch store](#), with all proceeds raised going to AIDS United's [Harm Reduction Futures Fund](#), one of the only funding sources for small grassroots and sometimes "unsanctioned" harm reduction projects in the US.

TESTIMONIES FROM OUR PARTNER PROGRAMS

CORE, Eugene Oregon

It allowed us to know we were never going to have to ration/limit naloxone for our population. It allowed us to "flood" our streets with naloxone, really it allowed us to never have to say no. It also allowed us to expand our access to parents of young people and give extra kits for secondary distribution. This is huge because not all programs have the privilege to do this. During the pandemic it was scary. Harm Reductionists across the country helped carry us and made it where we didn't ever have to limit or ration how much naloxone we gave out to people. We came close once and **because of this community y'all saved our ass**. I remember distinctly we were down to our last ten kits and we got the package that day.



CORE outreach bag
 Bre and Nic packing kits
 The prettiest outreach worker

Georgia Overdose Prevention, Statewide

Naloxone from Remedy Alliance allowed us to better serve laypeople at risk of overdose throughout Georgia. The affordability of vials from RAFTP enabled us to purchase many more units of naloxone which **translated into an increased number of lives saved**. We are so thankful for Remedy Alliance/For The People!

HIPS, Washington DC

Yes! We are the only SSP in DC that offers the injectable naloxone, and doing the education work around how to use non-intranasal naloxone has sparked some great conversations about the nuances of overdose response, strategies for community care, and has allowed us to hear stories about community overdose reversals that we can help community first responders process. We are so grateful to be part of this network of harm reduction organizations **making radical change for the world we envision**. The educational work and the labor of bringing organizations from across the country together are testimonies to the spirit of Remedy Alliance, and how much they have done to enrich the national harm reduction community.

The FARM, Hickory North Carolina

The ability to purchase naloxone through RA has increased access for our community. Prior to learning about this program we were scrambling to piece together enough supply to ensure participants had access. **We are now able to order the full amount of what we need based on the need in our program.**

Harm Reduction Sisters, Duluth Minnesota

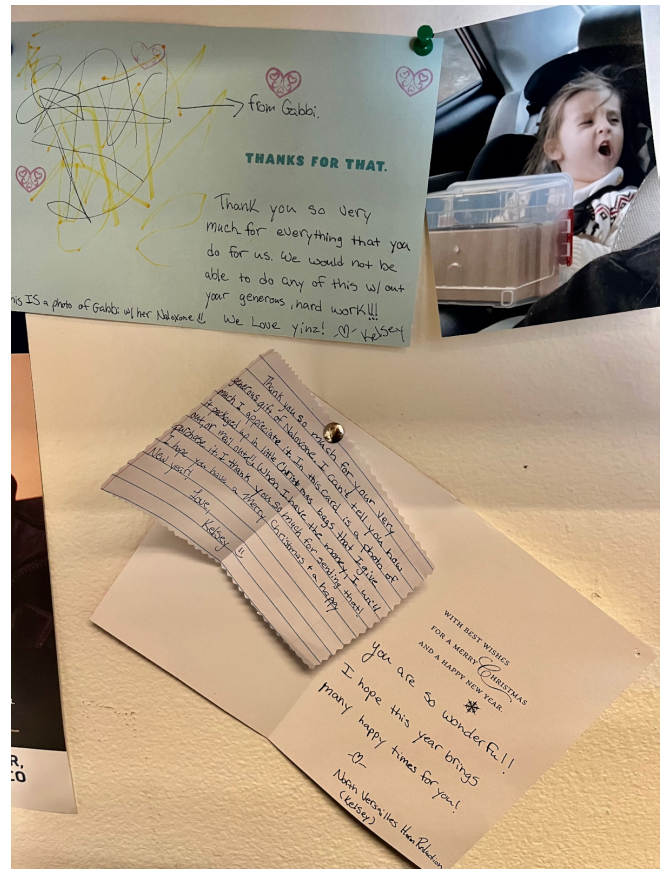
The impact has been enormous and my gratitude is profound! We have been able to supply every person we encounter with as much naloxone as they need to have in their daily routine. The system works and it is easy and straightforward. **Profound gratitude for Remedy Alliance, it's a fucking game changer!**

Mon Valley Mutual Aid, Pittsburgh Pennsylvania

We've received thousands of doses of naloxone from RA/FTP!! This has helped us tremendously by cutting the cost aspect & being able to order naloxone for our participants whenever we are in need! I'd never heard of such a thing. When I was first told about Remedy, I swore that it was a scam. **"There's got to be some fine print here," I thought. Turns out all the wonderful things are true!!** You have changed the game for my community and I, your generosity & kind hearts are such a blessing to us. Instead of scrambling around and calling friends,"do you have any naloxone you can spare?" I now go online with a click of a button...and in just a few short days, there's a thousand doses on my doorstep.

New Mexico Harm Reduction Collaborative, Albuquerque, New Mexico

Receiving Naloxone from Remedy Alliance has allowed people in our community to have a higher sense of bodily autonomy due to the fact that previously we only had nasal Narcan 4mg doses - and with the IM naloxone that Remedy Alliance supplies us with there are more participants who feel comfortable asking for naloxone as they know that they don't have to respond to every overdose with 4mg at once.



Cards and notes from Kelsey (and her daughter Gabbi) from Mon Valley Mutual

We had previously been unable to access Narcan/naloxone due to not being a contracted partner with our state health department. In the two years before we had a health dept partnership, RA was our only stable source of naloxone during that time and it allowed us to get naloxone into the community without having to take down information like names and DOB. **Remedy Alliance is by far one of the most important overdose prevention initiatives in the US.**

New Points, Marquette County, Michigan

I have had consistent access to free nasal spray Narcan since opening the program, however, after recent connection with Remedy Alliance, I have a **better understanding of naloxone** in general and have learned about the importance of choice for the people who use our program. Registration was so simple, and we just received our IM naloxone last week. I'm really excited to begin distribution. I'm so grateful to have connected with RA/FTP and the knowledge they are willing to share. They are an invaluable resource helping to save lives in local communities.

Tacoma Needle Exchange, Tacoma, Washington

Remedy Alliance has been simply amazing. **Every time I place an order 72 hours later it shows up at our door!** Ordering with Remedy Alliance/ For The People is easy and faultless. Thank you! Tacoma Needle Exchange staff love your stickers!

Indigenous Peoples Task Force, Minneapolis, Minnesota

We are so grateful for Remedy Alliance/ For the people. We were able to provide naloxone not only to our community but also to other agencies or people that don't have access to it in their communities. I have had nothing but wonderful help in any circumstances from Remedy staff. **I used to panic at the thought of running out of funds and not being able to supply the community we serve.** I no longer panic, I know I will have naloxone.

Steve Rummler HOPE Network, Saint Paul, Minnesota

The **fast turnaround times** have made it so that we've never run out of naloxone to pack into kits, which helps us better engage volunteers, and consistently have what is requested by the community packed and ready to go! We're so grateful for Remedy Alliance/ For The People. You rock! Thanks for all that you do.

The Giving Back Foundation, Buffalo, New York

There is no limit on the amount of naloxone we provide now. We do not don't have to rely on these organizations who aren't actually doing the grassroots, community level work. There are many areas of Buffalo that need consistent access to naloxone but don't always have the means to travel to the Health Department or other organizations to get it. Remedy Alliance makes it so easy for organizations like ours, which are new and don't necessarily have the funding like larger community health organizations but are doing the community work to access naloxone and get it to the community quickly without jumping through red tape.



Ivette and the Giving Back crew at an



Laura Rodriguez of QC Harm Reduction

QC Harm Reduction, Quad Cities, Illinois-Iowa Border

We have been able to provide naloxone to our community and the rural areas around us as well! When the naloxone shortage hit during the pandemic we were scrambling. **You all made us breathe a sigh of relief.** We knew you would come through. Thank you from the bottom of our hearts for everything you do.

Challenges, Greenville, South Carolina

It's the only way we can keep up with the demand we face in SC. Our state only provides us with about 1/3 of the naloxone that we actually need. Also, our state only provides Narcan nasal spray, whereas many of our participants prefer the IM naloxone. **Thousands of lives would not have been saved in South Carolina had it not been for Remedy Alliance.** I don't know how to put a value on that.

Harm Reduction Community Outreach, Burlington County, New Jersey

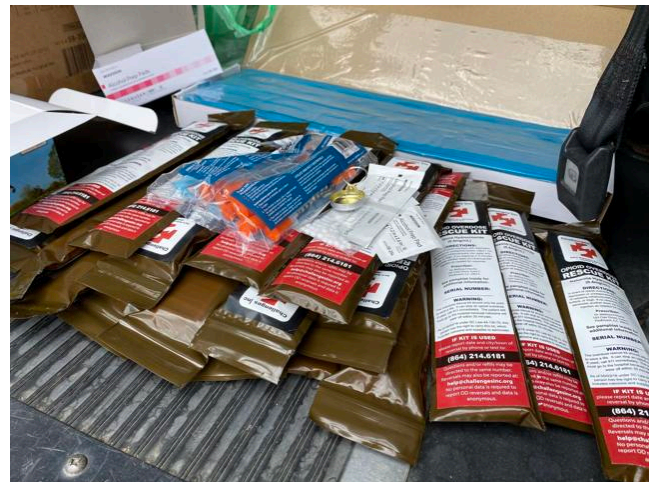
This gave us a small non-profit the ability to **provide a resource to usually ignored smaller towns.** We are extremely grateful for the chance to provide a much needed service.

Stabbin Wagon, Medford, Oregon

Yes! It has helped us so much because the price of nasal Narcan is so high and many of our participants request the injectable option! Hell yeah! **You gave it to me for free before I had funding and zero access to Narcan!** I love you all from the bottom of my heart and appreciate all you do for communities like mine.



Marc Burrows from Challenges placing naloxone kits at an encampment



Challenges naloxone kits

New York Recovery Alliance (NYRA), Rochester, New York

We were not able to easily access IM naloxone from the state, and used **RAFTP's system of low barrier access as an example of how easy the state COULD make it, if they wanted to...**RAFTP provides a model for low barrier access that could, and should, replace unnecessarily restrictive gatekeeping policies across the country.

Colfax Cats, Denver, Colorado

Thanks to Remedy Alliance we are able to have a steady supply of naloxone without having to worry about securing funds for this life saving medicine. With RA's help we have been able to pass out over 2000 doses of Naloxone since we first started.

Sometimes our group runs on \$20 & what we can buy out of our pocket so having RA is life-saving. We have not been able to access our states bulk fund that provides free naloxone & nasal brand Narcan to groups in the state, and while our group is doing outreach on a weekly basis we have run into different barriers with accessing funds like this - thanks to Remedy Alliance we don't have to worry about that. Colfax Cats is run entirely out of our apartment, we rely on the kindness and help of groups like Remedy Alliance and SmokeWorks Boston to take care of each other and the larger community we serve. We love you guys.

Insubordination Station Harm Reduction, Dover, New Hampshire

As far as I know, I am the only local organization that provides IM naloxone to the community at all. So I consider that to be extremely important, especially for the PWUD that are **specifically asking for the IM and are being turned down from other SSPs.**

South Carolina Overdose Response and Education ("SCORE"), Myrtle Beach, South Carolina

Before we became involved with Remedy Alliance, we had uncertainty surrounding the schedule & origin of upcoming naloxone shipments. The unavailability of naloxone due to SCORE's financial limitations was truly dispiriting. Yet, such obstacles didn't hinder Remedy Alliance. Their support to under-resourced programs enabled SCORE to effectively address the community's needs by obtaining naloxone. **Thanks to Remedy Alliance SCORE can now effectively address the requirements of the community without having to reject anyone in need.** The most remarkable outcome of enhancing naloxone accessibility is the preservation of lives across numerous communities, including our own, where access to naloxone was previously scarce. Not to mention how easy it was. Remedy Alliance serves as a vital resource for unfunded organizations like SCORE. Preventing overdoses hinges on ensuring widespread access to naloxone among drug users and their communities, a goal facilitated by Remedy Alliance's dedication to making naloxone easily obtainable. Thanks to Remedy Alliance's commitment, together we can truly make a crucial impact in overdose prevention.

Black Thistle Street Aid, Eugene Oregon

Wowee! Being entirely run by community donations, **receiving naloxone from you all has allowed us to use our precious resources for other needs in the community.** Naloxone is something we don't ever want to go without on our outreach services, and it has been amazing to always have some to offer! You're keeping our community alive! We have very little funding (just kept afloat by community donations currently). It was difficult to budget and decide what to cut so that we could ensure naloxone was available to our participants. With you all supporting our naloxone supply we haven't had to make major budget cuts that would take away from our other services we offer! Thank you for all you do! Our team and community is so grateful!!!

No More O.D. Savannah Harm Reduction Coalition, Savannah Georgia

It has helped us immensely. We were able to get it to key people in our community that has access to active users. Because of your donations of Naloxone and syringes, **we have saved 2-5 lives a week in the Savannah and surrounding areas.** Your system has made it so easy and is a G-d send for our community.

ShipHappens, Statewide/Mail-Based Indiana

There is no question that without the support, expert guidance and unwavering resilience of Remedy Alliance, ShipHappens would not have been able to remain needs based through our zero barrier mail based program. **We absolutely could not function without you all.** ShipHappens was 100% donations based our first two years due to the cost of Naloxone; when we found RA (then OSNN) it was exactly what we needed to be able to remain needs based without the barrier of needing a prescriber to gain access. Love you more than words can say and want to thank you more than I could ever articulate. You help us do our life's work and for that we are eternally grateful.

Hope & Healing in the Hollows, Boone County West Virginia

It was amazing! It's only because of your organization that many, **many lives were saved in Boone county, WV and surrounding areas.** Without you, the little people like myself would have zero chance at saving lives through outreach efforts.

Wicked Clowns Harm Reduction, Statewide, Ohio

We have been able to ensure we ALWAYS have a supply of naloxone available for anyone who needs it with zero access barriers. It has also helped us to be better prepared for how to advocate for IM over nasal and taught us a lot that even we didn't know. **I literally couldn't believe how easy this was & cried like a baby when I opened the first box.** I love being able to provide life saving medicine to anyone & everyone who asks without any restrictions or barriers or invasive questions that scare people off. It has also given us the additional ability to ship supplies to places that cannot otherwise access them where we would not be allowed to send nasal. I seriously cannot wait to see where this goes in the future and I am so grateful to be involved!!!



Wicked Clowns naloxone kits and banner from Gathering of the Juggalos



Crossroads Treatment Centers, Greenville South Carolina

It has allowed us to provide life saving medication to those in need here in SC. The pricing is way way way better, orders sent the same day, **availability of staff is fast and impeccable.**

N.I.C.E. Project in Austin Texas

We are able to fill large requests for naloxone and train our community on a variety of routes of administration thanks to the revolutionary services that Remedy Alliance provides. Nasal naloxone is expensive and hard to come by for a program with zero funding. Remedy Alliance made sure we had something to offer our community during the gaps of supply. **Thank you so much for showing us all a model for how we can work together** outside of the current structures that have kept us constrained and under-resourced for far too long.

Houston Harm Reduction Alliance, Houston Texas

Remedy Alliance's support has made all the difference in continuing to be able to serve our community needs. We would not be able to continue our operations without y'all. The ease of ordering is one thing, but **the primary way Remedy has impacted the naloxone distribution game is through the speed of delivery.**

Ordering through the UT system took months--literally months. Fuck Texas.

SHOTS, Tulsa Oklahoma

Before Remedy Alliance we struggled to find a doctor to sign off on our Pfizer contract so that we could order naloxone. Working with Remedy Alliance totally eradicated that issue. Also we're an org with a pretty small budget, and receiving free/low cost naloxone has allowed us to free up funds to use for syringes and pipes.

University of Missouri, St. Louis - Missouri Institute of Mental Health

Being able to receive naloxone from Remedy Alliance/For The People has allowed us to stretch our naloxone grant dollars much further than if we were purchasing nasal naloxone alone. **This has helped us increase saturation across Missouri** and come closer to meeting the needs of those we serve to ensure that naloxone is available at every overdose! Additionally, the option for our kits to come packed has increased the capacity of our team allowing us to focus on intentional outreach and relationship building while still getting supplies to those who need it. We are so grateful for this partnership!

Austin Mutual Aid, Austin Texas

We've had pending orders with the state funded source UT HEALTH in San Antonio for months! We were nearly out of nasal Narcan as were multiple of our collaborative partners who provide direct service & support to our unhoused neighbors. We were able to connect with RA and access these life saving medications and share this valuable resource with our HR collaborative. **RA helped fill a huge gap allowing us to provide continuous support to our unhoused neighbors.**

Maine Access Points, Statewide

It made ALL the difference - from people who prefer IM (many of our participants) to making sure there is enough naloxone since nasal is so expensive/privileged. Secondary SAP distributors are able to reach so many more folks due to our IM access. While we haven't had a significant access issue, we always have ample supply of naloxone because of this system. **We never have to worry about being out**, and the State is now (finally) taking seriously the benefits of IM for the state distribution network because we are 1) the program that distributes the most and 2) always have it in stock when other members of the network are out of nasal. We love you! Thank you for ALL the things. <3

Confluence HRKC, Kansas City Missouri

By having access to a supply of injectable naloxone we have been able to work towards true saturation in the Kansas City area. **Our participants tell us over and over again how grateful they are to have what feels like an unlimited supply** — they never have a fear of using up their last doses or not knowing where their next dose might come from.

Queen City Harm Reduction, Charlotte North Carolina

QCHR has been able to meet an incredible demand for naloxone distribution in the Charlotte region of the American South. Outreach workers and secondary distributors would not be able to saturate naloxone like we have been able to if it wasn't for Remedy Alliance and our partnership. With funding shifts at all levels, and with the co-opting of harm reduction interventions it has become increasingly difficult to afford naloxone and donations/contributions are smaller as a result of these shifts. **Remedy has been a lifeline (literally) for thousands of PWUD in this territory. They are low-threshold, reliable, and affordable.** QCHR loves Remedy Alliance/For The People and stands in solidarity with the people and programs most impacted by the drug war.

Safe Streets Wichita, Wichita Kansas

Remedy Alliance/For The People has helped Safe Streets Coalition Wichita distribute nearly 12,000 vials since January 2023. Project WORKED (Wichita Overdose Recovery Kit Expedited Distribution) was funded by the city of Wichita using opioid litigation settlement funds. Safe Streets has procured items including the naloxone vials (from RA/FTP), syringes (from POD) as well as alcohol pads, instruction sheets, and other resources. We had several members of the community help with assembly & distribution. This included students, healthcare providers, and individuals with SUD and in recovery. **This has truly been a community wide labor of love. We have heard from nearly 400 people that the kits have been used to save lives.**



Safe Streets Wichita events

Hope Shot Harm Reduction, Oceanside, California

It's helped me supplement my supply not only here locally within the unsheltered community and people who use drugs, but also in Mexico. **In Mexico, naloxone is a schedule I substance. Remedy Alliance supplied every hospital in one city with naloxone**, multiple Cruz Roja (Red Cross) vans, and multiple fire departments with naloxone spanning across 5 cities.



Bomberos Ensenada (Fire department)

Sonoran Prevention Works, Statewide Arizona

Since 2017, Sonoran Prevention Works has distributed almost 900,000 doses of naloxone & more than 25,000 times we've heard that it saved a life from preventable overdose death. With the help of Remedy Alliance, we have been able to blanket our communities in naloxone, which has resulted in Arizona's overdose death numbers increasing less than they have nationally. The majority of our statewide staff & volunteers are people who use/d drugs, and choosing to procure our **naloxone via Remedy Alliance is well-aligned with one of our values, to be PWUD-centered in everything we do.** —Karen Broman

“We love working with harm reduction-led orgs like Remedy Alliance because they understand how crucial it is to have naloxone accessible for everyone. SPW reaches folks in very rural places where access to any healthcare is scarce, let alone non-stigmatizing care for PWUD. Free, zero-barrier naloxone and empowering education on how easy it is to use helps us create safe spaces for connecting our participants with the resources they desire with **no strings attached.**” —Alina Negrete, Inventory & Distribution Coordinator

Title



Sonoran Prevention Works Teams

FOCUS ON EQUITY

We designed Remedy Alliance to be as barrier-free as possible, so that *any* program or group who was distributing naloxone to their community could obtain a supply—regardless of legal/incorporation status, funding, or whether or not they were operating under a standing order or institutional authorization. The removal of these barriers revealed just how many harm reduction and mutual aid initiatives across the country were operating in scarcity, and having to rely on larger organizations and institutions for their supply. Intentional and unintentional gatekeeping was very common, and we remain focused on dismantling the dependency model that naloxone access has largely been built on over the last decade.

Since removing these barriers and allowing any group distributing naloxone to people who use drugs to apply to Remedy Alliance, we are now working with nearly 200 programs who we were previously unable to acquire their own autonomous supply. They include multiple Indigenous wellness collectives and tribal organizations, Black-led harm reduction programs and mental health collectives in the South and Appalachia, sex worker collectives in the Pacific Northwest distributing supplies to their networks, mutual aid groups working on the Mexico border, a Buddhist sangha in Texas, rural drug-user led collectives in the hollers of West Virginia, people accessing methadone at geographically isolated clinics distributing supplies to their friends, queer harm reduction collectives delivering supplies on bikes across their city, outreach programs who are unrecognized by their local public health institutions working with unhoused communities, people taking supplies to gatherings and festivals to support their communities, herbal medicine collectives, prison abolitionists, and individual and small groups of drug users who need a supply to keep themselves and their community safe.

To help guide us in our work towards equity, we partnered with doctoral student **Kendall LaSane** who produced a white paper entitled “For The People: Autonomy and Equity in Naloxone Distribution” (which will be publicly available shortly). Kendall did key informant interviews and background research on the history of naloxone access in the US, and the ways in which systems of individual, community and institutional power have been replicated over time to perpetuate inequity. The “roadmap” for Remedy Alliance strengthens our ability to further equity in naloxone access.

A Roadmap to Promote Equity

There are several mechanisms for advancing equity that RA/FTP can embed into their operations to directly address equity concurrent with creating low-barrier mechanisms for distribution.

1

Build staff and network awareness (individual, institutional, community) and **skills to identify and close racial and geographic disparities**

- Recognize and communicate historical individual and institutional positionality and unaddressed power dynamics
- Aid network's understanding of their own history and role in perpetuating inequities

2

Create an explicit internal infrastructure and partner with community-based organizations to promote equity and increase sustainability

- Recognize and redress distrust of systems and institutions involved in naloxone distribution
- Promote engagement in RA/FTP's administrative processes including trust-building, shared decision-making and enhancing local power

3

Integrate equity impact assessments into operations to measure organizational impact and reduce unintended consequences

- Make equity integral components of organization's management and accountability systems
- Use data to track progress and evaluate effectiveness of organizational equity metrics

"Part of the healing process is reclaiming that narrative and really just talking about how these systems are set up in ways that are really nefarious. And we've been victimized by that and it's not our fault. Like it's not because we're stupid or anything like that...like these systems of colonialism are incredibly complex and they're designed to like entrap and ensnare and exploit and devour people."

—Harm reduction program staff

We are grateful for Kendall's time and invaluable contribution to our future as an organization and we remain deeply committed to building an abundant resource environment for Black, Indigenous, API and Latine-led and serving harm reduction programs, drug user and sex worker-led organizations and groups, and programs working in resource deserts and politically hostile environments.

CLIMATE CHANGE & HARM REDUCTION

During the last weeks of our first year in operation, just as we are finalizing this report, a climate disaster occurred on July 19, 2023 destroying Pfizer's Rocky Mount manufacturing plant, the only place the naloxone we purchase from Pfizer is manufactured. This facility is the largest injectable medication production facility in the world. This facility manufactures ~8% of all injectables for US hospitals and shortages are likely. There are 65 medications made here with only a 3-month supply, naloxone is one of those medications. There is not currently a timeline for this facility to be back up and running. Pfizer has a supply of naloxone that was already in their warehouse at another location, and they have already sent it to us. They have been communicated proactively and quickly with us throughout this ordeal to minimize interruptions to the lifesaving work that our members do every day.

We have ~700,000 doses of naloxone in stock or ready for us to order from our second manufacturer. We are extremely relieved to say that we do not anticipate any supply interruptions to you- let's keep our abundance mindset! We are so relieved and grateful that we've been able to improve our collective resiliency to these kinds of disruptions. Remedy Alliance was established during the last naloxone shortage to make harm reduction programs more invulnerable to these types of events and here we are with our first test.

Our work to prevent fatal overdose is interwoven with climate justice.



Photo: Travis Long, AP

Please check out and support the incredible work of North Carolina Climate Justice Collective. We stand with all beings who are affected by climate-related disasters and fighting for justice. We are committed to material resource support, love and solidarity.

UNDER- RESOURCED PROGRAMS

T H R I V E

WITH UNRESTRICTED FUNDS.

COMMUNITY SUPPORT INITIATIVE

Redistribution of Resources

We all know that making kits is the eternal backdrop to any harm reduction program...and it takes up A LOT of time! Some Remedy Alliance/For The People customers don't have the time, space, desire or know-how to pack kits themselves and want to purchase assembled naloxone kits instead of assembling the components themselves.

Part of our model relies on us getting some of the states and counties that are currently buying all that nasal Narcan® to buy IM for their state's harm reduction programs so they can get more volume out the door. These institutional purchasers sometimes don't know much about naloxone or kits and when they do, they *definitely* don't want to have kit-packing parties at the health department admin offices. We get it! We also don't have time to assemble all those kits ourselves.

So, we decided to share the blessing (money) and the burden (packing kits) with our harm reduction community.

RA/FTP's **Community Support Initiative** is designed to be mutually beneficial for us and for harm reduction programs. We will pay under-resourced



This box is revolutionary:
Completed CSI Naloxone kits
assembled in Oklahoma

harm reduction programs to take a bunch of supplies, wave their magic wands (labor), and return the supplies to us as assembled kits. In exchange, we will provide the program with **unrestricted funds** per kit packaged to use for **WHATEVER THEY WANT!**

Need to buy [pipes](#) and your funder won't let you? Want to buy camping and warm weather supplies for unhoused folks but your HIV testing (or whatever) grant doesn't allow for those types of expenses, but that's what your folks need and want? Want to buy taxi vouchers, solar phone chargers, give people cash? Want to finally reimburse yourself for mileage and money you spent on syringes from Walmart? Feel free! We know all too well how restrictive grants can be.

We Want Harm Reduction Programs To Have Funding That They Can Use for Things That People Really Need.

This is how it works: State X buys an assembled two-dose naloxone kit for about \$19 a piece (~60% cheaper than two doses of nasal). About \$6 of that goes to buy the naloxone/bags/syringes/stickers/etc. We pay your program \$5 **per kit** for assembly. The remaining \$8 per kit goes to buy naloxone for un-funded programs and helps absorb huge shipping costs.

We would never have been able to pull this off without the early gamble that colleagues at the UMSL-MIMH (Rachel Winograd, Lauren Green, Katie Brown, Vik Kondai, Karen Bartoni and amazing team) took on this idea. They were our first customer for this initiative, and they had faith, patience, and grace with our steep logistical learning curve. Without their early agreement to support and incubate the Community Support Initiative, we would not have been able to turn this idea into reality.

In our first six months of the Community Support Initiative, we have provided 20 under-resourced programs with \$180,000 of unrestricted funds in exchange for packing 40,000 naloxone kits.

TESTIMONIES FROM CSI PROGRAMS

An Anonymous Program

The Community Support Initiative (CSI) has also allowed us to vastly expand our mailing program and start offering smoking supplies — we just placed our first order for pipes and our participants are eagerly awaiting them! **It is amazing to NOT be operating from a place of scarcity in this regard for the first time in our program's history.**

Harm Reduction Sisters, Duluth, Minnesota

We held a community event and had medical students, county workers, and the HRS team, and we put together a thousand kits in 1.5 hours. **We are so grateful for the unrestricted dollars we can use to support our guerrilla healthcare workers providing secondary services.**

Confluence HRKC, Kansas City, Missouri

The Community Support Initiative was transformational for us — the first check we received from Remedy allowed us to go out and purchase a van that we use on our outreach routes. We had rapidly outgrown our personal vehicles and having a dedicated van has allowed us to expand our offering of wound care and hygiene supplies tremendously!



Confluence outreach van purchased with CSI funds, Leo the dog

New York Recovery Alliance, Rochester, New York

As a new org that is not yet state sanctioned, we have been paying out of pocket for supplies while we wait for our SSP application to be approved (it's been almost a year since we applied!). **Starting a non-profit requires capital, and ours comes in the form of volunteer hours and personal financial sacrifice.** The kit packing dollars we received have been essential during this nascent stage.

Insubordination Station Harm Reduction, Dover, New Hampshire

It's almost impossible to summarize how much this mattered to me and my organization. **It was the first time I felt seen and acknowledged in my work.** It gave me the opportunity to compensate myself and not have to worry about being able to re-up supplies anytime in the near future. I personally loved putting on my headphones and just in flow going through hundreds of kits. It was lovely. Not only did you make this naloxone super easy to access, it felt like y'all invested in me. Just one person trying to do something that seems nuts half the time. But I always felt like you had my back from the very beginning. And that has been extremely impactful in my self-confidence and belief in my ability to raise local consciousness as to the presence of IM naloxone and not JUST nasal.

I'm so glad that y'all brought up scarcity mentality so early on, and that I've been able to truly think about what that means in so many aspects. Being afraid to ask for things that we are entitled to. Being used to being underfunded and unsupported. Being used and/or being exploited by orgs that drain you of all your passion. I am so ready to smash the shit out of that paradigm. Truly love y'all

SHOTS, Tulsa, Oklahoma

The Community Support Initiative saved our ass! Unrestricted money in general, especially in this part of the country, is so hard to come by. SHOTS is strictly a syringe service program. We give out syringes, pipes, naloxone and that's it. When we're low on money we have to slow down on services, which we hate. **The Community Support Initiative has allowed us to continue ordering supplies and not worry about restrictions and reporting.** It's keeping us going and the workload vs the amount of money gifted is shockingly generous.



Courtney/Insubordination Station's naloxone kit packing for the CSI

FISCAL TRANSPARENCY

One of Remedy Alliance's core values is transparency. Working adjacent to one of the least transparent industries (the pharmaceutical one), we are actively working to subvert the opaque, profit-driven, extractive and opportunistic nature of access to medicines in the US.

Remedy Alliance is a 501(c)(3) non-profit organization. Our Calendar Year 2022 operating budget was \$1.4MM and our Calendar Year 2023 budget is \$3.7MM. We receive grant support from Open Society Foundations (general operations), Vital Strategies (drug checking) and are otherwise self-sustaining through the sale of naloxone at our two priced tiers and technical assistance contracts from NASTAD (ongoing), National Harm Reduction Coalition (2022) and University of Utah (2022). We are in the process of negotiating a loan from the Soros Economic Development Fund for \$1 million to help us purchase our first supply of nasal naloxone.

We use our priced tiers of naloxone to create our "free" supply and to return resources directly back to un-funded harm reduction programs through our Community Support Initiative. We have three paid staff (Maya Doe-Simkins, Eliza Wheeler and Clare Schmidt) and warehouses in Michigan and California.

On the next page is a summary of expenditures during our first year of operations (August 1, 2022-August 1, 2023).

Remedy Alliance achieved sustainability at the close of our first year of operations through a combination of naloxone sales to stably-resourced programs, donations, contracts and grant funding.

We are now able to easily provide naloxone at no-cost to unfunded/under-resourced harm reduction programs, expand into new areas of accessible low-cost or donated medicines, and expand our scope to include other innovative harm reduction strategies and projects.

Type of expense	Amount
Naloxone sent out (naloxone, packaging, shipping)	\$1,590,256.90
Community Support Initiative paid to underfunded programs for kit packing	\$180,000.00
Person power (staff, benefits, lawyers, bookkeeper, web designer, etc.)	\$328,173.80
Office costs (rent, supplies, utilities etc.)	\$65,619.75
Travel (conferences)	\$32,374.34
Other stuff (Insurance, Shopify/Google/other app subscriptions, merch)	\$53,886.29
Total	\$2,250,311.08

NEWS MEDIA & ADVOCACY

Part of our strategy since the formation of Remedy Alliance in late 2021 was to elevate and amplify the experience of harm reduction programs who were impacted by the affordable naloxone shortage and to engage in targeted advocacy for policy and regulatory changes. Throughout this intentional campaign, we reached out to many member programs to share local anecdotes: We are deeply indebted for your time. We know these interactions were sometimes difficult, but the collective advocacy and publicity was absolutely critical in drawing attention to the shortage and building support for the solution. We will never pressure you to speak with media.

With support from Open Society Foundations, we partnered with strategic communications consultants [SKDK](#) (led by Alex Bloom) to clarify our messaging and get important placements in local and national media.

June 2023

Washington Post: [White House meets with drug firms on cost of overdose-reversal drugs](#) David Ovalle
06.20.23 Mentions: Remedy Alliance, Maya Doe-Simkins

STAT News: [White House 'naloxone summit' omitting prominent advocates for lower costs](#) Lev Facher
06.15.23 Mentions: Remedy Alliance, Maya Doe-Simkins

May 2023

Washington Post: [New overdose antidote approved, but concerns raised about cost, side effects](#) David Ovalle
05.22.23 Mentions: Remedy Alliance

April 2023

Politico: [Can this bipartisan health package be saved?](#) David Lim and Katherine Ellen Foley 04.21.23
Mentions: Remedy Alliance, Nabarun Dasgupta

Washington Post: [Experts slam plan to sell overdose antidote Narcan at about \\$50 a kit](#) David Ovalle
04.20.23 Mentions: Remedy Alliance

March 2023

Politico: [Narcan's road to store shelves this summer](#) Ben Leonard, Erin Schumaker, and Carmen Paun
03.31.23 Mentions: Remedy Alliance, Nabarun Dasgupta

Politico: [A GOP pro-life agenda shift?](#) Daniel Payne and Krista Mahr 03.30.23 Mentions: Remedy Alliance, Nabarun Dasgupta

Washington Post: [Drug overdose antidote Narcan goes over-the-counter](#) David Ovalle 03.29.23 Mentions: Remedy Alliance, Nabarun Dasgupta

Associated Press: [FDA approves over-the-counter Narcan. Here's what it means](#) Geoff Mulvihill 03.29.23
Mentions: Remedy Alliance, Maya Doe-Simkins

CNN: [FDA approves first over-the-counter version of opioid overdose antidote Narcan](#) Nadia Kounang, Jen Christensen and Deidre McPhillips 03.29.23 Mentions: Nabarun Dasgupta

February 2023

NPR: [Over-the-counter Narcan will save lives, experts say. But the cost will affect access](#) Emma Bowman 02.18.23 Mentions: Remedy Alliance, Maya Doe-Simkins

Washington Post: [Opinion One big thing the FDA can do to save Americans from overdoses](#) Leana S. Wen 02.15.23 Mentions: Remedy Alliance, Nabarun Dasgupta

Associated Press: [Panel backs moving opioid antidote Narcan over the counter](#) Matthew Perrone 02.15.23 Mentions: Remedy Alliance, Maya Doe-Simkins

Filter Mag: [FDA Inches Closer to OTC Narcan—at the Expense of Generic Naloxone](#) Kastalia Medrano 02.15.23 Mentions: Remedy Alliance, Maya Doe-Simkins

January 2023

Associated Press: [Experts urge better opioid rescue drug access to save lives](#) Geoff Mulvihill and Sharon Johnson 01.29.23 Mentions: Remedy Alliance, Maya Doe-Simkins

The Hill: [Push for over-the-counter naloxone may not help most vulnerable](#) Nathaniel Weixel 01.15.23 Mentions: Remedy Alliance, Maya Doe-Simkins

November 2022

Filter Mag: [California Can't Afford Its Free Narcan Program. Will It Embrace Generic?](#) Alexander Lekhtman 11.22.22 Mentions: Remedy Alliance, Maya Doe-Simkins

Los Angeles Times: [California programs are waiting weeks for free Narcan to prevent overdose deaths](#) Emily Alpert Reyes 11.14.22 Mentions: Remedy Alliance, Eliza Wheeler

September 2022

Filter Mag: [FDA Exempts Harm Reduction From Biggest Naloxone Access Restrictions](#) Kastalia Medrano 09.26.22 Mentions: Remedy Alliance, Maya Doe-Simkins, Nabarun Dasgupta

CNN: [What is rainbow fentanyl? Colorful pills drive new warnings about deadliest drug in the United States](#) Jacequeline Howard 09.25.22 Mentions: Maya Doe-Simkins

The Verge: [FDA Makes it Easier for Harm Reduction Groups to Purchase Lifesaving Naloxone](#) Nicole Wetsam 09.23.22 Mentions: Remedy Alliance, Nabarun Dasgupta

Pink Sheet: [Opioid Emergency Clear Supply Chain Security Impediments to Naloxone Distribution](#) Bowman Cox 09.23.23 Mentions: Remedy Alliance, Nabarun Dasgupta

ASHTO Public Health Review Morning Edition: [New Naloxone Strategy](#) Janson Silvers 09.02.22 Mentions: Remedy Alliance, Nabarun Dasgupta

August 2022

Filter Mag: [The Pfizer Naloxone Shortage Ends, Leaving Us With Just the Regular One](#) Kastalia Medrano 08.08.22 Mentions: Remedy Alliance, Eliza Wheeler, Maya Doe-Simkins, Nabarun Dasgupta

Washington Post: [Affordable naloxone will be easier to access, reversing opioid overdoses](#) Meryl Kornfield 08.07.22 Mentions: Remedy Alliance, Eliza Wheeler, Maya Doe-Simkins, Nabarun Dasgupta

Filter Mag: [Exclusive: For the First Time, Harm Reduction Gets a Naloxone of Its Own](#) Kastalia Medrano 08.01.22 Mentions: Remedy Alliance, Eliza Wheeler, Maya Doe-Simkins, Nabarun Dasgupta

May 2022

Gizmodo: [A Cheap Drug That Reverses Opioid Overdose Has Been in Short Supply for a Year](#) 05.05.22

Mentions: OSNN Buyer's Club, Maya Doe-Simkins, Eliza Wheeler, Nabarun Dasgupta

March 2022

Medpage Today: [Make Naloxone More Accessible to At-Risk Americans, Experts Say](#) 3.30.22 Mentions:

Nabarun Dasgupta

HBO: Last Week Tonight with John Oliver: [Harm Reduction](#) 03.27.22 Mentions: Remedy Alliance publication

[A Thousand Ways to Say "No" to Naloxone](#)

December 2021

NPR: [To Save Lives, Overdose Antidote Should be Sold Over-the-Counter, Advocates Argue](#) 12.14.21 Aneri

Pattani Mentions: OSNN Buyer's Club, Nabarun Dasgupta

October 2021

POD SAVE THE PEOPLE with DeRay Mckesson: [Special Episode \(with Dr. Nabarun Dasgupta\)](#) 10.26.21

Mentions: Nabarun Dasgupta

WNYC/NPR The Takeaway [Cost of Naloxone Soars as Overdose-Related Deaths Surge](#) 10.25.21 Melissa

Harris-Perry Mentions: OSNN Buyer's Club, Nabarun Dasgupta

The Guardian: [Price for Drug That Reverses Opioid Overdoses Soars Amid Record Deaths](#) Melody

Schreiber 10.19.21 Mentions: OSNN Buyer's Club, Nabarun Dasgupta

September 2021

NBC: [Dangerous Shortage of Lifesaving Drug](#) Kate Snow 09.26.22 Mentions: Nabarun Dasgupta

August 2021

Washington Post: [Affordable naloxone is running out, creating a perfect storm for more overdose deaths, activists say](#) Meryl Kornfield 08.11.21 Mentions: OSNN Buyer's Club, Maya Doe-Simkins, Eliza Wheeler,

Nabarun Dasgupta

Scripps National News: [Affordable naloxone in short supply](#) 08.12.21 Mentions: OSNN Buyer's Club member

Wellness Services, Flint Michigan. This piece was later picked up by local stations in these cities: [Colorado Springs](#), [Baltimore](#), [Fort Myers](#), [Kansas City](#), [Cincinnati](#), [Cleveland](#), [Grand Rapids](#), [Tampa Bay](#), [Indianapolis](#)

Boston Globe: [As opioid epidemic rages, an overdose antidote is in short supply](#) Brian Amaral 08.02.21

Mentions: OSNN Buyer's Club member PONI in Rhode Island

July 2021

Filter Mag: [The US Faces a Naloxone Shortage at the Worst Possible Time](#) Morgan Godvin 07.29.21

Mentions: OSNN Buyer's Club

WHAT'S AHEAD: DRUG CHECKING

Introducing our Drug Checking Implementation Support and TA Initiative.

Drug overdose deaths continue to rise, and the drug supply is increasingly unpredictable and treacherous. Drug checking (real time chemical analysis of illicit drugs) is essential to improve public health and empower individual autonomy. Maya and Eliza have been involved in advanced technology drug checking since its relatively new emergence on the US scene (as with most harm reduction, other places have been doing this for years). They are among the many co-founders of the Alliance for Collaborative Drug Checking (ACDC), which is a drug checking braintrust and learning community. It was established in 2019 and has now grown to over 500 members with representatives from every continent! Also, Nab operates the [UNC Street Drug Analysis Lab](#), which provides mail-in drug checking services for harm reduction programs, drug user unions, and health departments.

Despite ACDC's growing presence and capacity and the expanding efforts of the Street Drug Analysis Lab, there is still a dearth of expertise available for providing hands-on technician training and program implementation support. The CDC and SAMHSA have both allowed certain federal funds to be available to purchase spectrometers, so programs are doing so in droves- but without understanding that the learning curve is steep and the content expertise is limited. We voiced our concerns to friends over at [Vital Strategies](#) and they agreed with the concerns we were observing about the vacuum for technical assistance. Thus launching an initiative to address that via Remedy Alliance was born! We affectionately call this initiative the DCG: Drug Checkers Guild.

We are thrilled that our first new hire is drug checking technician trainer extraordinaire Clare Schmidt and we also contracted with additional technician trainers Yarelix Estrada, Lee Ongais, and Taylor Wood. Together, this team is developing a curriculum to train technicians and factsheets, sample budgets, sample job descriptions, etc. They are also going to provide numerous on-site trainings for technicians to help roll out advanced technology drug checking services and incubate and invest in developing additional

capacity. Specifically, we are prioritizing BIPOC & PWUD-led initiatives that are community based and have a meaningful role for affected people. This initiative shifts drug chemistry away from criminalization and towards health, through individual empowerment. It also provides an advocacy voice centering the needs of historically marginalized people.

Meet the Drug Checkers Guild

Clare Schmidt is Remedy Alliance's Drug Checking Technical Lead and we were able to bring her on as our third paid staff member in June 2023 to coordinate our drug checking work. Read about Clare [here](#).

Yarelix Estrada, MSPH, is a first-generation Central American, drug policy and harm reduction researcher, advocate, and community outreach worker. Yarelix works as a City Research Scientist with the New York City Department of Health and Mental Hygiene conducting community-based substance use harm reduction outreach and research. Her work is currently largely focused on implementation of the first higher-technology drug checking research study in New York City with local syringe service programs and two overdose prevention centers. Yarelix is passionate about supporting people throughout the full continuum of drug use, from use for pleasure and healing to overdose prevention. She is the director of the New York City Psychedelic Society, is on the Board of Directors for the Tennessee Recovery Alliance, the Board of Directors for the Source Research Foundation, on the Advisory Board of the psychedelic media group Psymposia and is an organizer with the Urban Survivors Union and the Alliance for Collaborative Drug Checking. She received her Master of Science in Public Health in Health Policy at the Johns Hopkins Bloomberg School of Public Health. Yarelix loves drugs, traveling, weightlifting, her plants and fighting people at hardcore show mosh pits.

Taylor Wood, BFA, is a part-time drug user, full-time drug checker, and all around harm reductionist who began their journey volunteering with The Chicago Recovery Alliance before working as a drug checking technician for one of the first SSP-based drug checking programs in the US under the tutelage of its architects. Now the Drug Checking Program Manager & Senior Technician, they work to expand drug checking services through training technicians and/or apprenticeship, developing drop-off systems to provide wider access, as well as managing the distribution and occasional validation of

immunoassay testing kits across Chicagoland and greater Illinois. Taylor is direct in their opposition towards stigma of any kind, and seeks to build up and support those engaging in any/all substance use for whichever the cause. Taylor also works as a contractor for DanceSafe providing festival-based FTIR drug checking across seven states, in addition to being an organizer with the Alliance for Collaborative Drug Checking. Taylor received their Bachelors of Fine Arts in Documentary Filmmaking from Columbia College Chicago with significant contribution from The School of The Art Institute of Chicago, and their essay in fifth grade for the D.A.R.E Essay Contest was chosen for being the best. Taylor finds some sweet irony in that, as they do now enjoy moments of substance—occasionally on substance. Jokes aside—they enjoy hiking the Great Lakes with their dog Maverick, dancing, going on roadtrips to explore more places, and fighting with Yarelix in mosh pits.

Lee Ongais is the Drug Checking Coordinator for the San Francisco AIDS Foundation, overseeing San Francisco's only drug checking program that provides sample analysis at harm reduction programs throughout the city. Lee has been working in harm reduction for many years at the San Francisco Drug Users Union, SFAF, and Hawai'i Health and Harm Reduction Center.

DCG Mission Statement

We support the autonomy, knowledge, and empowerment of people who use drugs through increasing the capacity of quality drug checking programs across our communities. Through this drug checking technical assistance initiative, we aim to transfer knowledge and increase access to drug checking services to those most impacted by the erratic drug supply created by prohibitionist and racialized drug policy.

DCG Aims

- Utilize drug checking trainings and technical assistance support to liberate knowledge and increase accessibility to technology
- Incubate and nurture expertise among directly impacted people, people who use drugs, and BIPOC communities in an effort to shift drug chemistry away from criminalization and towards survival, choice, equity, and justice.

- Leverage drug checking as a stepping stone towards safe supply through increasing personal autonomy and decreasing opacity of the drug supply
- Destigmatize drugs by offering person-centered services that can be accessed by people who use all drugs
- Contribute to the building of a community of knowledge sharing and practice to increase capacity to drug checking technicians across the US and globe

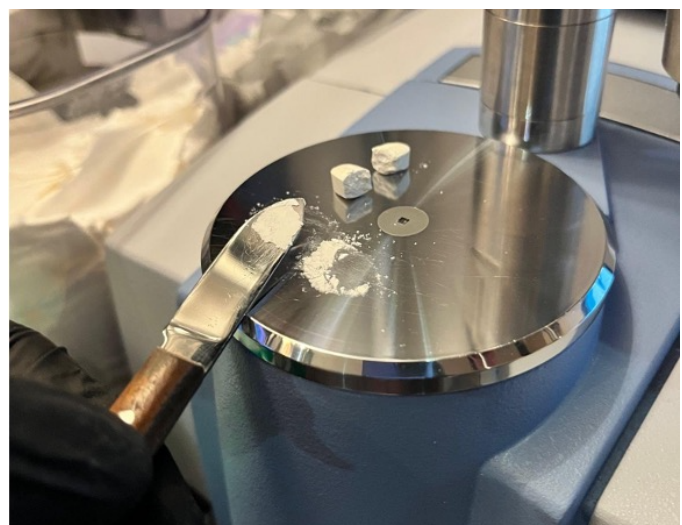
What Does Drug Checking Have To Do With Naloxone Access...Is This a Mission Drift??

Nope- not at all. We are most commonly associated with naloxone access, but that is simply a function of that being the first and most urgent issue at hand when we transitioned to Remedy Alliance during the affordable naloxone shortage. Our goal and vision has always been more broad. Drug checking weaves together very nicely with naloxone access: both are necessary services *specifically because the drug supply is so unpredictable and erratic*. This is what puts people at risk for overdose.

These services are also mechanisms to launch into more “big picture” questions: Are we really trying everything we can to address overdose? What would it be like if the drug supply contents were knowable- is safe supply the next logical step? If states are spending millions on naloxone, why are overdose rates still so high?



Photos courtesy of the DCG: FTIR



Spectrometer Plate

WHAT'S AHEAD: NASAL NALOXONE

In 2024 we hope and plan to launch a nasal naloxone product, and we are working with the only non-profit pharmaceutical company who is producing a low(er)-cost, over-the-counter nasal product, [Harm Reduction Therapeutics](#) (HRT) to do this. HRT's product was approved by the FDA on July 28, 2023.

HRT's 3mg nasal naloxone product is called RiVive, and they are hoping to launch sales and donations by the end of 2023 or early 2024. HRT have been responsive and inclusive partners since the earliest days of their product development—immediately reaching out to harm reduction programs to assess the landscape of naloxone access and the unique needs and concerns of harm reduction programs. We are excited to work with a company to offer a nasal option that is more in alignment with our own values and ethics than the other manufacturers of nasal naloxone. Stay tuned for our launch of this product!

The introduction of a nasal product will however, present some challenges to our existing tiered pricing model and we will have to come up with some creative solutions to be able to provide an [unavoidably more expensive product](#) in the same way. We are hoping to receive donated product from HRT that we can provide to our unfunded programs, and to sell the product at-cost to our partner programs who are already purchasing more expensive nasal naloxone from other companies. **We will maintain our existing eligibility criteria for working with Remedy Alliance, and will not be providing access to RiVive to entities purchasing it for use by law enforcement, first responders or distribution schemes that do not prioritize people who use drugs.**



Image from Harm Reduction Therapeutics website

WHAT'S AHEAD: ACCESS TO OTHER MEDS

Remedy Alliance hopes to begin moving into new spaces in terms of providing no-barrier access to medicines, especially those that are stigmatized and for stigmatized people and health issues. One of the areas we are interested in is expanding access to medicines for reproductive health and justice. We are excited to partner with [AIDS United](#) and [Julie](#) to provide **free emergency contraception** to harm reduction programs for distribution to people who use drugs, who are doing sex work and who are unable to easily access reproductive health care in their communities.

Julie is an amazing company who is producing an emergency contraceptive and has created a “buy one donate one” program that is reproductive justice and equity focused.

Co-Founder Amanda E/J Morrison in [Ebony Magazine](#):

“I am happy and proud to stand and say I am a Black woman at the head of a pharmaceutical company. When we created this company, we wanted to think about the impact beyond just selling this pill. How do we not only reduce shame, fear and lack of education for those who can afford our contraceptive but also how can we do that for those who may not have access to it,” explains Morrison. “The answer to that is our [Julie For All program](#). For every Julie purchased, we also donate one Julie. We’re activating in communities and working closely with our 70+ partners across the U.S. that we donate to. We really hope to reach people where they are and provide what they need.

We are extremely excited about this partnership, and to begin offering access to emergency contraception for distribution by our partner programs alongside naloxone.



That's all Folks!

We Promise This Report Will Be Significantly Shorter in Coming Years. In This Inaugural Report We Really Hoped To Capture the Full Story of our Evolution out of Crisis in 2021 Through our First Year of Operation Where We Now Find Ourselves Stable, Thriving and Moving Forward Into New and Exciting Work.

Thank You for Reading.