

Summary of Take Home Naloxone in Australia

Information current at 16 August 2021

Naloxone access, distribution and training – AUGUST 2020



THN products available



Exclusions of good Samaritan protection for intoxication



THN distributed through EDs



OST guidelines with THN



Naloxone training within First Aid



THN distributed by paramedics



Peer training available



THN distributed through NSPs/AOD



Naloxone carried by police




















































Training available online



THN distributed upon prison release



*Faded icons: projects in the works!

State/ Territory	Part of Federal THN Pilot Program	THN products available	OST guidelines with THN	Peer training available	Training available online	Exclusions of good Samaritan protection for intoxication	Naloxone training within First Aid	THN distributed by peers	THN distributed through NSPs/ NSEPs/AOD	THN distributed upon prison release	THN distributed through EDs	THN distributed by paramedics	Naloxone carried by police
 ACT													
 NSW													
 NT													
 Qld													
 SA													
 Tas													
 Vic													
 WA													



Australian Capital Territory

June 2021



Good Samaritan Legislation: *Civil Law (Wrongs) Act 2002, (Chapter 2, Part 2.1) (1)* A good samaritan does not incur personal civil liability for an act done or omission made honestly and without recklessness in assisting, or giving advice about the assistance to be given to, a person who is apparently— (a) injured or at risk of being injured; or (b) in need of emergency medical assistance. 'However, the protection does not apply if ... (2) (b) the good Samaritan's capacity to exercise appropriate care and skill was, at the relevant time, significantly impaired by a recreational drug'. (3) Despite subsection (2) (b), if a good samaritan administers the drug known as naloxone, honestly and without recklessness, to a person apparently suffering from an overdose of an opioid drug for the purpose of resuscitating the person, the protection under subsection (1) applies even if the good samaritan's capacity to exercise appropriate care and skill was, at the time of administering the drug, impaired by a recreational drug. Examples—opioid drugs: heroin, methadone, morphine



- COVID OMT guidelines do advise to provide THN to clients – no statistics available yet
- Longer term THN expansion funding in place for the coming years
- THN provided upon planned release from prison
- THN training and a voucher system is now available from our primary NSPs
- Peer training provided by CAHMA: contact details
 - Ph (02) 6253 3643, info@cahma.org.au, www.cahma.org.au, Community Centre: 17/54 Benjamin Way, Belconnen 2617





New South Wales

June 2021

*NSW is part of the
Federal THN Pilot
Program



Good Samaritan Legislation: *Civil Liability Act 2002, ss 56-58*. No protection if:

- it's the good Samaritan's intentional or negligent act or omission that caused the injury or risk of injury, or;
- the ability of the good Samaritan to exercise reasonable care and skill was significantly impaired by reason of the good Samaritan being under the influence of alcohol or a drug voluntarily consumed (whether or not it was consumed for medication), and
- the good Samaritan failed to exercise reasonable care and skill in connection with the act or omission.



- NSW Health workers can now be credentialed online, with access to training soon to be provided to NGOs
- Peer training provided by NUAA: contact details
 - Ph (02) 8354 7300, www.nuaa.org.au
 - NSP: 345 Crown St, Surry Hills
- THN provided through Justice Health
- THN is supplied through NSPs and AOD services in NSW
- THN distribution via EDs – pending

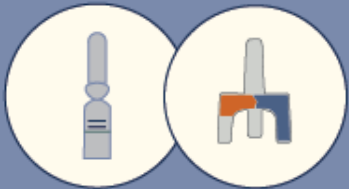


Northern Territory

June 2021



Good Samaritan Legislation: *Personal Injuries (Liabilities and Damages) Act, NT Criminal Code Schedule 1.* No protection if 'the good Samaritan was intoxicated while giving the advice or assistance'. Intoxication: 'If a Court finds that at or about the time of an incident a person had: (a) in his or her breath a concentration of 0.08 or more grams of alcohol in 210 litres of exhaled breath; or (b) in his or her blood a concentration of 0.08 or more grams of alcohol in 100 millilitres of blood; that finding is to be accepted for the purposes of this Division as conclusive evidence of those facts and that the person was intoxicated at the time of the incident'.



- Limited funding therefore only access to ampoules
- NT AOD OPP endeavour to supply prescriptions for THN as requested.
- Alice Springs NTAHC NSP able to supply prescriptions through DASA



- Peer training provided by NTAHC NSP; contact details:
 - Darwin NTAHC NSP Ph (08) 8944 7710
 - Palmerston NTAHC NSP Ph (08) 8931 3676
 - Alice Springs NTAHC NSP Ph (08) 8953 3172

- Alcohol & other Drugs Services of Central Australia (ADSCA) now has free Nyxoid available and is accessible to Alice Springs clients



Good Samaritan Legislation: *Civil Liability Act 1936, ss 74*. No protection if: '(b) the good Samaritan's capacity to exercise due care and skill was, at the relevant time, significantly impaired by alcohol or another recreational drug'.



- Promotion and referral (use of vouchers) to community pharmacy for free naloxone through key settings:
 - Community pharmacies/pharmacists
 - Hospitals
 - Private prescribers
 - First responders: Ambulance and SA Police
 - Alcohol and other drug workforce
 - Prison health service
 - Clean needle programs
 - Peer networkers
- Peer training provided by Drug and Alcohol Services SA (DASSA):
 - Phone (08) 7425 5080; email: HealthDASSAHarmReduction@sa.gov.au
- Provided through SA Prison Health to Post-Release Offenders
- Provided to DASSA clients directly, including within withdrawal and rehab services (not NSPs – yet)
- Guidelines for THN prescription for AOD clinicians within SA health
- THN from EDs being negotiated - working group underway

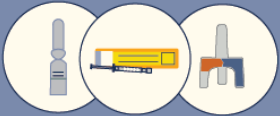


Queensland

August 2021



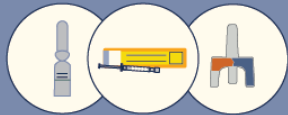
Good Samaritan Legislation: *Civil Liability Act 2003, ss 39-49*. No protection if: 'in connection with any community work' if the volunteer '(a) was intoxicated when doing the work; and (b) failed to exercise due care and skill when doing the work'. Sets out principles that apply 'in relation to the effect that a person's intoxication has on the duty and standard of care that the person is owed: (a) in deciding whether a duty of care arises, it is not relevant to consider the possibility or likelihood that a person may be intoxicated or that a person who is intoxicated may be exposed to increased risk because the person's capacity to exercise reasonable care and skill is impaired as a result of being intoxicated; (b) a person is not owed a duty of care merely because the person is intoxicated; (c) the fact that a person is or may be intoxicated does not of itself increase or otherwise affect the standard of care owed to the person'.



- Queensland Injectors Health Network (QUIHN) NSP staff supply naloxone free of charge from sites in Brisbane, Gold Coast, Sunshine Coast and Townsville (Contact Tegan Nuckey - 55207900)
- \$79,800 SEED innovation grant to Melaleuca Opioid Treatment Clinic for purchase of 300 doses of Nyxoid and a nursing staff member to provide brief intervention around overdose prevention and treatment, including pre and post evaluation of training (CI Contact: Louise Durant CNC (07) 3139 4080)
- Alcohol and Drug Services in Cairns and Brisbane supply naloxone to patients (with a prescription) from on site pharmacy (Brisbane contact (07) 3837 5600). For concession card holders, naloxone is free of charge.
- Online video training re overdose recognition and treatment available, building on existing 2 page Nyxoid information sheet (contact / resources from Insight www.insight.qld.edu.au)
- ROADS project aiming to connect newly released prisoners with A&D services in particular increasing naloxone provision – initially through Biala. (Contact Michaela Boyce 1800 177 833)
- Cairns Sexual Health Service provide naloxone (intranasal and intramuscular) funded through the health service. A prescription for Naloxone is required, and the health service has a General Practitioner and Pharmacy onsite.



Good Samaritan Legislation: *Civil Liability Act 2002, ss 35A-C*. No protection if '(a) the ability of the good Samaritan to exercise reasonable care and skill was significantly impaired by reason of the good Samaritan being under the influence of alcohol or a drug voluntarily consumed (whether or not it was consumed for medication); and (b) the good Samaritan failed to exercise reasonable care and skill in connection with the act or omission'.



- March 2020 Poisons regulation amendment permitting naloxone to be distributed from NSPs by certified NSP staff
- July 2020 Take Home Naloxone Trial commenced from all Primary NSPs
- The Opioid Overdose response and THN training was provided by Pennington Institute for Needle and Syringe Program workers and for other interested Department of Health workers and AOD community sector organisation workers.
- Free THN (Nyxoid) available through NSPs across the state (Prenoxad & ampoules are available with a script only from pharmacies).



Good Samaritan Legislation:

Wrongs Act 1958, ss 31A-D. Intoxication not mentioned



- Naloxone Subsidy Initiative: THN and vouchers for free naloxone from pharmacies available from select NSPs across Victoria. Find participating NSPs via DirectLine: www.directline.org.au



- OAT guidelines during COVID-19 recommend THN prescription
- Peer training provided by Harm Reduction Victoria: contact details:
 - <https://www.hrvic.org.au/d-o-p-e>, (03) 9329 1500



- AOD workers (& related disciplines) trained by the Penington Institute's COPE program: contact:
 - info@penington.org.au, (03) 9650 0699 (online training available)



- Justice Health pilot: Naloxone upon prison exit – ran early May to end of June 2020 – AOD workers training in Nyxoid and dispensed in medical package when they're released, along with info for harm reduction services provided upon exit.



Western Australia

August 2021

*WA is part of the
Federal THN Pilot
Program



Good Samaritan Legislation: *Civil Liability Act 2002, ss 5AB-5AE.* No protection if ‘the ability of the good Samaritan or medically qualified good Samaritan to exercise reasonable care and skill, at the relevant time, was significantly impaired by reason of the good Samaritan or medically qualified good Samaritan being intoxicated by alcohol or a drug or other substance capable of intoxicating a person and the intoxication was self-induced’.



- Naloxone Peer Education project – Mental Health Commission (MHC) and Peer Based Harm Reduction WA. MHC WA has funded and provided support, training, and collaboration in the delivery of WA naloxone programs since 2013.
 - Perth and Bunbury: Peer naloxone models and services delivering THN programs and supply of peer-to-peer naloxone. Drop into one of the sites, or call for outreach delivery; Perth: 0418 946 706; Southwest: 0418 739 372
- Workforce Development training the AOD, MH, and Health sector and SASA training, which allows non-health workers to supply naloxone
- All community and AOD service teams with THN supply
- The WA Police Force Naloxone Pilot launched on July 1st, 2021. 300 officers have been trained and are ready to respond to overdose with naloxone.
- WA Naloxone Program Department of Justice: Nyxoid supplied in medical kits on exit.
- Four Hospital EDs and mental health units currently supply naloxone. Ongoing negotiations with additional hospitals (including metro and regional sites) who have shown interest in naloxone supply.
- First Aid Training with naloxone: WA Police Force, consultation in progress to include naloxone training and overdose response in general first aid training. Workforce development training is state-wide and includes regional and remote communities.
- WA has multiple outreach programs delivering THN in parks, squats, and engaging street-based people.
- Online THN training in progress, online pharmacist training available. (Training for professionals - due late 2021)
- St. John Ambulance Australia THN by Critical Response team soft roll out commencing August 20, 2021, followed by statewide roll out by October 1, 2021.
- Phone brief education and postal THN available
- Inclusion of THN in OST guidelines – pending

The National Naloxone Reference Group

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