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| **Victorian Take-Home Naloxone Program**Operating Policy and Guidelines |
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# 1. Victorian Take-Home Naloxone Program: Operating Policy and Guidelines

## 1.1 Introduction

The Victorian Take-Home Naloxone Program: Operating Policy and Guidelines have been developed by the Victorian Department of Health (the department) for organisations and workers who are approved to supply naloxone under Victorian Take-Home Naloxone Program.

This document does not apply to health services such as community pharmacies or workers who already supply naloxone in Victoria, such as pharmacists or medical and nurse practitioners as outlined under section 90 of the [*National Health Act 1953*](https://www.legislation.gov.au/C1953A00095/latest/text) < https://www.legislation.gov.au/C1953A00095/latest/versions>.

To provide clarity to approved organisations and workers regarding their service delivery obligations, this document uses the word must for legislative funding dependent requirements, the word should is used for policy and practice recommendations.

## 1.2 Background

Opioids include morphine, oxycodone or fentanyl, heroin, Kamini Vidrawan Ras (Kamini) and synthetic opioids. Naloxone is a fast acting, opioid antagonist medication that temporarily reverses the effects of opioid overdose by binding to opioid receptors in the central nervous system. Naloxone is a safe and effective medication which can be lifesaving when used in a timely manner for an opioid overdose and has no effects on someone who has not used opioids.

In response to the 2018 Victorian Parliamentary Committee’s *Inquiry into Drug Law Reform*, the Victorian Government reformed legislation governing the supply of naloxone. The new regulatory framework includes:

* the *Drugs, Poisons and Controlled Substances Amendment Act 2021[[1]](#footnote-2)*(981 (Section 132(ya))
* the *Drugs, Poisons and Controlled Substances Amendment (Naloxone) Regulations 2017[[2]](#footnote-3)* (Regulations 5(1), 133F, 133G, 133H, 161D, 161E)
* the *Secretary Approval: Approved Naloxone Providers and Approved Workers* for Victoria’s Take-Home Naloxone Program, published in the Victorian Government Gazette[[3]](#footnote-4)
* Victorian Take-Home Naloxone Program and Operating Policy Guidelines.

In 2022, the Commonwealth Government made naloxone free with no prescription for anyone who may experience, or witness, an opioid overdose or adverse reaction. Victoria’s Take-Home Naloxone Program is informed by the Commonwealth Government’s National Take-Home Naloxone Program[[4]](#footnote-5)

The national program stipulates that naloxone is available for:

* people who are at risk of an opioid overdose or adverse reaction, their carers, friends and family members
* approved providers such as community pharmacists, dispensing doctors and hospital pharmacists
* Authorised Alternative Suppliers (AAS) such as needle and syringe programs, alcohol and other drug treatment centres and outreach services.

## 1.3 About the Victorian Take-Home Naloxone Program

The Victorian Take-Home Naloxone Program increases community access to naloxone. Eligible workers in approved organisations can supply naloxone to people who are at risk of, or who may be more likely to witness, an opioid overdose including carers, families or friends of people who use opioids.

People may still access naloxone from the other existing channels, including over-the-counter in community pharmacies or with a prescription from a medical or nurse practitioner.

The role of peers is enhanced by allowing a person who collects naloxone from an approved organisation to give it to another person (and that person to another, and so on) for the purposes of responding to an opioid overdose.

These changes aim to reduce opioid overdose-related morbidity and mortality by removing barriers to access experienced by people in the community who may have limited engagement with health services.

A check list of requirements for naloxone supply to support organisations and managers is provided at **Appendix 1**. A check list of requirements to support worker compliance when supplying naloxone is provided at **Appendix 4**. The following sections of these guidelines outline these requirements in detail.

# 2. Approved organisations

## 2.1 Approved organisations

To be approved to participate in the Victorian Take-Home Naloxone Program, an organisation must be included in the Victorian Government Gazette[[5]](#footnote-6) (refer to **Appendix 2**). An approved organisation must follow the conditions of program participation as specified in the Victorian Government Gazette:

1. The approved naloxone provider engages workers who belong to a class of worker specified in **Appendix 1**.
2. The approved naloxone provider ensures that the approved naloxone workers they engage to supply naloxone have completed a training course approved by an Executive Director in the Mental Health and Wellbeing Division of the Department of Health.
3. The approved naloxone provider certifies in writing that the approved naloxone worker they engage is competent to possess and supply naloxone.
4. The approved naloxone provider does not supply or permit the supply of naloxone to a person they engage unless conditions a), b) and c) are met.
5. The approved naloxone provider keeps on their premises a record of the approved naloxone workers who have completed the approved training program and that they have certified as competent.
6. The approved naloxone provider stores the naloxone in accordance with temperature requirements specified on the product, in a secure location that does not allow self-selection by a member of the public and places a label on the container which uniquely identifies the provider and the address of the provider.
7. The approved naloxone provider who obtains, possesses, and supplies the naloxone does so in accordance with any guidelines issued by the Department of Health.

An approved organisation’s participation in the supply of naloxone is ‘opt in’.

## 2.2 How to order naloxone

The program was established to align with the national program. As such, registration is required at a national level to support naloxone ordering and record-keeping processes. The steps below outline how to set up the naloxone ordering process:

**Step 1: Victorian Department of Health**

The department provides details of approved organisations to the Commonwealth Government and the Victorian Take-Home Naloxone Program distributor, Mailforce. This ensures organisations are included on the respective databases to facilitate naloxone ordering and record-keeping.

**Step 2: Approved organisation**

Approved organisations then register online at the Commonwealth Government’s Pharmacy Programs Administrator Registration and Claiming Portal, accessed at: <<https://app.ppaonline.com.au/home>>

A video tutorial with a step-by-step guide to the registration process can be accessed at: <<https://player.vimeo.com/video/919436696?h=1667e7869e&amp;badge=0&amp;autopause=0&amp;player_id=0&amp;app_id=58479>>

**Step 3: Approved organisation**

Once registration is complete, approved organisations can order naloxone. To do so, the organisation needs to login to the Mailforce ordering Portal available from: <<https://online.mailforce.info/Login.aspx?AspxAutoDetectCookieSupport=1>> go to the product ordering section and choose the formulation and quantity of naloxone your organisation requires from the menu, in the same way they would order other products like sterile injecting equipment.

There is no minimum or maximum order quantity. The quantity of naloxone ordered should consider your organisation’s existing stock levels, capacity to store naloxone, anticipated demand from consumers, and product expiry dates. It is reasonable for organisation to maintain stock levels that cover up to a few weeks supply.

There is no cost to the organisation associated with ordering naloxone under this program. Organisations must provide naloxone to consumers free of charge.

# 3. Approved workers

## Approved workers

To be approved to supply naloxone under the Victorian Take-Home Naloxone Program, a worker must work or volunteer at an approved provider in a role listed in the Victorian Government Gazette andfollow the conditions of program participation as specified in the Victorian Government Gazette[[6]](#footnote-7) (refer to **Appendix 2**).

## 3.2 Mandatory training

The department has endorsed Penington Institute’s Community Overdose, Prevention and Education (COPE) training as the approved free online naloxone administration training to Victorian frontline Needle and Syringe Program (NSP), Medically Supervised Injecting Room (MSIR) workers, Mental Health and Wellbeing Local workers and Victorian Drug Checking Service (VDCS) workers of both mobile and fixed site drug-checking services. Approved worker cannot supply to a worker of another organisation, for them to distribute. This would constitute wholesale supply which is illegal without a wholesale licence.

The training covers recognising and responding to an opioid overdose, naloxone administration and aftercare, as well as additional information about naloxone ordering, storage and data collection.

For further details on COPE training contactPenington Institute:

**Email**: [info@penington.org.au](mailto:info@penington.org.au)

**Telephone**: (03) 9650 0699

**Website**: Penington Institute <<https://www.penington.org.au/resources/cope-overdose-first-aid/>>

Workers should re-take the training course every three years to support contemporary understanding of best practice and policies relating to naloxone supply and use.

# 4. Naloxone formulations and scheduling requirements

Under the Victorian Take-Home Naloxone Program, the following naloxone formulations can be ordered and supplied:

* Nasal spray
* Prefilled syringe
* Ampoules

Individual pack sizes and product information for naloxone formulations available can be found at the Therapeutic Goods Administration website <[www.tga.gov.au](http://www.tga.gov.au)> and are outlined in **Appendix 3**.

Organisations mustensure compliance with storage, display and labelling requirements for naloxone as a Schedule 3 medication. Refer to 4.1 and 4.2 of this document or the *Drugs, Poisons and Controlled Substances Act 1981*.

## 4.1 Storage and display

As a schedule 3 medication, naloxone must be stored in a secure area of the organisation’s premises that the public does not have access to, and which does not allow self-selection by the consumer.

Organisations should ensure that protocols are in place to check expiry dates of the naloxone and that procedures for ordering naloxone and managing stock levels take into account product expiry dates.

Display material must only consist of general overdose and naloxone awareness messaging and not commercial promotion of any particular naloxone product.

Naloxone should be stored at a stable room temperature (do not freeze and do not store above 25° C) to preserve its effectiveness.

## 4.2 Labelling

Each package of naloxone must be affixed with a label that identifies the:

* name of the approved organisation
* address of the approved organisation from which it was supplied.

An example of a label that meets the regulatory requirements is provided in Figure 1.

**ABC Needle and Syringe Program**

123 Smith Street

Melbourne, VIC 3000

**Figure 1.** Example of a label to be affixed on naloxone packaging

## 4.3 Frequency and quantity of supply

There is no limit on the number of times an organisation may supply naloxone to a person.

At a minimum, one full pack per person should be supplied. However, as part of the supply process, workers should identify where a second or multiple packs would be needed by a consumer. Examples of this would include:

* a person that uses opioids at different locations and should have naloxone on hand in each of these locations
* a person travelling to a rural/regional area where there may be additional barriers to naloxone access.

If a person is also collecting naloxone for others, supply at least one pack for each person.

# 5. Naloxone supply

## 5.1 Steps for workers to supply naloxone

A checklist of the following requirements for naloxone supply by approved workers is outlined in **Appendix 4**.

**Step 1:** Engage with the person regarding their naloxone needs

Workers mustconfirm that the person collecting naloxone for others is using naloxone for a potential opioid overdose. Workers should consider people who use drugs other than opioids, as eligible to receive a Take-Home Naloxone intervention, providing they satisfy other eligibility criteria. People who use drugs other than opioids should consider carrying naloxone as they may still be at risk of opioid overdose. Strong opioids such as fentanyl, acetylfentanyl, and nitazenes have recently been found in methamphetamine, cocaine, ketamine, counterfeit benzodiazepines and heroin.   
  
The person collecting naloxone should also be made aware that that naloxone will not reverse overdoses related to other drug classes such as benzodiazepines or sedatives. If naloxone is used on someone who has not actually consumed opioids, it will not affect that person.

Workers should provide harm reduction, overdose prevention and information and options to support informed decision-making regarding the appropriate formulation of naloxone as appropriate.

**Step 2:** Identify any contraindications or precautions to naloxone use

Workers must ask the person about any known or potential contraindications to naloxone or other precautions relating to naloxone.

Contraindications to naloxone include previous allergic reactions or hypersensitivity to naloxone hydrochloride or to any of the other ingredients in the formulation. People with contraindications to naloxone must not be given naloxone and should be referred to a medical or nurse practitioner for assessment and advice.

**Step 3:** Educate the person about naloxone and provide fact sheets

Workers must provide information to the person about how to administer naloxone in response to a suspected opioid overdose.

* use naloxone safely
* respond in an overdose as outlined in the approved training course.

If a person is collecting naloxone for another person, the worker should encourage them to pass on the information to the other person/s and provide fact sheets to the consumer.

If the person is collecting naloxone for themselves, it should be clearly communicated that another person will have to administer naloxone in the event of an overdose and information on how to use naloxone should be relayed to family, friends and supporters.

If ampoules are supplied, a person should also be provided with:

* 5 x 3mL syringes
* 5 x 23-gauge needles
* sharps container
* alcohol wipes

If pre-filled syringes are supplied, a person should also be provided with:

* sharps container
* alcohol wipes

The worker should ensure that any person collecting naloxone, especially friends or family members, understand that they may have to administer the naloxone in an emergency.

Family, friends and supporters or other people receiving naloxone via secondary supply will need information on how to administer. Workers should offer people enough copies of a fact sheet specific to the naloxone formulation/s being supplied (nasal spray, prefilled syringe or ampoules). Fact sheets are available at: <<https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>2>.

**Step 4:** Supply naloxone to a person

A person accessing naloxone should be supplied with one full pack of the naloxone formulation decided upon, at a minimum. However, if the need for multiple packs is identified, then the person may be supplied with more than one pack.

If a person is collecting naloxone for multiple people, a full pack per person should be supplied. Commonwealth Government Take-Home Naloxone Program require a separate data entry be made for every multiple of two packs supplied.

Workers must not break packs and must not provide individual ampoules or sprays to a person.

The expiry date of the naloxone must be checked at the time of supply, ensuring it has not expired nor will expire soon and the person should be advised of the date.

The packaging must have a label that identifies the supplying organisation and their address (see section 4.2).

Naloxone must not be supplied to another organisation for the purpose of distribution. This would constitute wholesale supply which is illegal without a wholesale licence.

An accurate record of each naloxone supply transaction mustbe recorded in Commonwealth Government’s Pharmacy Programs Administrator Registration and Claiming Portal. The Victorian Needle and Syringe Program Handbook[[7]](#footnote-8) describes engagement approaches, harm reduction interventions and considerations for different cohorts attending needle and syringe programs including Aboriginal and/ or Torres Strait Islander people, culturally diverse communities, young people, pregnant people and people presenting intoxicated.

## 5.2 Naloxone supply via outreach

Where an approved worker is supplying naloxone via outreach the steps above should all be followed. Distribution of naloxone in a park or other public place is acceptable as part of carrying out usual outreach duties while interacting with people who may be at risk of opioid overdose.

## 5.3 Secondary Supply

Once a person obtains naloxone at an approved alternative supplier, it may be given from person to person for the purpose of opioid overdose reversal. This is often referred to as secondary supply or ‘peer-to-peer distribution’.

People supplied with naloxone are encouraged to collect naloxone for others who may be at risk of experiencing, or witnessing, an opioid overdose. This may be their family, friends, carers, supporters or peers.

Peer-to-peer distribution is an effective practice to facilitate naloxone access to people in the community who use drugs and who may have limited engagement with harm reduction, AOD or other health service providers.

Workers should advise the consumer to explain to their peers how to respond to an opioid overdose and how to use naloxone.

Workers should provide people with copies of the fact sheet specific to the naloxone formulation/s being supplied (nasal spray, prefilled syringe or ampoules).

## Naloxone supply record keeping

Workers must record data relating to all naloxone they supply in the Commonwealth Government’s Pharmacy Programs Administrator Registration and Claims Portal for the National Take-Home Naloxone Program (see section 2.2 above).

Registration of both approved organisations and all approved workers is required before naloxone is supplied under the Victorian Take-Home Naloxone Program. The collection and entry of data of naloxone supplied by approved workers supports:

* the department’s monitoring and evaluation of naloxone supply
* requirements of the Commonwealth Government’s National Take-Home Naloxone Program.

Data must be recorded each time naloxone is supplied. This can be at the time of supply or according to an organisation-specific protocol, such as for outreach workers to collect supply data manually (e.g. in a notebook) and to enter all data after an outreach shift in one go. If more than two packs are supplied to a person at one time, a new data entry is required for each multiple of two packs supplied. **Appendix 6** outlines the minimum data fields that are to be recorded by workers.

# 6 Administration

The Victorian Take-Home Naloxone Program deals with the regulation of naloxone supply. Provisions regarding its use or administration on someone suspected of experiencing an opioid overdose are not in scope of the program.

Information on naloxone administration is available from the Victorian Take-Home Naloxone Program website: <<https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>>. Information is also available on the Commonwealth Government Take-Home Naloxone website: <<https://www.health.gov.au/our-work/take-home-naloxone-program>> .

Instructions on administration are also provided with each naloxone product.

## 6.1 First aid management of suspected opioid overdose

From July 2025, all first aid courses in Australia and New Zealand will include instruction on the administration of intranasal naloxone, in line with Australian and New Zealand Committee on Resuscitation ([ANZCOR) First Aid Guideline-9-5-2: First Aid Management of Suspected Opioid Overdose](https://www.anzcor.org/home/first-aid-for-bites-stings-and-poisoning/guideline-9-5-2-first-aid-management-of-opioid-overdose#:~:text=Intranasal%20naloxone%20should%20be%20given,3)%20and%20continue%20close%20observation.) <<https://www.anzcor.org/assets/anzcor-guidelines/guideline-9-5-2-first-aid-management-of-opioid-overdose-289.pdf>>. This change represents a transformative step forward in equipping the whole community with life-saving skills.

## 6.2 Naloxone administration in Health and Community Services

The Department of Health has developed guidance for Victorian health and community services on the administration of naloxone by workers responding to opioid overdose. It also outlines legal protections and responsibilities for both clinical and non-clinical staff, aiming to support safe and confident use of naloxone in emergency situations. The document is available from the Victorian THN webpage: <<https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>>.

# Appendix 1: Naloxone supply checklist for approved organisations

This checklist is provided for use by a manager or program lead at an approved organisation to determine if all the conditions for naloxone supply have been met.

The manager or program lead must answer yes to all the questions below before an approved worker in your organisation can supply naloxone.

|  |  |  |
| --- | --- | --- |
| **Naloxone supply questions for organisations** | **Yes** | **No** |
| **Approved organisation requirements** | | |
| Is my category of organisation listed under the government approval for the Victorian program? |  |  |
| Has the ‘Main Authorised Person’ of my organisation registered our organisation as an approved naloxone supplier on the Commonwealth Government’s Pharmacy Programs Administrator Registration and Claiming Portal? |  |  |
| Does my organisation’s indemnity insurance cover approved workers to supply naloxone? |  |  |
| **Manager or program lead responsibilities for approved workers** | | |
| Is the worker employed by or volunteering at a Victorian Needle and Syringe Program, Medically Supervised Injecting Centre, Mental Health and Wellbeing Local or Victorian Drug Checking Service? |  |  |
| Is their role listed as an eligible worker class? (See **Appendix 2**) |  |  |
| Does the worker routinely undertake harm reduction activities as part of their role? |  |  |
| Have all workers in the organisation who will be supplying naloxone completed the required training? |  |  |
| Do I have a record of their certificate for completion for naloxone training? |  |  |
| Have I certified in writing that they are competent to possess and supply naloxone? |  |  |
| Have approved workers registered themselves as an approved naloxone worker on the Commonwealth Government’s Pharmacy Programs Administrator Registration and Claiming Portal? |  |  |
| Have approved workers read and understood these guidelines and the requirements of naloxone supply? |  |  |
| **Naloxone requirements** | | |
| Does my organisation have a place to store naloxone where the public does not have access to it? |  |  |
| Is it stored at the correct temperature (not freezing or over 25° Celsius)? |  |  |
| Does my organisation have a process for labelling naloxone product packaging? |  |  |

# Appendix 2: Eligible workers

The following persons are specified in the Victorian Government Gazette as approved classes of workers that can supply naloxone when working or volunteering for an approved organisation:

* Registered Aboriginal and Torres Strait Islander Health Practitioner
* Alcohol and other Drugs (AOD) worker / clinician / practitioner
* Case manager/worker
* Community support worker
* Consumer worker
* Counsellor
* Drug-checking director / general drug-checking worker / special drug-checking worker
* Enrolled nurse
* Medically Supervised Injecting Centre worker/ coordinator/ manager/ director
* Mental Health worker / clinician / practitioner
* Needle and Syringe Program worker/ coordinator/ manager/ director
* Outreach worker/ officer
* Paramedic
* Peer support worker/ coordinator
* Registered nurse
* Social worker
* Youth worker

Any of the above roles plus pre-fix of Aboriginal or Culturally and Linguistically Diverse

The following conditions of program participation as specified in the Victorian Government Gazette must be followed:

* The approved naloxone worker is engaged at a Needle and Syringe Program (NSP) (that is not associated with a pharmacy business, pharmacy department or pharmacy depot registered under the Pharmacy Regulation Act 2010), Medically Supervised Injecting Room, Mental Health and Wellbeing Local, or a Victorian Drug Checking Service.
* The approved naloxone worker has completed a training course approved by an Executive Director in the Mental Health and Wellbeing Division of the Department of Health and provided evidence of completion to their approved organisation.
* The approved naloxone worker is certified in writing by the approved naloxone provider as competent to possess and supply naloxone.
* The approved naloxone worker who possesses and supplies the naloxone does so in accordance with any guidelines issued by the Department of Health.
* The approved naloxone worker routinely provides harm reduction activities as part of their role which includes strategies aimed at reducing the negative consequences associated with drug use. This may include information on safer use, managed use, providing sterile needle and syringe equipment or providing brief interventions.

# Appendix 3: Naloxone products

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Formulation | Strength | Dose | Brand examples | Full pack size |
| Nasal spray | 1.8mg/actuation | 1.8mg intranasal | Nyxoid | 2 nasal sprays (2 single-dose units) |
| Prefilled syringe | 1mg/mL | 400mcg IM | Prenoxad | 1 x 2mL syringe |
| Ampoule | 400mcg/mL | 400mcg IM | Junalox, Naloxone Hydrochloride (DBL), Naloxone Juno, NALOXONE SXP | 5 x 1mL ampoules |

# Appendix 4: Naloxone supply checklist for approved workers

This checklist is provided for use by an approved worker to determine if all the conditions for naloxone supply have been met.

|  |  |  |
| --- | --- | --- |
| **Naloxone supply questions for approved workers** | **Yes** | **No** |
| **Check with the person** | | |
| Have I confirmed the consumer understands naloxone can only be used for an opioid overdose and not an overdose due to other drugs? |  |  |
| Have I confirmed the person has no contraindication/ precautions to using naloxone? |  |  |
| Have I educated the person about opioid overdose response, including how to use naloxone? |  |  |
| Have I offered the person a naloxone fact sheet? |  |  |
| **Check the product** | | |
| Is the naloxone product in date? |  |  |
| Is the product packaging labelled with the name and address of the organisation? |  |  |
| Is the naloxone being given out free of charge? |  |  |
| **Record keeping** | | |
| Have I recorded the details of the supply in the online Pharmacy Programs Administrator Registration and Claiming Portal? |  |  |

# Appendix 5: Data collection and reporting

The following data is to be collected and entered into the Commonwealth Government’s Pharmacy Programs Administrator Registration and Claiming Portal by the approved worker supplying naloxone each time it is supplied\*

* Date of naloxone supply
* Formulations and quantities of naloxone supplied (maximum of two in each data entry)
* Staff designation (e.g. ‘NSP worker’)
* Consumer consent to the collection of de-identified information for program monitoring purposes
  + If yes, whether the naloxone supplied was an initial supply or refill
  + If refill, was the previous naloxone:
    - lost, damaged or expired; or
    - used on the individual; or
    - used on another person; or
    - given to another person.

*\**Note:

1. These are the minimum data fields required to be completed in accordance with the funding requirements for the Commonwealth Government’s Take-Home Naloxone Program. The Victorian Department of Health may notify organisations of additional reporting requirements to support quality and safety evaluation of this program.
2. The maximum number of naloxone products that can be reported in each data entry is two. A new data entry is required for each multiple of two packs supplied.

# Appendix 6: Glossary

| **Glossary** | |
| --- | --- |
| Approved organisation | An organisation that is approved to obtain, possess and supply naloxone under the Victorian Take-Home Naloxone Program. Approved organisations are listed in the Victorian Government Gazette as an ‘*approved naloxone provider*’. |
| Approved training | A naloxone training program approved by the department that a worker or volunteer in an approved organisation must attend to become an approved worker under the Victorian Take-Home Naloxone Program. |
| Approved worker | A worker that is approved to possess and supply naloxone under the Victorian Take-Home Naloxone Program. Approved workers must be employed or volunteer at an approved organisation. |
| Commonwealth Government Take-Home Naloxone Program | A national program that funds the wholesale cost of naloxone for pharmacies and other approved organisations to supply naloxone to people who are at risk of opioid overdose. |
| Commonwealth Government Pharmacy Programs Administrator Registration and Claiming Portal | The online portal for the National Take-Home Naloxone Program with which all approved workers must register and through which they will enter data about each supply of naloxone to a consumer. |
| Consumer | A person attending an approved organisation to collect naloxone for themselves, or on behalf of someone else. |
| Fact sheet | Fact sheets for approved workers to provide to people that contain information on how to respond to an opioid overdose and how to use the three naloxone formulations (intranasal spray, pre-filled syringe and ampoules). |
| Contraindication | A specific situation in which a drug, in this case naloxone, should not be used because it may be harmful to the person. |
| Harm reduction activities | Practices that are aimed at reducing the negative health and social consequences associated with drug use including, for example, information on safer drug use or provision of sterile injecting equipment. |
| Naloxone | A Schedule 3 medication that can be supplied without a prescription for the purpose of temporarily reversing the effects of an opioid overdose or adverse reaction. |
| Opioid overdose | The symptoms that occur after taking opioids in a larger amount than tolerated including shallow breathing, confusion, reduced alertness and loss of consciousness. |
| Outreach | The provision of treatment, care or support in the community, including to people who are unwilling or unable to engage with mainstream health, social support or AOD services. |
| Peers (and ‘peer to peer’ distribution) | Someone with lived or living personal experience of alcohol or other drug use. Peer to peer distribution refers to the involvement of peers in the collection and supply of naloxone to peers or other people who may experience or witness an overdose. |
| Primary supply | The supply of naloxone to a consumer by an approved worker of an approved organisation. |
| Secondary supply | The subsequent supply from person to person (i.e. within the community) of naloxone that has been obtained from an approved organisation. Often referred to as peer-to-peer distribution. |
| Victorian Take-Home Naloxone Program | Program that governs the supply of naloxone from alternative providers (i.e. non-pharmacy) organisations to members of the community who are at risk of opioid overdose. |

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