

Title: Policy and practice diffusion and development in wider availability of naloxone in Australia 1999-2023 – substantial progress but more work to be done.

Simon Lenton¹ , Paul Dietze^{1,2}, Suzanne Nielsen³ , Grace Oh⁴ , Paul Dessauer⁵ , Sione Crawford⁶ , Nick Lintzeris^{7,8}

1. National Drug Research Institute & enAble Institute, Curtin University, Perth, Australia.
2. Behaviours and Health Risks Program, Burnet Institute, Melbourne, Australia.
3. Monash Addiction Research Centre, Monash University, Melbourne, Australia.
4. Australian Drug Education & Consultancy, Perth, Australia.
5. Peer Based Harm Reduction WA, Perth, Australia.
6. Harm Reduction Victoria, Melbourne, Australia.
7. South East Sydney Local Health District, Sydney, Australia.
8. Discipline of Addiction Medicine, The University of Sydney, Sydney, Australia

Presenter's email: s.lenton@curtin.edu.au

Introduction: A take-home naloxone (THN) program was established in the Australian Capital Territory in 2012 with similar programs established in other Australian jurisdictions shortly thereafter. They were established in the context of an increasing trend in overdose deaths, but unlike parts of North America, no opioid crisis had been declared. This presentation will track the development of THN in Australia from a small-scale program in one jurisdiction, through to a national THN program which aims to provide naloxone at no charge and suggests what more needs to be done.

Approach: Using a narrative approach theories of policy change will be used to explore the role of consumers, clinicians, researchers, health officials and policy advocates in shaping THN policy and practice in Australia.

Key Findings: Utilising partnership, piloting, evaluation and policy diffusion, a coalition of across-sector stakeholders, committed to evidence-based expansion of THN in Australia, led to widespread support for policy changes in a variety of settings, services and target groups.

Discussions and Conclusions: Although a public health opioid overdose emergency has not been declared in Australia, it has been possible to advocate for the establishment of THN and develop an evidence base and advocacy coalition that has led to a nationwide free naloxone program.

Implications for Practice or Policy (optional): The developments have been substantial although there is more work to be done to maximise the benefits of this life saving medicine, particularly in the face of potential increases in the use of high potency synthetic opioids.

Disclosure of Interest Statement: SL is supported by funding from the Australian Government under the Drug and Alcohol Program through its core funding of the National Drug Research Institute. SN is supported by NHMRC Investigator Fellowship (GNT2025894). NL has received honoraria for attendance on Advisory Boards for Indivior and has received research funding from Camurus AB for unrelated research. SL, PD, SN and NL participated as unpaid members of a 2017 advisory board meeting for Mundipharma discussing intranasal naloxone.