

The Opioid Safety Toolkit: Co-design to national dissemination

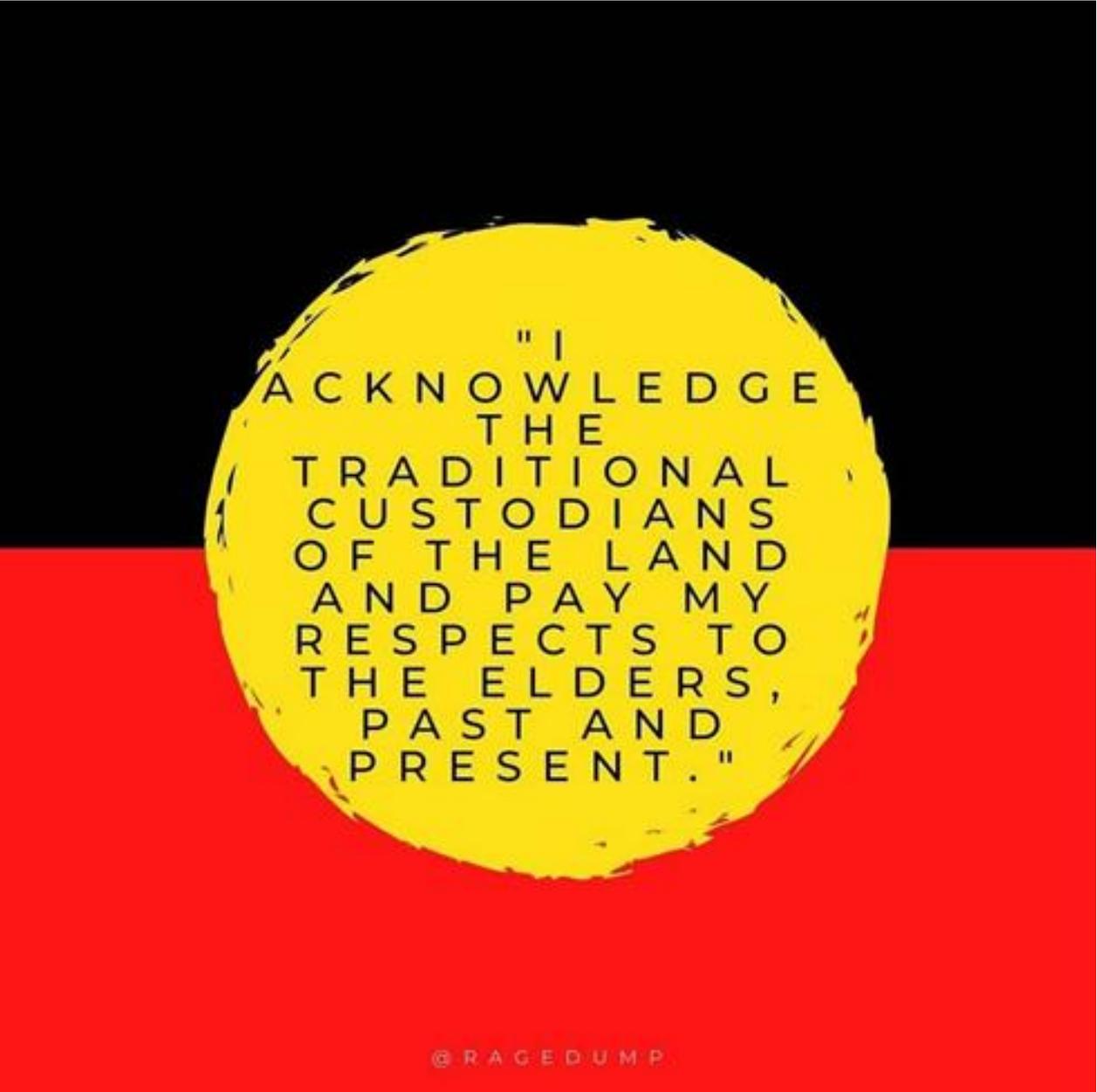
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APSAD Conference, 11th November 2025



Disclosures

No disclosures to declare



"I
ACKNOWLEDGE
THE
TRADITIONAL
CUSTODIANS
OF THE LAND
AND PAY MY
RESPECTS TO
THE ELDERS,
PAST AND
PRESENT."

@RAGEDUMP

Background

- *Prescription opioid harm in Australia remains high*
- *Healthcare professionals reluctant to initiate conversations about opioid harms, despite having tools and resources to support this*
- *Around half of the patients prescribed opioids are concerned about their opioid use, <5% have sought help*

How do we address this gap?

Opioid Safety Toolkit – Project Aims:

To develop an opioid safety toolkit to empower and support consumers to increase safer use of prescription opioids:

- 1. Understanding risk factors*
- 2. Accessing naloxone*
- 3. Having conversations about opioid safety with healthcare professionals*



Co-design: Action Lab

1. *Series of iterative workshops (n=7) to define the problem and design solutions*
2. *Involved consumers (n = 28) and medicines experts (Pharmacists, pain specialists, GPs, n = 14)*
3. *Communicate existing evidence-based information and tools in ways that are acceptable to consumers*
4. *Provide individualized, interactive and personalised information tailored to individual needs*



Opioid Safety Toolkit



Welcome to the Opioid Safety Toolkit

This toolkit is your comprehensive guide to safer opioid use when taking opioids for pain relief. Find out how the Opioid Safety Toolkit can help you create a safety plan and support you to make the best decisions about your health. **Let's make safety a priority, together.**

[Let's get started →](#)



Opioid Safety Plan

Prioritising safety: Your opioid safety plan

What is an opioid safety plan ?

An opioid safety plan supports safer opioid use, includes information on severe opioid side effects and includes a plan for emergencies such as having naloxone, an opioid antidote, in the home.

Why do I need an opioid safety plan?

While opioids can be important to manage pain, they are also strong medicines which can have severe side effects. Having an opioid safety plan that has been developed in advance with health care professionals means that key steps to prevent an opioid emergency can already be in place, and in the event of an emergency, people in your home will know what symptoms to look for and, and what to do.



On this page: [Create opioid safety plan](#) [Recognising symptoms](#) [What is naloxone](#) [In case of emergency](#) [ROOM Tool](#)

Recognising the symptoms

Knowing what to look for can be life-saving. Let's learn what to watch for:



Being extremely drowsy/veryhard to wake up (like a deepsleep) or being



Struggling to breath, snoring or gurgling



A blue tinge to the lips or nails



Pinpoint pupils



Being cold and clammy

Opioid Safety Plan

Share this plan with your family, friends or carer

Make a plan

1. Keep naloxone in an accessible place at home
2. Ensure that others in your home know what naloxone is, where it is stored and how to use it
3. Familiarise yourself and others with the symptoms that might indicate severe opioid side effects (or an 'overdose')
4. Make sure your opioids are stored safely and out of reach of children and/or pets.

My naloxone is kept:

My naloxone expires on:

Reduce your risk



Do not mix opioids with alcohol or other sedative medicines



Always stick to your prescribed dose



Use strategies to remember when you have taken your medicines (e.g. webster packs, marking off on a calendar)



Stick to the same doctor and pharmacist for your treatment



Ask your pharmacist or doctor about other ways of managing pain

Recognise the symptoms



Extreme drowsiness. Someone is very hard to wake up (like a deep sleep), not responsive or slumped over



A blue tinge on lips and/or nails with lighter skin or greyish/ashen colour with darker skin



Someone is struggling to breathe or if they are snoring or gurgling



The eyes have pinpoint pupils



The skin is cold and clammy to the touch

In case of emergency

1 Call an ambulance (000). Naloxone only works temporarily (for around 20 minutes), so make sure the ambulance is on the way.

2 Administer naloxone
Spray one dose into the nostril
If using the injection, inject one dose into the outer shoulder or thigh muscle.

Note the time of administration
If no response after 2-3 minutes, repeat the dose.

3 Place in the recovery position and stay until help arrives. Ensure the airway is clear and the person is on their side.

On this page:

[Create opioid safety plan](#)

[Recognising symptoms](#)

[What is naloxone](#)

[In case of emergency](#)

[ROOM Tool](#)

Create your safety plan

Complete, download, and print your plan. You can also download a blank version to fill out manually. Remember to keep it somewhere easily accessible, like on your fridge, or you can email it to yourself for easy access.

It is important that you discuss and share the safety plan with your doctor, pharmacist and family member(s)

What can I do to have safer use of opioids?

Did you do this?

1. Keep naloxone in an accessible place at home

2. Ensure that others in your home know what naloxone is used for, where it is kept, and how to use it in an accessible place at home

3. Familiarise yourself and others with the symptoms to look out for that might indicate severe opioid side effects (or an 'overdose')

3. Make sure that your opioids are stored safely (away from children / pets)

My naloxone is kept:

(Choose a location which is easy to remember and easy to find)

write your location here..

My naloxone expires on

(Enter the expiry date of your naloxone medicine)

DD/MM/YYYY

ROOM: Routine Opioid Outcome Monitoring Tool

We are asking a few questions to assist with the safe use of opioids for pain

Q1. What number best describes your pain on average over past 7 days?



Home > ROOM Tool

← Go Back

Thank you for completing the Routine Opioid Outcome Monitoring (ROOM) Tool

Below is a summary of what you reported. Download, print, and take this with you to your next doctor's appointment. You can also email yourself the filled copy or download a blank version to fill yourself.

Here's a summary of what you told us



Download a filled-in copy or a blank one that you can fill out later

Download filled copy →

Download blank copy →

Start again

Email it to yourself for easy and quick access.

enter your email

Send me →



Does the Toolkit work?

Online randomised controlled trial (n = 314)

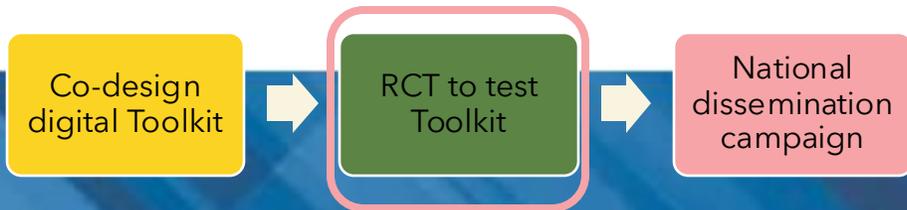
Active control: 'gold-standard'



Primary outcomes:

- 1) Intention to access naloxone (T1, right after intervention)
- 2) Requesting naloxone from a pharmacy (T2, 4 wks after intervention)
- 3) Discussing opioid safety with a healthcare professional (T2)

Secondary outcomes include satisfaction, knowledge, behaviour change

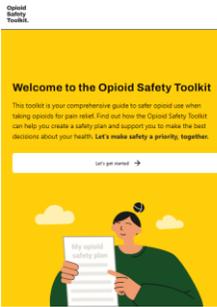
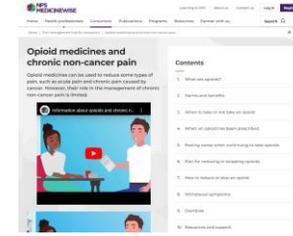
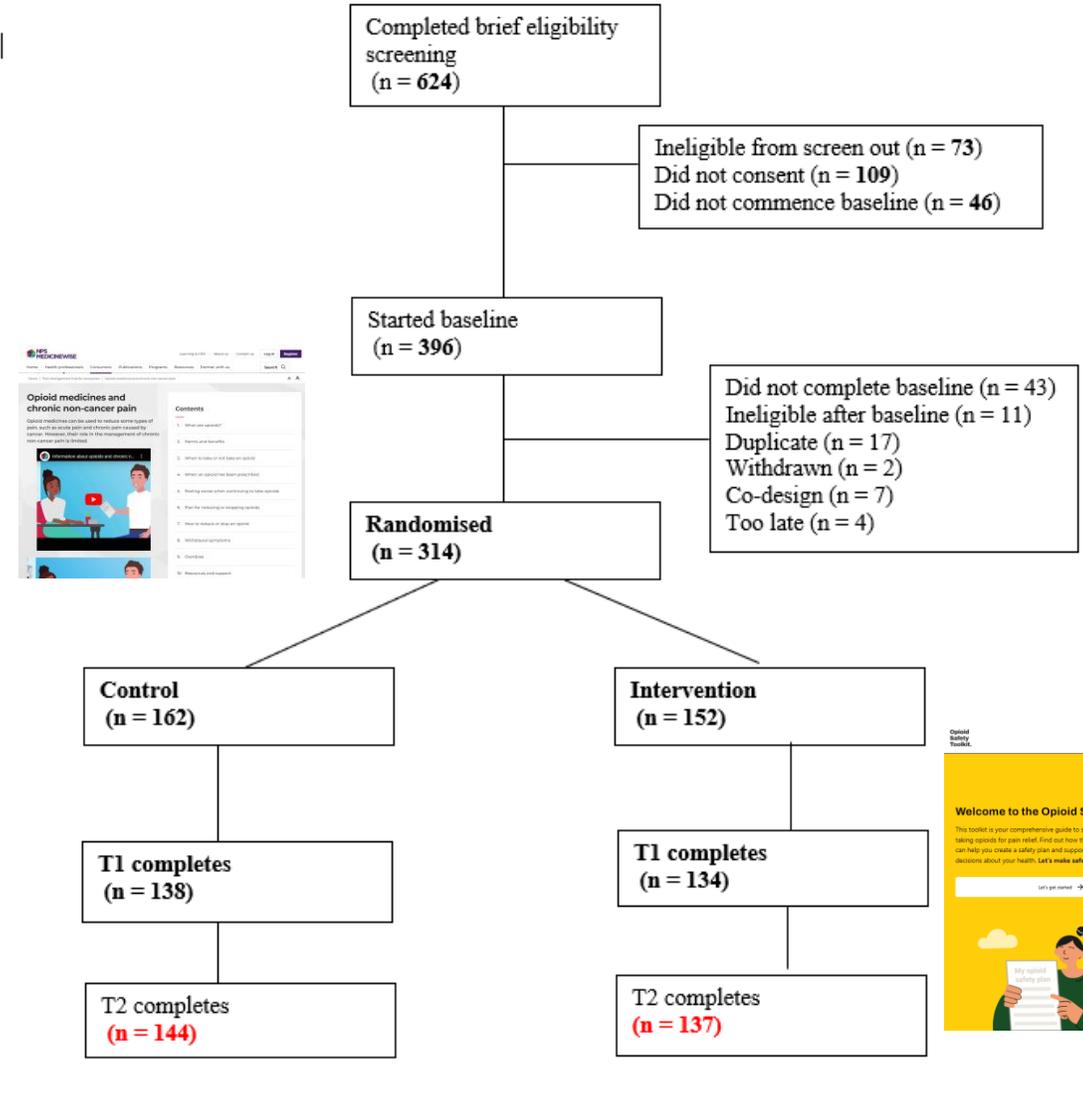


Enrolment

Allocation

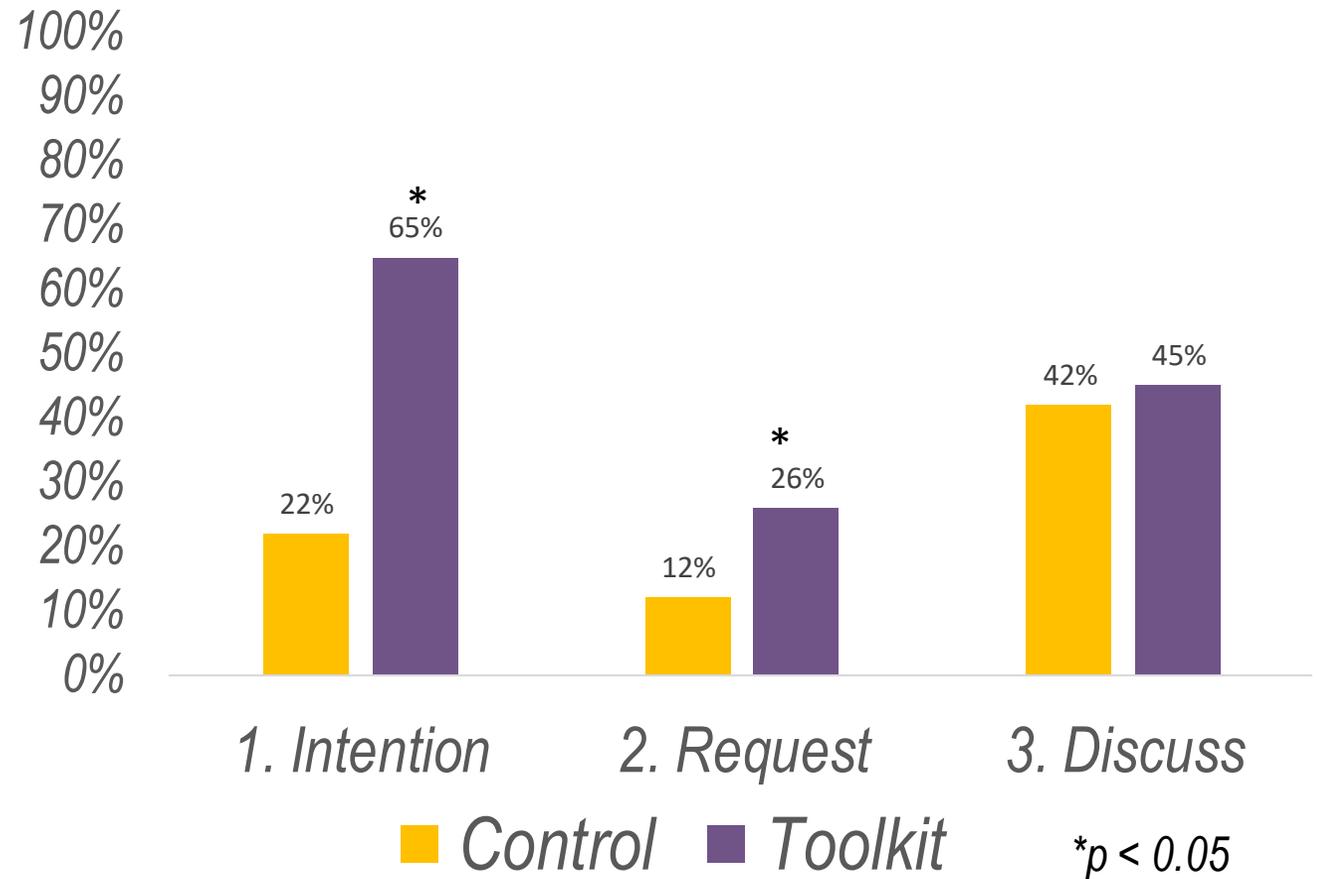
1st Follow-up

2nd Follow-up



Primary outcomes

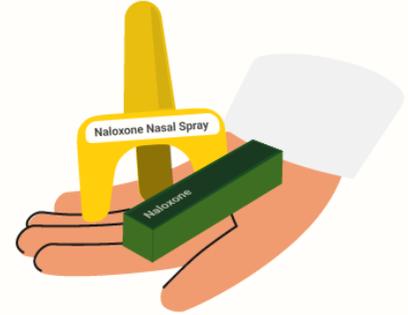
- 1 *Three times as many 'intend to access' naloxone compared to control ($p < 0.05$)*
- 2 *More than twice as many requested naloxone ($p < 0.05$)*
- 3 *Difference in discussing opioid safety not significant ($p=0.730$)*



Intervention group also had higher knowledge and satisfaction scores

National Dissemination

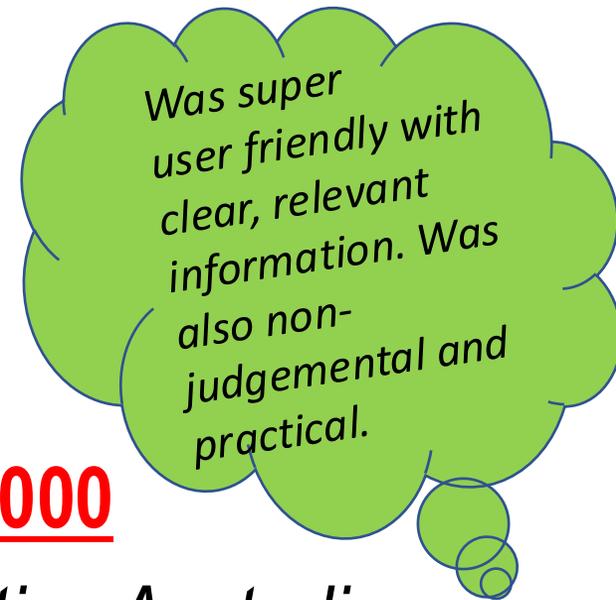
Multi-modal national communication and dissemination



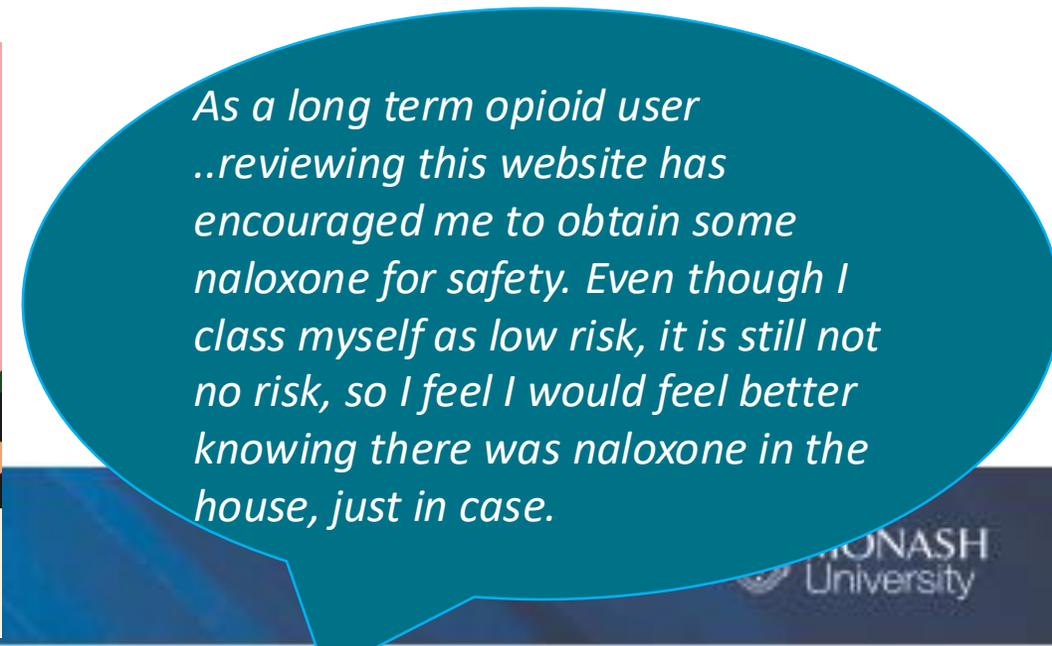
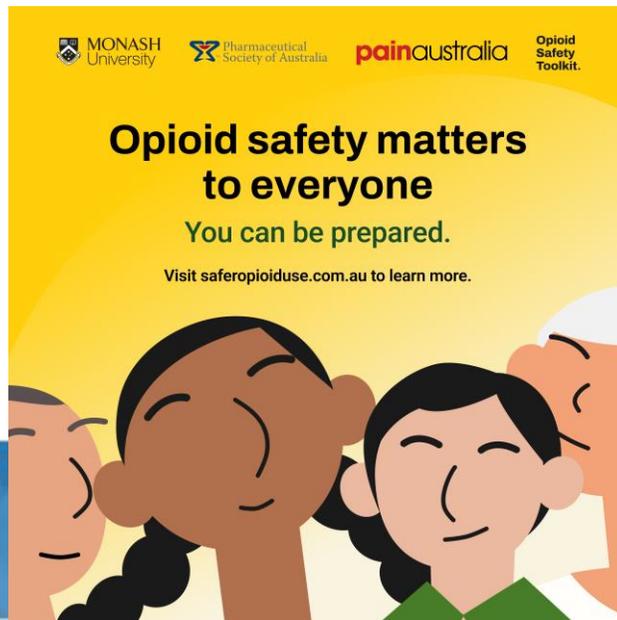
- *Informed by co-design phase*
- *Raise awareness for consumers and HCP*
- *Via project partners*
 - *Painaustralia and Pharmaceutical Society of Australia (PSA)*



Consumer Dissemination



- *Broad reach locally and even internationally*
- *Toolkit website has been accessed over **>90,000***
- *Social media campaigns via Painaustralia reaching **>94,000***
- *Toolkit features on consumer websites e.g. Harm Reduction Australia, Painaustralia, Healthdirect*



Pharmacy Dissemination

- *Through pharmacies at the point of opioid supply*
- *Officially launched Toolkit at National Pharmacy conference*
- *Posters in pharmacies, pharmacy journals, email lists*
- *>70 pharmacies sending SMS prompts at time when opioids dispensed reaching **>22,000** people*
- **32%** *community pharmacies actively promoting the Toolkit*

Only **2%** of people with prescription opioid risk have naloxone at home.

Pharmacists have a critical role to play.



Empower patient safety

Visit www.psa.org.au/opioidsafety/ for tools and resources



Scan QR code to access the resources

Broader Dissemination

- *Though primary care and pain experts*
 - *Conferences, seminars, webinars, workshops*
- *Primary Health Networks (PHNs)*
 - *Several now have the Toolkit on their webpages*
- *LinkedIn*
- *Media*

Are you working with patients prescribed opioids?

The Opioid Safety Toolkit can help you support them by

1. Creating a personalised opioid safety plan
2. Providing naloxone
3. Monitoring opioid and pain outcomes using a validated tool



We show the Toolkit to every patient taking an opioid – they all have naloxone at home now!

Pain management is complex, but the Toolkit helps me to support naloxone provision, and to get patients to open up about their opioid use and concerns about their pain

All our staff know about opioid safety and naloxone now, so every time an opioid script comes in they offer people the QR code to look at the Toolkit and chat more



Empower patient safety

Scan QR code or visit
www.saferopioiduse.com.au
for tools and resources



**Opioid
Safety
Toolkit.**

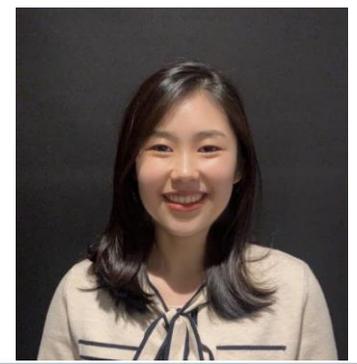
MONASH ADDICTION RESEARCH CENTRE

WORKING IN PARTNERSHIP TO CHANGE THE WAY WE THINK ABOUT AND RESPOND TO ADDICTION

monash.edu/medicine/ehcs/marc



Thank you



Acknowledgements

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