



POLICY BRIEF

Take-Home Naloxone

Take-Home, Take Action: Improving Naloxone Uptake in Australia

Executive Summary

In Australia, the number of deaths related to opioids is rising, with opioid-related overdoses a leading cause of higher death rates among people who use drugs (AIHW, 2025). Over the past twenty years, opioid-related overdoses have consistently represented the leading cause of drug-induced fatalities (HRA, 2024), despite many deaths being preventable. Naloxone is a safe and proven effective drug, typically administered via pre-filled syringe injection or intranasal spray, that temporarily reverses the effects of an overdose or adverse reaction by blocking opioids from attaching to opioid receptors in the brain (DHDA, 2025). While a National Take-Home Naloxone (THN) Program has been established, the distribution of THN remains suboptimal across Australia.

Key findings indicate that while there has been a general increase in the broader availability of Naloxone for peer administration in cases of opioid overdose, and improved willingness among health providers to stock and dispense it, there are still significant limitations to be addressed. These include ongoing barriers to access in community pharmacies, limited awareness and training amongst the community, and persistent stigma surrounding opioid use that continues to discourage engagement with harm reduction initiatives. The following recommendations have been previously proposed but continue to remain relevant:

- Expand the current \$19.6 million investment in the National THN Program to ensure all pharmacies provide Naloxone free-of-charge.
- Retain and expand access to THN from a range of sites incl. community pharmacies, social services, correctional and other settings.
- Federal and State/Territory Governments to ensure an equitable drug policy spend across the 3-pillars to support greater investment in evidence-based harm reduction approaches including THN.
- Law enforcement officers and other first responders across all jurisdictions should carry and be trained in the use of Naloxone.
- Incorporate the administration of Naloxone into First Aid training courses and all mandatory workplace first aid courses.



Statement of the Problem

The THN Program has received strong legislative support and federal funding; however, widespread access to Naloxone remains inconsistent and insufficient across much of the country. This policy implementation gap is particularly concerning given that unintentional opioid related deaths in Australia have nearly tripled since 2006 (MARC, 2024).

recognise the signs of overdose or respond appropriately with Naloxone. Ambiguity surrounding professional indemnity insurance due to inconsistent Good Samaritan legislation further complicates this situation. In late 2023, media drew attention to the requirement, in Victoria, of non-clinical frontline workers (including workers in housing services) to call

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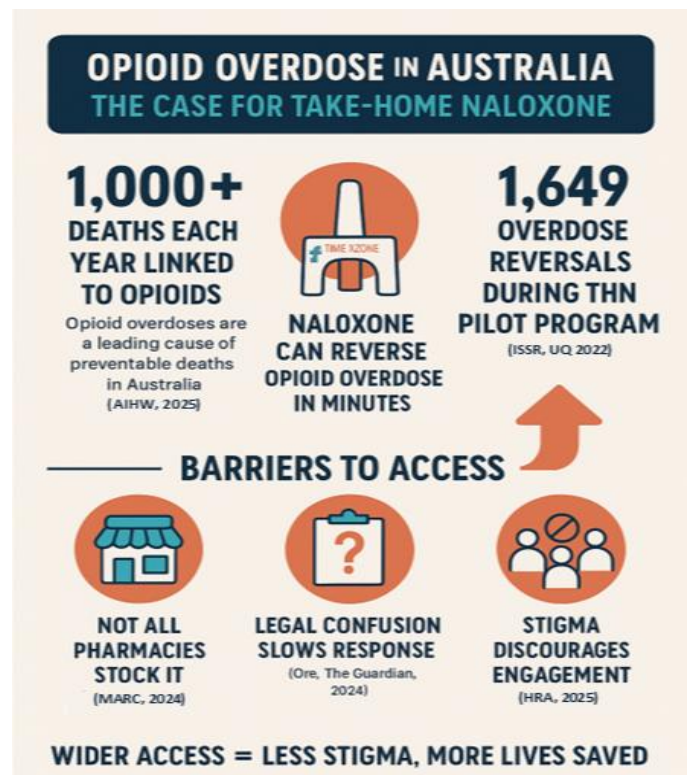
While fatalities linked to some prescription opioids have declined due to increased regulation, overall opioid deaths continue to rise, and there is a growing concern surrounding the increased presence of synthetic opioids that are significantly more potent than traditional opioids (MARC, 2024). Additionally, formally incarcerated people are at an increased risk of preventable mortality when compared to the general population, with research finding a markedly elevated rate of death in the first week post-release (Borschmann, 2024). In this context, there is an urgent need to develop better post-release overdose education & Naloxone distribution programs.

Partial supply and distribution of Naloxone through community pharmacies and other channels, such as correctional settings, remains a major barrier to effective overdose prevention. Although the addition of Naloxone nasal spray, to the Pharmaceutical Benefits Scheme (PBS) on November 1, 2019, reduced difficulties associated with administering the medication, there has been a critical shortage of Naloxone products since December 2024, with no certainty on how long or persistent this scarcity might be.

Additionally, education and training on how to administer Naloxone remains limited for the public, frontline workers and prison healthcare staff. While healthcare staff in prisons are authorised to administer Naloxone, they are not always present when overdoses occur, and correctional officers often lack the training to

emergency services before administering Naloxone, even though members of the public were permitted to administer Naloxone immediately (Ore, 2024). The Victorian Government subsequently responded to this issue, but it does highlight the critical importance of supportive legislative and regulatory frameworks to the ongoing implementation of the THN program.

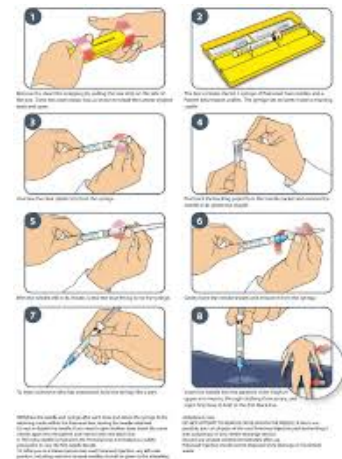
Without stronger action to identify and address current gaps in Naloxone access, government agencies risk missing critical opportunities to capitalise on the proven capacity of THN to save lives and strengthen overdose prevention efforts.



Policy Context & Evidence

Between 1 December 2019 and 30 June 2022, the Australian Government trialled a Take-Home Naloxone Pilot Program in New South Wales, South Australia and Western Australia, which allowed people at risk of experiencing or witnessing an opioid overdose or adverse reaction to have free, non-prescription access to Naloxone through participating pharmacies and services. An evaluation of the program that found that the pilot enabled at least 1,649 overdose reversals (ISSR, UQ, 2022), and in the 2022-2023 Federal Budget the Australian Government included \$19.6 million over 4 years to implement a national THN program across Australia. This expansion was considered by many researchers, health-service providers, and others to be a welcome and much-needed intervention to address opioid-induced deaths.

Further, efforts to reduce stigma towards people who use opioids remain insufficient. Although Australia's *National Drug Strategy 2017–2026* promotes a balanced three-pillar approach, comprising supply reduction, demand reduction, and harm reduction, the government continues to direct the overwhelming majority of funding towards supply reduction and law enforcement. This disproportionate focus reinforces negative stereotypes that portray people who use drugs as criminals, making them less likely to seek medical help due to fear of judgment and/or legal consequences. Such stigma is at odds with strong public support for harm reduction, including free and widespread access to take-home naloxone (THN) for people who use opioids and their friends or family members (HRA, 2025).



However, disappointingly, little has been done at the policy level to address the barriers to THN uptake that were identified during the pilot program, such as the negative impact of entrenched stigma towards people who use opioids and the lack of availability of THN in specific settings and locations. While recent research conducted at Monash University has shown an increase in access to THN through community pharmacy (with over 60% of pharmacies surveyed providing access to Naloxone), this research also revealed that gaps remain, with many community pharmacies across NSW, Victoria, QLD and WA still not stocking the life-saving opioid overdose medication (MARC, 2024).

Also, yet to be adequately addressed are the inconsistent THN distribution and administration practices across Australian jurisdictions. Though all states (except for Tasmania) have peer-based organisations now providing training and distribution of Naloxone, gaps remain in the availability of online training on administering/distributing THN (CREIDU, 2021).

Additionally, conflicting legislative protections under the Good Samaritan Act, in some jurisdictions, continue to present an additional barrier to the effectiveness of the THN Program.

Policy Recommendations

Critical gaps remain regarding the accessibility, training, legal protections and investment priorities surrounding THN. As such, the following recommendations aim to strengthen overdose prevention efforts and ensure equitable access to life-saving interventions across all communities to reduce opioid overdose deaths:

1

Expansion of the current \$19.6 million investment in the Take Home Naloxone (THN) Program to ensure that ALL pharmacies provide Naloxone free-of-charge

The Australian Government should significantly increase its investment in the National THN Program to support national consistency and equitable access. This expansion should guarantee that all community pharmacies, including those in regional, rural and remote, and under-serviced areas, are both supplied with Naloxone and actively engaged in its free distribution including to all people accessing opioid medications. Australian governments should take immediate action to authorise and accredit additional service settings to supply THN and implement a directive mandating that all eligible distribution sites maintain a minimum amount of stock at all times.

Retain and further expand access to THN from a range of sites

2

State and territory governments should also ensure access to Naloxone and training for people in prison prior to release. Direct provision of Naloxone to this population is in line with recommendations that direct provision may be more effective than programs that refer releasees to local pharmacies (Badie et al., 2020). This initiative should occur alongside ensuring an adequate supply of Naloxone in correctional settings for provision in the pre and post-release period and, peer-based education on recognising and responding to an opioid overdose including administering Naloxone for all prisoners.

All Federal and State/Territory Governments to commit to an equitable drug policy spend across the 3-pillars and consistent with the key goals of Australia's National Drug Strategy

3

Australian governments should promote a balanced approach to drug policy by ensuring adequate funding is allocated not only to law enforcement but also to harm reduction initiatives including public education on Naloxone use, and comprehensive training for service providers.

State and territory governments should also review Good Samaritan legislative protections across Australia to standardise laws and prevent confusion regarding Naloxone administration practices for all members of the public.

4

Police officers and other first responders across all jurisdictions should carry and be trained in the use of Naloxone

Police, paramedics, and other first responders are often the first to arrive at the scene of an overdose, placing them in a critical position to prevent fatalities. Therefore, at the state and territory level, it should be mandated that frontline responders complete standardised training in recognising and responding to overdose and administering Naloxone.

Policy Recommendations (continued)

5

Incorporate the administration of Naloxone into First Aid training courses and all mandatory workplace first aid courses

Australian governments should require that training on the administration of Naloxone is formally integrated into all accredited First Aid training and compulsory workplace first aid certification programs. Taking this action will normalise the use of Naloxone, reduce stigma, and ensure more Australians are equipped with the knowledge and confidence to intervene in an overdose emergency.



A key challenge to implementing these recommendations will be securing adequate funding to allow expanded access to THN. Increased resources to support free, non-prescription access to THN in an expanded range of access points/distribution sites will be essential to THN fulfilling its key role in overdose prevention in Australia. Funding must also be accompanied by transparent allocation systems and reporting to ensure accountability.

Clear, stigma-reducing education campaigns and public messaging that highlight the benefits of Naloxone will be essential to explain why wider naloxone access saves lives and how it aligns with Australia's National Drug Strategy.

Implementation Considerations

Messaging should be tailored to different audiences and centre the lived/living experiences of people who use drugs.

These campaigns must also clarify the legal rights of people administering naloxone and the responsibilities of distribution sites, so that fear around Naloxone usage is reduced. By shifting the narrative from criminality to care, these campaigns can contribute to broader efforts to reduce stigma against people who use drugs and build overall support for harm reduction policies.

Legislative reform is a challenge in itself; harmonising statutes to guarantee uniform protection for responders when administering Naloxone will require robust evidence, including overdose response data and international best practices, as well as careful drafting to ensure that legal frameworks clearly define the scope of protection and liability risks while still supporting timely intervention.

5 Ways Our Recommendations Deliver Public and Policy Wins

1

Saves Lives and Strengthens Communities

Expanding access to Take-Home Naloxone (THN) will prevent thousands of avoidable deaths each year. Every reversal represents a person, a family, and a community spared from preventable tragedy – reinforcing Australia’s commitment to compassionate, evidence-based health policy.

2

Reduces Pressure on Emergency Services

By equipping community members, peers, and frontline workers to respond rapidly to overdoses, the need for emergency callouts and hospitalisations will decrease. This enables health and emergency services to focus resources where they are most needed.

3

Aligns Drug Policy with National Strategy Goals

Implementing these recommendations will contribute to restoring a balance across the three pillars of Australia’s *National Drug Strategy*. It is a practical step towards addressing the current underinvestment in harm reduction by ensuring that public health is prioritised alongside law enforcement.

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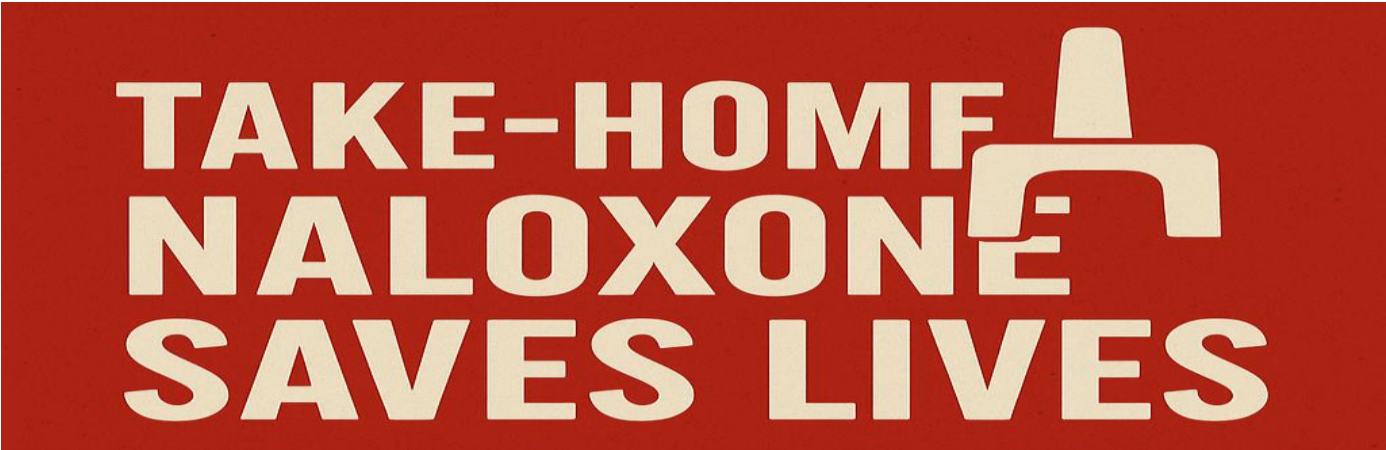
Builds Public Trust and Reduces Stigma

Wider availability of Naloxone including through pharmacies, first aid training, and public awareness campaigns normalises overdose prevention as a community responsibility. This helps dismantle stigma surrounding opioid use and encourages people to seek help early without fear or shame.

5

Strengthens Health System Preparedness

Training first responders, healthcare staff, and community workers in Naloxone administration creates a more resilient and responsive health system. Ensuring consistent laws, supply, and training across jurisdictions builds national preparedness to address the evolving opioid landscape.



**TAKE-HOME
NALOXONE
SAVES LIVES**

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This policy brief is part of a series that provides summaries of evidence-based best practices and/or policy options on key harm reduction issues. Find the rest of the series here:
<https://www.harmreductionaustralia.org.au/>