



## Evaluation of the NSW Users and AIDS Association (NUAA) Online Postal Take-Home Naloxone Service

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## Executive Summary

This is an evaluation undertaken by the Speciality of Addiction Medicine, Central Clinical School, Faculty of Medicine and Health, University of Sydney, of a NSW Health funded pilot online postal take home naloxone (THN) intervention and service which was developed and delivered by the NSW Users and AIDS Association (NUAA). The pilot service commenced in May 2022 and the evaluation captured the period from May 2022 to March 2023 (10 months).

### Background

THN is an effective intervention for reducing opioid-related overdose mortality. In NSW, THN is available either over the counter through participating community pharmacies, via credentialled Needle Syringe Program (NSP) and Alcohol and other Drug (AOD) Services staff without prescription, or via a prescription issued by a medical or nurse practitioner. All of these models of care require a direct (e.g. face to face, telehealth) intervention between the service provider and the consumer.

However, COVID highlighted some of the concerns of relying on models of care requiring direct service contact. Furthermore, despite the expansion of THN access through community pharmacies, NSP and AOD services, NUAA continued to receive feedback from consumers of inconsistent access to THN due to erratic pharmacy supply and particularly for those from regional or remote locations. Stigma was another barrier of face to face services in accessing THN amongst some consumers.

In response, NUAA developed a pilot online postal THN service, in which consumers can complete an online THN intervention (on the NUAA website), and upon successful completion of a knowledge assessment, be sent THN supplies in the mail. This is an evaluation of the first 10 months of the NUAA online postal THN service.

### Evaluation

The evaluation examined service utilisation, characteristics of the consumers of the service (including demographic and substance use profiles, prior THN experience), and the motivations and experiences of consumers using the online service. The evaluation included service utilisation data structured questionnaires and semi-structured telephone interviews. The project was approved by University of Sydney Human Research Ethics Committee.

During the 10-month evaluation period, 245 individuals registered for the postal THN service, of which 222 (91%) started the online course. A total of 194 THN packs were supplied via the postal service between 20<sup>th</sup> May 2022 and 20<sup>th</sup> March 2023, comprising of 115 (59%) intranasal spray (Nyxoid®) and 79 (41%) intramuscular injection (Prenoxad®) packs.

Of those who started the course, 170/222 (77%) completed viewing the online educational video and commenced the knowledge assessment, with 95/170 (56%) completing the course and ordering the THN. Sixty-seven of the 95 individuals completed an online questionnaire regarding their experience of the service, and 12 completed a subsequent semi-structured telephone interview.

### Key findings

The online THN service attracted a slightly different profile of consumers than conventional THN services (based on the prior NSW ORTHN project and National THN Pilot evaluation). The pilot project had a higher proportion of women (48%), and a higher proportion of consumers (37%) from regional/remote locations. The largest proportion were in the 31 – 40 years age range (31%), followed by 41 – 50 years (19%), and 26 – 30 years (18%).

Most consumers (n=98, 60%) had not previously undertaken a THN intervention. Of those who had accessed THN previously, thirty four (53%) had administered it to another person, 11 (17%) had the THN administered to themselves, and 19 (30%) reported that the THN was lost/damaged or out-of-date.

### *Experience of the online THN intervention*

The majority of consumers provided positive feedback regarding the online service. Few (8%) found the online intervention difficult to use or navigate; the majority of participants (94%) found the information and training video easy/very easy to understand, 84% reported that the knowledge assessment was easy/very easy to complete, and importantly, most consumers (94%) were very confident in using THN in the event of a suspected overdose. Overall, 90% were 'very satisfied' and 7% 'somewhat satisfied' with the online service, and 98% indicated they would recommend the service a friend.

In semi-structured interviews, consumers identified the online THN service to have the following benefits:

- *Increased accessibility and convenience for consumers.* The service was experienced as convenient for consumers and increased accessibility, particularly for those outside of metropolitan areas, those with health or disability concerns, and to a lesser degree due to COVID travel restrictions. The online service overcame the erratic availability of THN at community pharmacies and relative sparsity of NSPs and AOD services providing THN services.

*“Accessibility. It would be too much hassle for me to make a specific trip to a vendor to pick it up. Whereas this is convenient to get it in the mail.”*

*“I’d go to a pharmacy in the city and they would either look at me blankly, like I don’t know what you’re even referring to, or no, no, we don’t have that here...happened maybe six times.”*

*“I’m in a rural area and I am an ex-user....it’s more convenient in a rural setting to have it posted out. It’s much more accessible than going to a pharmacy....I don’t think we have much of a face to face service that would provide that kind of thing where I live in this area.”*

- **Confidentiality and anonymity of the online service.** The online service provided greater confidentiality, particularly for those in regional/remote areas, or who work in health services.

*“..given that I get my pain medication from a Pharmacy, if I am getting Naloxone, they are then going to assume that I’m taking more medication than I should be.”*

*“I wouldn’t have felt comfortable going anywhere local....and it really is (NUAA) somewhere I trust.”*

- **Addressing stigma of face to face THN interventions.** Some consumers identified stigma associated with accessing THN from face to face services. The online service overcame this concern.

*“...I noticed, depending what I was wearing, and how I presented myself, I got a completely different reaction from the Pharmacist. Even the same Pharmacist on different days, which was very, very interesting, and that’s where I had to have stern words with a couple of them. I noticed if I turned up wearing....a jacket and a business shirt, I’d get a different response than if I was .... wearing my hoodie or my wet weather gear.”*

Consumers identified that a peer-based organisation such as NUAA was a trusted and suitable provider of the service.

## Conclusions and Recommendations

1. The evaluation demonstrates the importance of the postal THN service for people to access THN, in addition to existing (face to face) options. The online service addresses many of the barriers to THN access of existing face to face models of care, including geography and stigma issues.
2. Given the high level of trust and confidence in accessing the service through the NUAA website, it is important for the service to continue to be provided by a peer service such as NUAA.
3. Further refinements of the intervention based on feedback provided by consumers should occur.
4. Given the favourable evaluation of the pilot online service in ensuring consumer access and confidence regarding THN use, the service should be continued as a routine service in NSW.
5. NUAA should examine opportunities to expand the online postal service to consumers outside of NSW. NUAA would need to examine regulatory issues with each jurisdiction to ensure the model is consistent with local regulations.

## Introduction

Opioid overdoses have been increasing in Australia over the past 15-20 years, with a large proportion due to prescribed opioid medication [1,2]. Amongst people who inject drugs, the majority of overdose related deaths are due to opioids (e.g. heroin)[3].

Naloxone is a medication which can reverse an opioid related overdose and take home naloxone (THN) is available for first responders in the community to use in a suspected overdose situation. THN is available in Australia as two formulations: intranasal spray (Nyxoid®) and a pre-filled syringe for intramuscular injection (Prenoxad®). Naloxone is listed as an essential medication by the World Health Organisation (WHO), and THN is considered a key strategy in reducing opioid overdose mortality internationally.

### *1. Models of THN access in NSW*

Prior to 2016, naloxone (for THN) was scheduled as an S4 medication and required a prescription by a medical or nurse practitioner. NSW introduced mechanisms (developed as part of the NSW Health Translational Research Grants Scheme (TRGS) funded Overdose Response with Take Home Naloxone (ORTHN) Study [4]) for THN to be supplied directly to clients through credentialled health and consumer workers – initially through government sector Needle & Syringe programs (NSP) and Alcohol & Other Drugs (AOD) settings (2018 onwards), and then through the Non-Government Organisation (NGO) sector (2020 onwards), enabling consumers to access THN through face to face interventions directly from NSP and AOD services. The THN intervention involves the provision of the medication to members of the community, following assessment for eligibility, completion of a brief educational intervention, and a comprehension/knowledge assessment. Credentialling for health workers and consumer workers to provide the intervention is provided through an on-line process hosted by NSW Health (<http://internal.health.nsw.gov.au/naloxone/>).

As part of the Commonwealth Pilot Study (2019-2021), community pharmacies were also enabled to supply naloxone for THN, as an over-the-counter S3 medication, which was subsequently expanded and continued across Australia following the completion of the pilot study [5].

These initiatives in NSW have contributed to the increased availability of THN to members of the community across the state, in recent years. Each of these options requires in-person/face to face provision of the brief intervention and supply of the THN.

## *2. Barriers to accessing THN*

A barrier to accessing THN was highlighted during the COVID pandemic social restrictions, which prevented or made it difficult for many individuals to access health services in person. Additional barriers to accessing THN in face-to-face interventions had been identified by the NSW Users and AIDS Association (NUAA) and healthcare workers, including for example; limited service options for people residing in regional and remote areas, reluctance accessing naloxone via AOD services, stigma issues for members of the community that do not wish to be identified as someone who uses opioids, and those unable to access services due to a disability. Barriers regarding community pharmacy supply of THN in Australia have also recently been documented [6].

In response to many of the concerns arising from COVID restrictions, NUAA established a postal needle and syringe program during the COVID pandemic to ensure continued supply of injecting equipment to consumers. NUAA identified an opportunity to also deliver a postal THN service alongside the postal NSP service. NUAA worked with NSW Health, Centre for Alcohol & Other Drugs (CAOD) staff, and the team from SESLHD Drug & Alcohol Services who had developed the NSW THN Model of Care (Prof Lintzeris, Dr Sunjic) to adapt the NSW Health 'approved' THN intervention (requiring completion of a brief face-to-face education intervention) to be delivered in an online format, with naloxone supplies distributed in the mail following completion of the online process. NUAA's online postal THN service was launched on 20th May 2022, with an evaluation of the initial implementation.

The provision of the THN online brief intervention and the naloxone via the postal service potentially makes THN more accessible for members of the community, although it introduces potential risk of poor understanding of THN interventions by consumers using the service without any face to face interaction. To this end, the CAOD commissioned an evaluation of the pilot intervention prior to considering future implementation.

## *3. Evaluation objectives*

The objectives of the evaluation of the NUAA postal THN service were:

1. To determine the effectiveness of the online (non-direct contact) model in ensuring consumer knowledge regarding safe and effective THN use by consumers,
2. To examine consumer perspectives regarding the online pilot intervention
3. To inform future models for provision of this intervention.

## Methods

The evaluation of the pilot postal THN service ran from its launch on 20<sup>th</sup> May 2022 to 20<sup>th</sup> March 2023. The study design involved mixed methods approach incorporating analysis of service use data, and voluntary completion of structured questionnaires and semi-structured qualitative interviews regarding consumer experiences of the intervention. Specifically, the evaluation included three types of data:

1. Data was obtained from the NUAA website, including; demographic data, previous access to THN, reason for ordering THN, drug use in the last month etc. This was captured for those accessing the NUAA website, who registered for the Postal THN service.
2. Individuals who registered for the THN postal service were requested to participate in the evaluation by completing the voluntary on-line questionnaire. A REDCap evaluation survey was developed by the project team, containing structured questions regarding consumer experience in accessing the NUAA website, why they chose to use the service, registration process, completing the educational component, knowledge questions and ordering the THN. Participants also had the opportunity for free text open-ended responses.
3. A sub-sample of participants who completed the evaluation questionnaire, and who provided consent and their contact details, were contacted via telephone to complete a semi-structured interview. This was to obtain more detailed information about access to, and utilisation of the postal THN service and for more detailed information about the population utilising the service and the reasons for accessing it. Participants were reimbursed for their time, either with a voucher of \$30 or cash via bank transfer.

Both the structured online questionnaire and telephone interviews were voluntary and participants could withdraw at any time. The evaluation was University of Sydney Human Research Ethics Committee (HREC) approved.

### *The intervention*

The online THN intervention during the pilot involved:

1. Self-registration by the consumer on the NUAA website onto the 'Postal THN' portal (<https://dancewizensw.surveyparrot.com/s/postal-naloxone---no-grading/tt-5zucTNfpajvNiM146BK5Rw?>)
2. Viewing a training video (approx. 7 minutes in duration) developed by NUAA and based upon the NSW Health THN intervention. The video was tailored according to the consumers choice of

either intranasal (Nyxoid®) or intramuscular (Prenoxad®) naloxone formulations. The consumer could only order either intranasal or intramuscular on each service occasion.

3. Completion of a questionnaire assessing the consumer's knowledge of the THN intervention. This included five questions examining the consumer's understanding of THN and how it is used in an overdose response. These questions were aligned with the original ORTHN evaluation and subsequent NSW Health THN intervention. The consumer had to correctly answer at least 75% of questions in order to proceed to ordering two packs of THN (either Nyxoid or Prenoxad). Those who were not able to successfully complete the knowledge questionnaire after three attempts, were contacted by a NUAA Peer Worker who would try to assist them so they could successfully complete the intervention and order the THN.
4. Naloxone supplies are posted to the individual within one to two working days by NUAA staff.



## Results

### A. Evaluation of service data

#### 1. *Intervention numbers*

During the 10-month evaluation period, 245 individuals registered for the postal THN service, of which 222 (91%) started the online course. Of those who started the course, 170/222 (77%) commenced the knowledge assessment (for whom demographic and substance use information is available), and 95 (56%) successfully completed the process to be able to order the THN.

A total of 194 THN packs were supplied via the postal service between 20<sup>th</sup> May 2022 and 20<sup>th</sup> March 2023. This represents 72% of all THN provided by NUAA (268 packs) during this period. The THN supplied via the postal service included 115 (59%) Nyxoid® and 79 (41%) Prenoxad®.

#### 2. *Demographics and substance use of participants*

Demographic and recent substance use data is available for 162/170 (95.3%) individuals who commenced the online intervention (Table 1).

Almost half (48%) were female, 39% male, and 7% non-binary. The largest proportion were in the 31 – 40 years age range (31%), followed by 41 – 50 years (19%), and 26 – 30 years (18%). Eleven percent were Aboriginal or Torres Strait Islander, and 11% identified as being from a Culturally and Linguistically Diverse (CALD) background. Thirty seven percent of those who ordered the THN, were from a regional/remote location in NSW. Even of those residing in Greater Sydney, many were not from inner Sydney suburbs (e.g. Katoomba, Lake Heights etc).

Of the individuals who commenced the THN intervention, 27% reported no drug use in the last month. Of those who had used a substance in the last month, the main drug class was opioids (31%) - prescribed (12%) and illicit (19%), followed by amphetamines/methamphetamine (14%), and alcohol (12%). Given the unregulated nature of illicit substance use, just under half of participants (43%) reported that they were concerned that the drugs they were obtaining may be “cut” with something.

**Table 1.** Demographic and substance use data of individuals who commenced the online postal THN service intervention (n=162)

| Demographics  | N (%)            |
|---|------------------|
| <b>Gender:</b>  |                  |
| Female  | 78 (48%)         |
| Male  | 64 (39%)         |
| Non-binary  | 11 (7%)          |
| Preferred not to disclose                                     | 9 (6%)           |
| <b>Age groups<sup>1</sup> (years):</b>                        |                  |
| 16 - 20   | 14 (9%)          |
| 21 - 25   | 24 (15%)         |
| 26 - 30   | 29 (18%)         |
| 31 – 40   | 51 (31%)         |
| 41 - 50   | 30 (19%)         |
| 51 – 60   | 14 (9%)          |
| 61 - 70   | 0 (0%)           |
| <b>Indigenous status (n=159)</b>                              |                  |
| Aboriginal and/or Torres Strait Islander                      | 17 (11%)         |
| Not Aboriginal and/or Torres Strait Islander                  | 142 (89%)        |
| <b>Culturally and Linguistically Diverse (CALD) (n=159)</b>   |                  |
| CALD background   | 17 (11%)         |
| Not CALD background   | 142 (89%)        |
| <b>Reside in regional/remote location<sup>2</sup> (n=145)</b> | 53 (37%)         |
| <b>Main class of substance use in preceding month (n=162)</b> |                  |
| Illicit opioids   | 30 (19%)         |
| Prescribed opioids  | 20 (12%)         |
| Amphetamines/methamphetamine                                  | 23 (14%)         |
| Alcohol   | 20 (12%)         |
| Cannabis  | 9 (6%)           |
| Benzodiazepines   | 8 (5%)           |
| Cocaine   | 2 (1%)           |
| Other   | 6 (4%)           |
| Nil substance use reported                                    | 44 (27%)         |
| <b>Total</b>  | <b>162(100%)</b> |

<sup>1</sup> Age groups used to limit capacity to identify individual respondents.

<sup>2</sup> Regional/remote location based on “Postcode to Remoteness” tool, which identifies – remote, regional, major city etc. via postcode.

### 3. *Prior THN experience*

The majority of people (n=98, 60%) using the service had not previously undertaken a THN intervention. Sixty four individuals (40%) had previously obtained THN, of which 34 (53%) had administered it to another person, 11 (17%) had THN administered to themselves, and 19 (30%) reported the THN was lost/damaged or out-of-date.

### 4. *Reasons for obtaining THN on this occasion.*

The main reasons for obtaining the THN on this occasion are shown in Table 2; may witness an overdose (55%), and may witness an overdose/may use non-prescribed opioids (22%), with the remaining 23% reporting a combination or variety of reasons e.g. may witness an overdose, and may use prescribed, and non-prescribed opioids, or may just use prescribed opioids. Almost half (45%) of the individuals selected an option which included their own use of prescribed or non-prescribed opioids, indicating that the THN was obtained for themselves, and potentially also if they witness an overdose.

**Table 2.** Reasons for obtaining THN (n= 162)

| <b>Reason for obtaining THN</b>  | <b>N= (%)</b> |
|--|---------------|
| May witness an overdose  | 89 (55%)      |
| May witness an overdose/may use non-prescribed opioids                     | 35 (22%)      |
| May use non-prescribed opioids   | 15 (9%)       |
| May witness an overdose/ may use prescribed/may use non prescribed opioids | 12 (7%)       |
| May witness an overdose/may use prescribed opioids                         | 8 (5%)        |
| May use prescribed opioids   | 3 (2%)        |
| Total  | 162 (100%)    |

## **B. Consumer Experience of using the Postal THN service: Evaluation Questionnaire**

Sixty-seven (67) of the 95 participants who completed the online intervention and ordered the THN also completed the voluntary online evaluation questionnaire, representing a 71% response rate.

### 1. How participants found out about the postal THN service

The majority (52%) of participants found out about the postal THN service while accessing the NUAA website, followed by DanceWize social media (15%) (Table 3). The option of “other” was selected by 12% of participants and included NSW Health website, Harm Reduction Victoria, local needle and syringe exchange service.

**Table 3.** How participants found out about the NUAA postal THN service (n=67)

| Source of information about NUAA Postal THN Service | N= (%)    |
|---|-----------|
| NUAA website  | 35 (52%)  |
| DanceWize NSW social media                          | 10 (15%)  |
| Health/Welfare Worker                               | 7 (10%)   |
| Friend/family                                       | 6 (9%)    |
| NUAA social media                                   | 1 (2%)    |
| Other   | 8 (12%)   |
| Total   | 67 (100%) |

## 2. Experience using the NUAA website for THN

Those who accessed the online service were generally very positive about all aspects of the experience. The majority (73%) found the site easy/very easy to use, with 19% finding it “ok” and only 8% stating it was hard/very hard to use. The reasons included: not being able to add other things (e.g. syringes to the same cart as naloxone); and “clunky, not fit for mobile phone”.

**Table 4.** Consumer reported experience using the NUAA website for the postal THN service (n=67).

| Experience Measure | Response<br>N=(%) |
|--------------------|-------------------|
| Very Easy          | 30 (45%)          |
| Easy               | 19 (28%)          |
| Ok                 | 13 (19%)          |
| Hard               | 4 (6%)            |
| Very Hard          | 1 (2%)            |

One participant who has worked in IT for many years, had positive feedback in relation to the overall postal THN online platform;

*“I give it a nine out of ten. I’ve seen a lot of IT deployments.....Whoever did it, knew what they were doing. Professionally done. People who sell things for a living, don’t do as good a job as this.”*

## 3. Understanding the information/training video

The majority of participants (94%) found the information and training video easy/very easy to understand. None of the participants found the information or training video hard or very hard to understand.

**Table 5.** Understanding of information and training video on responding to an overdose (n=67)

| Experience Measure | Response<br>N=(%) |
|--------------------|-------------------|
| Very Easy          | 45 (66%)          |
| Easy               | 19 (28%)          |
| Ok                 | 4 (6%)            |
| Hard               | 0 (0%)            |
| Very Hard          | 0 (0%)            |
| Total              | 67 (100%)         |

4. Confidence to administer Naloxone in an overdose situation

After completing the online intervention, 94% of individuals indicated that they were very confident, and the remaining 6% were somewhat confident if they were required to administer THN to someone who had overdosed.

**Table 6.** Confidence to administer Naloxone following viewing of training video (n=67)

| Measure            | Response<br>N= (%) |
|--------------------|--------------------|
| Very Confident     | 63 (94%)           |
| Somewhat Confident | 4 (6%)             |
| Not confident      | 0 (0%)             |
| Total              | 67 (100%)          |

5. Completion of knowledge questionnaire

The completion of the knowledge questionnaire to be eligible to order the THN was reported to be very easy/easy by the majority (84%) of participants, 15% found it to be “ok” and only one individual stated that it was “hard” to complete. The reason was; *“...utilised the 'submit' button, rather than 'next'. This then failed me on the initial question. Consider removing the submit button until all questions have a response.”*

**Table 7.** Completion of knowledge questionnaire (n=67)

| Experience Measure | Response<br>N= (%) |
|--------------------|--------------------|
| Very Easy          | 33 (49%)           |
| Easy               | 23 (34%)           |
| Ok                 | 10 (15%)           |
| Hard               | 1 (2%)             |
| Very Hard          | 0 (0%)             |
| Total              | 67 (100%)          |

#### 6. Prior access of THN from another service

Of those who accessed the NUAA postal THN service, 91% had not previously used any other service to obtain THN. Six individuals had obtained THN from other services, which included: community pharmacy (n=3), needle & syringe program (n=3), drug & alcohol service (n=1), and “other” (n=2) (e.g. a clinic in Vancouver). Participants may have previously accessed more than one service to obtain THN.

#### 7. Reasons for using the NUAA postal THN service

The primary reasons for accessing the NUAA postal THN service included: ‘easier than attending another service’ (57%), and ‘did not want to attend a service where they may be known’ (33%). For example,

*“Being a healthcare worker I personally know many of the healthcare professionals in my local area and want to remain anonymous”.*

Other main reasons cited by participants (24%) included difficulties in sourcing THN from community pharmacies: ‘pharmacies did not know about THN’, ‘did not stock it’, or ‘only stocked one formulation’. Other reasons included; ‘trusted NUAA’, ‘obtained other equipment from NUAA’, and ‘regional area’. A minority of participants were not able to attend another service due to COVID restrictions (5%), or did not want to carry the naloxone on them (2%).

**Table 8.** Reason for using the NUAA postal THN service (n=67)

| Reason (more than 1 response allowed)                      | N= (%)    |
|--|-----------|
| Easier than going to another service                       | 38 (57%)  |
| Did not want to attend a service where they might be known | 22 (33%)  |
| Unable to attend a service due to COVID restrictions       | 3 (5%)    |
| Did not want to carry THN on their person                  | 1 (2%)    |
| Other  | 16 (24%)  |
| Total  | 80 (100%) |

#### 8. Overall satisfaction with the NUAA postal THN service

Almost all participants (97%) reported that they were either satisfied or very satisfied with NUAA’s postal THN service, and none of the participants were “not very” or “not at all” satisfied.

**Table 9.** Satisfaction with NUAA postal THN service (n=67)

| Satisfaction with the service      | N=(%)     |
|------------------------------------|-----------|
| Very satisfied                     | 60 (90%)  |
| Somewhat satisfied                 | 5 (7%)    |
| Neither satisfied nor dissatisfied | 2 (3%)    |
| Not very satisfied                 | 0 (0%)    |
| Not at all satisfied               | 0 (0%)    |
| Total                              | 67 (100%) |

9. Likelihood of recommending NUAA online THN Service to a friend

Almost all participants (98%) stated that they were “very likely” or “likely” to recommend the postal THN service to a friend, and none indicated that they were “unlikely” to recommend it.

**Table 10.** Likelihood of recommending the NUAA postal THN service to a friend (n=67).

| Likelihood of recommending postal THN service | N=(%)     |
|---|-----------|
| Very likely                                   | 65 (96%)  |
| Somewhat likely                               | 1 (2%)    |
| Neither likely nor unlikely                   | 1 (2%)    |
| Somewhat unlikely                             | 0 (0%)    |
| Very unlikely                                 | 0 (0%)    |
| Total   | 67 (100%) |

### C: Semi-structured Interviews

Telephone interviews were conducted with 12 participants who consented to being contacted to provide more information in relation to their experience utilising the NUAA Postal THN Service.

**1. Why use the online THN service?**

A key question for participants was to better understand why they had chosen the online/postal THN model rather than conventional face to face models of care (e.g. community pharmacies, NSPs, AOD services). Their responses centred around the following themes:

The online postal service was considered to be easily accessible and convenient for consumers

*“I use a wheelchair and it’s not always guaranteed that anywhere I go will have access...”*

*“I have severe anxiety, depression, PTSD, so these days I have a tendency of avoiding going out much. I do most things online.”*

*“Disabled and postal naloxone is more accessible to me.”*

*"...I mean it is easier obviously."*

*"I just found it easier over the post. ....my daughter actually uses.....I'm an ex-user."*

*"Accessibility. It would be too much hassle for me to make a specific trip to a vendor to pick it up. Whereas this is convenient to get it in the mail."*

#### Difficulties obtaining THN through community pharmacies

*"I'd go to a pharmacy in the city and they would either look at me blankly, like I don't know what you're even referring to, or no, no, we don't have that here...happened maybe six times."*

*"I'm in a rural area and I am an ex-user....it's more convenient in a rural setting to have it posted out. It's much more accessible than going to a pharmacy....I don't think we have much of a face to face service that would provide that kind of thing where I live in this area."*

*"I had been to several pharmacies....I had got completely blank looks, even though the pharmacies that I went to were listed (supply take-home Naloxone). I had to have some stern words with some of the Pharmacists.....seriously, this is on your website and you don't know anything about it. I have since converted several pharmacies in my area...and several of them are stocking it."*

#### Avoiding stigma associated with THN/substance use

*"..given that I get my pain medication from a Pharmacy, if I am getting Naloxone, they are then going to assume that I'm taking more medication than I should be."*

*"....still space for stigma and shame....I know it would have probably been an issue for me. Maybe locations in centres that are more discrete."*

*"...I noticed, depending what I was wearing, and how I presented myself, I got a completely different reaction from the Pharmacist. Even the same Pharmacist on different days, which was very, very interesting, and that's where I had to have stern words with a couple of them. I noticed if I turned up wearing....a jacket and a business shirt, I'd get a different response than if I was coming from the sailing club or the Surf Lifesaving Club when I was wearing my hoodie or my wet weather gear."*

*"I'm in a rural area and I am an ex-user...it's more convenient in a rural setting to have it posted out."*

#### Linked to the issue of stigma was the desire for confidentiality and anonymity

*"...(there is) one chemist where I live and he knows where I work...for everyone in our community....you are known. And the local OTP program that does a bit of this stuff as well. I also know them as well from where I work. It's a bit sticky, yes."*

*"I wouldn't have felt comfortable going anywhere local....and it really is (NUAA) somewhere I trust."*

*"...I work in Drug and Alcohol which means that I'd actually have to go in to see someone, and I know all the people that are actually in our local area because we're real remote. So the Postal*



*Service was a good option for me and I like the NUAA website because I can actually go in and look at training.....get the magazines.....”*

With regards to the postal delivery aspect of the service, most participants indicated that the package containing the THN, arrived within a few business days.

*“It arrived so quickly. It came within days.”*

*“It was delivered well. Discreet.”*

## **2. The role of the training videos on identifying and responding to overdose**

A number of participants commented on the valuable information contained within the training videos and how it increased their knowledge and understanding of how to respond to an overdose. There were also suggestions about what could be included in the videos to increase knowledge. The feedback included:

*“There’s a bunch of stuff that I probably wasn’t really completely aware of. So...having to watch the video helped.”*

*“There needs to be that knowledge piece (instructional video) of how to use it, and what situations to use it, and what to do. I guess a common misconception is that using (THN), you don’t need to call an ambulance.”*

*“Where it’s sitting on your opioid receptors...you can still fall back into an overdose...I think teaching people that is super important.”*

*“I sort of thought, how can you use the nasal spray for persons unconscious...or if they’ve stopped breathing. How will this work? So, that’s the only thing I wish was explained a little bit more.”*

*“The videos are short and precise, and then easy to understand.”*

## **3. Likelihood of accessing postal THN from an organisation other than NUUA**

Although 86% of participants stated that they utilised the postal THN service because it was provided by a peer-based organisation, the same proportion (86%) indicated that they would also use the postal THN service if it was provided by another organisation. However, the majority were cautious in relation to the type of organisation from whom they would be prepared to obtain the THN. Some of the comments were:

*“I guess it would depend on the organisation and ...the comfortability (sic) with providing all of my information...with....the political side of it, essentially disclosing your (medical) record.”*

*“I felt much less vulnerable ordering through (NUAA)...made me feel more confident that I was safe and my identity was safe....being a user organisation.”*

*“Would not want to access the service if through a government agency or large corporation. Prefer non-government organisations.”*

*“I’d probably just stick with NUAA...got the most resources...the process was pretty easy.”*

*“If I had them both (NUAA and another organisation’s postal THN service) open in front of me, I would pick the NUAA site over another one. But, I wouldn’t not use another one.”*

## Discussion

The evaluation found that the postal THN service meets the needs of particular groups of consumers who may otherwise not have accessed THN, and forms an important piece of the puzzle for THN distribution in the community. Accessibility to THN is a key factor in its effectiveness as a harm reduction strategy. The evaluation highlights the important role of the online THN service in;

- enhancing accessibility to consumers, particularly for people outside of urban areas (over a third (37%) of participants lived in regional or remote locations in NSW), for those with disabilities, or due to COVID travel restrictions.
- addressing concerns of many consumers regarding difficulties experienced with obtaining THN from existing health services, including erratic availability from community pharmacies, and/or confidentiality concerns from AOD or NSP services.
- addressing the stigma associated with accessing THN from many services. The online service was considered discrete, and consumers reported fewer concerns regarding stigma in using an online service (hosted by a peer-based organisation) than face to face interventions.

The increased accessibility provided by the online service is highlighted by the high proportion of participants (60%) who had not previously obtained THN from other services. The cohort of consumers in this evaluation had a different profile from consumers of THN services from earlier evaluations of face to face THN services (The ORTHN Project [4] and National THN Pilot evaluation [5]):

- A larger proportion of those accessing the online postal service were female (48%, male 39%), while the majority in the ORTHN and National Pilot studies were male (62%, and 58% respectively). Not all individuals accessing the postal service were existing clients of drug and alcohol services or NSPs, whereas those in the ORTHN study were.
- A large proportion of participants in the postal THN service evaluation (37%) were from regional or remote locations in NSW. In the ORTHN study it was less than half (15%) of that number. This reach to regional and remote NSW is one of the primary reasons the postal service was

established, and is important for it to continue, in order for residents of non-metropolitan locations to be able to readily access THN.

In both the postal service evaluation and the ORTHN study, the participants indicated that they felt confident to administer the naloxone in an overdose situation. This suggests that the online training for responding to an overdose is as suitable as the face to face training, although this could be tested in future research studies with direct comparison between online and face to face interventions. The evaluation also identified some opportunities for minor adjustments or improvements to the online service, and it is proposed that these will be incorporated in future upgrades of the online package.

There were high levels of satisfaction with the online/postal THN service reported by participants, although this may reflect a retention bias – in that only 95 of the 170 (56%) participants who commenced the THN intervention ultimately accessed THN through the postal service, and it may be that the remaining 44% experienced difficulties or were not satisfied with the process. The evaluation did not have ethics approval to contact participants directly to enquire as to why they did not complete the process. Nevertheless, for those completing the online intervention and assessment, the service appeared to meet their needs.

Other project limitations included lower participant numbers than anticipated within the time-frame of the project. Rather than the expected 150 participants who would complete the online evaluation questionnaire, 95 participants successfully completed the process to order the THN, of which 67 (71%) completed the evaluation questionnaire.

Similarly, a smaller number (12) of semi-structured telephone interviews were conducted than the predicted 15-25 often used in qualitative research. Some individuals consented to participate in the telephone interviews, but despite several attempts, they could not be contacted by telephone. Although the numbers were less than what was anticipated when the evaluation was designed, the responses from the participants were consistent, suggesting ‘saturation of response’ themes, and a larger number of interviews was unlikely to have resulted in significantly different results.

### **Conclusions and recommendations;**

1. The evaluation demonstrates the importance of the postal THN service for people to be able to access THN, in addition to existing (face to face) options available. The online service addresses many of the barriers to THN access of existing face to face models of care, including geography and stigma issues.

2. Given the high level of trust and confidence in accessing the service through the NUAA website, it is important for the service to continue to be provided by a peer or consumer service such as NUAA.
3. Further refinements of the intervention and service based on feedback provided by consumers should occur.
4. Given the favourable evaluation of the pilot online service in ensuring consumer access and confidence regarding THN use, the pilot intervention should be continued as a routine service in NSW.
5. NUAA should examine opportunities to expand the online postal service to consumers outside of NSW, given the unique nature of the service in Australia. NUAA would need to examine regulatory issues with each jurisdiction to ensure the model is consistent with local regulations.

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