



**Pharmacy Programs
Administrator**

TAKE HOME NALOXONE PILOT – DATA COLLECTION INSTRUCTIONS

December 2019

INTRODUCTION

In the Take Home Naloxone (THN) Pilot, the drug naloxone will be available free to people who are at risk of, or who may witness, an opioid overdose. Funded by the Australian Government, the pilot will run between 1 December 2019 and 28 February 2021, in New South Wales, South Australia and Western Australia.

The pilot is being evaluated by the Institute for Social Science Research, University of Queensland and is being administered by the Pharmacy Programs Administrator (PPA).

THIS GUIDE

The PPA is collecting a range of data that the Institute for Social Science Research, University of Queensland will use in its evaluation of the THN pilot. This document provides guidance on collecting data about events of individual supplies under the THN pilot. Text in *italics* is for information/instruction only; **bold text** is the question to ask the participant.

Pharmacy Programs Administrator Data Collection Instructions –THN Pilot

Data field	Field type/format	Format or instructions for data entry	How to ask for this information
Date of THN supply	Numerical	DD/MM/YYYY	<i>Information supplied by access site</i>
Staff designation	Free Text	e.g. Pharmacist; Harm Reduction Worker; Nurse, etc	<i>Information supplied by access site; what is your position?</i>
Voucher supplied (SA only)	Single choice (radio buttons)	Yes / No	<i>Information supplied by access site: did the participant present with a voucher to get naloxone?</i>
Voucher colour (SA only)	Single choice (radio buttons)	Yellow Red Green Blue Grey Orange Purple White	<i>Information supplied by access site: what colour is the voucher the participant presented?</i>
Consent statement	Single choice (tick box)	Tick box for yes, if consent not provided, do not tick box. Present participant with Participant Information Statement (PIS) and explain if needed. Signature is not required.	Do you consent for your anonymous information to be used for evaluation of the THN Pilot? Your name, or any other information such as your date of birth, Medicare card details will not be recorded and all your information is confidential. Your information will be stored securely and won't be shared outside of the evaluation team. The types of information that will be recorded will include whether you've accessed naloxone before, your reasons for accessing it and which product we provide you with today.
Initial supply or refill	Single choice (radio buttons)	Initial / Refill	Have you received this medication before?

Pharmacy Programs Administrator Data Collection Instructions –THN Pilot

Data field	Field type/format	Format or instructions for data entry	How to ask for this information
Reason for refill	Single choice (radio buttons)	Used THN on self Used THN on other Lost/damaged/out of date THN N/A	What prompted you to come in for a refill today? : <i>this item is not mandatory</i>
Participant type	Multiple options possible (tick list)	At risk of experiencing OD At risk of witnessing OD	Do you identify as someone at risk of experiencing an overdose, or as someone likely to be able to assist a person experiencing an overdose – or as both?
Opioid type	Multiple options possible (radio buttons)	Prescribed opioids only I don't use opioids (witness only) Other	Are the opioids that you use only the ones prescribed by your doctor for you?
Other medications/ substances in use	Free Text		Do you regularly use any other substances or medications? : <i>this item is not mandatory</i>
Brief education/ advice provided at point of supply	Single choice (radio buttons)	Yes / No	<i>Information supplied by access site: Did you provide information to the participant on how to use naloxone and how to respond to an overdose?</i>
Resources provided	Single choice (radio buttons)	Yes / No	<i>Information supplied by access site; did you provide any printed materials to participant? : this item is not mandatory</i>
Participant postcode	Numerical	XXX/XXXX	What is the postcode of where you're living at the moment? : <i>this item is not mandatory</i>
Gender	Single choice (radio buttons)	M F Other	<i>Estimation by staff member: use "other" category if not certain.</i>

Pharmacy Programs Administrator Data Collection Instructions –THN Pilot

Data field	Field type/format	Format or instructions for data entry	How to ask for this information
Estimated age range	Single choice (radio buttons)	Under 18 18-40 40-60 60+	<i>Estimation by staff member: this item is not mandatory</i>
Products provided	Multiple options possible (select from table)	Choose formulation provided to participant and note number of units of each formulation that have been supplied	Which form/s of naloxone do you want today?



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au