

Publication Report



National Naloxone Programme Scotland - Monitoring Report 2014/15

Publication date – 27 October 2015

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Introduction

Naloxone is an opioid antagonist; a drug which can temporarily reverse the effects of a potentially fatal overdose with opioid drugs such as heroin or morphine. Intramuscular¹ injection of naloxone provides more time for emergency services to arrive and treatment to be given. Following suitable training, 'take home' naloxone kits (hereafter referred to as 'THN' or 'kits') are issued to people at risk of opiate overdose in order to prevent overdose deaths.

During April 2011, Greater Glasgow & Clyde and Highland NHS Boards started THN distribution and piloted the data collection processes for the community-based element of the National Naloxone Programme. Rollout of the national programme and associated data collection continued throughout Scotland from April 2011. By January 2012, 13 of 14 NHS Boards in Scotland were participating in the programme.

The supply of THN in prisons was introduced incrementally from February 2011 and by June 2011 all Scottish prisons were participating in the programme. From 1st November 2011, responsibility for prisoner health care transferred from the Scottish Prison Service (SPS) to the NHS. Although this report refers throughout to 'THN kits provided in prisons', it should be noted that kits are provided by NHS staff in prisons to prisoners on liberation.²

The overall aim of the National Naloxone Programme is to contribute to a reduction in fatal opioid overdoses in Scotland. In 2013 there were an estimated 9.6 drug-related deaths per 100,000 people in Scotland, compared with 2.1 in England and Wales and 3.6 in Northern Ireland.³ Earlier investigations into drug-related deaths in Scotland and more recent information from Scotland's National Drug Related Death Database have shown that most of these deaths were related to opioid drugs, most were 'accidental poisonings', most occurred when others were present and over two-thirds of the victims had been in drug treatment, in prison or police custody or discharged from hospital in the six months prior to their death (Zador *et al*, 2005; Graham *et al*, 2010 and 2012; Hoolachan *et al*, 2013, Hecht *et al*, 2014, Barnsdale *et al*, 2015).

The Scottish Government commissioned the Information Services Division (ISD) of NHS National Services Scotland to report on the monitoring data on kit distribution, using a national dataset agreed with the National Naloxone Advisory Group and a database set up at ISD. This report presents information on the number of THN kits issued as part of the National Naloxone Programme during 2014/15 (and comparisons with previous years). Data are presented separately for kits issued in the community and kits issued in prisons at the point of prisoner release.

As well as monitoring THN supply in Scotland, ISD Scotland have been tasked by the Scottish Government and the National Naloxone Advisory Group to examine changes in the number of opioid-related deaths in Scotland before and after implementation of the National Naloxone Programme, including the percentage of all opioid-related deaths that occurred within four weeks of prison release (the primary indicator) and within four weeks of hospital discharge (the secondary indicator). ISD have established a baseline indicator, using calendar years 2006-2010. Comparisons between this baseline indicator and the individual years 2011-2014 are included in [Section 4](#).

¹ NHS Highland is currently undertaking a local pilot, distributing intranasal naloxone kits outwith the National Naloxone Programme. These kits are excluded from the figures reported in this publication.

² One exception to this is HMP Castle Huntly (an open prison), which provides training and THN to prisoners at risk who leave the establishment on home leave prior to their liberation.

³ Based on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) definition of drug-related death and the UK 'Focal Point on Drugs' 2014 report.

Key Points

- A total of 7,376 THN kits were issued in Scotland in 2014/15, an increase of 14% on the previous year, bringing the cumulative number of kits issued since the start of the program (2011/12 to 2014/15) to 21,140.
- For Scotland as a whole, supply of kits increased from 54 kits per 1,000 problem drug users (PDUs) in 2011/12 to 122 per 1,000 PDUs in 2014/15.
- In 2014/15, 6,498 kits were issued in the community (a 20% increase on the previous year) and 878 kits were issued in prisons (an 18% decrease).
- The percentage of prison and community THN kits distributed as repeat supply increased each year from 12% in 2011/12 to 33% in 2014/15. In 2014/15, 653 'repeat' kit supplies were made because the previous kit was reported as having been used to treat an opiate overdose.
- The percentage of all opioid-related deaths that occurred within four weeks of prison release fell steadily from 9.8% during 2006-10 (before the programme) to 3.1% in 2014. This substantial fall reflects both increasing total opiate-related deaths and falls in the relatively small number of deaths within four weeks of prison release.
- By contrast, the percentage of opioid-related deaths occurring within four weeks of hospital discharge showed no consistent trend, changing from 9.7% before the programme (2006-10) to 8.7% in 2014/15.

Results and Commentary

1. Take-home naloxone (THN) supply by community outlets

1.1: Introduction

This chapter presents information on the number of THN kits issued in the community through the National Naloxone Programme in Scotland in 2014/15. This includes breakdowns by month, NHS Board and numbers of first and repeat supplies and reasons for repeat supply. Age and gender breakdowns are also provided for individuals at risk of opioid overdose who were supplied with THN (where the person consented to the sharing of their personal data for monitoring purposes). Monitoring data from previous years of the National Naloxone Programme are included throughout for comparison.

1.2: Number of kits issued in the community

In Scotland in 2014/15, 6,498 THN kits were issued in the community (Figure 1.1). A total of 17,729 THN kits were issued in the community in Scotland over the four years from 2011/12 to 2014/15 (Table 1.1).

In each year between 2011/12 to 2014/15 an increase in the number of kits supplied in the community occurred in the month of December (Figure 1.1 and Table 1.1). This coincides with festive overdose prevention campaigns, the holiday period being a recognised high risk period for this client group. Statistics on the number of kits supplied in each quarter by financial year are shown in Table 1.2.

Figure 1.1: Number of THN kits supplied in the community, by month and financial year; 2011/12 to 2014/15

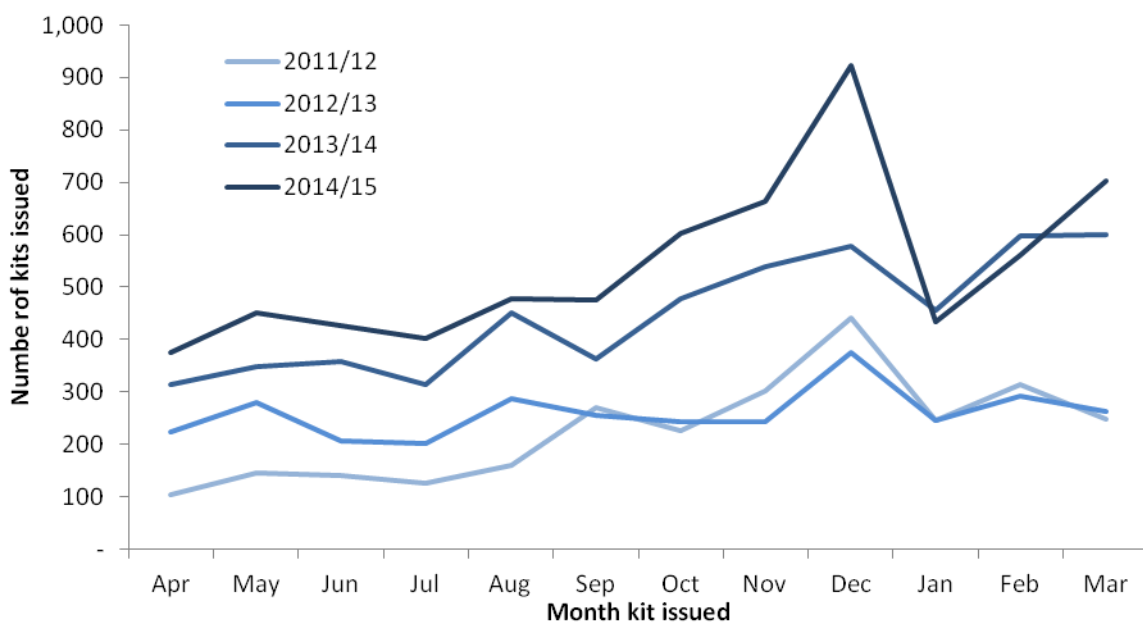
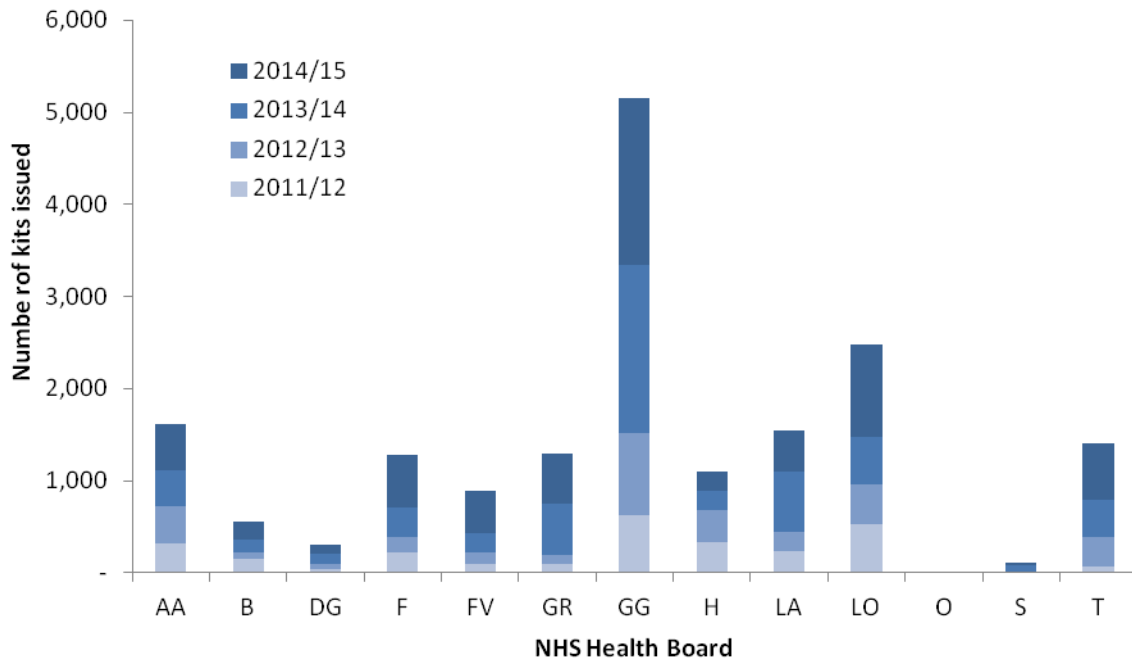


Figure 1.2 and Table 1.2 show the number of THN kits issued in the community in each NHS Board from 2011/12 to 2014/15 (and the cumulative total over the four years). In

2014/15, Greater Glasgow & Clyde supplied the largest number of kits (1,806), followed by Lothian (1,010) and then Tayside (617).

Figure 1.2: Cumulative number of THN kits supplied in the community, by NHS Board† and financial year; 2011/12 to 2014/15



Note:

† AA: Ayrshire and Arran; B: Borders; DG: Dumfries and Galloway; F: Fife; FV: Forth Valley; GR: Grampian; GG: Greater Glasgow and Clyde; H: Highland; LA: Lanarkshire; LO: Lothian; O: Orkney; S: Shetland; T: Tayside. Note that Western Isles is not participating in the programme.

Supply type in the community

Naloxone kits may be issued as a first, repeat or spare⁴ supply. Of the 6,498 kits issued in 2014/15, 3,949 (61%) were reported as a first supply and 2,296 (35%) as a repeat supply and 205 (3%) as a 'spare' supply⁵. Comparable figures for 2013/14 were 72%, 26% and 2% respectively (Figure 1.3 and Table 1.3).

The percentage of THN kits distributed as a repeat supply has increased each year from 13% in 2011/12 to 35% in 2014/15. This increase is likely to be associated with the increasing number of THN kits in circulation. In addition, from 2013/14 repeat supplies may have increased due to the expiration of kits distributed at the start of the programme (THN kits have a maximum expiry date of three years).

⁴ Spare supply of take-home naloxone kits was first recorded in 2013/14.

⁵ Whilst the naloxone dataset includes a number of data items that may aid the calculation of the number of 'individuals' who were supplied kits, due to gaps in data and/or variations in how data are recorded between records (e.g. recording of slightly different initials, postcode sector information and/or date of birth) it is not possible to conclusively identify the number of individuals involved.

Figure 1.3: Number of THN kits supplied in the community, by supply type and financial year; 2011/12 to 2014/15

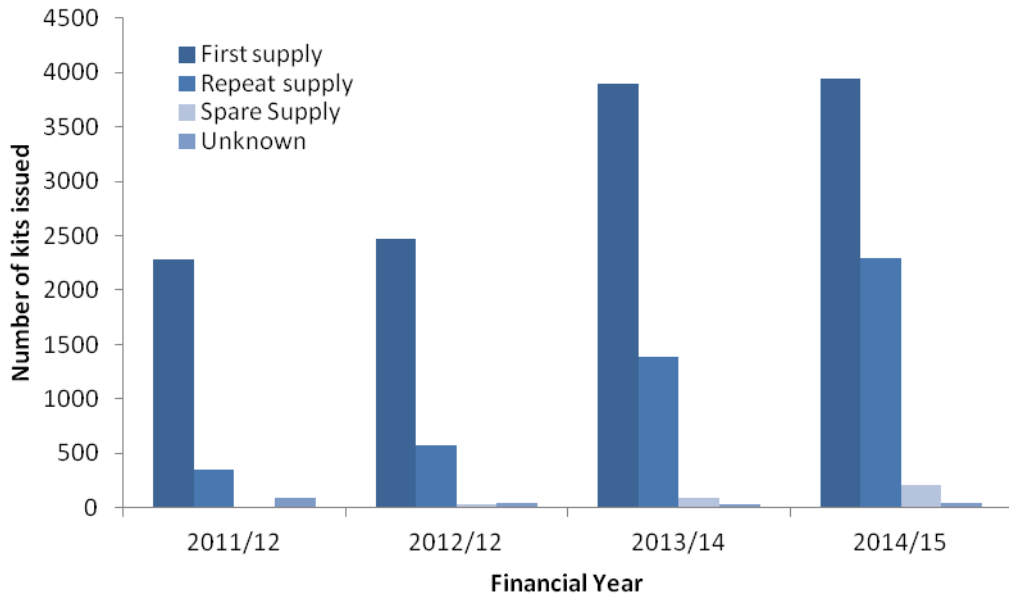
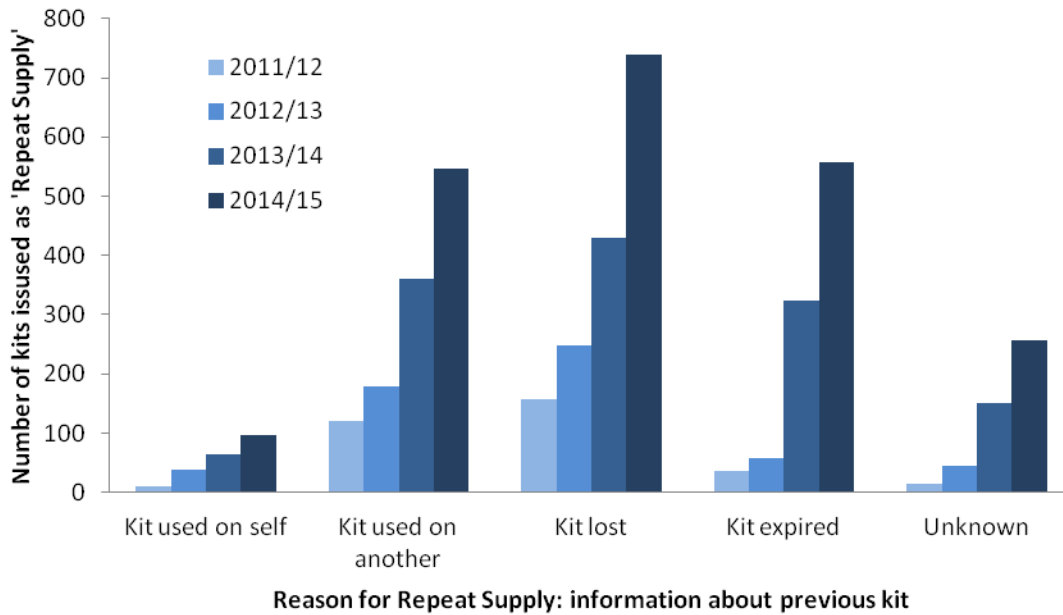


Figure 1.4 shows the reasons for repeat supply of naloxone (based on self-report) from 2011/12 to 2014/15. Of the 2,296 cases noted as repeat issue of a kit in the community in 2014/15, the following responses were most common:

- 32% (739) were reported as due to 'previous kit lost'.
- 24% (558) 'previous kit expired' (i.e. the naloxone, as a pharmaceutical product, had expired).
- 24% (547) 'kit used on another'.
- 4% (97) 'kit used on self'.
- 11% (257) 'unknown' reason for repeat supply.

In 2014/15, there were 644 cases where repeat supply was reported as due to use of the previous kit on a person at risk of opioid overdose. Of these cases, 85% (547) comprised 'kit used on another' and 15% (97) 'kits used on self', i.e. administered to self. Table 1.3 provides further information on numbers of kits issued as repeat supplies and the reason for supply, including breakdowns according to the recipient of the kit.

Figure 1.4: Number of THN kits supplied in the community as a 'repeat' supply, by reason for 'repeat' supply and financial year; 2011/12 to 2014/15



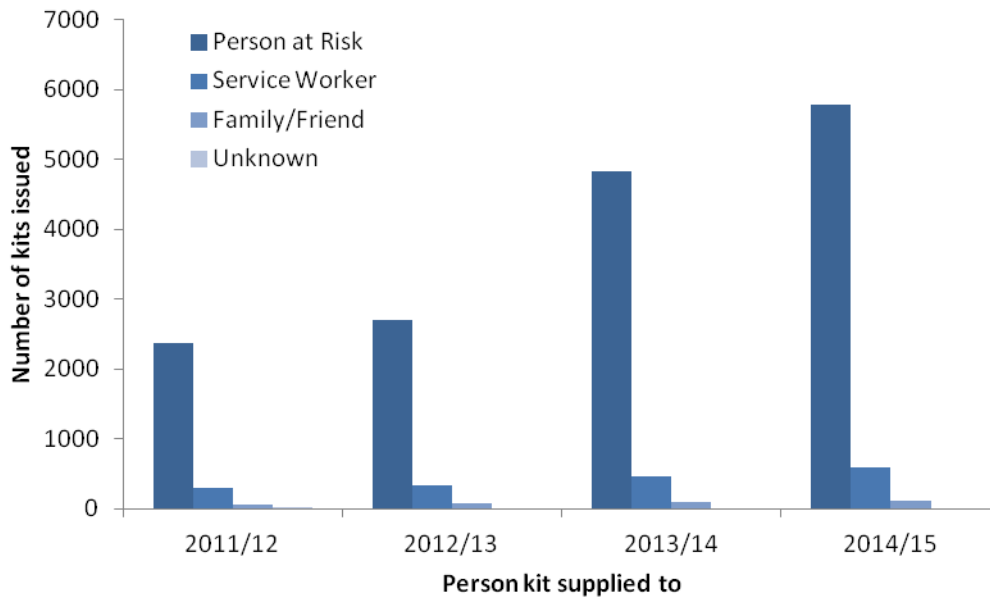
Recipient type for kits issued in the community

THN kits issued in the community may be issued to either:

- the person at risk of opioid overdose;
- to family/friends (with the recorded consent of the person at risk – the named patient); or,
- to a service worker.

Figure 1.5 shows that, of the 6,498 kits issued in the community in Scotland in 2014/15, the majority (5,789, 89%) were issued to individuals at risk of opioid overdose. A further 596 (9%) were supplied to service workers and 113 (2%) to family/friends (with the recorded consent of the named patient). Table 1.4 provides a quarterly breakdown of kits issued by recipient (at Scotland level), whilst Table 1.5 shows figures for each financial year, by NHS Board.

Figure 1.5: Number of THN kits supplied in the community, by recipient type and financial year; 2011/12 to 2014/15



1.3: Characteristics of ‘at risk’ recipients of community kits

The National Naloxone Programme dataset includes a question asking whether the person receiving the kit has consented to the sharing of their personal data for monitoring purposes. If the person provides their consent, the following ‘personal data’ should be recorded: forename and surname (initials only are submitted to ISD for monitoring purposes), gender, date of birth/age and postcode sector of residence (see [Appendix A1.2](#) for full list of dataset items).

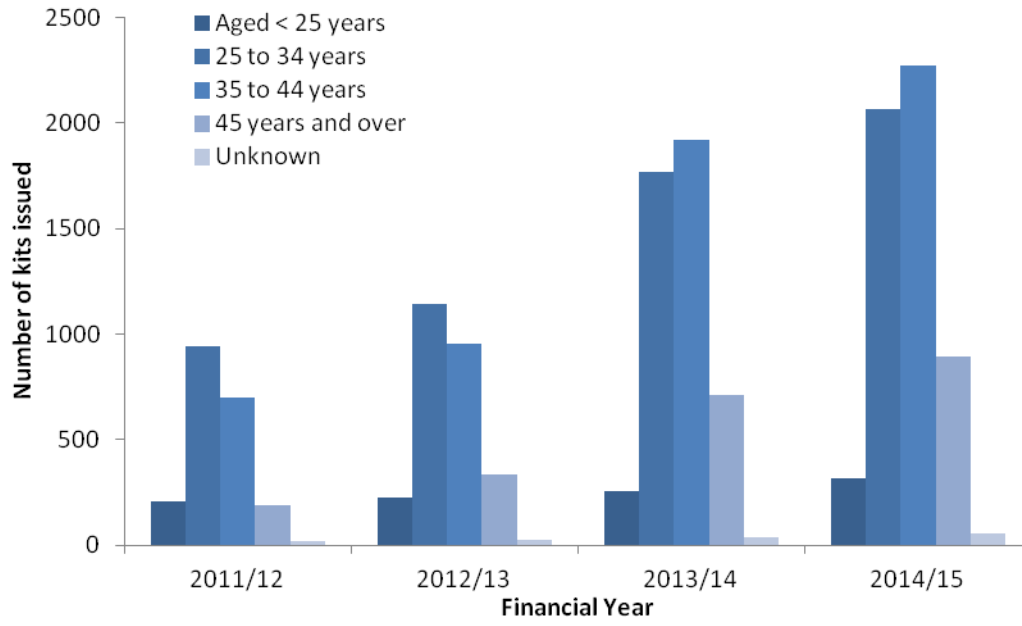
There were 5,789 kits supplied in the community in 2014/15 to a ‘person at risk’. In 5,605 (97%) of these cases, the person consented to the sharing of their personal data for monitoring purposes (Table 1.6).⁶

Two-thirds of THN kits (3,734, 67%) supplied to a ‘person at risk’ in the community in Scotland in 2014/15 were supplied to a male (Table 1.7). The relative proportion of kits supplied by gender has remained stable since the start of the programme. For comparison, 71% of people with problem drug use in Scotland in 2012/13 were male (Kerssens *et al*, 2014).

Figure 1.6 shows the age distribution of those receiving kits for individual years between 2011/12 and 2014/15. In 2014/15, 37% of those receiving kits were in the 25-34 age range and 41% were in the 35-44 age range. Over time, the proportion aged under 25 fell slightly (from 10% in 2011/12 to 6% in 2014/15) and the proportion aged 45 years and over rose from 9% to 16%, in line with the known ageing problem drug use population (Kerssens *et al*, 2014) Table 1.7 provides breakdowns by gender and age for 2011/12 to 2014/15 (for all Scotland).

⁶ Further personal data should therefore be available for 5,605 cases. However, there were a small number of cases where consent was granted, but the data was not recorded, see ‘unknown’ in tables.

Figure 1.6: Number of THN kits supplied to persons at risk in the community, by age group of recipient and financial year; 2011/12 to 2014/15



2. Take-home naloxone (THN) supply in prisons

2.1: Introduction

The Scottish Prison Service (SPS) started providing naloxone kits to prisoners at risk of opioid-related overdose on release from prison as part of the National Naloxone Programme in 2011. This intervention aimed to reduce the substantially increased risk of overdose in the initial weeks and months following release from prison custody (Bird & Hutchinson, 2003). The naloxone kit is supplied to the prisoner, along with their personal belongings, on release from custody².

This chapter presents information on the number of THN kits issued in prisons in Scotland in 2014/15 by month and by prison establishment. Data on prisoner gender and age are presented for those cases where the person agreed to the sharing of their personal data for monitoring purposes. Additionally, data are presented on numbers of first and repeat supplies and reasons for the repeat supply. As with community supply, figures for previous years have been included for comparison.

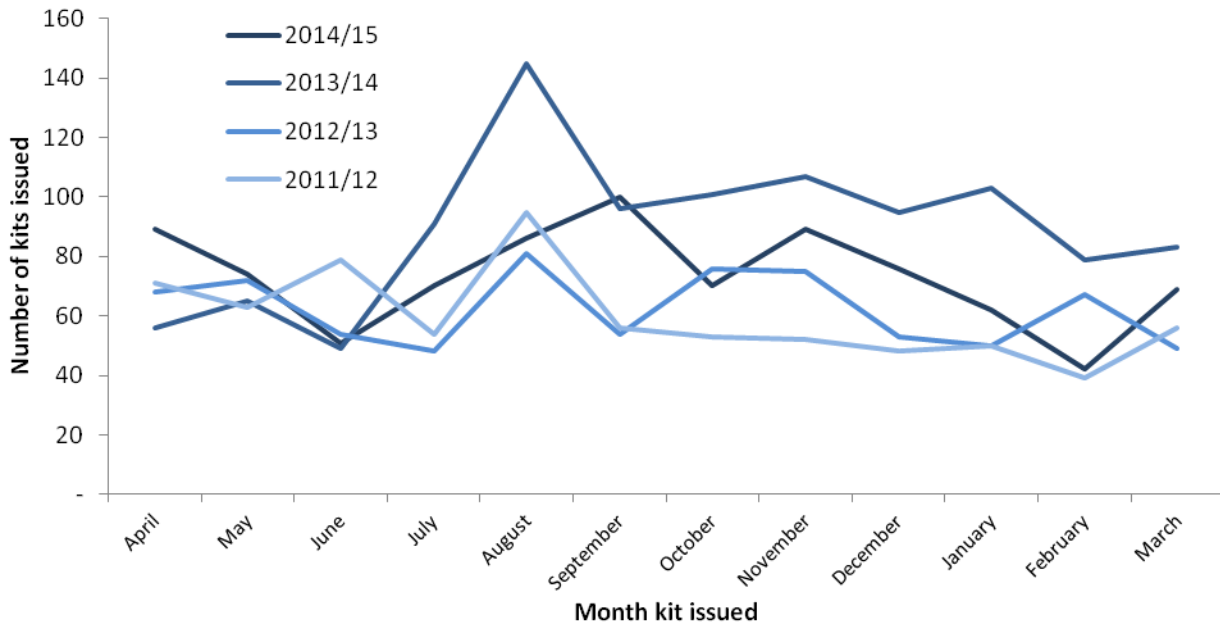
2.2: Number of kits issued in prisons

In Scotland in 2014/15 878 THN kits were issued in prisons, all of them to persons at risk of opioid overdose. This represents an 18% decrease compared with 1,070 kits issued in prisons in Scotland in 2013/14. This is the first year that a decrease has been observed in prison supplies since the beginning of the programme and is in contrast to the continuing increases observed in naloxone supplies from community outlets. A cumulative total of 3,411 THN kits were issued in prisons in Scotland from 2011/12 to 2014/15 (Table 2.1).

Based on monthly statistics, September 2014 had the largest number of kits issued in 2014/15 (100 kits). In every year except 2014/15, prison supplies peaked in August (Figure 2.1) in contrast with the seasonal pattern for community supply. Statistics on the number of kits supplied in each quarter by financial year are shown in Table 2.2.

Six prison establishments increased the number of THN kits supplied between 2013/14 and 2014/15, and in nine, supply decreased. HMP Edinburgh issued the highest number of kits in 2014/15 (175, a 38% increase) followed by HMP Cornton Vale (141, a 36% increase). The largest increase was observed in HMP Addiewell, where 58 kits were supplied in 2014/15 compared to 18 in 2013/14 (Table 2.2).

Figure 2.1: Number of THN kits supplied in prisons, by month and financial year; 2011/12 to 2014/15



Supply type in prisons

Naloxone kits may be issued as a first, repeat or spare supply⁴. Where the supply was noted as a repeat supply this could be following initial supply in the community, or it could be that the previous supply was made on release from a previous stay in prison (i.e. issued by a prison). It is not possible, using the current naloxone monitoring dataset, to determine where the previous supply was made.

Of the 878 kits issued in prisons in 2014/15, 709 (81%) were recorded as a first supply, 133 (15%) a repeat supply and 2 (0.2%) a 'spare' supply⁵. Status was unknown for 4% of cases (Figure 2.2 and Table 2.3) The proportion of kits in prison that were a repeat supply has increased from 6% in 2011/12 but remains lower than in the community (35%).

Figure 2.2: Number of THN kits supplied in prisons, by supply type and financial year; 2011/12 to 2014/15

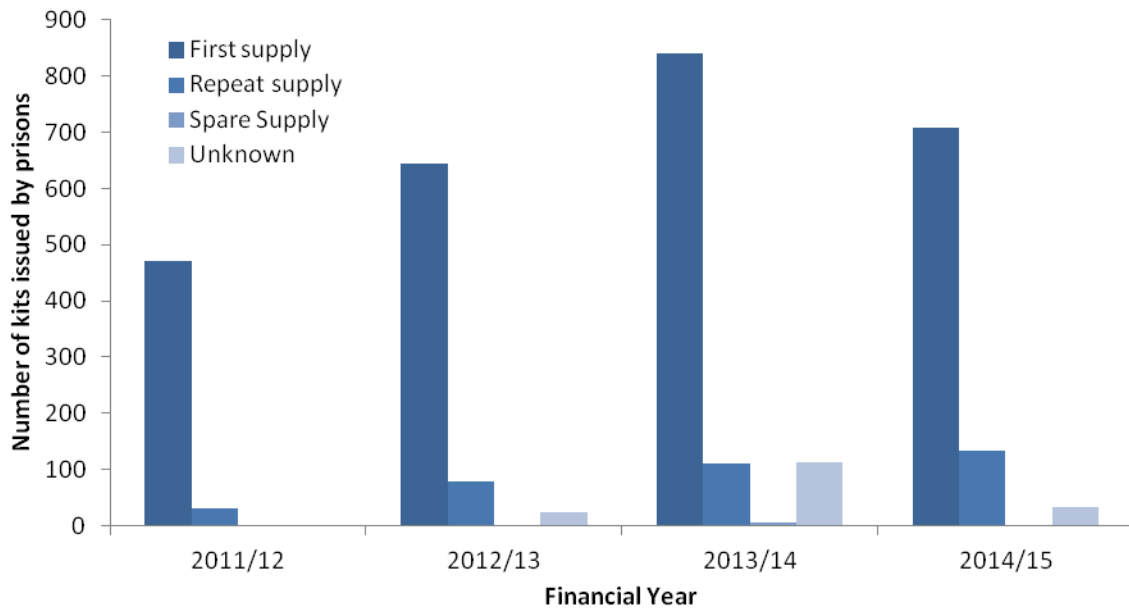


Table 2.3 provides a breakdown of the reasons for repeat supply of naloxone in prisons from 2011/12 to 2014/15. Of the 133 cases noted as repeat issue of a kit in prisons in 2014/15 the kit was reported as having been lost in 56% (74) of cases and unknown in 33% (44) of cases.

In a total of 9 cases in 2014/15, ‘repeat’ supply was due to use of the previous kit on a person at risk (compared with 10 cases in each year in 2011/12 and 2012/13 and 12 cases in 2013/14)⁷.

Recipient type for kits issued in prisons

Almost all (872, 99.3%) THN kits issued in prisons in Scotland in 2014/15, were issued to ‘a person at risk of opioid overdose’. This was broadly similar to previous years (Table 2.5).

2.3: Characteristics of ‘at risk’ recipients of kits supplied in prisons

In 2014/15, 872 THN kits supplied in prisons in Scotland were issued to people at risk of opiate overdose. In 821 of these cases (94%) the recipient consented to the sharing of their personal data for monitoring purposes (Table 2.4).

In Scottish prisons, 74% of kits issued to persons at risk of opioid overdose in 2014/15 were to males. (Figure 2.3). By comparison, in 2013/14, 81% of kits were issued to males. The comparable figure for kits supplied to persons at risk in the community in 2014/15 was 67% male. In 2014/15 numbers of kits issued to prisoners fell for males but rose slightly for females.

As already noted, kit distribution in the community increased in 2014/15. By contrast, THN distribution from prisons decreased in 2014/15, though this decrease was confined to

⁷ Kits supplied in prisons are issued on prisoner release (or for home leave, in the case of Castle Huntly open prison), not ‘in prison’, therefore any reference to loss of the previous kit, use of the previous kit on self or on another, kit confiscated etc. would not have occurred ‘in prison’.

males. According to the most recently published Scottish prison statistics (Scottish Government, 2012), females make up less than 6% of the prison population in Scotland. The 25% of kits supplied in prisons to females suggests a relatively higher uptake of the kits by female prisoners compared with males. In 2014/15, as in 2013/14, the majority of kits supplied in prisons to females were by Scotland’s only all-female establishment at HMP Cornton Vale. The higher than expected percentage of kits supplied to females may be partly explained by the high level of engagement in the National Naloxone Programme at HMP Cornton Vale.⁸

Figure 2.3: Number of THN kits supplied to persons at risk in prisons, by gender of recipient and financial year; 2011/12 to 2014/15

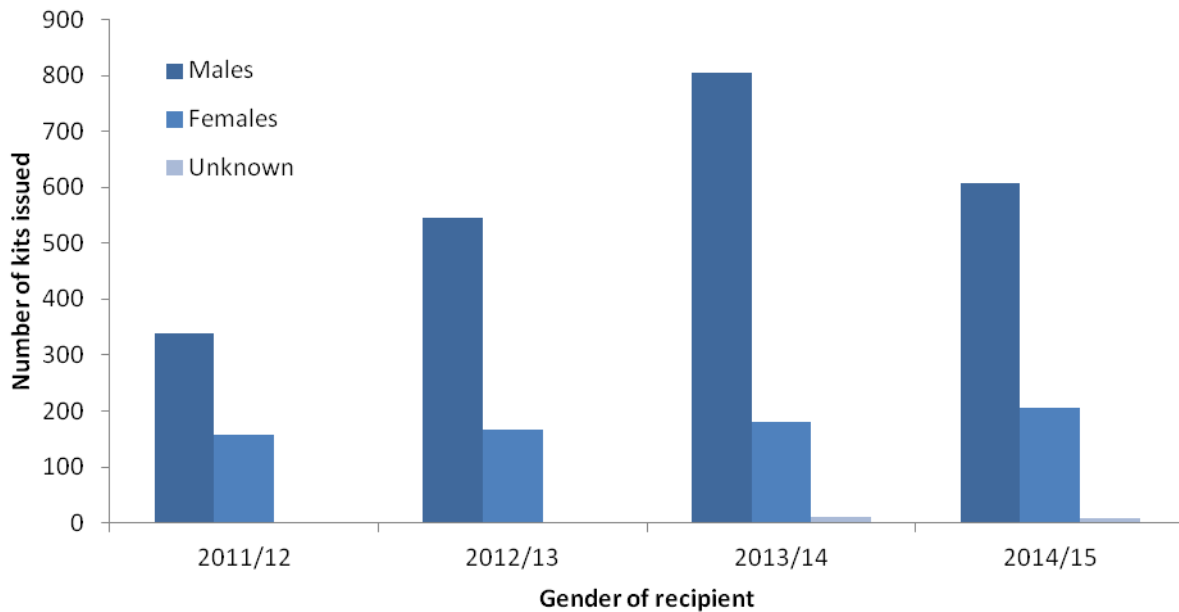


Figure 2.4 shows the age distribution of those receiving kits for individual years between 2011/12 and 2014/15. Across this period, 45% of those receiving kits from prisons were in the 25 to 34 year age range, followed by those aged 35 to 44 years (27%).

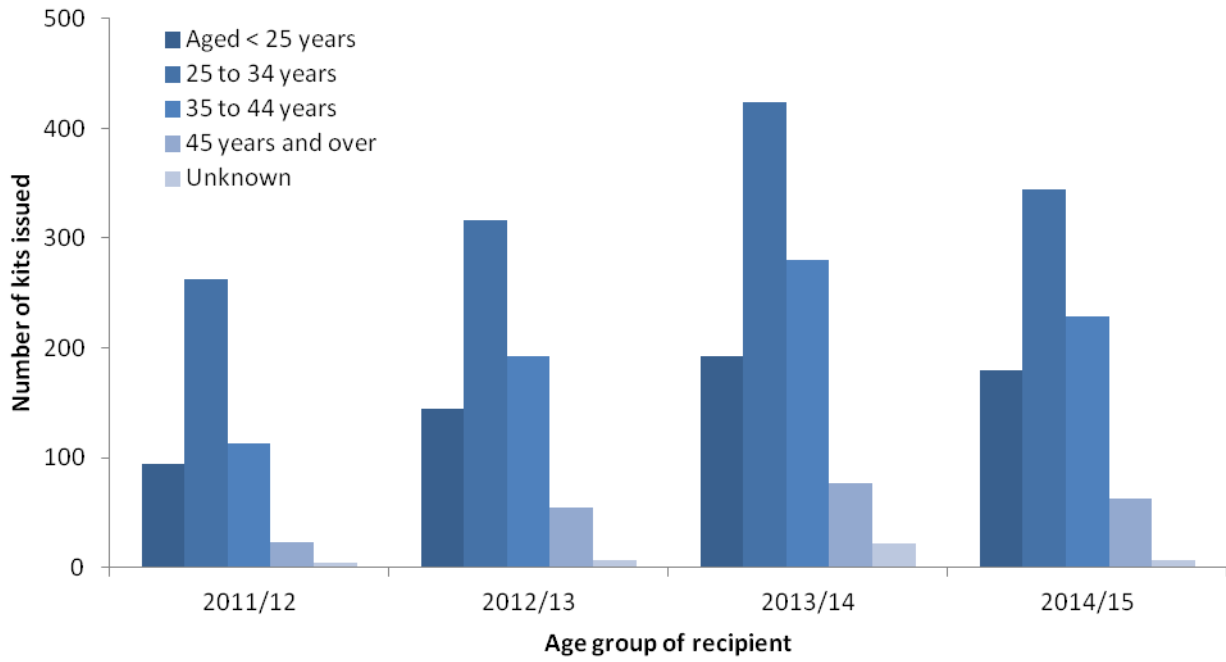
In 2014/15, 42% of kits distributed in prisons were to those aged 25-34 years and 28% were to those aged 35-44. By contrast, in the community a smaller percentage (37%) was issued to those aged 25-34 but a much larger percentage (39%) issued to those aged 35-44. The younger age profile of recipients in prisons reflects the younger age profile of prisoners overall compared to the wider community.⁹

In prisons the percentage of kits issued to those aged 25-34 fell from 53% in 2011/12 to 42% in 2014/15 while the percentage for the 35-44 group rose from 23% to 28%, reflecting the ageing prison population (Figure 8 Consultancy Services; 2014).

⁸ However, 37% of kits supplied to female prisoners in 2014/15 were issued by other prison establishments including HMP Edinburgh, HMP Greenock and HMP Polmont (data not shown in tables).

⁹ Scottish prison statistics (Scottish Government, 2012) also show that the age profile of prisoners was relatively younger.

Figure 2.4: Number of THN kits supplied to persons at risk in prisons, by age group of recipient and financial year; 2011/12 to 2014/15



3. Combined figures for take-home naloxone (THN) supply through prisons and community

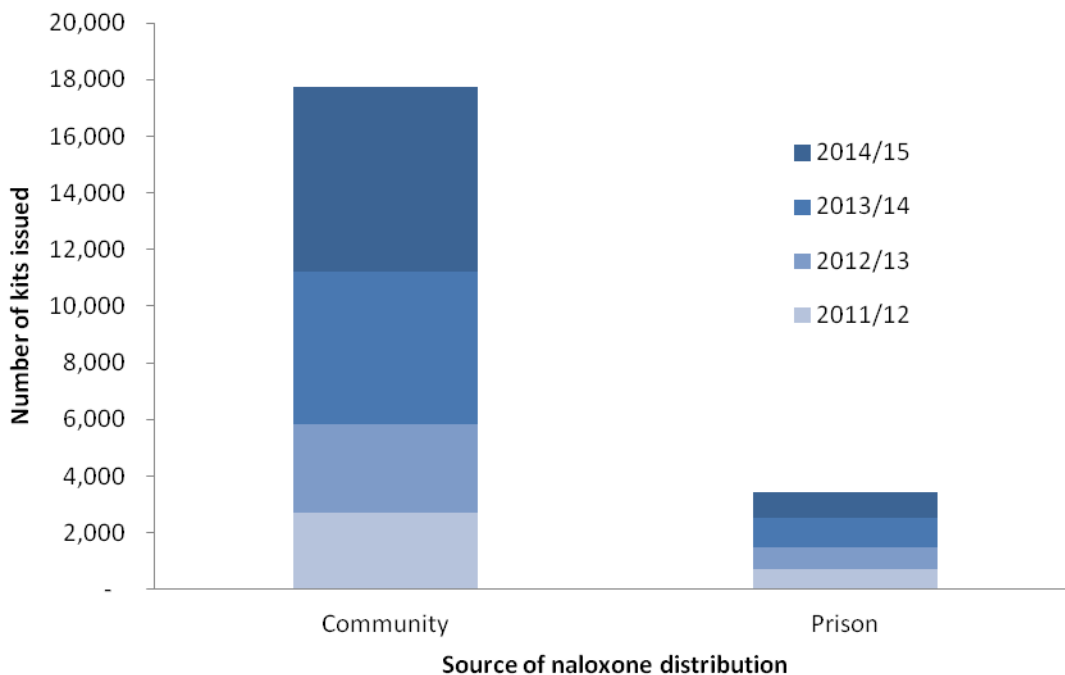
This section describes the combined number of kits distributed in both prison and community settings over the four years 2011/12 to 2014/15. Estimates of the number of kits issued per 1,000 adults with problem drug use in each NHS Board are also presented.

The programme issued a total of 7,376 kits in Scotland in 2014/15. This compares with 6,465 kits issued in 2013/14 (year three of monitoring), a 14% increase. A total of 21,140 kits were issued over the four years 2011/12 to 2014/15 in Scotland¹⁰. A monthly breakdown is shown in Table 3.1.

Figure 3.1 and Table 3.2 show the number of kits issued in the community and prisons each year from 2011/12 to 2014/15 (and the cumulative total over the four years). In each year, the number of kits distributed in the community has been much greater than the number of kits distributed in prisons (6,498 in the community compared with 878 in prisons in 2014/15), reflecting the higher number of community outlets than prisons, the higher available number of ‘at risk’ individuals and the potential challenges of delivering overdose awareness and naloxone training in prisons.

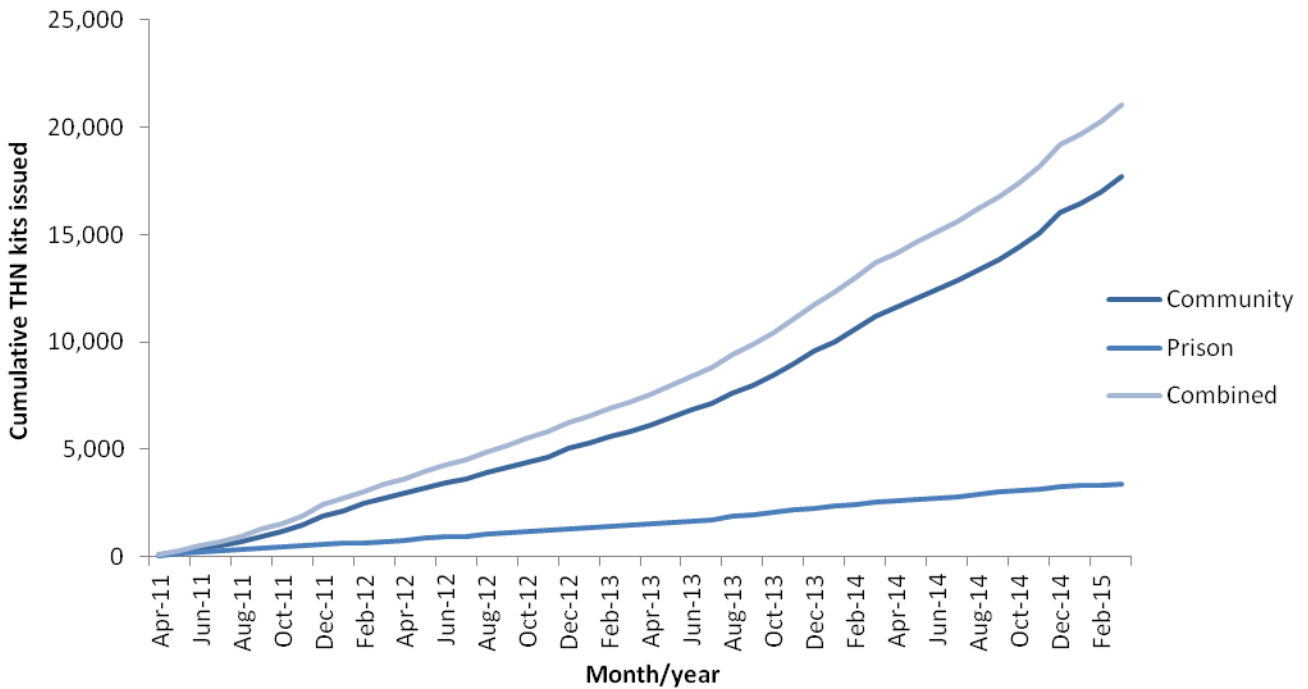
The higher volume of kits distributed by community outlets is also illustrated in Figure 3.2, which shows cumulative community, prison and combined distribution of kits over time.

Figure 3.1: Cumulative number of THN kits supplied in community and prisons, by source and financial year; 2011/12 to 2014/15



¹⁰ The number of THN kits supplied by the National Naloxone Programme does not necessarily reflect the number of THN kits for which NHS Boards have been reimbursed by the Scottish Government.

Figure 3.2: Cumulative number of THN kits supplied in community, prisons and combined, by source, financial year and month; 2011/12 to 2014/15



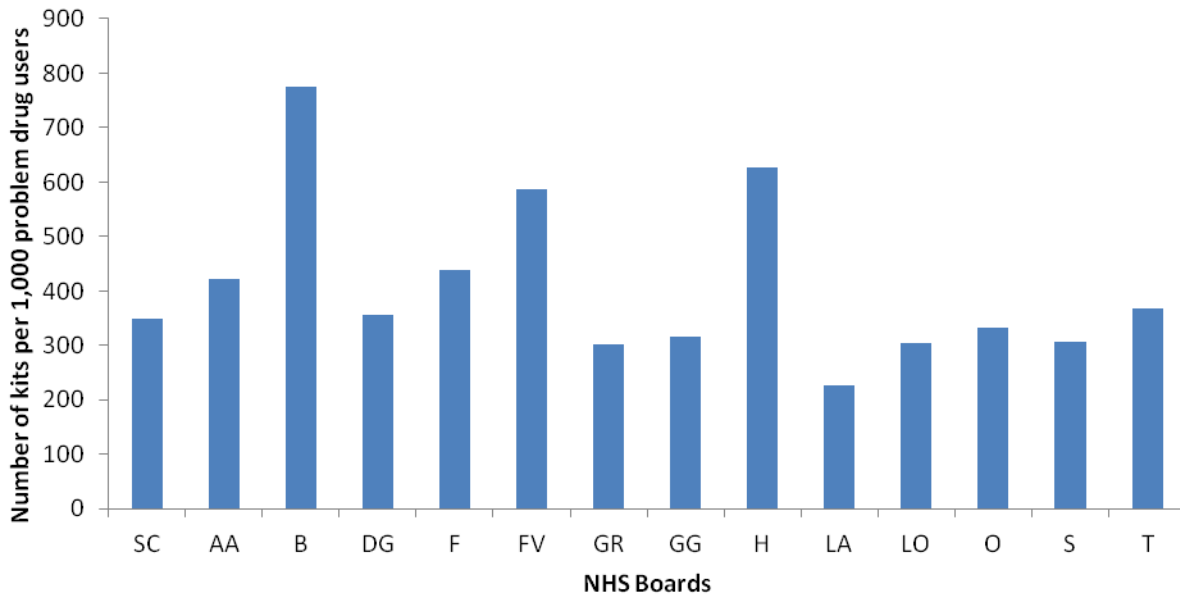
In 2014/15 the number of THN kits issued in the community and prisons combined per 1,000 people with problem drug use (problem drug users or PDUs) aged 15-64 was 122, a substantial increase from 54 in 2011/12 (Table 3.3).

Figure 3.3 shows the cumulative number of THN kits issued in the community and prison settings from 2011/12 to 2014/15 per 1,000 PDUs in each NHS Board. These figures were produced using the THN supply figures above and the most recent estimates (based on 2012/13 data) of the prevalence of problem drug use in Scotland (Kerssens *et al*, 2015).¹¹

Based on totals for the four years 2011/12 to 2014/15, NHS Borders issued the highest number of kits per 1,000 PDUs (776 per 1,000) followed by Highland (627). The cumulative rate for Scotland as a whole was 350 per 1,000 PDUs.

¹¹ Kits may have been issued as a 'first', 'repeat' or 'spare' supply. In 2014/15, the supply type for 48 kits (1%) was unknown. Whilst the naloxone dataset includes a number of data items that may aid the calculation of the number of 'individuals' who were supplied kits, due to gaps in data and/or variations in how data are recorded between records (e.g. recording of slightly different initials, postcode sector information and/or date of birth) it is not possible to conclusively identify the number of individuals involved.

Figure 3.3: Cumulative number of THN kits supplied in community and prisons combined per 1,000 PDUs aged 15-64, by NHS Board[†]; 2011/12 to 2014/15



Note:

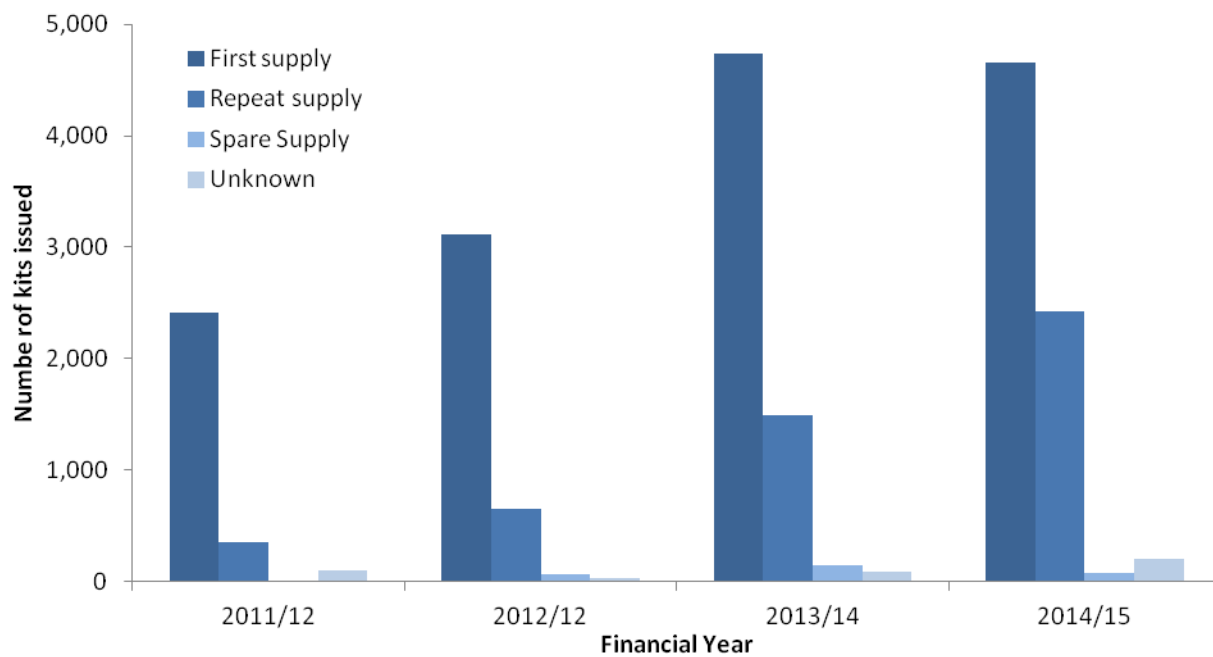
† AA: Ayrshire and Arran; B: Borders; DG: Dumfries and Galloway; F: Fife; FV: Forth Valley; GR: Grampian; GG: Greater Glasgow and Clyde; H: Highland; LA: Lanarkshire; LO: Lothian; O: Orkney; S: Shetland; T: Tayside. Note that Western Isles is not participating in the programme.

Figure 3.4 and Table 3.4 show the number of kits issued in Scotland from 2011/12 to 2014/15 according to whether these were a first or a repeat supply (based on recipient self-report). The percentage of THN kits distributed as a repeat supply increased each year from 12% in 2011/12 to 33% of prison and community supplies in 2014/15.

Table 3.4 provides a breakdown of the reasons for repeat supply of naloxone for community and prison outlets from 2011/12 to 2014/15. An indication of the use of kits can be gained from repeat THN supply where the previous kit was reported as having been used to treat an opiate overdose in self or others (653 cases in 2014/15).

Table 3.5 provides a quarterly breakdown of kits issued, by recipient type (Scotland; 2011/12 to 2014/15). Table 3.6 shows the number and percentage of 'at risk' recipients who consented to share their personal information. Table 3.7 shows the gender and age characteristics of 'at risk' individuals receiving THN from a community or prison outlet.

Figure 3.4: Number of THN kits supplied in community and prisons combined, by supply type and financial year; 2011/12 to 2014/15



4. Comparison of take-home naloxone (THN) distribution with opioid-related deaths¹²

4.1: Background

In addition to monitoring the supply of THN kits in Scotland, the National Naloxone Advisory Group agreed that the impact of the National Naloxone Programme would include examination of the percentage of opioid-related deaths that occurred shortly after prison release (the primary indicator) or after hospital discharge (the secondary indicator). These were chosen because both are times at which there is a substantially increased risk of opiate overdose (Bird & Hutchinson, 2003; Merrell 2010).

Change since the implementation of the National Naloxone Programme is estimated by comparing the following time periods:

- **Pre-implementation or 'baseline'**: the percentage of opioid-related deaths that occurred within four weeks of prison release (primary indicator) or hospital discharge (secondary indicator) during the period 2006 to 2010.¹³
- **Post-implementation**: the percentage of opioid-related deaths that occurred within four weeks of prison release (primary indicator) or hospital discharge (secondary indicator) in each year from 2011 to 2014.

Annual data are broken down by gender. The tables accompanying this report include comparable data on opioid-related deaths within 12 weeks of prison release and within 12 weeks of hospital discharge. These additional tables are based on a recommendation of the National Naloxone Advisory Group that patterns of deaths within this longer timeframe also be monitored to assess the timing of mortality risk throughout the 12 week period.

While differences in these percentages between the baseline (pre-implementation) and post-implementation periods are described below, attributing any changes to the National Naloxone Programme will be complex, in part because this type of 'before and after' comparison is not able to take account of secular trends. The comparison also assumes that the total number of people at risk of death and the number of people at risk of death during the four week period either do not change, or else show the same changes.

4.2: Opioid-related deaths post-prison release (Primary indicator)

The primary indicator chosen by the National Naloxone Advisory Group for assessing the impact of the National Naloxone Programme was the percentage of opioid-related deaths within four weeks of prison release. The primary indicator is defined as:

- **Numerator**: the number of drug-related deaths (including suicides) reported by National Records of Scotland (NRS) that were opioid-related¹⁴ and occurred within the first four weeks following release from prison custody.

¹² Certain figures (commonly small numbers, for small areas or populations) are not shown in the tables relating to Section 4. This is as a result of 'statistical disclosure control' (SDC) which aims to prevent the release of information that can lead to the identification of individuals. Further information on the SDC methods applied by ISD Scotland is available from the [ISD website](#).

¹³ This is based on year of registration and is consistent with the definition used by the National Register of Scotland (NRS). In Scotland (unlike in England and Wales) this is, for the most part, year of death because all deaths must be registered within 8 days of death having been ascertained.

¹⁴ That is, where one or more of heroin, morphine, methadone or buprenorphine was implicated in, or potentially contributed to death.

- **Denominator:** the number of opioid-related deaths (similarly defined).

The baseline for the primary indicator is the percentage of opioid-related deaths that occurred within the first four weeks following release from prison custody during the period 2006-10 (based on year of registration¹⁵). Details of how these data are collected are included at [Appendix A1.3](#).

Results

Table 4.1 provides a breakdown of the primary indicator (percentage of opioid-related deaths within four weeks of prison release) by gender for the period 2006 to 2014.

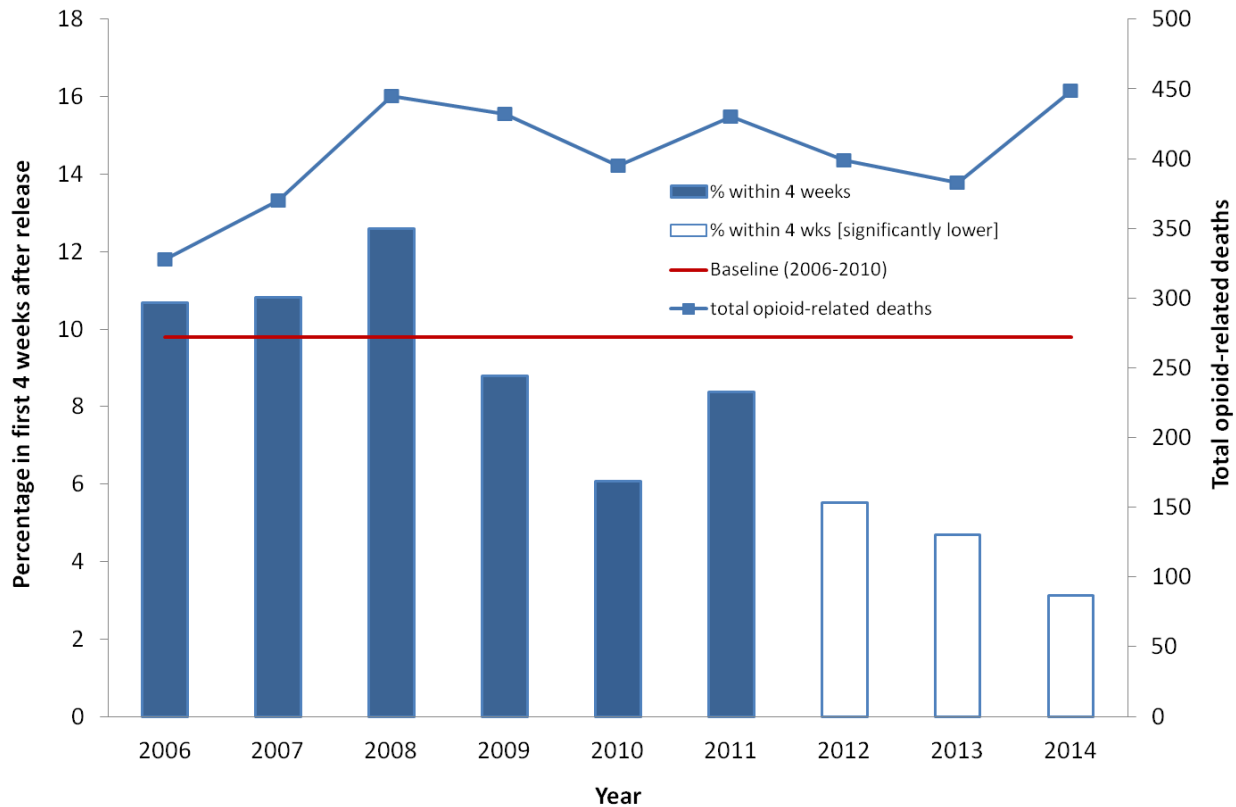
In 2014, the total number of drug-related deaths was 613, of which 449 were opioid-related. The number of opioid-related deaths rose by 17% (from 383 in the previous year). In contrast, the number of opioid-related deaths within four weeks of prison release fell in the same period by 22% (from 18 to 14), and as a result, the percentage that occurred within four weeks fell from 4.7% to 3.1%.

Changes in the primary indicator for opioid-related deaths within four weeks of prison release are shown in Figure 4.1 along with the total number of opiate related deaths. The number of opioid-related deaths during the baseline period 2006 to 2010 was 1,970 (an average annual number of 394), of which 193 (an average of 39 per year) occurred within four weeks of prison release. Therefore, the average percentage occurring within four weeks during the baseline period 2006 to 2010 was 9.8%. For most of the years after the baseline period the total number of opioid-related deaths was higher than the average annual numbers (as indicated by the line in Figure 4.1) but the number of opioid-related deaths within four weeks post-prison release was lower. Therefore the percentage of opioid-related deaths within four weeks of prison release was substantially lower than that observed in the baseline period, the figure for 2014 being around a third of that observed during the baseline period. It should be noted that these percentages are based on relatively small numbers (for example 14 deaths in 2014). The white bars indicate years in which the percentage figures were statistically significantly lower than the percentage during the pre-implementation (baseline) period.

Table 4.2 provides comparable information for opioid-related deaths within 12 weeks of prison release. While the percentage of opioid-related deaths within 12 weeks of prison release that occurred within the first four weeks after liberation was 73% (193/265) during the baseline period, this decreased to 47% (14/30) in 2014. This means that a prison indicator based solely on the four-week post release period may be less robust than previously thought due to small numbers of deaths within four weeks.

¹⁵ In Scotland (unlike in England and Wales) this is, for the most part, year of death because all deaths must be registered within 8 days of death having been ascertained.

Figure 4.1: Number of opioid-related deaths and percentage occurring within four weeks of prison release, by calendar year; 2006 to 2010 (baseline) & 2011 to 2014[†]



Note:

[†] White bars indicate percentages in post-implementation period significantly below baseline value from pre-implementation period (red bar).

4.3: Opioid-related deaths post-hospital discharge (Secondary indicator)

For the third naloxone monitoring report (2013), the National Naloxone Advisory Group chose to supplement the primary indicator with a secondary indicator based on the percentage of opioid-related deaths within four weeks of hospital discharge (general acute/psychiatric). This decision was partly based on the increased risk of fatal overdose in the weeks following discharge from hospital identified by Merrill et al 2010.

Currently the National Naloxone Programme is not universally implemented in general acute or psychiatric hospitals and ISD does not receive separate monitoring data for hospital provision of kits. Use of kits after hospital discharge is therefore largely dependent on community distribution of kits although some kits may also be supplied in prisons.

The secondary indicator (the percentage of opioid-related deaths within four weeks of hospital discharge) is defined as:

- **Numerator:** the number of drug-related deaths (including suicides) reported by National Records of Scotland (NRS) that were opioid-related¹⁴ and occurred within the first four weeks following discharge from general acute/psychiatric hospital.
- **Denominator:** the number of opioid-related deaths (similarly defined).

The baseline for the secondary indicator is the percentage of opioid-related deaths that occurred within the first four weeks following discharge from general acute/psychiatric

hospital during the period 2006-10¹³. Details of how these data are collected are included at [Appendix A1.3](#).

Results

Table 4.3 provides a breakdown of the secondary indicator (percentage of opioid-related deaths within four weeks of hospital discharge, by gender (2006 to 2014)).

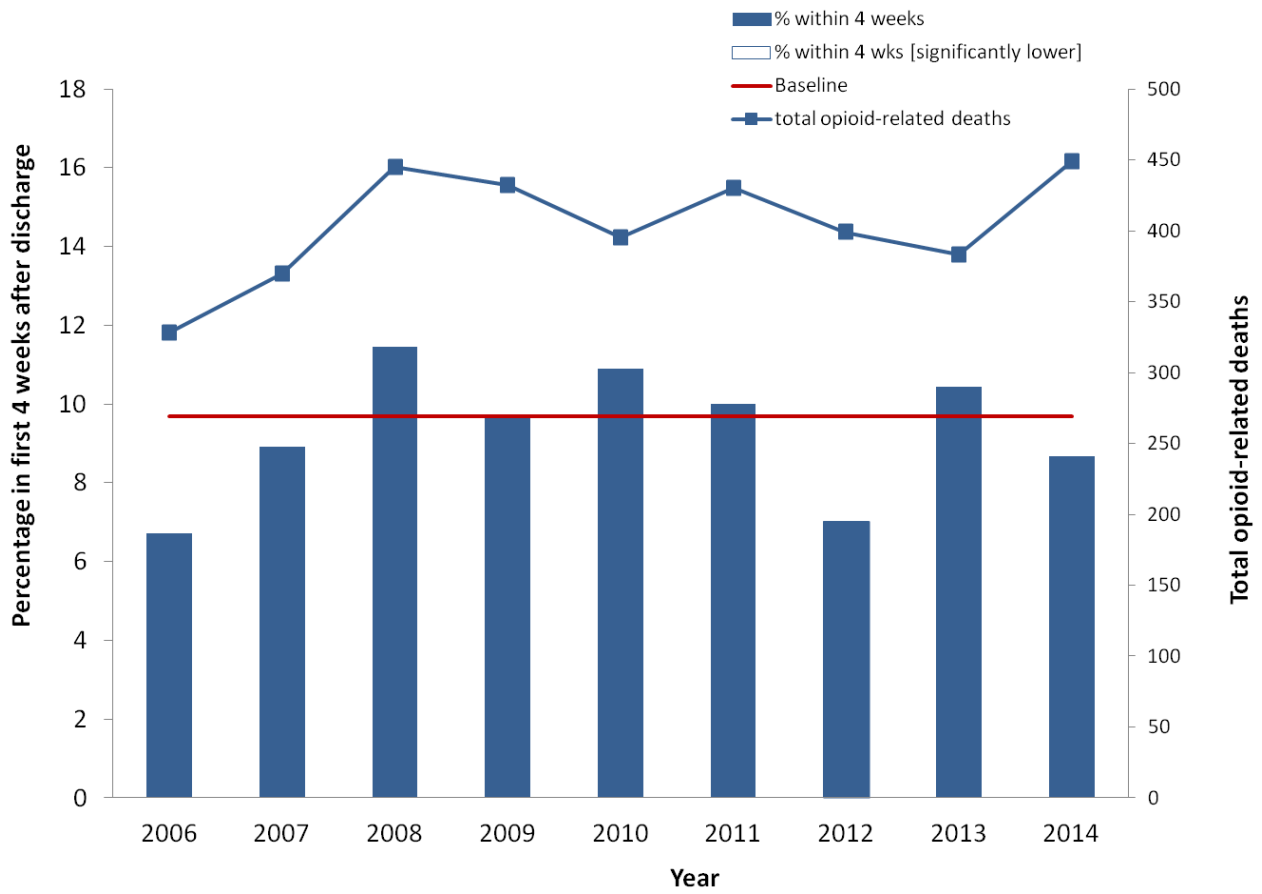
Changes in the secondary indicator (opioid-related deaths within four weeks of hospital discharge) are shown in Figure 4.2. The percentage of opioid-related deaths within four weeks of hospital discharge has fluctuated around the baseline since implementation of the National Naloxone Programme. In no year was the percentage significantly different from the baseline. The total number of opioid-related deaths during the baseline period 2006 to 2010 was 1,970 (an average annual number of 394), of which 191 (an average of 38 per year) were within four weeks of hospital discharge. As a result the percentage observed during the baseline period 2006 to 2010 was 9.7%. By 2014 the number of opioid-related deaths was 449, of which 39 were within four weeks of hospital discharge. As a result the percentage within four weeks was 8.7%.

Table 4.4 provides comparable information for the period within 12 weeks of hospital discharge. The percentage of opioid-related deaths within 12 weeks of hospital discharge that occurred within the first four weeks was 52% (191/367) during the baseline period and had decreased to 44% (39/88) in 2014.

In contrast with the prison indicator, the relative proportions of opioid-related deaths within four weeks and between five and 12 weeks of hospital discharge have changed little.

It is noteworthy that the relative decrease in early deaths among one vulnerable population (ex-prisoners) has not been accompanied by a similar fall in early deaths among another vulnerable population (those discharged from hospital). Both of course are relative to rising overall numbers of opioid-related deaths. Given these differences, it may be worthwhile exploring the reasons for the different findings for hospitals and prisons.

Figure 4.2: Number of opioid-related deaths and percentage occurring within four weeks of hospital discharge, by calendar year; 2006 to 2010 (baseline) & 2011 to 2014†



Note:

† White bars indicate percentages in post-implementation period significantly below baseline value from pre-implementation period (red bar).

Glossary

ADP	Alcohol and Drug Partnership
DRD	Drug-related Death
CI	Confidence Interval
ISD	Information Services Division of NHS National Services Scotland
NRS	National Records Scotland
SPS	Scottish Prison Service

List of Tables

Table No.	Name	Time period	File & size
	Naloxone data tables		Excel [233kb]
1.1	Number of Take Home Naloxone kits (THN) issued each month in the community.	Financial years 2011/12 - 2014/15	
1.2	Number of Take Home Naloxone kits (THN) issued each quarter in the community by NHS Board.	Financial years 2011/12 - 2014/15	
1.3	Number of Take Home Naloxone kits (THN) issued in the community by type of supply and recipient.	Financial years 2011/12 - 2014/15	
1.4	Number of Take Home Naloxone kits (THN) issued each quarter in the community by recipient.	Financial years 2011/12 - 2014/15	
1.5	Number of Take Home Naloxone kits (THN) issued in the community by recipient and NHS Board.	Financial years 2011/12 - 2014/15	
1.6	Number of Take Home Naloxone kits (THN) issued in the community to persons at risk where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2014/15	
1.7	Number of Take Home Naloxone kits (THN) issued in the community to persons at risk by gender and age.	Financial years 2011/12 - 2014/15	
2.1	Number of Take Home Naloxone kits (THN) issued each month in prisons.	Financial years 2011/12 - 2014/15	
2.2	Number of Take Home Naloxone kits (THN) issued each quarter in prisons by prison establishment.	Financial years 2011/12 - 2014/15	
2.3	Number of Take Home Naloxone kits (THN) issued in prisons to persons at risk by type of supply and recipient.	Financial years 2011/12 - 2014/15	
2.4	Number of Take Home Naloxone kits (THN) issued in prisons to persons at risk where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2014/15	
2.5	Number of Take Home Naloxone kits (THN) issued in prisons to persons at risk by gender and age.	Financial years 2011/12 - 2014/15	

3.1	Number of Take Home Naloxone kits (THN) issued each month in the community and prisons.	Financial years 2011/12 - 2014/15	
3.2	Number of Take Home Naloxone kits (THN) issued each quarter in the community and prisons.	Financial years 2011/12 - 2014/15	
3.3	Number of Take Home Naloxone kits (THN) issued in the community and prisons per 1,000 estimated number of people with problem drug use aged 15-64 per NHS Board.	Financial years 2011/12 - 2014/15	
3.4	Number of Take Home Naloxone kits (THN) issued in the community and prisons by type of supply and recipient.	Financial years 2011/12 - 2014/15	
3.5	Number of Take Home Naloxone kits (THN) issued each quarter in the community and prisons by recipient.	Financial years 2011/12 - 2014/15	
3.6	Number of Take Home Naloxone kits (THN) issued in the community and prisons to persons at risk where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2014/15	
3.7	Number of Take Home Naloxone kits (THN) issued in the community and prisons to persons at risk by gender and age.	Financial years 2011/12 - 2014/15	
4.1	Number of drug related deaths, opioid related deaths and opioid related deaths within 4 weeks of prison release, by gender.	Calendar years 2006-2010 (Baseline) & 2011-2014	
4.2	Number of drug related deaths, opioid related deaths and opioid related deaths within 12 weeks of prison release, by gender.	Calendar years 2006-2010 (Baseline) & 2011-2014	
4.3	Number of drug related deaths, opioid related deaths and opioid related deaths within 4 weeks of hospital discharge, by gender.	Calendar years 2006-2010 (Baseline) & 2011-2014	
4.4	Number of drug related deaths, opioid related deaths and opioid related deaths within 12 weeks of hospital discharge, by gender.	Calendar years 2006-2010 (Baseline) & 2011-2014	

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Further Information

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Appendices

A1 – Background Information

A1.1: Policy context

Scotland's national drugs strategy [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem](#) was launched in May 2008 and includes specific actions required to address Drug-Related Deaths (DRDs) in Scotland.

Since 1997, there has been a long-term upward trend in the number of DRDs in Scotland. The NRS reported that there were 574 DRDs in Scotland in 2008. This was followed by a reduction in numbers in 2009 and 2010 (545 and 485 respectively) and an increase in 2011 (584) and 2012 (581). Most recently, the slight reduction observed in 2013 (523) was followed by a large increase to 613 in 2014 (the highest figure yet recorded) (NRS, 2015).

In response to the long-term trend in DRDs in Scotland, a National DRD Database (NDRDD) was set up to aid understanding of the circumstances surrounding DRDs and the individuals vulnerable to them. To date, ISD Scotland have published five NDRDD annual reports (for calendar years 2009 to 2013). These confirm the findings from earlier research that those most vulnerable to DRD are male, living in the most deprived areas, and aged 25 to 44 years (the average age increased from 34 in 2009 to 39 in 2013). Also, the majority of deaths take place in a home environment where there is often someone nearby, thus offering an important window of opportunity for someone to intervene and potentially save a life.

Findings from the NDRDD also show that over two-thirds of individuals have been in drug treatment, in prison or police custody or discharged from hospital in the six months prior to their death, demonstrating the extent of opportunities to engage with and support those vulnerable to a DRD. Information and training for practitioners, service users and family/friends in how to identify and respond to overdose situations may help bring about a reversal in the upward trend in DRDs.

Following the recommendations from two independent expert forums and the successful outcomes of local take-home naloxone pilots in Scotland, the Scottish Government has supported the rollout of a National Naloxone Programme in Scotland, since the 1st November 2010.

Naloxone is an opioid antagonist which can temporarily reverse the effects of an opioid overdose. Under this national programme, naloxone is provided to those at risk of opioid overdose once they have undergone training. This training is also available to family and friends and to service workers.

The Scottish Government is supporting the rollout of this programme with central resources which include:

- Specific support to the Scottish Prison Service (where medical services are now provided by NHS Boards), in recognition of the increased risk of overdose following release from prison custody;
- A national naloxone training resource to support the development of local take-home naloxone programmes.
- National naloxone information materials;
- A national monitoring and evaluation programme to assess the reach and impact of the naloxone programme.

A1.2: National Naloxone Programme supply monitoring – dataset items

Detailed below are the dataset items that comprise the agreed national dataset for the National Naloxone Programme monitoring. Questions one to five apply to all instances of a kit being supplied (community supply or prison supply). Question six asks if consent has been given to the sharing of the individual’s personal data. If yes, then questions seven to 12 should be completed. Questions 13 and 14 apply only to the supply of kits by prisons. Data were submitted quarterly to ISD (six monthly during 2012/13) via secure data transfer (to a designated nhs.net email address), from the Naloxone Lead in each NHS Board and a Lead Officer in each prison establishment. Data were supplied in the form of a completed Excel spreadsheet, for subsequent storage and analysis at ISD.

Data item	Notes
1a. ADP of Supply	<p>Definition: This is the location of the service provider.</p> <p>Purpose: This data item will be used to monitor returns for each service participating in the National Naloxone Programme.</p>
1b. Prison Name (applicable to supply of kits in prisons)	<p>Definition: This is the name of the prison where the naloxone is issued.</p> <p>Purpose: This data item will be used to monitor returns for each prison participating in the National Naloxone Programme.</p>
2. Date of Issue	<p>Definition: This is the date on which the kit was issued and should be entered in the format DD/MM/YYYY.</p> <p>Purpose: This data item will be used to monitor the distribution of kits throughout the year. The dates of issue, together with other data items will also be used to quality assure the data. E.g. Date of issue, name and date of birth will help identify possible duplicate entries.</p>
3. Naloxone is provided to:	<p>Definition: This records whether the kit is provided to the person at risk, family members, friends, partners, etc. or a service worker. The drop down list gives the options:-</p> <ul style="list-style-type: none"> • Person at risk • Family/Friend • Service Worker <p>Purpose: This data item will be used to monitor the ‘reach’ of THN distribution (how many individuals ‘at risk’ have access to a kit) and the total numbers of individuals receiving THN in</p>

	<p>addition to those persons 'at risk'.</p> <p>Please note this is from the person's perspective. It is not expected that the option for Family/Friends or Service Worker will be used within the SPS.</p>
<p>4. Naloxone is provided as:</p>	<p>Definition:</p> <p>This records whether the kit is the person's first supply or if they have previously been provided with a supply of naloxone. The drop down list gives the options:-</p> <ul style="list-style-type: none"> • First Supply • Repeat Supply • Spare Supply • Not Known <p>Purpose:</p> <p>This data item will be used to monitor the 'reach' of THN distribution (how many first supplies made to individuals 'at risk'), the total numbers of individuals receiving THN in addition to those persons 'at risk' (inc. spare supplies) and the frequency of THN re-supply due to use, damage etc.</p> <p>Please note this is from the person's perspective.</p>
<p>5. Last naloxone supply:</p>	<p>Definition:</p> <p>This records what happened to the last supply that was provided. The drop down list contains the options:-</p> <ul style="list-style-type: none"> • Used on Self • Used on Other • Lost Kit • Confiscated • Expired • Damaged Kit • Not Applicable – First Supply • Not Applicable – Spare Supply • Not Known <p>Purpose:</p> <p>This data item will assist in evidencing reasons for re-supply (e.g. how many kits were used on those at risk of opiate overdose).</p> <p>Please note that this is from the person's perspective.</p>
<p>6. Consent to Data Sharing</p>	<p>Definition:</p> <p>A Yes/No field indicating whether consent to share their personal data has been given.</p>
<p>7. Forename (1st initial)</p>	<p>Definition:</p> <p>The forename of the person at risk. The person's initials only for ISD purposes.</p> <p>Purpose:</p>

	For ISD internal use only. To evidence the number of individuals at risk who had been supplied with THN.
8. Surname (1 st initial)	<p>Definition:</p> <p>The surname of the person at risk. The person's initials only for ISD purposes.</p> <p>Purpose:</p> <p>For ISD internal use only. To evidence the number of individuals at risk who had been supplied with THN.</p>
9. Date of Birth	<p>Definition:</p> <p>This is the date of birth of the person at risk and should be entered in the format DD/MM/YYYY.</p> <p>Purpose:</p> <p>This data item will be used to determine the age profile of individuals at risk receiving THN.</p>
10. Age	<p>Definition:</p> <p>The age in years of the person at risk.</p> <p>Purpose:</p> <p>In the absence of a date of birth (e.g. client refuses to supply their DOB), then age alone can be recorded in order to determine the age profile as in Q9.</p>
11. Postcode Sector of Residence	<p>Definition:</p> <p>The partial postcode of the person at risk's usual private residence.</p> <p>Purpose:</p> <p>This data item will be used to assess geographic coverage of THN as well as determine areas with increasing use.</p>
12. Gender	<p>Definition:</p> <p>This records the person at risk's gender. The drop down list contains the options:-</p> <ul style="list-style-type: none"> • Not Known • Male • Female • Not Specified <p>Purpose:</p> <p>This data item will be used to assess the gender profile of those at risk receiving THN.</p>
13. Prison Release Date (if applicable)	<p>Definition</p> <p>This is the date the person at risk is due for release from prison and should be entered in the format DD/MM/YYYY.</p> <p>Purpose:</p> <p>This will assist in evidencing the impact of THN on prisoners</p>

	<p>who are vulnerable to overdose within 4 weeks and 12 weeks following liberation.</p> <p><i>It is recognised that the four week period following prison release is a crucial period for former prisoners with regard to risk of death from overdose.</i></p>
<p>14. Court Date</p>	<p>Definition</p> <p>The date of court appearance if liberation/release date not known.</p> <p>Purpose:</p> <p>In the absence of a liberation date, court date will assist in evidencing the impact of THN on prisoners who are vulnerable to overdose within 4 weeks and 12 weeks following liberation.</p>

A1.3 Comparison with opioid-related deaths – data collection

Data for the primary indicator (opioid-related deaths within four and 12 weeks of prison release) are collected as follows:

- National Records of Scotland (NRS) supply ISD with an extract of drug-related death records for each relevant year with ‘opioid’ deaths (defined by one or more of heroin/morphine, methadone and/or buprenorphine being implicated in, or potentially contributing to, the cause of death (rather than only being present)) flagged. These are securely sent to ISD, matched with personal identifiers from the NRS database held by ISD. An ISD analyst with clearance to access the Scottish Prison Service record system (PR2) then collects data on individuals who have died a opioid-related death and who had a custody record on the PR2 system. The results from this process are then securely transferred to ISD, validated and analysed.

Data for the secondary indicator (opioid-related deaths within four and 12 weeks of hospital discharge) are collected as follows:

- The NRS extract described above, having been securely sent to ISD is matched with personal identifiers from the NRS database held by ISD. It is then further matched against the general acute inpatient and day case (SMR01) and mental health inpatient and day case (SMR04) datasets routinely submitted to ISD by NHS Boards to identify general acute or psychiatric discharges within the relevant time periods prior to death. The results from this process are then validated and analysed.

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A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	National Naloxone Programme Scotland – Monitoring Report 2014/15
Description	<p>Data are presented on the supply of naloxone ‘take home’ kits in Scotland. Data are presented separately for kits issued in the community and kits issued by prisons, as well as combined totals. This includes information on the numbers of kits issued each month, the number issued in each NHS Board/prison establishment, whom the kits have been issued to and whether issued as a first or a repeat supply (and reasons for repeat supply).</p> <p>Data on the percentage of opioid-related deaths occurring within four and 12 weeks of prison release and hospital discharge are also presented, contrasting 2011-14 performance against 2006-10 indicators.</p>
Theme	Health and Social Care
Topic	Lifestyles and Behaviours
Format	PDF report
Data source(s)	Information provided by services (community and prisons) to naloxone leads in NHS Boards. For information on drug-related deaths, NRS drug-related death data were linked to Scottish Prison Service database (PR2) data.
Date that data are acquired	<p>Distribution data: April 2014</p> <p>Performance data: July 2013-May 2014</p>
Release date	27 th October 2015
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2014/15 (data for 2011/12-2013/14 is also shown). Note that some figures may have changed from previous years due to the reception of late data from NHS Boards.
Continuity of data	This is the fourth year of release of these data. Data are presented in a similar format to previous years with the addition of a combined community and prison section.
Revisions statement	No revisions to this publication are planned, however, future versions of this publication may show revised figures should any ‘late returns’ be received.
Revisions relevant to this publication	Prior to publication of this report, a data checking exercise was conducted which means that some figures included in this report have been revised and may differ from those published in the 13/14 monitoring report.

Concepts and definitions	See A1 – Background information.
Relevance and key uses of the statistics	<p>The national naloxone monitoring analyses presented in this report provide vital evidence of the reach of the National Naloxone Programme’s ‘take home’ kits initiative in Scotland.</p> <p>Data on the percentage of opioid-related deaths occurring within 4 weeks of prison release provides a key measure of the impact of the distribution of ‘take home’ naloxone kits from prison establishments.</p>
Accuracy	<p>The naloxone lead in each NHS Board was given the opportunity to check their supply figures for 2014/15 prior to publication. This covers both the community supply and prisons supply (post transfer of responsibility for prisoner healthcare from the SPS to the NHS, from November 2011).</p> <p>For the section on opioid-related deaths, the accuracy of the data presented are determined by the accuracy of the relevant NRS and SPS datasets.</p>
Completeness	<p>Kit supply data were provided by the naloxone lead in each NHS Board. See above regarding QA of data.</p> <p>For the section on opioid-related deaths, the quality of the linkage between NRS and SPS data was tested by comparing the results of the linkage with a manual exercise carried out for the previous naloxone report and replication of findings across multiple applications.</p>
Comparability	No comparable published data outwith Scotland.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report is available as a PDF file.
Value type and unit of measurement	Count – numbers and percentages. Also, rates per 1,000 people aged 15-64 with problem drug use.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	n/a
Last published	28 th October 2014
Next published	25 th October 2016
Date of first publication	31 st July 2012
Help email	leebarndale@nhs.net
Date form completed	19 th October 2015

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- Scottish Prison Service healthcare leads

A4 – ISD and Official Statistics

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Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

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- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
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