

National Naloxone Programme Scotland

Monitoring Report 2015/16

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Introduction

Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which reverses the effects of a potentially fatal overdose with these drugs. Intramuscular¹ injection of naloxone provides time for emergency services to arrive and for further 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 opioid overdose in order to help prevent overdose deaths.

Since 1997, National Statistics from NRS have identified a long-term upward trend in the number of Drug-Related Deaths (DRDs) in Scotland, most of which have been 'accidental poisonings' related to opioid drugs (NRS, 2016). A National DRD Database (NDRDD) was set up to help understand the circumstances of DRDs and the individuals vulnerable to them. NDRDD findings have shown that most DRDs occurred when others were present and over two-thirds of individuals had been in drug treatment, in prison or police custody or discharged from hospital in the six months prior to death (Zador *et al*, 2005; Graham *et al*, 2010 & 2012; Hoolachan *et al*, 2013, Hecht *et al*, 2014, Barnsdale *et al*, 2015 & 2016). Other research has shown that the risk of accidental overdose is substantially increased after release from prison (Bird & Hutchinson, 2003) or discharge from hospital (Merrell *et al*, 2010), in part because users may lose their tolerance of opioids during periods when illicit drug use is reduced.

The overall aim of the National Naloxone Programme (NNP) was to contribute to a reduction in fatal opioid overdoses in Scotland. To help achieve this, in the five years from April 2011 to March 2016, the NNP co-ordinated distribution of THN kits from community outlets (usually specialist drug treatment services) and prisons in order to reduce the risk of death from accidental overdose among opioid users. During this period, NHS Boards were responsible for local delivery of the programme and the cost of THN kits was reimbursed by the Scottish Government. While the Scottish Government continues to fund some aspects of the NNP, from 2016/17 NHS Boards assumed responsibility for funding THN supplies. See [Appendix 1](#) for further information on the background and development of the NNP.

The NNP was overseen by the National Naloxone Advisory Group (NNAG), a multi-disciplinary group including stakeholders from Scottish Government, NHS Boards, Scottish Prison Service, voluntary sector organisations and academia. The NNAG concluded its work in March 2016 and the remaining responsibility for national oversight was transferred to the Partnership for Action on Drugs in Scotland (PADS) Harms Group.

The Scottish Government commissioned the Information Services Division (ISD) of NHS National Services Scotland to report on the monitoring data on kit distribution. This report from ISD presents information on the number of THN kits issued as part of the NNP (from 2011/12 to 2015/16). Data are presented separately for kits issued in the community and kits issued in prisons at the point of prisoner release. ISD continue to monitor THN kit distribution in 2016/17 and will report upon these data in August 2017.

In addition to monitoring THN supply in Scotland, ISD were tasked by the Scottish Government and the NNAG to examine changes in the number and percentage of opioid-related deaths that occurred within four weeks of prison release or within four weeks of hospital discharge. In [Section 4](#), the numbers of such deaths before implementation of the NNP (calendar years 2006-2010) are used as a baseline for comparison with the post-implementation period (calendar years 2011-2015).

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

Main points

- A total of 8,146 take-home naloxone kits were issued in Scotland in 2015/16, an increase of 10% on the previous year.
- For Scotland as a whole, supply of kits more than doubled, from 52 kits per 1,000 problem drug users in 2011/12 to 132 per 1,000 in 2015/16.
- In 2015/16, 7,214 kits were issued in the community (an 11% increase on the previous year) and 932 kits were issued by prisons upon release (a 6% increase).
- The percentage of kits distributed as a repeat supply increased each year from 12% in 2011/12 to 38% in 2015/16. In 2015/16, 748 repeat kit supplies were made because the previous kit was reported as having been used to treat an opioid overdose.
- In 2015, of all opioid-related deaths, 4.7% occurred among people who had been released from prison in the previous four weeks. This was significantly lower than the 9.8% observed before the programme, though the figures should be treated with caution because of the relatively small number of opioid-related deaths within four weeks of prison release.
- The percentage of all opioid-related deaths that occurred among people who had been discharged from hospital in the previous four weeks showed no consistent trend, changing from 9.7% before the programme (2006-10) to 10.3% in 2015.

Results and Commentary

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

1.1: Introduction

This section presents information on the number of Take Home Naloxone (THN) kits issued in the community through the National Naloxone Programme (NNP) in Scotland in 2015/16. This includes breakdowns by month, NHS Board and numbers of first and repeat supplies and reasons for repeat supply. Age and gender breakdowns are provided for individuals at risk of opioid overdose who were supplied with THN (where the person consented to the sharing of their personal data). Monitoring data from previous years are included for comparison.

1.2: Number of kits issued in the community

In Scotland in 2015/16, 7,214 THN kits were issued in the community. This was an 11% increase compared with 2014/15 and was the highest annual number of THN kits issued in the community to date. A total of 24,966 THN kits were issued in the community in Scotland over the five years from 2011/12 to 2015/16 (Table 1.1).

In each year from 2011/12 to 2015/16 there was an increase in the number of kits supplied in the community during December (Table 1.1 and Figure 1.1). This coincides with festive overdose prevention campaigns, the holiday period being a recognised high risk period for this group. The number of kits supplied in each quarter by financial year is shown in Table 1.2.

Figure 1.1: Number of THN kits supplied in the community, by month and financial year (Scotland; 2011/12 to 2015/16)

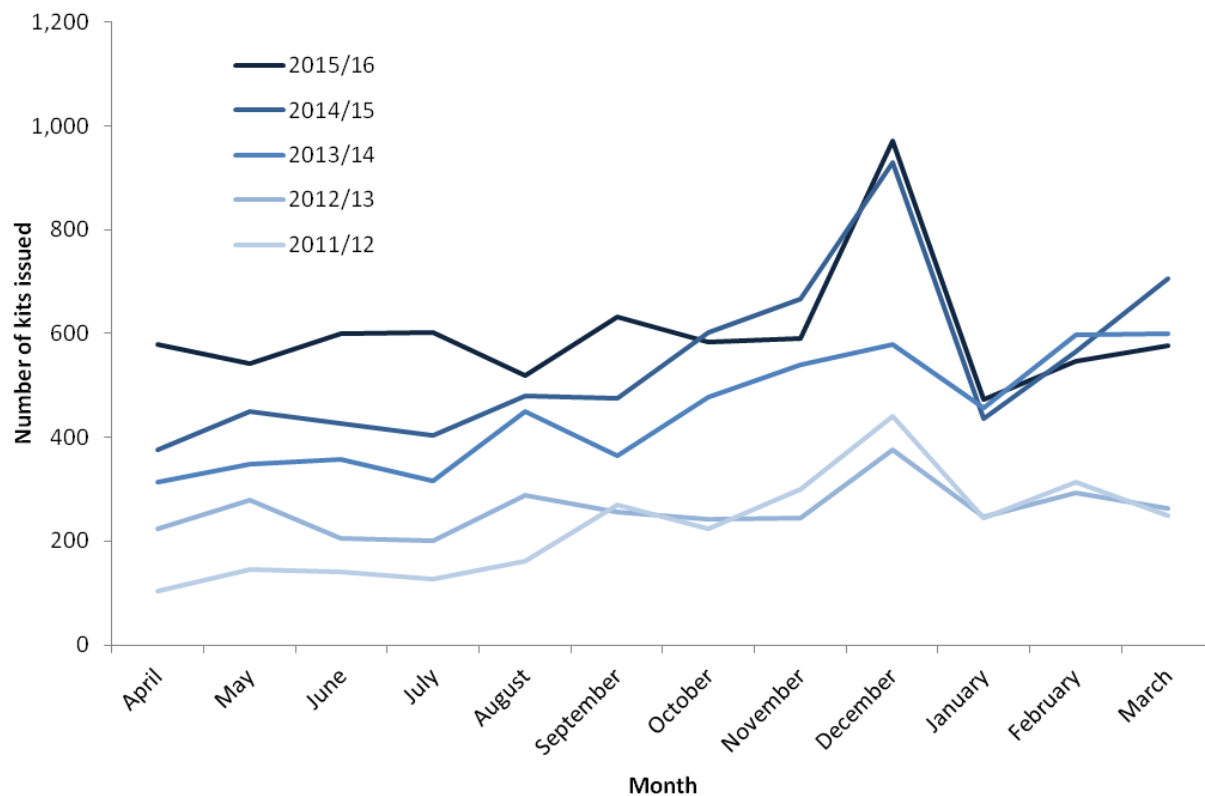
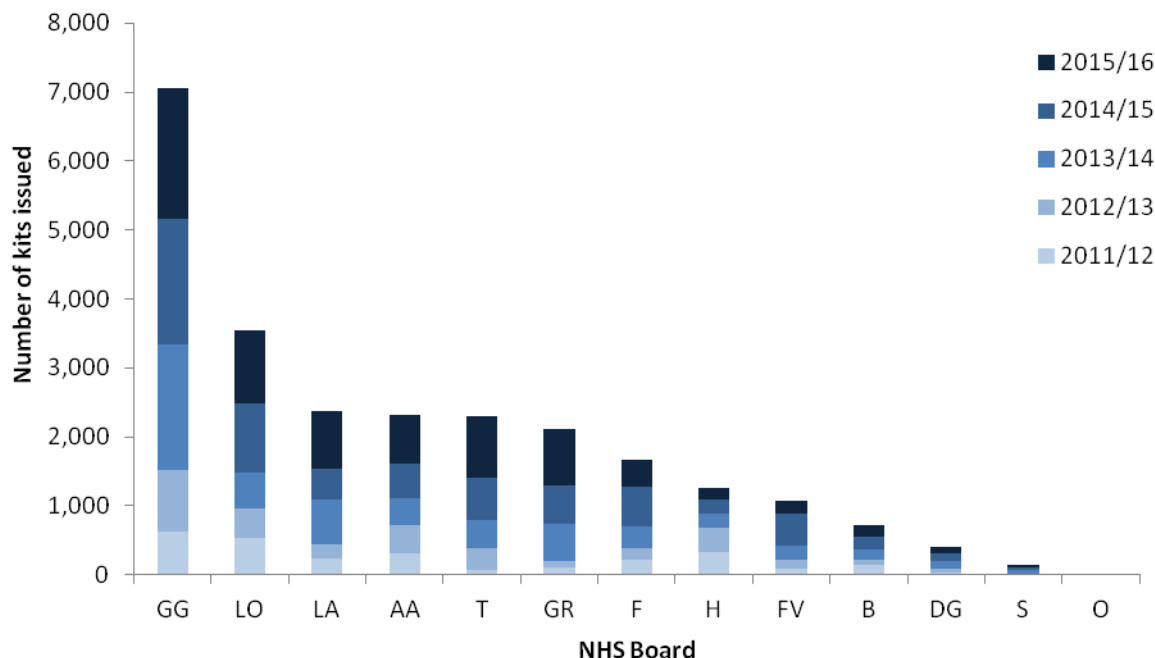


Table 1.2 and Figure 1.2 show the number of THN kits issued in the community in each NHS Board from 2011/12 to 2015/16 (and the cumulative total over the five years). In 2015/16, Greater Glasgow & Clyde supplied the largest number of kits (1,886), followed by Lothian (1,061) and Tayside (881).

Figure 1.2: Cumulative number of THN kits supplied in the community, by NHS Board† and financial year (Scotland; 2011/12 to 2015/16)



† 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

THN kits may be issued as a first, repeat or spare² supply. Of the 7,214 kits issued in 2015/16, 51% were reported as a first supply, 40% as a repeat supply and 7% as a spare supply³. Comparable figures for 2014/15 were 61%, 35% and 3% respectively (Table 1.3 and Figure 1.3).

The percentage of THN kits distributed as a repeat supply has increased each year from 13% in 2011/12 to 40% in 2015/16. This increase is likely to be associated with their use in treating overdoses and (from 2013/14 onwards) the expiration of kits distributed at the start of the programme (THN kits have a maximum expiry date of three years).

² Spare supply of take-home naloxone kits was first recorded in 2013/14.

³ 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 (Scotland; 2011/12 to 2015/16)

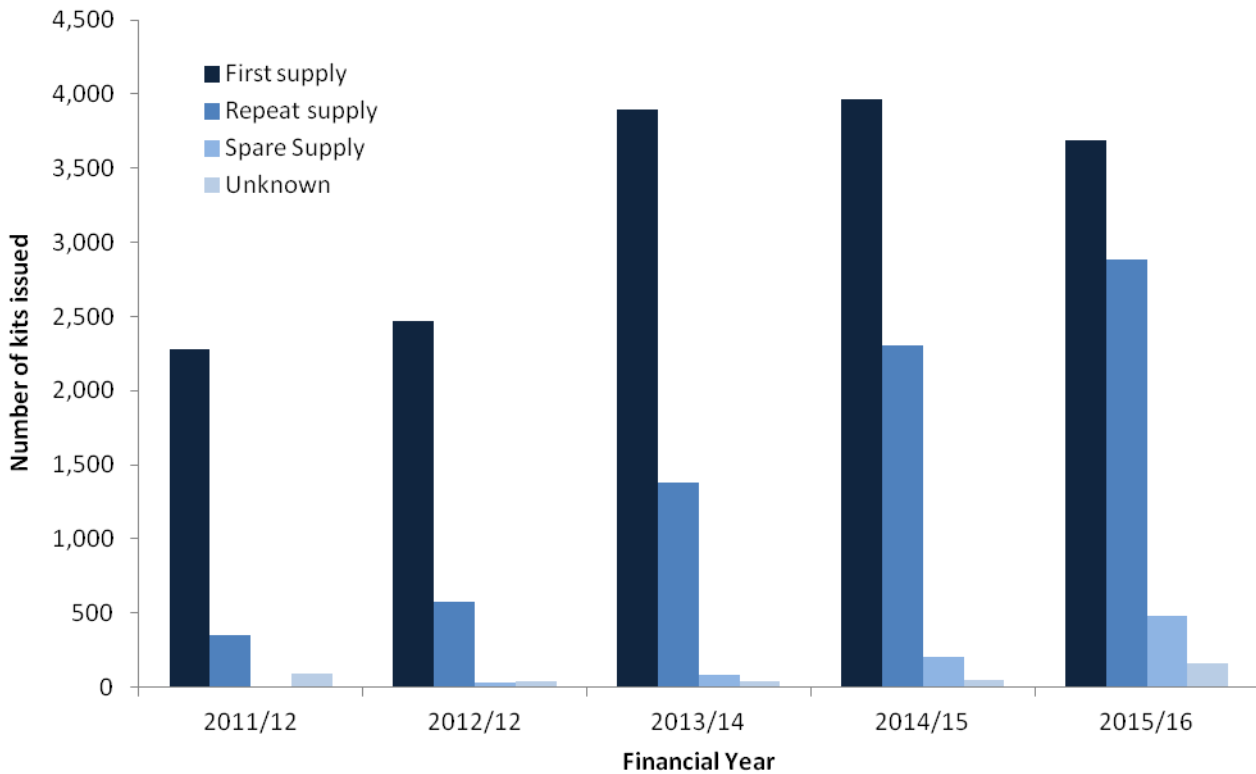
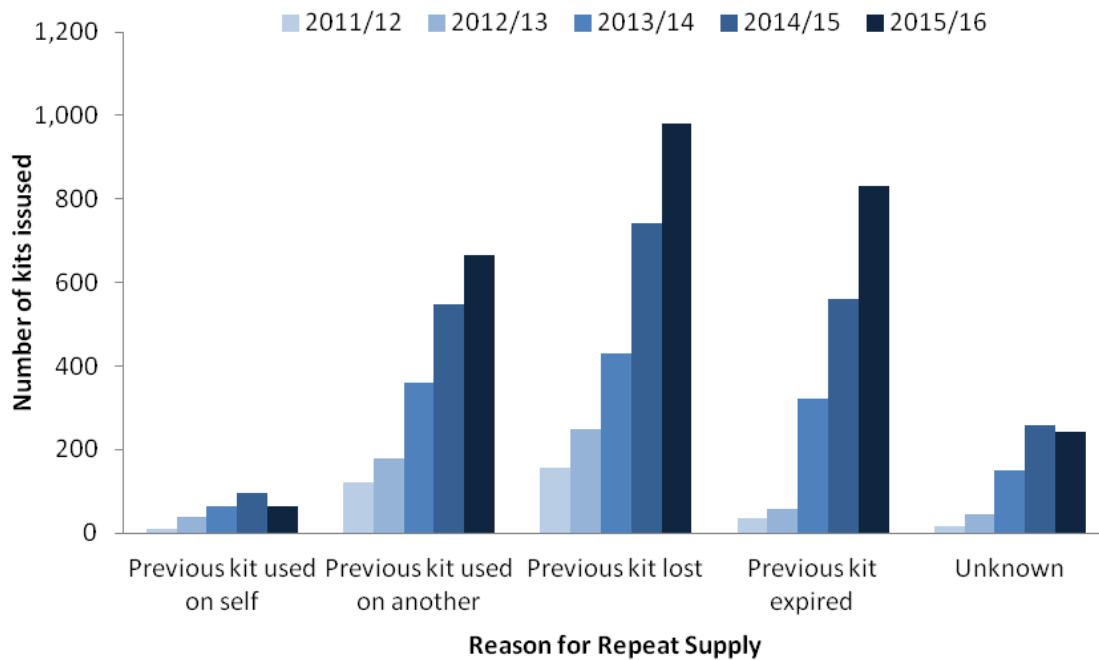


Figure 1.4 shows the reasons for repeat supply of naloxone (based on self-report) from 2011/12 to 2015/16. Of the 2,887 cases noted as repeat issue of a kit in the community in 2015/16, the following responses were most common:

- 34% (980) were reported as due to ‘previous kit lost’;
- 29% (832) ‘previous kit expired’ (i.e. the naloxone, as a pharmaceutical product, had expired);
- 23% (666) ‘kit used on another’;
- 3% (88) ‘previous kit damaged’;
- 8% (242) ‘unknown’ reason for repeat supply; and,
- 2% (63) ‘kit used on self’.

In 2015/16, there were 729 cases where repeat supply was reported as due to use of the previous kit on a person during an opioid overdose. Of these cases, 91% (666) comprised ‘kit used on another’ and 9% (63) ‘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 (Scotland; 2011/12 to 2015/16)



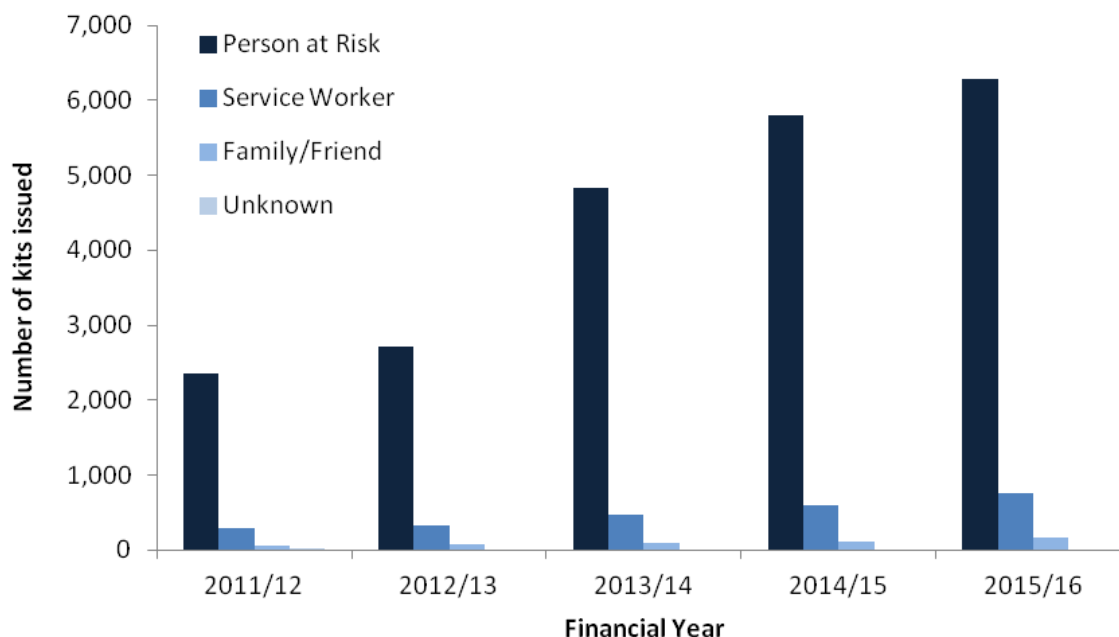
Recipient type for kits issued in the community

THN kits issued in the community may be supplied to:

- 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 7,214 kits issued in the community in Scotland in 2015/16, the majority (87%) were issued to people at risk of opioid overdose. A further 11% were supplied to service workers and 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 (Scotland; 2011/12 to 2015/16)



1.3: Characteristics of 'at risk' recipients of community kits

Information about the person receiving the kit was available only for those who consented to the sharing of their data. (Further information about the dataset is given in [Appendix A1.2](#)).

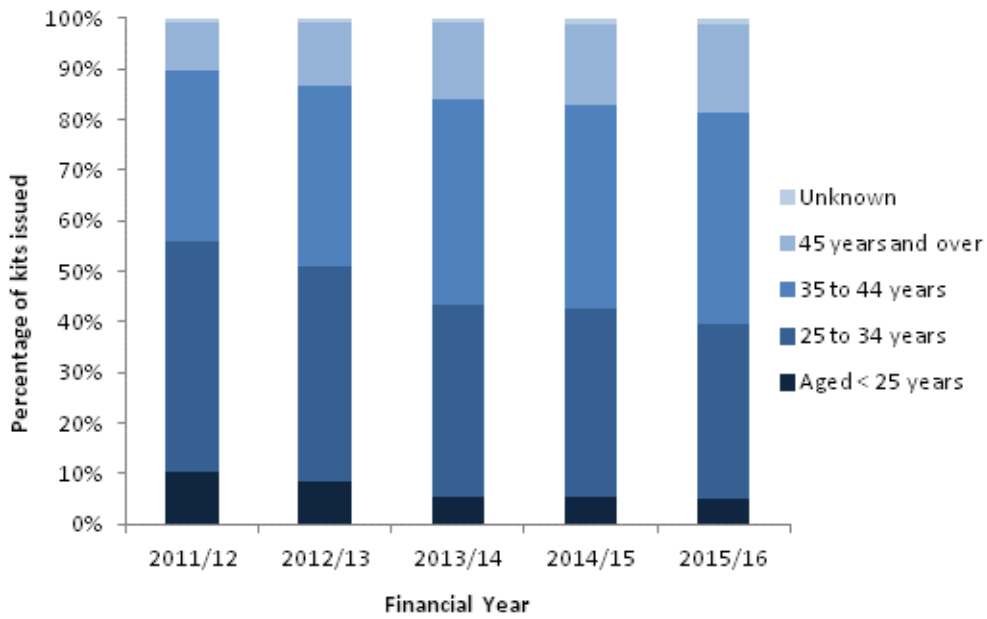
There were 6,287 kits supplied in the community in 2015/16 to a person at risk. In 5,906 (94%) of these cases, the person consented to the sharing of their personal data for monitoring purposes (Table 1.6)⁴.

In 2015/16, two-thirds (67%) of THN kits supplied to a person at risk in the community in Scotland 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 years from 2011/12 to 2015/16. In 2015/16, 35% of those receiving kits were in the 25-34 age range and 42% were in the 35-44 age range. Over time, the percentage of recipients aged under 25 decreased (from 10% in 2011/12 to 5% in 2015/16) and the percentage aged 45 years and over rose from 9% to 18%, 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 2015/16 (for all Scotland).

⁴ 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: Percentage of THN kits supplied to persons at risk in the community, by age group of recipient and financial year (Scotland; 2011/12 to 2015/16)



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

2.1: Introduction

THN kits are supplied to prisoners, along with their personal belongings, on release from custody⁵. This section presents information on the number of THN kits issued in prisons in Scotland in 2015/16 by month and by prison establishment. Data on 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 2015/16, 932 THN kits were issued in prisons, all of them to persons at risk of opioid overdose. This was a 6% increase compared with 2014/15 and the second highest annual number of THN kits issued in prisons (the highest annual number of THN kits were distributed in 2013/14 (1,070)). A cumulative total of 4,343 THN kits were issued in prisons in Scotland from 2011/12 to 2015/16 (Table 2.1).

Statistics on the number of kits supplied in each prison establishment by financial year and quarter are shown in Table 2.2. Seven establishments increased the number of THN kits supplied between 2014/15 and 2015/16, in seven supply decreased and in one no change was recorded. HMP Edinburgh issued the highest number of kits in 2015/16 (142, a 19% decrease) followed by HMP Addiewell (114, a 97% increase).

Supply type in prisons

Naloxone kits may be issued as a first, repeat or spare supply². 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 in a prison). It is not possible, using the current naloxone monitoring dataset, to determine where the previous supply was made.

Of the 932 kits issued in prisons in 2015/16, 71% were recorded as a first supply, 19% a repeat supply and 3% a spare supply³. Status was unknown for 6% of cases (Table 2.3 and Figure 2.1). The percentage of prison kits that were a repeat supply has increased from 6% in 2011/12 but remains lower than in the community (40%).

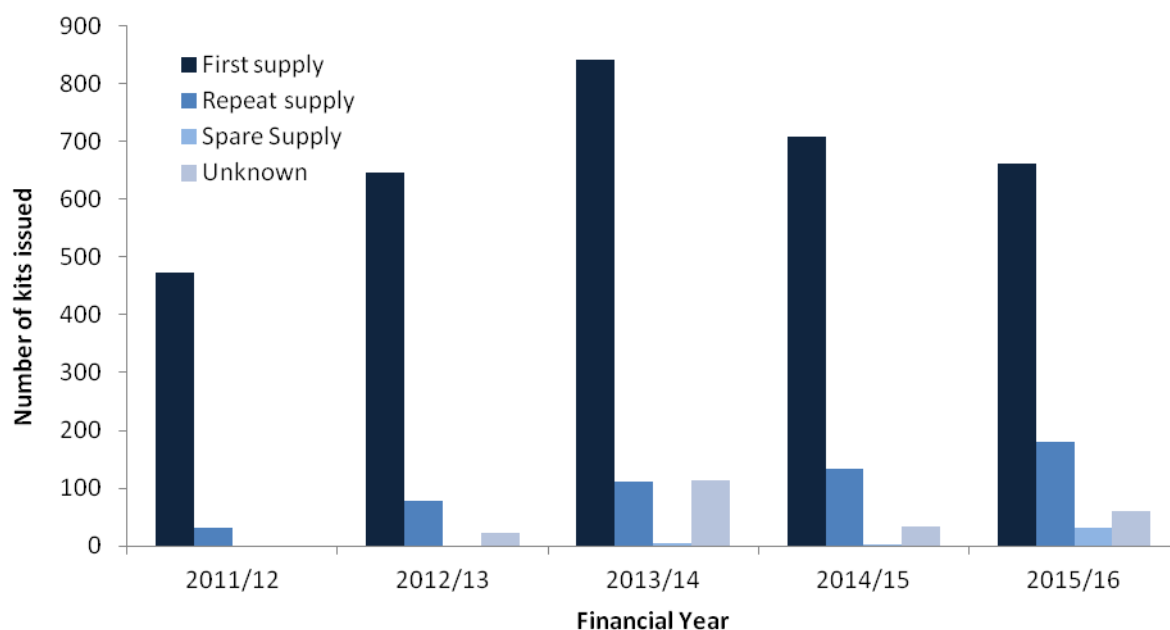
Table 2.3 provides a breakdown of the reasons for repeat supply of naloxone in prisons from 2011/12 to 2015/16. Of the 180 cases noted as a repeat supply in 2015/16, the previous kit was reported as having been lost in 42% of cases and in 39% of cases, the reason for replacement was unknown⁶.

In a total of 19 cases in 2015/16, repeat supply was due to use of the previous kit on a person at risk (an increase from nine cases in 2014/15).

⁵ 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.

⁶ 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'.

Figure 2.1: Number of THN kits supplied in prisons, by supply type and financial year (Scotland; 2011/12 to 2015/16)



Recipient type for kits issued in prisons

In 2015/16, almost all (99%) THN kits issued in prisons in Scotland were supplied to persons at risk of opioid overdose. This was broadly similar to previous years (Table 2.3).

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

In 2015/16, 924 THN kits supplied in prisons in Scotland were issued to people at risk of opioid overdose. In 882 of these cases (95%) the recipient consented to the sharing of their personal data for monitoring purposes (Table 2.4).

In Scottish prisons, 81% of kits issued to persons at risk of opioid overdose in 2015/16 were to males (Table 2.5 and Figure 2.2). In comparison, 74% of kits were issued to males in 2014/15. The comparable figure for kits supplied to persons at risk in the community in 2015/16 was 67% male.

As already noted, in 2015/16, overall kit distribution in the community and from prison both increased. However, in 2015/16, the number (165) and percentage (19%) of prison THN kits distributed to females decreased compared to 2014/15 (205, 25%). According to the most recent Scottish prison statistics (Scottish Government, 2015), females comprised 5% of the average daily sentenced prison population in Scotland in 2013/14. As around one in five prison kits were supplied to females, this suggests a relatively higher uptake of THN by female prisoners compared with males. The majority of prison kits supplied to females were from Scotland’s only all-female establishment (HMP Cornton Vale). The higher than expected percentage of kits supplied to females may be partly explained by the high level of engagement with the NNP at HMP Cornton Vale⁷.

⁷ 40% of kits supplied to female prisoners in 2015/16 were issued by other prison establishments including HMP Edinburgh, HMP Greenock and HMP Grampian (data not shown in tables).

Figure 2.2: Percentage of THN kits supplied to persons at risk in prisons, by gender of recipient and financial year (Scotland; 2011/12 to 2015/16)

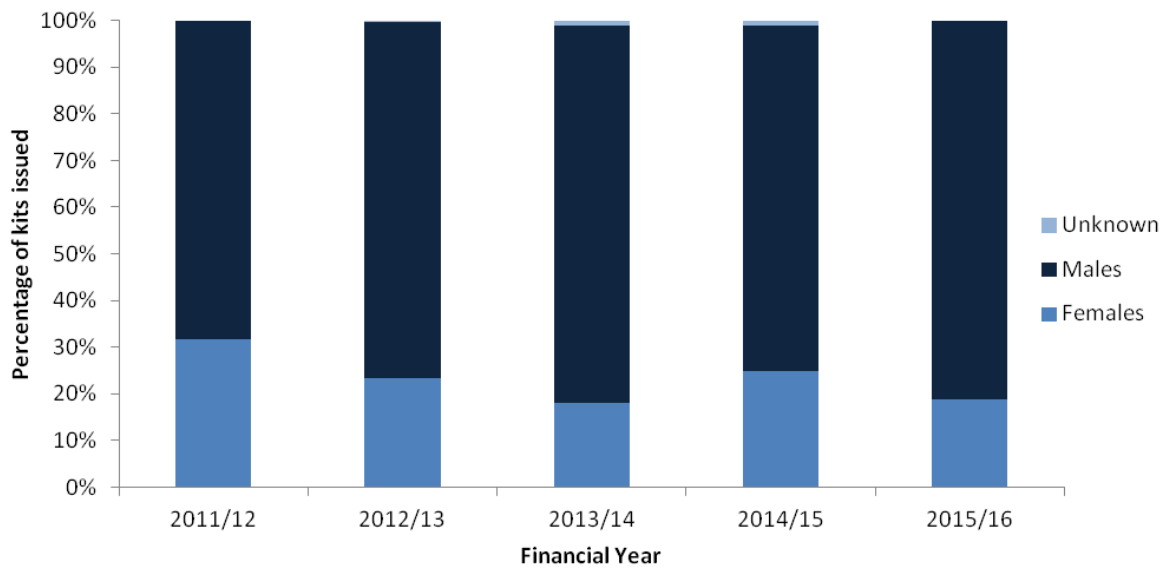
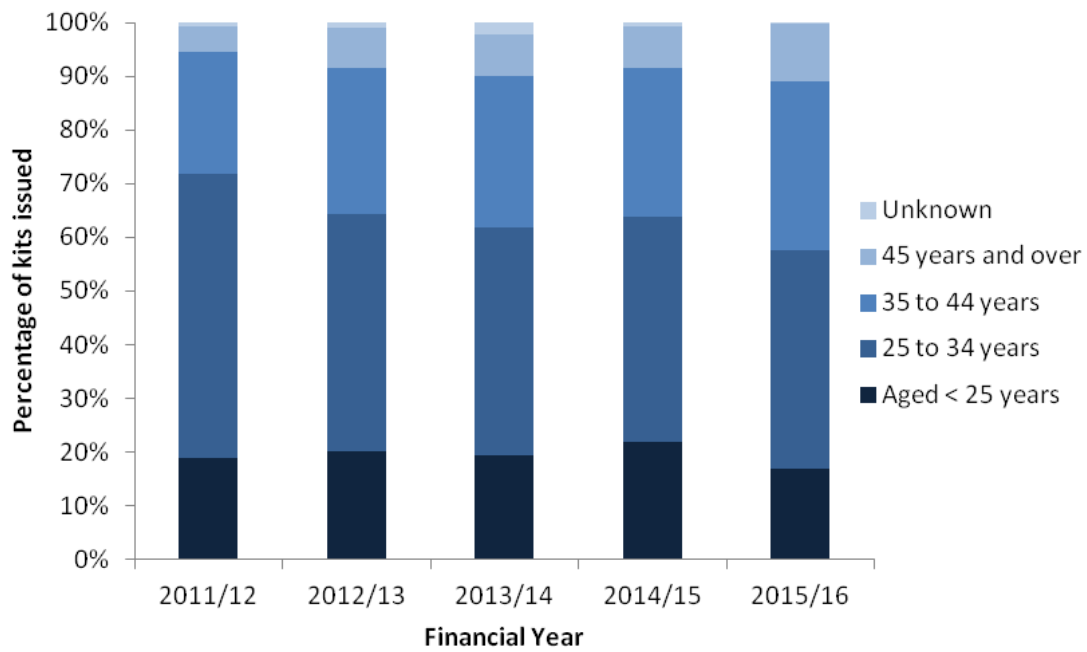


Figure 2.3 shows the age distribution of those receiving kits for individual years between 2011/12 and 2015/16. Across this period, 44% of those receiving kits from prisons were in the 25 to 34 year age range, followed by those aged 35 to 44 years (28%).

The age distribution of prison THN recipients has changed considerably since the start of the NNP. In 2011/12, 53% of kits distributed in prisons were to those aged 25-34 and 23% to those were aged 35-44. In 2015/16, 41% of prison kits were to those aged 25-34 years and 32% were to 35-44 year olds (Table 2.5). By contrast, in 2015/16 community outlets distributed a smaller percentage (35%) to those aged 25-34 and a much larger percentage (42%) to those aged 35-44 (Table 1.7). Therefore, while the age of prison THN recipients increased over time (reflecting changes in the overall prison population (Figure 8 Consultancy Services; 2014)), prison THN recipients remained younger overall compared to community THN recipients⁸.

⁸ Scottish prison statistics (Scottish Government, 2015) also show that the age profile of prisoners was relatively younger.

Figure 2.3: Percentage of THN kits supplied to persons at risk in prisons, by age group of recipient and financial year (Scotland; 2011/12 to 2015/16)

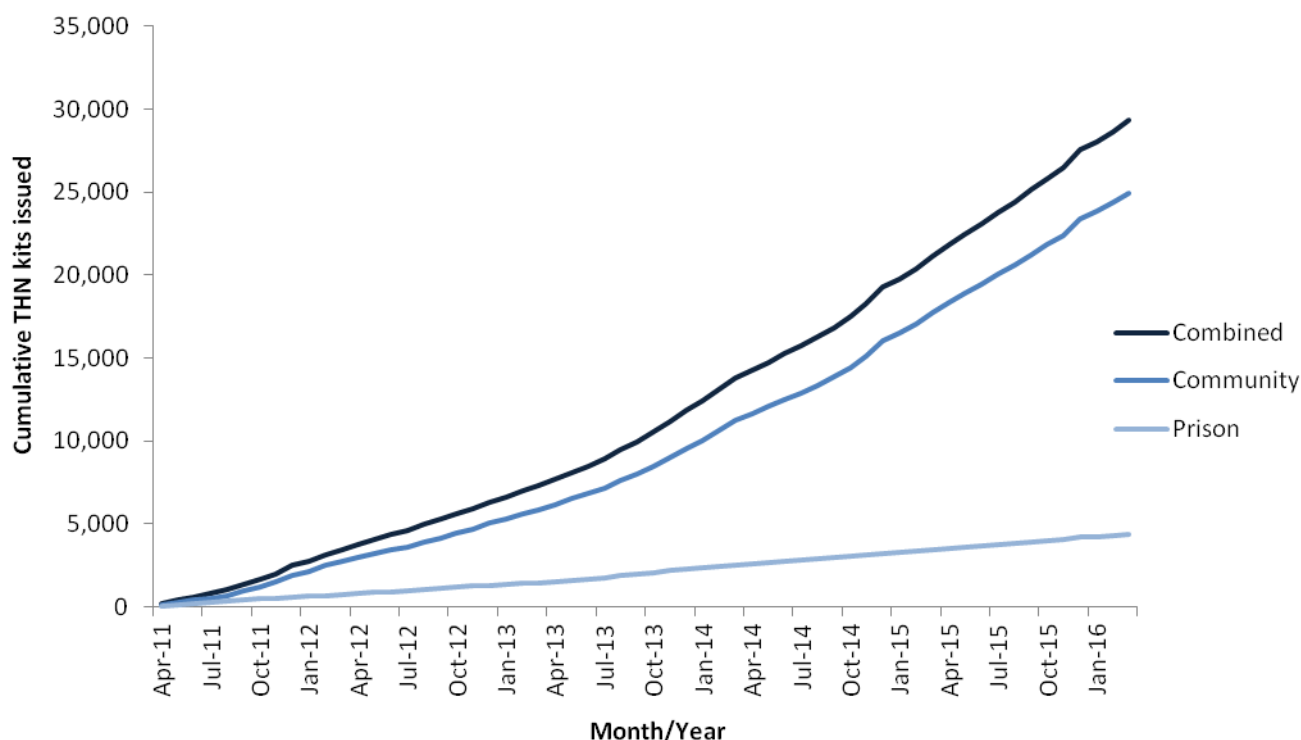


3. Combined take-home naloxone (THN) supply through prisons and community

This section describes the combined number of kits distributed in both prison and community settings over the five years from 2011/12 to 2015/16. 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 8,146 kits in Scotland in 2015/16, a 10% increase compared with 2014/15. A total of 29,309 kits were issued over the five years from 2011/12 to 2015/16⁹. A monthly breakdown is shown in Table 3.1.

Figure 3.1: Cumulative number of THN kits supplied in community, prisons and combined, by source, financial year and month (Scotland; 2011/12 to 2015/16)



In 2015/16 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 132, a substantial increase from 52 per 1,000 in 2011/12 (Table 3.3).

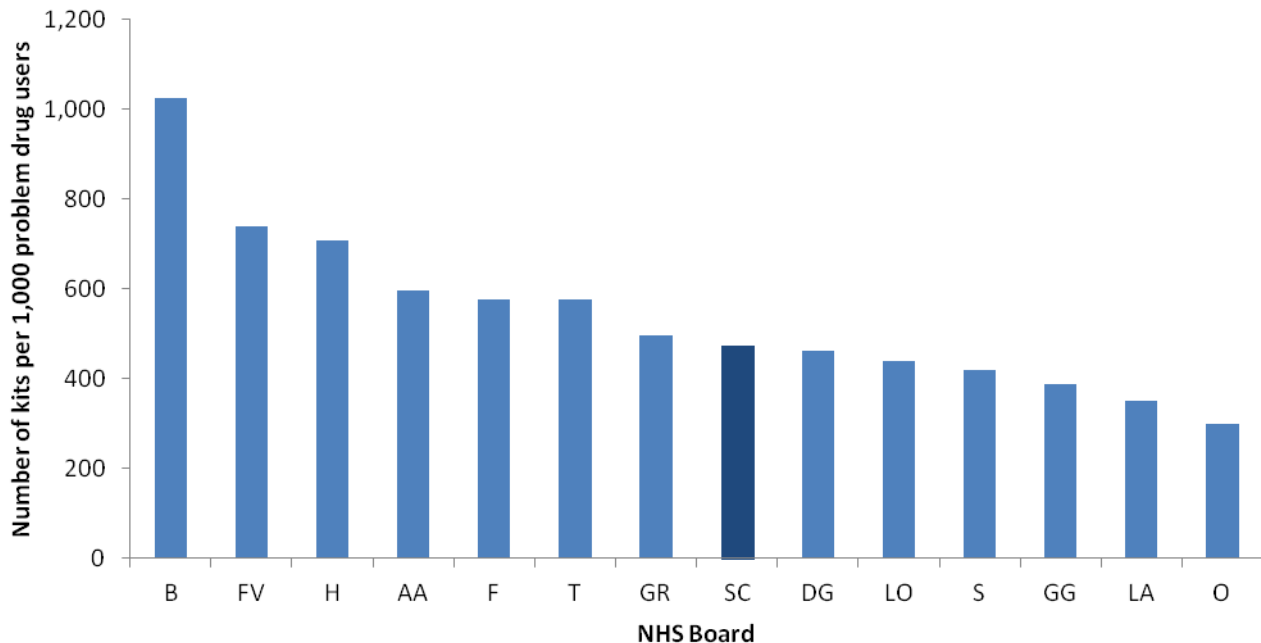
Figure 3.2 shows the cumulative number of THN kits issued in the community and prison settings from 2011/12 to 2015/16 per 1,000 PDUs in each NHS Board. These figures were produced using the THN supply figures above and the most recent estimates (based on 2012/13 data) of the prevalence of problem drug use in Scotland (Kerssens *et al*, 2015)¹⁰.

⁹ 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.

¹⁰ 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.

Based on totals for the five years 2011/12 to 2015/16, NHS Borders issued the highest number of kits per 1,000 PDUs (1,025 per 1,000)¹¹ followed by Forth Valley (740). The cumulative rate for Scotland as a whole was 473 per 1,000 PDUs.

Figure 3.2: Cumulative number of THN kits supplied in community and prisons combined per 1,000 PDUs aged 15-64, by NHS Board† (Scotland; 2011/12 to 2015/16)



† 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; SC: Scotland; T: Tayside. Note that Western Isles is not participating in the programme.

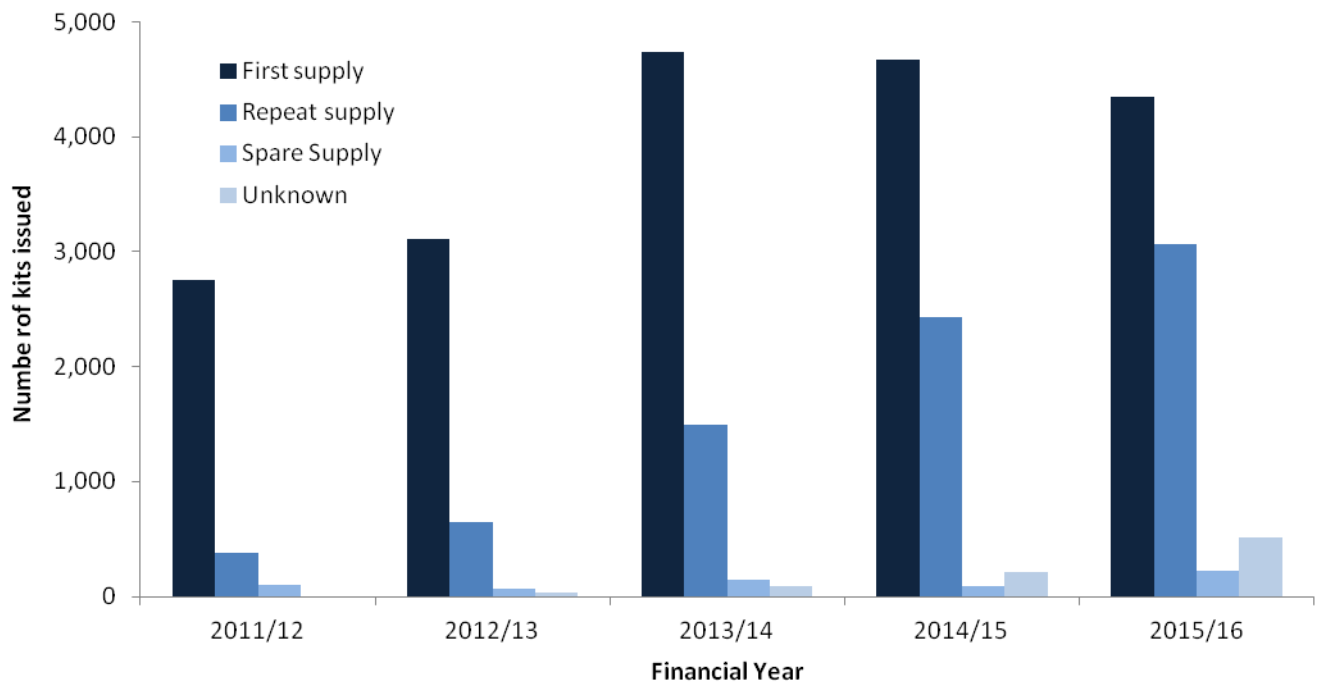
Table 3.4 and Figure 3.3 show the number of kits issued in Scotland from 2011/12 to 2015/16 according to whether these were a first or a repeat supply (based on recipient self-report). The percentage of THN kits distributed as a repeat supply increased each year from 12% of prison and community supplies in 2011/12 to 38% in 2015/16. This change was accompanied by a corresponding decrease in first supplies.

Table 3.4 provides a breakdown of the reasons for repeat supply of naloxone for community and prison outlets from 2011/12 to 2015/16. In 2015/16, 748 repeat supplies were issued due to the previous kit being used on the self or others. Over the five years of the NNP (2011/12 to 2015/16), the total number of repeat supplies following use of the previous kit on the self or others was 2,203.

Table 3.5 provides a quarterly breakdown of kits issued, by recipient type (Scotland; 2011/12 to 2015/16). 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.

¹¹ In NHS Borders, more than 1,000 THN kits were distributed per 1,000 PDUs from 2011/12 to 2015/16. High levels of service provider engagement and support for THN provision in NHS Borders and the small size of the ‘at risk’ population helped support effective delivery. However, potential inaccuracies in PDU estimates, changes in the size of the ‘at risk’ population and the number of repeat supplies may also have contributed to this apparent ‘over supply’ of THN kits.

Figure 3.3: Number of THN kits supplied in community and prisons combined, by supply type and financial year (Scotland; 2011/12 to 2015/16)



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

4.1: Introduction

In addition to monitoring the supply of THN kits in Scotland, the National Naloxone Advisory Group (NNAG) agreed that the number and percentage of opioid-related deaths that occurred shortly after prison release or after hospital discharge would be used as measures of the impact of the NNP.

Change since the implementation of the NNP 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 or hospital discharge during the period 2006 to 2010.¹²
- **Post-implementation:** the percentage of opioid-related deaths that occurred within four weeks of prison release or hospital discharge in each year from 2011 to 2015.

Annual data are broken down by age and 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 NNAG recommendation that patterns of deaths within this longer timeframe also be monitored to assess the timing of mortality risk throughout the 12 week period over time. Details of how these data are collected are included at [Appendix A1.3](#).

While differences in these percentages between the baseline (pre-implementation) and post-implementation periods are described below, attributing any changes to the NNP 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 opioid users at risk of death and the number of opioid users 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

This indicator is defined as:

- **Numerator:** the number of drug-related deaths (including suicides) reported by National Records of Scotland (NRS) that were opioid-related¹³ and occurred within the first four weeks following release from prison custody.
- **Denominator:** the number of opioid-related deaths (similarly defined).

The baseline for this 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 registration¹²).

¹² 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.

¹³ That is, where one or more of heroin, morphine, methadone or buprenorphine was implicated in, or potentially contributed to death.

Results

In 2015, the total number of drug-related deaths was 706, of which 493 were opioid-related. The number of opioid-related deaths rose by 10% (from 449 in the previous year). In the same period, the number of opioid-related deaths within four weeks of prison release increased by 64% (from 14 to 23), and as a result, the percentage that occurred within four weeks rose from 3.1% to 4.7% (the same percentage was observed in 2013).

Opioid-related deaths within four weeks of prison release are shown in Table 4.1 and Figure 4.1, along with the total number of opioid-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 number for the baseline period (as indicated by the blue line in Figure 4.1), but the number of opioid-related deaths within four weeks post-prison release was lower than the comparable average annual number in the baseline period. Therefore the percentage of opioid-related deaths within four weeks of prison release was substantially lower than that observed in the baseline period (the 2015 percentage was around half of that observed during the baseline period). It should be noted that these percentages are based on relatively small numbers (for example, 18 deaths in 2013 and 14 deaths in 2014) and should therefore be treated with caution. 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. During the baseline period, of all opioid-related deaths within 12 weeks of prison release, 73% (193/265) occurred in the first four weeks after liberation. However, this percentage decreased to 56% (23/41) in 2015. Recent reductions in the number and percentage of deaths within four weeks of prison release may indicate that the risk of opioid-related death during this period has decreased. However, this also means that the numbers of deaths observed within the four week timeframe are small and falling, relative to deaths observed within the twelve-week period.

4.3: Opioid-related deaths post-hospital discharge

For the third naloxone monitoring report (2013), NNAG chose to add a further indicator based on the percentage of opioid-related deaths within four weeks of hospital discharge (general acute/psychiatric). The NNP did not oversee distribution of THN kits from general acute or psychiatric hospitals, nor did ISD receive separate monitoring data for hospital provision of THN kits. Use of THN after hospital discharge may therefore be largely dependent on kits supplied from community outlets and prisons.

This indicator is defined as:

- **Numerator:** the number of drug-related deaths (including suicides) reported by National Records of Scotland (NRS) that were opioid-related¹³ 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 this 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 2006-10 (based on year of registration¹²).

Results

Opioid-related deaths within four weeks of hospital discharge are shown in Table 4.3 and Figure 4.2. The percentage of opioid-related deaths within four weeks of hospital discharge has fluctuated around the baseline since implementation of the NNP. There was no year where the percentage was 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%. In 2015, the number of opioid-related deaths was 493, of which 51 were within four weeks of hospital discharge, giving a percentage within four weeks of 10.3%.

Table 4.4 provides comparable information for the period within 12 weeks of hospital discharge. In 2015, the percentage of opioid-related deaths within 12 weeks of hospital discharge that occurred within the first four weeks was 52% (51/98), the same percentage as during the baseline period (191/367). Therefore, 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 would be worthwhile exploring the reasons for the different findings for hospitals and prisons.

Figure 4.1: Number of opioid-related deaths and percentage within four weeks of prison release, by calendar year (Scotland; 2006 to 2010 (baseline) & 2011 to 2015[†])

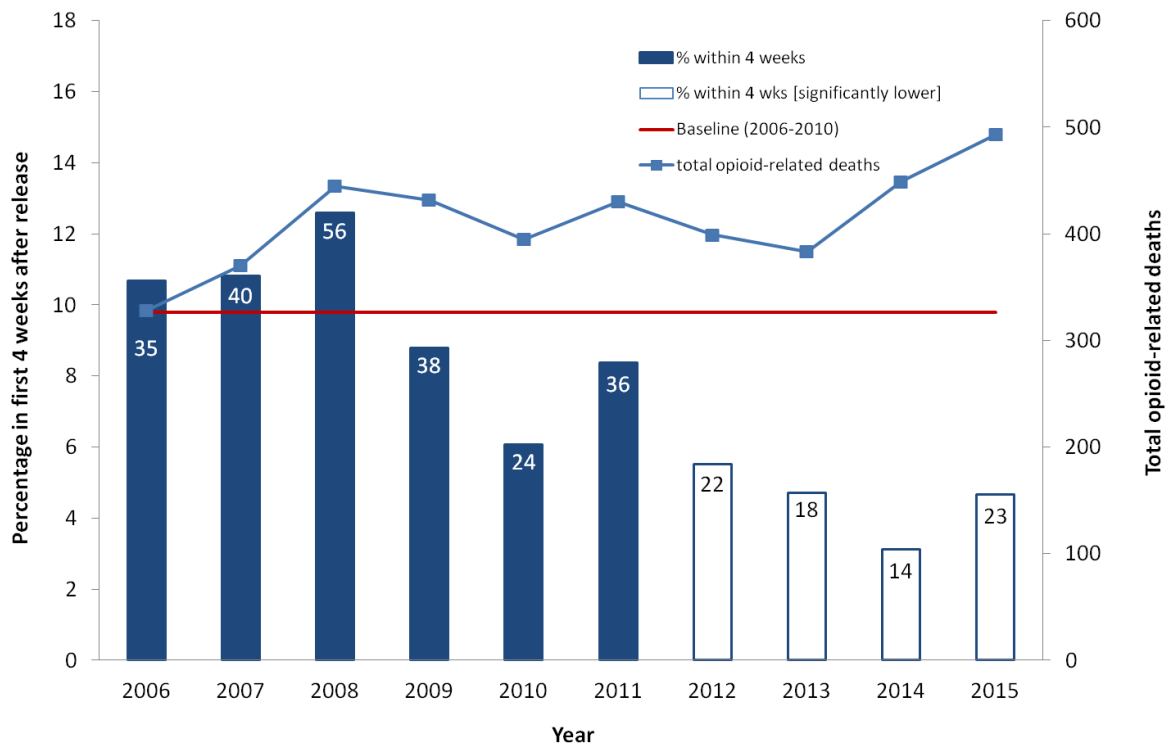
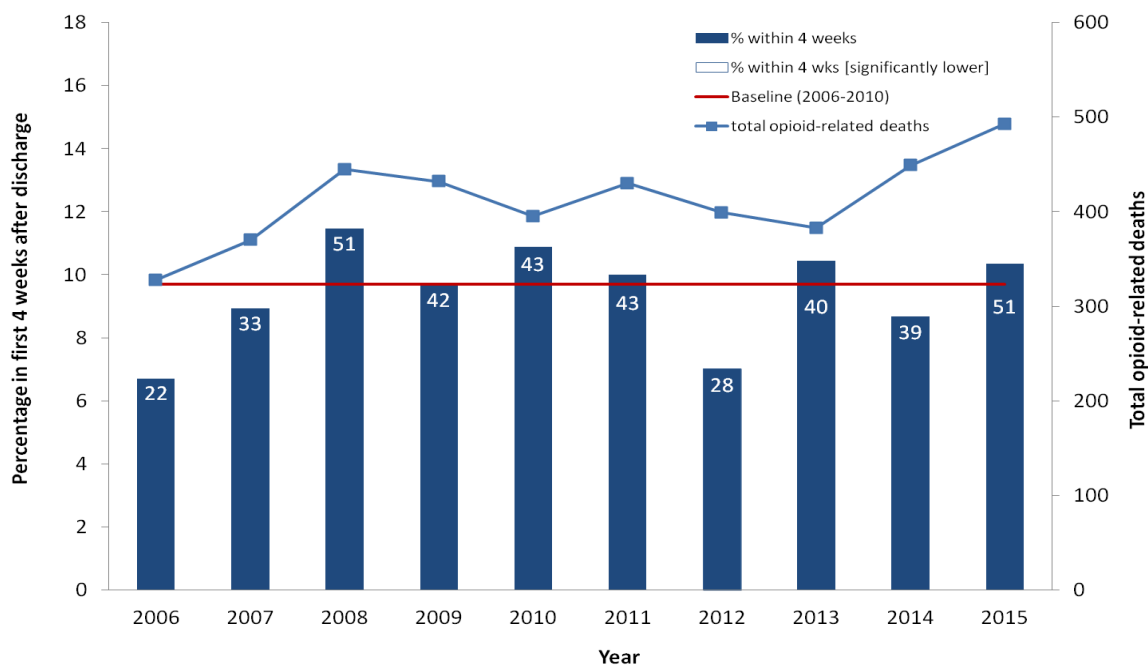


Figure 4.2: Number of opioid-related deaths and percentage within four weeks of hospital discharge, by calendar year (Scotland; 2006 to 2010 (baseline) & 2011 to 2015[†])



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

Glossary

ADP	Alcohol and Drug Partnership
CI	Confidence Interval
DRD	Drug-related Death
IM	Intramuscular
IN	Intranasal
ISD	Information Services Division of NHS National Services Scotland
NNAG	National Naloxone Advisory Group
NNP	National Naloxone Programme
NRS	National Records Scotland
ORD	Opioid-related Death
SPS	Scottish Prison Service
THN	Take Home Naloxone

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 - 2015/16	
1.2	Number of Take Home Naloxone kits (THN) issued each quarter in the community by NHS Board.	Financial years 2011/12 - 2015/16	
1.3	Number of Take Home Naloxone kits (THN) issued in the community by type of supply and recipient.	Financial years 2011/12 - 2015/16	
1.4	Number of Take Home Naloxone kits (THN) issued each quarter in the community by recipient.	Financial years 2011/12 - 2015/16	
1.5	Number of Take Home Naloxone kits (THN) issued in the community by recipient and NHS Board.	Financial years 2011/12 - 2015/16	
1.6	Number of Take Home Naloxone kits (THN) issued in the community to people at risk of opioid overdose, where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2015/16	
1.7	Number of Take Home Naloxone kits (THN) issued in the community to people at risk of opioid overdose by gender and age.	Financial years 2011/12 - 2015/16	
2.1	Number of Take Home Naloxone kits (THN) issued each month in prisons.	Financial years 2011/12 - 2015/16	
2.2	Number of Take Home Naloxone kits (THN) issued each quarter in prisons by prison establishment.	Financial years 2011/12 - 2015/16	
2.3	Number of Take Home Naloxone kits (THN) issued in prisons by type of supply and recipient.	Financial years 2011/12 - 2015/16	
2.4	Number of Take Home Naloxone kits (THN) issued in prisons to people at risk of opioid overdose, where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2015/16	

2.5	Number of Take Home Naloxone kits (THN) issued in prisons to people at risk of opioid overdose by gender and age.	Jul 2011-Mar 2012, financial years 2012/13 - 2015/16	
3.1	Number of Take Home Naloxone kits (THN) issued each month in the community and prisons.	Financial years 2011/12 - 2015/16	
3.2	Number of Take Home Naloxone kits (THN) issued each quarter in the community and prisons.	Financial years 2011/12 - 2015/16	
3.3	Number of Take Home Naloxone kits (THN) issued in the community and prisons per 1,000 estimated people with problem drug use aged 15-64 by NHS Board.	Financial years 2011/12 - 2015/16	
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 - 2015/16	
3.5	Number of Take Home Naloxone kits (THN) issued each quarter in the community and prisons by recipient.	Financial years 2011/12 - 2015/16	
3.6	Number of Take Home Naloxone kits (THN) issued in the community and prisons to people at risk of opioid overdose, where the person consented to share their personal data for monitoring purposes.	Financial years 2011/12 - 2015/16	
3.7	Number of Take Home Naloxone kits (THN) issued in the community and prisons to people at risk of opioid overdose by gender and age	July 2011-March 2012, financial years 2012/13 - 2015/16	
4.1	Number of drug related deaths, opioid related deaths and opioid related deaths within four weeks of prison release, by gender and age.	Calendar years 2006-2010 (Baseline) & 2011-2015	
4.2	Number of drug related deaths, opioid related deaths and opioid related deaths within twelve weeks of prison release, by gender and age.	Calendar years 2006-2010 (Baseline) & 2011-2015	
4.3	Number of drug related deaths, opioid related deaths and opioid related deaths within four weeks of hospital discharge, by gender and age.	Calendar years 2006-2010 (Baseline) & 2011-2015	
4.4	Number of drug related deaths, opioid related deaths and opioid related deaths within twelve weeks of hospital discharge, by gender and age.	Calendar years 2006-2010 (Baseline) & 2011-2015	

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Further Information

Other ISD publications on drug and alcohol misuse can be found at the [ISD website](#).

The Scottish Public Health Observatory (ScotPHO) provides information on various aspects of drug misuse in Scotland: [ScotPHO drug misuse section](#).

The next update of this publication will be in Autumn 2017.

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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 included 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). Numbers of DRDs have since increased from 584 in 2011 to 706 in 2015 (the highest figure yet recorded) (NRS, 2016).

In response to the long-term upward 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 have published six NDRDD annual reports (for calendar years 2009 to 2014). 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 2014). 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 that in most cases there may have been an opportunity to engage with and support those vulnerable to a DRD. Such descriptions of the characteristics of individuals at risk of overdose and periods of high overdose risk have helped inform training for practitioners, service users and family/friends in how to identify and respond to overdose situations, with the goal of reversing 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 supported the rollout of the National Naloxone Programme (NNP) in Scotland, since 1 November 2010.

Naloxone is a drug which reverses the effects of a potentially fatal overdose with opioid drugs such as heroin or morphine. Intramuscular injection of naloxone provides time for emergency services to arrive and for treatment to be given. Under the NNP, naloxone was provided to those at risk of opioid overdose once they had undergone training. This training was also available to family, friends and service workers.

In addition to supporting the rollout of the NNP, between 2010 and 2016, Scottish Government funding has been made available to support the continued delivery of the programme by Alcohol and Drug Partnerships and NHS Boards. Support to the programme has included:

- 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 and information materials to support the development of local take-home naloxone programmes.
- A national coordinator and peer trainer based at the Scottish Drugs Forum.
- National naloxone information materials.

- Reimbursement of THN kit costs.
- Independent and robust monitoring led by ISD Scotland.

In its five full years of operation (from April 2011 to March 2016), the NNP co-ordinated distribution of THN kits in two settings - community outlets (usually specialist drug treatment services) and prisons:

- 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 NNP. Rollout of the programme and associated data collection continued throughout Scotland from April 2011. By January 2012, 13 of 14 NHS Boards in Scotland participated in the NNP.
- 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 1 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.¹⁴

The NNP was overseen by the National Naloxone Advisory Group (NNAG), a multi-disciplinary group including stakeholders from Scottish Government, NHS Boards, Scottish Prison Service, voluntary sector organisations and academia. The NNAG concluded its work in March 2016 and the remaining NNP activity is now overseen by the Partnership for Action on Drugs in Scotland (PADS) Harms Group, and also continues to be supported by Scottish Government.

From 1 April 2016, NHS Boards assumed responsibility for the funding of THN supplies to opioid users at risk of accidental overdose. The Scottish Government also continues to provide support for the NNP, including the provision of funding for two posts within the Scottish Drugs Forum (including that of the National Naloxone Coordinator).

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

Detailed below are the dataset items that comprise the agreed national dataset for the NNP 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 (forename and surname (initials only are submitted to ISD), date of birth, age, postcode sector of residence and gender) 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.

¹⁴ 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.

Data item	Notes
<p>1a. ADP of Supply</p>	<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>
<p>1b. Prison Name (applicable to supply of kits in prisons)</p>	<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>
<p>2. Date of Issue</p>	<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>
<p>3. Naloxone is provided to:</p>	<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 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>

Data item	Notes
<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 opioid 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> <p>For ISD internal use only. To evidence the number of individuals at risk who had been supplied with THN.</p>

Data item	Notes
8. Surname (1 st initial)	<p>Definition: The surname of the person at risk. The person's initials only for ISD purposes.</p> <p>Purpose: 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: This is the date of birth of the person at risk and should be entered in the format DD/MM/YYYY.</p> <p>Purpose: This data item will be used to determine the age profile of individuals at risk receiving THN.</p>
10. Age	<p>Definition: The age in years of the person at risk.</p> <p>Purpose: 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: The partial postcode of the person at risk's usual private residence.</p> <p>Purpose: 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: 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: This data item will be used to assess the gender profile of those at risk receiving THN.</p>

Data item	Notes
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 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>
14. Court Date	<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 analysis of 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 analysis of 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.

Relevant permissions have been are in place for these analyses, which are subject to oversight by the information governance teams within the relevant organisations.

A1.4: References

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A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	National Naloxone Programme Scotland – Monitoring Report 2015/16
Description	<p>Data are presented on the supply of ‘take home’ naloxone 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 2011-15 performance against a 2006-10 baseline.</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 analysis on opioid-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 2016</p> <p>Performance data: August-September 2016</p>
Release date	25 October 2016
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2015/16 (data for 2011/12 to 2014/15 are also shown). Note that some figures may have changed from previous years due to the late submission of data from NHS Boards.
Continuity of data	This is the fifth year of release of these data. Data are presented in a similar format to previous years.
Revisions statement	<p>Planned revisions for the next publication are:</p> <ul style="list-style-type: none"> • Removal of the comparison of ‘take home’ naloxone supply and opioid-related deaths. • Incorporation of data on ‘take home’ naloxone prescribing via hospitals and general practitioners. <p>Future versions of this publication may show revised figures due to the late submission of data from NHS Boards.</p>

Revisions relevant to this publication	None.
Concepts and definitions	See A1 – Background information.
Relevance and key uses of the statistics	<p>The analyses presented in this report provide evidence of the reach of ‘take home’ naloxone supply from the National Naloxone Programme in Scotland.</p> <p>Data on the percentage of opioid-related deaths occurring within 4 weeks of prison release or hospital discharge provide important contextual information on deaths within periods of high opioid overdose risk.</p>
Accuracy	<p>The naloxone lead in each NHS Board was given the opportunity to check their supply figures (community and prison supplies) for 2015/16 prior to publication.</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 with published NRS figures, 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	25 October 2015
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Date of first publication	31 July 2012
Help email	leebarndale@nhs.net
Date form completed	12 October 2016

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 Health and Wellbeing leads

A4 – ISD and Official Statistics

About ISD

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Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

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.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).