About this release

This release by Information Services Division presents information on the number of take-home naloxone kits issued by the National Naloxone Programme in Scotland. Figures are presented separately for kits issued from community outlets, kits issued in prisons at the point of prisoner release and kits dispensed via community prescription. In addition, the number and percentage of opioid-related deaths that occurred within four or twelve weeks of prison release or hospital discharge are also presented.

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.

Main Points

- A total of 8,397 take-home naloxone kits were issued in Scotland in 2017/18, an increase of 3% from the previous year. A total of 46,037 take-home naloxone kits were supplied in Scotland between 2011/12 and 2017/18.
- In 2017/18, 6,924 kits were issued from community outlets, 664 kits were issued in prisons upon release and 809 kits were dispensed via community prescription.

Cumulative number of naloxone kits supplied, by source (Scotland; 2011/12 to 2017/18)
In 2017/18, 3,996 (53%) take-home naloxone kits distributed from community outlets and prisons were repeat supplies. Of these, 1,017 (25%) repeat supplies were made because the previous kit was reported as having been used to treat an opioid overdose.

At the end of 2017/18, the ‘reach’ of take-home naloxone (based on the number of ‘at risk’ individuals supplied with kits between 2011/12 and 2017/18) was estimated to be 376 kits per 1,000 problem drug users.

In 2017, 4.4% (31) of people whose death was opioid-related had been released from prison in the previous four weeks. This was significantly lower than the 9.8% observed in the five years before implementation of the National Naloxone Programme (2006-10). These figures should be treated with caution due to the small number of opioid-related deaths within four weeks of prison release.

In 2017, 11.0% (78) of people whose death was opioid-related had been discharged from hospital in the previous four weeks. This was not significantly different to the percentage observed in the five years before implementation of the National Naloxone Programme (2006-10: 9.7%).

Background

The overall aim of the National Naloxone Programme is to prevent fatal opioid overdoses in Scotland. Intramuscular injection of naloxone provides time for emergency services to arrive and for further treatment to be given. Following suitable training, ‘take home’ naloxone kits are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths. In the five years from April 2011 to March 2016, the National Naloxone Programme co-ordinated distribution of take-home naloxone kits from community outlets (usually specialist drug treatment services) and prisons. During this period, NHS Boards were responsible for local delivery of the programme and the cost of naloxone kits was reimbursed by the Scottish Government. Since 2015/16, some NHS Boards have also increased supply of take-home naloxone from pharmacies via community prescription (for example, from GPs, specialist nurses).

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Further Information

Find out more in the full report.

For more information on drug and alcohol misuse see the drug and alcohol section of our website.

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

The next release of this publication will be November 2019.

ISD and 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. Further information about our statistics.