

Publication Report



National Naloxone Programme Scotland – naloxone kits issued in 2013/14 and trends in opioid-related deaths

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Introduction

This report presents information on the number of take-home naloxone kits (hereafter referred to as 'kits') issued as part of the national naloxone programme during 2013/14 (and comparisons with 2011/12 and 2012/13). Data are presented separately for kits issued in the community and Kits issued by prisons, prior to prisoner release.

The monitoring analyses presented here provide vital evidence of the reach of the National Naloxone Programme in Scotland. The Scottish Government commissioned the Information Services Division (ISD) of NHS National Services Scotland to report on the monitoring data, using a national dataset (agreed with the National Naloxone Advisory Group) and a database set up at ISD.

Naloxone is an opioid antagonist which can temporarily reverse the effects of an opioid overdose, providing more time for emergency services to arrive and treatment to be given. Naloxone is administered intramuscularly. The supply of a kit follows training on how to administer it safely and quickly. A National Coordinator has been appointed to facilitate the delivery of the programme, develop training resources, deliver training to a range of stakeholders across Scotland and support local agencies to embed kit distribution within community-based services.

During April 2011, Greater Glasgow & Clyde and Highland NHS Boards piloted the data collection processes for the community-based element of the National Naloxone Programme. Incremental 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 kits by 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 kits provided by prisons', it should be noted that kits are 'provided by NHS staff in prisons' to prisoners on liberation.

The aim of the National Naloxone Programme is to contribute to a reduction in fatal opioid overdoses in Scotland. The rate of drug-related deaths in Scotland remains higher than the UK average (10.31 drug-related deaths per 100,000 population in Scotland in 2012, compared with 1.89 in the UK¹). An earlier investigation into drug-related deaths in Scotland and more recent information from Scotland's National Drug-Related Deaths Database have shown that the majority of these deaths are opioid-related, the majority are 'accidental overdoses', the majority are 'witnessed' and around half have spent time in prison (Zador et al, 2005²; Graham et al, 2011 and 2012^{3 4};Hoolachan et al, 2013⁵;Hecht et al, 2014⁶).

As well as monitoring the supply of take-home naloxone kits in Scotland, ISD Scotland have been tasked by the Scottish Government and the National Naloxone Advisory Group to measure the impact of increased naloxone availability on the number of (opioid) drug-related deaths in Scotland and, primarily, to monitor the percentage of these opioid-related deaths that occurred within four weeks following prison release and hospital discharge. ISD have established a Baseline Indicator, using calendar years 2006-2010. Findings on 2011-2013 performance against this Baseline Indicator are included in [Section 3](#).

Key points

- There were 6,472 'take home' naloxone kits (hereafter referred to as 'THN kits' or 'kits') issued in Scotland in 2013/14, through the National Naloxone Programme. This compares with 3,878 kits issued in 2012/13, an increase of 2,594 kits (66.9%).
- A total of 13,808 kits (includes kits issued in the community and from prison) were issued in Scotland between 1st April 2011 – 31st March 2014.ⁱ

Take home naloxone kits issued in the community

- There were 5,395 kits issued in the community (an increase of 72% compared to 2012/13) and 1,077 kits issued by prisons (an increase of 44%).
- Ten NHS Boards increased their distribution of kits issued in the community between 2012/13 and 2013/14, distribution decreased in three and one NHS Board is not currently participating in the programme. Six prisons increased their distribution of kits at liberation in 2013/14 compared to 2012/13, and ten prisons decreased their distribution of kits.
- 89.5% of kits issued in the community were to individuals at risk of opioid overdose.
- 66.2% of kits issued were to males, 5.6% were under 25 years of age, 37.8% aged 25-34 years, 40.6% aged 35-44 and 15.1% to those 45 years and over.
- 72.1% kits issued were reported as a 'first' supply and 25.7% a 'repeat' supply. The comparable figures for 2012/13 79.8% were 'first' supply, 18.1% a 'repeat' supply.

Take-home naloxone kits issued by prisons

- There were 1,077 kits issued by prisons in Scotland in 2013/14. This compares with 746 kits issued by prisons in Scotland in 2012/13, an increase of 331 (44.4%).
- Six prisons have increased their distribution of kits in 2013/14 and ten prisons have decreased their distribution of kits.
- 4 in 5 kits issued (80.9%) were to males (76.6% in 2012/13), 19.3% were under 25 years of age, 43% aged 25-34, 27.4% aged 35-44 years and 7.8% to aged 45 years and over.

Opioid-related deaths – Overview

- Since 2011, there have consistently been over 500 (range 526-581) drug-related deaths per year, with a large proportion of these deaths being opioid-related (69-74%). Prison liberation and hospital discharge are two possible intervention points which could contribute to reducing opioid-related deaths.

Opioid-related deaths - Within four weeks of prison release

- The percentage of opioid-related deaths occurring within four weeks of prison release was 9.8% during 2006-10 (baseline period), compared to 8.4% in 2011, 5.5% in 2012

ⁱ The National Programme was rolled out incrementally across NHS boards during 2011/12. Three NHS Boards (Greater Glasgow & Clyde, the Inverness area of NHS Highland and Lanarkshire) piloted the supply of 'take-home' naloxone prior to the launch of the National Programme and this longer-term supply of naloxone in these areas may impact on their statistics for period 1 April 2011 – 31 March 2014.

and 4.7% in 2013. This reduction coincides with the introduction of the National Naloxone Programme and distribution of kits to 'at risk' prisoners on liberation.

- For the second consecutive year the percentage of opioid –related deaths occurring within 4 weeks of prison liberation was lower than the percentage during the period referred to by the Baseline Indicator (2006-2010). This suggests that since the introduction of the national naloxone programme, opioid-related deaths during this high risk period have decreased. Performance against the Baseline Indicator will continue to be monitored to ensure that the percentage in the post-Naloxone period is estimated with sufficient precision.

Opioid-related deaths - Within four weeks of hospital discharge

- The percentage of opioid-related deaths occurring within four weeks of a drug-related hospital discharge was 9.7% during 2006-10 (baseline). This figure fluctuated around the same level in 2011 (10%), 2012 (7%) and 2013 (10%). Currently the National Naloxone Programme is not implemented within the hospital setting, but there would be potential benefits to co-ordinated naloxone distribution from hospitals, especially for older and female high-risk opioid users.
- Currently the national naloxone programme is not implemented within acute & psychiatric hospital setting.
- There would be potential benefits to rolling the national naloxone programme out in to the hospital setting, especially for older and female high risk opioid users.

Results and Commentary

1. Supply of take-home naloxone kits in the community

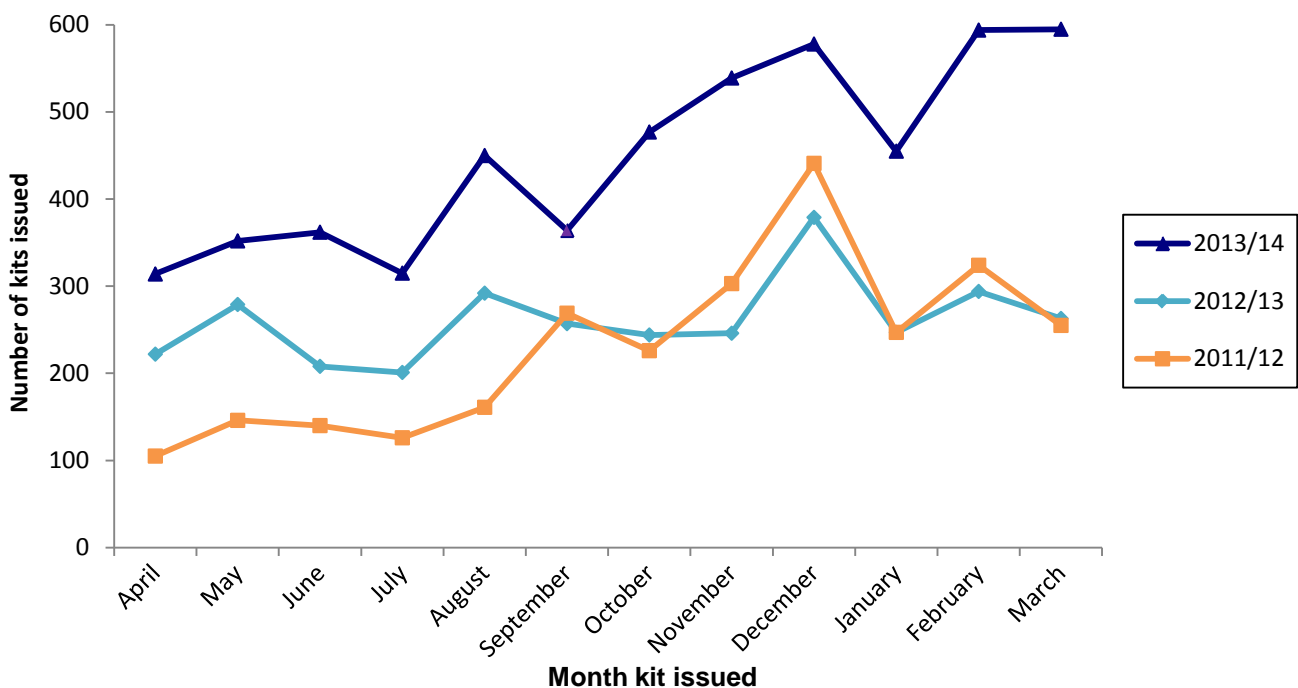
This chapter presents information on the number of kits issued in the community in Scotland in 2013/14, including breakdowns by month and by NHS Board as well as estimates of the number of kits issued per 1,000 people with problem drug use aged 15-64 years in each NHS Board. Presented also, for those kits issued to individuals at risk of opioid overdose (and for those cases where the person consented to the sharing of their personal data for monitoring purposes), are breakdowns by gender and by age. There are data too on numbers of ‘first’ and ‘repeat’ supplies and reasons for ‘repeat’ supply. Included also in this chapter are comparable figures for 2011/12 and 2012/13, the first and second years of national naloxone programme monitoring.

1.1 Number of kits issued

There were 5,395 kits issued in the community in Scotland in 2013/14, through the National Naloxone Programme. This compares with 3,132 kits issued in the community in 2012/13 (year two of monitoring), an increase of 2,263 (72.3%). A total of 11,270 were issued in the community in Scotland between 1st April 2011 – 31st March 2014 [Table 1.1](#).

In the period 1st April 2011 – 31st March 2014 a large number of kits were supplied in the community in the month of December, this coincides with festive overdose prevention campaigns, the festive period being a recognised high risk period for this client group, see [Figure 1.1](#) and [Table 1.1](#). In February & March 2014 there was also an increase in distribution that was not observed in the same months in previous years.

Figure 1.1: Number of take-home naloxone kits issued in the community in Scotland, by month, in 2011/12, 2012/13 and 2013/14.



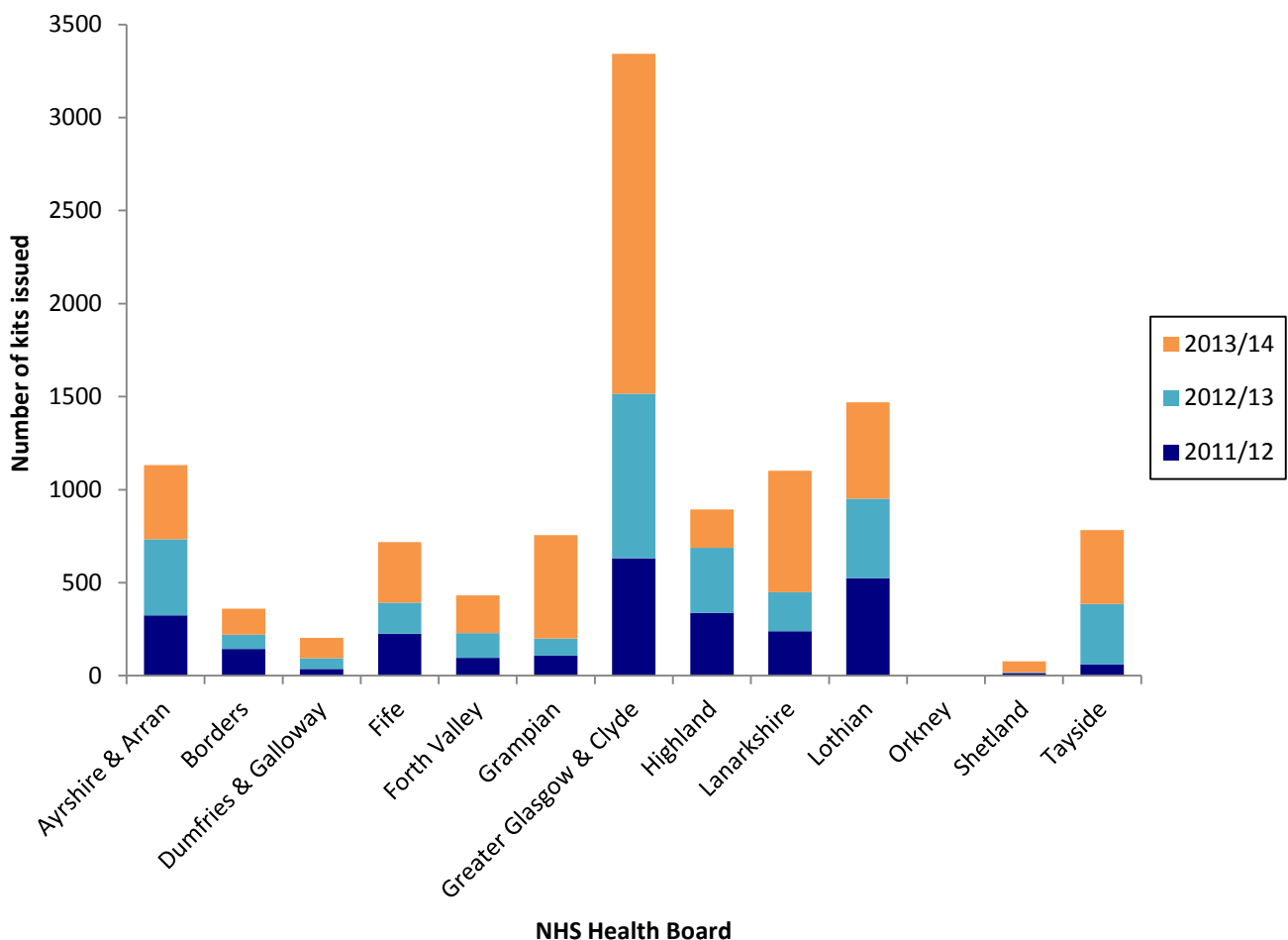
Statistics on the number of kits supplied in each quarter (in 2011/12, 2012/13 and 2013/14) are shown in [Table 1.2](#). In 2013/14, the largest number of kits issued (1,644) was in the fourth quarter of the year, January to March 2014.

1.2 Participation across NHS Boards

The National Naloxone Programme was rolled out incrementally across NHS Boards during 2011/12. Three NHS Boards (NHS Greater Glasgow & Clyde, the Inverness area of NHS Highland and NHS Lanarkshire) piloted the supply of naloxone prior to the launch of the national programme and this longer-term supply of naloxone in these areas may influence their statistics for period 1 April 2011 – 31 March 2014.

The data collection processes for the monitoring of the national programme were piloted in NHS Greater Glasgow & Clyde and NHS Highland from early April 2011 with Dumfries & Galloway, Lanarkshire and Lothian commencing data collection later in April. By September 2011, 12 NHS Boards were participating and by January 2012 this has risen to 13 of the 14 NHS Boards in Scotland (note: the remaining NHS Board is Western Isles, which is not participating).ⁱⁱ

Figure 1.2 : Number of take home naloxone kits supplied in the community in 2011/12, 2012/13 and 2013/14 (cumulative total), NHS Boards¹ (Scotland total 11,270)



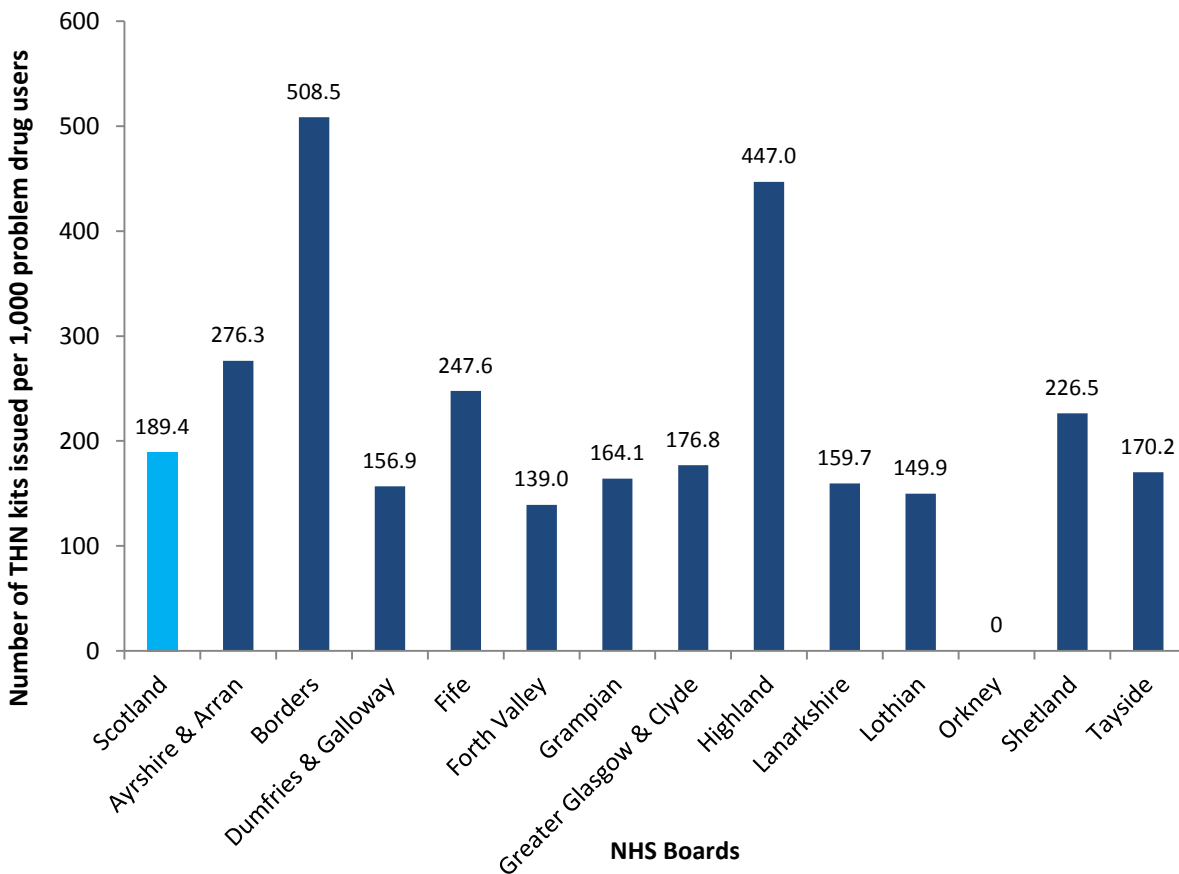
1. Western Isles is not participating in the programme.

ⁱⁱ NHS Highland is currently supplying the naloxone injection with the needles removed and replaced with a nasal atomiser. This unlicensed route of administration is subject to a separate local evaluation. These have been excluded from NHS Highland figures.

Figure 1.2 and [Table 1.2](#) show the number of kits issued in the community in each NHS Board in 2011/12, 2012/13 and 2013/14 (and the cumulative total over the three years). In 2013/14, Greater Glasgow & Clyde supplied the largest number of kits (1,827), followed by Lanarkshire (654) and then Grampian (555).

Eleven boards increased the number of 'kits supplied in the community between 2012/13 and 2013/14, and in two NHS Boards kit supply decreased. One NHS board (Western Isles) is not currently participating in the programme. Notable increases were observed in Grampian who distributed 555 in 2013/14, which is 6 times as many as the 92 issued in 2012/13 and Lanarkshire who increased to 654, a trebling on 209 in 2012/13. Shetland had the biggest increase - up to 59 in 2013/14 up from 3 in the previous year.

Figure 1.3 : Number of take-home naloxone kits issued in the community in 2011/12, 2012/13 and 2013/14 (cumulative total), per 1,000 estimated people with problem drug use aged 15-64, Scotland and NHS Boards¹



1. Western Isles is not participating in the programme.

Figure 1.3 provides estimates of the number of kits issued in the community in 2011/12, 2012/13 and 2013/14 (cumulative total) per 1,000 people with problem drug use aged 15-64 in each NHS Board. Figures for each of 2011/12, 2012/13 and 2013/14 separately are available in [Table 1.3](#). These figures have been produced using the kits supply figures above along with the most recent estimates (2009/10) of the prevalence of problem drug use in Scotland (Kerssens, J., et al 2014⁷).ⁱⁱⁱ

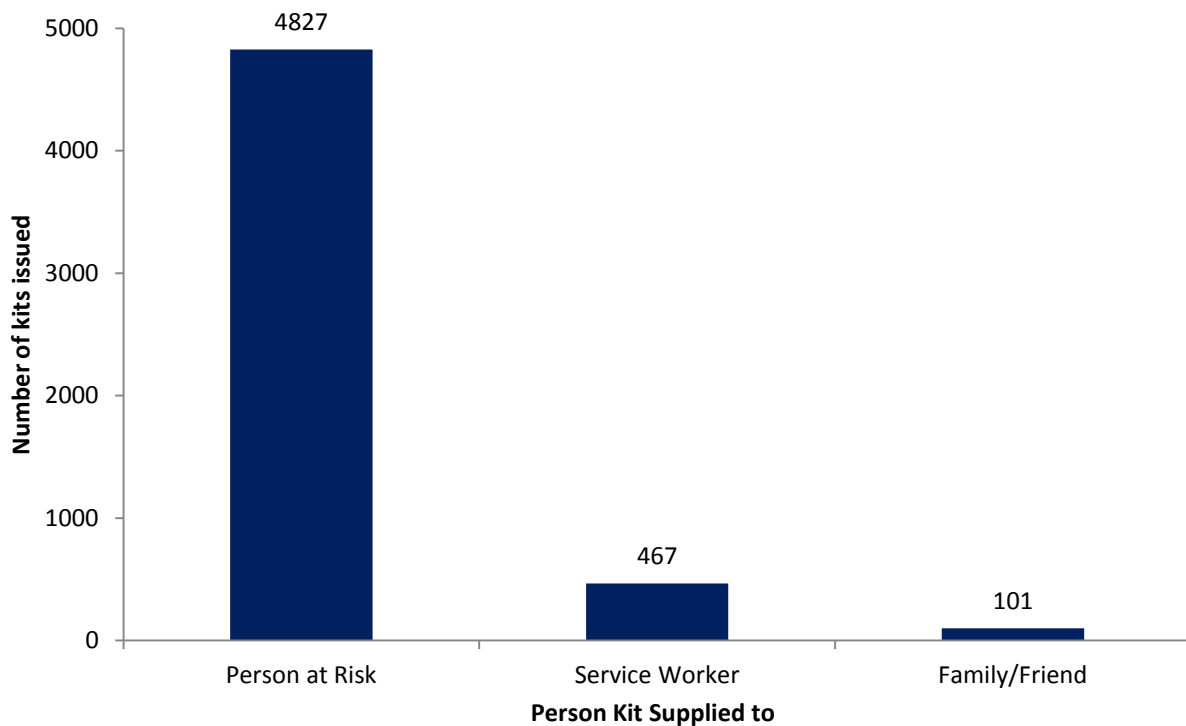
ⁱⁱⁱ Take-home naloxone kits may have been issued as a 'first' or a 'repeat' supply (see section 1.5). Whilst the naloxone dataset includes a number of data items that may aid the calculation of the number of 'individuals' who were supplied kits, due to gaps in data and/or variations in how data are recorded 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.

Based on the three years of data (2011/12, 2012/13 and 2013/14 combined). Borders NHS Board had the highest number of kits issued per 1,000 estimated people with problem drug use aged 15-64 (509 per 1,000) followed by Shetland with 227 per 1,000 (Scotland figure 189 kits per 1,000). The number of kits issued in Scotland per 1,000 estimated people with problem drug use aged 15-64 increased from 46 kits per 1,000 in 2011/12 to 53 per 1,000 in 2012/13, then 91 per 1,000 in 2013/14 [Table 1.3](#)^{iv}.

1.3 Whom kits were issued to

Take-home naloxone 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) or to a service worker. Figure 1.4 shows, for the total 5,395 kits issued in the community in Scotland in 2013/14, that the majority (4,827, or 89.5%) were issued to individuals at risk of opioid overdose. A further 467 (8.7%) were supplied to service workers and 101 (1.9%) to family/friends (with the recorded consent of the person at risk). Comparable percentages for 2012/13 were 86.7%, 10.8% and 2.5% respectively. [Table 1.4](#) provides a quarterly breakdown of kits issued, by who distributed to (Scotland level in 2011/12, 2012/13 and 2013/14), whilst [Table 1.5](#) shows the numbers at NHS Board level for each financial year.

Figure 1.4 : Take-home naloxone kits supplied in the community, in Scotland in 2013/14 – to whom they were issued



1.4 Take-home naloxone kits supplied to ‘persons at risk’ – gender and age of recipient

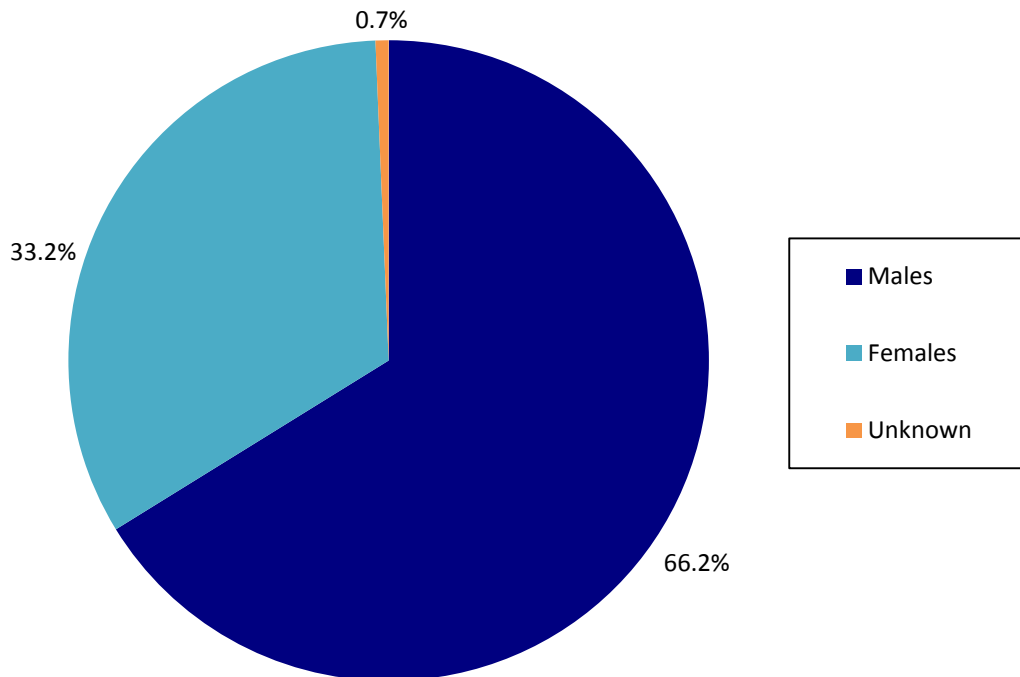
The agreed national naloxone programme supply dataset includes a question asking whether the person receiving the kit has consented to the sharing of their personal data for monitoring purposes. If the person provides their consent, the following ‘personal data’ should be recorded: forename and surname (initials only are submitted to ISD for

^{iv} The cumulative number of kits supplied does not constitute the reach of the programme. This is because kits supplied are not just supplied to the person at risk but also friends/family and support workers. Replacement kits are also provided. Table 1.8 provides more details on reasons for replacement kits being supplied.

monitoring purposes), gender, date of birth/age and postcode sector of residence (see [Table 1.6](#) for full list of Dataset Items).

There were 4,827 kits supplied in the community in 2013/14 to a 'person at risk'. In 4,705 (97.4%) of these cases the person consented to the sharing of their personal data for monitoring purposes, [Table 1.6](#). Further personal data should therefore be available for 4,705 cases. However, there were a small number of cases where consent was granted, but the data was not recorded, see 'unknown' category below.

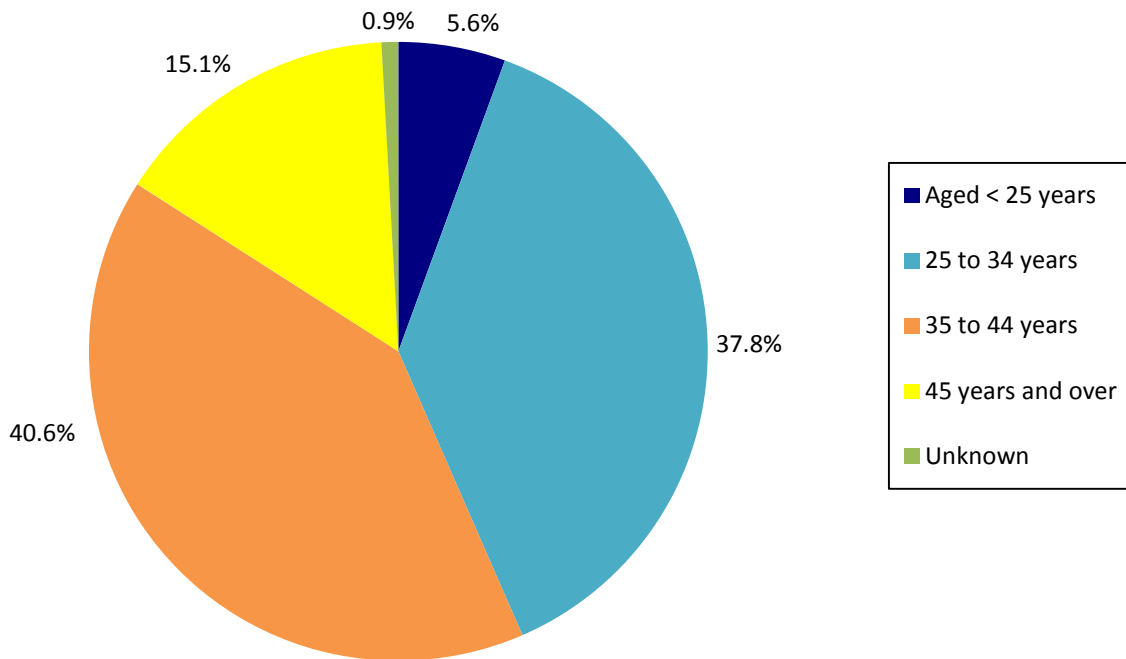
Figure 1.5 : Take-home naloxone kits supplied to persons at risk in the community in 2013/14 – gender of recipient (n=4,705)



Two-thirds of kits supplied to a 'person at risk' in the community in Scotland in 2013/14 were supplied to a male, one third to a female and in 0.7% of cases gender was 'unknown' (i.e. not recorded), Figure 1.5 and [Table 1.7](#). For comparison, according to the latest estimates of the number of people with problem drug use in Scotland (in 2009/10), 71% were male and 29% female.

Overall, 5.6% of kits supplied to a person at risk in the community in 2013/14 were supplied to an individual < 25 years of age, 37.8% to someone aged 25-34 years, 40.6% to someone aged 35-44 years and 15.1% to those 45 years and over, and in 0.9% of cases whose age was 'unknown', see Figure 1.6. [Table 1.7](#) also provides breakdowns by gender and age for all-Scotland in 2011/12, 2012/13 and 2013/14.

Figure 1.6 : Take-home naloxone kits supplied to persons at risk in the community in 2013/14 – age group of recipient (n=4,705)



1.5 First supply or repeat supply?

Take-home naloxone kits may be issued as a ‘first’ or a ‘repeat’ supply. Of the 5,395 kits issued in 2013/14, 3,888 (72.1%) were reported as a ‘first’ supply (based on self-report), 1,385 (25.7%) a ‘repeat’ supply, 87 (1.6%) as a ‘spare supply’ and in 35 cases (0.7%) it was ‘unknown’ whether this was a first or a ‘repeat’ supply. Note: the latter will include cases where a response of ‘unknown’ was recorded as well as cases where data was missing. Comparable figures for 2012/13 were 2,471 (78.9%), 567 (18.1%), 32 (1.2%) and 57 (1.8%): Figure 1.7 and [Table 1.8](#).

Figure 1.7 : Take-home naloxone kits supplied in the community in 2011/12, 2012/13 and 2013/14 – ‘first’ supply or ‘repeat’ supply

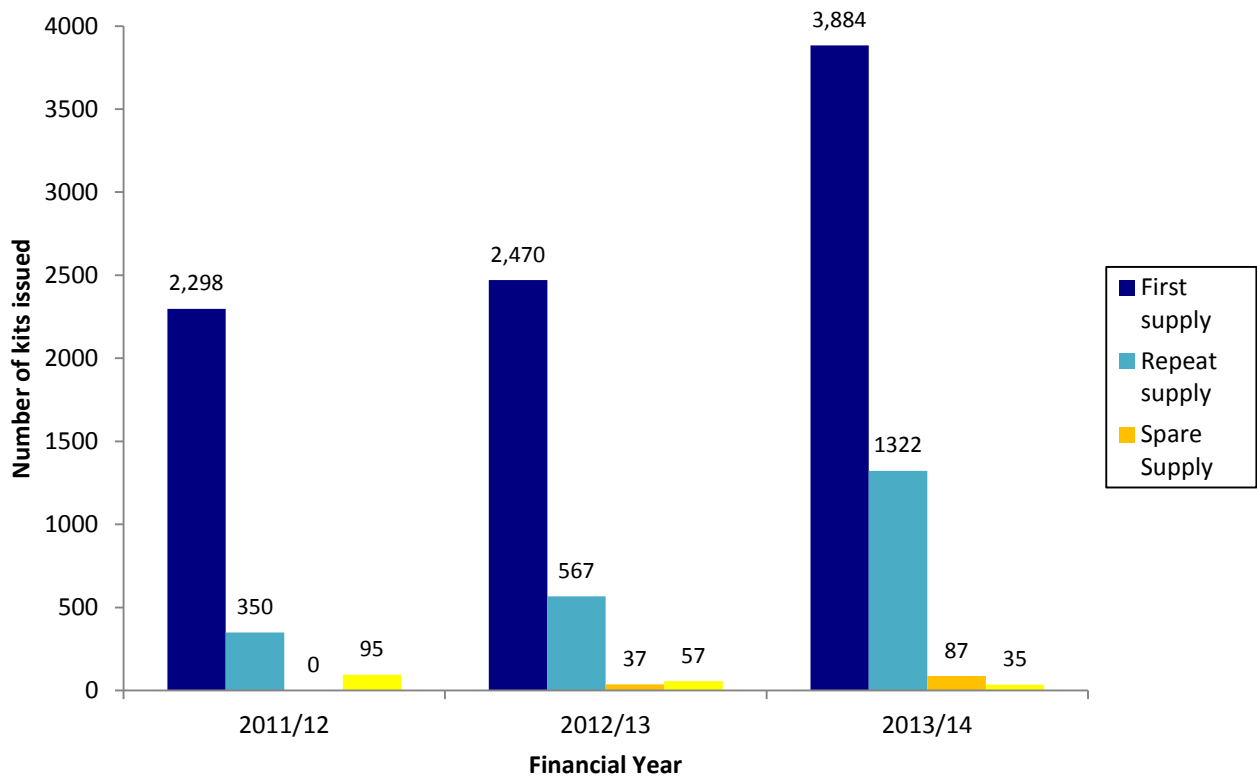


Figure 1.8 : ‘Repeat’ supplies of naloxone in the community in 2011/12, 2012/13 and 2013/14– reported reason for ‘repeat’ supply

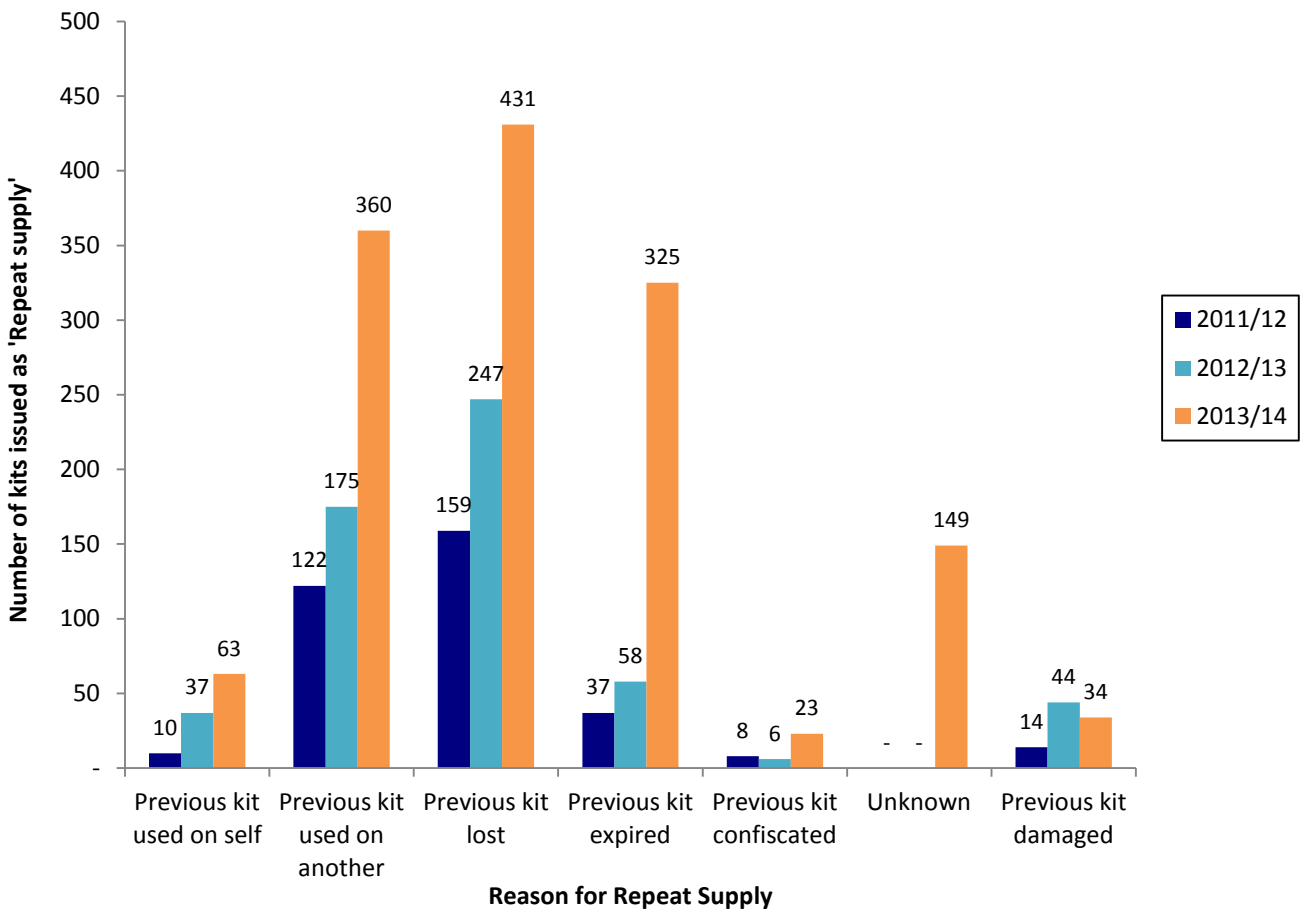


Figure 1.8 provides a breakdown of the reasons for 'repeat' supply of naloxone (based on self-report) in 2011/12, 2012/13 and 2013/14. Of the 1,322 cases noted as 'repeat' issue of a kit in the community in 2013/14:

- 30% were reported as due to 'previous kit lost'.
- 26.1% 'kit used on another'.
- 24.3% 'previous kit expired' (i.e. the naloxone, as a pharmaceutical product, had expired).
- 4.8% 'previous kit used on self', i.e. administered to self (note: where administered to 'self' or to 'another', it is not recorded in either case who administered the injection).
- 2.5% 'previous kit damaged'.
- 1.6% 'previous kit confiscated'.
- 10.7% 'unknown' reason for repeat supply.

In 2013/14 the ratio of 'previous kit used on self' to 'previous kit used on another' was 1:6. Comparable figures for 2012/13 and 2011/12 are 1:5 and 1:12 respectively.

In 409 cases in 2013/14, 'repeat' supply was due to use of the previous kit on a person at risk of opioid overdose. Of these cases, 84.6% comprised 'kit used on another' and 15.4% 'kits used on self', i.e. administered to self. The comparable total in 2012/13 was 212 (82.5% 'kit issued to another' and 17.5% 'kits used on self'). [Table 1.8](#) also provides information on kits issued as a 'repeat' supply and the reason for 'repeat' supply, including breakdowns according to the recipient of the kit.

2. Supply of take-home naloxone kits by prisons

This chapter presents information on the number of kits issued by prisons in Scotland in 2013/14, including breakdowns by month and by prison establishment. Note: the kit is issued to the prisoner on release. Presented also, for those cases where the person agreed to the sharing of their personal data for monitoring purposes, are data on prisoner gender and age. There are data too on numbers of 'first' and 'repeat' supplies and reasons for 'repeat' supply. As with 'community supply' figures for 2011/12 and 2012/13 have also been included for comparison.

2.1 Participation across prisons

The Scottish Prison Service (SPS) commenced an intervention to provide naloxone to prisoners at risk of opioid-related overdose on release from prison, as part of the National Naloxone Programme, in recognition of the increased risk of overdose in the initial weeks and months following release from prison custody. The kit is packed with their personal belongings, which are stored at reception and then supplied to the prisoner on release from custody. Note: at Castle Huntly open prison, kits may be issued for home leave as well as on release

The supply of kits by prisons was introduced, incrementally, from February 2011 and by June 2011 all Scottish prisons were participating in the programme. (note: HMP Inverness, along with the Inverness area of NHS Highland, as noted earlier, commenced supply of 'take home' naloxone from July 2009). The data presented in this report relate to the 2013/14, 2012/13 and 2011/12 financial years.

On 1st November 2011 responsibility and accountability for the provision of health care services to prisoners transferred from the SPS to the NHS. These services, including the provision of naloxone, are now provided by the respective local NHS Board.

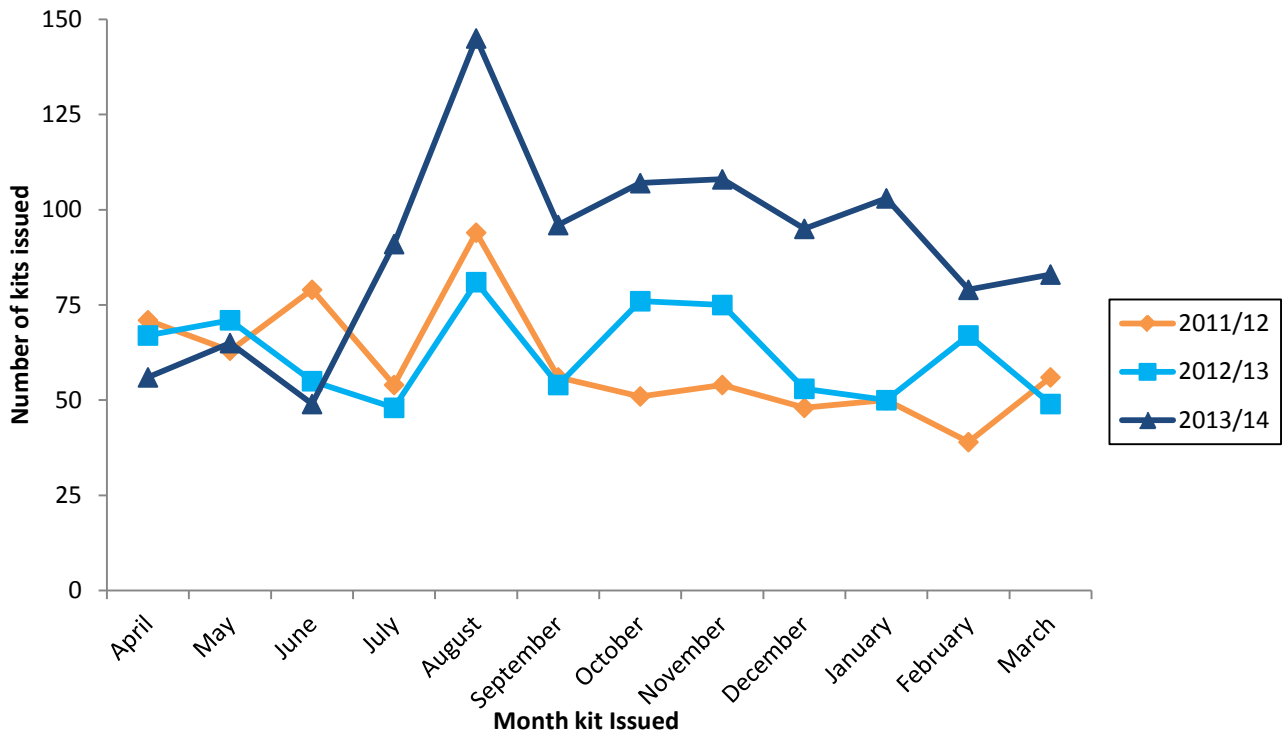
2.2 Number of kits issued

There were 1,077 kits issued by prisons in Scotland in 2013/14, all to persons at risk of opioid overdose. This compares with 746 kits issued by prisons in Scotland in 2012/13, an increase of 331 (44.4%).

A total of 2,538 kits were issued by prisons in Scotland between 1st April 2011-31st March 2014, [Table 2.1](#).

Based on monthly statistics for 2013/14, the largest number of kits issued were 145 in the August 2013, see Figure 2.1.

Figure 2.1: Number of take-home naloxone kits issued by prisons in Scotland, in Scotland, by month, in 2011/12, 2012/13 and 2013/14.



Six prison establishments increased the number of kits they issued between 2012/13 and 2013/14 and for ten their numbers decreased. The largest number of kits issued in 2013/14 were 188 (17.5% of total kits issued) at HMP Low Moss, 147 at HMP Barlinnie (13.6%) and 126 (11.7%) at HMP Edinburgh , [Table 2.2](#).

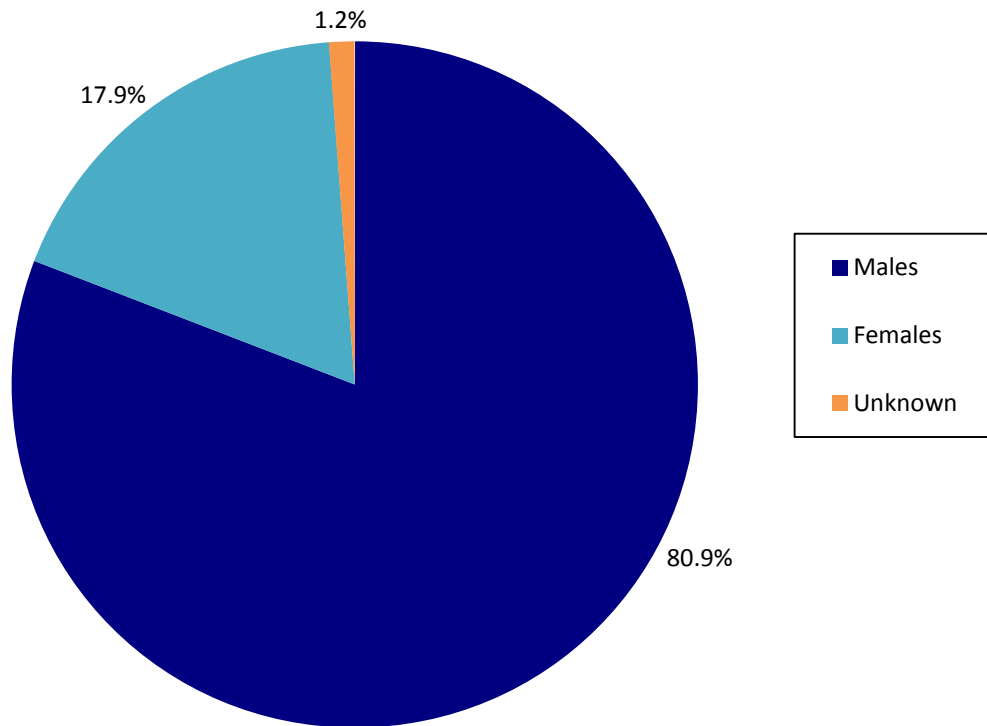
2.3 Whom kits were issued to

99.3% of all kits issued by prisons in Scotland in 2013/14, were issued to ‘a person at risk of opioid overdose’.

2.4 Take-home naloxone kits supplied to ‘persons at risk’ – gender and age of recipient

There were 1,069 kits supplied by prisons in Scotland in 2013/14 to people at risk. For 1,003 of these cases (93.8%) the recipient consented to the sharing of their personal data for monitoring purposes, [Table 2.3](#).

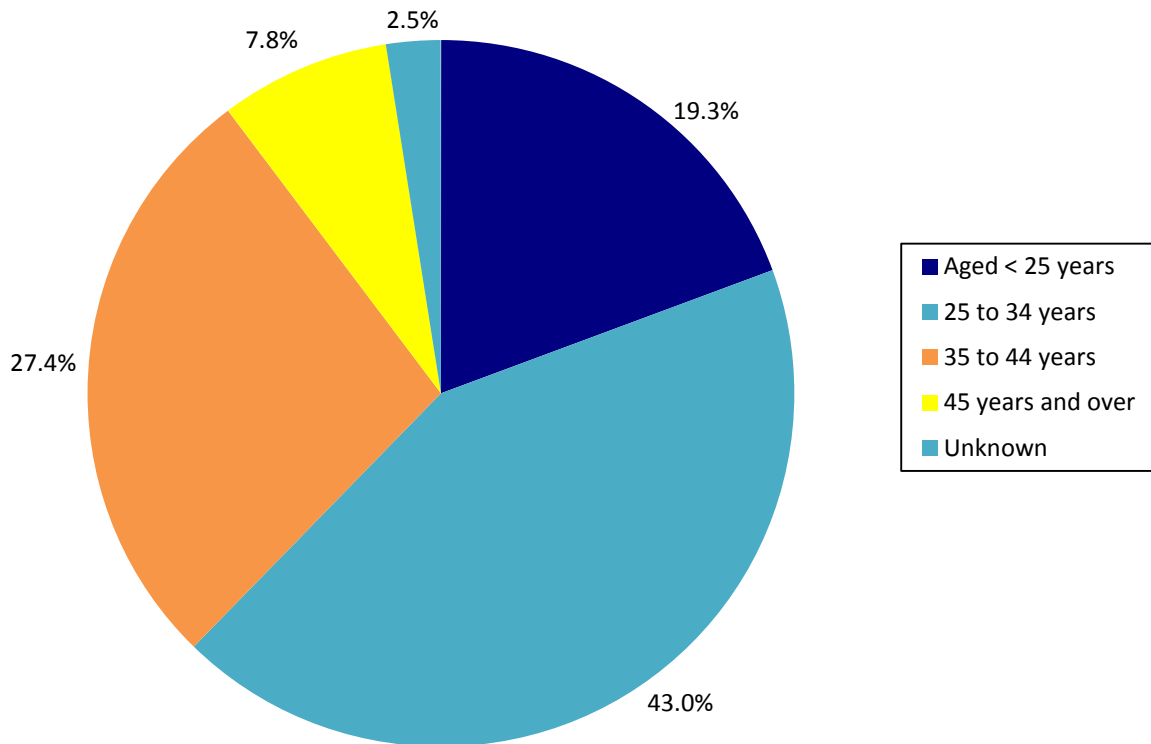
Figure 2.2 : Take-home naloxone kits supplied to persons at risk, by prisons in Scotland, in 2013/14 – gender of recipient (n=1,003)



In Scottish prisons, 80.9% of kits issued to persons at risk of opioid overdose in 2013/14 were to males, 17.9% to females and in 1.2% of cases gender was 'unknown' (i.e. not recorded), Figure 2.2. For comparison in 2012/13, 76.6% of kits were issued to males and 23.1% to females. The comparable figures for kits supplied to persons at risk in the community in 2013/14 (Figure 1.5) were 66.2% male, 33.2% female and 0.7% 'unknown'.

According to the most recently published Scottish prison statistics (Scottish Government, 2012⁷), females make up less than 6% of the prison population in Scotland. The 17.9% of kits supplied by prisons to females suggests a relatively higher uptake of the kits by female prisoners, when compared with males. In 2013/14, as in 2012/13, the majority of kits supplied by 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, see [Table 2.2](#). It is also the case, however, that 43% of kits supplied to female prisoners in 2013/14 were issued by other prison establishments including, HMP Edinburgh, HMP Greenock and HMP Polmont (data not shown in tables).

Figure 2.3 : Take-home naloxone kits supplied to persons at risk, by prisons in Scotland, in 2013/14 – age group of recipient (n=1,003)



In relation to age, 19.3% of kits issued by prisons in 2013/14 were issued to someone under 25 years of age, 43% aged 25-34 years, 27.4% aged 35-44 years, 7.8% aged 45 years and over (2.5% 'unknown' age), see Figure 2.3 and [Table 2.4](#). The comparable figures for persons at risk who were supplied kits in the community (see Figure 1.6) were: 5.6%, 37.8%, 40.6%, 15.1% and 0.9% respectively. The age profile, therefore, of recipients in prisons was relatively younger than those in the community (Scottish prison statistics¹⁶ also show that the age profile of prisoners is relatively younger).

2.5 First supply or repeat supply?

Take-home naloxone kits may be issued as a 'first' or a 'repeat' supply. Figure 2.4 and [Table 2.5](#) show the number of kits issued by prisons in Scotland in 2011/12, 2012/13 and 2013/14 according to whether these were a 'first' or a 'repeat' supply (based on prisoner self-report).

Of the 1,077 kits issued in 2013/4, 848 (78.7%) were recorded as a 'first' supply, 109 (10.1%) a 'repeat' supply, 7 (0.6%) a 'spare' supply^v and in 113 (10.5%) cases it was unknown whether a supply was 'first' or 'repeat'. Comparable figures for 2012/13 were 644 kits (86.3%) issued as a 'first' supply and 79 (10.6%) as a 'repeat' supply. 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.

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

Figure 2.4: Take-home naloxone kits supplied by prisons in Scotland in 2011/12, 2012/13 and 2013/14 – ‘first’ supply or ‘repeat’ supply

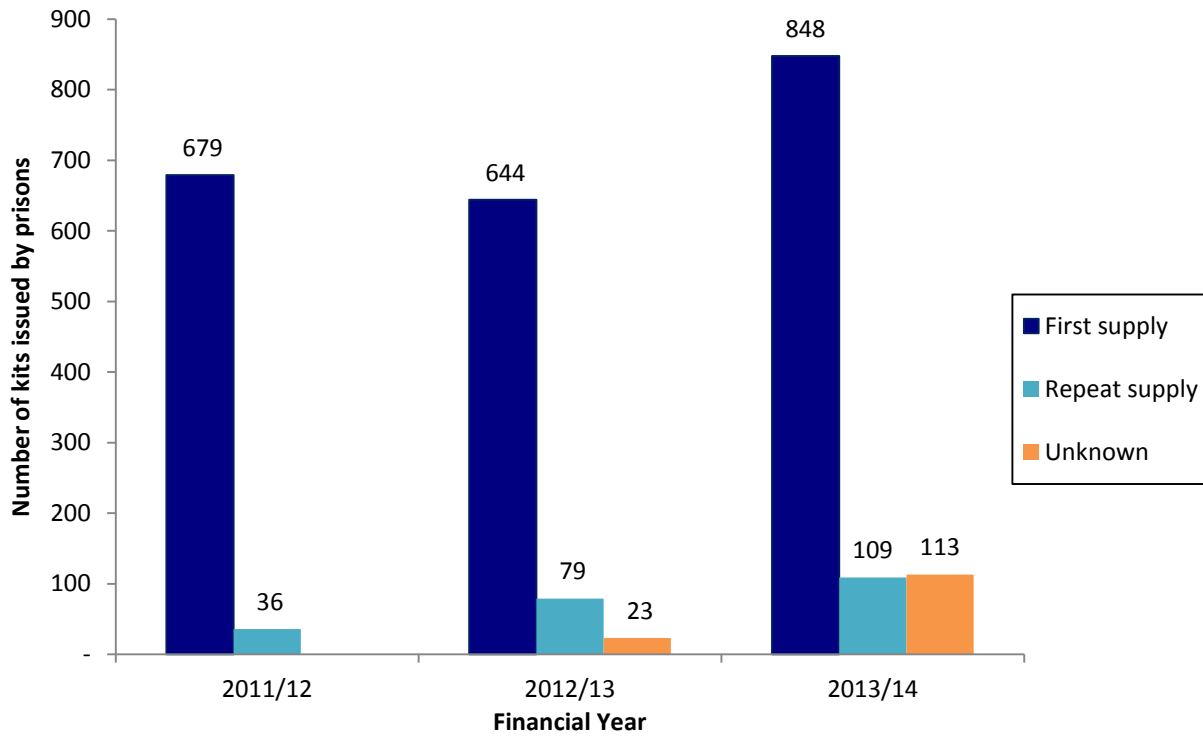
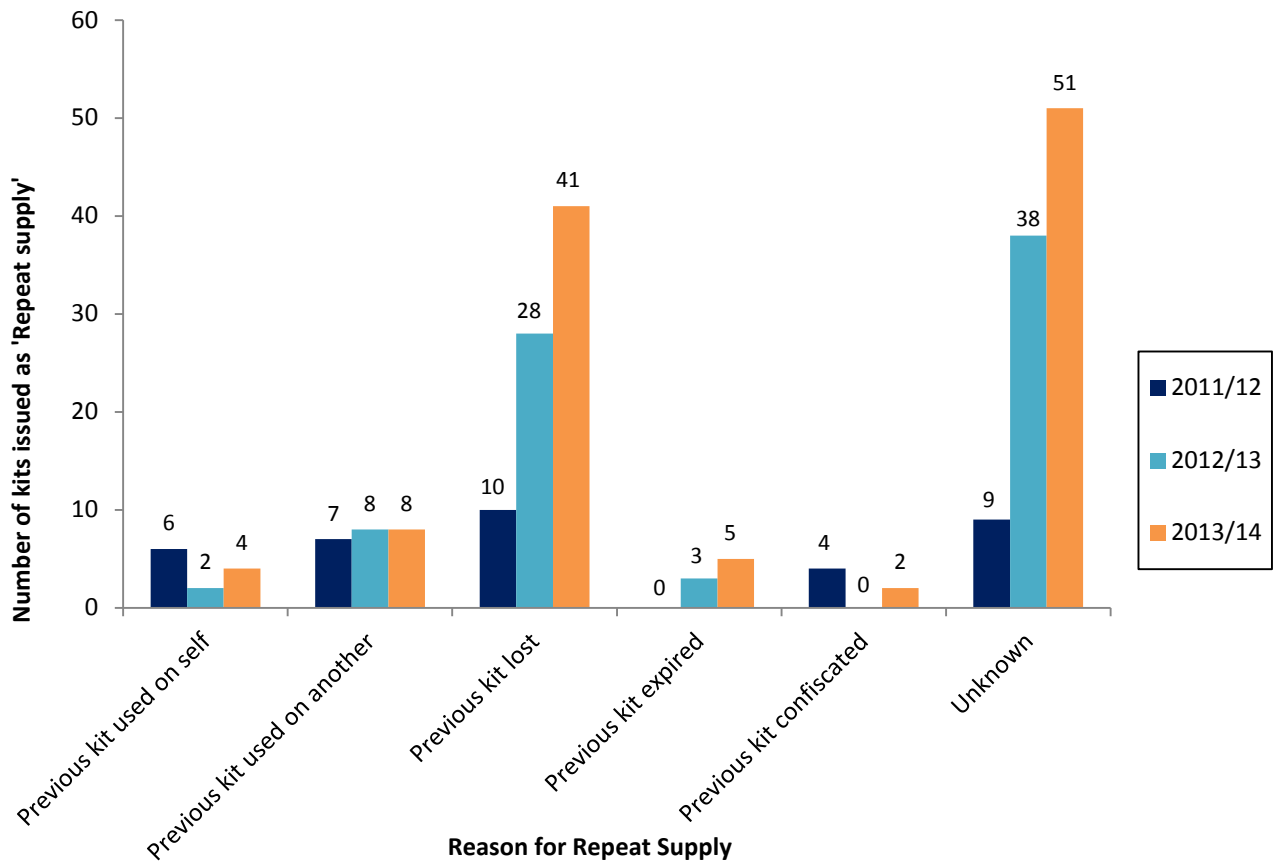


Figure 2.5 and [Table 2.5](#) provide a breakdown of the reasons for ‘repeat’ supply of naloxone by prisons (based on self-report), in 2011/12, 2012/13 & 2013/14.

Figure 2.5: ‘Repeat’ supplies of naloxone by prisons in Scotland in 2011/12, 2012/13 and 2013/14 – reason for ‘repeat’ supply



In 2013/14 the ratio of 'previous kit used on self' to 'previous kit used on another' was 1:2. Comparable figures for 2012/13 and 2011/12 are 1:4 and 1:1 respectively.

Of the 109 cases noted as 'repeat' issue of a kit by a prison in 2013/14, 41 (37.6%) were reported as due to 'previous kit lost', six cases (5.5%) 'kit used on another', five cases (4.6%) 'previous kit expired' (i.e. the naloxone, as a pharmaceutical product, had expired), four cases (3.7%) 'previous kit used on self' and 51 cases (46.8%) 'unknown' reason for 'repeat' supply. In ten cases in 2013/14 'repeat' supply was due to use of the previous kit on a person at risk (same number as in 2012/13).

As noted above, where the supply was recorded 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. In either case, what should also be borne in mind is that kits supplied by 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'.

3. Opioid-related deaths within four weeks of prison release

3.1 Background

In addition to monitoring the supply of take-home naloxone kits in Scotland, The National Naloxone Advisory Group agreed that the impact of the national naloxone programme would be assessed primarily by comparing the percentage of opioid-related deaths that occur within four weeks of prison release. The reasons for choosing this indicator were that:

1. While the number of opioid-related deaths may change over time, the percentage of such deaths occurring within a specific high risk period (after prison release) is an appropriate measure of the impact of naloxone distribution, including by Scottish prisons; and
2. The four-week period following prison release is a crucial period for former prisoners with regard to risk of death from overdose and it was agreed that impact in respect of this vulnerable sub group would be monitored by ISD Scotland.

The Baseline Indicator was defined thus:

- **Denominator:** the number of drug-related deaths (including suicides) reported by NRS that were opioid-related (one or more of heroin/morphine and/or methadone and/or buprenorphine was implicated in, or potentially contributed to, the cause of death (rather than only being present)).
- **Numerator:** the number and percentage of opioid-related deaths that occurred within the first four weeks following release from prison custody.

The Baseline Indicator was based on the number of opioid-related deaths that occurred within the first four weeks following release from prison custody during the period 2006-10 as a percentage of the total number of opioid-related deaths during the same period (based on Year of Registration, as per NRS definitions^{vi}). Data are broken down by gender and age groups (as per NRS drug-related death reporting¹⁰). Performance in subsequent calendar years is measured against this baseline. Details of how these data are collected are included at [Appendix A1.3](#).

In 2013, ISD reported total opioid-related deaths and opioid-related deaths within four weeks of release from prison custody for the period 2007-2009. The Baseline Indicator used in this report differs in its inclusion of a wider range of years (2006-2010). The National Naloxone Advisory Group decided to modify the baseline in this way to ensure it was as robust as possible and included data to 2010 (the year prior to Scottish prisons commencing distribution of kits to prisoners on liberation)^{vii}. In addition to information based on deaths within four weeks, the tables accompanying this report also include comparable data on opioid-related deaths within 12 weeks of release from prison custody. The inclusion of these additional tables reflects the National Naloxone Advisory Group's recommendation that patterns of deaths within this longer time frame also be monitored to inform the development and delivery of the National Naloxone Programme.

^{vi} In Scotland (unlike in England and Wales) this is, for the most part, Year of Death because all deaths without exception must be registered within 8 days of death having been ascertained.

^{vii} The five-year period used as a Baseline Indicator (2006-2010) results in almost 2,000 opioid-related deaths (roughly 400 per year) being included in the denominator. Assuming little change in the number of opioid-related deaths per year, monitoring performance annually against this indicator from 2011 will generate a sizable denominator, allowing for reliable comparisons.

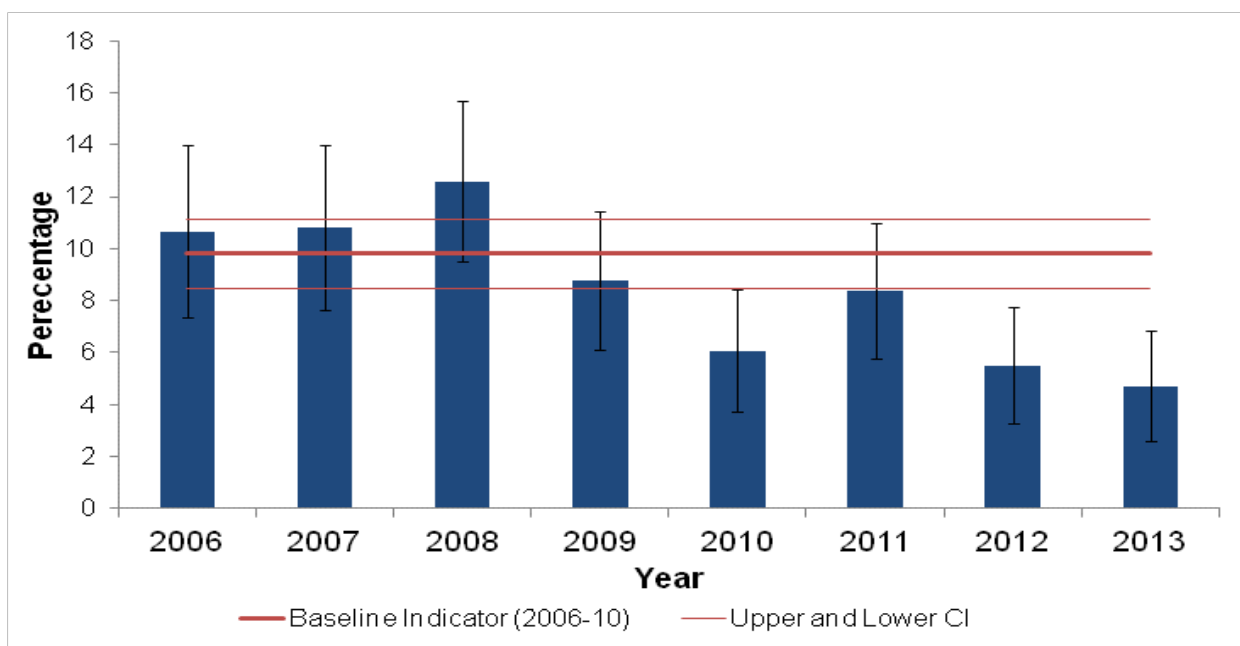
3.2 Results

[Table 3.1](#) provides a detailed breakdown of the number of drug-related and opioid-related deaths and the number and percentage of opioid-related deaths within four weeks of prison release, by gender and age for years 2006 to 2013. [Table 3.2](#) provides comparable information for opioid-related deaths within twelve weeks of prison release.

Firstly there was an increase in overall drug-related deaths and opioid-related eaths both overall and within four weeks of prison release in 2011 compared to 2010 (584, 430 and 36, respectively, in 2011 compared to 485, 395 and 24, respectively in 2010). In 2012, despite little change in the overall number of drug-related deaths (581), the number of opioid-related deaths decreased (399) and were comparable in volume to the numbers observed in 2010 (395). In 2013, decreases in all three measures were observed, with drug-related deaths decreasing by 9% (55) from 2012. Within opioid-related death there was a decrease of 4% (16) and opioid-related deaths within four weeks of prison release decreased by 18% (4).

Performance in terms of the Baseline Indicator (2006-2010) for opioid-related deaths within four weeks of prison release is shown in Figure 3.1. There was a slight decrease in opioid-related deaths within four weeks of prison release in 2011 (8.4%; 95% CI: 5.8%-11.0%) compared to the 2006-10 Baseline Indicator (9.8%; 95% CI: 8.5%-11.1%). However, in 2012, 5.5% (95% CI: 3.3%-7.8%) of opioid-related deaths occurred within four weeks of prison release; a significant decrease compared to the Baseline Indicator (2006-2010). There has been a further reduction in 2013, with 4.7% (95% CI: 2.6%-6.8%) of opioid-related deaths occurring within four weeks of prison release, again a reduction when compared to the Baseline indicator (2006-2010). This provides evidence that the national naloxone distribution programme within prisons may be contributing to the reduction in the number of opioid-related deaths in the four week period following prison release when individuals are at increased risk of fatal overdose.^{viii}

Figure 3.1: Percentage of opioid-related deaths occurring within four weeks of prison release (2006-10 (Baseline Indicator) & 2011-13: Scotland)



^{viii} Confidence intervals have been provided and indicate the range within which the true figure would be expected to lie.

In 2013, 53% of opioid-related deaths within 12 weeks of prison release occurred in the four weeks after release from prison (63% in 2011; 49% in 2012). The percentage of opioid-related deaths occurring within 12 weeks of release from prison ([Table 3.2](#)) reduced from 13.5% (95% CI: 12%-15%) during 2006-10 (baseline) to 8.9% (95% CI: 6%-11.7%) in 2013.

4. Opioid-related deaths within four weeks of hospital discharge

4.1 Background

The National Naloxone Advisory Group has chosen to supplement the Baseline Indicator (percentage of opioid-related deaths within four weeks of release from prison custody) with a secondary indicator (hereafter referred to as hospital indicator) based on the percentage of opioid-related deaths within four weeks of a hospital discharge (acute & psychiatric). This is to reflect the increased risk of fatal overdose in the weeks following discharge from hospital (Merrall et al 2010¹²).

Currently the national naloxone programme is not implemented in the acute & psychiatric hospital setting. However it is seen as a event where naloxone could potentially be distributed, preventing further opioid-related deaths.

It has been decided that a very similar indicator rule as applied in the death within 4 weeks of prison release should be applied to the hospital (acute & psychiatric) setting.

The hospital indicator was defined thus:

- **Denominator:** the number of drug-related deaths (including suicides) reported by NRS that were opioid-related (one or more of heroin/morphine and/or methadone and/or buprenorphine was implicated in, or potentially contributed to, the cause of death (rather than only being present)).
- **Numerator:** the number and percentage of opioid-related deaths that occurred within the first four weeks after discharge from acute or psychiatric hospital. This number can include individuals who have also been liberated from prison liberation within 4 weeks of death. Quality assurance checks have confirmed this was only the case with 2 individuals in the last two years, one each in 2012/13 and 2013/14.

The hospital indicator was based on the number of opioid-related deaths that occurred within the first four weeks following discharge from hospital during the period 2006-10 as a percentage of the total number of opioid-related deaths during the same period (based on Year of Registration, as per NRS definitions^{ix}). Data are broken down by gender and age groups (as per NRS drug-related death reporting).

As with the prison measure, in addition to information based on deaths within four weeks, the tables accompanying this report also include comparable data on opioid-related deaths within 12 weeks of discharge from hospital. The inclusion of these additional tables reflects the National Naloxone Advisory Group's recommendation that patterns of deaths within this longer timeframe also be monitored to inform further recommendations in relation to naloxone distribution.

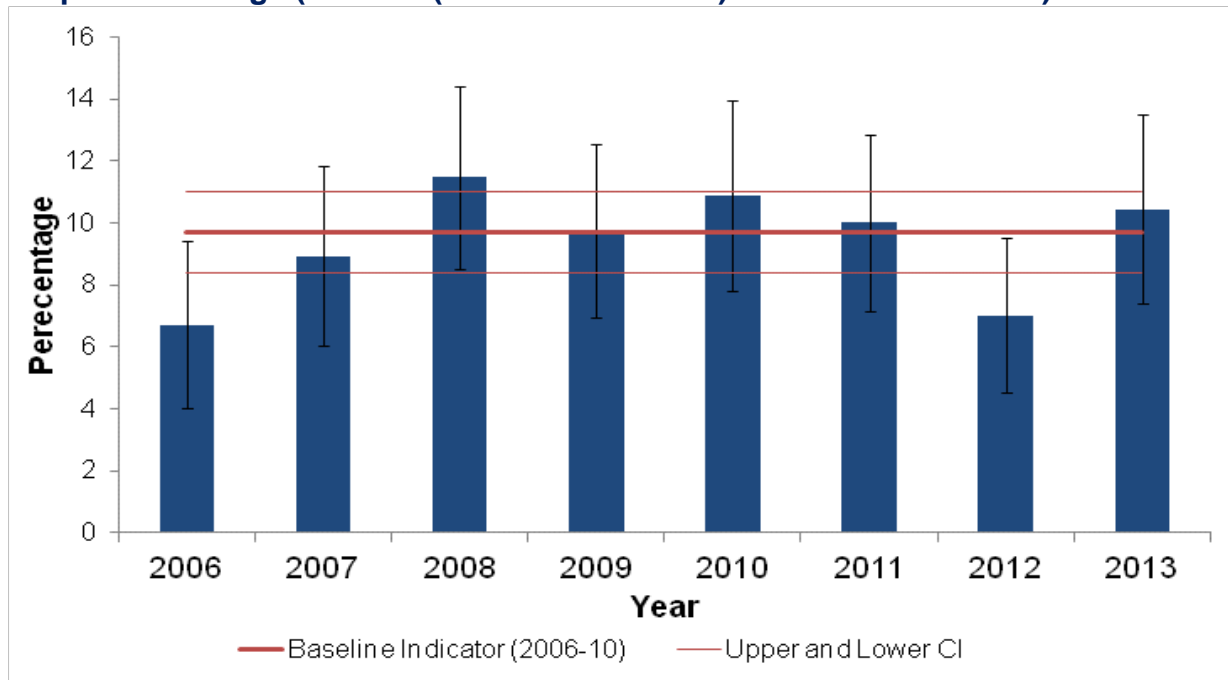
^{ix} In Scotland (unlike in England and Wales) this is, in effect, Year of Death because all deaths without exception must be registered within 8 days of death having been ascertained.

4.2 Results

[Table 3.3](#) provides a detailed breakdown of the number of drug-related and opioid-related deaths and the number and percentage of opioid-related deaths within four weeks of hospital discharge, by gender and age for years 2006 to 2013. [Table 3.4](#) provides comparable information for opioid-related deaths within twelve weeks of hospital discharge.

The baseline (2006-2010) for opioid-related deaths within four weeks of discharge is 9.7% (shown in Figure 4.1). In the period following the baseline the percentage has fluctuated around the baseline (10.0% in 2011, 7.0% in 2012 and 10.4% in 2013).

Figure 4.1: Percentage of opioid-related deaths occurring within four weeks of hospital discharge (2006-10 (Baseline Indicator) & 2011-13: Scotland)¹



Opioid -related deaths occurring within four weeks of a hospital discharge as a percentage of those dying within twelve weeks was 52% for the baseline indicator 2006-2010, 52% in 2011, 41% in 2012 and 56% in 2013.

Examining the age and gender of those who suffered an opioid-related death within four weeks of an acute or psychiatric hospital discharge is useful in determining which groups might potentially be reached by distribution by hospitals. Slightly less than half of males reported in the analysis of the hospital indicator (2006-2013) were included because of a hospital discharge (213/456 or 47%) within four weeks of death. However, almost three quarters of women (73/99 or 74%) reported in the analysis of the hospital indicator were included due to a hospital discharge in the preceding four weeks (data not shown in tables).^x

The median age of those included in the hospital indicator analysis (2006-2013) was also higher among those who died following a hospital discharge (37 (male: 37, female: 36)) than among those dying following prison release (31 (male: 31, female: 31)) (data not shown in tables). The potential benefit to delivering naloxone within the acute & psychiatric hospital setting might be to access different high risk opioid users than are currently

^x Confidence intervals have been provided and indicate the range within which the true figure would be expected to lie.

reached by the programme, and in doing so, help prevent deaths among those vulnerable groups.

5. Conclusions

There were 6,472 take-home kits issued in Scotland in 2013/14 through the national naloxone programme (kits issued in the community and also kits issued by prisons, to prisoners on liberation). The 2013/14 figure represents an increase of 2,594 kits (66.9%) on the number supplied in 2012/13.

A total of 13,808 kits were issued in Scotland in the period 1st April 2011 – 31st March 2014. In 2012 and 2013, the percentage of opioid-related deaths occurring four weeks of prison release (5.5% and 4.7%, respectively) was lower than when compared to the 2006-10 Baseline Indicator (9.8%). This finding supports the evidence that the distribution of kits on liberation may be contributing to the reduction of opioid-related deaths within 4 weeks of liberation. Performance against the Baseline Indicator will continue to be monitored.

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 for Scotland
SPS	Scottish Prison Service

List of Tables

Table No.	Name	Time period	File & size
1.1	Number of 'take home' naloxone kits issued each month in the community; Scotland	April 2011-March 2014	Excel 173kb -all
1.2	Number of 'take home' naloxone kits issued each quarter in the community; NHS Boards	April 2011-March 2014	Excel
1.3	Number of 'take home' naloxone kits issued per 1,000 estimated number of people with problem drug use aged 15-64; NHS Boards	April 2011-March 2014	Excel
1.4	Number of 'take home' naloxone kits issued each quarter in the community, by recipient; Scotland	April 2011-March 2014	Excel
1.5	Number of 'take home' naloxone kits issued in the community, by recipient; NHS Boards	April 2011-March 2014	Excel
1.6	Number of 'take home' naloxone kits issued in the community to people at risk of opioid overdose, where the person consented to share their personal data for monitoring purposes; Scotland	April 2011-March 2014	Excel
1.7	Number of 'take home' naloxone kits issued in the community to people at risk, by gender and by age; Scotland	April 2011-March 2014	Excel
1.8	Number of 'take home' naloxone kits issued in the community, by whether 'first' or 'repeat' supply and by recipient; Scotland	April 2011-March 2014	Excel
2.1	Number of 'take home' naloxone kits issued each month by prisons; Scotland	April 2011-March 2013	Excel
2.2	Number of 'take home' naloxone kits issued each quarter by prisons in Scotland; by prison establishment	April 2011-March 2014	Excel
2.3	Number of 'take home' naloxone kits issued by prisons to people at risk of opioid overdose, where the person consented to share their personal data for monitoring purposes; Scotland	April 2011-March 2014	Excel
2.4	Number of 'take home' naloxone kits issued by prisons to people at risk, by gender and by age; Scotland	April 2011-March 2014	Excel
2.5	Number of 'take home' naloxone kits issued by prisons, by whether 'first' or 'repeat' supply; Scotland	April 2011-March 2014	Excel
3.1	Number of drug-related deaths, opioid-related deaths and opioid-related deaths within four weeks of prison release, by gender and by age; Scotland	2006-2010 (Baseline) & 2011-13	Excel
3.2	Number of drug-related deaths, opioid-related deaths and opioid-related deaths within 12 weeks of prison release, by gender and by age; Scotland	2006-2010 (Baseline) & 2011-13	Excel
3.3	Number of drug-related deaths, opioid-related deaths and opioid-related deaths within four weeks of hospital discharge, by gender and by age; Scotland	2006-2010 (Baseline) & 2011-13	Excel

3.4	Number of drug-related deaths, opioid-related deaths and opioid-related deaths within 12 weeks of hospital discharge, by gender and by age; Scotland	2006-2010 (Baseline) & 2011-13	Excel
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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 by the Scottish Government 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, the highest figure recorded up to that point. This was followed by a reduction in numbers in 2009 and 2010 (545 and 485 respectively). Most recently, in 2011, there were 584 DRDs registered in Scotland (NRS, 2012⁸), which exceeded the previous record annual total of 2008. This however has since reduced to 581 in 2012 and 523 in 2013.

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 four NDRDD annual reports (for calendar years 2009, 2010, 2011 and 2012). These confirm the findings from earlier research that those most vulnerable to a DRD are male, living in the most deprived areas, and aged 25 to 44 years. 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 in 2010 and 2011 also showed that, where known, almost two-thirds of those who died had been in contact with a drug treatment service, thus identifying opportunities to engage with and support those vulnerable to a DRD. Increased 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.

Scotland was the first country in the world to announce a national naloxone programme on 1st November 2010, following recommendations from two independent expert forums and the successful outcomes of local take-home naloxone pilots. The programme is centrally coordinated and funded by the Scottish Government, helping empower individuals, families, and communities to reverse an opiate overdose.

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 centrally funded resources which include:

- Reimbursing naloxone kits issued in the community and prison settings;
- Specific support to the Scottish Prison Service (now NHS), 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 seven apply to all instances of a kit being supplied (community supply or prison supply). Question seven asks if consent has been given to the sharing of the individual's personal data. If yes, then questions eight to 13 should be completed. Questions 14 and 15 apply only to the supply of kits by prisons.

During 2012/13, six monthly data returns were submitted to ISD, via secure data transfer (to a designated nhsnet 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 Location Code (applicable to supply of kits in prisons)	<p>Definition: This is the location code of the prison where the take-home naloxone kit 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/prison worker. The drop down list gives the options:-</p> <ul style="list-style-type: none"> • Person at risk • Family/Friends • Service/Prison Worker <p>Purpose:</p>

	<p>This data item will be used to monitor the ‘reach’ of take-home naloxone kit distribution (how many individuals ‘at risk’ have access to a kit) and the total numbers of individuals receiving take-home naloxone kits 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/Prison Worker will be used within the SPS.</p>
<p>4. Naloxone is provided as:</p>	<p>Definition: 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: This data item will be used to monitor the ‘reach’ of take-home naloxone kit distribution (how many first supplies made to individuals ‘at risk’), the total numbers of individuals receiving take-home naloxone kits in addition to those persons ‘at risk’ (inc. spare supplies) and the frequency of take-home naloxone 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: 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: 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 this is from the person’s perspective.</p>
<p>6. Consent to Data Recording</p>	<p>Definition: A Yes/No field indicating whether consent to share their personal data has been given.</p>
<p>7. Forename</p>	<p>Definition:</p>

	<p>The forename 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 take-home naloxone kits.</p>
8. Surname	<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 take-home naloxone kits.</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 take-home naloxone kits.</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 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 take-home naloxone kit distribution 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 • Trans • Not Specified <p>Purpose: This data item will be used to assess the gender profile of those at risk receiving take-home naloxone kits.</p>
13. Prison Release Date (if applicable)	<p>Definition 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: This will assist in evidencing the impact of take-home naloxone kits on prisoners who are vulnerable to overdose within 4 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 The date of court appearance if liberation/release date not known.</p> <p>Purpose: In the absence of a liberation date, court date will assist in evidencing the impact of take-home naloxone kits on prisoners who are vulnerable to overdose within 4 weeks following liberation.</p>

A1.3 Baseline Survey and Baseline Indicator – data collection

The indicator data is being 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 flagged (as defined by one or more of heroin/morphine and/or methadone and/or buprenorphine being implicated in, or potentially contributing to, the cause of death (rather than only being present)). These are securely sent to ISD and 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 undertake data linkage to match those who have died a drug-related death with those who had been released from prison 12 weeks previously (or less). The results from this process are then securely transferred to ISD, validated and analysed.

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<http://www.ncbi.nlm.nih.gov/pubmed/22925008>

A2 – Publication Metadata

Metadata Indicator	Description
Publication title	National Naloxone Programme Scotland – kits issued in 2013/14 (revision)
Description	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. 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). Data on the percentage of opioid-related deaths occurring within four and 12 weeks of prison release and hospital discharge are also presented, contrasting 2011-13 performance against 2006-10 indicators.
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	Distribution data: April 2013 Performance data: July 2013-May 2014
Release date	28 th October 2014
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2013/14 (as well as revised 2012/13).
Continuity of data	This is the third year of release of these data. Data are presented in a similar format to previous years with some revisions to the information on drug-related deaths.
Revisions statement	No revisions to this publication are planned, however, revised 2013/14 statistics will be included in the October 2015 report should any ‘late returns’ be received.
Revisions relevant to this publication	N/A
Concepts and definitions	See A1 – Background information.
Relevance and key uses of the statistics	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. 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.
Accuracy	The naloxone lead in each NHS Board was given the opportunity to check their supply figures for 2013/14 (and revised 2012/13), 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).

	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. Confidence intervals have been provided and indicate the range within which the true figure would be expected to lie.
Completeness	Kit supply data were provided by the naloxone lead in each NHS Board. See above regarding QA of data. 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.
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	30 th July 2013 (Revised: 27 th May 2014)
Next published	27 th October 2015
Date of first publication	31 st July 2012
Help email	leebarndale@nhs.net
Date form completed	13 th October 2014

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 and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Justice Department
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)
Scottish Government Justice Department (Analytical Services Division)

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

National Naloxone Advisory Group
Scottish Prison Service

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

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](#).