

Publication Report



National Naloxone Programme Scotland – naloxone kits issued in 2012/13 (revision)

27th May 2014

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Introduction

This is a revised version of the second annual release of monitoring information from the National Naloxone Programme in Scotland (further background to the national programme is available at [Appendix A1.1](#)). This report presents data on the number of 'take-home' naloxone kits issued as part of the national programme during 2012/13 (and comparisons with 2011/12). 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 'take home' 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. 'Take home' naloxone is administered intramuscularly. The supply of a 'take-home' 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 'take-home' naloxone distribution within community-based services. A multi-agency National Naloxone Advisory Group has also been established.

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 'take home' naloxone 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 'naloxone kits provided by prisons', it should be noted that naloxone 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 (10.58 drug related deaths per 100,000 population in Scotland in 2011, compared with 2.83 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 and Hoolachan et al, 2013^{3 4 5}).

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. ISD have established a Baseline Indicator, using calendar years 2006-2010. Findings on 2011 and 2012 performance against this Baseline Indicator are included in [Section 3](#).

This revision augments 2011 performance data on numbers of opioid related deaths following prison release with comparable information for calendar year 2012. Publication of this analysis has been delayed due to problems linking death information from National Records of Scotland with custody information from the Scottish Government prison database which was previously used to identify opioid related deaths following release from prison. The next annual report, describing naloxone distribution in 2013/14, will be scheduled so that 2013 performance data is available at the time of release.

Key points

- There were 3,833 'take home' naloxone kits issued in Scotland in 2012/13, through the National Naloxone Programme. This compares with 3,458 kits issued in 2011/12 (revised 2011/12 figures), an increase of 375 kits (10.8%).
- A total of 7,291 'take home' kits were issued in Scotland in 2011/12 and 2012/13. Note: these figures include kits issued in the community and kits issued to prisoners (at risk of opioid overdose) on their release from prison.

'Take home' naloxone kits issued in the community

- There were 3,087 'take home' naloxone kits issued in the community in Scotland in 2012/13, through the National Naloxone Programme. This compares with 2,743 'take home' kits issued in the community in 2011/12, an increase of 344 (12.5%).
- A total of 5,830 'take home' kits were issued in the community in Scotland in 2011/12 and 2012/13.
- At NHS board level, six boards increased their number of 'take home' naloxone kits issued in the community between 2011/12 and 2012/12, six had a drop in numbers, one no change and one NHS board is not currently participating in the programme.
- The majority of kits issued in the community in 2012/13 (2,680, or 86.8%) were issued to individuals at risk of opioid overdose, 329 (10.7%) were supplied to service workers and 78 (2.5%) to family and friends (with the recorded consent of the person at risk).
- There were 2,680 kits issued in the community in 2012/13 where the recipient was a person at risk. In 2,645 of these cases (98.7%) the individual consented to the recording of their personal data. Of these, almost two thirds (65.2%) were male, 8.5% were under 25 years of age, 42.8% aged 25-34 years, 47.8% aged 35 and over and <1% 'unknown'. Note: these data relate to 'kits issued' to persons at risk, rather than 'individuals' who were issued a kit, so could include repeat issues to the same person.
- Of the 3,087 kits issued in the community in 2012/13, 2,471 (80%) were reported as a 'first' supply, 559 (18.1%) a 'repeat' supply and 57 (1.8%) 'unknown' if first or repeat supply. The comparable figures for 2011/12 (revised 2011/12 figures) were 83.8% 'first' supply, 12.8% a 'repeat' supply and 3.5% 'unknown' if first or repeat supply.
- In 210 cases 'repeat' supply was reported to be due to use of the previous kit on a person at risk. This compares with 132 cases in 2011/12.

'Take home' naloxone kits issued by prisons

- There were 746 'take home' naloxone kits issued by prisons in Scotland in 2012/13, all to persons at risk of opioid overdose. This compares with 715 'take home' naloxone kits issued by prisons in Scotland in 2011/12, an increase of 31 kits (4.3%). Note: kits are not issued 'in prison', rather they are supplied to the individual 'on release'.
- A total of 1,461 'take home' kits were issued by prisons in Scotland in 2011/12 and 2012/13.
- For 715 of the 746 kits issued by prisons in 2012/13 (95.8%), the recipient consented to the recording of their personal data for monitoring purposes. Of these, over three quarters (76.6%) were male (68.5% in 2011/12), 20.1% were under 25 years of age, 44.5% aged 25-34, 34.4% aged 35 years and over and 1% 'unknown'. When compared with kits supplied to persons at risk of opioid overdose in the community, recipients in prisons were more likely to be male and their age profile was 'relatively' younger.

- Of the 746 kits issued by prisons in 2012/13, 644 (86.3%) were reported as a 'first' supply, 79 (10.6%) a 'repeat' supply and 23 (3.1%) 'unknown' whether a 'first' or 'repeat' supply. This compares with 679 kits (95%) issued by prisons as a 'first' supply and 36 (5%) as a 'repeat' supply in 2011/12. 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).
- In 10 cases 'repeat' supply was reported to be due to use of the previous kit on a person at risk. This compares with 13 cases in 2011/12.

Opioid related deaths within four weeks of prison release

- The increase in drug-related deaths observed in 2011 (584) was reflected in increases in the number of opioid related deaths overall (430) and within four weeks of prison release (36) compared with 2010 (485, 395 and 24 respectively). In 2012, despite little change in the 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.
- There was no significant decrease in the percentage of opioid related deaths within four weeks of prison release in 2011 (8.4%) compared to the 2006-10 Baseline Indicator (9.8%).
- In 2012, a significant decrease in the percentage of opioid related deaths occurring within four weeks of prison release was observed (5.5%) compared to the 2006-10 Baseline Indicator (9.8%) (new data presented in May 2014 revision).
- 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.

Results and Commentary

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

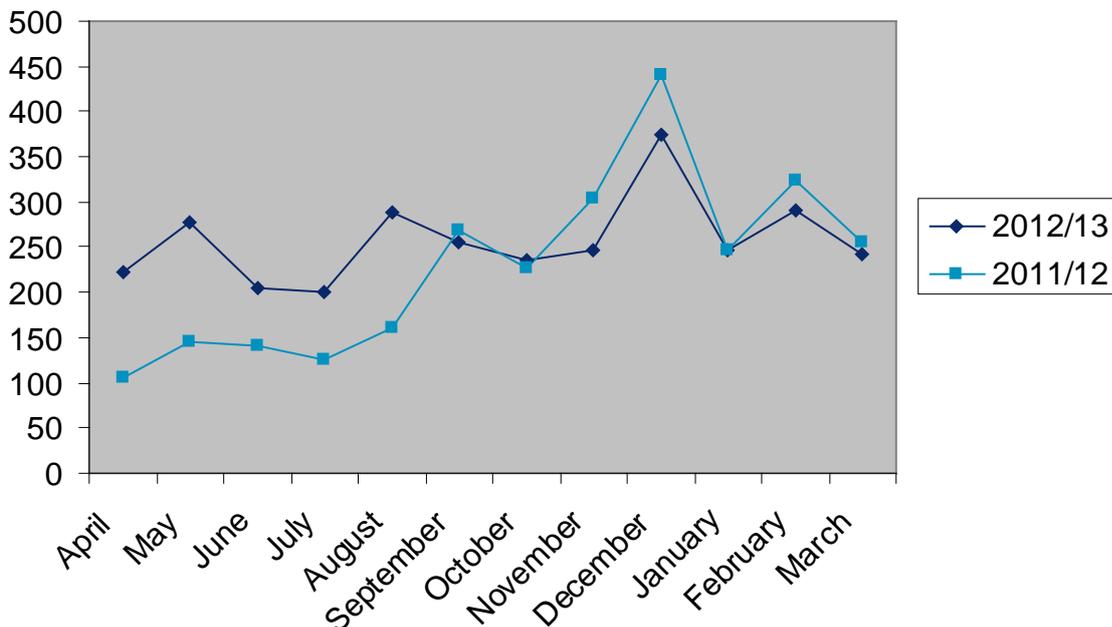
This chapter presents information on the number of ‘take-home’ naloxone kits issued in the community in Scotland in 2012/13, including breakdowns by month and by NHS board as well as estimates of the number of kits issued per 1,000 people with problem drug use aged 15-64 years in each board. Presented 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, the first year of the national naloxone monitoring. These are based on revised 2011/12 figures (see below).

1.1 Number of kits issued

There were 3,087 ‘take home’ naloxone kits issued in the community in Scotland in 2012/13, through the National Naloxone Programme. This compares with 2,743 ‘take home’ kits issued in the community in 2011/12 (year one of the monitoring), an increase of 344 kits (12.5%). The 2011/12 figure is the revised 2011/12 number and includes late received data on an additional 13 ‘take home’ kits, when compared with the July 2012 published figure of 2,730 kits issued in 2011/12. A total of 5,830 ‘take home’ kits were issued in the community in Scotland in 2011/12 and 2012/13.

In both 2012/13 and 2011/12 the largest number of kits supplied in the community were in the month of December, which 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](#).

Figure 1.1: Number of ‘take home’ naloxone kits issued in the community in Scotland, by month, in 2012/13 and 2011/12



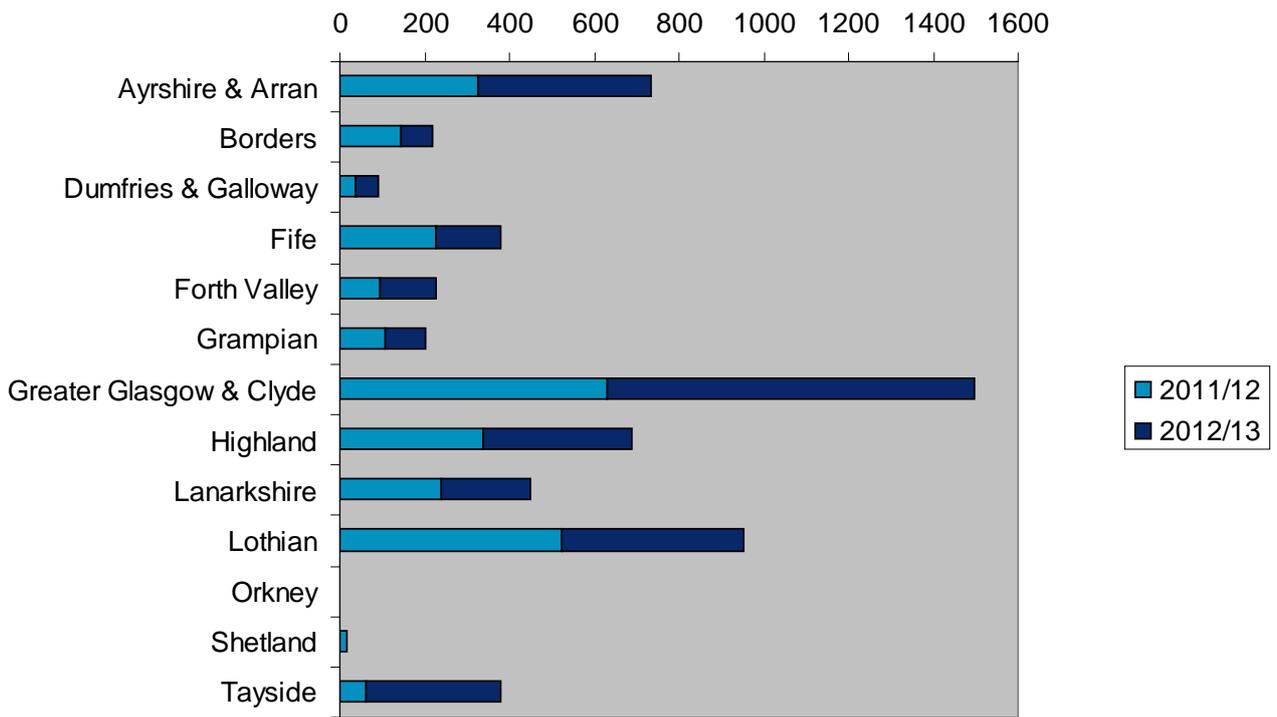
Statistics on the number of kits supplied in each quarter (in 2012/13 and 2011/12) are shown in [Table 1.2](#). In 2012/13, the largest number of kits issued (855) was in the third quarter of the year, October to December 2012.

1.2 Participation across NHS boards

The National Naloxone 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 2012/13 statistics.

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 board is Western Isles, who are not participating).

Figure 1.2 : Number of ‘take-home’ naloxone kits supplied in the community in 2011/12 and 2012/13 (cumulative total), NHS boards (Scotland total 5,830)



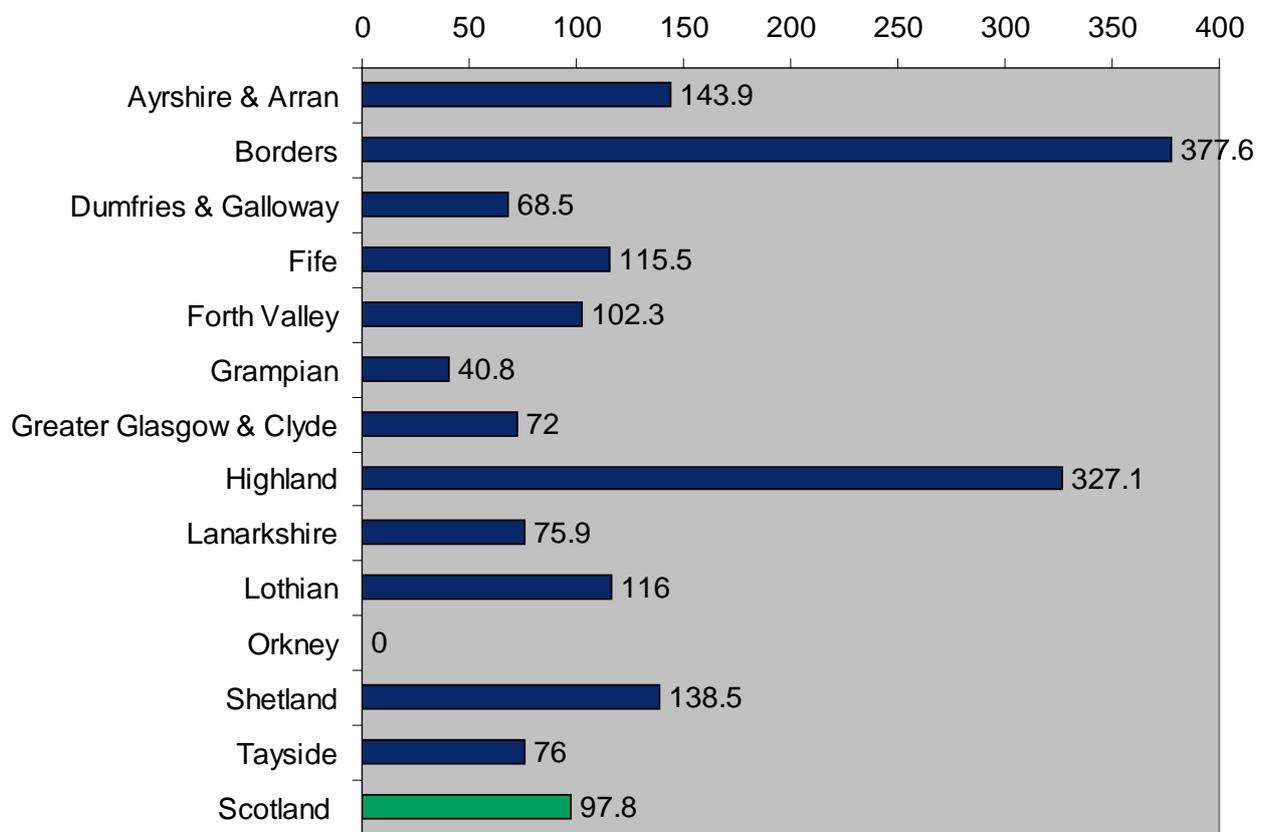
1. Western Isles is not participating in the programme.

Figure 1.2 and [Table 1.2](#) show the number of ‘take-home’ naloxone kits issued in the community in each NHS board in 2011/12 and 2012/13 (and the cumulative total over the two years). In 2012/13, as in 2011/12, Greater Glasgow & Clyde supplied the largest number of kits (866), followed by Lothian 427 and then Ayrshire & Arran 409.

Six boards increased the number of ‘take home’ naloxone kits they issued in the community between 2011/12 and 2012/13, for six NHS boards their numbers decreased, one ‘no change’ (zero kits issued in Orkney in both years) and one NHS board (Western Isles) is not currently participating in the programme.

A number of factors will have influenced the numbers of naloxone kits supplied in the community, across NHS boards, in 2012/13. As noted above, there was an incremental rollout of the programme across NHS boards during 2011/12, rather than all boards commencing from 1st April 2011. NHS Tayside, for example, had the largest percentage increase in kits supplied in 2012/13, when compared with 2011/12 (423%), but did not issue its first community ‘take home’ kits until the third quarter of 2011/12. There are boards whose naloxone supply predates the introduction of the national programme, e.g. the Inverness area of NHS Highland (where kits have been supplied since July 2009). Numbers there, therefore, might not be expected to keep rising throughout 2012/13 and beyond, though the 2012/13 figures for Highland do show an increase on 2011/12.

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



1. Western Isles is not participating in the programme.

Figure 1.3 provides estimates of the number of ‘take-home’ naloxone kits issued in the community in 2011/12 and 2012/13 (cumulative total) per 1,000 people with problem drug

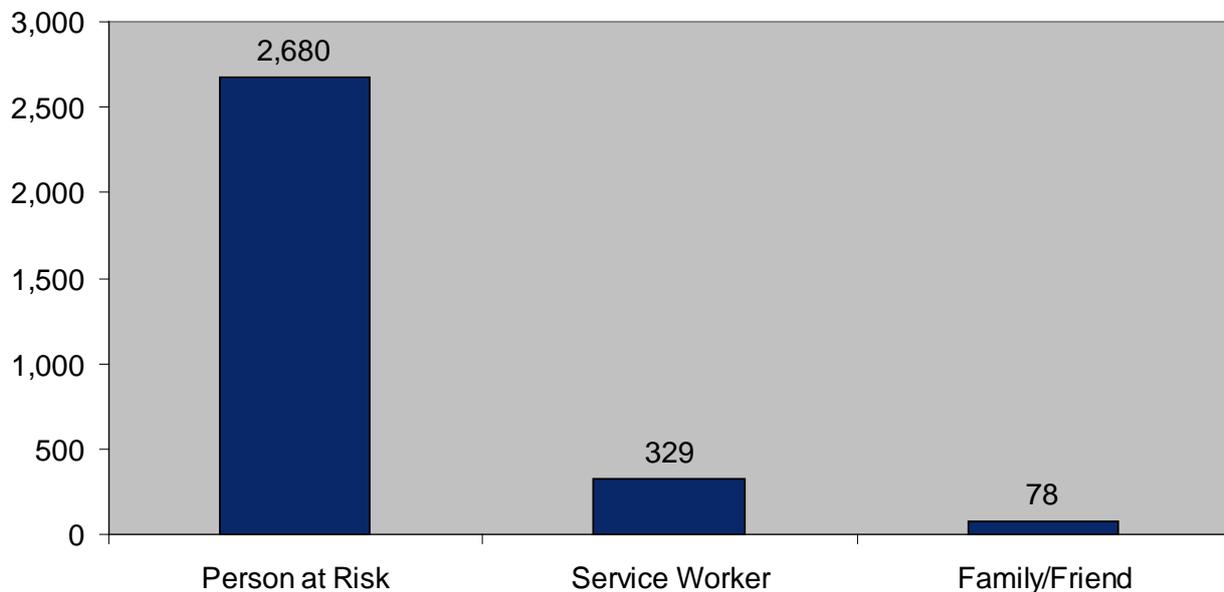
use aged 15-64 in each NHS board. Figures for each of 2011/12 and 2012/13 separately are available in [Table 1.3](#). These figures have been produced using the naloxone kits supply figures above along with the most recent estimates (2009/10) of the prevalence of problem drug use in Scotland (Redpath, A., et al 2011⁶).

Based on the first two years of data (2011/12 and 2012/13 combined) Borders NHS board had the highest number of kits issued per 1,000 estimated people with problem drug use aged 15-64 (377.6 per 1,000) followed by Highland with 327.1 per 1,000 (Scotland figure 97.8 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 51.8 per 1,000 in 2012/13, [Table 1.3](#).

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 3,087 kits issued in the community in Scotland in 2012/13, that the majority (2,680, or 86.8%) were issued to individuals at risk of opioid overdose. A further 329 (10.7%) were supplied to service workers and 78 (2.5%) to family/friends (with the recorded consent of the person at risk). Comparable percentages for 2011/12 (revised 2011/12 figures) were 86.8%, 10.9% and 2.2% respectively (and 0.2% 'unknown' who issued to, which will include cases where the recipient was recorded as 'unknown' as well as cases where recipient details were missing). [Table 1.4](#) provides a quarterly breakdown of kits issued, by who distributed to (Scotland level in 2012/13 and 2011/12), whilst [Table 1.5](#) shows the numbers at NHS board level for the whole year.

Figure 1.4 : 'Take-home' naloxone kits supplied in the community, in Scotland in 2012/13 – to whom they were issued



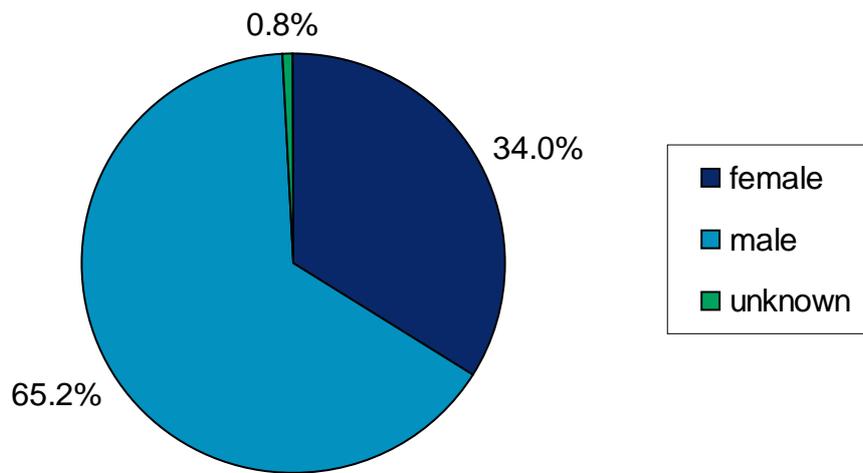
1.4 Kits supplied to 'persons at risk' – gender and age of recipient

The agreed national naloxone 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 does consent, then the following 'personal data' should be recorded: forename and surname (initials only are submitted to ISD for monitoring

purposes), gender, date of birth/age and postcode sector of residence (see [Appendix A1.2](#) for full list of Dataset Items).

There were 2,680 kits supplied in the community in 2012/13 to a ‘person at risk’. In 2,645 (98.7%) 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 2,645 cases, however, there were a small number of cases where consent was granted, but the data was not recorded, see ‘unknown’ category below.

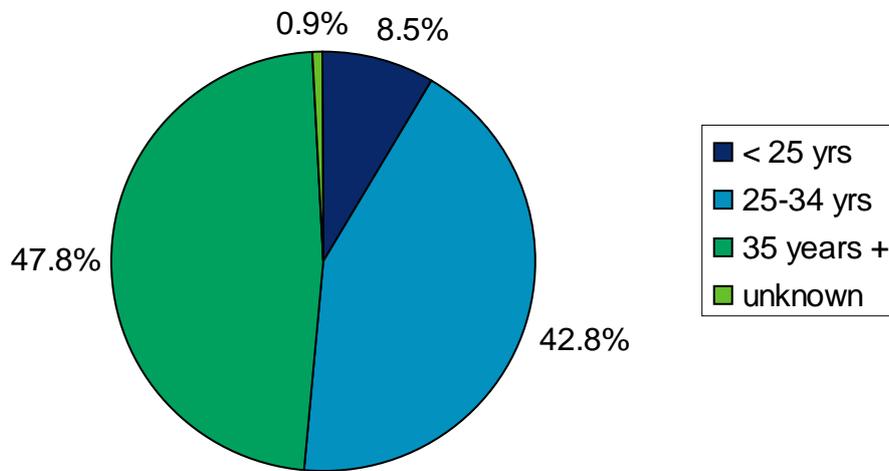
Figure 1.5 : ‘Take home’ naloxone kits supplied to persons at risk in the community in 2012/13 – gender of recipient (n=2,645)



Almost two-thirds (65.2%) of ‘take home’ naloxone kits supplied to a ‘person at risk’ in the community in Scotland in 2012/13 were supplied to a male, just over one third (34%) to a female and in 0.8% of cases gender was ‘unknown’ (i.e. not recorded), Figure 1.5 and [Table 1.7](#). Note: 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 identify for definite the number of individuals involved. 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.

In terms of age of recipient, 8.5% of ‘take home’ naloxone kits supplied to a person at risk in the community in 2012/13 were supplied to an individual < 25 years of age, 42.8% to someone aged 25-34 years, 35 years and over 47.8% and in 0.9% of cases age was ‘unknown’, see Figure 1.6. The comparable percentages in 2011/12 (revised 2011/12 figures) were 10.1%, 45.7%, 43.2% and 1% respectively. [Table 1.7](#) also provides breakdowns by gender and age for all-Scotland in 2012/13 and 2011/12.

Figure 1.6 : ‘Take home’ naloxone kits supplied to persons at risk in the community in 2012/13 – age group of recipient (n=2,645)



1.5 First supply or repeat supply?

Naloxone kits may be issued as a ‘first’ or a ‘repeat’ supply. Of the 3,087 kits issued in 2012/13, 2,471 (80%) were reported as a ‘first’ supply (based on self-report), 559 (18.1%) a ‘repeat’ supply and in 57 cases (1.8%) 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 2011/12 (revised 2011/12 figures) were 2,298 (83.8%), 350 (12.8%) and 95 (3.5%), Figure 1.7 and [Table 1.8](#).

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

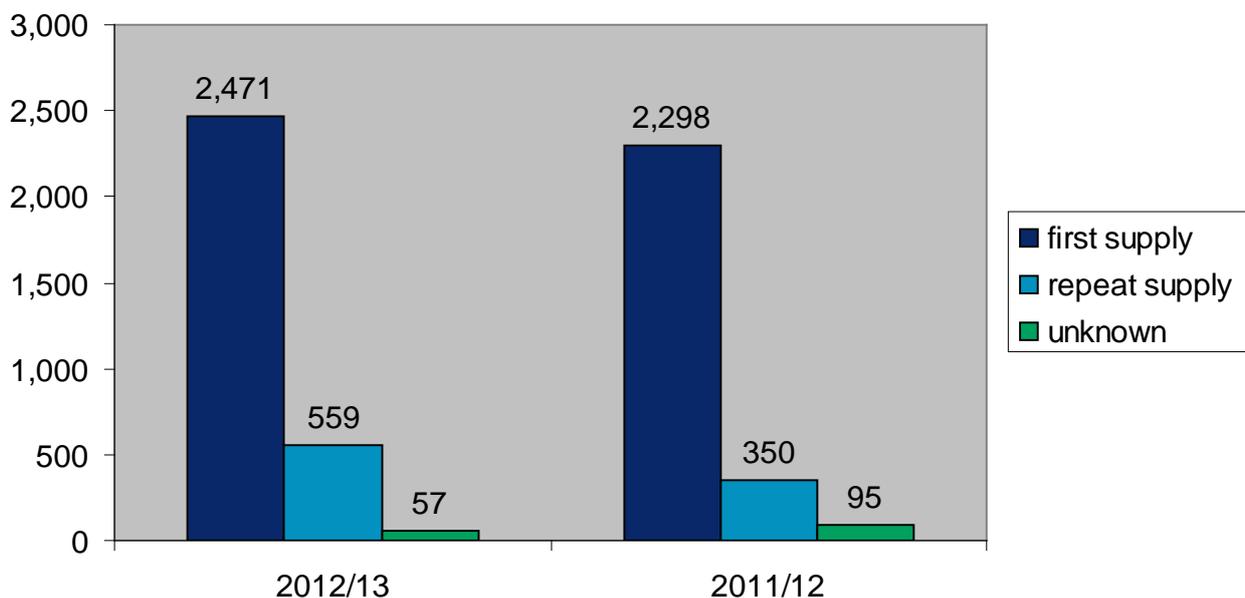


Figure 1.8 : ‘Repeat’ supplies of naloxone in the community in 2012/13 and 2011/12 – reported reason for ‘repeat’ supply

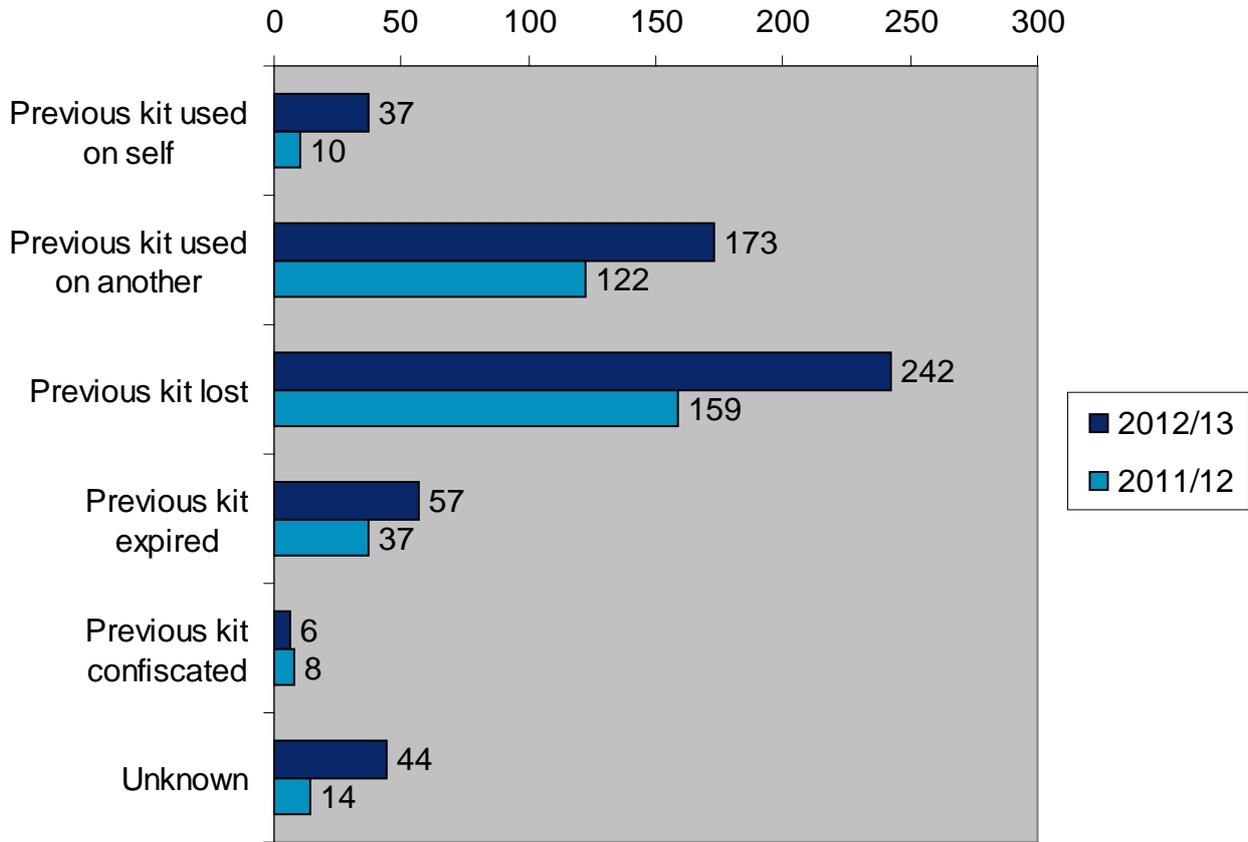


Figure 1.8 provides a breakdown of the reasons for ‘repeat’ supply of naloxone (based on self-report), in 2012/13 and 2011/12. Of the 559 cases noted as ‘repeat’ issue of a kit in the community in 2012/13, the largest number of these (242, or 43.3%) were reported as due to ‘previous kit lost’, 173 cases (30.9%) ‘kit used on another’, 57 cases (10.2%) ‘previous kit expired’ (i.e. the naloxone, as a pharmaceutical product, had expired), 37 cases (6.6%) ‘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), six cases (1.1%) ‘previous kit confiscated’ and 44 cases (7.9%) ‘unknown’ reason for repeat supply.

In 210 cases in 2012/13 ‘repeat’ supply was due to use of the previous kit on a person at risk of opioid overdose. The comparable figure in 2011/12 was 132 cases. Of these 132 cases in 2011/12, 92.4% comprised ‘kit used on another’ and 7.6% ‘kits used on self’, i.e. administered to self. The comparable proportions in 2012/13 were 82.4% and 17.6% respectively. [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 'take-home' naloxone kits issued by prisons in Scotland in 2012/13, including breakdowns by month and by prison establishment. Note: the 'take-home' naloxone 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 in chapter 1. 'community supply' included also are comparable figures for 2011/12, the first year of the national naloxone monitoring.

2.1 Participation across prisons

SPS developed 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 naloxone is packed in with their personal belongings, which are stored at reception, 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 'take-home' naloxone kits by prisons was introduced, incrementally, from February 2011 and by June 2011 all Scottish prisons were participating in the programme. Approximately 100 prison staff participated in training during the introduction and implementation phase (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, however, relate simply to the 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.

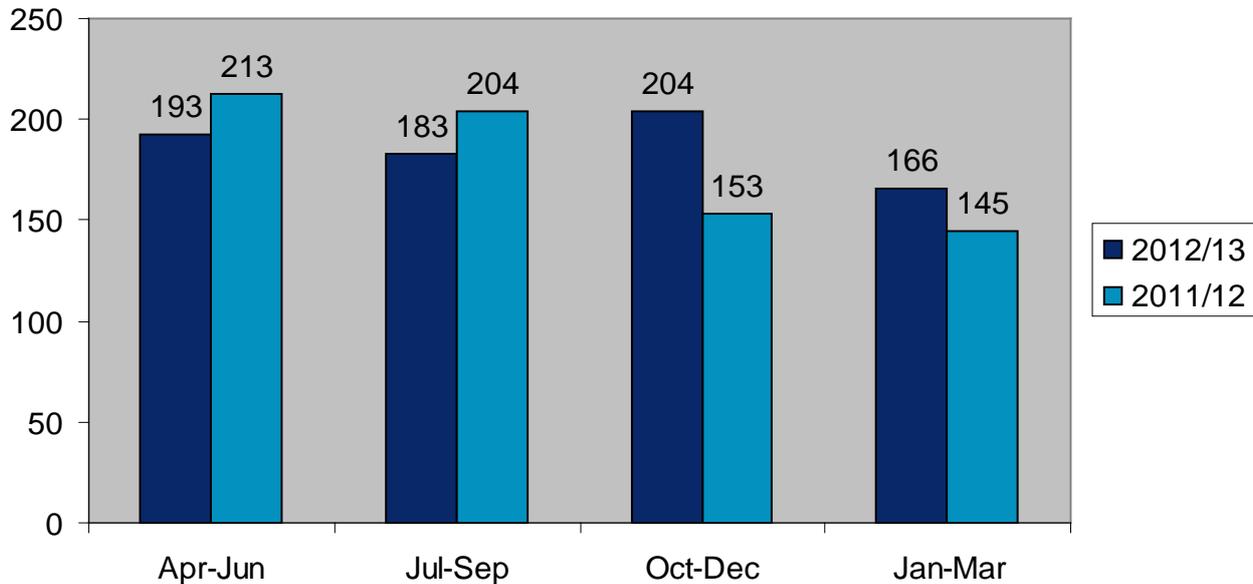
2.2 Number of kits issued

There were 746 'take home' naloxone kits issued by prisons in Scotland in 2012/13, all to persons at risk of opioid overdose. This compares with 715 'take home' naloxone kits issued by prisons in Scotland in 2011/12, an increase of 31 (4.3%).

A total of 1,461 'take home' kits were issued by prisons in Scotland in 2011/12 and 2012/13, [Table 2.1](#).

Based on quarterly statistics for 2012/13, the largest number of kits issued was in the third quarter of the year, October to December 2012, see Figure 2.1.

Figure 2.1: Number of 'take-home' naloxone kits issued each quarter by prisons in Scotland, in 2012/13 and 2011/12



Chapter 1 includes estimates of the number of 'take home' naloxone kits issued in the community per 1,000 estimated people with problem drug use aged 15-64, however, to produce similar estimates of the 'reach' of the National Naloxone Programme in Scottish prisons is more complex. The July 2012 monitoring report did include estimates of the 'reach' of the programme in prisons. These were based on Addiction Prevalence Testing data from Scottish prisons combined with figures on the number of liberations from Scottish prisons in 2011/12, along with the data on kit supply. It is not possible to replicate these analyses for 2012/13 at this stage as 2012/13 liberations statistics are still to be published.

During 2012/13 there were prisoner population changes across the prison estate, including the transfer of prisoners from HMP Peterhead to HMP Glenochil and approximately 100 women transferred from HMP Cornton Vale to HM YOI Polmont.

Eight prison establishments increased the number of 'take home' naloxone kits they issued between 2011/12 and 2012/13 and for seven their numbers decreased (note: excludes HMP Noranside which closed in November 2011 and HMP Low Moss which did not open until March 2012). In both 2012/13 and 2011/12 the largest number of kits issued was at HMP Cornton Vale, see [Table 2.2](#).

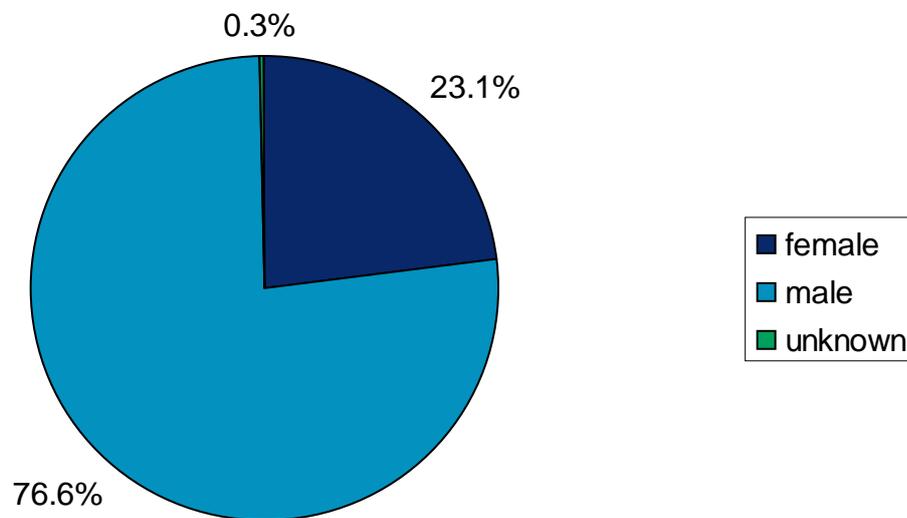
2.3 Whom kits were issued to

All kits issued by prisons in Scotland (in 2012/13 and 2011/12) were issued to 'a person at risk of opioid overdose'.

2.4 Kits supplied to 'persons at risk' – gender and age of recipient

There were 746 'take home' naloxone kits supplied by prisons in Scotland in 2012/13. In 715 of these cases (95.8%) the recipient consented to the sharing of their personal data for monitoring purposes, [Table 2.3](#).

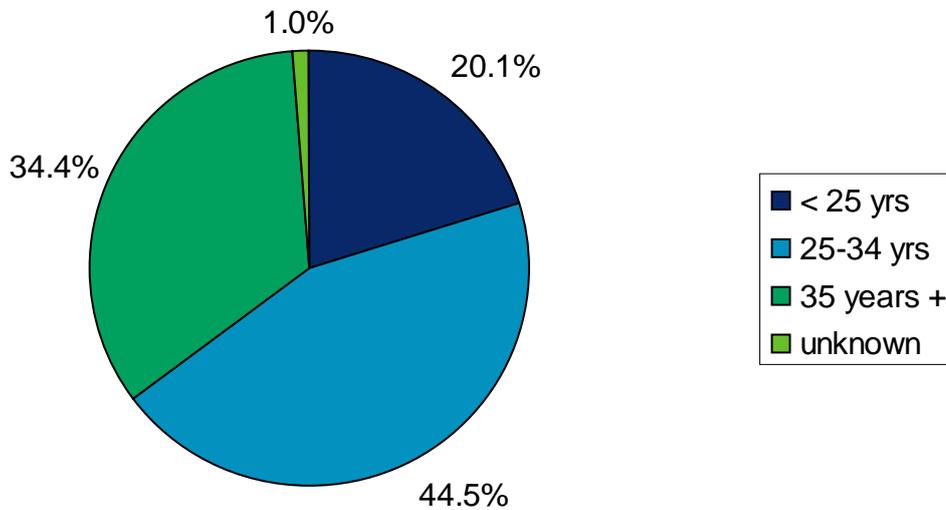
Figure 2.2 : ‘Take home’ naloxone kits supplied to persons at risk, by prisons in Scotland, in 2012/13 – gender of recipient (n=715)



For over three quarters (76.6%) of kits issued to persons at risk of opioid overdose by prisons in Scotland in 2012/13 the recipient was a male, 23.1% female and 0.3% gender ‘unknown’ (i.e. not recorded), Figure 2.2. For comparison, in the nine months from 1st July 2011 to 31st March 2012 (note: age and gender breakdowns are not available from the first quarter of 2011/12 when ‘aggregate figures’ were provided) 68.5% of kits were issued to males and 31.5% to females. The comparable figures for kits supplied to persons at risk in the community in 2012/13 (Figure 1.5) were 65.2% male, 34% female and 0.8% ‘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 23.1% of kits supplied by prisons to females points to a relatively higher uptake of the kits by female prisoners, when compared with males. In 2012/13, as in 2011/12, 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 Naloxone Programme at HMP Cornton Vale, see [Table 2.2](#). It is also the case, however, that 32.7% of kits supplied to female prisoners in 2012/13 were issued by other prison establishments including, in particular, HMP Edinburgh and HMP Greenock (data not shown in tables). The kit supply figures from these other establishments, along with those from HMP Cornton Vale, suggest that perhaps there is also a greater willingness among females in prisons to engage with the Naloxone Programme.

Figure 2.3 : ‘Take home’ naloxone kits supplied to persons at risk, by prisons in Scotland, in 2012/13 – age group of recipient (n=715)



In terms of age breakdown, 20.1% of kits issued by prisons in 2012/13 were issued to someone under 25 years of age, 25-34 years 44.5%, 35 years and over 34.4% and age ‘unknown’ 1%, 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: 8.5%, 42.8%, 47.8% and 0.9% respectively. The age profile, therefore, of recipients in prisons was relatively younger than those in the community (although Scottish prison statistics also show that the age profile of prisoners is relatively younger).

2.5 First supply or repeat supply?

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 2012/13 and 2011/12 according to whether these were a ‘first’ or a ‘repeat’ supply (based on prisoner self-report).

Of the 746 kits issued in 2012/13, 644 (86.3%) were recorded as a ‘first’ supply, 79 (10.6%) a ‘repeat’ supply and 23 (3.1%) unknown whether a ‘first’ or a ‘repeat’ supply. Comparable figures for 2011/12 were 679 kits (95%) issued as a ‘first’ supply and 36 (5%) 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.

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

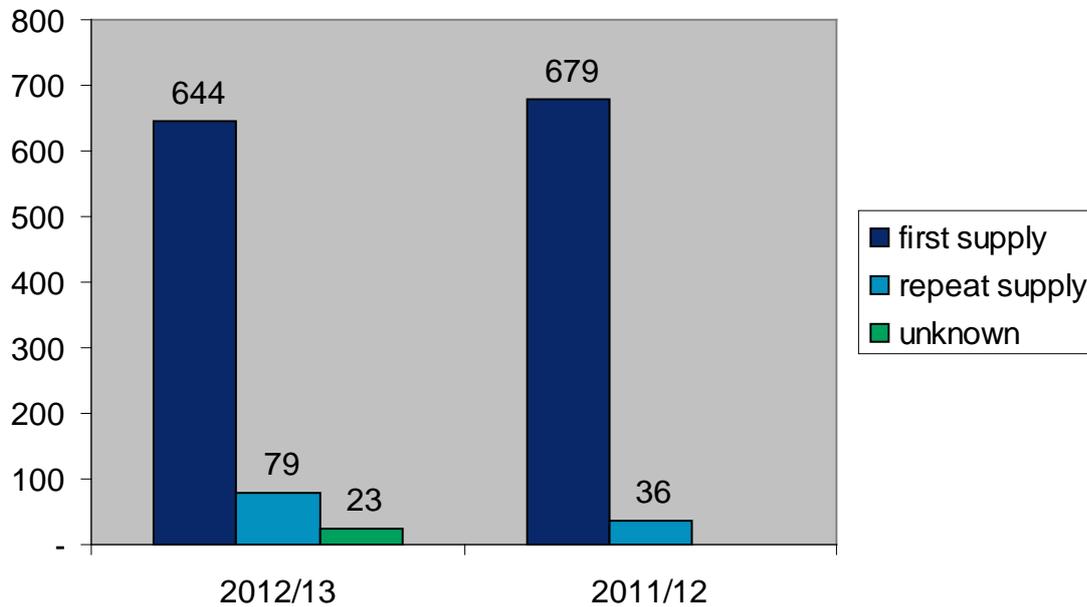
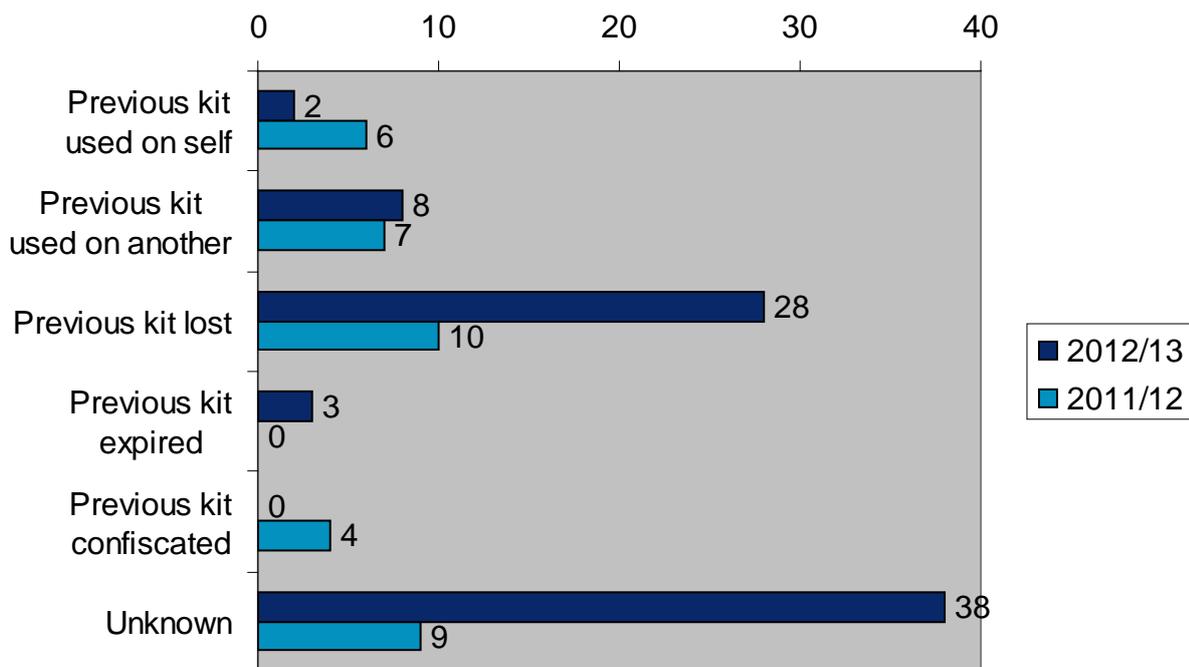


Figure 2.5 and [Table 2.5](#) provide a breakdown of the reasons for ‘repeat’ supply of naloxone by prisons (based on self-report), in 2012/13 and 2011/12.

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



Of the 79 cases noted as ‘repeat’ issue of a kit by a prison in 2012/13, 28 (35.4%) were reported as due to ‘previous kit lost’, eight cases (10.1%) ‘kit used on another’, two cases

(2.5%) 'previous kit used on self', three cases (3.8%) 'previous kit expired' (i.e. the naloxone, as a pharmaceutical product, had expired) and 38 cases (48.1%) 'unknown' reason for repeat supply. In 10 cases in 2012/13 'repeat' supply was due to use of the previous kit on a person at risk. The comparable figure in 2011/12 was 13 cases.

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 have agreed that the impact of the Naloxone Programme will be assessed primarily by comparing the percentage of opioid related deaths that occurred 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 definitionsⁱ). Data are broken down by gender and age groups (as per NRS drug related death reporting). Performance in subsequent calendar years will be measured against this baseline. Details of how these data are collected are included at [Appendix A1.3](#).

ⁱ 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.

In 2012, ISD reported upon 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 naloxone kits to liberated prisoners)ⁱⁱ. 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 timeframe also be monitored to inform the development and delivery of the National Naloxone Programme.

The National Naloxone Advisory Group has chosen to supplement the primary Baseline Indicator (percentage of opioid related deaths within four weeks of release from prison custody) with a secondary indicator based on the percentage of opioid related deaths within four weeks of release from prison custody or hospital discharge. Analysis of this secondary indicator based on examination of 2011-2013 performance against a 2006-2010 baseline will be included in the 2013/14 Annual Report, to be published in October 2014.

3.2 Results

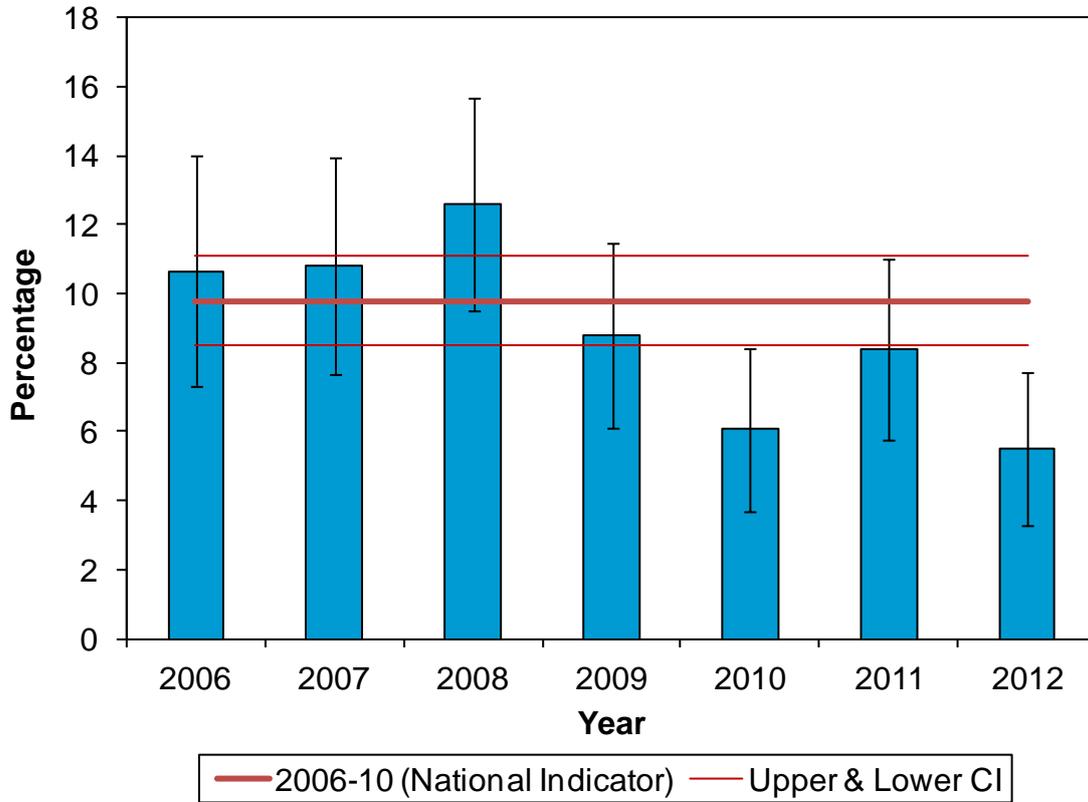
[Table 3.1](#) provides a detailed breakdown of the number of drug related and opioid related deaths and the number and percentage of opioid related deaths within four weeks of prison release, by gender and age for years 2006 to 2012. [Table 3.2](#) provides comparable information for opioid related deaths within twelve weeks of prison release.

The increase in drug-related deaths observed in 2011 (584) was reflected in increases in the number of opioid related deaths overall (430) and within four weeks of prison release (36) compared with 2010 (485, 395 and 24 respectively). In 2012, despite little change in the 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.

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 no significant decrease in opioid related deaths within four weeks of prison release in 2011 (8.4%) compared to the 2006-10 Baseline Indicator (9.8%). However, in 2012, 5.5% of opioid related deaths occurred within four weeks of prison release; a significant decrease compared to the Baseline Indicator (2006-2010). While encouraging, this decrease cannot necessarily be causally linked to the National Naloxone Programme and may partly reflect patterns of declining opioid use in Scotland, particularly among younger people (ISD 2013⁹) (in 2012, the median age of those suffering an opioid related death within four weeks of prison release was 31). Performance against the Baseline Indicator will continue to be monitored to ensure that the percentage in the post-Naloxone period is estimated with sufficient precisionⁱⁱ.

ⁱⁱ 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.

Figure 3.1: Percentage of opioid related deaths occurring within four weeks of prison release (2006-10 (Baseline Indicator) & 2011-12: Scotland)



In 2011, 63% of opioid related deaths within 12 weeks of prison release occurred in the four weeks after release from prison. In 2012, this percentage decreased to 49%. This supports the Baseline Indicator’s emphasis on the four weeks period following prison release. A comparable indicator of deaths within 12 weeks of release from prison ([Table 3.2](#)) showed no significant reduction in the percentage of opioid related deaths in 2011 (13.3%) or 2012 (11.3%) when compared against the 2006-10 baseline (13.6%).

4. Conclusions

There were 3,833 ‘take home’ naloxone kits issued in Scotland in 2012/13 through the National Naloxone Programme (kits issued in the community and also kits issued by prisons, to prisoners on liberation). The 2012/13 figure represented an increase of 375 kits (10.8%) on the number supplied in 2011/12, the first year of the national naloxone programme and its associated monitoring.

A total of 7,291 ‘take home’ kits were issued in Scotland in 2011/12 and 2012/13.

Following expert advice from the National Naloxone Advisory Group, local areas have been encouraged to increase the supply of ‘take home’ naloxone kits in Scotland in 2013/14 (via the Scottish Government’s 2013/14 funding letter, issued via NHS Boards, for Alcohol and Drug Partnerships in Scotland).

Following the July 2012 monitoring report, the dataset was revised to collect additional data on ADP (Alcohol and Drug Partnership) area of supply, as well as NHS board. ADP level data will be included in the October 2014 monitoring report, along with the NHS board level figures. It is hoped that these additional data will assist local areas to further develop their local programme.

There was no significant decrease in opioid related drug related deaths within four weeks of prison release in 2011 (8.4%) compared to the 2006-10 Baseline Indicator (9.8%). However, in 2012, a significant decrease compared to the 2006-10 Baseline Indicator was observed, with 5.5% of opioid related deaths occurring within four weeks of prison release. 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.

Glossary

ADP	Alcohol and Drug Partnership
DRD	Drug Related Death
ISD	Information Services Division of NHS National Services Scotland
NRS	National Records Scotland
SPS	Scottish Prison Service

List of Tables

Table No.	Name	Time period	File & size
1.1	Number of 'take home' naloxone kits issued each month in the community; Scotland	April 2011-March 2013	Excel 173kb -all
1.2	Number of 'take home' naloxone kits issued each quarter in the community; NHS boards	2012/13 & 2011/12	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	2012/13 & 2011/12	Excel
1.4	Number of 'take home' naloxone kits issued each quarter in the community, by recipient; Scotland	2012/13 & 2011/12	Excel
1.5	Number of 'take home' naloxone kits issued in the community, by recipient; NHS boards	2012/13 & 2011/12	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	2012/13 & 2011/12	Excel
1.7	Number of 'take home' naloxone kits issued in the community to people at risk, by gender and by age; Scotland	2012/13 & 2011/12	Excel
1.8	Number of 'take home' naloxone kits issued in the community, by whether 'first' or 'repeat' supply and by recipient; Scotland	2012/13 & 2011/12	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	2012/13 & 2011/12	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	2012/13 & 2011/12	Excel
2.4	Number of 'take home' naloxone kits issued by prisons to people at risk, by gender and by age; Scotland	2012/13 & 2011/12	Excel
2.5	Number of 'take home' naloxone kits issued by prisons, by whether 'first' or 'repeat' supply; Scotland	2012/13 & 2011/12	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) & 2011-12	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) & 2011-12	Excel

Contact

Lee Barnsdale

Principal Information Analyst

leebarndale@nhs.net

0131 275 6055

07767 322170

Further Information

Further information can be found on the [ISD website](#)

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Appendices

A1 – Background Information

A1.1 Policy Context

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

Since 1997, there has been a long-term upward trend in the number of DRDs in Scotland. The NRS reported that there were 574 DRDs in Scotland in 2008, 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.

In response to the long-term trend in DRDs in Scotland, a National DRD Database was set up to aid understanding of the circumstances surrounding DRDs and the individuals vulnerable to them. To date, ISD Scotland have published three annual reports from the National DRD Database (for calendar years 2009, 2010 and 2011). 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 National Database 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. Information and training for practitioners, service users and family/friends in how to identify and respond to overdose situations may help bring about a reversal in the upward trend in DRDs.

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

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

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

- Specific support to the Scottish Prison Service (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. Service name/location Code (applicable to supply of kits in the community)	This is the location of the service provider. Your local naloxone contact/lead will agree with you what should be entered in this field to ensure that your service activity is being identified. This data item will be used to monitor returns for each service participating in the National Naloxone Programme.
1b. Prison Location Code (applicable to supply of kits in prisons)	This is the location code of the prison where the naloxone is issued. This data item will be used to monitor returns for each prison participating in the National Naloxone Programme.
2. Date of Issue	This is the date on which the kit was issued and should be entered in the format DD/MM/YYYY. This data item will be used to monitor if there is a demand for kits on particular days. 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.
3. Naloxone is provided to:	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:- <ul style="list-style-type: none"> · Person at risk · Family/Friends · Service/Prison Worker 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.
4. Naloxone is provided as:	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:- <ul style="list-style-type: none"> · First Supply · Repeat Supply · Not Known Please note this is from the person’s perspective.

<p>5. Last naloxone supply:</p>	<p>If you have recorded that this is a ‘repeat supply’ to the person you should record what the previous supply was used for. If this is the person’s first supply please select ‘Not applicable’ from the drop down box. The drop down list contains the options:-</p> <ul style="list-style-type: none"> . Used on Self . Used on Other . Lost Kit . Confiscated . Expired . Not Applicable – First Supply . Not Known <p>Please note this is from the person’s perspective.</p>
<p>6. Have you supplied this person before?</p>	<p>This records whether this is the first time this person has been provided with a naloxone kit by this service/prison.</p> <p>The drop down list contains the options:-</p> <ul style="list-style-type: none"> . Yes . No . Not Known <p>Analysis of this data item will allow us to monitor if the same person has previously been issued with naloxone from another service e.g. community service.</p> <p>This information should be available from the electronic medical record systems but if not easily obtainable and the person does not know please record ‘Not Known’.</p>
<p>7. Consent to Data Recording</p>	<p>A Yes/No field indicating whether consent to share their personal data has been given.</p> <p>If yes, continue to record all data items. The personal information provided will only be used for the purpose of monitoring and evaluating the use and supply of naloxone and for no other purposes.</p> <p>If No, although the remaining data items may be recorded locally they should not be submitted for central analysis.</p> <p>We would ask that you encourage the person to consent to the recording of the personal information as the data will be invaluable in monitoring how many repeat supplies an individual receives throughout the duration of the Naloxone Programme. A FAQ sheet has been prepared to assist you with this. A hard copy of the written consent should be placed in the medical record.</p>
<p>8. Forename</p>	<p>Person’s forename. The person’s initials only for ISD purposes.</p>
<p>9. Surname</p>	<p>Person’s surname. The person’s initials only for ISD purposes.</p>
<p>10. Date of Birth</p>	<p>The person’s date of birth should be entered in the format DD/MM/YYYY</p>

11. Age	If the person's exact date of birth is not known please enter the person's age.
12. Postcode of Residence	The postcode of the person's usual private residence. This should be recorded to sector level only. If only 3 characters in length please include a space directly after the 3 rd character, e.g. EH5 3, EH10 4
13. Gender	This records person's gender. The drop down list contains the options:- <ul style="list-style-type: none"> . Not Known . Male . Female . Not Specified
14. Prison Release Date (if applicable)	If known, the prisoner's 'Earliest Date of Liberation' should be recorded.
15. Court Date	The date of court appearance if liberation/release date not known.

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, matched with personal identifiers from the NRS database held by ISD and then sent to Scottish Government analysts in accordance with ISD data security procedures. Scottish Government analysts with clearance to access the Scottish Prison Service record system (PR2) then undertake a 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, independently quality assured/validated and analysed.

This revision augments 2011 performance data on numbers of opioid related deaths following prison release with comparable information for calendar year 2012. Publication of this analysis has been delayed due to problems linking death information from National Records of Scotland with custody information from the Scottish Government prison database. Due to the redevelopment of the Scottish Government prison database, the automated process used to gather custody data on 2011 deaths was only partially available for analysis of 2012 deaths. Instead, information about the movement type, reason and dates of liberation prior to death were gathered manually from the Scottish Prison Service's custody database (PR2) by an ISD employee with appropriate security clearance.

A1.4 References

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A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	National Naloxone Programme Scotland – kits issued in 2012/13 (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 are also presented, contrasting 2011-12 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	27 th May 2014
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2012/13 (as well as revised 2011/12). Original release published to agreed July timescale. Publication of revision delayed due to problems collecting 2012 performance data. Future release timescales adjusted to eliminate need for revision.
Continuity of data	This is the second year of release of these data. Data are presented in a similar format to year one with some revisions to the information on drug-related deaths.
Revisions statement	No revisions to this publication are planned, however, revised 2012/13 statistics will be included in the October 2014 report should any ‘late returns’ be received.
Revisions relevant to this publication	Publication revised in May 2014 to include performance data on 2012 opioid related deaths following prison release.
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 2012/13 (and revised 2011/12), 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.
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
Next published	28 th October 2014
Date of first publication	31 st July 2012
Help email	leebarndale@nhs.net
Date form completed	16 th May 2013

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](#).