

Publication Report



Injecting Equipment Provision in Scotland Survey 2010/11

31 July 2012

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Introduction

This publication reports on the findings of the survey of injecting equipment provision (IEP) to people who inject drugs and relates to financial year 2010/11. The survey was carried out by the Information Services Division (ISD) of NHS National Services Scotland. The survey was originally commissioned in the context of Phase II of the Scottish Hepatitis C Action Plan¹, which was funded by the Scottish Government and coordinated by Health Protection Scotland (HPS).

A total of 269 IEP outlets responded to the 2010/11 survey. IEP outlets were available in 12 of the 14 NHS Board areas. As in previous years, IEP services were most commonly situated within pharmacies. A total of 204 pharmacies responded to the survey, which comprised 76% of the IEP outlets in Scotland.

Approximately 234,000 contacts with services were reported across IEP outlets in Scotland during 2010/11. Approximately 4.51 million needles/syringes were reported to have been distributed in 2010/11, which was a decrease of 3.7% from 2009/10 but higher than the reported figures for 2007/08 and 2008/09.

Caution should be taken when interpreting figures provided in this publication. Despite efforts by ISD and data providers to ensure data quality, there are likely to be inconsistencies in reporting across NHS boards as well as missing data. Estimated figures were used by some outlets and not all outlets were able to provide responses to all questions. In some areas, the introduction of improved reporting mechanisms have led to more accurate reporting over time, so caution should be taken when looking at trends.

¹ Scottish Government (2008) *Hepatitis C Action Plan, Phase II (May 2008 – March 2011)*
<http://www.scotland.gov.uk/Publications/2008/05/13103055/0>

Key points

- A total of 269 Injecting Equipment Provision (IEP) outlets responded to the 2010/11 survey. This was an increase from 255 for the 2009/10 survey.
- Approximately 234,000 contacts were reported across IEP outlets in Scotland in 2010/11. This was a decrease of 11% from approximately 263,000 contacts in 2009/10. There are, however, a number of factors that are likely to have contributed to this drop in reported contacts. Amongst these are a reduction in the percentage of IEP outlets reporting that their service limits the number of needles/syringes distributed in a single transaction and an increased provision of supplies for the purposes of secondary distribution both in line with national guidelines.
- Where gender of the client was reported, 78% of contacts were made by males.
- A total of 4.51 million needles/syringes were reported to have been distributed in 2010/11. This was a decrease of 3.7% from 2009/10, when 4.68 million needles/syringes were distributed. NHS Greater Glasgow and Clyde reported the highest number of needles/syringes distributed (1.27 million).
- In terms of injecting paraphernalia distribution, there have been increases in, in particular, the numbers of filters and spoons reported to have been distributed by services from the 2008/09 to 2010/11 surveys. Whilst an increase in the number of services reporting this information goes some way to explaining the rise, the size of the increase points to an 'actual' rise in the numbers of items distributed.
- The majority of IEP outlets have policies that follow the national guidelines for services providing injecting equipment in respect of both secondary distribution (96%) and the return of used needles/syringes (99%).

Results and Commentary

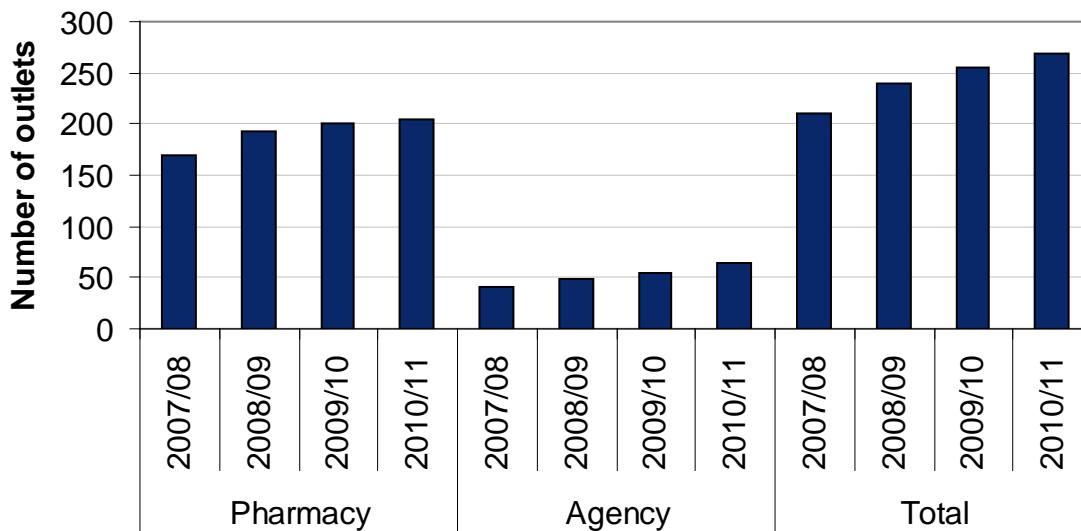
1. Injecting Equipment Provision Services

This chapter presents information on the number of injecting equipment provision (IEP) services in Scotland and the type of service provision offered.

1.1 IEP outlets

Figures for the number of IEP outlets in Scotland are presented in [table 1.1](#) and Figure 1.1. When comparing responses for all four years, it should be noted that not all outlets responded to all of the four surveys. This can be explained by changes in IEP service provision in local areas, such as the closure of services or the opening of new services.

Figure 1.1: Number of Injecting Equipment Provision (IEP) outlets responding to the survey; 2007/08 – 2010/11: Scotland



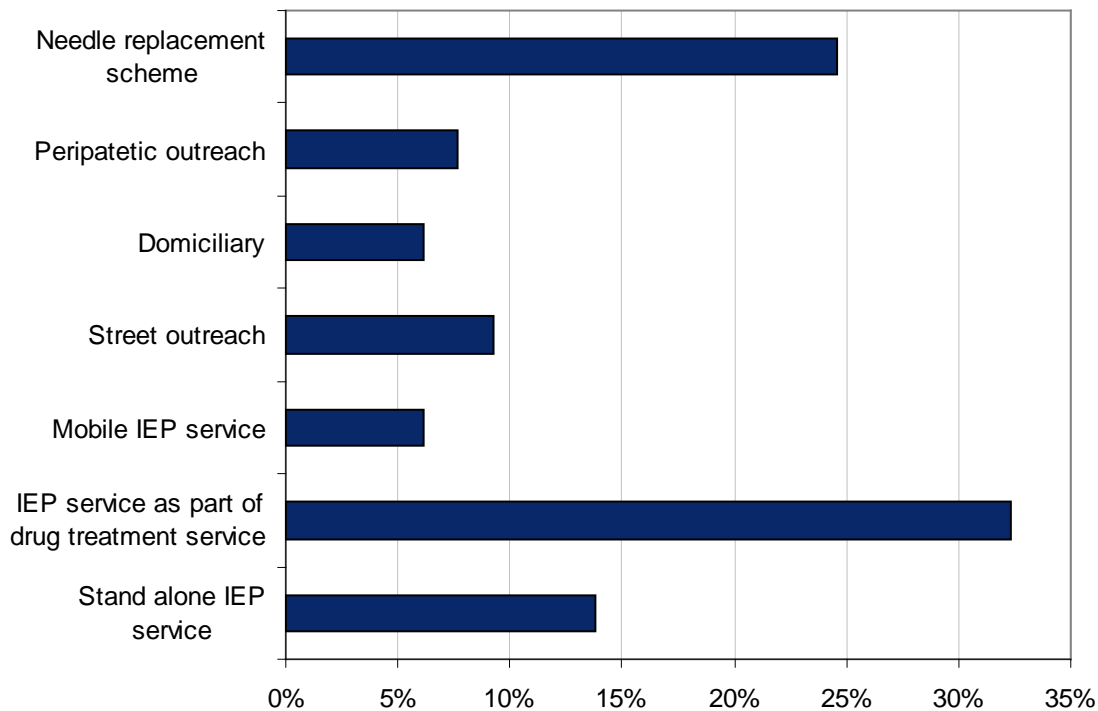
[Table 1.1](#) indicates that, as in previous years, IEP outlets are most commonly situated within pharmacies. There were 204 responses from pharmacies to the 2010/11 survey, which comprised 76% of the IEP outlets in Scotland. The number of pharmacies responding to the survey increased slightly from 200 in 2009/10. The number of agencies responding to the survey increased from 55 in 2009/10 to 65 in 2010/11. The overall number of outlets increased to 269 in 2010/11, compared with 255 in 2009/10. In terms of provision of IEP services geographically, NHS Greater Glasgow and Clyde had the highest number of IEP outlets in Scotland reflecting the higher prevalence of people with drug problems in that area².

² ISD (2011) *Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2009/10*
http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009_10.htm

1.2 Type of IEP Provision

Injecting equipment provision is available to people in a variety of settings. [Table 1.2](#) shows the number and percentage of IEP agencies giving different types of injecting equipment provision over the four years of the survey. Figure 1.2 shows the type of service provision provided by agencies in 2010/11.

Figure 1.2: Type of IEP service provision¹ provided by agencies in Scotland; 2010/11.

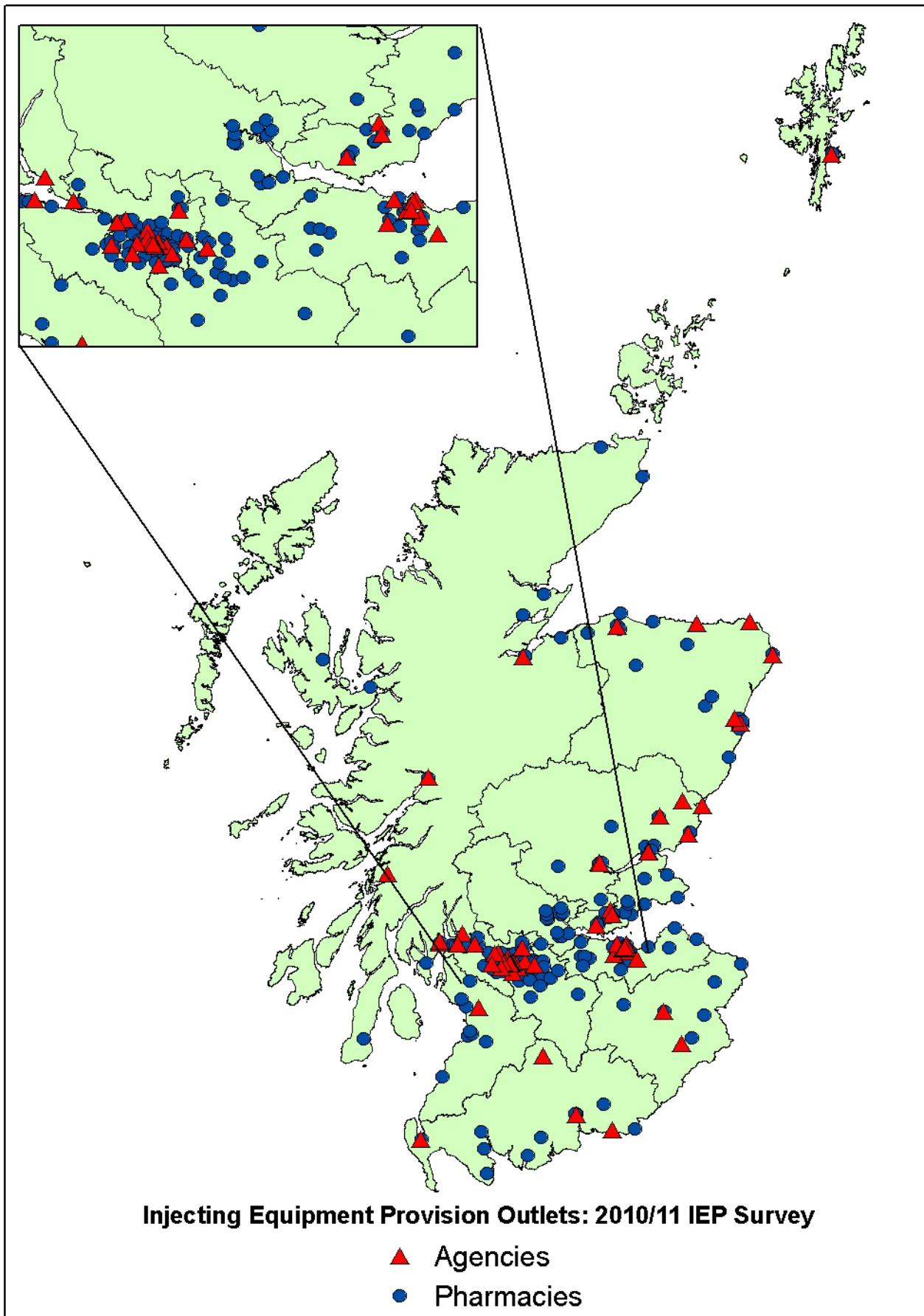


1. Agencies may provide more than one type of service provision. Percentages are based on the number of agencies responding to the survey.

A range of IEP services were operated by agencies in Scotland. In 2010/11, 32% of agencies provided IEP services as part of a drug treatment service, a reduction in percentage from 36% in 2009/10. Needle replacement schemes were offered in 25% of agency outlets in 2010/11, a reduction from 38% in 2009/10. Other forms of IEP service provision such as mobile services, street outreach, domiciliary and peripatetic outreach continue to be offered by only a small number of IEP agencies, as in previous years.

Figure 1.3 shows the geographical availability of responding IEP outlets in Scotland. The map also distinguishes between pharmacy and agency outlets.

Figure 1.3: Map of IEP outlets in Scotland



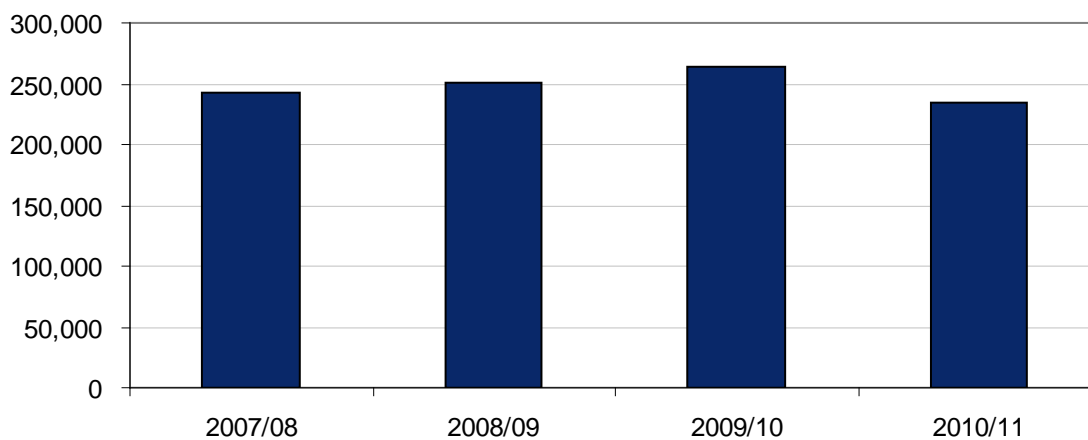
2. Profile of Contacts

This chapter looks at the number of contacts with IEP outlets in each NHS Board.

2.1 Contacts

Figure 2.1 and [Table 2.1](#) present information on the number of contacts at IEP outlets in the period 2007/08 to 2010/11.

Figure 2.1: Total number of contacts reported at IEP outlets between 2007/08 and 2010/11.



Following a steady increase in the number of reported contacts between 2007/08 and 2009/10, there has been a decrease of almost 30,000 contacts (11%) from approximately 263,000 contacts in 2009/10 to approximately 234,000 contacts in 2010/11. All Health Board areas reported a decrease in the number of contacts with services, with the exception of NHS Borders and NHS Forth Valley. NHS Dumfries & Galloway and NHS Highland reported the largest percentage decreases with 34% and 32% respectively.

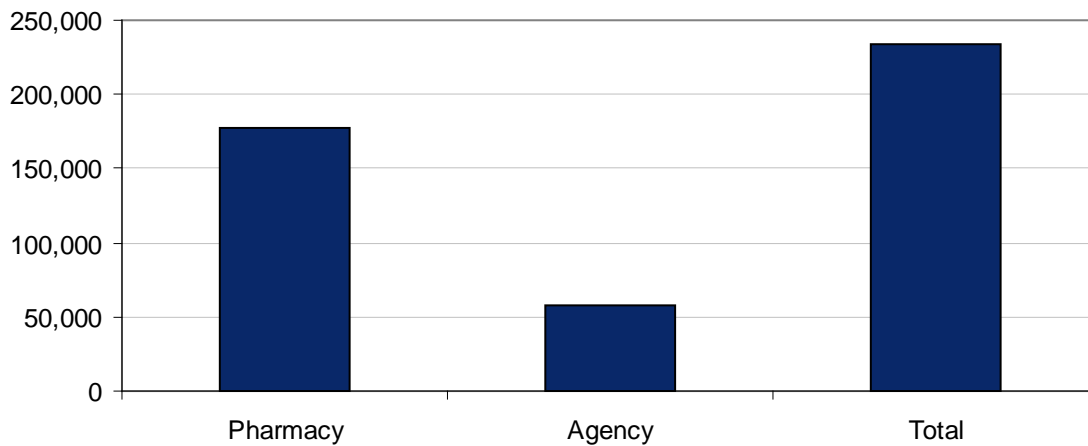
[Table 2.2](#) shows information on whether the number of contacts reported by outlets is based on actual or estimated figures. The majority of IEP outlets (86%) reported figures based on the actual number of contacts in 2010/11. However, there has been an increase in the percentage of outlets using estimated figures, from 1% in 2009/10 to 6% in 2010/11. There has also been a slight increase in the percentage of outlets providing either no indication of the method of calculation used or no figure for the number of contacts, from 8% in 2009/10 to 9% in 2010/11.

This increase in the percentage of estimated or unknown number of contacts could be one possible explanation for some of the decrease in the number of reported contacts between 2009/10 and 2010/11. As outlets start to submit data to the national data collection system for the provision of injecting equipment, the quality of the data should improve and the use of estimated figures will reduce. Further factors that are likely to contribute to this decrease in reported contacts in 2010/11 are: in line with national guidelines, a reduction in the percentage of IEP outlets reporting that their service limits the number of needles/syringes distributed in a single transaction as well as increased provision of supplies for the purposes of secondary distribution (see chapter 5). Also, the number of people in the

population who inject drugs is likely to fluctuate over time, rather than remain stable. NHS boards have also commented on the ‘heroin drought’ that occurred during 2010/11 as another likely contributor to the drop in numbers of contacts at IEP services in 2010/11.

[Table 2.3](#) and figure 2.2 show information on the number of contacts at IEP pharmacies and agencies in 2010/11. The majority of contacts (76%) in 2010/11 were with pharmacy IEP outlets, which is consistent with the previous year (74%). The remaining 24% of contacts were with agency IEP outlets.

Figure 2.2: Total number of contacts reported at pharmacy and agency IEP outlets in 2010/11.



[Table 2.4](#) provides information on the number of contacts by gender during 2010/11. For the 79% of IEP outlets that were able to provide a breakdown of the number of contacts by gender, 78% of the contacts were male. This is consistent with previous years.

2.2 Type of Drug Injected

Information on the type of drug injected by service users is collected by the IEP survey. In 2010/11, 135 of the 269 IEP outlets responding to the survey provided information on the type of drug injected by their clients. Fifty-four per cent of pharmacies provided information in 2010/11 on the type of drug injected by their clients, an increase from 45% in 2009/10. Thirty-seven per cent of agencies provided this information in 2010/11, a reduction from 65% in 2009/10.

Of the 135 IEP outlets that provided information on the type of drug being injected, 134 reported that their clients injected opiates. Of these, 129 reported that 50% or more of their clients injected opiates. Sixty-seven of those outlets reported that 90% or more of their clients injected opiates.

Ninety-six IEP outlets reported that clients attending their service injected stimulants. The maximum percentage of clients reported as injecting stimulants by a service was approximately 39%. The average percentage was 9.5%.

One hundred and fourteen IEP outlets reported that their clients injected performance and image enhancing drugs (PIEDs). The average percentage reported was 7.5% of clients.

Three of these outlets reported that the majority of their clients injected these drugs. One of these is a specialist clinic only providing services to this particular client group, the second has a very high volume of PIED's attending and the third is a pharmacy with very low activity of any kind which is why the percentage of PIED injectors appears high.

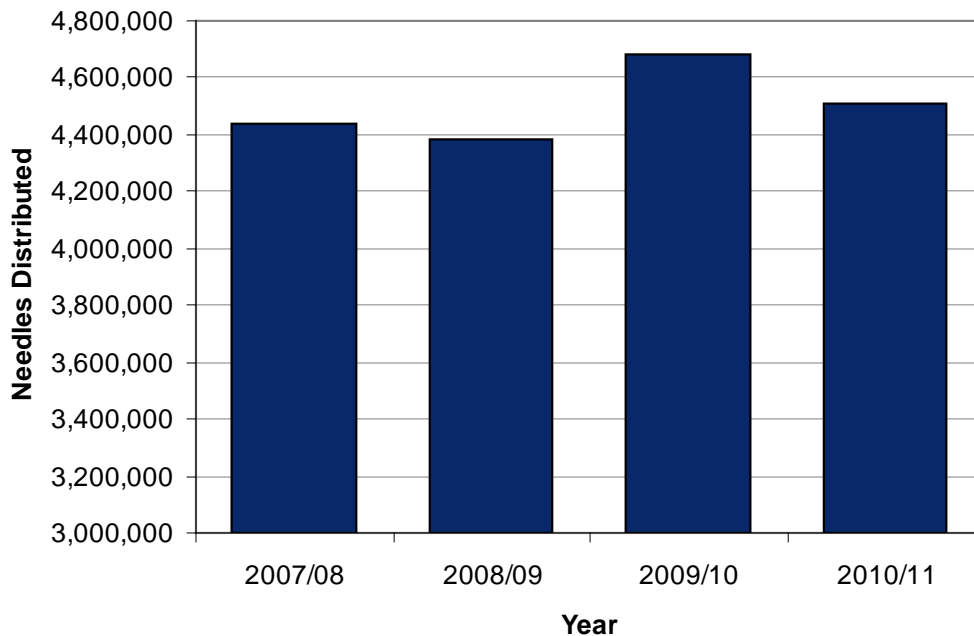
3. Injecting Equipment Activity in IEP Services

This chapter presents information by NHS Board on needles/syringes distributed and returned in the period 2007/08 to 2010/11. Data is also provided on injecting paraphernalia distributed by services.

3.1 Needles/syringes distributed

The number of needles/syringes distributed is an important indicator for injecting equipment provision. [Table 3.1](#) and figure 3.1 below present figures on the number of needles/syringes distributed in Scotland between 2007/08 and 2010/11.

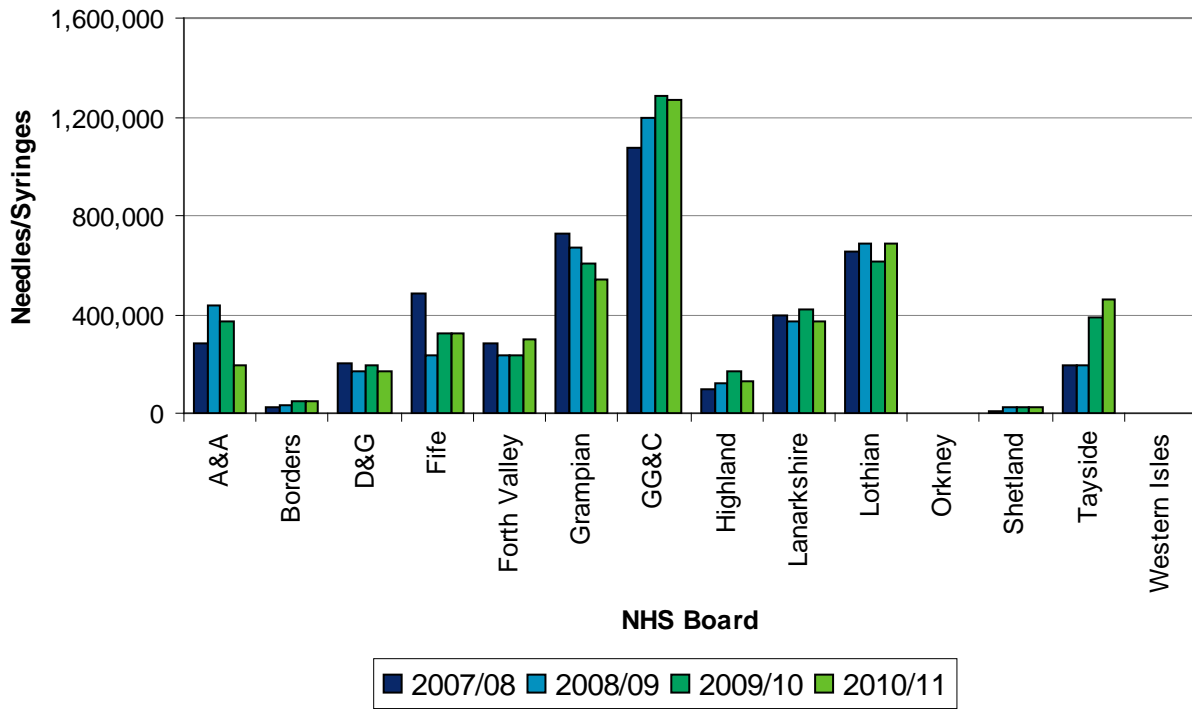
Figure 3.1: Number of needles/syringes distributed in Scotland; 2007/08 – 2010/11.



1. NHS Highland figure for 2007/08 does not include Argyll and Bute.
2. Only one of the two IEP outlets in NHS Shetland provided figures in 2007/08.
3. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.

Over the period 2007/08 to 2010/11, there was a 1.5% increase in the number of needles/syringes reported to have been distributed in Scotland, however, there was a reduction of approximately 175,000 (3.7%) between 2009/10 and 2010/11. In 2010/11, approximately 4.51 million needles/syringes were reported to have been distributed in Scotland. It should be noted that service provision will have changed in some areas across the four years. Some services will have closed during this period, while others will have opened. There is reference in chapter 2. to the reported ‘heroin drought’ during 2010/11. This too may have impacted on the 2010/11 figures on the number of needles/syringes distributed.

Figure 3.2: Number of needles/syringes distributed in Scotland; 2007/08 – 2010/11.



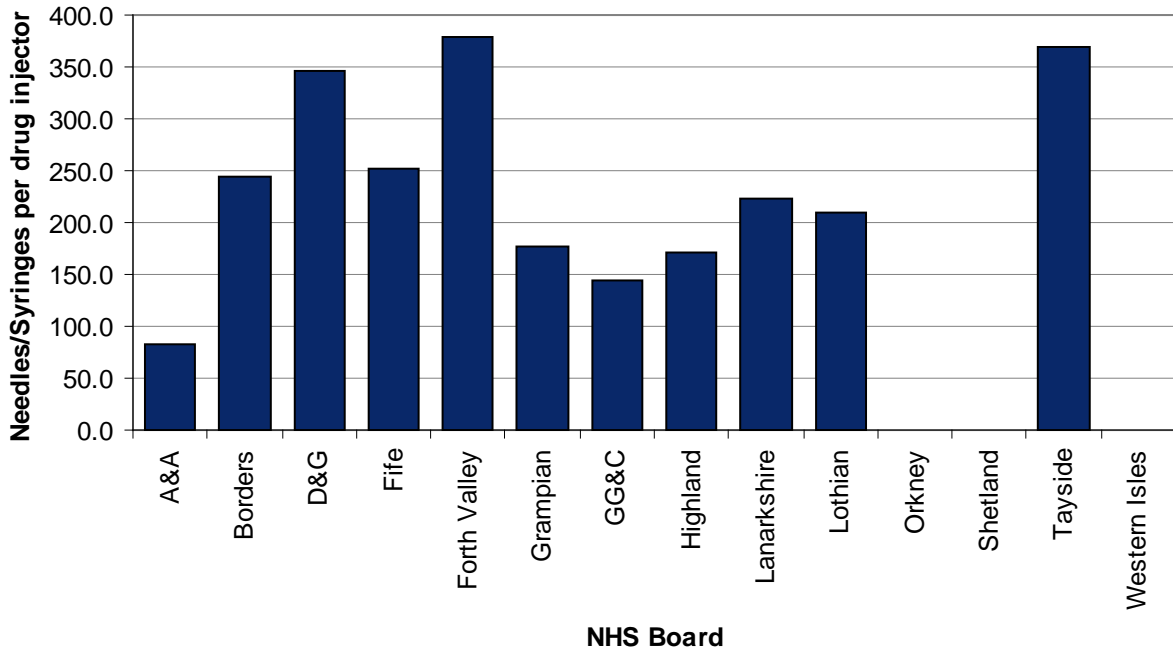
1. NHS Highland figure for 2007/08 does not include Argyll and Bute.
2. Only one of the two IEP outlets in NHS Shetland provided figures in 2007/08.
3. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.

Figure 3.2 shows the number of needles/syringes distributed within each Health Board area between 2007/08 and 2010/11. NHS Greater Glasgow & Clyde had the highest number of reported needles/syringes distributed in each of the four years, distributing approximately 1.27 million needles/syringes in 2010/11. NHS Lothian distributed the second highest number of needles/syringes (approximately 684,000), followed by NHS Grampian (approximately 539,000). Eight of the Health Board areas showed a decrease in the number of needles/syringes distributed between 2009/10 and 2010/11. The largest reduction was in NHS Ayrshire & Arran, where there was a reduction of approximately 178,000 needles/syringes (47%) between 2009/10 and 2010/11. Four Health Board areas (Borders, Forth Valley, Lothian and Tayside) reported an increase in the number of needles/syringes distributed between 2009/10 and 2010/11.

Estimates of the number of needles/syringes distributed per injecting drug user by NHS Board were calculated from the 2010/11 survey data and the most recent national estimates (2006) of injecting drug use among problem drug users in Scotland³ (Figure 3.3 and [Table 3.2](#)).

³ Hay et al (2009) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland* <http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009.htm>

Figure 3.3: Estimates of the number of needles/syringes distributed per Injecting Drug User (IDU); 2010/11.



The estimated number of needles/syringes distributed per injecting drug user (IDU) by IEP outlets was highest in NHS Forth Valley (380 per IDU) followed by NHS Tayside (369) and NHS Dumfries & Galloway (347). The estimate is lowest in NHS Ayrshire & Arran (83). Caution should be taken when comparing these figures as the prevalence of IDUs is based on 2006 figures and the number of IDUs across Scotland is likely to have changed.

3.2 Estimated numbers of needles/syringes returned

As well as distributing needles/syringes, IEP outlets collect returned needles/syringes. This report does not include estimates of the number of needles/syringes returned to IEP outlets as these figures would be misleading. This is due to the fact that the majority of IEP outlets use either client self-reporting or their own ‘estimates’ to count the number of needles/syringes returned. Note: the guidelines for services providing injecting equipment state that “IEP service staff should never open returned disposal bins to count the contents”⁴. It should also be borne in mind that people can safely dispose of injecting equipment through public sharps disposal bins, as well as through IEP outlets, the former not captured by this survey

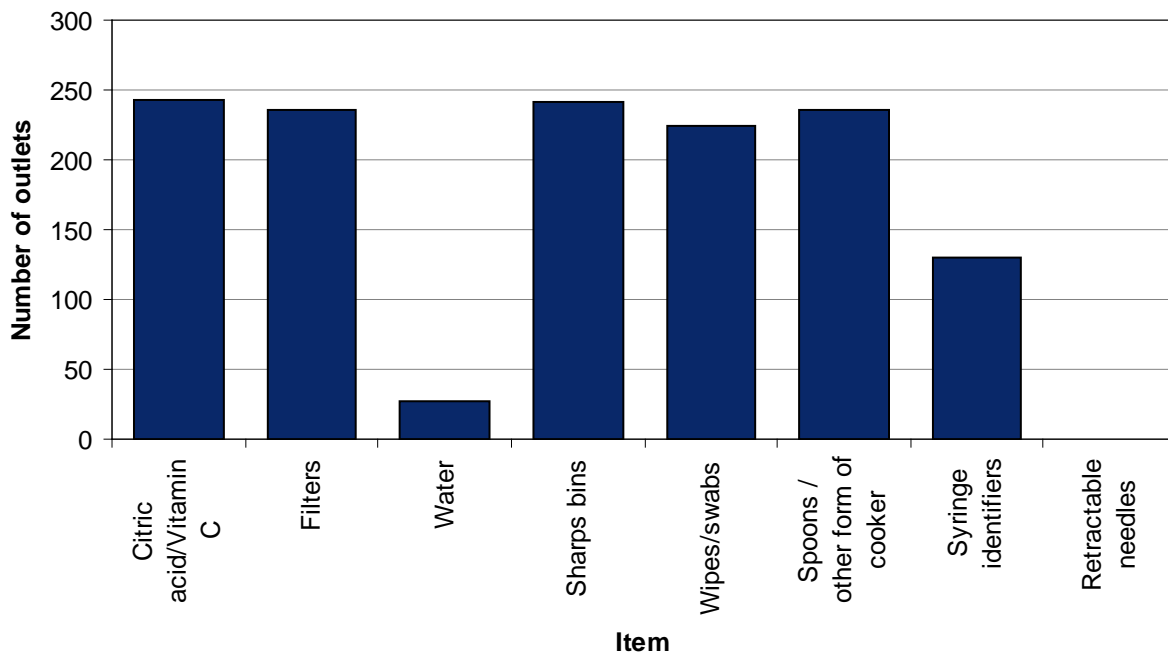
3.3 Injecting paraphernalia

In the 2010/11 IEP survey, information was collected on the distribution of selected items of injecting paraphernalia. The survey asked services whether an item was provided and the

⁴ Scottish Government (2010) *Guidelines for Services Providing Injecting Equipment*
<http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

quantity that was distributed. In some cases, services indicated that an item of injecting paraphernalia was provided by the service but were unable to supply a quantity. Figure 3.4 shows the number of IEP outlets that indicated in the 2010/11 IEP survey that they provided selected items of injecting paraphernalia.

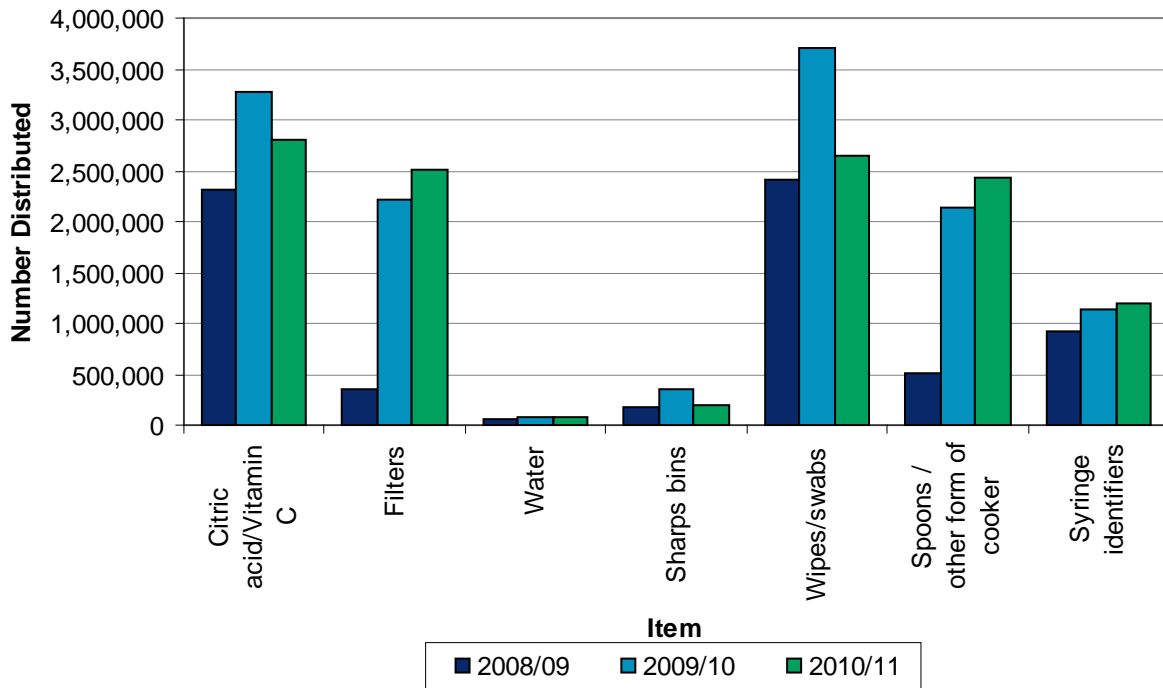
Figure 3.4: Number of IEP outlets that provided selected items of injecting paraphernalia; 2010/11.



The majority of IEP outlets reported providing citric acid (243 outlets), sharps bins (242), filters (236), spoons (236) and wipes/swabs (225). In contrast, sterile water was only provided by 27 outlets.

[Table 3.3](#) and figure 3.5 present figures on the number of injecting paraphernalia items distributed by IEP outlets in Scotland, during 2009/10 and 2010/11.

Figure 3.5: Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 – 2010/11.



In terms of quantities distributed, citric acid/vitamin C and wipes/swabs were the items of which most were distributed by IEP outlets in 2010/11 (2.80 million and 2.66 million items respectively).

Figure 3.5 shows a decrease between 2009/10 and 2010/11 in the amount of wipes/swabs reported to be given out (from 3.70 million to 2.66 million), however it should be noted that only 63% of outlets provided a figure for the quantity of wipes/swabs distributed in 2010/11 compared with 80% in 2009/10, which will help to explain this drop.

Increases can be seen in the amount of each item provided when compared with 2008/09. The most significant increases were in the number of filters and spoons. The number of filters reported to have been distributed increased seven-fold between 2008/09 and 2010/11, whilst the number of spoons reported to have been distributed increased five-fold over this period. It is important to bear in mind that the number of outlets reporting this information varies from survey to survey. [Table 3.5](#) shows that there has been an increase (approximately three-fold) in the number of outlets reporting these data, however the size of the increase seen between 2008/09 and 2010/11 suggests too that there has been ‘actual’ rise in the numbers of these paraphernalia items distributed, in line with the national guidelines for services providing injecting equipment. Further breakdowns of the number of filters, water and spoons provided by each Health Board are available in [Table 3.4](#).

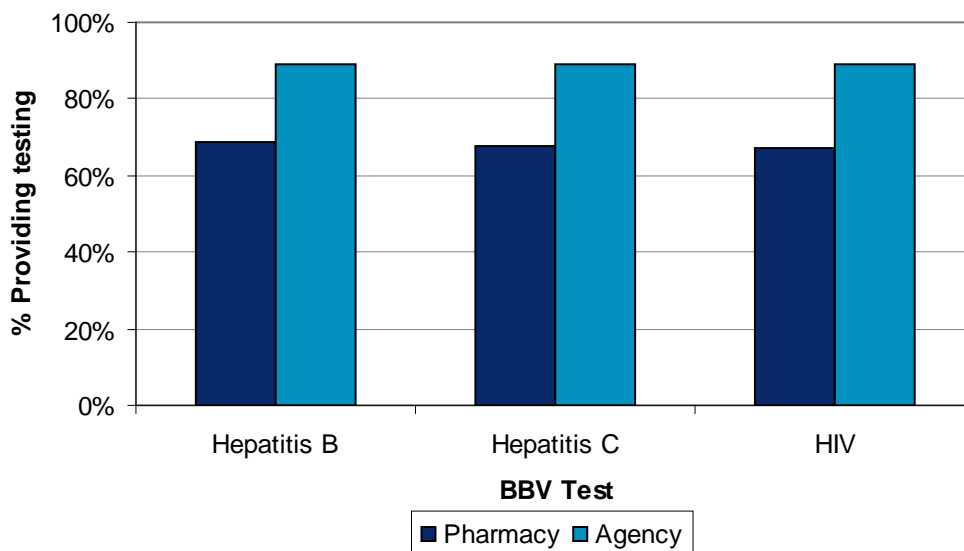
4. Interventions provided by IEP services

As part of the 2010/11 survey, outlets were asked to provide details of the healthcare interventions they provide for people attending their service. Respondents were asked about the services they provide and whether they provide these onsite, by referral, or by sign-posting to other services. As with injecting paraphernalia (section 3.3), some outlets indicated that they provided the service but did not indicate whether it was provided onsite, by referral or by sign-posting. The details of the findings are shown below.

4.1 Blood-Borne Virus (BBV) Services

[Table 4.1](#) and Figure 4.1 show that BBV testing was provided in some form by 67-69% of pharmacies and 89% of agencies.

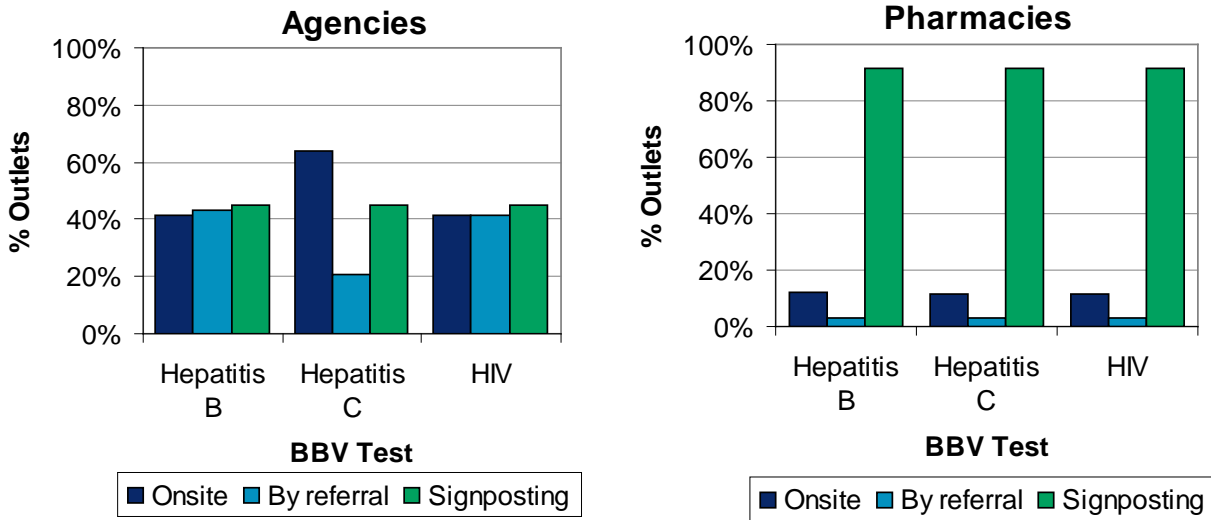
Figure 4.1: Percentage of IEP outlets providing BBV testing in Scotland; 2010/11.



For outlets that indicated providing BBV testing, figures 4.2 and 4.3 show the percentage providing each type of testing and by which method they provided it. As in previous surveys, the most common method for providing all types of testing in pharmacies was signposting (91% of pharmacies that indicated providing BBV testing). A small number of pharmacies reported providing testing on site (12%) or by referral (3%).

For agencies, the distribution of onsite testing, referral and signposting was more evenly spread for hepatitis B and HIV. Forty-five per cent of agencies that indicated providing BBV testing did so by signposting. Forty-one per cent provided onsite testing for hepatitis B and HIV. For hepatitis C testing, 64% of agencies provided onsite testing.

Figures 4.2 & 4.3: Percentage of IEP outlets providing each type of BBV testing and by what method, Scotland; 2010/11.



1. Percentages are based on the number of outlets who have reported providing access to the test.
2. Percentages will not sum to equal 100% as more than one method of access can be offered by outlets.

[Table 4.2](#) shows figures for the number of outlets providing access to BBV vaccinations. Vaccinations for hepatitis A and hepatitis B were provided by 77% of agencies. For pharmacies, vaccinations for hepatitis A and hepatitis B were provided by 68% and 69% respectively.

For those pharmacy outlets that indicated that they provided access to hepatitis A and hepatitis B vaccinations, 91% did so by signposting, compared with 6% onsite.

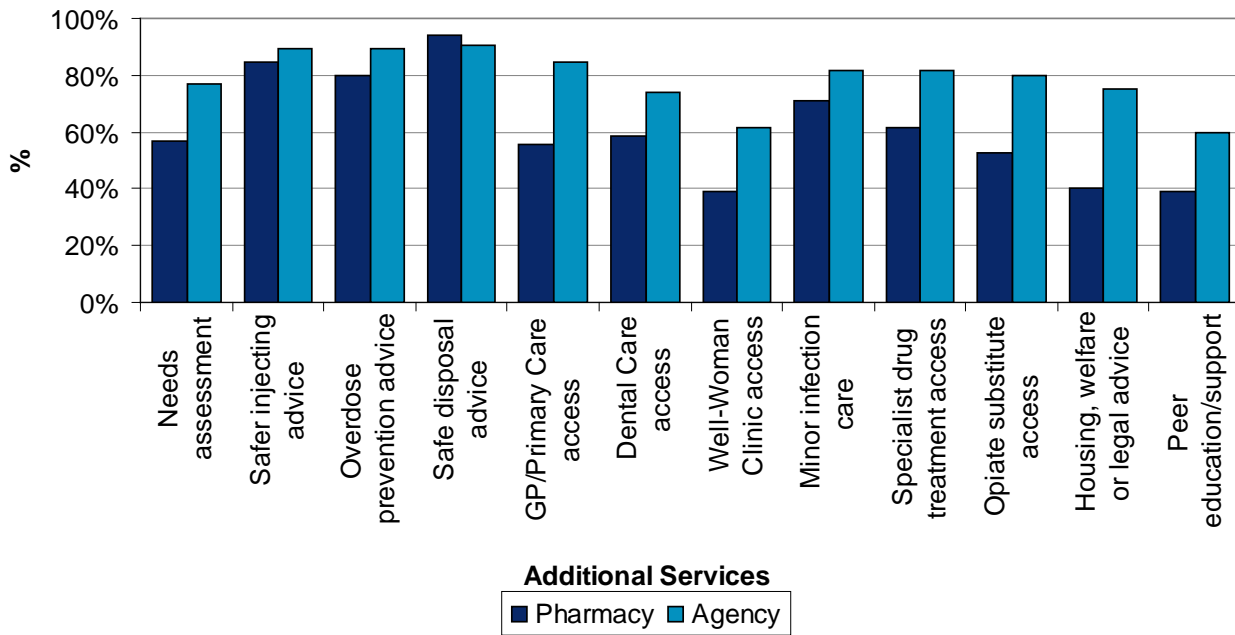
For agency outlets that indicated that they provided access to vaccination, onsite access was provided by 50% to hepatitis A vaccination and 52% to hepatitis B vaccination. Fifty-four per cent provided access by signposting for hepatitis A vaccination and 56% for hepatitis B vaccination.

It should be noted that outlets were able to report providing access by more than one method.

4.2 Other services

Figure 4.4 shows some of the additional services IEP outlets provide for people. Outlets were asked whether or not they provide these services and, if provided, whether this was on-site, by referral, or by signposting.

Figure 4.4: Percentage of IEP outlets offering various additional services; 2010/11.



The majority of agencies reported providing each of these additional services. With the exception of providing advice on safe disposal of used equipment, the percentage of agencies providing the additional services was higher than the percentage of pharmacies. Advice on the safe disposal of used equipment was provided in 94% of pharmacies and 91% of agencies.

For those pharmacy outlets that indicated that they provided access to additional services, a high percentage reported providing onsite advice on safer injecting practices (95%), advice on overdose prevention (96%) and advice on safe disposal of used equipment (96%), see [table 4.3](#).

For those agency outlets that indicated that they provided access to additional services, a high percentage reported providing onsite needs assessments (82%), advice on safer injecting practices (93%) and advice on overdose prevention (95%).

5. IEP Service Policy and Training

As with the previous IEP surveys, the 2010/11 IEP survey collected information on policies applied by IEP outlets, as well as information on staff training.

5.1 Secondary distribution policies

In March 2010 the Scottish Government published updated guidelines for services providing Injecting Equipment. Recommendation 7 of these guidelines concerns secondary distribution and it states;

“Secondary distribution should not be discouraged. If a client states that he / she is supplying injecting equipment to others, it is acceptable to provide supplies for the purpose of secondary distribution”.

The 2010/11 IEP survey asked outlets whether their policy on secondary distribution matched these guidelines. The results of the survey are presented in [table 5.1](#). The majority of respondents (96%) in 2010/11 indicated that their policy on secondary distribution was to provide sufficient equipment if the client indicated that they were providing equipment to others. This compares with 85% of IEP outlets who indicated using this policy in 2009/10 and 63% of IEP outlets in 2008/09.

In the majority of Health Boards (Ayrshire & Arran, Dumfries & Galloway, Fife, Forth Valley, Greater Glasgow & Clyde, Highland, Lanarkshire and Tayside) all outlets indicated that they followed the guidelines on secondary distribution, however in Borders only one of their eight outlets reported doing so. All seven pharmacies in Borders reported that they did not provide equipment for secondary distribution.

5.2 Policies on return of used needles and syringes

Recommendation 5 of the guidelines for services providing Injecting Equipment states that:

*“the provision of sterile needles should **not** be dependent on the return of used needles. Services should aim at all times to ensure that all clients have a sterile needle for every injection”.*

IEP outlets have historically operated different policies on the return of used needles and syringes. [Table 5.2](#) presents figures on the number of IEP outlets that encourage the return of used needles and syringes but do not stipulate it as a condition for accessing sterile equipment.

A very high proportion of services (99%) reported following this policy. This is comparable with 2009/10 when 98% of services followed the policy.

5.3 Limits on needles/syringes distributed

Historically the IEP guidelines recommended that outlets should limit the number of needles/syringes distributed per transaction. However, in a change to this guidance, recommendation 5 of the latest guidelines states that:

“IEP services should provide, free of charge, as many needles as an individual client requires”.

The 2010/11 IEP survey results reflect this change in guidance as there has been a reduction in the percentage of IEP outlets reporting that their service limited the number of needles/syringes distributed in a single transaction (71% in 2009/10 to 26% in 2010/11). For those services reporting a limit, the limit ranged from 20 to 60 needles/syringes per transaction.

5.4 Staff Training

A wide range of staff training was provided for staff in IEP outlets in 2010/11. [Table 5.3](#) shows the types of staff training that the IEP outlets in Scotland provided.

Training on IEP guidelines was the most commonly reported type of training with 92% of responding outlets reporting that they provide this. Training on staff safety advice and safer injecting/harm reduction advice was provided by 84% of outlets. Information on BBV prevention or treatment was provided by 83% of outlets. A number of outlets reported providing other types of training to their staff and these included naloxone training, training on steroid use and training on the rationale for a harm reduction approach.

Outlets were also asked how they provide these various forms of training. Of the 243 outlets responding, 67% said training was available for the whole Health Board, 62% said training was provided on a regular basis and 58% said the training was available in-house.

6. Future reporting of Injecting Equipment Provision activity in Scotland.

The source of the data for this report (and the two previous IEP reports) is an annual survey completed on behalf of each Injecting Equipment Outlet in Scotland. Over the past year significant progress has been made with the rollout of a national 'database', developed by ISD, to collect this information in future years. A number of Health Boards have begun using the system.

It is anticipated that over the next two years this report will begin to encompass data from the above database (and an additional commercially developed system that is used in some board areas) along with survey data for those boards yet to start using the database.

Glossary	
Agency	Non pharmacy-based outlet
Contacts	Refers to the number of attendances at IEP outlets, individuals can have multiple contacts within the survey period.
BBV	Blood borne virus
Hep C	Hepatitis C
HPS	Health Protection Scotland
IDU	Injecting drug user
IEP	Injecting equipment provision
IEP service/outlet	Term used in this report to refer to any injecting equipment provider, either pharmacy or agency
ISD	Information Services Division of NHS National Services Scotland
Pharmacy	Pharmacy-based IEP outlet
PIEDs	Performance and image enhancing drugs

List of Tables

Table No.	Name	Time period	File & size
1.1	Number of Injecting Equipment Provision (IEP) outlets responding to the survey; 2007/08 - 2010/11	2007/08 – 2010/11	Excel
1.2	Type of IEP service provision provided in Scotland; 2007/08 - 2010/11	2007/08 – 2010/11	Excel
2.1	Total number of contacts reported at IEP outlets; 2007/08 - 2010/11	2007/08 – 2010/11	Excel
2.2	Number of services reporting actual or estimated numbers of contacts; 2010/11	2010/11	Excel
2.3	Total number of contacts reported at IEP outlets; 2010/11 by NHS Board area	2010/11	Excel
2.4	Number of contacts attending IEP outlets; 2010/11 by gender and NHS Board area	2010/11	Excel
3.1	Number of needles/syringes distributed in Scotland; 2007/08 - 2010/11 by NHS Board area	2007/08 – 2010/11	Excel
3.2	Estimate of number of needles/syringes distributed per Injecting Drug User; 2010/11	2010/11	Excel
3.3	Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 - 2010/11	2008/09 – 2010/11	Excel
3.4	Number of selected items of injecting paraphernalia provided by IEP outlets in Scotland; by NHS Board; 2008/09 - 2010/11	2008/09 – 2010/11	Excel
3.5	Number of IEP outlets providing figures for selected paraphernalia; 2008/09 - 2010/11	2008/09 – 2010/11	Excel
4.1	Number of IEP outlets reporting provision of access to blood-borne virus (BBV) testing, by method; 2010/11	2010/11	Excel
4.2	Number of IEP outlets reporting provision of access to blood-borne virus (BBV) vaccinations by method; 2010/11	2010/11	Excel
4.3	Number of IEP outlets offering additional services, by method; 2010/11	2010/11	Excel
5.1	Number of IEP outlets operating selected policies on secondary distribution; 2010/11	2010/11	Excel
5.2	Number of IEP outlets operating selected policies on return of used needles/syringes; 2010/11	2010/11	Excel
5.3	Number of IEP outlets providing selected types of staff training; 2010/11	2010/11	Excel
5.4	Number of IEP outlets providing training through selected delivery methods; 2010/11	2010/11	Excel

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Further Information

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

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Appendix

A1 – Background Information

A1.1 Survey strategy

The 2010/11 Injecting Equipment Provision Survey was sent to Hepatitis C Prevention Leads within each NHS Board area. They were then responsible for distributing it to each outlet within their NHS Board area. The Prevention Leads were also responsible for collating all the responses from their area and returning them to ISD. Surveys were sent out on 20th December 2011 and the majority of surveys were returned to ISD by March 2012. Where possible, ISD compared responses with those received in previous surveys and quality assured the information received.

A1.2 Changes to the survey since 2009/10

A number of changes were made to the IEP survey for 2010/11. These included:

- Changing the survey to collect information for the full financial year 2010/11. The previous survey collected information for the last six months of 2009/10 for certain questions as data had already been collected on the first six months of 2009/10.
- Addition of questions on the number of staff receiving training was added to the existing staff training questions.

A1.3 Data quality

Every effort has been made to ensure the quality and robustness of the data presented. A high response rate was sought and by issuing the survey through Prevention Leads it was hoped that a response rate close 100% would be achieved. Within the data tables, the number of responses to each question has been shown where possible.

Once responses were received by ISD, they were quality assured and compared with previous survey responses and any unusual or unexpected results were queried with Prevention Leads. For example, marked changes in figures compared to the 2009/10 survey were sent to the appropriate Prevention Lead for clarification and confirmation. All Prevention Leads were provided with the content of this report prior to publishing in order to further ensure data quality and accuracy.

Caution should be taken when interpreting the figures provided in this report. Despite efforts by ISD and data providers to ensure data quality, there are likely to be inconsistencies across NHS boards or missing data. Possible reasons for this may include:

- Estimated figures were only available from some outlets (especially for needles/syringes distributed and returned);
- Currently each NHS board has different methods for collecting information relating to IEP and as a result comparisons across NHS boards may not be valid;
- There were data quality issues with the gender breakdown of contacts in some of the survey responses. Figures were included in this report to give an approximation of the gender breakdown;
- Not all outlets were able to provide answers for all questions.

In the cases where figures are compared with the previous surveys please note that changes may be due to the above factors rather than an actual change in injecting equipment provision.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Injecting Equipment Provision in Scotland Survey 2010/11
Description	Data is presented on the provision of injecting equipment in Scotland. This includes information on the numbers of services across Scotland, the amount of equipment distributed by those services, information on the number of people using the services and information on the policies operated by the services.
Theme	Health and Social Care
Topic	Lifestyles and Behaviours
Format	PDF report
Data source(s)	Information provided by outlets to local Prevention Leads
Date that data are acquired	March 2012
Release date	31 st July 2012
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2010/11.
Continuity of data	Caution is recommended when interpreting these statistics. Service provision will have changed in some areas over time. Some services will have closed and others will have opened. The methods used by particular areas to count or estimate some of the figures will also have changed.
Revisions statement	Historical data is not revised. Planned Revisions are not currently a feature of this publications release.
Revisions relevant to this publication	The data published in this report is not expected to be revised in the future.
Concepts and definitions	Scottish Government (2011) Sexual Health and Blood Borne Virus Framework 2011-2015. http://www.scotland.gov.uk/Publications/2011/08/24085708/0
Relevance and key uses of the statistics	Provides information that supports the Sexual Health and Blood Borne Virus Framework http://www.scotland.gov.uk/Publications/2011/08/24085708/0
Accuracy	Local Prevention Leads were given the opportunity to check the data prior to publication.
Completeness	Survey responses are collated locally. It is assumed that the data received is 100% complete.
Comparability	Not comparable 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. Number and percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority.

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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 Health Department
NHS Board Chief Executives
NHS Board Communication leads
Chair of the Hepatitis C Action Plan Governance Board
Chair of the Hepatitis C Action Plan Information Generating Initiatives Network

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:

Injecting Equipment for Drug Misusers Steering Group
Hepatitis C Action Plan Prevention Leads Network

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.

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- 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)
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