

Publication Report



Injecting Equipment Provision in Scotland Survey 2011/12

25 June 2013

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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 the financial year 2011/12. 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 292 IEP outlets in Scotland responded to the 2011/12 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 209 pharmacies responded to the survey, which comprised 72% of the IEP outlets in Scotland.

In 2011/12 IEP outlets in Scotland reported approximately 219,000 attendances and distributed approximately 3.95 million needles/syringes, a decrease of 12% from 2010/11 and the lowest number recorded since 2007/08. The main reason for this drop was the absence, in 2011/12, of data from pharmacy services in NHS Lothian on the number of needles/syringes distributed. When looking at the trend excluding NHS Lothian figures there is only a 0.35% drop in needles/syringes distributed between 2010/11 and 2011/12.

Caution should be taken when interpreting the 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 292 Injecting Equipment Provision (IEP) outlets responded to the 2011/12 survey. This was an increase from 269 for the 2010/11 survey. However, in two NHS Boards, an agency previously categorised as one service was in 2011/12 counted as nine separate agency locations.
- Approximately 219,000 attendances were reported across IEP outlets in Scotland in 2011/12. This was a decrease of 6% from approximately 234,000 attendances in 2010/11. This may reflect changes in the size of the injecting population in Scotland. Data from drug treatment services in Scotland, for 2011/12, showed a decline in the proportion of new clients who reported having injected drugs in the past month.
- The percentage of outlets reporting that their clients are injecting stimulants has increased from 71% in 2010/11 to 85% in 2011/12. Similarly the percentage of outlets reporting that their clients are injecting performance and image enhancing drugs (PIEDs) has increased from 84% in 2010/11 to 93% in 2011/12.
- Where gender of the client was reported, 68% of attendances were made by males.
- A total of 3.95 million needles/syringes were reported to have been distributed in 2011/12. This was a decrease of 12 % from 2010/11, when 4.51 million needles/syringes were distributed. However, this figure is artificially low due to no information being submitted for Lothian pharmacies in 2011/12.
- NHS Greater Glasgow and Clyde reported the highest number of needles/syringes distributed (1.19 million).
- In terms of injecting paraphernalia distribution, there have been increases in, in particular, the numbers of wipes/swabs and syringe identifiers reported to have been distributed by services between 2010/11 and 2011/12.

Results and Commentary

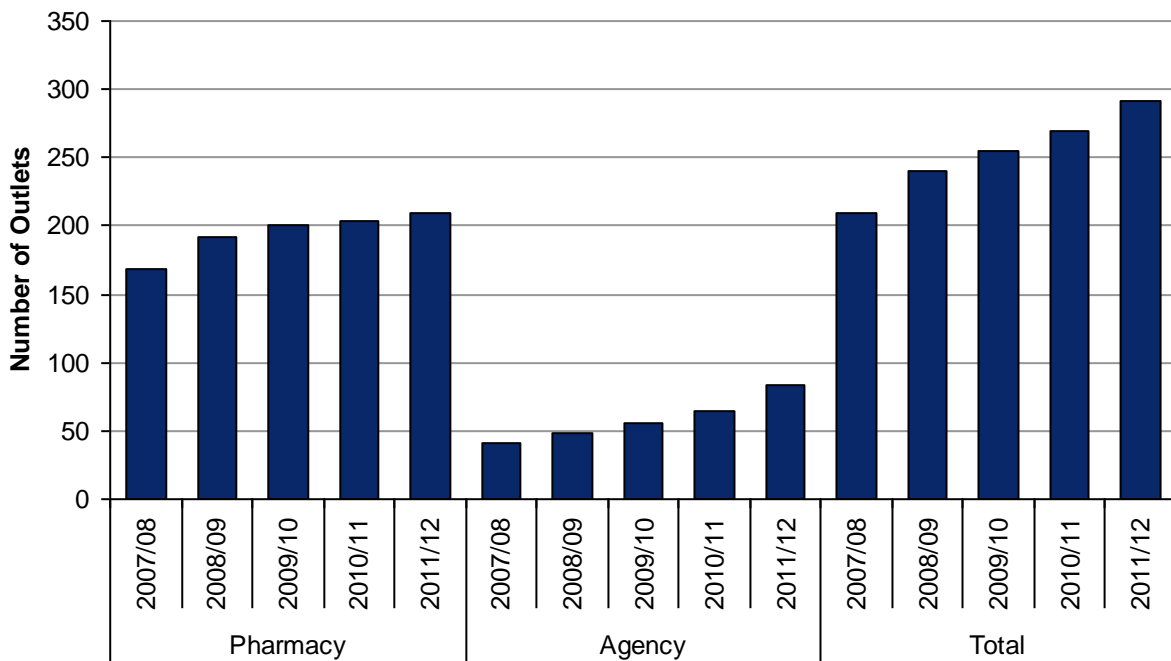
1. Injecting Equipment Provision Services

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 – 2011/12: Scotland



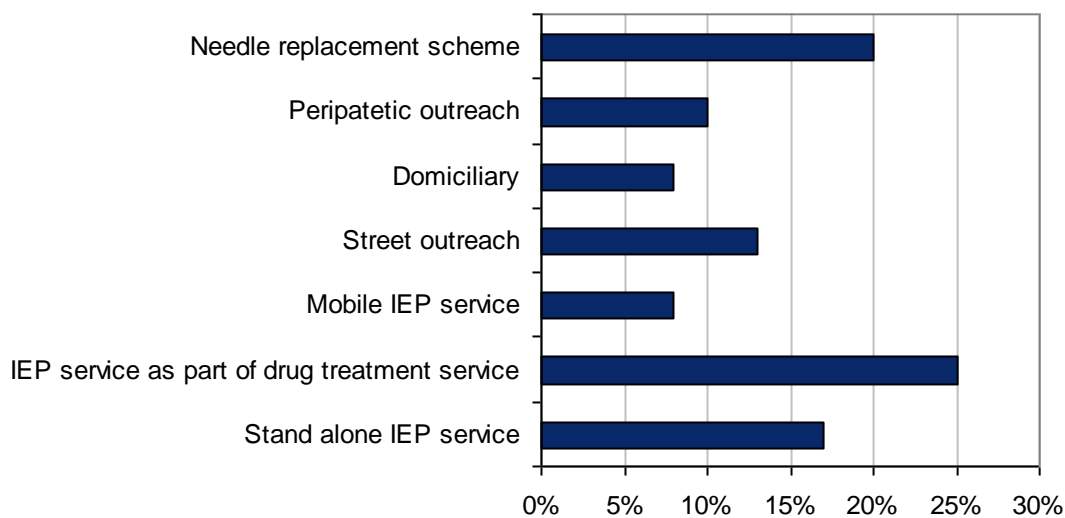
[Table 1.1](#) indicates that, as in previous years, IEP outlets were most commonly situated within pharmacies. There were 209 responses from pharmacies to the 2011/12 survey, which comprised 72% of the IEP outlets in Scotland. The number of pharmacies responding to the survey increased slightly from 204 in 2010/11. The number of agencies responding to the survey increased from 65 in 2010/11 to 83 in 2011/12. The overall number of outlets increased to 292 in 2011/12, compared with 269 in 2009/10. Part of this increase is due to NHS Ayrshire & Arran Addiction Services being represented in this report by nine separate agencies in 2011/12, whilst in preceding years these nine agencies were referred to as one service. Similarly NHS Lothian’s harm reduction team is represented as nine separate agencies in 2011/12 but represented as one individual service in preceding years.

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.

1.2 Type of IEP Provision

The majority of Injecting equipment provision is offered in pharmacies as opposed to agencies (72% of all outlets in 2011/12). The format of provision in pharmacies is fairly standard, however provision in agencies can take various forms. [Table 1.2](#) shows the number and percentage of IEP agencies that provided 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 2011/12.

Figure 1.2: Type of IEP service provision¹ provided by non-pharmacy agencies in Scotland; 2011/12.



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

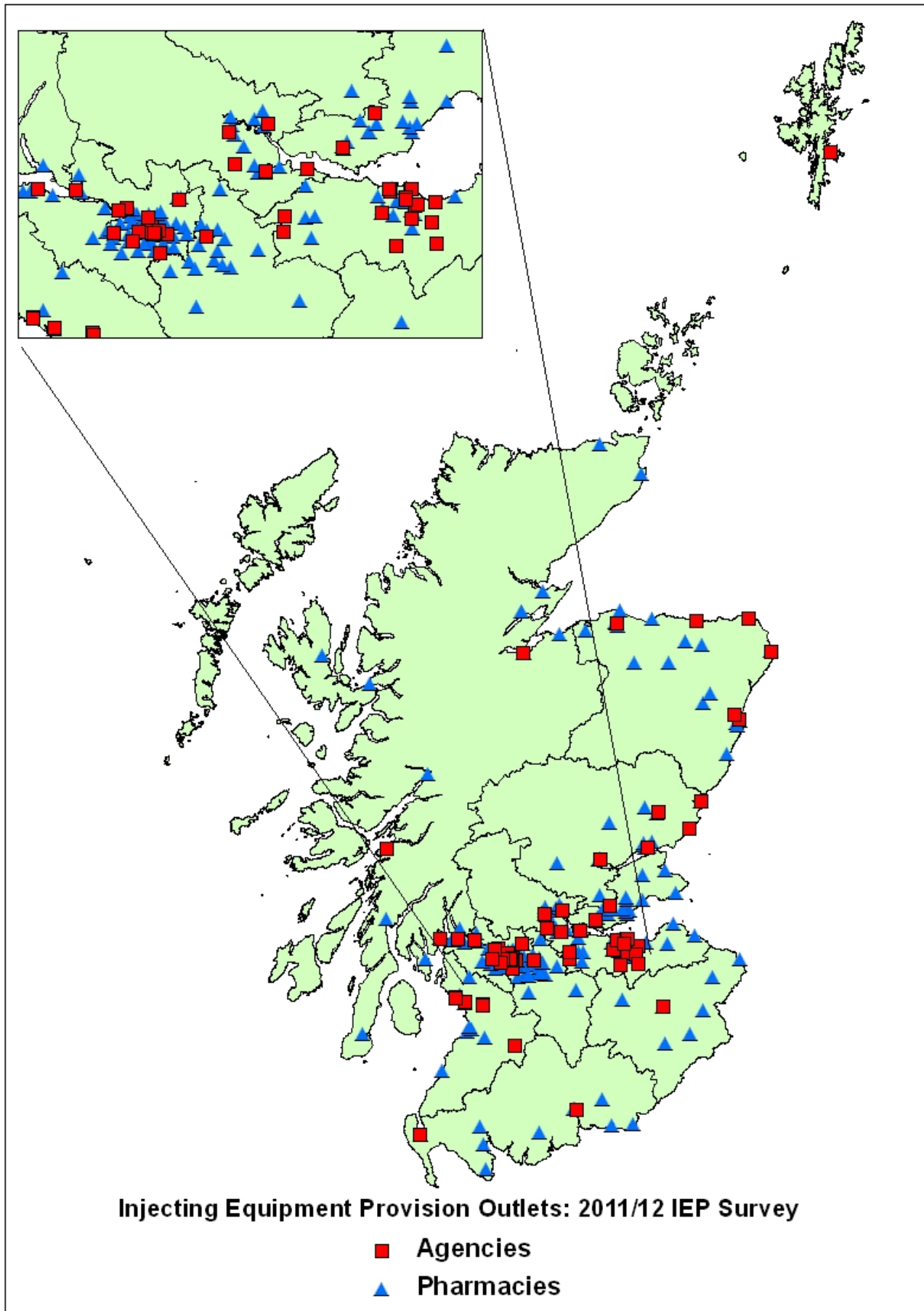
2. Needle replacement schemes are a specific type of provision that exist mainly in police custody suits. Detainees arriving at police custody have their needles and equipment confiscated to be replaced with new/clean equipment upon their release.

A range of IEP services were operated by agencies in Scotland. In 2011/12, 25% of agencies provided IEP services as part of a drug treatment service, a reduction in percentage from 32% in 2010/11. Needle replacement schemes were the second most common form of non pharmacy IEP provision. These accounted for 20% of agency outlets in 2011/12, a reduction from 25% in 2010/11. Other forms of IEP provision such as mobile services, street outreach, domiciliary and peripatetic outreach continue to account for 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.

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

Figure 1.3: Map of IEP outlets in Scotland



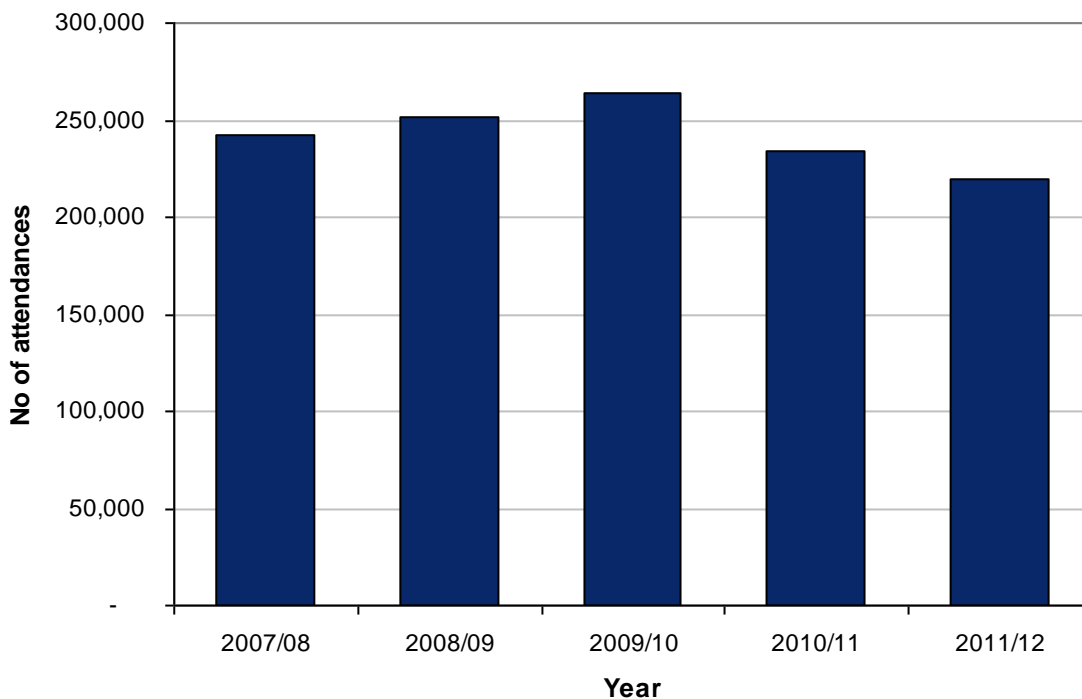
2. Profile of Attendances

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

2.1 Attendances

Figure 2.1 and [Table 2.1](#) presents information on the number of attendances at IEP outlets in the period 2007/08 to 2011/12.

Figure 2.1: Total number of attendances reported at IEP outlets between 2007/08 and 2011/12.



Approximately 219,000 attendances were reported across IEP outlets in Scotland in 2011/12. Following a steady increase in the number of reported attendances between 2007/08 and 2009/10, there was a decrease of over 29,000 attendances (11%) between 2009/10 and 2010/11 followed by a further decrease of nearly 15,000 attendances (6%) between 2010/11 and 2011/12. Of the 14 NHS Health Board areas, 11 reported a decrease in the number of attendances with services. NHS Shetland, NHS Forth Valley and NHS Grampian reported the largest percentage decreases with 41%, 28% and 23% respectively. The 3 NHS Boards that reported an increase in attendances were NHS Highland, NHS Tayside and NHS Greater Glasgow & Clyde.

[Table 2.2](#) shows information on whether the number of attendances reported by outlets was based on actual or estimated figures. There has been an increase in the percentage of outlets not answering this question in 2011/12 compared with previous years and so this makes it difficult to make year on year comparisons.

There are still 29 outlets (21 Pharmacies and 8 agencies) which are not counting actual numbers and only rely on estimates of the number of attendances. However, as outlets start to submit data to the national data collection system for the provision of injecting

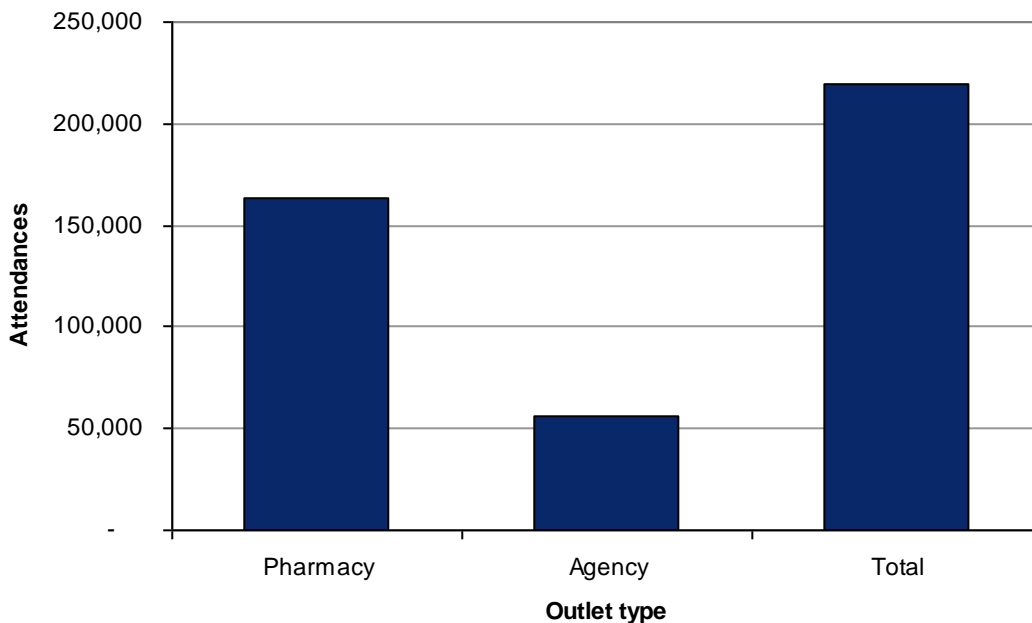
equipment, the quality of the data should improve and the use of estimated figures will reduce.

Further factors that are likely to contribute to this decrease in reported attendances since 2009/10 are:

1. 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.
2. Increased provision of supplies for the purposes of secondary distribution meaning one individual can attend on behalf of multiple other injectors.
3. Information reported in the Scottish Drugs Misuse database shows that between 2010/11 and 2011/12 there was an 8% drop in the number of individuals attending for drug treatment and reporting Heroin in their illicit drug profile. In addition to this the number of individuals reporting that they had injected in the past month fell by 4% from 26% in 2010/11 to 22% in 2011/12³. These factors indicate that there may have been a real decrease in the number of injectors in Scotland, which may go some way towards explaining the drop in attendances at IEP outlets.

[Table 2.3](#) and figure 2.2 show information on the number of attendances at IEP pharmacies and agencies in 2011/12. The majority of attendances (74%) in 2011/12 were with pharmacy IEP outlets, which is consistent with the previous year (76%). The remaining 26% of attendances were with agency IEP outlets.

Figure 2.2: Total number of attendances reported at pharmacy and agency IEP outlets in 2011/12.



[Table 2.4](#) provides information on the number of attendances by gender during 2011/12. For the 77% of IEP outlets that were able to provide a breakdown of the number of attendances by gender, 68% of the attendances were male. This is consistent with previous years.

³ Scottish Drug Misuse Database - overview of new individuals assessed <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2013-03-26/2013-03-26-SDMDS-Report.pdf?72500246764>

2.2 Type of Drug Injected

Information on the type of drug injected by service users is collected by the IEP survey. In 2011/12, 166 (57%) of the 292 IEP outlets responding to the survey reported collecting information on the type of drug injected by their clients. Fifty-four per cent of pharmacies provided information in 2011/12 on the type of drug injected by their clients, the same percentage reported in 2010/11. Sixty-four per cent of agencies reported collecting this information in 2011/12, an increase from 37% in 2010/11.

Of the 166 IEP outlets that record information on the type of drug being injected, 165 (99%) reported that some of their clients injected opiates. Of these, 163 (98%) reported that 50% or more of their clients injected opiates. Fifty-six (34%) of those outlets reported that 90% or more of their clients injected opiates. This percentage has dropped from the 50% that was reported in 2010/11.

One hundred and forty-one (85%) IEP outlets reported that some clients attending their service injected stimulants, an increase from 71% reported in the 2010/11 survey. The maximum percentage of clients reported to be injecting stimulants by a service was approximately 31%. The average percentage was 6%.

One hundred and fifty-five (93%) IEP outlets collecting information on type of drug injected reported that their clients injected performance and image enhancing drugs (PIEDs). This increased from the 84% reported in 2010/11. The average percentage reported was 9% of clients.

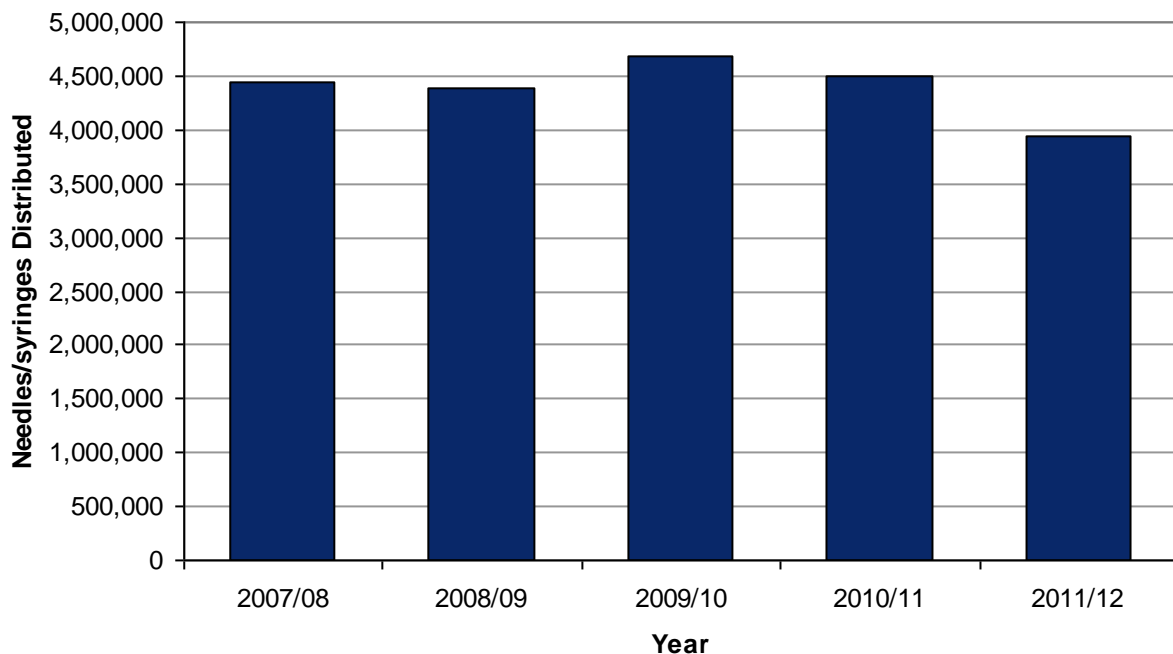
3. Injecting Equipment Activity in IEP Services

This chapter presents information by NHS Board on needles/syringes distributed in the period 2007/08 to 2011/12. 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 2011/12.

Figure 3.1: Number of needles/syringes distributed in Scotland; 2007/08 – 2011/12.



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.
4. No figures were received from pharmacies in NHS Lothian in 2011/12

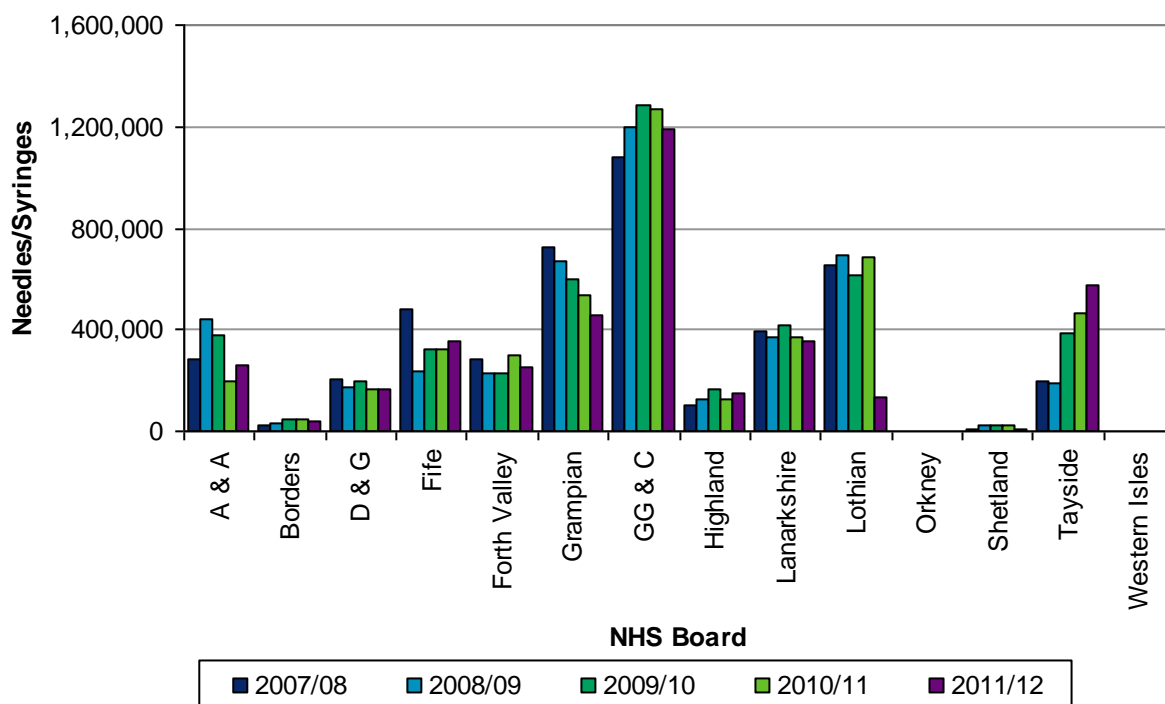
A total of 3.95 million needles/syringes were reported to have been distributed by IEP outlets in 2011/12. Over the period 2007/08 to 2009/10, this figure increased by over 243,000 (5%), however, there was a reduction of approximately 175,000 (3.7%) between 2009/10 and 2010/11 and there appears to have been a further 12.4% reduction in 2011/12. However, the latter reduction is mainly due to no data being submitted for Lothian's pharmacies in 2011/12. [Table 3.1](#) contains an additional Scotland trend, excluding Lothian, which shows the number of needles and syringes distributed only dropped by 0.35% between 2010/11 and 2011/12.

For previous years there was no definition provided to boards for what was meant by needles/syringes. Some boards counted all fixed syringes, barrels and additional needles, including those used for 'drawing up'. Other boards counted only barrels and fixed needle syringes. In the 2011/12 survey a clearer definition of needles/syringes was used in order

to ensure that NHS Boards are all counting these in the same way. The survey asked respondents to count “the total number of fixed syringes plus any additional barrels distributed”. This clearer definition will be likely to have had an impact on the comparability of 2011/12 figures with previous years, but will now mean that the trend going forward is consistent across all NHS Boards.

One other point to note when looking at this trend is the fact 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 will also be slight changes in the number of outlets responding to the survey and in those answering this specific question. All these factors will influence the consistency of the trend.

Figure 3.2: Number of needles/syringes distributed in Scotland; 2007/08 – 2011/12.

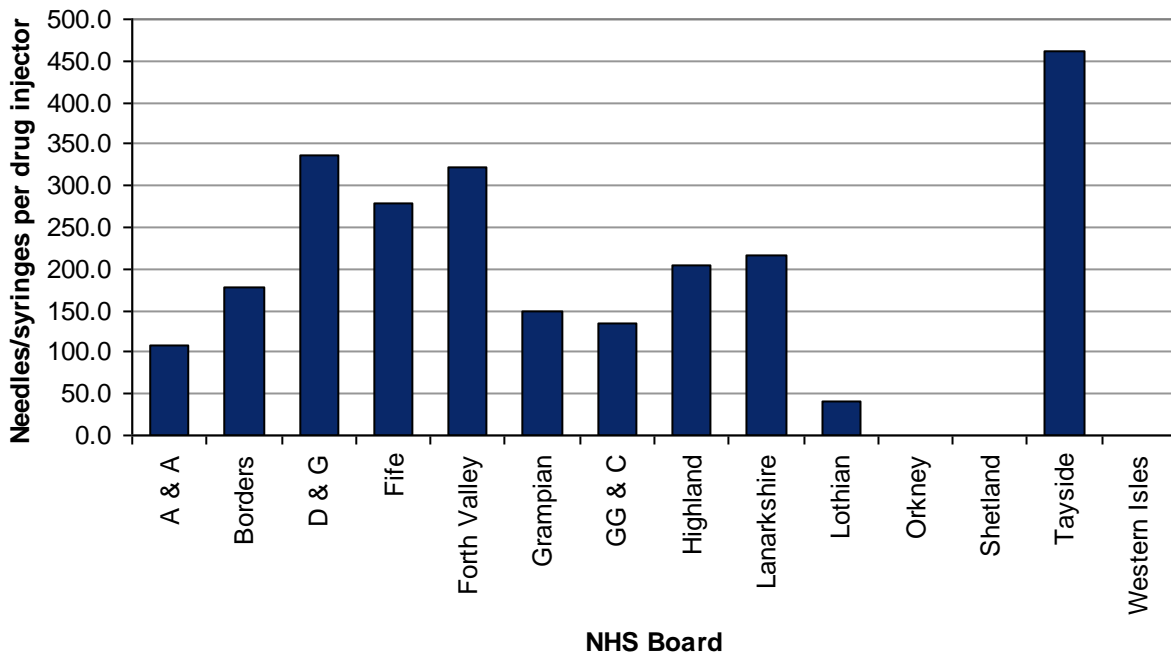


1. NHS Highland figure for 2007/08 does not include Argyll and Bute.
2. Only one of the two IEP outlets in NHS Shetland provided figures in 2007/08.
3. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.
4. No figures were received from pharmacies in NHS Lothian in 2011/12.

Figure 3.2 shows the number of needles/syringes distributed within each Health Board area between 2007/08 and 2011/12. NHS Greater Glasgow & Clyde had the highest number of reported needles/syringes distributed in each of the four years, distributing approximately 1.19 million needles/syringes in 2011/12. NHS Tayside distributed the second highest number of needles/syringes (approximately 579,000), followed by NHS Grampian (approximately 458,000). Eight of the Health Board areas showed a decrease in the number of needles/syringes distributed between 2010/11 and 2011/12. The largest reduction was in NHS Lothian, but this is not a true drop as there was no pharmacy data supplied for 2011/12. Four Health Board areas (Tayside, Ayrshire & Arran, Fife and Highland) reported an increase in the number of needles/syringes distributed between 2010/11 and 2011/12.

Estimates of the number of needles/syringes distributed per injecting drug user by NHS Board were calculated from the 2011/12 survey data and the most recent national estimates (2006) of injecting drug use among people with drug use problems in Scotland⁴ (Figure 3.3 and [Table 3.2](#)).

Figure 3.3: Estimates of the number of needles/syringes distributed per Injecting Drug User (IDU); 2011/12.



The estimated number of needles/syringes distributed per injecting drug user (IDU) by IEP outlets was highest in NHS Tayside (462 per IDU) followed by NHS Dumfries & Galloway (337) and NHS Forth Valley (323). The estimate appears to be lowest in NHS Lothian but this is due to no data on needles distributed being available for Lothian pharmacies in 2011/12. The second lowest number of needles/syringes distributed per injector is in NHS Ayrshire & Arran (109). 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 since then.

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

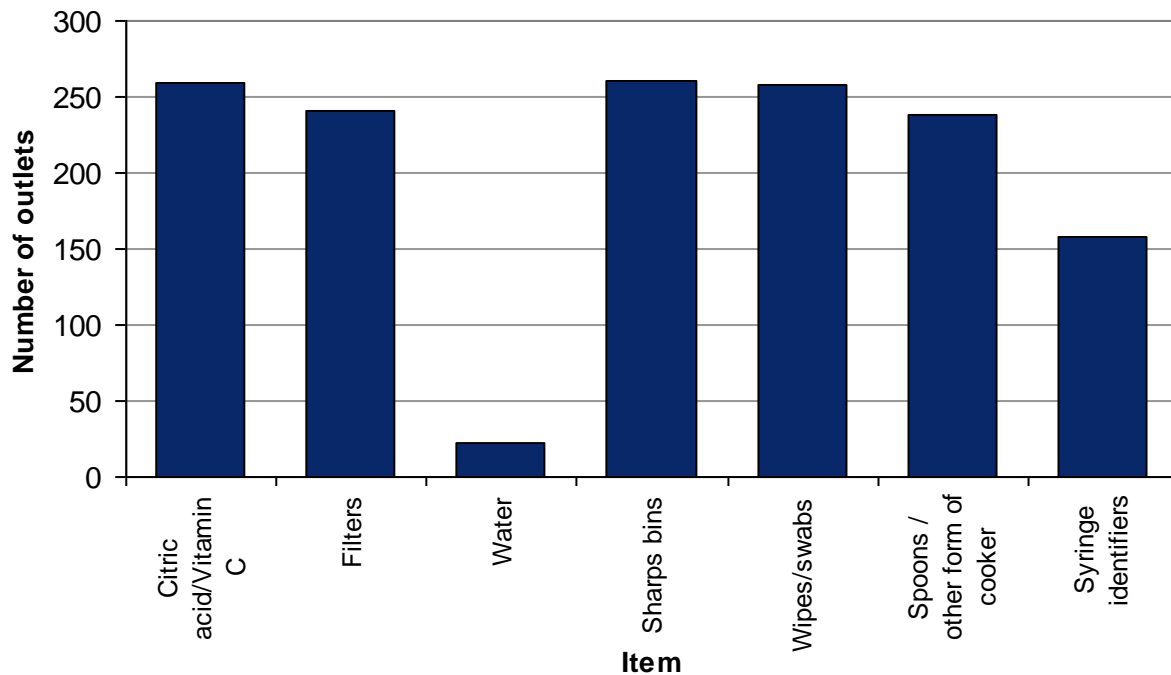
⁴ Hay et al (2009) [Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland](http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009.htm) <http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009.htm>

contents”⁵. 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 2011/12 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 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 2011/12 IEP survey that they provided selected items of injecting paraphernalia.

Figure 3.4: Number of IEP outlets that provided selected items of injecting paraphernalia; 2011/12.

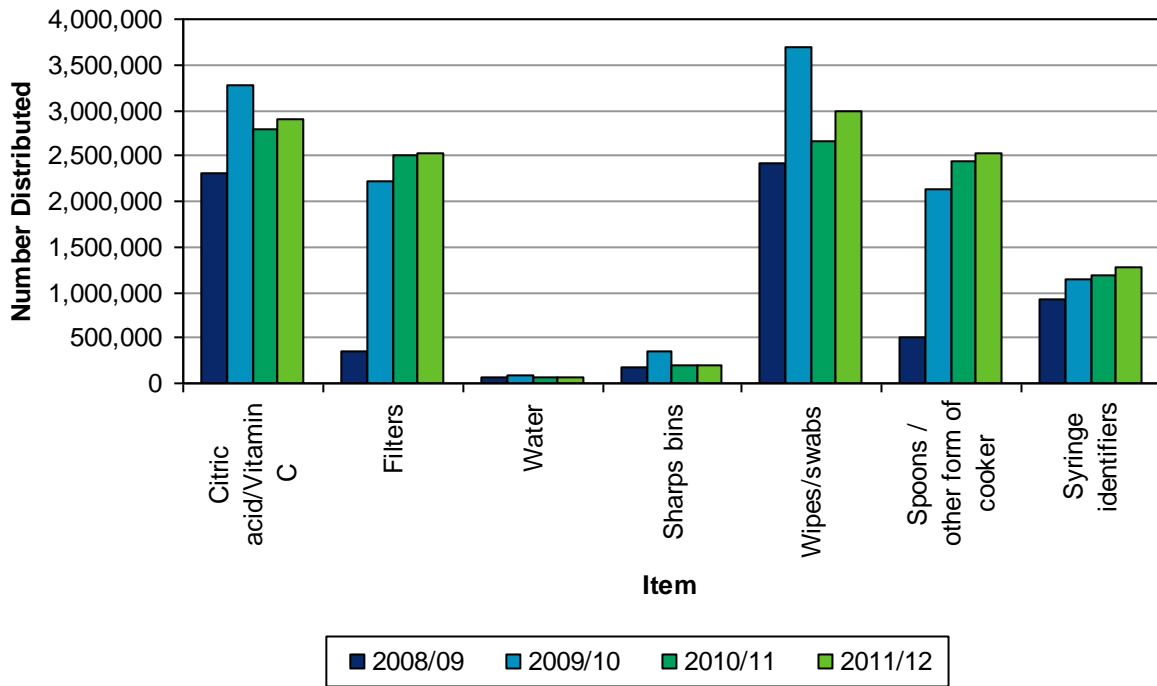


The majority of IEP outlets reported providing citric acid (259 outlets), sharps bins (260), filters (241), spoons (260) and wipes/swabs (260). In contrast, sterile water was only provided by 23 outlets.

[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 2011/12.

⁵ Scottish Government (2010) *Guidelines for Services Providing Injecting Equipment* <http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

Figure 3.5: Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 – 2011/12.



In terms of quantities distributed, wipes/swabs and citric acid/vitamin C were the items of which most were distributed by IEP outlets in 2011/12 (2.98 million and 2.90 million items respectively).

Figure 3.5 shows that between 2010/11 and 2011/12 there was a small decrease in 2 of the 7 items of injecting paraphernalia reported to be given out, these items were sterile water and sharps bins. There was an increase in all other items that were given out; the largest increase was in the number of Wipes/swabs which increased by 12% from 2.43 million in 2010/11 to just over 2.5 million in 2011/12. The second largest increase was in syringe identifiers which increased by 8% from 1.19 million in 2010/11 to 1.29 million in 2011/12.

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 2011/12, 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 2011/12 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. Future reporting of Injecting Equipment Provision activity in Scotland.

The source of the data for this report (and the three previous IEP reports) is an annual survey completed on behalf of each Injecting Equipment Outlet in Scotland. Some of the data from NHS Lothian has been extracted from ISD's National IEP database as they were one of the first Boards to begin entering data into this system.

Boards have the option of using a national database, which was developed by ISD, to collect this information in future years. However, over the past year a number of Health Boards have instead chosen to use a commercially developed system to record this data. A function to import data from this commercially developed system into ISD's national IEP database has been set up to enable all the data on IEP activity across Scotland to be collected and held centrally within the national dataset.

Over the next two years this report will encompass more data from the above database until eventually a survey will no longer be required.

Glossary

Agency	Non pharmacy-based outlet
Attendances	Refers to the number of attendances at IEP outlets, individuals can have multiple attendances 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 - 2011/12	2007/08 – 2011/12	Excel
1.2	Type of IEP service provision provided in Scotland; 2007/08 - 2011/12	2007/08 – 2011/12	Excel
2.1	Total number of attendances reported at IEP outlets; 2007/08 - 2011/12	2007/08 – 2011/12	Excel
2.2	Number of outlets reporting actual or estimated numbers of attendances; 2011/12	2011/12	Excel
2.3	Total number of attendances reported at IEP outlets; 2011/12 by agency type and NHS Board area	2011/12	Excel
2.4	Number of attendances reported at IEP outlets; 2011/12 by gender and NHS Board area	2011/12	Excel
3.1	Number of needles/syringes distributed in Scotland; 2007/08 - 2011/12 by NHS Board area	2007/08 – 2011/12	Excel
3.2	Estimate of number of needles/syringes distributed per Injecting Drug User; 2011/12	2011/12	Excel
3.3	Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 - 2011/12	2008/09 – 2011/12	Excel
3.4	Number of selected items of injecting paraphernalia provided by IEP outlets in Scotland; by NHS Board; 2008/09 - 2011/12	2008/09 – 2011/12	Excel
3.5	Number of IEP outlets providing figures for selected paraphernalia; 2008/09 - 2011/12	2008/09 – 2011/12	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 2011/12 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 15th October 2012 and the majority of surveys were returned to ISD by March 2013. Where possible, ISD compared responses with those received in previous surveys and quality assured the information received. Prevention Leads were also asked to confirm all services within their NHS Board area in order to optimise data capture.

A1.2 Changes to the survey since 2010/11

The definition of needles/syringes was clarified by adding the following statement next to the question; “This should comprise the total number of fixed needle syringes plus any additional barrels distributed”. It is hoped that this change will mean all NHS Boards are answering this in the same way and therefore providing a more robust and comparable figure for the number of needles/syringes distributed across Scotland.

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 2010/11 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 attendances 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 2011/12
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 2011/12.
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 out with 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.

Last published	30 th July 2012
Next published	24 th June 2014
Date of first publication	30 th June 2009
Help email	chrisblack@nhs.net
Date form completed	31 st 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 Health Department
NHS Board Chief Executives
NHS Board Communication leads
National Coordinator Viral Hepatitis, Scottish Government
National Coordinators Sexual Health and HIV, Scottish Government
Head of Blood, Organ Donation and Sexual Health Team, Scottish Government

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:

NHS Board and ADP data providers

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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).