

# Publication Report



## **Injecting Equipment Provision in Scotland Survey 2012/13**

**Publication date – 27 May 2014**

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## Introduction

This publication reports on details of Injecting Equipment Provision (IEP) to People Who Inject Drugs (PWIDs) across Scotland. This is the sixth such report and relates to the financial year 2012/13. IEP services have been shown to be effective in reducing injecting risk behaviours in PWIDs [1]. The original survey of IEP outlets focussed on the provision of injecting equipment in 2007/08 and was commissioned in the context of Phase II of the Scottish Hepatitis C Action Plan [2].

IEP outlets are asked to report on the number of attendances, the number of needles/syringes distributed and on the number of items of injecting paraphernalia distributed and, if known, what type of drugs their clients are injecting.

In earlier IEP reports, data were drawn from paper surveys which were distributed by Hepatitis C Prevention leads to the IEP outlets in their area. However, in recent years reports drew their information from three sources; a paper survey, the ISD Scottish Injecting Equipment Provision Database (ISD IEP Db) and Neo (a commercially available database). All but one NHS Health Boards are either using (or in the process of implementing) Neo in the near future. For details on current and future submission methods see Appendix A2. Two Health Boards (NHS Orkney and NHS Western Isles) provide no IEP services and are therefore not included in this report.

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 inconsistencies in reporting across NHS Health Boards as well as missing data. Estimated figures were used by some IEP outlets and not all outlets were able to provide responses to all questions. In general, changes to reporting mechanisms have led to more accurate reporting over time, but caution should be taken when interpreting trends.

The purpose of IEP is to function as a harm reduction service. Attendances at the outlets are not related to specialist treatment for problematic drug use, data on which are available in the Scottish Drugs Misuse Database (SDMD) [3] report.

## Key points

- A total of 290 Injecting Equipment Provision (IEP) outlets responded to the 2012/13 survey.
- Of the 290 IEP outlets, 212 (73%) were located in Pharmacies, and the remaining 78 were as part of other services, known as agencies.
- Approximately 213,000 attendances were reported across IEP outlets in Scotland in 2012/13. This was a decrease from 219,000 in 2011/12, continuing the trend of decreasing attendances since 2009/10. This may reflect changes in the size of the injecting population in Scotland.
- Where gender of the client was reported, 64% of attendances were made by males.
- A total of 4.0 million needles/syringes were reported to have been distributed in 2012/13. This was similar to the number distributed in 2011/12, indicating more needles were distributed per attendance.
- In 2012/13, NHS Greater Glasgow and Clyde reported the highest number of needles/syringes distributed (1.15 million).
- In 2012/13, NHS Fife distributed the highest number of needles/syringes per head of population over 16, distributing 1.7 needles/syringes per person.
- For most items of injecting paraphernalia there was little change in the quantity distributed between 2011/12 and 2012/13; however there was a rise of 260% in the number of water vials distributed.

## Results and Commentary

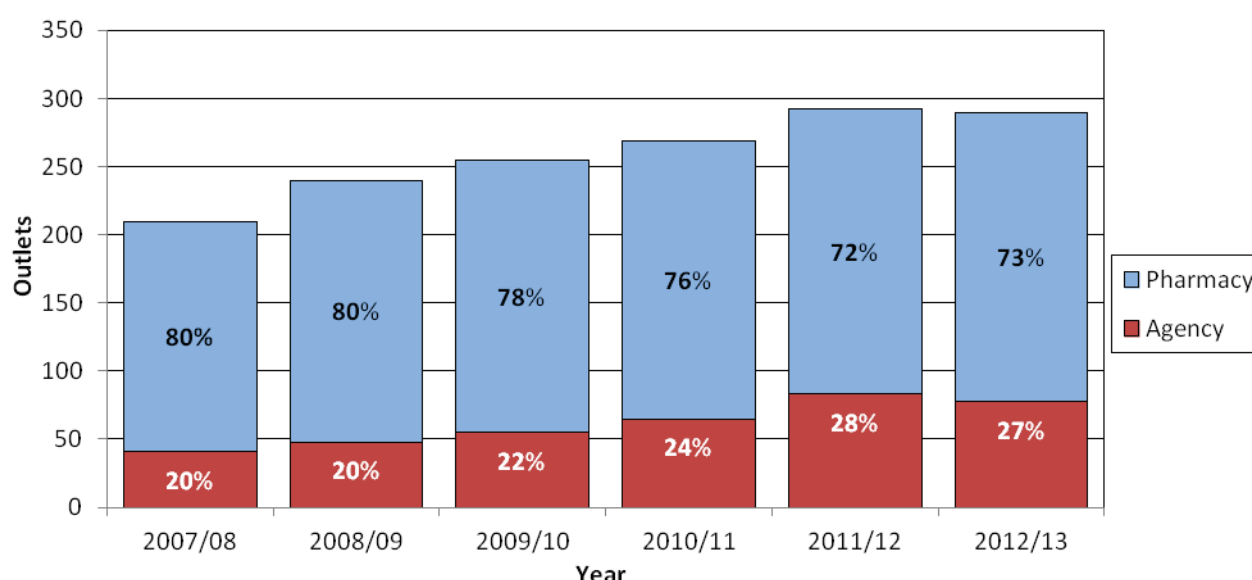
### 1. Injecting Equipment Provision Services

Injecting Equipment Provision (IEP) services are either run by pharmacies or by a series of other organisations, collectively known here as agencies. This section presents information on the number and type of IEP services in Scotland. When comparing responses across the six years, it should be noted that not all outlets provided data every year. 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.

#### 1.1 IEP outlets

Figures for the number of each type of IEP outlets in Scotland since 2007 are presented in [Table 1.1](#) and Figure 1.1.

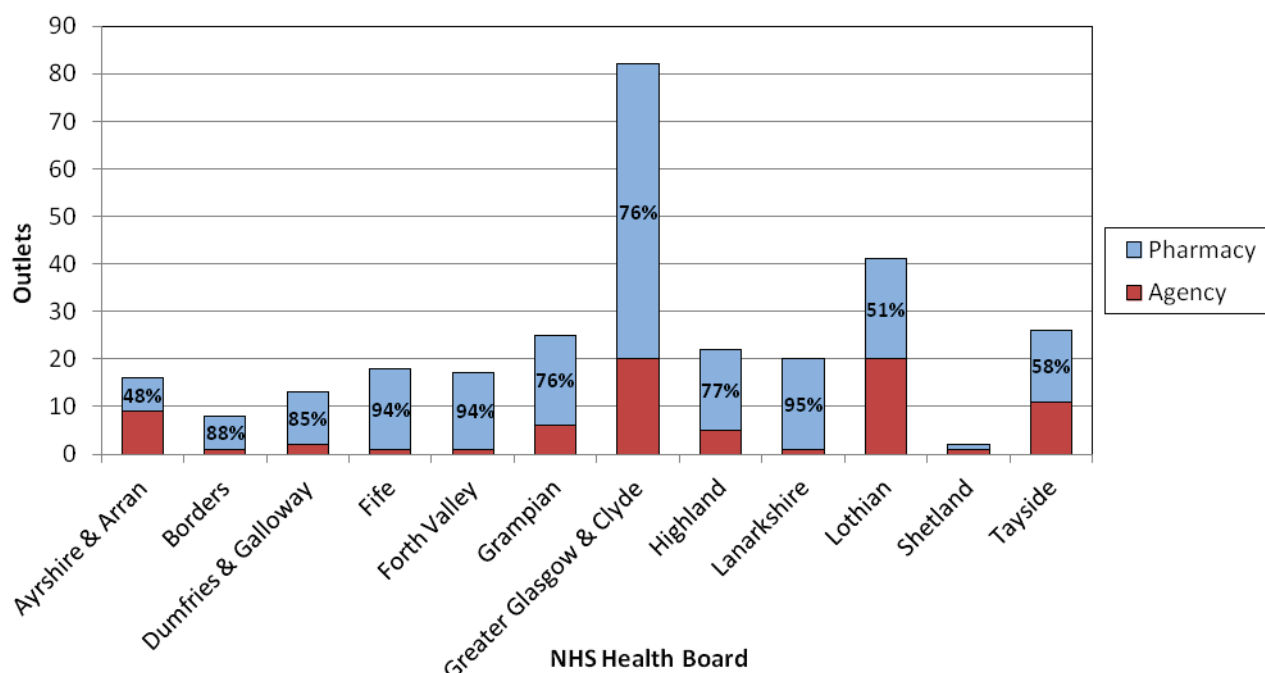
**Figure 1.1: Injecting Equipment Provision (IEP) outlets by type; Scotland, 2007/08 – 2012/13**



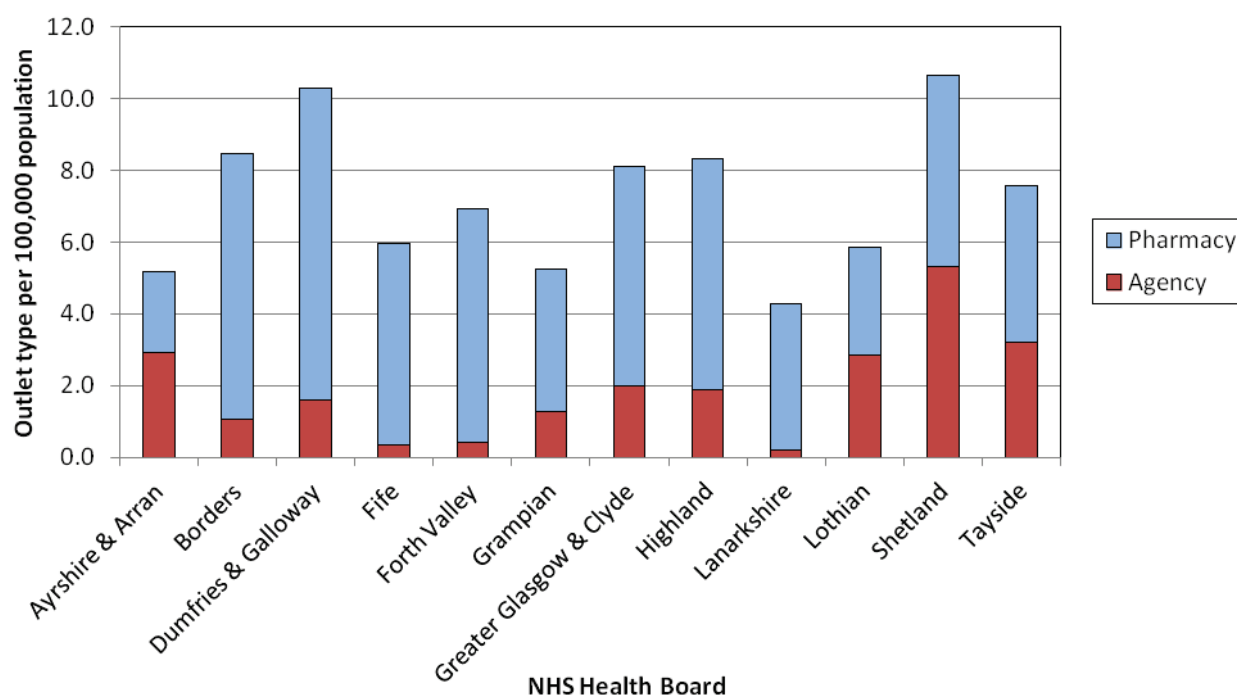
In 2012/13, of the 290 reported outlets, there were 212 (73%) pharmacy-run and 78 agency-run IEP outlets in Scotland. The number of pharmacies increased slightly from 209 in 2011/12, whereas the number of agencies decreased from 83. The total number of IEP outlets was similar to that in 2011/12 (292). The increase in the number of outlets across Scotland from 2007/08 to 2009/10 was mainly driven by an increase in the number of pharmacies reporting IEP services, whereas the increase from 2009/10 to 2011/12 was mainly driven by more agencies reporting IEP services.

There has been a slight decrease in the proportion of pharmacies to overall outlets in the past six years, from 80% to 73%.

As shown in Figure 1.2, NHS Greater Glasgow and Clyde had the highest number of IEP outlets in Scotland reflecting the higher population and prevalence of people with drug problems in that area [4].

**Figure 1.2: IEP outlets by type; NHS Health Boards, 2012/13**

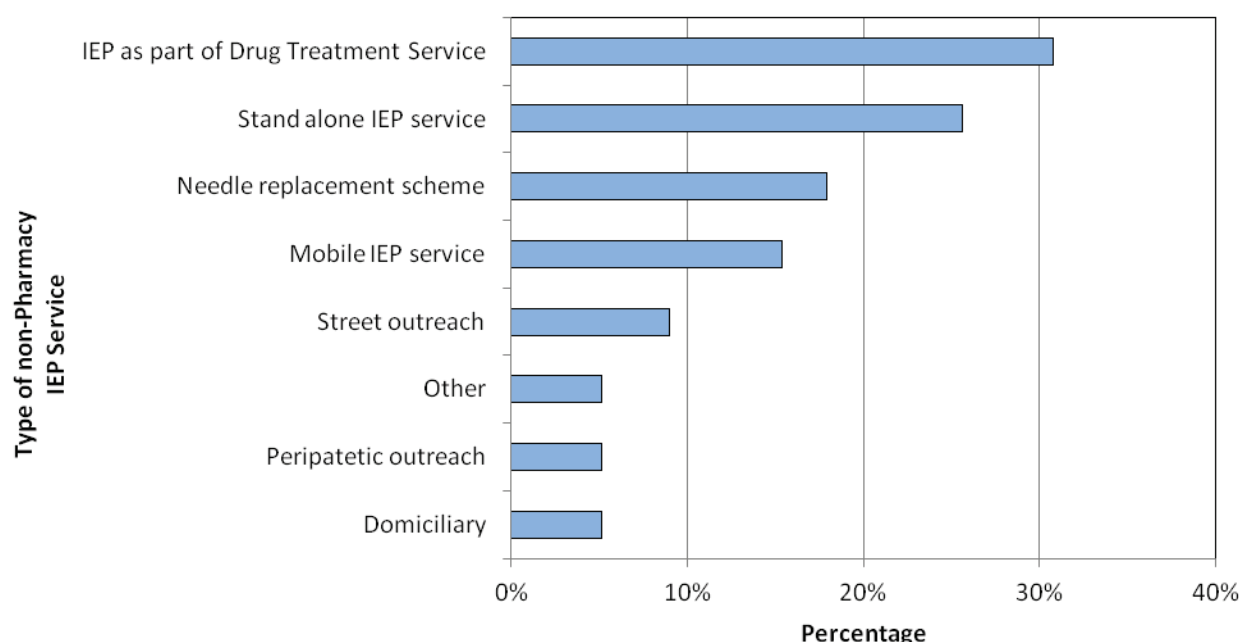
Owing to differences in NHS Health Board populations it is worthwhile examining the number of outlets as a rate per population of each NHS Health Board (Figure 1.3 and [Table 1.2](#)). This showed that there was a Scottish average of 7.2 outlets per 100,000 of population, with NHS Health Board rates ranging from 4.3 outlets per 100,000 in NHS Lanarkshire to 10.6 outlets per 100,000 in NHS Shetland. The four NHS Health Boards with the highest prevalence of IEP outlets per person, NHS Shetland, NHS Dumfries and Galloway, NHS Borders and NHS Highland are all primarily rural health boards.

**Figure 1.3 IEP outlets by type per Population; NHS Health Boards, 2012/13**

## 1.2 Type of IEP

A range of IEP services were operated by agencies in Scotland over the past six years (Figure 1.3 and [Table 1.3](#)). In 2012/13, 31% of agencies provided IEP as part of a drug treatment service; this was a decrease since 2007/08 when 68% of agencies were part of a drug treatment agency. Since 2007/08, there has been a period of specialisation where agencies tended to provide only one service compared to 2007/08 when one agency would provide multiple types of service. Stand alone needle replacement agencies were the second most common form of non-pharmacy IEP. These accounted for 26% of agency outlets in 2011/12, an increase from 17% in 2011/12. Other forms of IEP provision such as street outreach, domiciliary (where injecting equipment is taken to people's homes), peripatetic outreach (where the IEP outlet operates in another organisation's premises) and 'other' types of agencies continue to account for only a small number of IEP outlets operated by agencies.

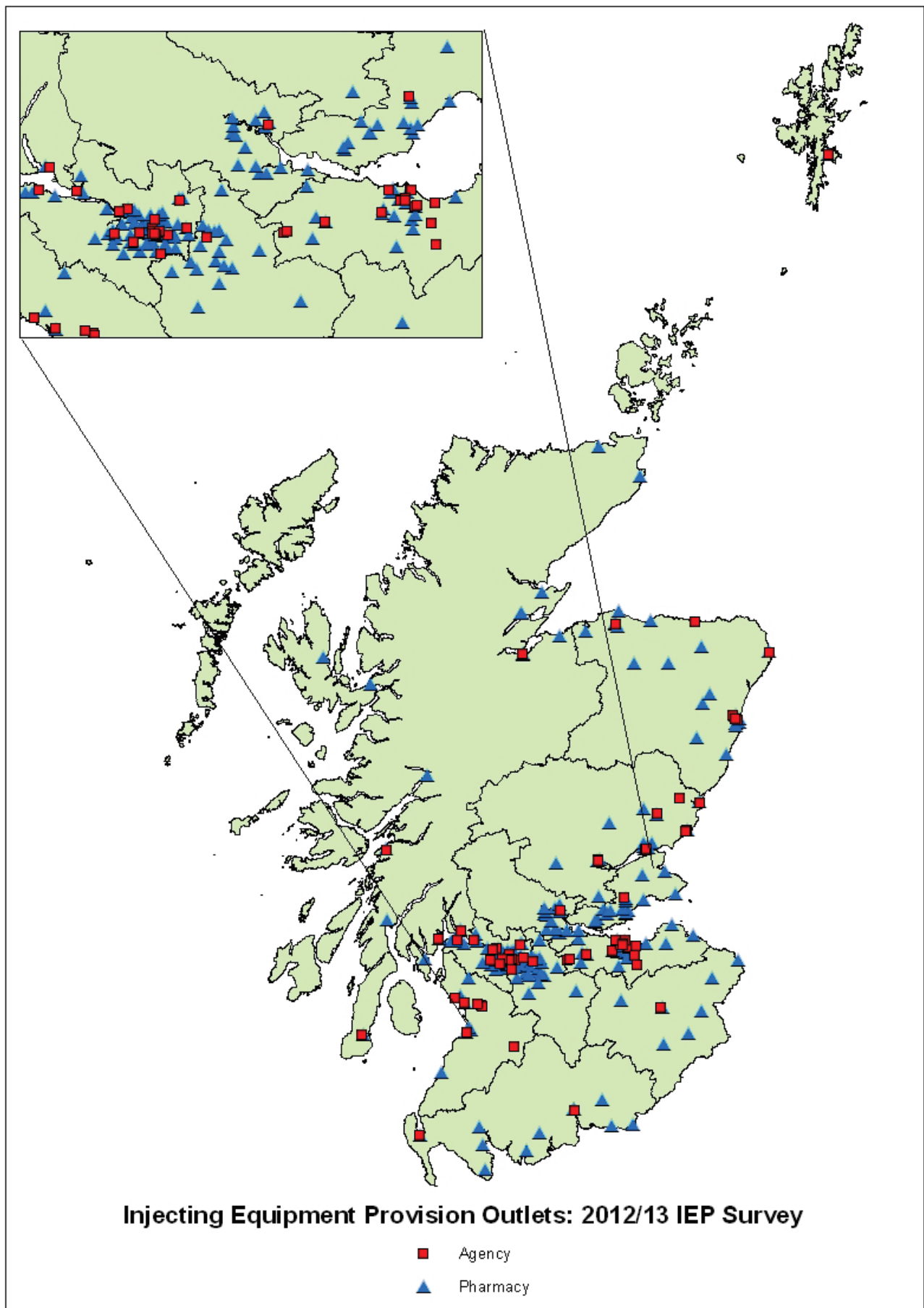
**Figure 1.4: Type of IEP service provision<sup>1,2</sup> in (non-pharmacy agencies); Scotland, 2012/13**



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

Figure 1.4 shows the geographical availability of responding IEP outlets in Scotland. The map also distinguishes between pharmacy and agency outlets. Unsurprisingly, the majority of outlets lie across the central belt of Scotland, with further pockets lying along the east coast of Scotland up to Aberdeen in the north east and then along the Moray Firth to Inverness.

Figure 1.5: Map of IEP outlets; Scotland, 2012/13





## 2. Profile of Attendances

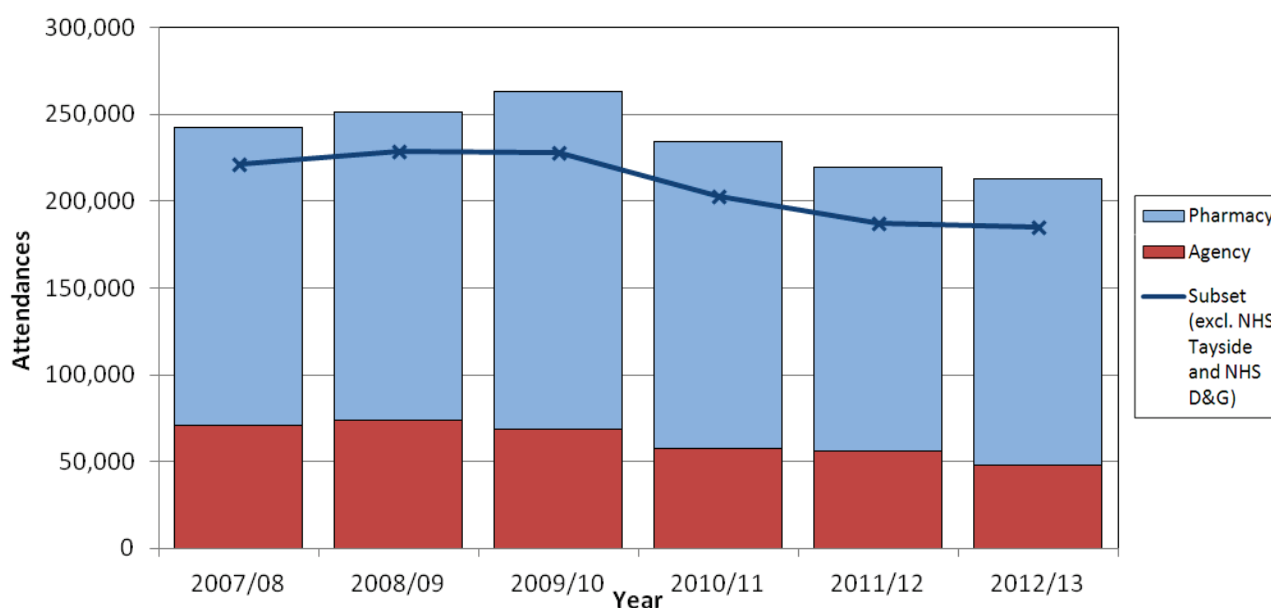
This section examines the number of attendances at IEP outlets nationally and in each NHS Health Board. It is not possible at present to report on the number of individuals (an individual may attend many times per year). There were 12 outlets (11 Pharmacies and one agency) which did not count actual attendances but provided estimates, a fall from 29 outlets in 2011/12<sup>1</sup>. In 2012/13 NHS Dumfries and Galloway did not provide attendance figures for any of the 13 IEP outlets within the area. It is hoped that with the roll-out of Neo, data submission will improve, both in NHS Dumfries and Galloway and across Scotland.

### 2.1 Attendances

There were approximately 213,000 attendances reported by IEP outlets in 2012/13 by 11 NHS Health Boards across Scotland (Figure 2.1 and [Table 2.1](#)). Following a slight increase in the number of reported attendances between 2007/08 and 2009/10 (from around 243,000 to 263,000 attendances), there was a decrease of over 19% between 2009/10 and 2012/13. The percentage of attendances at pharmacies increased from 71% to 77% between 2007/08 and 2012/13.

Both NHS Tayside and NHS Dumfries and Galloway have not consistently submitted data in all years examined. Therefore, in order to overcome these data submission issues we also examined a subset of Scotland excluding these two NHS Health Boards. A real decrease in attendances over time was observed from 2009/10 to 2011/12 (Figure 2.1).

**Figure 2.1: Attendances reported per outlet type; Scotland, 2007/08 - 2012/13<sup>1,2,3,4,5</sup>**



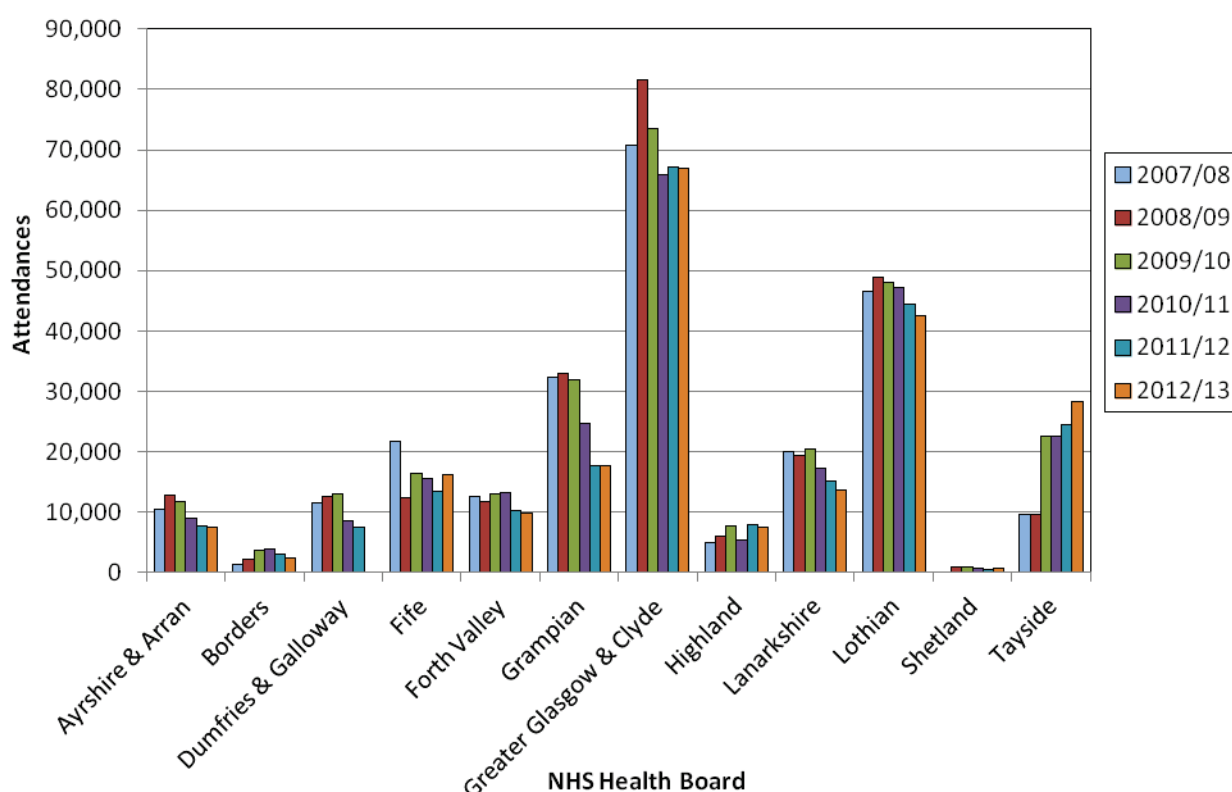
1. Administration issues in NHS Borders caused may have impacted the number of attendances reported in 2012/13.
2. No figures were submitted from Dumfries and Galloway in 2012/13.
3. NHS Highland in 2007/08 did not report for Argyll and Bute ADP.
4. Only one of the two IEP outlets in NHS Shetland provided figures in 2007/08.
5. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.

<sup>1</sup> In previous reports a table was included which reported on the number of outlets who counted attendances at their outlet and the number who are estimated this. Over the last couple of years the number of outlets who did not answer this increased to 72%. It is thought that the reason for this large number of outlets not answering is due to the roll out of the electronic databases which count attendances, compared to the previous paper survey which asked this question. Due to the large numbers not answering, this table has been excluded from the 2012/13 report.

As only attendances are reported, any change in the number of attendances does not necessarily mean a change in the number of clients using IEP services.

Seven of the 11 NHS Health Boards who reported IEP attendances reported a decrease in the number of attendances since 2011/12 (Figure 2.2). NHS Borders and NHS Lanarkshire reported the largest percentage decreases (22% and 11% respectively). Four NHS Health Boards reported increases in attendances. The large rise in attendances in NHS Tayside from 2008/09 to 2009/10 was due to 11 pharmacies not reporting in 2007/08 and 2008/09. The number of outlets supplying injecting equipment in NHS Tayside also rose from 12 to 26 between 2008/09 and 2012/13.

**Figure 2.2: Attendances reported at IEP outlets; NHS Health Boards, 2007/08 - 2012/13**<sup>1,2,3,4,5</sup>



1. Administration issues in NHS Borders caused may have impacted the number of attendances reported in 2012/13.
2. No figures were submitted from Dumfries and Galloway in 2012/13.
3. NHS Highland in 2007/08 did not report for Argyll and Bute ADP.
4. Only one of the two IEP outlets in NHS Shetland provided figures in 2007/08.
5. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.

Having examined NHS Health Board specific attendance patterns it appears that the decrease in attendances in the Scottish subset (Figure 2.1) from 2009/10 to 2012/13 may be due to large decreases in attendances in NHS Greater Glasgow and Clyde and NHS Grampian. Between 2008/09 and 2012/13 attendances in NHS Greater Glasgow and Clyde decreased by 18% from 81,613 to 66,855 and attendances in NHS Grampian decreased by 46% from 32,912 to 17,711.

Further factors that were likely to have contributed to the decrease in reported attendances since 2009/10 are:

1. In line with national guidelines, a reduction in the percentage of IEP outlets reported that their service limits the number of needles/syringes distributed in a single transaction.
2. An increase in the numbers of needles provided to one person, who can then distribute these to multiple other injectors.
3. Evidence both locally and internationally suggests there has been a decrease in both the availability and use of heroin and other opioids over the last few years [5] [6].

[Table 2.2](#) provides information on the number of attendances at IEP pharmacies and agencies in 2012/13 at NHS Health Board level. The majority of attendances (77%) in 2011/12 were at pharmacy IEP outlets, which was consistent with the previous year (74%).

[Table 2.3](#) provides information on the number of attendances by gender during 2012/13. For the 82% of IEP outlets that were able to provide a breakdown of the number of attendances by gender, 64% of the attendances were by males.

## 2.2 Type of Drug Injected

Information on the type of drug injected by service users was collected by 160 (55%) of the 290 IEP outlets in 2012/13. Eighteen of these 160 outlets, mainly based in NHS Forth Valley and NHS Lanarkshire, reported 2011/12 figures. A further 38 provided incomplete information and have been excluded. The remaining 79 outlets provided no information.

Of the 160 IEP outlets that provided information on the type of drug injected, 158 (99%) reported that some of their clients injected opiates.

One hundred and fifteen (72%) IEP outlets reported that some clients attending their service injected stimulants, which was comparable to 2011/12. One hundred and thirty (81%) IEP outlets who collected information on type of drug injected reported that some of their clients injected performance and image enhancing drugs (PIEDs). This has decreased slightly from 84% of outlets that reported clients who injected PIEDs in 2011/12.

### 3. Injecting Equipment Activity in IEP Services

This section presents information on the number of needles/syringes distributed in the period 2007/08 to 2012/13. Data is also provided on the number of injecting paraphernalia distributed by services in the period 2008/09 to 2012/13.

Prior to 2011/12, no definition of needles/syringes was provided to NHS Health Boards. Some areas counted all fixed syringes, barrels and additional needles, including those used for 'drawing up'. Other areas counted only barrels and fixed needle syringes. In 2011/12, a definition of needles/syringes was introduced in order to ensure that areas counted these in a consistent manner. IEP outlets were asked to count the total number of fixed syringes plus any additional barrels distributed. This clearer definition is likely to have had an impact on the comparability of 2011/12 figures with previous years, but also means that the trend from 2011/12 is consistent across all areas.

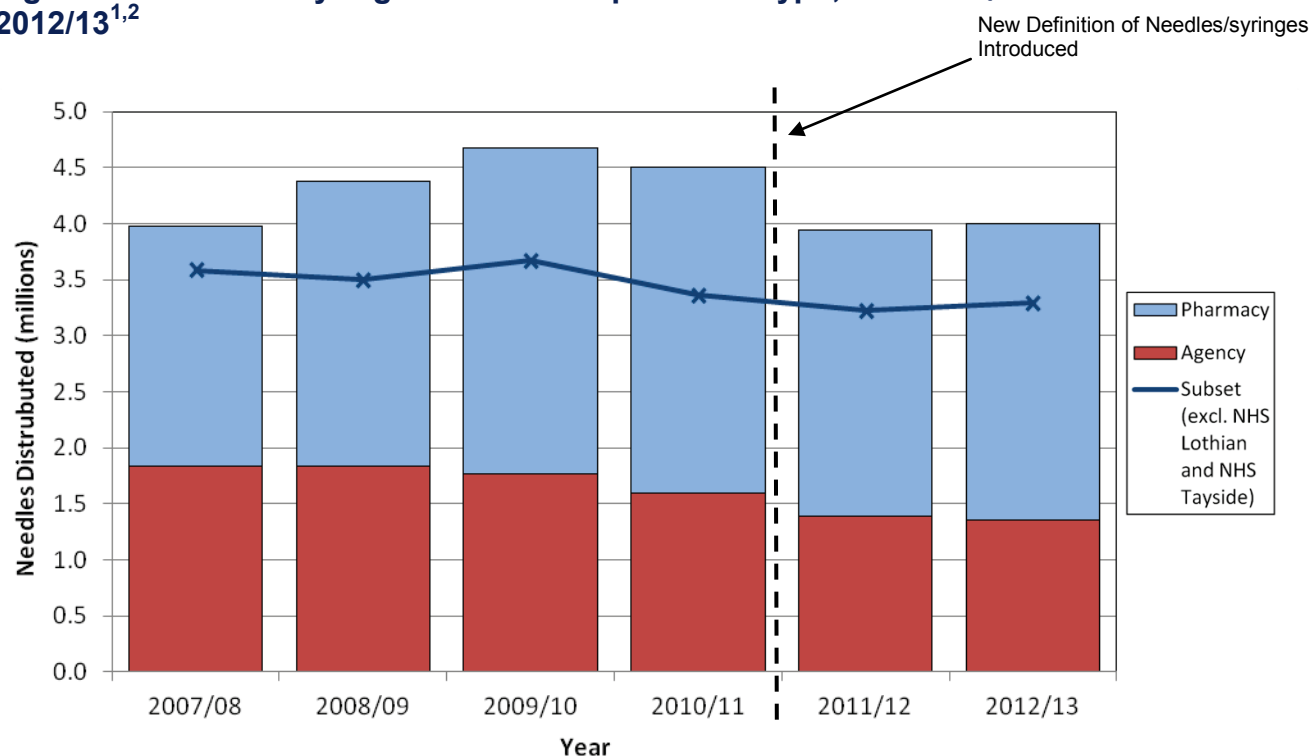
Another point to note when examining these data is that service provision will have changed in some areas across the six years. Some services will have closed during this period, while others will have opened. There are also changes in the number of outlets providing data and in those answering this specific question. All these factors will influence the consistency of the trend.

#### 3.1 Needles/syringes distributed

The number of needles/syringes distributed is an important indicator of IEP activity. [Table 3.1](#) and Figure 3.1 present figures on the number of needles/syringes distributed in Scotland between 2007/08 and 2012/13.

A total of 4.0 million needles/syringes were reported to have been distributed by IEP outlets in 2012/13; 2.6 million (66%) by pharmacies and 1.4 million (34%) by agencies. The number of needles/syringes reported to have been distributed rose between 2007/08 and 2009/10 (to 4.7 million) and then fell by 735,000 between 2009/10 and 2011/12. There was little change in the number of needles/syringes distributed between 2011/12 and 2012/13.

**Figure 3.1: Needles/syringes distributed per outlet type; Scotland, 2007/08 – 2012/13<sup>1,2</sup>**



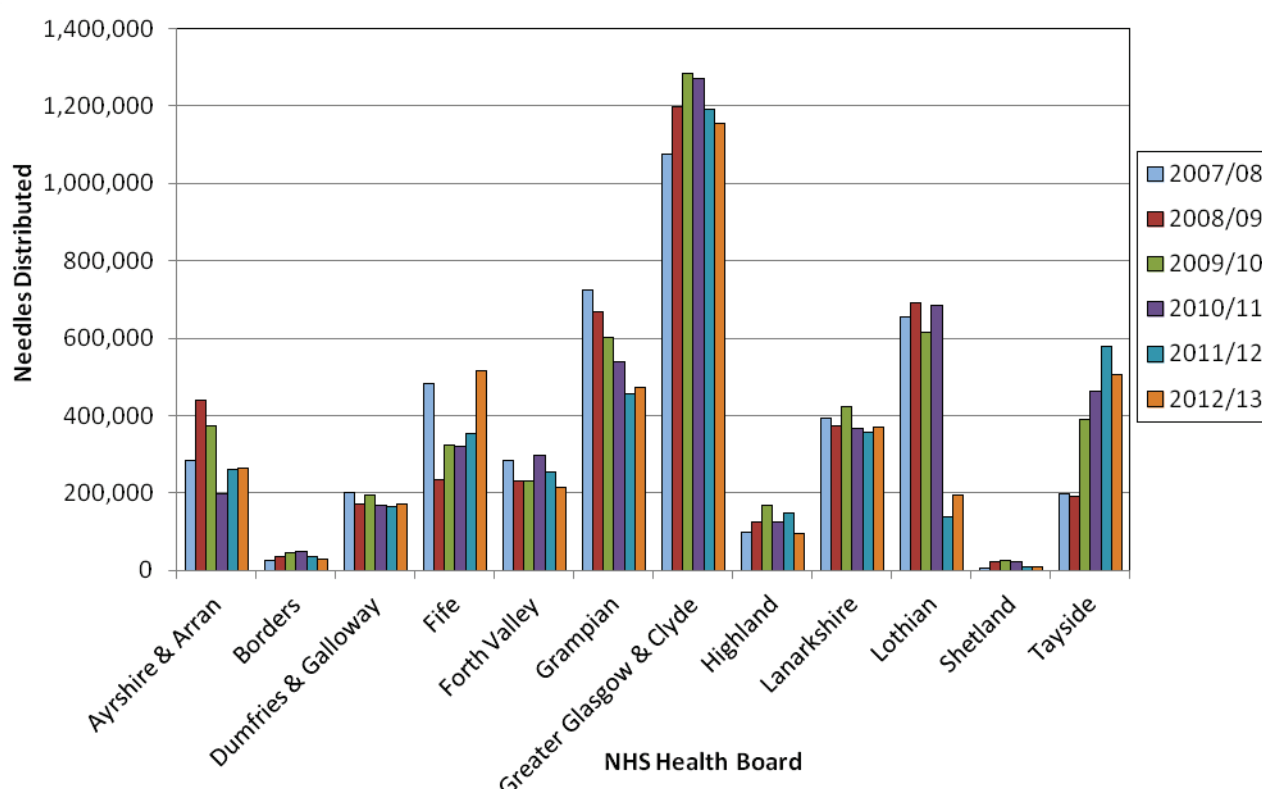
1. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.
2. No figures were received from pharmacies in NHS Lothian in 2011/12 and 2012/13.
3. Prior to 2011/12, no definition of needles/syringes was provided to NHS Health Boards, after this a definition was provided asking NHS Health Boards to count the total number of fixed syringes plus any additional barrels distributed.

An additional Scotland trend, excluding NHS Lothian and NHS Tayside (both have experienced data submission issues over the last six years), has been included in Figure 3.1. This shows more subtle changes and suggests that the rise in the number of needles/syringes reported to have been distributed between 2007/08 and 2009/10 was mainly due to NHS Tayside pharmacies beginning to record their data. Likewise, analysis of the subset illustrates that the decline in overall needles/syringes distribution between 2010/11 and 2012/13 was largely due to the lack of data from NHS Lothian pharmacies. Despite the increase in the proportion of agency-run outlets, there was an increase in proportions of both attendances and needles/syringes distributed by pharmacies between 2007/08 and 2010/11; however since then the proportion has remained constant.

Figure 3.2 shows the number of needles/syringes distributed within each NHS Health Board area between 2008/09 and 2012/13. NHS Greater Glasgow & Clyde had the highest number of reported needles/syringes distributed in each of the four years, distributing approximately 1.2 million needles/syringes in 2012/13. NHS Fife and NHS Tayside distributed the second and third highest number of needle/syringes (approximately 0.5 million each). There was a large rise in the number of needles/syringes reported to have been distributed in NHS Fife since 2011/12, otherwise most NHS Health Boards have shown little change.

As described above, the large decrease in NHS Lothian in 2011/12 and 2012/13 was due to pharmacies that were unable to submit their data. Similarly, the large increase in Tayside from 2008/09 to 2009/10 was due to a pharmacies starting to report IEP activity to ISD.

**Figure 3.2: Needles/syringes distributed by IEP outlets; NHS Health Boards, 2007/08 – 2012/13** <sup>1,2,3,4</sup>



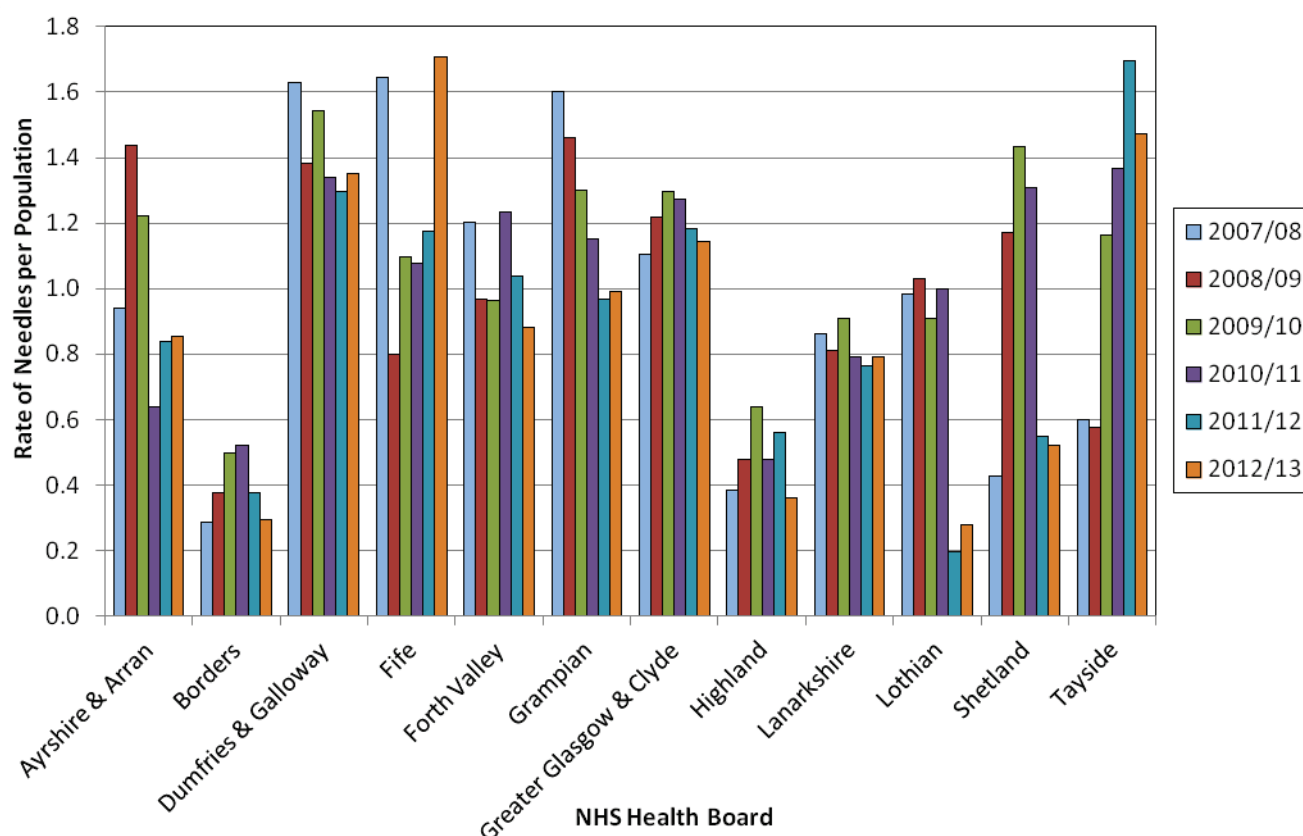
1. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.
2. No figures were received from pharmacies in NHS Lothian in 2011/12 or 2012/13.
3. Staffing issues in an agency which collects and submits data for agencies across NHS Borders caused a dip in expected numbers.
4. The number of transactions in NHS Highland has been estimated as Neo was adopted half way through the financial year.

### 3.2 Needles/syringes distribution rates

Due to differences in the size of population in each NHS Health Board it can be misleading to present crude numbers in order to demonstrate differences between areas. Figure 3.3 (Table 3.2) shows the rate of needles/syringes distributed per head of population over 16 years within each area. Rates for this analysis were based on mid-year population figures from the National Records of Scotland [7]. In previous publications this was as a rate of the number of needles/syringes distributed by the estimated number of PWIDs in each area; however this was based on estimates from 2006 (now over seven years old).

Figure 3.3 shows that there was a high degree of variability in rates of needle/syringe distribution between NHS Health Boards and also between years within NHS Health Board areas. In 2012/13, NHS Fife distributed the largest number of needles/syringes per head of population, with NHS Borders distributing the fewest.

**Figure 3.3 Needles/syringes distributed per population (over 16); NHS Health Boards, 2007/08 – 2012/13<sup>1,2,3,4</sup>**



1. Populations were calculated using NRS figures as the population over 16 in each board using the relevant mid-year estimates.
2. No figures were received from pharmacies in NHS Lothian in 2011/12 or 2012/13.
3. No figures were received from pharmacies in NHS Tayside in 2007/08 and 2008/09.

### 3.3 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 (the guidelines for IEP services state that "IEP service staff should never open returned disposal bins to count the contents" [8]). 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 are not recorded.

### 3.4 Injecting paraphernalia

Following a change in the legislation in 2003, IEP outlets have been allowed to provide clients with sterile injecting equipment other than needles and syringes [8]. These items, hereafter called 'paraphernalia' are distributed, free of charge to improve the hygiene surrounding the injection and to prevent the spread of Blood Borne Viruses (BBVs). Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow PWIDs to sterilise the injecting site. Sharps bins are also distributed to facilitate the safe disposal of used needles. Syringe identifiers allow PWIDs to identify which syringe is theirs in order to reduce accidental sharing of needles. However, these numbers are likely to fall in the future as newer needles are colour coded, thus reducing the need for syringe identifiers. Filters are supplied to prevent

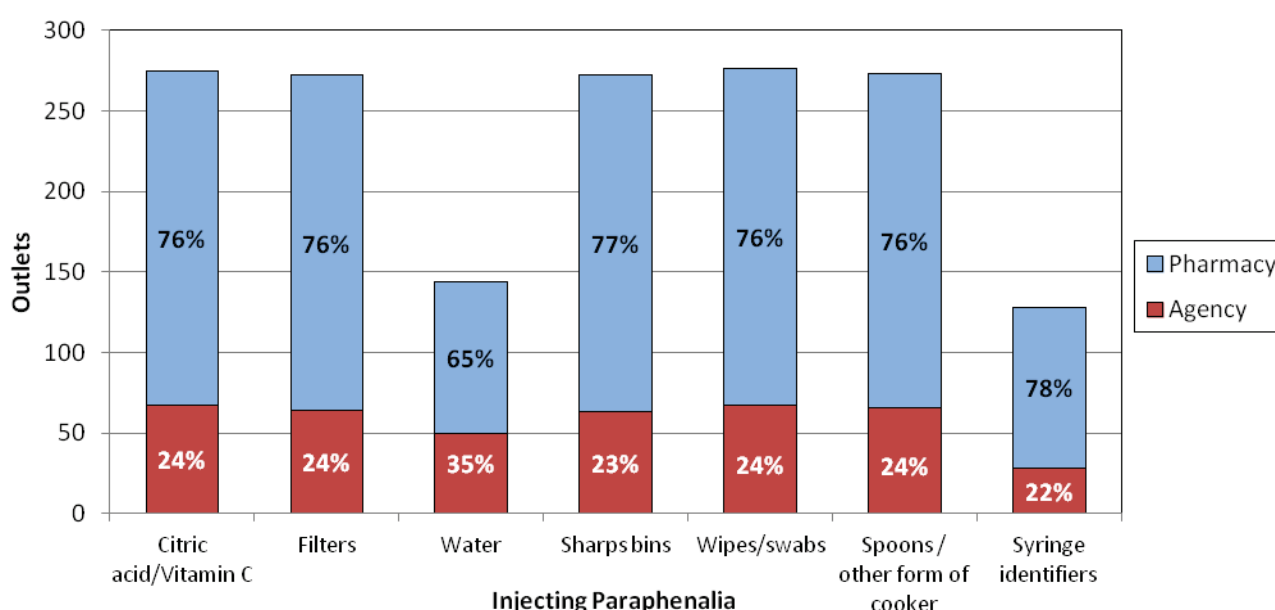


larger particles from entering the syringe after preparation of the drug, and spoons or other forms or other form of cooker such as ‘stericups’ to allow the sterile cooking of drugs. In 2013, the UK government approved the addition of foil to the list of paraphernalia, allowing people who usually inject drugs to smoke either heroin or crack cocaine instead of injecting. Data on the number of foil items was not collected for this report.

Services recorded whether an item was provided and the quantity distributed. In some cases, services indicated that an item of injecting paraphernalia was provided but were unable to supply a quantity. It is also important to note that the number of outlets reporting paraphernalia distribution information varied from year to year. Data on quantity of paraphernalia distributed was not collected prior to the 2008/09 survey. [Table 3.3](#) shows that since 2008/09 there has been an increase in the number of outlets reporting distribution of all forms of paraphernalia.

Figure 3.4 shows the number of IEP outlets that they provided selected items of injecting paraphernalia in 2012/13. The majority of IEP outlets reported providing citric acid (275 outlets), sharps bins (272), filters (272), spoons (273) and wipes/swabs (276). In contrast, sterile water was only provided by 144 outlets, of which 65% were pharmacies.

**Figure 3.4: IEP outlets that distributed selected items of injecting paraphernalia by outlet type; Scotland, 2012/13.**



[Table 3.4](#) and Figure 3.5 present figures on the number of injecting paraphernalia items distributed by IEP outlets in Scotland, during the period 2008/09 and 2012/13.

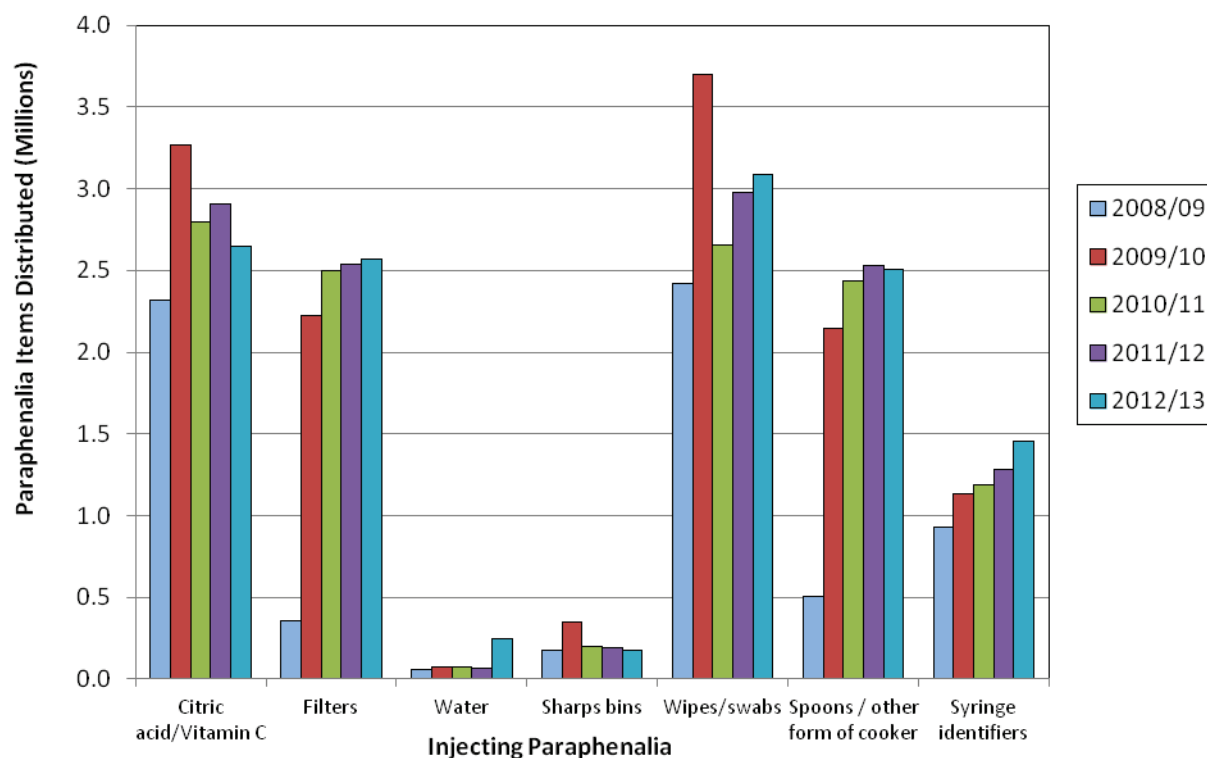
In terms of quantities distributed, wipes/swabs and citric acid/vitamin C were the most commonly distributed by IEP outlets in 2012/13 (3.1 million and 2.6 million items respectively).

Increases can be seen in the numbers of each item provided when compared with 2008/09. The number of filters reported to have been distributed increased seven-fold between 2008/09 and 2013/13, whilst the number of spoons reported to have been distributed increased five-fold over this period. There appeared to be little difference in the overall quantity of paraphernalia distributed in 2012/13 compared to 2011/12. Although there was a sharp rise in the number of water vials distributed, the number distributed was still low in



comparison to other paraphernalia items. Further breakdowns of the number of filters, water and spoons provided by each NHS Health Board over time are available in [Table 3.5](#).

**Figure 3.5: Items of injecting paraphernalia distributed by IEP outlets; Scotland, 2008/09 – 2012/13**



The size of the increase seen between 2008/09 and 2012/13 suggests that there has been an 'actual' rise in the numbers of certain forms of paraphernalia items distributed and this was not due to improvements in the reporting of paraphernalia distribution. This rise was in line with the national guidelines for services providing injecting equipment, which now allow more forms of paraphernalia to be distributed.

## Conclusion

A recent large 'Review of reviews' [1] was conducted on the existing evidence of the effectiveness of IEP services. This showed that there is evidence that IEP services are effective at reducing injecting risk behaviour in PWIDs. Additionally, it showed that there is some evidence that IEP services are effective in reducing HIV transmission among PWIDs, (although at present there is not enough evidence that they are alone sufficient to reduce Hepatitis C transmission). By documenting the provision of IEP services across Scotland and describing patterns of attendance and equipment distribution, this report provides contextual information for such evaluations.

A total of 290 IEP outlets provided data to ISD Scotland in 2012/13. IEP outlets were available in 12 of the 14 NHS Health Board areas. As in previous years, IEP services were most commonly situated within pharmacies (212 (73%) of the IEP outlets in Scotland).

In 2012/13 IEP outlets in Scotland reported 213,098 attendances and distributed 4.0 million needles/syringes. This was a 1% rise from 2011/12, although 11% lower than 2010/11. The main reason for the decrease in the last two years was the absence of data from NHS Lothian pharmacies on the number of needles/syringes distributed. When examining the trend excluding NHS Lothian figures there was only a 0.35% drop in needles/syringes distributed between 2010/11 and 2012/13.

Despite data issues, it can be seen that attendances have been falling since 2010/11 while the number of needles/syringes distributed has remained constant. This may be due to the lifting of restrictions on the number of needles/syringes distributed at the same time and allowing clients to receive more needles/syringes without returning their used needles [2]. As no client level data is currently collected, the drop in attendances does not necessarily mean a decline in the number of clients using IEP services. The number of paraphernalia items distributed has been rising over the last six years as laws and guidance have changed to allow new items to be distributed through IEP outlets.

There have been several issues with submission of IEP data over the past six years. This has meant that it is hard to reliably identify trends in Scotland. However, with most boards now either using, or in the process of implementing an electronic database, capable of recording details of their interactions with clients, it is hoped that improvements in data quality will be realised in the near future.

## References

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## 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  |
| 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   |
| PWID               | People who Inject Drugs   |

## List of Tables

| Table No. | Name   | Time period       | File & size           |
|-----------|--|-------------------|-----------------------|
| 1.1       | Number of Injecting Equipment Provision (IEP) outlets; 2007/08 - 2012/13   | 2007/08 – 2012/13 | <a href="#">Excel</a> |
| 1.2       | Rate of IEP Outlets per Population (over 16 years); 2012/13  | 2012/13           | Excel                 |
| 1.3       | Type of IEP service provision provided in Scotland; 2007/08 - 2012/13  | 2007/08 – 2012/13 | Excel                 |
| 2.1       | Total number of attendances reported at IEP outlets: By NHS Board and by outlet type; 2007/08 - 2012/13                  | 2007/08 – 2012/13 | Excel                 |
| 2.2       | Number of attendances reported at IEP outlets; 2012/13   | 2012/13           | Excel                 |
| 2.3       | Number of attendances reported at IEP outlets; 2012/13   | 2012/13           | Excel                 |
| 3.1       | Number of needles/syringes distributed in Scotland: By NHS Board and by outlet type; 2007/08 - 2012/13                   | 2007/08 – 2012/13 | Excel                 |
| 3.2       | Estimate of number of needles/syringes distributed per population (over 16years); 2012/13                                | 2012/13           | Excel                 |
| 3.3       | Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 - 2012/13                        | 2008/09 – 2012/13 | Excel                 |
| 3.4       | Number of selected items of injecting paraphernalia provided by IEP outlets in Scotland; by NHS Board; 2008/09 - 2012/13 | 2008/09 – 2012/13 | Excel                 |
| 3.5       | Number of IEP outlets providing figures for selected paraphernalia; 2008/09 - 2012/13                                    | 2008/09 – 2012/13 | 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

In earlier IEP reports, data was drawn from paper surveys which were distributed by Hepatitis C Prevention leads to the IEP outlets in their area. However, in recent years reports drew their information from three sources, a paper survey, the ISD Scottish Injecting Equipment Provision Database (ISD IEP Db) and Neo (a commercially available database). All but one NHS Health Boards are either using or in the process of moving to using Neo in the near future.

#### A1.2 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 2011/12 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. There are a number of possible reasons for this:

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

## A2 – Submission Method

The source of the data for the early IEP reports was an annual survey completed on behalf of each injecting equipment outlet in Scotland. However over the last couple of years data for some health boards has been entered directly into databases, from which ISD performs a yearly extract.

Boards had the option of using a national database (the ISD IEP database) which was developed by ISD, to collect this information or to use a commercially developed system, (Neo), to record this data. Currently 11 of the 12 NHS health boards are either using Neo or are currently working towards implementing the system across both pharmacies and agencies. 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. The table below describes the submission methods used by each NHS Health Board for submitting 2012/13 IEP information to ISD and provides an indication of any associated issues and forthcoming changes.

| Health Board            | Submission Method 2012/13              | Submission Issues 2012/13   | Future plan for Submission   |
|-------------------------|--|---|--|
| Ayrshire & Arran        | IEP                                    |   | Rolling out Neo. Currently still inputting pharmacy data into ISD IEP Db.  |
| Borders                 | IEP                                    | There is a dip in activity which may be due to staffing issues within the outlet which enters data on behalf of all pharmacies.   | Rolling out Neo. Currently inputting into ISD IEP Db.  |
| Dumfries & Galloway     | Survey                                 | Data is limited due to the fact that 12 pharmacies have not submitted data on number of attendances.  | Rolling out Neo. Limited data for remaining still entered onto ISD IEP Db.   |
| Fife                    | Survey                                 |   | Rolling out Neo. Never used ISD's IEP Db (submit surveys only).  |
| Forth Valley            | Neo                                    |   | Using Neo for 2+ years.  |
| Grampian                | Neo (survey for Drug Action)           |   | Using Neo for 2+ years.  |
| Greater Glasgow & Clyde | Neo (survey for 11 small sites)        |   | Using Neo for 2+ years.  |
| Highland                | Survey (Neo)                           | All pharmacy IEP services have estimated transactions due to Neo being implemented half way through the financial year. There is a substantial decrease in activity due to significant staffing and capacity issues which resulted in a reduced service. Some pharmacies took several months to start recording data accurately (as well as Argyll & Bute) and this will also contribute to the reduction in numbers. | Using Neo since 2012.  |
| Lanarkshire             | Survey                                 |   | Rolling out Neo. Currently inputting into ISD IEP Db and Paper Surveys.  |
| Lothian                 | IEP (survey for pharmacies)            | As per last year, Lothian have been unable to record pharmacy activity fully.   | Rolling out Neo. Have been inputting into ISD IEP Db (not including pharmacies, of which there are many – surveys so far). |
| Shetland                | Survey                                 |   | Using ISD IEP Db and surveys.  |
| Tayside                 | Neo extract (survey for 4 Boots sites) |   | Using Neo for 2+ years.  |



**A3 – Publication Metadata (including revisions details)**

| <b>Metadata Indicator</b>                | <b>Description</b>   |
|--|--|
| Publication title                        | Injecting Equipment Provision in Scotland Survey 2012/13   |
| 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 2014   |
| Release date                             | 26 <sup>th</sup> May 2014  |
| Frequency                                | Annual   |
| Timeframe of data and timeliness         | The timeframe for this publication is the financial year 2012/13. Trend data from 2007/08 is also included.  |
| 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.  |
| 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.<br><a href="http://www.scotland.gov.uk/Publications/2011/08/24085708/0">http://www.scotland.gov.uk/Publications/2011/08/24085708/0</a><br>Health boards are based on health board boundaries before April 1 <sup>st</sup> 2014.  |
| Relevance and key uses of the statistics | Provides information that supports the Sexual Health and Blood Borne Virus Framework<br><a href="http://www.scotland.gov.uk/Publications/2011/08/24085708/0">http://www.scotland.gov.uk/Publications/2011/08/24085708/0</a>  |
| Accuracy                                 | Local Prevention Leads were given the opportunity to check the data prior to publication, unless advised otherwise.  |
| 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 <a href="#">published guidelines</a> . |
| Coherence and clarity              | The report is available as a PDF file.   |
| Value type and unit of measurement | Count, (Number and percentage). Crude rates.   |
| Disclosure                         | The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.   |
| Official Statistics designation    | Official Statistics  |
| UK Statistics Authority Assessment | Has not been assessed by the UK Statistics Authority.  |
| Last published                     |  |
| Next published                     |  |
| Date of first publication          |  |
| Help email                         | ben.tait@nhs.net   |
| Date form completed                |  |

## **A4 – 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 (Hepatitis C Prevention Leads)

## A5 – 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.