

# Publication Report



## **Injecting Equipment Provision in Scotland Survey 2013/14**

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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 seventh report in this series and relates to the Financial Year 2013/14. IEP services have been shown to be effective in reducing injecting risk behaviours in PWIDs [1]. The original survey of IEP outlets focused 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 and items of injecting paraphernalia distributed and, if known, what type of drugs their clients are injecting. For further information on data collection please refer to [Appendix A1](#).

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 Board 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.

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.

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 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. Because of early data collection/submission problems and challenges in presenting multiple years in the charts included, trends presented in this report have been restricted to the most recent five years of data. Data since the start of the IEP study is reported fully in the associated [Tables](#).

## Key points

- A total of 299 Injecting Equipment Provision (IEP) outlets in Scotland responded to the 2013/14 survey. Despite efforts by ISD and data providers to ensure data quality, estimated figures were used by some IEP outlets and not all outlets provided responses to all questions. Therefore, analyses show data reported to ISD by participating outlets and caution should be exercised when interpreting trends.
- Of the 299 IEP outlets, 218 (73%) were located in pharmacies, and the remaining 81 were as part of other services, known as agencies.
- Approximately 226,000 attendances were reported across participating IEP outlets in 2013/14, an increase from 213,000 in 2012/13. This increase can largely be attributed to a sharp rise in attendances for NHS Greater Glasgow and Clyde, where a change in IEP practice was implemented in 2013/14.
- Where gender of the client was reported, 78% of attendances were made by males.
- A total of 3.8 million needles/syringes were reported to have been distributed by participating outlets in 2013/14. Coupled with increased attendances, this indicates fewer needles/syringes distributed per attendance compared to previous years.
- In 2013/14, NHS Greater Glasgow and Clyde reported the highest number of needles/syringes distributed (1.1 million).
- In 2013/14, NHS Dumfries and Galloway distributed the highest number of needles/syringes per head of adult population, distributing 1.4 needles/syringes per person.
- Wipes/swabs and citric acid/vitamin C were the types of paraphernalia most commonly distributed by participating IEP outlets in 2013/14 (3.5 million and 3.0 million items respectively).

## Results and Commentary

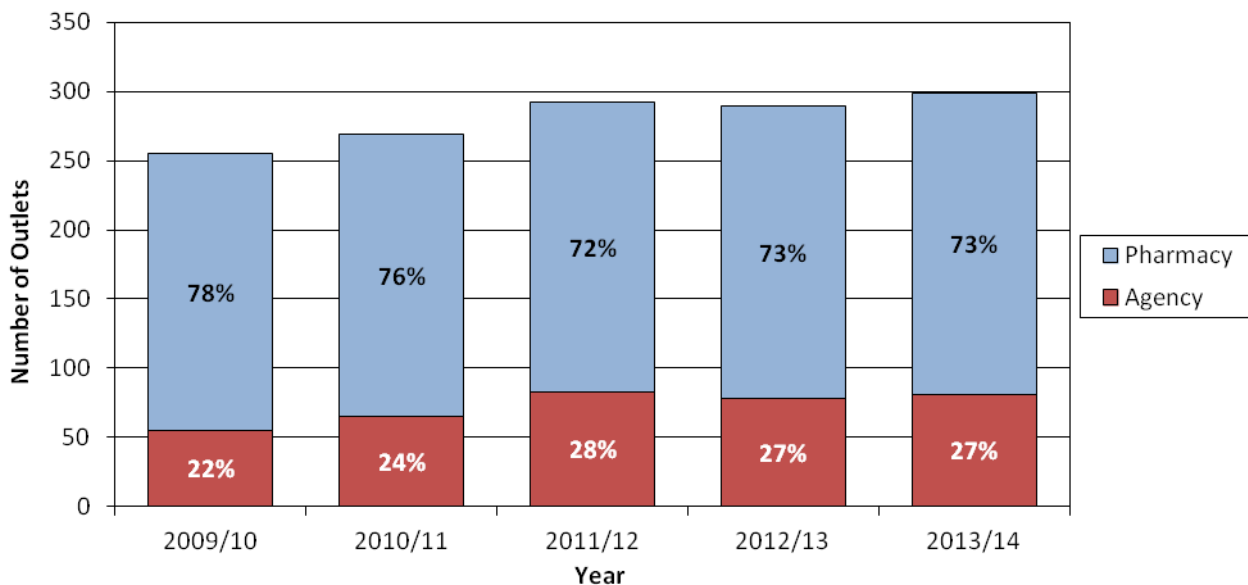
### 1. Injecting Equipment Provision Services

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 five 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 2009/10 are presented in [Table 1.1](#) and Figure 1.1.

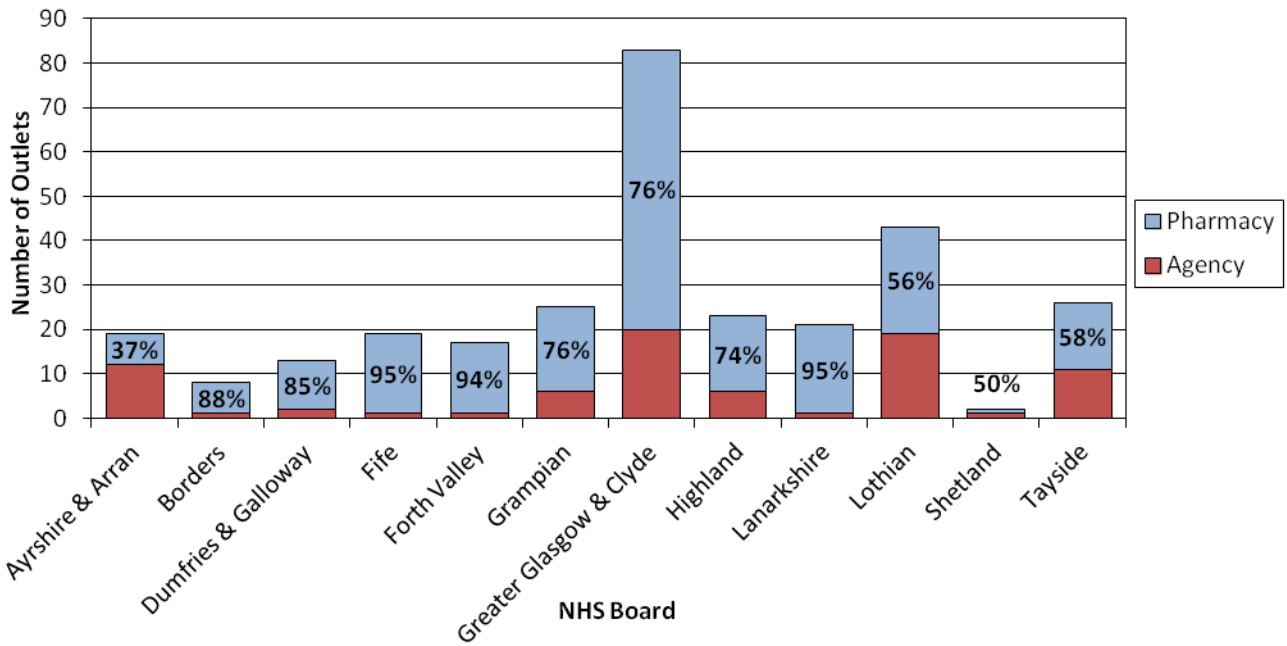
**Figure 1.1: Number and Percentage of IEP outlets by Type; Scotland, 2009/10 – 2013/14**



In 2013/14, of the 299 reporting outlets, there were 218 (73%) pharmacy-run and 81 agency-run IEP outlets in Scotland. The number of pharmacies and agencies issuing IEP has increased slightly since 2012/13 from 212 and 78 respectively. While the total number of IEP outlets increased slightly since 2012/13 (290), the percentage of pharmacies to overall outlets remained the same. However, it is worth noting that the percentage of pharmacies has decreased from 2009/10 (78%). Therefore, the increase in the number of outlets across Scotland from 2009/10 to 2013/14 was mainly driven by more agencies providing IEP services.

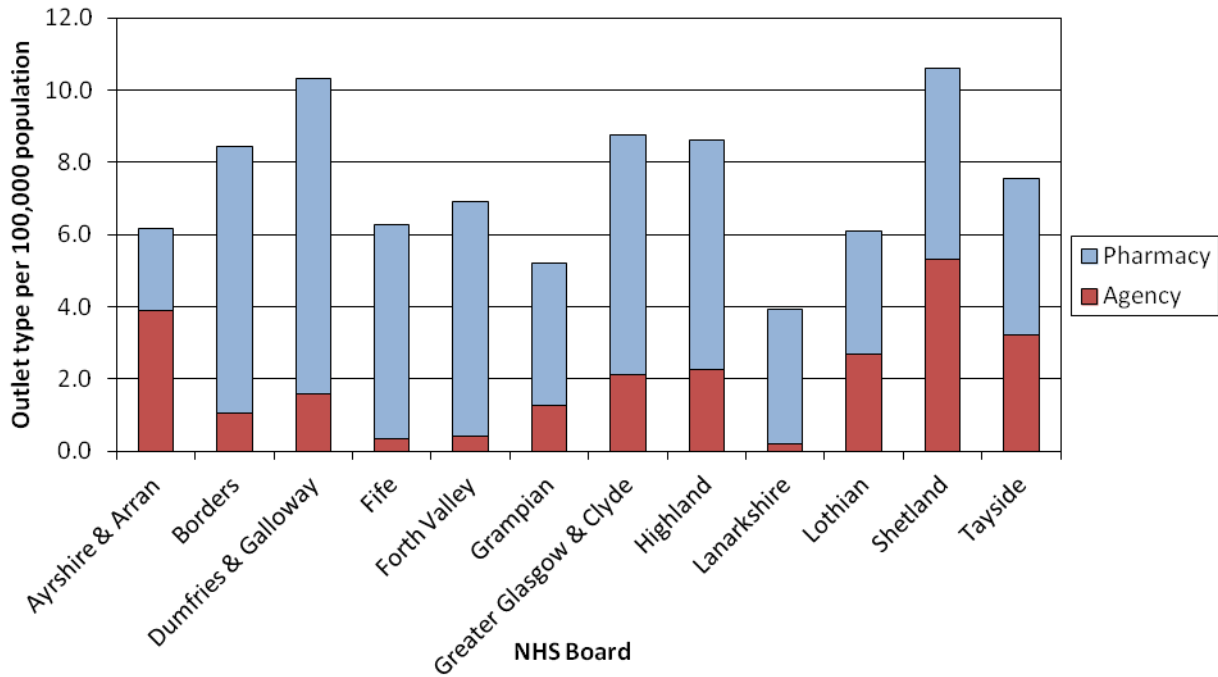
As shown in Figure 1.2, NHS Greater Glasgow and Clyde had the highest number of IEP outlets in Scotland, reflecting the higher population and high prevalence of people with drug problems in that area [4].

Figure 1.2: IEP outlets by Type; NHS Boards, 2013/14



Owing to differences in NHS Board populations it is worthwhile examining the number of outlets as a rate per adult population of each NHS Board (Figure 1.3 and [Table 1.2](#)). This showed that there was a Scottish average of 6.8 outlets per 100,000 population, with NHS Board rates ranging from 3.9 outlets per 100,000 in Lanarkshire to 10.6 outlets per 100,000 in Shetland. Aside from Greater Glasgow and Clyde, the five NHS Boards with the highest prevalence of IEP outlets per person all covered primarily rural areas (i.e. Shetland, Dumfries and Galloway, Borders and Highland).

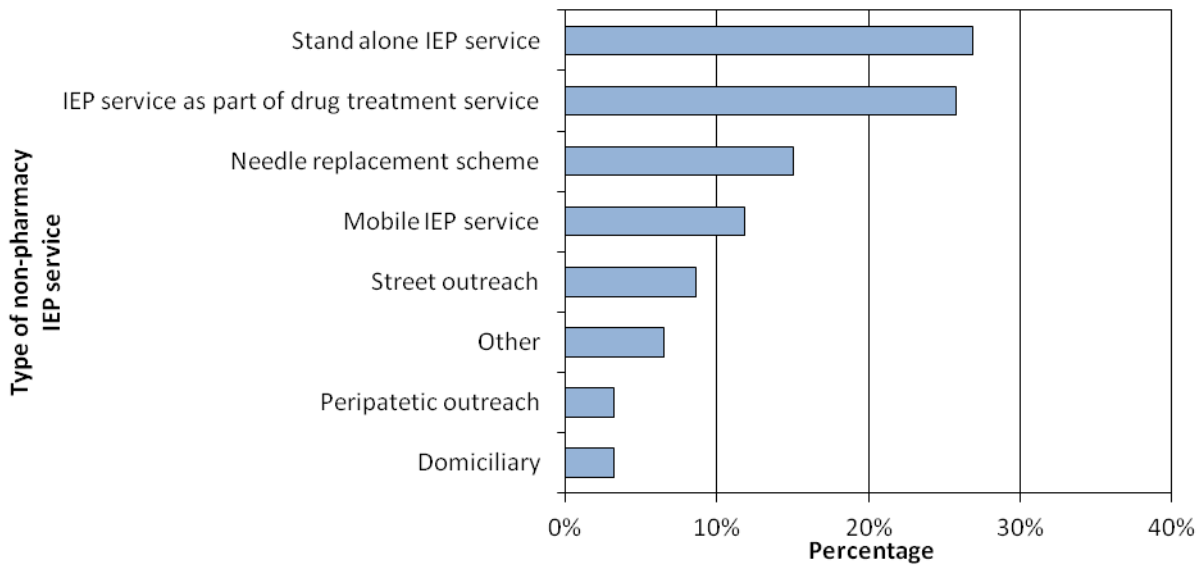
**Figure 1.3: Crude Rate of IEP outlets by Type per 100,000 Adult Population; NHS Boards, 2013/14**



### 1.2 Type of IEP

A range of IEP services have been operating in Scotland over the past seven years (Figure 1.4 and [Table 1.3](#)). In 2013/14, 27% of agencies provided IEP as a stand-alone service; this was the first time since recording began that ‘IEP service as part of drug treatment service’ has not been the main type of IEP provided by agencies. ‘IEP service as part of drug treatment service’ was the second most common form of non-pharmacy IEP (26%). 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, 2013/14**

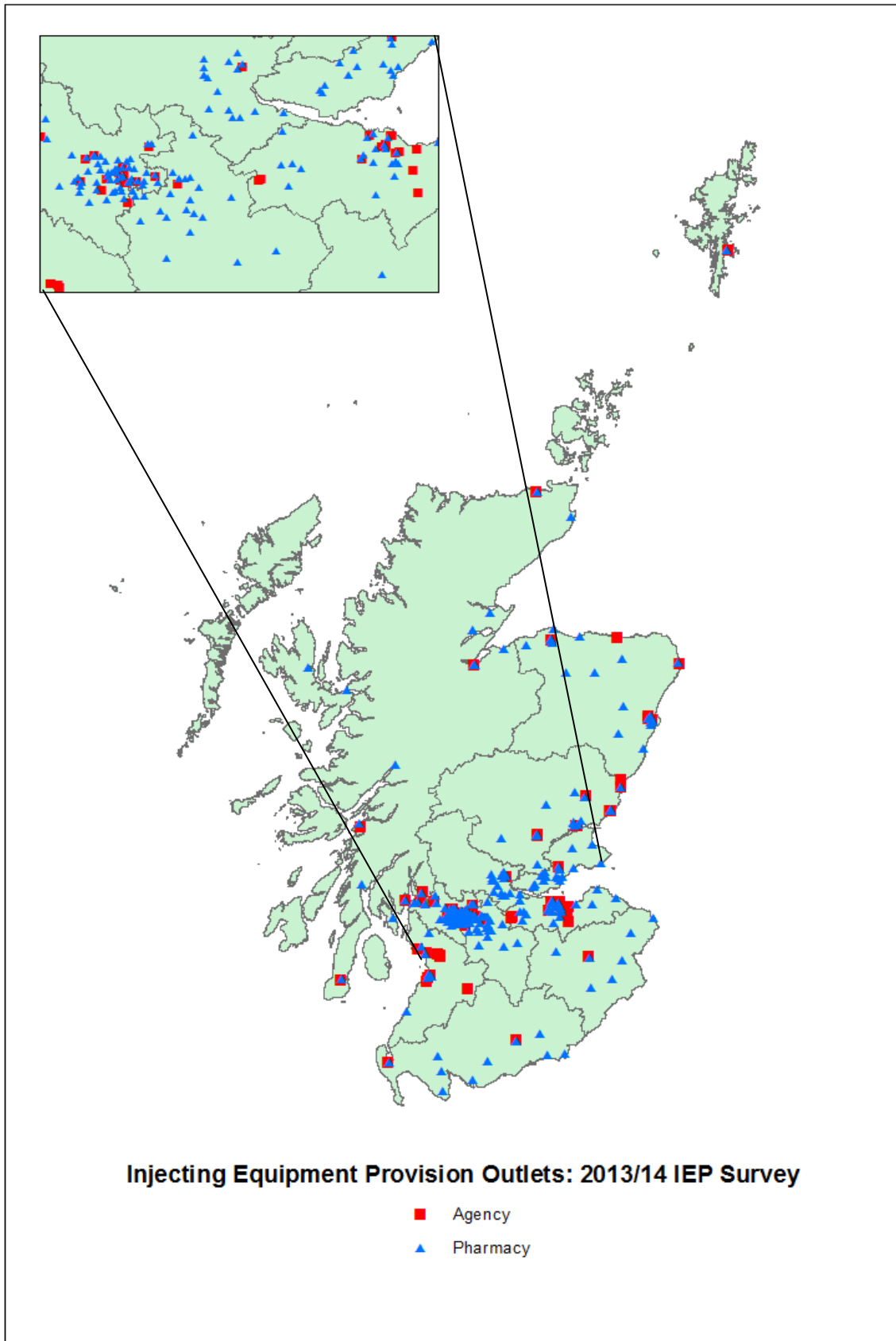


1. Agencies may provide more than one type of service provision. Percentages are based on the number of agencies responding.
2. Needle replacement schemes are a specific type of provision that exist mainly in police custody suites and prison services. Detainees arriving in custody have their needles and equipment confiscated to be replaced with new/clean equipment upon their release.

Figure 1.5 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, 2013/14



## 2. Profile of Attendances

This section examines the number of attendances at IEP outlets nationally and in each NHS Board. It is not possible at present to report on the number of individuals attending IEP outlets (an individual may attend many times per year and person-level identifiable information is not provided to ISD). There were 25 outlets (24 pharmacies and 1 agency) which did not report attendances (an increase from 12 outlets in 2012/13<sup>a</sup>). In 2013/14 NHS Lothian did not provide attendance figures for any of the 24 pharmacy outlets within the area. It is hoped that with the roll-out of Neo, data submission will improve, both in NHS Lothian and across Scotland.

As a result of Neo implementation (Neo allows users to enter non-needle/syringe exchange transactions into the system), it became necessary to promote a standardised definition as to what constitutes an IEP attendance or 'transaction' for the purposes of reporting. Therefore, with the aim of providing a sterile kit for every injection as a basis, only episodes in which a client receives equipment relating to an injecting episode (i.e. a minimum of a barrel and/or fixed needle/syringe) are classed as a 'transaction'. This definition came into use from September 2014 and is used as the basis of attendance statistics from the start of 2013/14 onwards.

A further issue of note is a change in the method of needle/syringe distribution by NHS Greater Glasgow and Clyde. Prior to 2013/14, the packs supplied in NHS Greater Glasgow and Clyde contained 20 'one hit kits'. Joint work with local authority environmental services and the examination of outside injecting 'hotspots' identified that there were quantities of unused equipment in the drug related litter. NHS Greater Glasgow and Clyde decided to allow clients to access single or multiple "one hit kits" which is likely to have led to an increase in IEP attendances within the Board.

### 2.1 Attendances

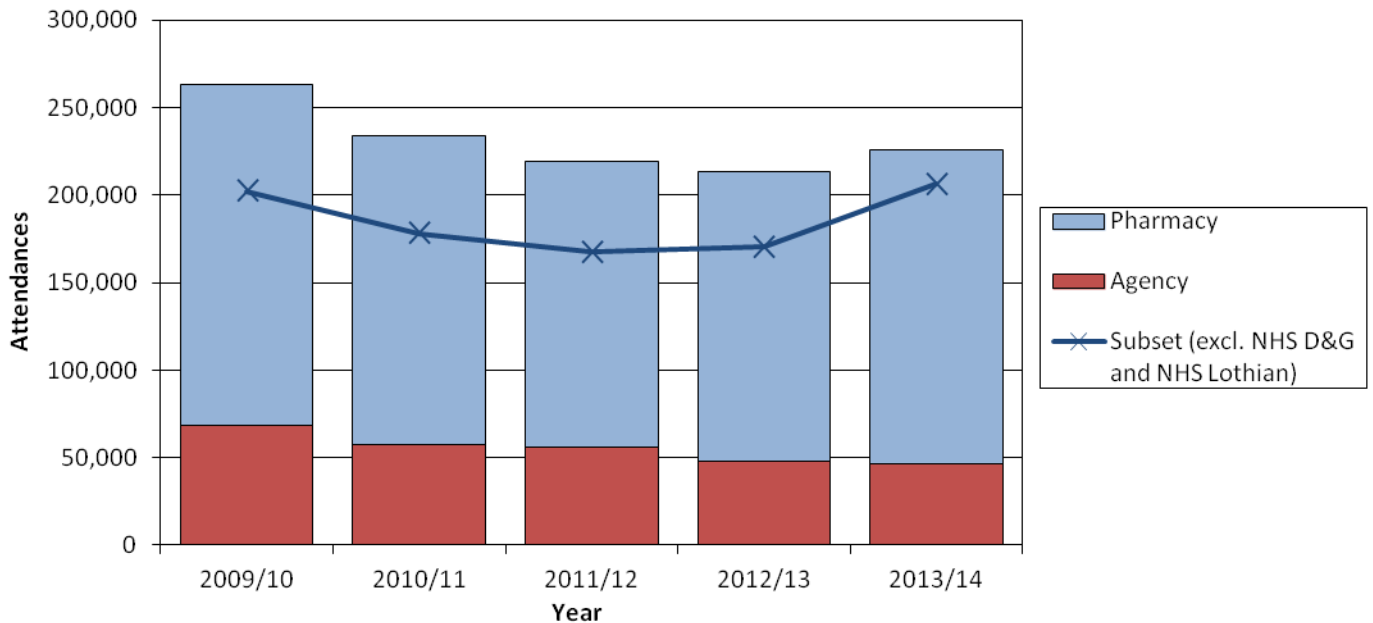
There were 226,056 attendances reported by IEP outlets in 2013/14 by 12 NHS Boards across Scotland (Figure 2.1 and [Table 2.1](#)). Attendances decreased by over 16% between 2009/10 and 2012/13. However, attendances in 2013/14 were 6% higher than in 2012/13, having increased for the first time in five years. The percentage of attendances at pharmacies increased from 74% to 79% between 2009/10 and 2013/14. 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.

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<sup>a</sup> In previous reports, a table was included which reported on the number of outlets which counted attendances at their outlet and the number which are estimated this. Over the last couple of years the number of outlets which did not answer this increased to 72%. It is thought that the reason for the large data non-completion 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 this significant drop in data completeness this table has been excluded from the 2013/14 report.

Both NHS Dumfries and Galloway and NHS Lothian have not consistently submitted data throughout the period from 2009/10 to 2013/14. Therefore, in order to overcome these data submission issues, a subset of Scotland excluding these two NHS Boards is also shown in Figure 2.1. Among this subset of NHS Boards, a sharper increase in attendances of 21% was observed between 2012/13 and 2013/14.

**Figure 2.1: Attendances Reported per Outlet Type; Scotland, 2009/10 - 2013/14<sup>1,2,3,4</sup>**

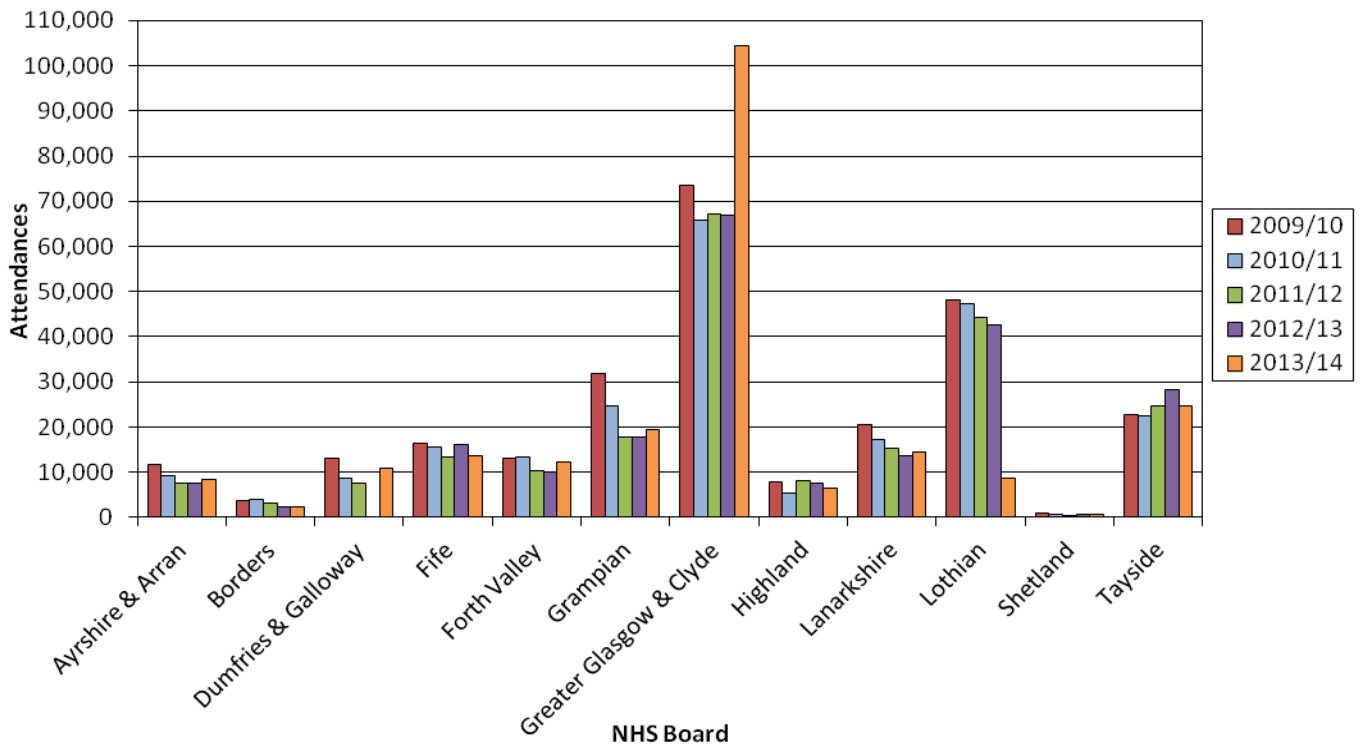


1. Administration issues in NHS Borders caused may have impacted the number of attendances reported in 2012/13.
2. No figures were submitted from Dumfries and Galloway in 2012/13.
3. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
4. Due to lost record sheets, NHS Fife only reported data for 8 to 10 months of 2013/14.

Excluding NHS Dumfries and Galloway and NHS Lothian, four of the remaining ten NHS Boards reported a decrease in the number of attendances since 2012/13 (Figure 2.2). NHS Fife<sup>b</sup> and NHS Tayside reported the largest percentage decreases (17% and 13% respectively). NHS Greater Glasgow and Clyde reported a 56% increase in attendances for 2013/14. As described above, this increase in IEP attendances within the Board (and consequent increase evident at the Scotland level) is thought to be due to the change in distribution of ‘one-hit kits’

<sup>b</sup> It is worth noting that due to lost record sheets the majority of IEP outlets in NHS Fife are only represented in 8 to 10 months of the year, which is likely to lead to its underrepresentation throughout this report.

**Figure 2.2: Attendances reported at IEP outlets; NHS Boards, 2009/10 - 2013/14<sup>1,2,3,4</sup>**



1. Administration issues in NHS Borders caused may have impacted on the number of attendances reported in 2012/13.
2. No figures were submitted from Dumfries and Galloway in 2012/13.
3. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
4. Due to lost record sheets, NHS Fife only reported data for 8 to 10 months of 2013/14.

Having examined NHS Board specific attendance patterns it appears that the decrease in attendances in the Scottish subset (Figure 2.1) from 2009/10 to 2012/13 was due to all NHS Boards (with the exception of Tayside) reporting slight decreases in attendances. Factors that may have contributed to this decrease were the removal of limitations on the number of needles/syringes distributed in a single transaction (and consequent increase in the numbers of needles provided to one person) and changes in the recent availability and use of heroin and other opioids [5] [6].

[Table 2.2](#) provides information on the number of attendances at IEP pharmacies and agencies in 2013/14 at NHS Board level. The majority of attendances (79%) in 2013/14 were at pharmacy IEP outlets, which was consistent with the previous year (77%).

[Table 2.3](#) provides information on the number of attendances by gender during 2013/14. In the 81% of IEP outlets that provided a breakdown of the number of attendances by gender, 78% 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 201 (67%) of the 299 IEP outlets in 2013/14. Of these 201 outlets, all reported that at least one of their clients used opiates. Eighty-five per cent of outlets (170) reported that one or more of their clients injected Performance and Image Enhancing Drugs (PIEDs) and two-thirds (135, 67%) reported that one or more of their clients attending their service injected stimulants (this information was not sufficiently complete to report on in further detail - data not shown in tables).

### 3. Injecting Equipment Activity in IEP Services

This section presents information on the number of needles/syringes and injecting paraphernalia distributed in the period 2009/10 to 2013/14.

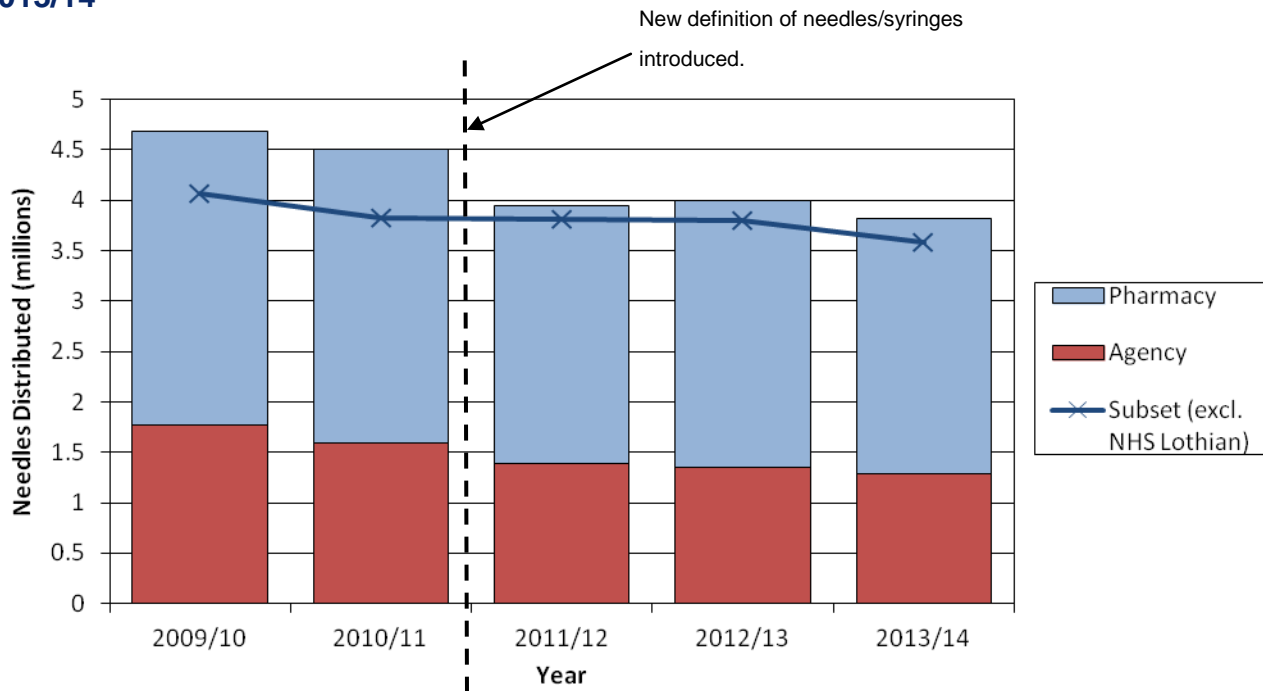
Prior to 2011/12, no definition of needles/syringes was provided to NHS Boards. Some areas counted all fixed syringes, barrels and additional needles, including those used for 'drawing up'. Other areas counted only barrels and fixed needle syringes. In 2011/12, a standardised definition of needles/syringes 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 figures since 2011/12 and 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 relevant time period. 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 2009/10 and 2013/14.

A total of 3.8 million needles/syringes were distributed by IEP outlets in 2013/14; 2.5 million (66%) by pharmacies and 1.3 million (34%) by agencies. The number of needles/syringes distributed decreased by almost 865,000 from a high of 4.7 million in 2009/10, however this rate of decline has slowed since the definition of what constitutes a needle/syringe was introduced in 2011/12.

**Figure 3.1: Needles/syringes distributed per outlet type; Scotland, 2009/10 – 2013/14**<sup>1,2, 3,4,5,6</sup>



1. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
2. Prior to 2011/12, no definition of needles/syringes was provided to NHS Boards, after this a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
3. Due to lost record sheets, NHS Fife only reported data for 8 to 10 months of 2013/14.
4. The majority of IEP services in Dumfries and Galloway did not submit data in 2013/14.
5. One outlet in NHS Grampian over estimated the amount of needles/syringes distributed during the period to July 2013.
6. Staffing issues in an agency which collects and submits data for agencies across NHS Borders caused a dip in expected numbers in 2012/13.

An additional trend line, excluding NHS Lothian (who have experienced data submission issues over the last three years) has been included in Figure 3.1. This shows more subtle changes and analysis of the subset illustrates that there has been a real decline in overall needles/syringes distribution between 2012/13 and 2013/14 which is not solely attributable to a lack of data from NHS Lothian.

Figure 3.2 shows the number of needles/syringes distributed within each NHS Board area between 2009/10 and 2013/14. NHS Greater Glasgow & Clyde distributed the highest number of needles/syringes in each of the five years; approximately 1.1 million needles/syringes in 2013/14. NHS Grampian and NHS Tayside distributed the second and third highest number of needle/syringes (approximately 525,000 and 410,000, respectively).

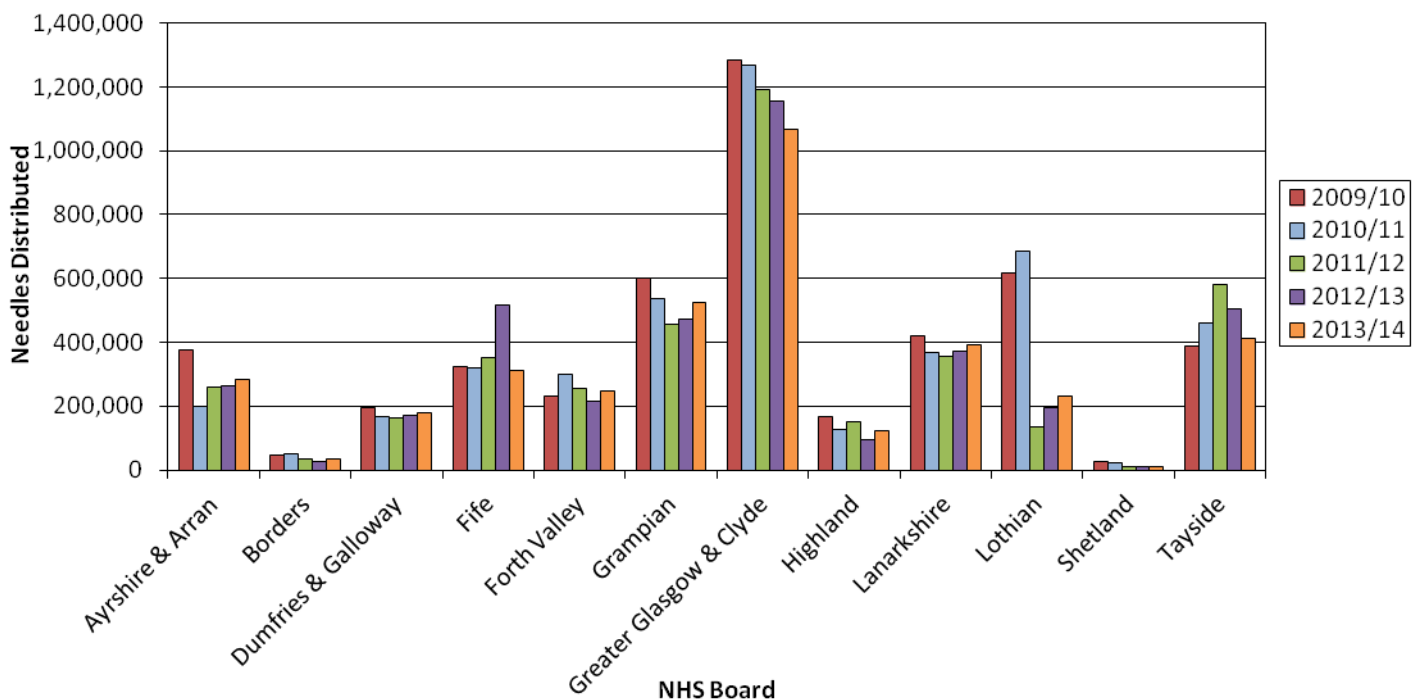
As described above, the large decrease in reported needle/syringe distribution in NHS Lothian from 2011/12 to 2013/14 was due to pharmacies being unable to submit their data. There was a large rise in the number of needles/syringes reported to have been distributed in NHS Fife between 2011/12 and 2012/13, however NHS Fife reported distributing approximately 200,000 fewer needles/syringes in 2013/14<sup>c</sup>. NHS Greater Glasgow and Clyde reported a decrease of 87,000 in needles/syringes distributed between 2012/13 and 2013/14; part of a consistent decrease in distribution across the time series. While NHS

<sup>c</sup> The decrease in needle/syringe distribution reported in 2013/14 in NHS Fife can be partially explained by the issue of lost record sheets described above in relation to attendances.

Tayside reported a decrease of 95,000 and NHS Grampian<sup>d</sup> an increase of approximately 53,000 needles/syringes distributed in 2013/14 compared to 2012/13. Despite fluctuations in the number of needles/syringes distributed between 2012/13 and 2013/14 the figures for both areas are comparable with previous years.

As previously discussed, NHS Greater Glasgow and Clyde introduced a policy change allowing clients to access single or multiple 'one hit kits' instead of a minimum of 20 'one hit kits' per transaction resulting in a sharp rise in attendances. The further decline in needles/syringes distributed in 2013/14 may support the assertion that distributing packs to cover 20 injecting episodes leads to unused needles/syringes being discarded. It is hoped that the introduction of 'one hit kits' will provide a truer representation of equipment use. However, in conjunction with the data submission issues described, these changes mean that it is difficult to accurately portray comparative needle/syringe distribution between NHS Boards.

**Figure 3.2: Needles/syringes distributed by IEP outlets; NHS Boards, 2009/10 – 2013/14**<sup>1,2,3,4,5, 6</sup>



1. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
2. Prior to 2011/12, no definition of needles/syringes was provided to NHS Boards, after this a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
3. Due to lost record sheets, NHS Fife only reported data for 8 to 10 months of 2013/14.
4. The majority of IEP services in Dumfries and Galloway did not submit data in 2013/14.
5. One outlet in NHS Grampian over estimated the amount of needles/syringes distributed during the period to July 2013.
6. Staffing issues in an agency which collects and submits data for agencies across NHS Borders caused a dip in expected numbers in 2012/13

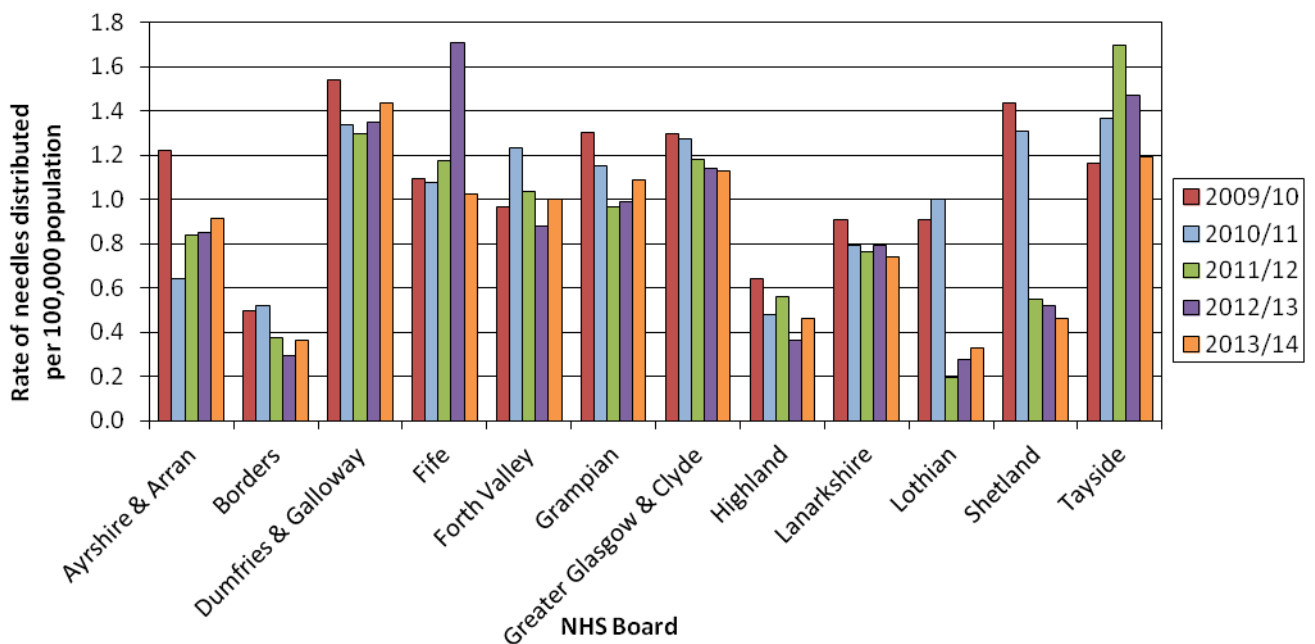
<sup>d</sup> Further, one IEP outlet in NHS Grampian wrongly recording the number of needles/syringes distributed from April to July. The resulting change meant that monthly figures fell from 5000+ needles/syringes being distributed to 1500-2000.

### 3.2 Needles/syringes distribution rates

In order to provide comparisons between NHS Boards, crude rates of needle/syringe distribution were calculated. Figure 3.3 (Table 3.2) shows the rate of needles/syringes distributed per head of adult population 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 eight years old).

Figure 3.3 shows that there was a high degree of variability in rates of needle/syringe distribution between NHS Boards and also between years within NHS Board areas. In 2013/14, NHS Dumfries and Galloway distributed the largest number of needles/syringes per head of population. NHS Fife distributed the largest number per head of population in 2012/13 and it is not possible to say whether this would still be the case if NHS Fife had been reported across the full 12 month period of 2013/14. Similarly, NHS Lothian (0.3) marginally distributed the fewest needles/syringes per head of population in 2013/14, however in light of the previous caveats it is unlikely that this would be the case if it hadn't experienced widespread data submission issues. NHS Borders (0.4) distributed the second fewest needles/syringes per head of population and is likely to be a truer representation as there are no known data submission issues for 2013/14.

**Figure 3.3 Crude Rate of Needles/syringes Distributed per 100,000 Adult Population; NHS Boards, 2009/10 – 2013/14**<sup>1,2,3,4,5,6,7</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 to 2013/14.
3. Prior to 2011/12, no definition of needles/syringes was provided to NHS Boards, after this a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
4. Due to lost record sheets, NHS Fife only reported data for 8 to 10 months of 2013/14.
5. The majority of IEP services in Dumfries and Galloway did not submit data in 2013/14.
6. One outlet in NHS Grampian over estimated the amount of needles/syringes distributed during the period to July 2013.
7. Staffing issues in an agency which collects and submits data for agencies across NHS Borders caused a dip in expected numbers in 2012/13.



### 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.

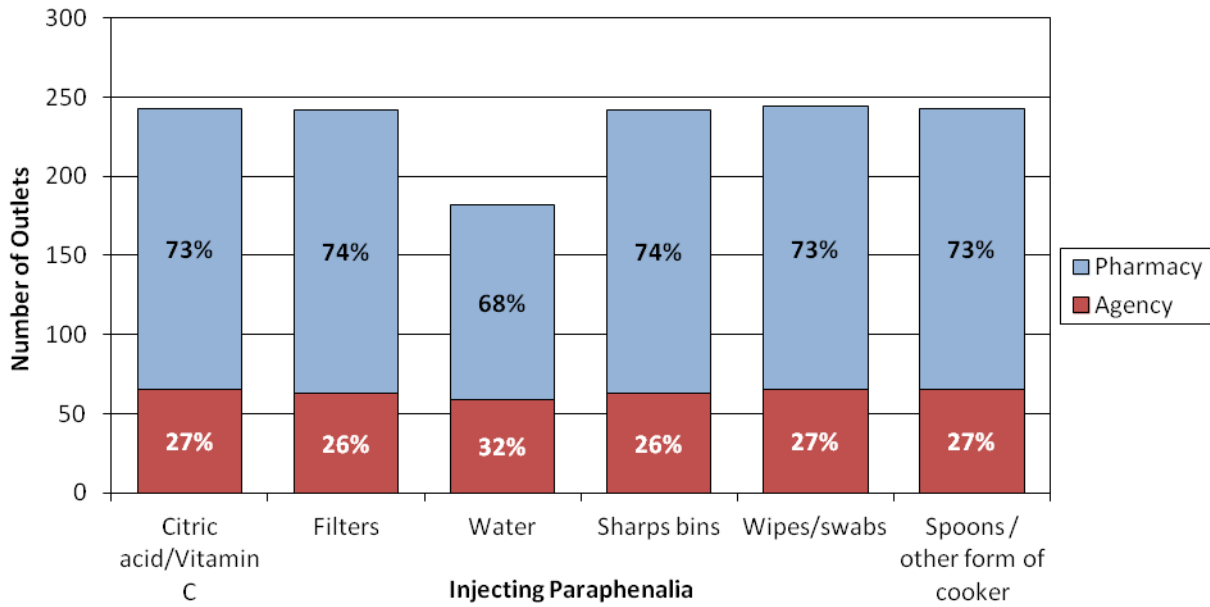
### 3.4 Injecting paraphernalia

Since a legislative change 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. Filters are supplied to prevent larger particles from entering the syringe after preparation of the drug, and spoons 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 the quantity of these items they distributed. It is important to note that the number of outlets reporting paraphernalia distribution information varied from year to year. [Table 3.5](#) shows there has been an increase in the number of outlets reporting paraphernalia distribution over time.

Figure 3.4 shows the number of IEP outlets that provided selected items of injecting paraphernalia in 2013/14. The majority of IEP outlets reported providing citric acid (243 outlets), sharps bins (242), filters (242), spoons (243) and wipes/swabs (244). In contrast, sterile water was only provided by 182 outlets, of which 68% were pharmacies.

**Figure 3.4: IEP Outlets Distributing Selected Items of Injecting Paraphernalia by Outlet Type; Scotland, 2013/14**

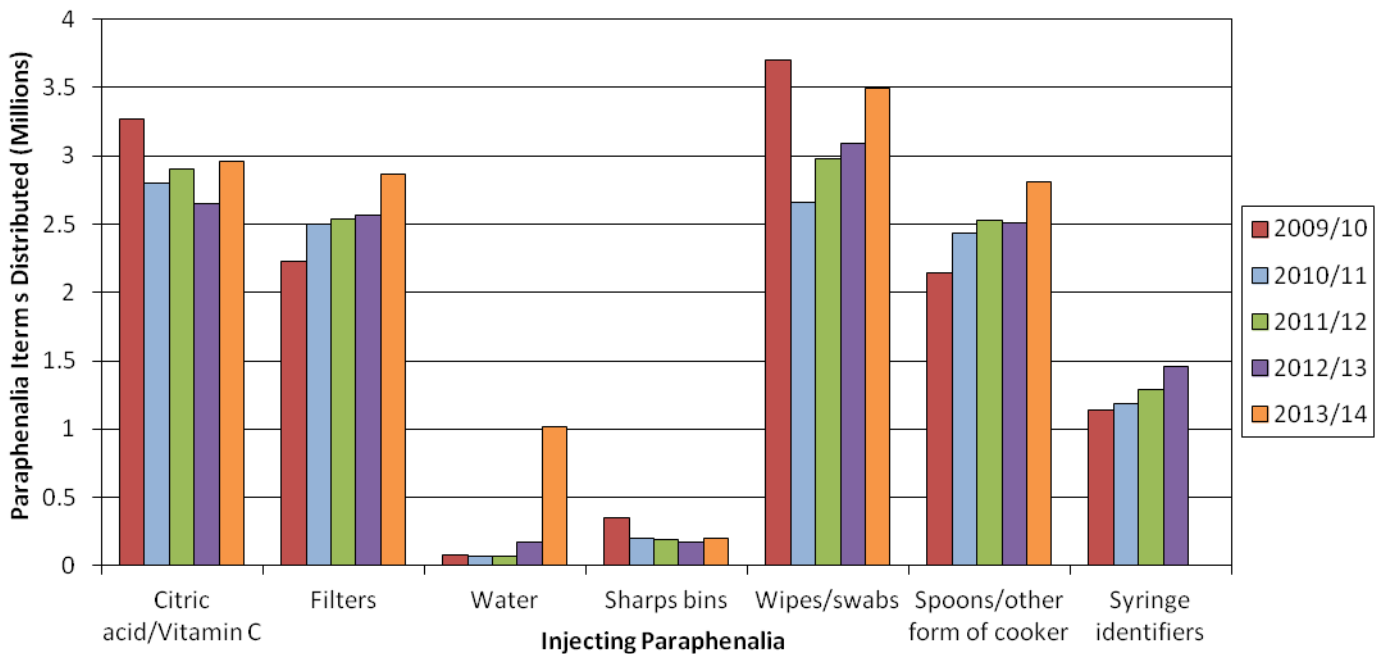


[Table 3.3](#) and Figure 3.5 present figures on the number of injecting paraphernalia items distributed by IEP outlets in Scotland.

In terms of quantity, wipes/swabs and citric acid/vitamin C were the most commonly distributed by IEP outlets in 2013/14 (3.5 million and 3.0 million items respectively).

The largest increase in paraphernalia distribution was in relation to sterile water, which increased by around 0.8 million items in 2013/14 but was still low when compared to other items of paraphernalia. The quantity of filters and spoons distributed continued to increase consistently across the time series. Similarly the amount of wipes/swabs has increased consistently since a notable decrease in 2010/11 (Figure 3.3). The amount of sharps bins has remained stable since 2010/11 (however, these are a multi-use product and there are other options available for needle/syringe disposal) and the amount of citric acid/vitamin C distributed continued to fluctuate from year to year. Further breakdowns of paraphernalia distribution by each NHS Board over time are available in [Table 3.4](#).

**Figure 3.5: Items of injecting paraphernalia distributed by IEP outlets; Scotland, 2009/10 – 2013/14<sup>1</sup>**



1. The introduction of colour coded needles/syringes has replaced the use of syringe identifiers and as a result there is no data for 2013/14.

Due to the need to use a range of sterile items when injecting drugs, it might be anticipated that the volume of needles/syringes distributed (3.8 million in 2013/14) would be roughly comparable to the volume of citric acid/vitamin C sachets or filters distributed. However, this was not the case and there were notable differences in the amount of paraphernalia distributed when compared with the number of needles/syringes.

This may be because, as illustrated by the change to ‘one-hit kits’ in NHS Greater Glasgow and Clyde, IEP practices may inadvertently inflate the volume of needles/syringes distributed. Another possibility is the ease of access to alternative paraphernalia, for example using cotton wool as a filter or tap water instead of water vials, or in some cases not using paraphernalia such as filters or wipes/swabs. Also, the growing use of Novel Psychoactive Substances and Performance and Image Enhancing Drugs may account for some of these differences (a needle/syringe is a necessity for injecting any drug, however the accompanying paraphernalia is more synonymous with the injecting of opiates).

## 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 299 IEP outlets provided data to ISD Scotland in 2013/14. IEP outlets were available in 12 of the 14 NHS Board areas. As in previous years, IEP services were most commonly situated within pharmacies (218 (73%) of the IEP outlets in Scotland).

In 2013/14 IEP outlets in Scotland reported 226,056 attendances and distributed 3.8 million needles/syringes. This was a 5% decrease in needles/syringes distributed from 2012/13, and 18% lower than 2010/11. The main reason for the decrease in the last three 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. The sharper decrease observed from 2012/13 to 2013/14 can be accredited to the notable reduction of needles/syringes distributed in NHS Fife, NHS Tayside and NHS Greater Glasgow and Clyde.

Despite data issues, it can be seen that attendances had been falling since 2010/11 while the number of needles/syringes distributed had 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]. In 2013/14, for the first time in five years, the number of IEP attendances increased. This was largely attributable to a sharp rise in attendances in NHS Greater Glasgow and Clyde. As no client level data is currently collected, the drop or rise in attendances does not necessarily mean a decline or increase in the number of clients using IEP services. The number of paraphernalia items distributed has been rising over the last five 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 seven years. This has meant that it is difficult 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.

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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
Neo	A commercially available database used by outlets to log IEP attendances and distribution
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
	<a href="#">All Tables</a>		95Kb
1.1	Number of Injecting Equipment Provision (IEP) outlets by NHS Board and outlet type	2007/08 – 2013/14	
1.2	Rate of IEP Outlets per 100,000 population (over 16) by NHS Board and outlet type	2013/14	
1.3	Type of non-pharmacy IEP service provision in Scotland	2007/08 – 2013/14	
2.1	Total number of attendances reported at IEP outlets, by NHS Board and outlet type	2007/08 – 2013/14	
2.2	Number of attendances reported at IEP outlets, by NHS Board and outlet type	2013/14	
2.3	Number of attendances reported at IEP outlets by NHS Board and gender	2013/14	
3.1	Number of needles/syringes distributed in Scotland by NHS Board and outlet type	2007/08 – 2013/14	
3.2	Estimate of number of needles/syringes distributed per 100,000 population (over 16) by NHS Board	2007/08 – 2013/14	
3.3	Number of items of injecting paraphernalia provided by IEP outlets in Scotland	2008/09 – 2013/14	
3.4	Number of items of injecting paraphernalia provided by IEP outlets by NHS Board	2008/09 – 2013/14	
3.5	Number of IEP outlets providing figures for selected items of injecting paraphernalia in Scotland	2008/09 – 2013/14	

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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 used by outlets to log IEP attendances and distribution). All but one NHS 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 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 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 2013/14	Future plan for Submission
Ayrshire & Arran	Partial IEP and Partial Neo		Rolling out Neo. Currently still inputting pharmacy data into ISD IEP Db.
Borders	IEP		Rolling out Neo. Currently inputting into ISD IEP Db.
Dumfries & Galloway	Partial IEP/Partial Neo/Partial Survey Spreadsheet	Data is limited due to the fact that 9 pharmacies and 1 agency have not submitted any data beyond number of attendances and syringes/needles distributed and returned.	Rolling out Neo. Limited data for remaining still entered onto ISD IEP Db.
Fife	Survey	Missing record sheets mean there is only data for 8-10 months of the year.	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)	One IEP outlet wrongly recorded the number of needles/syringes distributed from April to July. The resulting change meant that monthly figures fell from 5000+ needles/syringes being distributed to 1500-2000	Using Neo for 2+ years.
Greater Glasgow & Clyde	Neo (survey for 11 small sites)		Using Neo for 2+ years.
Highland	Survey (Neo)		Using Neo since 2012.
Lanarkshire	IEP		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	IEP		Using ISD IEP Db and surveys.
Tayside	Neo		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 2013/14
Description	Data are 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	April 2015
Release date	23 <sup>rd</sup> June 2015
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the Financial Year 2013/14. Trend data from 2009/10 are also included.
Continuity of data	Caution is recommended when interpreting these statistics. Service provision in some areas has changed 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 may 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. <a href="http://www.scotland.gov.uk/Publications/2011/08/24085708/0">http://www.scotland.gov.uk/Publications/2011/08/24085708/0</a> 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 <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 provided with Early Access for Quality Assurance prior to publication.
Completeness	Survey responses are collated locally. Unless otherwise advised, it is assumed that the data received are complete.
Comparability	Not comparable outwith 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	27 May 2014
Next published	May 2016
Date of first publication	2009
Help email	dwalker15@nhs.net
Date form completed	19 June 2015

## **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

#### **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.

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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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