

# **Injecting Equipment Provision in Scotland 2014/15**

**Publication date – 7 June 2016**

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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 eighth report in this series and relates to the Financial Year 2014/15. The purpose of IEP is harm reduction. 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 two sources; the ISD Scottish Injecting Equipment Provision Database (ISD IEP) 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 NHS Boards (Orkney and Western Isles) provide no IEP services and are therefore not included in this report.

Some specialist drug treatment services provide IEP (these are among the services defined as 'agencies' in this report). PWIDs may attend such IEP outlets at any time, whether or not they are undertaking specialist treatment for problem drug use. Information on individuals assessed for specialist drug treatment is 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, trends presented in this report have been restricted to the period from 2009/10. Data from the start of IEP recording in 2007/08 are reported fully in the associated [data tables](#).

## Key Points

- In 2014/15 there were a total of 288 Injecting Equipment Provision (IEP) outlets in Scotland, of which 214 (74%) were located in pharmacies, and the remaining 74 (26%) were as part of other services, known as agencies.
- In 2014/15, 328,329 attendances were reported by IEP outlets, an increase from 226,056 in 2013/14. While this national increase can partly be attributed to the provision of pharmacy data by NHS Lothian, all boards with the exception of NHS Dumfries & Galloway reported increased attendances in 2014/15.
- Where gender of the client was reported, 78% of attendances were made by males.
- Approximately 4.4 million needles/syringes were reported to have been distributed by participating outlets in 2014/15, an increase compared to 2013/14 (3.8 million).
- Nationally, it was estimated that an average of 71 needles/syringes were distributed per Problem Drug User (PDU) in 2014/15.
- The number of outlets distributing injecting paraphernalia has increased over time. In 2014/15, wipes/swabs and citric acid/vitamin C were the types of paraphernalia most commonly distributed (4.2 million and 3.3 million items respectively).

## Results and Commentary

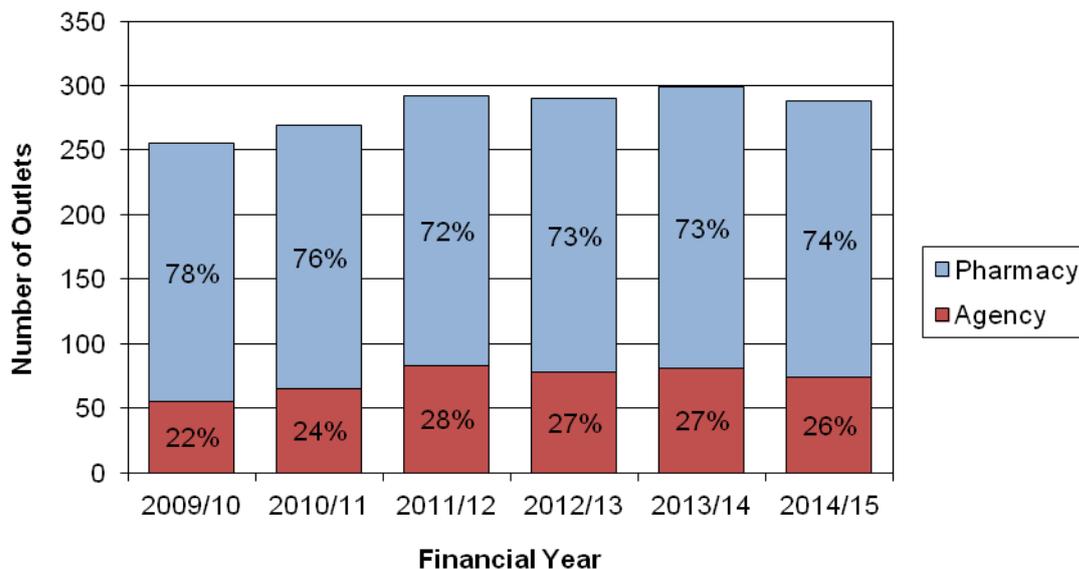
### 1: Injecting Equipment Provision Services

Injecting Equipment Provision (IEP) services are either run by pharmacies or other organisations, collectively known here as ‘agencies’. This section presents information on the number and type of IEP services in Scotland. When examining trends, it should be noted that not all outlets provided data for each year of the time series. This can be explained by changes in local IEP service provision, such as the closure of services or the opening of new services.

#### 1.1: IEP outlets

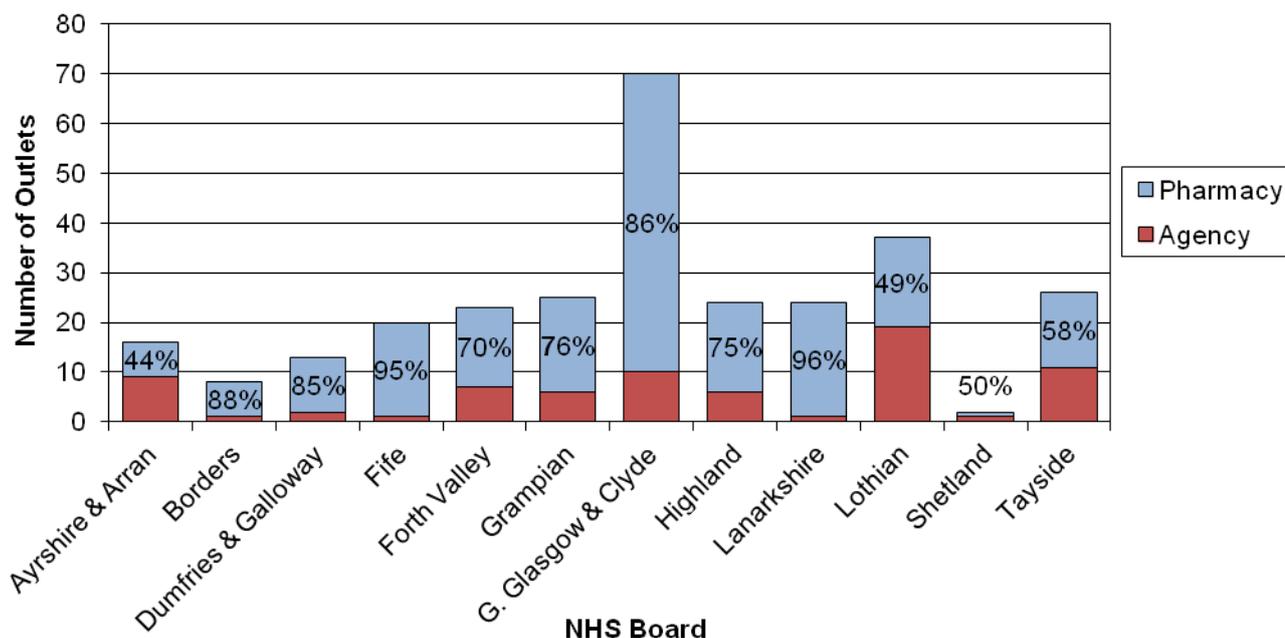
Figures for the number and type of IEP outlets in Scotland since 2009/10 are presented in Table 1.1 and Figure 1.1. In 2014/15, of the 288 reporting outlets, there were 214 (74%) pharmacy-run and 74 (26%) agency-run IEP outlets in Scotland. There was an increase in the number of IEP outlets between 2009/10 and 2011/12, with provision by both sectors (particularly agency-run outlets) increasing during this time period. The total number of IEP outlets and the percentage that operate from pharmacies have remained approximately the same since 2011/12 (269 and 72% respectively).

**Figure 1.1: Number and Percentage of IEP Outlets by Outlet Type Scotland; 2009/10–2014/15**

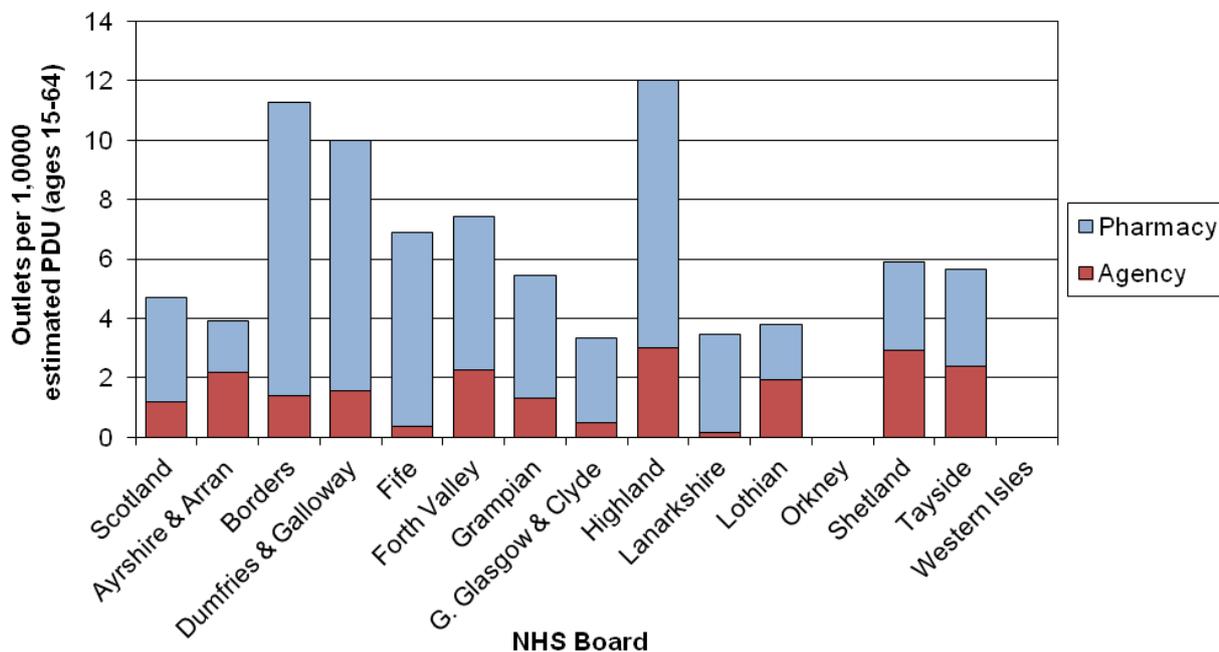


As shown in Figure 1.2, the number of IEP outlets tended to be highest in the NHS Board areas with the largest resident populations (for example, Greater Glasgow & Clyde).

**Figure 1.2: Number of IEP Outlets by Outlet Type  
NHS Boards; 2014/15**



**Figure 1.3: Crude Rate of IEP Outlets per 1,000 Estimated PDUs by Outlet Type  
NHS Boards; 2014/15<sup>1</sup>**



Note:

1. Figures were calculated using PDU prevalence estimates for 2012/13.

Regional differences can be explored by comparing the number of IEP outlets to the estimated number of Problem Drug Users (PDUs) in each NHS Board (Figure 1.3 and Table 1.2) [4]<sup>1</sup>. In

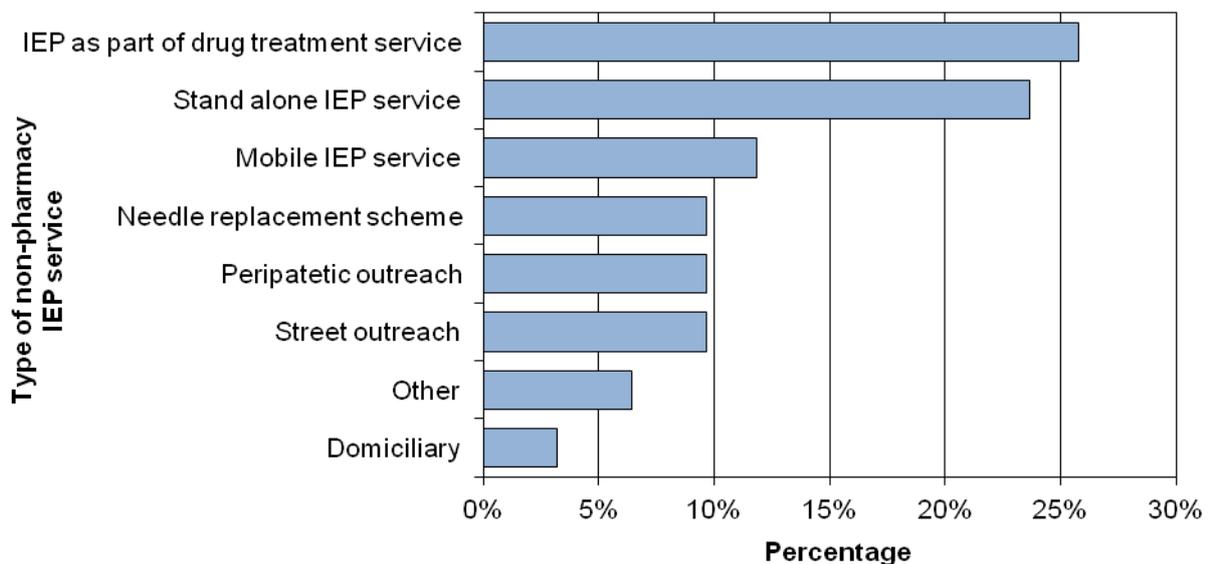
<sup>1</sup> PDU estimates are based on a definition of problem drug use as ‘the problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines’ and may include individuals who only

2014/15, there was an average of 4.7 IEP outlets per 1,000 PDUs in Scotland. NHS Board rates ranged from 3.3 outlets per 1,000 PDUs in Greater Glasgow & Clyde to 12.0 in Highland. The three NHS Boards with the highest number of IEP outlets per 1,000 PDUs (Highland, Borders and Dumfries & Galloway) all covered primarily rural areas.

### 1.2: Type of Non-Pharmacy Agency IEP

A range of non-pharmacy agency IEP services have been operating in Scotland over the past eight years (Figure 1.4 and Table 1.3). In 2014/15, 26% of agencies provided IEP as part of a drug treatment service, which has been the main type of IEP provided by agencies in seven of the last eight years. IEP as a stand-alone service was the second most common form of non-pharmacy IEP (24%), followed by 'Mobile IEP' (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> (non-pharmacy agencies) Scotland; 2014/15**



Notes:

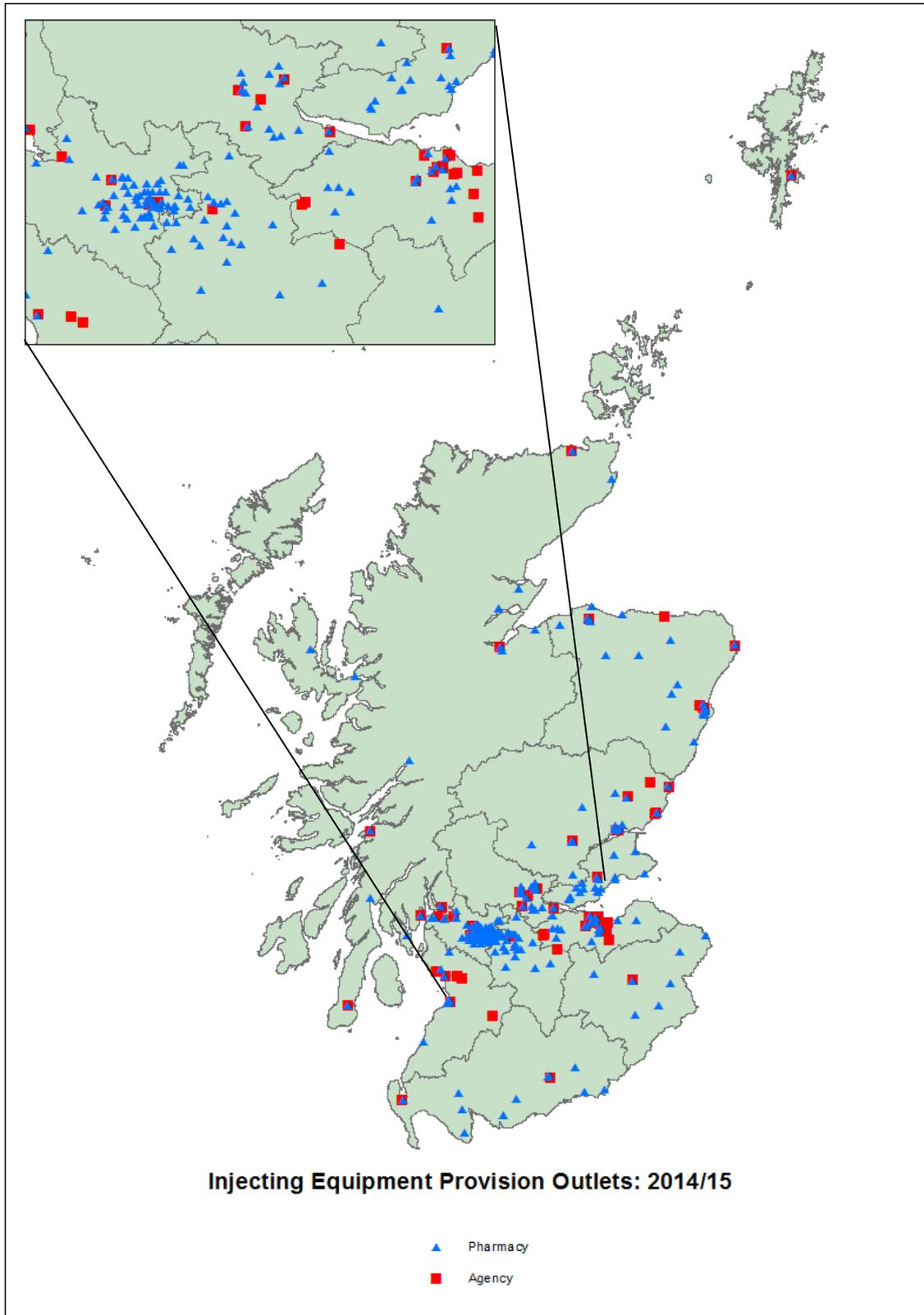
1. Agencies may provide more than one type of IEP service. Percentages are based on the number of agencies responding.
2. Needle replacement schemes are a specific type of provision that exist mainly in prison services. Detainees arriving in custody have their needles and equipment confiscated to be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

Figure 1.5 shows the geographical distribution of IEP outlets in Scotland. The map also distinguishes between pharmacy and agency outlets. Unsurprisingly, the majority of outlets lie

used benzodiazepines (largely not injectable) or non-injecting opiate users. Further, IEP outlets supply individuals injecting drugs other than opiates. In spite of these differences, the PDU estimates were considered a more appropriate reference population than the general adult population data used in previous reports. In 2014/15, data on the number of registered IEP users was available from NHS Boards using Neo. However, this was not used for comparison because it was not available from non-Neo NHS Boards nor was it considered sufficiently robust due to issues with anonymous and duplicate records. In the absence of reliable registered IEP user data or NHS Board level PWID estimates, the PDU estimates provide the most robust reference population data, although it must be recognised that numbers of individuals using IEP services may differ from these estimates.

across the central belt of Scotland, with further pockets lying along the east coast of Scotland, up to Aberdeen in the north east and along the Moray Firth to Inverness.

**Figure 1.5: Map of IEP Outlets  
Scotland; 2014/15**



## 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 12 outlets (6 pharmacies and 6 agencies) which did not report attendances (a decrease from 25 outlets in 2013/14<sup>2</sup>).

As a result of Neo implementation (Neo allows users to enter non-needle/syringe exchange transactions into the system), a standardised definition of an IEP attendance or 'transaction' was introduced. Therefore, consistent with the aim of providing a sterile kit for every injection, only episodes in which a client receives equipment relating to an injecting episode (that is, 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 2013/14 onwards.

A further issue of note is a change in the method of needle/syringe distribution by NHS Greater Glasgow & Clyde. Prior to July 2013, the packs supplied in NHS Greater Glasgow & Clyde contained 20 'one hit kits'. Joint work with local authority environmental services and the examination of public injecting sites identified that there were quantities of unused equipment in the drug-related litter. As a result of feedback from users, from July 2013, NHS Greater Glasgow & 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

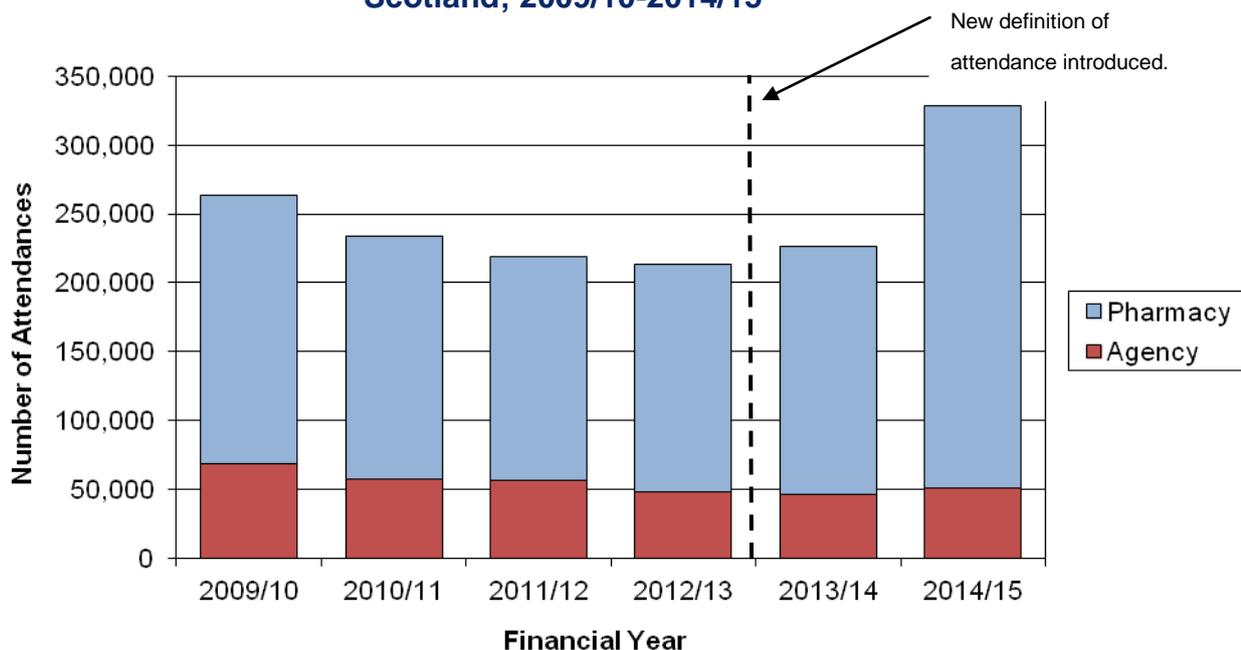
Neither NHS Dumfries & Galloway nor NHS Lothian consistently submitted data throughout the period from 2009/10 to 2013/14. Therefore, last year's report included analysis of a subset of Scotland excluding NHS Dumfries & Galloway and NHS Lothian. In 2014/15, with the submission of attendance data from these boards, information was available for all areas.

In 2014/15, 328,329 attendances were reported by IEP outlets in 12 NHS Boards across Scotland (Figure 2.1 and Table 2.1). Attendances decreased by 19% between 2009/10 and 2012/13. However, attendances in 2014/15 were 54% higher than in 2012/13 (213,098) and 45% higher than in 2013/14 (226,056), having increased in consecutive years. The percentage of IEP attendances at pharmacies increased from 74% to 85% between 2009/10 and 2014/15. As no client level data were reported, it was not possible to determine whether this change in the number of attendances reflected a change in the number of individuals using IEP services.

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<sup>2</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 estimated this. Completion of this question from the paper survey decreased as electronic databases were implemented across NHS Boards. Due to this significant decrease in data completeness this table has been excluded from the 2014/15 report.

**Figure 2.1: Number of Reported IEP Attendances by Outlet Type  
Scotland; 2009/10-2014/15** <sup>1,2,3,4,5,6</sup>



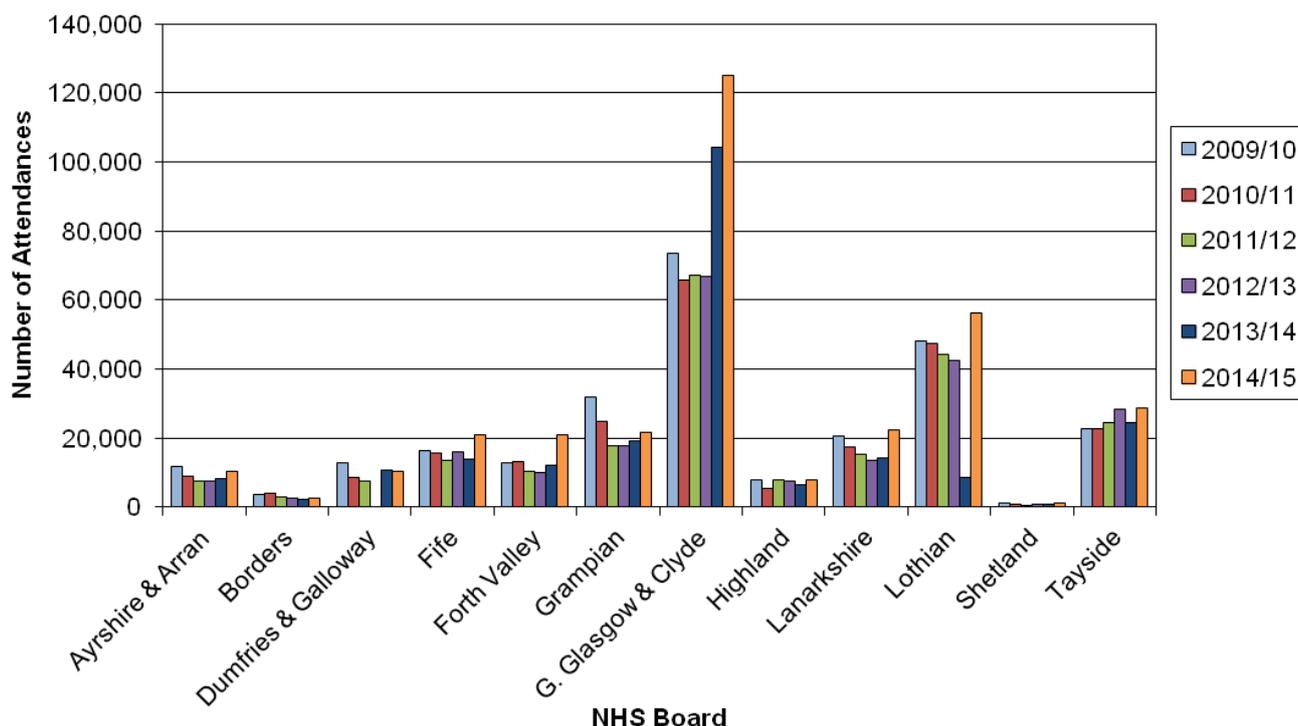
Notes:

1. Administration issues in NHS Borders caused may have impacted on the number of attendances reported in 2012/13.
2. No figures were submitted by NHS Dumfries & 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 partial data for 2013/14.
5. NHS Lanarkshire experienced some Neo implementation issues in 2014/15 which may have resulted in duplication of a small number of attendances.
6. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

In 2014/15, NHS Dumfries & Galloway reported a 4% decrease in IEP attendances from 2013/14, while all other NHS Boards reported increases in the number of attendances (Figure 2.2). Aside from NHS Lothian (which did not provide full attendance data in 2013/14), NHS Shetland and NHS Forth Valley reported the largest percentage increases (87% and 70% respectively) between 2013/14 and 2014/15. In NHS Greater Glasgow & Clyde, attendances continued to increase, potentially as a result of the change in distribution of ‘one-hit kits’. This policy change, allowing attendees to take small quantities of equipment, has reportedly increased demand for IEP services.

Examining NHS Board level data, it appears that the decrease in attendances from 2009/10 to 2012/13 may have been due to boards removing limitations on the number of needles/syringes distributed in a single transaction (consequently increasing the number provided to individuals) and changes in the availability and use of heroin and other opioids [5,6]. Increases in attendances after 2012/13 appear to have been associated with changes in the way NHS Greater Glasgow & Clyde distributed ‘one-hit kits’ and the submission of complete NHS Lothian attendance data in 2014/15.

**Figure 2.2: Number of Reported IEP Attendances by Financial Year  
NHS Boards; 2009/10-2013/14<sup>1,2,3,4,5,6</sup>**



Notes:

1. Administration issues in NHS Borders caused may have impacted on the number of attendances reported in 2012/13.
2. No figures were submitted by NHS Dumfries & Galloway in 2012/13.
3. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
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6. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

Table 2.2 provides NHS Board level information on the number of reported IEP attendances at pharmacies and agencies. In 2014/15, the majority of attendances (85%) were at pharmacy IEP outlets, the highest percentage across the time series (increasing from 74% in 2009/10).

Table 2.3 provides information on the number of attendances by gender in 2014/15<sup>3</sup>. Among the 87% of IEP outlets that reported numbers of attendances by gender, 78% of attendances were by males.

## 2.2: Type of Drug Injected

Information on the type of drug injected by service users was collected by 251 (87%) of the 288 IEP outlets in 2014/15. Of these 251 outlets, 250 reported that at least one of their clients used opiates. Eighty-four per cent of responding outlets (212) reported that one or more of their clients injected Image and Performance Enhancing Drugs (IPEs) and over two-thirds (175, 70%) 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).

<sup>3</sup> NHS Lanarkshire did not provide these data.

### 3: Injecting Equipment Activity in IEP Services

This section examines the distribution of injecting equipment by IEP outlets nationally and in each NHS Board. Individuals may attend IEP outlets on multiple occasions and may be provided with multiple items of equipment at each visit. At present, it is not possible to report on the number of items of equipment provided to each individual attending an IEP outlet (no person-level identifiable information is provided to ISD). However, this section describes the number of items distributed and includes an analysis of the number of needles/syringes distributed per estimated Problem Drug User (PDU), giving some indication of IEP provision to the most relevant population.

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 consistency. IEP outlets were asked to count the total number of fixed syringes plus any additional barrels distributed. While improving consistency since 2011/12, this definition is also likely to have impacted comparability with figures from previous years.<sup>4</sup>

Following Neo implementation, NHS Lanarkshire experienced data recording issues in 2014/15 with several pharmacies recording single items distributed to PWIDs as multiple items. As a result, it was decided that (aside from the analysis of the number of outlets supplying specific paraphernalia items) NHS Lanarkshire distribution data should be excluded from this section (for more information, see [Appendix A2](#)).

#### 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 data on the number of needles/syringes distributed in Scotland between 2009/10 and 2014/15.<sup>5</sup>

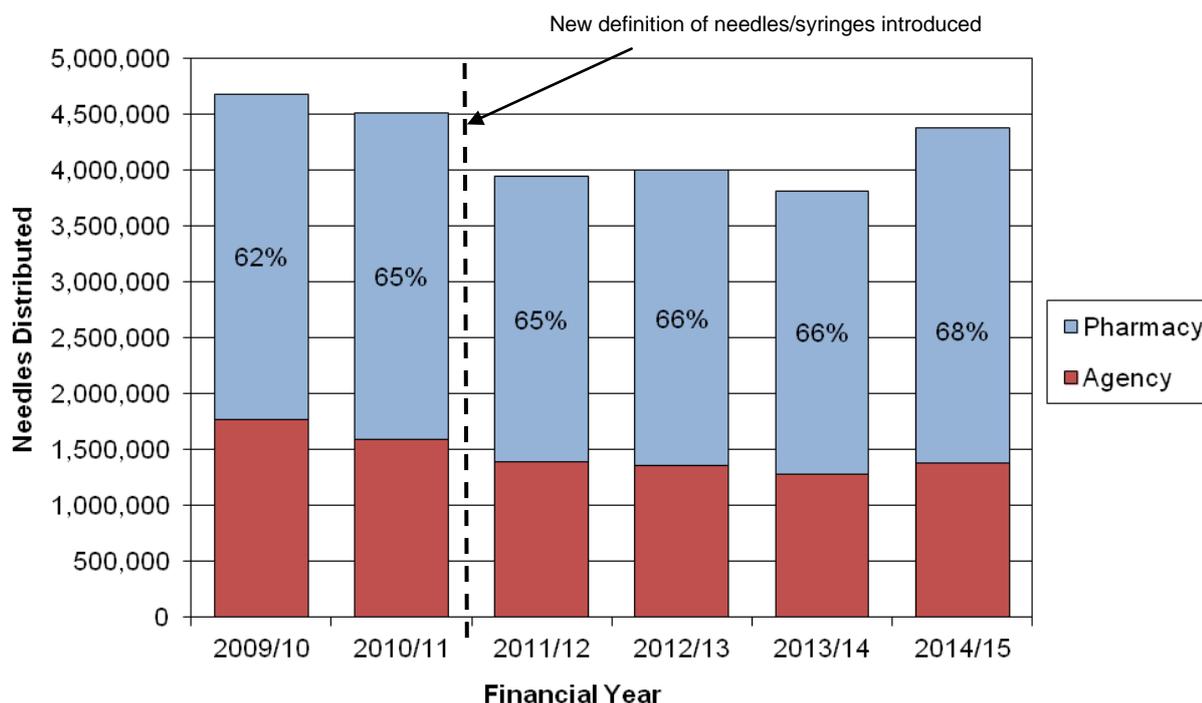
Approximately 4.4 million needles/syringes were distributed by IEP outlets in 2014/15; 3.0 million (68%) by pharmacies and 1.4 million (32%) by agencies. The number of needles/syringes distributed was 15% higher than in 2013/14 (3.8 million) and was the highest annual figure since the new needle/syringe definition was introduced in 2011/12.

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<sup>4</sup> When examining these data, it is also important to note that service provision may have changed in some areas across the relevant time period (for example, services will have opened/closed during this period). 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.

<sup>5</sup> In previous reports, an additional trend line was included in Figure 3.1 to identify a subset of NHS Boards excluding NHS Lothian (which experienced data submission issues from 2011/12 to 2013/14). Following migration to Neo, NHS Lothian resolved these issues and the subset line has been removed. No further subset line has been added to reflect NHS Lanarkshire's data recording issues (described above) on the basis that communications with the board have suggested that these problems will be rectified in the 2015/16 data.

**Figure 3.1: Number of Needles/Syringes Distributed by Outlet Type  
Scotland; 2009/10–2014/15** <sup>1,2,3,4,5,6,7,8</sup>



Notes:

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 partial data for 2013/14.
4. The majority of IEP services in Dumfries & Galloway did not submit data in 2013/14.
5. One outlet in NHS Grampian over estimated needles/syringes distributed from April to July 2013.
6. Staffing issues in a data supplier for NHS Borders caused a reduction in expected numbers in 2012/13.
7. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
8. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

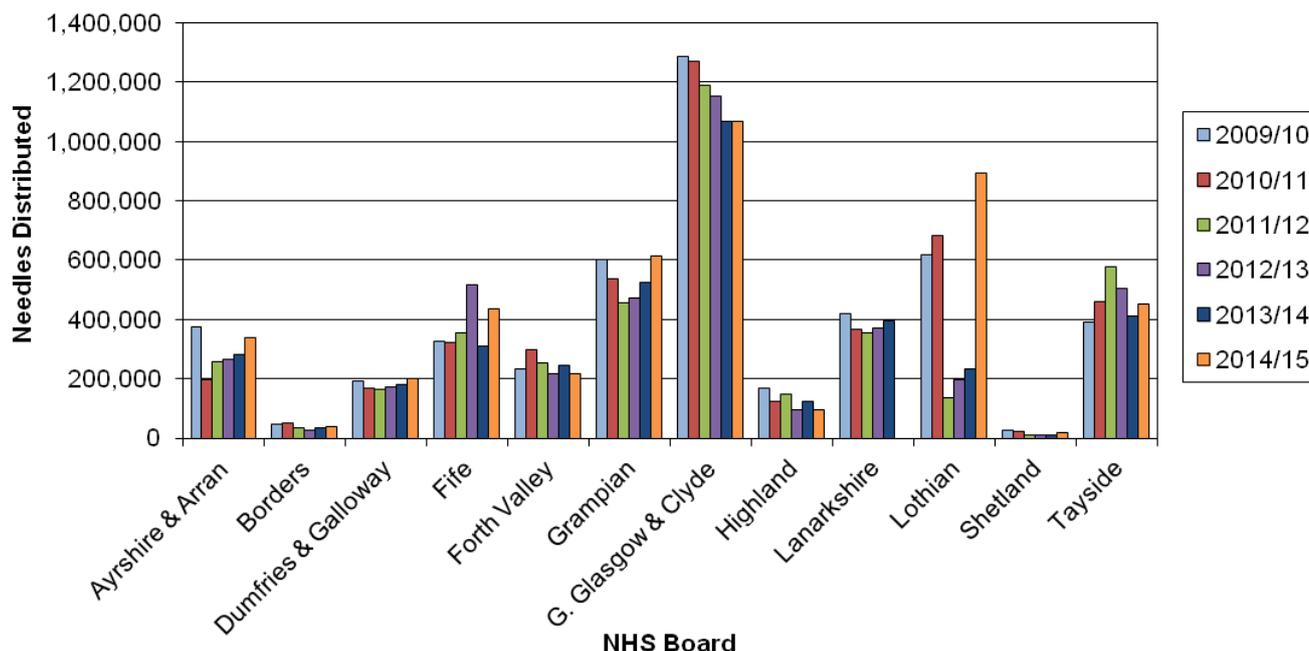
Figure 3.2 shows the number of needles/syringes distributed within each NHS Board area between 2009/10 and 2014/15. NHS Greater Glasgow & Clyde distributed the highest number of needles/syringes in each of the six years (approximately 1.1 million in 2014/15). NHS Lothian and NHS Grampian distributed the second and third highest number of needle/syringes in 2014/15 (approximately 890,000 and 614,000, respectively).

In 2014/15, needle/syringe distribution figures for most areas (with the exception of NHS Lothian<sup>6</sup>) were broadly comparable with previous years. There was a large increase (approximately 125,000) in the number of needles/syringes reported to have been distributed in NHS Fife between 2013/14 and 2014/15, however this may have been because of a recording issue in 2013/14<sup>7</sup>. Only NHS Forth Valley and NHS Highland reported decreases in distribution between 2013/14 and 2014/15 (approximately 29,000 and 27,000 respectively).

<sup>6</sup> As described above, the large decrease in reported needle/syringe distribution in NHS Lothian from 2011/12 to 2013/14 and subsequent increase in 2014/15 was due to issues with the submission of pharmacy data and the subsequent resolution of this problem.

<sup>7</sup> The decrease in needle/syringe distribution reported in 2013/14 in NHS Fife can partially be explained by the issue of lost record sheets in relation to attendances.

**Figure 3.2: Number of Needles/Syringes Distributed  
NHS Boards; 2009/10–2014/15** <sup>1,2,3,4,5,6,7,8</sup>



Notes:

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 partial data for 2013/14.
4. The majority of IEP services in Dumfries & Galloway did not submit data in 2013/14.
5. One outlet in NHS Grampian over estimated needles/syringes distributed from April to July 2013.
6. Staffing issues in a data supplier for NHS Borders caused a reduction in expected numbers in 2012/13.
7. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
8. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

NHS Greater Glasgow & Clyde reported a similar number of needles/syringes distributed as in 2013/14 (prior to which there had been a steady decline since 2009/10). As previously discussed, NHS Greater Glasgow & Clyde changed their policies in July 2013 to allow 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 sustained reduction in needles/syringes distributed in 2014/15 may support the assertion that distributing packs to cover 20 injecting episodes leads to unused needles/syringes being discarded. However, in conjunction with the data submission issues described, these changes mean that it is difficult to accurately describe comparative needle/syringe distribution between NHS Boards.

### 3.2: Needle/Syringe Distribution Rates

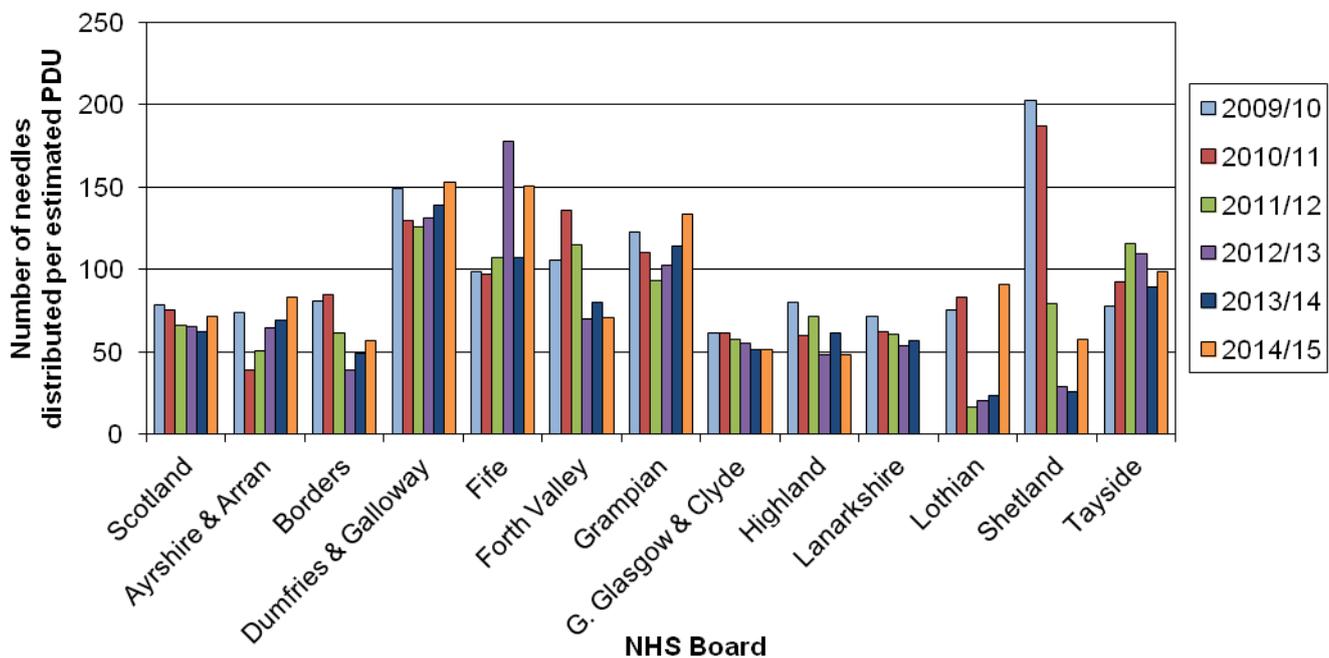
In order to compare NHS Boards, crude rates of needle/syringe distribution were calculated. Figure 3.3 and Table 3.2 describe the rate of needles/syringes distributed per estimated PDU population nationally and within each area. Rates for this analysis were based on the PDU prevalence estimates for 2006, 2009/10 and 2012/13 [4,7-8]<sup>8</sup>.

<sup>8</sup> See note 1.

Nationally, it was estimated that an average of 71 needles/syringes were distributed per PDU in 2014/15 (Table 3.2). The average number of needles/syringes distributed has decreased since 2009/10 (79 per PDU).

Figure 3.3 shows that there was a high degree of variation in rates of needle/syringe distribution between NHS Boards and also between years within NHS Board areas. In 2014/15, NHS Dumfries & Galloway (153) distributed the highest number of needles/syringes per PDU, followed by NHS Fife and NHS Grampian (150 and 134 respectively). NHS Highland (48), NHS Greater Glasgow & Clyde (51) and NHS Borders (57) distributed the fewest needles/syringes per PDU in 2014/15.

**Figure 3.3: Number of Needles/Syringes Distributed per Estimated PDU  
NHS Boards; 2009/10–2014/15** <sup>1,2,3,4,5,6,7,8,9</sup>



Notes:

1. Figures were calculated using PDU prevalence estimates for 2006, 2009/10 and 2012/13.
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 partial data for 2013/14.
5. The majority of IEP services in Dumfries & Galloway did not submit data in 2013/14.
6. One outlet in NHS Grampian over estimated needles/syringes distributed from April to July 2013.
7. Staffing issues in a data supplier for NHS Borders caused a reduction in expected numbers in 2012/13.
8. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
9. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

### 3.3: Estimated Numbers of Needles/Syringes Returned

In addition to 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’ [9]). 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

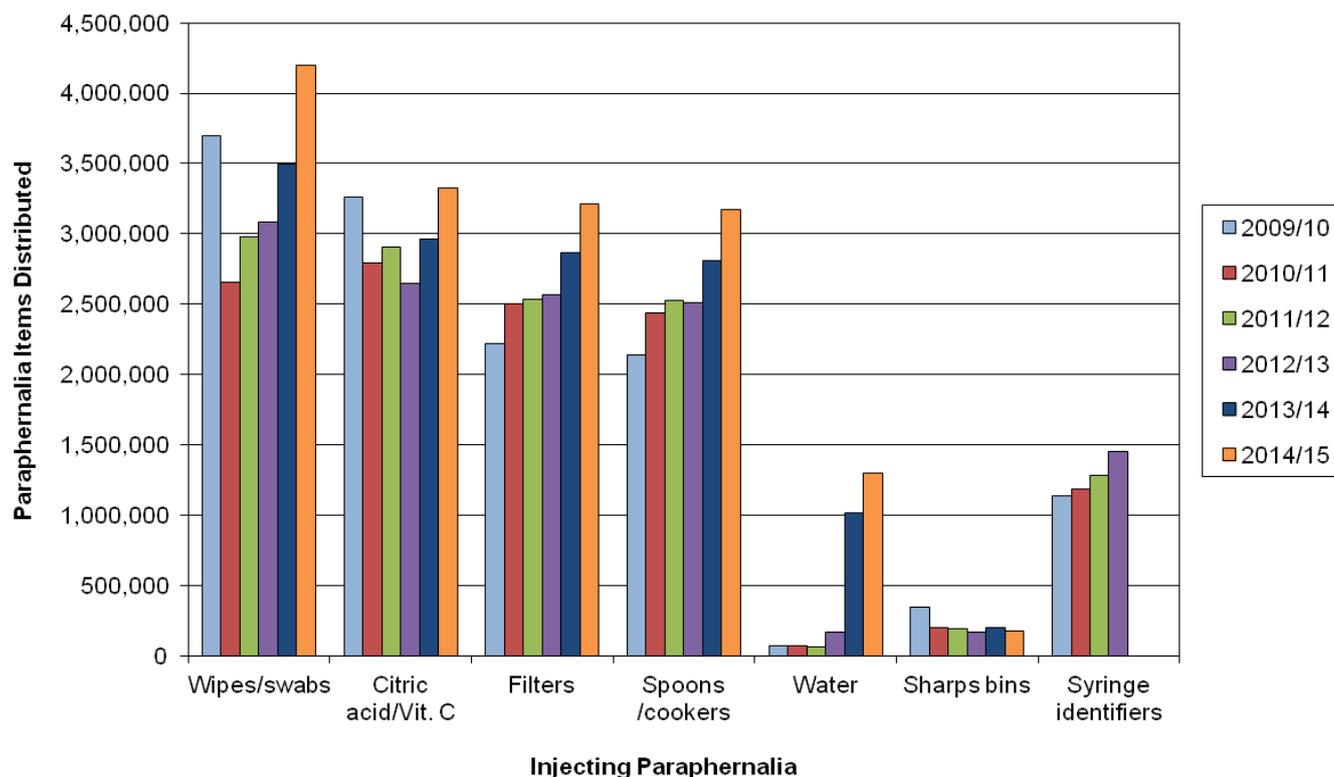
Since a legislative change in 2003, IEP outlets have been allowed to provide clients with sterile injecting equipment other than needles/syringes [9]. These items, hereafter called 'paraphernalia' are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses (BBVs). Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow PWIDs to sterilise injecting sites. Sharps bins are distributed to facilitate the safe disposal of used needles. Filters help prevent larger particles from entering the syringe after preparation of the drug, and spoons or other forms of cookers such as 'stericups' facilitate 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 distributed were not available for this report.

Services recorded the quantity of paraphernalia items distributed. It is important to note that both the number of outlets distributing paraphernalia and the number of outlets reporting paraphernalia distribution data varied from year to year. Table 3.3 shows the number of IEP outlets distributing selected items of injecting paraphernalia. In 2014/15, all 288 IEP outlets distributed the full range of injecting paraphernalia items recorded (data on foil distribution were not available). Comprehensive injecting paraphernalia distribution by all IEP outlets has occurred because participating NHS Boards have introduced 'one-hit kits', which contain all items required for a single sterile injection.

Table 3.4 and Figure 3.4 present figures on the number of injecting paraphernalia items distributed by IEP outlets in Scotland. In 2014/15, wipes/swabs (approximately 4.2 million items) were the items most commonly distributed by IEP outlets, followed by citric acid/vitamin C (3.3 million items), filters and spoons/cookers (both 3.2 million items).

Possibly because of the introduction of 'one-hit kits' and the submission of NHS Lothian pharmacy data, distribution of all paraphernalia items except sharps bins increased in 2014/15 compared to 2013/14. The largest percentage increase in paraphernalia distribution was for sterile water, which increased by 28% from 1.0 million in 2013/14 to 1.3 million items in 2014/15. The quantity of filters and spoons/cookers distributed continued to increase consistently across the time series. Similarly, the amount of wipes/swabs has increased consistently since 2010/11. The number of sharps bins distributed 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 3.5.

**Figure 3.4: Items of Injecting Paraphernalia Distributed by IEP Outlets  
Scotland; 2009/10–2014/15<sup>1,2,3,4,5</sup>**



Notes:

1. Syringe identifiers were replaced by colour coded needles/syringes from 2013/14 onwards.
2. No Pharmacy data on paraphernalia distributed was provided by Lothian in 2011/12 to 2013/14, due to a local data collection system failure.
3. Due to lost record sheets, NHS Fife only reported partial data for 2013/14.
4. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
5. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during the move from the ISD IEP system to Neo in the first six months of the year.

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 (4.4 million in 2014/15) would be roughly comparable to the volume of citric acid/vitamin C sachets or filters distributed. However, notable differences in paraphernalia and needles/syringe distribution were observed. Distribution may be influenced by IEP policies and practices (nationally or locally). Also, non-use of paraphernalia and the ease of access to alternatives, for example using cotton wool as a filter or tap water instead of water vials, may reduce paraphernalia distribution figures. Further, the use of Novel Psychoactive Substances and IPEDs may account for some of these differences (a needle/syringe is necessary for all injecting drug use, however other items are more synonymous with injecting opiates and may not be required by some attendees).

## Conclusion

Injecting Equipment Provision (IEP) services have been found to be effective at reducing injecting risk behaviour in People Who Inject Drugs (PWIDs) [1]. Additionally, 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 288 IEP outlets provided data to ISD Scotland in 2014/15. IEP outlets were available in 12 of the 14 NHS Board areas. As in previous years, IEP services were most commonly situated within pharmacies (214 (74%) of the IEP outlets in Scotland).

In 2014/15, IEP outlets in Scotland reported 328,329 attendances and distributed 4.4 million needles/syringes. This was a 45% increase in attendances and a 15% increase in needles/syringes distributed compared to 2013/14. These increases (which occurred despite the exclusion of distribution figures from NHS Lanarkshire) may partly have been due to the submission of data from NHS Lothian pharmacies for the first time since 2011/12. However, most boards reported an increase in attendances and needle/syringe distribution in 2014/15 compared to the previous year. Likewise, it is important to note the increases in paraphernalia availability and distribution over the last six years as laws and guidance have changed to allow such items to be distributed through IEP outlets.

Interpretation of the relationships between PWIDs, IEP attendances and injecting equipment distribution is not straightforward. As no client level data is currently collected, changes in the number of attendances cannot be interpreted as a rise or fall in the number of clients using IEP services. Further, despite data issues, it can be seen that both IEP attendances and needle/syringe distribution decreased between 2009/10 and 2012/13, but have subsequently increased. Explanations for these changes must be multi-factorial and include the removal of restrictions on the number of needles/syringes distributed per attendance across Scotland [2], board-specific changes to needle/syringe distribution policies, data recording issues, changes in IEP definitions and underlying changes in IEP demand (possibly reflecting trends in drug use).

There have been numerous issues with the submission of IEP data over the past eight years. Therefore, 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 recent improvements in data quality will be sustained in the 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 any 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
IPEDs	Image and Performance Enhancing Drugs
ISD	Information Services Division of NHS National Services Scotland
Neo	A commercially available database used by outlets to log IEP attendances and distribution
PDU	Problem Drug Users
Pharmacy	Pharmacy-based IEP outlet
PWIDs	People who Inject Drugs

## List of Tables

Table No.	Name	Time period	File & size
	<a href="#">All Tables</a>		110Kb
1.1	Number of Injecting Equipment Provision (IEP) outlets by NHS Board and outlet type	2007/08 – 2014/15	
1.2	Number of IEP outlets per 1,000 estimated PDUs (aged 15-64) by NHS Board and outlet type	2014/15	
1.3	Type of non-pharmacy IEP service provision (Scotland)	2007/08 – 2014/15	
2.1	Number of attendances reported at IEP outlets, by NHS Board and outlet type	2007/08 – 2014/15	
2.2	Number of attendances reported at IEP outlets, by NHS Board and outlet type	2014/15	
2.3	Number of attendances reported at IEP outlets by NHS Board and gender	2014/15	
3.1	Number of needles/syringes distributed in Scotland by NHS Board and outlet type	2007/08 – 2014/15	
3.2	Number of needles/syringes distributed per estimated PDU (aged 15-64) by NHS Board	2007/08 – 2014/15	
3.3	Number of IEP outlets distributing items of injecting paraphernalia (Scotland)	2008/09 – 2014/15	
3.4	Number of items of injecting paraphernalia distributed by IEP outlets (Scotland)	2008/09 – 2014/15	
3.5	Number of items of injecting paraphernalia distributed by IEP outlets by NHS Board	2008/09 – 2014/15	

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## Further Information

Other ISD publications on drug and alcohol misuse can be found at the [ISD website](#).

The Scottish Public Health Observatory (ScotPHO) provides information on various aspects of drug misuse in Scotland: [ScotPHO drug misuse section](#).

The next release of this report is expected to be published in May 2017.

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## Appendices

### A1: Background Information

#### A1.1: Data Collection

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 two sources, the ISD Scottish Injecting Equipment Provision Database (ISD IEP) and Neo (a commercially available database used by outlets to log IEP attendances and distribution). All but one NHS Boards are either using Neo or in the process of implementing it 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 co-ordinating data collection 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 responses and any unusual or unexpected results were queried with Prevention Leads. For example, marked changes in NHS Greater Glasgow & Clyde figures for 2013/14 compared to 2012/13 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:

- Only estimated figures were available from some outlets (especially for needles/syringes distributed and returned).
- Methods for collecting IEP information differ between NHS Boards and, as a result, caution should be exercised when drawing comparisons between areas.
- Not all outlets provided answers for all questions. Where there were data quality issues with responses (for example, gender), additional figures showing the number of responding outlets have been provided.

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

## A2: Data Submission Method

The data source for earlier IEP reports was an annual survey completed on behalf of each IEP outlet in Scotland. However, since 2011/12, NHS Boards have entered data directly into electronic databases, from which ISD performs an annual extract.

NHS Boards have 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 these 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 Neo data into ISD's national IEP database has been set up to enable all IEP activity data across Scotland to be collected and held centrally within the national dataset.

The table below describes the submission methods used by each NHS Board for submitting 2014/15 IEP data to ISD and provides an indication of any associated issues or forthcoming changes.

**Table A2.1: NHS Board IEP Data Submission Methods**

NHS Board	Submission Method 2014/15	Submission Issues 2014/15	Future Plan for Submission
Ayrshire & Arran	ISD IEP & Neo		ISD IEP & Neo
Borders	ISD IEP & Neo		Neo
Dumfries & Galloway	Neo		Neo
Fife	Neo		Neo
Forth Valley	Neo		Using Neo for 3+ years.
Grampian	Neo		Using Neo for 3+ years.
Greater Glasgow & Clyde	Neo		Using Neo for 3+ years.
Highland	Neo		Using Neo for 3+ years.
Lanarkshire	ISD IEP & Neo	There has been a problem where services have been recording single items as multipacks. In some services, single items up to ten may have been recorded as multipacks and multiplied by 20.	ISD IEP & Neo
Lothian	ISD IEP & Neo		Neo
Shetland	ISD IEP		ISD IEP
Tayside	Neo		Using Neo for 3+ years.

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

Metadata Indicator	Description
Publication title	Injecting Equipment Provision in Scotland 2014/15
Description	Data are presented on the provision of injecting equipment in Scotland. This includes information on the numbers of outlets across Scotland, numbers of attendances at those outlets, the amount of equipment distributed and information on the policies operated by services.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report
Data source(s)	Information provided to local Prevention Leads by IEP outlets.
Date that data are acquired	March 2016
Release date	7 June 2016
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the Financial Year 2014/15. Analyses of trends from 2009/10 are reported and trend data from 2007/08 are included in the <a href="#">data tables</a> .
Continuity of data	Caution is recommended when interpreting these statistics. Service provision in some areas has changed over time. Some outlets 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> NHS Boards are based on NHS 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	Data are collated/recorded locally and submitted to ISD. 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	Counts (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	23 June 2015
Next published	May 2017
Date of first publication	2009
Help email	<a href="mailto:dwalker15@nhs.net">dwalker15@nhs.net</a>
Date form completed	19 May 2016

## **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

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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.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

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