Introduction

This publication reports on details of Injecting Equipment Provision (IEP) to people who inject drugs across Scotland. This is the ninth report in this series and relates to the Financial Year 2015/16. IEP outlets are asked to report on the number of attendances, the number of needles and syringes and items of injecting paraphernalia distributed and, if known, what type of drugs their clients are injecting. People who inject drugs may attend IEP outlets at any time, whether or not they are undertaking specialist treatment for problem drug use. The purpose of IEP is harm reduction. Minimising the exposure of people who inject drugs to blood borne virus infection risks forms a key part of Outcome 1 ‘Fewer newly acquired blood borne virus and sexually transmitted infections’ in the Scottish Government’s Sexual Health and Blood Borne Virus Framework [1]. IEP services have been found to be effective at reducing injecting risk behaviour in people who inject drugs [2] and have formed a key component of the harm reduction approach adopted by the Scottish Government since publication of the Hepatitis C Action Plan in 2008 [3]. Since publication of the Action Plan, IEP practice in Scotland has been shaped by the Scottish Government’s Guidelines for Services Providing Injecting Equipment [4]. IEP services also continue to evolve in response to legislative changes (for example, allowing provision of foil from 2013), emerging drug trends (e.g. ‘chemsex’ [5], ‘New’ or ‘Novel’ Psychoactive Substances [6] and Image and Performance Enhancing Drugs [7]) and blood borne virus outbreaks among people who inject drugs (e.g. Glasgow HIV cluster [7,8]).

The original survey of IEP outlets (2007/08) was commissioned as part of Phase II of the Scottish Hepatitis C Action Plan [3]. In earlier reports, data were drawn from paper surveys which were distributed by Hepatitis C Prevention leads to the IEP outlets in their area. In recent years, reports have been based on information from two sources; the ISD Scottish Injecting Equipment Provision Database (ISD IEP) and Neo (a commercially available database). All participating NHS Boards except Shetland are now using Neo. Two NHS Boards (Orkney and Western Isles) provide no IEP services and are not included in this report. For further information on data collection please refer to Appendix A1.

Since 2011/12, changes to reporting mechanisms have led to problems with the supply of data from some NHS Boards. However, in 2015/16, complete data was provided by all areas. While 2015/16 figures are thought to be accurate, caution should be taken when interpreting the figures and analyses in this publication for the reasons below:

- Despite efforts by ISD and data providers to ensure data quality, there are inconsistencies in reporting across NHS Boards as well as missing data. In some years, estimated figures were used by some IEP outlets and not all outlets were able to provide responses to all questions. Notes on relevant issues are provided alongside analyses.

- 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.

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1 Some specialist drug treatment services provide IEP (these are among the services defined as ‘agencies’ in this report). Information on individuals assessed for specialist drug treatment is available in the Scottish Drug Misuse Database report [9].

2 See http://www.ipedinco.co.uk/ for further information.
Main points

- In 2015/16 there were a total of 287 Injecting Equipment Provision outlets in Scotland, of which 219 (76%) were located in pharmacies, and the remaining 68 were part of other services (e.g. specialist drug treatment providers).

- In 2015/16, nearly 328,000 attendances were reported by outlets, approximately the same as in 2014/15. Eight of 12 participating NHS Boards reported increases in attendances between 2014/15 and 2015/16, while decreases were reported by four NHS Boards.

- Where gender of the client was reported, 79% of attendances were made by males.

- Over 4.7 million needles and syringes were reported to have been distributed by participating outlets in 2015/16.

- Nationally, it was estimated that an average of 77 needles and syringes were distributed per problem drug user in 2015/16.

- The number of outlets distributing items of sterile injecting equipment other than needles and syringes has increased over time. In 2015/16, wipes or swabs and citric acid or vitamin C were most commonly distributed (approximately 4.5 million and 3.7 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 was because of changes in local provision, such as the closure of services or the opening of new services.

1.1: Number and Type of Injecting Equipment Provision Outlet

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 2015/16, of the 287 reporting outlets, there were 219 (76%) pharmacy-run and 68 (24%) agency-run outlets in Scotland. The total number of outlets has remained approximately the same since 2011/12 (292).

Figure 1.1: Number and Percentage of Injecting Equipment Provision Outlets by Financial Year and Outlet Type, Scotland; 2009/10–2015/16

Figure 1.2 shows the number of IEP outlets was highest in the NHS Board areas with the largest resident populations (e.g. Greater Glasgow & Clyde). Figure 1.3 compares the number of outlets to the estimated number of problem drug users in each NHS Board (Table 1.2) [10]. In 2015/16, there was an average of 4.7 IEP outlets per 1,000 problem drug users in Scotland.

3 Problem drug user estimates [10,11,12] are based on a definition of ‘the problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines’ and may include individuals who only 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 problem drug user estimates were considered a more appropriate reference population for comparison than the adult general population data used for comparison in previous reports. NHS Board level estimates of number of people who inject drugs or numbers of registered IEP users would be preferred for comparison. While they may be available in the future, neither were available for comparison with 15/16 IEP data (the latter are not considered robust due to issues with anonymous and duplicate records).
NHS Board rates ranged from 2.9 outlets per 1,000 problem drug users in Shetland to 12.5 in Highland. The three NHS Boards with the highest number of outlets per 1,000 problem drug users (Highland, Borders and Dumfries & Galloway) all cover primarily rural areas.

Figure 1.2: Number and Percentage of Injecting Equipment Provision Outlets by Outlet Type, NHS Boards; 2015/16

Figure 1.3: Crude Rate of Injecting Equipment Provision Outlets per 1,000 Estimated Problem Drug Users, NHS Boards; 2015/16

Note:
1. Figures were calculated using problem drug user prevalence estimates for 2012/13 [10].
1.2: Type of Non-Pharmacy Agency Injecting Equipment Provision

A range of non-pharmacy agency IEP services have operated in Scotland over the past eight years (Table 1.3 and Figure 1.4). In 2015/16, 28% of these agencies provided a stand-alone injecting equipment service. IEP as a part of drug treatment service was the second most common form of non-pharmacy service (27%), followed by ‘Mobile IEP’ (13%). Other forms of provision such as peripatetic outreach (where the outlet operates in another organisation’s premises), street outreach and domiciliary (where injecting equipment is taken to people’s homes) continue to account for only a small number of IEP outlets operated by agencies.

**Figure 1.4: Type of Injecting Equipment Provision Service\(^1,2\) (non-pharmacy agencies), Scotland; 2015/16**

![Bar chart showing the percentage of agencies providing different types of IEP services.]

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.
2: Injecting Equipment Provision Attendances

This section provides information on the number of attendances at IEP outlets nationally and in each NHS Board. In 2015/16, seven outlets did not report attendances (a decrease from 12 outlets in 2014/15). Prior to 2014/15, there were a number of IEP practice changes/recording issues which make it difficult to reliably determine trends in attendance:

- From 2009/10 to 2012/13 NHS Boards removed limits on the number of needles and syringes distributed in a single transaction (reducing the number of IEP attendances).
- In September 2014, a standard definition was introduced whereby only episodes in which a client receives equipment relating to an injecting episode (i.e. a barrel and/or fixed needle and syringe) were counted as an IEP ‘attendance’ or ‘transaction’.
- Prior to July 2013, NHS Greater Glasgow & Clyde supplied packs containing 20 ‘one hit kits’. In July 2013, as a result of user feedback and evidence that quantities of unused equipment were being discarded at public injecting sites, the board allowed clients to access individual ‘one hit kits’, resulting in an increase in IEP attendances.
- Neither NHS Dumfries & Galloway nor NHS Lothian consistently submitted data from 2009/10 to 2013/14. Since 2014/15 information has been available for all areas.

As no person-level information is provided to ISD, it is not possible to analyse changes in the number of individuals using IEP services, the frequency of injecting or trends in drug use [13,14] nor how these factors influence the numbers of attendances observed.

2.1: Number of Attendances

In 2015/16, 327,912 attendances were reported by IEP outlets in 12 NHS Boards across Scotland (Table 2.1 and Figure 2.1). Overall, the number of recorded IEP attendances was broadly similar to 2014/15 (328,329).

In 2015/16, most IEP attendances (86%) were at pharmacy outlets (Table 2.1). The majority of attendances (79%) were by males (Table 2.3).

Figure 2.2 shows IEP attendances by NHS Board since the introduction of the standard definition. Eight of 12 areas reported increases in attendances between 2014/15 and 2015/16. Borders and Ayrshire & Arran reported the largest percentage increases (45% and 19% respectively). Shetland (51%), Lothian (14%), Tayside (9%) and Dumfries & Galloway (4%) reported decreases in IEP attendances compared to 2014/15. The reduction in attendances observed in NHS Lothian was thought to be related to changes in the availability and use of stimulant-type ‘New’ or ‘Novel’ Psychoactive Substances (e.g. ethylphenidate) which were associated with frequent injecting episodes and increased IEP attendance.

2.2: Types of Drug Injected

Information on the type of drug injected by service users was collected by 278 (97%) of the 287 IEP outlets in 2015/16 (data not shown in tables). Of these:

- 99% (276) outlets reported that one or more of their service users injected opiates;
- 91% (252) reported that one or more of their service users injected Image and Performance Enhancing Drugs (an increase from 84% of reporting outlets in 2014/15);
- 74% (205) reported that one or more of their service users injected stimulants; and,
- 35% (97) reported that one or more of their service users injected ‘New’ or ‘Novel’ Psychoactive Substances.
Figure 2.1: Number and Percentage of Reported Injecting Equipment Provision Attendances by Financial Year and Outlet Type, Scotland; 2009/10-2015/16

New definition of attendance introduced.

Figure 2.2: Number of Reported Injecting Equipment Provision Attendances by Financial Year, NHS Boards; 2013/14-2015/16

Notes:
1. Administration issues in NHS Borders 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.
3: Distribution of Injecting Equipment

This section provides information on 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. It is not possible to report on the number of items of equipment provided to each individual (person-level information is not provided to ISD). However, this section describes the overall number of items distributed and includes an analysis of the number of needles and syringes distributed per estimated problem drug user, giving some indication of IEP provision to the most relevant population.

As noted in the section relating to attendances, before 2015/16 there were a number of IEP practice changes/recording issues which make it difficult to reliably determine trends in distribution:

- From 2009/10 to 2012/13 NHS Boards removed restrictions on the number of needles and syringes distributed in a single transaction.
- In 2011/12, a standard definition of needles and 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.
- At some points in the time series, NHS Boards were unable to provide distribution data (e.g. NHS Lothian pharmacies from 2009/10 to 2013/14, Lanarkshire in 2014/15).

3.1: Needle and Syringe Distribution

Over 4.7 million needles and syringes were distributed by IEP outlets in 2015/16; 3.3 million (70%) by pharmacies and 1.4 million (30%) by agencies. Possibly due to data being available from all NHS Boards, this was the highest annual figure since the standard definition was introduced in 2011/12 (Table 3.1 and Figure 3.1).

Figure 3.2 shows the number of needles and syringes distributed within each NHS Board since the introduction of the standard definition in 2011/12. NHS Greater Glasgow & Clyde distributed the highest number of needles and syringes in each of the five years (approximately 1.1 million in 2015/16). NHS Lothian and NHS Grampian distributed the second and third highest number of needles and syringes in 2015/16 (approximately 769,000 and 632,000, respectively). In 2015/16, needle and syringe distribution figures for some NHS Boards varied in comparison with previous years. Increases ranging from 10,000 to 38,000 in the number of needles and syringes distributed were reported in six out of eleven boards between 2014/15 and 2015/16. NHS Lothian reported a large decrease in distribution (approximately 124,000) between 2014/15 and 2015/16. Tayside, Ayrshire & Arran, Shetland and Forth Valley also reported decreases in needle and syringe distribution from 2014/15 to 2015/16 (approximately 61,000, 31,000, 9,500 and 6,000 respectively).

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4 IEP outlets also collect returned needles and syringes but these figures are not reported because they may be misleading. This is because the majority of outlets estimate the numbers of returned needles and syringes (guidelines for IEP services state that ‘staff should never open returned disposal bins to count the contents’ [4]) or use self-reported figures from clients. Needles and syringes safely disposed of in public sharps disposal bins are also uncounted and therefore excluded from these figures.

5 Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion and as a result no comparison to 2015/16 figures could be made.

6 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.
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 and 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. One outlet in NHS Grampian over estimated needles and syringes distributed from April to July 2013.
6. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
7. 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 order to compare information for NHS Boards more meaningfully, crude rates of needle and syringe distribution per estimated problem drug user have been calculated (based on problem drug user prevalence estimates for 2012/13 [10]). Figure 3.3 shows these national and area rates for 2015/16 (see Table 3.2 for data from 2007/08 to 2015/16).

Nationally, it was estimated that an average of 77 needles and syringes were distributed per problem drug user in 2015/16.

There was a high degree of variation in crude needle and syringe distribution rates between NHS Boards and over time. In 2015/16, NHS Dumfries & Galloway (164) distributed the highest number of needles and syringes per problem drug user, followed by NHS Fife and NHS Grampian (154 and 137 respectively). NHS Shetland (29), NHS Greater Glasgow & Clyde (53), and NHS Highland (61) distributed the fewest needles and syringes per problem drug user in 2015/16.

**Figure 3.3: Number of Needles and Syringes Distributed per Estimated Problem Drug User, NHS Boards; 2015/16**

Note:

1. Figures were calculated using problem drug user prevalence estimates for 2012/13 [10].

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7 See footnote 3 (page 3).
3.2: Injecting Paraphernalia Distribution

Since a legislative change in 2003, IEP outlets have been allowed to provide clients with sterile injecting equipment other than needles and syringes [4]. These items, hereafter called ‘paraphernalia’ are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses.\(^8\)

- Citric acid or Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution.
- Wipes or swabs allow people who inject drugs 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.
- Spoons or other forms of cookers such as ‘stericups’ facilitate the sterile cooking of drugs.

The number of outlets distributing paraphernalia and the number of outlets reporting paraphernalia distribution data varied from year to year (Table 3.3). In 2015/16, all 287 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 2015/16, wipes or swabs (approximately 4.5 million items) were the most commonly distributed items, followed by citric acid or vitamin C (approximately 3.7 million items), filters and spoons or cookers (approximately 3.5 and 3.4 million items respectively).

Possibly because of the inclusion of NHS Lanarkshire data, distribution of all paraphernalia items increased in 2015/16 compared to 2014/15.

- The largest percentage increase in paraphernalia distribution was for sterile water, which increased by 22% from 1.3 million in 2014/15 to almost 1.6 million items in 2015/16.
- The amount of citric acid or vitamin C distributed increased by 11% (from over 3.3 million to approximately 3.7 million items).
- The number of sharps bins distributed increased by 9% (these are a multi-use product and there are other options available for needle/syringe disposal).
- The quantity of filters, spoons or cookers and wipes or swabs distributed each increased by around 8% from 2014/15 to 2015/16.

Further breakdowns of paraphernalia distribution by NHS Board over time are available in Table 3.5.

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\(^8\) 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.
Figure 3.4: Items of Injecting Paraphernalia Distributed by IEP Outlets
Scotland; 2009/10–2015/16

Notes:
1. Syringe identifiers were replaced by colour coded needles and syringes from 2013/14 onwards.
2. No data on paraphernalia distributed was provided by Dumfries & Galloway in 2011/12 and 2012/13 and only limited data in 2013/14.
3. No Pharmacy data on paraphernalia distributed was provided by Lothian in 2011/12 to 2013/14, due to a local data collection system failure.
4. Due to lost record sheets, NHS Fife only reported partial data for 2013/14.
5. Due to data collection issues in 2014/15, NHS Lanarkshire data was not deemed reliable enough for inclusion.
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.

Due to the need to use a range of sterile items when injecting drugs, it might be anticipated that the volume of needles and syringes distributed (4.7 million in 2015/16) would be roughly comparable to the volume of citric acid or vitamin C sachets (3.7 million) or filters (3.5 million) distributed. Observed differences in paraphernalia and needle and syringe distribution may be due to national or local IEP policies and practices. 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 Image and Performance Enhancing Drugs 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

By describing patterns of attendance and equipment distribution, this report provides valuable information about Injecting Equipment Provision (IEP) services in Scotland. There have been issues with the submission of IEP data in recent years but, for the first time since 2011/12, a comprehensive account of outlet type, attendances and distributions was provided by all participating NHS Boards. In 2015/16, information on IEP outlets was available in 12 of the 14 NHS Board areas in Scotland. These outlets reported 327,912 attendances and distributed 4.7 million needles and syringes and 16.9 million items of injecting paraphernalia.

Interpretation of the relationships between people who inject drugs, IEP attendances and injecting equipment distribution is not straightforward. As no client level data are provided to ISD, changes in the number of IEP attendances cannot be interpreted as a reflection of changes in the number of IEP clients. Also, explanations for changes are often multi-factorial and may be influenced by legislative changes, national or NHS Board-specific policy changes, data recording issues, changes in IEP definitions as well as changes in demand for IEP services.

It is hoped that recent improvements in data quality will be sustained in the future so that national and local trends in IEP activity may be reliably monitored and data collected on new and emerging IEP developments. Along with the Needle Exchange Surveillance Initiative [15], this report forms a key part of the narrative on IEP and blood borne virus prevention among people who inject drugs in Scotland and also helps to inform our understanding of behaviours associated with illicit drug use.
References


## Glossary

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<td>Agency</td>
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<td>Refers to the number of attendances at IEP outlets, individuals can have multiple attendances within any period.</td>
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<td>Image and Performance Enhancing Drugs</td>
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<td>Neo</td>
<td>A commercially available database used by outlets to log IEP attendances and distribution</td>
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Further Information

Other ISD publications on drug and alcohol misuse can be found at the drug and alcohol topic pages on the ISD website.

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

If you would like further information please contact the Health & Social Care Team at nss.isdsubstancemisuse@nhs.net

The next release of this report is expected to be published in June 2018.

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Appendices

A1 – Background Information

A1.1: Data Collection

In earlier Injecting Equipment Provision (IEP) reports, data was drawn from annual paper surveys which were distributed by hepatitis C Prevention Leads to the IEP outlets in their area. However, since 2011/12, NHS Boards have entered data directly into electronic databases, from which ISD performs an annual extract. Information is drawn from two sources:

1. the ISD Scottish Injecting Equipment Provision Database (ISD IEP); and,
2. Neo (a commercially available database used by outlets to log IEP attendances and distribution).

Currently 11 of the 12 participating NHS Boards (the exception being NHS Shetland) are using Neo 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.

A1.2: Data Quality

Every effort has been made to ensure the quality and robustness of the data presented. Co-ordinating data collection through Prevention Leads has helped to ensure data are as complete as possible. Where appropriate, the number of responses to each question has been shown in the data tables.

Once data 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 and 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.

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9 One NHS Lanarkshire pharmacy is not using either electronic system and continues to complete a paper survey.
### A2 – Publication Metadata (including revisions details)

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<tr>
<td>Topic</td>
<td>Substance Misuse</td>
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<tr>
<td>Format</td>
<td>PDF report</td>
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<tr>
<td>Data source(s)</td>
<td>Information provided to local hepatitis C Prevention Leads by injecting equipment provision outlets.</td>
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<tr>
<td>Date that data are acquired</td>
<td>March 2017</td>
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<tr>
<td>Release date</td>
<td>13 June 2017</td>
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<tr>
<td>Frequency</td>
<td>Annual</td>
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<td>Timeframe of data and timeliness</td>
<td>The timeframe for this publication is the Financial Year 2015/16. Analyses of trends from 2009/10 are reported and trend data from 2007/08 are included in the data tables.</td>
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<tr>
<td>Continuity of data</td>
<td>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.</td>
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<tr>
<td>Revisions statement</td>
<td>Historical data is not revised.</td>
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<tr>
<td>Revisions relevant to this publication</td>
<td>The data published in this report is not expected to be revised in the future.</td>
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<tr>
<td>Accuracy</td>
<td>Local Prevention Leads were provided with Early Access for Quality Assurance prior to publication.</td>
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<tr>
<td>Completeness</td>
<td>Data are collated/recorded locally and submitted to ISD. Unless otherwise advised, it is assumed that the data received are complete.</td>
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<tr>
<td><strong>Comparability</strong></td>
<td>Not comparable outwith Scotland.</td>
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<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>.</td>
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<tr>
<td><strong>Coherence and clarity</strong></td>
<td>The report is available as a PDF file.</td>
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<td><strong>Value type and unit of measurement</strong></td>
<td>Counts (number and percentage). Crude rates.</td>
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<td><strong>Disclosure</strong></td>
<td>The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.</td>
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<td><strong>Official Statistics designation</strong></td>
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<td><strong>UK Statistics Authority Assessment</strong></td>
<td>This report has not been assessed by the UK Statistics Authority.</td>
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<tr>
<td><strong>Last published</strong></td>
<td>7 June 2016</td>
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<td><strong>Next published</strong></td>
<td>June 2018</td>
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<td><strong>Date of first publication</strong></td>
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<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:joanna.targosz@nhs.net">joanna.targosz@nhs.net</a></td>
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<td>1 June 2017</td>
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the “Pre-Release Access to Official Statistics (Scotland) Order 2008”, ISD are obliged to publish information on those receiving Pre-Release Access (“Pre-Release Access” refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- 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)
A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

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

- National Statistics (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)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).