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Introduction

This publication reports on Injecting Equipment Provision (IEP) to people who inject drugs across Scotland. This is the tenth report in this series and relates to the financial year 2016/17. IEP outlets are asked to report on the number of attendances, the number of needles and syringes and other injecting equipment (referred to as ‘paraphernalia’ in previous reports) 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 problematic 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 contribution to 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 are 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 the 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) and blood borne virus outbreaks among people who inject drugs (e.g. Glasgow HIV cluster [7,8,9]).

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 1.

Between 2011/12 and 2014/15, changes to reporting mechanisms led to problems with the supply of data from some NHS Boards. However, since 2015/16, complete data has been provided by 12 NHS Boards (data were not submitted by NHS Orkney and NHS Western Isles). While these figures are thought to be accurate, caution should be taken when interpreting the figures and analyses in this publication for the reasons below:

- There may be inconsistencies in reporting between NHS Boards. In some years, individual IEP outlets provided estimated figures or did not provide responses to all questions. Notes on relevant issues are provided alongside analyses.

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 [10].

2 See http://www.ipedinfo.co.uk/ for further information.
• 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.
Main Points

- In 2016/17 there were a total of 281 Injecting Equipment Provision outlets in Scotland, of which 219 (78%) were located in pharmacies, and the remaining 62 (22%) were part of other services (e.g. specialist drug treatment providers).

- In 2016/17, there were 309,351 attendances reported by Injecting Equipment Provision outlets. This was 6% lower than in 2015/16 (327,912). Where gender of the client was reported, 79% of those attending were males.

- Over 4.4 million needles and syringes were distributed by participating outlets in 2016/17, 7% lower than in 2015/16 (over 4.7 million).

- Nationally, it was estimated that an average of 72 needles and syringes were distributed per estimated ‘problem drug user’ in 2016/17, a decrease of 6% compared to 2015/16 (77).

- In 2016/17, wipes or swabs (approximately 4.3 million) and citric acid or vitamin C (over 3.5 million) were the most commonly distributed items of sterile injecting equipment. The number of these items distributed by Injecting Equipment Provision outlets was lower than in 2015/16.
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.

1.1: Number and Type of Injecting Equipment Provision 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 2016/17, of the 281 outlets reporting IEP provision in Scotland, 219 (78%) were pharmacy-run and 62 (22%) were agency-run. The total number of outlets has remained broadly similar since 2011/12 (292).

Figure 1.1: Number and percentage of injecting equipment provision outlets by financial year and outlet type, Scotland; 2009/10–2016/17

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) [11]. In 2016/17, there was an average of 4.6 IEP outlets per 1,000 ‘problem drug users’ in Scotland. 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.

3 An explanation of issues associated with comparison with prevalence estimates is included in Appendix A1.3.
Figure 1.2: Number and percentage of injecting equipment provision outlets by outlet type, NHS Boards; 2016/17

1. NHS Orkney and NHS Western Isles do not supply IEP data.

Figure 1.3: Crude rate of injecting equipment provision outlets per 1,000 estimated ‘problem drug users’, NHS Boards; 2016/17

1. Figures were calculated using ‘problem drug user’ prevalence estimates for 2012/13 [11].
2. NHS Orkney and NHS Western Isles do not supply IEP data.
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 nine years (Table 1.3 and Figure 1.4). In 2016/17, 35% 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 (26%), followed by ‘Mobile IEP’ (16%), ‘Street Outreach’ (15%) and ‘Peripatetic outreach’ (where the outlet operates in another organisation’s premises) (13%). Other forms of provision such as needle replacement scheme 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 service¹,² (non-pharmacy agencies), Scotland; 2016/17

1. Agencies may provide more than one type of IEP service. Percentages are based on the number of agencies responding. Therefore, sum of percentages may not equal 100%.
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 2016/17, three outlets did not report attendances (a decrease from seven outlets in 2015/16).

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 [7], 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 IEP data are 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 [12,13] nor how these factors influence the numbers of attendances observed.

2.1: Number of Attendances

In 2016/17, 309,351 attendances were reported by IEP outlets in 12 NHS Boards across Scotland (Table 2.1 and Figure 2.1). This was lower than the number of recorded IEP attendances in 2015/16 (327,912).
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.

In 2016/17, most IEP attendances (86%) were at pharmacy outlets (Table 2.1). The majority of attendances (79%) were made by males (Table 2.3).

Figure 2.2 shows IEP attendances by NHS Board since the introduction of the standard definition. Five out of the 12 NHS Board areas reported increases in attendances between 2015/16 and 2016/17. Shetland and Ayrshire & Arran reported the largest percentage increases (50% and 26% respectively). Lothian (18%), Dumfries & Galloway (14%) and Tayside (13%) reported the largest percentage decreases in IEP attendances compared to 2015/16.
IEP attendances in Lothian are thought to have been influenced by changes in local drug use patterns. Prior to 2014/15 ISD did not receive IEP pharmacy data from NHS Lothian. When complete data were received in 2014/15, the high level of attendances observed (approximately 56,300) was likely to have been associated with increasing use of ethylphenidate (a stimulant-type ‘New’ or ‘Novel’ Psychoactive Substance associated with frequent injecting episodes) among people with problematic drug use [14]. A subsequent decrease to approximately 48,500 attendances in 2015/16 was likely to have been associated with reductions in the use of ethylphenidate following implementation of a Temporary Class Banning Order for that substance in April 2015 [15]. The reduction in IEP attendances observed in Lothian in 2016/17 (approximately 39,900 attendances) may be associated with local increases in the use of crack cocaine (a drug which is generally smoked, rather than injected) [16].
2.2: Types of Drug Injected

Information on the type of drug injected by service users was collected by 273 (97%) of the 281 IEP outlets in 2016/17 (data not shown in tables). Of these:

- Almost all (99.6%, 272) outlets reported that one or more of their service users injected opiates;
- 93% (253) reported that one or more of their service users injected Image and Performance Enhancing Drugs⁴ (an increase from 91% of reporting outlets in 2015/16);
- 71% (195) reported that one or more of their service users injected stimulants; and,
- 35% (96) reported that one or more of their service users injected ‘New’ or ‘Novel’ Psychoactive Substances.

⁴ See http://www.ipedinfo.co.uk/ for further information.
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 data are 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, some 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 4.4 million needles and syringes were distributed by IEP outlets in 2016/17; 3.1 million (71%) by pharmacies and 1.3 million (29%) by agencies. This was higher than the annual figure (3.9 million) reported in 2011/12, when the standard definition was introduced, but lower than figure reported in 2015/16 (4.7 million) (Table 3.1 and Figure 3.1).

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5 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.
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.

The considerable changes in reported needle/syringe distribution in NHS Lothian are associated with issues affecting the submission of pharmacy data from 2011/12 to 2013/14 (no figures were received) and changes in local drug use patterns from 2014/15 onwards (described in Section 2).

Staffing issues in a data supplier for NHS Borders caused a reduction in expected numbers in 2012/13.

Due to lost record sheets, NHS Fife only reported partial data for 2013/14.

One outlet in NHS Grampian over estimated needles and syringes distributed from April to July 2013.

Due to data collection issues in 2014/15, NHS Lanarkshire data were not deemed reliable enough for inclusion.

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 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 six years (over 1 million in 2016/17). NHS Lothian and NHS Grampian distributed the second and third highest number of needles and syringes in 2016/17 (approximately 640,000 and 560,000 respectively).

In 2016/17, needle and syringe distribution figures for NHS Boards varied in comparison with previous years. Five out of the twelve NHS Boards who provided data had increases in the number of needles and syringes distributed (ranging from approximately 800 to 54,000) between 2015/16 to 2016/17. The remaining seven NHS Boards had a decrease (ranging from approximately 20,000 to 128,500) between 2015/16 and 2016/17. NHS Lothian reported the largest decrease in distribution.
Figure 3.2: Number of needles and syringes distributed by financial year
NHS Boards; 2011/12–2016/17

1. 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.
5. Due to data collection issues in 2014/15, NHS Lanarkshire data were 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.
7. NHS Orkney and NHS Western Isles do not supply IEP data.

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 [116]). Figure 3.3 shows these national and area rates for 2016/17 (see Table 3.2 for data from 2007/08 to 2016/17).

Nationally, it was estimated that an average of 72 needles and syringes were distributed per ‘problem drug user’ in 2016/17. This was a reduction compared with 2015/16, when an average of 77 needles and syringes were distributed per estimated ‘problem drug user’.

There was a high degree of variation in crude needle and syringe distribution rates between NHS Boards and over time. In 2016/17, NHS Dumfries & Galloway distributed the highest number of needles and syringes per estimated ‘problem drug user’ (170), followed by NHS Fife and NHS Grampian (146 and 122 respectively). NHS Shetland (32) and NHS Greater Glasgow & Clyde (50) distributed the fewest needles and syringes per estimated ‘problem drug user’ in 2016/17.

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6 An explanation of issues associated with comparison with prevalence estimates is included in Appendix A1.3.
Figure 3.3: Number of needles and syringes distributed per estimated ‘problem drug user’, NHS Boards; 2016/17¹,²

1. Figures were calculated using ‘problem drug user’ prevalence estimates for 2012/13 [11].
2. NHS Orkney and NHS Western Isles do not supply IEP data.

3.2: Other Injecting Equipment 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]. Items of ‘other injecting equipment’ (referred to as ‘paraphernalia’ in previous reports) are distributed to improve injecting hygiene and to prevent the spread of blood borne viruses⁷.

- 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 other injecting equipment and the number of outlets reporting other injecting equipment distribution data varied from year to year (Table 3.3). In 2016/17, 277 out of 281 IEP outlets distributed citric acid or vitamin C, sharp bins and wipes or swabs, 275 IEP outlets distributed spoons or other forms of cookers, 270 IEP outlets distributed filters and 238 IEP outlets distributed sterile water (data on foil distribution were

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⁷ In 2013, the UK government approved the addition of foil to the list of other injecting equipment, allowing people who usually inject drugs to smoke either heroin or crack cocaine instead of injecting. Data on the number of foil items were requested informally from IEP Leads. However, due to inconsistencies in their responses the figures were not appropriate for inclusion in this report.
not available). Comprehensive other injecting equipment distribution by most IEP outlets has occurred because participating NHS Boards have introduced ‘one-hit kits’, which contain all items required for a single injection (aside from sterile water).

Table 3.4 and Figure 3.4 present figures on the number of other injecting equipment items distributed by IEP outlets in Scotland. In 2016/17, wipes or swabs (nearly 4.3 million items) were the most commonly distributed items, followed by citric acid or vitamin C (approximately 3.5 million items), filters and spoons or cookers (both approximately 3.2 million items).

**Figure 3.4: Items of other injecting equipment distributed by IEP outlets Scotland; 2009/10–2016/17**

1. Syringe identifiers were replaced by colour coded needles and syringes from 2013/14 onwards.
2. No data on other injecting equipment distributed were provided by Dumfries & Galloway in 2011/12 and 2012/13 and only limited data in 2013/14.
3. No pharmacy data on other injecting equipment distributed were 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 were 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.

The distribution of other injecting equipment items, with the exception of sterile water (where a slight increase was observed (1%)) decreased in 2016/17 compared to 2015/16.

- The largest percentage decrease in other injecting equipment distribution was for sharps bins, which decreased by 8% (these products are designed to be used multiple times and there are also other options available for needle/syringe disposal).
- The quantity of filters distributed decreased by 7% from 2015/16 to 2016/17 and the quantity of spoons or cookers fell by 6%.
- The amount of wipes or swabs and citric acid or vitamin C distributed decreased by 5%.
Further breakdowns of other injecting equipment distribution by NHS Board over time are available in Table 3.5.

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 (4.4 million in 2016/17) would be roughly comparable to the volume of citric acid or vitamin C sachets (3.5 million) or filters (3.2 million) distributed. Observed differences in other injecting equipment and needle and syringe distribution may be due to national or local IEP policies and practices. Decisions not to use specific items of other injecting equipment or to use easily accessible alternatives, for example using cotton wool as a filter or tap water instead of water vials, may reduce other injecting equipment 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 second successive year, a comprehensive account of outlet type, attendances and distributions was provided by all participating NHS Boards. In 2016/17, information on IEP outlets was available in 12 of the 14 NHS Board areas in Scotland. These outlets reported 309,351 attendances and distributed 4.4 million needles and syringes and 16 million items of other injecting equipment.

Interpretation of the relationships between people who inject drugs, IEP attendances and injecting equipment distribution is not straightforward. Changes in IEP usage often have multiple explanations including legislative changes, national or NHS Board-specific policy changes, data recording issues, changes in IEP definitions and changes in demand for services. Specifically, it should not be assumed that the observed reductions in IEP attendances and distributions in 2016/17 equate to a decrease in the size of the population of people with problematic drug use. As illustrated by the example of NHS Lothian, local contextual factors may substantially influence IEP usage for a specific time period without there necessarily being any underlying change in the population of people with problematic drug use.

ISD continues to work with colleagues in NHS Board harm reduction teams to improve the quality of IEP data. Along with the Needle Exchange Surveillance Initiative [17], this report forms a key part of the available evidence on IEP and blood borne virus prevention among people who inject drugs in Scotland and helps to inform our understanding of behaviours associated with illicit drug use.
References


[16] Personal communication with Jim Shanley, Manager, Harm Reduction Team, NHS Lothian (13/07/2018).

## Glossary

<table>
<thead>
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<th>Term</th>
<th>Definition</th>
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<td>Agency</td>
<td>Non pharmacy-based outlet</td>
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<td>Attendances</td>
<td>Refers to the number of attendances at IEP outlets, individuals can have multiple attendances within any period.</td>
</tr>
<tr>
<td>IEP</td>
<td>Injecting Equipment Provision</td>
</tr>
<tr>
<td>IEP service/outlet</td>
<td>Term used in this report to refer to any injecting equipment provider, either pharmacy or agency</td>
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<tr>
<td>IPEDs</td>
<td>Image and Performance Enhancing Drugs</td>
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<td>ISD</td>
<td>Information Services Division of NHS National Services Scotland</td>
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<tr>
<td>NEO</td>
<td>A commercially available database used by outlets to log IEP attendances and distribution</td>
</tr>
<tr>
<td>Other Injecting Equipment</td>
<td>Sterile injecting equipment other than needles/syringes. These items are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses. Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and 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, and spoons or other forms of cookers such as ‘stericups’ facilitate the sterile cooking of drugs.</td>
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# List of Tables

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<td>Injecting Equipment Provision Tables</td>
<td>Excel 136 Kb</td>
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Further Information

Further Information can be found on the ISD website.
For more information on drug and alcohol misuse see the drug and alcohol section of our website. For related topics, please see the ScotPHO drug misuse section pages.

The next release of this publication will be in summer 2019.

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Appendices

Appendix 1 – Background information

A1.1: Data Collection
Information on Injecting Equipment Provision (IEP) was submitted to ISD by 12 out of 14 territorial NHS Boards (data were not submitted by NHS Orkney and NHS Western Isles).

In earlier 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\(^8\). 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. 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.

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\(^8\) One NHS Lanarkshire pharmacy is not using either electronic system and continues to complete a paper survey.
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.

**A1.3: Comparisons with prevalence estimates**

Comparisons of IEP activity relative to population size use estimates of the numbers of people with ‘problem drug use’ [11] as a denominator. These estimates 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. IEP outlets supply injecting equipment to individuals injecting drugs including, but not limited to, opiates. In spite of these differences, the estimates of people with problem drug use were considered a more appropriate reference population for comparison with IEP activity than the adult general population data used for comparison in reports for years prior to 2015/16.

Comparisons with alternative denominator populations have been explored, but are not yet feasible due to issues with the availability of relevant data:

- **Numbers of registered IEP users:** Some NHS Boards have recently undertaken work to improve the quality of individual level information recorded in IEP systems across their services (for example, by eliminating anonymous records or duplicate client entries) in order that they can produce NHS Board level estimates of the numbers of registered IEP users. Work is currently underway to share best practice for improving the reliability of individual level information, so that registered IEP user estimates for all reporting NHS Boards may be available for comparison in future IEP reports.

- **Numbers of people who inject drugs:** Estimates of the number of people who inject drugs were not available for comparison with 2016/17 IEP data. ISD, Health Protection Scotland and the Scottish Government are currently exploring the potential to produce regular national and local estimates of numbers of people who inject drugs. These estimates may be available for comparison in future IEP reports.

If available, these alternative denominators would differ in a number of important respects and would require careful evaluation before use. Registered IEP user estimates may include IEP users with low numbers of attendances (potentially cases where details have been incorrectly recorded or where individuals have used a false identity when accessing IEP services) and IEP users who obtain foil only and may be unable to take account of IEP users who distribute IEP supplies to others (secondary distribution). Estimates of the numbers of people who inject drugs may incorporate estimates of the size of the ‘hidden’ population of people who inject drugs, potentially taking account of non-IEP users (individuals who receive IEP supplies from others or who share needles/syringes and other injecting equipment). However, their accuracy is dependent upon the data sources and identification criteria used and the estimation methodology selected.

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9 In collaboration with NEO, NHS Greater Glasgow & Clyde and NHS Lothian have each produced NHS Board level estimates of the number of ‘unique’ IEP users registered across all their services. Respectively, they estimated that 11,568 and 5,466 individuals used their IEP services in 2016/17. However, for the reasons described above, these ‘unique’ IEP user estimates should not be regarded as equivalent to the total number of people who inject drugs within these NHS Boards.
Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Injecting Equipment Provision in Scotland 2016/17</td>
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<tr>
<td>Description</td>
<td>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.</td>
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<tr>
<td>Theme</td>
<td>Health and Social Care</td>
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<tr>
<td>Topic</td>
<td>Substance Misuse</td>
</tr>
<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>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>June 2018</td>
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<tr>
<td>Release date</td>
<td>07 August 2018</td>
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<tr>
<td>Frequency</td>
<td>Annual</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>The timeframe for this publication is the Financial Year 2016/17. Analyses of trends from 2009/10 are reported and trend data from 2007/08 are included in the data tables.</td>
</tr>
<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>
</tr>
<tr>
<td>Revisions statement</td>
<td>The total numbers of IEP agencies reporting in Table 1.3a were corrected for financial years 2013/14 to 2015/16. In previous reports, the numbers of agency IEP outlets were incorrectly based on the sum of the responses to this question (increasing numbers by up to 26%). This also affected the percentages in Table 1.3b for financial years 2013/14 to 2015/16.</td>
</tr>
<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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</table>
NHS Boards are based on NHS Board boundaries during the relevant time period. |
<p>| Relevance and key uses of the statistics | Provides information that supports the Sexual Health and Blood Borne Virus Framework <a href="http://www.gov.scot/Resource/0048/00484414.pdf">http://www.gov.scot/Resource/0048/00484414.pdf</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 published guidelines.                                                                                         |
| Coherence and clarity   | The report is available as a PDF file.                                                                                                                                                                     |
| Value type and unit of  | Counts (number and percentage). Crude rates.                                                                                                                                                              |</p>
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<th>Measurement Disclosure</th>
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Appendix 3 – Early access details

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)
Appendix 4 – 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](#).