

Injecting Equipment Provision in Scotland

2017/18, 2018/19 and 2019/20

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Contents

Introduction	1
Main Points	3
Results and Commentary.....	4
1: Injecting Equipment Provision Services.....	4
1.1: Number and Type of Injecting Equipment Provision Outlets	4
1.2: Type of Non-Pharmacy Agency Injecting Equipment Provision	6
2: Injecting Equipment Provision Attendances	7
2.1: Number of Attendances	8
2.2: Types of Drug Injected.....	10
3: Distribution of Injecting Equipment and Foil	11
3.1: Needle and Syringe Distribution.....	11
3.2: Other Injecting Equipment Distribution.....	14
Conclusion.....	17
References.....	18
Glossary.....	20
Contact.....	21
Further Information	21
Rate this publication.....	21
Acknowledgements	21
Appendices	22
Appendix 1 – Background information.....	22
A1.1: Data Collection	22
A1.2: Data Quality.....	22
A1.3: Comparisons with prevalence estimates	23
Appendix 2 – Publication Metadata	24
Appendix 3 – Early access details.....	26
Appendix 4 – PHS and Official Statistics.....	27

Introduction

This publication from Public Health Scotland (PHS) (previously reported by Information Services Division (ISD)) reports on Injecting Equipment Provision (IEP) to people who inject drugs across Scotland. This is the eleventh report in this series and contains new data relating to financial years 2017/18, 2018/19 and 2019/20, with a focus on the most recent year (2019/20). As a result of Covid-19 Scotland entered a period of lockdown from 23 March 2020. This may have had some impact on IEP provision in the second half of March. As IEP data are reported on an annual basis, the overall impact on 2019/20 data reported in this publication is likely to have been minor.

The report for 2017/18 data was due to be published in the summer of 2019, but was postponed while data collection systems were reviewed and amended to allow the collection of new data items. As a result, the decision was made to combine reporting of the 2017/18 data with the data for 2018/19. Improvements in the timescales for the receipt of 2019/20 data have enabled this to be included as well providing more timely information.

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 (for example, 'chemsex' [5], 'New' or 'Novel' Psychoactive Substances [6] and Image and Performance Enhancing Drugs¹) and blood borne virus outbreaks among people who inject drugs (for example, HIV in Glasgow [7,8,9,10]).

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 use².

The original survey of IEP outlets (2007/08) was commissioned as part of Phase II of the Scottish Hepatitis C Action Plan [3]. For early reports, data were drawn from paper surveys. Latest reports are based on data extracted from NEO (a commercially available database used by NHS Boards to manage their IEP activity). The exception are island NHS Boards

¹ See <https://www.ipedinfo.co.uk/> for further information.

² 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 [11].

which use paper surveys. For further information on data collection please refer to [Appendix A1.1](#).

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 all mainland NHS Boards. NHS Shetland provided complete IEP data in 2015/16 and 2016/17 and partial IEP data from 2017/18 to 2019/20. NHS Orkney began supplying IEP data in 2017/18 and NHS Western Isles submitted IEP data in 2017/18 only. While the information provided in this report is considered to be accurate, it is important that users of these statistics are aware of the following issues when interpreting analysis of IEP provision:

- There may be inconsistencies in reporting between NHS Boards. In some years, individual IEP outlets provided estimated figures or did not provide a response 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.

Main Points

- In 2019/20, there were a total of 281 Injecting Equipment Provision outlets in Scotland, of which 214 (76%) were located in pharmacies and the remaining 67 (24%) were part of other services (for example, specialist drug treatment providers).
- In 2019/20, there were 215,957 attendances reported by Injecting Equipment Provision outlets, 17% fewer than in 2018/19 (259,746). Over three-quarters (78%) of those attending were male.
- Approximately 3.1 million needles and syringes were distributed by participating outlets in 2019/20, this was 14% lower than in 2018/19 (approximately 3.6 million).
- Nationally, an average of 54 needles and syringes were distributed per estimated 'problem drug user' in 2019/20, a decrease of 14%³ compared to 2018/19 (64).
- In 2019/20, wipes or swabs (approximately 2.9 million), and citric acid or vitamin C (nearly 2.5 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 2018/19.
- In 2019/20, approximately 2.4 million sheets of foil were distributed. This was a substantial increase from approximately 1.1 million sheets of foil in 2017/18, when the provision of foil data was first recorded.

³ The percentage difference is based on estimated numbers prior to rounding to the nearest whole number (see Table 3.2).

Results and Commentary

1: Injecting Equipment Provision Services

Injecting Equipment Provision (IEP) services are either operated 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. The total number of outlets peaked in 2013/14 (299) and has decreased since then. In 2019/20, of the 281 outlets reporting IEP provision in Scotland, 214 (76%) were pharmacy-run and 67 (24%) were agency-run.

Figure 1.1: Number and percentage of injecting equipment provision outlets by financial year and outlet type (Scotland; 2009/10-2019/20)

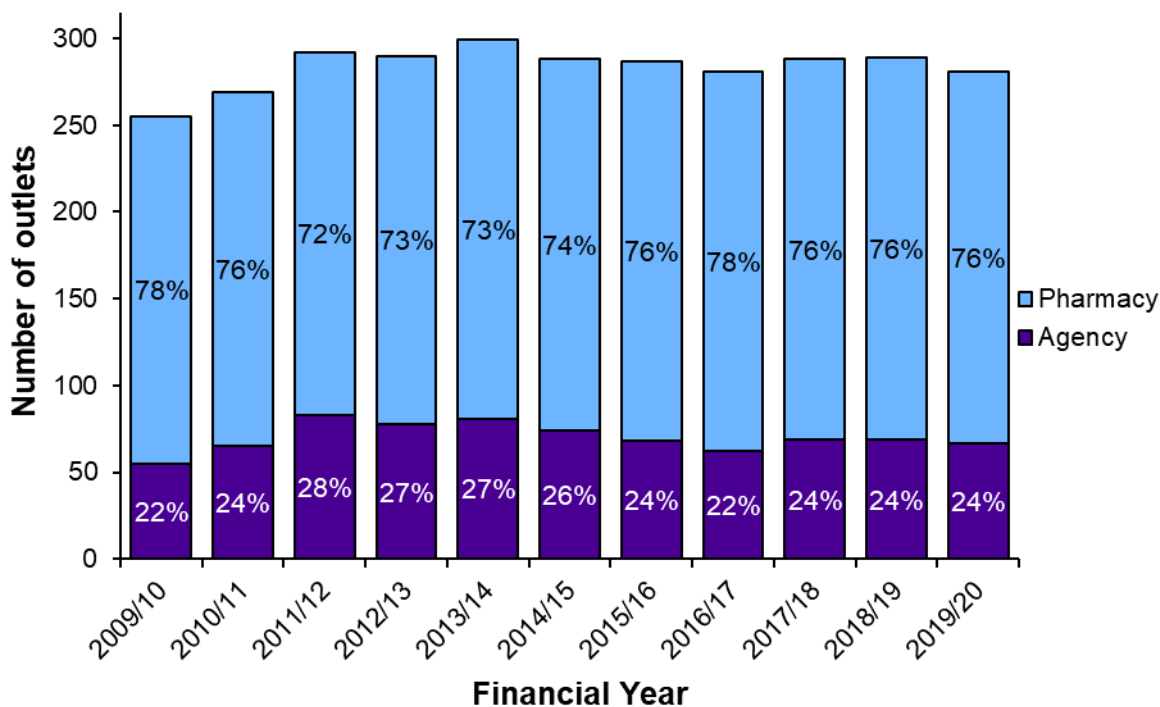


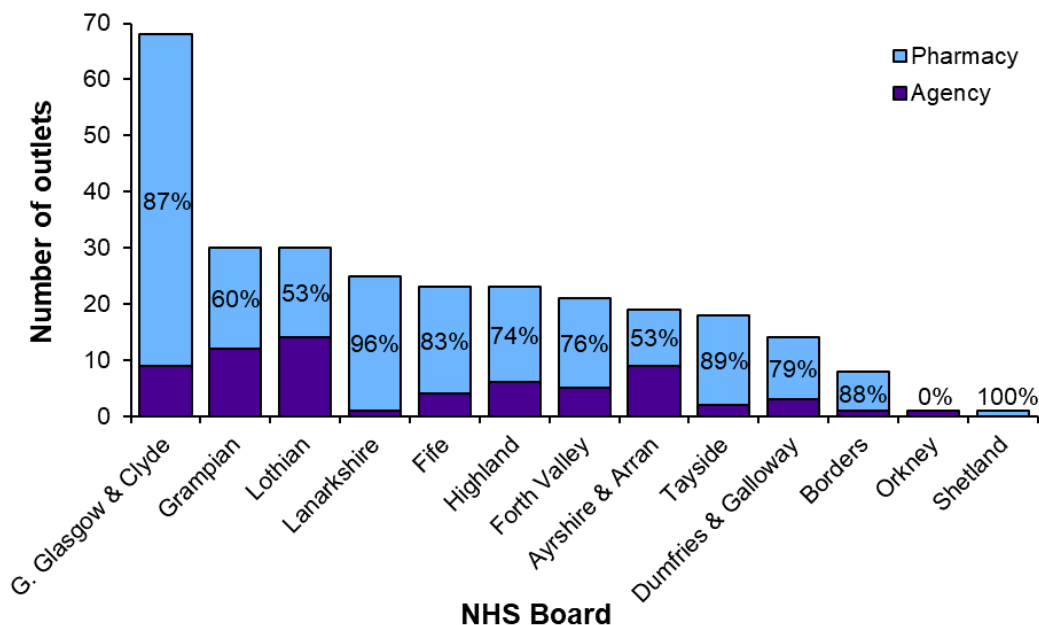
Figure 1.2 shows the number of IEP outlets by NHS Board. This shows that the number of IEP outlets was highest in the NHS Board areas with the largest resident populations (for example, NHS Greater Glasgow & Clyde).

Figure 1.3 compares the number of outlets to the estimated number of ‘problem drug users’ in each NHS Board (Table 1.2) [12]⁴. In 2019/20, there was an average of 4.9 IEP Outlets per 1,000 ‘problem drug users’ in Scotland. NHS Board rates ranged from 3.3 IEP outlets per 1,000 ‘problem drug users’ in NHS Lanarkshire and NHS Lothian to 33.3 in NHS Orkney. The

⁴ An explanation of issues associated with comparison with prevalence estimates is included in Appendix A1.3.

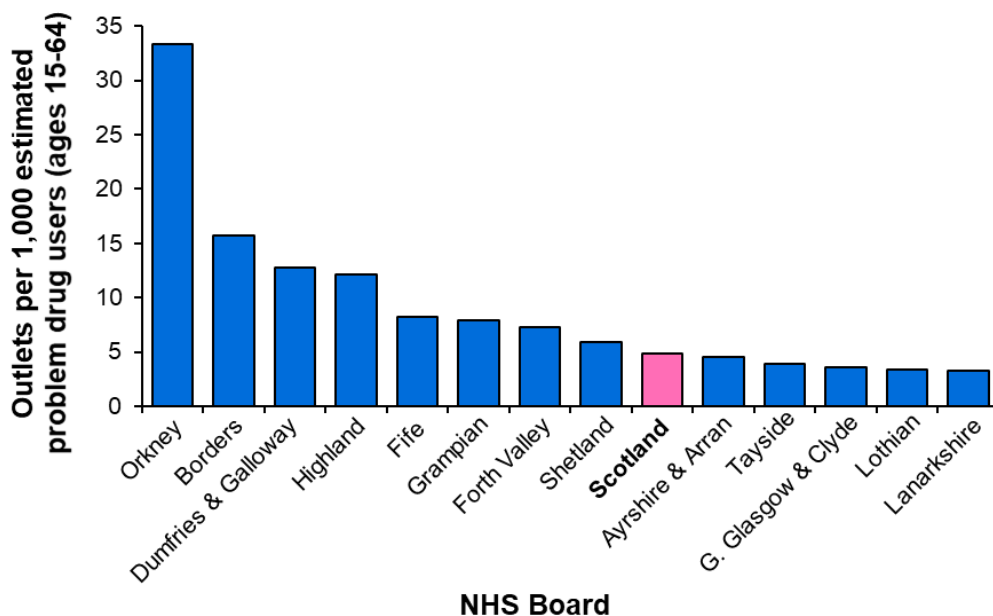
three NHS Boards with the highest number of outlets per 1,000 'problem drug users' (NHS Orkney, NHS Borders and NHS Dumfries & Galloway) all primarily cover rural areas.

Figure 1.2: Number and percentage of injecting equipment provision outlets by outlet type (NHS Boards; 2019/20^{1,2,3})



1. NHS Western Isles did not supply IEP data for 2019/20.
2. NHS Orkney reported 100% of services as agencies.
3. NHS Lothian data are provisional and may be subject to a change in future reports.

Figure 1.3: Crude rate of injecting equipment provision outlets per 1,000 estimated 'problem drug users' (NHS Boards; 2019/20^{1,2,3})

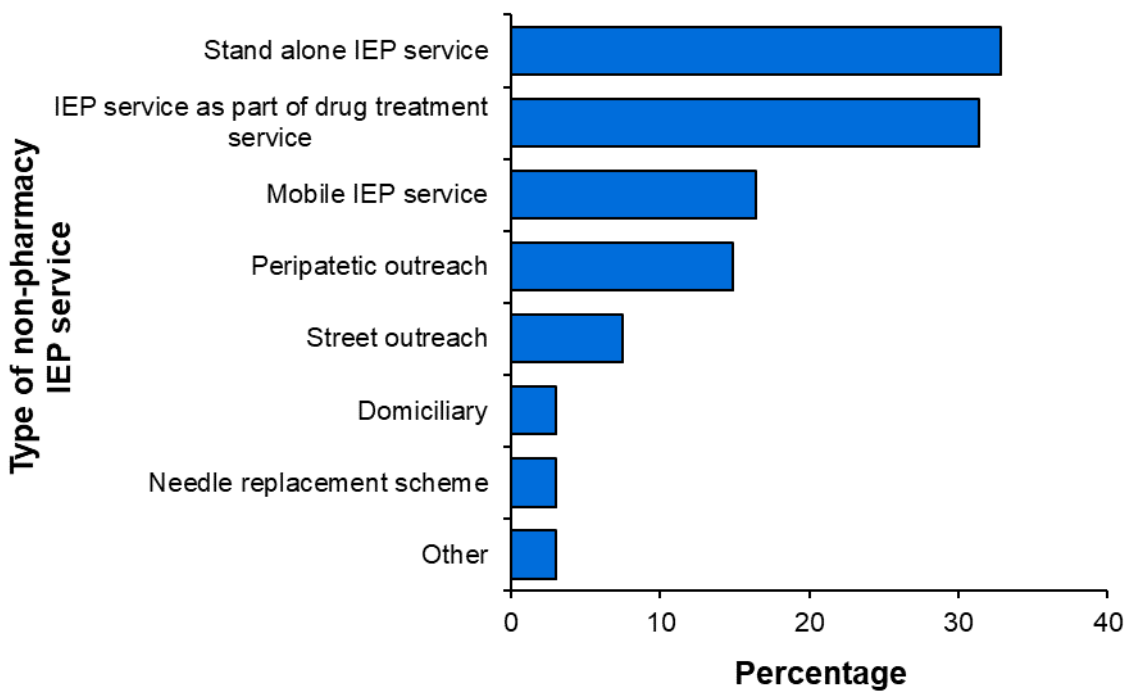


1. Figures were calculated using 'problem drug user' prevalence estimates for 2015/16 [12].
2. NHS Western Isles did not supply IEP data for 2019/20.
3. NHS Lothian data are provisional and may be subject to a change in future reports.

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 13 years (Table 1.3 and Figure 1.4). In 2019/20, a stand-alone IEP service was provided by 33% of these agencies. IEP as a part of drug treatment service was the second most common form of non-pharmacy service (31%), followed by ‘Mobile IEP’ (16%), ‘Peripatetic Outreach’ (15%) (where the outlet operates in another organisation’s premises) and ‘Street Outreach’ (7%). Other forms of provision such as needle replacement scheme and domiciliary (where injecting equipment is taken to people’s homes) account for only a small percentage of IEP services operated by agencies.

Figure 1.4: Type of injecting equipment provision service^{1,2} in non-pharmacy agencies (Scotland; 2019/20³)



1. Agencies may provide more than one type of IEP service. Percentages are based on the number of agencies responding. Therefore, the sum of percentages may not equal 100%
2. Needle replacement schemes are a specific type of provision that exists mainly in prison services. Detainees arriving in custody have their needles and equipment confiscated to be replaced with new/clean equipment upon their release.
3. NHS Lothian data are provisional and may be subject to a change in future reports.

2: Injecting Equipment Provision Attendances

This section provides information on the number of attendances at IEP outlets nationally and in each NHS Board. In 2018/19 and 2019/20, five outlets did not report the number of attendances (in 2017/18 four outlets did not report).

Prior to 2014/15, there were a number of IEP practice changes/recording issues which make it difficult to reliably determine trends in attendance:

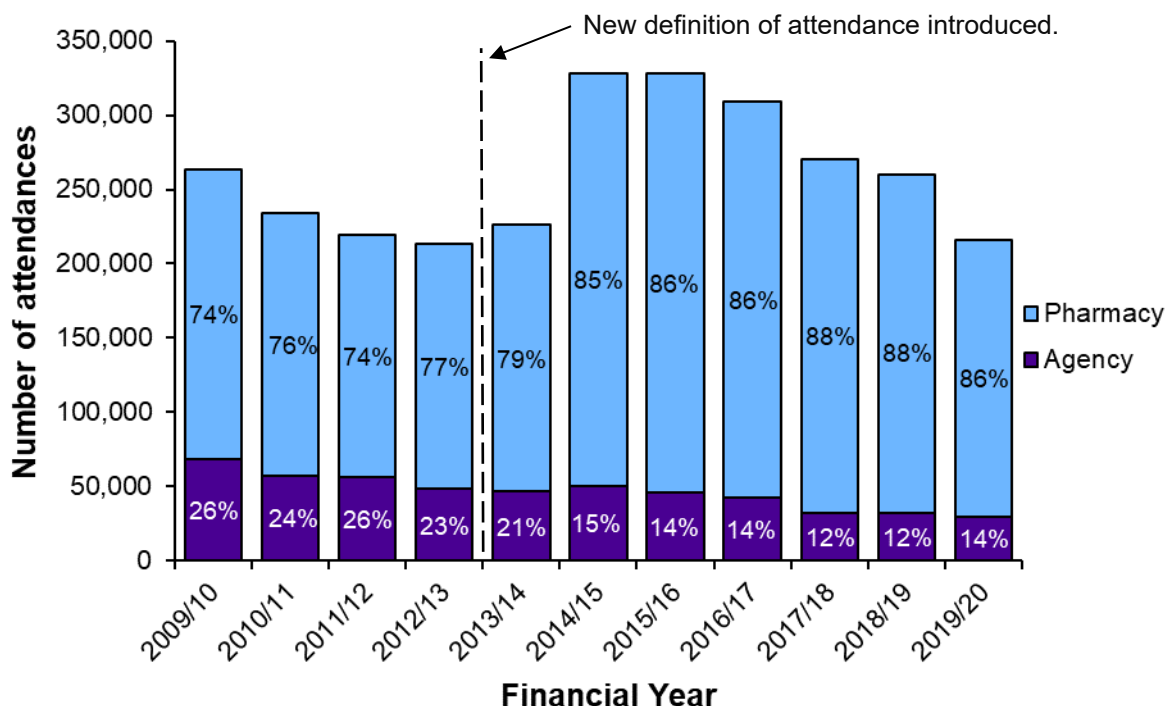
- From 2009/10 to 2012/13 NHS Boards removed limits on the number of needles and syringes distributed in a single transaction, leading to a decrease in the number of IEP attendances.
- In September 2014, a standard definition was introduced whereby only episodes in which a client received equipment relating 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 NHS Board allowed clients to access individual 'one hit kits', leading to an increase in the number of 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 PHS, 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 2019/20, there were 215,957 attendances reported by IEP outlets in 12 NHS Boards across Scotland (NHS Shetland and NHS Western Isles did not provide attendance data) (Table 2.1 and Figure 2.1). This was lower than the number of recorded IEP attendances reported in 2018/19 (259,746).

Figure 2.1: Number and percentage of reported injecting equipment provision attendances by financial year and outlet type (Scotland; 2009/10-2019/20)^{1,2,3,4,5,6,7,8,9}



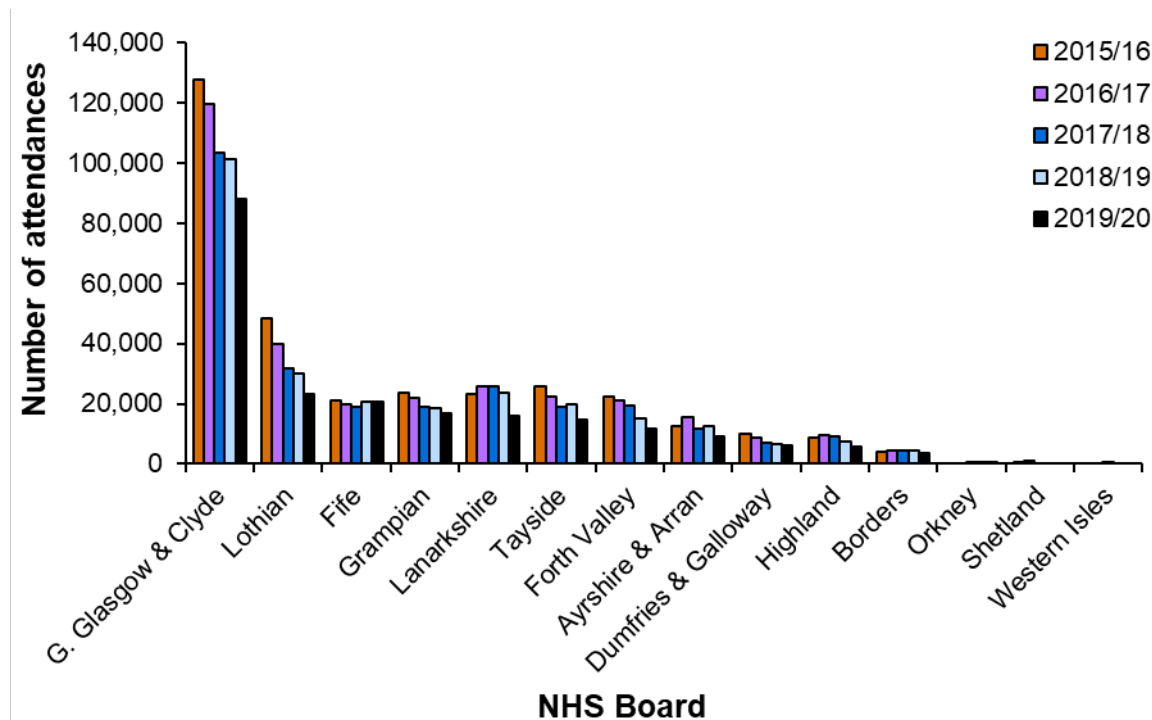
1. A standard definition of an attendance was introduced in September 2014 whereby an attendance or transaction was only counted in IEP data if the client received a barrel and/or fixed needle and syringe. The definition is used as the basis of attendance statistics for reports covering data period from the start of 2013/14 onwards.
2. Administration issues in NHS Borders may have impacted on the number of attendances reported in 2012/13.
3. No figures were submitted by NHS Dumfries & Galloway in 2012/13.
4. No figures were received from pharmacies in NHS Lothian in 2011/12 to 2013/14.
5. Due to lost record sheets, NHS Fife only reported partial data for 2013/14.
6. NHS Lanarkshire experienced some NEO implementation issues in 2014/15 which may have resulted in duplication of a small number of attendances.
7. There may be minor inaccuracies in NHS Ayrshire & Arran figures for 2014/15 due to missing data, errors and recording issues encountered during a change in data collection system in the first six months of the year.
8. Attendance data from NHS Shetland for 2017/18 - 2019/20 were not available. Local implementation of NEO is planned to ensure standardisation of data collection.
9. Data for NHS Dumfries & Galloway and NHS Lanarkshire for 2019/20 are provisional and may be subject to a change in future reports.

In 2019/20, most IEP attendances (86%) were at pharmacy outlets (Table 2.1). The majority of attendances (78%) were made by males (Table 2.3).

Figure 2.2 shows IEP attendances by NHS Board since 2015/16. All 12 NHS Board areas that supplied IEP attendance information for the latest two years reported decreases in their attendance numbers between 2018/19 and 2019/20. NHS Lanarkshire and NHS Ayrshire & Arran reported the largest percentage decreases (32% and 27% respectively). NHS

Grampian (9%), NHS Dumfries & Galloway (5%) and NHS Fife (0.3%) reported the lowest percentage decreases in IEP attendances compared to 2018/19.

Figure 2.2: Number of reported injecting equipment provision attendances by financial year (NHS Boards; 2015/16-2019/20^{1,2,3,4})



1. NHS Orkney began supplying data in 2017/18.
2. NHS Western Isles only supplied data for 2017/18, did not continue in following years.
3. Attendance data from NHS Shetland for 2017/18 - 2019/20 were not available. Local implementation of NEO is planned to ensure standardisation of data collection.
4. Data for NHS Dumfries & Galloway and NHS Lanarkshire for 2019/20 are provisional and may be subject to a change in future reports.

At Scotland level, IEP outlets have reported an overall decrease in attendances since 2014/15. Between 2014/15 and 2019/20 there has been a small (2%) decrease in the number of IEP outlets across Scotland, this is unlikely to account for the full decrease in attendances. This downward trend is likely to be associated with broader changes in demand for, or supply of injecting equipment. One potential contribution for this change may be a reduction in demand, driven by changes in drug use.

An increase in cocaine use has been observed across a range of data sources. The percentage of individuals assessed for specialist drug treatment who reported recent cocaine/crack cocaine use increased from 14% in 2015/16 to 33% in 2018/19 [11]. The European Age-sex Standardised rate of stays in hospital per 100,000 people for cocaine use has increased from 10.4 in 2014/15 to 22.4 (per 100,000) in 2017/18 [15]. The percentage of drug related deaths where cocaine was recorded has also increased from 7% in 2014 to 23% in 2018 [16]. Cocaine can be taken nasally, smoked or injected. Cocaine injecting has been reported as fairly common in some areas [7,8,9,10], its usage

may be associated with risk behaviours including re-using injecting equipment [17]. Further work is needed to assess the impact of increasing cocaine use on the supply of IEP.

Local drug trends may also influence the number of IEP outlet attendances in specific areas (for example, the IEP lead in NHS Lothian associated some changes in IEP attendances with crack cocaine).

Pharmacy IEP outlets in some NHS Boards, for example Tayside and Lothian, have actively promoted the use of foil for smoking drugs as an alternative to injecting [18,19]. There have been large increases in foil distribution seen in the most recent year (see section 3 for more detail). As the definition of an IEP attendance is based on the supply of a needle/syringe, increases in foil use may have contributed to a reduction in numbers of attendances. This is because instances where only foil sheets are collected, are not counted as attendances.

2.2: Types of Drug Injected

Information on the type of drug injected by service users was collected by 274 (98%) of the 281 IEP outlets in 2019/20 (data not shown in tables). Of these:

- All 274 outlets reported that one or more of their service users injected opiates;
- 89% (244) reported that one or more of their service users injected Image and Performance Enhancing Drugs⁵;
- 78% (213) reported that one or more of their service users injected stimulants; and,
- 25% (69) reported that one or more of their service users injected 'New' or 'Novel' Psychoactive Substances.

See <http://www.ipedinfo.co.uk/> for further information.

3: Distribution of Injecting Equipment and Foil

This section provides information on the distribution of injecting equipment and foil 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 PHS). 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 an 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:

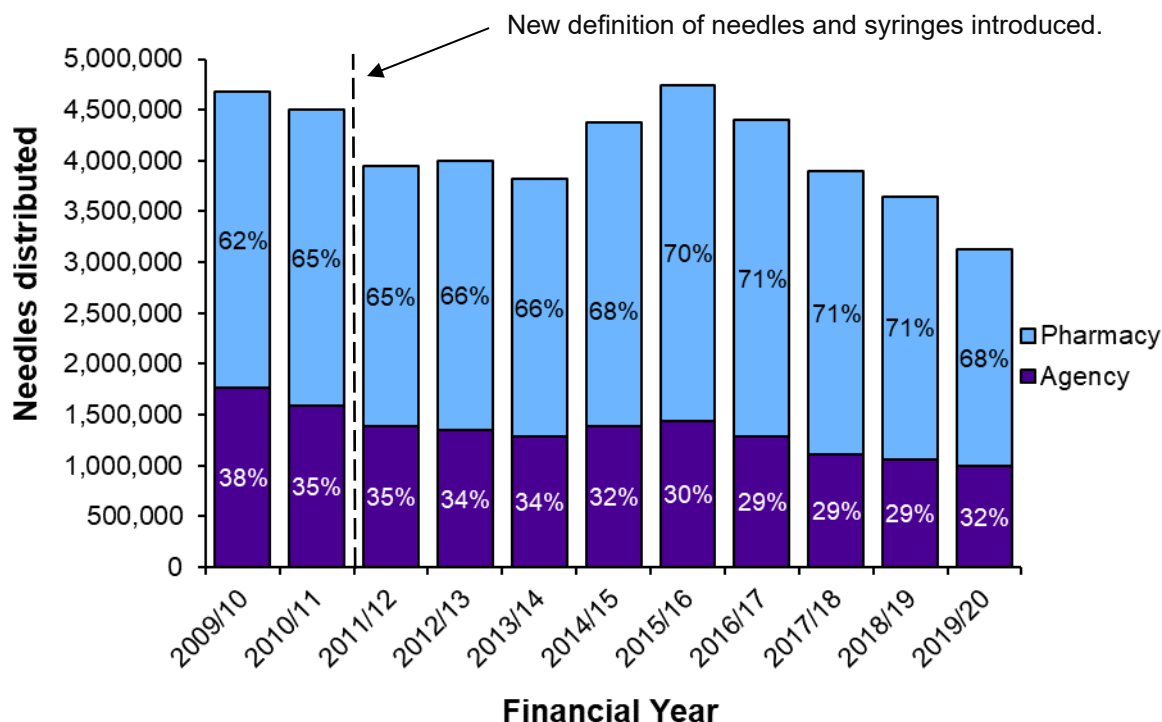
- From 2009/10 to 2012/13 NHS Boards removed restrictions on the number of needles and syringes distributed in a single transaction.
- In 2011/12, a standard definition of needles and syringes was introduced in order to ensure consistency. IEP outlets were asked to count the total number of fixed syringes 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 (for example, NHS Lothian pharmacies from 2009/10 to 2013/14, Lanarkshire in 2014/15).
- From 2017/18, PHS received data on numbers of foil sheets and one hit kits supplied by IEP outlets. As foil sheets are distributed in packs of various sizes and one hit kits can contain different sets of injecting equipment, the recording of this information has proven to be difficult. Therefore, these data should be interpreted with caution.

3.1: Needle and Syringe Distribution⁶

Approximately 3.1 million needles and syringes were distributed by IEP outlets in 2019/20; 2.1 million (68%) by pharmacies and approximately 1 million (32%) by agencies. From the introduction of the standard definition of needles and syringes in 2011/12, distribution figures increased from 3.9 million to a peak of approximately 4.7 million in 2015/16. Since then, overall needle and syringe supply figures have decreased, with the largest decreases observed between 2016/17 and 2017/18 (% decrease, from 4.4 million to 3.9 million) and 2018/19 to 2019/20 (14% decrease, from 3.6 million to 3.1 million).

⁶ 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.

Figure 3.1: Number and percentage of needles and syringes distributed by financial year and outlet type (Scotland; 2009/10–2019/20^{1,2,3,4,5,6,7,8})



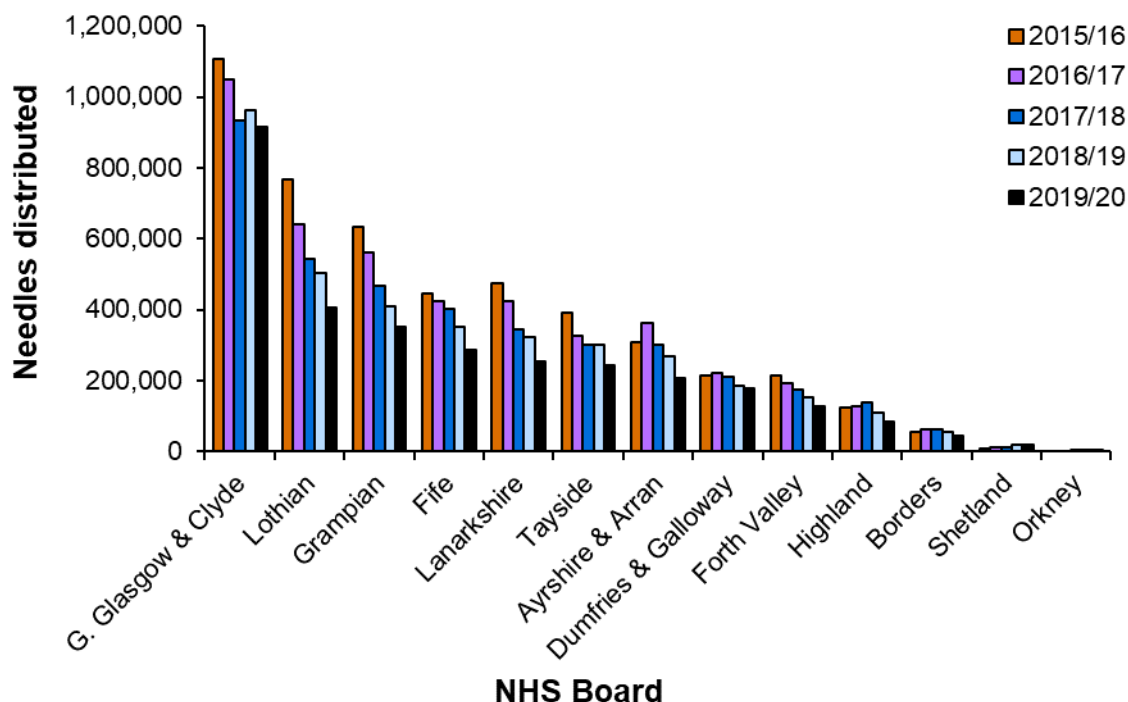
1. Prior to 2011/12, no definition of needles and syringes was provided to NHS Boards. From 2011/12 a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
2. There were considerable changes in reported needle/syringe distribution in NHS Lothian 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.
3. Staffing issues in a data supplier for NHS Borders caused a reduction in expected numbers in 2012/13.
4. Due to lost record sheets, NHS Fife only reported partial data for 2013/14.
5. 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 were 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 a change in data collection system in the first six months of the year.
8. NHS Lanarkshire data for 2019/20 are provisional and may be subject to a change in future reports.

Figure 3.2 shows the number of needles and syringes distributed within each NHS Board in the last five years (2015/16 to 2019/20). NHS Greater Glasgow & Clyde distributed the highest number of needles and syringes in each of the years presented (over 900,00 in 2019/20). NHS Lothian and NHS Grampian distributed the second and third highest number of needles and syringes in 2019/20 (approximately 400,000 and 350,000 respectively).

In 2019/20, all NHS Boards except NHS Shetland⁷ distributed fewer needles and syringes than in 2018/19. NHS Highland and NHS Ayrshire and Arran reported the largest percentage decrease in figures (24% and 23% respectively). NHS Dumfries and Galloway reported the smallest percentage decrease, supplying 4% fewer needles and syringes than in 2018/19.

⁷ NHS Shetland distributed 624 more needles and syringes in 2019/20 than in 2018/19.

Figure 3.2: Number of needles and syringes distributed by financial year (NHS Boards; 2015/16–2019/20^{1,2,3,4})



1. Prior to 2011/12, no definition of needles and syringes was provided to NHS Boards. From 2011/12 a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
2. NHS Orkney began supplying data from 2017/18.
3. NHS Western Isles only supplied data for 2017/18 but did not report needle and syringe distribution in that year.
4. NHS Lanarkshire data for 2019/20 are provisional and may be subject to a change in future reports.

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 2015/16 [12⁸]). Figure 3.3 shows these rates for Scotland and NHS Board for 2019/20 (see Table 3.2 for data from 2007/08 to 2019/20).

Nationally, it was estimated that an average of 54 needles and syringes were distributed⁹ per ‘problem drug user’ in 2019/20. This was a reduction compared with 2018/19, when an average of 64 needles and syringes were distributed per estimated ‘problem drug user’.

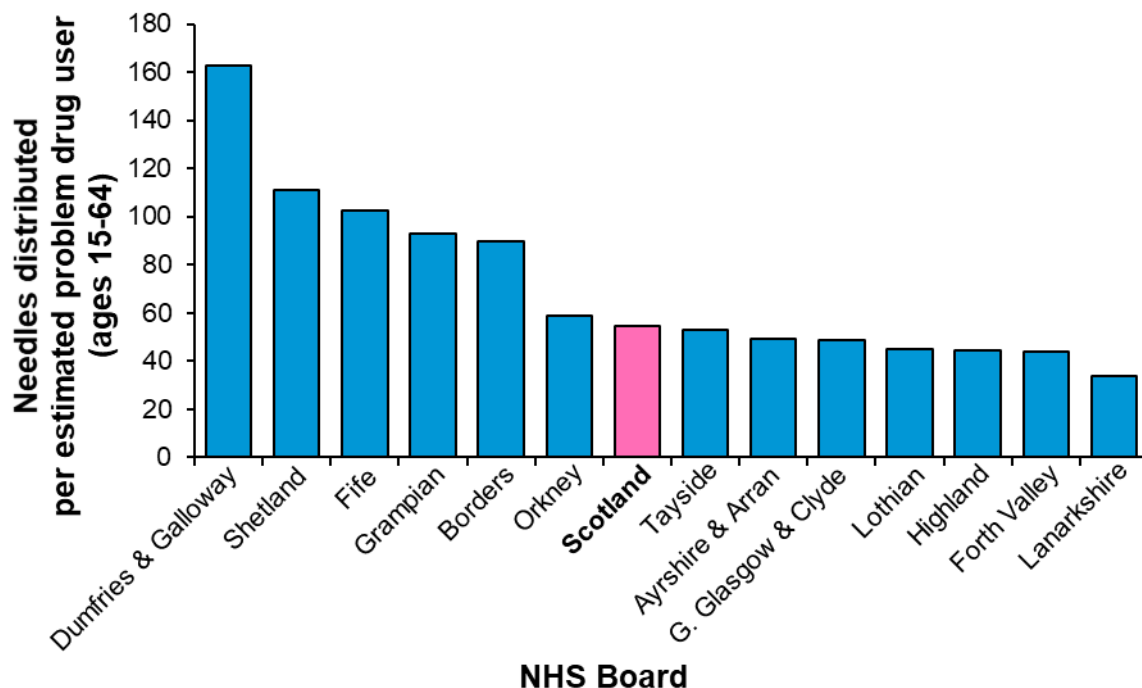
There was a high degree of variation in crude needle and syringe distribution rates between NHS Boards and over time. In 2019/20, NHS Dumfries & Galloway distributed the highest number of needles and syringes per estimated ‘problem drug user’ (163), followed by NHS Shetland and NHS Fife (111 and 103 respectively). NHS Lanarkshire (34), NHS Forth Valley (44) and NHS Highland (44) distributed the fewest needles and syringes per estimated ‘problem drug user’ in 2019/20.

⁸ An explanation of issues associated with comparison with prevalence estimates is included in Appendix A1.3.

⁹ World Health Organization have a 2030 Global Health Sector Strategy target of 300 sterile needles and syringes provided per person who inject drugs per year. For more details see

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831155/Hepatitis_C_in_the_UK_2019_report.pdf.

Figure 3.3: Number of needles and syringes distributed per estimated 'problem drug user' (NHS Boards; 2019/20^{1,2})



1. Figures were calculated using 'problem drug user' prevalence estimates for 2015/16 [12].
2. NHS Western Isles did not supply IEP data for 2019/20.

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 viruses¹⁰.

- 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.
- Foil sheets allow some drugs to be smoked instead of injected.
- One hit kits contain a set of injecting equipment required for safe injecting, with most packs containing needles, citric acid/vitamin C, filters, wipes/swabs and sharp bins.

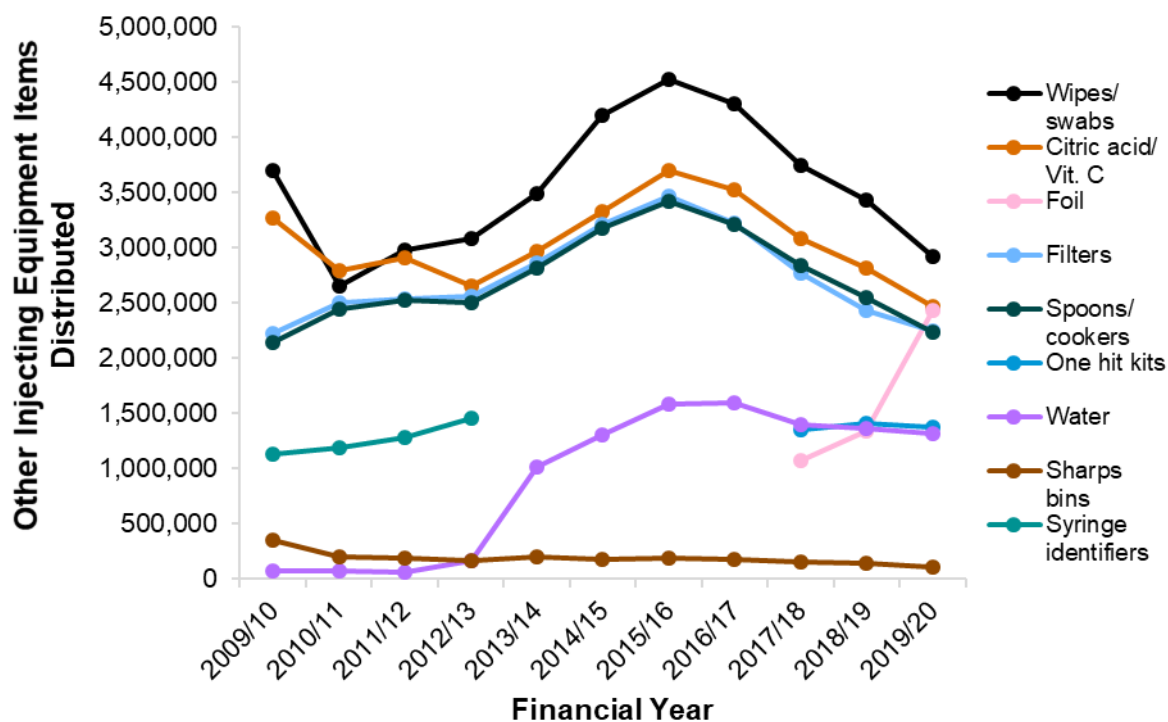
¹⁰ In 2013, the UK government approved the addition of foil to the list of other injecting equipment, allowing people who usually inject drugs to smoke either heroin or crack cocaine instead of injecting.

The number of outlets distributing other injecting equipment and reporting data on this activity to PHS varied from year to year (Table 3.3). In 2019/20, out of 277 IEP outlets:

- 276 distributed citric acid or vitamin C,
- 275 distributed wipes/swabs and spoons (or other forms of cookers)
- 274 distributed sharps bins,
- 272 distributed filters,
- 264 distributed sterile water,
- 216 distributed foil, and
- 203 IEP outlets distributed one hit kits (note that components of one hit kits are also counted in each relevant individual category (for example, filters) and therefore are not mutually exclusive with the counts of those items).

Table 3.4 and Figure 3.4 present figures on the number of other injecting equipment items distributed by IEP outlets in Scotland. In 2019/20, wipes or swabs (over 2.9 million items) were the most commonly distributed items, followed by citric acid/vitamin C (nearly 2.5 million items) and foil (approximately 2.4 million items), filters and spoons (both over 2.2 million).

Figure 3.4: Items of other injecting equipment distributed by IEP outlets (Scotland; 2009/10–2019/20^{1,2,3,4,5,6,7,8,9,10,11})



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.

7. The recording of foil and one hit kit quantities began in 2017/18. Because of data collection issues, minor inaccuracies are likely to be present in these figures. Note that components of one hit kits are also counted in each relevant individual category (for example, filters) and therefore are not mutually exclusive with the counts of those items.
8. Foil figures for 2017/18 for NHS Tayside and some services in NHS Fife and NHS Borders were estimated and approved by NHS Boards due to reporting issues.
9. Foil data for NHS Dumfries & Galloway for 2019/20 are provisional and may be subject to a change in future reports.
10. NHS Lanarkshire data for 2019/20 are provisional and may be subject to a change in future reports.
11. NHS Shetland provided limited distribution data for 2017/18 - 2019/20. Local implementation of NEO is planned to ensure standardisation of data collection.

With the exception of foil (where a substantial increase was observed (81%)), the distribution of other injecting equipment items decreased in 2019/20 compared to 2018/19.

- The largest percentage decrease in other injecting equipment distribution was for sharps bins, which decreased by 23% from 2018/19 to 2019/20 (these products are designed to be used multiple times and there are also other options available for needle/syringe disposal).
- The quantity of wipes or swabs distributed decreased by 15%.
- The quantity of citric acid or vitamin C fell by 12%.
- The quantity of spoons or cookers distributed decreased by 12%.

The percentage decrease between 2018/19 and 2019/20 of these items is comparable with the drop in overall needles and syringes distributed between these years (14%).

Apart from foil, the distribution of other injecting equipment items has decreased since the numbers for most peaked in 2015/16, with large drops evident for most injecting equipment items each consecutive year (2017/18 to 2019/20).

Data for foil has only been collected from 2017/18, since then there has been a large increase (125%) in the number of foils distributed from approximately 1.1 million in 2017/18 to over 2.4 million in 2019/20.

In the latest year, NHS Lothian distributed the highest number of foils (1.0 million) followed by NHS Greater Glasgow and Clyde (0.5 million). Particularly large increases in foil supply between 2017/18 and 2019/20 were observed in NHS Tayside (from 14,421 to 128,652), NHS Forth Valley (from 8,380 to 50,350), NHS Lothian (from 220,970 to 1,037,550), and NHS Highland (23,694 to 107,664).

IEP leads in some areas have confirmed that foil use was actively promoted. The increase in foil supply could be a factor in the observed decreases in the distribution of injecting equipment if individuals opt for an alternative to injecting by way of smoking. Further breakdowns of other injecting equipment distribution by NHS Board over time are available in Table 3.5.

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 previous years, but from 2017/18 comprehensive information from IEP outlets was available from 12 of the NHS Board areas in Scotland (all mainland NHS Boards and NHS Orkney). In 2019/20, these outlets reported nearly 216,000 attendances and distributed 3.1 million needles and syringes and approximately 14 million items of other injecting equipment. Outlet attendances and the supply of injecting items have shown an overall decrease since peaking in 2015/16. The exception to this has been foil distribution, which has shown a considerable increase since information was first collected in 2017/18

Interpretation of the relationships between people who inject drugs, IEP attendances and injecting equipment distribution is not straightforward. Changes in reported IEP activity may 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 2019/20 necessarily equate to a decrease in the number of people who use drugs or that services have reached fewer people who use drugs. Other routine data suggest that patterns of drug use may be changing, with cocaine use (including cocaine injecting) increasing in prevalence. Increases in foil supply may suggest that the provision of alternatives to injecting drugs could potentially have played a role in reducing demand for IEP. Further work is needed to assess the impact of these on the supply of IEP.

Public Health Scotland will continue collaborating with colleagues in NHS Board harm reduction teams to improve the quality of IEP data. Along with Needle Exchange Surveillance Initiative [20], 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.

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Glossary

Agency	Non pharmacy-based IEP Outlet
Attendances	Refers to the number of attendances at IEP outlets, individuals can have multiple attendances within any period.
Foil	Foil sheets can be used to smoke drugs (for example, heroin). Although foil is not used for injection, it provides an alternative and less harmful route of drug administration.
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
PHS	Public Health Scotland (previously Information Services Division (ISD) of NHS National Services Scotland)
NEO	A commercially available database used by outlets to log IEP attendances and distribution
One hit kit	A kit that contains a set of injecting equipment required for safe injecting, with most packs containing needles, citric acid/vitamin C, filters, wipes/swabs and sharp bins.
Other Injecting Equipment	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 and preparation of the drug, and spoons or other forms of cookers such as 'stericups' facilitate the sterile cooking of drugs.
Pharmacy	Pharmacy-based IEP Outlet

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Further Information

Further information and data for this publication are available from the [publication page](#) on our website. For more information on substance use see the [substance use 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 2021.

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Appendices

Appendix 1 – Background information

A1.1: Data Collection

In IEP reports for 2007/08 to 2011/12 data were drawn from annual paper surveys which were distributed by Hepatitis C Prevention Leads to the IEP outlets in their area.

Following the introduction of the ISD Scottish Injecting Equipment Provision Database (ISD IEP) and NEO (a commercially available database used by NHS Boards to manage their IEP activity) in April 2012, reports covering data from 2012/13 to 2016/17 were largely based on a combination of information from these two data sources.

As of March 2017, all mainland NHS Boards used NEO across both pharmacies and agencies¹¹. Therefore, most of the data for the reported years 2017/18 onwards are extracted annually from this system by the data management team in PHS. Shetland, Orkney and Western Isles submit data via paper surveys.

A1.2: Data Quality

Every effort has been made to ensure the quality and robustness of the data presented. Co-ordinating data collection through NHS Board Hepatitis C 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 PHS, 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 data tables accompanying this report prior to publication in order to further ensure data quality and accuracy.

Caution should be taken when interpreting the figures provided in this report. Despite efforts by PHS 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 differed 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, sex), 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.

¹¹ One NHS Lanarkshire pharmacy is not using either electronic system and continues to complete a paper survey.

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' [12] 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 users¹². 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: Recent estimates of the number of people who inject drugs were not available for comparison with IEP data. PHS 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.

¹²In 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

Metadata Indicator	Description
Publication title	Injecting Equipment Provision in Scotland 2017/18, 2018/19 and 2019/20
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	Lifestyle and behaviours
Topic	Substance use
Format	PDF report with accompanying Excel workbook
Data source(s)	Information provided to local hepatitis C Prevention Leads by injection equipment provision outlets.
Date that data are acquired	May 2020
Release date	28 July 2020
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the period 2017/18 - 2019/20. Analyses of trends from 2009/10 are reported and trend data from 2007/08 are included in the data tables.
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	The data published in this report is not expected to be revised in the future.
Revisions relevant to this publication	Estimated numbers of problem drug users and rates of needles/syringes in Table 3.2 were updated for years 2015/16 and 2016/17. In previous reports, numbers and rates were based on the number of problem drug users from 2012/13 prevalence figures. This has been updated following the release of 2015/16 prevalence publication. Updated numbers and rates are based on 2015/16 prevalence figures.
Concepts and definitions	Scottish Government (2015) Sexual health and Blood Borne Virus framework 2015-2020 Update. http://www.gov.scot/Resource/0048/00484414.pdf NHS Boards are based on NHS Board boundaries during the relevant time period.
Relevance and key uses of the statistics	Provides information that supports the Sexual health and Blood Borne Virus Framework http://www.gov.scot/Resource/0048/00484414.pdf
Accuracy	Local Prevention Leads were provided with Early Access for Quality Assurance prior to publication.
Completeness	Data are collated/recorded local and submitted to PHS. Unless otherwise advised, it is assumed that the data received are complete.
Comparability	Not comparable outwith Scotland.
Accessibility	It is the policy of PHS 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 measurement	Counts (number and percentage). Crude rates.
Disclosure	The PHS protocol on Statistical Disclosure Protocol is followed.

Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	This report has not been assessed by the UK Statistics Authority.
Last published	07 August 2018
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Help email	PHS.drugsteam@nhs.net
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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", PHS is 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.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

National Coordinator of 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 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the [Code of Practice for Statistics](#) in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ['five safes'](#).