Public Health Scotland

Injecting Equipment Provision in Scotland

2020/21

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Introduction

This publication from Public Health Scotland (PHS) reports on injecting equipment provision (IEP) to people who inject drugs. This is the twelfth report in this series and contains new data relating to financial year 2020/21.

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 publication of the Hepatitis C 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 Drugs[1]) 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. People who inject drugs may attend IEP outlets at any time, whether or not they are undertaking specialist treatment for problematic drug use[2].

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 exceptions are island NHS Boards which use paper surveys. For further information on data collection please refer to Appendix A1.1.

Data quality

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 2020/21. NHS Orkney began supplying IEP data in 2017/18 and NHS Western Isles submitted IEP data in 2017/18 and 2020/21. 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:

[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].

- 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.

Impacts of COVID-19

The first COVID-19 diagnosis in Scotland was notified on 1 March 2020 and the World Health Organisation declared COVID-19 a global pandemic on 11 March 2020. Scotland entered a period of lockdown from 23 March 2020 and subsequent national restrictions and further lockdowns may have had an impact on IEP provision in this financial year.

Some aspects of 2020/21 IEP activity reported in this publication may have been impacted by the COVID-19 pandemic. In order to minimise the disruption caused by COVID-19, services were asked to operate on the basis of the Scottish Drug Forum's Guidance on Contingency Planning for People who use Drugs and COVID-19, which was formulated in collaboration with the Sexual Health and Blood Borne Viruses Prevention Leads (Non-Sexual Transmission) Group. Where known, the relevant impacts are described at the start of each section of this report. These include but are not limited to, IEP services closing temporarily, the withdrawal of IEP services from pharmacies, services operating with reduced staffing and an increase in the amount of equipment supplied in order to reduce the frequency of attendances at services. The impact of COVID-19 on IEP and other harm reduction services is currently being assessed [12].

Since the start of the pandemic, weekly data on the numbers of transactions at IEP services and the numbers of needles/syringes distributed have been released to senior stakeholders as part of a management information bulletin on the impact of COVID-19 on people who use drugs. To contextualise those data, the 11 mainland NHS Boards who report their data via NEO were asked to rate how COVID-19 had impacted the data quality and completeness of their IEP reporting on a RAG scale:

- Red: Major impact on reporting, majority of sites not complying with prospective data entry,
- Amber: Moderate impact on reporting, some sites not complying with prospective data entry,
- Green: Little or no change to reporting.

Seven NHS Boards rated themselves as amber (moderate impact), three rated themselves as green (little or no impact), and one did not respond. It is important to consider these caveats around the impact of COVID-19 on IEP activity and reporting when interpreting the data.

Main points

- In 2020/21, there were a total of 330 injecting equipment provision outlets in Scotland. This was an increase of 17% compared to 2019/20 (281) and the highest number recorded since data recording began in 2007/08.
- In 2020/21, changes in injecting equipment provision services due to direct and indirect consequences of the COVID-19 pandemic may have contributed to changes in the number of attendances at outlets and the distribution of injecting equipment.
- In 2020/21, there were 160,337 attendances reported by injecting equipment provision outlets, 26% fewer than in 2019/20 (215,957). This follows a steady decrease in attendances over the last five years.
- Approximately 2.7 million needles and syringes were distributed by participating outlets in 2020/21. This was 13% lower than in 2019/20 (approximately 3.1 million), and follows a steady decrease over the last five years.
- In 2020/21, wipes or swabs (approximately 2.5 million), and citric acid or vitamin C (approximately 2.2 million) were the most commonly distributed items of other injecting equipment. The number of these items distributed by injecting equipment provision outlets was lower than in 2019/20 (approximately 2.9 and 2.5 million, respectively).

Results and commentary

1: Injecting equipment provision services

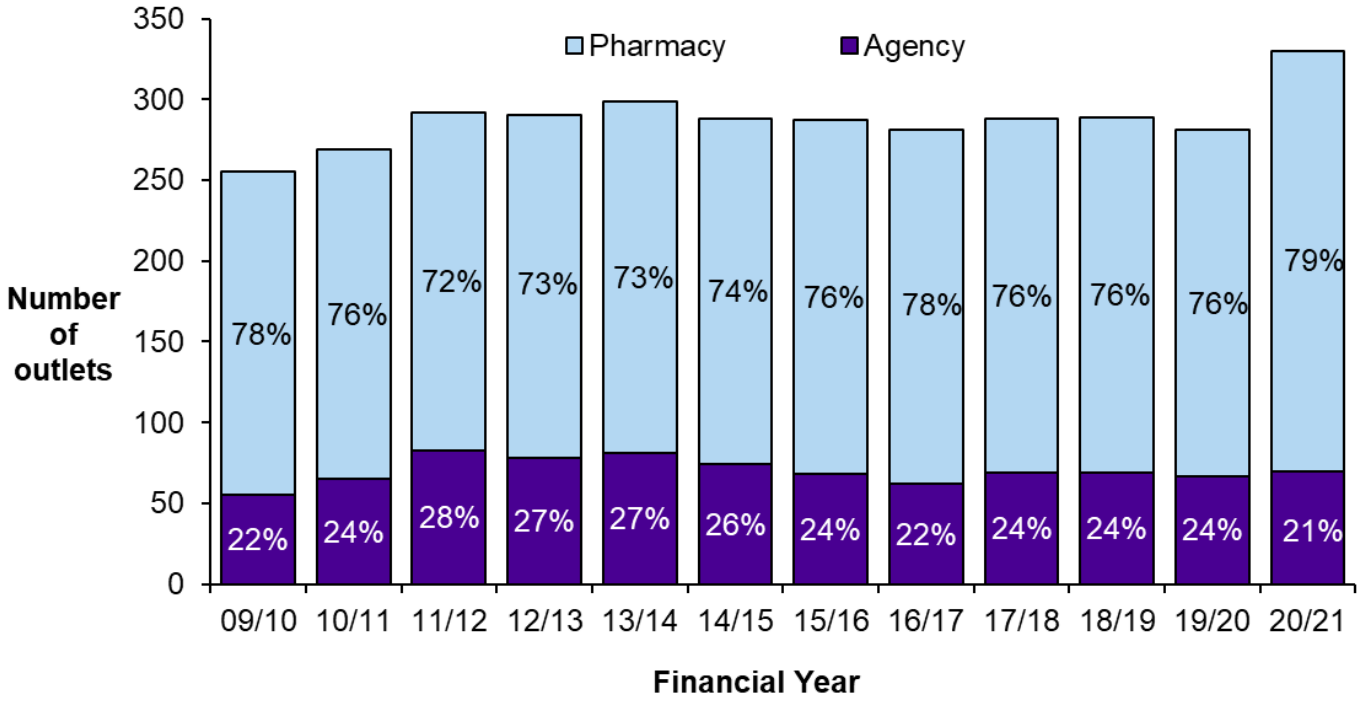
Injecting equipment provision (IEP) services are either operated by pharmacies or other organisations, collectively known here as 'agencies'. This section presents information on the number and type of IEP services in Scotland. When examining trends, it should be noted that not all outlets provided data 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. In 2020/21, the number of outlets reporting IEP provision was 330, which was the highest number recorded since data collection began in 2007/08, and a 17% increase compared to 2019/20 (281).

In 2020/21, of the 330 outlets reporting IEP provision, 260 (79%) were pharmacy-run and 70 (21%) were agency-run.

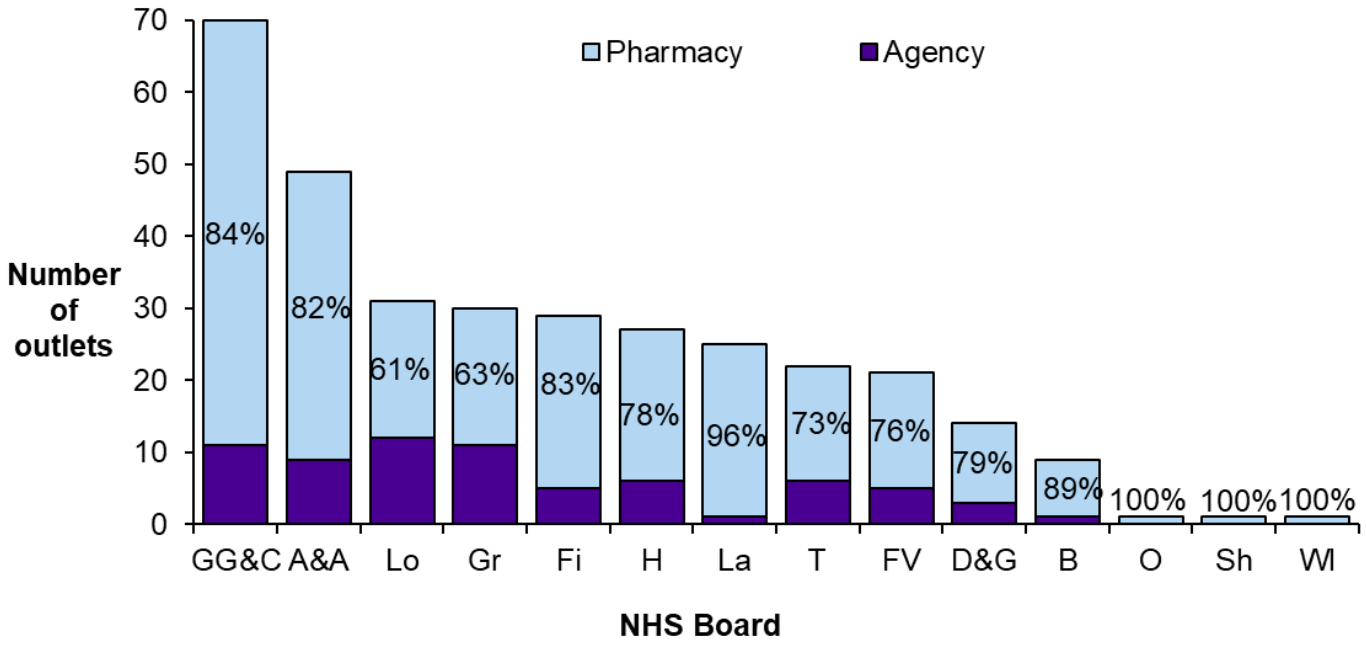
Figure 1.1: Number and percentage of injecting equipment provision outlets by financial year and outlet type (Scotland; 2009/10 to 2020/21[1,2])



1. NHS Orkney began providing data in 2017/18.
2. NHS Western Isles only provided data in 2017/18 and 2020/21.

Figure 1.2 presents the number of IEP outlets by NHS Board. This shows that the number of IEP outlets was generally higher in the NHS Board areas with the largest resident populations (for example, NHS Greater Glasgow & Clyde). Excluding the island boards, where each have a single pharmacy IEP outlet, Lanarkshire had the highest percentage of pharmacy IEP outlets (96%).

Figure 1.2: Number and percentage[1] of injecting equipment provision outlets by outlet type (NHS Boards[2]; 2020/21)



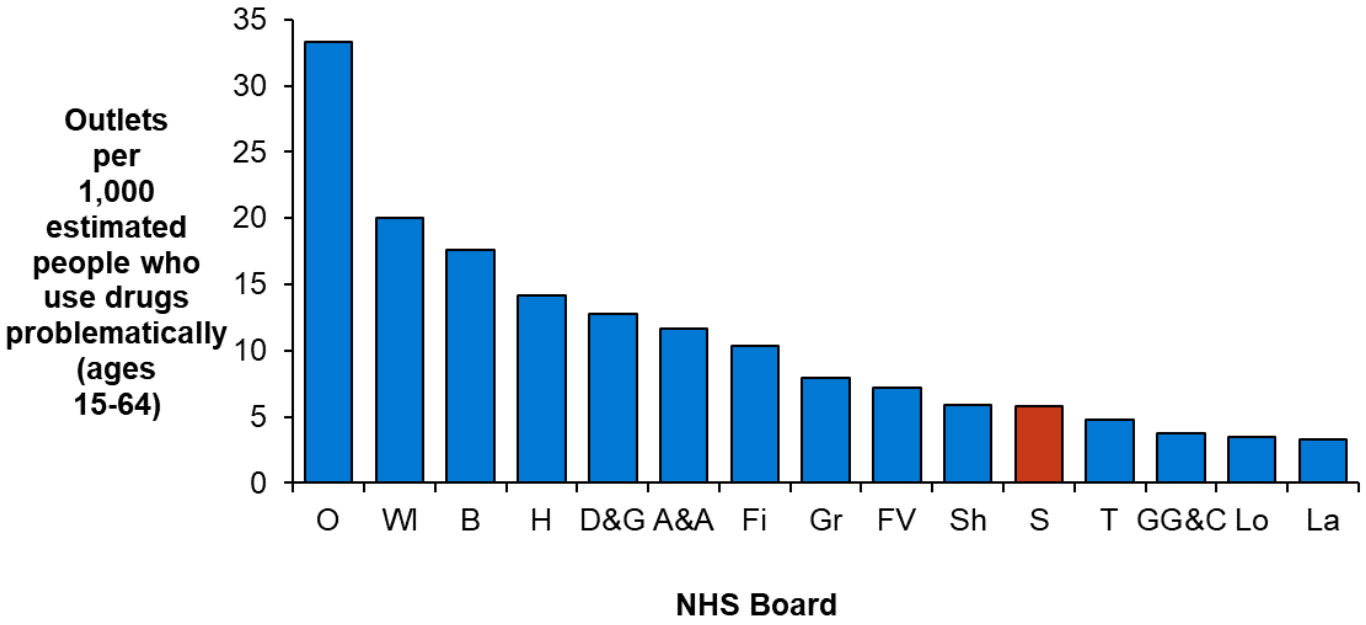
1. The percentages shown relate to pharmacies (which are the main type of IEP setting in all NHS Boards). Agency percentages are not shown, but can be calculated as the remainder of the 100% total.
2. Key: GG&C= Greater Glasgow and Clyde, A&A= Ayrshire and Arran, Lo= Lothian, Gr=Grampian, Fi=Fife, H=Highlands, La=Lanarkshire, T=Tayside, FV=Forth Valley, D&G=Dumfries and Galloway, B=Borders, O=Orkney, Sh=Shetland, WI=Western Isles.

Figure 1.3 presents the number of outlets per 1,000 estimated people who use drugs problematically in Scotland and each NHS Board (Table 1.2) [13][3]. In 2020/21, there were an average of 5.8 IEP outlets per 1,000 estimated people who use drugs problematically, a 17% increase from 2019/20.

NHS Board rates ranged from 3.3 IEP outlets per 1,000 estimated people who use drugs problematically in NHS Lanarkshire to 33.3 per 1,000 in NHS Orkney. The five NHS Boards with the highest IEP outlet rates cover primarily rural areas that have relatively small populations of people who use drugs problematically. These small estimated populations lead to the relatively high ratio of IEP outlets to potential service users.

[3] Used throughout this report, the ‘estimated people who use drugs problematically’ is a less stigmatising term for the ‘estimated number of individuals with problem drug use’ as calculated in the 'Prevalence of Problem Drug Use in Scotland - 2015/16 Estimates' [13]. An explanation of issues associated with comparison with prevalence estimates is included in Appendix A1.3.

Figure 1.3: Number of injecting equipment provision outlets per 1,000 estimated people who use drugs problematically (NHS Boards[1]; 2020/21[2])



1. Key: O=Orkney, WI=Western Isles, B=Borders, H=Highlands, D&G=Dumfries and Galloway, A&A= Ayrshire and Arran, Fi=Fife, Gr=Grampian, FV=Forth Valley, Sh=Shetland, S=Scotland, T=Tayside, GG&C= Greater Glasgow and Clyde, Lo= Lothian, La=Lanarkshire.
2. Figures were calculated using people who use drugs problematically prevalence estimates for 2015/16 [13].

Changes over time

At Scotland level, the number of IEP outlets increased from 255 in 2009/10 to 292 in 2011/12. Between 2011/12 and 2019/20, the number of outlets remained approximately stable, with between 281 and 299 outlets each year.

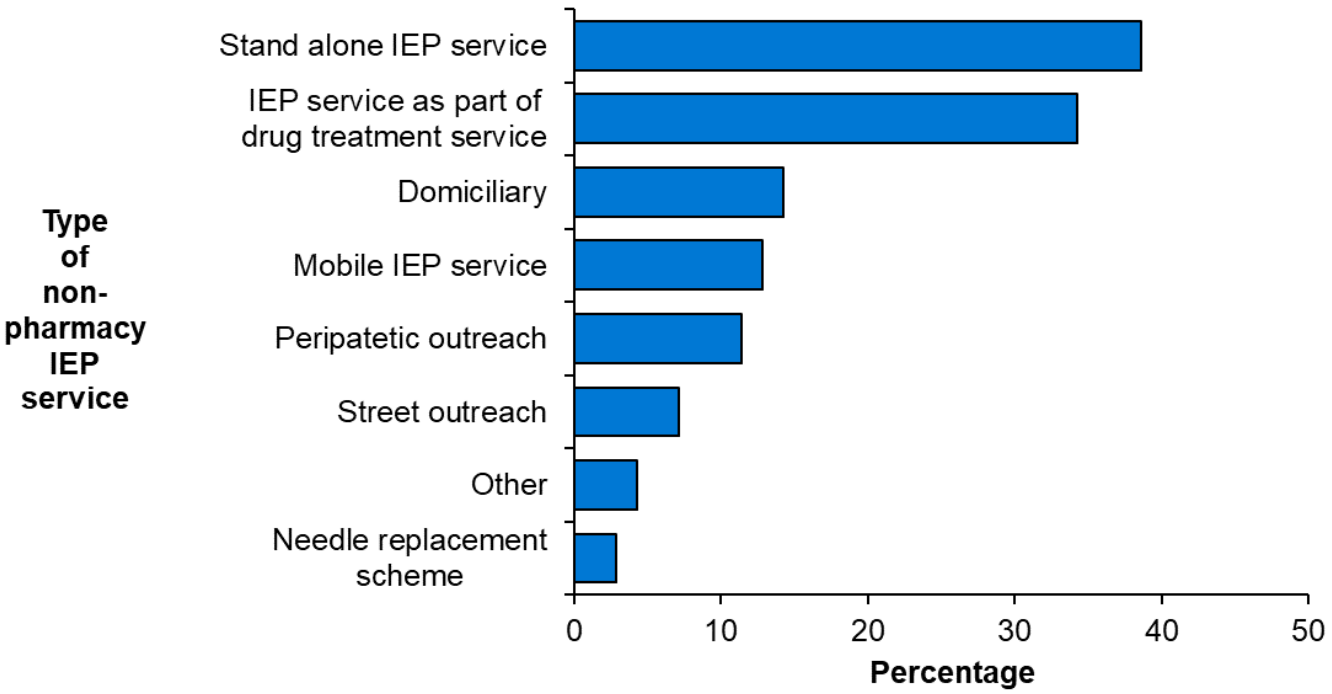
In 2020/21, the number of IEP outlets (330) had increased by 49 compared to 2019/20 (281). Local initiatives to increase IEP provision in NHS Ayrshire and Arran introduced 30 new outlets, which accounted for the majority (61%) of additional outlets observed in 2020/21.

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 14 years (Table 1.3 and Figure 1.4). Some agencies provide more than one type of IEP service so the categories described below are not mutually exclusive (the sum of the percentages exceeds 100%).

In 2020/21, stand-alone services were the most common type of IEP, provided by 39% of agencies. IEP as a part of drug treatment service was the second most common type of IEP (34%), followed by 'domiciliary' (where injecting equipment is taken to people's homes: 14%), 'mobile IEP service' (13%) and 'peripatetic outreach' (where the outlet operates in another organisation's premises: 11%). Less than 10% of agencies provided street outreach services, or needle replacement schemes (these exist mainly in prisons, where people received into custody have their needles and equipment confiscated and replaced with new/clean equipment upon their release).

Figure 1.4: Type of injecting equipment provision service[1] in non-pharmacy agencies (Scotland; 2020/21)



1. Agencies may provide more than one type of IEP service, so the categories are not mutually exclusive (the sum of percentages exceeds 100%). Percentages are based on the number of agencies responding.

Changes over time

At Scotland level, the percentage of agencies providing stand-alone IEP has generally increased from 14% in 2010/11 to 39% in 2020/21, the highest percentage since recording began. The percentage of agencies offering IEP as part of a drug treatment service has been broadly stable throughout the time series, ranging from approximately one quarter of agencies in 2016/17 to approximately one third in 2020/21.

Other noteworthy changes in the type of IEP services were observed in relation to needle replacement schemes and domiciliary IEP. The percentage of agencies offering needle replacement schemes halved between 2010/11 and 2014/15 from 25% to 12%, followed by a further decrease to 4% in 2015/16. Since 2016/17 the percentage of agencies offering needle replacement schemes has remained stable at approximately 3%. Domiciliary IEP was offered by ten services in 2020/21, approximately a four-fold increase compared to any year since 2016/17.

Other types of IEP, including mobile IEP services, peripatetic outreach and street outreach have experienced relatively small fluctuations in the percentage of agencies offering these types of IEP across the time period.

The increase in domiciliary IEP may be associated with changes in service provision as a result of the COVID-19 pandemic. At the start of financial year 2020/21, a range of measures were put in place to limit the spread of COVID-19. Expansion of domiciliary IEP may have been one such measure.

2: Injecting equipment provision attendances

This section provides information on the number of attendances at IEP outlets nationally and in each NHS Board. In 2020/21, the number of attendances was not reported by 24 outlets[4].

Prior to 2014/15, there were a number of IEP practice changes/recording issues which make it difficult to reliably determine trends in attendance. Most recently, attendance data from NHS Shetland for 2017/18 to 2020/21 were not available. Please see Appendix 1.2 for further information on trends and limitations of determining trends in IEP attendance.

In relation to COVID-19, the Scottish Drug Forum's Guidance on Contingency Planning for People who use Drugs and COVID-19, which was formulated in collaboration with the Sexual Health and Blood Borne Viruses Prevention Leads (Non-Sexual Transmission) Group, states that 'clients attending IEP services should be encouraged to take away enough injecting equipment to last 14 days and return at similar intervals thereafter'. This guidance, which was sent to all NHS Boards, may have contributed to changes in the number of IEP attendances during the COVID-19 pandemic.

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 [14,15] nor how these factors influence the numbers of attendances observed.

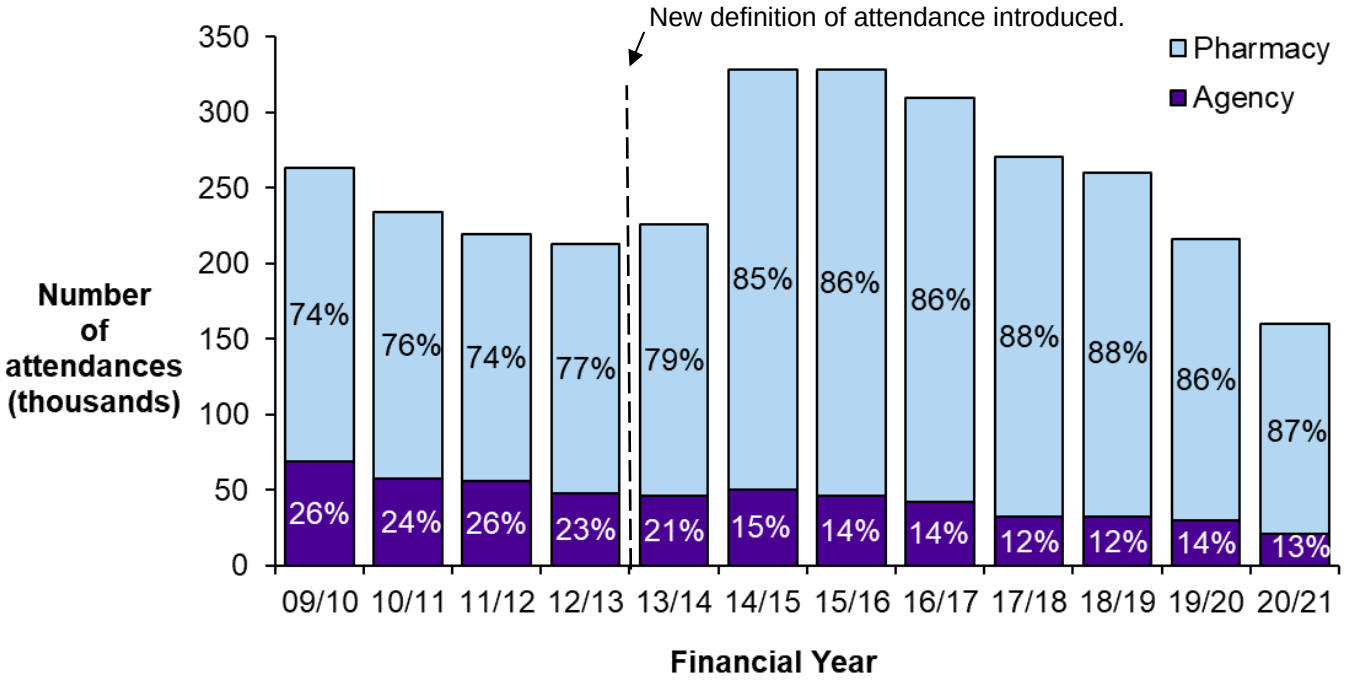
[4] In 2020/21, the reasons given for outlets not recording attendances included: new service (10), service under revision (5), COVID-19 (3) and data quality issues (1).

2.1: Number of attendances

In 2020/21, there were 160,337 attendances reported by IEP outlets in 13 NHS Boards across Scotland (Table 2.1 and Figure 2.1). This represents the lowest number of attendances reported ever and was a 26% decrease compared to 2019/20 (215,957 attendances).

In 2020/21, most IEP attendances (87%) were at pharmacy outlets (Table 2.1) and the majority of attendances (78%) were made by males (Table 2.3).

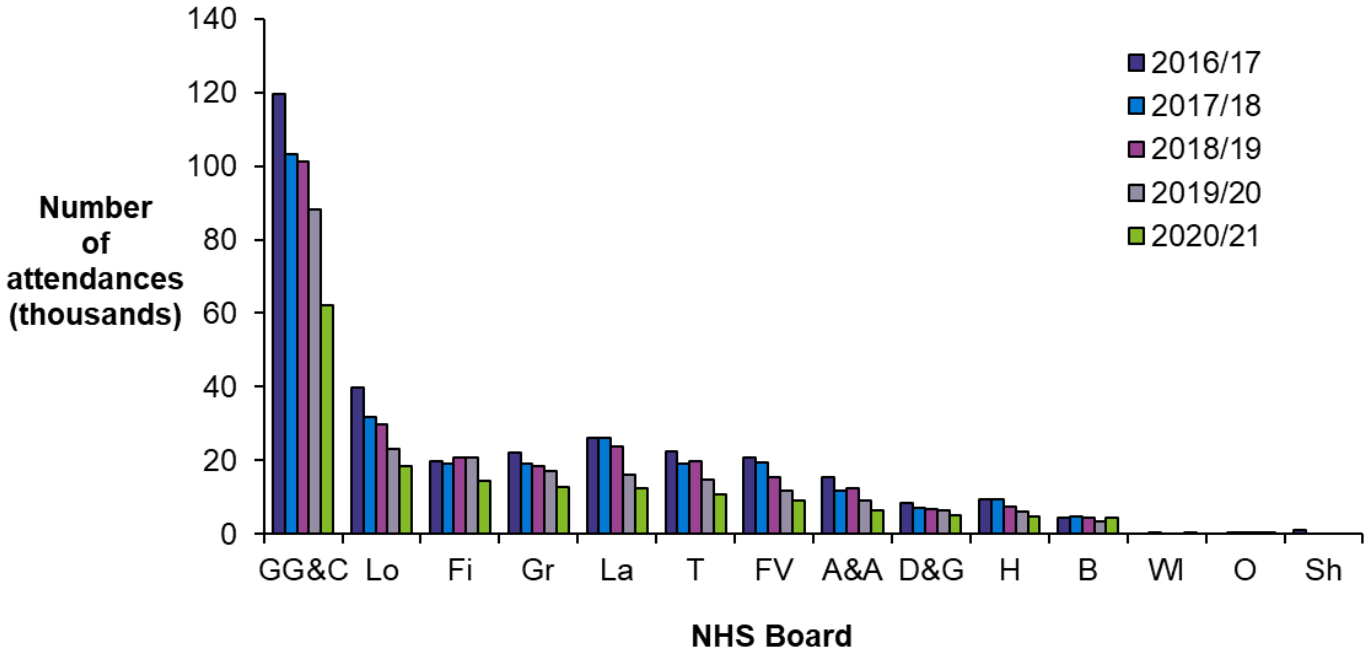
Figure 2.1: Number and percentage of reported injecting equipment provision attendances by financial year and outlet type (Scotland; 2009/10 to 2020/21[1,2,3,4,5,6,7,8,9])



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 to 2020/21 were not available.
9. NHS Western Isles only provided attendance data in 2017/18 and 2020/21.

Figure 2.2 shows IEP attendances by NHS Board since 2016/17. All NHS Board areas that supplied IEP attendance information for the latest two years reported decreases in their attendance numbers between 2019/20 and 2020/21, except NHS Borders. Among the mainland NHS Boards, the percentage decrease ranged from 18% (NHS Dumfries & Galloway) to 30% (NHS Fife). NHS Borders reported a 25% increase in IEP attendance.

Figure 2.2: Number of reported injecting equipment provision attendances by financial year (NHS Boards[1]; 2016/17 to 2020/21[2,3,4])



1. Key: GG&C= Greater Glasgow and Clyde, Lo= Lothian, Fi=Fife, Gr=Grampian, La=Lanarkshire, T=Tayside, FV=Forth Valley, A&A= Ayrshire and Arran, D&G=Dumfries and Galloway, H=Highlands, B=Borders, WI=Western Isles, O=Orkney, Sh=Shetland.
2. NHS Orkney began supplying data in 2017/18.
3. NHS Western Isles only supplied attendance data for 2017/18 and 2020/21.
4. Attendance data from NHS Shetland for 2017/18 to 2020/21 were not available.

Changes over time

At Scotland level, IEP outlets have reported an overall decrease in attendances since 2014/15. However, there was little change (2% decrease) in the number IEP outlets across Scotland between 2014/15 and 2019/20. Possible explanations for this long term downward trend in attendances include changes in the demand for injecting equipment because of changes in drug use patterns (for example, changes in the number of people using drugs which are commonly injected (for example, opioids)) or changes in the use of alternatives to injecting (for example, using foil), changes in practices for recording attendances at IEP services and, changes in the accessibility and acceptability of IEP services to people who could benefit from them.

In 2019/20, pharmacy IEP outlets in some NHS Boards, for example Tayside and Lothian, actively promoted the use of foil for smoking drugs as an alternative to injecting [16,17], and a peak in foil distribution was observed in 2019/20 (see Section 3 for more detail). Instances where only foil sheets are collected from an IEP outlet are not counted as attendances because an IEP

attendance is only recorded where needles/syringes are collected. Consequently, increases in foil use may have contributed to a long-term reduction in numbers of attendances.

In 2020/21, IEP attendances decreased by approximately one quarter compared to 2019/20. This reduction occurred in spite of a 17% increase in the number of reporting IEP outlets in the same period. This decrease in attendances may have been a consequence of changes in service provision as a result of the COVID-19 pandemic. At the start of financial year 2020/21, a range of measures were put in place to limit the spread of COVID-19. These measures included asking service users to attend IEP services on fewer occasions. In addition, higher levels of staff sickness, the reallocation of staff to other services and other changes in the working environment may have impacted on the provision of IEP services.

The scale of the decrease in IEP attendances during 2020/21 and the factors associated with this change are currently being assessed [12]. While the long-term decrease in IEP attendances noted above may have contributed to this change, it is thought that the specific impacts associated with COVID-19 are likely to provide a more adequate explanation for the extent of the decrease observed in 2020/21.

2.2: Types of drug injected

Information on the type of drug injected by service users was collected by IEP outlets and submitted to PHS. As this information is at service level rather than individual level, it has limited utility and it has been removed from the publication. A more useful source of information on the types of drugs used by people can be sourced from the Scottish Drug Misuse Database publication and the Needle Exchange Surveillance Initiative.

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 as 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 person who uses drugs problematically, giving an indication of IEP provision to the most relevant population.

During the COVID-19 pandemic, the Scottish Drug Forum and Sexual Health and Blood Borne Viruses Prevention Leads (Non-Sexual Transmission) Group formulated Guidance on Contingency Planning for People who use Drugs and COVID-19. This guidance, which was sent to all NHS Boards, stated that the paramount concern for IEP services during the pandemic was to ensure that service users maintained an adequate supply of sterile injecting equipment. The guidance suggested providing clients with additional supplies at each attendance to ensure they had enough equipment for an extended period of time, thereby encouraging them to attend IEP services less often and reduce the risk of exposure to COVID-19. This guidance should have helped IEP services to maintain the supply of sterile injecting equipment throughout the pandemic.

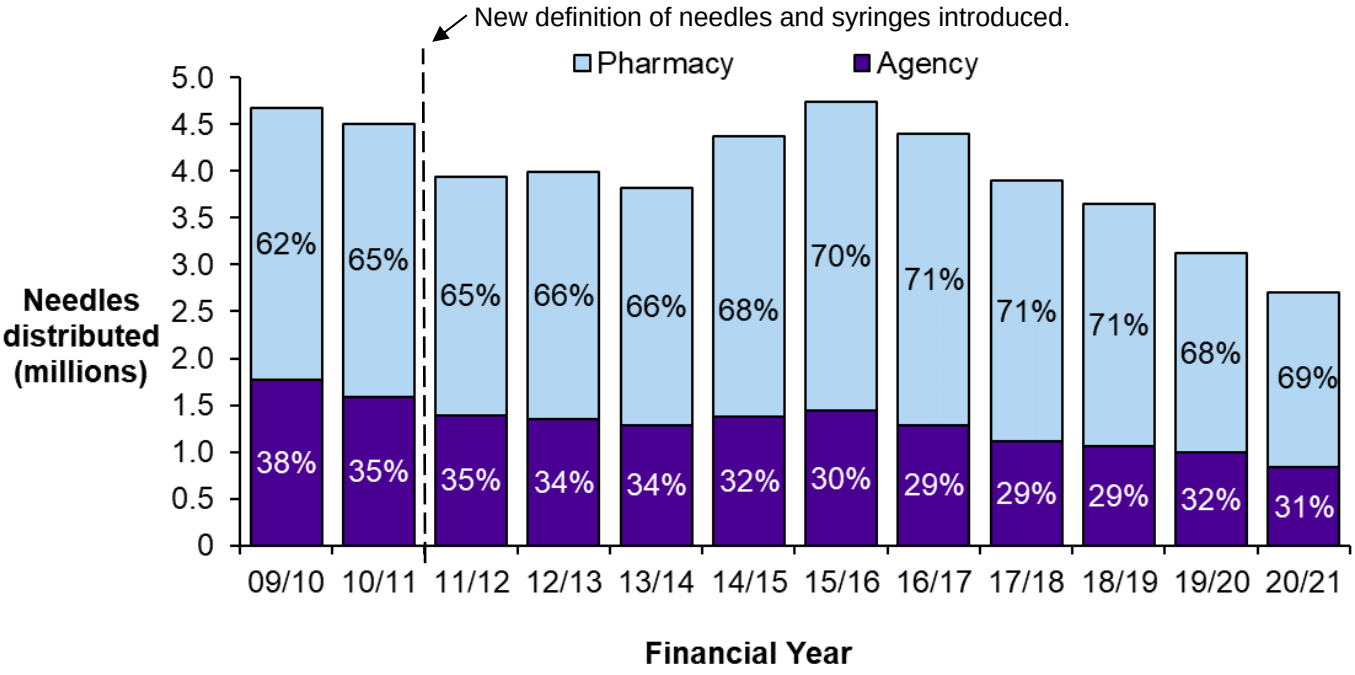
As noted in the section relating to attendances, there were a number of IEP practice changes/recording issues before 2015/16 which make it difficult to reliably determine trends in distribution. From 2017/18, PHS received data on numbers of foil sheets and one hit kits supplied by IEP outlets. As foil 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. In addition, changes in recording practices during the COVID-19 pandemic have impacted recording in 2020/21. Therefore, injecting equipment and foil distribution data should be interpreted with caution. See Appendix 1.2 for further information and limitations of interpreting trends in injecting equipment.

3.1: Needle and syringe distribution[5]

Approximately 2.7 million needles and syringes were distributed by IEP outlets in 2020/21 (Figure 3.1 and Table 3.1). This was the lowest number distributed annually since data collection began in 2007/08, and was a 13% decrease compared to 2019/20 (approximately 3.1 million).

In 2020/21, of the 2.7 million needles and syringes distributed, almost 1.9 million (69%) were distributed by pharmacies and approximately 0.8 million (31%) by agencies.

Figure 3.1: Number and percentage of needles and syringes distributed by financial year and outlet type (Scotland; 2009/10 to 2020/21[1,2,3,4,5,6,7,8,9])



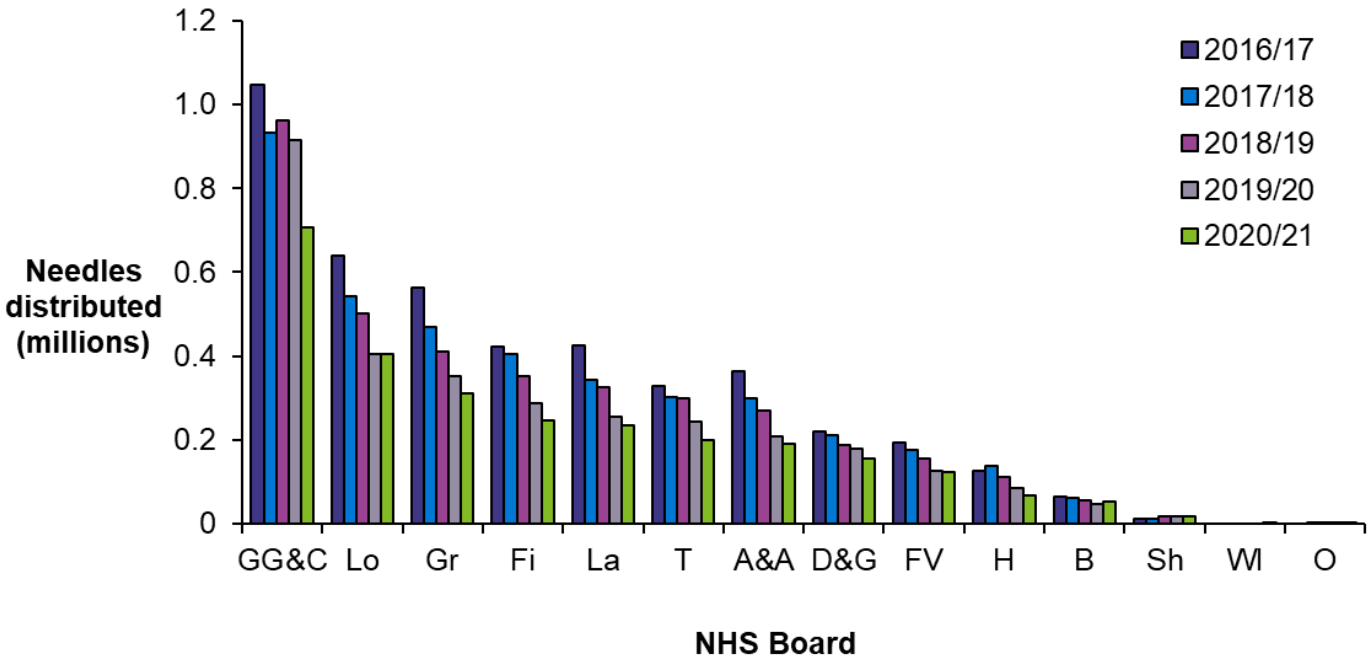
1. Prior to 2011/12, no definition of needles and syringes was provided to NHS Boards. From 2011/12 a definition was provided asking NHS Boards to count the total number of fixed syringes plus any additional barrels distributed.
2. There were considerable changes in reported needle/syringe distribution 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 Orkney only began supplying data from 2017/18.
9. NHS Western Isles only provided needles and syringes figures for 2020/21.

[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.

Figure 3.2 shows the number of needles and syringes distributed within each NHS Board in the last five years (2016/17 to 2020/21). NHS Greater Glasgow & Clyde distributed the highest number of needles and syringes in each of the years presented (over 700,000 in 2020/21). NHS Lothian and NHS Grampian distributed the second and third highest number of needles and syringes in 2020/21 (approximately 400,000 and 300,000 respectively).

In 2020/21, all mainland NHS Boards except NHS Borders distributed fewer needles and syringes than in 2019/20. Within the mainland NHS Boards, NHS Greater Glasgow & Clyde reported the largest percentage decrease in the number of needles and syringes distributed (23%). NHS Forth Valley and NHS Lothian reported marginal decreases in the number of needles and syringes distributed (2% and 1% respectively).

Figure 3.2: Number of needles and syringes distributed by financial year (NHS Boards[1]; 2015/16 to 2020/21[2,3,4])



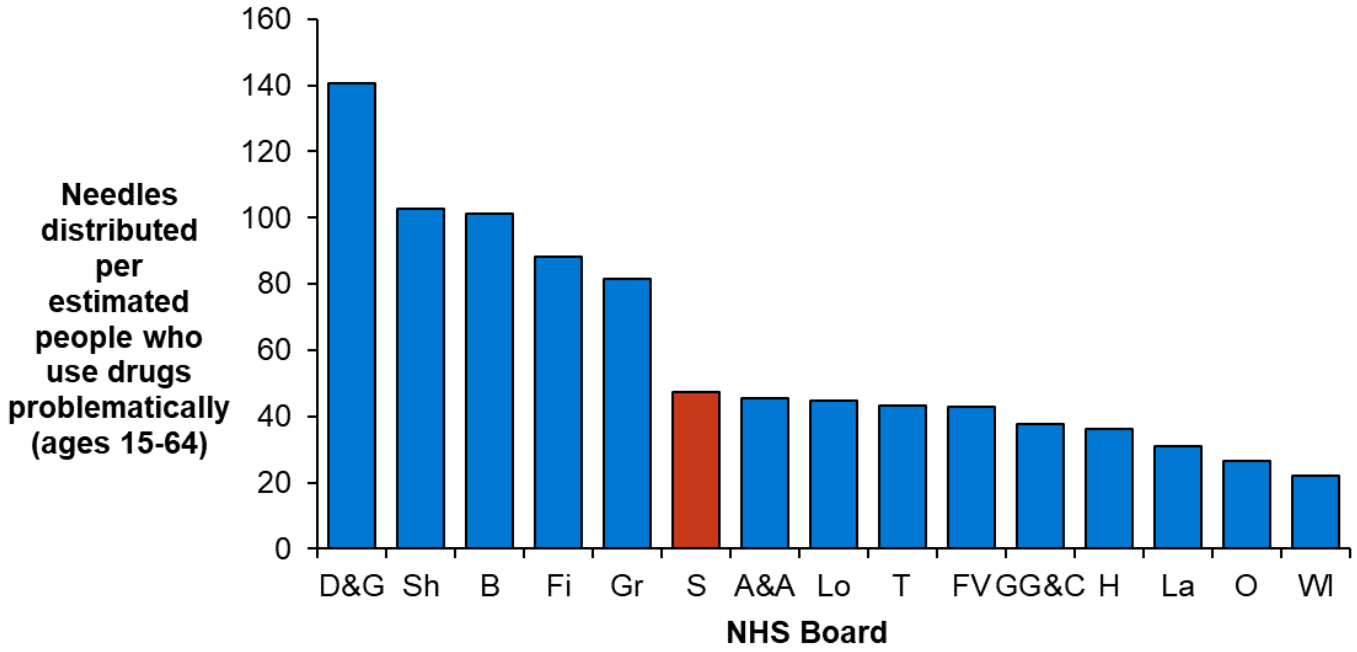
1. Key: GG&C= Greater Glasgow and Clyde, Lo= Lothian, Gr=Grampian, Fi=Fife, La=Lanarkshire, T=Tayside, A&A= Ayrshire and Arran, D&G=Dumfries and Galloway, FV=Forth Valley, H=Highlands, B=Borders, Sh=Shetland, WI=Western Isles, O=Orkney.
2. Prior to 2011/12, no definition of needles and syringes was provided 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.
3. NHS Orkney began supplying data from 2017/18.
4. NHS Western Isles only supplied needles and syringes figures for 2020/21.

In order to compare information for NHS Boards more meaningfully, the number of needles and syringes distributed per estimated person who uses drugs problematically has been calculated (based on prevalence estimates for 2015/16 [13[3]]). Figure 3.3 shows these rates for Scotland and NHS Board for 2020/21 (see Table 3.2 for data from 2007/08 to 2020/21).

In 2020/21, the Scotland average number of needles and syringes distributed[6] per person who used drugs problematically was 47, the lowest figure ever. This was a 13% reduction compared with 2019/20, when an average of 54 needles and syringes were distributed.

There was a high degree of variation in needle and syringe distribution rates between NHS Boards. In 2020/21, NHS Dumfries & Galloway distributed the highest number of needles and syringes per person who uses drugs problematically (140), followed by NHS Shetland and NHS Borders (103 and 101 respectively). NHS Orkney (27) and NHS Western Isles (22) distributed the fewest needles and syringes per person who uses drugs problematically in 2020/21.

Figure 3.3: Number of needles and syringes distributed per estimated people who use drugs problematically (NHS Boards[1]; 2020/21[2])



1. Key: D&G=Dumfries and Galloway, Sh=Shetland, B=Borders, Fi=Fife, Gr=Grampian, S=Scotland, A&A= Ayrshire and Arran, Lo= Lothian, T=Tayside, FV=Forth Valley, GG&C= Greater Glasgow and Clyde, H=Highlands, La=Lanarkshire, O=Orkney, WI=Western Isles.
2. Figures were calculated using people who use drugs problematically prevalence estimates for 2015/16 [13].

Changes over time

The number of needles and syringes distributed annually in Scotland increased from 3.9 million in 2011/12 (when a standard definition of needles and syringes was introduced) to a peak of approximately 4.7 million in 2015/16. Since then, needle and syringe distribution has decreased, reaching 3.1 million in 2019/20. This long-term decrease in the number of needles and syringes distributed is similar to the changes observed in the number of IEP attendances and the explanations offered for this (see Section 2.1 for more detail) are also relevant here. Increases in the provision of foil (see Section 3.2 for more detail) may also help to explain this long-term decrease.

[6] 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 the Hepatitis C in the UK 2020 report.

The long-term decrease in the numbers of needles and syringes distributed may have contributed to the decrease observed in 2020/21 (when 2.7 million needles and syringes were distributed). However, specific impacts associated with the COVID-19 pandemic are also likely to be associated with this change. Despite measures being put in place to mitigate the impact of the pandemic, such as increasing the number/amount of equipment given at each transaction, the number of needles and syringes distributed in 2020/21 decreased by 13% compared to 2019/20.

3.2: Other injecting equipment and foil 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 viruses[7].

Other injecting equipment and foil

- 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.

Outlets distributing other injecting equipment and foil

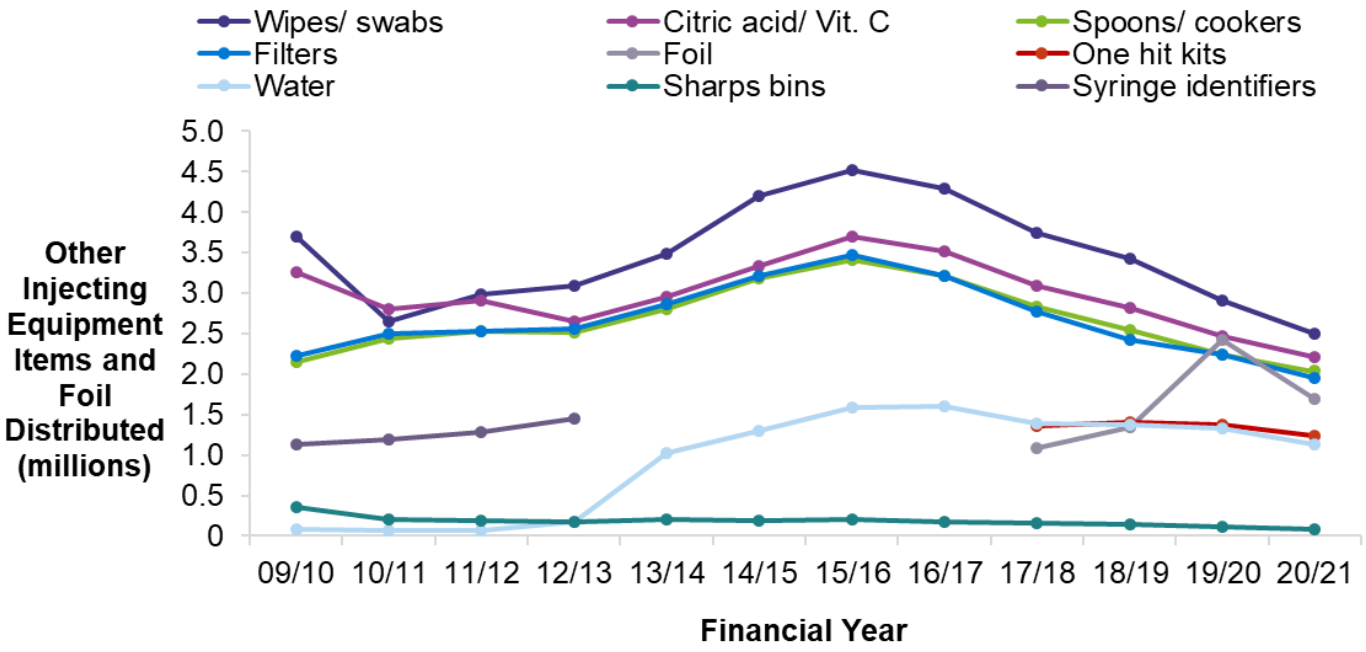
The number of outlets distributing other injecting equipment and reporting data on this activity to PHS varied from year to year (Table 3.3). In 2020/21, out of 330 IEP outlets:

- 306 distributed wipes/swabs,
- 305 distributed citric acid or vitamin C,
- 304 spoons (or other forms of cookers),
- 302 distributed sharps bins,
- 301 distributed filters,
- 291 distributed sterile water,
- 248 distributed foil, and
- 234 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).

[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.

Table 3.4 and Figure 3.4 present figures on the number of other injecting equipment items and foil distributed by IEP outlets in Scotland. In 2020/21, wipes or swabs (approximately 2.5 million) were the most commonly distributed items, followed by citric acid/vitamin C (approximately 2.2 million), spoons and filters (approximately 2 million each).

Figure 3.4: Items of other injecting equipment and foil distributed by IEP outlets (Scotland; 2009/10 to 2020/21[1,2,3,4,5,6,7,8,9,10])



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. NHS Shetland provided limited distribution data for 2017/18 to 2020/21.
10. Due to changes in recording practices during the COVID-19 pandemic, NHS Lothian only reported partial foil figures in 2020/21.

The distribution of all other injecting equipment items and foil decreased in 2020/21 compared to 2019/20. The largest percentage decrease in distribution was observed for foil, which decreased by 30% from 2019/20 to 2020/21. However, this decrease in foil distribution should be interpreted with caution due to the difficulties associated with the recording of foil information. Foil sheets are distributed in packs of various sizes, and the recording of foil information differs between IEP outlets. Changes in recording practices during the COVID-19 pandemic also led to only partial foil figures being recorded by at least one NHS Board (NHS Lothian) in 2020/21.

The quantity of sharps bins decreased by 21%. Sharp bins are designed to be used multiple times and there are also other options available for needle/syringe disposal, so changes in bin distribution can reasonably differ in scale and/or direction from that of needle and syringe distribution. Decreases in the remaining types of other injecting equipment were approximately similar to, or slightly less than the 13% decrease observed in needle and syringe distribution in 2020/21 compared to 2019/20.

Further breakdowns of other injecting equipment distribution by NHS Board over time are available in Table 3.5.

Changes over time

Trends in the supply of other injecting equipment generally followed the decreasing trend observed in needle and syringe distribution, with a peak in supply observed in 2015/16 followed by a long-term decrease. The explanations offered for the downward trend in the number of attendances at IEP outlets (see Section 2.1 for more detail) and needles and syringes distributed (see Section 3.1) are also relevant to the decreases observed in the number of other injecting equipment items distributed.

The provision of foil (for smoking drugs) as a less harmful alternative to injecting could also be a factor in explaining the long-term decreases in the distribution of other injecting equipment. Data on foil distribution by IEP services has been available since 2017/18. Foil provision increased from approximately 1.1 million sheets in 2017/18 to approximately 2.4 million in 2019/20.

The decreases observed in the supply of all types of IEP equipment in 2020/21 are thought to have been at least partly associated with changes in service provision due to COVID-19. Factors such as social distancing measures and staff shortages impacted on the provision of IEP services, while further factors such as working from home may have negatively affected IEP recording practices. In 2020/21, there was a 30% decrease in observed foil provision to approximately 1.7 million sheets. In spite of this, a number of NHS Board IEP leads have confirmed that foil use was actively promoted throughout the pandemic as part of COVID-19 mitigation measures. Therefore, as there are specific concerns about the quality of data on foil provision, the observed reduction in foil provision is more likely to have been associated with recording practices during the pandemic rather than with behavioural change.

Conclusion

IEP outlet attendances and the supply of items of sterile injecting equipment have decreased over the last five years since peaking in 2015/16. The key exception to this trend has been foil distribution, which increased considerably during the two consecutive years after information was first collected in 2017/18, and then decreased in the most recent year (2020/21).

Interpretation of the relationships between people who inject drugs, trends in IEP attendances and injecting equipment distribution is not straightforward. Changes in reported IEP activity may have multiple explanations. A limitation in assessing the impact of this downward trend is the lack of a timely and specific estimate of the prevalence of injecting drug use in Scotland. It is not possible to determine if the change trends reflect changes in the at-risk population over time or a reduction in access to services or other factors amenable to changes in service provision or data recording. Public Health Scotland and academic partners are currently engaged in a data linkage project which will result in the development of estimates of the prevalence of injecting drug use in Scotland. Linkage projects are essential aspects of a public health surveillance system for drugs.

People who inject drugs are a marginalised and highly stigmatised population. The health and wellbeing of marginalised populations were vulnerable to the indirect impacts of the COVID-19 pandemic [18]. The pandemic resulted in reduced capacity in IEP services due to physical distancing requirements, reduced staff availability due to sickness, isolation, shielding or redeployment. There may have also been changes in the location of service provision, opening hours etc. A number of mitigation measures were put in place. In this report an increase in total outlets, and an increase in service providers that provided a domiciliary service during 2020/21 was described. Trayner *et al.* [12] described in detail the trends observed in transactions and equipment during the phases of the pandemic, using the ratio of number of items of IEP per transaction in order to illustrate the changes in practice. Evaluation of the impact of the pandemic and the changes in service provision on the experience of and outcomes for people who use IEP services is essential to inform the future strategy of IEP delivery in addition to wider approaches of inclusion and promotion of engagement in specialist drug treatment services.

Recommendations

The longer term decrease in attendances and transactions and its implication for future service provision should be assessed by the Scottish Sexual Health and Blood Borne Viruses Prevention Leads. Updated estimates of the prevalence of injecting drug use are an essential component of this.

As part of the development of a public health surveillance system for drugs, Public Health Scotland together with the Scottish Sexual Health and Blood Borne Viruses Prevention Leads should identify priorities for improvements in IEP data quality and priorities for surveillance development which will support improvements in the planning and delivery of IEP services.

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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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For general queries email: phs.drugsteam@phs.scot.

Further information

Further information and data for this publication are available from the publication page on our website.

The next release of this publication will be in summer 2022.

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Acknowledgements

The data described in this report are collected by the local Data Collection Co-ordinators in each NHS Board area. The authors would like to thank them for their hard work and dedication, without which this report could not be produced.

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 agencies[8]. 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).
- 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.

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

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.

Changes relevant to the distribution of injecting equipment and foil are:

- 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).
- Due to changes in recording practices during the COVID-19 pandemic for NHS Lothian only reported partial foil figure for 2020/21.

A1.3: Comparisons with prevalence estimates

Comparisons of IEP activity relative to population size use estimates of the numbers of people who use drugs problematically [13] 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 who use drug problematically 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[9]. 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.

[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

Publication title

Injecting Equipment Provision in Scotland 2020/21

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

Drugs

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 2021

Release date

05 October 2021

Frequency

Annual

Timeframe of data and timeliness

The timeframe for this publication is the financial year 2020/21. 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

No revision was applied to this publication.

Concepts and definitions

Scottish Government (2015) Sexual health and Blood Borne Virus framework 2015-2020 Update.

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 2015-2020 Update.

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 Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the PHS website.

Coherence and clarity

The report is available as a PDF file.

Value type and unit of measurement

Counts (number and percentage). Rates (numbers per 1,000 estimated people who use drugs problematically)

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.

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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 Sexual Health and Blood Borne Viruses Prevention Leads

Chairs of Sexual Health and Blood Borne Viruses Prevention Leads (Non-Sexual Transmission) Group

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'.