Public Health Scotland

Injecting Equipment Provision in Scotland

2023/24

An Official statistics release for Scotland

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Contents

Introduction

This publication from Public Health Scotland (PHS) reports on injecting equipment provision (IEP) in Scotland for the financial year 2023/24.

Data submission

IEP outlets are asked to report on the number of attendances, demographics of attendees and the distribution of needles and syringes, other injecting equipment (or paraphernalia) and foil.

The initial survey of IEP outlets (2007/08) was commissioned as part of Phase II of the Scottish Hepatitis C Action Plan [1]. For early reports, data were drawn from paper surveys, while more recent reports are mostly based on data extracted from neo360, a commercially available online database used by the majority of NHS Boards to record their IEP activity. The exceptions are island NHS Boards which continue to use paper surveys. For further information on data collection please refer to **Appendix A1.2**.

Data quality

Since 2015/16, more comprehensive data has been provided by all mainland NHS Boards. NHS Shetland, NHS Orkney, and NHS Western Isles have provided a mixture of complete and partial IEP data for specific years which are noted alongside the relevant analyses. In addition, changes to reporting mechanisms between 2011/12 and 2014/15, led to problems with the supply of data from some NHS Boards.

While the information provided in this report is considered 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 analysed 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.

- Whilst there were 363 active services in 2023/24, not all IEP outlets provided figures in each section of the data collection. The number of services contributing data towards each section are available in the associated data tables.

For further information on data quality please refer to **Appendix A1.3**.

Changes to reporting

There are two main changes introduced for the release of IEP statistics for financial year 2023/24:

- The definition of an attendance at an IEP outlet has been expanded to include attendances where foil packs were distributed. Prior to this, attendances were only counted if the client received a barrel and/or fixed needle and syringe. This recognises changes in drug use and drug consumption and ensures that the definition of an attendance includes instances where service users sought equipment for safer alternatives to injecting [2]. This change was introduced at the request of the Scottish Sexual Health and Blood Borne Viruses Prevention Leads group. Updates to this definition should be taken into account when examining trends over time.

- Following the publication of new prevalence estimates of the number of people with opioid dependence in Scotland and by NHS Board[i] [3] this report includes estimated numbers of IEP outlets, and the number of needles and syringes and foil packs distributed per 1,000 people with opioid dependence. This replaces sections in reports published prior to 2021/22, where estimates were based on comparisons with the number of people who used drugs problematically.

[i] Numbers of people with opioid dependence were formally modelled for seven NHS Boards and crude estimates are available for the remaining seven. See **Appendix A1.4** for further information about the difference between these estimate types.

Main points

In 2023/24:

- There were 363 IEP outlets in Scotland. This was a 10% increase compared to 2022/23 (330).
- There were 144,300 attendances reported by IEP outlets, 9% more than 2022/23 (132,447). This increase may have been due to foil packs now being included in the count of attendances at IEP outlets.
- Approximately 2.3 million needles and syringes and 1.7 million items of foil were distributed. Foil distribution decreased by 4% compared to 2022/23. The number of needles and syringes distributed was similar to 2022/23.
- Wipes or swabs (approximately 2.1 million), citric acid or vitamin C (approximately 1.6 million) and spoons/other forms of cooker (approximately 1.5 million) were the most commonly distributed items of other injecting equipment.

Results and commentary

Injecting equipment provision services

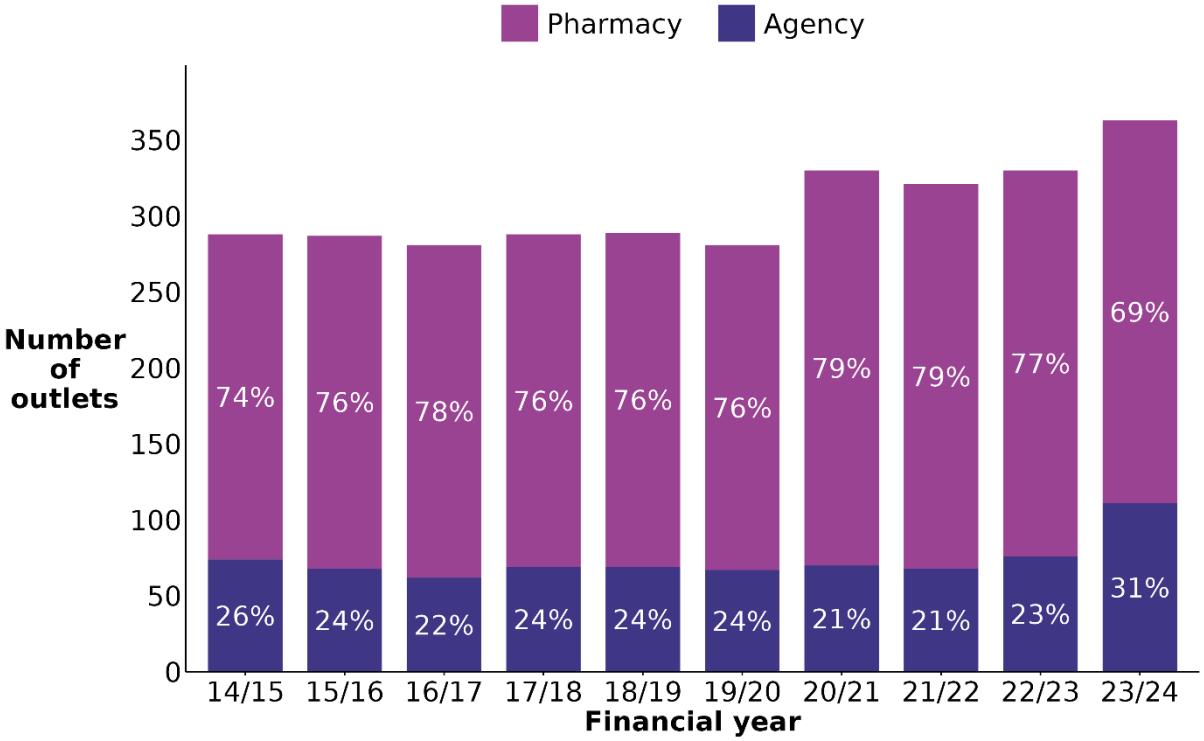
This section presents information on the number and type of injecting equipment provision (IEP) services operational in Scotland at any point during the financial year. IEP services are operated either by a mix of specialist NHS or third-sector agencies working with people who inject drugs or by pharmacies who choose to supply IEP to people who use drugs. In this report, these non-pharmacy organisations are collectively referred to as 'agencies' and there are various types of agencies as detailed below. As noted in the **data quality section** and **Appendix A1.3**, not all outlets provided data for each year of the time series so trends should be interpreted with caution.

Number and type of injecting equipment provision outlets

Figures for the number and type of IEP outlets in Scotland are presented in Table 1.1 and Figure 1.1. In 2023/24, the number of outlets reporting IEP provision was 363, the highest since more reliable data submissions began in 2009/10 (255; 2020/21: 330, 2021/22: 321, 2022/23: 330). Of the 363 outlets, 252 (69%) were pharmacy-run and 111 (31%) were agency-run. There was an increase in the number of agency-run IEP outlets compared to previous years (2021/22: 68, 2022/23: 76), which is likely due to the implementation of the MAT standards[ii], with the greatest increases in Greater Glasgow & Clyde (34 agency outlets, compared to 12 in 2022/23) and Tayside (9 agency outlets, compared to 4 in 2022/23).

[ii] Medication Assisted Treatment (MAT) standards. See **Appendix A1.1** for further detail. The national benchmarking report describes MAT Standard 4 as being fully implemented in 27/29 (90%) of ADP areas [4].

Figure 1.1: Number and percentage of injecting equipment provision outlets by financial year and outlet type (Scotland; 2014/15 to 2023/24[1,2])



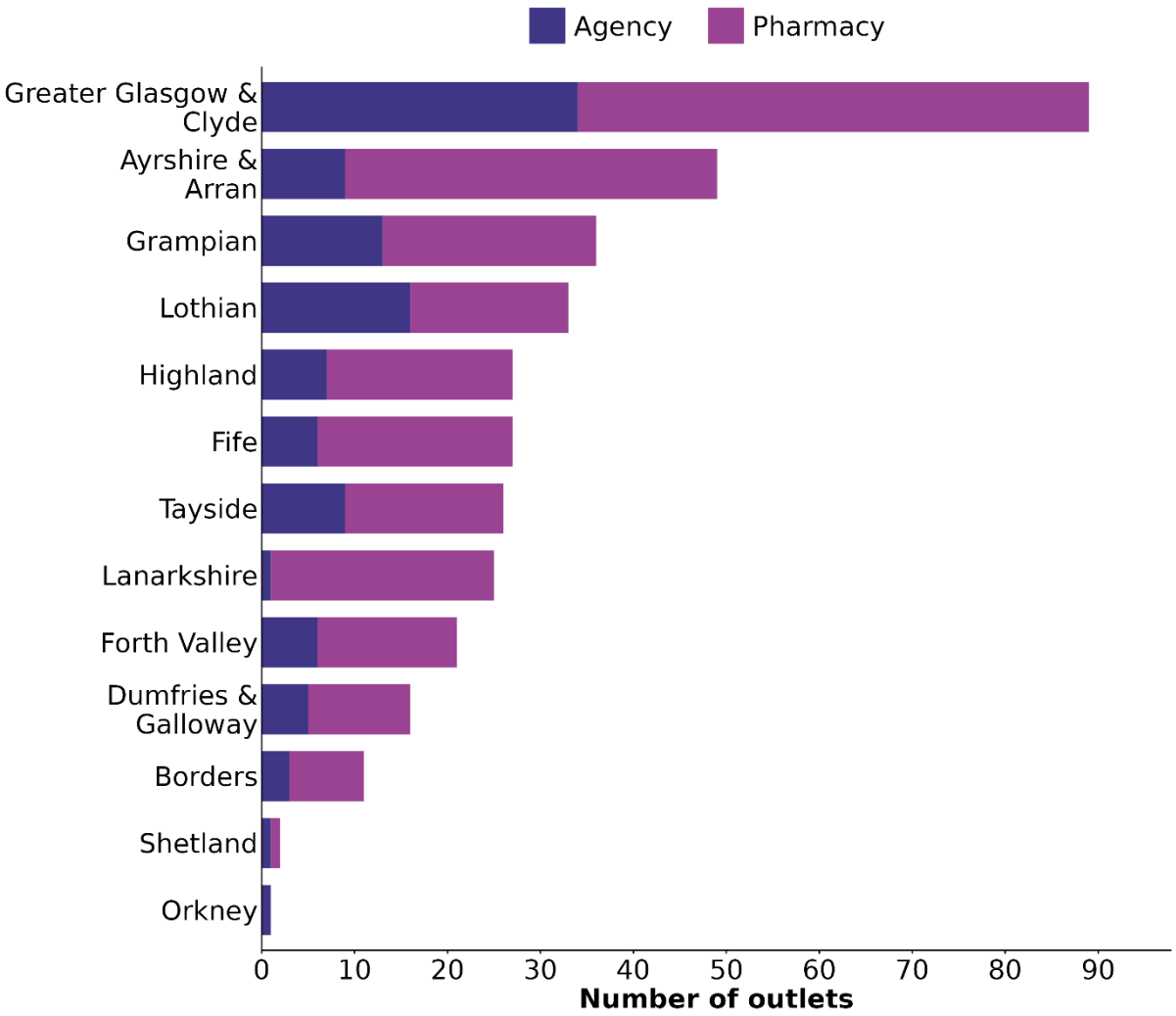
1. NHS Orkney only began providing data in 2017/18.
2. NHS Western Isles only provided data in 2017/18, 2020/21, 2021/22 and 2022/23.

Figure 1.2 presents the number of IEP outlets by NHS Board. With 89 outlets, NHS Greater Glasgow & Clyde accounted for one quarter (25%) of the 363 outlets in Scotland. NHS Ayrshire & Arran had the second highest number of outlets (49, 13%).

Across all NHS Boards apart from NHS Orkney, most IEP outlets were pharmacy-run. NHS Lanarkshire had the highest percentage of pharmacy IEP outlets (24 of 25 outlets, 96%).

There was a large increase in the number of agency-run outlets in 2023/24, especially within NHS Greater Glasgow & Clyde (2023/24: 34, 2022/23: 12) and NHS Tayside (2023/24: 9, 2022/23: 4).

Figure 1.2: Number of injecting equipment provision outlets by outlet type (NHS Boards[1]; 2023/24)



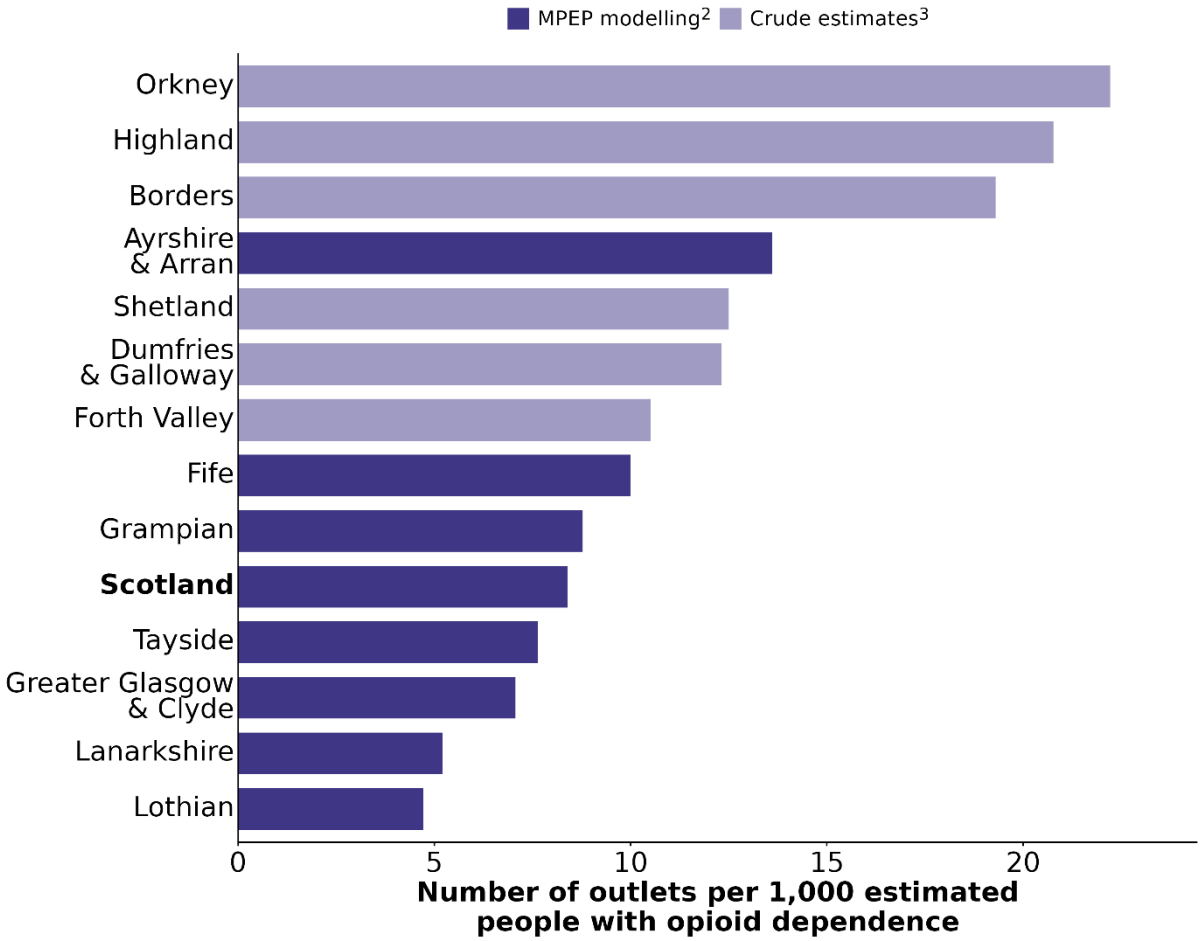
1. NHS Western Isles did not provide data in 2023/24.

Figure 1.3 presents the number of outlets per 1,000 estimated people with opioid dependency in Scotland, and in the NHS Boards (Workbook table 1.2)[iii]. In 2023/24, there were an average of 8.4 IEP outlets per 1,000 estimated people with opioid

[iii] Estimated numbers of people with opioid dependence for 2022/23 are used as the denominator for the numbers of outlets reported in 2023/24. Estimates are derived in [3]. For further discussion of prevalence estimates see **Appendix A1.4**.

dependence in Scotland, an increase from 2022/23 (7.6 IEP outlets per 1,000 estimated people with opioid dependence).

Figure 1.3: Number of injecting equipment provision outlets per 1,000 estimated people with opioid dependence (NHS Boards; 2023/24[1,2,3,4])



1. Estimated numbers of people with opioid dependence for 2022/23 are used as the denominator for the numbers of outlets per 1,000 reported in 2023/24 [3].
2. Estimates for NHS Ayrshire & Arran, Fife, Grampian, Greater Glasgow & Clyde, Lanarkshire, Lothian and Tayside were formally modelled using the MPEP modelling approach described in [3].
3. Crude estimates were used for the remaining six NHS Boards. See [3 - Appendix 3] for details.

4. NHS Western Isles did not provide data in 2023/24.

NHS Board rates ranged from 4.7 IEP outlets per 1,000 people with opioid dependence in NHS Lothian to 22.2 IEP outlets per 1,000 people with opioid dependence in NHS Orkney (Workbook table 1.2).

Changes over time

In 2023/24, the number of outlets reporting IEP provision was 363 (Figure 1.1 and Workbook Table 1.1). This was a 10% increase compared to 2022/23 (330) and may be due to the implementation of MAT Standard 4[iv] across the country, with particular increases provision in NHS Greater Glasgow & Clyde and NHS Tayside.

Type of agency injecting equipment provision

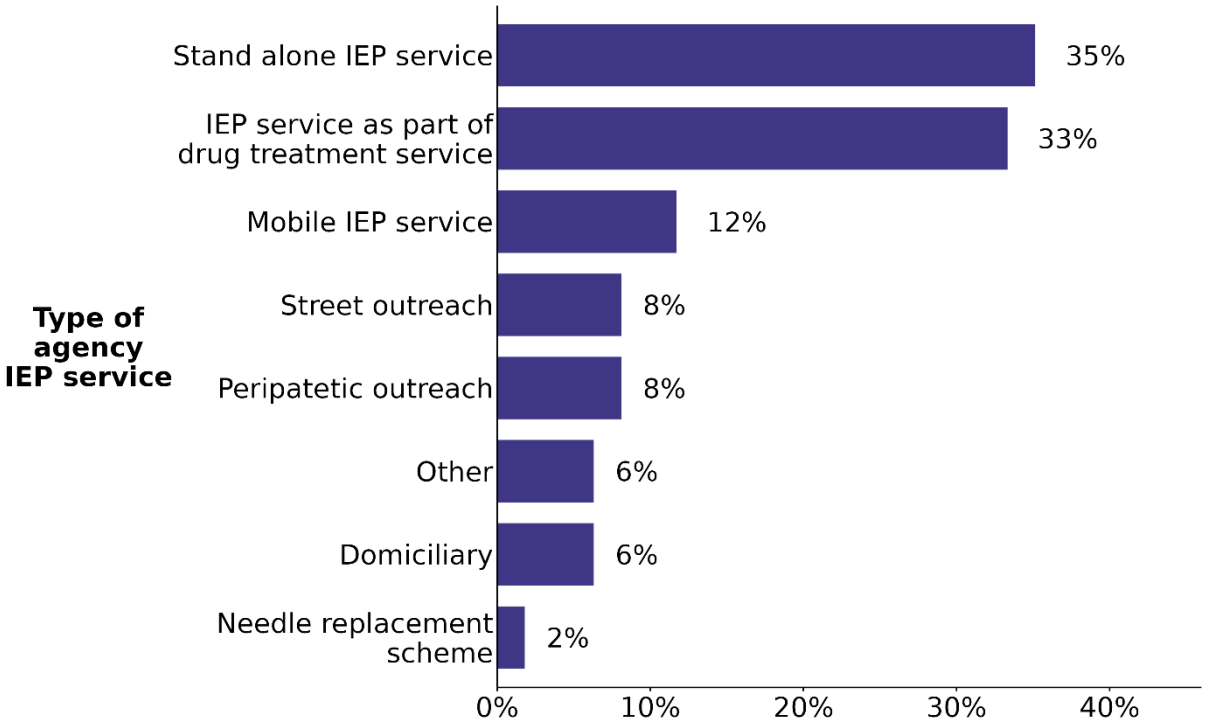
A range of agency IEP services operate in Scotland (Workbook Table 1.3 and Figure 1.4). Services should be configured in a way that provides the widest access to IEP while taking into account the geography of the area and the needs of service users. Some agencies provide more than one type of IEP service, so the categories described below are not mutually exclusive (i.e. the sum of the percentages exceeds 100%).

In 2023/24, of the 111 agency IEP services, stand-alone IEP services (39, 35%) and IEP as part of a drug treatment service (37, 33%) were the most common type of IEP. The number of agency services offering IEP as part of a drug treatment service more than doubled in 2023/24 (2022/23: 14). Mobile IEP services were the third most common type of IEP (13 agencies, 12%). Less than 10% of agencies provided street outreach services, peripatetic outreach (where the outlet operates in another organisation's premises), domiciliary services (where injecting equipment is taken into people's homes), or needle replacement schemes (community services but

[iv] See **Appendix A1.1** for further detail. The national benchmarking report describes MAT Standard 4 as being fully implemented in 27/29 (90%) of ADP areas [4].

mainly operating in prisons, where people received into custody have their needles and equipment confiscated and replaced with new equipment upon their release).

Figure 1.4: Type of injecting equipment provision service[1] in agency services (Scotland; 2023/24)



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

There was a 46% increase in the number of agency-run IEP services operating in 2023/24 (111), compared to 2022/23 (76). Stand-alone IEP was provided by 35% of agencies in 2023/24.

The number of IEP agencies offering an IEP service as part of a drug treatment service more than doubled between 2022/23 (14) and 2023/24 (37). This may be explained by an increased capacity to provide IEP under MAT Standard 4, especially within NHS Greater Glasgow & Clyde and NHS Tayside. Under MAT Standard 4, all

people should be offered evidence-based harm reduction at the point of MAT delivery [5]. Therefore, injecting equipment should be available from all drug treatment services. The 2023/24 Benchmarking report classed 93% of Alcohol and Drug Partnership (ADP) areas as having fully implemented this Standard [4]. Not all areas will be recording IEP distribution on neo360, and so this is likely to be an underestimate of the total service provision.

Thirteen (12%) mobile IEP services were active in 2023/24, a small increase compared to 2022/23 (nine services, 12%). The number of agency services reporting needle replacement schemes (two services), street outreach (nine services), domiciliary (seven services) and peripatetic outreach (nine services) were similar to the previous year.

Other types of IEP increased from one service in 2022/23 to six in 2023/24. The majority of these are registered charities.

Injecting equipment provision attendances

This section provides information on the reported number of attendances at IEP outlets nationally and in each NHS Board. In 2023/24, the number of attendances was not reported by 29 (8%) of the 363 outlets operating in Scotland[v]. This was similar to 2022/23.

A standard definition for an attendance was introduced in September 2014 whereby a transaction was only counted as an IEP attendance if the client received a barrel and/or fixed needle and syringe. This definition is used as the basis of attendance statistics from the start of 2013/14 onwards. In 2023/24, this definition was extended to include transactions where foils were distributed (See **Changes to reporting**).

The Scottish Drug Forum's **Guidance on Contingency Planning for People who use Drugs and COVID-19**, provided in May 2020, recommended that clients attending IEP services should be encouraged to take away additional supplies at each attendance to last for an extended period (14 days), thereby encouraging less frequent visits to IEP outlets and reduced exposure to COVID-19. This guidance may have contributed to changes in the number of IEP attendances during the COVID-19 pandemic in 2020/21 and 2021/22. Please also see **Appendix A1.3** for further information on data quality and the need to interpret trends in IEP attendance with caution.

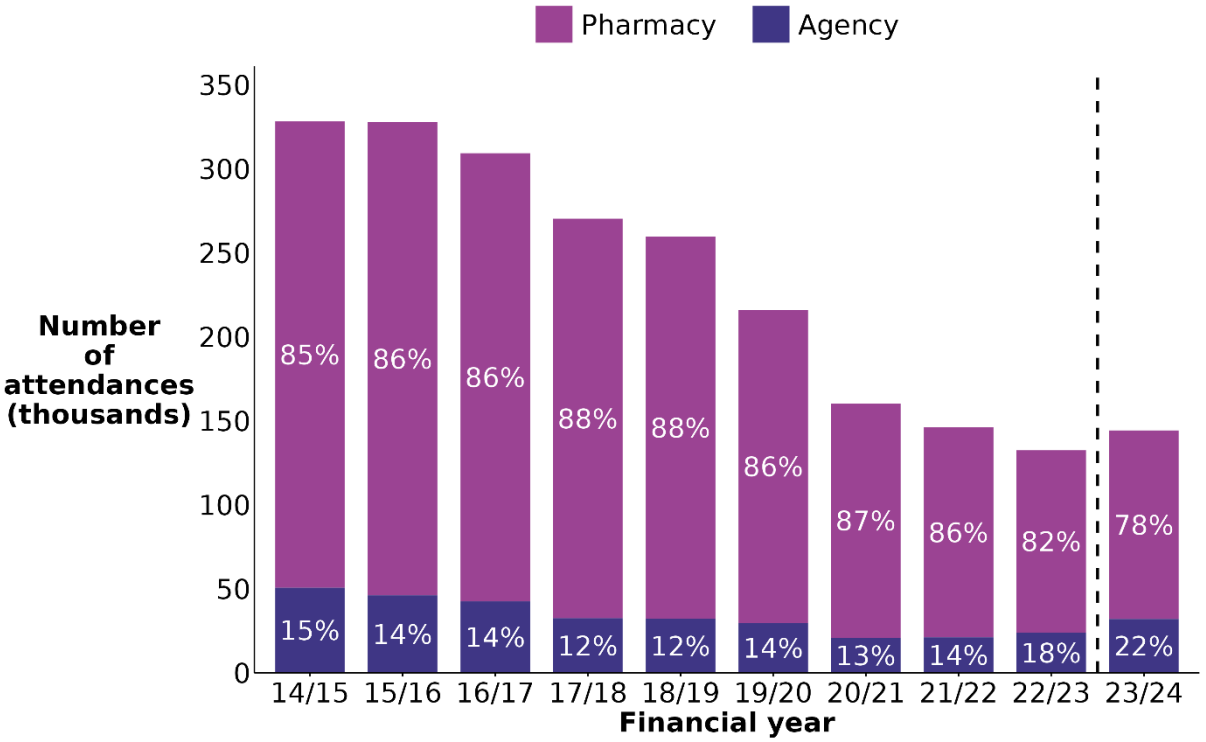
Pseudo-anonymous identifiers are used for recording IEP attendances rather than an identifier linked to an individual such as their Community Healthcare Index (CHI) number. Without a person identifier it is not possible to analyse changes in the number of individuals using IEP services, the frequency of injecting or trends in drug use [6,7] nor how these factors influence the numbers of attendances observed.

[v] One outlet reported issues with recording data. The remaining 28 outlets were confirmed as active during 2023/24.

Number of attendances

In 2023/24, there were 144,300 attendances reported by 92% (334) of active IEP outlets across Scotland (Workbook Table 2.1 and Figure 2.1). 2023/24 was the first year since 2014/15 in which numbers of attendances increased, however this was likely to have been due to the introduction of a more inclusive definition of an IEP attendance (See **Changes to reporting**). Most attendances in 2023/24 (78%) were at pharmacy outlets (Workbook Table 2.1), and the majority of attendances (78%) were made by males (Workbook Table 2.3).

Figure 2.1: Number and percentage of reported injecting equipment provision attendances by financial year and outlet type (Scotland; 2014/15 to 2023/24[1,2,3,4,5,6,7,8])

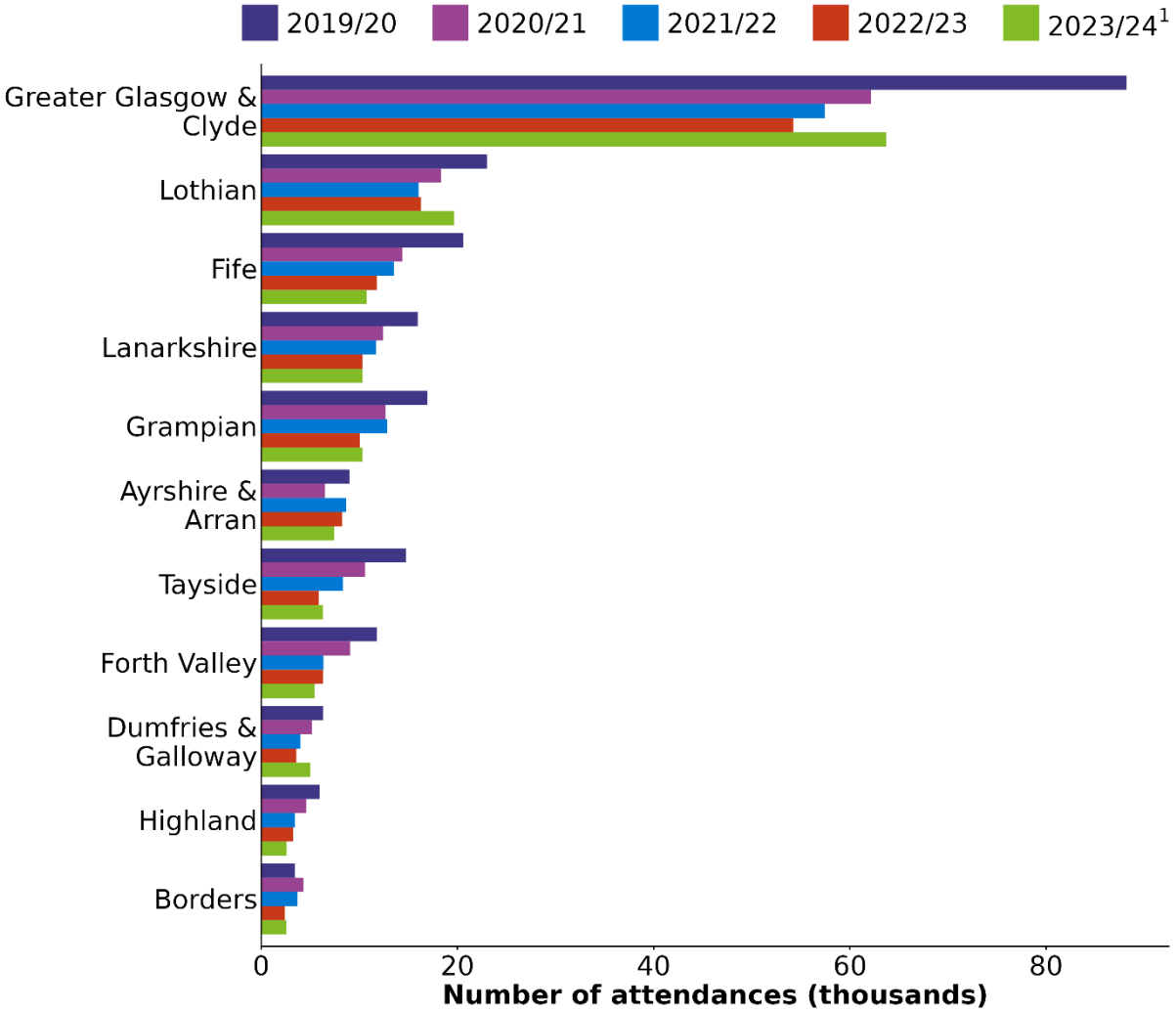


1. A standard definition for an attendance was introduced in September 2014 whereby a transaction was only counted as an IEP attendance if the client received a barrel and/or fixed needle and syringe. This definition is used as the basis of attendance statistics between 2014/15 and 2022/23.

2. The definition of attendance was expanded in April 2023 to include the distribution of foil packs. This definition is used as the basis of attendance statistics from the start of 2023/24 and is illustrated as a dashed line in the above chart.
3. NHS Lanarkshire data for 2014/15 may contain duplication of a small number of attendances due to some neo360 implementation issues.
4. NHS Ayrshire & Arran data for 2014/15 may contain minor inaccuracies due to missing data, errors and recording issues encountered during the transition to the neo360 data collection system in the first six months of the year.
5. NHS Shetland did not submit any attendance data for 2017/18 to 2020/21.
6. NHS Western Isles only provided attendance data for 2017/18, 2020/21, 2021/22 and 2022/23.
7. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
8. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. Attendance figures are considerably lower than expected.

Figure 2.2 shows reported IEP attendances by mainland NHS Board for the last five years. Six of the eleven mainland NHS Boards reported increases in their attendance numbers in 2023/24 compared to 2022/23, ranging from 3% (Grampian) to 21% (Lothian). Attendances decreased in Ayrshire & Arran (10% decline), Forth Valley (14% decline) and Highland (20% decline).

Figure 2.2: Number of reported injecting equipment provision attendances by financial year (mainland NHS Boards; 2019/20 to 2023/24[1,2])



1. The definition of attendance was expanded in April 2023 to include the distribution of foil packs. This definition is used as the basis of attendance statistics from the start of 2023/24 and therefore are not directly comparable to previous years.
2. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. Attendance figures are considerably lower than expected.

Changes over time

At Scotland level, 2023/24 was the first year in which reported IEP attendances increased since 2014/15. However, this coincided with the introduction of a more inclusive definition of an IEP attendance as well as an increase in the number of IEP outlets (see **Number and type of injecting equipment provision outlets** for more detail). Attendances continued to increase at agency outlets (2022/23: 14% increase, 2023/24: 33% increase) and increased in pharmacy outlets for the first year since 2015/16 (2015/16 to 2022/23 ranged between 5% and 25% decrease, 2023/24: 3% increase.).

2023/24 attendance figures remained below the level observed in 2019/20 (the pre-COVID period) across the mainland NHS Boards, overall and in pharmacy outlets, but were 8% higher in agency outlets.

Distribution of injecting equipment and foil

This section provides information on the distribution of injecting equipment and foil by IEP outlets across Scotland[vi].

Individuals may attend IEP outlets on multiple occasions and may be provided with multiple items of equipment at each visit. The amount of IEP provided at each attendance can be influenced by a range of factors, such as the type of drugs being used, the frequency of use and the frequency of attendance at an IEP outlet.

Foil sheets used for smoking instead of injecting drugs such as heroin and crack cocaine support route transition and the reduced use of higher risk, self-made alternatives. In 2013, the UK government approved the addition of foil to the list of other injecting equipment, and in 2017/18 recording of foil distribution began in Scotland[vii]. In 2023/24, the definition of an attendance was expanded to include attendances where foil was distributed, without a needle and syringe.

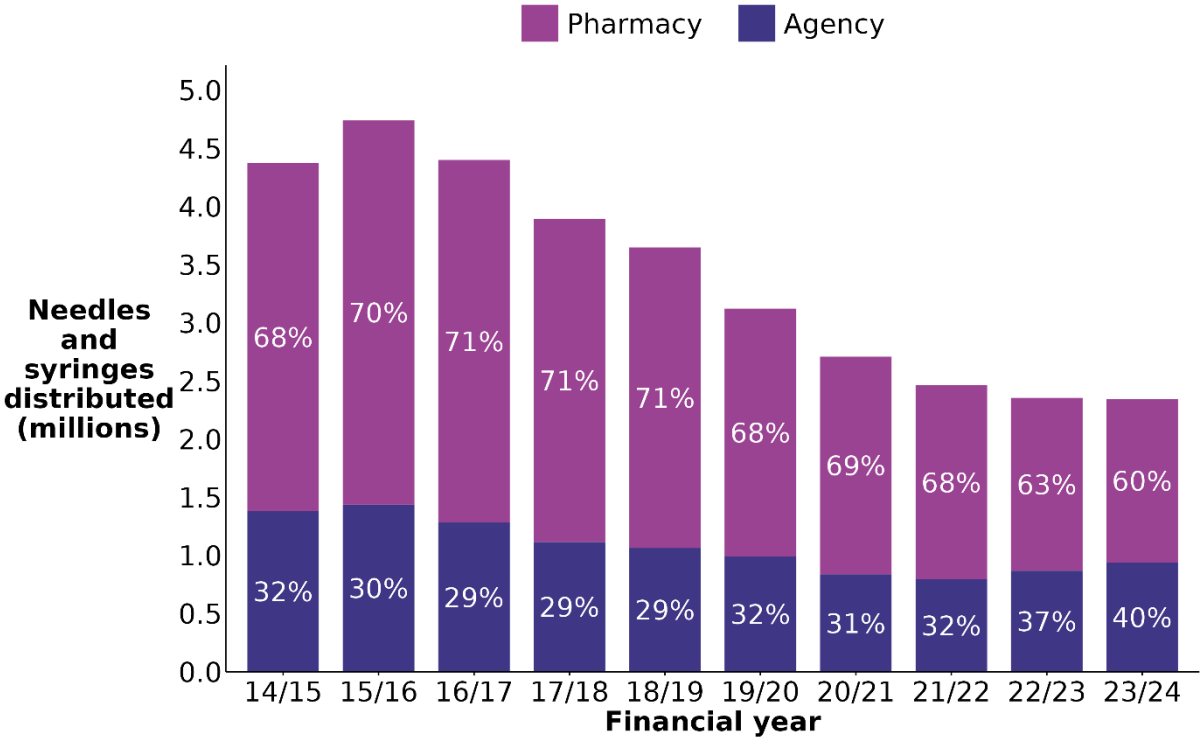
Needle and syringe, and foil distribution

Approximately 2.3 million needles and syringes were distributed by IEP outlets in 2023/24 (Figure 3.1 and Workbook Table 3.1). This was similar to the previous year (2022/23: approximately 2.3 million) but was the lowest annual number since more reliable data submissions began in 2009/10.

[vi] IEP outlets also collect data on returned needles and syringes, but these figures are not reported because they are of poor quality. Guidelines for IEP services state that 'staff should never open returned disposal bins to count the contents' [8], thus the contents of disposal bins are estimates rather than counts. In addition, alternative disposal mechanisms such as public sharps disposal bins are not captured in these returned needles and syringes figures.

[vii] As foil sheets are distributed in packs of various sizes, distribution data for these items of equipment should be interpreted with caution.

Figure 3.1: Number and percentage of needles and syringes distributed by financial year and outlet type (Scotland; 2014/15 to 2023/24[1,2,3,4,5,6])

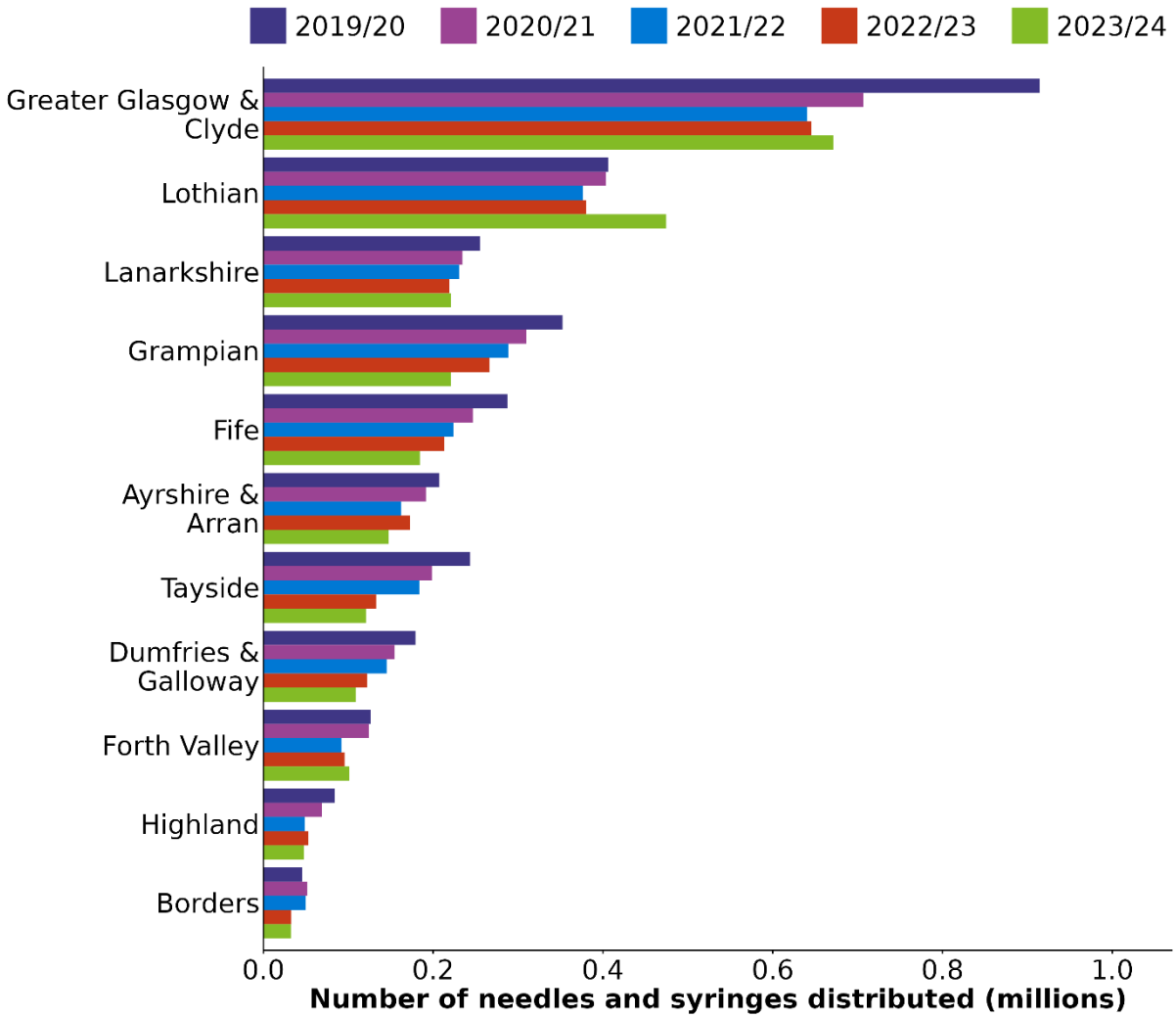


1. NHS Lanarkshire data were not deemed reliable enough for inclusion in 2014/15 due to data collection issues.
2. NHS Ayrshire & Arran data for 2014/15 may contain minor inaccuracies due to missing data, errors and recording issues encountered during the transition to the neo360 data collection system in the first six months of the year.
3. NHS Orkney only began supplying data from 2017/18.
4. NHS Western Isles only provided needles and syringes data for 2020/21,2021/22 and 2022/23.
5. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
6. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.

Figure 3.2 shows the number of needles and syringes distributed within each NHS Board in the last five years. NHS Greater Glasgow & Clyde distributed the highest number of needles and syringes in each of the years presented (approximately 670,000 in 2023/24). NHS Lothian and NHS Lanarkshire distributed the second and third highest numbers of needles and syringes in 2023/24 (approximately 470,000 and 220,000 respectively - Workbook Table 3.1).

In 2023/24, four of the eleven mainland NHS Boards distributed more needles and syringes than in 2022/23. NHS Lothian reported the largest percentage increase (25%) in needle and syringe distribution (NHS Forth Valley: 6%, NHS Greater Glasgow & Clyde: 4% and NHS Lanarkshire: 1%). NHS Grampian reported the largest percentage decrease in needle and syringe distribution (17%) compared to the previous year, followed by NHS Ayrshire & Arran (15% decrease), NHS Fife (14% decrease), NHS Highland (10% decrease), NHS Tayside (9% decrease) and NHS Borders (2% decrease).

Figure 3.2: Number of needles and syringes distributed by financial year (mainland NHS Boards; 2019/20 to 2023/24[1,2,3])

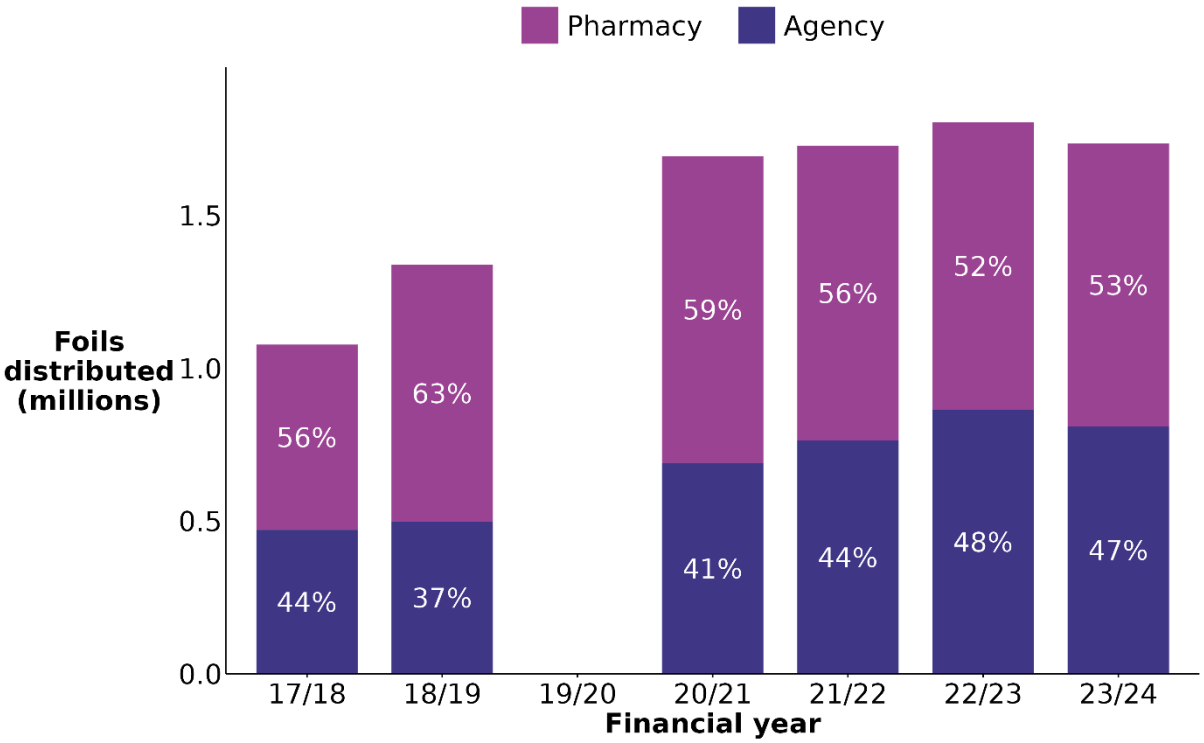


1. NHS Western Isles only provided needles and syringes data for 2020/21, 2021/22 and 2022/23.
2. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
3. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.

In 2023/24 approximately 1.7 million foil items were distributed by 76% (276) of IEP outlets (Workbook table 3.2). There was an overall 4% decrease in the total number of foil items distributed in Scotland compared to 2022/23, however this remained the

second highest amount of foil items distributed since recording began in 2017/18 (Figure 3.3). Whilst foil distribution figures for 2019/20 are not available at the Scotland level due to data quality issues, Workbook table 3.2 contains NHS Board level figures, where available.

Figure 3.3: Number and percentage of foil packs distributed by financial year and outlet type (Scotland; 2017/18 to 2023/24[1,2,3,4,5,6,7,8])



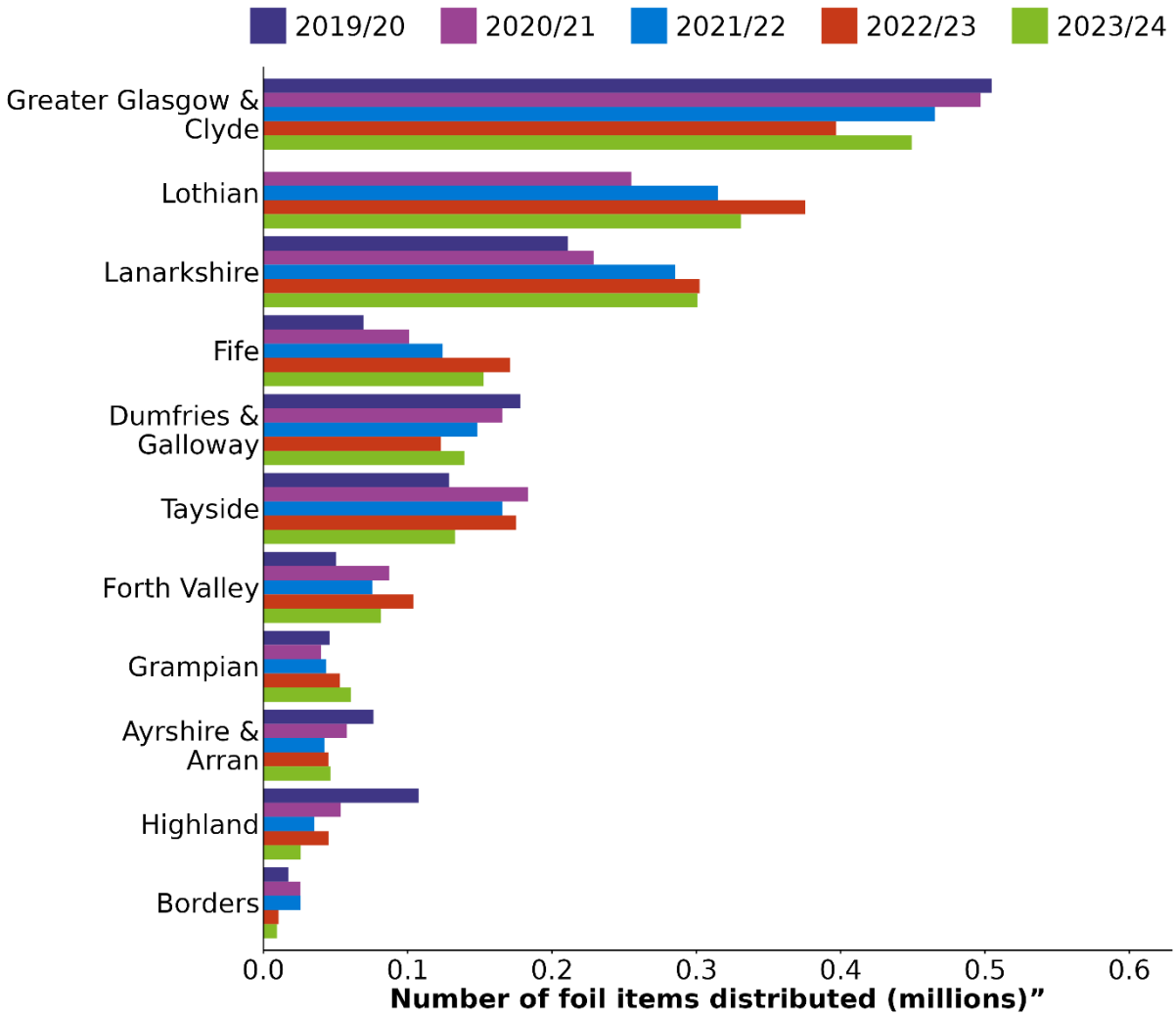
1. Across Scotland, the recording of foil quantities began in 2017/18. Minor inaccuracies are likely to be present in the initial year because of data collection issues.
2. Within NHS Tayside and some services in NHS Fife and NHS Borders, foil figures for 2017/18, the initial year of recording foil distribution, were estimated due to reporting issues.
3. Foil distribution figures for 2019/20 have been removed from this chart due to data quality issues, which are currently being investigated. Where possible, NHS Board level figures are available within the data tables.
4. NHS Shetland provided partial data for 2017/18 to 2020/21.

5. NHS Western Isles provided partial data for 2017/18 and 2021/22.
6. NHS Lothian only reported partial foil data for 2020/21 due to changes in recording practices during the COVID-19 pandemic.
7. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
8. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.

Figure 3.4 shows the number of foil items distributed within each NHS Board in the last five years (2019/20 to 2023/24). NHS Greater Glasgow & Clyde distributed the highest number of foil items in each of the years presented (approximately 450,000 in 2023/24). NHS Lothian and NHS Lanarkshire distributed the second and third highest numbers of foil items in 2023/24 (approximately 331,000 and 301,000 respectively - Workbook Table 3.2).

In 2023/24, four of the eleven mainland NHS Boards distributed more foil items than in 2022/23. NHS Grampian reported the largest percentage increase (14%) in foil distribution (NHS Greater Glasgow & Clyde: 13%, NHS Ayrshire & Arran: 4%). NHS Highland reported the largest percentage decrease in foil distribution (42%) compared to the previous year, followed by NHS Tayside (24% decrease), NHS Forth Valley (21% decrease), NHS Lothian (12% decrease), NHS Borders (11% decrease), NHS Fife (11% decrease). NHS Lanarkshire distributed similar amounts of foil across the two years (Figure 3.4).

Figure 3.4: Number of foil packs distributed by financial year (mainland NHS Boards; 2019/20 to 2023/24[1,2,3,4])

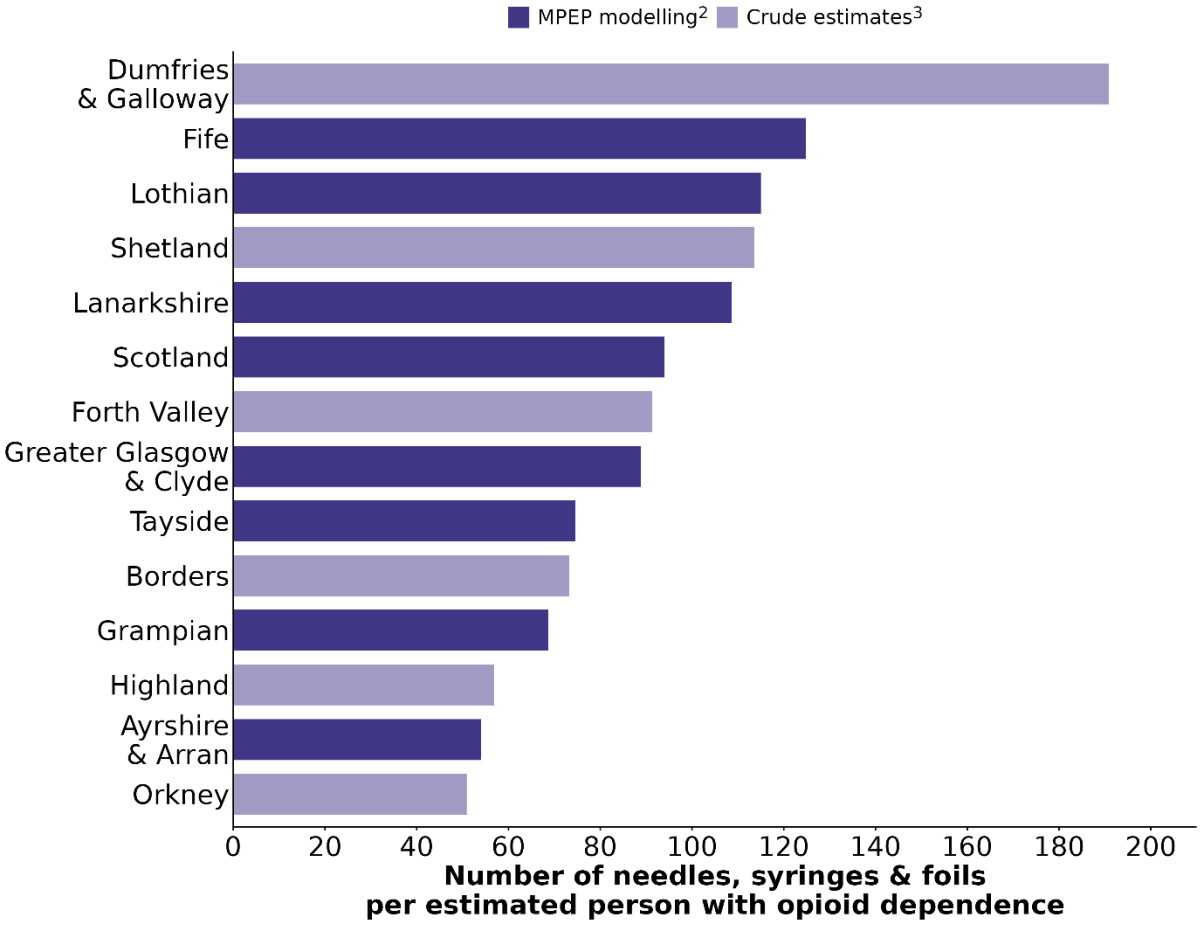


1. Foil distribution figures for 2019/20 in NHS Lothian have been removed from this chart due to data quality issues, which are currently being investigated.
2. NHS Lothian only reported partial foil data for 2020/21 due to changes in recording practices during the COVID-19 pandemic.
3. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
4. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.

As 2023/24 was the first year in which the definition of an attendance was expanded (see **Changes to reporting**) to include attendances where foil items were supplied without a needle and syringe, the combined total number of needles and syringes and foils distributed for 2023/24 are displayed in Workbook Table 3.3.

In order to compare information for NHS Boards more meaningfully, the number of needles and syringes, and foil items distributed per estimated person with opioid dependence has been calculated (based on prevalence estimates for 2022/23 [3]). Figure 3.5 and Workbook Table 3.4 shows these rates for Scotland and the NHS Boards.

Figure 3.5: Number of needles and syringes, and foil items distributed per estimated number of people with opioid dependence (NHS Boards; 2023/24[1,2,3,4,5])



1. Estimated numbers of people with opioid dependence for 2022/23 are used as the denominator for the numbers of outlets per 1,000 reported in 2023/24 [3].
2. Estimates for NHS Ayrshire & Arran, Fife, Grampian, Greater Glasgow & Clyde, Lanarkshire, Lothian and Tayside were formally modelled using the MPEP modelling approach described in [3].
3. Crude estimates were used for the remaining six NHS Boards. See [3 - Appendix 3] for details.
4. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.
5. NHS Western Isles did not provide data in 2023/24.

In 2023/24, the average number of needles and syringes, and foil items distributed per person with opioid dependence in Scotland was 94. At the NHS Board level, the number of needles and syringes and foil items distributed ranged from 51 per person with opioid dependence in Orkney to 125 per person with opioid dependence in Fife (Workbook Table 3.4).

Changes over time

The number of needles and syringes distributed annually in Scotland was approximately the same as the previous year (2.3 million), after a steady decline from 2015/16 (approximately 4.7 million) (Workbook Table 3.1).

The number of foil items distributed in Scotland in 2023/24 was approximately 1.7 million. This was a small decrease (4%) compared to the previous year (1.8 million); however it remained the second largest annual number of foil items distributed since recording began (Workbook Table 3.2). 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, and this appears to have been sustained.

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 [8]. Items of 'other injecting equipment' (or paraphernalia) are distributed to facilitate alternatives to injecting (e.g. smoking), reduce injecting-related harms (e.g. soft skin and tissue infections) and to prevent the spread of blood borne viruses. Other injecting equipment includes:

- Citric acid or vitamin C and sterile water for injection which are used to dissolve drugs (particularly heroin) into an injectable solution,
- Spoons which facilitate the sterile cooking of drugs,
- Filters which help prevent larger particles from entering the syringe after preparation of the drug,
- Wipes or swabs which are used to clean injecting sites ahead of injecting,
- Sharps bins to facilitate the safe disposal of used needles,
- Single use packs which contain a set of injecting equipment required for safe injecting, typically including needles, citric acid/vitamin C, filters, wipes/swabs and sharp bins,

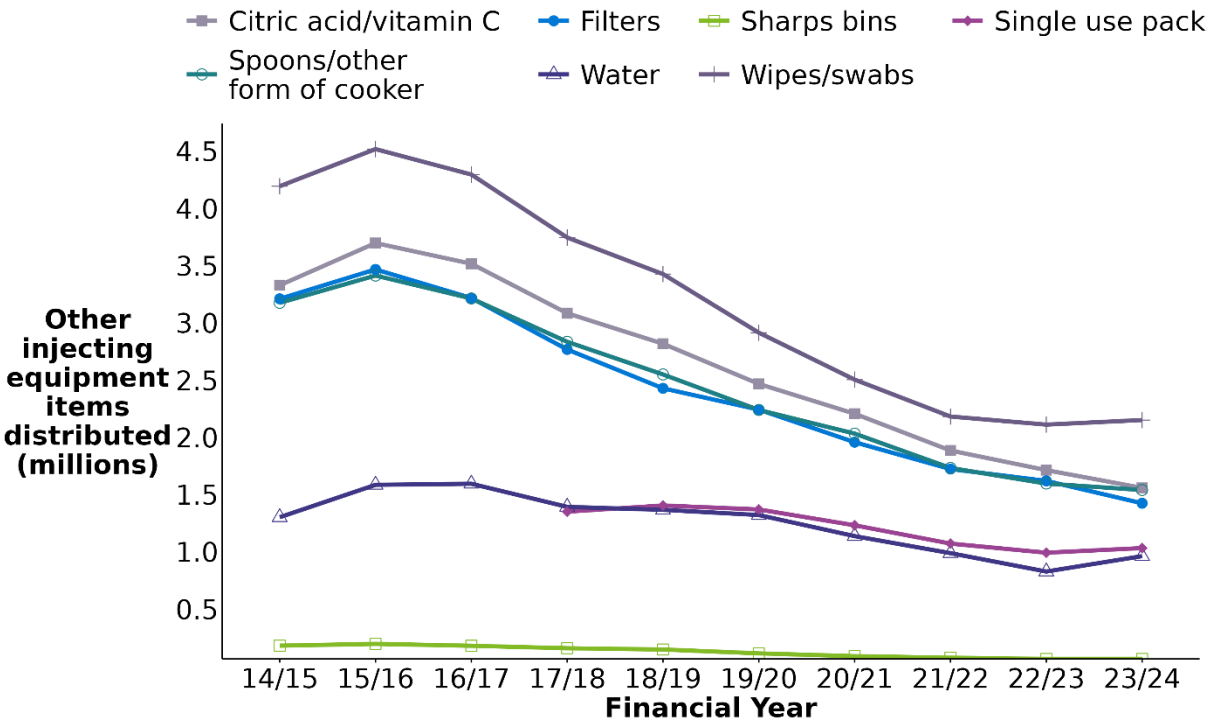
Outlets distributing other injecting equipment

The majority of IEP outlets distribute other injecting equipment (Workbook Table 3.5). In 2023/24, of the 363 IEP outlets, more than 90% distributed citric acid or vitamin C, filters, sharps bins, wipes or swabs and spoons or other forms of cookers. Sterile water for injection was distributed by 84% (306) IEP outlets while single use packs were distributed by 81% (294) of IEP outlets.

Workbook Table 3.6 and Figure 3.6 present figures on the number of items of other injecting equipment distributed by IEP outlets in Scotland. The most commonly distributed items in 2023/24 were wipes/swabs (approximately 2.1 million), foil (approximately 1.7 million), citric acid or vitamin C (approximately 1.6 million) and

spoons or other forms of cooker (approximately 1.5 million). Sharps bins were the least distributed item (approximately 65,000 supplied in 2023/24).

Figure 3.6: Items of other injecting equipment distributed by IEP outlets (Scotland; 2014/15 to 2023/24[1,2,3,4,5,6,7,8,9,10])



1. Separate forms of syringe identifiers were replaced by needles and syringes with built-in identifiers e.g. scratch off number/symbol combinations or colour coded needles and syringes from 2013/14 onwards and therefore are not shown on the chart (numbers are available in Table 3.3). These are provided in a bid to reduce unintentional sharing of equipment where people are injecting substances in group situations.
2. NHS Lanarkshire data were not deemed reliable enough for inclusion in 2014/15 due to data collection issues.
3. NHS Ayrshire & Arran data for 2014/15 may contain minor inaccuracies due to missing data, errors and recording issues encountered during the move from the ISD IEP system to neo360 in the first six months of the year.
4. Across Scotland, the recording of single use pack quantities began in 2017/18. Minor inaccuracies are likely to be present in the initial year

because of data collection issues. Note that components of single use packs are also counted in each relevant individual category (for example, filters) and therefore are not mutually exclusive with the counts of those items.

5. Due to a setup error in database recording single use pack distribution across NHS Lanarkshire was significantly under-reported from 2017/18 to 2022/23.
6. NHS Orkney only began providing data in 2017/18.
7. NHS Shetland provided partial data for 2017/18 to 2020/21.
8. NHS Western Isles provided partial data for 2017/18 and 2021/22.
9. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
10. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.

Changes over time

The number of items of wipes or swabs, single use packs, sterile water and sharps bins increased in 2023/24 compared to the previous year. The highest percentage increase was for sterile water (17%), followed by single use packs (4%) and wipes or swabs (2%). The number of filter items distributed decreased by 12% between 2022/23 and 2023/24, followed by citric acid or vitamin C (9% decrease).

Further breakdowns of other injecting equipment distribution by NHS Board over time are available in Workbook Table 3.7.

Overall, despite some small increases, supplies of other injecting equipment remained lower than the peak in supply observed in 2015/16 (Figure 3.3 and Table 3.3). The explanations offered for the reduction in the number of attendances at IEP outlets (see **Number of attendances** for more detail) and reduction in the number of needles and syringes distributed (see **Needle and syringe distribution**) are also relevant to the decreases observed in the number of other injecting equipment items distributed. These explanations include changes in drug use, changes to the

recording of items distributed, changes in the accessibility of IEP services. The increased provision of foil, for smoking drugs, as a less harmful alternative to injecting may have also contributed to the decrease in the distribution of other injecting equipment.

Conclusion

IEP outlet attendances and the supply of items of sterile injecting equipment had been steadily decreasing over recent years since peaking in 2015/16, however attendances increased in 2023/24, and the number of needles and syringes distributed remained approximately the same as the previous year.

Possible explanations for the long-term decreasing trend in the number of IEP attendances and the number of injecting equipment items distributed include: changes in the number of people using drugs which are commonly injected (for example, opioids), changes in the use of alternatives to injecting (for example, using foil for smoking drugs) or the types of drugs injected, the wider risk environment, as well as changes to service provision and policy. The increase observed in attendances in 2023/24 may be attributable to a more inclusive definition being introduced this year.

Interpretation of the relationships between people who inject drugs, trends in IEP attendances and injecting equipment distribution are not straightforward. Changes in reported IEP activity may have multiple explanations. It is not possible to determine if the change in trends reflect changes in the at-risk population over time, a reduction in access to services, the wider risk environment (such as changes to the types of drugs used and drug markets), or other factors such as data recording.

People who inject drugs are a marginalised and stigmatised population who experience extreme health inequality. The health and wellbeing of marginalised populations were particularly vulnerable to the direct and indirect impacts of the COVID-19 pandemic [9]. The pandemic resulted in reduced capacity in IEP services due to social distancing requirements, and 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. Trayner et al. [10] described in detail the trends observed in IEP 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. Their research concluded that mitigation measures had likely been successful (encouraging increased supplies per transaction, and secondary distribution among peers), given a 17% increase in the ratio of needles and syringes distributed per transaction following lockdown.

The longer-term decrease in attendances and its implication for future service provision is being assessed by the Scottish Sexual Health and Blood Borne Viruses Prevention Leads. There is recognition that the drugs that people use and the ways in which they consume them are changing. As a result of a recent review of the definition of an IEP attendance it has been widened to include attendances where foil is provided without any needles and syringes (see **Changes to reporting**). This extension of the classification has provided data that helps to recognise the extent to which service users are seeking safter alternatives to injecting.

Further diversifying the equipment available from IEP outlets and widening access to IEP services will ensure they help reduce the health risks associated with changing patterns of drug use and promote engagement with specialist drug treatment services. For example, the legal framework for supplying sterile equipment to inhale drugs (for example, crack cocaine) is currently being examined by the Scottish Sexual Health and Blood Borne Viruses Prevention Leads. Also, Scottish Ambulance Service colleagues began supplying IEP to people who inject drugs, when responding to emergency care incidents in 2024. As of March 2025, the programme was live in Greater Glasgow & Clyde, Ayrshire & Arran, Falkirk and Edinburgh stations with incremental phasing across the remainder of Scotland throughout the rest of 2025. Future iterations of this report will aim to capture the impact of IEP service developments.

The **Medication Assisted Treatment (MAT)** Standards [5] (introduced in May 2021, to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland) include a standard (MAT4) focussed on harm reduction: 'all people are offered evidence-based harm reduction at the point of MAT delivery'. The **National benchmarking report on implementation of the medication assisted**

treatment (MAT) standards report published in July 2024, outlined the standard being fully implemented in 27/29 (90%) of ADP areas [4], with the remaining two ADP areas classified as partially implemented.

Public Health Scotland and the Scottish Sexual Health and Blood Borne Viruses Prevention Leads (via the neo360 Sub-Group) are also working together to identify priorities for improvements in IEP data quality and surveillance development which will help to support the planning and delivery of IEP services throughout Scotland. In addition to planned work to develop estimates of the prevalence of injecting drug use, the Needle Exchange Surveillance Initiative (NESI) has now recommenced following the COVID-19 pandemic [11]. This provides valuable information on prevalence of blood-borne viruses (hepatitis C virus (HCV) and HIV), other health harms, risk behaviours and uptake of harm reduction and health services among people who inject drugs in Scotland. Changes in the provision of IEP are also being monitored via the Rapid Action Drug Alerts and Response (RADAR) quarterly report[viii], which contains indicators relating to numbers of IEP transactions and needles and syringes distributed.

[viii] **https://publichealthscotland.scot/publications/rapid-action-drug-alerts-and-response-radar-quarterly-report/rapid-action-drug-alerts-and-response-radar-quarterly-report-april-2025/**

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Glossary

Agency

Non pharmacy-based IEP Outlet

Attendances

Refers to the number of attendances which involved provision of a syringe or needle 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

Medication Assisted Treatment (MAT) Standards

Medication Assisted Treatment refers to the use of medication alongside psychological and social support in the treatment of people who are experiencing issues with their drug use. The MAT standards are new standards for drug treatment in Scotland and aim to reduce drug related harms and risk of death.

PHS

Public Health Scotland

Single use packs

A sealed pack that contains a set of each piece of injecting equipment and paraphernalia required during a single injecting episode. Designed to reduce harm

by encouraging single use of each piece of equipment. Packs contain needles, citric acid/vitamin C, filters and wipes/swabs.

Other Injecting Equipment

Sterile injecting equipment other than needles/syringes. These items are distributed to reduce injection and smoking related harm (e.g. soft skin and tissue infections) and to prevent the spread of blood borne viruses. Citric acid/vitamin C and sterile water for injection are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow clean injecting sites prior to injection. Sharps bins are distributed to facilitate the safe disposal of used needles. Filters help prevent larger particles and impurities from entering the syringe and preparation of the drug. Spoons and similar items such as ‘Stericups®’ facilitate the preparation of drugs.

Pharmacy

Pharmacy-based IEP outlet

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Appendices

Appendix 1 – Background information

A.1.1: The purpose and context of IEP delivery in Scotland

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 [12]. IEP services are effective at reducing higher risk injecting practices in people who inject drugs [13] 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 [1]. By providing sterile injecting equipment and contributing to wider harm reduction initiatives[ix], IEP services have played a key role in helping to reduce hepatitis C prevalence in Scotland [11].

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, which were updated by PHS and Scottish Drugs Forum in October 2021 [8]. IEP services also continue to evolve in response to legislative changes (for example, allowing provision of foil from 2013), changes in the drugs available and the ways in which they are used (for example, 'chemsex' [14], Image and Performance Enhancing Drugs[x], street benzodiazepine [15] use and cocaine injecting [16,17]) and blood borne virus outbreaks among people who inject drugs (for example, HIV in Glasgow [16, 18,19]).

[ix] initiatives include increased blood borne virus testing, assessment of injection risk, providing advice on safer drug use, overdose awareness, naloxone provision and wound first aid.

[x] See **https://www.ipedinfo.co.uk/** for further information.

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. These include but are not limited to, IEP services closing temporarily, the withdrawal of IEP services from some 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. **Reset and Rebuild - sexual health and blood borne virus service: recovery plan**, published by Scottish Government in 2021 was designed to take account of the most significant challenges caused by the pandemic and build upon the innovations implemented during that period. Further details on the impact of COVID-19 on IEP and other harm reduction services have been assessed and reported elsewhere [10]. Changes to service provision and data collection as a result of the pandemic should be taken into account when examining trends over time.

Recent IEP initiatives have focused on ensuring equitable access to high quality person-focused interventions at points of contact with specialist services. These initiatives contribute towards the goals of a) removing barriers to accessing sterile injecting equipment or paraphernalia in Scotland; and b) ensuring that access to IEP does not negatively influence or prejudice the care of people accessing specialist treatment for problematic drug use.

In May 2021, the Scottish Drug Deaths Taskforce published ten standards of care for **Medication Assisted Treatment (MAT)** [5]. Under MAT Standard 4, all people should be offered evidence-based harm reduction at the point of MAT delivery. The **National benchmarking report on implementation of the medication assisted treatment (MAT) standards report** [4] describes progress made towards this objective in each Alcohol and Drug Partnership area.

Contingency management, where financial incentives are used to support engagement in interventions, have emerged in recent years as an alternative approach to engage people who inject drugs with services. For example, the WAND initiative (Wound care, Assessment of injecting risk, Naloxone provision and Dry blood spot testing) is a contingency management scheme which encourages people

who inject drugs in Glasgow City to participate in four key harm reduction interventions [20]. The principal objective of WAND is to engage a highly marginalised group, at risk of severe drug-related harms, in regular harm reduction interventions to improve both individual health and overall public health within the city. Similarly, in Tayside, the Cocoon project [21] uses contingency management approaches to engage people who use drugs in a 'one-stop' holistic care bundle (including cardiovascular checks, liver, endocrine, and renal function checks; respiratory assessment; wound care; mental health screening; blood-borne virus screening and treatment; vaccinations; and referral to support systems). The main aim of Cocoon is to address the inequity of access which people who use drugs experience by increasing their engagement through services tailored to their specific needs.

In January 2025 a pilot Safer Drug Consumption Facility[xi] was opened within the Glasgow City Health and Social Care Partnership. This is the first such facility in Scotland and aims to offer harm reduction services and sterile injecting equipment amongst other services.

A1.2: Data collection

As of March 2017, all mainland NHS Boards used neo360, a commercially available database to record their IEP activity, across both pharmacies and agencies[xii]. Most of the data reported for 2017/18 onwards are extracted annually from the neo360 system, apart from NHS Shetland, NHS Orkney and NHS Western Isles that submit data via paper surveys.

IEP data for 2012/13 to 2016/17 were taken from a combination of two data sources, neo360 and the ISD Scottish injecting equipment provision database that were both

[xi] https://glasgowcity.hscp.scot/sdcf

[xii] One NHS Lanarkshire pharmacy is not using either electronic system and continues to complete a paper survey. In 2023/24 two services in NHS Fife did not submit via neo360. Their data has been manually added.

introduced in April 2012. Prior to the introduction of these databases, IEP data were drawn from annual paper surveys which were distributed by Hepatitis C Prevention Leads to the IEP outlets in their area for 2007/08 to 2011/12.

A1.3: Data quality

Data Quality - IEP

Extensive effort has been made to ensure the quality and robustness of the data presented. Co-ordinating data collection through NHS Board Blood-Borne Virus Prevention Leads has helped to ensure data are as complete as possible. Where appropriate, data completeness is shown, or footnotes accompany the data tables and charts to signpost incomplete data.

Once data were received by PHS, they were quality assured and compared with previous responses and any unusual or unexpected results were queried with the relevant Prevention Leads. All Prevention Leads were provided with the data tables accompanying this report prior to publication following the early access for quality assurance protocol 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 in recording practices and/or missing data. There are several 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.

Data Quality - IEP attendances

Prior to 2014/15, there were several 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 for an IEP 'attendance' or 'transaction' was introduced whereby only visits 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 single use packs. In July 2013, as a result of user feedback and evidence that quantities of unused equipment were being discarded at public injecting sites [18], the NHS Board allowed clients to access individual single use packs, 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.
- In 2023/24 the definition of an attendance at an IEP outlet was expanded to include attendances where the supply of foil items were made, without the additional requirement for a needle and syringe to have been supplied. Therefore, attendance figures are not directly comparable with previous years.

Data Quality - Distribution of injecting equipment and foil

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

- From 2009/10 to 2012/13 restrictions on the number of needles and syringes distributed in a single transaction were removed by the Lord Advocate.
- In 2011/12, a standard definition of needles and syringes was introduced 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).
- Data quality concerns are being explored for NHS Lothian 2019/20 foil data; therefore, data is not available for this year for the board and the national figure has also been removed.
- Due to changes in recording practices during the COVID-19 pandemic for NHS Lothian only reported partial foil figure for 2020/21.

A1.4: Comparisons with prevalence estimates

This report includes new content (**Figures 1.3** and **3.5**, and Workbook tables 1.2 and 3.4) comparing levels of IEP activity to the size of the population expected to use such services, based on estimates of the prevalence of opioid dependence [3]. In previous IEP reports, similar comparisons were made using the prevalence estimates available at that time (based on a different methodology and a wider definition of problematic opioid and/or benzodiazepine use). These comparisons were withdrawn in the 2021/22 report as it was determined that the estimates (based on 2015/16 data) were too old to act as a valid comparator.

IEP outlets supply sterile injecting equipment to people who inject drugs including, but not limited to, opioids. While the population using IEP services is therefore conceptually different to the population with opioid dependence, these estimates provide the most appropriate reference population data for comparison with IEP activity.

The estimates for Scotland overall, and seven NHS Boards (Ayrshire & Arran, Fife, Grampian, Greater Glasgow & Clyde, Lanarkshire, Lothian, Tayside) were calculated using a recently developed statistical modelling approach, 'Multi-Parameter Estimation of Prevalence' (MPEP). MPEP brings multiple linked data sources together to make inferences about the size of the population and its prevalence. In this instance, the model used linked PHS-held administrative data on Opioid Agonist Therapy (OAT) prescriptions, drug-related deaths and overdose-related hospital admissions from the **Scottish Public Health Drug Linkage Programme**[xiii]. The modelling approach is detailed in [3 - Appendix 2].

Estimates for the remaining seven NHS Boards (Borders, Dumfries & Galloway, Forth Valley, Highland, Orkney, Shetland, and Western Isles) were unable to be generated using the MPEP model due to limited numbers of drug-related events in these areas. However crude estimates have been made available based on data used in the MPEP modelling. These estimates are available in [3 - Appendix 3] along with further information on how they were generated, and the additional assumptions required.

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

[xiii] As of 1 April 2025, SPHDLP is now known as Substance Use and Health Intelligence Linked Dataset (SHIeLD) **https://publichealthscotland.scot/population-health/improving-scotlands-health/substance-use/data-and-intelligence/substance-use-and-health-intelligence-linked-dataset-shield/**

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

- 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, the Scottish Government and academic partners are exploring the potential to produce national and local estimates of numbers of people who inject drugs, as part of the wider programme of work to deliver drug prevalence estimates.

If available, these alternative denominators would differ in a number of important respects and would require careful evaluation before use. Their accuracy is dependent upon the data sources and identification criteria used and the estimation methodology selected.

A1.5: Acknowledgements

The co-operation and assistance of the local Data Collection Co-ordinators in each NHS Board area contributing to data entry and submission are gratefully acknowledged, as is the support of colleagues in Public Health Scotland's data management team who extract and perform initial quality checks of the IEP data.

Appendix 2 – Publication metadata

Publication title

Injecting Equipment Provision in Scotland 2023/24

Description

Data are presented on the provision of injecting equipment in Scotland for the financial year 2023/24. This includes information on the numbers of outlets across Scotland, numbers of attendances at those outlets, and the amount of equipment distributed.

Theme

Drugs, Alcohol, Tobacco and Gambling.

Topic

Drugs.

Format

PDF report with Excel tables.

Data source(s)

neo360 and paper surveys by selected services and NHS Boards

Date that data are acquired

May to July 2024

Release date

13 May 2025

Frequency

Annual

Timeframe of data and timeliness

The timeframe for this publication is the financial year 2023/24. 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

Revisions relevant to this publication

On the 09/10/2023, following quality assurance sign off from boards and publication of **Injecting equipment provision in Scotland 2022 to 2023**, an error was reported to PHS relating to NHS Orkney's attendance and needle and syringe figures for the 2022/23 financial year. The board had previously reported 0 attendances; however, this figure should be 94 attendances. Previously 0 was reported for needles and syringes but this figure should be 3,580. Comparison shows this made a negligible difference to published Scotland-level figures for 2022/23 with no change in the interpretation of the figures. The workbook accompanying this release indicates where revisions have been made.

Concepts and definitions

Refer to Glossary contained within this report. Also, further details can be seen in Scottish Government (2015) **Sexual health and Blood Borne Virus framework 2015-2020 Update**.

Relevance and key uses of the statistics

Provides information that support 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 locally and submitted to PHS. Unless otherwise advised, it is assumed that the data received are complete.

Comparability

No comparable published data outwith Scotland.

Accessibility

It is the policy of Public Health Scotland to make its websites 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 with opioid dependence)

Disclosure

The **PHS protocol on Statistical Disclosure Protocol** is followed.

Official statistics accreditation

Official statistics

UK Statistics Authority assessment

This report has not been assessed by the UK Statistics Authority.

Last published

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Next published

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Date of first publication

2009

Help email

phs.drugsteam@phs.scot

Date form completed

28 April 2025

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 Department of Health and Social Care (DHSC)

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

Co-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 Office for National Statistics '**Five Safes**' of data privacy.