

Injecting Equipment Provision in Scotland

2024/25

An Official statistics release for Scotland

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Introduction

This publication from Public Health Scotland (PHS) reports on injecting equipment provision (IEP) in Scotland for the financial year 2024/25.

Data submission

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

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

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

The definition of an attendance at an IEP outlet was expanded from 1 April 2023 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 Blood Borne Viruses Prevention Leads group. Updates to this definition are noted in relevant analyses and should be considered when examining trends over time.

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 392 active services in 2024/25, 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](#).

Main points

In 2024/25:

- There were 392 IEP outlets in Scotland. This was an 8% increase compared to 2023/24 (363) and the highest number of outlets in the time series.
- There were 133,113 attendances reported by IEP outlets. This was 8% less than in 2023/24 (144,300) and one of the lowest annual attendance numbers recorded across the time series (only 2022/23 was lower: 132,541).
- Approximately 2.2 million needles and syringes and 1.6 million items of foil were distributed. The number of needles and syringes distributed decreased by 7% compared to 2023/24 and was the lowest since 2015/16. Foil distribution decreased by 9% compared to 2023/24.
- Wipes or swabs (approximately 2 million), spoons/other forms of cooker (approximately 1.3 million) and citric acid or vitamin C (approximately 1.2 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' (the various types of agencies are 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.

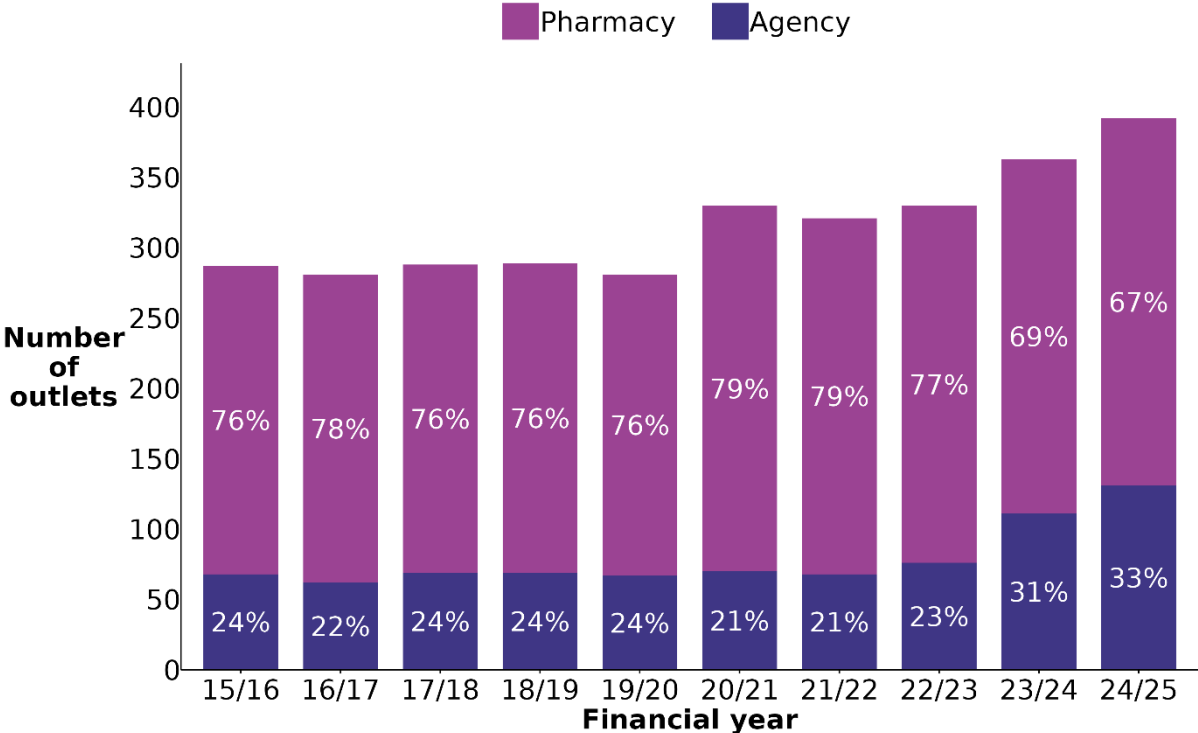
Number and type of injecting equipment provision outlets

Figures for the number and type of IEP outlets in Scotland are presented in Workbook Table 1.1 and Figure 1.1. In 2024/25, 392 outlets reported IEP provision, the highest number since reliable data submissions began in 2009/10 (255 outlets). The number of outlets has gradually increased since 2019/20 (2019/20: 281 outlets; 2020/21: 330 outlets; 2021/22: 321; 2022/23: 330; 2023/24: 363).

Of the 392 outlets active in 2024/25, 261 (67%) were pharmacy-run and 131 (33%) were agency-run. Both types increased compared with the previous year (2023/24: 252 pharmacy-run outlets and 111 agency-run outlets).

The number of agency-run outlets increased by 20 in 2024/25. The greatest increases occurred in NHS Greater Glasgow & Clyde (47 agency outlets in 2024/25, compared to 34 in 2023/24), NHS Forth Valley (10, up from 6) and NHS Grampian (17, up from 13). The remaining boards stayed relatively stable compared with the previous year. The number of agency-run IEP outlets have increased substantially since 2022/23 (76) and these increases are explored in [more detail below](#).

Figure 1.1: Number and percentage of injecting equipment provision outlets by financial year and outlet type (Scotland: 2015/16 to 2024/25^{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, 2022/23 and 2024/25.

Figure 1.2 presents the number of IEP outlets by NHS Board. With 106 outlets, NHS Greater Glasgow & Clyde accounted for over one quarter (27%) of the 392 outlets in Scotland. NHS Ayrshire & Arran had the second highest number of outlets (47, 12%).

Across all NHS Boards apart from NHS Orkney, most IEP outlets were pharmacy-run. NHS Lanarkshire had the highest percentage of pharmacy IEP outlets (27 of 28 outlets, 96%).

Figure 1.2: Number of injecting equipment provision outlets by outlet type (NHS Boards: 2024/25)

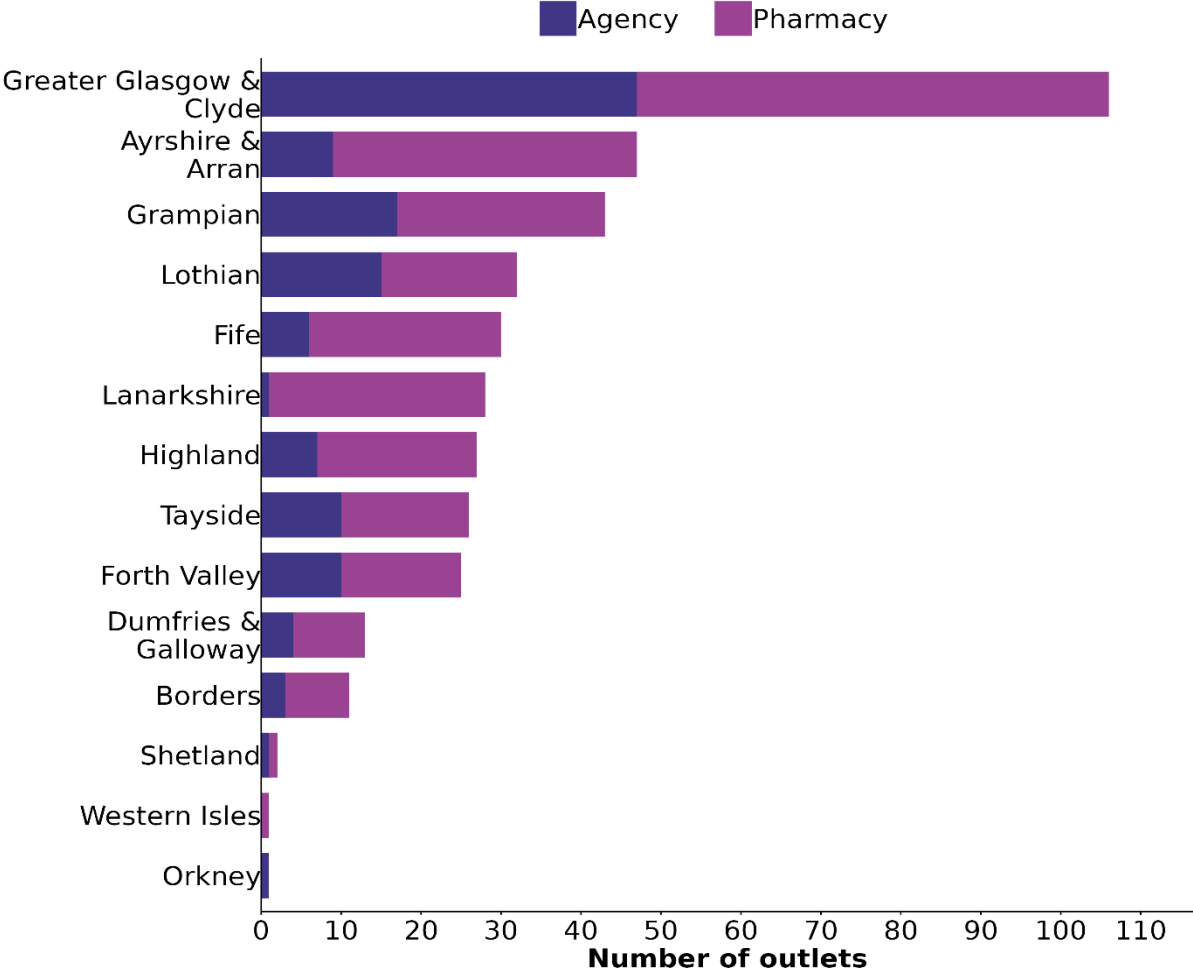


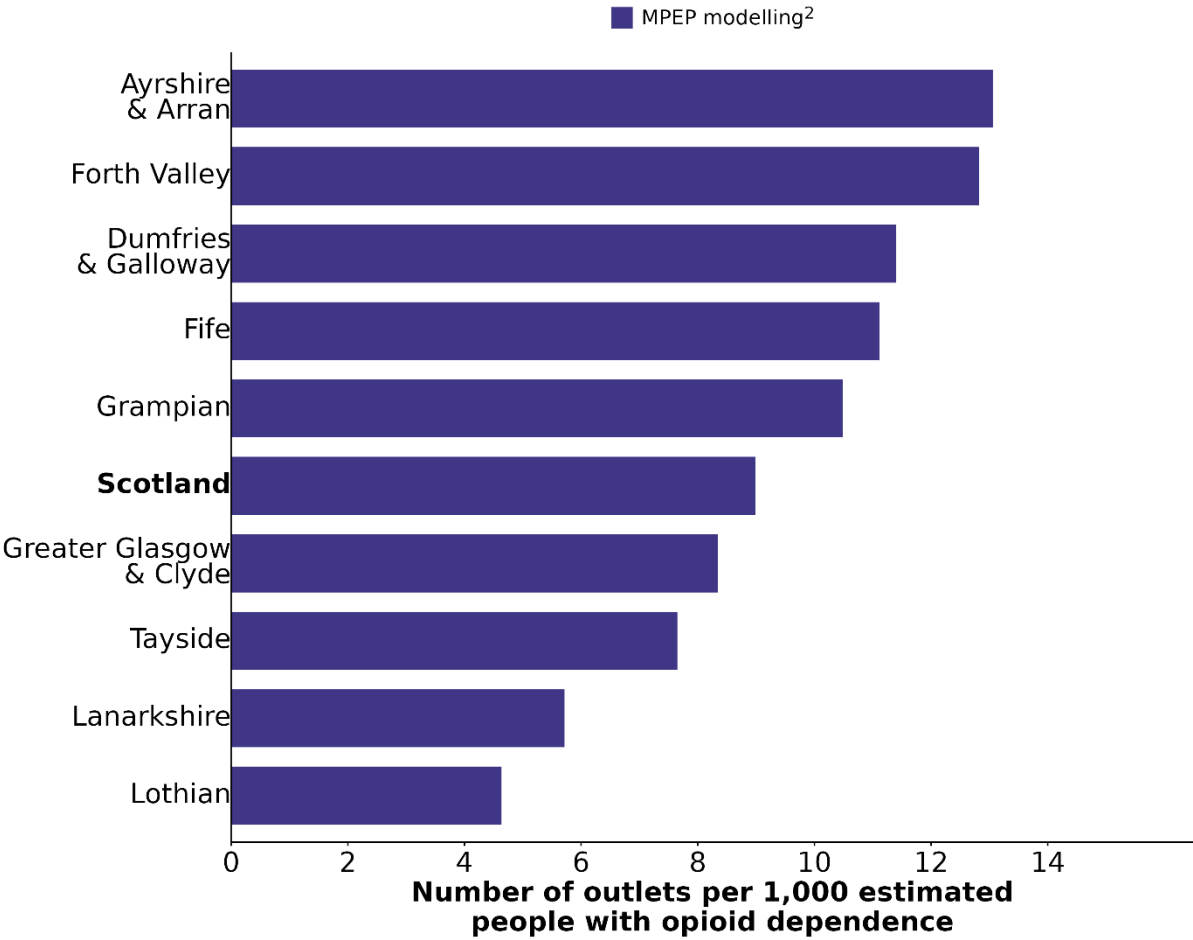
Figure 1.3 presents the number of outlets per 1,000 estimated people with opioid dependency in Scotland, and by NHS Board for those boards where rates were formally modelled using the MPEP modelling approachⁱ (Workbook Table 1.2). In 2024/25, there were an average of 9.0 IEP outlets per 1,000 estimated people with

ⁱ Estimated numbers of people with opioid dependence for 2023/24 are used as the denominator for the numbers of outlets reported in 2024/25. Estimates are derived in [3]. For further discussion of prevalence estimates see [Appendix A1.4](#).

opioid dependence in Scotland - an increase from 2023/24 (8.3 IEP outlets per 1,000 estimated people with opioid dependence).

NHS Board rates ranged from 4.6 IEP outlets per 1,000 people with opioid dependence in NHS Lothian to 13.1 IEP outlets per 1,000 people with opioid dependence in NHS Ayrshire & Arran (Workbook Table 1.2). Crude estimates are used for the remaining five NHS Boards and available in Workbook Table 1.2 (see [3 - Appendix 3] for further details).

Figure 1.3: Number of injecting equipment provision outlets per 1,000 estimated people with opioid dependence (NHS Boards: 2024/25^{1,2})



1. Estimated numbers of people with opioid dependence for 2023/24 are used as the denominator for the numbers of outlets per 1,000 reported in 2024/25 [3].

2. Estimates for NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside were formally modelled using the MPEP modelling approach described in [3].
-

Changes over time

MAT Standard 4 requires that Injecting Equipment Provision (IEP) is available at the point of accessing Medication Assisted Treatment (MAT), ensuring that harm reduction support is offered routinely alongside treatment. In 2024/25, the number of outlets reporting IEP provision was 392 (Figure 1.1 and Workbook Table 1.1), an 8% increase compared to 2023/24 (363). This increase may be due to the continued effect of the implementation of **MAT Standard 4** across the country, with particular increased provision in NHS Greater Glasgow & Clyde and NHS Grampian. The broad scope of Assertive Outreach within **MAT Standard 3** may also have contributed to the observed rise in IEP provision, as services increasingly prioritise engagement with individuals at highest risk.

The impact of MAT Standard 4 has also likely led to the increase in the number of agency-run IEP outlets, which has substantially increased since 2022/23 (76) and 2023/24 (111). The largest increases occurred in NHS Greater Glasgow & Clyde (47 agency outlets in 2024/25, compared to 34 in 2023/24), NHS Forth Valley (10, up from six), and NHS Grampian (17, up from 13). The increase in agency outlets is described in more detail [below](#).

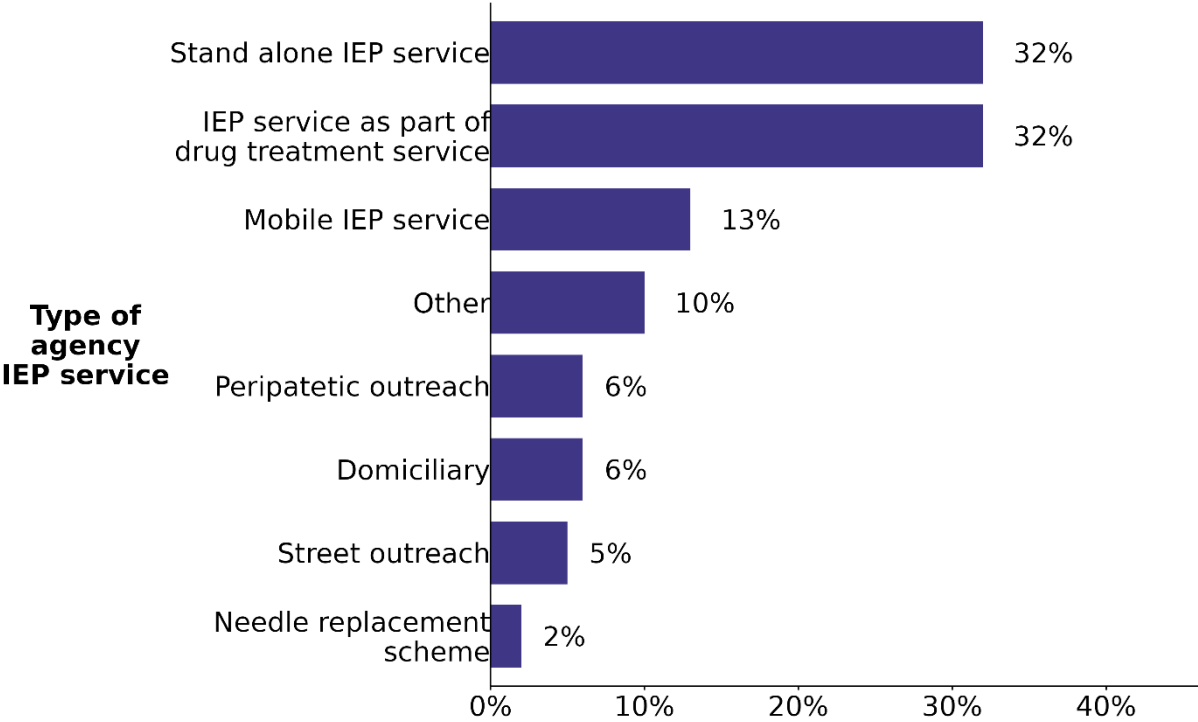
Type of agency injecting equipment provision

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 account of the geography of the area and the needs of service users. As some agencies provide more than one type of IEP service, the categories described below are not mutually exclusive so percentages may not be additive (i.e. the sum of the percentages exceeds 100%).

In 2024/25, of the 131 agency IEP services, the most common types were 'stand-alone IEP services' (42, 32%) and 'IEP as part of a drug treatment service' (42, 32%). 'Mobile IEP services' were the third most common type of IEP (17 agencies, 13%). Less than 10% of agencies provided a range of other services, which included:

- '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)
- 'needle replacement schemes' (community services but 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 service¹ in agency services (Scotland: 2024/25¹)



1. Agencies may provide more than one type of IEP service, so the categories are not mutually exclusive and percentages may not be additive. Percentages are based on the number of agencies responding.

Changes over time

In 2024/25 the number of agency-run IEP services increased by 18% to 131, the highest in the time series. As noted above, this followed large increases in 2022/23 (76) and 2023/24 (111), following several years where the number of agency-run services were relatively stable.

In 2024/25, 32% of agencies provided a ‘stand-alone IEP’, dedicated primarily to delivering harm reduction support for people who inject drugs. This was a decrease compared to 2023/24 (35%) and 2022/23 (55%).

The number of IEP agencies offering an IEP service as part of a drug treatment service increased by 14% between 2023/24 (37) and 2024/25 (42). This continued

the increase observed in 2023/24, when there was a 164% increase compared to 2022/23 (14). The increases in recent years may be explained by the implementation of MAT standard 4, especially within NHS Greater Glasgow & Clyde and NHS Tayside. **The 2024/25 Benchmarking report** classed 93% of Alcohol and Drug Partnership (ADP) areas as having fully implemented this standard [4]. Not all areas are recording IEP distribution on neo360, and so this is likely to be an underestimate of the total service provision.

In 2024/25, 17 (13%) 'mobile IEP services' were active, a small increase compared to 2023/24 (13 services, 12%). The number of agency services reporting 'needle replacement schemes' (three services), 'street outreach' (seven services), 'domiciliary' (eight services) and 'peripatetic outreach' (eight services) were similar to the previous year.

'Other types of IEP' increased to 13 in 2024/25 from seven services 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. Of the 392 outlets operating in Scotland in 2024/25, the number of attendances was not reported by 37 (9%)ⁱⁱ.

A standard definition for an IEP attendance was introduced in September 2014. According to this, a transaction was 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 to the end of 2022/23. From the start of 2023/24 onwards, this definition was extended to include transactions where foils were distributed (See [Data quality](#)).

The Scottish Drug Forum's [Guidance on Contingency Planning for People who use Drugs and COVID-19](#), published 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.

ⁱⁱ In 2024/25, three of the 37 outlets were reported as inactive. NHS Highland did not confirm if nine of their outlets, reporting zero transactions, were active or not. The remaining 25 outlets were confirmed as active during 2024/25.

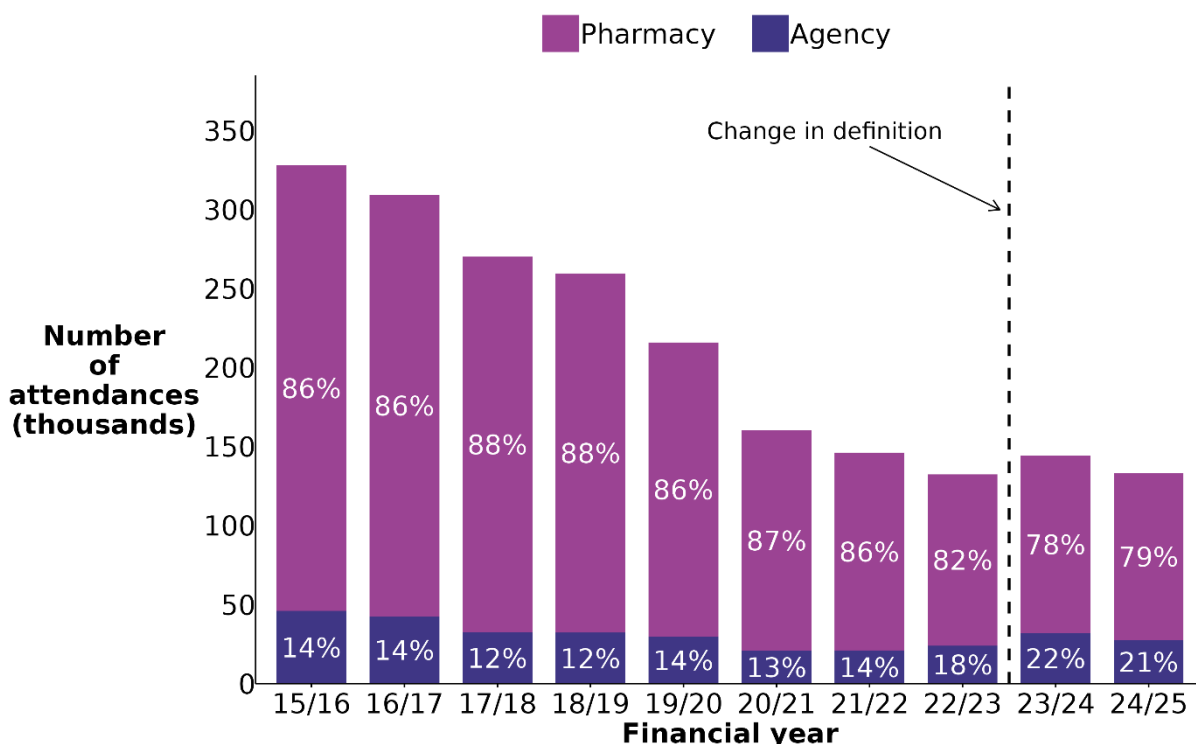
Number of attendances

In 2024/25, a total of 133,113 attendances were reported by 355 active IEP outlets (91% of all outlets) across Scotland (Workbook Table 2.1 and Figure 2.1). This was a slight decrease compared to 2023/24 (144,300), and similar to the number of attendances in 2022/23 (132,541).

Numbers of attendances have generally decreased since the time series began, with the exception of 2023/24. The increase in 2023/24 was likely to have been due to the introduction of a more inclusive definition of an IEP attendance (See [Data quality](#)).

Most attendances in 2024/25 were at pharmacy outlets (79%, Workbook Table 2.1) and the majority of attendances were made by males (79%, Workbook Table 2.3).

Figure 2.1: Number and percentage of reported injecting equipment provision attendances by financial year and outlet type (Scotland: 2015/16 to 2024/25^{1,2,3,4,5,6,7})



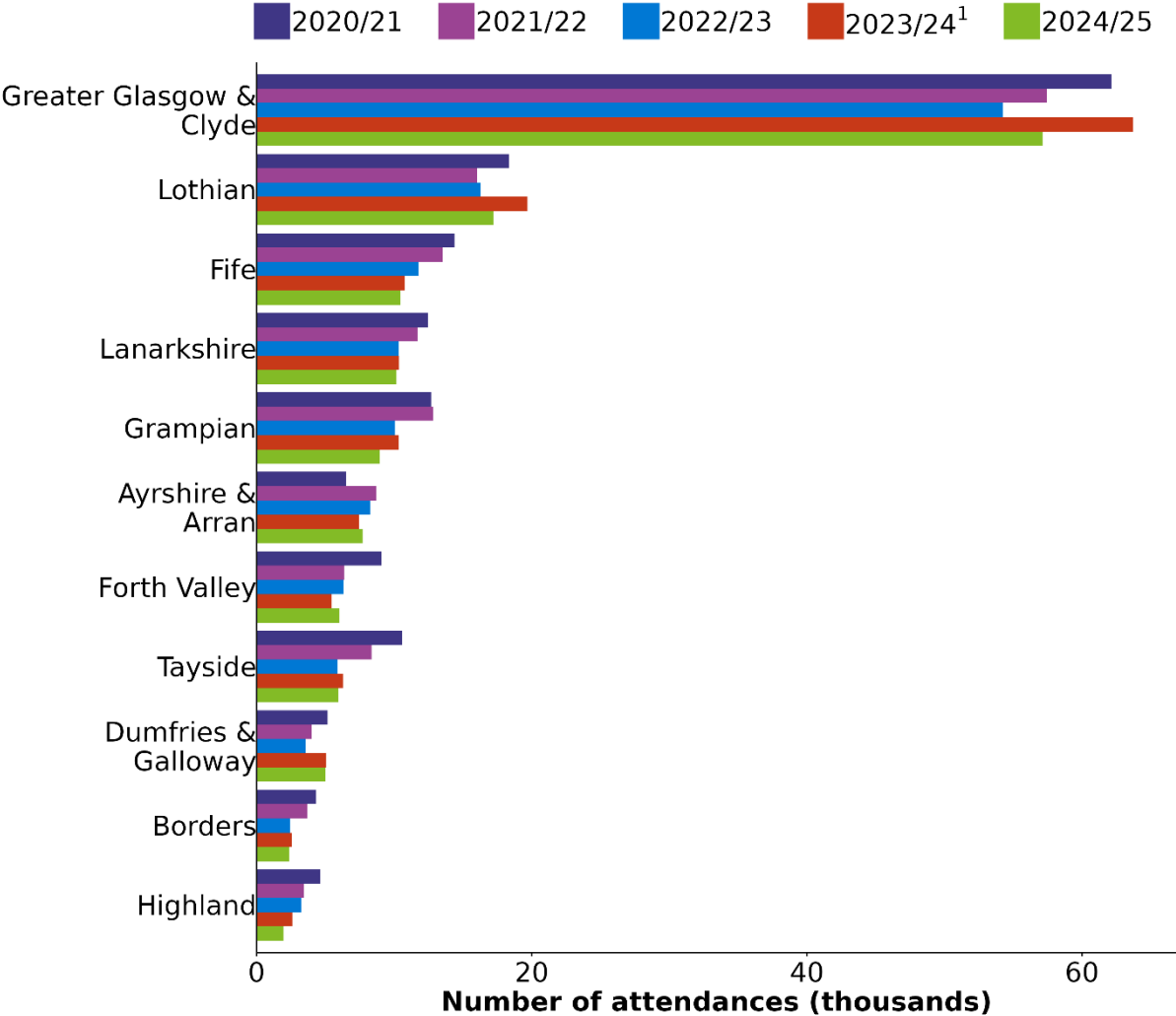
1. A standard definition for an attendance was introduced in September 2014 whereby a transaction was only counted as an IEP attendance if the client

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 Shetland did not submit any attendance data for 2017/18 to 2020/21.
4. NHS Western Isles only provided attendance data for 2017/18, 2020/21, 2021/22, 2022/23 and 2024/25.
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. Attendance figures were considerably lower than expected.
7. NHS Highland provided no attendance figures for nine of their 27 outlets in 2024/25. The Board were unable to confirm if these outlets were still active so trends should be interpreted with caution.

Figure 2.2 shows reported IEP attendances by mainland NHS Board for the last five years. Two of the 11 mainland NHS Boards reported increases in their attendance numbers in 2024/25 compared to 2023/24: NHS Ayrshire & Arran (4%) and NHS Forth Valley (10%). Attendances decreased in the remaining nine of the 11 mainland NHS Boards, ranging from a 1% decrease in NHS Dumfries & Galloway to a 14% decrease in NHS Grampian.

Figure 2.2: Number of reported injecting equipment provision attendances by financial year (mainland NHS Boards: 2020/21 to 2024/25^{1,2,3})



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.
3. NHS Highland provided no attendance figures for nine of their 27 outlets in 2024/25. The Board were unable to confirm if these outlets were still active so trends should be interpreted with caution.

Changes over time

In 2024/25 there were 133,113 attendances reported by IEP outlets. This was 8% less than in 2023/24 (144,300) and one of the lowest annual attendance numbers recorded across the time series (only 2022/23 was lower: 132,541).

In 2024/25, attendances at agency and pharmacy outlets decreased by 14% and 6% respectively, compared with 2023/24.

IEP outlet attendances have been steadily decreasing over recent years since peaking in 2015/16. This trend continued in 2024/25 following a small increase in 2023/24. The increases in attendances that were observed in 2023/24 were thought to have been attributable to a more inclusive definition being introduced that year; however, a decrease was observed in 2024/25.

In the years up to 2019/20 (prior to the COVID-19 pandemic) the annual number of IEP attendances gradually decreased. Since 2020/21, the annual number of IEP attendances across the mainland NHS Boards has decreased further and has generally been in the range of 125,000 to 150,000 - below the levels observed up to 2019/20. Similar trends were also evident in both agency and pharmacy outlets.

Distribution of injecting equipment and foil

This section provides information on the distribution of injecting equipment and foil by IEP outlets across Scotlandⁱⁱⁱ.

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.

Route transition is a temporary or permanent change to the way a drug is administered. 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^{iv}. 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

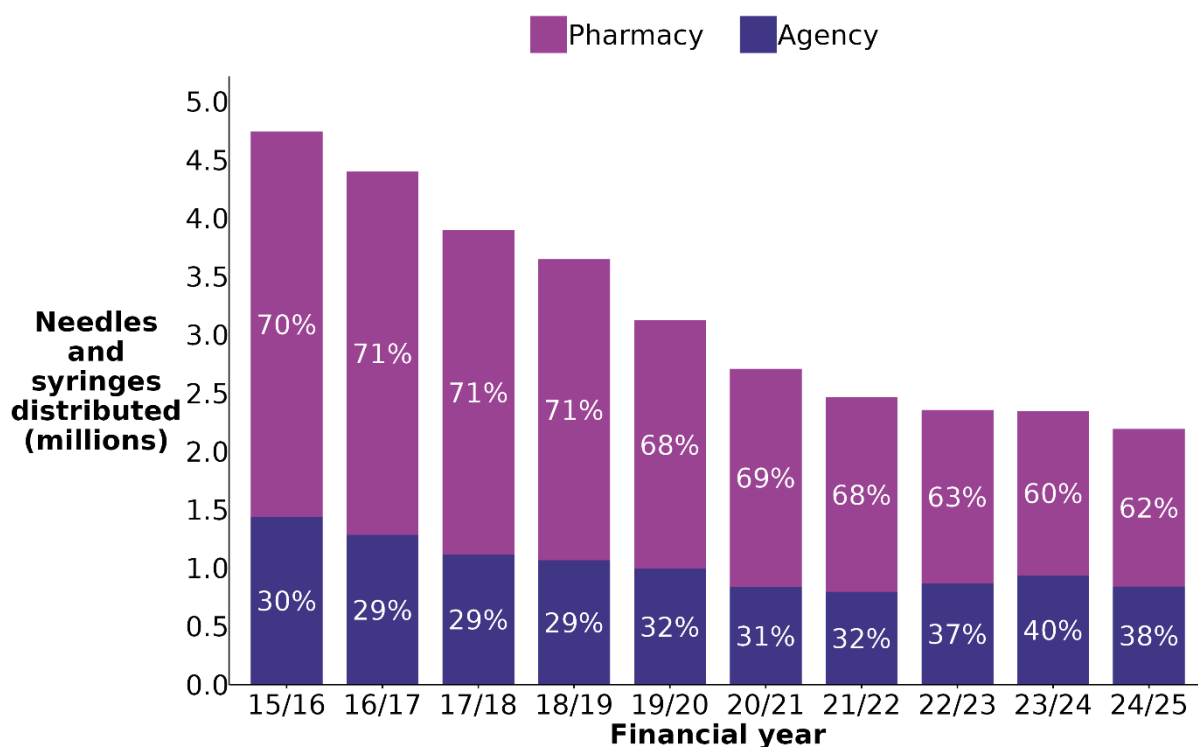
Approximately 2.2 million needles and syringes were distributed by IEP outlets in 2024/25 (Figure 3.1 and Workbook Table 3.1). This was similar to the previous year

ⁱⁱⁱ 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.

^{iv} As foil sheets are distributed in packs of various sizes, distribution data for these items of equipment should be interpreted with caution.

(2023/24: approximately 2.3 million) but was the lowest annual number since reliable data submission began in 2009/10.

Figure 3.1: Number and percentage of needles and syringes distributed by financial year and outlet type (Scotland: 2015/16 to 2024/25^{1,2,3,4})



1. NHS Orkney only began supplying data from 2017/18.
2. NHS Western Isles only provided needles and syringes data for 2020/21, 2021/22, 2022/23 and 2024/25.
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.

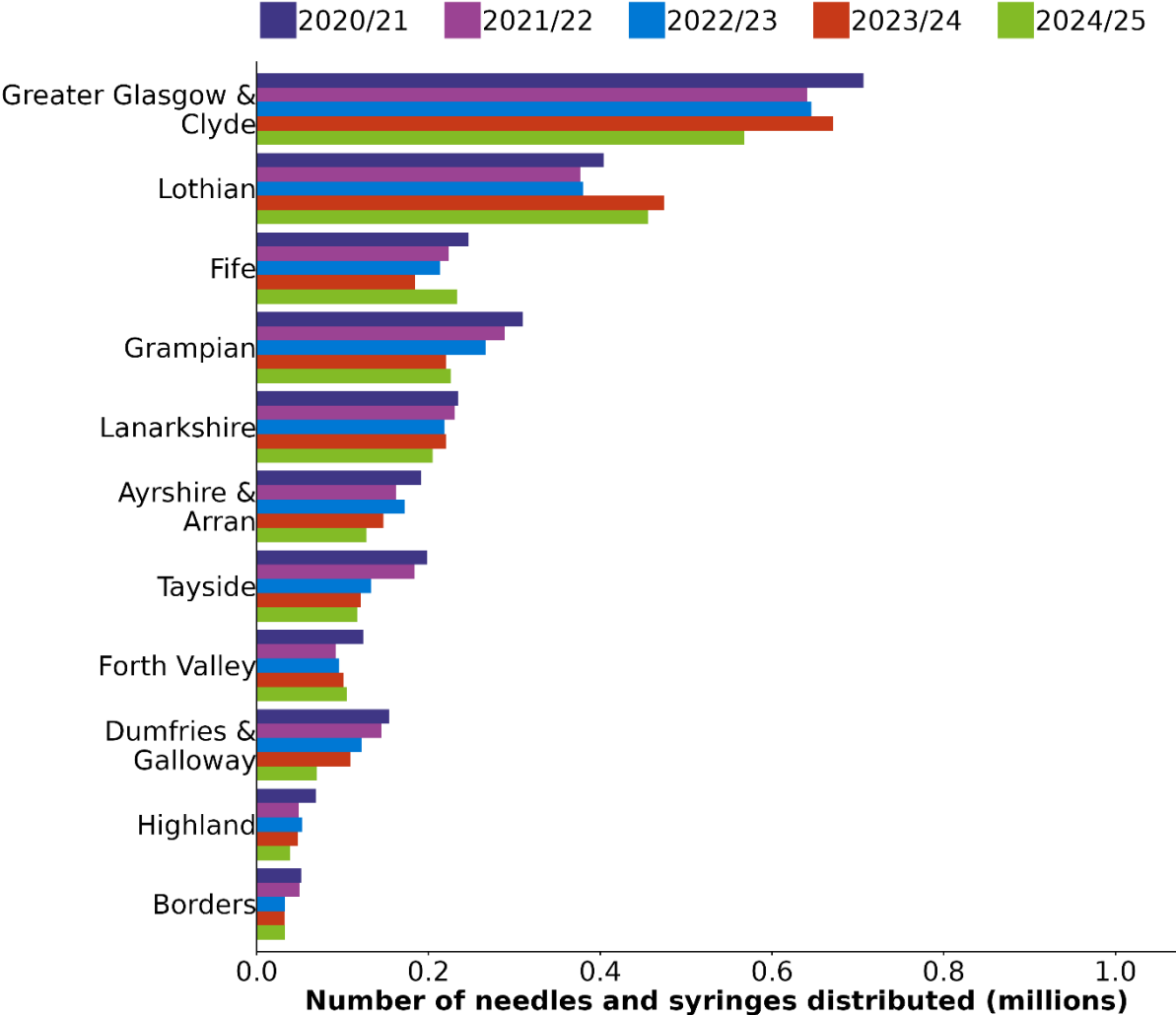
Figure 3.2 shows the number of needles and syringes distributed within each NHS Board in the last five years. NHS Greater Glasgow & Clyde distributed the highest number of needles and syringes in each of the years presented (approximately

567,000 in 2024/25). NHS Lothian and NHS Fife distributed the second and third highest numbers of needles and syringes in 2024/25 (approximately 455,000 and 233,000 respectively - Workbook Table 3.1).

In 2024/25, four of the 11 mainland NHS Boards distributed more needles and syringes than in 2023/24. NHS Fife reported the largest percentage increase (26%) in needle and syringe distribution, with the remaining three Boards reporting small increases (NHS Forth Valley: 4%, NHS Grampian: 2% and NHS Borders: 2%).

NHS Dumfries & Galloway reported the largest percentage decrease in needle and syringe distribution (36%) compared to the previous year, followed by NHS Highland (19% decrease), NHS Greater Glasgow & Clyde (15% decrease), NHS Ayrshire & Arran (14% decrease), NHS Lanarkshire (7% decrease), NHS Lothian (4% decrease) and NHS Tayside (3% decrease) (Figure 3.2). While there was some variation, in 2024/25, many of these NHS Boards distributed the lowest number of needles and syringes since the start of the time series.

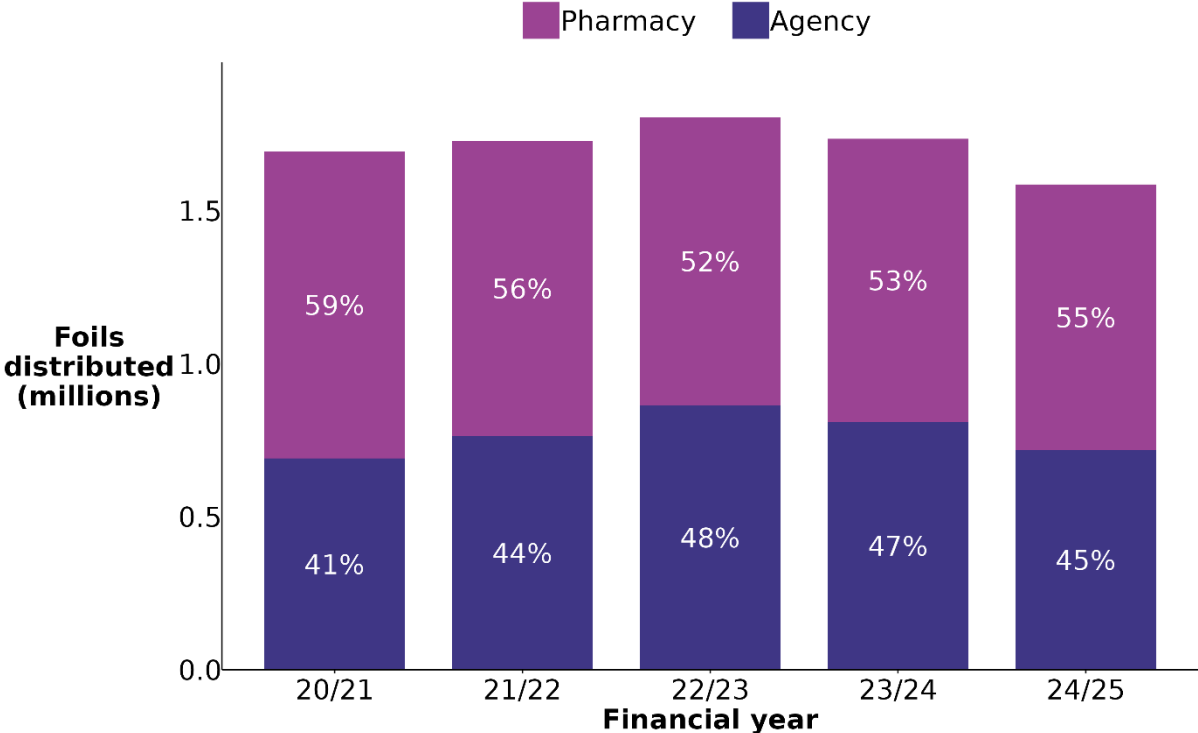
Figure 3.2: Number of needles and syringes distributed by financial year (mainland NHS Boards: 2020/21 to 2024/25^{1,2,3})



1. NHS Western Isles only provided needles and syringes data for 2020/21, 2021/22, 2022/23 and 2024/25.
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 2024/25 approximately 1.6 million foil items were distributed by 289 (74%) IEP outlets (Workbook Table 3.2). There was a 9% decrease in the total number of foil items distributed in Scotland compared to 2023/24 (Figure 3.3).

Figure 3.3: Number and percentage of foil packs distributed by financial year and outlet type (Scotland: 2020/21 to 2024/25^{1,2,3,4,5})



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

Due to data quality issues, Figure 3.3. shows figures from 2020/21 onwards, however data for 2017/18 to 2019/20 can be found within Workbook Table 3.2 for both Scotland and NHS Board level, where available.

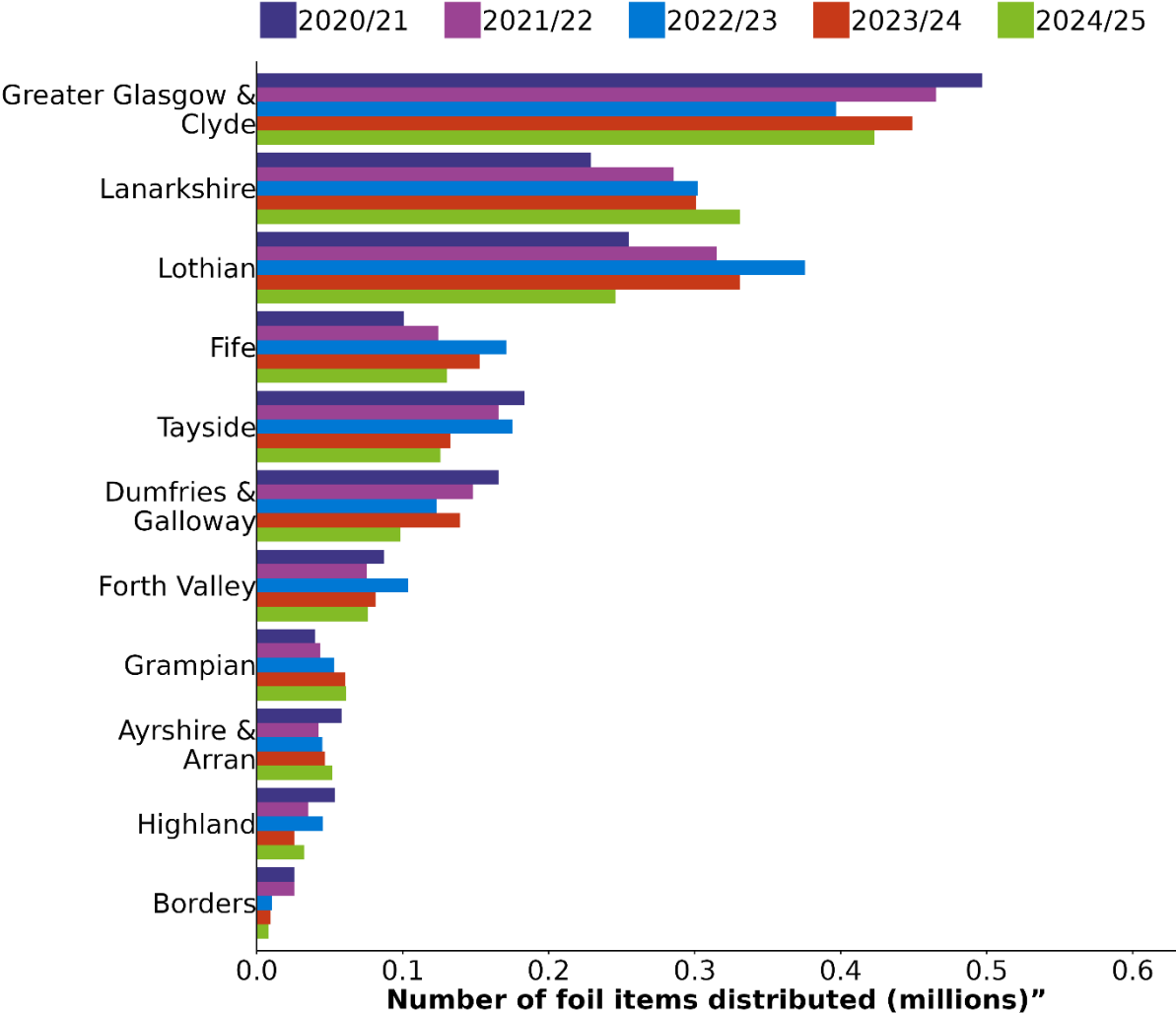
Figure 3.4 shows the number of foil items distributed within each NHS Board in the last five years (2020/21 to 2024/25). NHS Greater Glasgow & Clyde distributed the

highest number of foil items in each of the years presented (approximately 420,000 in 2024/25). NHS Lanarkshire and NHS Lothian distributed the second and third highest numbers of foil items in 2024/25 (approximately 331,000 and 246,000 respectively - Workbook Table 3.2).

In 2024/25, four of the 11 mainland NHS Boards distributed more foil items than in 2023/24. NHS Highland reported the largest percentage increase (26%) in foil distribution (NHS Ayrshire & Arran: 11%, NHS Lanarkshire: 10%, NHS Grampian: 1%).

NHS Dumfries & Galloway reported the largest percentage decrease in foil distribution (29%) compared to the previous year, followed by NHS Lothian (26% decrease), NHS Borders (16% decrease), NHS Fife (15% decrease), NHS Forth Valley (6% decrease), NHS Greater Glasgow & Clyde (6% decrease) and NHS Tayside (5%) (Figure 3.4).

Figure 3.4: Number of foil packs distributed by financial year (mainland NHS Boards: 2020/21 to 2024/25^{1,2,3,4})

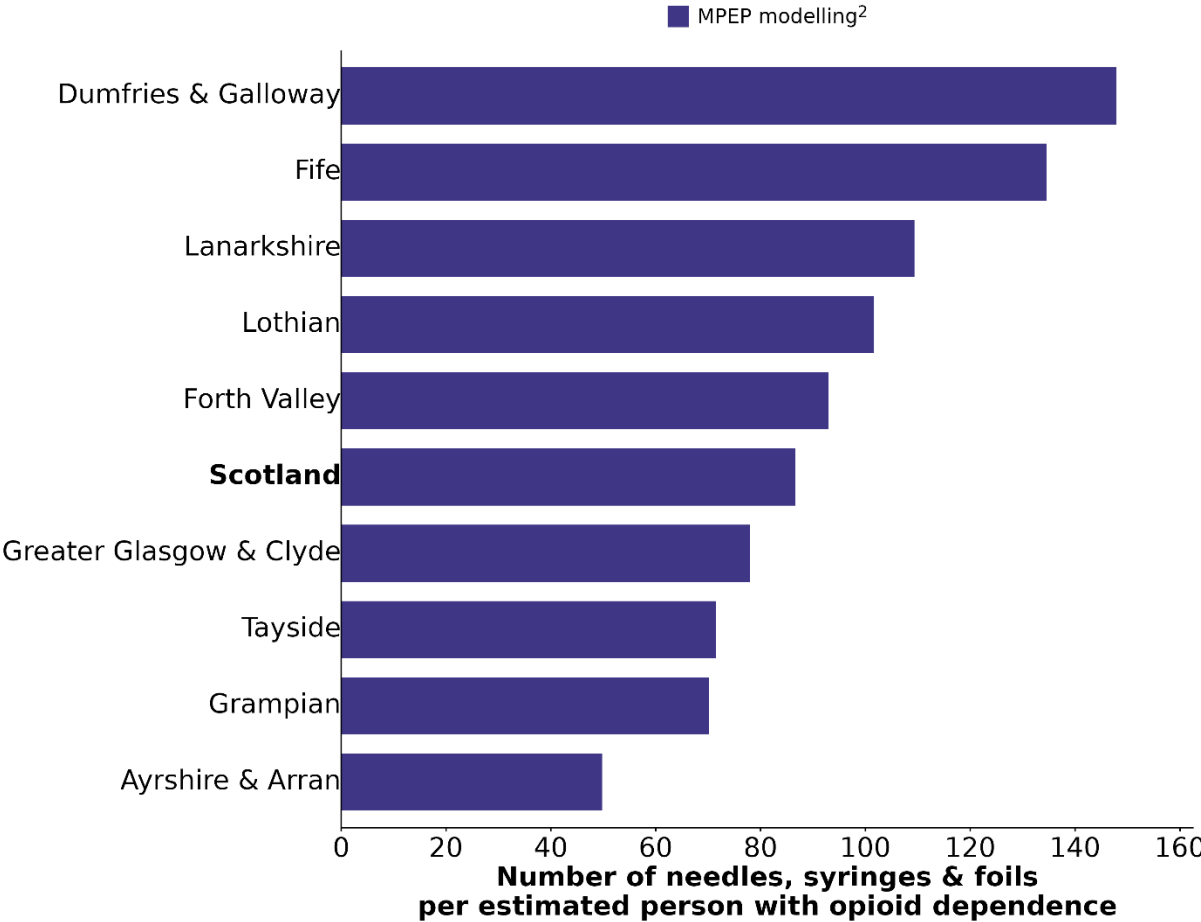


1. NHS Lothian only reported partial foil data for 2020/21 due to changes in recording practices during the COVID-19 pandemic.
2. NHS Grampian reported data collection issues for a key pharmacy in 2022/23, therefore figures are considerably lower than expected.
3. NHS Dumfries & Galloway reported data collection issues for a key agency in 2023/24. IEP distribution figures are estimates.
4. NHS Highland provided no attendance figures for nine of their 27 outlets in 2024/25. The Board were unable to confirm if these outlets were still active so trends should be interpreted with caution.

The definition of an IEP attendance was expanded in 2023/24 to include attendances where foil items were supplied without a needle and syringe (see [Data quality](#)). The combined total number of needles and syringes and foils distributed in 2024/25 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 [opioid dependence prevalence estimates for 2023/24](#) [3]) for those boards with formally modelled estimates. Figure 3.5 and Workbook Table 3.4 show these rates for Scotland and the relevant NHS Boards. Figures for the remaining boards modelled using crude estimates are available in Workbook Table 3.4.

Figure 3.5: Number of needles and syringes, and foil items distributed per estimated number of people with opioid dependence (NHS Boards: 2024/25^{1,2})



1. Estimated numbers of people with opioid dependence for 2023/24 are used as the denominator for the numbers of outlets per 1,000 reported in 2024/25 [3].
 2. Estimates for NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside were formally modelled using the MPEP modelling approach described in [3].
-

In 2024/25, an average of 87 needles and syringes, and foil items were distributed per person with opioid dependence in Scotland. At NHS Board level, the number of needles and syringes and foil items distributed per person with opioid dependence ranged from 50 in NHS Ayrshire & Arran to 148 in NHS Dumfries & Galloway (Workbook Table 3.4).

Changes over time

Since 2015/16, the number of needles and syringes distributed in Scotland has been in decline. In 2024/25 the number of needles and syringes distributed (2.2 million) continued to decline, following the earlier trend. The numbers were slightly lower than in 2023/24 (2.3 million) and the lowest since recording began (Workbook Table 3.1).

The number of foil items distributed in Scotland in 2024/25 was approximately 1.6 million. This was a decrease (9%) compared to the previous year (1.7 million) (Workbook Table 3.2).

Other injecting equipment distribution

Since a legislative change in 2003, IEP outlets have been allowed to provide clients with sterile injecting equipment other than needles and syringes [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:

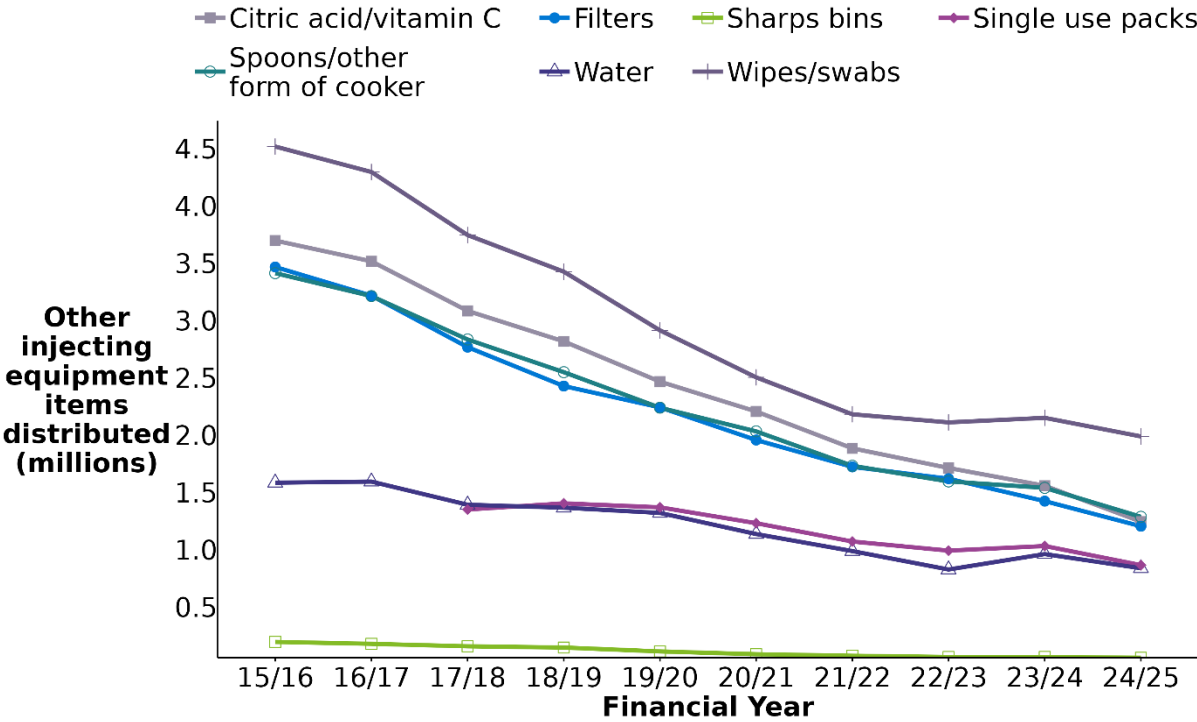
- Citric acid or vitamin C and sterile water for injection which are used to dissolve drugs (particularly heroin) into an injectable solution,
- Spoons which facilitate the sterile cooking of drugs,
- Filters which help prevent larger particles from entering the syringe after preparation of the drug,
- 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 sharps bins.

Outlets distributing other injecting equipment

The majority of IEP outlets distribute 'other injecting equipment' (Workbook Table 3.5). In 2024/25, of the 392 IEP outlets, more than 90% (353) 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% (330) IEP outlets, while 'single use packs' were distributed by 81% (317) 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 2024/25 were 'wipes/swabs' (approximately 2 million), 'spoons or other forms of cooker' (approximately 1.3 million) and 'citric acid or vitamin C' (approximately 1.2 million). 'Sharps bins' were the least commonly distributed item (approximately 59,000 supplied in 2024/25).

Figure 3.6: Items of other injecting equipment distributed by IEP outlets (Scotland: 2015/16 to 2024/25^{1,2,3,4,5,6,7,8})



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 Workbook Table 3.3). These are provided in a bid to reduce unintentional sharing of equipment where people are injecting substances in group situations.
2. 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.
3. 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.

4. NHS Orkney only began providing data in 2017/18.
 5. NHS Shetland provided partial data for 2017/18 to 2020/21.
 6. NHS Western Isles provided partial data for 2017/18 and 2021/22.
 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.
-

Changes over time

The number of items of 'wipes or swabs', 'single use packs', 'sterile water' and 'sharps bins' decreased in 2024/25 compared to the previous year. The largest percentage decrease was for 'citric acid or vitamin C' (20% decrease), followed by 'spoons/other form of cooker' and 'single use packs' (both 16%) and 'filters' (15% decrease). 'Sterile water', 'sharps bins' and 'wipes/swabs' also decreased compared with 2023/24 (13%, 10% and 8% respectively). Further breakdowns of other injecting equipment distribution by NHS Board over time are available in Workbook Table 3.7.

Overall, supplies of 'other injecting equipment' remained lower than the peak in supply observed in 2015/16 (Figure 3.3 and Workbook 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 and 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 have been steadily decreasing over recent years since peaking in 2015/16. This trend continued in 2024/25 following a small increase in 2023/24. The increases in attendances that were observed in 2023/24 were thought to have been attributable to a more inclusive definition being introduced that year; however, a decrease was observed in 2024/25.

The number of needles and syringes distributed in 2024/25 was slightly lower than the previous year and was the lowest annual figure since more reliable data submissions began in 2009/10. There were also decreases in the number of foil items following an increase in 2023/24 (which was likely due to the changes in attendance definitions to include foil items). 'Other injecting equipment', including 'citric acid or vitamin C', 'spoons/other form of cooker' and 'single use packs' all saw a decrease in 2024/25 to some of the lowest in the time series.

There are several possible explanations for the long-term decreasing trend in the number of IEP attendances and the number of injecting equipment items distributed.

There is some evidence of a modest decline in opioid prevalence in recent years, which may reduce the number of people regularly injecting [3]. Changes in drug use patterns also play a role. There has also been a decline in the number of people reporting heroin (25% in 2024/25) as their main drug in recent years, and an increase in people reporting cocaine (32% in 2024/25) as their main drug, see the [Drug and Alcohol Information System](#) report for more details. Increased cocaine use presents a more complex picture. Although cocaine injecting can increase equipment need through increase frequency of injection, it is often more irregular and episodic, and people may be less likely to engage consistently with IEP services, reducing recorded provision. There may also be changes in injecting behaviour, such as transitions to smoking or other non-injecting routes.

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 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 was widened to include attendances where foil is provided without any needles and syringes (see [Data quality](#)). This extension of the classification has provided data that help to recognise the extent to which service users are seeking safer 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) has been formally included in the [Alcohol & Drugs Strategic Plan](#), with a commitment to explore 'the provision of safer inhalation devices and the potential for safer inhalation spaces in safer drug consumption facilities' [22]. 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 NHS Greater Glasgow & Clyde, NHS Ayrshire & Arran, Falkirk ADP and Edinburgh ADP stations with incremental phasing across the remainder of Scotland throughout the rest of 2025. Data capture capabilities are currently in development to allow IEP data to be captured within the

electronic patient record system. 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 June 2025, outlined the standard being fully implemented in 27/29 (93%) of ADP areas [4], with the remaining two ADP areas classified as partially implemented.

Public Health Scotland and the Scottish 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 ninth iteration of the Needle Exchange Surveillance Initiative (NESI) is currently underway [11]. NESI 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 more frequently via the Rapid Action Drug Alerts and Response (RADAR) quarterly report^v, which contains indicators relating to numbers of IEP transactions and needles and syringes distributed.

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

^v **[About this release - Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - January 2026 - Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - Publications - Public Health Scotland](#)**

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.

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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

A1.1: 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 is critical to Scottish Government ambitions for HCV and HIV transmission elimination. IEP services are effective at reducing higher risk injecting practices in people who inject drugs [13] and are a key component of the harm reduction approach adopted by the Scottish Government in the **Sexual health and blood borne virus action plan: 2023 to 2026**. By providing sterile injecting equipment and contributing to wider harm reduction initiatives^{vi}, 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^{vii}, 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]).

^{vi} 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.

^{vii} 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^{viii} was opened in Glasgow by the Glasgow City Health and Social Care Partnership. This is the first such sanctioned facility in the UK 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^{ix}. 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 introduced in April 2012. Prior to the introduction of these databases, IEP data were

^{viii} <https://glasgowcity.hscp.scot/sdcf>

^{ix} In 2023/24 two services in NHS Fife did not submit via neo360. Their data has been manually added.

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. Information has been available since 2014/15 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 was made, without the additional requirement for a needle and syringe to have been supplied. Therefore, attendance figures are not directly comparable with previous years.

- In 2024/25 NHS Highland provided no attendance figures for nine of their 27 outlets. The Board were unable to confirm if these outlets were still active so trends should be interpreted with caution.

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 the Lord Advocate removed the restrictions on the number of needles and syringes that could be distributed in a single transaction.
- 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, NHS Lanarkshire in 2014/15).
- Data quality concerns are being explored for NHS Lothian 2019/20 foil data; therefore, data are 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 nine NHS Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian, NHS 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 **Substance Use and Health Intelligence Dataset (SHleLD)**^x. The modelling approach is detailed in [3 - Appendix 2].

Estimates for the remaining five NHS Boards (NHS Borders, NHS Highland, NHS Orkney, NHS Shetland, and NHS 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:

^x Prior to 1 April 2025, SHleLD was known as the Scottish Public health Drug Linkage Programme (SPHDLP).

- 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 2024/25

Description

Data are presented on the provision of injecting equipment in Scotland for the financial year 2024/25. 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

June to September 2025

Release date

7 April 2026

Frequency

Annual

Timeframe of data and timeliness

The timeframe for this publication is the financial year 2024/25. 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.

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Help email

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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 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.

Translations and other formats are available on request at:

phs.otherformats@phs.scot or 0131 314 5300.

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