

Publication Report



Injecting Equipment Provision in Scotland Survey 2009/10

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
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- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

This is the third report on the findings of the survey of injecting equipment provision (IEP) to injecting drug users and relates to financial year 2009/10. The survey was carried out by the Information Services Division (ISD) of NHS National Services Scotland. The survey was commissioned in the context of Phase II of the Scottish Hepatitis C Action Plan¹, which was funded by the Scottish Government and coordinated by Health Protection Scotland (HPS). Information relating to surveys undertaken for 2007/08 and 2008/09 were published by ISD in June 2009² and September 2010³ respectively.

Responses to the survey were provided by 255 outlets: 200 pharmacies and 55 agencies. IEP outlets were available in 12 of the 14 NHS Board areas in Scotland.

Across Scotland in 2009/10, IEP services were most commonly situated within pharmacies with 78% of responses received from pharmacies. Of the 55 responding agencies, 7 offered mobile IEP services and 8 offered street outreach services.

263,424 contacts were reported across IEP outlets in Scotland. Approximately 4.68 million needles/syringes were reported to have been distributed in 2009/10, compared to 4.38 million in 2008/09. There were 2.62 million needles/syringes reported to have been returned to IEP services in 2009/10, compared to 2.48 million in 2008/09. It should be noted that there are other safe disposal routes that were not covered by this survey, so the reported returned figures are likely to be an underestimate.

Phase II of the Hepatitis C Action Plan recognises that currently no national, systematic approach to collecting data on the provision and uptake of injecting equipment exists. As such, the development of a data collection system has been undertaken by ISD during 2010/11 to meet the requirements of action 21 of the Hepatitis C Action Plan. This data collection system is expected to be rolled out across Scotland in 2011/12 and will eventually replace the IEP survey as the primary means of collecting data on IEP provision.

Caution should be taken when interpreting figures provided in this publication. Despite efforts by ISD and data providers to ensure data quality, there are likely to be inconsistencies in reporting across NHS boards as well as missing data. Estimated figures were used by some outlets and not all outlets were able to provide responses to all questions. In some areas, the introduction of improved reporting mechanisms have led to more accurate reporting over time, so caution should be taken when looking at trends.

¹ Scottish Government (2008) *Hepatitis C Action Plan, Phase II (May 2008 – March 2011)*
<http://www.scotland.gov.uk/Publications/2008/05/13103055/0>

² ISD Scotland (2009) Injecting Equipment Provision in Scotland 2007 - 2009
http://www.drugmisuse.isdscotland.org/publications/abstracts/injecting_provision2.htm

³ ISD Scotland (2010) Injecting Equipment Provision in Scotland 2008/09
http://www.drugmisuse.isdscotland.org/publications/abstracts/injecting_provision2010.htm

Key points

- 263,424 contacts were reported across IEP outlets in Scotland. Where gender of the client was reported, 78% of contacts were made by males. NHS Greater Glasgow and Clyde reported the largest number of contacts (73,529), followed by NHS Lothian (48,079).
- A total of 4.68 million needles/syringes were reported to have been distributed in 2009/10, an increase from 4.38 million in 2008/09. NHS Greater Glasgow and Clyde reported the highest number of needles/syringes distributed (1.28 million).
- A total of 2.62 million needles/syringes were reported to have been returned to IEP services in 2009/10, an increase from 2.48 million in 2008/09. Approximately 540,000 needles/syringes were returned in the NHS Greater Glasgow and Clyde area. It should be noted that there are other safe disposal routes for needles/syringes that are not covered by this survey, so the reported returned figure is likely to be an underestimate.
- As well as needles/syringes, other injecting paraphernalia can be provided by IEP outlets. In 2009/10, the most commonly provided items of injecting paraphernalia were wipes/swabs and citric acid/vitamin C. Filters and spoons/other forms of cooker showed a large increase between 2008/09 and 2009/10. However, many IEP outlets only started to distribute filters after April 2009 which explains the increase for that item.

Results and Commentary

In June 2009, ISD published the results of its first survey of injecting equipment provision (IEP) to injecting drug users in Scotland. This survey was commissioned in the context of Phase II of the Scottish Hepatitis C Action Plan and related to the financial year 2007/08. Similar surveys were sent to IEP services in 2009 and 2010 through local Prevention Leads. The results of the survey for 2009/10 are presented in this report.

1. Injecting Equipment Provision Services

The 2009/10 survey collected information on the number of IEP services and their opening hours, as well as geographical coverage of IEP services in Scotland. This chapter presents data around these areas of IEP service provision.

1.1 IEP outlets

The number of IEP outlets differs across NHS Boards in Scotland. Figures for the number of IEP outlets in Scotland are presented in table 1.1. When comparing responses for the three surveys, it should be noted that not all outlets responded to all of the three surveys. This could be explained by changes in IEP service provision in local areas but also due to some IEP services closing or new IEP services opening.

Table 1.1: Number of Pharmacy and Agency Injecting Equipment Providers (IEPs) responding to the Injecting Equipment Provision survey in 2007/08, 2008/09 and 2009/10: Scotland and NHS Health Board

	2007/08			2008/09			2009/10		
	Pharmacies	Agencies	Total	Pharmacies	Agencies	Total	Pharmacies	Agencies	Total
Scotland	169	41	210	192	48	240	200	55	255
NHS Health Board									
Ayrshire & Arran	8	2	10	8	1	9	9	1	10
Borders	6	1	7	7	1	8	7	2	9
Dumfries & Galloway	8	3	11	9	4	13	10	4	14
Fife	18	5	23	15	3	18	18	3	21
Forth Valley	11	1	12	14	1	15	14	1	15
Grampian	15	4	19	16	7	23	16	7	23
Greater Glasgow & Clyde	44	6	50	58	15	73	62	20	82
Highland	9	3	12	12	6	18	12	7	19
Lanarkshire	18	2	20	18	1	19	18	1	19
Lothian	21	9	30	22	7	29	22	7	29
Orkney ¹	-	-	-	-	-	-	-	-	-
Shetland	-	1	1	1	1	2	1	1	2
Tayside	11	3	14	12	1	13	11	1	12
Western Isles	-	1	1	-	-	-	-	-	-

1. There were no IEP services in Orkney over the three years.

- No data provided

Table 1.1 indicates that in Scotland, IEP outlets are most commonly situated within pharmacies. In 2009/10, 200 pharmacies responded to the IEP survey, comprising 78% of the IEP outlets across Scotland returning surveys. This compares to 192 pharmacy outlets in 2008/09 and 169 in 2007/08. The number of agency IEP outlets responding to the survey increased over the time reported from 41 to 55. In terms of provision of IEP

services geographically, NHS Greater Glasgow and Clyde had the highest number of IEP outlets in Scotland reflecting the higher target population base⁴.

1.2 Type of IEP Provision

Looking solely at IEP agencies (rather than pharmacies), injecting equipment provision was provided to clients in a number of ways. Table 1.2 shows the number and percentage of IEP agencies providing different types of IEP provision

Table 1.2: Type of IEP service provision¹ provided by agencies in Scotland; 2007/08, 2008/09 and 2009/10.

	2007/08	2008/09	2009/10
IEP agencies	41	48	55
Stand alone IEP service	15 (37%)	11 (23%)	11 (20%)
IEP service as part of drug treatment service	28 (68%)	16 (33%)	20 (36%)
Mobile IEP service	8 (20%)	2 (4%)	7 (13%)
Street outreach	12 (29%)	6 (13%)	8 (15%)
Domiciliary	11 (27%)	5 (10%)	7 (13%)
Peripatetic outreach	8 (20%)	9 (19%)	7 (13%)
Needle replacement scheme	7 (17%)	18 (38%)	21 (38%)

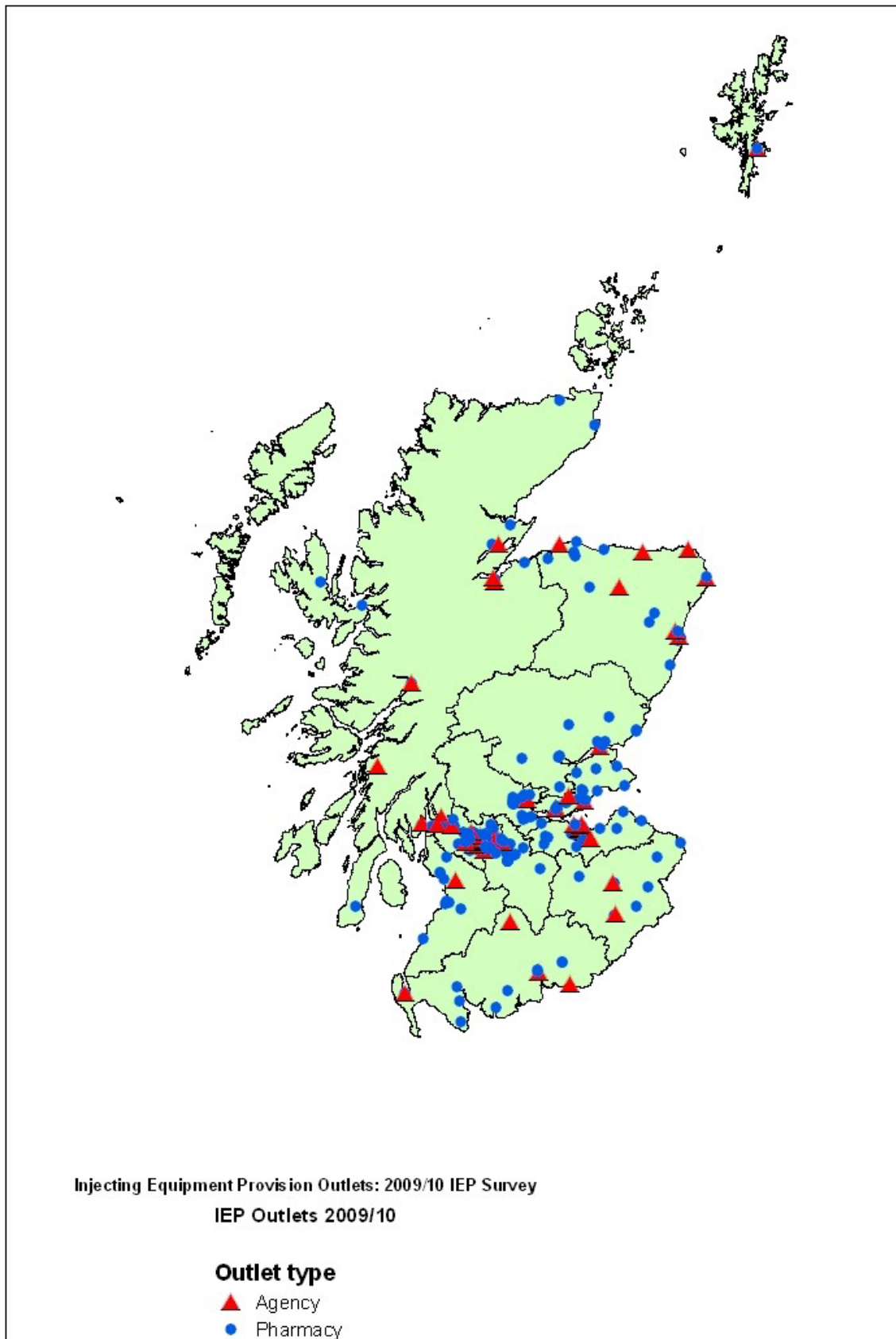
1. Figures expressed in brackets as a percentage of IEP outlets responding to the survey in the relevant year. Agencies may provide more than one type of service provision.

A wide range of IEP services were operated by agencies in Scotland in 2009/10. Needle replacement schemes were offered in 21 IEP agencies in 2009/10 compared to 7 in 2007/08. The number of IEP agencies that reported offering an IEP service as part of a drug treatment service fell from 28 agencies in 2007/08 to 16 agencies in 2008/09 but then increased to 20 in 2009/10. Other forms of IEP provision such as mobile services, street outreach, domiciliary and peripatetic outreach were only offered by a small number of IEP agencies in all years.

Figure 1.1 shows the geographical availability of responding IEP agencies in Scotland. The map also distinguished between pharmacy and agency outlets.

⁴ Hay et al (2009) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland* <http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009.htm>

Figure 1.1: Map of IEP outlets in Scotland



1.3 Opening Hours of IEP services

As well as differences in the number and type of services, the hours that IEP outlets were open varies across Scotland. Table 1.3 shows the total number of hours all services are open per week within each NHS Board area.

Table 1.3: Total Number of hours open per week¹ per IEP service; 2009/10.

Health Board	Daytime	Evening	Weekend	Total Hours	Average hours per service	Outlets responding (all outlets)
Scotland	9,988	249	1,296	11,384	46.1	247 (255)
NHS Health Board						
Ayrshire & Arran	436	9	50	494	49.4	10 (10)
Borders	295	0	49	344	38.2	9 (9)
Dumfries & Galloway	508	0	45	485	44.1	11 (14)
Fife	735	12	65	763	38.2	20 (21)
Forth Valley	628	11	87	726	48.4	15 (15)
Grampian	784	42	118	943	41.0	23 (23)
Greater Glasgow & Clyde	3,320	64	389	3,907	48.8	80 (82)
Highland	789	44	146	832	43.8	19 (19)
Lanarkshire	739	6	111	879	46.3	19 (19)
Lothian	1,139	45	152	1,324	47.3	28 (29)
Orkney ²	-	-	-	-	-	-
Shetland	85	1	7	93	46.5	2 (2)
Tayside	530	15	77	594	54.0	11 (12)
Western Isles	-	-	-	-	-	-

1. The total column does not necessarily equal the sum of the daytime, evenings and weekend columns. This is due to the way respondents answered the question.

2. There were no IEP services in Orkney in 2009/10.

- No data provided

The total reported available hours of IEP provision per week in Scotland in 2009/10 was 11,384 hours. Across NHS Boards this varied from 93 hours in NHS Shetland to 3,907 hours in NHS Greater Glasgow & Clyde. IEP outlets across Scotland were open on average 46.1 hours per week. This varied from 38.2 hours on average in NHS Borders and NHS Fife to 54 hours in NHS Tayside. One service in NHS Greater Glasgow & Clyde was open 24 hours per day.

The most common time period for IEP outlets to be open is daytime during the week. 88% of the total opening hours across Scotland were during daytime (before 6pm), with 11% at the weekend and 2% in the evening (after 6pm). Dumfries & Galloway and Borders did not report any IEP provision available in evenings (however three outlets in Dumfries & Galloway did not respond to this question).

2. Client profile

This chapter looks at the number of contacts with IEP services and the number of clients who were recorded as attending IEPs in each NHS Board. This information is compared to the results of the previous surveys and presents a gender breakdown for contacts.

2.1 Contacts

Table 2.1 presents information on the number of contacts at IEP pharmacies and agencies in 2009/10.

Table 2.1: The total number of contacts reported at IEP outlets, Scotland by NHS Board, 2009/10.

Health Board	Pharmacy contacts	Pharmacies responding (all pharmacies)	Agency contacts	Agencies responding (all agencies)	All contacts
Scotland	194,792	198 (200)	68,632	48 (55)	263,424
NHS Health Board					
Ayrshire & Arran	5,360	8 (9)	6,416	1 (1)	11,776
Borders	2,745	7 (7)	1,047	2 (2)	3,792
Dumfries & Galloway	9,803	10 (10)	3,185	- (4)	12,988
Fife	11,252	18 (18)	5,093	3 (3)	16,345
Forth Valley	11,216	14 (14)	1,758	1 (1)	12,974
Grampian	18,932	16 (16)	12,933	6 (7)	31,865
Greater Glasgow & Clyde	64,271	62 (62)	9,258	20 (20)	73,529
Highland	4,120	11 (12)	3,720	6 (7)	7,840
Lanarkshire	17,742	18 (18)	2,810	1 (1)	20,552
Lothian	38,705	22 (22)	9,374	6 (7)	48,079
Orkney ¹	-	-	-	-	-
Shetland	502	1 (1)	527	1 (1)	1,029
Tayside	10,144	11 (11)	12,511	1 (1)	22,655
Western Isles	-	-	-	-	-

1. There were no IEP services in Orkney in 2007/08, 2008/09 or 2009/10.

- No data provided

Approximately, 263,000 contacts were made at IEP outlets in 2009/10. Of these, the majority of contacts (74%) were found to be at pharmacy IEP outlets.

Information on whether the numbers of contacts are based on actual or estimated figures is shown in table 2.2.

Table 2.2: Number (Percentage) of services reporting actual or estimated numbers of contacts: 2009/10.

	Actual	Estimate	No Answer ¹
All outlets	233 (91%)	2 (1%)	20 (8%)
Pharmacy	189 (95%)	2 (1%)	9 (5%)
Agency	44 (80%)	-	11 (20%)

1. 'No answer' means that IEP service did not give an indication on the method of calculating the number of contacts or did not provide a figure.

- denotes zero

The majority of IEP outlets (91%) reported figures for 2009/10 based on the actual number of contacts.

Table 2.3 shows the number of contacts at IEP outlets in the period 2007/08 to 2009/10.

Table 2.3: Number of contacts at IEP outlets, Scotland by NHS Board 2007/08, 2008/09 and 2009/10.

Health Board	2007/2008	Outlets responding	2008/2009	Outlets responding	2009/2010	Outlets responding
Scotland	242,584	170	251,349	218 (240)	263,424	246 (255)
NHS Health Board						
Ayrshire & Arran	10,575	9	12,924	9 (9)	11,776	9 (10)
Borders	1,308	7	2,243	8 (8)	3,792	9 (9)
Dumfries & Galloway	11,555	9	12,636	11 (13)	12,988	10 (14)
Fife	21,790	18	12,365	18 (18)	16,345	21 (21)
Forth Valley	12,515	12	11,807	15 (15)	12,974	15 (15)
Grampian	32,401	18	32,912	22 (23)	31,865	22 (23)
Greater Glasgow & Clyde	70,685	49	81,613	70 (73)	73,529	82 (82)
Highland	5,009	12	6,057	17 (18)	7,840	17 (19)
Lanarkshire	20,139	3	19,360	19 (19)	20,552	19 (19)
Lothian	46,539	28	48,895	26 (29)	48,079	28 (29)
Orkney ¹	-	-	-	-	-	-
Shetland	*	1	903	2 (2)	1,029	2 (2)
Tayside	9,573	3	9,634	1 (13)	22,655	12 (12)
Western Isles	*	1	-	-	-	-

1. There were no IEP services in Orkney during this period.

* Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality.

- No data provided

On the basis of the number of contacts reported to the IEP surveys, there has been a steady increase in the number of contacts attending IEP outlets. Between 2007/08 and 2009/10 the number of contacts at IEP outlets increased by 9%.

Table 2.4: Number of contacts, by gender¹, attending IEP outlets in 2009/10.

Health Board	All contacts	Males ¹	Females ¹	Services able to supply a gender breakdown of contacts
Scotland	263,424	154,280	44,123	207 (255)
NHS Health Board				
Ayrshire & Arran	11,776	7,643	4,099	9 (10)
Borders ²	3,792	219	73	9 (9)
Dumfries & Galloway	12,988	1,656	552	1 (14)
Fife ³	16,345	-	-	21 (21)
Forth Valley	12,974	8,886	3,738	15 (15)
Grampian	31,865	8,340	3,257	6 (23)
Greater Glasgow & Clyde	73,529	57,107	14,767	80 (82)
Highland	7,840	5,777	1,987	17 (19)
Lanarkshire	20,552	16,204	4,360	19 (19)
Lothian	48,079	37,947	8,753	28 (29)
Orkney ⁴	-	-	-	-
Shetland	1,029	407	120	1 (2)
Tayside	22,655	10,094	2,417	1 (12)
Western Isles	-	-	-	-

1. The total column does not necessarily equal the sum of the males and females columns. This is due to the way respondents answered the question.

2. Borders provided a gender breakdown for the second half of 2009/10 only.

3. Fife gender breakdown figures are not included in the table due to data quality issues.

4. There were no IEP services in Orkney in 2009/10.

- No data provided

The ratio of males to females attending IEP outlets for Scotland as a whole was reported as 7:2 males to females.

2.2 Estimate of Number of Clients

IEP outlets were asked to report the number of clients using their services during the year. The completeness of information, and how client figures are calculated, varied across Scotland. Information on whether IEP outlets were able to provide actual or estimated figures is shown in table 2.5.

Table 2.5: Number (Percentage) of IEP outlets reporting actual or estimated client numbers; 2009/10.

	Actual	Estimate	No Answer ¹
All outlets	77 (30%)	95 (37%)	83 (33%)
Pharmacy	43 (22%)	90 (45%)	67 (34%)
Agency	34 (62%)	5 (9%)	16 (29%)

1. 'No answer' means that IEP service did not give an indication on the method of calculating the number of clients or did not provide a figure.

Less than one-third of IEP outlets reported data on clients on the basis of actual figures. The majority of IEP outlets either based the client figures on estimates or did not provide an answer as to how the figures were calculated.

While some IEP outlets are able to count individual clients who use their service, it is not meaningful to aggregate these figures to provide a Health Board or Scotland total. This is because this would include double-counting across different IEP outlets, as well as potentially across NHS Health Boards. The estimates of client numbers for Health Boards and for Scotland are therefore not felt to be of sufficient quality to publish in this report.

2.3 Type of Drug Injected

The 2009/10 IEP survey collected information on the type of drug injected. 127 of the 255 IEP outlets responding to the survey provided information on the type of drugs injected by clients attending their service. 65% of agencies provided information on the types of drugs injected by clients in comparison to 45% of pharmacies.

Many IEP outlets (126) reported that they did not record the type of drug injected by clients. Only NHS Forth Valley, NHS Grampian and NHS Greater Glasgow and Clyde reported data on the type of drug injected for the majority of their services.

Of the IEP outlets that provided information on the drug injected by clients attending their service, almost all (126 of 127 IEP outlets providing information) reported that clients injected opiates. Of the 82 IEP outlets that responded to the survey from NHS Greater Glasgow and Clyde, 79 IEP outlets reported that clients attending the service had injected opiates. In NHS Grampian, 21 of the 23 IEP outlets reported that clients attending their IEP outlet injected opiates. Similarly, all IEP outlets in NHS Forth Valley reported that clients attending the service injected opiates.

113 IEP outlets reported that clients attending their service injected stimulants. In NHS Forth Valley, 12 out of 15 IEP outlets noted that clients attending their service injected these types of drug. 73 of the 82 IEP outlets in NHS Greater Glasgow and Clyde reported that clients injected these drugs, while 11 of 23 outlets in NHS Grampian reported that clients attending their IEP outlet injected stimulants.

Performance and image enhancing drugs were reported to be injected by clients attending some IEP outlets. 98 of the IEP outlets responding to the survey reported that clients attending their IEP service injected these drugs. As with the reporting of injecting opiates and stimulants, all IEP outlets in NHS Forth Valley and the majority in NHS Greater Glasgow and Clyde (64 IEP outlets) and NHS Grampian (16 IEP outlets) reported their clients injecting performance and image enhancing drugs.

3. Injecting Equipment Activity in IEP Services

This section presents information by NHS Board on needles/syringes distributed and returned in the period 2007/08 to 2009/10. Data is also provided on injecting paraphernalia distributed by services.

3.1 Needles/syringes distributed

The number of needles/syringes distributed is an important indicator for injecting equipment provision. Table 3.1 below presents figures on the number of needles/syringes distributed in Scotland.

Table 3.1: Number of needles/syringes distributed in Scotland; 2007/08 – 2009/10

Health Board	2007/08	2008/09	2009/10 ^p	Outlets responding 2009/10
Scotland	4,437,672	4,381,484	4,681,122	254 (255)
Ayrshire & Arran	285,658	439,726	375,057	9 (10)
Borders	26,600	35,103	46,816	9 (9)
Dumfries & Galloway	202,420	173,163	193,448	14 (14)
Fife	483,493	236,017	325,295	21 (21)
Forth Valley ¹	285,590	231,222	231,894	15 (15)
Grampian	724,570	668,516	602,342	23 (23)
Greater Glasgow & Clyde	1,076,244	1,196,256	1,284,914	82 (82)
Highland ²	99,286	125,138	167,502	19 (19)
Lanarkshire	394,927	372,921	421,511	19 (19)
Lothian	653,448	690,362	616,421	29 (29)
Orkney ³	-	-	-	-
Shetland ⁴	7,630	21,154	26,312	2 (2)
Tayside ⁵	197,791	191,906	389,610	12 (12)
Western Isles	15	-	-	-

1. Figures for NHS Forth Valley for 2007/08 may be inflated. Improvements in data collection have improved the robustness and the integrity of the data in the later years.

2. Highland figure for 2007/08 does not include Argyll and Bute.

3. There were no IEP services in Orkney during the three years shown above.

4. Only one out of two IEP outlets in Shetland provided figures in 2007/08.

5. No figures were received from pharmacies in Tayside for 2007/08 or 2008/09.

- No data provided

p Provisional

Between 2008/09 and 2009/10 there has been an increase (7%) in the number of needles/syringes reported to have been distributed in Scotland. In 2009/10, approximately 4,681,000 needles/syringes were reported to have been distributed in Scotland. NHS Greater Glasgow and Clyde had the highest number of reported needles/syringes distributed in each of the three years.

It should be noted that service provision will have changed in some areas across the three years. Some services will have closed during this period, while others will have opened.

Estimates of the number of needles/syringes distributed per injecting drug user by NHS Board were calculated from the 2009/10 survey data and the prevalence estimates of problematic injecting drug users⁵ (Table 3.2).

Table 3.2: Estimate of number of needles/syringes distributed per Injecting Drug User (IDU); 2009/10

Health Board	Needles/syringes distributed per Injecting Drug User
Scotland	195
Ayrshire & Arran	158
Borders	233
Dumfries & Galloway	398
Fife	256
Forth Valley	295
Grampian	197
Greater Glasgow & Clyde	145
Highland	228
Lanarkshire	256
Lothian	189
Tayside	311

The estimated number of needles/syringes distributed per injecting drug user (IDU) by IEP outlets was highest in NHS Dumfries and Galloway (398 per IDU) followed by NHS Tayside (311) and NHS Forth Valley (295). The estimate is lower in NHS Greater Glasgow and Clyde (145). Caution should be taken when comparing these figures as the prevalence of IDUs is based on 2006 figures and the number of IDUs across Scotland is likely to have changed. In addition the problematic injecting drug users prevalence estimate is based on opiate and benzodiazepine users only and takes no account of other types of injector.

3.2 Needles/syringes returned

As well as distributing needles/syringes, IEP outlets collect returned needles/syringes. Data on the reported return of needles/syringes across NHS Boards is shown in table 3.3.

⁵ Hay et al (2009) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland* <http://www.drugmisuse.isdscotland.org/publications/abstracts/prevalence2009.htm>

Table 3.3: Number of needles/syringes returned in Scotland; 2007/08 – 2009/10

Health Board	2007/08	2008/09	2009/10 ^p	Outlets responding 2009/10
Scotland	2,571,321	2,476,504	2,624,957	252 (255)
Ayrshire & Arran	126,901	314,051	356,812	9 (10)
Borders	17,043	30,772	41,015	9 (9)
Dumfries & Galloway	149,795	123,762	133,677	14 (14)
Fife	358,235	160,633	234,640	21 (21)
Forth Valley ¹	254,823	147,524	137,327	15 (15)
Grampian	384,514	363,800	344,059	22 (23)
Greater Glasgow & Clyde	659,230	618,750	539,748	82 (82)
Highland	44,705	59,404	79,676	18 (19)
Lanarkshire	270,350	257,905	259,770	19 (19)
Lothian	274,021	308,862	304,423	29 (29)
Orkney ²	-	-	-	-
Shetland ³	6,337	18,416	23,497	2 (2)
Tayside ⁴	25,361	72,625	170,313	12 (12)
Western Isles	6	-	-	-

1. Figures for NHS Forth Valley for 2007/08 may be inflated. Improvements in data collection have improved the robustness and the integrity of the data in the later years.

2. There were no IEP services in Orkney during the three years shown above

3. Only one out of two IEP outlets in Shetland provided figures in 2007/08.

4. No figures were received from pharmacies in Tayside for 2007/08 or 2008/09.

- No data provided

p Provisional

The number of reported needles/syringes returned in Scotland increased by 6% between 2008/09 and 2009/10. NHS Greater Glasgow and Clyde was the NHS Board area which had the highest reported number needles/syringes returned in each of the time periods. Increases between 2008/09 and 2009/10 in the number of needles/syringes returned were observed in 8 of the responding NHS boards with the largest percentage increase observed in NHS Tayside (a 135% increase in returns). This large increase in Tayside is due to the inclusion of data for pharmacies in the 2009/10 survey. The next largest increase was in NHS Fife with 46%. Decreases in the number of needles/syringes returned were observed in 4 NHS Boards with the largest percentage decrease (13%) observed in NHS Greater Glasgow and Clyde.

The figures for needles/syringes returned should be viewed with caution. The majority of IEP outlets use client self-reporting or their own estimates to count the number of needles/syringes returned. The guidelines for services providing injecting equipment state that "IEP service staff should never open returned disposal bins to count the contents". It should also be noted that clients can safely dispose of injecting equipment through public sharps disposal bins and as such will not be captured by this survey⁶.

⁶ Scottish Government (2010) *Guidelines for Services Providing Injecting Equipment*
<http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

3.3 Injecting paraphernalia

In the 2009/10 IEP survey, information was collected on the distribution of selected items of injecting paraphernalia. Information was provided on whether the item was distributed as well as the quantities of the item distributed. Table 3.4 shows the number of IEP outlets that indicated in the 2009/10 IEP survey that they provided selected items of injecting paraphernalia.

Table 3.4: Number of IEP outlets that provided selected items of injecting paraphernalia; 2009/10

Item	Number of IEP outlets	Percentage of IEP outlets responding ¹
Citric acid/Vitamin C	227	90%
Filters	210	83%
Water	24	12%
Sharps bins	252	99%
Wipes/ swabs	252	99%
Spoons/ other forms of cooker	197	78%
Syringe identifiers	98	40%
Retractable needles	3	2%

1. Percentages are based on the number of IEP outlets that gave an indication as to whether they provided the specific item of injecting paraphernalia.

The items that the highest number of IEP outlets provided during 2009/10 were sharps bins and wipes/swabs (99%). Retractable needles were only reported to be provided by 3 IEP outlets in Scotland in 2009/10.

Table 3.5 presents figures on the quantity of injecting paraphernalia items distributed by IEP outlets in Scotland, during 2008/09 and 2009/10.

Table 3.5: Number of items of injecting paraphernalia provided by IEP outlets in Scotland; 2008/09 – 2009/10

Item	2008/09	2009/10
Citric acid/Vitamin C	2,318,294	3,265,464
Filters	355,872	2,224,259
Water	62,229	77,352
Sharps bins	176,109	349,470
Wipes / swabs	2,418,099	3,699,168
Spoons / other forms of cooker	508,515	2,142,740
Syringe identifiers	926,402	1,136,478
Retractable Needles	2,000	3,400

Citric acid/vitamin C and wipes/swabs are the items of paraphernalia which were most commonly provided by IEP outlets in Scotland. The number of filters provided by IEP outlets between 2008/09 and 2009/10 increased sharply. This is mainly due to many outlets starting to distribute filters after April 2009.

A number of IEP outlets did not report quantities for items of paraphernalia distributed. Table 3.6 shows the number of IEP outlets that provided figures for the selected paraphernalia for each of the time periods.

Table 3.6 Number of IEP outlets providing figures for selected paraphernalia; 2008/09 – 2009/10

Item	2008/09	2009/10
Citric acid/Vitamin C	114	180
Filters	65	162
Water	8	11
Sharps bins	134	200
Wipes/Swabs	122	203
Spoons/Other forms of cooker	67	149
Syringe Identifiers	54	65
Retractable Needles	1	1

1. Figures are based on the number of IEP outlets that indicated how many items of paraphernalia were distributed.

The above table shows that for items such as water, syringe identifiers and retractable needles, only a small proportion of IEP outlets provided figures for the quantities distributed. Therefore, caution should be taken when interpreting the results of the quantities of paraphernalia items distributed (figures shown in table 3.5). Also, it should be noted that some IEP services, such as pharmacies in NHS Greater Glasgow and Clyde, indicated that they only started to distribute items, such as filters, from April 2009.

The 2009/10 IEP survey also asked the IEP services to indicate how the quantities of injecting paraphernalia were counted. Invoices and stock accounts were used by 5 IEP services to calculate the quantities of paraphernalia distributed. The method of matching quantities to the distribution of needles was reported in 209 IEP outlets.

3.4 Limits on needles/syringes distributed

The 2009/10 IEP survey monitored the limit on the number of needles/syringes distributed by IEP outlets in any one transaction. 71% of IEP outlets noted that in 2009/10 their outlet had a limit on the number of needles/syringes per transaction. Limits ranged from 4 to 120 needles/syringes per transaction. It should be noted that the survey covers a period prior to the Lord Advocate's guidelines changing in May 2010 to state that there should no longer be a limit set on the number of needles/syringes distributed per transaction.

4. Interventions provided by IEP services

As part of the 2009/10 survey, outlets were asked to provide details of the healthcare interventions they provide for clients attending their service. Respondents were asked about the BBV treatments they provide and whether they provide these onsite, by referral, or by sign-posting to other services. The details of the findings are shown below.

4.1 BBV Services

Tables 4.1 and 4.2 show that the most common method for providing testing in pharmacies is signposting. A small number of pharmacies reported providing testing on site or by referral. In agencies the split between onsite testing, referral and signposting is more evenly spread.

Table 4.1: Number of Pharmacies reporting that they provide access to various BBV testing and by which method 2009/10^{1,2}

BBV Test	Test provided	Onsite ¹	By referral ¹	Signposting ¹
Hep B	128	6 (3%)	2 (1%)	121 (61%)
Hep C	141	9 (5%)	2 (1%)	130 (66%)
HIV	128	5 (3%)	2 (1%)	122 (63%)

1. Percentages are based on the number of outlets providing an answer to each specific question.

2. Percentages will not sum to equal 100% as more than one format can be offered by services.

Table 4.2: Number of Agencies reporting that they provide access to various BBV testing and by which method 2009/10^{1,2}

BBV Test	Test provided	Onsite ¹	By referral ¹	Signposting ¹
Hep B	54	19 (35%)	22 (40%)	21 (42%)
Hep C	54	35 (64%)	7 (13%)	20 (40%)
HIV	54	18 (33%)	22 (40%)	20 (40%)

1. Percentages are based on the number of outlets providing an answer to each specific question.

2. Percentages will not sum to equal 100% as more than one format can be offered by services.

Tables 4.3 and 4.4 show that the provision of BBV vaccinations is more common in agencies compared to pharmacies. Almost all pharmacies that reported providing hepatitis A or hepatitis B vaccinations did so by signposting to other services. Many more agencies reported providing vaccinations on site.

Table 4.3: Number of Pharmacies reporting that they provide access to BBV vaccinations and by which method 2009/10^{1,2}

Vaccine Type	Vaccine provided	Onsite ¹	By referral ¹	Signposting ¹
Hep B	127	2 (1%)	0 (0%)	122 (65%)
Hep A	123	0 (0%)	0 (0%)	121 (64%)

1. Percentages are based on the number of outlets providing an answer to each specific question.

2. Percentages will not sum to equal 100% as more than one format can be offered by services.

Table 4.4: Number of Agencies reporting that they provide access to BBV vaccinations and by which method 2009/10^{1,2}

Vaccine Type	Vaccine provided	Onsite ¹	By referral ¹	Signposting ¹
Hep B	51	25 (48%)	10 (19%)	28 (58%)
Hep A	50	24 (46%)	10 (19%)	28 (58%)

1. Percentages are based on the number of outlets providing an answer to each specific question.
 2. Percentages will not sum to equal 100% as more than one format can be offered by services.

4.2 Other services

Tables 4.5 and 4.6 show some of the additional services IEP outlets provide for clients. Outlets were asked whether or not they provide these services and, if provided, whether this was on-site, by referral, or by signposting.

Table 4.5: Number (percentage) of IEP Agencies offering various additional services to clients, either on site, by referral or by signposting; 2009/10^{1,2}

Additional Services	Provided	On site	Referral	Sign posting
Needs assessment	43	37 (70%)	6 (11%)	11 (21%)
Advice on safer injecting practices	53	50 (94%)	6 (11%)	8 (15%)
Advice on overdose prevention	54	50 (93%)	6 (11%)	10 (19%)
Advice on safe disposal of used injecting equipment	54	37 (69%)	7 (13%)	25 (46%)
Access to GP/Primary Care sessions	50	4 (7%)	28 (52%)	25 (46%)
Access to Dental Care	51	4 (8%)	28 (54%)	32 (62%)
Access to Well-Woman Clinic	42	17 (33%)	24 (46%)	24 (46%)
Care for minor infections and infection injuries	52	34 (64%)	12 (23%)	25 (47%)
Access to specialist drug treatment services	53	32 (60%)	23 (43%)	19 (36%)
Access to opiate substitution treatment	52	24 (45%)	22 (42%)	18 (34%)
Access to housing, social welfare or legal advice	49	24 (45%)	32 (60%)	30 (57%)
Peer education/support	34	9 (17%)	7 (13%)	25 (48%)

1. Percentages are based on the number of outlets providing an answer to each question.
 2. Percentages will not sum to equal 100% as services can be offered in more than one format (i.e. onsite, by referral and by signposting)

Most agencies reported providing each of these additional services. Peer education/support was the service that the fewest agencies reported providing. A high percentage of agencies said they provided advice on safer injecting practices and overdose prevention onsite. 4 agencies reported that they provide onsite access to dental care and GP/primary care sessions. 17 also reported having a well woman clinic onsite.

Table 4.6: Number (percentage) of IEP pharmacies offering various additional services to clients, either on site, by referral or by signposting; 2009/10^{1,2}

Additional Services	Provided	On site	Referral	Sign posting
Needs assessment	64	62 (34%)	0 (0%)	0 (0%)
Advice on safer injecting practices	167	140 (73%)	25 (13%)	34 (18%)
Advice on overdose prevention	127	117 (61%)	23 (12%)	32 (17%)
Advice on safe disposal of used injecting equipment	178	158 (81%)	22 (11%)	30 (15%)
Access to GP/Primary Care sessions	109	2 (1%)	16 (8%)	91 (46%)
Access to Dental Care	112	6 (3%)	23 (12%)	109 (55%)
Access to Well-Woman Clinic	78	0 (0%)	0 (0%)	78 (40%)
Care for minor infections and infection injuries	159	124 (64%)	26 (13%)	54 (28%)
Access to specialist drug treatment services	128	2 (1%)	88 (47%)	40 (22%)
Access to opiate substitution treatment	119	4 (2%)	85 (45%)	30 (16%)
Access to housing, social welfare or legal advice	70	0 (0%)	0 (0%)	70 (36%)
Peer education/support	63	0 (0%)	1 (1%)	62 (32%)

1. Percentages are based on the number of outlets providing an answer to each question.

2. Percentages will not sum to equal 100% as services can be offered in more than one format (i.e. onsite, by referral and by signposting)

These additional services are offered by a lesser proportion of pharmacies compared to agencies. Of those outlets that responded to the question, 81% of pharmacies reported providing advice on safe disposal of used injecting equipment. 73% reported providing advice on safer injecting practices and 64% reported providing care for minor infections on site.

5. IEP Service Policy and Training

As with the previous IEP surveys, the 2009/10 IEP survey collected information on policies applied by IEP outlets, as well as information on staff training.

5.1 Secondary distribution policies

The 2009/10 IEP survey collected information on the policies on secondary distribution of injecting equipment and the results of the survey are presented in table 5.1.

Table 5.1: Number and percentage^{1,2} of IEP outlets that operate selected policies on secondary distribution; 2009/10.

Policy operated	Number of IEP outlets	Percentage ^{1,2} of IEP outlets
No policy	27	11%
Discourage clients from distributing injecting equipment to others	10	4%
Provide sufficient equipment if client is providing equipment to others	211	85%
Other	2	1%

1. Percentages are based on the number of IEP outlets that provided information on their policy on secondary distribution.

2. Percentages do not add up to 100% as a small number of IEP outlets indicated more than one policy.

The majority of respondents in 2009/10 indicated that the policy on secondary distribution was that the IEP outlet would provide sufficient equipment if client is providing equipment to others. 85% of IEP outlets who answered the question indicate using this policy in 2009/10, compared with 63% of IEP outlets in 2008/09.

Table 5.2 provides a geographical breakdown on the number of IEP outlets that operated different policies on secondary distribution in 2009/10. There was variation in the policies applied across Scotland. In NHS Dumfries and Galloway the majority of IEP outlets had no policy on the secondary distribution.

Table 5.2: Number of IEP outlets that operate selected policies on secondary distribution, by NHS Health Board; 2009/10.

Health Board	No policy	Discourage clients from distributing injecting equipment to others	Provide sufficient equipment if client is providing equipment to others	Other
Scotland	27	10	211	2
NHS Board				
Ayrshire & Arran	-	-	10	-
Borders	-	3	1	-
Dumfries & Galloway	11	-	2	-
Fife	-	-	21	-
Forth Valley	-	-	15	-
Grampian	8	3	16	-
Greater Glasgow & Clyde	-	-	82	-
Highland	-	-	17	1
Lanarkshire	8	3	6	-
Lothian	-	-	28	1
Orkney	-	-	-	-
Shetland	-	1	1	-
Tayside	-	-	12	-
Western Isles	-	-	-	-

¹ - ' No outlets indicated that they operated this policy. Outlet may have either responded no to operating policy or did not provide any information.

5.2 Policies on return of used needles and syringes

IEP outlets operate different policies on the return of used needles and syringes. Table 5.3 presents figures on the number of IEP outlets that operate different policies on used needles and syringes in 2009/10.

Table 5.3: Number and percentage¹ of IEP outlets that operate selected policies on the return of used needles and syringes; 2009/10.

Policy on return of used needles/syringes	Number of IEP outlets	Percentage ¹ of IEP outlets
Service operates a strict one-for-one exchange policy	2	1%
Service always requires some return of used needles and syringes before sterile injecting equipment is given out	1	0%
Service encourages return of used needles and syringes but this is not a condition for accessing sterile injecting equipment	247	98%
Other ²	1	0%

1. Percentages do not sum to 100% due to rounding.

As with 2008/09, the majority of IEP outlets in 2009/10 operated a policy of encouraging the return of used needles and syringes but this was not a requirement for accessing sterile injecting equipment.

5.3 Staff Training

A wide range of staff training was provided for staff at IEP outlets in 2009/10. Table 5.4 details the forms of staff training that the IEP outlets in Scotland reported providing.

Table 5.4: Number and percentage^{1,2} of IEP outlets that provided selected types of staff training; 2009/10.

Type of staff training	Number of IEP outlets	Percentage ^{1,2} of IEP outlets
BBV information - prevention or treatment	157	67%
Wound management	115	49%
IEP guidelines	148	64%
Legal and Ethical issues associated with IEP	145	62%
Staff safety advice	160	69%
Safer injecting/harm reduction advice	157	67%
Overdose prevention	144	62%
Other	86	37%

1. IEP outlets can report providing more than one type of staff training. Therefore, the percentages will not sum to 100%.
2. Base for percentage is the number of outlets that provided any information on staff training provided.

BBV information (prevention or treatment), staff safety advice and safer injecting/harm reduction advice were the most commonly provided types of staff training in 2009/10.

Table 5.5: Number and percentage^{1,2} of IEP outlets that provide training via selected delivery methods; 2009/10.

Method of providing training	Number of IEP outlets	Percentage ^{1,2} of IEP outlets
In house	127	59%
By a Scottish Drugs Forum (SDF) trainer	25	12%
By an independent or freelance trainer	17	8%
On a regular basis (i.e. monthly, annually etc)	134	62%
On an ad hoc basis	44	20%
Available for whole Health Board	139	64%
Available specifically for your service	33	15%
Other	119	55%

1. IEP outlets may provide training using more than one method. Therefore, percentages will not sum to 100%.
2. Base for percentage is the number of outlets that provided any information on the method of training delivery.

Training provided being available for whole Health Board was found to be the most commonly used method of delivering training in 2009/10. Providing training on a regular basis and in house training were other commonly used training mechanisms by the IEP outlets.

Glossary

Agency	Non pharmacy-based outlet
BBV	Blood borne virus
Hep C	Hepatitis C
HPS	Health Protection Scotland
IDU	Injecting drug user
IEP	Injecting equipment provision
IEP service/outlet	Term used in this report to refer to any injecting equipment provider, either pharmacy or agency
ISD	Information Services Division of NHS National Services Scotland
Pharmacy	Pharmacy-based IEP outlet
PIEDs	Performance and image enhancing drug users

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Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Background Information

A1.1 Survey strategy

A single survey layout was used to collect information for each IEP outlet in Scotland. Surveys were sent to Hepatitis C Prevention Leads within each NHS Board area who were then responsible for distributing it to each outlet (both pharmacy and agency outlets) within their area. The Prevention Leads were also responsible for collating all the responses from their area and returning them to ISD. Surveys were sent out on 8th October 2010 and most surveys were returned to ISD by March 2011. Where possible, ISD compared responses with those received in previous surveys and quality assured the information received. A copy of the 2009/10 survey is shown in Appendix A3.

A1.2 Changes to the survey since 2008/09

A number of changes were made to the IEP survey for 2009/10. These included:

- Changing the format of the survey form to include some validation of the responses that could be entered for certain questions.
- Asking for information for the last six months of 2009/10 for certain questions, to add to the data already collected for the first six months in the previous survey. All other questions referred to the full financial year.

A1.3 Data quality

Every effort has been made to ensure the quality and robustness of the data presented. A high response rate was sought and by issuing the survey through Prevention Leads it was hoped that a response rate close 100% would be achieved. Throughout the report, the number of responses to each question has been shown where possible.

Once responses were received by ISD, they were quality assured and compared with previous survey responses and any issues, unusual, or unexpected results were highlighted to Prevention Leads. For example, marked changes in figures in any one outlet compared to the 2008/09 survey were flagged up and queries sent to the appropriate Prevention Lead for clarification and confirmation.

All Prevention Leads were provided with the content of this report prior to publishing in order to further ensure data quality and accuracy. At this stage figures for 2008/09 and 2009/10 were revised by some of the Prevention Leads that submitted data.

Caution should be taken when interpreting the figures provided in this report. Despite efforts by ISD and data providers to ensure data quality, there are likely to be inconsistencies across NHS boards or missing data. Possible reasons for this may include:

- Estimated figures were only available from some outlets (especially for needles/syringes distributed and returned);
- Currently each NHS board has different methods for collecting information relating to IEP and as a result comparisons across NHS boards may not be valid;

- There were data quality issues with the gender breakdown of contacts in some of the survey responses. Figures were included in this report to give an approximation of the gender breakdown;
- Not all outlets were able to provide answers for all questions.

In the cases where figures are compared with the previous (2008/09) survey please note that changes may be due to the above factors rather than an actual change in injecting equipment provision.

A2 – Trends in outlets responding to all three surveys

A number of IEP outlets have responded to all of the annual surveys that have been carried out over the past three years. This appendix will look specifically at those outlets that have responded to all surveys and will attempt to show any trends in the provision of injecting equipment over this time period. Table A2.1 shows the breakdown by Health Board of these outlets.

The analysis is based on matching responses across the three years using the postcode information provided in the questionnaire. If the postcode information was not provided in any of the surveys, the outlet will not be included in this analysis.

Table A2.1 Outlets responding to all three surveys.

Health Board	Outlets in all three surveys
Scotland	96
Ayrshire and Arran	6
Dumfries and Galloway	6
Fife	1
Forth Valley	10
Grampian	11
Greater Glasgow and Clyde	38
Highland	7
Lanarkshire	1
Lothian	15
Tayside	1

In total, 96 outlets (including both pharmacies and agencies) have responded to all three of the surveys. The majority of these outlets are in Greater Glasgow & Clyde, although Forth Valley, Lothian and Grampian also have reasonable numbers that have also responded to all three surveys.

Not all of these outlets answered every question in each of these surveys. For this reason, the remaining tables in this chapter are based on responses from less than these 96 outlets. The number of outlets each analysis is based on is highlighted next to each table.

Tables A2.2, A2.3 and A2.4 summarise the trends in needles/syringes distributed and returned and the number of contacts. There is a reduction over the three years for these items. It is difficult to draw any conclusions from this. Some possible explanations for the change:

1. A new service may have opened close to one of the existing outlets, perhaps drawing clients away from the existing service;
2. The accuracy of the information collected may have improved. For instance, in Forth Valley, recording methods have improved over the period of the three surveys, so older estimates are less accurate and hence over inflated.

A2.1 Needles/Syringes Distributed

73 of the 96 outlets responding to all surveys answered the question on needles/syringes distributed in each of the three surveys. Table A2.2 shows the trend in needles/syringes distributed over the past three years for Scotland as a whole.

Table A2.2 – The number of needles/syringes distributed, as reported by outlets responding to all three surveys.

	2007/08	2008/09	2009/10	Number of outlets
All outlets	2,929,176	2,127,148	2,190,644	73

A2.2 Needles/Syringes Returned

72 of the 96 outlets responding to all surveys answered the question on needles/syringes returned in each of the three surveys. Table A2.3 shows the trend in needles/syringes returned over the past three years for Scotland as a whole.

Table A2.3 – The number of needles/syringes returned, as reported by outlets responding to all three surveys.

	2007/08	2008/09	2009/10	Number of outlets
All outlets	1,625,030	1,239,807	1,110,154	72

A2.3 Contacts

83 of the 96 outlets responding to all surveys answered the question on the number of contacts in each of the three surveys. Table 7.4 shows the trend in contacts over the past three years for Scotland as a whole.

Table A2.4 – The number of contacts reported by outlets responding to all three surveys.

	2007/08	2008/09	2009/10	Number of outlets
All outlets	189,855	133,608	125,294	83

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Injecting Equipment Provision in Scotland Survey 2009/10
Description	Data is presented on the provision of injecting equipment in Scotland. This includes information on the numbers of services across Scotland, the amount of equipment distributed by those services, information on the number of clients using the services and information on the policies operated by the services.
Theme	Health and Social Care
Topic	Lifestyles and Behaviours
Format	PDF report
Data source(s)	Information provided by outlets to local Prevention Leads
Date that data are acquired	March 2011
Release date	26 th July 2011
Frequency	Annual
Timeframe of data and timeliness	The timeframe for this publication is the financial year 2009/10.
Continuity of data	Caution is recommended when interpreting these statistics. Service provision will have changed in some areas over time. Some services will have closed and others will have opened. The methods used by particular areas to count or estimate some of the figures will also have changed.
Revisions statement	Historic Data is not revised. Planned Revisions are not currently a feature of this publications release.
Revisions relevant to this publication	The data published in this report is not expected to be revised in the future.
Concepts and definitions	Scottish Government (2008) Hepatitis C Action Plan, Phase II (May 2008 - March 2011) http://www.scotland.gov.uk/Publications/2008/05/13103055/0
Relevance and key uses of the statistics	Allowing assessment of Phase II of the Hepatitis C Action Plan
Accuracy	Local Prevention Leads were given the opportunity to check the data prior to publication.
Completeness	Survey responses are collated locally. It is assumed that the data received is 100% complete.
Comparability	Not comparable outwith Scotland
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report is available as a PDF file
Value type and unit of measurement	Count. Number and percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
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A4 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Chair of the Hepatitis C Action Plan Governance Board
Chair of the Hepatitis C Action Plan Information Generating Initiatives Network

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Injecting Equipment for Drug Misusers Steering Group
Hepatitis C Action Plan Prevention Leads Network