



Provision of Injecting Equipment in Scotland, 2007/08

Information Services Division
Edinburgh 2009



Report on the Provision of Injecting Equipment in Scotland

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Executive Summary

This document reports on the findings of a survey of injecting equipment provision (IEP) to injecting drug users in 2007/08 in Scotland, carried out by Information Services Division, NHS Scotland. The survey was commissioned in the context of Phase II of the Scottish Hepatitis C Action Planⁱ, which is funded by the Scottish Government and coordinated by Health Protection Scotland.

The aims of the study were to:

- Produce an updated, accurate map of services providing injecting equipment
- Describe Health Service/Practitioner Services Division (PSD, NHS Scotland) involvement in injecting equipment provision in terms of costs and procedures
- Collect and analyse data on injecting equipment provision for the year 2007/08
- Provide clear recommendations on establishing a system for regular collection of data on injecting equipment

Postal/electronic questionnaires were sent out to Alcohol and Drug Action Team (ADAT) coordinators, to pharmacy coordinators in all Health Boards, and to all agencies providing injecting equipment to injecting drug users. Pharmacy coordinators responded on behalf of individual pharmacies. The survey excluded police custody suites, prisons and hospital A&E exchanges. The study used information from 205 IEP services in Scotland:

- 169 pharmacy exchanges
- 36 agenciesⁱⁱ (of which 13 offered mobile or outreach services)

IEP services were available in all but one ADAT area. Just under a fifth (18%) of IEP services in Scotland were provided by agencies, and just over a third (36%) of these delivered injecting equipment provision through outreach/mobile services. Across Scotland, IEP pharmacies outnumbered agency provision by a ratio of nearly 5:1. This represents an increase in the number of pharmacies offering IEP since the Scottish Government's National Needle Exchange Survey in 2004/2005ⁱⁱⁱ. Most agencies were open Monday to Friday, and just under a third offered evening hours. All pharmacies in IEP schemes offered services from Monday to Saturday morning, but only a very few were accessible in the evenings.

Both agencies and pharmacies routinely collected data on clients using their IEP services: gender, initials, date of birth and partial postcode, as well as the quantity and type of equipment they distributed to clients. Data was generally recorded on paper forms, although a few Health Boards collated the information in central databases; three Health Boards are piloting a bespoke web-based system to collect IEP information from pharmacies.

There were 260,965 transactions reported at all IEP outlets across Scotland in 2007/08: 171,761 from pharmacies and 89,204 in agencies we received information for.

A total of 3.9 million needles/syringes were distributed in 2007/08; this represents an increase of 12% from the survey carried out in 2005; this could be attributed to an increase in injecting equipment provision in pharmacies, a better response to the survey or improvements in the recording of information. **For these reasons the 2005 survey is not directly comparable to the 2007/08 survey.** Pharmacies provided just over 2 million needles/syringes. An estimated total of 2.3 million needles/syringes were returned, with a return rate of about 52% in pharmacies and 65% in services.

Agencies reported that the majority of clients using their IEP services were heroin injectors; the second most common drug clients reported injecting was steroids, followed by

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

ⁱⁱ 51 agencies were surveyed, 36 responded

ⁱⁱⁱ <http://www.scotland.gov.uk/Resource/Doc/130349/0031220.pdf>

amphetamine and crack cocaine. Most pharmacy IEP users reported injecting heroin; fewer reported injecting crack cocaine, and fewer still, steroids.

Chapter 8 reports that many of the recommendations made in the 2005 survey on IEP in Scotland have been taken forward as part of the implementation of the Hepatitis C Action Plan. Recommendations made in this report focus on the feasibility of developing a national information system to collect data on injecting equipment provision. The conclusion of this report is that a web-based information system, sited at all IEP pharmacies and agencies is both desirable and feasible. Until the system is fully implemented, annual surveys should continue to collect information on injecting equipment provision across Scotland.

List of Recommendations

1. It is recommended that a national web based system be implemented for collecting information on injecting equipment.
2. The IEP system should not be part of the Scottish Drug Misuse Database (SDMD).
3. It is recommended that the system should be able to collect more information than “barrels in, barrels out”; however there should be only a limited set of mandatory data items.
4. The preferred solution would be to collect some detailed patient information. IEP providers should be encouraged to work towards supplying a detailed dataset once the information system has been implemented. This would include: gender, date of birth, initials, drugs injected, frequency and sharing information, details of needles and paraphernalia, post code sector of patient, postcode of service and ethnicity.
5. As a minimum all agencies and pharmacies providing injecting equipment and paraphernalia should submit *aggregate* data to Health Boards each quarter (including the number of needles/syringes distributed and returned, paraphernalia distributed, the number of transactions, the number of clients by gender, and the number of services available in each area).
6. It is strongly recommended that all Health Board areas assign an IEP lead to coordinate local information.
7. It is recommended that in Phase II of this project, the project team work closely with ISD IT and Greater Glasgow & Clyde Health Board to gauge the feasibility of using web-based systems specifically for recording IEP data. It is recommended that all services should have internet access.
8. An electronic system is recommended that allows for secure access to client transactions (previous and current). This should be available through a tabular view.
9. It is recommended that the existing national directory of services published by the Scottish Drugs Forum (SDF) is extended to include pharmacy IEP services delivered within each Health Board area.
10. It is recommended that annual surveys on injecting equipment provision be carried out every year until the information system is fully implemented.
11. It is recommended that ISD initiates and runs a short life working group.

Chapter 1 Background and context

This document reports on the findings of a survey of the provision of injecting equipment to intravenous drug users in 2007/08 in Scotland. The survey was carried out by NHS Information Services Division (ISD) as part of Phase II of the Scottish Hepatitis C Action Plan, which is funded by the Scottish Government. The purpose of the survey was to collect baseline data on injecting equipment provision as well as information about data collection systems that are currently used by providers of injecting equipment in Scotland. This document describes the results of the survey and makes recommendations about the future systematic collection of information on injecting equipment provision across Scotland.

Chapter 1 outlines the background to the project in terms of policy and research, the Hepatitis C Action Plan and ISD's role in delivering a data collection system to monitor the provision of injection equipment in Scotland.

Note regarding terminology (Appendix 2)

- IDUs – injecting drug users
 - Injecting Equipment Provision (IEP) service – a pharmacy or an agency that provides sterile injecting equipment
 - Agency – an organisation that specialises in the treatment of drug misuse and/or offers access to sterile injecting equipment.
 - IEP Pharmacy – a pharmacy that offers access to sterile injecting equipment.
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Key points

- The Scottish Government published its first Hepatitis C Action Plan in 2006 to address the Hepatitis C epidemic in Scotland. Phase 1 of the Action Plan, which ran from September 2006 to August 2008, focused on increasing awareness about Hepatitis C and collecting evidence to inform proposals for the development of Hepatitis C services. Phase II of the Hepatitis C Action Plan, which began in May 2008 (and is due to run over 3 years), is principally concerned with improving education, prevention, testing, treatment and support services.
 - ISD is the lead organisation responsible for delivering Action 21 of the Action Plan: the development of a data collection system to monitor the provision of injection equipment in Scotland. Injecting equipment has been made available to IDUs in Scotland for the last 20 years but to date there has been no systematic approach to data collection on provision or uptake.
 - Year 1 (2008/09) of the project has focused on scoping the feasibility of such a data collection system with the following specific objectives:
 - Produce an updated, accurate map of services providing injecting equipment in Scotland;
 - Highlight NHS Practitioner Services Division (PSD, NHS Scotland) involvement in injecting equipment provision in terms of costs and procedures;
 - Collect and analyse data on injecting equipment provision for the year 2007/08;
 - Provide clear recommendations on establishing a system for regular collection of data on injecting equipment.
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1.1 Introduction

In Scotland, it is estimated that 50,000 people are infected with the Hepatitis C virus (HCV) and 38,000 are chronic carriers.^{1,2} Hepatitis C is spread mainly through blood-to-blood contact with an infected person. Currently, the greatest risk of acquiring the virus in the UK is through injecting drug use¹.

The total number of persons in Scotland known to have been infected with the Hepatitis C virus up to September 2008 is 24,908; 89% of the reports, for which the possible/probable route of transmission was known³, were IDUs. Over the same time period there have been 7,891 reports in Scotland where the route of transmission is not known; many of these are likely to be IDUs or former IDUs³.

Twenty-nine percent (3,458) of all drug users accessing treatment services in Scotland in 2007/8 (for whom information is available) reported that they had injected in the month prior to seeking treatment³. Nineteen percent (657) of those individuals reported that they had shared needles/syringes in the last month³. Many IDUs in Scotland are thus at risk of contracting Hepatitis C.

1.2 Policy and research

In Scotland, there is a limit on the numbers of needles/syringes that may be given out to an individual in any one transaction in a needle exchange. These limits have been set by Scotland's Lord Advocate, and were increased in 2002 in a bid to control the spread of Hepatitis C in IDUs⁴. The current limits on needle and syringe provision are:

- Maximum 20 needles/syringes on the first visit;
- Maximum 60 needles/syringes on subsequent visits;
- An exceptional maximum of 120 needles/syringes for holiday periods when facilities are closed or where facilities are difficult to access.

An evaluation, published in 2005, found that there was wide variation among pharmacy needle exchanges in Glasgow City in policies on the numbers of needles/syringes offered to IDUs which meant that IDUs were not being encouraged to take as many needles / syringes that they were entitled to. Moreover few IDUs were reported to want the maximum number of needles/syringes (60) even though some of those interviewed admitted to re-using needles/syringes frequently.⁴ These findings indicate that the current limits set by the Lord Advocate are not directly contributing to the increasing prevalence of Hepatitis C in Scotland.

Research has also suggested that the sharing of other injecting paraphernalia, such as filters, spoons and water, is common amongst IDUs⁵, and could also be a contributory factor in the Hepatitis C epidemic. In 2003, upon the advice of the Advisory Council on the Misuse of Drugs, an amendment to Section 9A of the UK Misuse of Drugs Act (paraphernalia) was made to allow needle exchange staff to supply drug users with sterile water for injecting, swabs, cookers, filters and citric acid (though the latter is not provided free of charge in some parts of the country).⁶

It has been recognised that IEP services have a vital role to play in improving the accessibility of sterile injecting equipment and the effectiveness of harm reduction interventions in an attempt to address the current Hepatitis C epidemic. The most comprehensive is the report published by the Scottish Government in 2006, *Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey*⁶.

This study was funded by the Scottish Government under the Drug Misuse Research Programme, and was carried out between January and September 2005. It involves surveys and focus groups with Alcohol and Drug Action Team (ADAT) co-ordinators, representatives of non-pharmacy needle exchange services, and pharmacy needle exchange co-ordinators. The study identified 188 IEP services in Scotland, with IEP pharmacies outnumbering agencies by a ratio of 3:1.

The general conclusion from this report was that there were large variations in practice in relation to all aspects of needle exchange provision in Scotland. In particular, the study highlighted a lack of robust monitoring systems of basic needle exchange activity, including number of "transactions" (needle exchange contacts); the number of clients; the number of syringes distributed and the number of syringes. Furthermore, although the majority of IEP

services provided sharps bins and wipes/swabs, there was variation between services in relation to the distribution of other paraphernalia (for example, citric acid, filters and cookers).

In response to these findings, a number of recommendations were outlined in the report, highlighting the need for greater standardisation in the provision of needle exchange services in Scotland. A review of both the recommendations and the responses to them over the last three years since the publication of the report is presented in Chapter 8 of this document.

1.3 Hepatitis C Action Plan

1.3.1 Overview

The Scottish Government recognised the importance of tackling the Hepatitis C epidemic through the publication of its first Hepatitis C Action Plan in September 2006.

Phase I of the Action Planⁱ, which ran from September 2006 to August 2008, focused on increasing awareness about Hepatitis C, and collecting evidence to inform proposals for the development of Hepatitis C services. The overall aims of the Phase I Action Plan were:

- To put in place mechanisms to ensure better co-ordination, planning and accountability of Hepatitis C-related services.
- To build on existing activities and interventions to reduce the number of new cases of Hepatitis C in Scotland.
- To provide professionals and service users with the information and support they need.
- To gather robust data to inform the development and expansion of testing, treatment and care services beyond 2008.

Phase I was also concerned with laying the foundation for further action beyond September 2008 (Phase II).

Phase IIⁱⁱ of the Hepatitis C Action Plan, which began in April 2008 (and is scheduled to run over 3 years) is principally concerned with improving education, prevention, testing, treatment and support services. Its aims are:

- To prevent the spread of Hepatitis C particularly among IDUs.
- To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment.
- To ensure that those infected receive optimal treatment, care and support.

1.3.2 Actions related to improving IEP services

There are 34 Actions defined in the Phase II Action Plan and two of these are directly related to improving IEP services:

Action 14: National Guidelines for services providing injection equipment to IDUs will be developed. A Guideline Development Group will be established.

Action 15: Services providing injection equipment (needles/syringes and other injection paraphernalia) will be improved in accordance with the Guidelines referred to in Action 14 above.

ⁱ <http://www.scotland.gov.uk/Resource/Doc/148746/0039553.pdf>

ⁱⁱ <http://www.scotland.gov.uk/Resource/Doc/222750/0059978.pdf>

1.3.3 Actions related to monitoring IEP services

In June 2008 an Injecting Equipment Provision Guidelines Group was formed, comprising a range of professionals and experts working in fields related to IEP services. The remit of the group was to develop a set of guidelines that could be used by anyone involved in the commission or provision of IEP services. The group produced a set of draft guidelines in November 2008, which, after consultation, will be finalised and distributed in Summer 2009⁷. These guidelines are designed to help improve both the quantity of equipment provided and the quality of service offered.

In addition, there are a series of planned monitoring and surveillance actions which are designed to evaluate the performance of Actions. Action 21 is one of two actions which aims to monitor the performance of Actions 14 and 15 and is the area in which ISD is primarily involved:

Action 21: The development of a data collection system to monitor the provision of injection equipment in Scotland will be undertaken. Key Performance Indicator: audit of services against the newly devised Guidelines.

Injecting equipment has been made available to IDUs in Scotland over the last 20 years but there has been no systematic approach to data collection on the provision and uptake of such equipment. Monitoring and reporting of IEP services is conducted locally, with very limited national reporting. The requirement to collect and store data relating to IEP service activity is not necessarily included in service level agreements across all sectors, so data collected from IEP services is incomplete and of variable quality.

The Scottish Drugs Misuse Database (SDMD)⁸ collects information on drug users based on reports submitted on individuals who attended a service for assessment of their drug misuse problems. This includes data on frequency of injecting and about the sharing of needles/syringes and sharing of spoons/water/filters/solutions. However, as IEP pharmacies and some IEP agencies (that are not part of a wider drug treatment service) do not contribute to the SDMD, a significant proportion of IEP usage is not recorded. Therefore, there is a still a requirement to develop a data collection system to monitor the provision of injecting equipment across Scotland, in line with the actions designed to increase uptake, and reduce the sharing of needles/syringes and other injecting equipment by injecting drug users. Action 14 is of particular importance to the work carried out by ISD for Action 21, as any data collection system will be used in part to monitor adherence to the guidelines.⁷

1.4 Steering Group Membership

As well as the establishment of a project team at ISD (reporting to the Action Plan Governance Board), a project steering group was convened to support the development of the project in Year 1. The group represented a variety of key stakeholders, including the Scottish Government, Health Protection Scotland, the Scottish Drugs Forum, the Scottish Prison Service, representatives from the Guidelines Group, pharmacy coordinators and service managers. Many of the group already play key roles in the Hepatitis C Action Plan. Advice was also taken from practitioners and service providers.

Meeting twice over the course of the year, the key role of the steering group was to provide expert advice to the project team in such areas as the appropriateness of the data items and the practicalities involved in collecting these data, and to maintain an overview of progress.

1.5 Project aims

Year 1 (2008/09) of the project focused on scoping the feasibility of a data collection system for Action 21 and objectives were chosen to reflect this:

- Produce an updated, accurate map of services providing injecting equipment;
- Highlight PSD involvement in injecting equipment provision in terms of costs and procedures;
- Collect and analyse data on injecting equipment provision for the year 2007/08;
- Provide clear recommendations on establishing a system for regular collection of data on injecting equipment.

The outcomes of these aims are presented in this report. Chapter 2 outlines the methodology of the project, and chapters 3 and 4 present the main findings of the surveys in relation to mapping injecting equipment provision and activity in 2007/08. Chapter 5 focuses on the interventions provided by IEP services, including paraphernalia distribution, whilst chapter 6 reviews IEP policies. Reporting mechanisms and funding streams are discussed in chapter 7 and chapter 8 presents recommendations.

References

1. Hutchinson SJ, Roy KM, Wadd S, Bird SM, Taylor A, Anderson E. *Hepatitis C virus infection in Scotland: epidemiological review and public health challenges*. *Scott Med J* 2006, 51(2): 8 – 15.
2. *Needs assessment of Hepatitis C testing, treatment, care and support services in Scotland: Overview report*. Health Protection Scotland, 2008.
<http://www.hepcscotland.co.uk> (pending publications).
3. *NHS Information Services Division (ISD) (2008) Drug Misuse Statistics Scotland 2008*. NHS National Services Scotland.
4. Taylor A, Allen E, Hutchinson S, Roy K, Goldberg D, Ahmed S, Roberts K (2005). *Evaluation of the Lord Advocate's guidance on the distribution of sterile needles and syringes to injecting drug users*. Scottish Executive Effective Interventions Unit.
<http://www.scotland.gov.uk/Publications/2005/05/18114615/46165>
5. Taylor A, Fleming A, Rutherford J, Goldberg D (2004) *Examining the injecting practices of injecting drug users in Scotland*. Scottish Executive Effective Interventions Unit.
<http://www.scotland.gov.uk/publications/2004/02/18871/32890>
6. Greisbach D, Abdulrahim D, Gordon D, Karin D. *Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey*. Scottish Executive Social Research Programme; 2006.
<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>
7. The Injecting Equipment Provision Guidelines Development Group
8. More information on the Scottish Drugs Misuse Database can be found at the following location:
<http://www.drugmisuse.isdscotland.org/sdmd/sdmd.htm>

Chapter 2 Methods

Chapter 2 outlines the methods used to map injecting equipment provision (IEP) services in Scotland. It also describes the survey strategy in terms of implementation and analysis before highlighting issues related to data quality.

Key points

- Key contacts were identified for IEP services in each Health Board.
 - Managers in PSD were interviewed to obtain information about the supply of equipment to IEP services.
 - The questionnaires sent to IEP services were designed to (i) collect baseline data, (ii) find out what, if any, data collection systems are already in place and (iii) map the flow of information within Health Boards.
 - Three different questionnaires were designed, one for each of the following groups:
 - IEP service (agency or pharmacy).
 - Pharmacy IEP scheme coordinator (one in each Health Board).
 - Alcohol and Drug Action Team (ADAT) area coordinator.
 - Members of the project team visited England and Wales to learn from the experiences of introducing IEP information systems in these two countries.
 - There were gaps in the data that was collected. The number of responses to each question is presented alongside the results to provide a measure of the reliability of the data.
-

2.1 Mapping injecting equipment services

IEP services cover all injecting equipment providers, including both agencies and pharmacies.

Agencies across Scotland were identified from a review of the records held on the Services Directory on the Scottish Drugs Forum (SDF)¹ website and the Alcohol and Drug Action Team (ADAT)² websites, and these were supplemented with service contact details maintained by ISD's substance misuse team. Pharmacies can opt to participate in IEP schemes which Health Boards initiate and manage. In order to identify pharmacies that participate in IEP Schemes, each Health Board was contacted to provide a list of pharmacies that participate in IEP Schemes in their area.

2.2 Supply and costs of injecting equipment

Practitioner Services Division (PSD) is a division of NHS National Services Scotland and provides a wide range of services to support health professionals in Scotland. PSD have offices at eight sites across Scotland, including Aberdeen, Edinburgh and Glasgow and play an integral role in the payment of health professionals in the dental, pharmacy, GP and ophthalmic sectors.

PSD is responsible for making payments to pharmacies for the services they provide but it was unable to provide information specifically on the amount of funding that is provided for pharmacy IEP across Scotland. Similarly, PSD could not provide information about the purchase of injecting equipment because it is carried out mainly at Health Board level and purchasing protocols vary considerably between Boards.

2.3 Survey strategy

Surveys were conducted to:

- Provide data on injecting equipment provision in 2007/08
- Review data collection systems that are already in place for IEP services
- Map the flow of IEP information in Health Boards across the country.

Survey responses were also used to inform recommendations for establishing a system for regular collection of data on injecting equipment provision.

The survey questionnaires were developed from those used previously in the 2005 survey of IEP services in Scotland³. The general structure of the questionnaires was retained, but some of the more in-depth questions asked in the previous survey were removed. The current survey is tightly focused on the collection of baseline data and information on data collection systems. There was no requirement for the very detailed information collected in 2005. The questionnaires were finalised following consultation with the project steering group and piloting with a small number of practitioners.

Three different survey questionnaires were designed, one for each of the following groups (Appendix 3):

- IEP services
- Pharmacy IEP scheme coordinator (one in each Health Board);
- ADAT area coordinators.

The initial plan was to send questionnaires to the managers of pharmacy IEP services as well as those of non-pharmacy services. However, pharmacy coordinators informed the Steering Group that they (or an alternative BBV/Hepatitis C contact) collected and collated data for all pharmacies in their area. Therefore, it was agreed that pharmacy questionnaires would be sent to pharmacy coordinators (or equivalent contacts) and not to individual pharmacies; the coordinators agreed to complete the pharmacy coordinators' questionnaire as well as submit information for each pharmacy in their Health Board that participated in the IEP programme.

The three survey questionnaires asked similar questions, and there was some overlap in coverage. This was useful in two distinct ways. Firstly, it allowed more people to participate in the process, and secondly, it gave the project team a better understanding of the current methods of data collection, and provided a fuller picture of data quality, gaps and redundancies.

The questionnaires were distributed on 14th October 2008 with a deadline of 14th November given for their return. The questionnaires for agencies were sent by post and the questionnaires for pharmacy coordinators and ADATs were distributed by email. A follow-up letter/email was sent a week before the deadline to remind those who had not yet responded.

By 14th November a number of IEP services had not responded. The period for completion of questionnaires was then extended with a revised deadline of 5th December, to maximise the response rate. Responses were as follows:

- **Agencies:** 51 were surveyed, 36 responded (71%)
- **ADAT coordinators:** 22 were surveyed, 21 responded (95%)
- **Pharmacy coordinators:** 13 were surveyedⁱ, 11 responded (85%); 5 provided aggregate information only for pharmacies.

ⁱ Orkney did not have an IEP pharmacy in operation at the time of the survey and are therefore not included in the analysis of this report.

There was a high response rate to the survey, but not all respondents were able to answer all the questions. The questions that requested detailed figures (number of transactions, number of clients, needles/syringes distributed and returned) produced the lowest response rates. For example, some respondents responded positively to the question: "Do you record number of IEP transactions?", but were then unable to provide the number. It is likely that this is a consequence of information being collected on paper returns but not being collated into a central information system.

Despite receiving a high response rate overall, the Steering Group for this project raised concern over the lack of information received from Fife agencies. In the previous survey Fife accounted for a fairly large proportion of IEP activity. It was agreed that this should be followed up with someone in Fife to obtain an explanation as to why this was the case – it was intended that this explanation could be incorporated into the report. As a result of these inquiries, some aggregated information covering IEP agencies in Fife was provided, however at this point it was very close to the date of publication. For this reason, Fife data can be found in Appendix 1.

2.4 Identifying changes since the previous National Needle Exchange Survey

In addition to the work which was undertaken to collect data on current IEP service provision, ISD commissioned Griesbach & Associates to carry out a small piece of research to examine the extent to which recommendations made in the previous National Needle Exchange Survey had been taken up by the Scottish Government, by local ADATs, and by IEP service providers. This additional work involved interviews with representatives of the Scottish Government, and a separate short questionnaire survey of a sample of individuals responsible for co-ordinating IEP service provision at a local level. The interviews and survey focused specifically on identifying whether and how the individual recommendations made in the 2006 report had been implemented. In addition, comparisons were made between the data collected for the previous study, and the data collected for the present survey.

2.5 Fact finding trip to England & Wales

To assist in the development of recommendations for an injecting equipment data collection system in Scotland, members of the project team visited the National Treatment Agency (NTA) in London and The National Public Health Service in Wales. Both of these organisations have explored the feasibility of setting up injecting equipment databases. The NTA rolled out their Needle Exchange Monitoring System (NEXMS) in April 2008 and the National Public Health Service in Wales has recently (April 2008) run a pilot to see if data could be collected from their IEP services. The expertise and experience of both these groups inform the recommendations presented in this report.

2.6 Data quality

The project team was aware, given the experience of the previous survey, that there would be gaps and inconsistencies in the data. Considerable effort was invested by the team in explaining to respondents the significance of the survey in terms of the Hepatitis C Action Plan and the need to develop a national data collection system.

Any output from a survey can only be as reliable and accurate as the information provided by its respondents. This study involved three surveys – a services survey, a pharmacy coordinators survey and an ADAT survey. The three questionnaires had many overlapping questions, especially in relation to IEP activity. However it was felt that collecting the same data from multiple sources would help alleviate the potential problem of having gaps in the information gathered.

The survey was designed to identify data flows and to collect baseline data, so respondents were encouraged not to try to obtain data that they did not routinely collect. Many of the ADATs reported that they did not hold any data: while this is useful to know, it contributes towards poorer data quality.

2.7 Project governance

The project team followed ISD's project governance procedures, which require that a project scoping exercise be undertaken at the commencement of the project. Following this a detailed project plan was created. The project plan includes a risk register, which was updated throughout the duration of the project. Monthly highlight reports were completed describing achievements, outstanding tasks and targets for the next reporting period. Any new risks associated with the project were recorded in the risk register. The purpose of these reports is to flag up to management any issues that may have an impact on the completion of the project to the agreed timescales.

In addition to this it was necessary for the project team to comply with similar procedures for the Hepatitis C Action Plan Programme Management Team. This required a project plan, risk register and monthly highlight reports, similar to those completed within ISD, to keep the Hepatitis C Action Plan Governance Board up to date on any possible issues which might affect the completion of the project.

References

1. More information on the Scottish Drugs Forum can be found at the following location:
http://www.sdf.org.uk/sdf/CCC_FirstPage.jsp
2. ADAT websites can be accessed from the drugs misuse web site at the following link:
<http://www.drugmisuse.isdscotland.org/dat/dat.htm>
3. Griesbach D, Abdulrahim D, Gordon D, Karin D. *Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey*. Edinburgh: Scottish Executive Social Research Substance Misuse Research Programme; 2006.
<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>

Chapter 3 Mapping injecting equipment provision services

This chapter examines the structure of injecting equipment provision in Scotland in terms of the types of services that are available, their location and their opening times. The nature of current data collection systems is also discussed in relation to what client information is collected at the point of contact and how this data is recorded.

Key points

- Survey responses were received from a total of 205 injecting equipment provision (IEP) services in Scotland: 169 pharmacies and 36 agencies.
 - Some form of IEP was available in all but one ADAT area.
 - Among agencies, the most common way in which IEP was offered was 'as part of a wider drug treatment service'.
 - The majority of agencies and pharmacies in Scotland were open only from Monday to Friday. A third of agencies offered evening hours; half of pharmacies were open all day Saturday.
 - The information most likely to be collected by both agencies and pharmacies is gender, client's initials, date of birth, partial postcode and the injecting equipment provided.
 - Nearly all pharmacies recorded client details on paper; almost half of agencies recorded client data on paper before transferring it onto a computerised system.
-

3.1 Geographical coverage

Scotland is divided into 22 Alcohol and Drug Action Team (ADAT) areas and 14 Health Board areas. All Health Boards except Orkney have a lead individual (pharmacy coordinator, blood-borne virus coordinator, service director) who is responsible for the running and operation of the IEP scheme in pharmacies within their Health Board area.

In Scotland, local drug treatment services provided by specialist agencies are planned and monitored by ADATs. In some areas, management of these services is integrated, and the infrastructure may vary between Health Boards. In some areas, a single IEP coordinator is responsible for all injecting equipment provision in a Health Board area. In most Health Boards, pharmacy coordinators manage IEP in pharmacies, while agencies either report to the ADAT or to a specialist coordinator (for example, a BBV coordinator or a manager of a harm reduction service).

Schematics of current provision of IEP services in Health Boards are presented in Appendix 5.

Survey responses were received from 205 IEP services in Scotland:

- 169 pharmacy exchanges
- 36 agencies (of which 13 offered mobile or outreach services)

Nearly all ADAT areas provided access to an IEP service. Orkney was the only area currently without any access to an IEP service; however the pharmacy coordinator there is in the process of setting up an IEP pharmacy this year (2009). Just under a fifth (18%) of IEP services in Scotland were provided by agencies. Of these, just over a third (36%) delivered injecting equipment provision through outreach/mobile services.

Across Scotland IEP pharmacies outnumbered agency provision by a ratio of nearly 5:1. This represents an increase in the number of pharmacies offering IEP since the Scottish Government's National Needle Exchange Survey in 2005 (when the ratio was 3:1 pharmacy to agency IEPs)¹. The increase in pharmacy provision is largely accounted for by Greater Glasgow & Clyde, which has almost doubled its number of IEP pharmacies since the last survey. By the summer of 2009, Greater Glasgow & Clyde will have a total of 64 pharmacy needle exchanges.

Agencies

Agencies were located in 16 of the 20 ADAT areas who responded to the survey (Table 3.1), IEP agencies in Fife and Angus did not respond. East Lothian and West Lothian have no IEP agencies, but are able to take advantage of one of the five outreach services located in nearby Edinburgh and Midlothian. Edinburgh ADAT had the greatest number of agencies, with a total of eight, including four outreach services.

Pharmacies

Pharmacy needle exchanges existed in all but 3 ADAT areas. Only Orkney, Shetland and the Western Isles did not have access to pharmacy needle exchange provision. At the time of the survey, the Greater Glasgow & Clyde ADAT area had the most pharmacy needle exchanges with forty-four in operation and another twenty planned for the near future.

Table 3.1: Number of IEP pharmacies and agencies¹, by Health Board and ADAT area, 2007/08

Health Board	ADAT area	Pharmacy needle exchanges	Agencies (mobile/outreach service) ²
Scotland		169	36 (13)
NHS Ayrshire & Arran	Ayrshire & Arran	8	2 (0)
NHS Borders	Borders	6	1 (0)
NHS Dumfries & Galloway	Dumfries & Galloway	8	3 (1)
NHS Fife⁴	Fife	18	-
NHS Forth Valley	Forth Valley	11	1 (1)
NHS Grampian	Aberdeen City	5	1 (1)
	Aberdeenshire	4	2 (0)
	Moray	6	1 (0)
NHS Greater Glasgow & Clyde	Greater Glasgow & Clyde	44	6 (2)
NHS Highland	Highland	9	3 (1)
NHS Lanarkshire	Lanarkshire	18	2 (1)
NHS Lothian	East Lothian	4	-
	City of Edinburgh	11	8 (4)
	Midlothian	2	1 (1)
	West Lothian	4	-
NHS Orkney³	Orkney	-	-
NHS Shetland	Shetland	-	1 (1)
NHS Tayside	Angus	3	-
	Dundee City	4	2 (0)
	Perth & Kinross	4	1 (0)
NHS Western Isles	Western Isles	-	1 (0)

¹ The figures in the above table reflect those pharmacies and agencies that responded to the survey. Therefore, the actual numbers of IEP services will be higher (see chapter 2).

² If an agency declared that they offered both mobile AND outreach, this was only counted as one service. I.E. the focus is on counting the number of agencies that offer mobile/outreach rather than how many forms of IEP each agency offers.

³ IEP Pharmacy due to open in 2009.

⁴ Information on Fife agencies can be found in Appendix 1

- No data available

3.2 Types of services available

In the IEP Service Survey (Appendix 3), respondents were asked to indicate which type(s) of needle exchange their agency offered. A list of possible types of services was provided and the findings are shown in Table 3.2. Agencies were able to choose more than one option so the totals may add up to more than the overall number of agencies available.

Table 3.2: Types of agency based injecting equipment provision services¹, by Health Board; 2007/08

	Stand-alone NX	Wider service	Mobile	Street Outreach	Domiciliary	Peripatetic	Other ²
Scotland¹	12	24	6	11	8	6	6
NHS Ayrshire & Arran	1	2	-	-	1	1	1
NHS Borders	-	1	-	-	-	-	-
NHS Dumfries & Galloway	-	3	-	1	1	-	-
NHS Fife ³	-	-	-	-	-	-	-
NHS Forth Valley	1	1	1	1	1	1	-
NHS Grampian	3	3	1	1	-	2	1
NHS Greater Glasgow & Clyde	2	4	-	2	-	-	1
NHS Highland	1	1	-	1	2	-	-
NHS Lanarkshire	-	1	1	-	1	1	1
NHS Lothian	3	5	3	4	1	1	1
NHS Orkney	-	-	-	-	-	-	-
NHS Shetland	-	1	-	1	1	-	-
NHS Tayside	1	2	-	-	-	-	-
NHS Western Isles	-	-	-	-	-	-	1

¹ Respondents were able to choose more than one option so the totals may add up to more than the overall number of agencies available

² Greater Glasgow & Clyde Health Board have recently introduced a needle *replacement* scheme within drug treatment services on 20 separate sites i.e. clients who already have access to the full range of medical/psychosocial interventions are also to have access to clean injecting equipment. These services were not included in the survey as the initiative was launched after the survey was completed.

³ Information on Fife agencies can be found in Appendix 1

- No data available

The most prevalent form in which injecting equipment provision is provided by agencies is as part of a wider drug treatment service. Twenty-four agencies indicated that IEP was provided in this way. Twelve agencies classed themselves as a 'stand-alone IEP service' while a further eight agencies delivered injecting equipment provision to people's homes (domiciliary). Three of the domiciliary services were delivered in more rural areas (two in Highland and one in Shetland). Six agencies also indicated that they provided 'other' services that were not provided on the possible list of options. These ranged from police custody suites to the distribution of needles and syringes in shelters, hostels and homeless units. The only IEP service in Western Isles identifies itself as an interim scheme provided by a hospital ward. A further two services in Aberdeen and Glasgow also catered for women involved in prostitution by offering a women-only drop in service and outreach services on the streets in the evenings.

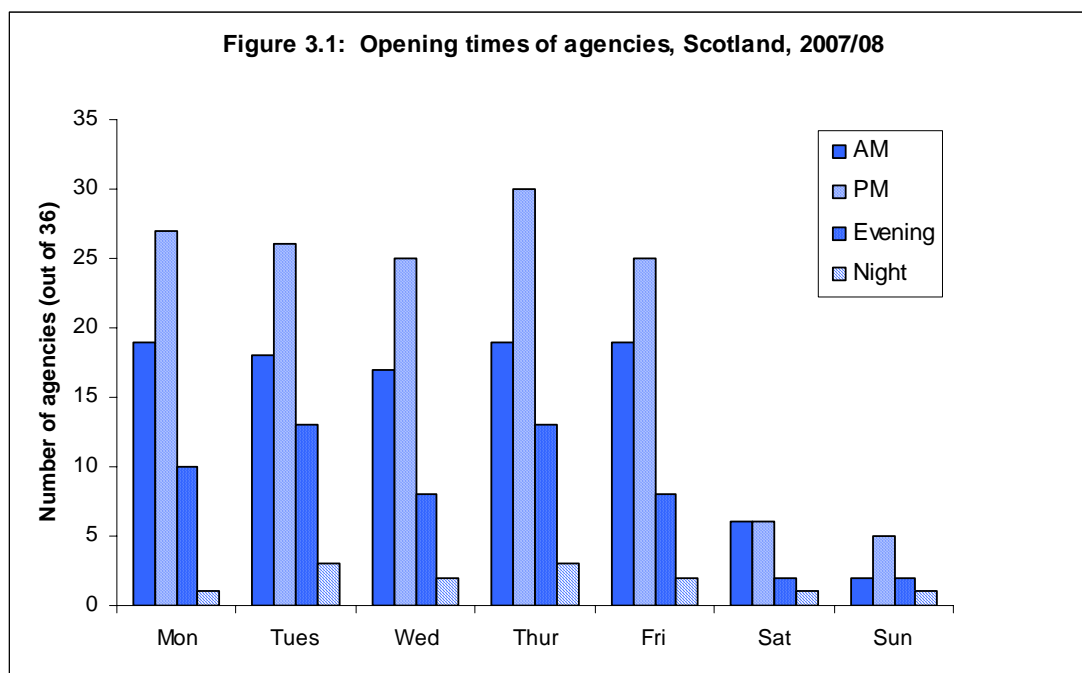
3.3 Access to services: opening times

Agencies

The majority of agencies in Scotland were open Monday to Friday with half operating in both the mornings and afternoons (Figure 3.1). Just under a third of agencies offered evening hours; Tuesdays and Thursdays were the most popular days to stay open late. Only a few services were open during the night (i.e. after 10pm). Eight agencies were open on a Saturday and six services open on a Sunday. Of these weekend services, only two were open in the evening and one agency was open late at night. Four agencies were open seven days a week but only one agency, the Glasgow Drug Crisis Centre, was open 24:7.

Pharmacies

All IEP pharmacies were open Monday to Friday, with the majority offering services in both the mornings and the afternoons. A very small number of pharmacies were opened in the evenings and nearly all of these were located in Highland ADAT area. Aggregate data from those pharmacy coordinators who provided information on opening times indicates that all of the pharmacies were open on a Saturday morning with just under half also being open on a Saturday afternoon. Eight pharmacies were open on a Sunday, with four being open both mornings and afternoons.



Note to figure: AM = morning; PM = afternoon; evening = up until 9pm; night = after 10pm.

3.4 Data collection systems

3.4.1 Data items recorded

Agencies

The majority of agencies recorded information regarding: needles/syringes distributed and returned; contacts/visits; age and gender. Outside this core dataset, the most common items recorded by agencies were 'date of birth' (89%), initials (75%) and 'partial postcode'. The majority of agencies (89%) also recorded what injecting equipment (in addition to needles/syringes) they distributed to clients.

Sixteen (out of 36) agencies collected a client's first name while only ten agencies recorded a client's ethnic origin.

The questionnaire gave agencies the opportunity to specify whether they collected any client information other than that provided in the list. Additional data items mentioned included BBV status, injecting sites and whether the client is new or returning to the service.

Pharmacies

The majority of pharmacies recorded information regarding: needles/syringes distributed and returned; contacts/visits; age and gender. Outside this core dataset, the most common items to be recorded by pharmacies were 'date of birth', initials and 'partial postcode'. At least one of these data items was recorded by 91% of pharmacies, and about a third recorded all three items. No pharmacies recorded full postcode but just over half (53%) recorded part of a client's postcode. Greater Glasgow & Clyde and Forth Valley also recorded the ethnicity of the client.

As with agencies, the majority of pharmacies (88%) recorded what injecting equipment (other than needles/syringes) they distributed to clients, while Greater Glasgow & Clyde and Grampian also noted the main drug that was being injected by the client.

Several additional data items were noted in the 'other' section including whether the client was new or known to the pharmacy, the number of packs supplied, and agencies clients were referred to.

3.4.2 Data collection methods

Agencies

All of the agencies that responded to the question about methods of data recording said that they used a paper-based system (32 out of 36). Some used pharmacy pads, others had their own log sheets that were filled out at the time of the contact. Approximately half (19 out of 36) of all agencies also used some type of computerised system to record client data, usually in the form of a database or an excel spreadsheet. A small number of agencies recorded data directly onto a computer, the majority recorded details on paper when they were with the client and then transferred the data onto a database at a later date.

Pharmacies

All pharmacies recorded client information on paper. In addition, Greater Glasgow & Clyde, Lanarkshire and Lothian Health Boards collected the paper forms at the end of each month and later transferred them onto a central database. However, Greater Glasgow & Clyde, Tayside and Lothian are beginning to use the NeedleEx.org (NEO Harm Reduction Solutions) injecting equipment database.

3.5 Changes since the last survey

The latest figures highlight an increase in the total number of IEP services in Scotland since the last needle exchange survey was conducted in 2005¹ (from 188 to 205). This increase in provision is due to an increase in pharmacy provision. As already mentioned in section 3.1, the most recent figures show that across Scotland IEP pharmacies outnumbered agency provision by a ratio of nearly 5:1. This is primarily accounted for by an increase in IEP pharmacy provision in Scotland (136 in 2004/2005 to 169 in 2007/08), which is particularly prevalent in Greater Glasgow & Clyde where pharmacy provision has more than doubled since 2004/05 from 26 to 69. There have been no significant changes in opening times.

References

1 Griesbach D, Abdulrahim D, Gordon D, Karin D. *Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey*. Edinburgh: Scottish Executive Social Research Substance Misuse Research Programme; 2006.
<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>

Chapter 4 Injecting equipment activity in IEP services, 2007/08

This chapter reports on the level of activity undertaken by IEPs across Scotland in the financial year 2007/08. As part of the survey respondents were asked to provide, where possible, the number of transactions, the number of clients, the number of needles/syringes distributed and the number returned. When presenting analyses of the responses, pharmacies are examined separately from agencies.

Key Points

- 260,965 transactions were reported at all IEP services across Scotland in 2007/08.
 - The majority of injecting equipment transactions took place in pharmacies. However, agencies carried out many more transactions per site compared with their pharmacy equivalents.
 - Information on the numbers of clients was not as readily available as information on the number of transactions.
 - An estimated 35,788 clients were reported to have attended IEPs in 2007/08.
 - The ratio of males to females using IEP services was approximately 3:1 for both pharmacies and agencies.
 - Agencies and pharmacies reported a total of 3,982,516 needles/syringes distributed in 2007/08.
 - In Scotland the total number of needles/syringes returned to agencies and pharmacies that provided this information was estimated to be around 2.3 million.
 - Return rates varied across Health Boards and services: from 30-71% in agencies, and 40-96% in pharmacies.
 - The three main drugs IEP clients reported injecting were heroin, crack cocaine and steroids.
-

The information presented in this section of the report has been collated from the responses to both the services survey (agency and pharmacy: blue survey in Appendix 3) and the pharmacy coordinators survey (yellow survey in Appendix 3).

4.1 Number of transactions

A needle exchange transaction is defined as one episode in which a client receives and/or drops off some injecting equipment; one client may have many transactions within a given time period. There were 260,965 transactions reported at all IEP outlets across Scotland in 2007/08 (Table 4.1).

Table 4.1: The number of transactions reported at IEP services, by Health Board; 2007/08

Health Board	Pharmacies	Pharmacies Responding (All Services)	Agencies	Agencies Responding (All Services)	All IEP Outlets
Total (Scotland)	171,761	140 (169)	89,204	30(36)	260,965
NHS Ayrshire & Arran	6,230	8 (8)	4,345	1(2)	10,575
NHS Borders	600	6 (6)	708	1(1)	1,308
NHS Fife ¹	11,334	18 (18)	10,456	-	21,790
NHS Greater Glasgow & Clyde	55,269	44 (44)	15,416	5(6)	70,685
NHS Highland	4,490	9 (9)	519	3(3)	5,009
NHS Lanarkshire	18,381	1 (18)	20,139	2(2)	38,520
NHS Grampian	22,271	15 (15)	10,130	3(4)	32,401
NHS Orkney	-	-	-	-	-
NHS Lothian	36,096	21 (21)	10,443	7(9)	46,539
NHS Tayside ²	-	0 (11)	9,573	3(3)	9,573
NHS Forth Valley	8,792	11 (11)	3,723	1(1)	12,515
NHS Western Isles	-	-	*	1(1)	*
NHS Dumfries & Galloway	8,298	7 (8)	3,257	2(3)	11,555
NHS Shetland	-	-	*	1(1)	*

- No data available

* Not shown to prevent disclosure of small numbers

¹ Aggregated data for Fife pharmacies and agencies (obtained from the ADAT survey). Detailed information on Fife agencies can be found in Appendix 1

² Data for Tayside pharmacies was not available

Agencies

Of the 36 agencies responding to the survey, 33 said they recorded the number of transactions, but only 30 (83%) were able to provide supporting data.

A total of 89,204 transactions were reported for the year 2007/08 by these 30 agencies alongside the aggregate data from Fife. This amounts to an average of 2,625 transactions per IEP service per year. However, the number of transactions was variable and ranged from 20,139 in Lanarkshire for 2007/08 (reported in two agencies) to less than 10 transactions in Western Isles (reported by one agency).

Pharmacies

One hundred and forty pharmacies (140) provided information on the number of transactions. This represents 83% of all IEP pharmacies in Scotland.

A total of 171,761 transactions were reported by these 140 pharmacies, which represents an average of 1227 transactions per pharmacy. The number of transactions ranged from 600 in 6 pharmacies in Borders Health Board to 55,269 in the Greater Glasgow & Clyde Health Board area, where 44 pharmacies currently provide injecting equipment (note: 12 of the 44 pharmacies were new, formed as part of the expansion in Phase 1 of the Hepatitis C Action Plan, and consequently had been operational for less than 12 months. The figures for Greater Glasgow & Clyde are therefore an underestimate).

The average number of transactions per pharmacy was 1227 compared with 2625 transactions per agency. Pharmacies generated more transactions overall because they make up approximately 82% of IEP services. Agencies carried out approximately twice as many transactions per service and appear to have been used more intensively on average. It is worth noting that similar findings were reported in the previous survey of IEP services. Although pharmacies distributed a greater number of needles/syringes overall, agencies distributed a greater number of needles/syringes per transaction than pharmacies.

4.2 Number of clients

As part of the agencies and pharmacy coordinators surveys, respondents were asked whether or not they recorded information on the number of clients in 2007/08. Table 4.2 illustrates the responses.

Table 4.2: The total numbers of clients¹ reported attending IEP outlets, by Health Board; 2007/08

Health Board	Pharmacies	Pharmacies Responding (all pharmacies)	Agencies	Agencies Responding (all agencies)	All IEP Outlets
Total (Scotland)	23,924	113 (169)	11,864	27(36)	35,788
NHS Ayrshire & Arran	-	0 (8)	1,472	1(2)	1,472
NHS Borders	69	6 (6)	96	1(1)	165
NHS Fife ²	1,978	18 (18)	632	-	2,610
NHS Greater Glasgow & Clyde	18,733	44 (44)	1,705	5(6)	20,438
NHS Highland	995	9 (9)	235	3(3)	1,230
NHS Lanarkshire	-	0 (18)	*	1(2)	*
NHS Grampian ³	982	15 (15)	2,580	3(4)	3,562
NHS Orkney	-	-	-	-	-
NHS Lothian	1,167	21 (21)	4,379	6(9)	5,546
NHS Tayside ⁴	-	0 (11)	67	2(3)	67
NHS Forth Valley	-	0 (11)	-	0(1)	-
NHS Western Isles	-	-	*	1(1)	*
NHS Dumfries & Galloway	-	0 (8)	628	3(3)	628
NHS Shetland	-	-	43	1(1)	43

- No data available

* Not shown to prevent disclosure of small numbers

¹ Each client is identifiable as unique only within an IEP service. Clients who access more than one service will be double-counted. The total number of clients in any category is the sum of all responses, and is likely to be an overestimate.

² Aggregated data for Fife pharmacies and agencies (obtained from the ADAT survey. Detailed information on Fife agencies can be found in Appendix 1

³ Pharmacies and agencies in Grampian reported clients per month. It was felt that multiplying this figure by 12 for an entire year would result in an overestimate of client numbers in Grampian.

Numbers in the table represent a single month and are likely to be an underestimate.

⁴ Data for Tayside pharmacies was not available

Agencies

Twenty-eight (28) of the 36 agencies reported recording the number of clients, 6 said they did not and 2 did not answer the question. A total of 11,864 clients were reported attending IEP services in 2007/08. This figure represents 27 agencies who answered this question, as well as the aggregate data received from Fife. The number of clients ranged from 4,379 clients in the six responding services in Lothian to less than 10 in one service in Western Isles. The service with the largest number of clients was in Lothian with a reported 2,173 clients in 2007/08.

There is currently no way of quantifying the cross over of clients accessing different agencies and pharmacies i.e. each client is identifiable as unique only within an IEP service. Clients who access more than one service will be double-counted.

There was a relatively poor response to this question compared to the question on the number of transactions. This may relate to the difficulty in collecting client information while maintaining the anonymity of clients. It is also likely that agencies are unable to fully eliminate repeat attendees from client numbers.

Pharmacies

One hundred and twenty-four (124) pharmacies said they recorded the number of clients, but only 113 of these were able to provide figures. A total of 23,924 clients were reported in 2007/08.

The number of clients ranged from 69 in the 6 pharmacies in the Borders Health Board area to 18,733 clients in the 44 pharmacies in Greater Glasgow & Clyde. Again, it is likely that pharmacies are unable to fully eliminate repeat attendees from client numbers.

Twenty seven (27) agencies reported 11,232 clients; 113 pharmacies reported 23,924. The average number of clients per agency was 416 and the average for pharmacies was 212. This is consistent with the figures reported for the number of transactions. Agencies reported approximately twice as many transactions and twice as many clients as pharmacies on average.

4.3 Gender breakdown of clients

Agencies

Thirty-one agencies (31) (86% of those surveyed) reported recording the gender of clients. Only 21 (58%) were able to provide a gender breakdown of transactions and 23 (64%) were able to provide a gender breakdown of clients. These results suggest that many of those agencies who do record gender may not record it in a consistent or comprehensive manner. Table 4.3 shows the breakdown of the gender information supplied.

Pharmacies

One hundred and forty-six (146) (86% of those surveyed) of IEP pharmacies said that they recorded the gender of their clients. However, when asked to provide a gender breakdown of transactions, only 54 pharmacies (32%) provided information. A gender breakdown of clients was provided by 73 pharmacies (43%).

Table 4.3: The number of contacts & clients attending IEP services, by gender; 2007/08

Year	Pharmacies				Agencies			
	Contacts		Clients		Contacts		Clients	
	Male	Female	Male	Female	Male	Female	Male	Female
2007/08	65,813	20,235	15,575	6,247	52,426	15,471	7,873	3,048

Note: the response rate for this question was relatively low, so numbers of services contributing to this table is lower than previously seen.

The ratio of male to female contacts with IEP services is approximately 3.3:1 for both pharmacy and non-pharmacy services. However, the ratio of male to female clients is only 2.5:1. This suggests that males attend more often on average than females.

4.4 Equipment distributed

Pharmacies and agencies reported a total of 3,982,516 needles/syringes distributed in 2007/08. This represents an increase of 12% compared with the number reported in the previous study (survey of IEP in Scotland¹) for the period 2004/05. The increase could be due to a true increase in activity, but may in part be attributed to a differing response rate to the two surveys. Response rates were higher for the present survey. Four Health Boards provided aggregate data for their IEP pharmacies, these did not specify the number of individual pharmacies represented in the responses to the questions on numbers of needles/syringes distributed and returned. This means that the figures presented below should be interpreted with caution (Table 4.4).

Agencies

Twenty-seven (27) out of the 36 agencies (75%) answered this question and reported providing more than 1.8 million needles/syringes.

Pharmacies

Information on the number of needles/syringes distributed was collected from 132 (78%) of the pharmacies that provide an IEP service. In total, pharmacy IEPs provided more than 2 million needles/syringes in 2007/08.

Table 4.4: The number of needles/syringes distributed at IEP services, by Health Board, 2007/08

Health Board	Pharmacies Responding (132)	Agencies Responding (27)	Agencies Responding (all agencies)
Scotland	2,147,100	1,835,416	27(36)
NHS Ayrshire & Arran	-	193,161	1(2)
NHS Borders	14,060	12,540	1(1)
NHS Fife ¹	-	-	-
NHS Greater Glasgow & Clyde	776,975	299,269	5(6)
NHS Highland	82,315	8,017	2(3)
NHS Lanarkshire	325,125	394,927	2(2)
NHS Grampian	303,100	350,460	3(4)
NHS Orkney	-	-	-
NHS Lothian	473,326	180,122	5(9)
NHS Tayside ²	-	197,791	3(3)
NHS Forth Valley	95,832	189,758	1(1)
NHS Western Isles	-	15	1(1)
NHS Dumfries & Galloway	76,367	1,726	2(3)
NHS Shetland	-	7,630	1(1)

- No data available

¹Information on Fife pharmacies and agencies can be found in Appendix 1.

²Data for Tayside pharmacies was not available

Pharmacies gave out more needles/syringes (2,147,100) than agencies (1,835,416). However, individual IEP agencies on average gave out 4 times as many needles/syringes (in total) as the average IEP pharmacy. The mean number of needles/syringes distributed per pharmacy was only 16,266 compared to an average of 67,978 needles/syringes distributed by agencies. This indicates that agencies distributed approximately twice as many needles/syringes per transaction as pharmacies.

Greater Glasgow & Clyde distributed the highest number of needles/syringes through pharmacies (776,975) followed by Lothian (437,326).

Amongst agencies, the 2 agencies in Lanarkshire distributed the highest number of needles/syringes (394,927), while the 5 agencies who provided details of needles/syringes distributed in Greater Glasgow reported distributing 299,269 needles/syringes.

4.5 Equipment returned

IEP services were asked to estimate the number of needles/syringes returned; precision of the estimates was variable. One hundred and thirty (130) pharmacies and 27 agencies provided information on needles/syringes returned (Table 4.5).

Table 4.5: The number of needles/syringes returned to IEP services, by Health Board; 2007/08

Health Board	Pharmacies	Agencies	Agencies Responding (all agencies)	% returned ¹	
				Pharmacies	Agencies
Scotland	1,109,652	1,202,720	27(36)	52%	65%
NHS Ayrshire & Arran	-	126,901	1(2)	-	66%
NHS Borders	10,025	7,018	1(1)	71%	56%
NHS Fife ²	-	-	-	-	-
NHS Greater Glasgow & Clyde	457,842	201,388	5(6)	59%	67%
NHS Highland	34,151	10,554	3(3)	41%	76%
NHS Lanarkshire	224,730	270,350	2(2)	69%	68%
NHS Grampian	106,060	278,454	3(4)	35%	79%
NHS Orkney	-	-	-	-	-
NHS Lothian	180,970	93,051	5(9)	38%	52%
NHS Tayside ³	-	25,361	2(3)	-	13%
NHS Forth Valley	72,641	182,182	1(1)	76%	96%
NHS Western Isles	-	6	1(1)	-	40%
NHS Dumfries & Galloway	23,233	1,118	2(3)	30%	65%
NHS Shetland	-	6,337	1(1)	-	83%

- No data available

¹Base for percentages is calculated from those services which reported numbers for both distribution and return.

²Information on Fife pharmacies and agencies can be found in Appendix 1.

³Data for Tayside pharmacies was not available

In 2007/08 the total number of needles/syringes returned to those agencies and pharmacies that provided this information was approximately 2.3 million. More needles/syringes were returned to agencies (1.2 million) than to pharmacies (1.1 million); this represents an average return rate of 52% in pharmacies and 65% in agencies.

Large variation exists in return rates across Health Boards both for pharmacies and for agencies. For pharmacies, the lowest return rate was in Dumfries & Galloway (30%), and the highest was in Forth Valley (76%). Amongst agencies reporting returns, the lowest return rate was in Western Isles (40%) and the highest was again in Forth Valley (96%).

4.6 Type of drug injected

Pharmacies and agencies were asked to estimate the percentages of their clients using different drug types. Results, by Health Board, are presented in Tables 4.6 and 4.7.

Agencies

Twenty-nine (29) of the 36 agencies surveyed answered this question. All of the agencies reported that heroin injectors used their service. They also reported a wider range of drugs being injected by agency clients than by pharmacy clients. The second most common drug injected by agency users after heroin was steroids. Nineteen (19) of the agencies reported that steroid injectors used their service. Fourteen (14) agencies reported amphetamine injectors and 13 agencies reported crack cocaine injectors using their service.

Table 4.6: Type of drug injected by agency clients: number of agencies, by Health Board; 2007/08

	Heroin	Crack	Amphetamines	Benzodiazepines	Heroin/crack cocaine	Heroin/Amphetamines	Methadone	Steroids
All agencies	29	13	14	5	11	4	1	19
Ayrshire & Arran	1	1	-	-	-	-	-	1
Borders	-	-	-	-	-	-	-	-
Fife	-	-	-	-	-	-	-	-
Greater Glasgow & Clyde	6	6	5	2	3	-	1	5
Highland	2	1	1	1	-	1	-	-
Lanarkshire	2	-	-	-	1	-	-	1
Grampian	3	-	1	-	2	-	-	3
Lothian	7	2	2	-	3	1	-	5
Tayside	3	-	1	-	1	-	-	1
Forth Valley	1	-	1	-	-	-	-	1
Western Isles	-	-	-	-	-	-	-	-
Dumfries & Galloway	3	2	2	1	-	1	-	2
Shetland	1	1	1	1	1	1	-	-
Orkney	-	-	-	-	-	-	-	-

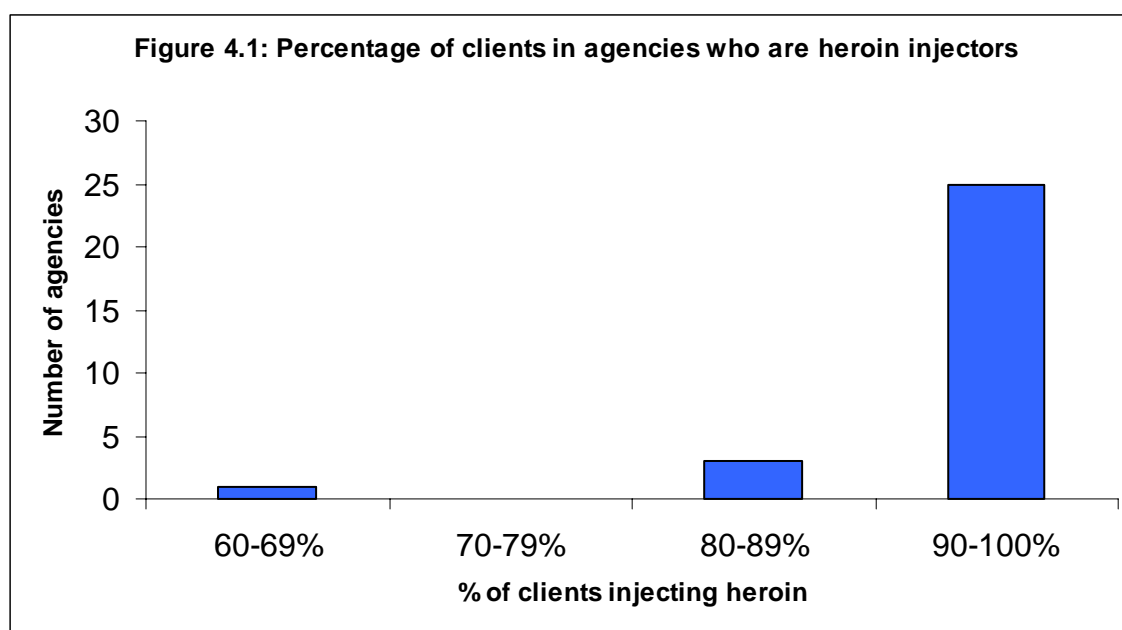
- No data available

Based on data from 29 (out of 36) agencies.

¹ Clients reported using both drugs. Clients who use, for example, a combination of heroin and crack cocaine, are also recorded under the table column for heroin.

Heroin in agencies (Figure 4.1)

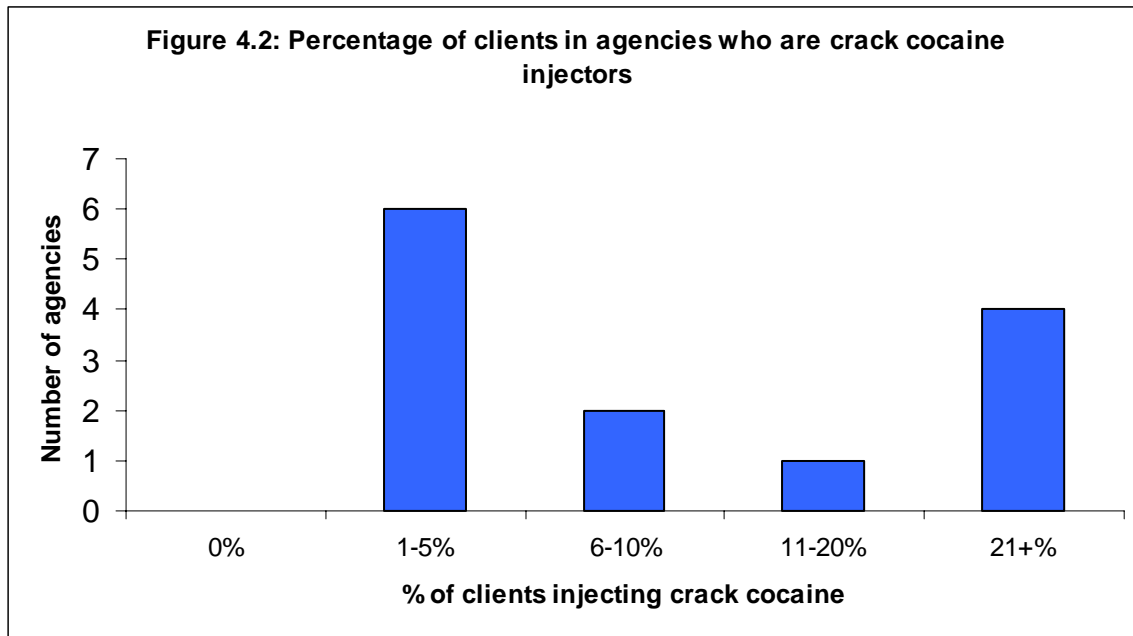
Heroin was the drug most commonly injected by agency clients. The majority of agencies (25 out of 29) reported that between 90 and 100% of their clients were heroin injectors. Three agencies reported that between 80 and 89% of their clients were heroin injectors and one agency reported that heroin injectors accounted for 60% of their clients.



Note: No agencies reported <60% of clients injecting heroin.

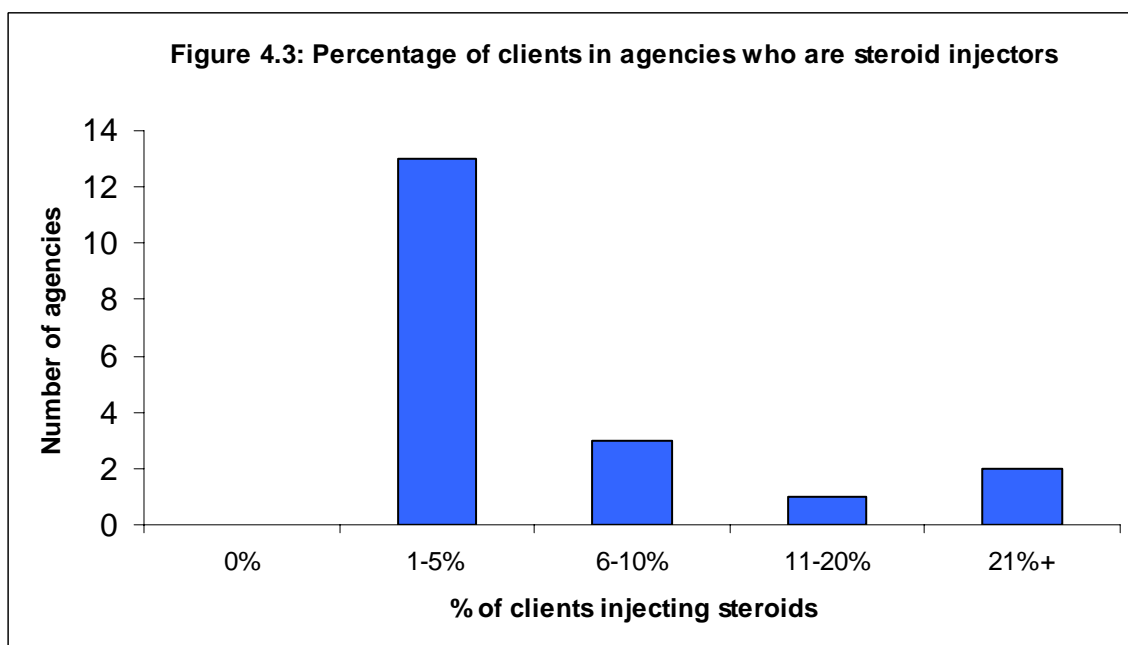
Crack cocaine in agencies (Figure 4.2)

Thirteen (13) out of 29 agencies reported distributing equipment to crack cocaine injectors. The majority of agencies (8 out of 13) reporting use of this drug said that it accounted for 10% or less of their clients.



Steroids in agencies (Figure 4.3)

Steroids were the second most commonly reported drug injected by clients. Nineteen of the 29 agencies reported that they supplied needles/syringes to steroid injectors. In 13 of the 19 agencies this accounted for 5% or less of their clients.



Pharmacies

Pharmacy coordinators answered this question on behalf of 72 of the pharmacies out of the 169 surveyed. The only three drugs their clients were reported to be injecting were heroin, crack cocaine and steroids. Table 4.7 shows the number of pharmacies who reported clients were injecting each drug. All of the 72 pharmacies that answered reported that their clients were heroin injectors. Forty-two of the pharmacies said their clients were injecting crack cocaine and 36 said their clients were injecting steroids.

Table 4.7: Type of drug injected by pharmacy clients, by Health Board; 2007/08

	Heroin	Crack cocaine	Amphetamines	Benzodiazepines	Heroin/ Crack cocaine	Heroin/ Amphetamines	Methodone	Steroids
All pharmacies	72	42	0	0	0	0	0	36
Ayrshire & Arran	-	-	-	-	-	-	-	-
Borders	-	-	-	-	-	-	-	-
Fife	18	-	-	-	-	-	-	-
Greater Glasgow & Clyde	44	35	-	-	-	-	-	30
Highland	-	-	-	-	-	-	-	-
Lanarkshire	-	-	-	-	-	-	-	-
Grampian	-	-	-	-	-	-	-	-
Lothian	-	-	-	-	-	-	-	-
Tayside	-	-	-	-	-	-	-	-
Forth Valley	10	7	-	-	-	-	-	6
Western Isles	-	-	-	-	-	-	-	-
Dumfries & Galloway	-	-	-	-	-	-	-	-
Shetland	-	-	-	-	-	-	-	-
Orkney	-	-	-	-	-	-	-	-

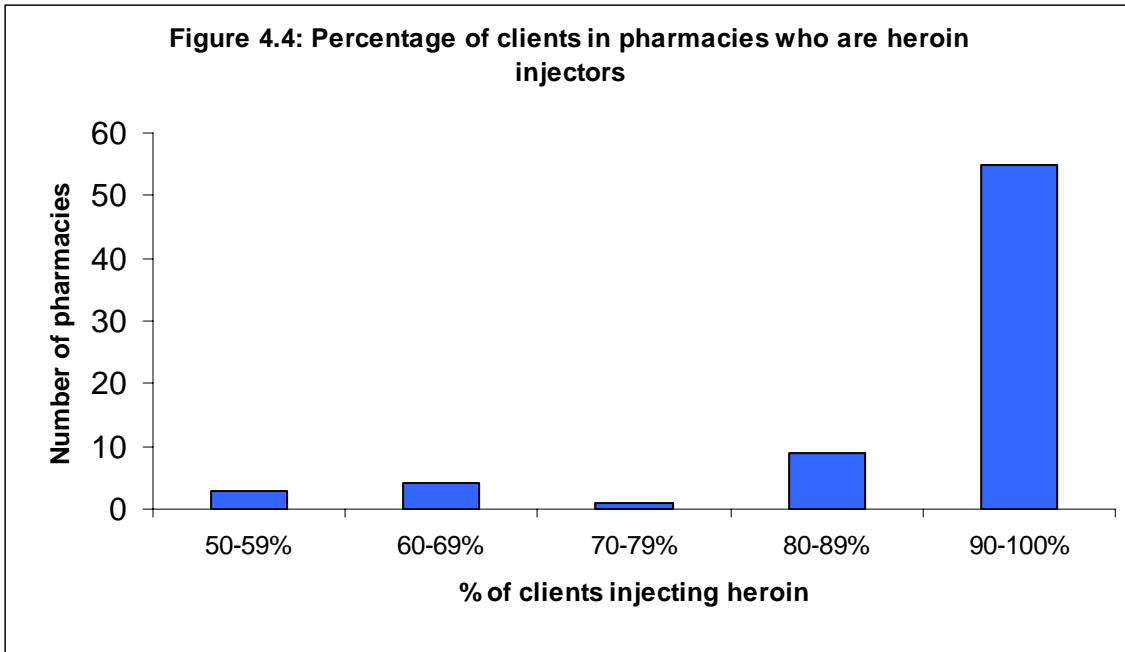
- No data available

¹ Data for Tayside pharmacies was not available

² Forth Valley groups all opiates and all stimulants. In this table opiates have been assumed to be heroin and stimulants have been assumed to be crack cocaine.

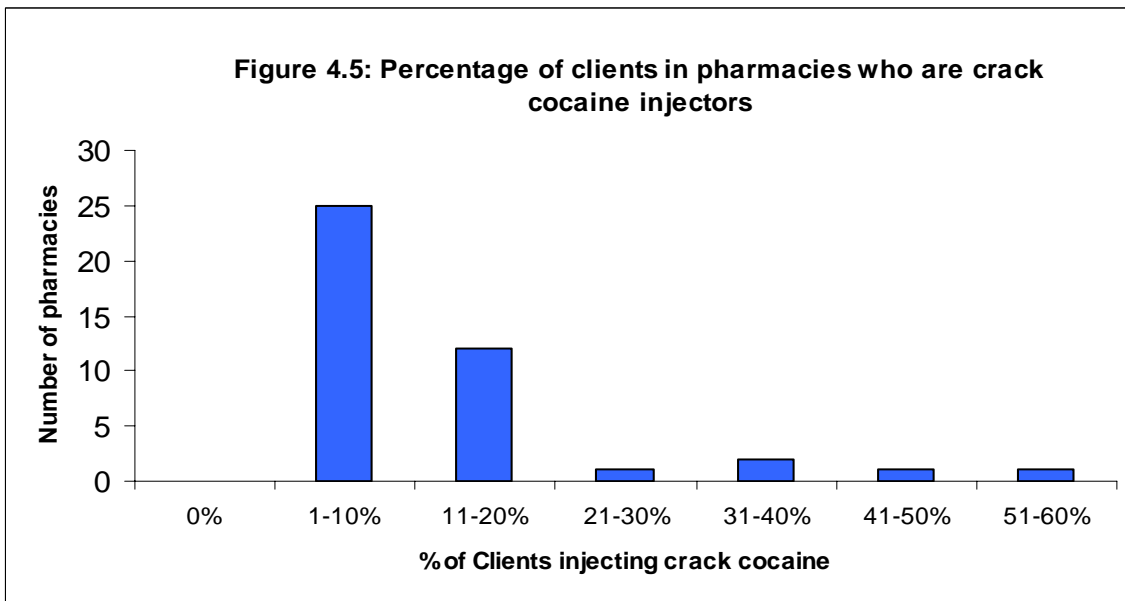
Heroin in pharmacies (Figure 4.4)

Heroin was the main drug injected by clients; 55 out of 72 respondents reported that between 90-100% of their clients were heroin injectors.



Crack cocaine in pharmacies (Figure 4.5)

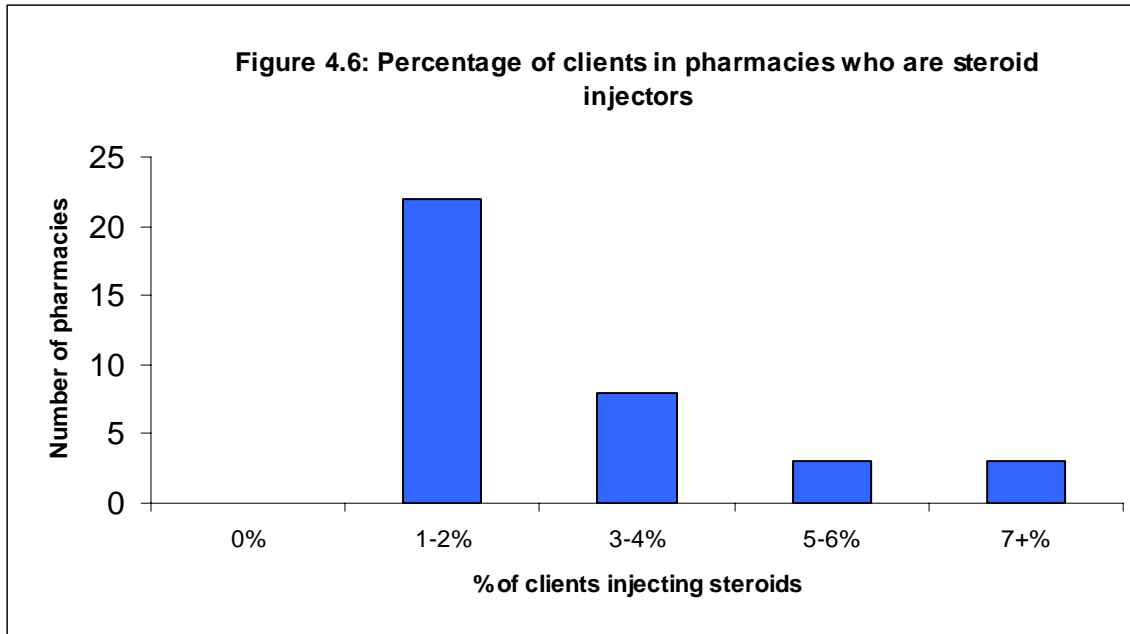
Forty-two pharmacies out of 72 reported clients who injected crack cocaine. The majority of pharmacies (25 out of 42) reporting clients who use crack cocaine reported that these accounted for 10% or less of their clients.



Steroids in pharmacies (Figure 4.6)

Thirty-six out of 72 pharmacies reported clients who injected steroids. Thirty-three of the 36 pharmacies reported that steroid injectors accounted for less than 6% of their clients. One pharmacy (in Greater Glasgow & Clyde HB) reported that 26% of its clients were steroid injectors.

In Forth Valley the reporting of drugs was grouped into 'all opiates' and 'all stimulants', however the pattern of usage roughly followed that of the other pharmacies.



4.7 Changes since the last survey

When making comparisons between the surveys, it should be borne in mind that the figures are reliant on response rates and data accuracy, which vary between the surveys. No attempt has been made to correct figures for response rates or changes in the number of services between 2005 and 2007. Raw figures are presented, based on the number of questionnaires received.

The 2007/8 figures show a slight increase in the number of transactions reported compared to the 2005 figure (260,965 in 2007/08 compared to 251,506 in 2004/05). The number of clients reported attending IEP has increased from 31,955 to 35,788. The latest figures also highlight an increase in the reported number of needles/syringes distributed. The latest survey reported 3,982,516 needles/syringes compared to 3,553,911 in the 2005 survey. The level of provision in pharmacies has shown the greatest increase (from 1,746,421 to 2,147,100). This can probably be attributed to the increased number of pharmacies offering IEP (136 in 2004/2005 to 169 in 2007/08). The number of needles/syringes returned has also increased from 1,563,312 to 2,312,372.

References

- Griesbach D, Abdulrahim D, Gordon D, Karin D. *Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey*. Edinburgh: Scottish Executive Social Research Substance Misuse Research Programme; 2006.
<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>

Chapter 5 Interventions provided by IEP services

In the service questionnaire (Appendix 3), agencies and pharmacies were asked whether they provided any other services and interventions beyond the distribution of injecting equipment. A list of possible interventions was provided as well as the option to indicate whether the intervention was provided on-site (i.e. at their service) or by referral (i.e. to another service).

Key points

- Pharmacies across Scotland offered a much smaller range of interventions to IDUs than agencies.
 - Nearly all of the agencies and pharmacies provided on-site advice regarding safer injecting, overdose prevention and the safe disposal of used injecting equipment.
 - Just over a quarter of agencies offered BBV interventions on-site; pharmacies (nearly two-thirds) tended to refer clients to a specialist agency.
 - The majority of agencies and pharmacies distributed citric acid, sharps bins and wipes/swabs. Most items were supplied free of charge; a small number of IEP services charged clients for citric acid.
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5.1 Interventions provided by agencies

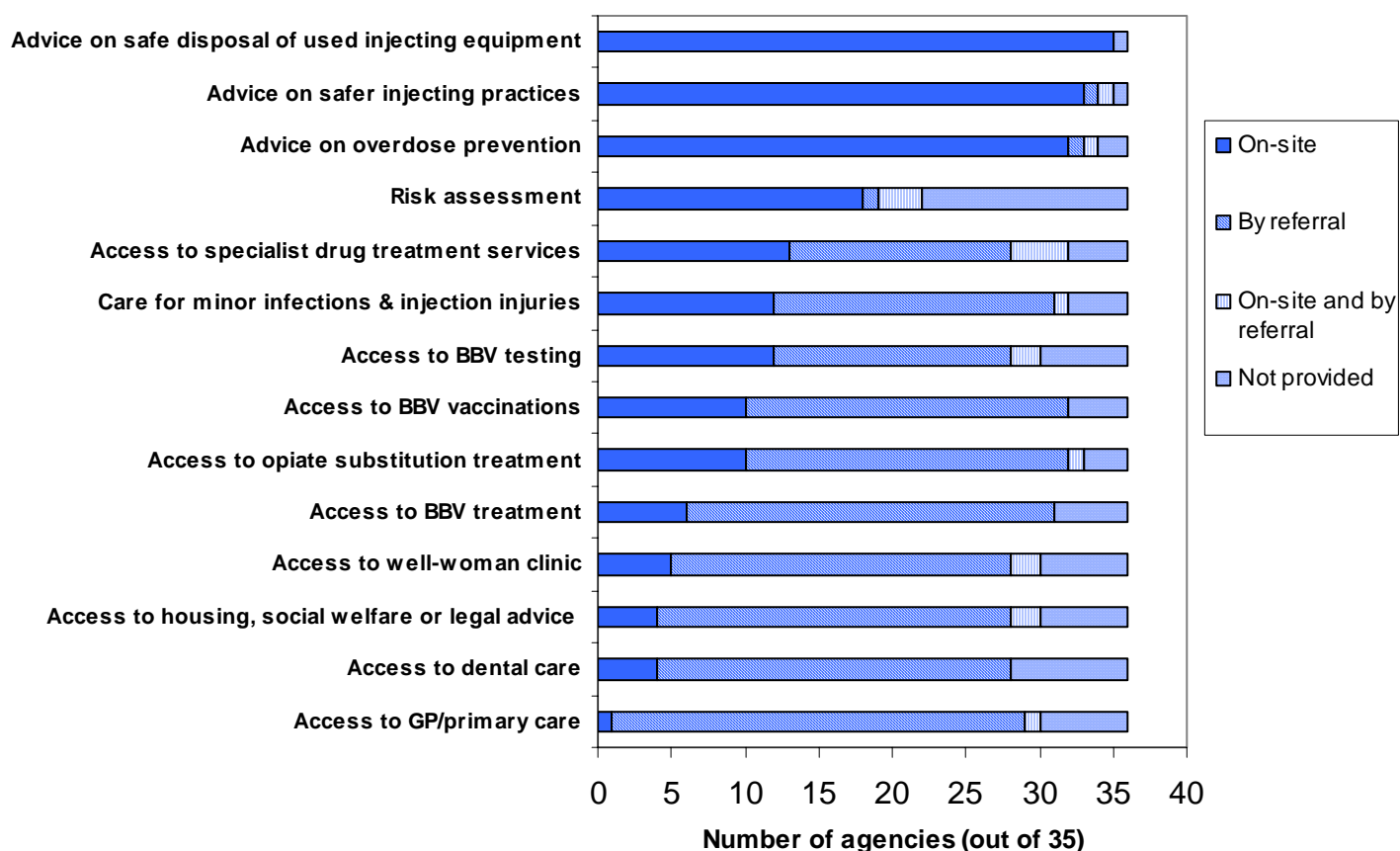
- 35 out of 36 agencies answered this question

Nearly all of the agencies provided on-site advice regarding safer injecting, overdose prevention and the safe disposal of used injecting equipment. Approximately half of the agencies conducted a risk assessment on-site (Figure 5.1).

In relation to blood-borne virus (BBV) interventions, twelve agencies (out of 35) provided access to BBV testing and ten provided BBV vaccinations on-site; twenty-two (out of 35) offered these interventions by referral. A smaller number of agencies offered access to BBV treatment on-site (6 out of 35); the majority of agencies (25 out of 35) referred clients to other specialist agencies for this treatment.

Twelve agencies provided care for minor infections and injection injuries on-site while a further nineteen services provided access to these interventions by referral. Other interventions (indirectly associated with drug use), such as access to GP/primary care sessions, dental care and a well-woman clinic were primarily provided via referral to another agency.

Figure 5.1: Number of agencies that provide the specified intervention on-site, Scotland 2007/08



5.2 Interventions provided by pharmacy IEPs

- 113 out of 169 pharmacies (from 11 Health Boards) answered this question

Of those who responded to this question, all pharmacies reported that they offered on-site advice about the safe disposal of used injecting equipment. The majority of pharmacies (with the exception of those in Fife) also provided on-site advice on safer injecting practices and overdose prevention.

Eighty (out of 113) pharmacies referred clients to another agency for BBV testing, vaccinations or treatment. Only one pharmacy conducted BBV testing and vaccinations on-site; the remaining pharmacies (in Highland and Grampian) did not offer access to any BBV interventions, either on-site or by referral.

Fifty-two (52) pharmacies provided care for minor infections and injection injuries on-site, thirty-seven referred clients to another service and twenty-four did not provide any access to this intervention at all. Eighty-one (81) pharmacies referred clients to health services (i.e. well-woman clinic, dental care and drug treatment) while 32 pharmacies did not provide access to these services either on-site or by referral.

5.3 Paraphernalia distribution

Table 5.1: Number of agencies that distributed injecting paraphernalia free of charge; 2007/08

Item	Number of agencies (out of 36)		Number of pharmacy schemes (out of 11)	
	Provided	Free	Provided	Free
Sharps bins	36	36	11	10
Wipes/swabs	36	35	10	10
Citric Acid	36	33	9	7
Spoons/cookers	26	25	5	5
Filters	20	20	5	5
Vitamin C	15	13	2	2
Sterile water	13	13	3	3
Never Share needles	8	8	1	1

Note: IEP Pharmacy schemes are managed by Health Boards and individual pharmacies choose to participate.

Agencies

All thirty-six (36) agencies supplied citric acid, sharps bins and wipes/swabs. Sharps bins were the only item provided free of charge by all the agencies; one agency charged for wipes/swabs and three agencies, all in Grampian, charged for citric acid (usually 5p a sachet). Spoons/cookers were free in all but one of the agencies that supplied them (25 out of 26); filters were free in all agencies that provided them (20 out of 36). Just over a third of agencies provided sterile water.

Pharmacies

Data on pharmacy paraphernalia distribution was available for 11 Health Boards. The pattern of supply was very similar to that of agencies. Almost all of the pharmacies handed out sharps bins, wipes/swabs and citric acid. Only five schemes (out of 11) provided spoons/cookers and filters, and three supplied sterile water. With the exception of citric acid (2 schemes charge), every item of paraphernalia provided is free of charge.

5.4 Changes since the last surveyⁱ

In comparing the results of the two surveys, it is important to note that only 11 out of the 14 pharmacy schemes responded to this question (also see section 4.7).

In general, there has been an increase in the number of IEP services providing a wide range of injecting paraphernalia free of charge. Since 2005, more agencies are supplying Vitamin C, citric acid and sterile water. Based on the limited response from pharmacies, there may have been an improvement in injecting equipment provision within pharmacies, with a small number of schemes now supplying Vitamin C and sterile water.

While the survey responses suggest there has been a positive change in relation to paraphernalia distribution, the number of agencies providing on-site interventions has fallen. This is particularly evident in relation to providing access to well-women clinics or housing, legal or social services on-site. The number of agencies providing BBV interventions (testing, vaccination and treatment) has also fallen from over half (25 out of 45) in 2004/05 to just over a quarter (10 out of 35) in 2007/08.

ⁱ The 2005 survey did not provide detailed information about interventions delivered by pharmacies so comparisons cannot be made with figures from the new survey.

Chapter 6 Injecting equipment provision policies

As part of the services questionnaire (Appendix 3), respondents were asked about their policy on the quantities of needles/syringes and other equipment that they distributed. Not all pharmacy coordinators completed a services survey on behalf of their IEP pharmacies and so the information obtained on policies in pharmacies does not provide the full picture. This chapter examines the responses to these questions and includes a brief description of the IEP arrangements in Scotland's prisons.

Key points

- Limits on injecting equipment provision in the majority of pharmacies and agencies were in line with the Lord Advocate's guidelines of 60 (or 120 needles/syringes distributed in exceptional circumstances) handed out per transaction.
 - Limits in some of the agencies varied slightly from the guidelines.
 - Reasons for having lower limits included limited supply of needles/syringes, clients only asking for a small amount and limited stock being kept on the premises.
 - Many of the agencies and pharmacies had limits on the amount of paraphernalia to be distributed; a lot of outlets use packs so these limits were in line with the limit placed on needles/syringes.
 - Two Health Boards reported that their pharmacies had a lower limit for clients who had not returned needles/syringes. One agency reported a similar policy.
-

6.1 Policies on the number of needles/syringes distributed

Agencies

Twenty-five (25) out of 36 agencies said that they placed a limit on the number of needles/syringes distributed; 9 said they had no limit and 2 did not answer the question. Of those who had a limit, 18 said the limit was 60 and 3 said it was 120 (Table 6.1). These policies are in accordance with the Lord Advocate's guidelines of distributing a maximum of 60 needles/syringes per visit and up to 120 needles/syringes in exceptional circumstances (for example if the service is closed in holiday periods or if the service is in a particularly rural area).

Four (4) agencies described limits which bore no relation to the Lord Advocate's guidelines; 2 of these said their limit was only 20 needles/syringes per client, 1 had a limit of 30 needles/syringes, which they said was to encourage regular contact with the service. The other agency had a limit of 80 needles/syringes, but only 5 for first time attendees. These responses highlight that there are still some agencies not complying with the Lord Advocate's guidelines whereby the maximum number of needles/syringes distributed on the first visit has changed from 5 to 20.

Reasons for having a limit lower than the Lord Advocate's guidelines included having a limited supply of needles/syringes clients only asking for a small amount, and limited stock being kept on IEP premises. Agencies explained their reasons for exceeding the limit by referring to distance travelled by clients, their level of vulnerability and the possibility that they might be engaging in secondary distribution.

Table 6.1: Limits on the number of needles/syringes distributed in agencies, by Health Board; 2007/08.

	Limit on number of needles/syringes				
	20	30	60	80	120
Scotland	2	1	18	1	3
NHS Ayrshire & Arran	-	1	1	-	-
NHS Borders	-	-	1	-	-
NHS Fife	-	-	-	-	-
NHS Greater Glasgow & Clyde	-	-	4	-	2
NHS Highland	-	-	1	1	-
NHS Lanarkshire	1	-	1	-	-
NHS Grampian	-	-	3	-	1
NHS Lothian	-	-	4	-	-
NHS Tayside	1	-	-	-	-
NHS Forth Valley	-	-	1	-	-
NHS Western Isles	-	-	-	-	-
NHS Dumfries & Galloway	-	-	2	-	-
NHS Shetland	-	-	-	-	-
NHS Orkney	-	-	-	-	-

- No data available

11 Agencies failed to answer this question, it is not known if this means they have not set a limit.

Pharmacies

Information was supplied for 113 of the 169 pharmacies. All of these said they had placed a limit on the number of needles/syringes to be given out in any one exchange (Table 6.2). For some pharmacies the maximum was 60, others said either 60 or 120. This complies with the Lord Advocate's guidelines, which specify that the maximum number of needles/syringes given out should be 60 but could rise to 120 in exceptional circumstances.

Table 6.2: Limits on needles/syringes distributed in pharmacies, by Health Board; 2007/08

	Limit level	
	60	60/120
Scotland	63	50
NHS Ayrshire & Arran	-	8
NHS Borders	-	-
NHS Fife	-	18
NHS Greater Glasgow & Clyde	44	-
NHS Highland	-	9
NHS Lanarkshire	-	-
NHS Grampian	-	15
NHS Lothian	-	-
NHS Tayside	-	-
NHS Forth Valley	11	-
NHS Western Isles	-	-
NHS Dumfries & Galloway	8	-
NHS Shetland	-	-
NHS Orkney	-	-

- No data available

6.2 Policies on the amount of injecting paraphernalia distributed

The services survey also asked if there were limits on the numbers of each item of paraphernalia to be given out.

Agencies

Of the 36 agencies surveyed many said they had a specified limit on the amount of paraphernalia they provide (Table 6.3). Citric acid was the most common item to be limited; of the 36 agencies providing this item, 15 agencies said that they limited provision. Of the 36 agencies that provided sharps bins and wipes/swabs, 11 reported a limit on these items and of the 20 agencies that provided sterile water, 9 reported a limit on the amount of sterile water given out. Vitamin C appeared to be the item which was least likely to have a limit on provision; only 1 agency reported having a limit on this. Where respondents provided information on limit levels these were generally equal to the needle limit.

Table 6.3: Agencies that report a limit on specific items of paraphernalia, by Health Board; 2007/08

	Citric acid	Vitamin C	Filters	Sterile Water	Sharps bins	Wipes/ Swabs	Spoons/ Cookers
Scotland	(36) 15	(15) 1	(20) 6	(13) 9	(36) 11	(36) 11	(27) 7
NHS Ayrshire & Arran	1	-	1	-	1	1	-
NHS Borders	1	-	-	1	1	1	1
NHS Fife	-	-	-	-	-	-	-
NHS Greater Glasgow & Clyde	5	-	2	3	2	2	2
NHS Highland	2	-	1	3	1	1	1
NHS Lanarkshire	-	-	-	-	-	-	-
NHS Grampian	1	-	-	-	-	1	-
NHS Lothian	2	1	1	1	2	2	1
NHS Tayside	1	-	-	-	1	1	1
NHS Forth Valley	1	-	-	-	1	1	-
NHS Western Isles	-	-	-	-	1	-	-
NHS Dumfries & Galloway	1	-	1	1	1	1	1
NHS Shetland	-	-	-	-	-	-	-
NHS Orkney	-	-	-	-	-	-	-

- No data available

- The number in brackets refers to the number of agencies that provided that particular item of injecting equipment.

Pharmacies

Pharmacy coordinators from four Health Boards reported that their pharmacies had a limit on paraphernalia provided (Table 6.4); this was generally set equal to the number of needles/syringes handed out, with the exception of sharps bins, which were limited to one for every 10 or 30 needles/syringes distributed. Many of the pharmacies in these Health Board areas operated a pack system where they handed out a set number of needles/syringes along with the same quantity of the various paraphernalia in a pre-packed bundle.

Table 6.4: Pharmacies that report a limit on specific items of paraphernalia, by Health Board; 2007/08

	Citric acid	Vitamin C	Filters	Water	Sharps bins	Wipes/ Swabs	Spoons/ Cookers
Scotland	72	-	9	-	61	50	9
NHS Ayrshire & Arran	-	-	-	-	-	-	-
NHS Borders	-	-	-	-	-	-	-
NHS Fife	18	-	-	-	-	-	-
NHS Greater Glasgow & Clyde	44	-	-	-	41	41	-
NHS Highland	9	-	9	-	9	9	9
NHS Lanarkshire	-	-	-	-	-	-	-
NHS Grampian	-	-	-	-	-	-	-
NHS Lothian	-	-	-	-	-	-	-
NHS Tayside	-	-	-	-	-	-	-
NHS Forth Valley	1	-	-	-	11	-	-
NHS Western Isles	-	-	-	-	-	-	-
NHS Dumfries & Galloway	-	-	-	-	-	-	-
NHS Shetland	-	-	-	-	-	-	-
NHS Orkney	-	-	-	-	-	-	-

- No data available

6.3 Policies on the returns of needles/syringes

Agencies

Eight (8) of the 36 agencies that responded mentioned that the number of returns influenced their policy on handing out needles/syringes. One of the agencies (in Lothian HB) that reported no limit said they did impose a limit of 10 needles/syringes on those clients who did not return any used needles/syringes.

Pharmacies

Two Health Boards (Dumfries & Galloway and Forth Valley) reported that their general policy on the maximum needles/syringes distributed was 60 but they imposed further conditions. Forth Valley reported that they tried to match the number of needles/syringes distributed to the number returned; if no needles/syringes were returned, the maximum was limited to 20. Dumfries & Galloway limited the maximum to 20 needles/syringes for new clients and non- returnees.

6.4 Police and Prisons

The Association of Chief Police Officers in Scotland (ACPOS) stipulates in the ACPOS Drug Strategy¹ that it accepts there is a responsibility to assist in the national target of reducing drug related deaths and minimisation of the transmission of blood borne viruses. At the strategic level, the ACPOS Drug Strategy supports the concept of harm reduction and active participation with key partner agencies. In this context, although there is no national, written policy, most police facilities offer the supply of paraphernalia, but not syringes. Detainees entering police custody suites have their injecting equipment removed and stored; on exit from custody, the equipment (including needles/syringes) is replaced with a sterile substitute.

In January 2008, a policy was introduced in Scotland, whereby all prisoners in custody were given access to clean paraphernalia (excluding needles/syringes) on demand. This followed a successful pilot on paraphernalia distribution run in Aberdeen HMP in 2005. However, implementation of this policy is inconsistent across prisons. Some prisons in Scotland (6 out of 14) follow the police custody suite protocol, by collecting needles/syringes from detainees on entry, and replacing them with clean equipment on exit. Prisoners are not given access to needles/syringes while in custody. Action 17 from the Hepatitis C Action Plan Phase II proposes that "An in-prison needle/syringe exchange initiative will be piloted as one of a range of harm reduction measures to reduce the transmission of Hepatitis C". This action will demonstrate the acceptability and utility, to users and prison officers, of an in-prison service providing injection equipment. Implementation of the pilot is under review at the time of this report; any policy on IEP in prisons will be based on the outcomes and subsequent evaluation of this pilot.

References

¹ACPOS Drug Strategy (revised 2007).

<http://www.acpos.police.uk/Documents/Policies/CRIME%20%20%20ACPOS%20Drug%20Strategy%202007.pdf>

Chapter 7 Reporting and funding

In the services survey (Appendix 3) respondents were asked to provide details of those to whom they report information on IEP. Respondents were also asked to describe how their service was funded. This chapter looks at the responses to these questions.

Key points

- Very few pharmacies (26/169) and agencies (4/36) said they used their information to set budgets.
- Most pharmacies and agencies reported their information regularly to their local Health Board, a smaller proportion reported it to their ADAT and a minority reported it to their local Community Health Partnership (CHP).
- All pharmacies answering the question on funding said they were fully funded by their Health Board.
- Payments to pharmacies were streamed through Practitioner Services Division (NHS National Services Scotland) and pharmacies were paid an annual retainer fee plus a nominal fee per transaction.
- Half of the agencies surveyed said they were fully funded by their Health Board; the other half said they were partly funded by another source. These included local Councils, CHPs, ADATs and various voluntary organisations and grant-providing trusts.

7.1 Agency reporting and funding

Just 4 of the 36 agencies said they used the information collected in order to set budgets. Twenty-two (22) agencies reported their information to the local Health Board, 20 said they reported it to their ADAT and 10 said they reported it to their local CHP (Table 7.1 and Appendix 5). One agency didn't provide an answer to this question, its not clear if this means their data is not reported to anyone. It is clear that there is no recognised Scotland-wide structure for how and where information on needle exchange should be reported.

Table 7.1: To whom agencies reported data, by Health Board; 2007/08

	Health Board	ADAT	CHP	Other
Scotland	22	20	10	8
NHS Ayrshire & Arran	2	1	-	-
NHS Borders	-	1	-	-
NHS Fife ¹	-	-	-	-
NHS Greater Glasgow & Clyde	3	3	4	2
NHS Highland	3	1	-	1
NHS Lanarkshire	1	2	1	-
NHS Grampian	4	2	1	1
NHS Orkney	-	-	-	-
NHS Lothian	4	2	2	4
NHS Tayside	2	2	1	-
NHS Forth Valley	-	1	-	-
NHS Western Isles	1	1	1	-
NHS Dumfries & Galloway	2	3	-	-
NHS Shetland	-	1	-	-

¹Information on Fife agencies can be found in Appendix 1.

- No data available

In IEP agencies not all funding comes from the NHS. Of the 36 agencies surveyed, 16 said they were fully funded by their Health Board, 16 said they were partly funded by the Health Board and partly by another source, and the remaining 4 agencies were fully funded by another source.

Where agencies said they were funded by another source they were asked to provide further details: other sources reported included local Councils, CHPs, ADATs, grant-making Trusts (e.g. Terrence Higgins Trust) and other organisations (e.g. Scottish Business in the Community).

7.2 IEP Pharmacy reporting and funding

Only 26 of the 169 pharmacies said they used the information they collect to set budgets, while the remaining respondents either did not answer the question or said this was not something they used their data for.

One hundred and twenty-five (125) pharmacies said they reported their information to their local Health Board, 93 pharmacies reported their information to their local ADAT and 26 said they reported it to their local CHP (Table 7.2 and Appendix 5). Greater Glasgow & Clyde reported that pharmacy information on needle exchange is transferred and stored at a central location.

When asked about funding all pharmacies answering this question (112) said they were fully funded by the Health Board.

Table 7.2: To whom pharmacies reported data, by Health Board; 2007/08

	Health Board	ADAT	CHP	Other
Scotland	125	93	26	44
NHS Ayrshire & Arran	8	-	-	-
NHS Borders	6	6	-	-
NHS Fife	18	18	18	-
NHS Greater Glasgow & Clyde	-	-	-	44
NHS Highland	9	-	-	-
NHS Lanarkshire	18	18	-	-
NHS Grampian	15	-	-	-
NHS Orkney	-	-	-	-
NHS Lothian	21	21	-	-
NHS Tayside	11	11	-	-
NHS Forth Valley	11	11	-	-
NHS Western Isles	-	-	-	-
NHS Dumfries & Galloway	8	8	8	-
NHS Shetland	-	-	-	-

- No data available

Chapter 8 Discussion and recommendations

This chapter reports on outcomes of the recommendations made in the last survey on injecting equipment provision in Scotland; comments briefly on information systems for collecting data on IEP in England and Wales; reports on the draft recommendations made by the Injecting Equipment Provision Guidelines Development Group¹; and makes recommendations for designing and establishing a system for monitoring injecting equipment provision across Scotland.

Key points

- Most of the detailed recommendations from the 2005 survey on IEP in Scotland have been (or are being) addressed by policy and practice initiatives.
 - In January 2008, a pilot for collecting very detailed information on injecting equipment was run in Wales, by the National Public Health Service. The pilot was successful, but a comprehensive system has yet to be rolled out across the country.
 - The National Treatment Agency, England, implemented a nationwide system for collecting data on IEP (NEXMS) in April 2008; the only mandatory data items collected are “barrels in and barrels out”.
 - Recommendations made in this report support and are complementary to Recommendation 13 (monitoring, evaluation and audit) made by the Injecting Equipment Provision Guidelines Development Group.
 - A web-based information collection system sited at all IEP pharmacies and agencies is both necessary and feasible.
 - It is understood that such a system may take up to two years to develop; annual surveys should be run to collect information in the interim period.
-

8.1 Implementation of recommendations from the National Needle Exchange Survey 2005

The current study largely repeats a study which was undertaken by Griesbach & Associates on behalf of the then Scottish Executive in 2005. The Scottish report of the *National Needle Exchange Survey*², published in July 2006, made a range of recommendations to the then Scottish Executive, to Health Boards and Drug Action Teams (that is, those responsible for the commissioning of services), and to IEP service providers. This section briefly looks at what happened as a result of those recommendations.

The information is based partly on interviews with representatives of the Scottish Government, and a separate short questionnaire survey of a sample of individuals responsible for co-ordinating IEP service provision at a local level. Comparisons were also made between data from the previous national survey and findings from the current national survey to ascertain the extent to which recommendations made in the previous report have been implemented over the past few years.

It is worth noting that significant progress has been made in tackling the Hepatitis C epidemic among injecting drug users in Scotland since the publication of the findings of the *National Needle Exchange Survey*. The Scottish Government’s *Hepatitis C Action Plan, Phase I*³ (September 2006 – March 2008) and the *Hepatitis C Action Plan, Phase II*⁴ (May 2008 – March 2011) have both focused on preventing the transmission of Hepatitis C and the importance of IEP initiatives.

8.1.1 Recommendations made to the Scottish Government, 2006

Recommendation: In co-ordination with the Scottish Drugs Forum and other stakeholders, develop standards for needle exchange services in Scotland. Different standards may be required for specialist, pharmacy, policy custody suite and A&E exchanges.

Recommendation: Develop guidelines regarding paraphernalia distribution in Scotland, and put in place mechanisms to ensure compliance with the guidelines by NHS Boards. There may be some delay in this until the results of on-going research regarding the safety and effectiveness of injecting paraphernalia are published. In the meantime, however, the Executive should ensure that citric acid is distributed for free by all needle exchange services throughout Scotland.

These recommendations have both been addressed by Actions 14 and 15 of the *Hepatitis C Action Plan, Phase II*. These actions focus on the development of national guidelines for injecting equipment services, and improvement in services by NHS Boards, in accordance with the guidelines. The final guidelines are due for publication in summer 2009.

Recommendation: In co-ordination with STRADA and NHS Education Scotland, develop a module or standard training course for all specialist and pharmacy needle exchange providers, and ensure that this training is regularly updated.

The Scottish Government is currently engaging with stakeholders to establish a Scottish Alcohol and Drugs Workforce Development Strategy. The main aim of this strategy will be to ensure consistency and quality in the training of drug and alcohol practitioners. A set of core competencies is being developed, and one of these will include needle exchange. The Strategy is likely to be in place by spring 2009. In addition, Action 5 of Phase 2 of Hepatitis C Action Plan requires that awareness-raising campaigns and communications initiatives will continue to be developed, implemented and evaluated to meet the information and education needs of a range of professional audiences (including those responsible for the delivery of prevention services).

Recommendation: Increase funding to needle exchange services, to ensure that services are able to distribute an adequate number of syringes and other paraphernalia to their service users. Increased funding would also allow local areas to develop greater use of outreach services.

Under the *Hepatitis C Action Plan Phase I*, NHS Health Boards received £2m in 2006/07 and £2m in 2007/08 to support service development during the period September 2006 – March 2008. Further funding of £43.2m is being made available over three years to support the Phase II action plan. This funding has been allocated on a stepped basis, with £5.6m in year 1, £16.3m in year 2 and £21.3m in year 3. In total, £36.7m (85%) of this three-year budget will be distributed among NHS Health Boards for the development of prevention interventions (£8m) and testing, treatment, care and support (£28.7m).

8.1.2 Recommendations made to NHS Health Boards and Drug Action Teams

Recommendation: Provide funding to all needle exchange services for citric acid distribution.

In 2005, citric acid was provided by all needle exchange services across Scotland, except for those in Highland and Grampian. Following the publication of the findings of the *National Needle Exchange Survey*, Highland began free distribution of citric acid to IEP service users. However, in Grampian, citric acid is still not distributed free of charge in most IEP services. The large voluntary sector service, Drugs Action Aberdeen, has taken a decision to provide citric acid free of charge, despite not receiving funding from the Health Board to do so. The service has had to raise additional funding through other sources to do this. It is worth noting that the new draft national guidelines for injecting equipment provision (IEP) services state that all Health Boards will be required to provide funding to enable free distribution of citric acid and other injecting paraphernalia to service users.

Recommendation: Ensure that there is a balance between pharmacy and specialist needle exchange provision in local areas.

The findings of the current survey (see Table 3.1) show that little has been done across Scotland to improve the balance between pharmacy and specialist needle exchange services. Overall, there has been an increase in pharmacy service provision, from 136 in 2005 to 169 at present.

Recommendation: Put in place systems for regular monitoring and reporting of needle exchange transactions (including gender and age of contacts) and numbers of syringes and other items of paraphernalia distributed.

This recommendation has been taken up by the *Phase II* action plan. Action 21 requires the development of a data collection system to monitor the provision of injection equipment in Scotland. The current study has been undertaken as part of the fulfilment of this action.

Recommendation: Put in place systems for regular reporting from local authority Environmental Health / Public Health services on discarded sharps and needle stick injuries to the public.

A short survey (not part of the wider survey conducted for this study) of IEP commissioners undertaken in half of Scotland's Health Boards found that most either received regular reports on discarded sharps from their local authority Environmental Health service, or they were able to receive reports when they requested them.

Recommendation: Ensure that all needle exchange providers receive appropriate training, particularly in relation to injecting techniques, prior to providing a needle exchange service.

Recommendation: Ensure that pharmacy exchange providers receive on-going training and support from a specialist harm reduction provider.

To some extent these two recommendations will be addressed by the Drug and Alcohol Workforce Development Strategy. In addition, the new draft national guidelines for IEP services set out clear recommendations about the training that is required by staff *before* delivering a service.

Recommendation: Ensure that all needle exchange services have written protocols / policies on the distribution of sterile injecting equipment to young people under 18 and separate policies for under-16s. Ensure that these protocols / policies are agreed with local area Child Protection Committees.

A survey (not part of the wider survey conducted for this study) of IEP commissioners in half of Scottish Health Boards found that some IEP services still do not have protocols or policies on the distribution of injecting equipment to young people under 16. There is anecdotal evidence from service providers that there are few under-16s presenting to IEP services at present.

Recommendation: Reduce barriers to accessing BBV testing and immunisation services, by making such services available through needle exchange facilities.

Recommendation: Improve integration between needle exchange and other local services, by arranging on-site access to primary care sessions, wound clinics, nutritional advice and housing, social welfare or legal advice.

The aim of these two recommendations was to improve service users' access to other services through IEP services. Comparing the findings of the current survey with the 2005 survey it is encouraging that care for minor infections is now more widely available through (mainly pharmacy) IEP services.

Both these recommendations are being addressed through the development of the new national guidelines. Agencies and pharmacies will be encouraged to find more effective ways of integrating injecting equipment provision with other services required by injectors, including blood-borne virus testing and immunisation, and 'generic' primary and social care services.

8.1.3 Recommendations made to injecting equipment providers

Recommendation: Put in place mechanisms for assessing the needs of clients and regularly reviewing those needs.

Recommendation: Put in place mechanisms for assessing client satisfaction at regular intervals.

A survey of needle exchange commissioners in half of Scottish Health Boards showed that, in relation to both these issues (assessing client need and assessing client satisfaction) it is more common for these tasks to be carried out in non-pharmacy services than pharmacy services. Again, both these issues have been addressed in the new draft national guidelines, which will require *all* IEP services in Scotland to carry out a basic assessment of client need and to review this on regular occasions. In addition, *all* services will be required to identify and respond to client feedback at least annually.

Recommendation: Develop methods of better engaging with and educating injecting drug users, and share both failures and successes with other service providers. This can be done through the Scottish Needle Exchange Workers Forum.

This recommendation was very broad, and it would be difficult to measure the extent to which services have implemented it in the past three years. However, it is worth noting that under Phase II of the *Hepatitis C Action Plan*³, work will be undertaken to identify effective educational interventions to prevent Hepatitis C among injecting drug users. (See Action 16.)

8.1.4 Information on IEP: developments in England and Wales

The project team visited colleagues in Wales and England to learn from other work streams specifically concerned with IEP Data Collection Systems.

Wales

Currently 178 pharmacies in Wales offer injecting equipment provision, which is not comprehensive. Specialist service provision is also patchy.

The All Wales Needle Exchange Forum (AWNEF)⁵ was formed in 2007 with representation from all major stakeholders in IEP provision, it has 3 key aims:

1. Look at coverage and provision
2. Provide training across all providers
3. Develop a standardised data collection system

In March 2009 NHS Wales was due to undergo major restructuring with 22 Health Boards to be collapsed into 7. Needle Exchange coordinators will need to be placed in each of the 7 HB areas and their roles and responsibilities will need to be clearly defined and aligned with the key aims of the AWNEF. The coordinators may be service providers or pharmacists.

There are currently two suppliers of injecting equipment, both in the private sector. Health Boards purchase supplies with no central control. IEP providers report very different experiences with the equipment suppliers. A centralised purchasing system is currently being considered and it is anticipated that this will be a major part of the Needle Exchange coordinator remit.

There is no national system currently in place for monitoring injecting equipment provision and no minimum dataset has been specified. However two data collection options were considered:

- 1) The use of unique key fobs. The service user goes through an initial registration process, providing basic personal details so that they can then be issued with a password. This means that the service could record what is given out at each contact, and attach the information to the user via their password/id, building up a profile over time. The advantage is that the key fob can be used at any

service, and since it is attached to a unique ID, the user can register once, and use it anywhere. However this method offers no way of recording progress to other drugs; multiple users could potentially use the same fob; and the database continues to expand because no one is ever de-registered.

- 2) Filling in a form for each transaction. Basic personal data has to be repeated each time there is a transaction.

The second alternative, filling in a form for each transaction, was selected for a pilot that was carried out across six sites in Jan/Feb 2008. Each site was sent 150+ forms for a week, with envelopes for special delivery return. At the end of each week, service providers collected the forms and sent them back to the centre. The form collected initials, gender and date of birth and services reported that filling in base data only took 2-3 minutes (Note: although initials were requested, it was made clear that clients did not have to provide their own initials as long as they provided the same initials each time). Information on injecting equipment provision was often completed after the client left. Services reported that filling in the form did provide a useful opportunity for interaction with the client.

The forms were then sent by post from site to the project team, who scanned the form and uploaded it into a spreadsheet for analysis. If the system is implemented fully then the forms would be sent to the NEX coordinator, who would scan them in and send them securely to a central location, where they would be downloaded into a database. Seven scanners would be required and maintenance costs might become an issue.

A service manager reported that one of the key uses of collecting information locally was to inform the service provider itself. Looking at historical transactions can reveal changes in injecting behaviour, which may necessitate (or at least alert the provider to) the need for alternative or more specialised interventions. The record for an existing client was called up at the beginning of the transaction (10 – 20 seconds) if the client was already on the database, but new data for that client was recorded (2 – 3 minutes) immediately after the transaction itself so as to not impinge on engagement time. For new clients information was recorded after the transaction. Outreach services collected information on transactions in note form before recording data onto the system once back at the fixed site.

The system has not yet been rolled out because of the need to engage with community pharmacies, which may be reluctant to fill in a form for every transaction. The system will also have to be linked to stock control and payment systems, so that filling in the forms will directly benefit pharmacists. The key is in convincing service providers that the system will be of direct value to them. It is felt that developing the training work stream of AWNEF will help but in addition there may have to be a statutory obligation to submit information. There is no equivalent to the Lord Advocate's Guidance in Wales.

England

The National Treatment Agency (NTA) is responsible for the performance management of regional teams through the National Drug Treatment Monitoring System (NDTMS)⁵. The NDTMS is used to performance manage teams locally and to supply statistics nationally. It has since developed into a tracking system and is heading towards becoming a fully-fledged patient information system. The Action Plan to Reduce Drug Related Harm was published in 2006 and identified that not enough equipment was being supplied to IDUs. National coverage was identified as being weak. The NTA has since rolled out a Needle Exchange Monitoring System (NEXMS).

Prior to NEXMS there were two information sources; an annual survey across all sectors, and an audit of Needle Exchange. Both gave unusable non-standardised information. The information was not useful nationally, because of local variation in data.

The NTA is supported by regional officers, who collect and collate information to be sent to the national database. A local Needle Exchange co-ordinator enters data onto NEXMS, collecting initials, gender and date of birth (not mandatory) and barrels in/barrels out (mandatory). There are no major barriers to collecting data from specialist agencies who are already used to sending other data upstream, to the NDTMS. However this does not apply to sole NEX providers, who have no history of providing information. Pharmacies already record the number of needles/syringes distributed.

It was felt that no training was required for the actual implementation of NEXMS as the system is very basic. In explaining the value of collection of information, it was seen as essential that this process was explicitly linked to BBV prevention. Coordinators have had no major objections to date, although coverage is limited so far. Tier 3 services do not hand out needles/syringes as a matter of routine, hence do not contribute data to NEXMS. NTA colleagues made it very clear that in their experience, IEP alone will not impact on Hepatitis C prevalence. Extra interventions are always necessary as it is possible to deluge an area with needles/syringes and still see poor injecting practices. Workforce training is a key requirement and they predicted that the resource required for training would be significant.

The minimum dataset was decided centrally with advice from experienced practitioners. *Essential information* included needles/syringes out and needles/syringes back, although the latter is arguably not imperative. *Desirable information* was felt to be equipment provided (other than needles/syringes) and number of transactions / person. It is the Needle Exchange Co-ordinator in each area who logs onto the web-based system, creates a provider list in their area and then submits the information for each provider on a monthly (or less frequent) basis.

Regionally, some ADATs are collecting person-identifiable IEP data, collected by off-the-shelf systems sold by third parties. The intention is to use these ADATs as the basis for an expert reference group, to increase spread and quality of data collection. The group will locate data gaps, feed these into NDTMS and link to outcomes where possible. However this work is only at the planning stage. Around 10-15% of areas have a sufficient level of coverage.

Issues to consider

- The list of services needs to be comprehensive and must be maintained if a monitoring system is to work. Key individuals must keep it updated.
- Troubleshooting the system leads to around 30 calls a week, which take up 20% of a central administrator's time. This is expected to increase as the system is rolled out.
- The data gathered will be linked to other sources of information e.g. prevalence of BBV, audit of claims of work done against supplies etc. The system does not address specifics of provision or promote best practice; this is done via local coordinators and management.
- After initially asking for monthly reports, quarterly reporting is now regarded as adequate for performance monitoring.

8.3 The Hepatitis C Action Plan Guidelines Group

Recommendation 13 of the Guidelines Group says that:

IEP services should have systems for monitoring, evaluation and audit to enable on-going needs assessment at a local level.

In terms of monitoring, services should report to their local NHS Health Boards, and NHS Health Boards should participate in national data collection requirements.

As a minimum, monitoring systems should allow NHS Health Boards to report on:

- The number of needles/syringes distributed
- The number of items of other injecting paraphernalia distributed
- An estimate of the number of needles/syringes returned
- The number of transactions
- An estimate of the number of clients
- The proportion of male and female transactions / clients
- The number of general, enhanced and specialist IEP services available in the area.

This guideline introduces a requirement by NHS Health Boards to participate in the national monitoring of IEP service activity through collection of a minimum data set. The purpose of national monitoring is to allow

the Scottish Government to determine whether NHS Health Boards are distributing injecting equipment to meet the needs of their local injecting populations in accordance with the national guidelines.

8.4 Recommendations

The recommendations made in this section have been developed:

- From findings of the survey
- From a review of the progress in relation to recommendations from the 2005 survey
- From discussions with colleagues in England and Wales
- Within the framework of the Guidelines Group recommendation (above)
- In conjunction with the Project Steering Group.

1. **It is recommended that a national web based system be implemented for collecting information on injecting equipment.** England and Wales have done so, to varying extent (i.e. different degrees of detail in the information collected), and practitioners recognize the need for such a system. The level of resource required would depend on the complexity of the system proposed, but the funding allocated over the next two years should be sufficient.

2. It is recommended that **the IEP system should not be part of the Scottish Drug Misuse Database (SDMD)**, as much of the data will be collected from pharmacies, which do not contribute to the SDMD. The two datasets may be linked (using initials, gender and date of birth) for research purposes (within the framework of the Privacy Advisory Committee and ethics guidelines).

3. Action 21 of the Hepatitis C Action Plan is expected to reflect use of the guidelines developed for IEP, which are explicitly designed to promote good practice. **It is recommended that the system should be able to collect more information than “barrels in, barrels out”.** However, there should only be a very limited set of mandatory data items, to avoid the risk of losing IEP service support and compliance.

4. Person-identifiable information would allow for historical records to be reviewed and would assist practitioners to monitor changes in equipment requested and consequently, behaviour. Some practitioners are likely to be resistant to the notion, with reason, as they will see loss of anonymity as a barrier to access. However, most IEP pharmacies and many agencies already collect forename and surname initials, gender and date of birth, which is sufficient to offer a good degree of probability matching for the purpose of identifying an individual. The system in England and the pilot in Wales have used similar identifiers effectively.

The preferred solution therefore would be to collect some detailed patient information. Having even a limited set of data (including first and fourth letters of surname, first letter of forename, gender, date of birth and some basic information on injecting equipment quantities) would be of immediate and real use.

It is suggested that all IEP providers are encouraged to work towards supplying the detailed dataset. The detailed data would have to be recorded at **each** transaction i.e. be at client level. The set of detailed data collected should include:

- Gender
- Date of birth
- Initial of first name, first and fourth initials of surname
- Drugs injected
- Frequency of injecting
- Sharing information
- Details of needles/syringes and other paraphernalia distributed
- Needles/syringes returned at each transaction
- Postcode sector of residence (this is the first half of the postcode plus the first digit of the second half, e.g. EH12 6 or DD3 7)

- Postcode of service
- Ethnicity

Note that the information required may be collected locally and supplied to ISD at **aggregate** (Health Board) level. In line with the draft National Guidelines (Guideline 13) we propose, as a minimum, that the monitoring system should enable NHS Health Boards to report on the following **aggregate** data, at least on a quarterly basis:

- **The number of needles/syringes distributed**
- **The number of items of other injecting paraphernalia distributed**
- **An estimate of the number of needles/syringes returned**
- **The number of transactions**
- **An estimate of the number of clients**
- **The proportion of male and female transactions / clients**
- **The number of general, enhanced and specialist IEP services available in the area.**

Health Boards providing the detailed dataset would no longer have to provide quarterly returns of the **aggregate** data. All of this may be derived from the detailed data, which they would be keying into the dataset on an ongoing basis.

5. Who should collect and submit the information locally? It is recommended that **all agencies and pharmacies providing injecting equipment and paraphernalia should submit data to Health Board leads**. It is recommended that this requirement be built into Service Level Agreements or equivalent agreements between NHS Boards and services.

6. Who should collate the information? In both England and Wales, Needle Exchange co-ordinators are seen as crucial to the collection of information. The survey elicited a better response from injecting equipment coordinators than from frontline services; often, services lack the time and resource to do more with their information than merely pass it on to a coordinator. **It is strongly recommended that all Health Board areas assign an IEP lead to coordinate local information.** The success of any system will hinge upon the commitment that these leads give to it; they will be responsible for ensuring quality and consistency across all Health Boards.

In some areas the leads themselves will enter information and in others they will encourage services / scheme coordinators to submit data. Therefore the system should allow for a user to enter information on behalf of more than one service. It is likely that the leads will be critical in getting staff trained. The leads may be pharmacy coordinators, BBV coordinators, Prevention Leads, or represent a new role.

7. Off-the-shelf systems for monitoring injecting equipment provision are available, at a cost. Greater Glasgow & Clyde Health Board are in the process of piloting one such system in 3 of its IEP pharmacies. **It is recommended that in Phase II of this project, the project team work closely with ISD IT and Greater Glasgow & Clyde Health Board to gauge the feasibility of using web-based systems specifically for recording IEP data.** Most agencies surveyed, and all pharmacies, had internet access. **It is recommended that all services should have internet access.**

8. The database should be normalised by transaction, not by person. **A system is recommended that allows for secure access to client transactions (previous and current) and accessed through a tabular view.**

9. **It is recommended that the existing national directory of services published by the Scottish Drugs Forum (SDF) is extended to include pharmacy IEP services delivered within each Health Board area.**

Prevention leads will be expected to support the updating of the directory on a quarterly basis.
<http://www.scottishdrugservices.com/sdd/homepage.htm>

10. It is estimated that the information system will take approximately 2 years to be rolled out across Scotland. **It is strongly recommended that annual surveys on injecting equipment provision be carried out every year** until the information system is up and running. This will ensure that there are no information gaps in the intervening years. The information is essential for monitoring Actions of the Hepatitis C Action Plan. The surveys may either be run or commissioned by ISD, and should focus on collecting the data required to audit IEP service provision against the guidelines.

11. **It is recommended that ISD initiates and runs a short-life working group**, consisting of all Health Board leads and representatives of services, which will meet to discuss and agree data definitions, implementation plans, share service and system user experiences, resolve issues and establish good practice.

References

1. Injecting Equipment Provision Guidelines report (to be published in Summer 2009)
2. Griesbach D, Abdulrahim D, Gordon D & Dowell K (2006) *Needle exchange provision in Scotland: A report of the National Needle Exchange Survey*. Scottish Executive.
<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>
3. *Hepatitis C Action Plan, Phase I (September 2006 – March 2008)*
<http://www.scotland.gov.uk/Publications/2006/09/15093626/0>
4. *Hepatitis C Action Plan, Phase II (May 2008 – March 2011)*
<http://www.scotland.gov.uk/Publications/2008/05/13103055/0>.
5. *The All Wales Needle Exchange Forum (AWNEF)*: <http://wnef.org.uk>
6. *National Treatment Agency for Substance Misuse*: <http://www.nta.nhs.uk/default.aspx>

Appendices

Appendix 1 Fife IEP Data

Appendix 2 Glossary

Appendix 3 Surveys

- Services Survey (agencies and pharmacies)
- Pharmacy co-ordinator Survey
- ADAT Survey

Appendix 4 Stakeholder Map

Appendix 5 Health Board Information Flow Structures

Appendix 1: Fife IEP Data

At the project steering group meeting in May 2009 concern was raised over the lack of information received from Fife agencies. In the previous survey Fife accounted for a fairly large proportion of IEP activity. It was agreed that this should be followed up with someone in Fife to obtain an explanation as to why this was the case – it was intended that this explanation could be incorporated into the report.

As a result of these inquiries, some aggregated information covering IEP agencies in Fife was provided, however at this point it was very close to the date of publication. Changing the report to include this data would take a considerable amount of time and would have meant delaying the publication date. Since the publication date of the 30th of June had been widely publicised and was intended to coincide with the release of the finalised Injecting Equipment Guidelines, it was decided that this was not a desired option. Instead the responses from Fife have been included in this appendix.

Fife Agencies

Detailed information from Fife agencies was not obtained from the initial survey. Fife ADAT provided aggregate data in the ADAT survey instead. For most other areas of Scotland responses were received from individual agencies and almost no information was provided from the ADAT survey. The survey strategy was designed to obtain data from multiple sources and it was intended that both agencies and ADAT areas would provide a response to their surveys independently. It was understood this would lead to some degree of overlap/duplication in the responses but this was considered necessary in order to scope the flow of IEP information. The aggregated information for agencies in Fife Health Board is shown below (tables are numbered according to their corresponding number in the main report).

Table 3.1: Number of IEP agencies, by Health Board and ADAT area, 2007/08

	Agencies (mobile/ outreach service) ¹
NHS Fife	5 (2)

¹ If an agency declared that they offered both mobile AND outreach, this was only counted as one service. I.E. the focus is on counting the number of agencies that offer mobile/outreach rather than how many forms of IEP each agency offers.

Table 3.2: Types of agency based injecting equipment provision services¹, by Health Board; 2007/08

	Stand- alone NX	Wider service	Mobile	Street Outreach	Domiciliary	Peripatetic	Other
NHS Fife	3	4	2	1	3	2	1

¹ Respondents were able to choose more than one option so the totals may add up to more than the overall number of agencies available

Chapter 4 – Injecting Equipment Provision in Fife IEP Services, 2007/08

	Pharmacies	Agencies	Agencies Responding
Transactions	11,334	10,456	5/5
Clients ¹	1,978	632	5/5
Needles/Syringes Distributed	257,996	225,497	5/5
Needles/Syringes Returned	201,380	156,855	5/5

¹ Each client is identifiable as unique only within an IEP service. Clients who access more than one service will be double-counted. The total number of clients in any category is the sum of all responses, and is likely to be an overestimate.

Table 7.1: To whom agencies reported data, by Health Board: 2007/08

	Health Board	ADAT	CHP	Other
NHS Fife	5	5	5	-

- No data available

Appendix 2: Glossary

ADAT – Alcohol and Drug Action Team

Agency - those services which are not pharmacy, police custody suite, or hospital A&E exchanges

CHP – Community Health Partnership

Domiciliary outreach needle exchange – delivering needle exchange to people's homes

HCV – Hepatitis C Virus

IDU – injecting drug user

Injecting paraphernalia – any injecting equipment other than needles/syringes, i.e. spoons, sharps bins, sterile water and citric acid.

Injecting Equipment Provision (IEP) service - covers ALL injecting equipment provision, i.e. both pharmacies and agencies.

ISD – NHS Information Services Division

Mobile needle exchange service – provision provided by a bus or van

Outreach – delivering injecting equipment provision and education out in the community

Peripatetic outreach needle exchange – operating in another organisation's premises

Pharmacy - those pharmacies that provide injecting equipment

PSD – NHS Practitioner Services Division

Appendix 3: Surveys



Needle Exchange Service Questionnaire



To be completed by the pharmacist or
Manager of the needle exchange service

Name:		Job title:	
Service name:			
Service address:			
Telephone number:		Email address:	
Alcohol and Drug Action Team (ADAT) area:			

1	Which of the following forms of needle exchange does <u>your service</u> provide? (Please tick all that apply)	
1a	This service does not provide needle exchange (<i>If this is the case, please do not continue and return the questionnaire in the provided pre-paid envelope</i>)	
1b	Pharmacy needle exchange	
1c	A pharmacy scheme coordinated by your service	
1d	Stand-alone needle exchange service	
1e	Needle exchange as part of a wider drug treatment service	
1f	Mobile needle exchange service (e.g. provided by a bus or van)	
1g	Street outreach needle exchange service	
1h	Domiciliary outreach needle exchange service (e.g. delivering needle exchange to people's homes)	
1i	Peripatetic outreach needle exchange (e.g. operating in another organisation's premises)	
1j	Other needle exchange facilities (please specify below)	

2	When is needle exchange available from your service? (If you have multiple forms of needle exchange, please indicate the times these services operate collectively. For example, if you have a stand-alone service and a peripatetic needle exchange operating in different locations on a Monday and a Tuesday, tick both days.)					
		Morning (8am - 1pm)	Afternoon (1pm – 5pm)	Evening (5pm – 10pm)	Night (10pm – 8am)	No Service
2a	Monday					
2b	Tuesday					
2c	Wednesday					
2d	Thursday					
2e	Friday					
2f	Saturday					
2g	Sunday					

3	Do you record the following?	No	Yes	If 'Yes', please specify numbers for financial year 2007/08
3a	Number of needles / syringes distributed			
3b	Number of needles / syringes returned			

4	Do you record the following?	No	Yes	If 'Yes', please specify numbers for financial year 2007/08
4a	Number of contacts for needle exchange (i.e. visits / transactions)			
4b	Number of clients of needle exchange			

5a	Do you record / monitor gender of needle exchange clients?			No		Yes	
If 'Yes', please provide numbers of contacts and / or clients by gender (as available)							
	Gender	Number of contacts (financial year 2007/08)	Number of clients (financial year 2007/08)				
5a1	Male						
5a2	Female						
5b	Do you record / monitor age of needle exchange clients?			No		Yes	
If 'Yes', please provide numbers of contacts and / or clients by age							
	Age	Number of contacts (financial year 2007/08)	Number of clients (financial year 2007/08)				
5b1	Under 16 years						
5b2	16 – 19 years						
5b3	20 – 24 years						
5b4	25 – 39 years						
5b5	40+ years						

6	Do you record the following in your service? (Please place a tick in the box next to all that apply).	No	Yes
6a	Client ID		
6b	First name		
6c	Surname		
6d	Client initials		
6e	Ethnicity		
6f	Date of birth		
6g	Whole postcode		
6h	Partial postcode		
6i	Injecting equipment (i.e. paraphernalia other than needles/syringes) provided		
6j	Main drug injected		
6k	Frequency of injecting		
6l	Other (please specify)		
6m	No, there are no data collection requirements		

7	Can you estimate the percentage of your clients who <u>inject</u> the following (the total does not have to add up to 100%):	
	Drug injected	Estimated percentage of clients
7a	Heroin	
7b	Crack/cocaine	
7c	Amphetamine	
7d	Benzodiazepines	
7e	Speedball (Heroin and crack/ cocaine combination)	
7f	Speedball (Heroin and amphetamines combination)	
7g	Methadone	
7h	Anabolic steroids	
7i	Insulin	
7j	Other (please specify below)	

8	Does your service provide the following items and provide them free of charge? (Please tick all that apply)	Item provided		Free of Charge	
		No	Yes	No	Yes
8a	Citric acid				
8b	Vitamin C / Ascorbic acid				
8c	Filters				
8d	Sterile water				
8e	Sharps bins				
8f	Wipes / swabs				
8g	Stericups / spoons / other forms of cooker				
8h	'Never-share needles'				
8i	Other (please specify below)				

9	Does your service have limits on the numbers of the following items given out? If possible, please provide a rough estimate of how many of each item were distributed by your service in the last year (Please tick all that apply)	Limit on Item			Quantity given out in financial year 2007/08
		No	Yes	Limit per transaction	
9a	Citric acid				
9b	Vitamin C / Ascorbic acid				
9c	Filters				
9d	Sterile water				
9e	Sharps bins				
9f	Wipes / swabs				
9g	Stericups / spoons / other forms of cooker				
9h	Other (please specify below)				

10	Does your service provide or refer clients to the following:	No	Yes	
			On-site	By referral
10a	Risk assessment			
10b	Advice on safer injecting practices			
10c	Advice on overdose prevention			
10d	Advice on safe disposal of used injecting equipment			
10e	Access to blood-borne virus (BBV) testing services			
10f	Access to BBV vaccination services			
10g	Access to BBV treatment services			
10h	Access to GP / primary care sessions			
10i	Access to dental care			
10j	Access to well-woman clinic			
10k	Care for minor infections and injection injuries			
10l	Access to specialist drug treatment services			
10m	Access to opiate substitution treatment			
10n	Access to housing, social welfare or legal advice			

11	Does your service have access to the internet?	No		Yes	
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12	Do you record the data through:	No	Yes	If yes, please provide details
12a	Paper-based systems			
12b	Computerised system			
12c	Other (please state)			

13	What do you do with the information you collect?	No	Yes	If yes, please provide details (e.g. how frequently)
13a	Set budgets			
13b	Report to local NHS Board			
13c	Report to local Alcohol and Drug Action Team(s)			
13d	Report to local Community Health Partnership(s)			
13e	Other (please specify below)			

14a	Is there a maximum number of syringes / needles that your service gives out in any one exchange?	No		
		Yes		If 'Yes', what number?
14b	What are your reasons for handing out a particular number of syringes/needles?			

15	Which one of the following statements best describes the policy of your service on the return of used needles and syringes? (Please tick one only)	
15a	Service operates a strict one-for-one exchange policy	
15b	Service always requires some return of used needles and syringes before sterile injecting equipment is given out	
15c	Service encourages return of used needles and syringes but this is not a condition for accessing sterile injecting equipment.	
15d	Used needles and syringes are not returned to the service	
15e	Other (please specify)	

16	How is your service funded?	Yes	If other source, please specify:
16a	Fully funded by local NHS Board		
16b	Partly funded by local NHS Board		
16c	Fully funded by other source		
16d	Partly funded by other source		

17	Do you have any other comments? (Continue on a separate sheet if necessary.)

Thank you very much for your assistance in completing this questionnaire. Please return the survey to the address below by Friday 14th November 2008.

If you have any questions surrounding this questionnaire please contact:

Chris Black: ChrisBlack@nhs.net (0131 275 7449)
 Julia Wallace: JuliaWallace@nhs.net (0131 275 6895).

**Address: Information Services,
 ESG 1st Floor, Gyle Square,
 1 South Gyle Crescent,
 Edinburgh
 EH12 9EB**

Needle Exchange Survey Pharmacy Scheme Questionnaire

**To be completed by the
Pharmacy needle exchange co-ordinator**

Name:			
Job Title:			
Address:			
Telephone Number:		Email Address:	
NHS Board:			

1	Please provide the following:	Number
1a	Number of pharmacies currently in needle exchange scheme in the Health Board area	
1b	Total number of pharmacies in the Health Board area	

2	How many pharmacies in your needle exchange scheme provide the following items? Please indicate whether these items are provided free of charge. (Please tick all that apply)	Number of pharmacies	Number that provide these items free of charge
2a	Citric acid		
2b	Vitamin C / Ascorbic acid		
2c	Filters		
2d	Sterile water		
2e	Sharps bins		
2f	Wipes / swabs		
2g	Stericups / spoons / other forms of cooker		
2h	'Never-share needles'		
2i	Other (please specify below)		

3	How many pharmacies in your scheme record the following?	Number of pharmacies
3a	Number of contacts (i.e. visits / transactions)	
3b	Number of clients	
3c	Number of needles / syringes distributed	
3d	Number of needles / syringes returned	

4	How many pharmacies in your scheme record the following?	Number of pharmacies
4a	Client ID	
4b	First name	
4c	Surname	
4d	Client initials	
4e	Gender	
4f	Ethnicity	
4g	Date of birth	
4h	Age	
4i	Whole postcode	
4j	Partial postcode	
4k	Injecting equipment (i.e., paraphernalia other than needles/syringes) provided	
4l	Main drug injected	
4m	Frequency of injecting	
4n	Other (please specify: e.g. do you report summary data back to pharmacies?)	

5	How do you collect information on needle exchange from pharmacies in your area? (Tick all that apply.)	No	Yes	If yes, please provide details
5a	Paper-based system			
5b	Computerised system			
5c	Other (please specify)			

6	What do you do with the information collected by pharmacy needle exchange services in your area?	Please tick those that apply
6a	Set budgets	
6b	Report to local NHS Board	
6c	Report to local Alcohol and Drug Action Team(s)	
6d	Report to local Community Health Partnership(s)	
6e	Other (please specify)	

7	What problems have affected pharmacy needle exchange provision in your area?	Please tick those that apply
7a	Budget shortfalls affecting supplies	
7b	Recruitment of new pharmacies	
7c	Attrition / drop-out of pharmacies	
7d	Pharmacy staff being asked to leave the scheme	
7e	Adverse public reactions to needle exchange	
7f	Other (please specify below)	

9	Do you have any other comments? (Continue on a separate sheet if necessary.)

Thank you very much for your assistance in completing this questionnaire. Please return the survey to the address below by Friday 14th November 2008.

If you have any questions surrounding this questionnaire please contact:

Chris Black: ChrisBlack@nhs.net (0131 275 7449)
 Julia Wallace: JuliaWallace@nhs.net (0131 275 6895).

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 1 South Gyle Crescent,
 Edinburgh
 EH12 9EB**

Needle Exchange Survey

ADAT questionnaire

**To be completed by the
ADAT Co-ordinator or Development Officer**

Name		Telephone Number	
Job title		ADAT partnership area	

1	Do you have any estimates of the total number of current injecting drug users in the general population in your ADAT area (not just service users)?	No		Yes	
		Don't know			
1a	If 'Yes', what is the number?				

2	Do you monitor needle exchange activity in your area by number of contacts? (by 'contacts' we mean transactions or visits)	No		Yes	
2a	Do you monitor needle exchange activity in your area by number of clients?				

3a	Do you monitor gender of needle exchange clients?	No		Yes	
	If 'Yes', please provide numbers of contacts and / or clients by gender (as available)				
	Gender	Number of contacts (Financial Year 2007/08)		Number of clients (Financial Year 2007/08)	
3a1	Male				
3a2	Female				
3b	Do you monitor age of needle exchange clients?	No		Yes	
	If 'Yes', please provide numbers of contacts and / or clients by age.				
	Age	Number of contacts (Financial Year 2007/08)		Number of clients (Financial Year 2007/08)	
3b1	Under 16 years				
3b2	16 – 19 years				
3b3	20 – 24 years				
3b4	25 – 39 years				
3b5	40+ years				
	Do you monitor the following?				
3c	Ethnicity	No		Yes	
3d	Main drug injected	No		Yes	

3e	Other monitoring categories (please specify):
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4	What information is collected by the needle exchange services in your ADAT area? (Please tick all that apply.)	Pharmacy	Non-pharmacy
4a	Number of contacts		
4b	Number of clients		
4c	Number of needles / syringes distributed		
4d	Number of needles / syringes returned		
4e	Gender		
4f	Age		
4g	Ethnicity		
4h	Main drug injected		

5	How is this information collected?	Pharmacy	Non-pharmacy
5a	By paper forms		
5b	By a computer-based system		

6	Do you use the data collected by needle exchange services in your area for any of the following? (Please tick all relevant boxes)	No	Yes	Please provide details (e.g. how frequently)
6a	To set budgets			
6b	To develop services			
6c	To report to Scottish Government			
6d	To report to NHS Board			
6e	To report to Council Area			
6f	To report to Community Health Partnership			

6g	Other (please specify)			
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7	Please indicate whether any of the following problems have affected the provision of needle exchanges in your ADAT area during the past 12 months:			
	Nature of problem	No	Yes	If yes, please provide details:
7a	Budget shortfalls that have affected supplies			
7b	Planning permission for needle exchange service			
7c	Pharmacies withdrawing from needle exchange schemes			
7d	Problems with obtaining insurance for needle exchange services			
7e	Adverse public reaction to needle exchange			
7f	Other (please specify)			

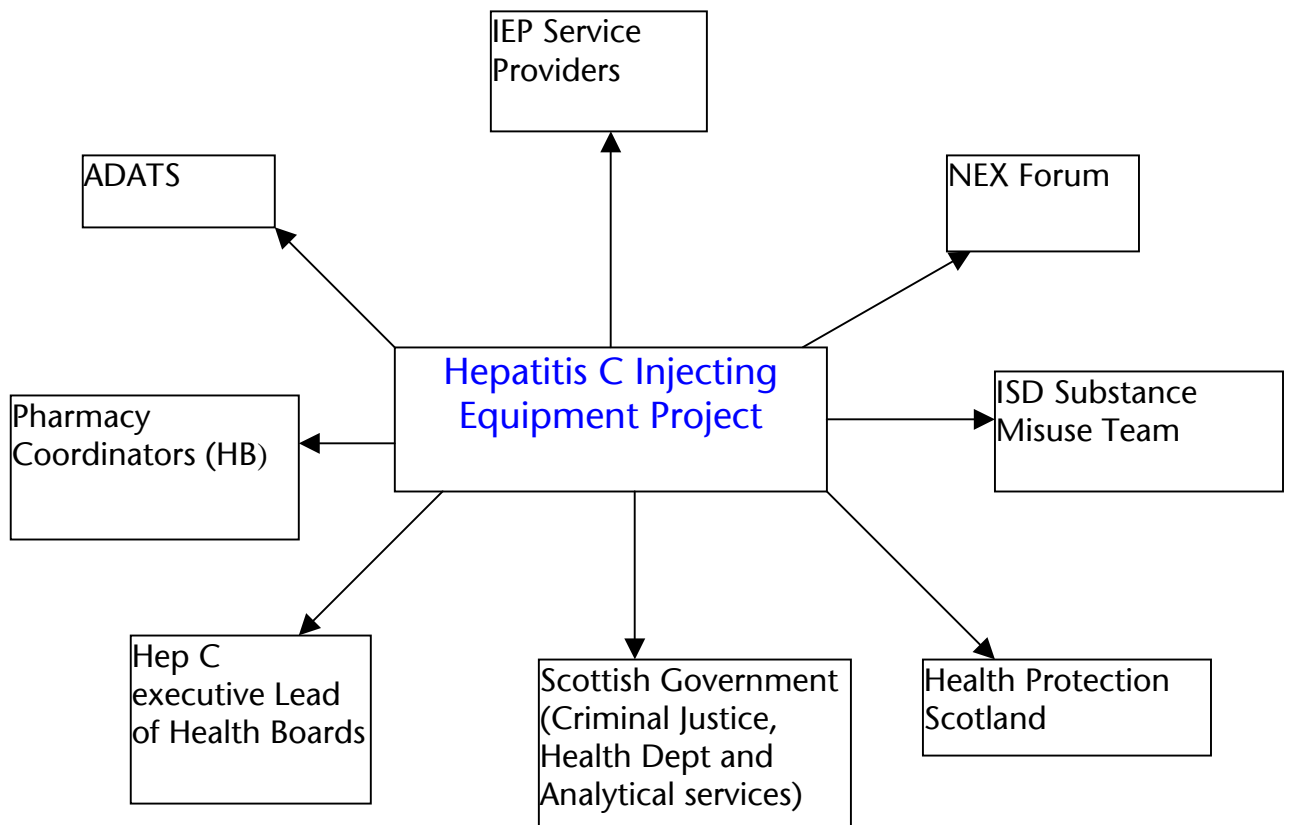
8	Do you have any other comments? (Continue on a separate sheet if necessary.)

Thank you very much for your assistance in completing this questionnaire. Please return the survey to the address below by Friday 14th November 2008.

If you have any questions surrounding this questionnaire please contact:

Chris Black: ChrisBlack@nhs.net (0131 275 7449)
 Julia Wallace: JuliaWallace@nhs.net (0131 275 6895).

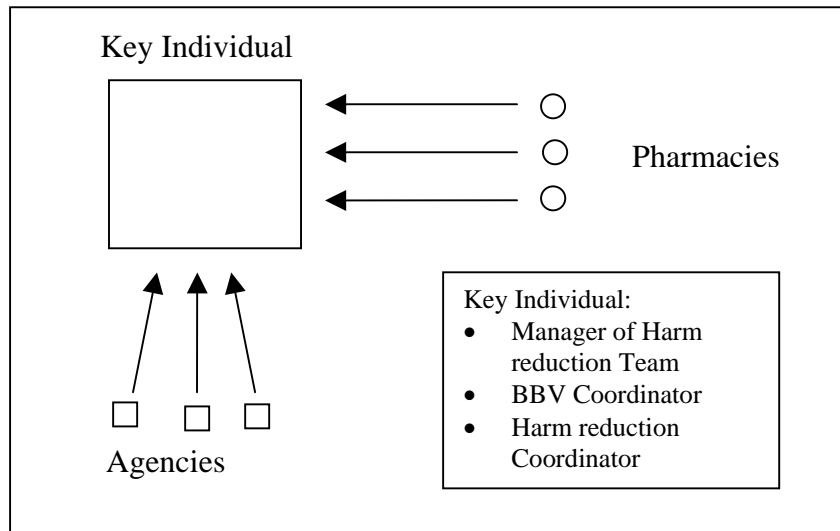
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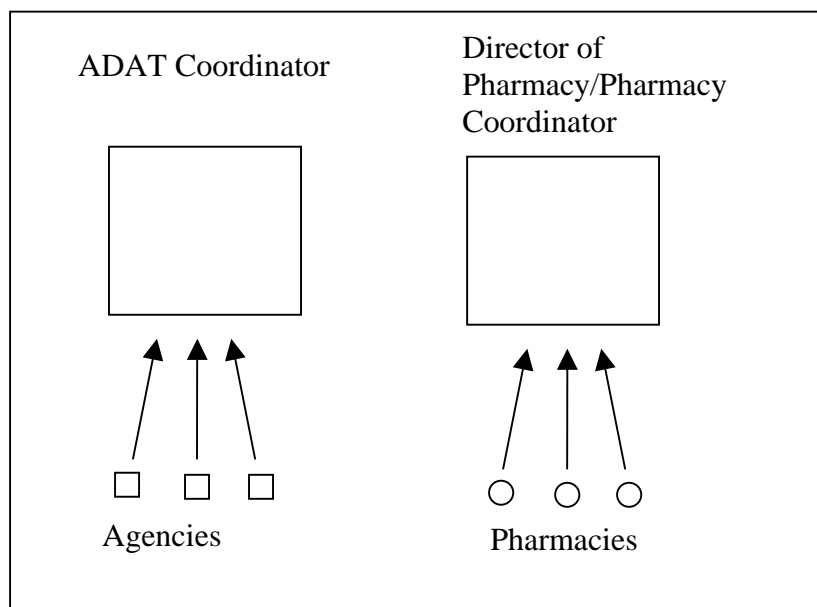
Appendix 5: Health Board information flow structures

We believe each of Scotland's Health Boards fit into one of the following structures. The arrows represent the flow of information from needle exchange outlets to Health Board or ADAT contacts.

Structure 1 – One key individual collates all the needle exchange information from both pharmacy and non pharmacy needle exchanges throughout the Board.

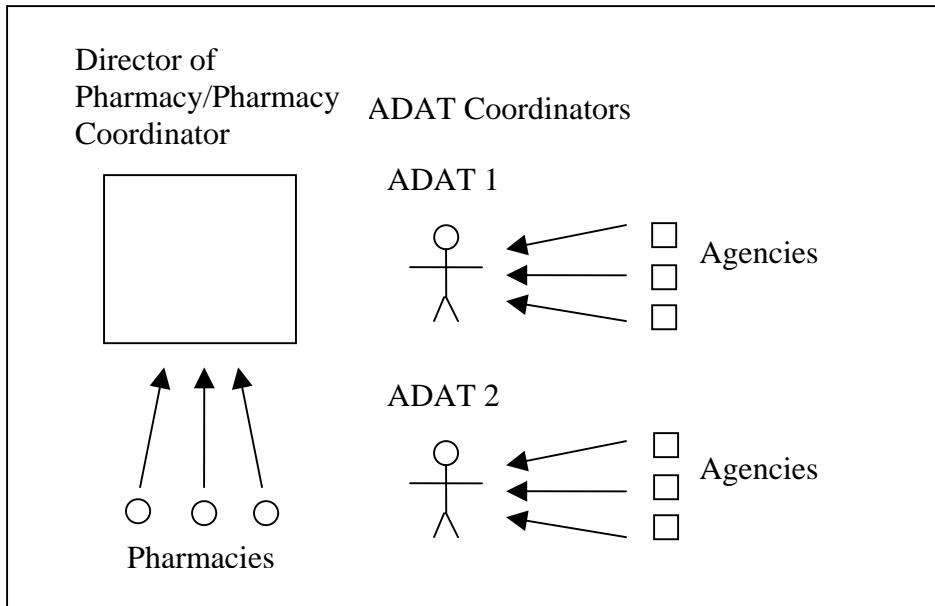


Structure 2 – 2 key individuals: one for pharmacy information and the other for non pharmacy information.



These two key individuals may or may not work together and share information, this level of interaction appears to differ across the Boards.

Structure 3 – One coordinator of pharmacy information; multiple ADATs within the Board, each agency reports to an ADAT.



Structure 4 –One pharmacy coordinator collates all the information from pharmacy need exchanges but it is not known where the information from agencies is collated (if anywhere).

