

6.0 Injecting Equipment Provision

6.1 Patient characteristics

Number of IEP service users

Individual clients were identified by searching the Needle Exchange Online (NEO) database for unique identifiers. A number of users register with different unique identifiers at different sites so analysis by frequency of 'attendance' was conducted and it was decided to base subsequent analyses mainly on identifiers that appeared greater than or equal to five times (Table 6.1). This more accurately reflects the true number of people accessing IEP services although the estimated numbers of attendees is likely to be an underestimation of the number of drug users as it does not account for people who do not use services or people who access injecting equipment via secondary distribution [43].

On this basis, an estimated 1,319 people regularly accessed IEP services in the year Aug 2015-Jul 2016. Of these regular attendees, an estimated 157 'frequent attendees' were identified, defined as those who had 50 or more transactions in the year using the same unique identifier on NEO (Table 6.1).

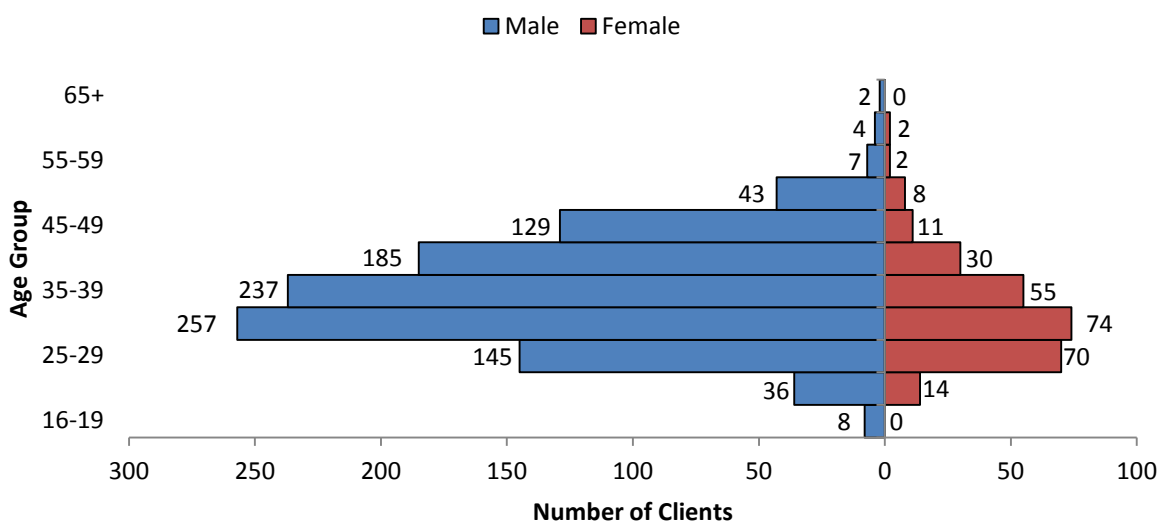
Table 6.1: Number of clients regularly accessing IEP services in Edinburgh based on NEO

Total unique ID numbers	Clients >1 transaction	Clients ≥5 transactions 'Regular attendees'	Clients ≥50 transactions 'Frequent attendees'
3921	2301	1319	157

Demographics

Of the 'regular attendees', 1,053 (80%) were male and 266 (20%) female. This may be an overestimation of the proportion of male clients as more females access injecting equipment through secondary distribution [43]. The ethnicity of 95% of clients was British Caucasian, 78% of 'regular attendees' were aged 25-45 and 58 (4%) were aged 16-24 (Figure 6.1).

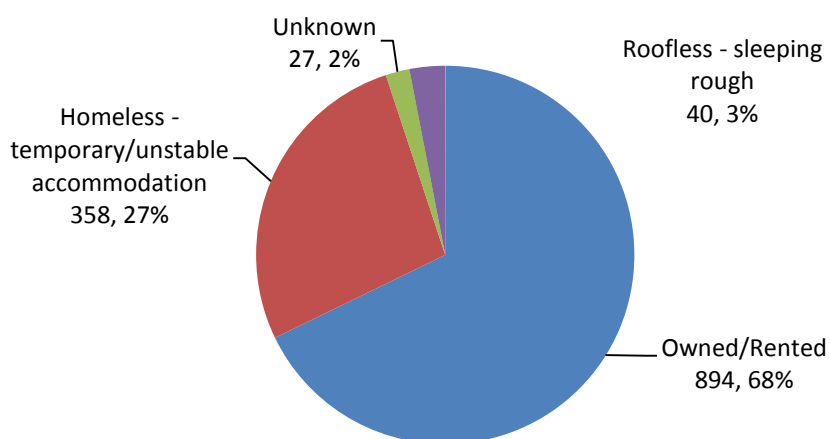
Figure 6.1: Age and gender of 'regular attendees' at IEP services based on NEO



Housing Status

Of 'regular attendees', 30% reported being homeless, roofless or living in temporary or unstable accommodation and 58 of 157 (37%) 'frequent attendees' reported homelessness. Of 475 people interviewed in the 2015/16 Needle Exchange Surveillance Initiative (NESI), 156 (33%) reported homelessness in the last 6 months compared to the national average for Scotland of 22%.

Figure 6.2: 'Regular attendees' at IEP services by housing status based on NEO

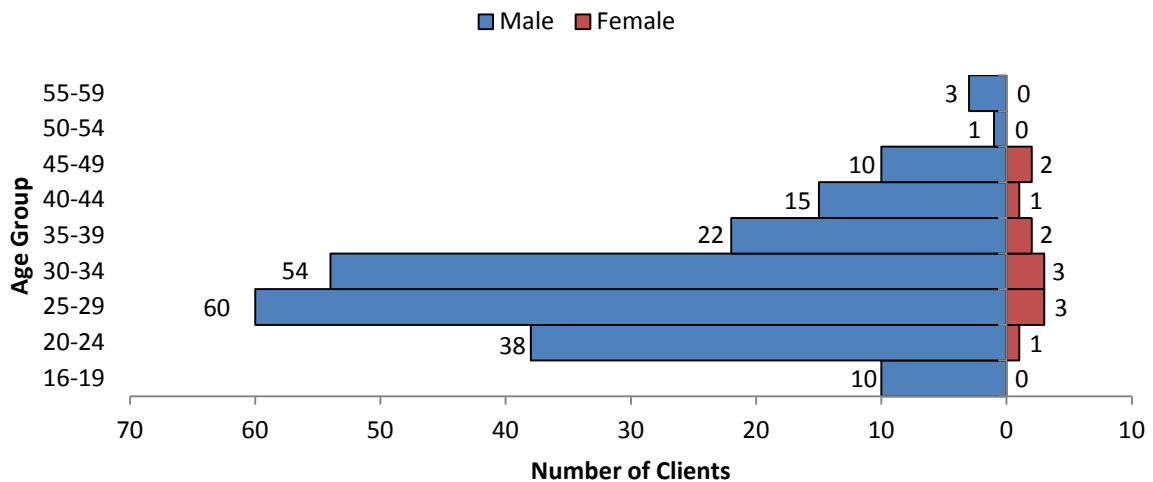


Substances Used

The vast majority of clients (964 clients, 73%) reported injecting opiates followed by new psychoactive substances (NPS) (149 clients, 11%) and image and performance enhancing drugs (IPEDs) (43 clients, 3%). NESI 2015-16 reported that 29% of those surveyed had used NPS in the last 6 months versus the national average of 10%.

People on NEO who reported IPED use had a lower number of average transactions per client. Therefore to eliminate duplicates and mitigate under counting, those who used their unique identifier twice or more were identified as ‘regular IPED attendees’ and 225 clients were identified. IPED users were mostly male and were younger compared to other people who inject drugs attending IEP services (Figure 6.3).

Figure 6.3: Age and gender of those using Image and Performance enhancing drugs with ≥ 2 transactions based on NEO



Data on ‘chemsex’ and men who have sex with men is not reliably recorded on NEO. However, a survey among gay men living in Lothian, conducted by Waverley Care in 2016 indicated that of 151 men interviewed, poppers, ‘viagra’, cannabis and stimulants were most often used. In the 91 cases where the method of taking drugs was known, 17 injected and 13 of 21 who responded did not reuse or share equipment.

Structured Treatment in people accessing IEP services

Use of structured treatment was poorly recorded on NEO; 49.5% of IEP clients provided ‘no answer’ and it is unclear if this was due to poor recording of data, misunderstanding of the question or reluctance of clients to answer. Of those that responded, two thirds of IEP clients reported receiving structured treatment. This suggests that people on OST will still require access to IEP, and it may also indicate that some patients would benefit from a higher dose of methadone or an alternative replacement therapy. Forty eight percent accessed structured treatment via drug treatment services, 34% via their GP, and 6% reported being on a waiting list. Of those individuals who were homeless, 39% reported not being on structured treatment. According to the NESI survey, 58% of current drug injectors received prescribed methadone. Of 133 IEP clients answering a local survey, ‘Tell me 8 things’, 10% reported not knowing who to contact for further help and support in relation to treatment and recovery [44].

6.2 Risk behaviour

Reuse and Sharing of equipment

Of 428 Lothian respondents in the NESI survey 2015-16, 21 (5%) reported injecting in the last month with a needle/syringe that had been previously used by someone else, 83 (19%) reported injecting in the last month with other injecting equipment that had previously been used by someone else, and 20% of respondents had reused the same needle/syringe more than 5 times before discarding it in the last six months. These rates are higher than the national figures for Scotland of 3%, 13% and 20% respectively.

Time since commencing injecting

NESI 2015-16 respondents in Lothian were found to have a shorter average time since onset of injecting than the national average (12.1 years vs 14.4 years), 58% of those surveyed reported first injecting between before the age of 25 years old and the median age for starting injecting was 24. Lothian also had a higher proportion of more recent injectors with 9% of injectors compared to 5% nationally having started within the last 2 years.

Complications from injecting

The Spittal Street Centre injecting wound clinic saw 128 patients in 2016. Most had advanced complications of injecting and leg ulcers accounted for 75 (59%) of cases often requiring intensive treatment. This has increased significantly from previous years. The rise may be a consequence of increased and long term femoral injecting but may also reflect increased awareness and referral from locality services.

6.3 Service Utilisation

NEO data indicates that most (83%) of 'regular attendees' access general services (community pharmacies) for injecting equipment provision. Of the 1,158 unique clients who attended general IEP services, 1,030 (89%) accessed these solely and did not access enhanced or specialist services.

Needles Dispensed

Based on reported needle use from the NESI survey, a deficit of 29% in provision of needles in Lothian was found versus 28% nationally (Table 6.3).

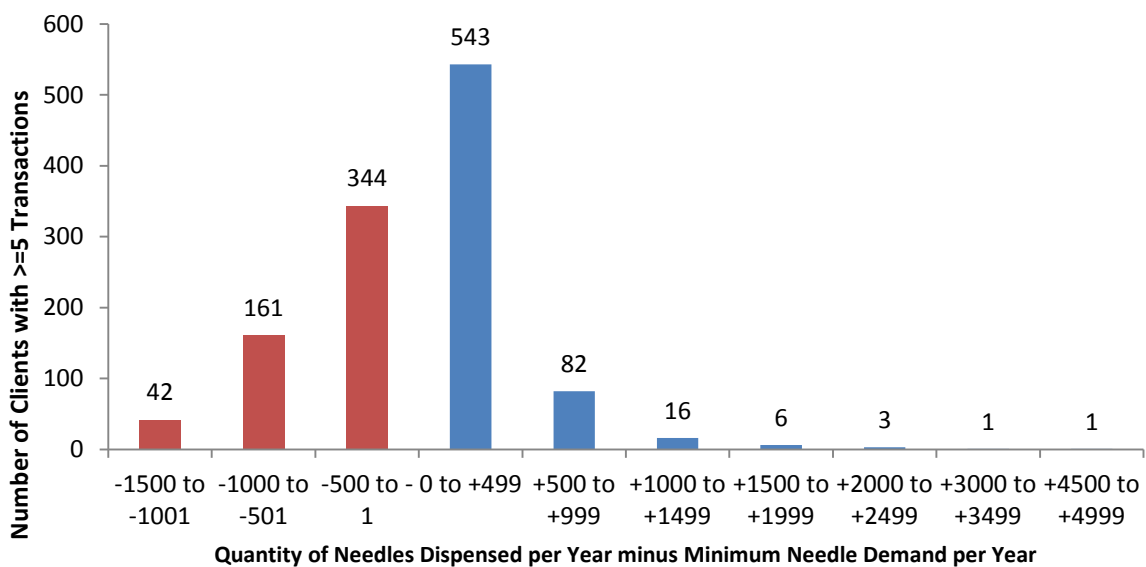
Table 6.3: Percentage of needles dispensed compared to reported demand in NESI 2015-16 respondents (calculated as reported number of needles received / number of times injected)

	2015-16	2013-14	2011-12
Lothian	71%	80%	74%
Scotland	72%	85%	77%

Based on Lothian NEO data, the ratio of reported injecting frequency to the number of needles dispensed for 'regular attendees' shows that 46% of 'regular attendees'

did not collect enough needles for their reported injecting frequency. However, a number of others collected significantly more needles than their reported injecting frequency and it is possible that secondary distribution is occurring given the overall deficit of needles was only 0.5%. Of the 133 IEP users surveyed, 'Tell me 8 things', 98.5% responded that they were being given enough supplies to enable clean sets of works for each injection [44].

Figure 6.4: Number of needles provided compared to reported injecting frequency based on NEO (mean average= - 32 needles per year per client)



6.4 Location of services and users

The postcodes of people accessing IEP services were identified from NEO and mapped by region (Figure 6.5). The highest concentration of regularly injecting users was located in Leith, North East Edinburgh and in South West Edinburgh and IEP services are well placed for access. Of 133 people surveyed at IEP sites as part of 'Tell me 8 things', 95% responded that IEP services were convenient to access [44].

6.5 Enhanced pharmacy pilots

In 2017, a pilot was conducted in four Edinburgh community pharmacies to offer enhanced harm reduction interventions. This was held over eight weeks and offered blood-borne virus testing, naloxone, safe injecting advice and signposting for other services. A total of 83 people engaged with services across the four pharmacies and 60 people utilised the enhanced services. Of those using the enhanced service, 29 (48%) patients were given naloxone, 44 (73%) patients were given safer injecting advice and 49 (81%) patients were tested for blood-borne viruses. Of these, three were positive for hepatitis C antigen indicating active infection of which they were previously unaware.

6.6 Needle discards

Data on discarded needles reported by Essential Edinburgh, the City of Edinburgh Council and Edinburgh University between August 2015 and July 2016 were collated and mapped (Figure 6.6). The numbers of reported works is small, and there is likely to be ascertainment bias due to increased surveillance in the city centre. However, this data does suggest ongoing street injecting in the Edinburgh city centre. This is supported by a survey of injecting drug users registered with the Edinburgh Access Practice, a majority of whom indicated they had injected on the street at some point and, and by mapping of police intelligence which indicates that drug dealing activity is concentrated mainly in the city centre.

Figure 6.5: Number of 'regular attendees' by postcode of residence based on NEO

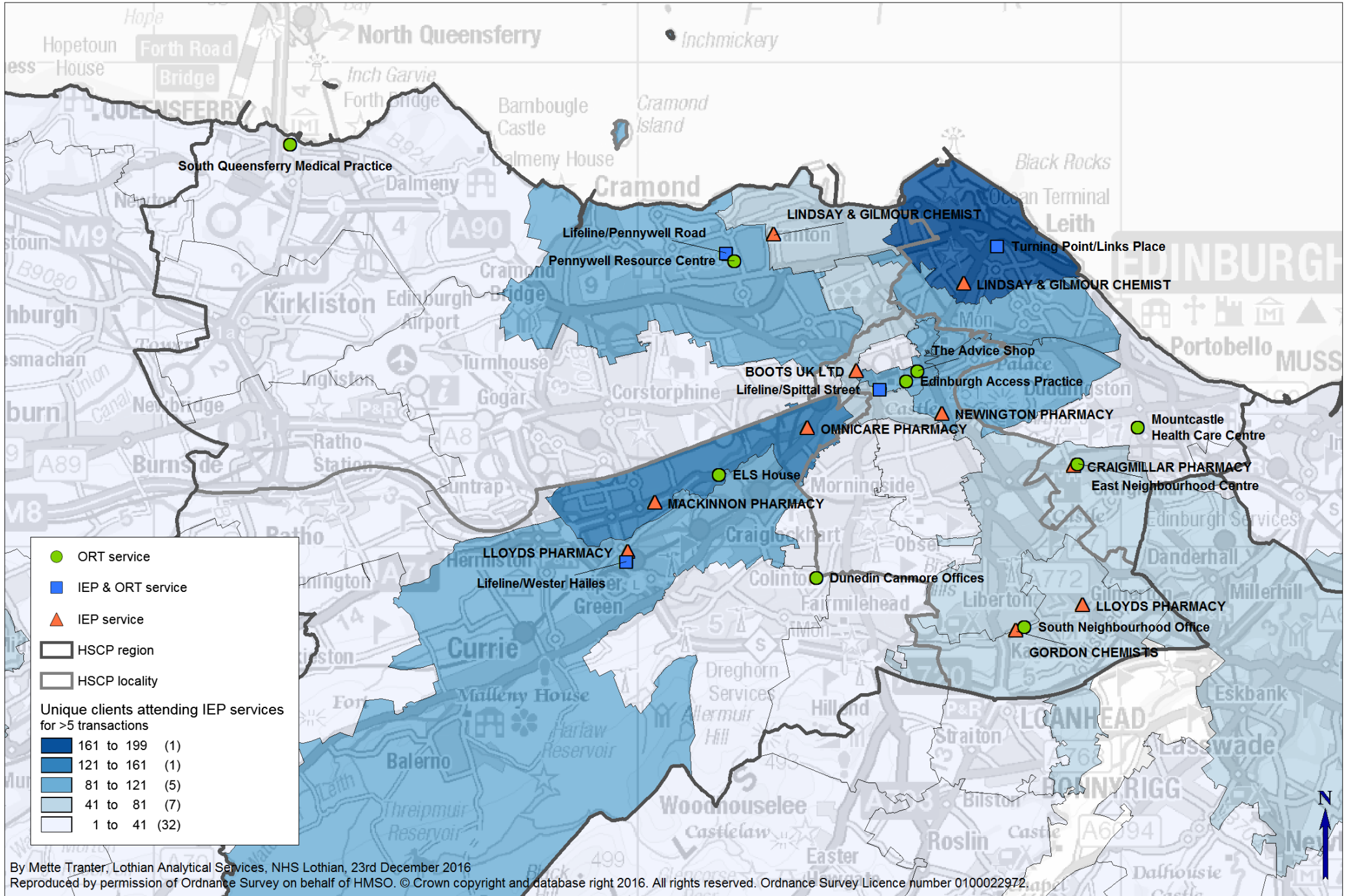
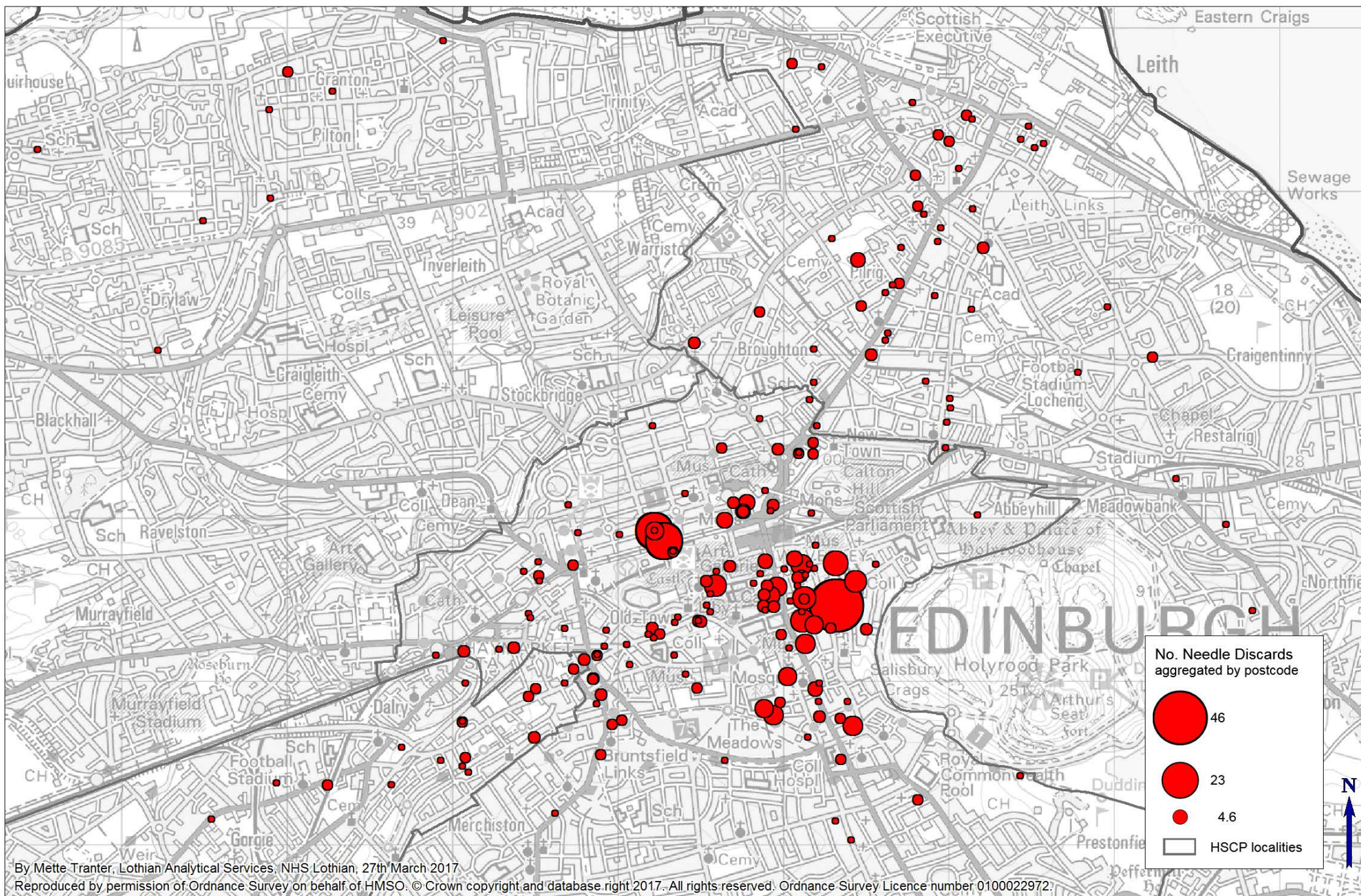


Figure 6.6: Location and number of needle discards in Edinburgh (August 2015 – July 2016)



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6.7 Key findings: Injecting equipment provision

Patient characteristics

- There are 1,319 'regular attendees' accessing IEP services. Of these 157 are 'frequent attendees' with more than 50 transactions a year (NEO 2015/16).
- Most 'regular attendees' are Caucasian male and primarily use heroin/opiates (NEO 2015/16).
- 58% 'regular attendees' are also on methadone/structured treatment (NESI 2015-16).
- One third of 'regular attendees' are homeless (NEO 2015/16).
- Young people use IEP services: 58 (4%) of 'regular attendees' are aged under 25 years, the median age of commencing injecting is 24 years, and people injecting IPEDs are typically younger than opiate injectors. (NEO 2015/16, NESI 2015-16).
- There is evidence of ongoing street injecting in Edinburgh city centre, although the actual numbers may be small.

Injecting equipment provision

- An estimated 71% of the needles required were dispensed to clients based on NESI data. Minimal deficit was found when analysing local data on NEO 2015/16, but despite overall good provision 46% of users may still not be receiving enough injecting equipment..
- 19% of NESI respondents reported injecting with equipment used by someone else in the last, and 20% had reused the same needle/syringe more than 5 times before discarding it in the last six months (NESI 2015-16).

Service access

- The majority (83%) of people access IEP services at pharmacies which currently only provide 'general' services i.e. not other harm reduction interventions such as take home naloxone and blood borne virus testing (NEO 2015/16).
- The location of IEP service outlets corresponds to areas where most IEP clients reside.