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SUBSTANCE MISUSE PROGRAMME

**Harm Reduction Database Wales:
Prevention and detection of infectious
disease amongst people accessing
substance misuse services
Annual Report 2020-21**

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

The Substance Misuse Programme works to address both the current and emerging public health threats in Wales and in line with the overarching strategic objective to '**reduce health inequalities, and prevent or reduce communicable and non-communicable disease, wider harms and premature death related to drugs and alcohol use and related risk behaviours**'.

Substance Misuse Programme

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Glossary of key abbreviations

Anti-HCV	Hepatitis C virus antibody
Anti-HIV	Human Immunodeficiency Virus antibody
BBV	Blood Borne Virus
BCU	Betsi Cadwaladr University Health Board
CTM	Cwm Taf Morgannwg
DBST	Dried Blood Spot Test
DAA	Direct acting antivirals
EASR	European Age Standardised Rate
HBV	Hepatitis B virus
HBsAg	Hepatitis B virus surface antigen
HCV	Hepatitis C virus
HDS	High dead space
HIV	Human Immunodeficiency Virus
HRD	Harm Reduction Database Wales
IPED	Image and Performance Enhancing Drug
LDS	Low dead space
LIMS	Laboratory Information Management System
MSM	Men who have sex with men
NSP	Needle and Syringe Programme
OST	Opioid substitution therapy
PCR	Polymerase chain reaction
POCT	Point of Care Test
PWID	People who inject drugs
RNA	Ribonucleic acid
SCRA	Synthetic Cannabinoid Receptor Agonist
SMS	Substance misuse service
UAM	Unlinked Anonymous Monitoring Survey
WHO	World Health Organisation
WNDSM	Welsh National Database for Substance Misuse

1 Forward

This report for 2020-21 best reflects the challenges faced by services and service users in providing and utilising harm reduction services in Wales during the first full year of the COVID-19 pandemic. As such, the data should not be interpreted as part of ongoing trend analysis, and should not be used to deduce or infer any real changes within the population who inject drugs or access substance misuse services for blood borne virus screening. With lack of contact with services, risk factor data may not have been routinely updated or recorded.

Since March 2020, restrictions have resulted in substantial challenges for harm reduction and treatment services, microbiological testing services and services user access. Over this period the Harm Reduction Database has recorded dramatic decreases in the availability and use of needle and syringe programmes and of screening and testing for blood borne virus infection. However, as the year progressed, innovative and progressive service developments including increased outreach and postal mechanisms were introduced to positive effect. In addition, following increased laboratory capacity for COVID, blood borne virus testing at a national level was reinstated in December 2020, and screening, diagnosis and treatment activity is increasing month on month.

Optimal needle and syringe provision remains a critical element in reducing the health burden of blood borne virus and bacterial infections and requires a fresh focus and resourcing.

Public Health Wales would like to thank all service users and frontline staff who have contributed to the provision of harm reduction, testing and treatment services and to recording via the Harm Reduction Database so that timely evidence of the impact of COVID was available and routinely reported at policy, planning and service level throughout the year.

2 Executive Summary

2.1 Key findings and trends

2.1.1 Needle and Syringe Programmes

- **As with previous years, coverage of NSP remains sub-optimal and as such requires substantial upscaling in order to prevent blood borne virus transmission and bacterial infections.** It is estimated that amongst PWID injecting opioids and/or stimulants, coverage (clean injecting equipment for every injecting event) in Wales is around 22 per cent. **Individuals who accessed specialist sites were, on average, being issued with almost double the number of syringes over the year compared to those accessing pharmacy NSP**
- Approximately two thirds of **NSP interactions** (66 per cent) occurred in community pharmacy based NSP services with the remaining third (34 per cent) occurring in specialist NSP services.
- **Data quality** within NSPs varied by geographic area and service type, with injecting risk factor completion ranging from 18 to 90 per cent, indicating substantial variability in the quality of injecting-related disease prevention service provision.
- There has been **substantial decreases in NSP activity in 2020-21 due to COVID restrictions** including the number of regular clients attending, interactions in NSP services and syringes provided compared to the previous year, dropping by 26 per cent, 32 percent and 26 percent respectively.
- **Opioids were the largest substance group recorded.** The proportion of individuals accessing NSP and reporting IPED use has reduced in each of the last 3 years. Use and injecting of stimulant substances in the NSP dataset is considered to be substantially underreported given the level of self-report use of stimulants, particularly cocaine and crack cocaine, in other surveys, and datasets and assessment data.
- Amongst people who inject drugs (PWID) **opioids** and where data recorded:
 - Self-reported **indirect sharing** of injecting equipment (e.g. sharing of spoons, filters, water) was reported by 32 per cent and **direct sharing** (needles and syringes) by 26 per cent
 - The proportion of **new initiates reporting opioid injecting** (individuals injecting for less than 36 months) has declined over the last 5 years from 8 per cent to 3 per cent
 - Self-reported **higher risk injecting sites** (e.g. groin) has remained consistent over the last five years at 20 per cent in 2020-21
- Amongst PWID injecting **stimulants** and where data recorded:
 - Self-reported **indirect sharing** of injecting equipment (e.g. sharing of spoons, filters, water) was reported by 35 per cent and **direct sharing** (needles and syringes) by 30 per cent in 2020-21, an increase of 3 percentage points over the last 5 years
 - The proportion of **new initiates reporting stimulant injecting** (individuals injecting for less than 36 months) has declined over the last 5 years from 10 per cent to 2 per cent.
 - Self-reported **higher risk injecting sites** (e.g. groin) has increased steadily, rising from 17 per cent in 2016-17 to 21 per cent in 2020-21

- Amongst PWID injecting **Image and Performance Enhancing Drugs (IPEDs)**:
 - Those reporting IPED injecting consistently represent the youngest PWID cohort, however, recent years have seen a **substantial decline in younger IPED users accessing NSP services**
 - The proportion of **new initiates reporting IPED use** and attending services (individuals injecting for less than 36 months) has declined over the last 5 years, from 29 per cent to 11 per cent
 - The proportion of individuals **only attending pharmacy** sites has increased over the last 5 years, with 65 per cent attending pharmacy only in 2016-17 to 70 per cent in 2020-21

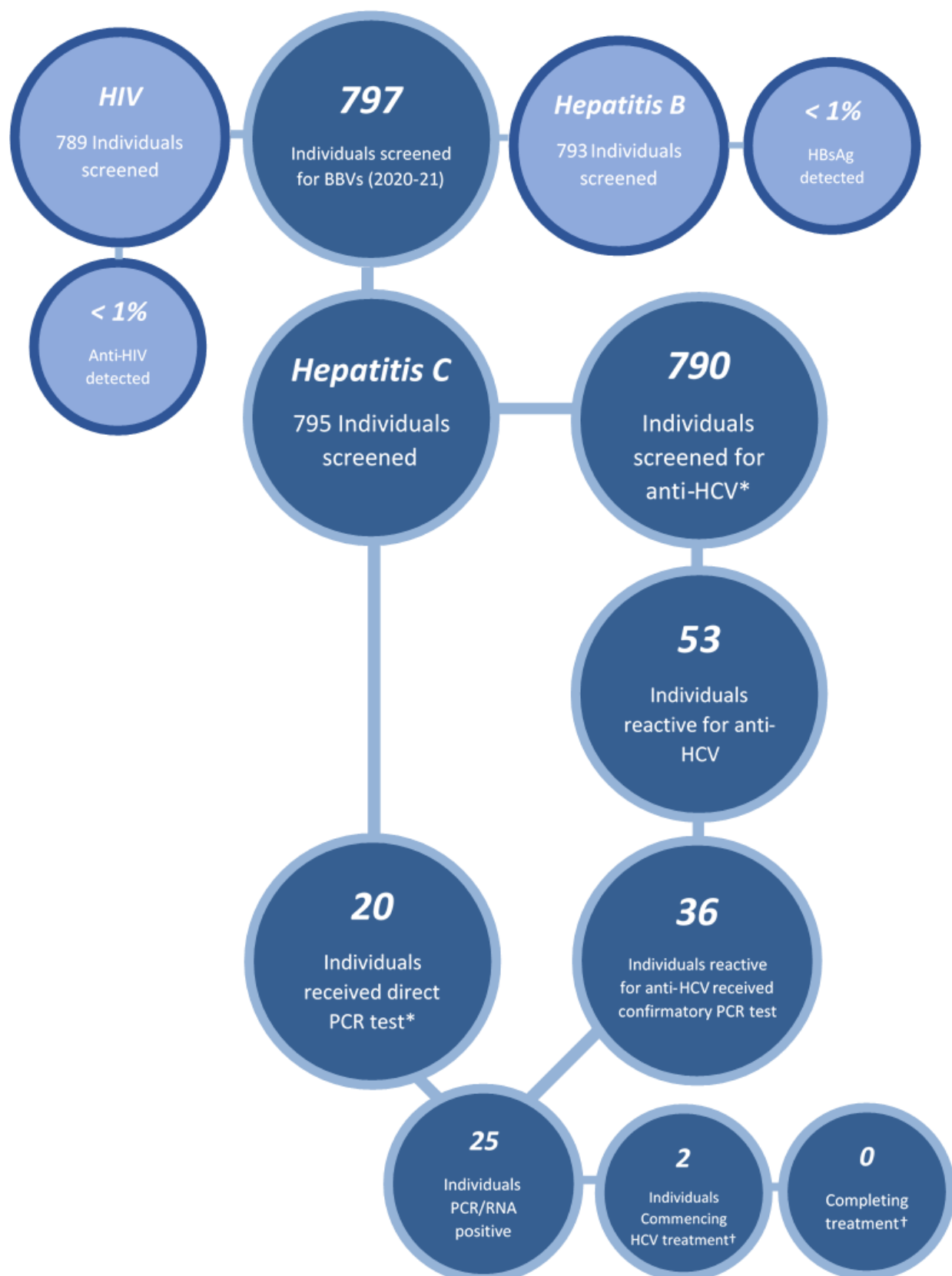
2.1.2 Blood Borne Virus (BBV) screening

- **Between 1 April 2017 and 31 March 2021**, a total of **9,116 BBV tests** were completed by substance misuse and community services **involving 7,405 individuals**
- During 2020-21, a total of 797 individuals completed BBV screening, a reduction of 79 per cent from the previous year
- Amongst those tested in 2020-21:
 - **HIV antibodies**, and **Hepatitis B Surface Antigen** were detected in less than 1 per cent of individuals
 - Across Wales **Hepatitis C antibodies** (anti-HCV) were detected in **11 per cent** of individuals tested, with rates varying between health boards.
- **The incidence rate** of anti-HCV amongst recent initiates (those injecting 36 months or less) was 9 per 100 person years, although based on only 11 valid results. In 2019-20, the incidence rate was 21 per 100 person years.
- Of those who tested reactive for anti-HCV, **68 per cent** of individuals were recorded as having received a **confirmatory PCR test** to establish current infection. There remain 17 anti-HCV reactive individuals tested in 2020-21 that have not had a confirmatory PCR recorded on the Harm Reduction Database.
- **Rates of anti-HCV were highest** amongst individuals reporting having injected stimulants in the last 12 months (14 per cent), injected drugs whilst in prison (11 per cent), and injecting drugs daily (13 per cent). Rates were lowest amongst over 50 years old (none detected) and those who had injected IPEDs in last 12 months (none detected).

2.2 Recommended actions for 2021-22

- 1.** To address current sub-optimal coverage (sterile injecting equipment for every injecting event) across Wales, Welsh Government, Public Health Wales, APB/Health Boards, NSP pharmacy leads and Community Pharmacy Wales work to agree and implement a national specification for pharmacy provision of needle and syringe programmes
- 2.** Public Health Wales, in collaboration with service users and providers, redesign the Harm Reduction Database Wales – Needle and Syringe Programme Module to streamline and improve data quality, validation of substance and poly-substance use reporting and refresh demographic indicators
- 3.** Public Health Wales, in collaboration with service users and providers, develop and implement nationally the Harm Reduction Database Wales – ACT Project Module for the provision of self-care wound pack to reduce injecting related bacterial infections. Accredited training on prevention, identification and treatment of bacterial infections to be implemented across Wales along with establishment of treatment and care pathways within each health board area
- 4.** All substance misuse and related services be supported to reinstate, strengthen and expand routine opt-out testing for blood borne viruses and rapid access to treatment for all affected individuals
- 5.** Central collation and evaluation, led by Welsh Government, of new and innovative methods of delivery of harm reduction services, initiated as a consequence of COVID-19 pandemic across UK and Europe, for consideration of implementation across Wales for effective and cost-effective service improvement

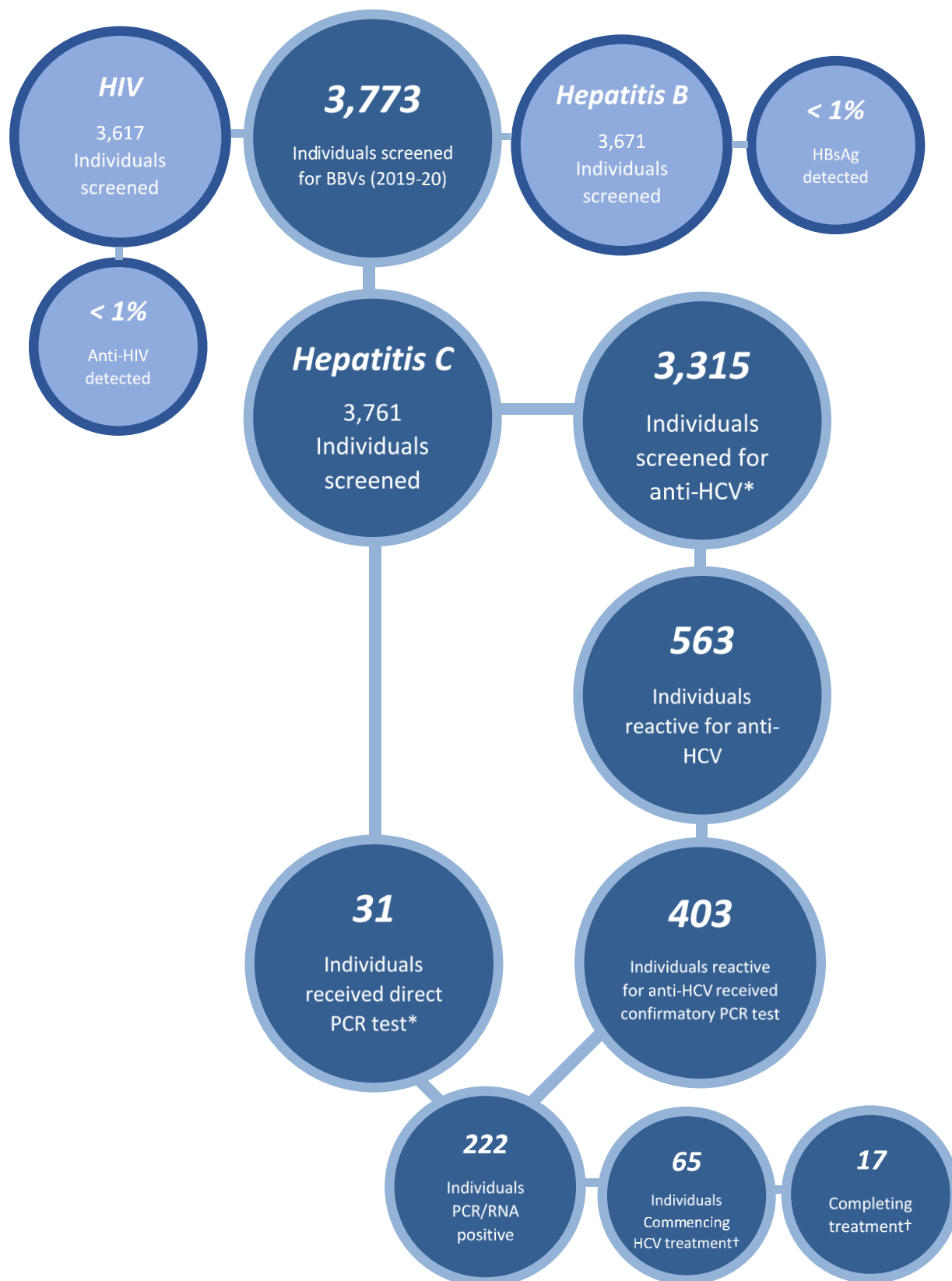
2020-21 BBV Testing Breakdown



* Includes only valid tests recorded on the Harm Reduction Database Wales: Blood Borne Virus Module

† Where recorded on Harm Reduction Database Wales: Blood Borne Virus Module

2019-20 BBV Testing Breakdown



* Includes only valid tests recorded on the Harm Reduction Database Wales: Blood Borne Virus Module

† Where recorded on Harm Reduction Database Wales: Blood Borne Virus Module

3 Preventing infections amongst people who inject drugs through effective needle and syringe programmes

Needle and Syringe Programme (NSP) services provide sterile injecting equipment and related paraphernalia, including foil as an alternative to injecting, as well as harm reduction information, advice and referral to specialist treatment services. As such they represent a vital service in the prevention of infections related to injecting, specifically blood borne viruses: hepatitis B, hepatitis C and HIV; as well as bacterial infections including *Staphylococcus aureus* and Invasive Group A streptococci, often related to unsterile injection practices. NSPs are the first line service to prevent infections by ensuring the use of sterile injecting equipment at every injecting event in line with best practice guidance.^{1, 2}

3.1 Location and type of NSPs across Wales

Currently in Wales Needle and Syringe Programmes operate within 38 specialist statutory/ voluntary organisation sites and 216 community pharmacies.³ In 2020-21, 42 specialist sites and 178 pharmacies recorded at least one interaction.

In total, 96,746 interactions occurred across all NSP sites in 2020-21, a reduction of 31 per cent compared to the previous year. This decrease can largely be accounted for by reduction in interactions from March 2020 onwards. This is likely as a result of disruption to services due to the COVID-19 pandemic.

Approximately one third of interactions (33 per cent) occurred in specialist NSP services whilst the remaining two thirds (67 per cent) occurred within community pharmacy settings (see Table 1).

Geographical variation in site coverage and concentration of specialist NSP services between health boards reflects differences in rurality between health board regions. For example, in Cardiff and the Vale University Health Board (UHB), 79 per cent of all interactions occurred within specialist services. In comparison, 93 per cent of NSP interactions in Betsi Cadwaladr UHB occurred within community pharmacy NSP services.

Further analysis of Health Board and Local Authority level activity is available in Section 3.3 - Geographic comparisons of individuals accessing NSP services across Wales.

1 Welsh Government. 2011. Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. Available at: <https://gov.wales/substance-misuse-needle-and-syringe-programmes>

2 National Institute for Health and Clinical Excellence. 2014. Needle and Syringe Programmes. Public Health Guidance PH52. Available at: <https://www.nice.org.uk/guidance/PH52>

3 Welsh Government Statistical First Release SFR108/2018. Community pharmacy services in Wales, 2017-18. Available at: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Pharmacies/enhancedservices-by-localhealthboard-year>

Table 1 - NSP Interactions by Health Board 2020-21

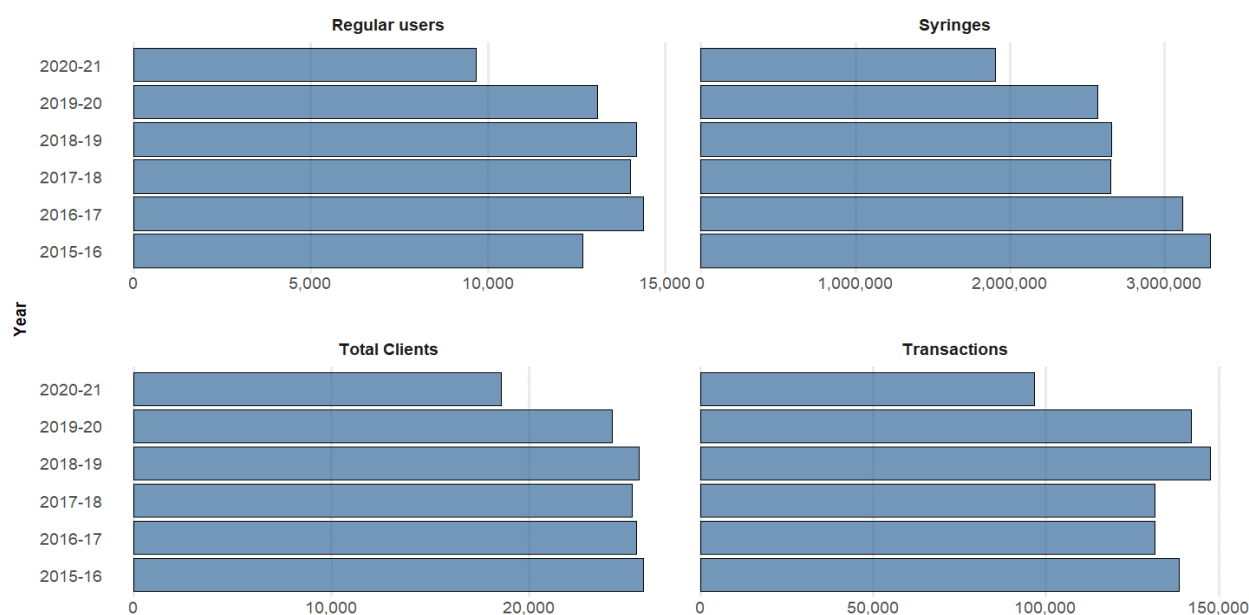
	Number of Specialist NSPs	Number of Pharmacy NSPs	Interactions	% Interactions taking place in Pharmacy NSP
Aneurin Bevan	8	19	14,842	52.1%
BCU	7	62	25,075	93.3%
Cardiff & Vale	8	13	21,264	21.2%
CTM	6	26	14,374	84.3%
Hywel Dda	4	33	10,479	94.4%
Swansea Bay	5	14	9,224	54.1%
Powys Teaching	4	9	1,488	82.0%
Wales	42	176	96,746	66.0%

3.2 NSP activity overview

The 2020-21 financial year represents the seventh year of the collection of NSP activity data across all services (community pharmacy and specialist substance misuse services) in Wales.

Table 2 - Summary of NSP activity, by year 2015-16 to 2020-21⁴

Year	Interactions	All Clients	Regular Clients	Syringes
2015-16	138,516	25,778	12,666	3,296,225
2016-17	131,555	25,443	14,377	3,115,164
2017-18	131,462	25,213	14,023	2,648,760
2018-19	147,668	25,571	14,173	2,658,520
2019-20	142,141	24,196	13,091	2,564,798
2020-21	96,690	18,595	9,658	1,904,195



Source : HRD NSP Module - May 2021

⁴ Regular clients refers to individual PWID who have accessed NSP services on two or more occasions in the year. See section 5.2

Figure 1 - Summary of NSP activity, by year 2015-16 to 2020-21

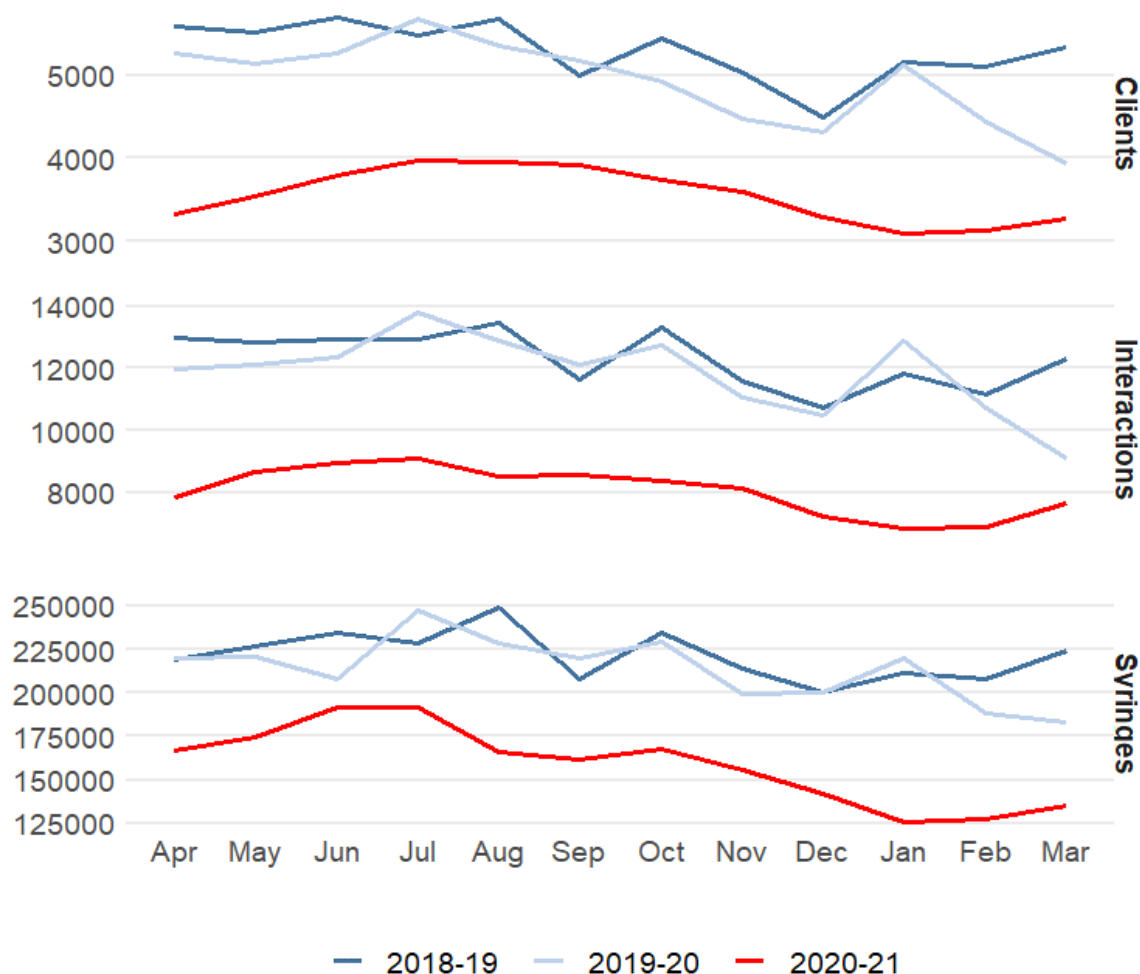


Figure 2 - Summary of NSP activity in Wales, by month 2018-19 to 2020-21

Table 3 – NSP activity summary by Health board, 2020-21

	All Clients	Interactions	Syringes	Regular Clients	Opioids	Stimulants	IPEDs
Aneurin Bevan	2,926	14,842	424,976	1,715	51.2%	18.4%	54.2%
BCU	5,177	24,779	462,860	2,540	64.1%	11.9%	48.9%
CTM	3,205	14,374	324,587	1,813	44.0%	29.2%	54.9%
Cardiff & Vale	3,293	21,264	330,013	1,688	67.4%	18.5%	31.3%
Hywel Dda	1,718	10,479	117,027	1,003	52.9%	14.8%	48.1%
Swansea Bay	2,822	9,464	213,017	1,521	58.4%	12.7%	51.6%
Powys Teaching	239	1,488	31,715	163	58.3%	18.4%	42.3%
Wales	19,380	96,690	1,904,195	10,443	56.6%	17.7%	47.3%

* Clients are included in each Health Board attended in a given year. Wales total will not match sum of Health Board figures

N.B. As individual PWID may report use of more than one substance type, proportions by substance type will not add up to 100 per cent

3.2.1 Syringes dispensed

There were 1,904,195 syringes dispensed in Welsh NSP services in 2020-21. This represents a decrease of 26 percent compared to the previous year and the lowest number of syringes provided since the introduction of pharmacy services in 2014-15. The most likely explanation is the disruption to services as a result of the COVID-19 pandemic from late February.

Coverage rates

It is a principle of NSP services in Wales⁵, supported by UK-wide guidance⁶, to provide PWID with sufficient sterile injecting equipment for every injecting event. The term 'coverage rate' refers to the proportion of injecting events where sterile injecting equipment is used.

Whilst the HRD records both frequency of injecting reported by each individuals attending NSP, alongside the equipment provided at every interaction, the undertaking of robust coverage analysis remains challenging due to the complex nature of injecting practices across PWID subgroups.

A crude estimate has been calculated by reviewing the median number of syringes provided to PWID injecting opioids and/or stimulants and reporting injecting daily. Assuming that each individual PWID only injects once per day, it would be expected that they would collect 365 syringes per year. The median number of syringes provided to this group was 80 per person in 2020-21. This approximates a coverage rate of 22 per cent. **Coverage of NSP remains sub-optimal and as such requires substantial upscaling in order to prevent blood borne virus transmission and bacterial infections.**

3.2.2 Foil dispensed

In line with best practice, all individuals who are injecting or at risk of initiation to injecting are encouraged to consider alternative methods of consumption, for example, the use of foil for heroin smoking instead of injecting. As such, foil for smoking is available in specialist NSP services. As shown in Table 4, uptake of foil has increased amongst regular opioid NSP clients over the last 6 years.

The proportion of individuals using opioids and collecting foil varies by health board from 48 per cent in Hywel Dda to 31 per cent in Cwm Taf Morgannwg (CTM) University Health Board.

Table 4 - Number and proportion of individuals reporting opioid use collecting foil for smoking, by year

Year	Regular clients†	Clients collecting foil and syringes	Clients collecting <u>foil</u> only	Clients collecting <u>syringes</u> only	% clients collecting foil
2015-16	3,447	1,332	106	2,009	41.7%
2016-17	3,573	1,469	128	1,976	44.7%
2017-18	3,578	1,539	120	1,919	46.4%
2018-19	3,810	1,649	129	2,032	46.7%
2019-20	3,736	1,611	144	1,981	47.0%
2020-21	2,727	1,032	116	1,579	42.1%

†Clients not reporting opioid use or not attending specialist services have been removed

5Welsh Government. Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. 2011

6 NICE. Needle and syringe programmes. NICE public health guidance 52. London: NICE; 2014, <http://www.nice.org.uk/Guidance/PH52>

Table 5 - Number and proportion of individuals reporting opioid use collecting foil for smoking, by Health Board

Health Board	Regular clients†	Clients collecting foil and syringes	Clients collecting foil only	Clients collecting syringes only	% clients collecting foil
Aneurin Bevan	585	183	20	382	34.7%
BCU	355	109	42	204	42.5%
CTM	329	98	5	226	31.3%
Cardiff & Vale	973	325	50	598	38.5%
Hywel Dda	160	67	9	84	47.5%
Swansea Bay	577	220	11	346	40.0%
Powys Teaching	42	16	0	26	38.1%

3.3 Geographic comparisons of individuals accessing NSP services across Wales

In 2020-21 the European Age Standardised Rate (EASR)⁷ of individuals attending NSP services across Wales was 525.4 individuals per 100,000 population (see Table 6). Geographical comparisons between health boards and local authorities highlights variation in individuals attending NSP services.⁸

- At Health Board level, CTM Health Board had the highest rate of regular clients attending NSP services (868.7 individuals per 100,000 population), and Powys Teaching Health Board the lowest (250.3 per 100,000 population).
- At Local Authority level, Wrexham had the highest rate (1459.0 individuals per 100,000 population), which was nearly three times higher than the Welsh rate of regular clients attending services. The lowest rates were recorded in Monmouthshire (237.4 per 100,000 population) and Powys (250.3 per 100,000 population).
- **Opioids:** Rates of PWID reporting use of opioids were highest in the BCU health board area (1629 per 100,000 population) and local authority of Wrexham (773 per 100,000 population), and lowest in Powys Teaching Health Board (141.2 per 100,000 population) and Caerphilly local authority area (106.1 per 100,000 population).
- **Stimulants:** Rates of PWID reporting use of stimulants were highest in CTM University Health Board (227.5 per 100,000 population) and the local authority of Merthyr Tydfil (279.1 per 100,000 population) which was over three times higher than the overall Welsh rate (93.0 per 100,000 population). Rates were lowest in Powys Teaching Health Board (44.9 per 100,000 population) and Flintshire Local Authority area (29.2 per 100,000 population).
- **IPEDs:** Individuals reporting use of IPEDs were highest in CTM Health Board (509.2 per 100,000 population) and Wrexham Local Authority (715.5 per 100,000 population), and lowest in Powys Teaching Health Board (109.7 per 100,000 population) and Monmouthshire Local Authority (70.7 per 100,000 population).

⁷ Office for national Statistics (ONS): Implementing the 2013 European Standard Population: the impact of selected upper age limits on mortality statistics. <https://webarchive.nationalarchives.gov.uk/20160106020035/http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013-2013-esp-/index.html>

⁸ Welsh Service users living close to the border with England may attend English NSP services and therefore may not fully be represented in the Welsh data.

Table 6 - Number of individuals regularly accessing NSP per EASR 100,000 population (15-64 years) by local authority, 2020-21

	All regular clients		Opioid		Stimulants		IPEDs	
	Number of Unique Individuals	EASR of individuals per 100,000*	Number of Unique Individuals	EASR of individuals per 100,000*	Number of Unique Individuals	EASR of individuals per 100,000*	Number of Unique Individuals	EASR of individuals per 100,000*
Aneurin Bevan	1,715	479.5	878	249.3	316	89.4	929	256.7
<i>Blaenau Gwent</i>	259	612.9	118	286.2	42	100.1	156	365.6
<i>Caerphilly</i>	371	327.6	119	106.1	34	30.1	266	234.5
<i>Monmouthshire</i>	116	237.4	92	187.2	19	37.2	33	70.7
<i>Newport</i>	869	897.7	572	599.8	228	238.5	355	357.2
<i>Torfaen</i>	258	451.7	96	171.2	28	49.0	170	295.6
BCU	2,540	716.3	1,629	459.5	303	85.4	1,242	351.5
<i>Conwy</i>	217	356.2	143	226.2	32	51.1	80	138.9
<i>Denbighshire</i>	389	751.6	262	497.2	27	54.7	170	339.1
<i>Flintshire</i>	304	335.3	162	178.5	27	29.2	186	206.3
<i>Gwynedd</i>	435	648.4	310	469.3	76	115.5	172	249.8
<i>Isle of Anglesey</i>	185	506.3	139	381.6	20	52.6	104	283.0
<i>Wrexham</i>	1,205	1459.0	773	940.3	159	192.3	594	715.5
CTM	2,408	868.7	912	338.1	618	227.5	1,438	509.2
<i>Bridgend</i>	559	621.4	328	369.3	111	122.1	266	294.7
<i>Merthyr Tydfil</i>	354	967.7	189	529.7	100	279.1	157	416.1
<i>Rhondda Cynon Taf</i>	999	681.1	342	239.7	372	259.0	608	407.1
Cardiff & Vale	1,688	544.2	1,137	375.5	313	103.5	529	162.4
<i>Cardiff</i>	1,496	656.1	1,050	472.3	277	124.6	427	176.9
<i>Vale of Glamorgan</i>	231	293.3	119	150.2	51	64.4	108	138.8
Hywel Dda	1,003	497.8	531	264.5	148	74.2	482	239.4
<i>Carmarthenshire</i>	719	704.6	388	379.1	97	95.3	363	357.5
<i>Ceredigion</i>	135	405.0	102	306.3	26	81.5	28	90.3
<i>Pembrokeshire</i>	201	310.2	87	135.4	41	62.2	100	153.5
Swansea Bay	953	653.4	556	391.5	110	76.7	476	319.3
<i>Neath Port Talbot</i>	725	855.2	470	557.2	124	146.7	355	417.3
<i>Swansea</i>	953	653.4	556	391.5	110	76.7	476	319.3
Powys Teaching	163	250.3	95	141.2	30	44.9	69	109.7
Wales	13,091	706.8	6,998	386.1	2,031	111.9	6,671	352.9

* European Age Standardised Rates (15-64 years) calculated using mid-year population estimates 2017, Stats Wales.

3.4 NSP clients - Profile of unique individuals accessing services

In 2020-21, a total of 18,595 unique individuals accessed NSP services (see Table 7). This number has been gradually decreasing over the last 5 years with a further significant decrease this year, most likely due to the disruption in services from the Covid-19 pandemic. Of these individuals, 51.9 per cent (n = 9,658) were defined as regular NSP service users (for definition see section 6.2.2 - Regular NSP service users). This represents a 26 per cent reduction in the number of regular clients compared to the previous year.

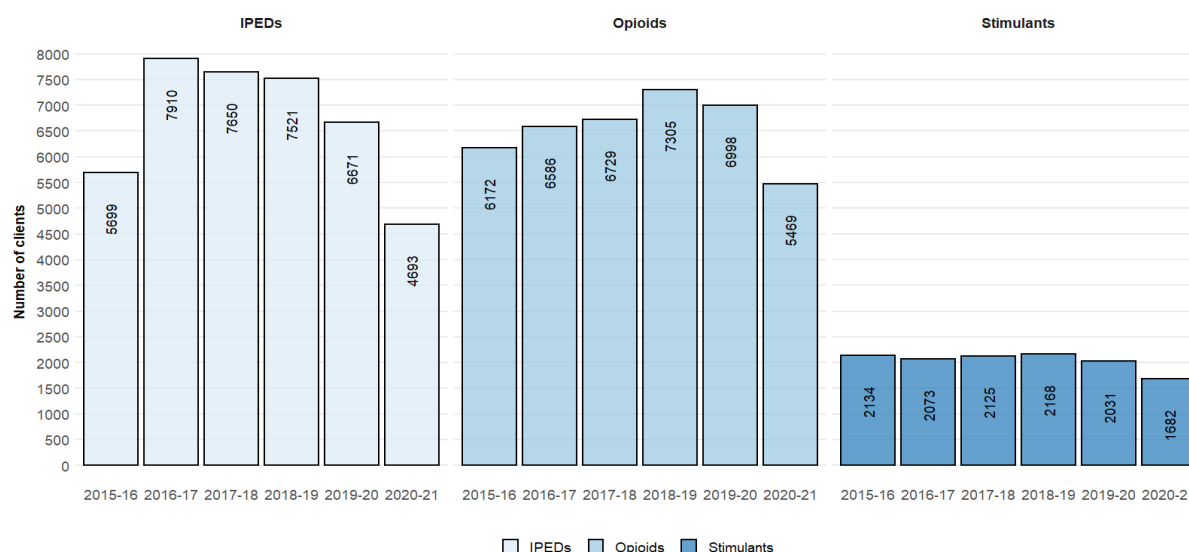


Figure 3 - Number of individuals regularly accessing needle and syringe programmes by substance group and year 2015-16 to 2020-21.

Table 7 - Proportion of regular individuals accessing NSP in Wales by substance group and year (2014-15 to 2019-20)

Year	All Clients	Regular Clients	Opioids	Stimulants	IPEDs
2015-16	25,778	12,666	48.7%	16.8%	45.0%
2016-17	25,443	14,377	45.8%	14.4%	55.0%
2017-18	25,213	14,023	48.0%	15.2%	54.6%
2018-19	25,571	14,173	51.5%	15.3%	53.1%
2019-20	24,196	13,091	53.5%	15.5%	51.0%
2020-21	18,595	9,658	56.6%	17.4%	48.6%

For the second consecutive year, **Opioids** were the largest substance group of reported use, representing 57 per cent (n=5,466) of all individuals regularly attending NSP. The proportion of individuals reporting opioid use has increased by 8 per cent compared to 2015-16.

In 2020-21, **Image and Performance Enhancing Drugs (IPEDs)** was reported amongst 49 per cent (n=4694) of all individuals regularly attending NSP. The proportion of clients accessing NSP services for IPEDs has reduced for the third consecutive year.

The smallest substance group reported were **stimulants**, reported by 1680 individuals. There has been little change in the proportion of individuals who reported use / injecting of stimulants over the 6 years, which has increased slightly to 17 per cent this year. However, this does represent the largest increase in the last 5 years. **This is also likely to be attributable to a data quality issue with secondary substances injected poorly reported in a number of NSP services – see section 3.4.2.**

As indicated by the proportions of PWID within each of the substance categories above, an individual may use one or more type of substance. The profile of poly-drug type use reported by those regularly attending NSP services, and were recorded, in 2020-21 is shown in

Figure 4.

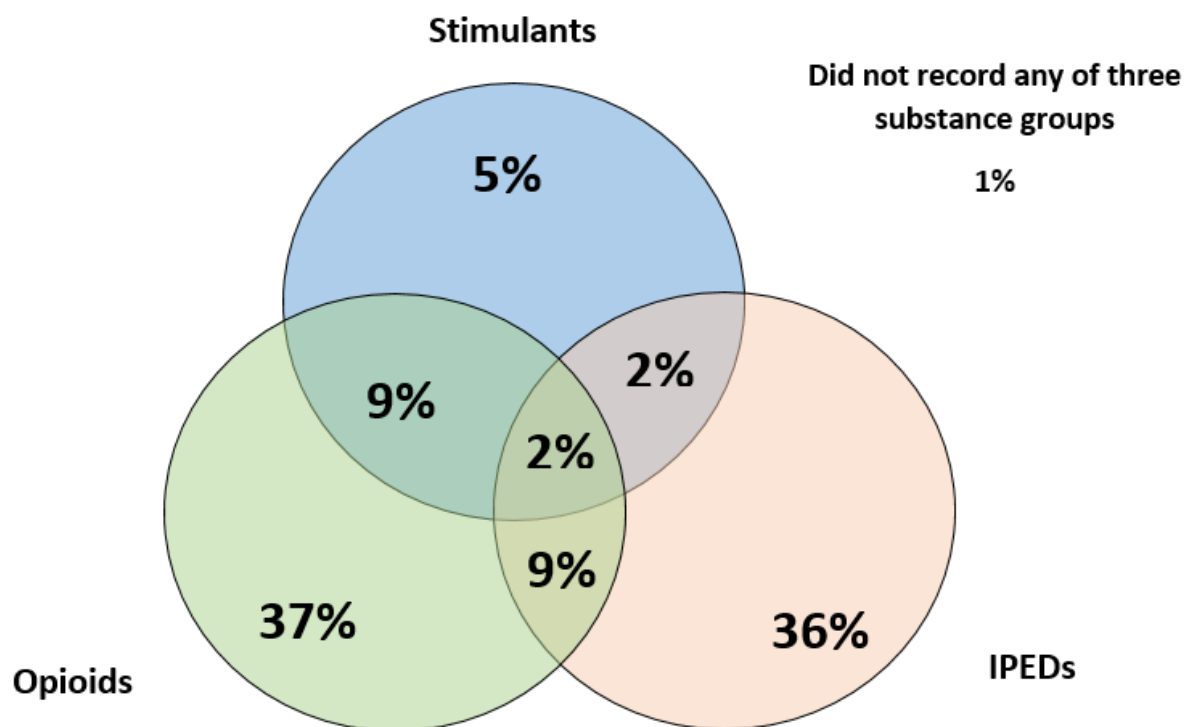


Figure 4 - Venn diagram detailing the profile of self-reported substance group use by individuals regularly accessing NSPs in 2020-21

3.4.1 Profile of PWID reporting use of opioids

In 2020-21, 57 per cent (n = 5,466) of all individuals regularly accessing NSP reported using an opioid, an increase of 3 percentage points from the previous year. Table 8 compares demographics and injecting characteristics of individual PWID reporting opioid use by year from 2016-17 to 2020-21.

Table 8 - Demographics and injecting characteristics of individuals reporting opioid use by year, 2016-17 to 2020-21

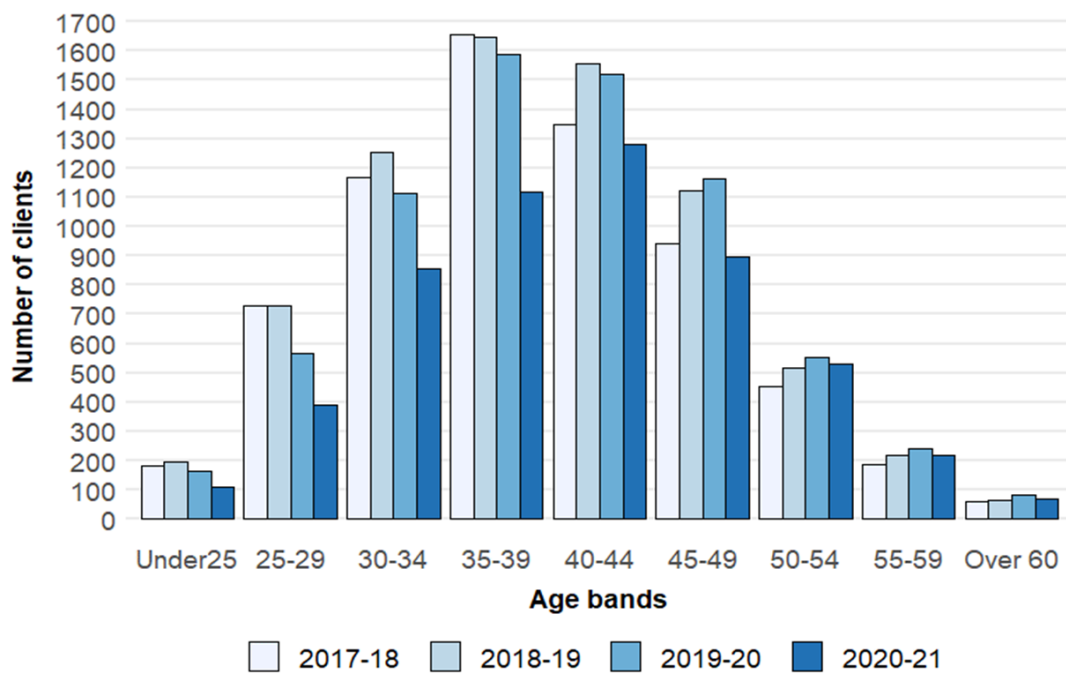
	2016-17	2017-18	2018-19	2019-20	2020-21
Number of clients	6,586	6,729	7,305	6,998	5,469
% Female	17.8%	18.4%	18.2%	18.6%	18.8%
Median age (years)	38	38	39	40	40
Minimum age (years)	17	18	18	18	17
% Under 25 years	3.5%	2.7%	2.7%	2.4%	2.0%
% Over 50 years	8.8%	10.4%	11.0%	12.6%	14.9%
Median number of NSP interactions per year	5	5	5	5	5
Median number of syringes collected per year	96	73	63	60	59
% New registrations	16.8%	16.5%	15.6%	14.5%	12.1%
% Only attending pharmacy NSP	45.6%	46.7%	47.7%	46.5%	49.9%
Median length of injecting career (years)*	10.67	11.17	11.29	12.08	13.17
% New initiates (<36 months)*	8.4%	5.8%	5.2%	5.8%	3.3%
% Using high risk injecting site*‡	20.2%	20.7%	21.0%	20.4%	20.0%
% Ever directly shared paraphernalia*	24.8%	24.9%	23.5%	25.6%	26.1%
% Ever indirectly shared paraphernalia*	30.4%	31.0%	29.9%	31.8%	31.9%
% Ever reused paraphernalia*	49.1%	48.7%	47.5%	49.1%	50.0%

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

‡ Includes neck and/or groin (femoral) injection sites

Demographics:

- **Median age** and range, proportion of individuals aged 50+ years, and length of injecting career have increased since 2016-17 (see Table 8). This trend is accompanied by a decline in the proportion of individuals aged under 25 years, and new injecting initiates (injecting less than 36 months). This data is consistent with an older cohort of PWID using opioids as shown in Figure 5.
- **Sex distribution** has remained relatively consistent over the last 4 years, with females representing between 18 to 19 per cent of unique individuals accessing NSP services.
- **Unemployment** was reported amongst 78 per cent (n=4,265) of individuals.
- Less than 5 per cent reported being engaged in **sex work** in 2020-21, consistent with previous years but likely to be underreported
- The proportion of clients reporting no fixed abode (**NFA**) has increased year on year, from 23 per cent in 2016-17 to 27 per cent in 2020-21. Non-secure housing (e.g. hostel, friend's home) was reported by a further 27 per cent of individuals. Being homeless or unstably housed often results in higher risk and non-sterile injecting practices due lack of access to washing facilities, clean surfaces for preparation and injecting in public places.



Source : HRD NSP Module - May 2021

Figure 5 - Number of regular NSP individuals who reported using an opioid, by age quintile and year 2017-18 to 2020-21

Injecting risk behaviour and trends:

- The proportion of **new initiates** reporting opioid injecting (individuals injecting for less than 36 months) and accessing NSPs has declined over the last 5 years from 8 per cent to 3 per cent
- Median **length of injecting career** has increased over the last 5 years, from 10 years to 13 years
- Self-reported **higher risk injecting sites (e.g. groin)** has remained fairly constant at 20-21%, dropping slightly from 20.2 per cent in 2016-17 to 20 per cent in 2020-21. Injecting using higher risk sites can lead to serious health complications, including severe bacterial and blood stream infections and pseudoaneurysms which could result in limb amputation or death
- The proportion of individuals reporting **injecting in the arm or leg** has remained consistent since 2016-17 at 88 per cent of individuals
- Self-reports of **re-use of injecting paraphernalia** has remained relatively consistent over recent years with half of all individuals (49 per cent) reported re-use of paraphernalia in 2020-21.
- Self-reported **indirect sharing** of injecting equipment (e.g. sharing of spoons, filters, water) was reported by 32 per cent and **direct sharing** (needles and syringes) by 26 per cent
- The annual median number of **NSP interactions** with individuals in 2020-21 was 5 interactions (range: 1 – 588 interactions) providing a median of 59 syringes per year (range:

0 – 14,238 syringes⁹). Whilst the median number of interactions has remained consistent, the median number of **syringes issued** has decreased by 19 per cent since 2017-18 when single injection kits were introduced.

3.4.2 Profile of PWID reporting use of stimulants

In 2020-21, 17 per cent (1,642) of all individuals regularly accessing NSPs reported using a stimulant, the smallest of the three substance groups. The stimulant group includes substances such as amphetamine, cocaine and crack cocaine.¹⁰ Table 9 compares demographics and injecting characteristics of PWID reporting stimulant use by year from 2016-17 to 2020-21.

Table 9 - Demographics and injecting characteristics of individuals reporting stimulant use by year, 2016-17 to 2020-21

	2016-17	2017-18	2018-19	2019-20	2020-21
Number of clients	2,073	2,125	2,168	2,031	1,682
% Female	18.7%	17.5%	17.4%	18.6%	17.3%
Median age (years)	37	38	39	40	40
Minimum age (years)	19	16	19	18	19
% Under 25 years	4.3%	2.7%	2.5%	2.2%	1.2%
% Over 50 years	9.2%	10.0%	11.7%	12.2%	14.3%
Median number of NSP interactions per year	6	6	6	6	5
Median number of syringes collected per year	120	94	83	87	78
% New registrations	11.1%	9.3%	7.6%	7.3%	5.5%
% Only attending pharmacy NSP	46.4%	48.3%	49.3%	46.9%	54.0%
Median length of injecting career (years)*	11.17	12.17	12.50	13.17	14.00
% New initiates (<36 months)*	9.7%	5.5%	3.8%	3.8%	2.2%
% Using high risk injecting site*‡	17.4%	19.0%	20.0%	20.2%	20.9%
% Ever directly shared paraphernalia*	27.6%	25.9%	26.6%	30.1%	30.1%
% Ever indirectly shared paraphernalia*	32.0%	30.6%	31.9%	35.6%	35.2%
% Ever reused paraphernalia*	48.7%	46.3%	47.7%	47.7%	50.5%

† 2014-15 represents first year of data collection across all NSP services, as such new registrations are not reported

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

‡ Includes neck and/or groin (femoral) injection sites

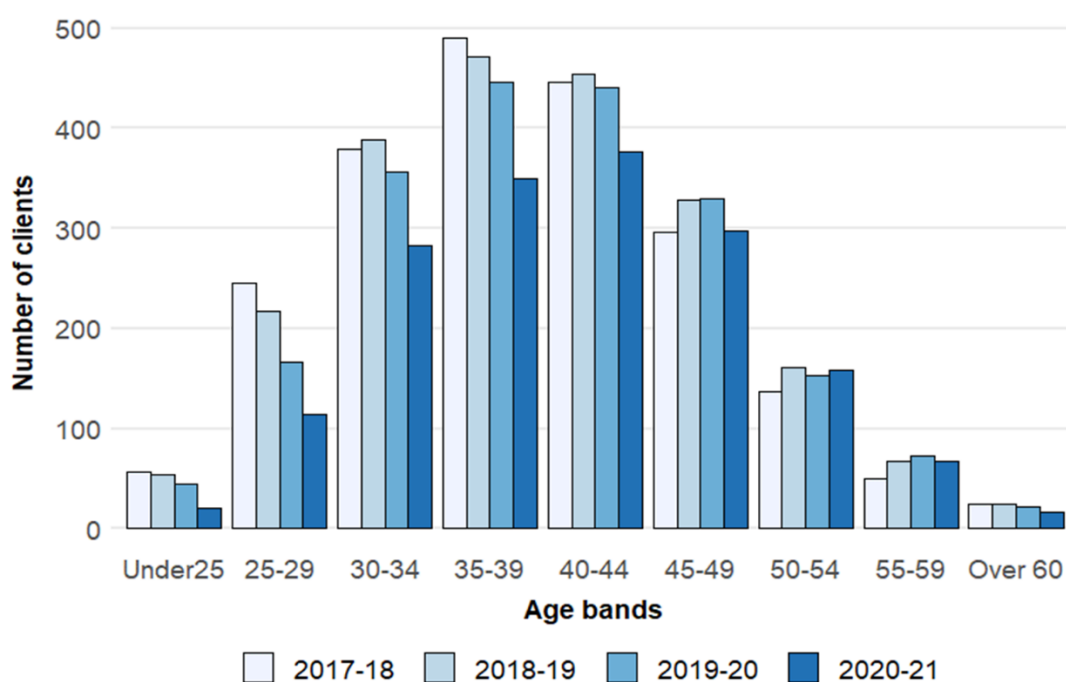
Demographics:

- The **age distribution** of PWID reporting stimulant injecting and attending NSP services is indicative of an older cohort with the median age increasing from 37 to 40 in the last 5 years with a corresponding decrease from 4.3 per cent to 1.2 per cent in the proportion of PWID aged under 25 years
- **Sex distribution** has remained relatively stable over the last 4 years, with females representing between 17.5 to 19 per cent of PWID using stimulants from 2016-21.
- **Unemployment** has declined from 84% to 77% between 2016/17 and 2020/21.

⁹ Indicative of secondary distribution – collecting NSP equipment for self and another person(s)

¹⁰ A full list of substances in all groups can be found in 6.2 - Appendix B - Definitions and notes on data interpretation

- Less than 6 per cent reported being engaged in **sex work** in 2020-21, consistent with previous years but likely to be underreported.
- **Non-secure housing** (e.g. hostel, friend's home) or having **no fixed abode** (NFA) was reported by 25 per cent of individuals



Source : HRD NSP Module - May 2021

Figure 6 - Number of regular NSP individuals who reported using a stimulant, by age group and year 2017-18 to 2020-21

Injecting risk behaviour and trends:

- Median **length of injecting career** of those reporting stimulant use has increased over the last 5 years, and was typically longer than those using opioids
- The proportion of **new initiates** (individuals injecting for less than 36 months) has declined substantially over the last 5 years from 10 to 2 per cent
- Use of **higher risk injecting sites (e.g. groin)** amongst those using stimulants has increased consistently, rising from 17 per cent in 2016-17 to 21 per cent in 2020-21
- Self-reports of **re-use of injecting paraphernalia** has remained relatively stable but high over the last 5 years at between 49 to 51 per cent
- Self-reported **indirect sharing** of injecting equipment (e.g. sharing of spoons, filters and/or water) was reported by 35.2 per cent and **direct sharing** (needles and syringes) by 30.1 per cent in 2020-21, an increase of 3 percentage points over the last 5 years.
- In 2020-21 the annual median number of interactions for those using stimulants was 5 (range 1 – 300 interactions) with a median of 78 **syringes** (range 0 – 14,238 syringes¹¹) being issued. Syringe distribution was greatest amongst those using stimulants compared to any other injecting subgroup. This is consistent with higher frequency of stimulant injection.

¹¹ Indicative of secondary distribution – collecting NSP equipment for self and another person(s)

3.4.3 Individuals using Image and Performance Enhancing Drugs (IPEDs)

In 2020-21, 49 per cent (4,732) individuals reported injecting IPEDs¹². Table 9 compares demographics and injecting characteristics of individuals reporting IPED use by year from 2016-17 to 2020-21.

Table 10 - Demographics and injecting characteristics of individuals reporting Image and Performance Enhancing Drug (IPED) use by year

	2016-17	2017-18	2018-19	2019-20	2020-21
Number of clients	7,910	7,650	7,521	6,671	4,693
% Female	4.4%	4.4%	4.8%	5.0%	5.0%
Median age (years)	31	32	33	34	36
Minimum age (years)	17	17	17	17	18
% Under 25 years	16.2%	13.7%	10.7%	9.0%	6.6%
% Over 50 years	3.6%	4.8%	5.8%	6.6%	8.1%
Median number of NSP interactions per year	2	2	2	2	2
Median number of syringes collected per year	47	40	40	40	35
% New registrations	16.5%	14.1%	12.4%	10.7%	9.1%
% Only attending pharmacy NSP	65.3%	66.8%	66.0%	66.7%	69.8%
Median length of injecting career (years)*	5.17	5.83	6.92	7.92	9.00
% New initiates (<36 months)*	28.5%	22.0%	17.0%	14.6%	10.6%
% Subcutaneous injecting*	19.7%	20.0%	20.1%	20.7%	20.2%
% Intramuscular injecting*	93.4%	93.2%	93.2%	92.9%	92.9%
% Ever directly shared paraphernalia*	2.3%	2.4%	2.9%	3.2%	4.5%
% Ever indirectly shared paraphernalia*	3.0%	3.2%	4.0%	4.6%	6.2%
% Ever reused paraphernalia*	7.1%	7.4%	8.4%	9.3%	11.3%

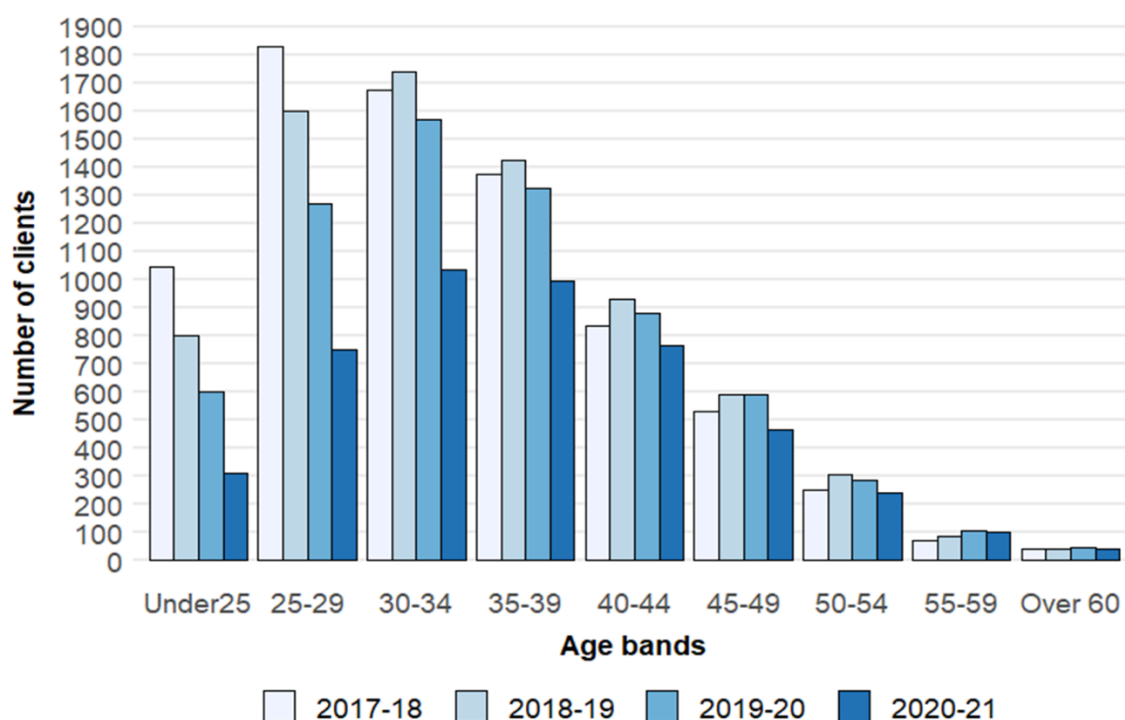
† 2014-15 represents first year of data collection across all NSP services, as such new registrations are not reported

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

- **Age Distribution** - Those reporting IPED injecting consistently represent the youngest PWID cohort, however, recent years have seen a substantial decline in younger IPED users accessing NSP services (see Figure 7 & Table 10). The proportion of new initiates (individuals injecting for less than 36 months) has declined by 18 per cent in the last 5 years from 29 per cent to 11 per cent. It is suspected, although no empirical evidence is yet available, that new initiates and younger PWID using IPEDs may preferentially be accessing injecting equipment online and/or via private suppliers. This has been referenced within online communities and user forums citing reasons including convenience, to maximise privacy, and to avoid stigma and judgment.
- **Sex distribution** has remained relatively stable over the last 4 years, with females accounting for 4 to 5 per cent of those injecting IPEDs and accessing NSP services
- **Unemployment** was reported amongst 32 per cent of individuals

¹² Image and performance enhancing drugs. A full list of substances in all groups can be found in 6.2 - Appendix B - Definitions and notes on data interpretation

- **Secure housing status** was reported by the majority of individuals reporting IPED use, with **non-secure housing** (e.g. hostel, friend's home) or having **no fixed abode** (NFA) being reported by only 5 per cent of individuals



Source : HRD NSP Module - May 2021

Figure 7 - Number of regular NSP individuals who reported using an IPED, by age group and year 2017-18 to 2020-21

Injecting risk behaviour and trends:

- Whilst the median **length of injecting career** amongst individuals using IPEDs is lower than all other injecting subgroups, this has increased over the last 5 years, from 5 years in 2016-17 to 9 years in 2020-21
- **Intramuscular injection** remains the most common method of injecting IPEDs, reported by 93 per cent of individuals. The proportion of individuals reporting **subcutaneous injection** remains stable at 20 per cent
- Reports of both ever **sharing** and **re-use of injecting paraphernalia** remains far lower in individuals using IPEDs than other injecting subgroups. However, analysis would indicate increases across both categories over the last 5 years
- The annual median of **NSP interactions** with individuals using IPEDs was lower than other injecting subgroups at 2 interactions (range 1-295 interactions) recorded in 2020-21
- The proportion of individuals **only attending pharmacy** sites has increased over the last 5 years, from 65 per cent in 2016-17 to 70 per cent in 2020-21

3.5 Comparisons of clients attending Specialist NSP services vs Community Pharmacy services

In 2020-21, 50 per cent of individuals reporting opioids, 54 per cent stimulants and 70 per cent IPEDs only accessed NSP through community based pharmacies. These percentages vary, with more rural areas such as BCU and HDUHB recording a higher proportion of individuals only accessing pharmacies compared to more urban areas (see Table 11). For this analysis, two distinct categories are considered – those reporting either or both opioid and stimulant injecting are classified within the ‘Psychoactive Substances’ category, and those injecting IPEDs under the ‘IPED’ category.

PWID reporting psychoactive substance use:

- There is little difference between **median age** and **age distributions** of those accessing pharmacy sites compared with specialist services (see Table 11)
- A higher proportion of **female clients** accessed specialist services compared to community pharmacy
- **Client interactions** were highest within specialist NSP services compared to pharmacies. Individuals who accessed specialist sites were, on average, being issued with almost double the **number of syringes** over the year
- A higher proportion of clients who attend specialist services reported living in **non-secure housing** (e.g. hostel, friend’s home) or having **no fixed abode** (NFA) and were **unemployed**. This could be partially down to a lack of data collection in pharmacy NSP services.

PWID reporting IPED use:

- Clients attending pharmacy-based NSP services were typically younger than those accessing specialist sites. A higher proportion of individuals were **under the age of 25** and the **median age** was marginally lower (see Table 11).
- **New registrations** of individuals using IPEDs was greatest within pharmacy-based services compared to specialist service NSPs.
- **Median number of client interactions** was comparable between the two site types. However, clients attending specialist services collected over **double the number of syringes** than those attending pharmacies.
- There is little difference between **median age** and **age distributions** of those accessing pharmacy sites compared with specialist services (see Table 11).

Table 11 - Demographics and characteristics of individuals attending specialist and pharmacy NSP services, by substance type

	Psychoactive substances†		IPEDS	
	Pharmacy	Specialist	Pharmacy	Specialist
Number of regular clients	4,760	2,973	3,685	1,416
Reported IPEDs	23%	13%	100%	100%
Reported Opioids	89%	92%	25%	25%
Reported Stimulants	29%	26%	10%	8%
Median Age	40	40	35	37
% Over 50 years	14.2%	13.6%	7.7%	8.3%
% Under 25 years	2.1%	1.9%	7.4%	3.3%
% Female	17.0%	21.4%	5.5%	4.2%
Median number of NSP interactions per year	5	6	2	2
Median number of syringes collected per year	58	97	30	75
% New registrations	11.2%	10.6%	10.0%	6.3%
% New initiates (<36 months)*	3.8%	2.9%	11.8%	7.5%
Median length of injecting career (years)*	13.2	13.2	8.7	9.8
% Living in non-secure housing or NFA*	21.7%	34.0%	5.5%	6.4%
% Unemployed*	38.7%	50.4%	16.6%	21.6%
% Ever directly shared paraphernalia*	21.4%	30.8%	4.8%	5.8%
% Ever indirectly shared paraphernalia*	26.3%	37.3%	6.5%	8.6%
% Ever reused paraphernalia*	44.3%	54.9%	11.8%	13.7%

† Includes both opioid and stimulant substance categories

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

4 Blood Borne Virus screening, diagnosis and treatment

The development of new generation hepatitis C (HCV) treatments and their increased availability in Wales means that highly effective and shorter duration treatment is now possible for all those affected. Whilst hepatitis B (HBV) and HIV remain chronic infections, effective treatment is in place to manage these. Such significant advances in treatment have prompted WHO to publish a global health sector strategy on viral hepatitis which sets out to eliminate HBV and HCV as significant public health threats by 2030.¹³ Welsh Government have since committed to achieving WHO targets as outlined by Welsh Health Circular (WHC/2017/048).¹⁴

In 2017 the Harm Reduction Database Wales (HRD): Blood Borne Virus module was implemented in all substance misuse services (SMS), Tiers 1-3, as well as selected enhanced service Community Pharmacy providers across Wales to support ongoing surveillance of BBV infections and treatment amongst individuals accessing these services (see 6.1.2 - HRD: Blood Borne Virus (BBV) module).

In the last few years, three core developments have been embedded within substance misuse services. These include:

- Introduction of **confirmatory PCR screening on Dried Blood Spot Testing (DBST)** samples, thereby increasing the opportunity for confirmatory screening across settings where venepuncture screening is not possible
- Targeted screening undertaken by Public Health Wales Microbiology Laboratory Service using **Point of Care Test (POCT) oral swab** screening providing opportunity for the undertaking of rapid HCV antibody (anti-HCV) testing and dissemination of results in 20 minutes
- The introduction of a Key Performance Indicator (KPI) for screening within substance misuse services. Progress to achieving the KPI targets are calculated using data from both the Harm Reduction Database and the Welsh National Database for Substance Misuse and reported by Welsh Government. The KPI is defined as:

KPI - Testing for blood borne viruses (hepatitis B, hepatitis C and HIV)

All clients who are in contact with substance misuse services to be routinely tested on site, or tested by a third party if not available on site, for blood borne virus infection (hepatitis B, hepatitis C and HIV) on at least an annual basis.

Eligible: Clients who were assessed as not having been tested for blood borne virus infection in the previous 12 months, or who are not currently on treatment for blood borne virus infection.

¹³ World Health Organisation (2016). Combating hepatitis B and C to reach elimination by 2030.

<http://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>

¹⁴ Welsh Government (2017). Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health. <http://www.wales.nhs.uk/sitesplus/888/news/46429>

4.1 BBV screening overview

Following implementation of the HRD: Blood Borne Virus module, between 1 April 2017 and 31 March 2021, a total of 9,116 BBV tests with valid results, were completed by Substance Misuse and community services involving 7,405 individuals.

During the 2020-21 reporting period:

- **797** unique individuals were screened for at least one blood borne virus (HBV, HCV, HIV), a decrease of 79 per cent on the previous year
- All of the health boards reported a decrease in BBV screening, again this is likely due to the disruption in testing due to the effects of the Covid-19 epidemic (see Table 12)
- The highest levels of screening were recorded in Aneurin Bevan Health Board and the lowest proportional decrease in testing has been observed in CTM (see Table 13)
- A total of 182 individuals were offered and declined testing, with three quarters (75 per cent) of these recorded in CTM and Aneurin Bevan University Health Board areas
- **Hepatitis C** was the most commonly screened for blood borne virus, with 99 per cent of all individuals screened

Table 12 - Number of individuals receiving a blood borne virus test by virus type, health board, and year

	HIV			HBV			HCV		
	2019-20	2020-21	Change	2019-20	2020-21	Change	2019-20	2020-21	Change
Aneurin Bevan	999	474	-53% ↓	1000	475	-52% ↓	1005	476	-53% ↓
BCU	398	4	-99% ↓	408	4	-99% ↓	463	4	-99% ↓
Cardiff & Vale	656	120	-82% ↓	669	122	-82% ↓	682	123	-82% ↓
CTM*	394	92	-77% ↓	419	92	-78% ↓	422	92	-78% ↓
Hywel Dda	346	28	-92% ↓	346	28	-92% ↓	346	28	-92% ↓
Powys Teaching	192	56	-71% ↓	192	56	-71% ↓	192	56	-71% ↓
Swansea Bay*	642	15	-98% ↓	648	16	-98% ↓	662	16	-98% ↓
Wales**	3617	789	-78% ↓	3671	793	-78% ↓	3761	795	-79% ↓

*Some historic screening, prior to 2019-20, in Bridgend may be included in Swansea Bay rather than CTM due to HRD accounts relating to BBV clinical teams.

**As an individual may have been tested in more than one health board area, the Wales total will be less than the sum of the health boards, but does represent the total unique individuals tested in Wales

Table 13 - Number of individuals offered blood borne virus screening, by health board 2020-21

	Number of Sites*	Individuals Offered Screening**	Individuals Screened	Individuals Declined Screening
Aneurin Bevan	12	525	477	48
BCU	1	4	4	0
Cardiff and Vale	4	146	123	23
Cwm Taf	5	182	93	89
Hywel Dda	1	29	28	1
Powys Teaching	4	56	56	0
Swansea Bay	1	17	16	1
Wales	28	979	797	182

* with ≥ 1 test recorded on HRD

** Wales total includes 28 where no site could be identified

- Whilst nationally the **most common sample collection method was Dried Blood Spot Test (DBST)**, accounting for 76 per cent of all tests undertaken, regional variances occurred between health board regions (see Figure 8)
- During this period 234 **POCT – Oral Swab** samples (HCV only) were collected by Public Health Wales Microbiology Laboratory Service in targeted settings and recorded on the Harm Reduction Database.
- **Venepuncture remains the ‘gold standard’ test** for blood borne viruses, but is not always possible or available within the range of community settings currently providing screening

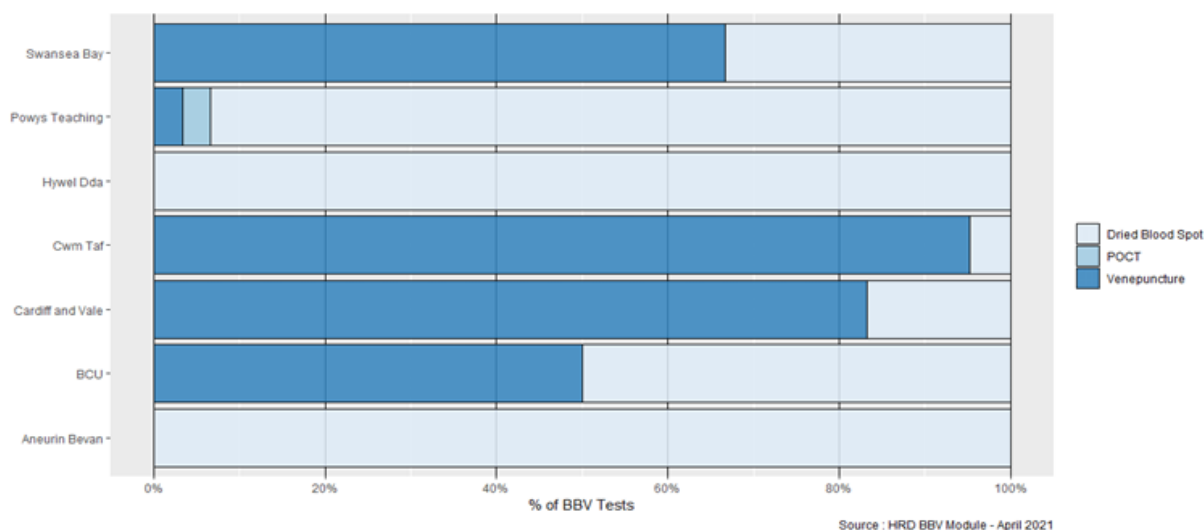


Figure 8 - Proportion of BBV sample collection methods used, by Health Board, 2020-21

4.1.1 BBV screening coverage within Substance Misuse Services

Whilst the increase in screening and diagnosis over the previous few years is positive, coverage amongst individuals accessing substance misuse or harm reduction services remains low. Data from the Welsh National Database for Substance Misuse (WNSDM) recorded 18,184 individuals assessed by specialist substance misuse services during 2019-20, of which 8,874 were assessed for problematic drug use, and 9,310 for problematic alcohol use. In addition, as indicated earlier in this report (see 3.2 - NSP activity overview), there were 9,658 unique PWIDs regularly attending NSP services during the same reporting period as screening was undertaken, a proportion of whom will

not be in contact with substance misuse treatment services. The introduction of the KPI in April 2019 (see 4 - Blood Borne Virus screening, diagnosis and treatment) aims to facilitate the continued upscale of BBV screening across Wales, so that all individuals at risk of BBV infection are routinely tested, and where required, provided with treatment. It is hoped that improvements in routine screening seen pre-COVID can be sustained in 2021-22 and beyond.

4.2 Demographics and risk factor characteristics of all individuals receiving BBV screening

The HRD: BBV Module enables the recording of demographics and risk factor characteristics. In order to support ongoing upscale and roll out of BBV screening within non-clinical settings and amongst those not engaged in substance misuse treatment services,¹⁵ these questions are non-mandated. As such a table of data completeness related to this can be found in Section 5 - Data Quality.

Demographic and risk factor characteristics for all individuals where data was collected is summarised in Table 18.

4.2.1 Demographics

- Median age of individuals receiving screening remains consistent with the previous year at 40 years (range 17-79). The most common age group was 35-39 year olds (see Figure 11).
- The median age of females offered screening was slightly younger than that of males (38 years compared to 40 years). The most common age group for females was 30-34 years.
- **Sex distribution** has remained relatively stable over the last 3 years with between 29 and 32 per cent of those tested reported as female, but this changed to 42 per cent in 2020-21, likely due to the smaller numbers involved in screening this year, as shown in figure 11.

¹⁵ Including; homelessness services, community pharmacy services, sex worker support projects

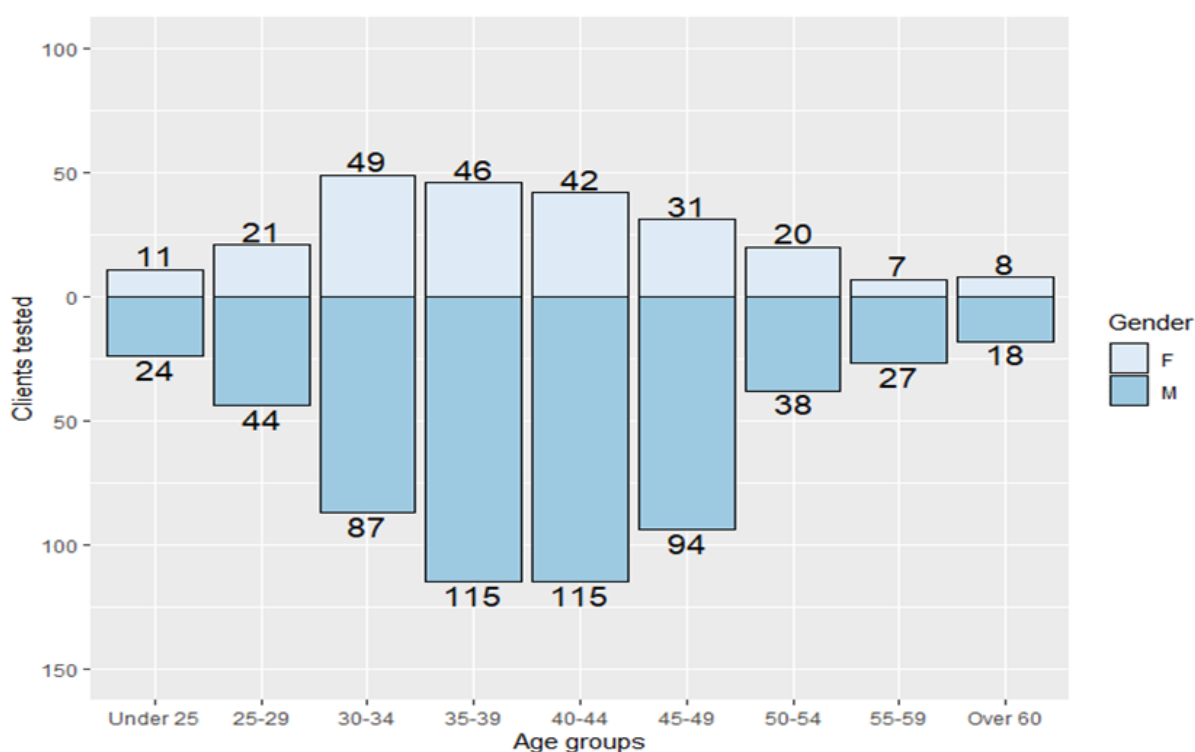


Figure 9 - Age and gender profile of individuals receiving BBV screening across Wales, 2020-21

- **Unemployment** was reported amongst 67 per cent (n=310) of individuals¹⁶
- **Sex working** (i.e. receiving money, goods, or drugs in exchange for sex) was reported by 9 per cent of individuals.
- **Non-secure housing** (e.g. hostel, friend's home) or having **no fixed abode** (NFA) was reported by 19 per cent (n=84) of individuals. Having NFA often results in higher risk and non-sterile injecting practices.
- There has been an increase in the proportion of individuals where data on housing and homelessness **data was not collected/reported**. In 2020-21, 49 per cent did not have an employment status recorded and 51 per cent did not have a housing status recorded.

4.2.2 Risk Factors – for summary see Table 18

- **One or more risk factors** were identified and recorded for 100 per cent (n=797) of individuals screened during 2020-21, **median number of risk factors** was 2 (range: 0-7)
- The most common risk recorded in 2019-20 was **“Ever used drugs”** reported for 94 per cent of individuals (n=413 / 438)
- **Ever injecting drugs** was reported by 94 per cent of individuals (n = 413 / 438)
- Having **ever been in prison** was reported by 47 per cent of individuals (n = 176 / 377)
- Having **been assaulted** involving blood to blood contact or human bite reported by 16 per cent of individuals (n = 55 / 347)

¹⁶ Not reported for 1520 individuals

4.3 Diagnosis and treatment

4.3.1 Human Immunodeficiency Virus (HIV)

A total of 789 individuals were screened for HIV within SMS in 2020-21, a decrease of 78 per cent on the previous year. Where results were available and recorded on the HRD there were no individuals identified as positive for HIV antibodies, indicative of infection, again this is likely to be affected by the much lower numbers screened.

Whilst HIV infections amongst PWID remain uncommon, there have been a total of 41 new HIV diagnoses in Wales with injecting drug use reported as a risk factor for infection since 2003. Importantly, half of these cases have been recorded since 2014.¹⁷ Clusters of newly diagnosed HIV infections amongst PWID have been reported in recent years in Wales and more dramatically in Greater Glasgow and Clyde, Scotland with 170 new diagnoses of HIV between 2014-2019.^{17,18}

In order to prevent and diagnose early, particularly those individuals at risk of HIV infection and co-infection with HCV, it is essential that front line services continue to develop an integrated approach to multiple risk behaviours including substance misuse and sexual health risk taking behaviour. This approach is reflected in the Harm Reduction Database screening section and further training on substance misuse and sexual health is available at: <https://www.smash-ed.org/>

4.3.2 Hepatitis B (HBV)

For the period 2020-21, a total of 793 individuals were screened for hepatitis B (HBV) within SMS in Wales, a decrease of 78 per cent on the previous year. Less than one per cent of individuals tested positive for hepatitis B surface antigen (HBsAg) indicating current HBV infection. The proportion of HBV infections identified within this client group is comparable with previous enhanced surveillance systems utilised within SMS in Wales¹⁹ and UAM surveys conducted across England and Wales.²⁰

4.3.3 Hepatitis C (HCV)

For the period 2018 - 2021, a total of 5,996 individuals were screened for hepatitis C (HCV) within SMS in Wales.

In 2020-21:

- **790 individuals were screened for HCV** (including anti-body and PCR), a decrease of 79 per cent on the previous year
- A total of 568 **anti-HCV**, and 36 **HCV PCR/RNA** tests were conducted.
- **Valid results** were recorded for the majority of tests performed (see Table 14). Since the introduction of confirmatory PCR screening on DBST samples, there has been an increase in the proportion of individual's receiving a confirmatory test. However, there has also been an increase in tests returning as "insufficient sample". It is important that all DBST samples spots are covered in order to maximise the likelihood of a successful test.

¹⁷ Public Health England. HIV Annual data tables. 2020. Available at: [HIV: annual data tables - GOV.UK](https://www.gov.uk/government/statistics/hiv-annual-data-tables)

¹⁸ NHS Glasgow and greater Clyde. HIV infections in people who inject drugs - update 2019. Available at: <https://www.nhs.uk/health/public-health/public-health-protection-unit-phpu/bloodborne-virus/hiv/hiv-infections-in-people-who-inject-drugs-update-2019/#>

¹⁹ Public Health Wales (2017), Enhanced surveillance of blood borne viruses in drug users in Wales: Annual report 2016. <https://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=62269>

²⁰ Public Health England (2018), Unlinked anonymous HIV and viral hepatitis monitoring among PWID 2018 report. <https://www.gov.uk/government/statistics/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>

Table 14 - Hepatitis C screening outcomes by health board, and type of test, 2020-21

HealthBoard	Total screened for anti-HCV*	Total anti-HCV reactive	Total anti-HCV reactive receiving confirmatory PCR*	% anti-HCV reactive receiving confirmatory PCR	Total HCV PCR/RNA positive	% HCV PCR/RNA positive
Aneurin Bevan	340	37	36	97.3%	17	47.2%
BCU	‡	‡	‡	‡	‡	‡
Cardiff and Vale	98	15	0	0.0%	0	‡
Cwm Taf	63	‡	‡	‡	‡	‡
Hywel Dda	24	‡	0	‡	0	‡
Powys Teaching	26	0	0	‡	0	‡
Swansea Bay	13	‡	‡	‡	‡	‡
Wales	568	61	42	68.9%	20	47.6%

* with valid test result recorded on HRD

‡ not recorded due to small numbers

Table 15 - Hepatitis C screening outcomes by health board, and type of test, 2017-21

HealthBoard	Total screened for anti-HCV*	Total anti-HCV reactive	Total anti-HCV reactive receiving confirmatory PCR*	% anti-HCV reactive receiving confirmatory PCR	Total HCV PCR/RNA positive	% HCV PCR/RNA positive
Aneurin Bevan	1763	216	173	80.1%	91	52.6%
BCU	1138	267	157	58.8%	101	64.3%
Cardiff and Vale	1224	178	118	66.3%	68	57.6%
Cwm Taf	1287	195	121	62.1%	62	51.2%
Hywel Dda	568	31	7.0%	‡	‡	‡
Powys Teaching	219	11	3.0%	‡	‡	‡
Swansea Bay	1093	371	283	76.3%	166	58.7%
Wales	7,223	1,252	847	67.7%	484	57.1%

* with valid test result recorded on HRD

‡ not recorded due to small numbers

4.3.4 Hepatitis C antibodies

















Over 2020-21, a total of 568 individuals²¹ were screened for hepatitis C antibodies (anti-HCV) in Wales, of which overall 11 per cent of tests were reactive (see Table 16). Whilst these rates are comparable with the previous single year reporting period and historic enhanced surveillance systems utilised within SMS in Wales,²² testing coverage is expected to increase within SMS and amongst populations not in contact with SMS, which should impact on overall prevalence.

Comparison across health boards indicates variation in the proportion of anti-HCV reactivity, with Swansea Bay recording the highest rates amongst those tested and Powys recording the lowest (excluding BCU which has 50% reactivity but with very low numbers).

²¹ Where valid results were recorded on the HRD

²² Public Health Wales (2017), Enhanced surveillance of blood borne viruses in drug users in Wales: Annual report 2016. <https://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=62269>

Table 16 - Proportion of all individuals screened for hepatitis C antibodies testing reactive by health board, for all years 2017-21 and 2020-21

	All years (2017-21)				2020 -21			
	Total screened for anti-HCV*	Reactive	% anti-HCV reactive		Total screened for anti-HCV*	Reactive	% anti-HCV reactive	
Aneurin Bevan	1,760	213	12.1		340	37	10.9	
BCU	1,138	267	23.5		4	2	50	
Cardiff and Vale	1,229	183	14.9		98	15	15.3	
Cwm Taf	1,287	194	15.1		63	3	4.8	
Hywel Dda	568	31	5.5		24	1	4.2	
Powys Teaching	214	11	5.1		27	0	0	
Swansea Bay	1,092	369	33.8		13	3	23.1	
Wales	7,233	1268	17.5		569	61	10.7	

* with valid test result recorded on HRD

















Rates of anti-HCV reactivity varied between demographic and risk factor characteristics recorded at time of screening (see Table). Amongst these, anti-HCV reactivity appeared highest amongst:

- Individuals reporting having injected heroin and stimulants in last 12 months
- Having injected drugs whilst in prison
- Injecting drugs daily

Individuals aged 50 years and older, those who had injected IPEDs in last 12 months, and Men Who Have Sex with Men (MSM) had the lowest rates of anti-HCV.

Further analysis of individuals at ongoing risk of HCV infection and transmission also indicates regional variation in anti-HCV reactivity amongst individuals recorded as having injected psychoactive (opioid and/or stimulant) drugs within 12 months prior to screening (see Table 17). Rates varied substantially but are based on very low numbers - as such percentage figures should not be used in onward reporting for the year 2020-21 without reference to the actual number of individuals screened.

Table 17 - Proportion of current and recent ex-PWID (injected in last 12 months) injecting psychoactive drugs, screened for hepatitis C antibodies and testing reactive by health board, for all years 2017-21 and 2020-21

	All years (2017-21)				2020 -21			
	Total screened for anti-HCV*	Reactive	% anti-HCV reactive		Total screened for anti-HCV*	Reactive	% anti-HCV reactive	
Aneurin Bevan	569	131	23		99	6	6.1	
BCU	592	229	38.7		3	2	66.7	
Cardiff and Vale	125	50	40		5	2	40	
Cwm Taf	331	125	37.8		5	1	20	
Hywel Dda	163	26	16		4	1	25	
Powys Teaching	69	7	10.1		5	0	0	
Swansea Bay	397	213	53.7		4	3	75	
Wales	2,216	773	34.9%		125	15	12	

* with valid test result recorded on HRD

† Includes only individuals reporting injecting psychoactive substances (i.e. Opioids or Stimulants)

4.3.5 HCV anti-reactive tests not yet confirmatory tested

Of those individuals tested reactive for anti-HCV, 32.1 per cent were recorded as not yet having received a confirmatory PCR test in order to establish current infection, a slight increase from the previous year.

Table 18 - Proportion of individuals receiving BBV screening alongside proportion of individuals that tested reactive for anti-HCV by demographics and risk factor characteristics, 2020-21

Demographic / Risk factor group		Individuals receiving screening					Individuals tested for anti-HCV									
		N	Individuals (n)	Proportion of total (%)						Individuals screened with valid anti-HCV results	% anti-HCV reactive					
					0	25	50	75	100			0	10	20	30	40
All clients screened		797	797	100.0%						568	10.7%					
Age	Under 25 years	797	562	70.5%						398	11.3%					
	25 - 49 years	797	235	29.5%						170	9.4%					
	50 years and over	797	35	4.4%						25	0.0%					
Gender	Male	797	644	80.8%						463	9.7%					
	Female	797	118	14.8%						80	20.0%					
Substance use	Ever used drugs*	438	413	94.3%						278	7.6%					
	Ever injected drugs*	421	214	50.8%						127	11.8%					
Substances injected (in last 12 months)	Injected Stimulants	188	46	24.5%						21	14.3%					
	Injected Heroin	188	177	94.1%						107	9.3%					
	Injected Stimulants and Heroin	188	36	19.1%						15	13.3%					
	Injected IPEDs	188	1	0.5%						1	0.0%					
Length of injecting career	New initiate (< 36 months)	188	18	9.6%						11	9.1%					
	3 - 10 years	188	64	34.0%						40	12.5%					
	>10 years	188	106	56.4%						63	7.9%					
Frequency of injecting	Injects daily	188	122	64.9%						70	12.9%					
	Does not inject daily	188	66	35.1%						44	4.5%					
Prison	Ever been in Prison*	377	176	46.7%						104	9.6%					
	Ever used drugs in Prison	176	92	52.3%						53	11.3%					
	Ever injected in Prison	176	9	5.1%						3	33.3%					
Sexual History	Had sex in last 12 months*	372	240	64.5%						168	4.2%					
	Had ≥ 2 partners in last 12 months	240	83	34.6%						63	6.3%					
	Men who have sex with men (MSM)	240	5	2.1%						5	0.0%					
	Exchanged money/drugs for sex	240	9	3.8%						8	0.0%					
	Recived money/drugs for sex	240	21	8.8%						17	5.9%					
Other	Blood transfusion prior to 1991*	366	10	2.7%						6	0.0%					
	Ever assaulted involving blood contact *	347	55	15.9%						42	7.1%					
	Needlestick injury*	347	33	9.5%						25	4.0%					
Social economic profile	Non - Stable housing (inc NFA)	454	84	18.5%						48	8.3%					
	NFA	454	51	11.2%						29	6.9%					
	Unemployment	460	310	67.4%						194	9.3%					

* refers to primary risk factor questions on the HRD

Due to variation between years, demographic and risk factor characteristics are reported in one year periods

4.3.6 Hepatitis C confirmed cases

Between 1 April 2020 and 31 March 2021, 56 individuals received a confirmatory PCR test for HCV in community substance misuse services, of which 25 individuals (44.6 per cent) were identified as having a confirmed chronic infection and requiring treatment. These included 20 individuals identified following a reactive anti-HCV test during the reporting period. In addition, there have been:

- 426 individuals identified as reactive anti-HCV since April 2017 but prior to 1 April 2020.
- 66 individuals identified following direct confirmatory PCR (i.e. anti-HCV reactivity was identified prior to implementation of the HRD)

Table 19 - Year of first anti-HCV reactive test result for individuals with a positive confirmatory PCR test for HCV, by health board, 2020-21

HealthBoard	Total*	Tested Anti_HCV reactive for the first time in 2020/21	Tested Anti_HCV reactive prior to 2020/21	No Anti-HCV test recorded since 1st April 2017
Aneurin Bevan	68	17	43	8
BCU	127	1	100	26
Cardiff and Vale	58	0	56	2
Cwm Taf	61	1	55	5
Hywel Dda	3	0	3	0
Powys Teaching	1	0	1	0
Swansea Bay	194	1	168	25
Wales	512	20	426	66

* with valid test result recorded on HRD

*Dose not include PCR tests performed at treatment services

4.3.7 Repeat screening and incidence/new cases

During 2020-21, 122 individuals were repeat tested for anti-HCV via DBST, following a previous anti-HCV negative result in the previous year. Of these, 2 returned an antibody positive result, an incidence rate of 1.6 per 100 person years. The KPI states that all at-risk individuals should be tested on at least an annual basis. It is important that all individuals accessing services are screen regularly for blood borne virus so that new infections can be identified and treated quickly to limit further transmission. Furthermore, increased data will allow for analysis on different risk populations.

4.4 Hepatitis C treatment

4.4.1 Individuals referred to clinical specialist services

According to data recorded on the HRD, over the period 2020-21 a total of 26 individuals were referred into HCV clinical specialist services by SMS and associated services in Wales (see Table). Of which:

- n=2 were referred following a **reactive anti-HCV test**
- n=24 were referred following a **positive confirmatory PCR/RNA test**

The HRD: BBV module automatically generates a referral to HCV clinical specialist treatment services once the test result has been given to the client, thereby eliminating loss to follow-up.

Table 20 - Number of individuals screened for hepatitis C within SMS in Wales and referred into clinical specialist services, by type of test and health board, 2020-21

	Total individuals referred	Referred following reactive anti-HCV test	Referred following POCT test	Referred following positive confirmatory PCR/RNA test
Aneurin Bevan	22	-	-	22
BCU	1	-	-	1
Cwm Taf	2	2	-	-
Cardiff and Vale	0	0	-	0
Hywel Dda	0	0	-	0
Swansea Bay	1	0	-	1
Powys Teaching	0	-	-	0
Wales	26	2	0	24

In addition to the HCV screening process, the HRD also enables the recording of referral outcomes and treatment milestones by clinical specialist services following referral. This feature has been designed to support joint working partnerships between SMS and Clinical Nurse Specialists/Teams post-referral and to support engagement with individuals during treatment.

For individuals referred into clinical specialist services by SMS, an initial referral outcome was recorded for 5 individuals (19 per cent, see Table 21). Since 2018, of all those referred to treatment, no outcome data is available for 166 referrals (see Table 22).

Table 21 - Initial outcomes following referral of individuals tested for hepatitis C into hepatitis C clinical specialist services in 2020-21

	Total individuals referred*	Referral accepted by patient and seen by clinician	Referral declined by patient	Inappropriate referral†	Referral outcomes not known
Aneurin Bevan	22	2	2	-	18
BCU	1	-	-	-	1
Cwm Taf	2	2	-	-	-
Cardiff and Vale	-	-	-	-	-
Hywel Dda	-	-	-	-	-
Swansea Bay	1	1	-	-	-
Powys Teaching	-	-	-	-	0
Wales	26	5	2	0	19

* Includes individuals referred following reactive anti-HCV test, and referrals following positive confirmatory PCR/RNA test

† Includes individuals who require confirmatory PCR/RNA test in the community, individuals known to service and referred in previous years

*Individuals may be referred multiple times. Therefore health board and all Wales totals will may not sum

Table 22 - Initial outcomes following referral of individuals tested for hepatitis C into clinical specialist services, 2017-21

	Total individuals referred*	Referral accepted by patient and seen by clinician	Referral declined by patient	Inappropriate referral†	Referral outcomes not known
Aneurin Bevan	139	78	10	24	32
BCU	155	10	8	4	134
Cwm Taf	111	73	5	20	16
Cardiff and Vale	88	61	9	20	-
Hywel Dda	16	6	2	-	8
Swansea Bay	195	7	6	172	11
Powys Teaching	0	0	0	0	0
Wales	704	235	40	240	201

* Includes individuals referred following reactive anti-HCV test, and referrals following positive confirmatory PCR/RNA test

† Includes individuals who require confirmatory PCR/RNA test in the community, individuals known to service and referred in previous years

Individuals may be referred multiple times totals will not sum

4.4.2 Individuals commencing hepatitis C treatment

Since 2018, only 61 individuals had been recorded on the Harm Reduction Database, by the BBV clinical teams, as having commenced HCV treatment following referral from SMS and associated services across Wales (see Table 23). Of these, 27 were recorded as successful completing treatment. **This figure does not accurately reflect the level of treatment provision following referral for HCV treatment from SMS services.**

According to treatment commencement data held centrally by the Lead Consultant for Blood Borne Virus Action, matching analysis would indicate that for the periods 2019-20 and 2020-21, a total of 362 individuals were referred from substance misuse services to BBV clinical teams for treatment. Of these, 126 (34.8 per cent) were present on the Treatment commencement dataset. Further analysis is required to confirm this and future development and streamlining of the HRD with external data sources is ongoing.

Table 23 - Treatment outcomes for individuals referred and accepted into clinical specialist services 2017-21

	Referral accepted by patient and seen by clinician*	Number requiring treatment	HCV treatment commenced	Treatment complete†
Aneurin Bevan	78	64	37	17
BCU	10	9	3	3
Cwm Taf	73	51	19	10
Cardiff and Vale	61	61	32	22
Hywel Dda	6	2	1	0
Swansea Bay	7	6	3	2
Powys Teaching	0	0	0	0
Wales	235	193	95	54

* Includes individuals referred following reactive anti-HCV test, and referrals following positive confirmatory PCR/RNA test

† Where recorded on the HRD

5 Data Quality

5.1 Needle and Syringe Programme module

Table 24 provides the proportion of missing demographic and injecting characteristic data across all seven Health Boards / APBs for those individuals accessing NSP services during the period 1 April 2020 – 31 March 2021.

Table 24 - Proportion of incomplete demographic and injecting characteristic data items for individuals accessing NSP services, by health board, 2020-21

	Housing status	Employment status	Ethnicity	Route of administration	Direct sharing	Indirect sharing	Paraphernalia reuse	Date of first injection
Aneurin Bevan	36.1%	31.4%	28.2%	18.4%	56.6%	57.4%	56.3%	47.6%
BCU	67.2%	63.8%	62.2%	39.3%	89.0%	89.6%	88.4%	83.9%
Cwm Taf	42.4%	41.0%	39.1%	29.7%	61.6%	62.0%	59.1%	55.9%
Cardiff and Vale	47.6%	50.7%	48.3%	33.7%	79.1%	79.4%	83.2%	78.3%
Hywel Dda	64.3%	60.4%	55.5%	36.1%	78.0%	78.6%	78.8%	71.4%
Powys Teaching	46.0%	41.7%	39.9%	22.7%	72.4%	72.4%	72.4%	65.0%
Swansea Bay	46.7%	45.6%	42.3%	28.6%	67.9%	68.7%	63.5%	64.2%
Wales	51.0%	49.1%	46.5%	31.2%	72.9%	73.5%	72.4%	67.8%

5.2 Blood Borne Virus module

Table 25 provides the data completion rates across all seven Health Boards / APBs for key data fields for those individuals tested during the period 1 April 2020 – 31 March 2021. For all other data items the HRD has been configured to impose mandatory data recording prior to the completion of subsequent sections of the database.

As Wales moves forward towards the elimination of Hepatitis B and C, the ability to identify testing coverage within high risk populations will become a crucial factor in maximising both testing and treatment. Therefore it is important that full risk assessments are completed for each individual requiring screening were practically possible.

Table 25 - Proportion of individuals receiving BBV screening 'not asked' a risk factor question, by risk factor and health board, 2020-21

	Assaulted (involving blood contact)	Blood Transfusion prior to 1991	Needlestick injury	Ever been in Prison	Had sex in last 12 months	Ever injected drugs	Ever used drugs
Aneurin Bevan	53.2%	50.1%	53.9%	49.5%	49.1%	44.4%	41.3%
BCU	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cardiff and Vale	95.1%	95.1%	95.1%	94.3%	94.3%	87.0%	87.0%
Cwm Taf	9.7%	16.1%	9.7%	6.5%	11.8%	1.1%	3.2%
Hywel Dda	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Powys Teaching	53.6%	39.3%	50.0%	42.9%	46.4%	33.9%	30.4%
Swansea Bay	37.5%	25.0%	31.3%	25.0%	25.0%	18.8%	6.3%
Wales	28.3%	26.2%	30.6%	25.1%	26.5%	22.0%	21.2%

6 Appendices

6.1 Appendix A - What is the Harm Reduction Database?

In 2010 the Substance Misuse Programme, Public Health Wales implemented the national Harm Reduction Database Wales (HRD), funded by Welsh Government. The HRD is a web-based modular tool for the recording of demographic, substance use, risk and outcome data on a range of interventions, including:

- Needle and Syringe Programmes (NSPs)
- Take-home Naloxone (THN)
- Long Acting and Reversible Contraception (LARC)
- Blood Borne Viruses (BBV)
- Fatal and Non-Fatal Drug Poisoning Reviews

The HRD represents the sole system in Wales for evidencing the nature and scale of these community interventions amongst those with substance misuse issues and complements the data derived from the Welsh National Database for Substance Misuse (WNDSM) for substance misuse treatment services.

6.1.1 HRD: Needle and Syringe Programmes (NSP) module

About

The HRD provides a solution in which NSP staff can record client interactions in line with national guidelines²³ for individuals live at point of contact. Since implementation, the data has been used to improve the quality of services, to reduce harm and to better understand the nature and scale of injecting drug use in Wales.

Data captured

In order to preserve NSP Service anonymity, no named patient information is used throughout this module. Unique client activity is monitored utilising unique reference codes provided at the point of client registration. Data collected for individuals via the NSP module includes:

- Demographics
- Historical and current substance use
- Health and risk behaviours, including sharing and reuse of injecting equipment
- Onward referral to specialist health and social care providers
- Interactions and activity, including injecting equipment provided and harm reduction information and advice issued

²³ Welsh Government (2011), Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. <http://gov.wales/docs/dsjlg/publications/commsafety/110628needleen.pdf>

6.1.2 HRD: Blood Borne Virus (BBV) module

About

The HRD BBV module was developed to better support the collection, recording and management of data in Wales relating to BBV screening and Hepatitis B vaccination. Funded by Welsh Government, this module complements the Welsh Government's Substance Misuse Delivery Plan objective for introduction of opt-out screening within all substance misuse services²⁴ and commitments to elimination targets of Hepatitis C by 2030.²⁵ In addition to offering a live surveillance system that provides detailed data on the nature and scale of BBV infections in Wales, the HRD also enables frontline clinicians to tailor client-centred BBV interventions and harm reduction information and advice.

Data captured

This development supports the recording of information relating to:

- Client details
- Demographics
- Assessment of risk behaviours, including substance use, sexual activity etc.
- Screening, results, and vaccination history, including type of BBV test, date, outcome
- Onward referral to specialist BBV, sexual health and clinical treatment providers
- Treatment milestones, including date treatment commenced and completed, type of treatment, outcome

24 Welsh Government (2016), Substance Misuse Delivery Plan 2016 – 2018. <http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en>

25 Welsh Government (2017), Welsh Health Circular (WHC/2017/048), Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health. <http://cardiffandvaleapb.org/download/media-resources/WHC-2017-048-Attaining-the-WHO-targets-for-eliminating-hepatitis-B-and-C-as-a-significant-threat-to-public-health.pdf>

6.2 Appendix B - Definitions and notes on data interpretation

6.2.1 Health Boards and Local Authorities

- When referring to a local authority or a health board, an individual was included in **every** geographical region where they had at least one NSP interaction. This was to ensure that individuals were all allocated using a single methodology.
- Individuals accessing NSP services solely through mobile NSP units in Betsi Cadwaladr University Health Board area (BCUHB) were assigned to Wrexham (East), Denbighshire (Central) and Gwynedd (West). Consequently, the numbers of unique individuals injecting drugs in Anglesey, Conwy and Flintshire may be underreported.

6.2.2 Regular NSP service users

A regular NSP service user is defined as an individual who has attended NSP services on at least two occasions within a given financial year or reported IPED injecting and attending an NSP service at least once in the current and once in the previous financial year.

Non-regular individuals have been excluded when presenting key demographics. Records with only one interaction in a given period for non-IPED users may be indicative of individuals using different unique identifier details when presenting for injecting equipment or mistakes in data entry. As such, and to ensure as robust analysis as is possible, these records have been excluded from the main analysis and details for this sub-group are presented in Table .

Table 26 - Demographics and injecting characteristics of non-regular clients attending NSPs in Wales 2020-21

	Opioids	Stimulants	IPEDs
Number of non-regular clients	3,501	4,819	1,015
% Female	7.1%	19.8%	18.6%
Median age (years)	35	40	40
% Under 25 years	8.3%	3.1%	3.6%
% Over 50 years	8.2%	15.2%	14.9%
% New registrations	47.6%	40.7%	30.7%
% Only attending pharmacy NSP	76.3%	66.7%	71.4%
Median number of syringes collected per year	20	10	10
% New Initiates	17.1%	8.9%	4.3%
Median Length of Injecting career	8	12	13
% Ever directly shared paraphernalia*	3.0%	26.5%	21.8%
% Ever indirectly shared paraphernalia*	3.7%	31.8%	27.2%
% Ever reused paraphernalia*	7.2%	44.5%	38.2%
% Living in unstable housing or NFA	5.9%	40.8%	42.7%
% reporting NFA	2.5%	30.6%	35.2%
% Unemployed	8.4%	19.7%	28.0%

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

6.2.3 Substance groups

This report looks at three substance groups.

IPED individuals – Individuals who have reported using/injecting image and performance enhancing drugs, for example, steroids, human growth hormone and peptides.

Opioid individuals – Individuals who have reported using/injecting opioids, for example, heroin and methadone.

Stimulant individuals – Individuals who have reported using/injecting stimulants, for example, amphetamine, cocaine powder and crack cocaine

Table 27 - Harm reduction database drug classifications

IPEDs	Opioids	Stimulant
Anabolic Steroids - Injectable	Codeine Based Painkiller - Other	Amphetamine
Anabolic Steroids - Oral	Codeine Phosphate	Cocaine Powder
Growth Hormone	Diamorphine - Prescribed	Crack Cocaine
Igf	Dihydrocodeine / Df118	Ecstasy / MDMA
Insulin	Heroin	M-CAT / Mephedrone
Melanotan	Methadone (Street)	Methamphetamine
Prohormones/Designer Supplements	Methadone (prescribed)	Stimulants Other MPA, BZP, NRG-1, MDAI
Steroid -Other	Physeptone	
	Subutex	

6.2.4 NSP Interactions not transactions

Whilst in previous years the term ‘transaction’ has been used to describe the provision of injection related equipment within NSP services, we have moved to use the term ‘interaction’. This has been done to better describe what should occur when an individual attends NSP services to access sterile injecting equipment. During the interaction, a discussion and provision of sterile injecting equipment that is suitable for their needs in terms of the type of drug(s) being injected, the route of injection and the frequency of injecting, should be ensured, including assessment of equipment for secondary distribution to reduce potential direct and indirect sharing of injecting equipment by others. In addition, provision of tailored and well evidenced harm reduction information and advice, and signposting to relevant services as required should be undertaken and recorded.