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Communicable Disease Surveillance Centre

# Needle and syringe programme activity in Wales

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Annual Report 2021-22



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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.

Communicable Disease Surveillance Centre  
Public Health Wales  
Number 2 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ  
Tel: 02920104496

[www.publichealthwales.org/substancemisuse](http://www.publichealthwales.org/substancemisuse)

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# Table of Contents

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<b>Foreword</b> .....	<b>4</b>
<b>Executive Summary</b> .....	<b>5</b>
<b>Preventing infections amongst people who inject drugs through effective needle and syringe programmes</b>	
1.1 Location and type of NSPs across Wales.....	7
1.2 NSP activity overview.....	8
1.3 Geographic comparisons of individuals accessing NSP services across Wales .....	11
1.4 NSP clients - Profile of unique individuals accessing services .....	13
1.5 Comparisons of clients attending Specialist NSP services vs Community Pharmacy services .....	24
<b>Data Quality</b>	<b>27</b>
<b>Appendices</b>	
Appendix A - What is the Harm Reduction Database? .....	28
Appendix B - Definitions and notes on data interpretation .....	30

# Foreword

This report for 2021-22 evidences the substantial changes in activity and the profile of service users accessing needle and syringe programmes (NSP) across Wales following the restrictions experienced through the COVID-19 pandemic.

The fall in the overall number of individuals accessing NSP services may be the result of a number of factors including a genuine reduction in the number of people who inject drugs (PWID), a reduction in the number of PWID accessing NSP services resulting in increases in sharing and reuse of injecting equipment, increased use of alternative sources of injecting equipment or a combination of these and other factors. Analysis of NSP data over the coming years, alongside information derived from service user and peer engagement with people who inject drugs, will inform the longer term implications of service disruption and consequences in relation to blood borne virus transmission and bacterial infections.

Public Health Wales would like to thank all service users and frontline staff who have contributed to the provision of data for this report

# Executive Summary

## Key findings and trends

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- The number of individuals regularly attending NSP services in 2021-22 was 27 per cent lower than 2019-20
- Betsi Cadwaladr University Health Board had the highest rate of regular clients attending NSP services (687.5 per 100,000 population), and Powys Teaching Health Board the lowest (254.0 per 100,000 population)
- 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
- Crude estimates of coverage, the proportion of injecting events where sterile injecting equipment is used, indicate a rate of 22 per cent, representing a clear risk for bacterial infections and transmission of blood borne viruses through reuse and sharing of injecting equipment
- Self-reported indirect sharing of injecting equipment (e.g. sharing of spoons, filters, water) was reported by a third of those injecting psychoactive drugs (opioids and stimulant drugs) and direct sharing (needles and syringes) by a quarter
- Reuse of own injecting equipment remains high with over half of PWID reporting reuse
- Self-reported higher risk injecting sites (e.g. groin) has increased slightly over the last five years at 21 per cent in 2021-22
- Opioids were the largest substance group recorded. The proportion of individuals accessing NSP and reporting IPED use has remained relatively stable in each of the last 4 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.
- Just under two thirds of NSP interactions (59 per cent) occurred in community pharmacy based NSP services with the remaining third (34 per cent) occurring in specialist NSP substance misuse services
- The proportion of those aged 50+ accessing NSP services has increased over the last 5 years amongst all groups (opioids, stimulant and IPED), indicative of an aging cohort of PWID who are accessing NSP services

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

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- 1.1 Location and type of NSPs across Wales
- 1.2 NSP activity overview
- 1.3 Geographic comparisons of individuals accessing NSP services across Wales
- 1.4 NSP clients - Profile of unique individuals accessing services
- 1.5 Comparisons of clients attending Specialist NSP services vs Community Pharmacy services

# Needle and Syringe Programmes

## 1.1 Location and type of NSPs across Wales

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.<sup>1, 2</sup>

Currently in Wales Needle and Syringe Programmes operate within 57 specialist statutory/ voluntary organisation sites and 217 community pharmacies.<sup>3</sup> In 2021-22, 40 specialist sites and 176 pharmacies recorded at least one interaction. In total, 97,391 interactions occurred across all NSP sites in 2021-22, an increase of 1 per cent compared to the previous year.

**Table 1: NSP interactions by health board 2021-22**

	Number of Specialist NSPs	Number of Pharmacy NSPs	Interactions	% Interactions taking place in Pharmacy NSP
Aneurin Bevan	8	19	16,489	49.5%
BCU	7	64	21,617	92.8%
Cardiff & Vale	7	13	26,296	15.8%
CTM	5	27	13,625	78.7%
Hywel Dda	4	30	9,117	91.4%
Swansea Bay	5	14	8,892	55.9%
Powys Teaching	4	9	1,355	75.4%
<b>Wales</b>	<b>40</b>	<b>176</b>	<b>97,391</b>	<b>58.9%</b>

41 per cent of interactions occurred in specialist NSP services whilst the remaining 59 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), 84 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.

<sup>1</sup> 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>

<sup>2</sup> 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>

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

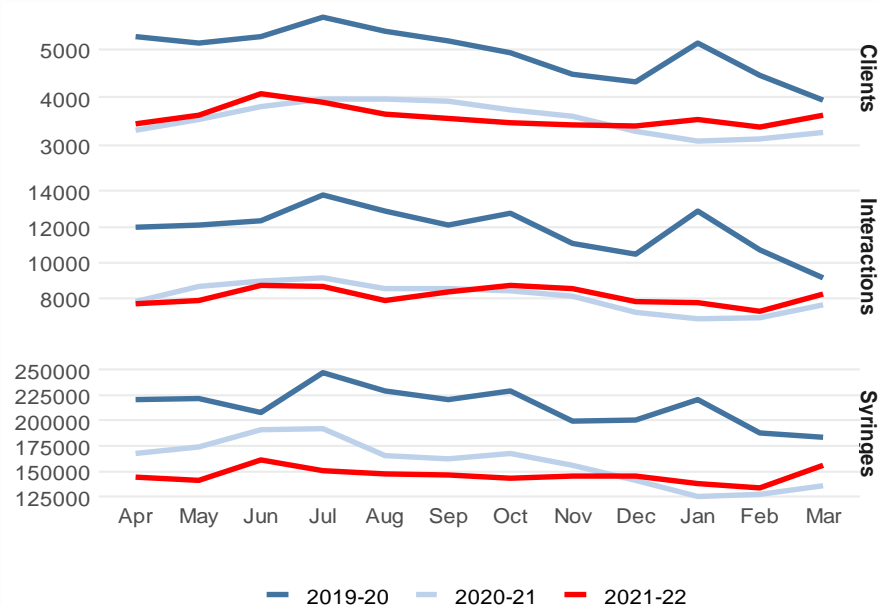
# Needle and Syringe Programmes

## 1.2 NSP Activity Overview

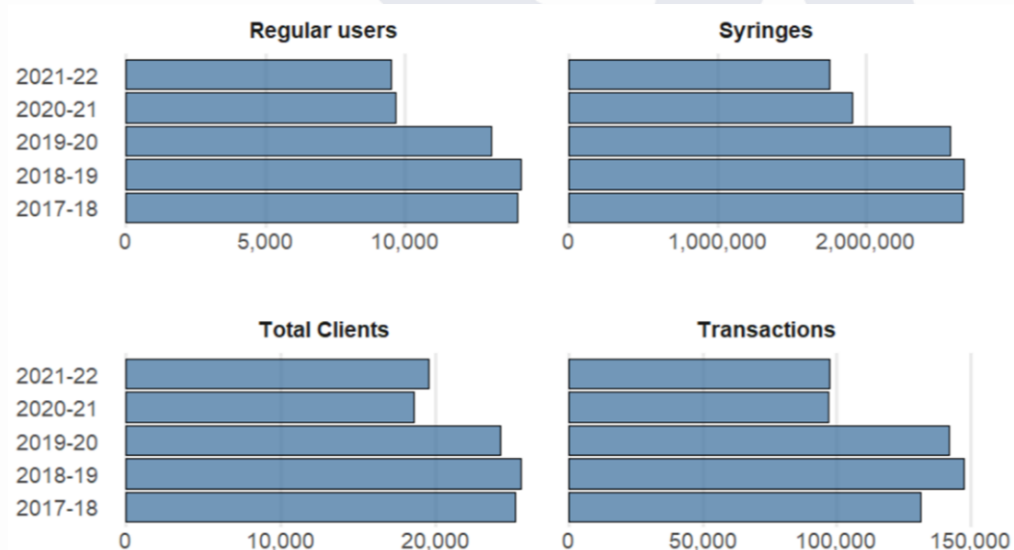
The 2021-22 financial year represents the eighth year of the collection of NSP activity data across all services (community pharmacy and specialist substance misuse services) in Wales.

**Table 2:** Summary of NSP activity per year<sup>4</sup>

Year	Interactions	All Clients	Regular Clients	Syringes
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
2021-22	97,337	19,599	9,503	1,751,650



**Figure 1:** Summary of NSP activity per year



Source : HRD NSP Module - June 2022

**Figure 2:** Summary of NSP activity per year

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

# Needle and Syringe Programmes

## NSP Activity Overview

**Table 3:** Summary of NSP activity by health board 2021-22

	All Clients	Syringes	Interactions	Regular Clients	IPEDs	Opioids	Stimulants
Aneurin Bevan	3,476	425,212	16,489	1,881	59.1%	47.6%	15.7%
BCU	5,319	369,555	21,367	2,442	56.9%	60.3%	11.6%
CTM	3,514	271,315	13,625	1,748	56.0%	40.3%	31.5%
Cardiff & Vale	3,287	357,949	26,296	1,678	34.3%	64.7%	16.3%
Hywel Dda	1,626	90,917	9,117	915	49.5%	52.1%	14.4%
Powys Teaching	270	26,388	1,355	166	46.4%	57.8%	13.3%
Swansea Bay	2,890	210,314	9,088	1,456	56.4%	53.2%	13.8%
<b>Wales</b>	<b>20,382</b>	<b>1,751,650</b>	<b>97,337</b>	<b>10,286</b>	<b>51.2%</b>	<b>53.7%</b>	<b>16.7%</b>

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

### Syringes Dispensed

There were 1,751,650 syringes dispensed in Welsh NSP services in 2021-22. This represents a **decrease of 8 percent** compared to the previous year and the lowest number of syringes provided since the introduction of pharmacy services in 2014-15. The initial decrease seen after the disruption to services during the pandemic has not been offset by an increase or return to previous levels this year.

### Coverage Rates

It is a principle of NSP services in Wales<sup>5</sup>, supported by UK-wide guidance<sup>6</sup>, 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 individual 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 82 per person in 2021-22. 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.

# Needle and Syringe Programmes

## NSP Activity Overview

### 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.

**Table 4:** Proportion of individuals reporting opioid use collecting foil by year

Year	Regular clients†	Clients collecting foil and syringes	Clients collecting <u>foil only</u>	Clients collecting <u>syringes only</u>	% clients collecting foil
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%
2021-22	2,646	1,111	131	1,404	46.9%

As shown in Table 4, the percentage of clients collecting foil has increased amongst regular opioid NSP clients over the last 6 years, returning to almost 47 per cent despite a decline in 2020-21. The proportion of individuals using opioids and collecting foil varies by health board from 51 per cent in Hywel Dda to 31 per cent in Powys Teaching Health Board, shown in Table 5.

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

**Table 5:** Proportion of individuals reporting opioid use collecting foil by health board

Health Board	Regular clients†	Clients collecting foil and syringes	Clients collecting <u>foil only</u>	Clients collecting <u>syringes only</u>	% clients collecting foil
Aneurin Bevan	601	212	32	357	40.6%
BCU	339	124	36	179	47.2%
CTM	327	126	10	191	41.6%
Cardiff & Vale	954	396	48	510	46.5%
Hywel Dda	154	68	10	76	50.6%
Powys Teaching	51	16	0	35	31.4%
Swansea Bay	486	165	11	310	36.2%

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

# Needle and Syringe Programmes

## 1.3 Geographic variation

In 2021-22 the **European Age Standardised Rate (EASR)**<sup>7</sup> of individuals attending NSP services across Wales was **706.8 individuals per 100,000 population** (see Table 6). Geographical comparisons between health boards and local authorities highlights variation in individuals attending NSP services.<sup>8</sup>

At Health Board level, **Betsi Cadwaladr University Health Board** had the highest rate of regular clients attending NSP services (**687.5 individuals per 100,000 population**), and **Powys Teaching Health Board** the lowest (**254.0 per 100,000 population**).

At Local Authority level, **Wrexham** had the highest rate (**1,302.1 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** (**275.2 per 100,000 population**) and **Powys** (**254.0 per 100,000 population**).

### Opioids

Rates of PWID reporting use of opioids were highest in the **BCU Health Board** area (412.3 per 100,000 population) and local authority of **Wrexham** (586 per 100,000 population), and lowest in **Powys Teaching Health Board** (96 per 100,000 population) and **Caerphilly** Local Authority area (121 per 100,000 population).

### Stimulants

Rates of PWID reporting use of stimulants were highest in **CTM University Health Board** (205.4 per 100,000 population) and the local authority of **Merthyr Tydfil** (298.2 per 100,000 population) which was over 2.5 times higher than the overall Welsh rate (111.9 per 100,000 population). Rates were lowest in **Powys Teaching Health Board** (33.2 per 100,000 population) and **Caerphilly** Local Authority area (27.2 per 100,000 population).

### IPEDs

Individuals reporting use of IPEDs were highest in **BCU Health Board** (394.8 per 100,000 population) and **Wrexham** Local Authority (839.0 per 100,000 population), and lowest in **Powys Teaching Health Board** (120.9 per 100,000 population) and **Monmouthshire** Local Authority (76.3 per 100,000 population).

<sup>7</sup> 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>  
<sup>8</sup> 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.

# Needle and Syringe Programmes

## Geographic variation

**Table 6:** Number of individuals regularly accessing NSP per EASR 100,000 population (15-64 years) by local authority, 2021-22

	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*
<b>Aneurin Bevan</b>	<b>1,881</b>	<b>525.7</b>	<b>895</b>	<b>253.2</b>	<b>296</b>	<b>83.9</b>	<b>1,112</b>	<b>309.1</b>
<i>Blaenau Gwent</i>	313	740.3	132	318.4	44	104.4	206	485.4
<i>Caerphilly</i>	413	366.1	121	106.9	31	27.4	317	280.8
<i>Monmouthshire</i>	134	275.2	108	222.4	23	46.5	37	76.3
<i>Newport</i>	879	906.3	539	563.4	211	221.8	415	423.3
<i>Torfaen</i>	325	572.5	133	237.9	31	56.1	204	358.0
<b>BCU</b>	<b>2,442</b>	<b>687.5</b>	<b>1,472</b>	<b>412.3</b>	<b>284</b>	<b>80.0</b>	<b>1,389</b>	<b>394.8</b>
<i>Conwy</i>	228	371.6	150	234.9	27	43.4	98	169.1
<i>Denbighshire</i>	378	724.4	246	461.4	31	59.0	184	365.8
<i>Flintshire</i>	286	313.0	141	154.2	29	32.3	204	223.2
<i>Gwynedd</i>	526	794.5	374	571.8	78	120.1	218	321.7
<i>Isle of Anglesey</i>	146	396.2	118	317.3	18	48.1	84	233.9
<i>Wrexham</i>	1,071	1302.1	586	710.0	133	160.1	688	839.0
<b>CTM</b>	<b>1,748</b>	<b>643.7</b>	<b>704</b>	<b>265.3</b>	<b>550</b>	<b>205.4</b>	<b>979</b>	<b>355.7</b>
<i>Bridgend</i>	491	546.3	267	299.3	98	108.8	247	274.3
<i>Merthyr Tydfil</i>	350	963.6	148	421.5	106	298.2	180	483.0
<i>Rhondda Cynon Taf</i>	1,002	690.7	334	239.0	383	268.7	600	405.8
<b>Cardiff &amp; Vale</b>	<b>1,678</b>	<b>548.5</b>	<b>1,085</b>	<b>364.8</b>	<b>274</b>	<b>92.3</b>	<b>576</b>	<b>179.7</b>
<i>Cardiff</i>	1,505	672.8	1,015	468.4	247	113.5	465	196.0
<i>Vale of Glamorgan</i>	259	331.4	135	172.5	52	65.9	130	167.3
<b>Hywel Dda</b>	<b>915</b>	<b>455.3</b>	<b>477</b>	<b>238.0</b>	<b>132</b>	<b>66.5</b>	<b>453</b>	<b>225.5</b>
<i>Carmarthenshire</i>	636	624.9	342	334.7	88	86.3	312	308.1
<i>Ceredigion</i>	129	381.7	100	296.3	26	82.9	30	88.1
<i>Pembrokeshire</i>	197	304.1	70	108.4	33	50.6	120	185.0
<b>Swansea Bay</b>	<b>1,456</b>	<b>626.8</b>	<b>774</b>	<b>341.6</b>	<b>201</b>	<b>88.9</b>	<b>821</b>	<b>348.8</b>
<i>Neath Port Talbot</i>	666	783.4	410	487.5	137	161.8	344	402.1
<i>Swansea</i>	910	623.3	468	329.3	94	66.1	507	341.2
<b>Powys Teaching</b>	<b>166</b>	<b>254.0</b>	<b>96</b>	<b>142.0</b>	<b>22</b>	<b>33.2</b>	<b>77</b>	<b>120.9</b>
<b>Wales</b>	<b>9,503</b>	<b>518.1</b>	<b>5,058</b>	<b>280.0</b>	<b>1,612</b>	<b>89.6</b>	<b>5,008</b>	<b>270.3</b>

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

# Needle and Syringe Programmes

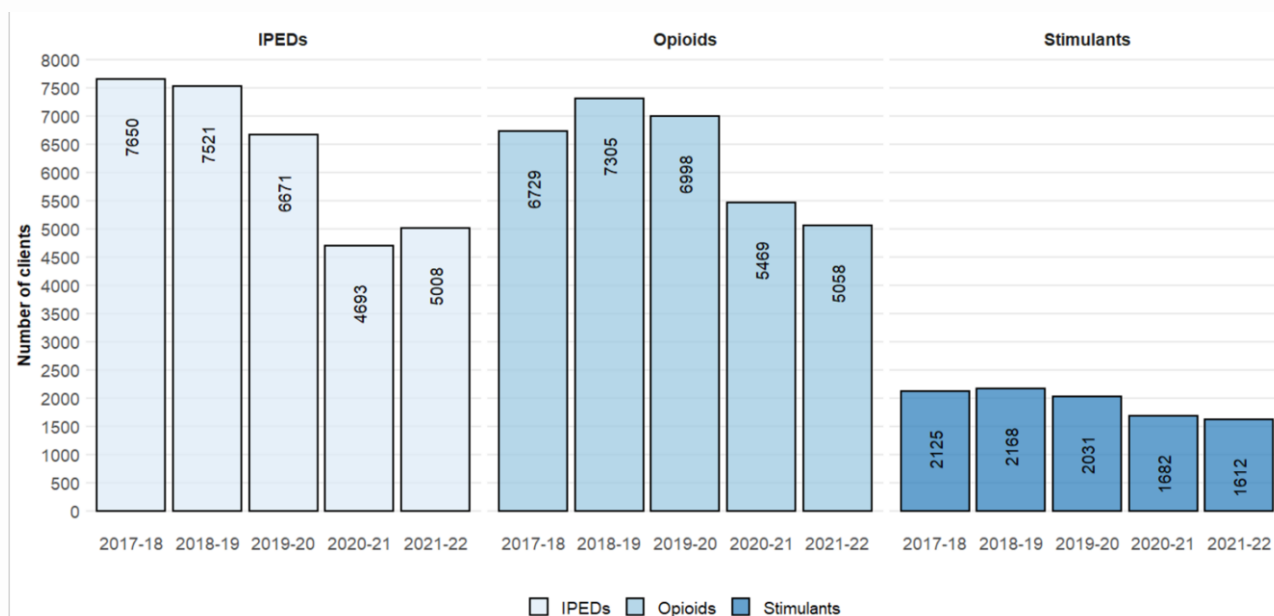
## 3.4 NSP clients – profile of unique individuals accessing services

In 2021-22, a total of 19,599 unique individuals accessed NSP services (see Table 7). This number has been gradually decreasing over the last 5 years with a notable decrease in 2020-21, most likely due to the disruption in services from the Covid-19 pandemic. There has since been a slight increase in 2021-22.

Of these individuals, 48.5 per cent (n = 9,503) were defined as regular NSP service users (for definition see section 6.2.2 - Regular NSP service users). This represents a 1.6 per cent decrease in the number of regular clients compared to the previous year

**Table 7:** Proportion of regular individuals accessing NSP in Wales by substance group and year

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%
2021-22	19,599	9,503	53.2%	17.0%	52.7%



**Figure 3:** Number of individuals regularly accessing needle and syringe programmes by substance group and year.

For the third consecutive year, **Opioids** were the largest substance group of reported use, representing 53 per cent of all individuals regularly attending NSP. This proportion has decreased by 4 per cent since 2020-21.

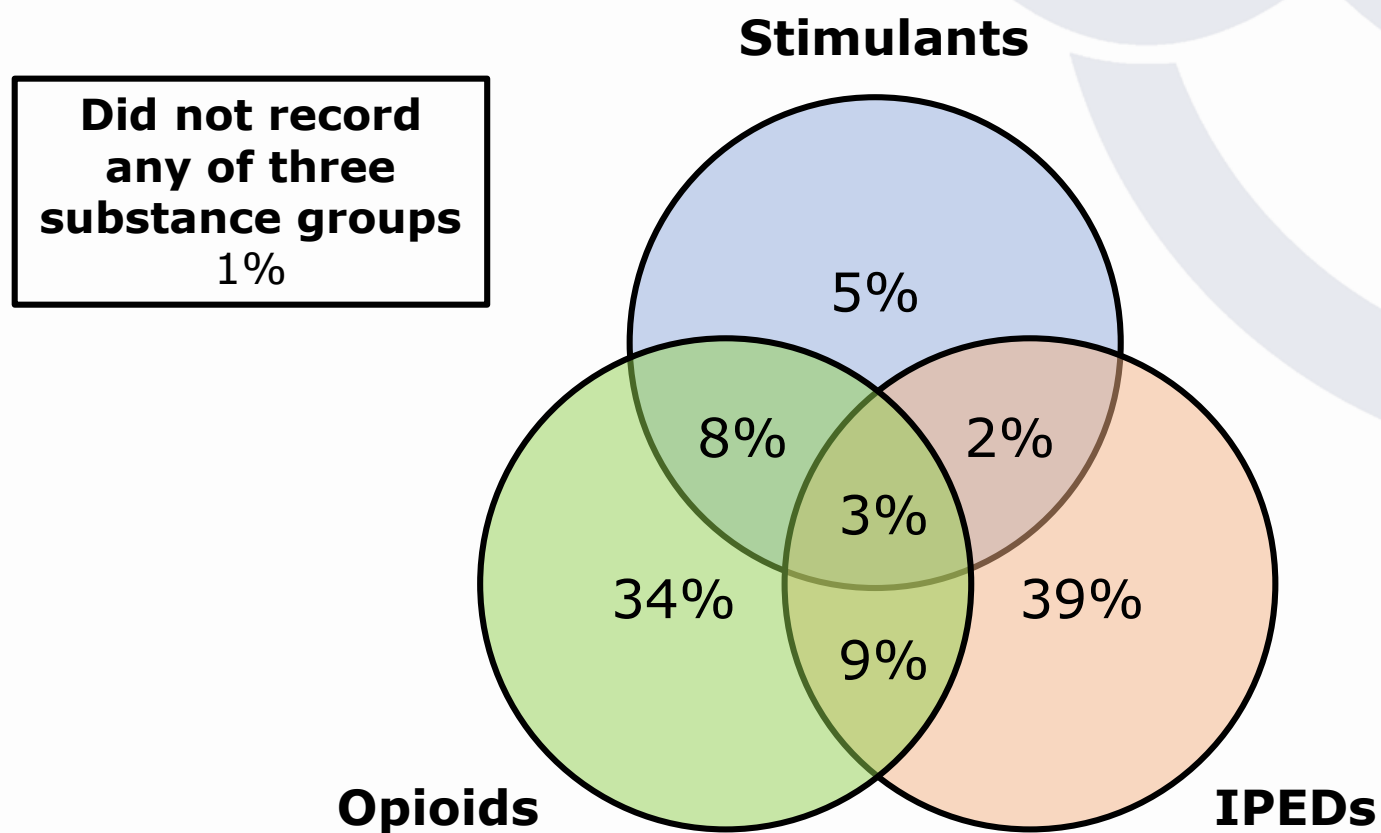
In 2021-22, **Image and Performance Enhancing Drug (IPED)** use was reported amongst 53 per cent of all individuals regularly attending NSP, a 4 per cent increase since last year.

There has been little change in the proportion of individuals who reported use / injecting of **stimulants** over the 7 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.

# Needle and Syringe Programmes

## NSP clients – profile of unique individuals accessing services

As indicated by the proportions of PWID within each of the substance categories in Table 7 & Figure 3, 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 2021-22 is shown in Figure 4 below.



**Figure 4:** Venn diagram detailing the profile of self-reported substance group use by individuals regularly accessing NSPs in 2021-22

# Needle and Syringe Programmes

## Profile of PWID reporting use of opioids

In 2021-22, 53 per cent (n = 5,058) 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 2017-18 to 2021-22.

**Table 8:** Demographics and injecting characteristics of individuals reporting opioid use by year, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Number of clients</b>	6,729	7,305	6,998	5,469	5,058
<b>% Female</b>	18.4%	18.2%	18.6%	18.8%	18.5%
<b>Median age (years)</b>	38	39	40	40	41
<b>Minimum age (years)</b>	18	18	18	17	18
<b>% Under 25 years</b>	2.7%	2.7%	2.4%	2.0%	1.9%
<b>% Over 50 years</b>	10.4%	11.0%	12.6%	14.9%	16.1%
<b>Median number of NSP interactions per year</b>	5	5	5	5	4
<b>Median number of syringes collected per year</b>	73	63	60	59	51
<b>% New registrations</b>	16.5%	15.6%	14.5%	12.1%	10.9%
<b>% Only attending pharmacy NSP</b>	46.7%	47.7%	46.5%	49.9%	47.4%
<b>Median length of injecting career (years)*</b>	11.17	11.29	12.08	13.17	13.92
<b>% New initiates (&lt;36 months)*</b>	5.8%	5.2%	5.8%	3.3%	3.0%
<b>% Using high risk injecting site*‡</b>	20.7%	21.0%	20.4%	20.0%	19.7%
<b>% Ever directly shared paraphernalia*</b>	24.9%	23.5%	25.6%	26.1%	25.0%
<b>% Ever indirectly shared paraphernalia*</b>	31.0%	29.9%	31.8%	31.9%	31.9%
<b>% Ever reused paraphernalia*</b>	48.7%	47.5%	49.1%	50.0%	49.7%

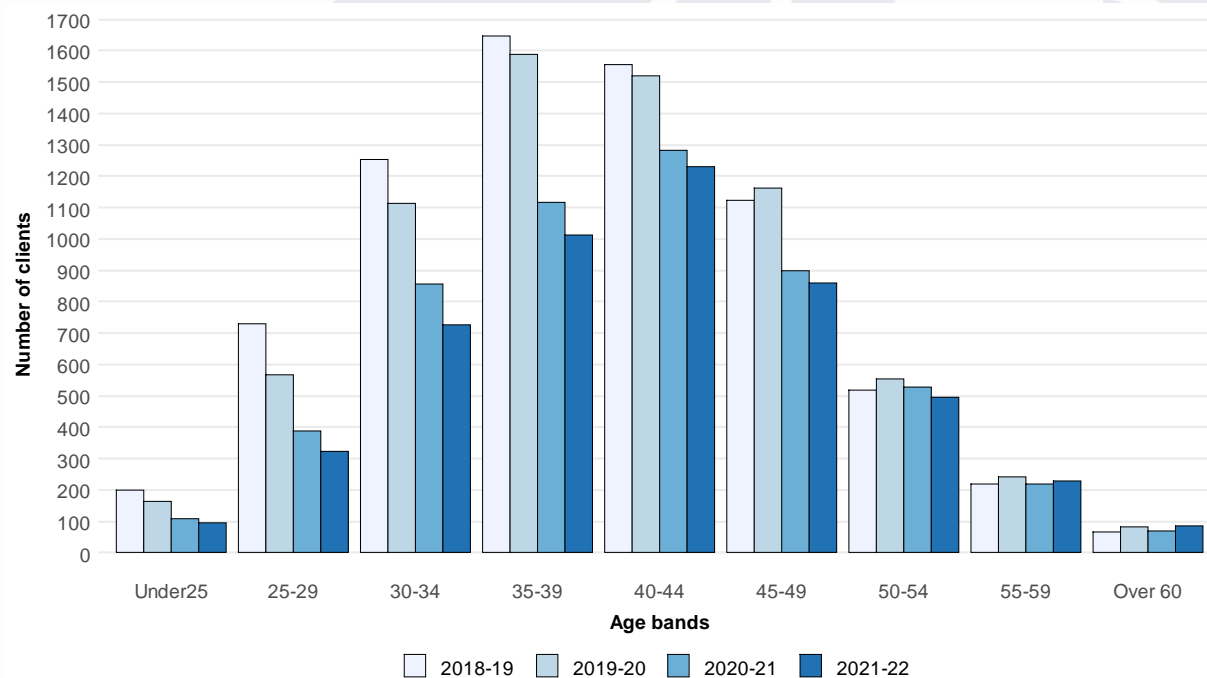
\* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

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

# Needle and Syringe Programmes

## Profile of PWID reporting use of opioids

- **Median age** and range, proportion of individuals aged 50+ years, and length of injecting career have increased since 2017-18 (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.
- Less than 5 per cent reported being engaged in **sex work** in 2021-22, consistent with previous years but likely to be underreported.\*
- **Unemployment** was reported amongst 72 per cent (n=3,656) of individuals.\*
- The proportion of clients reporting no fixed abode (**NFA**) increased year on year, from 23 per cent in 2016-17 to 27 per cent in 2020-21, however this has decreased to 23 per cent in 2021-22. Non-secure housing (e.g. hostel, friend's home) was reported by a further 14 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 - June 2022

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

\*Due to a considerable decrease in data quality regarding employment and housing status, these statistics are likely to be substantially underreported.

# Needle and Syringe Programmes

## Profile of PWID reporting use of opioids

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### **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 5.8 per cent to 3 per cent.
- Median length of injecting career has increased over the last 5 years, from 11 years to almost 14 years.
- Self-reported higher risk injecting sites (e.g. groin) has remained fairly constant at 20-21%, dropping slightly from 20.7 per cent in 2017-18 to 19.7 per cent in 2021-22. 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, increasing slightly from 88 per cent in 2017-18 to 89 per cent in 2021-22.
- Self-reports of re-use of injecting paraphernalia has remained relatively consistent over recent years with half of all individuals (50 per cent) reporting 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 25 per cent.
- The annual median number of NSP interactions with individuals in 2021-22 was 4 interactions (range: 1 – 588 interactions) providing a median of 51 syringes per year (range: 21 0 – 14,238 syringes<sup>9</sup>). Whilst the median number of interactions has remained consistent, the median number of syringes issued has decreased by 22 per cent since 2017-18, the year after single injection kits were introduced.

# Needle and Syringe Programmes

## Profile of PWID reporting use of stimulants

In 2021-22, 17 per cent (1,612) of all individuals regularly accessing NSPs reported using a stimulant, the smallest of the three substance groups. This group includes substances such as amphetamine, cocaine and crack cocaine.<sup>10</sup> Table 9 compares demographics and injecting characteristics of PWID reporting stimulant use by year from 2017-18 to 2021-22.

**Table 9:** Demographics and injecting characteristics of individuals reporting opioid use by year, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Number of clients</b>	2,125	2,168	2,031	1,682	1,612
<b>% Female</b>	17.5%	17.4%	18.6%	17.3%	17.4%
<b>Median age (years)</b>	38	39	40	40	41
<b>Minimum age (years)</b>	16	19	18	19	19
<b>% Under 25 years</b>	2.7%	2.5%	2.2%	1.2%	0.9%
<b>% Over 50 years</b>	10.0%	11.7%	12.2%	14.3%	13.9%
<b>Median number of NSP interactions per year</b>	6	6	6	5	5
<b>Median number of syringes collected per year</b>	94	83	87	78	69
<b>% New registrations</b>	9.3%	7.6%	7.3%	5.5%	7.7%
<b>% Only attending pharmacy NSP</b>	48.3%	49.3%	46.9%	54.0%	51.6%
<b>Median length of injecting career (years)*</b>	12.17	12.50	13.17	14.00	15.17
<b>% New initiates (&lt;36 months)*</b>	5.5%	3.8%	3.8%	2.2%	0.9%
<b>% Using high risk injecting site*‡</b>	19.0%	20.0%	20.2%	20.9%	21.0%
<b>% Ever directly shared paraphernalia*</b>	25.9%	26.6%	30.1%	30.1%	27.4%
<b>% Ever indirectly shared paraphernalia*</b>	30.6%	31.9%	35.6%	35.2%	32.9%
<b>% Ever reused paraphernalia*</b>	46.3%	47.7%	47.7%	50.5%	50.0%

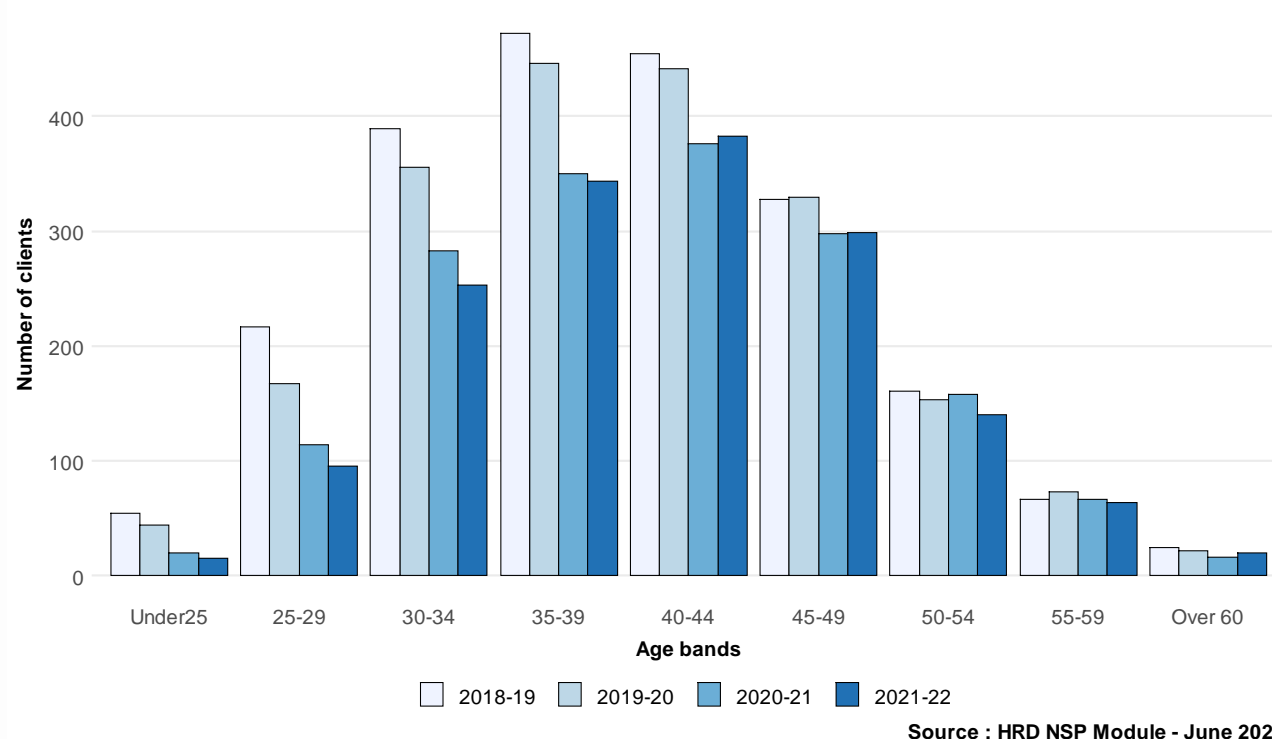
† 2014-15 represents first year of data collection across all NSP services, as such new registrations are not reported

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

# Needle and Syringe Programmes

## Profile of PWID reporting use of stimulants

- The **age distribution** of PWID reporting stimulant injecting and attending NSP services is indicative of an older cohort with the median age increasing from 38 to 41 in the last 5 years with a corresponding decrease from 2.7 per cent to 0.9 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 17.3 to 18.6 per cent of PWID using stimulants from 2017-22.
- Less than 5 per cent reported being engaged in **sex work** in 2021-22, consistent with previous years but likely to be underreported.\*
- **Unemployment** has declined from 81% to 72% between 2017/18 and 2021/22.
- **Non-secure housing** (e.g. hostel, friend's home) or having no fixed abode (**NFA**) was reported by 38 per cent of individuals.



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

\*Due to a considerable decrease in data quality regarding employment and housing status, these statistics are likely to be underreported.

# Needle and Syringe Programmes

## Profile of PWID reporting use of stimulants

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### 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 5 to 1 per cent, although this may be underreported where poly-drug injecting is practised
- Use of higher risk injecting sites (e.g. groin) amongst those using stimulants has increased consistently, rising from 19 per cent in 2017-18 to 21 per cent in 2021-22.
- Self-reports of re-use of injecting paraphernalia has remained relatively stable but high over the last 5 years at between 46 to 51 per cent.
- Self-reported indirect sharing of injecting equipment (e.g. sharing of spoons, filters and/or water) was reported by 33 per cent and direct sharing (needles and syringes) by 27 per cent in 2021-22, an increase of 1 per cent over the last 5 years.
- In 2021-22 the annual median number of interactions for those using stimulants was 5 (range 1 – 300 interactions) with a median of 69 syringes (range 0 – 14,238 syringes<sup>11</sup>) 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.

# Needle and Syringe Programmes

## Profile of PWID reporting use of IPEDs

In 2021-22, 53 per cent (5,008) individuals reported injecting IPEDs.<sup>12</sup> Table 10 compares demographics and injecting characteristics of individuals reporting IPED use by year from 2017-18 to 2021-22.

**Table 10:** Demographics and injecting characteristics of individuals reporting IPED use by year, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Number of clients</b>	7,650	7,521	6,671	4,693	5,008
<b>% Female</b>	4.4%	4.8%	5.0%	5.0%	5.4%
<b>Median age (years)</b>	32	33	34	36	36
<b>Minimum age (years)</b>	17	17	17	18	18
<b>% Under 25 years</b>	13.7%	10.7%	9.0%	6.6%	6.2%
<b>% Over 50 years</b>	4.8%	5.8%	6.6%	8.1%	8.8%
<b>Median number of NSP interactions per year</b>	2	2	2	2	2
<b>Median number of syringes collected per year</b>	40	40	40	35	40
<b>% New registrations</b>	14.1%	12.4%	10.7%	9.1%	11.8%
<b>% Only attending pharmacy NSP</b>	66.8%	66.0%	66.7%	69.8%	68.7%
<b>Median length of injecting career (years)*</b>	5.83	6.92	7.92	9.00	10.00
<b>% New initiates (&lt;36 months)*</b>	22.0%	17.0%	14.6%	10.6%	8.8%
<b>% Subcutaneous injecting*</b>	20.0%	20.1%	20.7%	20.2%	19.3%
<b>% Intramuscular injecting*</b>	93.2%	93.2%	92.9%	92.9%	92.9%
<b>% Ever directly shared paraphernalia*</b>	2.4%	2.9%	3.2%	4.5%	4.5%
<b>% Ever indirectly shared paraphernalia*</b>	3.2%	4.0%	4.6%	6.2%	6.3%
<b>% Ever reused paraphernalia*</b>	7.4%	8.4%	9.3%	11.3%	10.9%

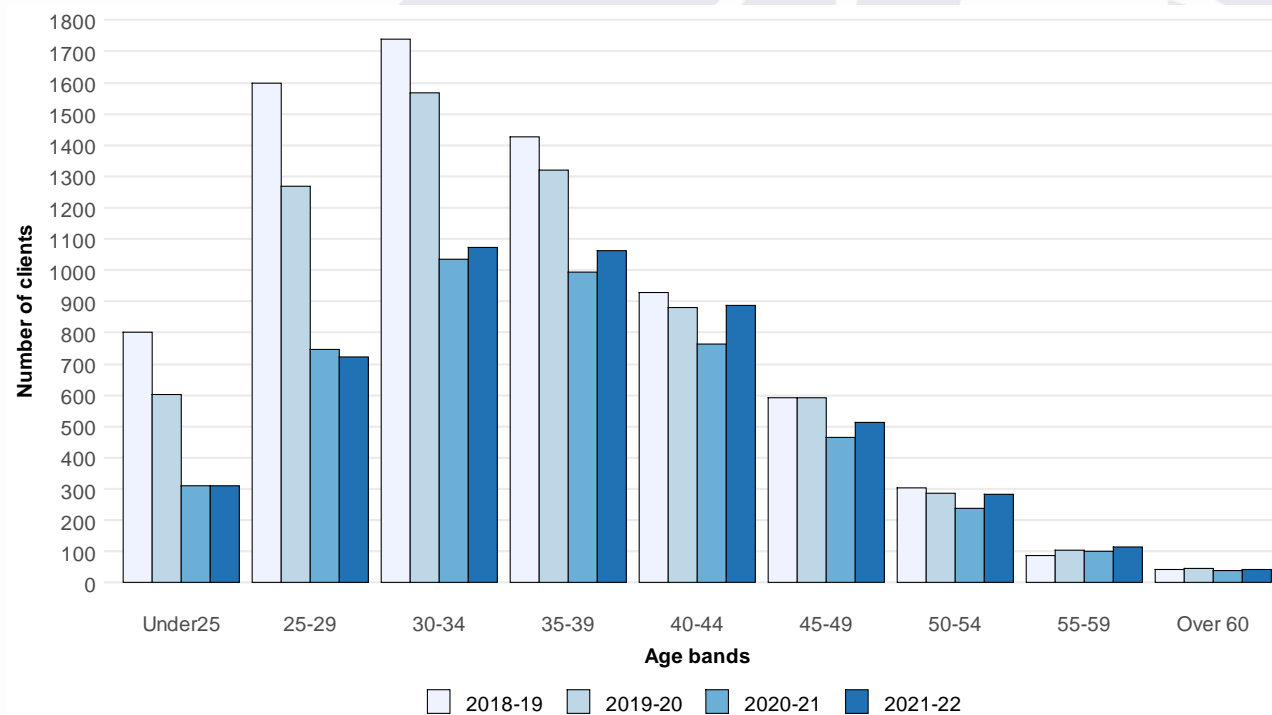
† 2014-15 represents first year of data collection across all NSP services, as such new registrations are not reported

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

# Needle and Syringe Programmes

## Profile of PWID reporting use of IPEDs

- **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 13 per cent in the last 5 years from 22 per cent to 9 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.



Source : HRD NSP Module - June 2022

**Figure 7:** Number of regular NSP individuals who reported using a stimulant, by age quintile and year 2017-18 to 2021-22

- **Unemployment** was reported amongst 32 per cent of individuals
- **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.
- **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 7 per cent of individuals

\*Due to a considerable decrease in data quality regarding employment and housing status, these statistics are likely to be underreported.

# Needle and Syringe Programmes

## Profile of PWID reporting use of IPEDs

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### **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 6 years in 2017-18 to 10 years in 2021-22.
- Intramuscular injection remains the most common method of injecting IPEDs, reported by 93 per cent of individuals. The proportion of individuals reporting subcutaneous injection has decreased slightly from 20 per cent to 19 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 2021-22.
- The proportion of individuals only attending pharmacy sites has increased over the last 5 years, from 65 per cent in 2017-18 to 69 per cent in 2021-22.

# Needle and Syringe Programmes

## 1.5 Comparison of clients attending Specialist NSP services vs Community Pharmacy services

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In 2021-22, 50 per cent of individuals reporting opioids, 54 per cent reporting stimulants, and 70 per cent reporting 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).

# Needle and Syringe Programmes

## Comparison of clients attending Specialist NSP services vs Community Pharmacy services

**Table 11:** Demographics and characteristics of individuals attending specialist and pharmacy NSP services, by substance type, 2021-22.

	Psychoactive substances†		IPEDS	
	Pharmacy	Specialist	Pharmacy	Specialist
<b>Number of regular clients</b>	4,252	2,875	3,910	1,566
<b>Reported IPEDs</b>	26%	15%	100%	100%
<b>Reported Opioids</b>	89%	93%	24%	26%
<b>Reported Stimulants</b>	30%	27%	10%	9%
<b>Median Age</b>	41	41	36	37
<b>% Over 50 years</b>	15.7%	14.8%	8.3%	9.6%
<b>% Under 25 years</b>	1.7%	1.9%	6.6%	4.3%
<b>% Female</b>	16.5%	20.8%	5.5%	5.9%
<b>Median number of NSP interactions per year</b>	4.5	6	2	2
<b>Median number of syringes collected per year</b>	50.5	90	35	100
<b>% New registrations</b>	10.5%	11.5%	12.2%	10.0%
<b>% New initiates (&lt;36 months)*</b>	3.1%	2.0%	10.4%	5.6%
<b>Median length of injecting career (years)*</b>	14.2	14.0	9.3	11.1
<b>% Living in non-secure housing or NFA*</b>	33.0%	40.2%	8.9%	20.4%
<b>% Unemployed*</b>	6.0%	11.4%	1.9%	3.3%
<b>% Ever directly shared paraphernalia*</b>	20.6%	29.3%	4.7%	6.1%
<b>% Ever indirectly shared paraphernalia*</b>	26.3%	37.3%	6.3%	9.5%
<b>% Ever reused paraphernalia*</b>	44.8%	54.8%	12.2%	14.0%

† Includes both opioid and stimulant substance categories

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

# Data Quality

## 1.1 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 2021 – 31 March 2022.

**Table 25:** Proportion of incomplete demographic and injecting characteristic data items for individuals accessing NSP services, by health board, 2021-22

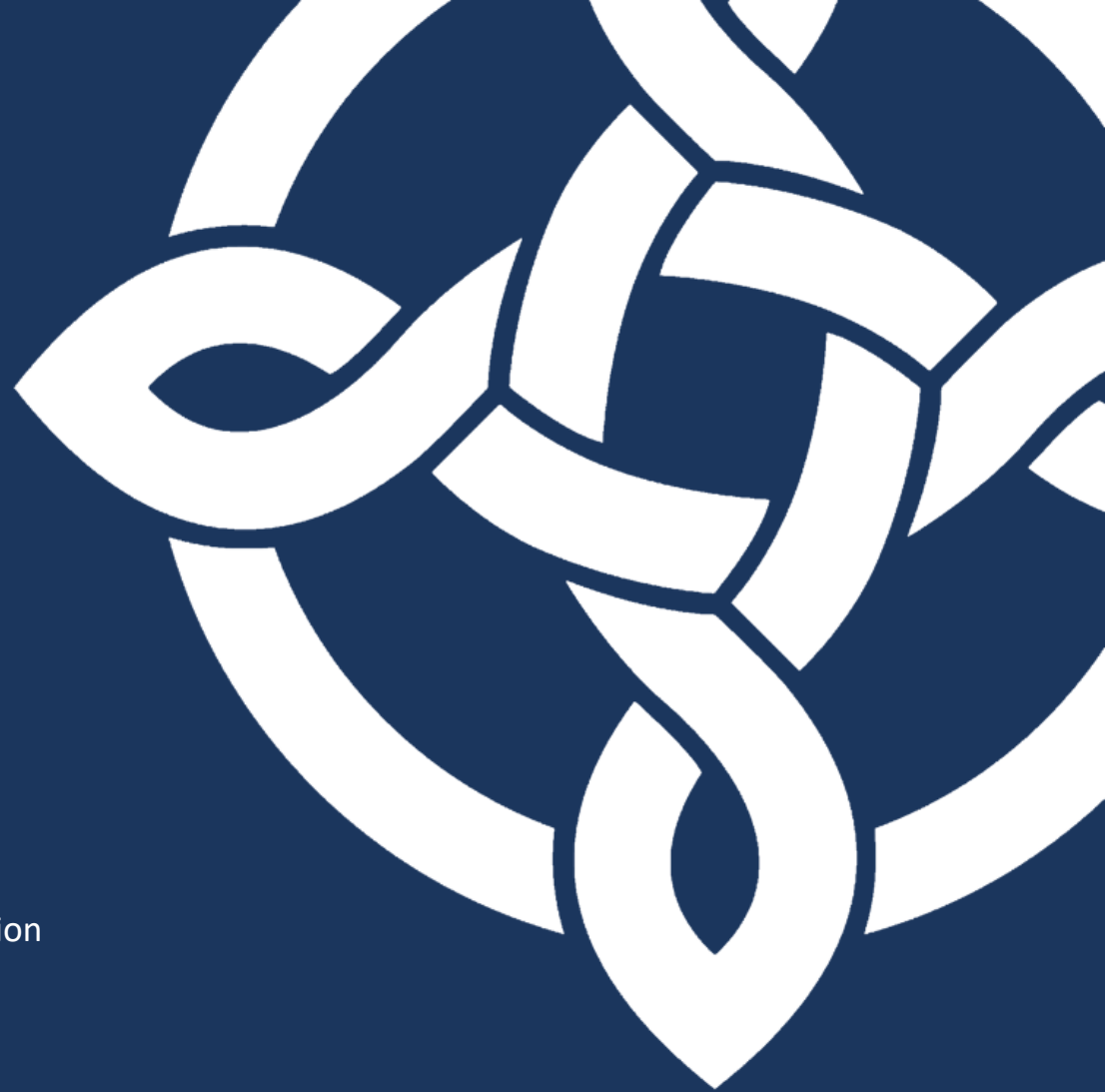
	Housing status	Employment status	Ethnicity	Route of administration	Direct sharing	Indirect sharing	Paraphernalia reuse	Date of first injection
Aneurin Bevan	90.3%	85.1%	29.2%	53.2%	61.2%	61.9%	61.6%	53.9%
BCU	96.8%	96.6%	62.6%	59.5%	89.2%	89.9%	88.7%	84.6%
Cwm Taf	96.2%	95.3%	40.5%	61.4%	62.6%	62.9%	61.2%	57.5%
Cardiff and Vale	93.7%	92.3%	50.8%	73.3%	81.1%	81.5%	84.9%	79.7%
Hywel Dda	96.0%	95.1%	53.1%	64.3%	79.1%	79.6%	79.8%	69.7%
Powys Teaching	91.0%	91.0%	30.1%	66.3%	71.1%	71.1%	73.5%	66.9%
Swansea Bay	86.7%	86.1%	39.6%	59.5%	71.6%	71.8%	68.5%	67.8%
Wales	93.4%	91.8%	46.2%	61.5%	74.6%	75.0%	74.6%	69.6%

# Appendices

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Appendix A - What is the Harm Reduction Database?

Appendix B - Definitions and notes on data interpretation



# Appendix A

## What is the Harm Reduction Database?

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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.

# Appendix A

## What is the Harm Reduction Database?

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### 6.1.1 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 services<sup>23</sup> and commitments to elimination targets of Hepatitis C by 2030.<sup>24</sup>

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

### 6.1.2 Needle and Syringe Programmes (NSP) module

#### About

The HRD provides a solution in which NSP staff can record client interactions in line with national guidelines<sup>25</sup> 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 (2016), Substance Misuse Delivery Plan 2016 – 2018. <http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en>

24 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>

25 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>

# 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 26.

**Table 26: Demographics and injecting characteristics of non-regular clients attending NSPs in Wales 2021-22**

	IPEDs	Opioids	Stimulants
<b>Number of non-regular clients</b>	4,939	4,418	1,178
<b>% Female</b>	7.4%	17.5%	17.4%
<b>Median age (years)</b>	35	41	41
<b>% Under 25 years</b>	7.3%	2.7%	1.6%
<b>% Over 50 years</b>	8.2%	16.3%	17.8%
<b>% New registrations</b>	47.1%	35.4%	32.3%
<b>% Only attending pharmacy NSP</b>	72.7%	67.9%	75.8%
<b>Median number of syringes collected per year</b>	20	10	10
<b>% New Initiates</b>	15.3%	5.8%	3.4%
<b>Median Length of Injecting career</b>	9	13	13
<b>% Ever directly shared paraphernalia*</b>	1.4%	22.8%	20.7%
<b>% Ever indirectly shared paraphernalia*</b>	2.8%	27.3%	29.7%
<b>% Ever reused paraphernalia*</b>	5.5%	42.4%	33.5%
<b>% Living in unstable housing or NFA</b>	5.6%	40.9%	57.1%
<b>% reporting NFA</b>	5.6%	25.0%	28.6%
<b>% Unemployed</b>	0.2%	1.0%	0.8%

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

# Appendix B

## Definitions and notes on data interpretation

### 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
Melatonin	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.