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Needle & Syringe Programme Activity in Wales Annual Report 2025-26

Data to end of March 2026

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Foreword

This report for 2025-26 evidences the sustained and substantial reduction in the activity of people who use drugs (PWID) accessing needle and syringe programmes (NSP) across Wales since 2020. This is the first NSP publication since 2022[1] as it was necessary to conduct an evaluation of these services in Wales to understand these changes. Work is ongoing to conclude the findings of these evaluations.

Due to difficulties contacting PWID who are not engaging in services, trends should be interpreted with caution as they are likely influenced by a range of factors. Therefore, it cannot currently be ruled out that the reduction in NSP activity is not associated with increased use of alternative sources of injecting equipment (i.e. online purchases), a reduction in PWID accessing NSP services resulting in increased sharing and reuse, a real reduction in PWID, or a combination of these and possibly other factors.

Changes to the Harm Reduction Database (HRD) may impact the completeness of data recording and influence the findings in this report. More information on the history of changes to the HRD and data quality and completeness can be found in Appendices A and B.

Acknowledgements

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

Report prepared by the BBV, STI, TB and Inequalities specialist subject group, Public Health Wales Communicable Disease Surveillance Centre (CDSC) and the Substance Misuse Programme, Public Health Wales Communicable Disease Inclusion Health Programme (CDIHP).

Contact us

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[1] Public Health Wales Health Protection Division (2022). Needle and syringe programme activity in Wales, Annual Report 2021-22. Cardiff, Public Health Wales. Available at: https://phw.nhs.wales/publications/publications1/needle-and-syringe-programme-activity-in-wales-annual-report-2021-22/

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Executive Summary

- The number of individuals regularly attending NSP services in 2025-26 increased by 10.0 per cent compared to 2024-25, but remains 6.8 per cent lower than 2021-22
- There has been a notable increase in the number and proportion of regular clients reporting use of IPEDs in recent years, consistently surpassing those reporting psychoactive substances
- Aneurin Bevan University Health Board had the highest number and rate of regular clients attending NSP services in 2025-26 (2,453 individuals, 530.8 per 100,000 population), and Powys Teaching Health Board the lowest (173 individuals, 234.4 per 100,000 population)
- Overall client interactions were highest within pharmacies (55.4 per cent) compared to NSP specialist services. Individuals who accessed specialist sites were, on average, being issued with considerably more syringes compared to those accessing pharmacies.
- Coverage estimates vary depending on estimate methodology and ranged from 18.6 per cent for typical service access (median-based) to 63.4 per cent for overall service provision (mean-based), assuming 1 injection per day. This highlights the unequal distribution of syringes across clients and that coverage remains very low overall, 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 28.6 per cent of those injecting psychoactive drugs (opioids and stimulant drugs) and direct sharing (needles and syringes) by just 23.8 per cent, where risk factor data was available. Reuse of own injecting equipment remains high with nearly one half of those injecting psychoactive drugs reporting reuse. However, this information was only available for 18 per cent of individuals in 2025-26
- Self-reported higher risk injecting sites (i.e. neck and/or groin) has increased over the last five years to 19.9 per cent in 2025-26
- The proportion of those aged 50+ accessing NSP services has continued to increase over the last 5 years amongst all groups (opioids, stimulant and IPED), indicative of an aging cohort of PWID who are accessing NSP services

1 NSP Activity Overview

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.[2,3]

1.1. Location and type of NSPs

In 2025-26, 52 specialist sites and 168 pharmacies recorded at least one interaction (Table 1), though there may be additional sites offering NSP services. In total, 59,556 interactions occurred across all NSP sites in 2025-26, a decrease of 6.5 per cent compared to the previous financial year (63,733 interactions).

Table 1: NSP interactions by health board and site type, 2025-26, Wales

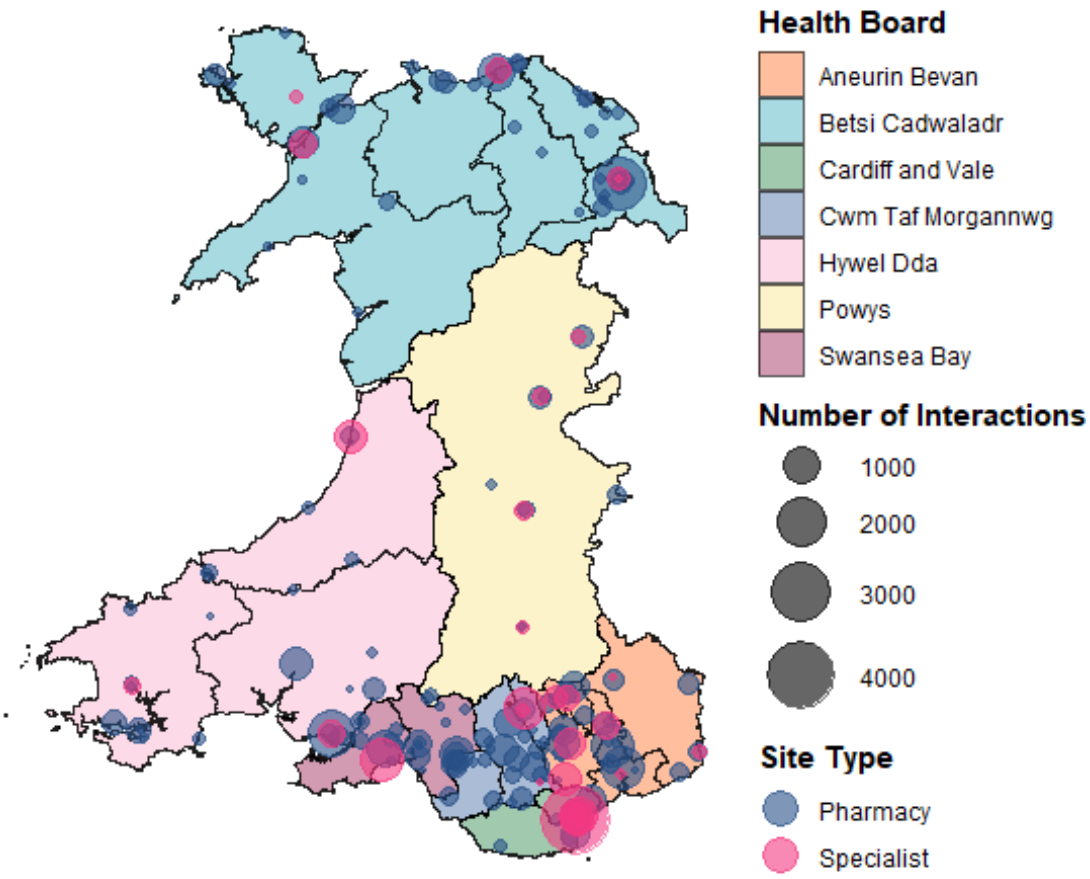
Health Board	Number of Pharmacy Sites	Number of Specialist Sites	Interactions	% Interactions in Pharmacies
Aneurin Bevan	25	11	15,369	48.6
Betsi Cadwaladr	43	7	9,511	87.5
Cardiff and Vale	11	12	12,161	25.5
Cwm Taf Morgannwg	39	7	9,029	64.4
Hywel Dda	22	5	5,973	78.2
Powys	11	4	1,642	75.7
Swansea Bay	17	6	5,871	40.5
Wales	168	52	59,556	55.4

Source: Harm Reduction Database Wales

55.4 per cent of all NSP interactions took place within a community pharmacy. However, geographical variation in site coverage and concentration of specialist NSP services reflects differences in rurality between health board regions (Figure 1). In Betsi Cadwaladr UHB, 87.5 per cent of interactions took place within community pharmacy NSP services compared to 25.5 per cent in Cardiff and Vale UHB.

[2] 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

3 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

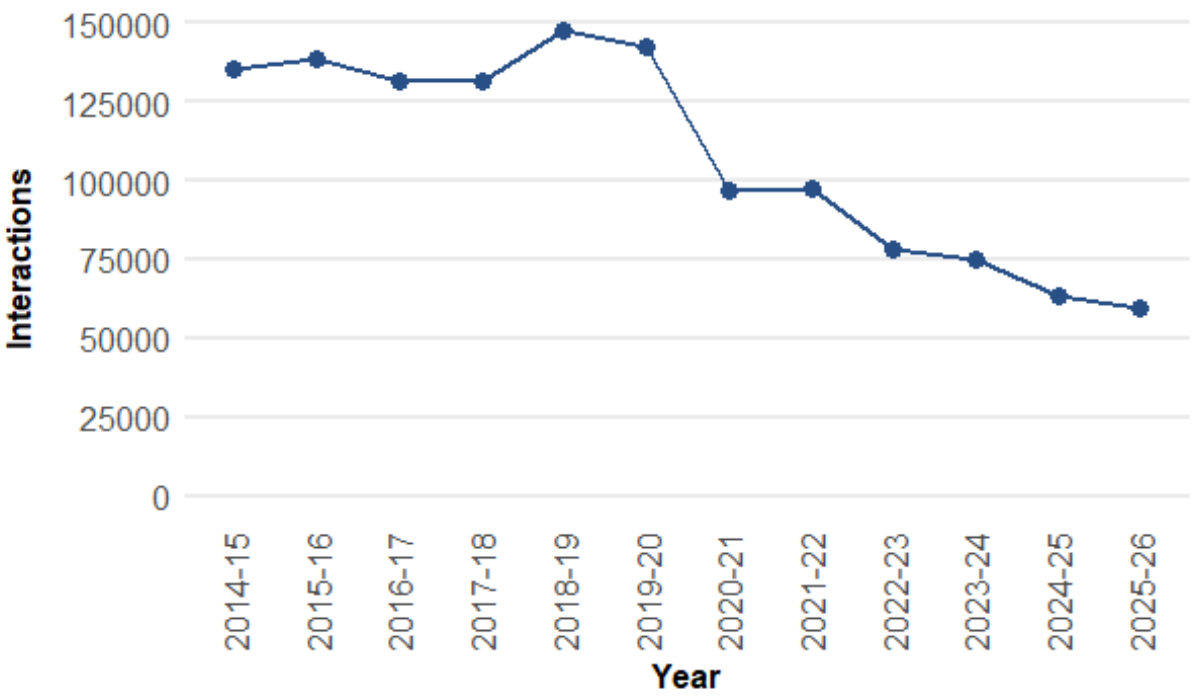


Source: Harm Reduction Database Wales

Figure 1: Map of NSP interactions by location and site type, 2025-26, Wales

1.2. NSP activity by year

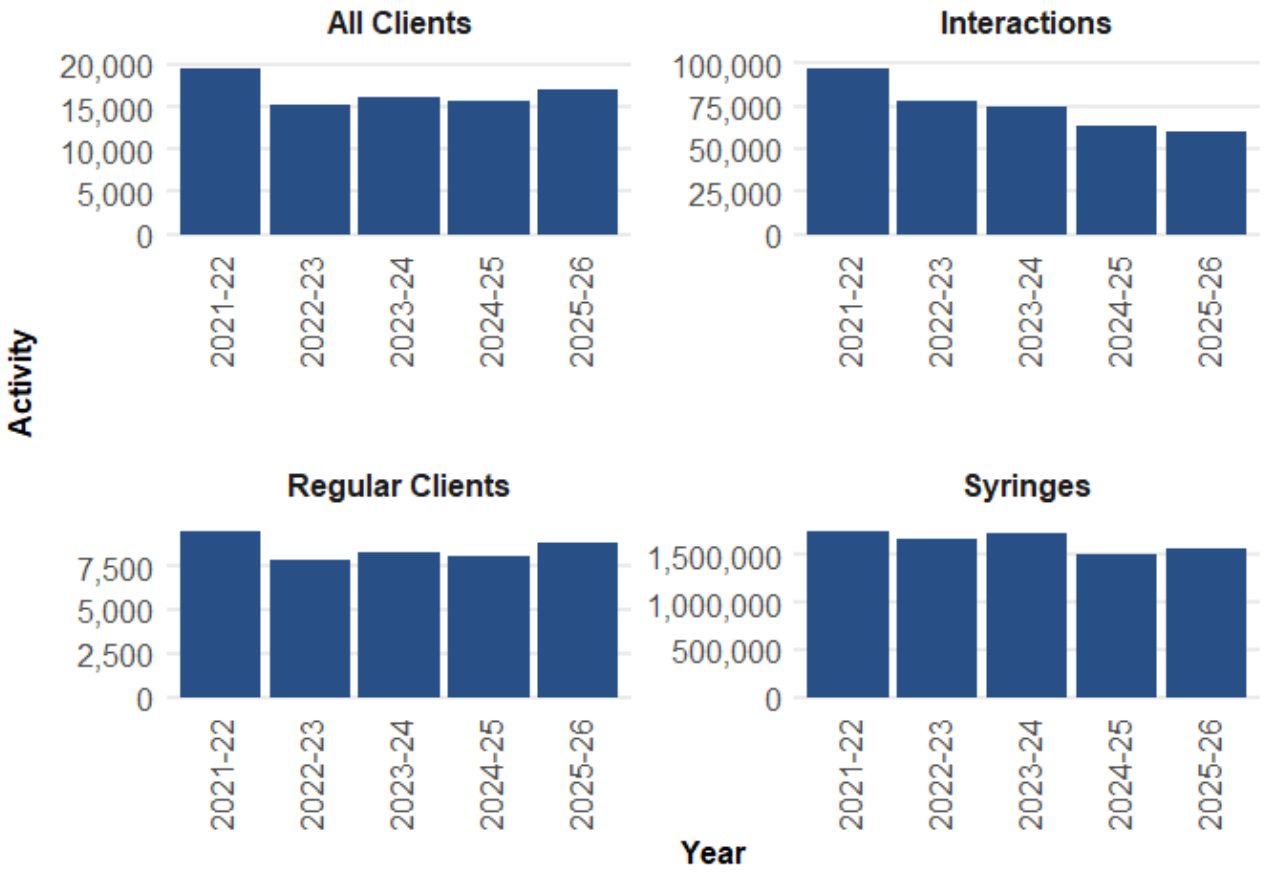
Data on NSP activity across all services (community pharmacy and specialist substance misuse services) in Wales have been collected since 2014-15 (Figure 2).



Source: Harm Reduction Database Wales

Figure 2: Number of NSP interactions by year, 2014-15 to 2025-26, Wales

While NSP activity generally increased until 2018-19, this was followed by years of sustained decline in activity. While the total number of interactions has further decreased, 2025-26 represents the first year where NSP activity levels seem to have stabilised, with some measures increasing compared to the previous year (Figure 3, Table 2). The rest of this report will focus on the most recent five-year period.



Source: Harm Reduction Database Wales

Figure 3: Trends in NSP activity[4] per financial year, 2021-22 to 2025-26, Wales

Table 2: Counts of NSP activity measures[5] per financial year, Wales

Year	Interactions	All Clients	Regular Clients	Syringes	Foil
2021-22	97,337	19,599	9,496	1,752,099	466,489
2022-23	78,497	15,331	7,803	1,661,650	474,640
2023-24	74,722	16,178	8,318	1,720,907	476,930
2024-25	63,733	15,795	8,047	1,513,283	434,078
2025-26	59,556	16,945	8,849	1,560,338	486,492

Source: Harm Reduction Database Wales

[4] A regular client is defined as a client who accesses any NSP service two or more times in a given financial year. Where only IPED use is reported, this definition also includes clients who access any NSP service in the given year and year prior.
[5] A unit of foil is based on a 20cm sheet. Therefore, 8m rolls count as 40 units and previously distributed 5m rolls count as 25 units.

1.2.1. Interactions

A distinct interaction is defined as any interaction recorded with a distinct client, date, time, and NSP site. Interactions include client contact with services where syringes are returned or any harm reduction supply or advice was provided, including but not limited to transactions where syringes were dispensed.

In 2025-26, there was a 6.5 per cent decrease in the total number of interactions with NSP services compared to the previous year. Interactions are the only key NSP activity measure to sustain a declining trend in recent years.

1.2.2. All clients

The total number of clients accessing NSPs has fluctuated in recent years but remains lower than 2021-22 despite a 7.3 per cent increase in 2025-26.

1.2.3. Regular clients

Regular clients include those reporting psychoactive drug use and interacting with services two or more times in the same financial year, or clients who only report IPED use accessing services in both the current and previous financial year. Regular clients represent 52.2 per cent of all clients interacting with NSPs in 2025-26. Compared to the total number of clients, the number of regular clients in 2025-26 increased by 10.0 per cent more. This implies that services are interacting with a higher proportion of the same individuals and may imply an increased risk of sharing or reuse among non-regular clients.

1.2.4. Syringed dispensed

There were 1,560,338 syringes dispensed in Welsh NSP services in 2025-26, representing a modest increase of 3.1 per cent compared to the previous year.

1.2.5. 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.

While the total number of sheets of foil dispensed from NSPs increased by 12.1 per cent in 2025-26, the number of regular clients reporting opioid use and collecting foil has continued to decline. However, the percentage of regular clients reporting opioid use and collecting foil has remained relatively stable in recent years at slightly under 50 per cent (Table 3).

Table 3: Proportion of individuals reporting opioid use and collecting foil and/or syringes by year, 2021-22 to 2025-26, Wales

Year	Regular clients reporting opioid use[a]				
	Regular clients	Syringes and foil	Syringes only	Foil only	% Collecting foil
2021-22	2,651	1,025	1,373	203	46.3
2022-23	2,205	907	1,099	166	48.7
2023-24	2,111	831	1,086	164	47.1
2024-25	1,725	686	856	157	48.9
2025-26	1,584	612	775	166	49.1

[a]Clients not reporting opioid use or not attending specialist services have been removed.

Source: Harm Reduction Database Wales

1.2.6. Coverage Rates

It is a core principle of NSP services in Wales,[6] supported by UK-wide guidance,[7] 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 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. As such, there is no single definitive coverage estimate that can confidently determine unmet need, therefore different methods can be used to assess syringe coverage. Given the differences in service access between clients reporting psychoactive substance use and clients only reporting IPED use, only clients reporting psychoactive substance use and accessing NSPs regularly (twice or more in a given year) have been included in this calculation. For more information on the three estimates used in this report, see Appendix C.

Crude estimates assume that each individual PWID only injects once per day and therefore require a minimum of 365 syringes per year. Using the mean number of syringes dispensed per PWID to reflect overall service provision, the crude coverage rate at a Wales-level was 63.4 per cent in 2025-26. In the same year using the median number of syringes per PWID to highlight typical service access, the crude coverage rate was 18.6 per cent. **The low median coverage indicates that most clients receive substantially fewer syringes than required for daily injecting. The difference between these estimates indicates that distribution is highly unequal across clients.**

[6] Welsh Government. Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. 2011 NICE. Needle and syringe programmes.
[7] NICE public health guidance 52. London: NICE; 2014, http://www.nice.org.uk/Guidance/PH52

Estimating syringe coverage by calculating the number of syringes required based on self-reported injecting frequency may better approximate coverage relative to need, however it relies on accurate recording of frequency data. Where this information was available (92.3 per cent of regular clients), and where individuals were regular NSP clients reporting psychoactive substance use, coverage was 23.9 per cent in 2025-26. As this rate is lower than the crude mean-based rate, it suggests that the assumption of one injection per day underestimates true need.

Regardless of the method used to calculate coverage, data indicate that current NSP syringe provision is insufficient for the need of the PWID population. More detail on coverage can be found in subsequent sections.

2 NSP activity by geography

NSP activity varies greatly by geography due to differences in the population and service availability. In 2025-26, Aneurin Bevan UHB had the highest levels of NSP activity across all key measures, followed by Cardiff and Vale (Table 4).

Table 4: Summary of NSP activity per health board, 2025-26, Wales

Health Board	Interactions	All Clients	Regular Clients	Syringes	Foil
Aneurin Bevan	15,369	4,464	2,453	408,769	182,467
Betsi Cadwaladr	9,511	3,297	1,559	281,612	156,537
Cardiff and Vale	12,161	2,343	1,288	265,337	53,940
Cwm Taf Morgannwg	9,029	3,267	1,799	289,545	30,923
Hywel Dda	5,973	1,504	782	76,519	19,566
Powys	1,642	271	173	34,169	10,443
Swansea Bay	5,871	2,312	1,308	204,387	32,616
Wales	59,556	16,945	8,849	1,560,338	486,492

Source: Harm Reduction Database Wales

Due to differences in the population between health boards, age-standardised rates may be a more meaningful measure. In 2025-26 the European Age Standardised Rate (EASR)[8] of all individuals attending NSP services across Wales was 689.6 individuals per 100,000 population, and 360.5 individuals per 100,000 population when only considering regular clients (see Table 5). Geographical comparisons between health boards and local authorities highlights variation in individuals attending NSP services.[9] Of all health boards, the highest rate of both total and regular clients was observed in Aneurin Bevan UHB, while Powys THB has the lowest rates. At a local authority level, the highest rates of total clients were observed in Wrexham, and the highest rates of regular clients were observed in Merthyr Tydfil. Flintshire had the lowest rates of both total and regular clients.

[8] 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

[9] 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.

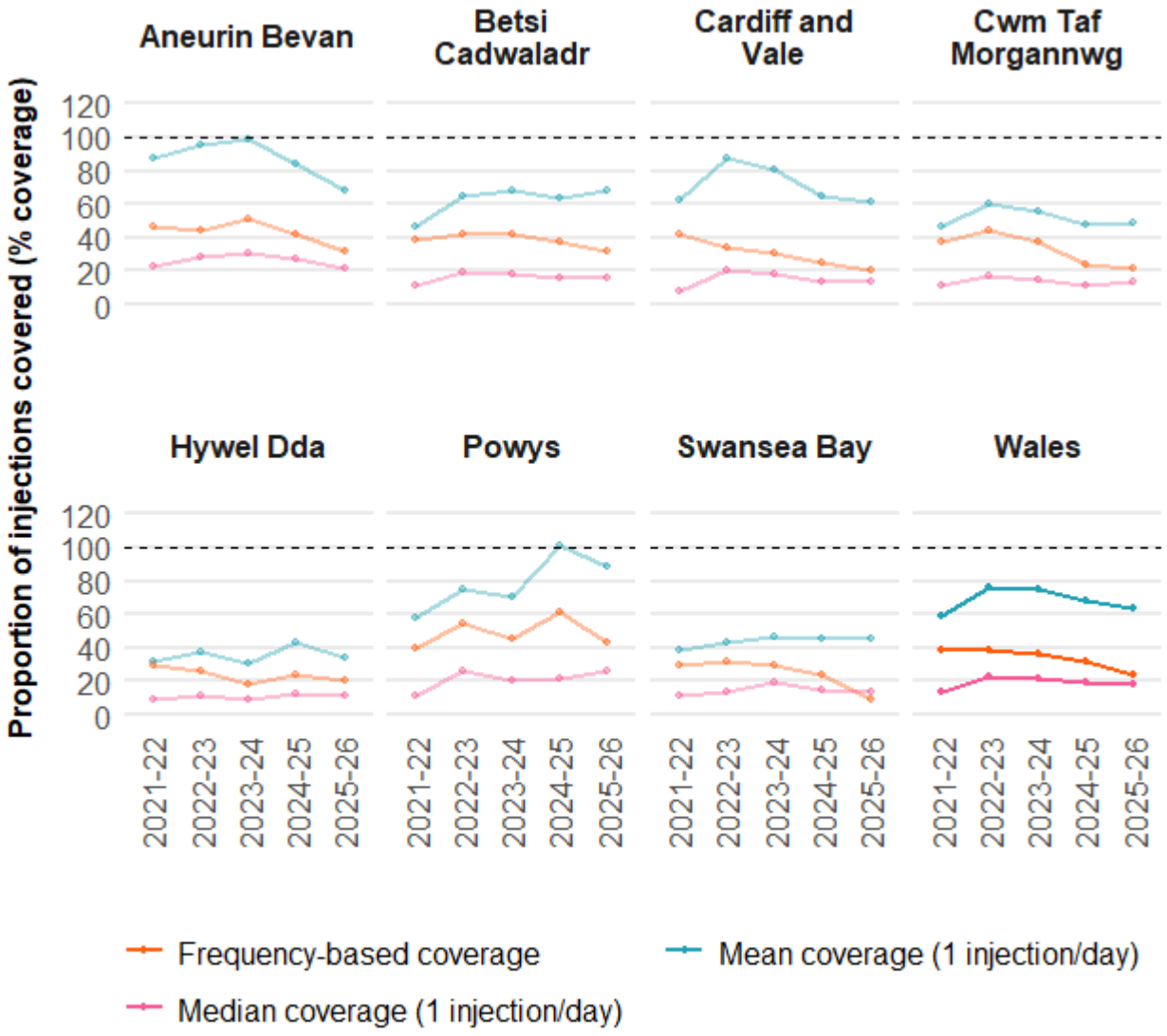
Table 5: Number and EASR per 100,000 population of individuals accessing NSPs by local authority and health board, 2025-26, Wales

	All clients		Regular clients	
	Individuals	EASR per 100,000	Individuals	EASR per 100,000
Aneurin Bevan	**4,464**	**966.1**	**2,453**	**530.8**
Blaenau Gwent	609	1,281.9	387	815.2
Caerphilly	1,369	1,091.8	784	625.0
Monmouthshire	265	453.2	158	268.8
Newport	650	532.2	342	278.9
Torfaen	698	1,022.3	399	582.6
Betsi Cadwaladr	**3,297**	**674.2**	**1,559**	**318.9**
Conwy	215	331.3	97	151.4
Denbighshire	507	824.3	288	466.0
Flintshire	272	255.9	139	130.7
Gwynedd	530	674.3	274	348.4
Isle of Anglesey	165	428.9	76	200.8
Wrexham	1,909	1,849.5	920	890.8
Cardiff and Vale	**2,343**	**606.2**	**1,288**	**332.7**
Cardiff	2,010	713.0	1,107	391.4
Vale of Glamorgan	372	396.6	221	236.8
Cwm Taf Morgannwg	**3,267**	**957.1**	**1,799**	**526.1**
Bridgend	1,120	1,019.7	600	544.8
Merthyr Tydfil	651	1,472.9	436	983.2
Rhondda Cynon Taf	1,467	832.1	807	457.5
Hywel Dda	**1,504**	**578.8**	**782**	**302.2**
Carmarthenshire	1,005	774.1	495	382.3
Ceredigion	220	531.0	137	339.5
Pembrokeshire	306	429.6	179	252.0
Powys	**271**	**365.1**	**173**	**234.4**
Powys	271	365.1	173	234.4
Swansea Bay	**2,312**	**838.6**	**1,308**	**475.0**
Neath Port Talbot	973	993.6	554	567.9
Swansea	1,440	809.6	848	477.9
Wales	**16,945**	**689.6**	**8,849**	**360.5**

Source: Harm Reduction Database Wales

1.2.7. Coverage Rates

Syringe coverage across health boards over time was estimated using each of the three methods described previously (see Appendix C for more information). In 2025-26, clients accessing NSPs in Powys THB had the highest proportion of injections covered across the frequency-based estimate (43.5 per cent), the mean-based crude estimate (88.3 per cent), and the median-based crude estimate (26.6 per cent). Following Powys, Betsi Cadwaladr UHB had the next highest coverage rate when using the frequency-based (32.3 per cent) and mean-based (68.5 per cent) estimates, while Aneurin Bevan UHB had the second-highest median-based coverage (21.9 per cent).



Source: Harm Reduction Database Wales

Figure 4: Syringe coverage estimates by health board and year, 2021-22 to 2025-26 (dotted line indicates 100% coverage), Wales

The lowest coverage rates in 2025-26 were observed in Hywel Dda UHB for both the mean- and median-based crude estimates (34.1 and 10.9 per cent, respectively), while the lowest frequency-based coverage estimate was observed in Swansea Bay UHB (8.7 per cent). The low frequency-based estimate may be attributed to higher injecting frequency reported amongst clients in Swansea Bay UHB.

These differences reflect variation in both overall syringe provision and the distribution of syringes between clients across health boards. Despite these differences, coverage remained below 100 per cent across all health boards using all methods, indicating that syringe provision is insufficient to meet estimated need.

1.2.8. Foil dispensed

The proportion of individuals using opioids and collecting foil varies by health board from 68.4 per cent in Betsi Cadwaladr UHB to 37.3 per cent in Cardiff and Vale UHB, as shown in Table 6. However, the number of regular clients reporting opioid use has decreased across all health boards.

Table 6: Proportion of individuals reporting opioid use and collecting foil and/or syringes by health board, 2025-26, Wales

Health board	Regular clients reporting opioid use[a]				
	Regular clients	Syringes and foil	Syringes only	Foil only	% Collecting foil
Aneurin Bevan	430	171	199	55	52.6
Betsi Cadwaladr	190	74	51	56	68.4
Cardiff and Vale	474	163	291	14	37.3
Cwm Taf Morgannwg	158	65	78	13	49.4
Hywel Dda	101	45	38	15	59.4
Powys	39	20	12	6	66.7
Swansea Bay	239	96	129	9	43.9

[a] Clients not reporting opioid use or not attending specialist services have been removed.

Source: Harm Reduction Database Wales

3 Substance profile of NSP clients

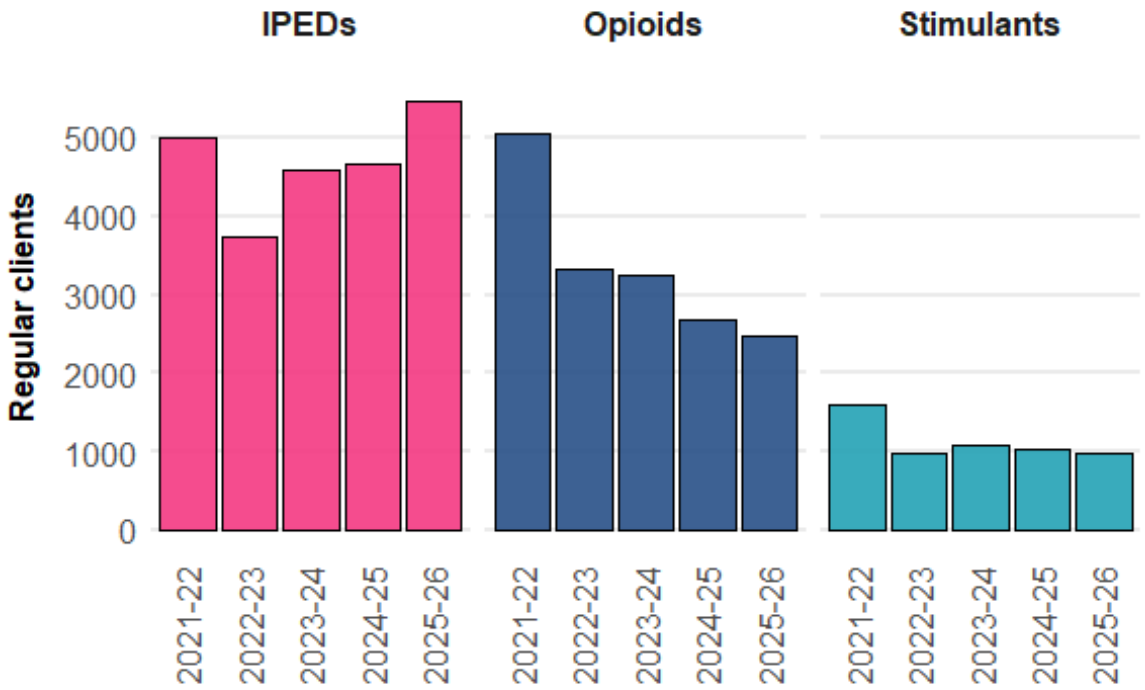
1.3. Overview of substance groups

Among regular clients in 2025-26, IPEDs were the largest substance group of reported use, representing 61.7 per cent of all individuals regularly attending NSP (Table 7, Figure 4). This proportion has increased following 2021-22, over which period a consistent declining trend in the proportion of clients reporting opioid use.

Table 7: Proportion of regular clients accessing NSPs by reported substance group and year, 2021-22 to 2025-26, Wales

Year	Regular clients	% IPEDs	% Opioids	% Stimulants
2021-22	9,496	52.5	53.1	16.9
2022-23	7,803	48.0	42.7	12.6
2023-24	8,318	55.2	39.1	12.9
2024-25	8,047	58.0	33.3	12.9
2025-26	8,849	61.7	28.0	11.2

Source: Harm Reduction Database Wales



Source: Harm Reduction Database Wales

Figure 5: Number of individuals regularly accessing NSPs by substance type and year, 2021-22 to 2025-26, Wales

In 2025-26, opioid use was reported amongst 28.0 per cent of all individuals regularly attending NSPs, a 5.3 per cent decrease since last year. The proportion of individuals who reported use and/or injecting of stimulants in 2025-26 decreased by 1.7 per cent from the previous year, remaining relatively stable in recent years.

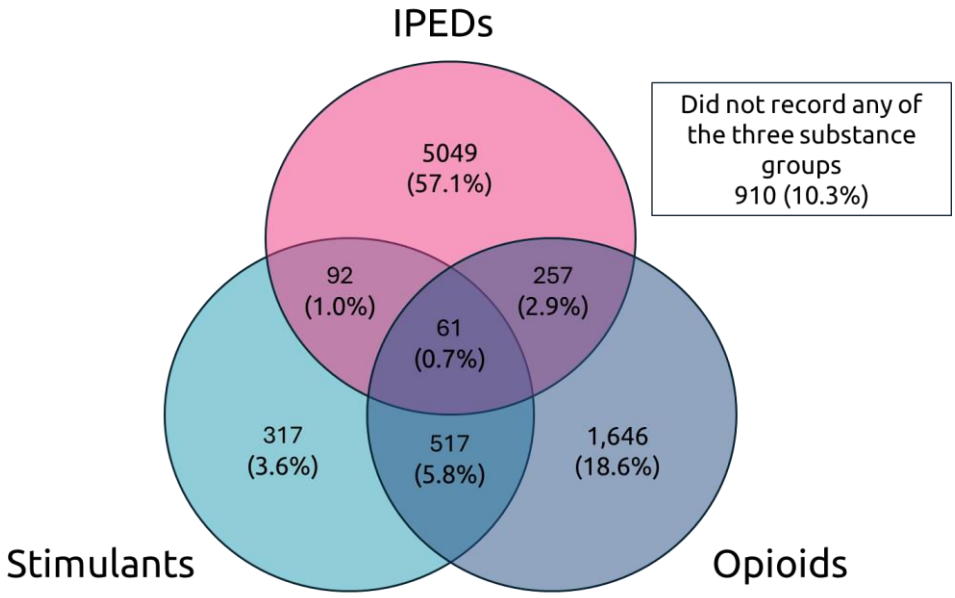
While the proportion of regular clients reporting use of different substances varies by health board, all health boards saw a greater proportion reporting IPED use compared to psychoactive drugs (Table 8).

Table 8: Proportion of regular clients accessing NSPs by substance group and health board, 2025-26, Wales

Health Board	Regular clients	% IPEDs	% Opioids	% Stimulants
Aneurin Bevan	2,453	63.3	26.3	7.6
Betsi Cadwaladr	1,559	62.5	35.7	9.7
Cardiff and Vale	1,288	46.5	42.1	20.5
Cwm Taf Morgannwg	1,799	69.9	18.9	11.8
Hywel Dda	782	52.0	26.6	16.2
Powys	173	45.1	41.0	17.3
Swansea Bay	1,308	66.0	22.6	8.0

Source: Harm Reduction Database Wales

As indicated by the proportions of PWID within each of the substance categories, an individual may use one or more type of substance. The profile of poly-drug type use reported by clients regularly attending NSP services in 2025-26 is shown in Figure 6.



Source: Harm Reduction Database Wales

Figure 6: Venn diagram of self-reported substance groups for regular clients, 2025-26, Wales

The EASR of regular clients reporting each substance group is summarised in Table 9 by region and highlights the variation across Wales. Rates of PWID reporting use of opioids were highest in the Cardiff and Vale UHB (172.6 per 100,000 population) and local authority of Merthyr Tydfil (304.9 per 100,000 population), and lowest in Hywel Dda UHB (99.7 per 100,000 population) and Flintshire local authority area (31.3 per 100,000 population).

Rates of PWID reporting use of stimulants were highest in Cardiff & Vale UHB (84.4 per 100,000 population) and the local authority of Ceredigion (109.4 per 100,000 population) which was over 2.5 times higher than the overall Welsh rate (43.7 per 100,000 population). Rates were lowest in Betsi Cadwaladr UHB (31.9 per 100,000 population) and Flintshire local authority area (5.0 per 100,000 population).

Individuals reporting use of IPEDs were highest in Cwm Taf Morgannwg UHB (373.1 per 100,000 population) and Merthyr Tydfil local authority (859.3 per 100,000 population), and lowest in Powys THB (103.7 per 100,000 population) and the local authority of Flintshire (48.6 per 100,000 population).

Table 9: EASR per 100,000 population of substances reported by individuals regularly accessing NSP, by local authority and health board, 2025-26, Wales

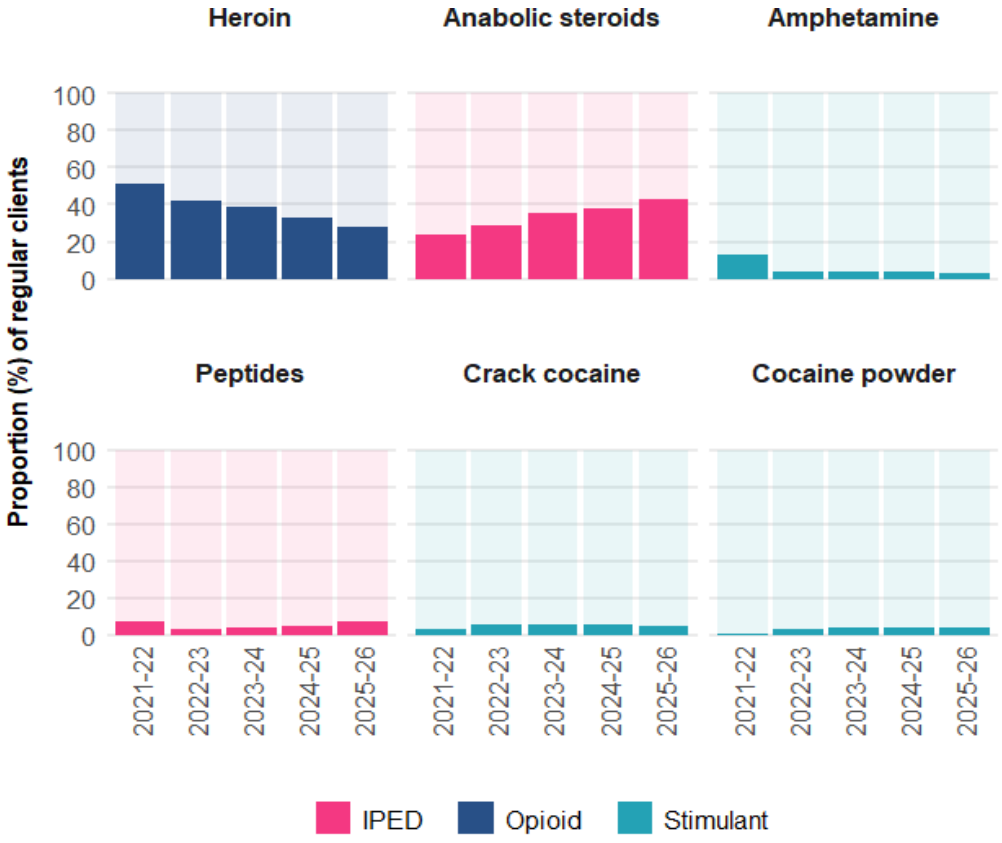
	Opioids		Stimulants		IPEDs	
	Individuals	EASR per 100,000	Individuals	EASR per 100,000	Individuals	EASR per 100,000
Aneurin Bevan	**644**	**165.5**	**184**	**47.7**	**1,444**	**363.4**
Blaenau Gwent	69	189.7	28	79.2	231	608.7
Caerphilly	126	117.5	47	44.1	525	493.5
Monmouthshire	91	197.9	13	29.6	50	111.1
Newport	169	178.0	69	73.6	158	157.0
Torfaen	90	160.5	28	51.0	222	390.9
Betsi Cadwaladr	**556**	**114.0**	**152**	**31.9**	**938**	**195.1**
Conwy	39	78.6	13	27.7	47	98.3
Denbighshire	115	215.8	51	99.6	140	269.6
Flintshire	26	31.3	4	5.0	40	48.6
Gwynedd	128	210.7	29	48.2	115	192.4
Isle of Anglesey	38	130.3	16	55.2	15	50.6
Wrexham	266	275.9	63	67.3	623	639.7
Cardiff and Vale	**542**	**172.6**	**264**	**84.4**	**590**	**175.0**
Cardiff	502	216.3	238	102.9	468	182.8
Vale of Glamorgan	63	96.2	32	48.4	104	158.7
Cwm Taf Morgannwg	**340**	**108.7**	**209**	**66.2**	**1,199**	**373.1**
Bridgend	141	162.3	90	103.0	311	350.3
Merthyr Tydfil	98	304.9	38	116.1	281	859.3
Rhondda Cynon Taf	126	97.4	86	66.6	466	350.1
Hywel Dda	**208**	**99.7**	**126**	**61.3**	**375**	**181.8**
Carmarthenshire	129	133.6	68	71.2	229	241.3
Ceredigion	66	176.8	38	109.4	39	110.3
Pembrokeshire	26	48.9	10	19.2	63	118.8
Powys	**71**	**124.5**	**29**	**51.6**	**58**	**103.7**
Powys	71	124.5	29	51.6	58	103.7
Swansea Bay	**296**	**130.3**	**102**	**44.5**	**792**	**335.9**
Neath Port Talbot	191	231.8	72	87.1	292	346.5
Swansea	178	121.9	55	37.3	469	313.2
Wales	**2,481**	**109.7**	**987**	**43.7**	**5,450**	**234.3**

Source: Harm Reduction Database Wales

1.4. Individual substances

Heroin and anabolic steroids remain the most common substances when looking at individual drugs reported. While heroin was historically the most common substance, there has been a declining trend in recent years in the proportion of regular clients reporting any use of heroin. At the same time, there has been a steady increase in the proportion of regular clients reporting use of anabolic steroids, surpassing heroin in 2024-25. Other reported substances remain relatively stable as a proportion of regular clients, with a small decrease in the proportion reporting amphetamine and an increase in those reporting cocaine (both crack cocaine and cocaine powder).

Individually, both crack cocaine and cocaine powder have increased since 2021-22, in terms of both number and proportion of clients reporting its use. When looking at any cocaine use (crack cocaine or cocaine powder), cocaine would represent the third highest substance across the five-year period, ranking between anabolic steroids and amphetamine. Reports of any cocaine use have increased from 372 (3.9 per cent of regular clients) in 2021-22 to 790 (8.9 per cent of regular clients) in 2025-26. See Appendix D for more detail on the 10 most commonly reported substances.



Source: Harm Reduction Database Wales

Figure 7: Top substances[10] reported amongst regular clients by year, 2021-22 to 2025-26, Wales

[10] Other Steroids, Melanotan, Cannabis/Skunk, and Insulin were also among the ten most frequently recorded substances reported by regular clients but have been excluded from this figure due to small numbers and/or limited contribution to overall trends.

1.5. Demographics and risk factors by substance group

Demographics and risk factors varied by substance group over the most recent five-year period amongst regular clients. The median number of syringes was higher amongst clients reporting stimulant use, while the median number of interactions per year was higher for clients reporting psychoactive substance use (opioids and/or stimulants) compared to IPEDs. Data indicate a decline in opioid use in recent years, supported by evidence of an ageing cohort using opioids and a reduction in new initiates. These measures have fluctuated for stimulant use but remain largely consistent with 2021-22. IPEDs are the only substance group to show stable increases in the size of the population reporting its use, with an elevated number of new initiates and regular clients across all age groups. Non-regular individuals have been excluded when presenting key demographics as clients only accessing services once in a given year may be indicative of data entry issues or alternate sources of injecting equipment. See Appendix E for more information on non-regular clients.

1.5.1. Opioids

In 2025-26, 28.0 per cent (n = 2,481) of all individuals regularly accessing NSP reported using an opioid, a decrease of 5.3 percentage points from the previous year. Table 10 compares demographics and injecting characteristics of individual PWID reporting opioid use by year from 2021-22 to 2025-26.

Table 10: Demographics and injecting characteristics of individuals accessing NSPs and reporting opioid use by year, 2021-22 to 2025-26, Wales

Demographic/Risk factor[a]	2021-22	2022-23	2023-24	2024-25	2025-26
Regular clients	5,042	3,333	3,255	2,683	2,481
% Male	81.4%	80.4%	80.3%	80.2%	80.3%
Median age (years)	40	41	42	42	43
Minimum age (years)	17	15	16	19	17
Maximum age (years)	87	79	76	77	78
% Under 25 years	3.3%	3.2%	2.7%	2.3%	1.9%
% Over 50	13.7%	14.6%	17.8%	20.1%	22.2%
Median number of NSP interactions per year	4	6	6	5	5
Median number of syringes collected per year	51	82	84	76	68
% New registrations	12.6%	12.7%	11.6%	8.5%	9.3%
% Only attending pharmacy NSP	47.4%	33.8%	35.1%	35.7%	36.2%
Median length of injecting career (years)	13	13	14	15	15
% New initiates (<36 months)	4.1%	4.3%	5.3%	5.0%	4.5%
% Living in non-secure housing or NFA[b]	36.1%	35.2%	34.9%	36.5%	34.6%
% Unemployed	72.5%	75.7%	75.9%	75.5%	73.8%
% Using high risk injecting site[c]	14.0%	18.4%	18.5%	18.9%	19.0%
% Ever directly shared paraphernalia[d]	28.1%	37.6%	36.5%	38.9%	23.5%
% Ever indirectly shared paraphernalia[d]	34.9%	45.6%	44.0%	46.8%	28.9%
% Ever reused paraphernalia[d]	53.3%	65.8%	65.1%	66.4%	44.5%

[a] Proportion of individuals where data was recorded on the HRD. See Appendix B for summary of data completeness.

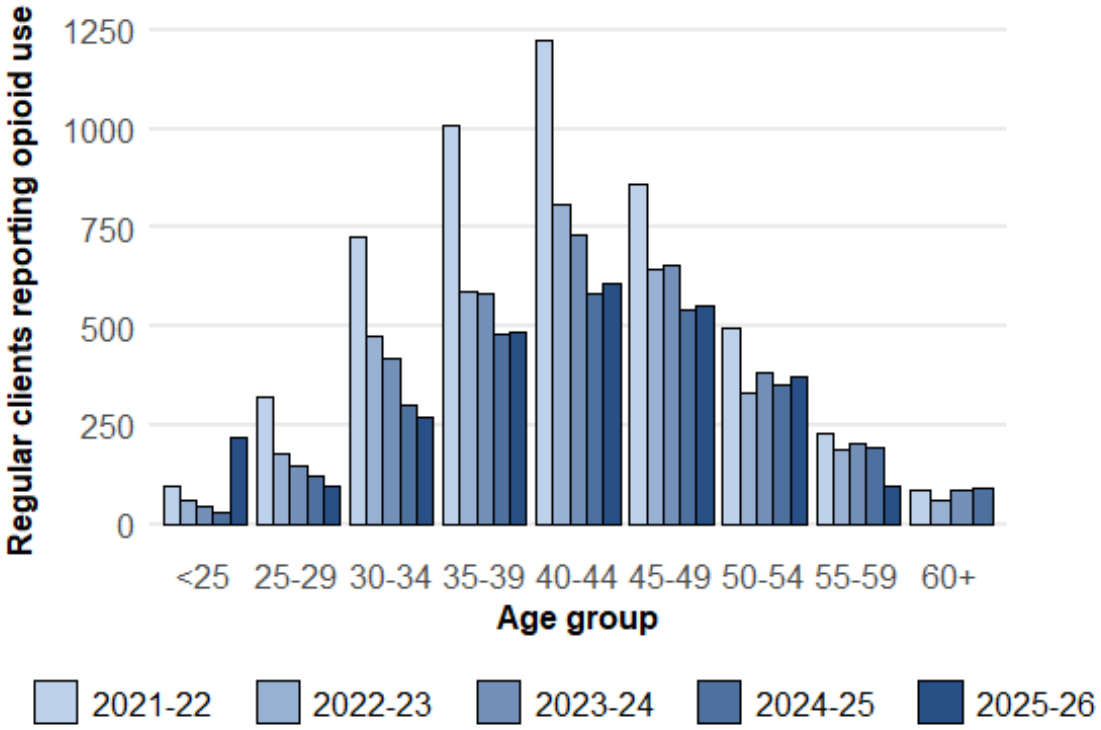
[b] Individuals reporting living in a hostel, B&B, with friends, or otherwise having no fixed abode (NFA).

[c] Neck and/or groin (femoral) injection sites.

[d] Sharing and reuse may relate to other substances injected and cannot be linked to an individual substance where poly-drug use is practiced

Source: Harm Reduction Database Wales

Median age and range, and proportion of individuals aged 50+ years have increased in the most recent year amongst regular clients reporting opioid use. This trend is accompanied by a decline in the proportion of individuals aged under 25 years. This data is consistent with an older cohort of PWID using opioids as shown in Figure 8, although the proportion of new initiates remains relatively stable. Sex distribution has remained relatively consistent over the last 4 years, with females representing less than 20 per cent of regular individuals accessing NSP services and reporting use of opioids.



Source: Harm Reduction Database Wales

Figure 8: Number of regular NSP clients who reported using opioids, by age quintile and financial year, 2021-22 to 2025-26, Wales

Unemployment was reported amongst 73.8 per cent of regular clients reporting opioid use. The proportion of clients reporting non-secure housing or no fixed abode (NFA) has remained relatively stable in recent years, ranging from 34.6 per cent in 2025-26 to 36.5 per cent in 2024-25. 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. Unemployment among this group has also remained relatively stable between 72.5 per cent and 75.9 per cent. Due to relatively poor data quality regarding employment and housing status, these statistics are likely to be underreported.

The proportion of new initiates reporting opioid injecting (individuals injecting for less than 36 months) and accessing NSPs has remained stable at low levels over the last 5 years, ranging from 4.1 per cent to 5.3 per cent. Median length of injecting career has increased slightly over the last 5 years, from 13 years to 15 years.

Self-reported higher risk injecting sites (e.g. groin) has increased from 14.0 per cent in 2021-22 to 19.0 per cent in 2025-26. 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.

Self-reports of reuse of injecting paraphernalia have decreased in recent years to 44.5 per cent of all individuals reporting re-use of paraphernalia in 2025-26, down from 66.4 per cent in 2024-25. Self-reported indirect sharing of injecting equipment (e.g. sharing of spoons, filters, water) was reported by 28.9 per cent and direct sharing (needles and syringes) by 23.5 per cent, both down from previous years. These proportions may be overestimated as there are a high number of individuals missing any record of these risk factors (see Appendix B).

The annual median number of NSP interactions with individuals reporting opioid use in 2025-26 was 5 interactions (range: 1 – 304 interactions) providing a median of 68 syringes per year (range: 0 – 9,580 syringes[11]). Whilst the median number of interactions has remained fairly consistent, the median number of syringes issued has decreased since 2022-23 by 17.1 per cent since 2022-23, though remains higher than 2021-22.

1.5.2. Stimulants

In 2025-26, 11.2 per cent (n =987) 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 (see Appendix F for more information on substance classifications). Table 11 compares demographics and injecting characteristics of regular clients reporting stimulant use by year.

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

Table 11: Demographics and injecting characteristics of individuals accessing NSPs and reporting stimulant use by year, 2021-22 to 2025-26, Wales

Demographic/Risk factor[a]	2021-22	2022-23	2023-24	2024-25	2025-26
Regular clients	1,604	984	1,075	1,037	987
% Male	82.5%	79.6%	79.6%	78.1%	81.2%
Median age (years)	40	40	41	41	42
Minimum age (years)	18	15	16	19	17
Maximum age (years)	83	77	65	65	66
% Under 25 years	2.4%	3.8%	3.7%	2.9%	2.5%
% Over 50	11.7%	13.2%	15.0%	19.3%	20.3%
Median number of NSP interactions per year	5	7	6	6	5
Median number of syringes collected per year	70	109	102	83	84.5
% New registrations	8.5%	10.9%	10.6%	6.9%	11.3%
% Only attending pharmacy NSP	51.6%	31.9%	31.4%	34.0%	38.3%
Median length of injecting career (years)	14	13	14	15	15
% New initiates (<36 months)	2.0%	5.9%	7.4%	6.0%	5.7%
% Living in non-secure housing or NFA[b]	37.9%	42.5%	38.8%	38.8%	37.2%
% Unemployed	72.2%	77.4%	75.8%	73.6%	71.0%
% Using high risk injecting site[c]	15.5%	24.6%	23.9%	24.4%	22.3%
% Ever directly shared paraphernalia[d]	30.4%	34.2%	31.8%	36.6%	20.2%
% Ever indirectly shared paraphernalia[d]	36.0%	41.8%	38.7%	41.6%	24.6%
% Ever reused paraphernalia[d]	54.0%	67.0%	64.3%	68.0%	42.7%

[a] Proportion of individuals where data was recorded on the HRD or could be deduced from available data. See Appendix B for summary of data completeness.

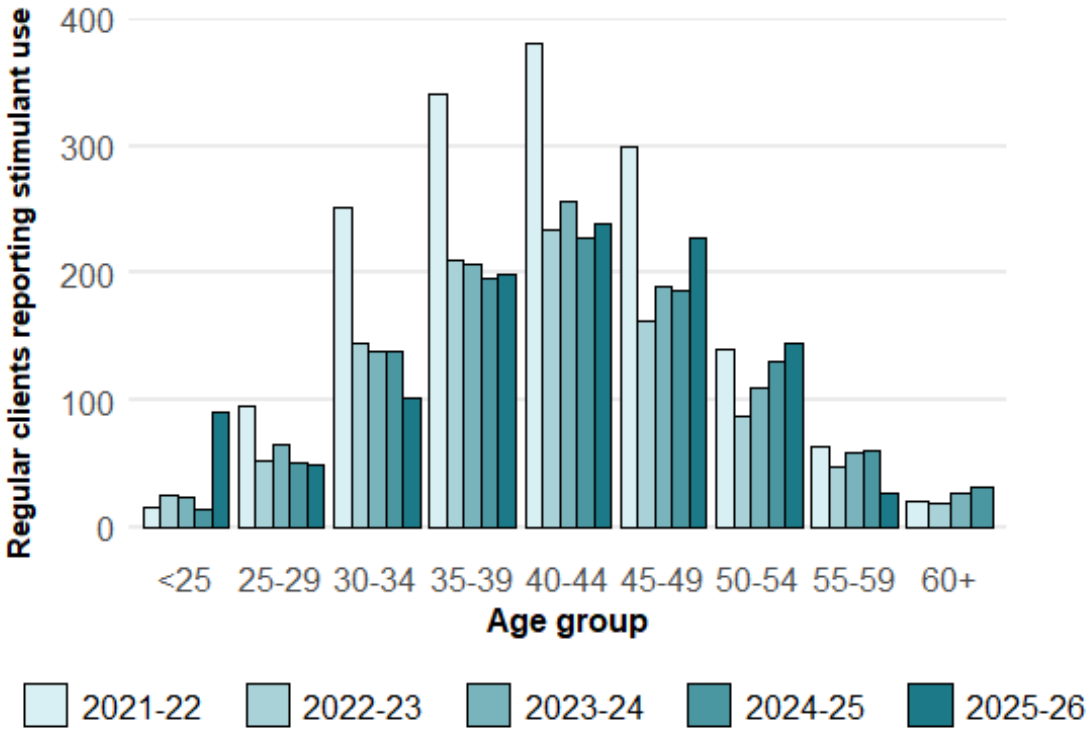
[b] Individuals reporting living in a hostel, B&B, with friends, or otherwise having no fixed abode (NFA).

[c] Neck and/or groin (femoral) injection sites.

[d] Sharing and reuse may relate to other substances injected and cannot be linked to an individual substance where poly-drug use is practiced

Source: Harm Reduction Database Wales

The age distribution of regular clients reporting stimulant injecting and attending NSP services is indicative of an older cohort with the median age increasing from 40 to 42 in the last 5 years, following a previous increasing trend. While the proportion of regular clients aged over 50 has steadily increased in recent years, nearly doubling between 2021-22 and 2025-26, the proportion of PWID aged under 25 years has fluctuated but remains low.



Source: Harm Reduction Database Wales

Figure 9: Number of regular NSP clients who reported using stimulants, by age quintile and financial year, 2021-22 to 2025-26, Wales

Sex distribution remained relatively stable in previous years, with females representing approximately 80 per cent of regular clients using stimulants between 2021-22 and 2025-26. Unemployment declined slightly from 75.8 per cent to 71.0 per cent between 2023-24 and 2025-26. The proportion living in non-secure housing or having NFA has also fallen from 42.5 to 37.2 between 2022-23 and 2025-26.

Median length of injecting career of those reporting stimulant use has increased slightly over the last four years, from 13 to 15, and generally matched that of individuals reporting use of opioids. The proportion of new initiates (individuals injecting for less than 36 months) increased since 2021-22 from 2.0 to 5.7 per cent, peaking in 2023-24 at 7.4 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 in recent years despite a slight decrease in 2025-26, from 15.5 per cent in 2021-22 to 22.3 per cent in the most recent year.

Self-reports of sharing and reuse of injecting paraphernalia have substantially declined in 2025-26, though it remains high. In 2025-26, 42.7 per cent of regular clients using stimulants reported reuse down from 68.0 per cent in 2024-25. Indirect and direct sharing have also decreased in the most recent year and were reported by 24.6 and 20.2 per cent of individuals, respectively, in 2025-26, down from 41.6 and 36.6 per cent in 2024-25.

In 2025-26, the annual median number of interactions for those using stimulants was 5 (range: 1 – 173 interactions) with a median of 84.5 syringes (range: 0 – 9,580 syringes[12]) 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.

1.5.3. Image and Performance Enhancing Drugs (IPEDs)

In 2025-26, 61.7 per cent (n = 5,459) regular clients reported injecting IPEDs. Table 12 compares demographics and injecting characteristics of individuals reporting IPED use by year from 2021-22 to 2025-26.

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

Table 12: Demographics and injecting characteristics of individuals accessing NSPs and reporting IPED use by year, 2021-22 to 2025-26, Wales

Demographic/Risk factor[a]	2021-22	2022-23	2023-24	2024-25	2025-26
Regular clients	4,990	3,747	4,595	4,664	5,459
% Male	94.6%	96.3%	95.3%	94.8%	93.3%
Median age (years)	35	35	36	37	38
Minimum age (years)	17	17	17	17	16
Maximum age (years)	80	81	99	80	81
% Under 25 years	10.9%	11.0%	10.0%	10.4%	9.9%
% Over 50	7.2%	7.8%	9.0%	10.5%	12.1%
Median number of NSP interactions per year	2	2	2	2	2
Median number of syringes collected per year	40	50	50	50	50
% New registrations	13.3%	15.0%	16.3%	15.5%	17.0%
% Only attending pharmacy NSP	68.9%	64.3%	61.1%	58.8%	59.1%
Median length of injecting career (years)	9	10	10	11	12
% New initiates (<36 months)	10.1%	13.3%	16.4%	19.5%	19.1%
% Living in non-secure housing or NFA[b]	10.9%	3.8%	4.7%	5.1%	4.5%
% Unemployed	32.5%	16.6%	17.0%	19.7%	18.6%
% Intramuscular injecting	77.0%	91.8%	92.2%	92.3%	91.1%
% Subcutaneous injecting	15.9%	13.3%	13.9%	13.4%	15.1%
% Ever directly shared paraphernalia[c]	5.2%	5.4%	4.7%	4.7%	2.5%
% Ever indirectly shared paraphernalia[c]	7.4%	7.2%	7.0%	6.9%	3.6%
% Ever reused paraphernalia[c]	12.1%	11.8%	12.9%	12.9%	7.5%

[a] Proportion of individuals where data was recorded on the HRD or could be deduced from available data. See Appendix B for summary of data completeness.

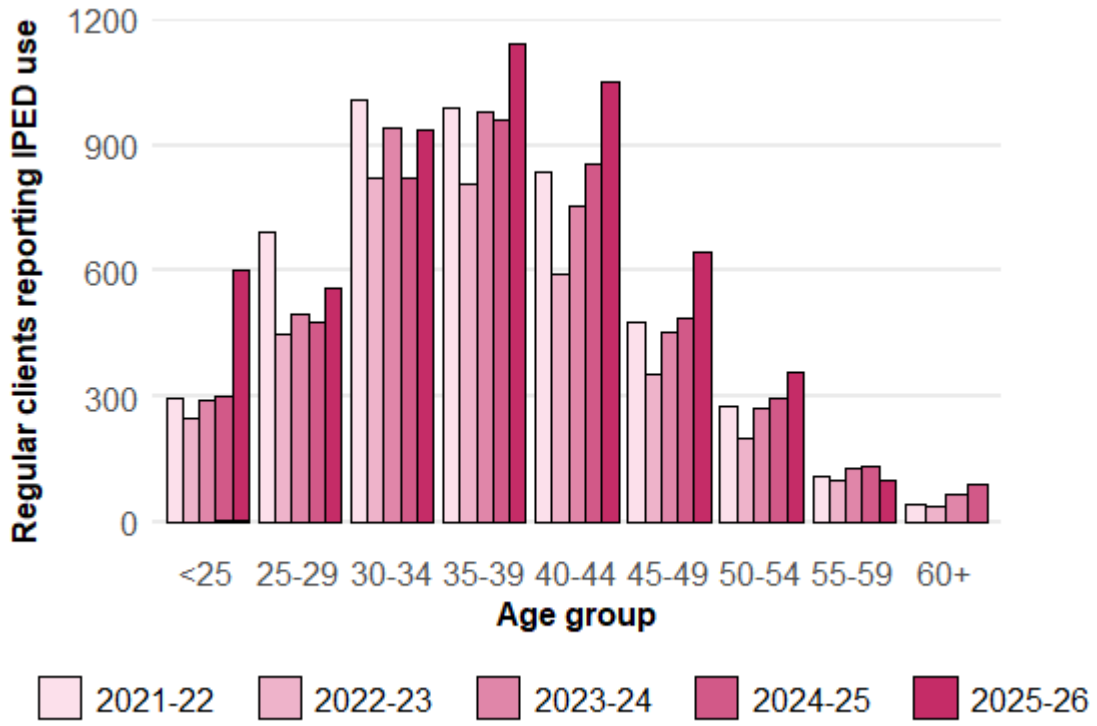
[b] Individuals reporting living in a hostel, B&B, with friends, or otherwise having no fixed abode (NFA).

[c] Sharing and reuse may relate to other substances injected and cannot be linked to an individual substance where poly-drug use is practiced

Source: Harm Reduction Database Wales

Those reporting IPED injecting consistently represent the youngest PWID cohort, however, recent years have seen a small decline in younger IPED users accessing NSP services, with the proportion of clients under 25 decreasing from 10.9 to 9.9 per cent between 2021-22 and 2025-26, while the proportion over 50 has increased from 7.2 to 12.1 per cent over the same period. The proportion of new initiates (individuals injecting for less than 36 months) increased in recent years, increasing from 10.1 in 2021-22 to 19.1 per cent in 2025-26. 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: Harm Reduction Database Wales

Figure 10: Number of regular NSP clients who reported using IPEDs, by age quintile and financial year, 2021-22 to 2025-26, Wales

Sex distribution has remained relatively stable over the last five years, with males accounting for 93.3 to 96.3 per cent of those injecting IPEDs and accessing NSP services. Unemployment was reported amongst 18.6 per cent of individuals, a substantial decrease from 2021-22 (32.5 per cent). NFA or non-secure housing was only reported by 4.5 per cent of individuals, substantially lower than for other substance groups.

Whilst the median length of injecting career amongst individuals using IPEDs is lower than all other injecting subgroups, this has continued to increase over the last five years, from 9 years in 2021-22 to 12 years in 2025-26.

Intramuscular injection is the most common method of injecting IPEDs, reported by 91.1 per cent of individuals. The proportion of individuals reporting subcutaneous injection has remained relatively consistent, with 15.1 per cent of regular clients reporting subcutaneous injecting in 2025-26.

Reports of sharing and reuse of injecting paraphernalia remains far lower in individuals using IPEDs than other injecting subgroups, decreasing further in 2025-26. Reuse was reported by 7.5 per cent of regular clients reporting IPED use in 2025-26, indirect sharing was reported by 3.6 per cent, and direct sharing was reported by 2.5 per cent.

The annual median of NSP interactions with individuals using IPEDs was lower than other injecting subgroups at 2 interactions (range: 1 – 304 interactions) recorded in 2025-26, remaining very stable over the past five years. The median number of syringes has also remained very consistent at 50 syringes collected per year between 2022-23 and 2025-26 (range: in most recent year 0 – 11,100 syringes[13]).

1.6. Substance profiles by site type

In 2025-26, 36.2 per cent of individuals reporting opioids, 38.3 per cent reporting stimulants, and 59.1 per cent reporting IPEDs only accessed NSP though community-based pharmacies. These percentages vary, with more rural areas such as Betsi Cadwaladr UHB, Hywel Dda UHB, and Powys THB recording a higher proportion of individuals only accessing pharmacies compared to more urban areas (see Table 1). Table 13 compares demographics and risk factors by site type and by two distinct substance categories – those reporting either or both opioid and stimulant injecting are classified within the 'Psychoactive Substances' category, and those injecting IPEDs fall under the 'IPED' category.

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

Table 13: Demographics and characteristics of individuals attending specialist and pharmacy NSP services, by substance type, 2025-26, Wales

	Psychoactive substances		IPEDs	
Demographic/Risk factor[1]	**Pharmacy**	**Specialist**	**Pharmacy**	**Specialist**
Regular clients	1,854	1,784	3,580	2,233
% Reported IPEDs	17.5%	9.6%	100%	100%
% Reported opioids	84.6%	88.8%	7.2%	6.0%
% Reported stimulants	34.8%	34.2%	3.4%	3.1%
% Male	82.4%	78.9%	93.4%	93.6%
Median age (years)	43	42	37	38
Minimum age (years)	17	17	16	17
Maximum age (years)	78	74	75	81
% Under 25 years	2.0%	2.2%	10.6%	8.5%
% Over 50	21.5%	20.2%	11.1%	13.2%
Median number of NSP interactions per year	5	6	2	2
Median number of syringes collected per year	75	88	40	100
% New registrations	11.5%	9.0%	18.0%	15.2%
Median length of injecting career (years)	15	15	10	13
% New initiates (<36 months)	6.2%	4.4%	23.7%	13.4%
% Living in non-secure housing or NFA[b]	29.6%	39.8%	5.3%	4.4%
% Unemployed	73.2%	74.7%	21.4%	16.7%
% Ever directly shared paraphernalia[c]	21.2%	26.6%	2.8%	2.5%
% Ever indirectly shared paraphernalia[c]	24.9%	32.5%	4.0%	3.7%
% Ever reused paraphernalia[c]	41.0%	49.1%	8.4%	7.8%

[1] Proportion of individuals where data was recorded on the HRD or could be deduced from available data. See Appendix B for summary of data completeness.

[b] Individuals reporting living in a hostel, B&B, with friends, or otherwise having no fixed abode (NFA).

[c] Sharing and reuse may relate to other substances injected and cannot be linked to an individual substance where poly-drug use is practiced

Source: Harm Reduction Database Wales

1.6.1. Psychoactive substance use

Amongst regular clients reporting use of opioids and/or stimulants, there is little difference between median age and age distributions of those accessing pharmacy sites compared with specialist services. 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 also issued with a slightly higher median number of syringes in 2025-26 compared to pharmacy sites.

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.

1.6.2. IPED use

Clients reporting IPED use and 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.

New registrations of individuals using IPEDs was greatest within pharmacy-based services compared to specialist service NSPs. Median number of client interactions was equal between the two site types. However, clients attending specialist services collected over double the number of syringes than those attending pharmacies.

Appendices

Appendix A: Changes to the Harm Reduction Database (Neo360)

In addition to facilitating appropriate harm reduction services, the Harm Reduction Database was designed as a tool for collecting key information from clients accessing substance misuse services and allied services, ensuring that important risk factor data is being collected and used appropriately. As such, it has been important to adapt the database to better suit individuals accessing services and staff collecting this data to ensure it remains a helpful tool rather than a barrier. The below table summarises key changes to the database over time to better understand potential changes to the data.

Table A1: Summary of important changes to the Harm Reduction Database Wales, by month and year (where available)

Approximate date	Outline of change
June 2010	Implementation of Neo Harm Reduction Database Wales in Specialist Substance Misuse services
2012-2013	Rationalisation of NSP packs
April 2014	Implementation of Neo Harm Reduction Database Wales in Community Pharmacy services
2015-2016	Centralised purchasing / standardisation of NSP kits across Wales
April 2022	Mandated update in collection of current drug use, employment, housing status, and postal district; also differentiated injecting and non-injecting drug types in data collection and changed questions around risk behaviours and sharing/reuse of equipment. This update may affect the comparability of data before and after this date.

Source: Harm Reduction Database Wales

Appendix B: Data quality and completeness

While this report explores the proportion of NSP clients with certain risk factors, it is important to consider the data completeness behind these statistics. The below tables outline the proportion of clients with missing risk factor data by year, site type, and health board.

For some clients and years, certain risk factors could be deduced using historic data, or by backfilling data once a response was recorded. For example, the date of first injecting will remain the same for an individual and can be filled in for any transactions following the date of first injecting. For sharing and reuse data, which typically refers to any incident (categorised as direct sharing, indirect sharing, or reuse of own equipment), any responses of having "Never" shared/reused can be backfilled into historic data, and any recorded incidents of sharing/reuse can then be carried forward and filled for all subsequent years. This is not done for risk factors around routes of administration, housing, or employment as these factors can change frequently.

Table A2: Proportion of regular clients with missing risk factor data recorded on the HRD, by health board, 2025-26, Wales

Health board	Regular clients	Date of first injecting	Route of administration	Substance frequency	Housing status	Employment status	Ever directly shared	Ever indirectly shared	Ever reused
Aneurin Bevan	**2,453**	58.2	3.6	4.9	74.8	63.5	74.6	74.4	76.8
Betsi Cadwaladr	**1,559**	79.0	4.6	6.9	76.8	75.0	93.6	93.0	91.9
Cardiff and Vale	**1,288**	77.1	8.3	8.6	81.5	75.5	88.1	88.1	88.0
Cwm Taf Morgannwg	**1,799**	53.5	8.9	8.8	66.3	62.2	84.3	84.5	83.9
Hywel Dda	**782**	65.5	17.1	19.2	67.4	64.2	87.9	87.9	86.6
Powys	**173**	63.0	8.1	7.5	52.0	49.1	78.6	78.0	75.7
Swansea Bay	**1,308**	61.5	5.4	5.3	51.8	50.7	70.5	70.6	68.5
Wales	**8,849**	64.4	6.8	7.7	70.3	65.0	82.1	82.0	81.9

Table A3: Proportion of regular clients with missing risk factor data, by site type and financial year, 2021-22 to 2025-26, Wales

Site Type	Year	Regular clients	Date of first injecting	Route of administration	Substance frequency	Housing status	Employment status	Ever directly shared	Ever indirectly shared	Ever reused
Pharmacy	2021-22	7,144	67.9	53.7	70.6	94.1	93.3	74.0	74.5	73.5
	2022-23	5,326	68.4	11.7	12.4	73.4	71.3	75.3	75.4	72.9
	2023-24	5,514	68.0	8.1	9.2	67.1	64.4	76.8	77.1	74.8
	2024-25	5,158	67.7	11.2	12.9	66.4	63.5	79.0	79.2	76.8
	2025-26	5,655	67.5	7.4	8.9	67.9	64.7	85.1	85.0	84.1
Specialist	2021-22	4,042	55.8	38.3	58.0	89.9	86.6	62.6	63.0	63.2
	2022-23	3,851	55.3	5.9	6.0	72.1	63.7	61.7	61.5	58.8
	2023-24	4,163	57.4	6.0	5.9	71.8	63.6	64.6	64.9	62.2
	2024-25	4,027	58.3	9.2	9.2	72.5	64.0	67.3	67.2	65.1
	2025-26	4,297	58.3	5.9	6.1	72.0	63.4	76.6	76.3	77.2

Source: Harm Reduction Database Wales

Appendix C: Methods for calculating syringe coverage rates

Syringe coverage was estimated using three complementary approaches to capture different aspects of needle and syringe programme (NSP) provision:

- **Frequency-based coverage** was calculated by dividing the number of syringes dispensed by the estimated number of injections per year, derived from self-reported injecting frequency. This provides an estimate of coverage relative to individual need but is dependent on the accuracy of self-reported behaviour and assumptions used to convert frequency categories into annual injections
- **Mean-based coverage** was calculated as the average number of syringes dispensed per client per year, standardised by assuming one injection per day (365 injections annually). This reflects overall service provision but is likely influenced by a small number of clients receiving large volumes of syringes
- **Median-based coverage** was calculated as the median number of syringes dispensed per client per year, also standardised to 365 injections. This provides an estimate of the typical level of provision experienced by clients and is less affected by extreme values, but does not capture total system output or secondary distribution

Together, these measures provide a comprehensive assessment of syringe provision, reflecting overall supply, typical client experience, and coverage relative to estimated need. The below table outlines the key values and assumptions used in coverage rate calculations.

Table A4: Key values used for calculating syringe coverage using multiple methods, 2025-26, Wales

Health board	Coverage method	Regular clients[a]	Syringes dispensed[b]	Syringes required[b]
Aneurin Bevan	Frequency-based	642	179,241	563,569
	Mean-based	714	248	365
	Median-based	714	80	365
Betsi Cadwaladr	Frequency-based	550	151,879	470,082
	Mean-based	612	250	365
	Median-based	612	60	365
Cardiff and Vale	Frequency-based	591	152,452	751,959
	Mean-based	631	223	365
	Median-based	631	50	365
Cwm Taf Morgannwg	Frequency-based	434	90,526	421,966
	Mean-based	458	177	365
	Median-based	458	50	365
Hywel Dda	Frequency-based	262	41,382	197,393
	Mean-based	291	124	365
	Median-based	291	40	365
Powys	Frequency-based	74	26,445	60,726
	Mean-based	82	322	365
	Median-based	82	97	365
Swansea Bay	Frequency-based	310	23,595	271,911
	Mean-based	326	165	365
	Median-based	326	50	365
Wales	**Frequency-based**	**2,647**	**608,893**	**2,543,161**
	Mean-based	**2,890**	**231**	**365**
	Median-based	**2,890**	**68**	**365**

[a] Clients were only included if they self-reported injecting any psychoactive substance and accessing NSP services twice or more within the financial year. For frequency-based coverage, clients were also excluded where no frequency of substance use was recorded.

[b] For mean and median based estimates, one injection per day was assumed and syringes dispensed/required were calculated at an individual-level. Frequency-based estimates used the sum of syringes dispensed/required across all individuals in a given health board and year.

Source: Harm Reduction Database Wales

Appendix D: Summary of 10 most common substance recorded

In addition to the substances summarised in section 4.2, other steroids, insulin, melanotan, and cannabis/skunk were also amongst the top 10 substances recorded in the most recent five-year period. The below table summarises the complete list of top 10 substances by year, ordered from most common to least common.

Table A5: Number and proportion (%) of regular clients reporting use of 10 most common substances between 2021-22 and 2025-26, by year, Wales

Substance	Category	2021-22	2022-23	2023-24	2024-25	2025-26
Heroin	Opioid	4,845 (51%)	3,314 (42.5%)	3,198 (38.4%)	2,658 (33%)	2,437 (27.5%)
Anabolic steroids	IPED	2,294 (24.2%)	2,213 (28.4%)	2,920 (35.1%)	3,026 (37.6%)	3,762 (42.5%)
Amphetamine	Stimulant	1,232 (13%)	310 (4%)	292 (3.5%)	290 (3.6%)	265 (3%)
Peptides	IPED	672 (7.1%)	252 (3.2%)	360 (4.3%)	384 (4.8%)	653 (7.4%)
Crack cocaine	Stimulant	296 (3.1%)	450 (5.8%)	495 (6%)	476 (5.9%)	453 (5.1%)
Other Steroids	IPED	1,583 (16.7%)	-	-	-	-
Cocaine powder	Stimulant	76 (0.8%)	235 (3%)	293 (3.5%)	294 (3.7%)	337 (3.8%)
Insulin	IPED	89 (0.9%)	149 (1.9%)	139 (1.7%)	147 (1.8%)	150 (1.7%)
Melanotan	IPED	122 (1.3%)	92 (1.2%)	119 (1.4%)	104 (1.3%)	131 (1.5%)
Cannabis/Skunk	Other	103 (1.1%)	103 (1.3%)	101 (1.2%)	135 (1.7%)	117 (1.3%)

Source: Harm Reduction Database Wales

Anabolic steroids, crack cocaine, and cocaine powder are the only substance to have steadily increased since 2021-22. Heroin and amphetamine have declined considerably over the period, while other substances have remained largely stable or have fluctuated slightly.

Other steroids were very commonly reported in 2021-22 (n=1,583) and were reported by 16.7 per cent of regular clients that year but have not been reported since. This is likely due to the introduction or reclassification of specific steroids in the harm reduction database, thus removing the substance name for subsequent years.

Both the number and proportion of regular clients reporting use of insulin have increased marginally since 2021-22, remaining overall low. Reports of melanotan and cannabis/skunk use have each remained relatively stable in the past five years, at low levels.

Appendix F: Non-regular clients

Non-regular individuals have been excluded when presenting key demographics. Records with only one interaction in a given period, particularly for non-IPED users, may be indicative of individuals using different unique identifier details when presenting for injecting equipment or mistakes in data entry. Therefore, the associated demographics and risk factors should be interpreted with caution. 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 below.

Table A6: Demographics and injecting characteristics of non-regular clients, 2025-26, Wales

Demographic/Risk factor[a]	Opioids	Stimulants	IPEDs
Non-regular clients	1987	711	4341
% Male	81.0%	79.3%	88.6%
Median age (years)	43	42	38
Minimum age (years)	13	18	15
Maximum age (years)	78	71	106
% Under 25 years	3.1%	4.9%	12.7%
% Over 50	23.6%	21.1%	13.7%
Median number of syringes collected per year	10	10	20
% New registrations	40.1%	36.9%	61.9%
% Only attending pharmacy NSP	58.0%	65.0%	64.0%
Median length of injecting career (years)	15	14	10
% New initiates (<36 months)	10.8%	9.2%	29.0%
% Living in non-secure housing or NFA	38.5%	49.4%	5.0%
% Unemployed	76.1%	76.7%	15.3%
% Using high risk injecting site[b]	15.0%	22.0%	0.0%
% Ever directly shared paraphernalia[c]	16.3%	12.7%	1.8%
% Ever indirectly shared paraphernalia[c]	19.9%	14.6%	2.3%
% Ever reused paraphernalia[c]	32.4%	32.5%	5.2%

[a] Proportion of individuals where data was recorded on the HRD or could be deduced from available data. See Appendix B for summary of data completeness.

[b] Neck and/or groin (femoral) injection sites.

[c] Sharing and reuse may relate to other substances injected and cannot be linked to an individual substance where poly-drug use is practiced

Source: Harm Reduction Database Wales

Appendix F: Substance group definitions and classifications

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 A7: Substance groups and classifications in the HRD, Wales

IPEDS	Opioids	Stimulants	Other
Anabolic steroids	Heroin	Crack cocaine	Alcohol
Other steroids	Methadone	Powder cocaine	Ketamine
Selective androgen receptor modulators (SARMs)	Diamorphine	Amphetamine	Benzodiazepines (e.g. Diazepam)
Peptides (e.g. growth hormone (HGH), human chorionic gonadotropin (HCG), insulin-like growth factors (IGF)	Codeine Phosphate	Methamphetamine	Cannabis / Skunk
Prohormones / Designer supplements	Codeine-based painkiller	Mephedrone / M-CAT	Gapapentinoids
Fat burners	Dihydrocodeine / DF118	Ecstasy / MDMA	Solvents
Insulin	Fentanyl	Other stimulants	Anti-depressants
Melanotan	Subutex / Buprenorphine / Buvidal		
Post cycle therapy (PCT)	Physeptone		
Weight loss medication (e.g. Semaglutide (Wegovy, Ozempic), Liraglutide (Saxenda), Tirzepatide (Mounjaro)			

Source: Harm Reduction Database Wales