Specialist Needle and Syringe Programme Wales

Understanding change in specialist needle and syringe programme transactions

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Authors: Communicable Disease Inclusion Health Programme Substance Misuse Team, Health Protection Division, Public Health Wales

Contents

Executive Summary

Needle and syringe programmes (NSP) provide comprehensive harm reduction interventions for the population of people who use drugs. NSP provision is a vital tool in minimising the transmission of blood-borne viruses and bacterial infections through providing access to sterile injecting equipment. NSP also provide harm reduction advice on overdose prevention, take-home naloxone, and pathways into wider health and social care.

Data from the Harm Reduction Database (HRD) has shown a significant decline in NSP activity across Wales over several years and this prompted a comprehensive review of contextual and social factors influencing NSP activity. This report is one of three and focuses on NSP provision from specialist sites provided by statutory organisations and third-sector services. The other two reports present peer perspectives of the factors contributing to the decline in NSP activity and examine the social and contextual factors influencing NSP activity in community pharmacies.

This review covers 95% of specialist NSP sites across Wales and 104 staff members were interviewed. The following 4 key themes were identified:

1. **Barriers and facilitators impacting utilisation of specialist NSP services**
2. **Social and contextual factors impacting activity at specialist NSP services**
3. **Increasing health and social care need: Implications for specialist NSP service delivery**
4. **Workforce training needs to strengthen NSP service delivery**

Each theme will be discussed in turn.

1. Barriers and facilitators impacting utilisation of specialist NSP services

Awareness and promotion of NSP harm reduction services: Limited awareness of NSP provision and the challenges associated with promoting services without increasing stigma were consistently identified as key barriers.

NSP location and accessibility: NSP location was consistently identified as a key determinant of accessibility, functioning either as a barrier or facilitator to engaging with NSP services. Centrally located NSP sites can enhance accessibility. However, concerns regarding confidentiality, particularly in rural areas, may deter engagement, along with transport limitations in terms of cost and infrequent transport networks, and fixed sites located on the periphery of communities. Lack of gender sensitive NSP service provision was consistently identified as a barrier to access. Concerns around safety, stigma, and safeguarding, were highlighted as well as issues related to domestic violence, fixed base NSP sites and limited opening times. However, provision of outreach and mobile service models, alongside peer-

led approaches, have been identified as effective facilitators, improving reach, flexibility, and engagement.

Changes and disruption to service delivery: NSP service disruption, including relocation, temporary closures, and changes introduced during the COVID-19 pandemic, are perceived to have contributed to reduced attendance, often compounded by ineffective communication with people using the NSP services.

Design and physical environment of NSP services: NSP service design and physical environment significantly influence utilisation. Inadequate physical environments, lack of private space, and transactional service models devalue the importance of the NSP, reduce opportunities for meaningful engagement and provision of comprehensive harm reduction interventions. Some NSP services have worked flexibly and creatively with the available space, changing the layout, colours and use of seating to create an enabling environment that facilitated provision of harm reduction interventions.

Harm Reduction Database (HRD): Limited IT access and reliance on paper recording within NSP settings have affected the accuracy of data recording on the HRD and may have resulted in underreporting of NSP activity and potentially an underestimation of service utilisation.

2. Social and contextual factors impacting activity at specialist NSP services

Organisational and cultural factors: Across Wales specialist NSP service delivery had been deprioritised. Across Wales there has been a systemic shift towards a treatment focus of service delivery, with NSP provision frequently perceived as an adjunct to treatment rather than a core component of harm reduction. Consequently, specialist NSP service provision and harm reduction knowledge was diluted in many services, and reduced specialism was perceived to be inadvertently discouraging attendance at NSP.

Overall, the ethos of NSP service delivery had shifted from an informal, flexible model of support to a more formal and structured role integrated into the wider treatment system. Some NSPs were largely transactional, serving people already in treatment rather than reaching new individuals. It was recognised that NSP provision would be strengthened by realigning with the ethos of NSP being delivered as a low-threshold, open access service.

Concerns were raised about impact on confidentiality of NSP service provision where NSP and treatment services are co-located. Success in maintaining NSP service within the framework of confidentiality was attributed to having clear boundaries between NSP and treatment service provision and a consistent approach across staffing teams, that was grounded in core harm reduction values. Staffing pressures, high treatment caseloads, rota-based NSP delivery models, and limited harm reduction training, impact NSP service delivery and inadvertently create barriers to access.

Opiate substitute treatment (OST): Buprenorphine prolonged release injection provision: The prescribing of buprenorphine prolonged release injection (Buvidal) has contributed to a decline in the number of people accessing NSP services and reduced frequency of contact with services for some individuals, despite ongoing harm reduction needs, including mental health and polysubstance use.

Substance use trends: Evolving substance use trends, in particular polysubstance use and increased crack cocaine use, alongside a lack of provision of harm reduction for stimulants, such as the provision of an inhalation devices, were frequently cited to contribute to reduced NSP attendance.

Partnership working: Partnership working with pharmacies and other local services is variable, however, where effective, it enhances communication, referral pathways, service integration, and access to care.

Displacement of people: Broader social determinants have also significantly impacted NSP utilisation. The relocation of individuals experiencing homelessness, through emergency or temporary housing and the use of dispersal orders in town centres has disrupted access and moved people away from locations where they had previously used NSP.

Ageing population: Demographic changes, including an ageing cohort of people who inject drugs and increased mortality, have further contributed to declining attendance.

3. Increasing health and social care need: Implications for specialist NSP service delivery

Individuals are presenting to NSPs with increasing levels of mental health, physical health, and social care needs, placing additional demands on staff and NSP service provision. Furthermore, concern was raised that women, although presenting in lower numbers, are presenting with significant physical health concerns.

4. Workforce training needs to strengthen NSP service delivery

Staff consistently reported the need for structured, ongoing training to strengthen NSP delivery, particularly to enhance confidence in providing harm reduction interventions related to stimulant use, wound care and skin and soft tissue infections, including the use of ACT packs.

Staff identified the need for structured training in the use of the HRD, as reliance on informal learning was perceived to potentially affect data quality.

The need to be adapting and enhancing staff skills and knowledge to meet the changing physical, emotional and social needs of an ageing cohort of people who inject drugs, was highlighted across Wales and limited training in this area was identified.

Recommendations:

NSPs are vital to public health and the provision of comprehensive harm reduction interventions in Wales. However, declining activity signals the need for renewed focus on low-threshold, responsive, community-integrated, peer-developed and peer delivered approaches. Strengthening staff capability and capacity, service accessibility, and partnership working is essential to address current trends and to improve health outcomes for people who use drugs in Wales. The following recommendations are made:

1. Enhance active community engagement
    1.1. Support and increase peer-based models of working
    1.2. Gather the perspectives and experience of people who use NSP services and ensure they are used to enhance service accessibility and delivery
2. Strengthen organisational culture to position NSP harm reduction as a core service function
3. Conduct regional community needs assessments
4. Increase focus on stimulant harm reduction
5. Increase flexibility and outreach of NSP provision
6. Implement integrated NSP services
7. Ensure confidentiality when NSP harm reduction services are co-located with treatment services
8. Review design and layout of NSP environment
9. Record NSP service activity on the HRD
10. Review impact of NSP staffing models on service quality
11. Increase collaboration and partnership working
12. Improve promotion of NSP harm reduction services
13. Workforce training and capability
    13.1 Strengthen NSP harm reduction training
    13.2 Provision of training on ACT packs for skin and soft tissue infections
    13.3 Increase access to and awareness of HRD learning materials
    13.4 Provide peer delivered harm reduction training models for staff
    13.5 Enhance workforce capability
    13.6 Increase mental health and suicide prevention and self-harm awareness

Background

Needle and syringe programmes (NSPs) are a vital public health intervention that provide comprehensive harm reduction support for the population of people who use drugs across Wales.[1] NSPs supply sterile injecting equipment and related paraphernalia, including foil as an alternative to injecting. NSP provision is a vital tool in minimising transmission of blood-borne viruses (hepatitis B, hepatitis C and HIV) and bacterial infections such as staphylococcus aureus and invasive group A streptococci [2,3], through providing access to sterile injecting equipment for every injecting event.[4]

NSPs provide harm reduction advice and information such as overdose prevention and provision of naloxone. NSPs facilitate access and signposting to other health and social care services and to specialist treatment services. NSPs may operate from fixed, mobile or outreach sites and the majority of NSPs in Wales are run by community pharmacies and specialist substance misuse services (SMS) including statutory and third sector services.

Table 1 - NSP Interactions by Site Type and Health Board, 2025-2026

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 (HRD) Wales, Public Health Wales, CDSC, 2026.

All NSP activity across Wales is recorded on the Harm Reduction Database (HRD). The HRD is a web-based system that enables point of contact recording of NSP activity including transactions, provision of tailored harm reduction and health

[1] Welsh Government. 2011. Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales. Available at: https://gov.wales/substance-misuse-needle-and-syringe-programmes
[2] Public Health Wales Communicable Disease Surveillance Centre, 2021 – 2022. Needle and syringe programme activity in Wales Annual Report 2021 – 2022, Wales: PHW.
[3] World Health Organisation, 2025. Needle and syringe programmes for people who inject drugs: Operational Guide. Geneva: WHO. Available at: Needle and syringe programmes for people who inject drugs: operational guide
[4] National Institute for Health and Care Excellence, 2014. Needle and Syringe Programmes Public Health Guidance [PH52]. [Online] Available at: https://www.nice.org.uk/guidance/ph52/chapter/Recommendations#recommendation-7-provide-people-with-the-right-type-of-equipment-and-advice

related support, and onward referrals for unique individuals within Wales. The HRD was introduced into statutory and third sector NSPs in Wales in 2010 and it is mandatory for all services to record NSP transactions on the HRD. The data from the HRD enables Public Health Wales (PHW) to monitor NSP activity across Wales, identifying new emerging trends, areas of concern, and is reported on annually.[5] The NSP Activity in Wales Annual Report has shown a significant decline in the number of individuals regularly accessing NSP and a decline in the number of transactions recorded on the HRD in both specialist and community pharmacy NSPs across Wales since 2020. This noted decline has prompted a review into the factors that may be contributing to the decrease in NSP activity in both community pharmacies and specialist sites across Wales. In 2023 the Public Health Wales Communicable Disease Inclusion Health Programme (CDIHP) Substance Misuse Team completed a project to explore the social and contextual factors influencing NSP activity in community pharmacies.[6] Building on the community pharmacy NSP review to enable a comprehensive understanding of the factors influencing NSP activity across Wales, Public Health Wales CDIHP, Substance Misuse Team have led a project to explore NSP decline in specialist NSP services across Wales.

Aim

The aim of this investigation was to explore the context in which the decline in NSP activity recorded in specialist NSP services on the HRD has occurred to inform ongoing development and continual improvement of NSP services in line with current need.

The objectives were as follows:

- Identify barriers and facilitators to NSP service provision in specialist NSP services across Wales that may be impacting on the number of transactions recorded on the HRD
- Identify social and contextual factors that may influence activity at specialist NSP services
- Identify workforce training needs for specialist NSP services in their delivery of NSP services

Methods

Face-to-face visits were conducted with statutory and third sector organisations providing NSP services across the seven of the health board areas of Wales. In total 38 face-to-face site visits were completed, amounting to 95% of all specialist NSP sites across Wales.

[5] Public Health Wales Communicable Disease Surveillance Centre, 2021 – 2022. Needle and syringe programme activity in Wales Annual Report 2021 – 2022, Wales: PHW.

[6] Public Health Wales Communicable Disease Inclusion Health Programme Substance Misuse Team, 2024. Needle and Syringe Programme Community Pharmacy Wales 2023 Understanding Change in needle and syringe programme transactions within a community pharmacy setting, Wales: Public Health Wales.

Table 2 - Number of site visits by health board

Health Board	Number of Specialist NSPs	Number of Site Visits
Aneurin Bevan	7	7
Betsi Cadwaladr	8	6
Cardiff & Vale	7	7
Cwm Taf Morgannwg	6	6
Hywel Dda	3	3
Powys Teaching	4	4
Swansea Bay	5	4
Wales	**40**	**37**

In total the team engaged with 104 staff members. Interviews were conducted with a range of staff, including service managers, team leaders, nurses, healthcare assistants, drug and alcohol workers, hostel and housing staff, administrative and reception staff, and peer volunteers. This allowed for broad conversations that explored the full context of the NSP decline, from strategic-level perspectives to the first-hand experiences of staff working within NSPs, see appendix 1.

Detailed notes were recorded for each interview, with a thematic analysis conducted using the notes to identify key themes.

Themes

Themes from the discussions were drawn out at health board level and reported nationally unless specific health board level granularity was required.

Table 3: Summary of the main themes and subthemes

Themes	Subthemes
Barriers and facilitators impacting utilisation of specialist NSP services	• Awareness and promotion of NSP harm reduction services • NSP location and accessibility • Changes and disruption to service delivery • Design and physical environment of NSP services • Harm Reduction Database (HRD)
Social and contextual factors impacting activity at specialist NSP services	• Organisational and cultural factors • Opiate substitute treatment (OST) • Substance use trends • Partnership working • Displacement of people • Ageing population
Increasing health and social care need: Implications for specialist NSP service delivery	
Support needs to strengthen specialist NSP service delivery	• NSP harm reduction training • Strengthen staff capabilities to meet diverse needs of aging cohort of people who inject drugs • Expand HRD training

1. Barriers and facilitators impacting utilisation of specialist NSP services

Awareness and promotion of NSP harm reduction services

- Lack of awareness of NSP availability and promotion of NSP services was identified as a barrier to access as people simply do not know that the NSP service is available or what NSP services provide. Promotion of NSP services was consistently identified as a sensitive issue. Some services were cautious of promotion of NSP leading to increased stigma associated with fixed location sites and services found it challenging to identify the most appropriate promotion strategy for their localities.

NSP location and accessibility

- NSP location was consistently identified as key determinant of accessibility, functioning either as a barrier or facilitator to engaging with NSP services. Perceptions varied, partly reflecting differences between urban and rural settings, as well as levels of drug use in the area. Location of NSP services in the main thoroughfare of towns was identified as a facilitator making it easy for people to access, particularly in urban areas and if people needed to attend NSP services frequently. However, concerns were raised about confidentiality and the stigma attached to attending NSP services particularly if located in highly public locations, and this issue was more prominent in rural areas.

- Access to specialist NSP services across Wales was consistently identified as challenging. The cost of transport and infrequent transport networks were consistently identified as barriers**.**

- Across Wales many of the fixed base NSP services sat on the periphery of their communities which was a barrier to access and resulted in a disconnect with people's needs and priorities. However, some services provided a responsive, proactive NSP outreach intervention that was aligned with people's needs and priorities and which staff perceived had resulted in consistent numbers of people accessing the NSP. Innovative and flexible utilisation of mobile outreach services were used to take NSP services to communities and provide a comprehensive range of harm reduction interventions such as blood borne virus (BBV) testing, sexual health, emotional and social support, signposting and advocacy. Along with collection of returns and working with the local communities to help reduce drug-related litter. Within the mobile outreach model utilised by these services there was a focus on increasing reach into communities to encourage people into services as a tool to prevent overdose, alongside the provision of naloxone and to facilitate access to wider health and social care services.

- The need to explore more flexible models of working that were not tied to fixed bases was consistently highlighted across Wales. This supports the finding of the PHW and European Network of People Use Drugs (EuroNPUD) national consultation with services users in 2023,[7] which highlighted the need for more flexible models of NSP along with improved opening times. However, barriers were identified that limit progress in this area, such as insufficient staff capacity, competing demands on staff time to manage treatment caseloads, and the need to demonstrate measurable outcomes. Staff expressed concern that outreach models may initially result in lower

[7] Public Health Wales and the European Network of People Who Use Drugs, 2023. *Capacity – Strengthening Project with People Who Use Drugs in Wales,* s.l.: EuroNPUD.

NSP activity while trust and connections were built within the community, that would make it challenging to evidence impact in the short term.

- Across Wales, NSP services were perceived as insufficiently gender-sensitive, and this was identified as a barrier to access. Concerns around safety, stigma, and safeguarding, were highlighted as well as issues related to domestic violence, fixed base NSP sites and limited opening times. Some NSP services had made provision for personal hygiene needs that people could freely access. Overall, services were motivated to increase provision and reach of inclusive harm reduction services and highlighted that this should be informed and developed by peers.

- Integration of peer-to-peer models of working were reported to have improved accessibility of NSP harm reduction service provision across Wales, particularly in terms of increased provision of naloxone, BBV testing and facilitating access to treatment. All areas were keen to expand provision of peer-developed and peer-led harm reduction services in the future.

Changes and disruption to service delivery

- Across Wales there was recognition that closure of NSP buildings for reasons such as relocation or structural repair impacted on the numbers of individuals attending the NSP. Declining attendance in part was attributed to ineffective communication and people being unaware of the changes and the disruption to continuity of NSP service provision. Factors associated with changes to the local context were highlighted. For example, a service may have previously been located near a gym, however, the new location was not next to a gym, therefore, the number of individuals accessing for image performance enhancing drugs (IPEDS) had declined. In addition, the impact of the COVID-19 pandemic and the change to service delivery imposed by the necessary social restrictions at the time was also cited by many as impacting the numbers of individuals attending the NSP. Services highlighted behavioural change and increased utilisation of pharmacy NSP due to convenience and ease of access of pharmacy location to individuals' homes. However, the impact of the COVID-19 pandemic on NSP service provision across Wales was not consistent. There were examples where services stopped NSP provision completely, some remained open with appropriate social distancing restrictions and personal protective equipment and others provided mobile outreach services to ensure continuity of NSP service provision.

Design and physical environment of NSP services

- Across Wales the design and physical environment of many specialist NSPs was identified as a barrier to access and to the provision of the full range of harm reduction interventions. There was evidence of NSP being provided from inadequate physical environments, including cupboards in corridors,

small rooms with no sitting space and often a lack of natural lighting. This inaccessibility of the structural space inadvertently acted as a barrier to access as it was perceived to reduce the capacity to hold confidential conversations and development of trusting relationships. It also devalued the importance of the NSP service and perpetuated the transactional nature of the NSP interaction. In addition, the inaccessibility of space was identified as a barrier to providing a comprehensive range of harm reduction interventions within the NSP such as ACT packs for skin and soft tissue infections and BBV tests. However, there were examples where NSP services worked flexibly and creatively with the available space. This was achieved through rearranging the rooms, the layout of seating and use of colour to develop a welcoming and enabling environment that facilitated provision of harm reduction interventions and development of trusting interpersonal relationships.

Harm Reduction Database (HRD)

- Access to a computer within the NSP directly impacted the recording of NSP activity and data quality. Where services had access to a computer in the NSP staff were confident that HRD transactions were accurately recorded at the time of the harm reduction intervention, and it was recognised that having a computer in the NSP minimised the risk of inaccurate recording. Services utilised paper recording when no computer was available in the NSP which was identified as problematic and may have resulted in NSP activity not being recorded on the HRD. Failure to record NSP activity on the HRD was attributed to misplacement of paperwork, incomplete information being collected at the point of harm reduction intervention that prevented the ability to record the activity retrospectively, and competing demands on time that resulted in staff forgetting to record NSP activity.

2. Social and contextual factors impacting activity at specialist NSP services

Organisational and cultural factors

- Across Wales specialist NSP service delivery had been deprioritised. There has been a systemic shift across Wales towards a treatment focus of service delivery in specialist NSP. Consequently, specialist NSP service provision and harm reduction knowledge was diluted in many services, and reduced specialism was perceived to be inadvertently discouraging attendance at NSP. The NSP was often viewed as an 'add-on' to services that were perceived to primarily focused on delivering treatment. Staff reported that the treatment system predominantly consisted of referrals for alcohol which had increased consistently since the COVID-19 pandemic, with few

new referrals for people who inject drugs. As a result of the lower numbers of referrals for injecting drug use, many staff felt that their confidence and skills in providing comprehensive harm reduction support for injecting drug use had declined.

- There was a broad perception that, over time, the ethos of NSP service delivery had shifted from an informal, flexible model of support to a more formal and structured role integrated into the wider treatment system. It was recognised that NSP provision would be strengthened by realigning with the ethos of NSP being delivered as a low-threshold, open access service, particularly for individuals who may not engage with any other health or social care services. In some areas, NSPs had become largely transactional, serving people already in treatment rather than reaching new individuals. However, in services where NSP was valued as a core and distinct part of harm reduction, staff reflected feeling proud and confident in their skill base to deliver the full spectrum of harm reduction interventions. Furthermore, some services were developing innovative ways of delivering NSP collaboratively with the community of people who use drugs. This had facilitated development of trust within the community and resulted in consistent numbers of individuals accessing the NSP.

- Across Wales many specialist NSP services are provided in buildings that also provide a treatment service, which was associated with a number of challenges. Concerns were raised about the impact on confidentiality of NSP service provision when NSP and treatment services are co-located. In addition, concern was raised that people prefer to access pharmacy services for their NSP equipment due to the erroneous belief that if they access NSP at their treatment provider it will negatively impact on their opiate substitution treatment (OST) prescription. Although strategies to mitigate confidentiality concerns and encourage clients into specialist services were limited, the sensitivity of navigating the challenges associated with maintaining the NSP within the framework of confidentiality when co-located in a treatment setting were recognised. Success was attributed to having clear boundaries between NSP and treatment service provision and a consistent approach across staffing teams, that was grounded in core harm reduction values and the fundamental importance of providing humanistic, non-judgemental care, building positive trusting working relationships, and meeting the individual where they are.

- Issues with staffing levels to cover the NSP role was consistently identified across Wales. This was attributed to high and complex treatment caseloads, and limited staff numbers who are often required to cover multiple bases. The NSP role was frequently covered by a rota system, and staff described the pressure of having to meet the demands of their caseload and their duty cover of the NSP. Many staff who worked on a rota system identified a lack of confidence and skills in provision of NSP services due to not working in

the NSP frequently, low numbers attending NSP and lack of access to training.

- Overall, there was the perception that NSP services had previously been part of the community and had been an open access location where people would be able to easily drop in, spend time, access support and link with their workers. However, it was felt that over time this social network and informal provision of support had dissolved and as a result people were less likely to access the NSP service. In many areas services were striving to re-establish the interpersonal connectivity through creative and flexible use of space. Driven by the underlying value of the social connection, to enable the development of trusting interpersonal relationships, that form the foundation for comprehensive harm reduction interventions.

Opiate substitute treatment (OST): Buprenorphine prolonged release injection provision

- Buprenorphine prolonged release injection (Buvidal) prescribing across Wales was identified as a factor that contributed to declining numbers of people attending NSP. The Buprenorphine prolonged release injection acts as an opioid partial agonist/antagonist and is administered as weekly or monthly subcutaneous injections by a healthcare professional.[8] Most NSP services noted that people who had routinely accessed the service in the past were no longer attending because they had moved onto the buprenorphine prolonged release injection.

- Staff reflected on the positive impact of buprenorphine prolonged release injection prescribing and the resulting physical stability experienced by many people. However, concern was raised that alongside the physical stability for many individuals was an increased mental health need and a social void in an individual's life, with often a lack of the necessary emotional, social and relational tools to manage their mental health and social wellbeing. This emotional and social instability occurred at a time when the individual had reduced contact and support from services as a direct result of the length of time between the need to attend the service for the buprenorphine prescription. It was reported that this often resulted in polysubstance use, particularly increased crack cocaine use, to manage unmet mental health needs and the challenge of developing a new self-identity. Therefore, the decreased NSP attendance was perceived to be occurring at a time of ongoing need for harm reduction support.

[8] NICE: National Institute for Health and Care Excellence, 2019. Opioid dependence: buprenorphine prolonged- release injection (Buvidal), London: NICE.

Substance use trends

- Across Wales services identified that people were not attending the NSP as it did not stock the full range of equipment required to meet the needs of the population of people who use drugs. A lack of provision of harm reduction for stimulants was frequently cited. Services identified the need for provision of inhalation devices for smoking of crack cocaine, highlighting that the number of people smoking crack cocaine had increased significantly and that numbers attending the NSP would increase if an inhalation device was provided.

Partnership working

- Across Wales there was variable engagement and partnership working with other health and social care organisations that was perceived to impact on the numbers of people accessing NSP services. Where these working relationships had developed, staff reported improved communication, increased awareness of roles, increased signposting to the NSP, efficient referral pathways and improved comprehensive NSP service delivery due to being better able to meet people's needs in a timely manner. The challenge of maintaining good working relationships with other organisations was recognised due to silo working and often with high staff turnover. Some areas highlighted that the use of multiagency meetings was an effective means of facilitating working relationships.

- Overall links with pharmacies were limited. Many specialist NSP services lacked knowledge of opening times and location of pharmacies providing NSP, which reduced opportunities for signposting to cover out of hours provision. However, a few services had developed good partnerships with local pharmacies, for example, one specialist NSP site provided comprehensive support to pharmacies, through provision of training on NSP service delivery, recording NSP activity on the HRD and the supply of naloxone. This facilitated signposting to the specialist NSP site from community pharmacies, enhanced communication between services and promotion of NSP service availability hours between the sites.

- Overall, staff felt that partnership working between specialist NSP sites could be improved to increase knowledge and information sharing on service availability, drug trends and best practice to inform pragmatic harm reduction interventions.

Displacement of people

- Many NSP services reported displacement of people to different areas had impacted on the number of people accessing the NSP. Services reported that individuals who had frequently accessed the NSP, who also experience street homelessness, had been rehoused through emergency or temporary accommodation to different areas, often away from their local NSP. In some instances, this involved individuals being placed in accommodation outside of Wales. Services reported that the perceived rise in relocation of people had impacted the numbers of people accessing the NSP.

- Accelerated housing of street homeless individuals during the COVID-19 pandemic was reported to have impacted NSP activity in NSP services aligned with housing support. Fewer individuals were accessing services for housing support and subsequently there was a reduced NSP activity in these services. However, there were examples of NSP services being proactive and initiating outreach provision of NSP, to adapt to the changing housing and homelessness provision.

- The use of dispersal orders from town or city centres was a further example provided of displacement of individuals that may have led to the decrease in numbers of people accessing NSPs. NSP services, particularly those located in the main thoroughfare of towns, reported a noticeable change in the visibility of individuals who had previously used the NSP within their local areas and attributed this in part to the use of dispersal orders prohibiting people from being in the town or city centre where the NSP was located.

Ageing population

- Across Wales an ageing population of people who inject drugs was reported to have impacted the number of individuals accessing NSP services. An increase in mortality attributed to overdose and natural causes was reported, noticeably in people who had regularly attended the NSP. In addition, there was a sense that there had been a shift in the older population of people who inject drugs route of administration, moving away from injecting drug practice to smoking, resulting in an increased amount of foil being dispensed. However, an increase in foil provision is not reflected in the data available from the HRD across Wales, see Table 4.

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

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: From HRD as at September 2024, Public Health Wales, CDSC, 2026

3. Increasing health and social care need: Implications for specialist NSP service delivery

- It was consistently reported across Wales that people are presenting to the NSP with higher levels of unmet mental health, physical health, social and welfare needs which has put additional demands on NSP service delivery. Staff reflected on the challenges associated with advocating for clients to ensure their needs are met and the pressures associated with achieving this alongside maintaining wider service delivery. Mental health was consistently identified as a concern within the NSP. Staff identified that people present with complex mental health needs or in crisis situations and that referral pathways for mental health support can be challenging to navigate. Staff were often left feeling that they are holding mental health presentations for which they did not have the competencies or resources to manage. Furthermore, staff highlighted that the challenges people experience in accessing mental health support act to reinforce stigma and distrust of services.

- Across Wales there was a perceived increase in physical health needs in individuals presenting to NSP services. Increased respiratory illness and skin infections were reported and evidenced through increased signposting to GPs and emergency care. Furthermore, concern was raised that women, although presenting in lower numbers, are presenting with significant physical health concerns. In some areas services have integrated nurse-led clinics or referral pathways with primary care, homelessness teams and wound care services to improve provision of physical healthcare. This is due to the consistent concern that people do not access traditionally delivered healthcare services.

4. Workforce training needs to strengthen NSP service delivery

NSP harm reduction training

- Staff identified the need for ongoing NSP harm reduction training to improve staff confidence in delivery of a comprehensive range of harm reduction interventions. Staff specifically identified the need for the development of skills and confidence in the delivery of harm reduction advice and guidance for stimulants, wound care and ACT packs for skin and soft tissue infections.

Strengthen staff capabilities to meet diverse needs of aging cohort of people who inject drugs

- Across Wales services recognised the need to be adapting and enhancing the skills and knowledge base of the staff group to meet the changing physical, emotional and social needs of an ageing cohort of people who inject drugs. One service provided targeted outreach for people who are older and inject drugs with specific consideration to wider physical and mental health, social care and housing needs. The service supports engagement through facilitating referrals to other health and social care services and supports attendance to appointments and medication concordance. The importance of working systemically with the individual's support network, including family members, partners and carers, was highlighted, particularly to increase awareness of overdose risk and provision of naloxone. Concerns about heightened safeguarding risks, particularly associated with 'cuckooing' among people who are older and inject drugs were highlighted, with strategies to mitigate against this described, including regular home visits.

Expand HRD training

- Many staff reported that there was no formal in-house HRD training. Staff learned how to use the HRD through shadowing other staff members and through trial and error. The majority of NSP services were not aware of the HRD module reference guides which provide a summary step-by-step guide on the functionality of each module of the database. Staff identified that engagement in structured training on the HRD would be beneficial.

Recommendations

NSPs are vital to public health and the provision of comprehensive harm reduction interventions in Wales. However, declining activity signals the need for renewed focus on low-threshold, responsive, community-integrated, peer-developed and peer delivered approaches. Strengthening staff capability and capacity, service accessibility, and partnership working is essential to address current trends and to improve health outcomes for people who use drugs in Wales.

Based on the findings of this review the following recommendations are made:

1. Enhance active community engagement

1.1. Support and increase peer-based models of working

Ensure meaningful and sustained involvement of people who use drugs within the design, delivery and evaluation of NSP services.[9] to develop relevant and inclusive NSP services that reflect lived realities, are person centred and prevent the entrenchment of vulnerability and marginalisation. Placing communities at the centre of the response is fundamental to the success of NSP provision and is a guiding principle of the World Health Organizations.[10]

Responsible: APBs, Health Boards, NSP service providers

1.2. Gather the perspectives and experiences of people who use NSP services and ensure they are used to enhance service accessibility and delivery

A qualitative review to be conducted to explore the perceptions and experiences of people who use drugs and NSP services in Wales to inform and build on the findings of the Public Health Wales specialist and community pharmacy NSP service reviews and inform Innovative and relevant NSP harm reduction service development.

Responsible: Public Health Wales

[9] 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

[10] WHO 2025. Needle and syringe programmes for people who inject drugs: Operational Guide. Geneva: WHO. Available at: Needle and syringe programmes for people who inject drugs: operational guide

2. Strengthen organisational culture to position NSP harm reduction as a core service function

Specialist NSP services should actively re-orientate organisational culture to explicitly recognise NSP harm reduction services as a core, specialist, and valued component of service delivery, distinct from but complementary to treatment pathways. It should be reinforced that NSP harm reduction services are a low-threshold, open-access public health intervention, essential for reaching individuals who may not engage with traditionally delivered structured treatment or wider health and social care services.

Responsible: APB, Local Public Health Teams, Local Elimination Oversight Groups and NSP providers

3. Conduct regional community needs assessments

Assessment of community need with a focus on peer feedback on NSP service provision, with full consideration of all subgroups of people who use drugs, equitable access, drug trends, NSP structural design and layout, accessibility and harm reduction training. Welsh Government identified needs assessment to be reviewed on an annual basis.[11]

Responsible: APBs and Health Boards

4. Increase focus on stimulant harm reduction

Review and implementation of stimulant harm reduction provision, that encompasses holistic mental and physical health and social needs. The landscape of changing drug use patterns and emerging health challenges requires NSP services to be responsive and adapt to maintain relevance and effectiveness.[12]

Responsible: APBs, NSP providers and Drug and Alcohol Services

5. Increase flexibility and outreach of NSP provision

Provide a combination of comprehensive NSP harm reduction service models, as informed by local need. Specific consideration given to increased provision of flexible outreach and mobile NSP harm reduction service alongside existing static NSP provision.[13,14] The current focus on static fixed based NSP harm reduction provision with restricted opening hours limits capacity to meet the needs of the

[11] 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

[12] WHO 2025. Needle and syringe programmes for people who inject drugs: Operational Guide. Geneva: WHO. Available at: Needle and syringe programmes for people who inject drugs: operational guide

[13] 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

[14] WHO 2025. Needle and syringe programmes for people who inject drugs: Operational Guide. Geneva: WHO. Available at: Needle and syringe programmes for people who inject drugs: operational guide

most marginalised people who use drugs and perpetuates inequity in access. Services should incorporate agile ways of working with regular review structures to ensure responsivity to meet the dynamic needs of our communities.

Responsible: NSP providers and Drug and Alcohol Services

6. Implement integrated NSP services

Implement integrated and co-located models of service provision from NSP sites that incorporates multidisciplinary and multiagency services working from the same location or in partnership to meet the multifactorial health and social needs of individuals presenting at NSP services. To increase value of the NSP service, build trust, reduce stigma and improve identification of and response to unmet needs and referral pathways. People who use drugs often present with multiple and interrelated needs and every contact an individual makes with an NSP service is an opportunity to support engagement with the wider health and social care system, and thereby, reduce barriers and improve equity of access to health and social care support and reduce inequalities.[15]

Responsible: HBs, APBs, NSP service providers, Inclusion Health Teams

7. Ensure confidentiality when NSP harm reduction services are co-located with treatment services

Ensure co-located NSP harm reduction and treatment services provide anonymous access to sterile injecting equipment and the comprehensive range of harm reduction interventions, delivered in accordance with the framework of confidentiality and core harm reduction principles.[16]

Responsible: NSP service providers, Drug and Alcohol Services

8. Review design and layout of NSP environment

Review the layout and design of NSP environment to enable provision of a comprehensive range of harm reduction interventions to improve service accessibility and uptake. Ensure the environment provides adequate space, seating and natural lighting and confidentiality to create a welcoming atmosphere that Reinforces the value and legitimacy of NSP services.

Responsible: APBs and NSP service providers

[15] WHO 2025. Needle and syringe programmes for people who inject drugs: Operational Guide. Geneva: WHO. Available at: Needle and syringe programmes for people who inject drugs: operational guide

[16] 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

9. Record NSP service activity on the HRD

All NSP service activity must be routinely recorded on the HRD.[17] The HRD is essential for producing national and local profiles and activity reports of injecting drug use in Wales to inform harm reduction planning.

In support of this, a recommendation has also been made to improve access to HRD learning materials so that all NSP staff can confidently and consistently use the database (see Recommendation 13.3).

Responsible: NSP service providers and Public Health Wales

10. Review impact of NSP staffing models on service quality

Reduce reliance on rotational staffing models to cover NSP harm reduction services and prioritise dedicated NSP workers or clearly defined specialist NSP harm reduction roles. The resulting consistency and expertise will build trust within communities, and provide expert comprehensive, holistic harm reduction interventions and continuity of care.
Responsible: APBs, NSP service providers and Drug and Alcohol Services

11. Increased collaboration and partnership working

Increase partnership working with community pharmacies and specialist substance misuse services. Wales should capitalise on the opportunity afforded by the close proximity of many pharmacies and specialist substance misuse services.

Responsible: NSP service providers

12. Improve promotion of NSP harm reduction services

Increase promotion of NSP harm reduction services to raise awareness and increase knowledge of comprehensive range of interventions the NSP harm reduction service provide, aims and benefits. To reinforce the vital role that NSP has in achieving elimination of blood borne viruses, minimising bacterial infections, prevention of overdose and drug related deaths, and the opportunity to access wider health and social care services.

Dynamic promotion of NSP services through peer outreach models to increase the reach of knowledge and understanding of the comprehensive NSP service within our most marginalised communities.

Responsible: Health Boards, APBs, NSP Service providers, and justice health services

[17] 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

13. Workforce training and capability

13.1. Strengthen NSP harm reduction training

Conduct training needs analysis to strengthen provision of mandatory NSP harm reduction training programmes and supervision that is grounded in harm reduction values and encompasses comprehensive harm reduction interventions. Regular harm reduction training updates and supervision sessions are to be provided to ensure dissemination of knowledge across the staffing team and maintenance of staff confidence and capability in NSP service delivery[18].

Responsible: APBs, NSP Service providers

13.2. Provision of training on ACT packs for skin and soft tissue infections

Staff to attend ACT pack training delivered by PHW and complete ACT online training module and video:

Access to that animated ACT training video via YouTube:
English: ACT video English
Welsh: ACT video Cymru

Access the accredited e-learning training programme via the learning@Wales website: https://learning.nhs.wales/course/view.php?id=293

Responsible: Specialist NSPs service providers, Public Health Wales

13.3. Increase access to HRD learning materials

All NSP sites to have access to the HRD learning materials and explore the development of innovative and accessible learning materials for the HRD.

Responsible: Public Health Wales

13.4. Provide peer delivered harm reduction training models for staff

Implement peer delivered harm reduction training models for staff. People with lived experience deliver staff training, with clear role descriptions, training, supervision and payment structures.

Responsible: APBs, NSP service providers and *lived and living experience networks*

[18] National Institute for Health and Care Excellence, 2014. Needle and Syringe Programmes Public Health Guidance [PH52]. [Online] Available at: https://www.nice.org.uk/guidance/ph52/chapter/Recommendations#recommendation-7-provide-people-with-the-right-type-of-equipment-and-advice

13.5. Enhance workforce capability

Staff are to have key capabilities of knowledge and skills to effectively support people experiencing multiple and sever disadvantage, embedding:

- **Multi-Professional Capabilities and Training Framework for Inclusion, Prison and Custody Suite Health Services in Wales - Public Health Wales**[19]
- **Trauma-Informed Wales Resources - Trauma-Informed Wales**[20]

Development of multi-professional staff capabilities to deliver holistic person-centred approach to improve health and social outcomes, guides consistent high-quality non-judgemental, non-stigmatising, non-discriminating practice and equity of access.

Responsible: APBs, NSP providers and Drug and Alcohol Services

13.6. Increase mental health and suicide prevention and self-harm awareness

Mental health, suicide prevention and self-harm awareness training to be provided across the multi-professional workforce to enable staff confidence and capability to recognise and respond safely and effectively to mental health, suicide and self-harm needs with a trauma informed and rights-based approach, embedding:

- Service Framework for the Treatment of People with Co-occurring Mental Health and Substance Misue Problem[21]
- Understanding: a suicide prevention and self-harm strategy[22]
- A learning and development resource for suicide and self-harm prevention: Suicide and self-harm Prevention Cymru Training Hub[23]

Responsible: APBs, NSP providers and Drug and Alcohol Services

[19] Public Health Wales, 2026. A Multi-professional Capabilities and Training Framework for Inclusion, Prison and Custody Suite Health Services in Wales, Cardiff: Public Health Wales.
[20] ACE Hub Wales, 2022. Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity, Wales: Public Health Wales NHS Trust.
[21] Welsh Government, 2015. Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem. [Online] Available at: https://www.gov.wales/sites/default/files/publications/2019-02/service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf [Accessed 16 April 2026].
[22] Welsh Government, 2025. Understanding: The Suicide Prevention and Self-harm Strategy for Wales. [Online] Available at: https://www.gov.wales/sites/default/files/publications/2025-04/understanding-suicide-prevention-self-harm-strategy.pdf [Accessed 16 April 2026].
[23] SSHP CYMRU , 2026. Suicide & Self Harm Programme Training Hub. [Online] Available at: https://www.sshp.wales/en/ [Accessed 16 April 2026].

Appendix 1:
Interview topic Guide

Topic	Areas
Harm Reduction Database (HRD)	Experiences of using the HRD, training, accessibility
NSP service	Barriers and facilitators
	Drug trends
	Perceptions and experiences of social and contextual change
ACT packs	Experiences and perceptions of providing ACT packs