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Harm Reduction Database Wales: Drug Related Mortality

Annual report 2025 (data to end of 2024)

**Annual statistical report on drug related mortality in Wales
using national health statistics and the Harm Reduction
Database Wales**

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally, and internationally, with our partners and communities. The Substance Misuse Programme works to address both the current and emerging public health threats in Wales and in line with the overarching strategic objective to 'reduce health inequalities and inequities, and prevent or reduce communicable and non-communicable disease, wider harms and premature death related to drugs and alcohol use and related risk behaviours.

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Glossary of key abbreviations

ABUHB	Aneurin Bevan University Health Board
APB	Area Planning Board
BCUHB	Betsi Cadwaladr University Health Board
CRC	Case Review Coordinator
CTUHB	Cwm Taf University Health Board
CVUHB	Cardiff and Vale University Health Board
EASR	European Age Standardised Rate
HDUHB	Hywel Dda University Health Board
HRD	Harm Reduction Database Wales
ICD-10	International Classification of Disease codes
ONS	Office for National Statistics
OST	Opioid substitution therapy
PTUHB	Powys Teaching University Health Board
PWID	People who inject drugs
SBUHB	Swansea Bay University Health Board
SCRA	Synthetic Cannabinoid Receptor Agonist
SMS	Substance misuse service

Data sources

The data found in this report has been compiled from two main sources:

1. **The Harm Reduction Database (HRD)**
 - a. Take Home Naloxone module
 - b. Fatal and Non-Fatal Drug Poisoning reviews
2. **Office for National Statistics (ONS) population mortality statistics**

1 Executive summary

1.1 Key findings and trends

1.1.1 Take-home Naloxone (THN) - HRD

- Since July 2013 THN has reportedly been used during 4,199 opioid drug poisoning events, each one a potential drug death – a fatal opioid poisoning was reported in only 1.3 per cent (n=53) events where THN was used
- In 2024, THN was reportedly used in 307 drug poisoning events, a 5.5 per cent increase on the previous year, with <5 deaths reported. The frequency of follow-on care, including ambulance attendance and hospitalisations, increased slightly
- The number of supply events and new individuals supplied have increased compared to 2023. The total number of THN kits provided in 2024 increased by 22.3 per cent, to 8,229 THN kits
- Regional variation remains in the provision and coverage of THN to those at risk of experiencing or witnessing an opioid drug poisoning event, with higher rates of kit provision observed in Powys and Swansea Bay
- Among new individuals supplied with THN in 2024, over half (53.9 per cent) were listed as family / partner / carers or professionals working with people at risk of opioid poisoning
- Amongst people who inject drugs and regularly access NSP services, 36.0 per cent only attend Pharmacy-based NSP services, where THN provision remains limited
- While THN provision in the community continued to increase in 2024, supply on release within prison settings has fluctuated substantially since 2014 when the programme began, making it difficult to identify consistent trends

1.1.2 Drug deaths in Wales - ONS

- In 2024, 417 deaths due to drug poisoning were registered in Wales, a 10.6 per cent increase from the previous year (n=377). Of these, 288 (69.0 per cent) were classified as drug misuse deaths. Drug deaths in 2024 are the highest ever recorded in Wales
- For the last decade, drug misuse deaths have been over five times higher among those living in the 20 per cent most deprived areas compared to the 20 per cent least deprived areas in Wales
- In 2024, the ratio of drug misuse deaths was 2.6:1 male to female, due to an increase in the proportion of female drug misuse deaths

- Most deaths occurred in those in the over 50 age group making up 34.4 per cent of all drug misuse deaths (n = 99) in 2024.
- There were 17 drug misuse deaths in people under the age of 25, accounting for 5.9 per cent of drug misuse deaths in 2024, an increase from 2023
- As in previous years, the most commonly reported substance group was opioids, reported in 200 deaths (69.4 per cent), of which 55.0 per cent involved heroin/morphine. Other substances commonly reported were cocaine, pregabalin, bromazolam, methadone, and diazepam.
- Poly-drug use was reported in 62.2 per cent (n=179) of drug misuse deaths.
- There remains considerable geographic variation in the age-standardised rates of drug misuse deaths across Wales, with local authority rates ranging from 2.8 to 21.2 deaths per 100,000 population

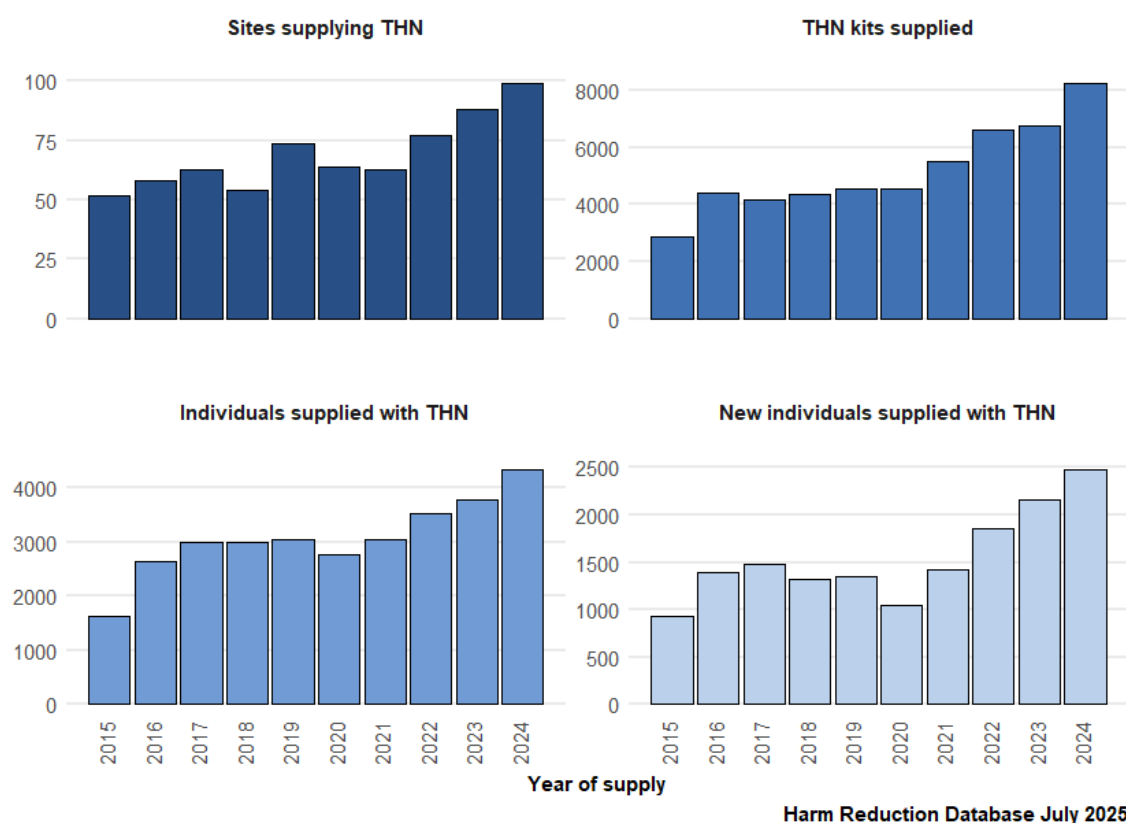
1.1.3 Fatal / non-fatal drug poisoning reviews - HRD

- Since implementation of the rapid review process on drug deaths in 2014, a total of 1,680 fatal and 1,637 non-fatal drug poisoning reviews have been conducted in Wales.
- 211 fatal drug poisoning cases were reviewed in 2024, representing 73.3 per cent of those deaths recorded by ONS
- In 85.7 per cent of cases with a known location of death, the drug poisoning incident occurred within a private residence, with the remaining 14.3 per cent of incidents occurring within a hostel facility or public place.
- 42.3 per cent of individuals were reported as living in non-secure housing or having no fixed abode (NFA) at the time of death. Where reported, 88.6 per cent (n=124) of deaths were pronounced at scene
- In 42.2 per cent of cases reviewed, no known contact was reported between the deceased and any local services health, social care, or criminal justice services in the 12 months prior to death (n=89). Of these, 60.7 per cent (n=54) were not known to any services. Very little information is available for these individuals
- Where any service contact was reported within 12 months prior to death, 95.1 per cent (n=116) had a history of mental illness or diagnosed psychiatric disorder
- Coroner's findings were reported for 33.2 per cent of fatal cases reviewed in 2024, of which 92.9 per cent were confirmed to be related to drugs

2 Preventing fatal opioid drug poisonings through distribution of take-home Naloxone (THN)

2.1 THN distribution across Wales

In 2024 in Wales, THN was supplied from 99 registered sites. The number of sites supplying THN has increased year on year from 11 'pilot' sites participating in 2009 to 99 in 2024 (Figure 1 and Table 1).



Harm Reduction Database July 2025

Figure 1: Number of sites distributing THN, individuals existing and 'new to service', and number of THN kits provided, 2015 to 2024, Wales

Since the 01 July 2013, a total of 20,049 individuals^{1,2} have been supplied with 55,289 THN kits throughout Wales. The number of individuals and kits supplied have increased consistently in recent years. In 2024:

- 4,339 individuals were supplied with THN (supply or re-supply), an increase of 14.8 per cent from 2023

¹ Note: The number of individuals supplied was calculated in previous annual reports as the sum of 'Total individuals supplied' in Table 1 and therefore included duplicates where the same individuals were supplied a kit across multiple years. This new total represents unique individuals across all years and is therefore smaller than the total published in previous years.

² THN products have an expiration date of two to three years from the time of manufacture and as such should be replaced / resupplied prior to expiry.

- 2,476 new individuals were supplied with THN, an increase of 14.4 per cent
- 8,229 THN kits supplied, an increase of 22.3 per cent

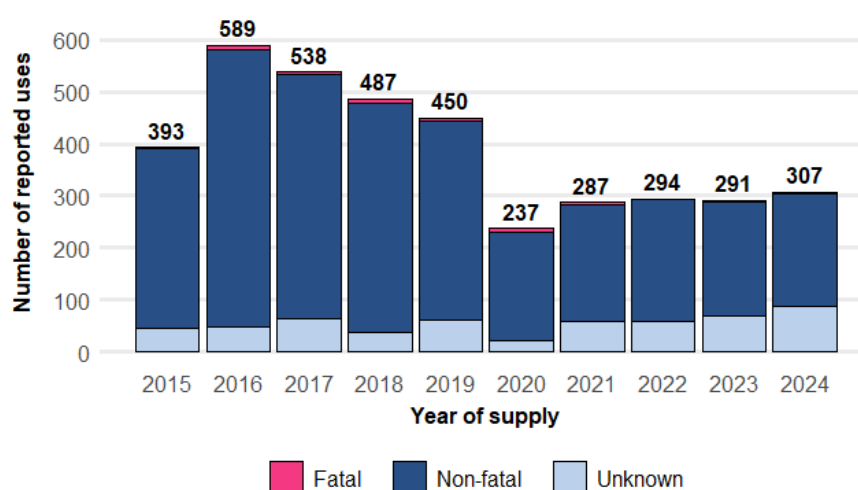
Table 1: Number of sites, individuals supplied and THN kits provided by year, 2015 to 2024

Year	Number of sites	Total individuals supplied	New individuals supplied	THN kits supplied
2015	52	1,619	932	2,862
2016	58	2,630	1,394	4,388
2017	63	3,004	1,479	4,181
2018	54	2,991	1,316	4,356
2019	74	3,045	1,354	4,543
2020	64	2,775	1,052	4,520
2021	63	3,056	1,416	5,480
2022	77	3,533	1,860	6,587
2023	88	3,780	2,164	6,731
2024	99	4,339	2,476	8,229

Harm Reduction Database July 2025

2.2 THN used in fatal and non-fatal drug poisoning events

Since July 2013 when the programme began, there have been 4,199 reported instances where THN was used during a suspected opioid poisoning event. The number of recorded uses of THN remains largely stable since 2021, though the number with an unknown outcome continues to increase (see Figure 2).



Harm Reduction Database July 2025

Figure 2: Number of reported uses of THN recorded at time of re-supply by outcome, 2015 to 2024

2.2.1 Outcome, setting, recipient, and administrator of THN

Outcome

Data on known outcome was recorded for the majority of suspected opioid poisonings where THN was reported to have been used (see Table 2). Of the 307 incidents reported in 2024:

- A fatal opioid poisoning was reported in 1.3 per cent (n<5) of incidents.
- Non-fatal opioid poisoning was reported in 70.0 per cent (n=215) of incidents
- No outcome was recorded in 28.7 per cent (n=88) of incidents

The proportion of reported fatal opioid poisonings remains low and stable over time.

Table 2: Outcome, setting, recipient, and administrator of THN at time of reported use, Wales 2015 to 2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Reported incidents where THN was used	393	589	538	487	450	237	287	294	291	307
% with known outcome	89%	92%	88%	92%	86%	91%	79%	80%	76%	71%
% fatal opioid poisoning *	<1.0%	1.5%	<1.0%	1.6%	1.3%	2.5%	1.4%	<1.0%	1%	1.3%
Recipient of THN *										
% administered to THN kit holder	12%	15%	14%	17%	19%	30%	26%	25%	34%	31%
% administered to third party	88%	85%	86%	83%	81%	70%	74%	75%	66%	69%
Person administering THN *										
% administered by self (THN kit holder)	64%	71%	73%	73%	67%	61%	61%	62%	54%	58%
% administered by professional/hostel worker	22%	11%	9%	9%	9%	13%	17%	11%	23%	20%
% administered by peer/family member	14%	18%	18%	18%	24%	26%	22%	27%	23%	23%
Setting where THN was administered *										
% administered in private residence	59%	63%	65%	63%	66%	64%	58%	58%	53%	55%
% administered in hostel	18%	11%	8%	8%	10%	12%	18%	14%	21%	15%
% administered in public place	23%	25%	27%	29%	24%	23%	24%	28%	26%	29%

Harm Reduction Database July 2025

† where THN kit was administered to a third party

* proportion of individuals where known

Recipient and administrator of THN

In 2024, the recipient of THN was reported for 80.1 per cent (n=246) of opioid poisoning incidents recorded on the HRD. Of these:

- THN was administered to a 'third party' (i.e. not the individual originally supplied with the kit) in 68.7 per cent of incidents

- Reports of kits being administered to the named 'THN kit holder' have generally increased over the years to 31.3 per cent in 2024

Setting

To reduce future fatal and non-fatal poisonings it is important to recognise and identify the common settings of opioid poisoning events to better identify appropriate interventions and targeting of services.

In 2024, the setting in which THN was used was recorded for 80.1 per cent (n=246) of incidents. Of these:

- THN use within private residences remains the most common setting, reported in 55.3 per cent of incidents, with an increase specifically in a client's own home (Table 2 & Figure 3)
- THN use within hostel settings has decreased in the most recent year, reported in 15.4 per cent of incidents
- THN use within public places increased in 2024, particularly in indoor settings, accounting for 29.3 per cent of incidents. This may be a result of ongoing training and supply to professionals and peer groups and increase in 'first responder' schemes available within some services in Wales



Figure 3: Recorded setting in which THN was reportedly used, 2015 to 2024

2.3 Follow-on care

Whilst THN remains an effective intervention for reducing fatal opioid poisonings, the acute effect of THN is time limited. As such, follow-on care – including paramedic/ambulance call – is essential in every instance of THN administration to ensure an individual does not relapse into an opioid poisoning. Details surrounding the request for follow-on care was recorded for 79.2 per cent (n=243) of incidents where use of THN was reported in 2024. Summary of actions taken can be found in Table 3 & Figure 4. In 2024:

- Ambulance was called to attend 56.0 per cent of incidents (n=136) where THN use and follow-on care was reported, an increase from the previous year
- The number and proportion of incidents where no ambulance was called, and where follow-on care was recorded, has decreased in the most recent year and remains lower than most years prior
- Where ambulance was called, the individual was taken to hospital in 48.5 per cent (n= 66) of incidents and individuals refused to go to hospital in 25.0 per cent (n=34) of incidents

Table 3: Recorded follow-on care following reported use of THN, 2015 to 2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Reported incidents where THN was used	393	589	538	487	450	237	287	294	291	307
Ambulance called	256	314	232	224	179	116	124	116	110	136
Taken to hospital	150	162	116	113	82	55	61	56	52	66
Refused hospital	96	87	55	62	59	24	36	31	32	34
No further action	10	65	61	49	38	37	27	29	26	36
No ambulance called	114	245	255	232	217	100	100	129	123	107
No follow-on care recorded	23	30	51	31	54	21	63	49	58	64

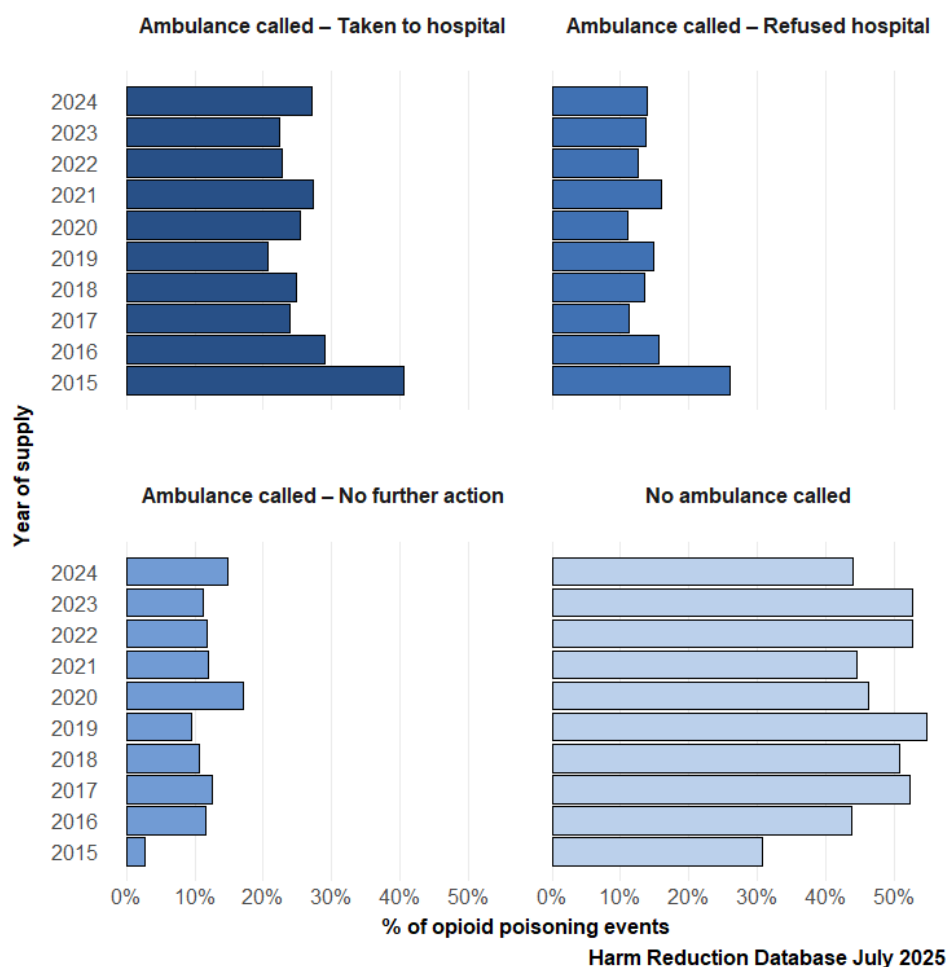
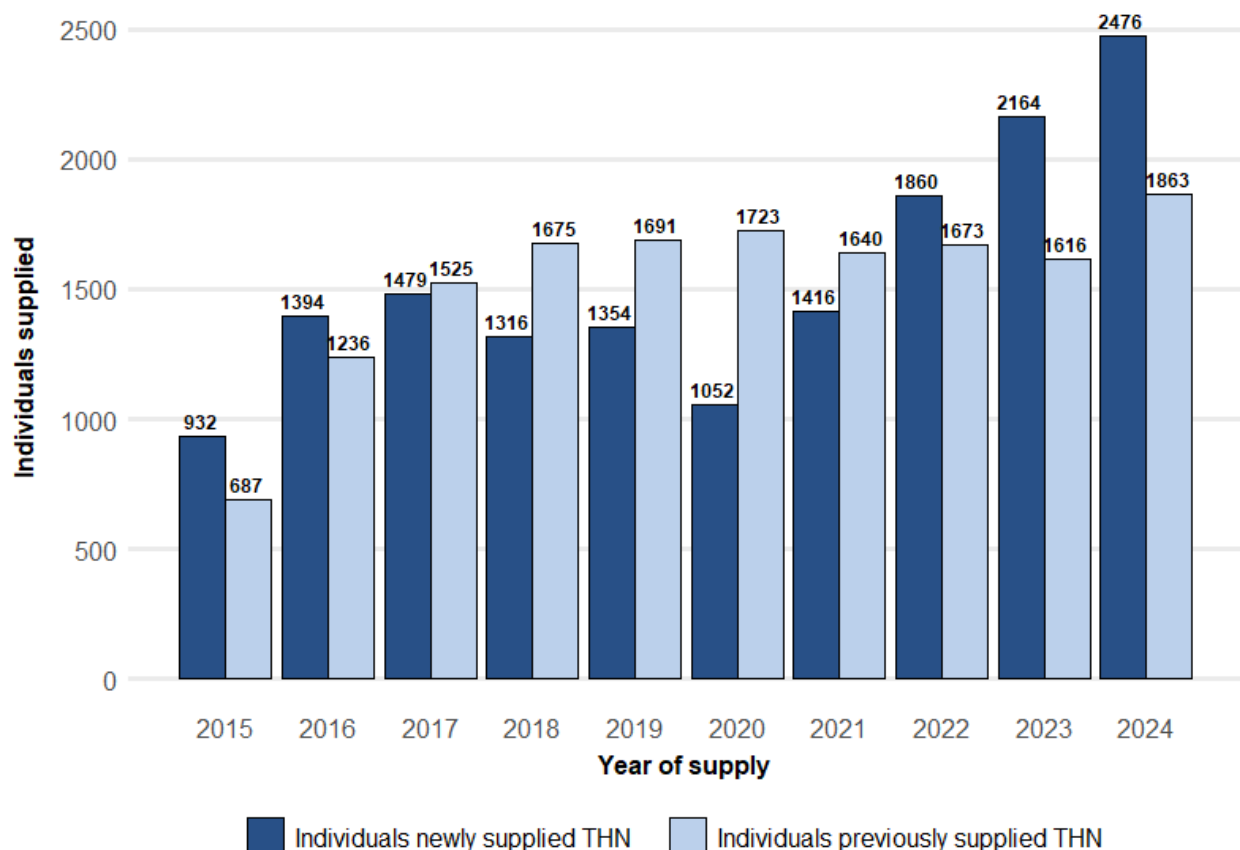


Figure 4: Proportion of reported uses of THN where follow on care was recorded, Wales, 2015 to 2024

2.4 Individuals supplied with THN for the first time

A total of 20,049 individuals have been supplied THN since the program began. The number of new unique individuals supplied with THN in Wales increased by 14.4 percent, from 2,164 in 2023 to 2,476 in 2024. While this number continues to increase, supply rates to new individuals may decrease overtime as THN becomes widespread amongst the 'at-risk' population.

Data from the Harm Reduction Database Wales: Needle and Syringe Programme (NSP) module indicates that in 2024-25, there were 2,865 people who inject drugs (PWID) in Wales reporting use of opioids and regularly accessing NSP services. Of these, 36.0 per cent only access Community Pharmacy based services, with rates even higher in rural regions. Although THN has been made available from all specialist substance misuse service NSPs in Wales, provision within Community Pharmacy based NSP services remains severely limited.



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Figure 5: Number of individuals supplied with THN by year, 2015 to 2024

2.4.1 Role of new individuals supplied with THN

Amendments to the Human Medicines Act Regulations in 2015 provided opportunities for a wider range of individuals to be issued THN, including family, partners and carers of people considered 'at risk', and professionals who are in increased contact with individuals who use opioids. In 2024, 51.7 per cent (n=1,280) of new individuals supplied with THN were either family or carers of an 'at risk' individual (22.2 per cent) or professionals (77.8 per cent). The number and proportion of people 'at risk' being supplied with THN has increased in 2024 (42.5 per cent; Figure 6).

Additional amendments have been made to the Human Medicines Act Regulations introducing nasal THN as an alternative preparation method for supply. This amendment provides opportunity of widening distribution of THN to peer and professional groups, particularly in instances where an injectable preparation was viewed as a barrier to use.

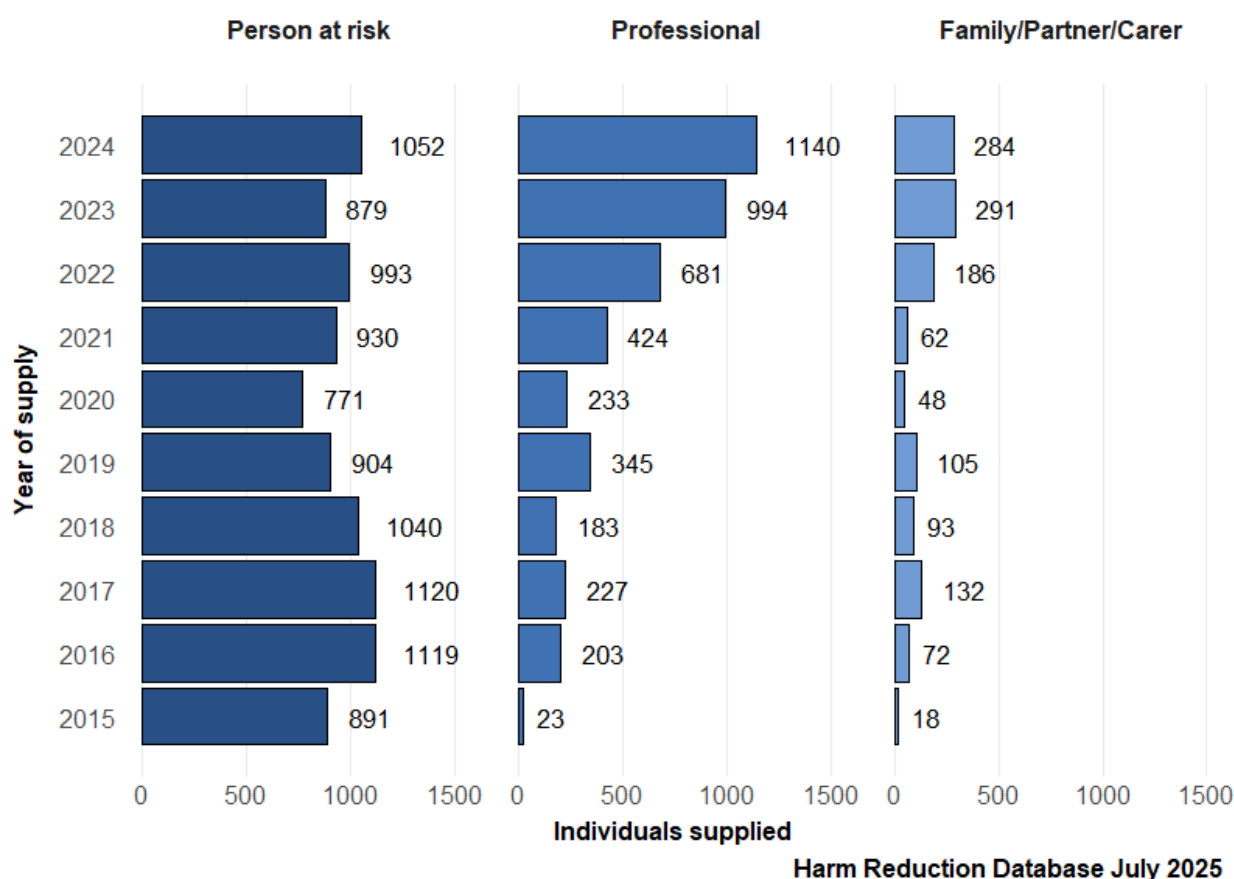


Figure 6: Number of new individuals supplied THN by risk characteristic and role, 2015 to 2024

2.4.2 Demographics of at-risk individuals newly supplied with THN

At risk individuals include those likely to experience or witness an opioid poisoning event and includes individuals injecting or using opioids including heroin and/or in receipt of opioid substitute treatment (OST) such as methadone or buprenorphine. Amongst those supplied with THN in 2024, the median age and range, and proportion of individuals aged 50+ years have all increased since 2015 (see Table 4). This data is consistent with a slight increase in the median age of PWID using opioids accessing NSP services in Wales.

Distribution by sex has varied over time, with the proportion of individuals receiving THN who are male increasing to 71.4 per cent in 2024 following low rates of 57.7 per cent in 2023 (see Table 4).

Table 4: Demographics of new individuals considered 'at risk' of an opioid poisoning event supplied THN, 2015 to 2024

Risk factor	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
New individuals supplied	725	1,119	1,120	1,040	904	771	930	993	879	1,052
Person "at risk" of opioid poisoning	80.4%	80.2%	78.5%	76.5%	76.7%	74.7%	52.9%	49.1%	51.2%	47.0%
Under 25 years	8.4%	7.8%	7.7%	8.0%	7.5%	7.8%	9.2%	9.6%	9.7%	9.8%
Over 50 years	7.7%	8.0%	9.4%	10.0%	12.8%	14.8%	16.7%	16.1%	18.8%	21.4%
Median age (years)	36	36	37	38	38	38	38	39	39	40
Male	75.0%	70.2%	69.5%	68.8%	70.6%	75.6%	73.5%	68.0%	57.7%	71.4%
Primary risk factor*										
Poly-drug use	56.8%	59.9%	63.9%	62.6%	58.0%	55.5%	49.6%	64.7%	70.5%	60.9%
Recently left detox	9.7%	11.3%	11.7%	11.6%	9.9%	5.0%	3.3%	5.6%	6.8%	3.0%
Recently released from prison	19.5%	12.7%	11.1%	12.4%	17.8%	29.5%	30.5%	14.1%	6.4%	19.4%
New opiate user	14.0%	16.0%	13.4%	13.4%	14.3%	10.0%	16.7%	15.6%	16.3%	16.8%
Living in non-secure housing/NFA*	10.2%	13.1%	8.8%	12.3%	11.4%	5.9%	12.7%	3.5%	14.9%	11.0%
Reported history of opioid poisoning (ever)	46.3%	43.7%	41.5%	37.7%	43.7%	43.8%	45.5%	40.0%	31.8%	39.5%

* proportion of individuals where data has been recorded on the HRD

Harm Reduction Database Wales, July 2025

The proportion of new 'at risk' individuals supplied THN and reporting non-secure housing / fixed address (NFA) has fluctuated over the years, with lowest rates observed in 2022 (3.5 per cent) and highest rates in 2023 (14.9 per cent). In 2024, this proportion slightly decreased to 11.0 per cent, consistent with the average over the past ten years. This is contrary to trends observed within NSP services, where non-secure / NFA housing within individuals reporting use of opioids increased between 2015/16 and 2020/21 but slightly decreased in more recent years.

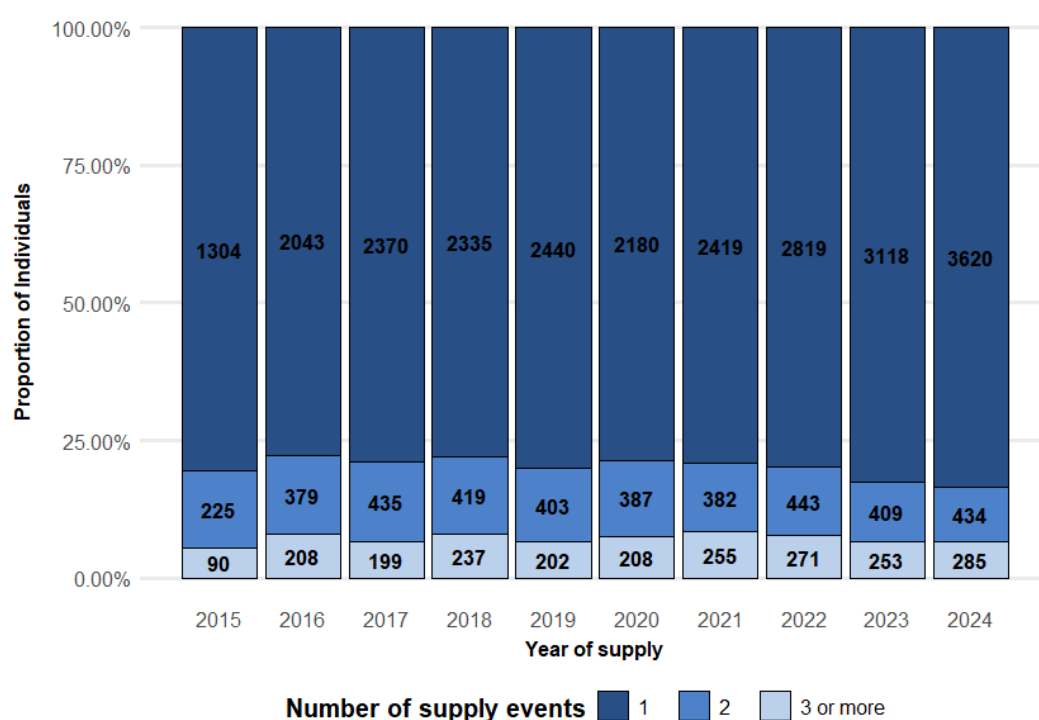
The highest risk of opioid poisoning event is amongst those with poly-drug use, and those recently released from prison. The proportion of individuals issued with THN following recent release from prison has fluctuated over time, with rates of 19.4 per cent in 2024. While this is a large increase from 2023 rates, it remains lower than 2021 rates.

2.5 Resupply of THN

Individuals who carry THN are able to collect replacement or additional kits from SMS services. In 2024, there were a total of 5,806 supply events across Wales. Of these, 3,286 were re-supply events, a decrease of 13.8 per cent compared to the previous year. Of all individuals supplied with THN in 2024:

- 82.7 per cent (n=3,620) were supplied with THN once
- 10.5 per cent (n=434) were supplied THN twice
- 6.8 per cent (n=285) were supplied three or more times

These figures are largely consistent with previous years, though the proportion of individuals supplied only once has slightly increased in recent years, as shown in Figure 7.



Harm Reduction Database July 2025

Figure 7: Proportion of individuals supplied with THN multiple times within a one year period, 2015 to 2024

2.5.1 Reason for re-supply

A reason for re-supply was provided for all re-supply events. As per previous years 'kit lost' represents the most common reason for re-supply, recorded for 39.0 per cent (n=1,282) of events in 2024. These rates have remained largely consistent since 2015 with small amounts of fluctuation, though 2024 represents the lowest reported rate.

An increase in the proportion of re-supply events resulting from clients 'returning for spare kit' has been observed in recent years, peaking in 2024 at 33.4 per cent (n=1,099). A further 9.3 per cent (n= 307) reported using their previous THN kit in a drug poisoning event, consistent with recent years. It is not possible to evidence how many kits supplied may have been used in opioid poisoning event if the individual does not return for resupply. The remaining 18.2 per cent of individuals were re-supplied because 'kit was out of date' (n=598), broadly consistent with recent years.

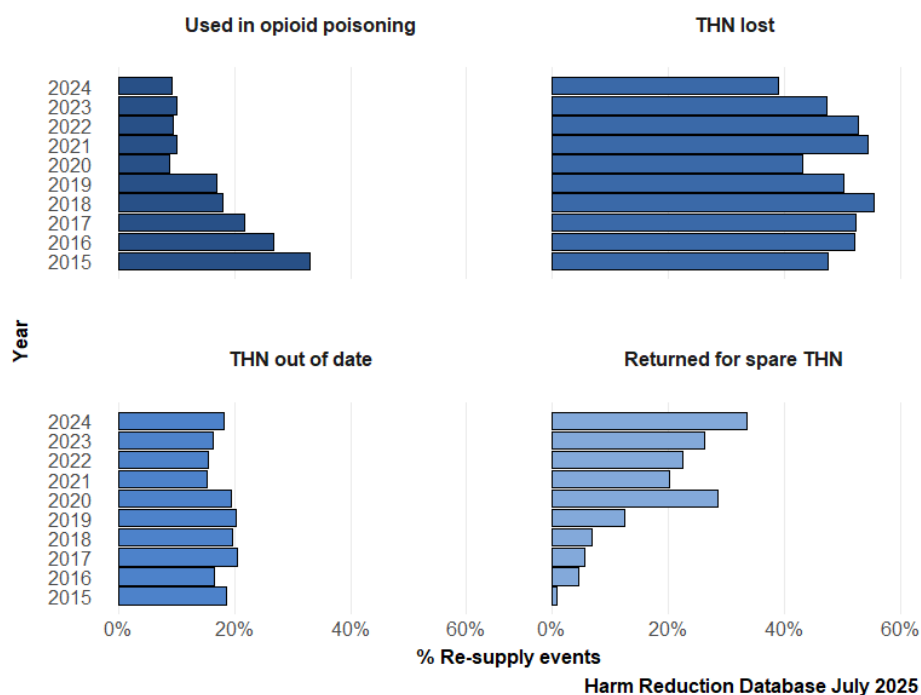


Figure 8: Reasons for re-supply as reported, 2015 to 2024

2.6 THN distribution by health board

In 2024, the European Age Standardised Rate (EASR) for all individuals supplied with THN in Wales was 184.3 per 100,000 population, and 152.2 per 100,000 population for new individuals, both representing an increase from the previous year. Geographical comparisons between health boards (see Table 5, Figure 9, Table 6, Figure 10) highlight variation in individuals supplied with THN.

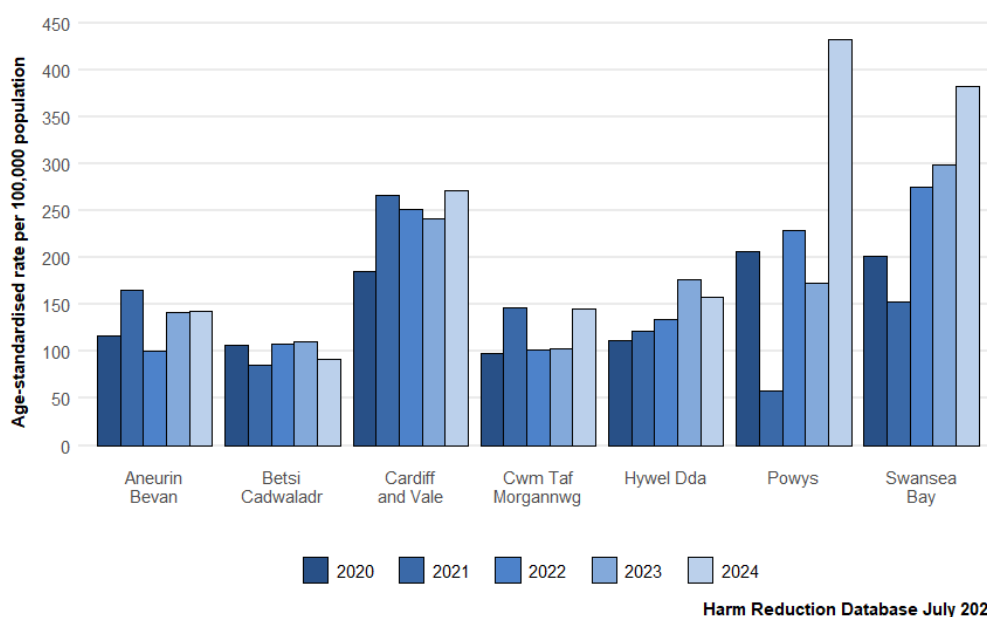


Figure 9: European age-standardised rate (EASR) of all unique individuals provided with THN by Health Board, 2015 to 2024

Table 5: Current number of sites, individuals and THN kits supplied by Health Board area in Wales, alongside EASR per 100,000 population - all individuals supplied with THN, 2020 to 2024

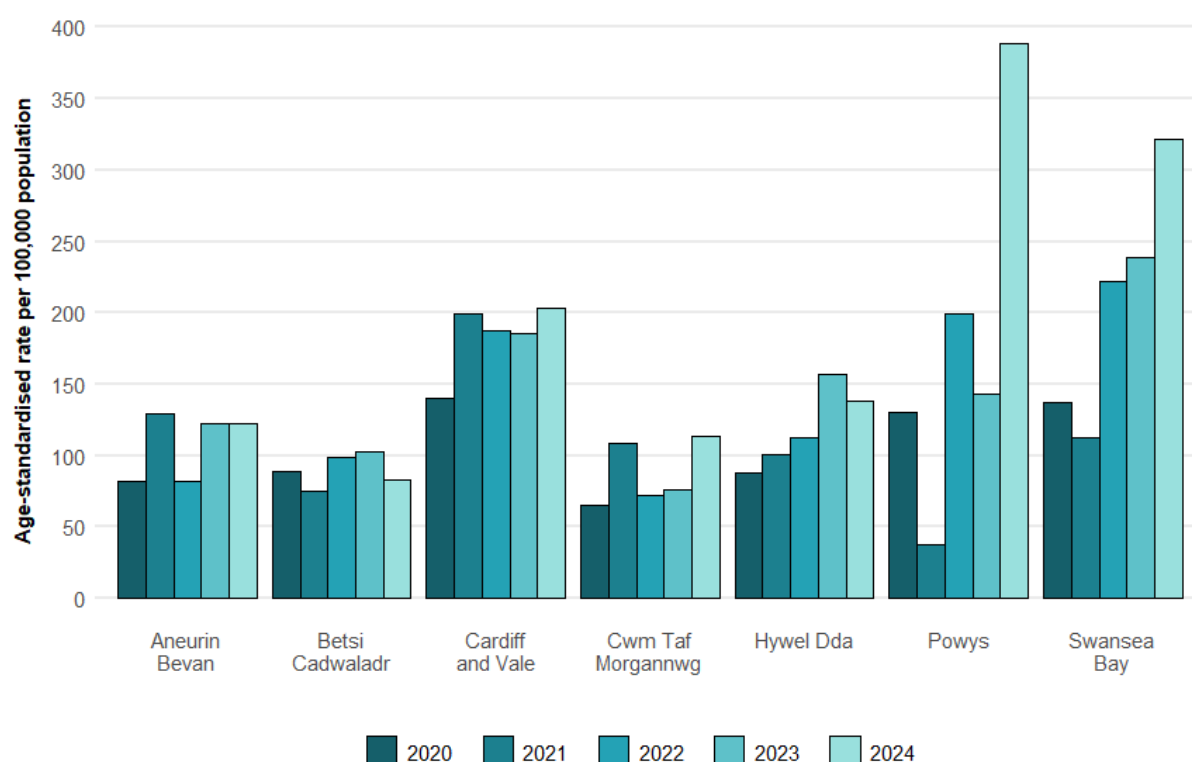
Health board	Sites supplying THN 2024*	Kits issued 2024*	Individuals supplied 2024*	EASR individuals supplied				
				2020	2021	2022	2023	2024
Aneurin Bevan	16	1,416	642	116.2	164.9	100.0	142.4	143.6
Betsi Cadwaladr	12	616	450	107.4	85.5	108.2	110.7	91.5
Cardiff and Vale	14	2,380	1,033	185.7	266.7	251.1	241.3	271.4
Cwm Taf Morgannwg	23	1,006	460	98.5	146.4	101.2	103.6	145.6
Hywel Dda	11	573	393	111.7	122.3	134.0	177.3	158.2
Powys	9	520	326	206.6	57.9	229.7	172.8	432.7
Swansea Bay	14	1,718	1,121	202.2	152.5	275.3	299.3	383.0
Wales †	99	8,229	4,339	115.7	136.8	145.6	150.2	184.3

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* Includes THN supplied by Prisons located within Health Board

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents

Among all individuals supplied with THN, the highest rates of THN supply in 2024 were recorded in Powys and Swansea Bay (432.7 and 383.0 per 100,000 population, respectively), with lowest rates observed in Betsi Cadwaladr (91.5 per 100,000 population).



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Figure 10: European age standardised rate (EASR) of new individuals provided with THN by Health Board, 2020 to 2024

Table 6: European age standardised rate (EASR) per 100,000 population - new individuals supplied with THN by Health Board area in Wales, 2020 to 2024

Health board	New individuals supplied 2024*	EASR new individuals supplied				
		2020	2021	2022	2023	2024
Aneurin Bevan	549	82.0	129.5	82.0	121.9	122.4
Betsi Cadwaladr	405	89.2	74.7	98.7	103.1	82.5
Cardiff and Vale	782	140.2	199.4	187.0	185.8	203.2
Cwm Taf Morgannwg	360	65.4	108.3	71.8	76.0	113.2
Hywel Dda	344	88.2	100.9	112.5	157.1	137.8
Powys	289	129.9	37.5	199.2	142.9	389.1
Swansea Bay	947	136.8	112.2	222.4	238.4	321.7
Wales †	2,476	84.6	104.2	117.2	123.7	152.2

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* Includes THN supplied by Prisons located within Health Board

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents

Among new individuals supplied with THN, the highest rates of THN supply to new individuals in 2024 were also observed within Powys and Swansea Bay (389.1 and 321.7 per 100,000 population, respectively), with the lowest rate observed in Betsi Cadwaladr University Health Board (82.5 per 100,000 population). The trends between all individuals and only new individuals provided with THN are generally consistent, indicating that new clients are likely driving the overall increase in rates of individuals supplied.

2.6.1 Prison vs. community

Following release from prison, people who use opioids are at increased risk of fatal and non-fatal drug poisoning. Currently THN is supplied on release within four of the six prisons located in Wales. Two further prisons located on the border of England and Wales housing Welsh residents are also included within the THN programme and report via the HRD. In 2024:

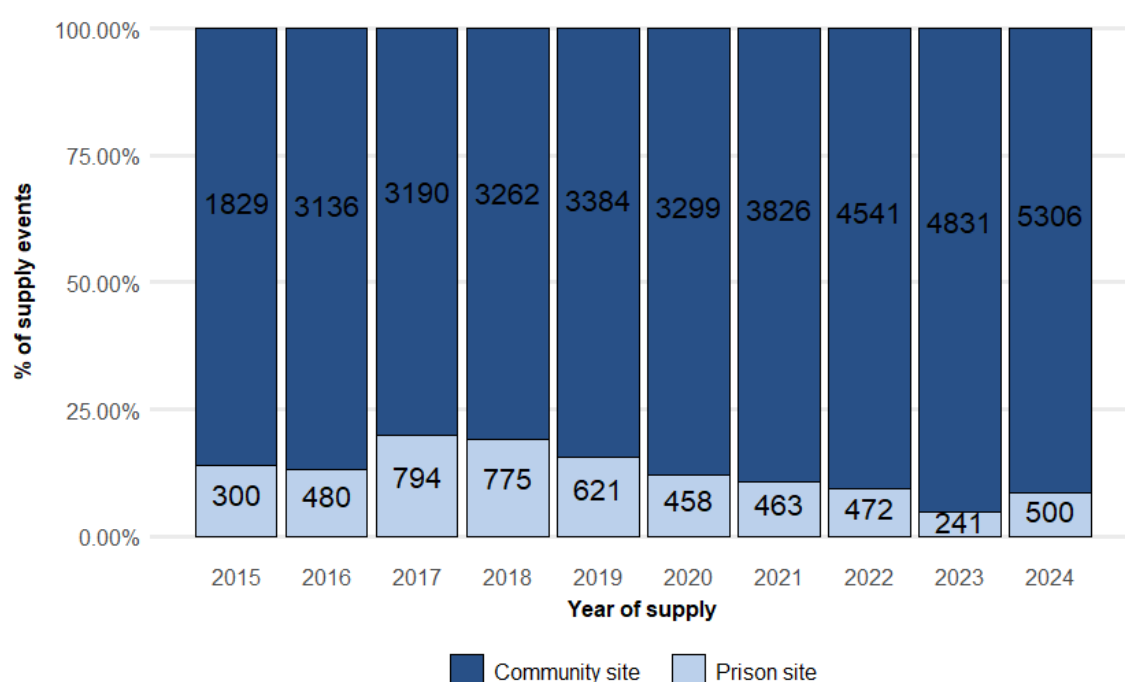
- THN was supplied on release from prison on 500 occasions (8.6 per cent of all supply events) to either new individuals or as a re-supply, representing a substantial increase of 107.5 per cent from the previous year
- Of the 500 supply events in prison, 424 were unique individuals, an increase of 124.3 per cent compared to the 189 individuals supplied in 2023
- Overall, THN supply in prison settings increased in 2024 compared to 2023, when supply was at its lowest, and remains more consistent with previous trends (Table 7)

Table 7: Number of THN supply events conducted within prison setting, by prison and year, 2015 to 2024

Site	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
HMP Berwyn	0	0	3	22	97	186	181	79	0	0
HMP Cardiff	146	256	270	233	163	151	198	230	144	212
HMP Eastwood Park*	0	43	223	229	186	57	73	122	44	0
HMP Parc	38	32	59	98	50	22	0	0	3	39
HMP Stoke Heath*	0	0	2	2	0	0	0	0	0	0
HMP Swansea	116	149	237	191	125	42	11	41	50	249
Wales	300	480	794	775	621	458	463	472	241	500

Harm Reduction Database July 2025

* THN supplied to Welsh population within prison population



Harm Reduction Database July 2025

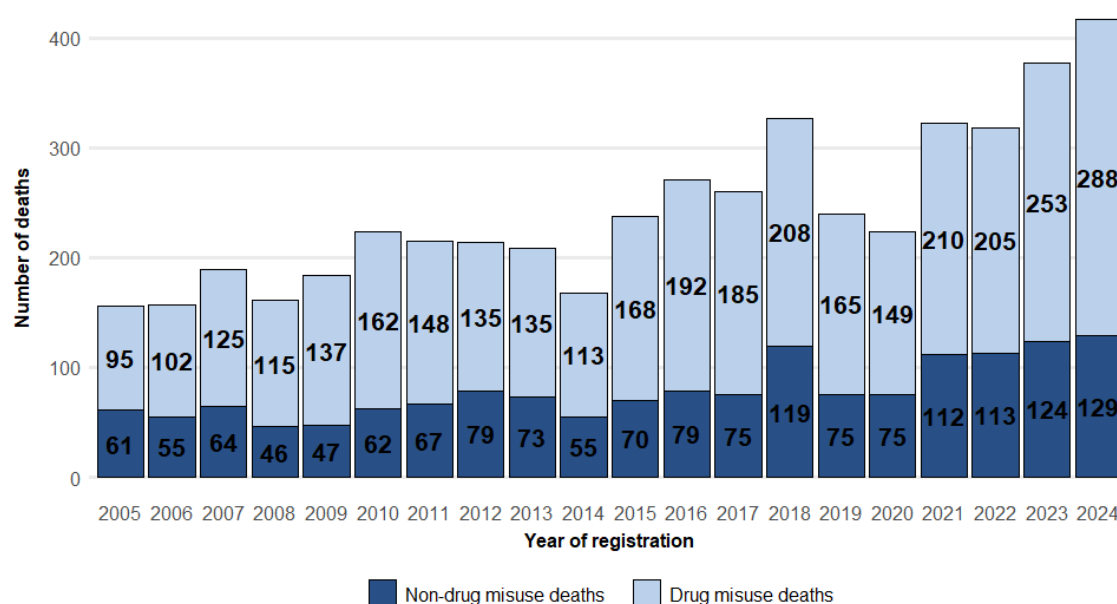
Figure 11: Proportion of THN supply events within prison compared to community sites, 2015 to 2024

3 Drug Deaths in Wales

3.1 Drug Poisoning Deaths

In 2024, 417 deaths due to drug poisoning were registered in Wales, an increase of 10.6 per cent on the previous year, and the highest number recorded to date. Of the drug-poisoning deaths, 69.1 per cent (n=288) were defined as drug misuse deaths, specifically drug deaths involving illicit drugs controlled under the Misuse of Drugs Act 1971 and other related legislation.

There was a 13.8 per cent increase in drug misuse deaths in 2024 compared to the previous year, with 288 drug misuse deaths, the highest number on record (see Figure 12). The number of drug poisonings not classified as a drug misuse death (non-drug misuse deaths) has remained relatively stable from the previous year at 129 up from 124 in 2023, however, this represents a slight decrease in the proportion from 32.9 per cent to 30.9 per cent.



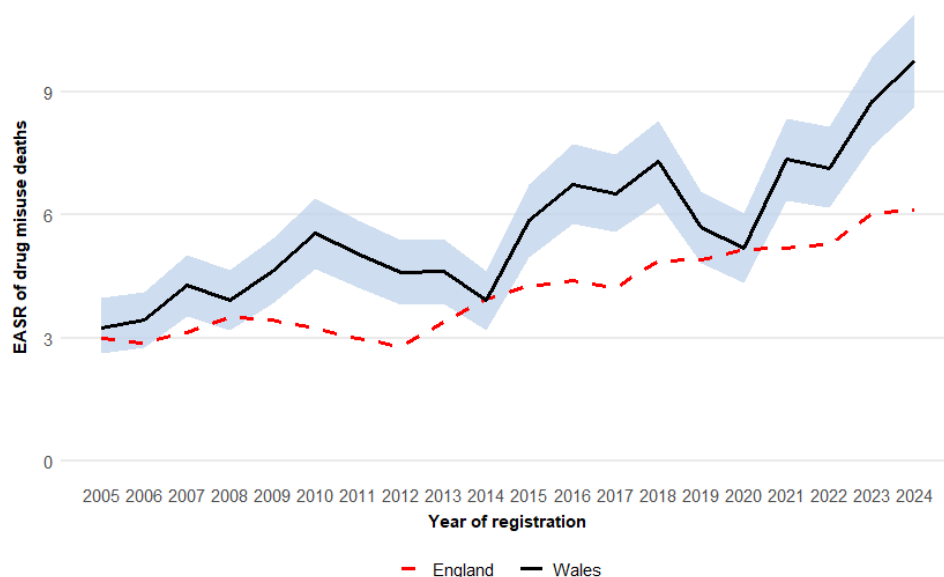
Office for National Statistics October 2025

Figure 12: Drug poisoning deaths in Wales by year of registration and drug misuse status, 2004 to 2024

The EASR per 100,000 population of drug misuse deaths in Wales has increased from 8.8 deaths per 100,000 population in 2023 to 9.7 deaths per 100,000 population in 2024. Since 2005, Wales has maintained a higher drug misuse death rate per 100,000 population than England, apart from two years, as shown in Figure 13. A direct comparison to drug misuse deaths in Scotland should be made with caution due to differences in both data collection methods and delays between date of deaths and death registrations.

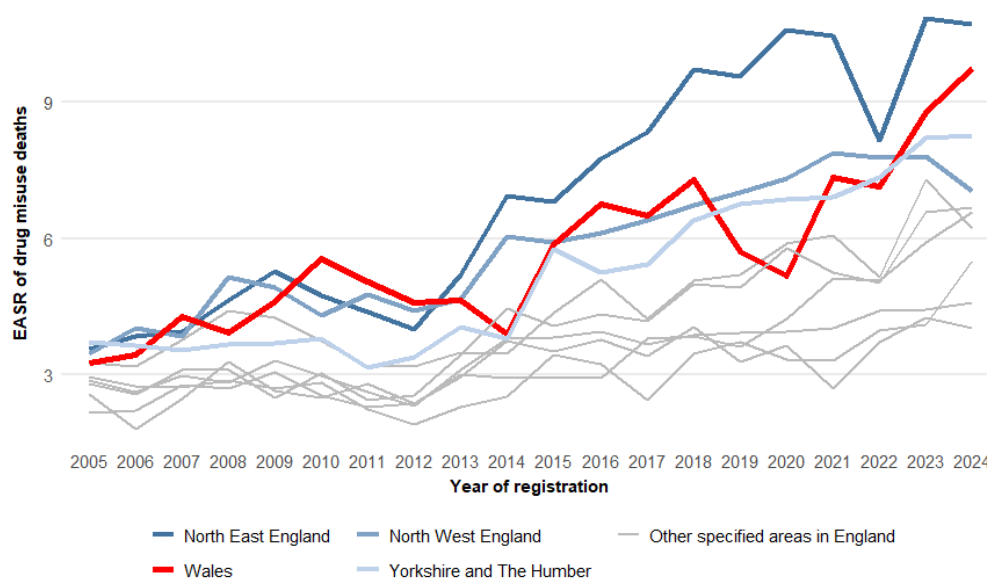
In 2024, there were 1,017 drug misuse deaths registered in Scotland,³ a rate of 19.1 deaths per 100,000 population.

Comparisons between regions across England indicate that in 2024 Wales had the second highest rate per 100,000 population of drug misuse deaths, after Northeast England (see Figure 14).



Office for National Statistics, 2025

Figure 13: Age standardised rates per 100,000 population of drug misuse deaths in England and Wales by registered year of death, with 95% confidence intervals, 2005 to 2024



Office for National Statistics, 2025

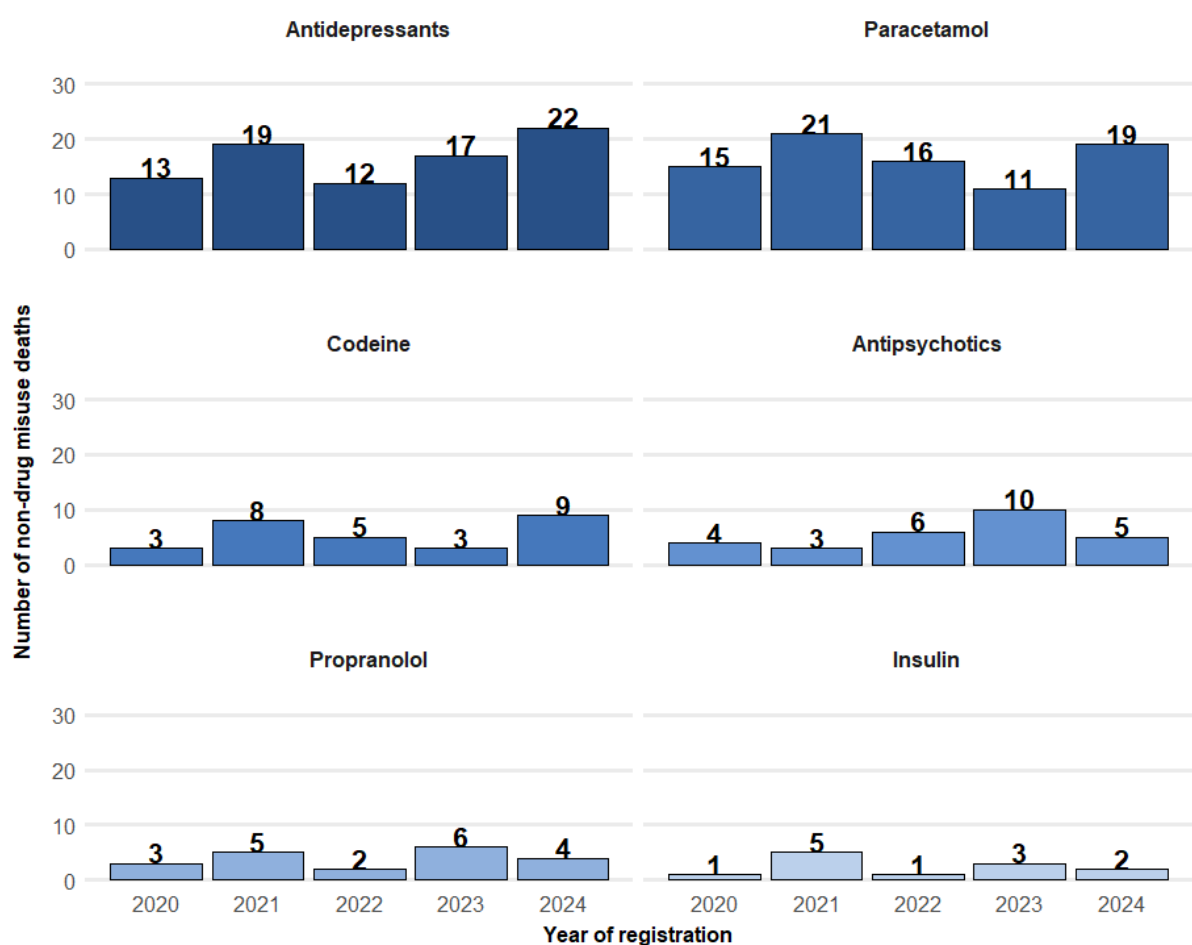
Figure 14: Rate of drug misuse deaths per 100,000 population in Wales compared to specified regions in England, 2005 to 2024

³ Drug-related deaths in Scotland, 2024. National Records of Scotland. Available at: <https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/>

3.2 Non-Drug Misuse Deaths

In 2024, 129 non-drug misuse drug poisoning deaths were registered in Wales, representing an increase of 4.0 per cent on the previous year (see Table 8), with substantial geographic variation by health board of residence.

The median age of death in this category was 49 years (range 19-92), and 62.8 per cent were male. The most common substance recorded was antidepressants, present in 17.1 per cent of drug poisonings deaths ($n = 22$; see Figure 15). There have been increases in deaths involving antidepressants, paracetamol, and codeine, in the most recent year while a decrease in deaths involving antipsychotics, propranolol, and insulin was observed. However, a single year is not sufficient to allow confidence in describing new trends. During this period, 'no named substance' was recorded for 76 non-drug misuse deaths.



Office for National Statistics October 2025

Figure 15: Number of non-drug misuse drug poisonings in Wales involving the top five substances recorded, 2020 to 2024

Table 8: Demographic data and rates for non-drug misuse drug poisonings, 2020 to 2024

	2020	2021	2022	2023	2024
Wales					
EASR (n)	2.5 (75)	3.8 (112)	3.8 (113)	4.2 (124)	4.3 (129)
Median age (years)	49	46	45	48	49
Age range (years)	20-94	21-87	19-93	14-87	19-92
% Male	56%	61%	58%	58%	63%
Health board EASR (n)					
Aneurin Bevan	1.7 (10)	3.4 (19)	7.8 (43)	6.8 (38)	3.7 (22)
Betsi Cadwaladr	3.8 (25)	2.5 (17)	2.2 (15)	2.6 (18)	5.1 (33)
Cwm Taf Morgannwg	1.8 (8)	3.3 (14)	0.9 (4)	1.9 (8)	3.9 (17)
Cardiff & Vale	0.9 (4)	3 (13)	0.8 (4)	4.3 (20)	2.6 (12)
Hywel Dda	4.6 (15)	4.6 (16)	3.3 (12)	4.9 (18)	3.7 (12)
Powys Teaching	3.4 (5)	0.5 (1)	2.5 (3)	3.1 (3)	4.7 (6)
Swansea Bay	2.2 (8)	9.1 (32)	8.7 (32)	5.2 (19)	7.4 (27)

3.3 Drug Misuse Deaths

The remainder of this section will summarise only drug poisonings classified as a drug misuse death as defined by ONS. A drug misuse death is a drug poisoning where the underlying cause has been classified as:

- Drug abuse
- Drug dependence
- Drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved

The most common underlying cause of death registered in 2024 was accidental poisoning, representing 84.4 per cent (n = 243) of all deaths in the year (see Figure 16). While other categories have remained relatively stable, the number of drug misuse deaths from accidental poisoning has continued to increase. All drug misuse deaths have been included in the analysis regardless of intent.

Figure 16 shows the profile of drug misuse deaths by underlying cause of death as reported on the death certificate.

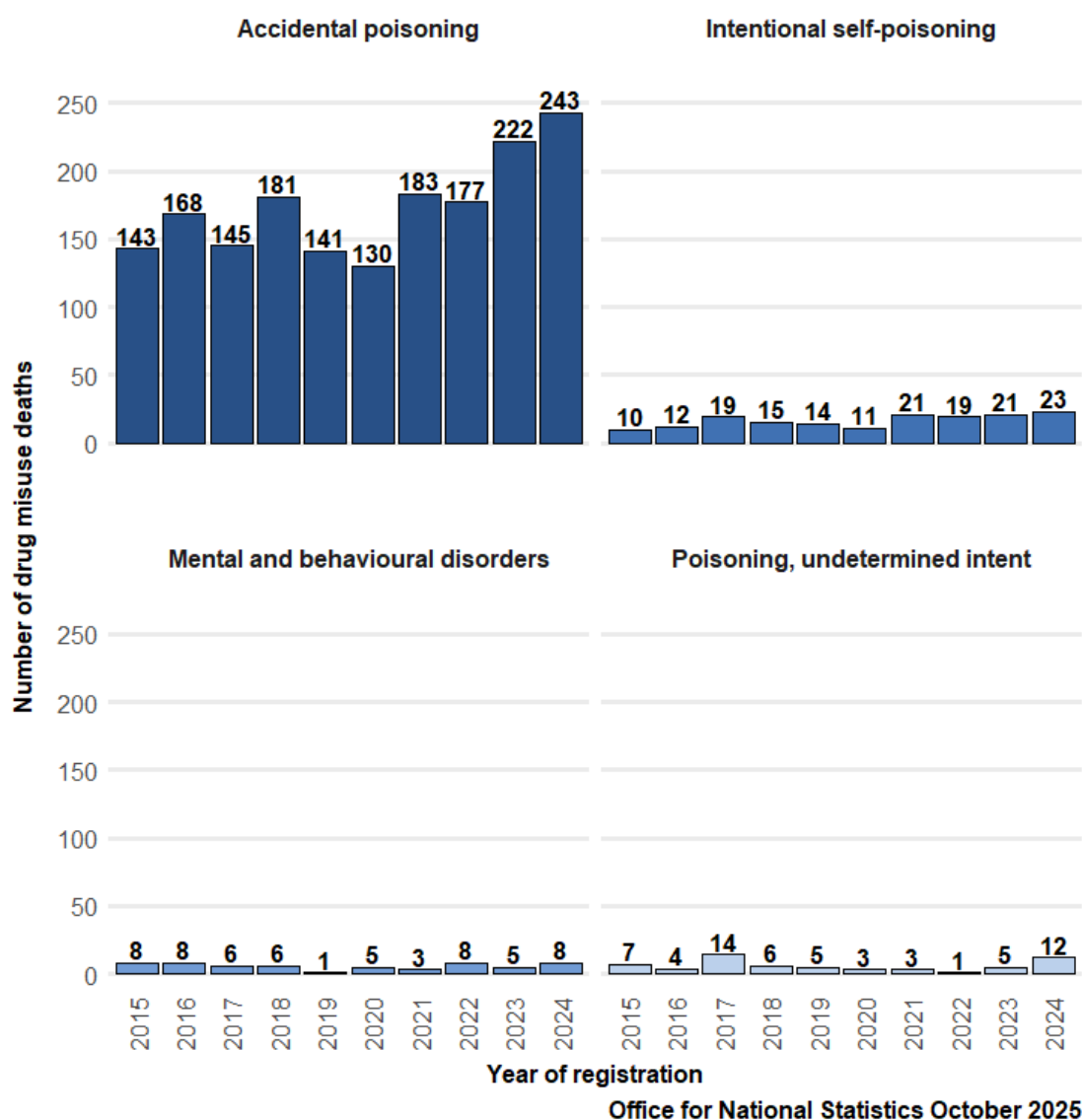


Figure 16: Underlying cause of death for drug misuse deaths in Wales by year of registration, 2015 to 2024

3.4 Demographic profile

3.4.1 Welsh index for multiple deprivation

Drug harms are typically associated with social and economic deprivation. Taking all 2,023 drug misuse deaths in Wales occurring in the last ten years, 38.7 per cent occurred amongst those from the 20 per cent most deprived areas (deciles 1-2) (see Figure 17). As such, drug misuse deaths were over five times higher in those living in the most deprived quintile compared with the least deprived quintile.

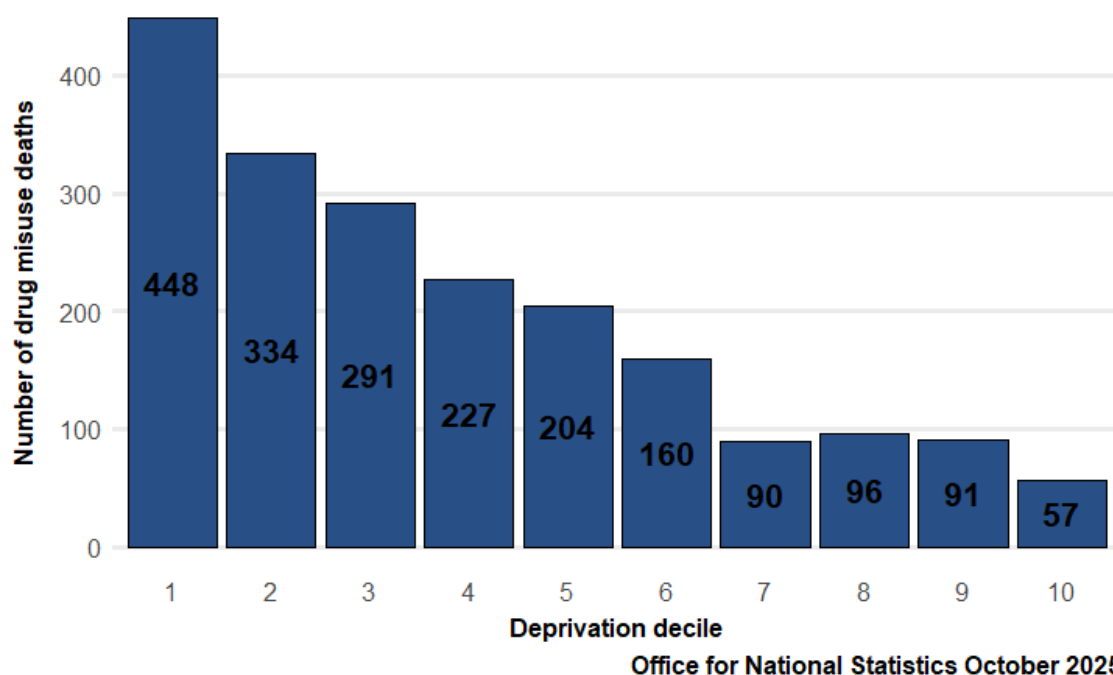


Figure 17: Cumulative number of drug misuse deaths by deprivation decile, 2015 to 2024 (1 = highest rank of deprivation to 10 = lowest rank of deprivation)

3.4.2 Sex and age

Figure 18 shows the number of drug misuse deaths stratified by sex. In 2024, the rate of deaths among males was just over 2.5 times higher than females. The number of drug misuse deaths increased more dramatically in females than in males in the most recent year.

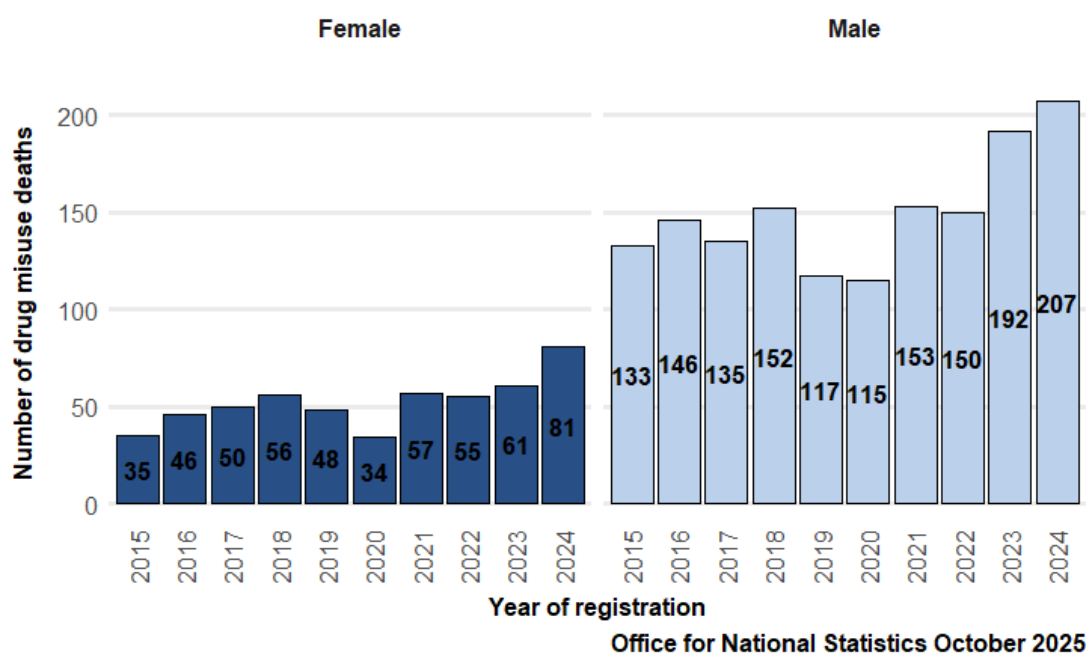


Figure 18: Drug misuse deaths by sex and year of registration, 2015 to 2024, Wales

The median age of drug misuse deaths was 45 years (range 17-88), a decrease of one year compared to 2023. The median age of death was lower among males (44 years; range 18-88) than females (47 years; range 17-83). Figures 19 and 20 indicate the proportion and number of deaths by age group, sex, and year of registration of death.

In 2024, the over 50 year age group represents the most common age group, reported in 34.4 per cent of all drug deaths (n = 99). There were 17 deaths in people under the age of 25, accounting for 5.9 per cent of drug misuse deaths in 2024, an increase from the previous year. Compared to 2023, there have been increases in the number of deaths in females within the 40+ and 50+ year age categories. Increases were also observed in the number of deaths in males aged between 35-44 years. Notable increases in deaths were also seen individuals under 30, particularly among males in the under 25 and years in the 25-29 age categories.

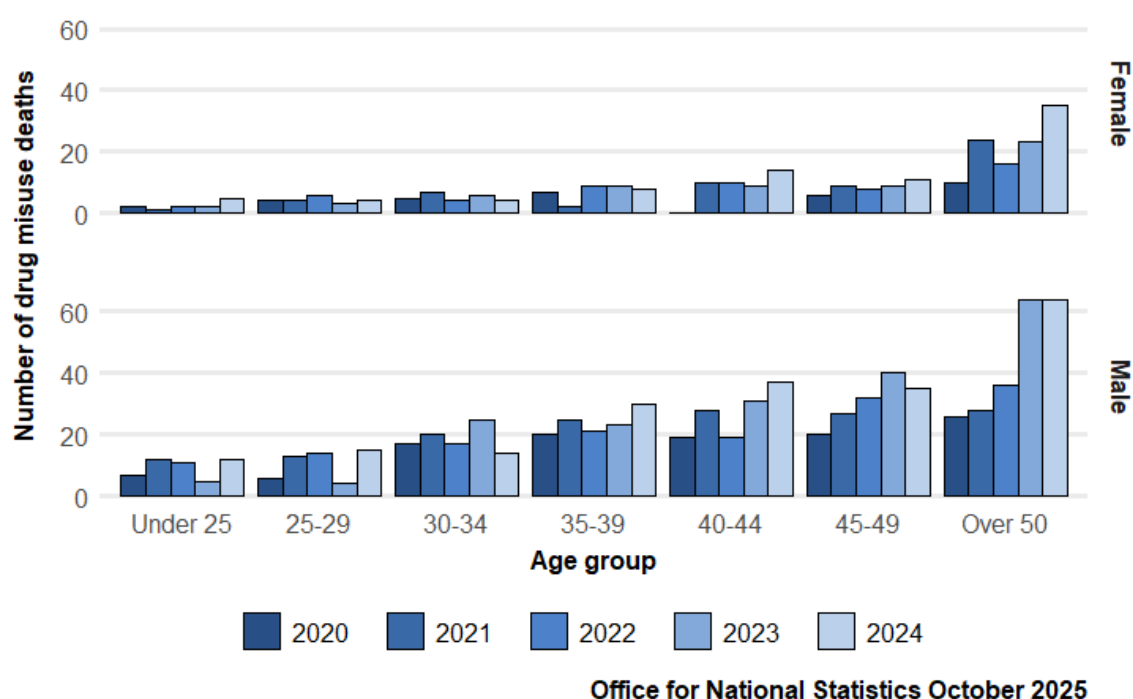


Figure 19: Drug misuse deaths by age group, sex, and year of registration, 2020 to 2024

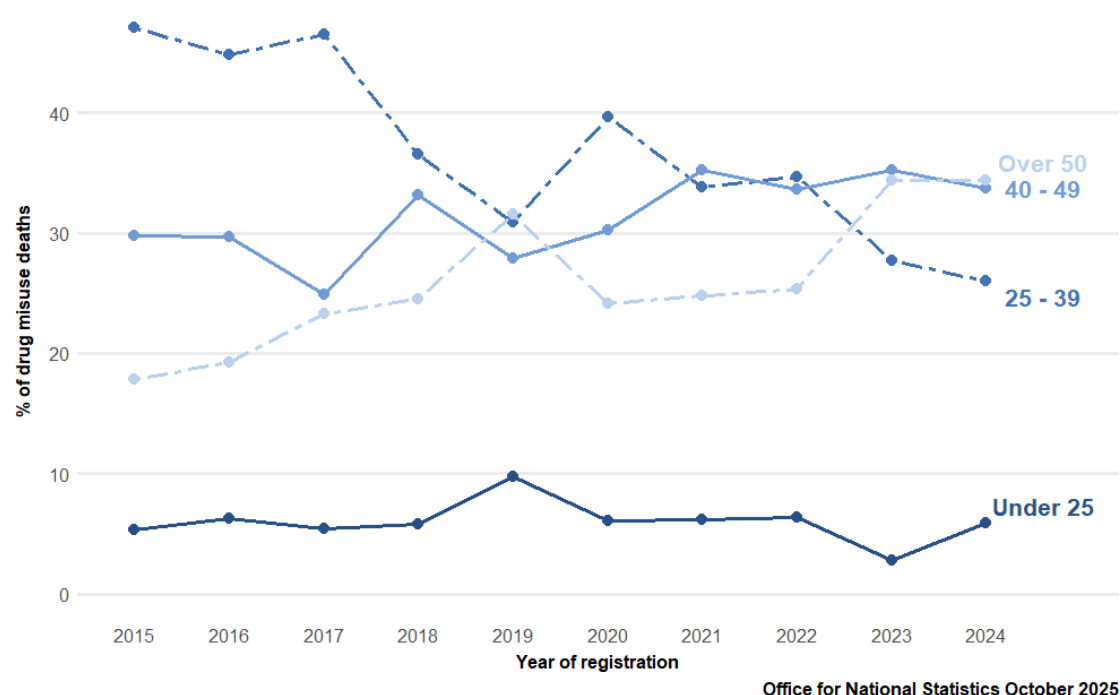
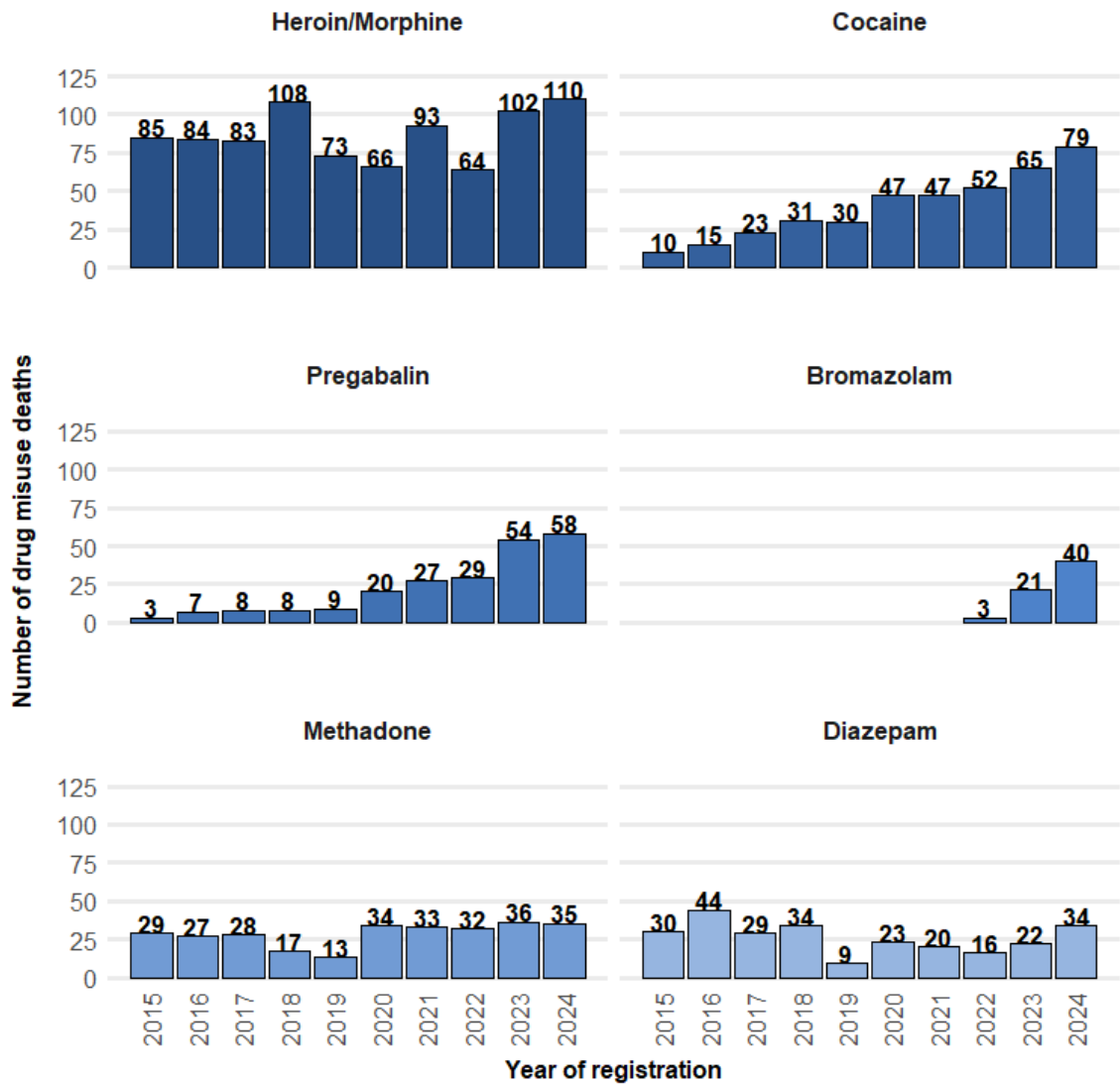


Figure 20: Drug misuse deaths by age group and year of registration, 2015 to 2024

3.5 Substances

In 2024, and consistent with previous years, the most common substance recorded for a drug misuse death in Wales was heroin/morphine, reported in 38.2 percent of deaths (n=110). While the number of heroin/morphine deaths have increased in the most recent year, the proportion has decreased (Figure 21). Other substances commonly recorded were:

- Cocaine (27.4 percent n=79)
- Pregabalin (20.1 per cent, n=58)
- Bromazolam (13.9 percent, n=40)
- Methadone (12.2 percent, n=35)
- Diazepam (11.8 percent, n=34)



Office for National Statistics October 2025

Figure 21: Top six substances recorded in drug misuse deaths in Wales, 2015 to 2024

Drug misuse deaths often involve a combination of substances, as well as alcohol and prescription only medicines (POMs) or over the counter medicines (OTCs), referred to as poly-drug use. In 2024, 62.2 per cent (n=179) of drug misuse deaths had more than one substance recorded, consistent with previous years, as shown in Figures 22, 23 and 24. Secondary substances are under-reported as not all substances identified though toxicological screening may be recorded on the death certificate.

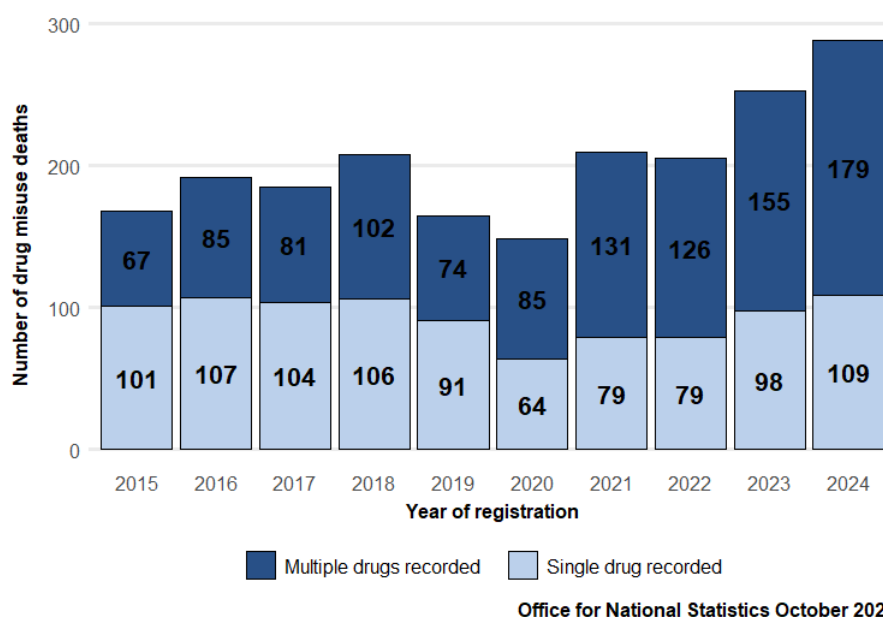


Figure 22: Drug misuse deaths with multiple substances recorded, 2014 to 2024

Alcohol use may contribute to a drug misuse death due to the combined respiratory depressant effects particularly when consumed alongside opioids and/or benzodiazepines. In 2024, alcohol was toxicologically evidenced in 19.8 per cent (n=57) of drug misuse deaths, consistent with the previous year, as shown in Figure 23.

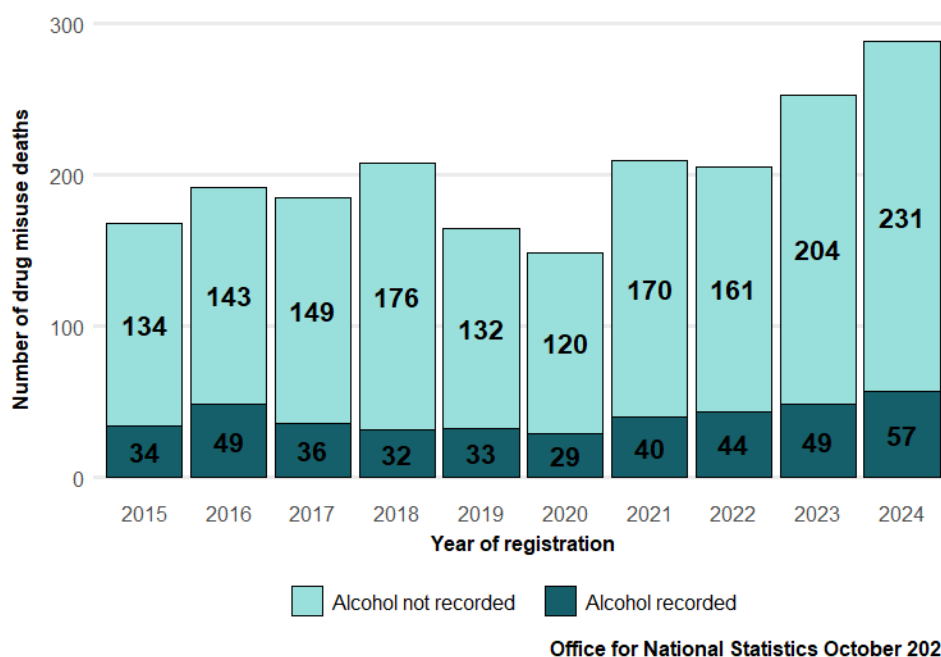


Figure 23: Drug misuse deaths in Wales with multiple substances recorded, 2014 to 2024

Figure 24 provides more detail into combinations of substances involved in drug misuse deaths registered in 2024.

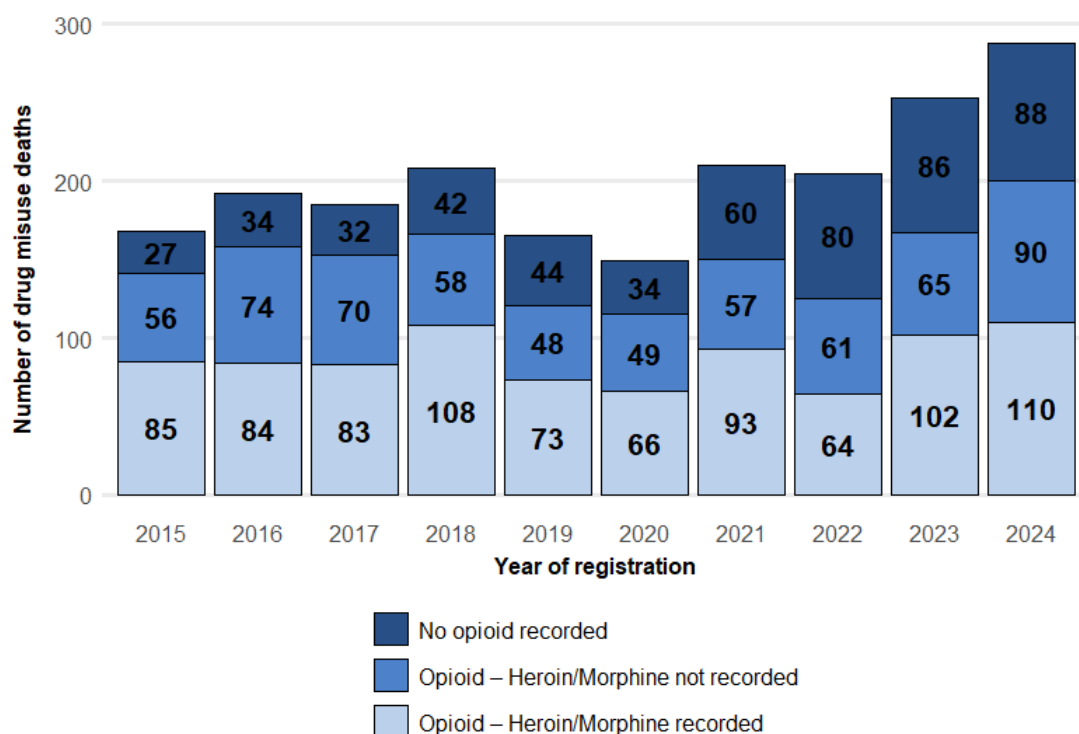


Figure 24: Relative number of drug misuse deaths involving single or combinations of drugs identified together on any position and recorded on the death certificate in Wales 2024

3.5.1 Opioids

Heroin and Morphine

Opioids represent the most common substance group recorded in drug misuse deaths in Wales. In 2024, 69.4 per cent of deaths involved an opioid (n = 200), compared to 66.0 per cent in the previous year. Of the 200 opioid deaths, 110 involved heroin/morphine (55 per cent). The remaining 90 deaths involved at least one other opioid such as methadone, codeine, or tramadol.



Office for National Statistics October 2025

Figure 25: Drug misuse deaths in Wales, by substance group and year of death registration, 2015 to 2024

The median age of heroin/morphine deaths was 46 years and the proportion of deaths involving males was 70 per cent in 2024. Demographic data for heroin/morphine deaths are shown in Table 9.

Cwm Taf Morgannwg University Health Board had the highest number and rate of deaths involving heroin/morphine, accounting for 29.1 per cent of heroin/morphine deaths in Wales in 2024. The single year EASR per 100,000 population for this region increased compared with the previous year, from 5.7 in 2023 to 7.5 in 2024. The only regions to observe a decrease in the EASR per 100,000 population were Aneurin Bevan and Hywel Dda University Health Boards.

Table 9: Summary demographic data related to deaths involving heroin/morphine by Health Board, including European age standardised rates (EASR) per 100,000 population (number of deaths in brackets), 2020 to 2024

	2020	2021	2022	2023	2024
Wales					
EASR (n)	2.3 (66)	3.3 (93)	2.3 (64)	3.5 (102)	3.7 (110)
Median age (years)	39.5	41	44	46	46
Age range (years)	20-74	17-73	22-70	19-73	17-77
% Male	70%	68%	67%	77%	70%
Health board EASR (n)					
Aneurin Bevan	0.5 (3)	1.9 (10)	1.7 (9)	4 (23)	2.9 (16)
Betsi Cadwaladr	2.1 (13)	1.3 (8)	1.1 (7)	1.3 (8)	2.4 (15)
Cwm Taf Morgannwg	2.2 (9)	6.8 (28)	3.3 (14)	5.7 (23)	7.5 (32)
Cardiff & Vale	2.2 (10)	2.1 (10)	2.4 (12)	2.5 (12)	3.6 (17)
Hywel Dda	1.8 (6)	4.9 (16)	3.2 (10)	7.3 (24)	3.9 (13)
Powys Teaching	1 (1)	4.8 (6)	0 (0)	0.5 (1)	2.8 (4)
Swansea Bay	6.6 (24)	4.3 (15)	3.6 (12)	3.1 (11)	3.6 (13)

Office for National Statistics, 2025

In 2024, 27.3 per cent of heroin/morphine deaths (n=30) were recorded as not involving any other substance, consistent with 2023 figures (n=31, 30.4 per cent). The remaining 72.7 per cent (n = 80) of deaths involving heroin/morphine included at least one other substance (see Figure 26).

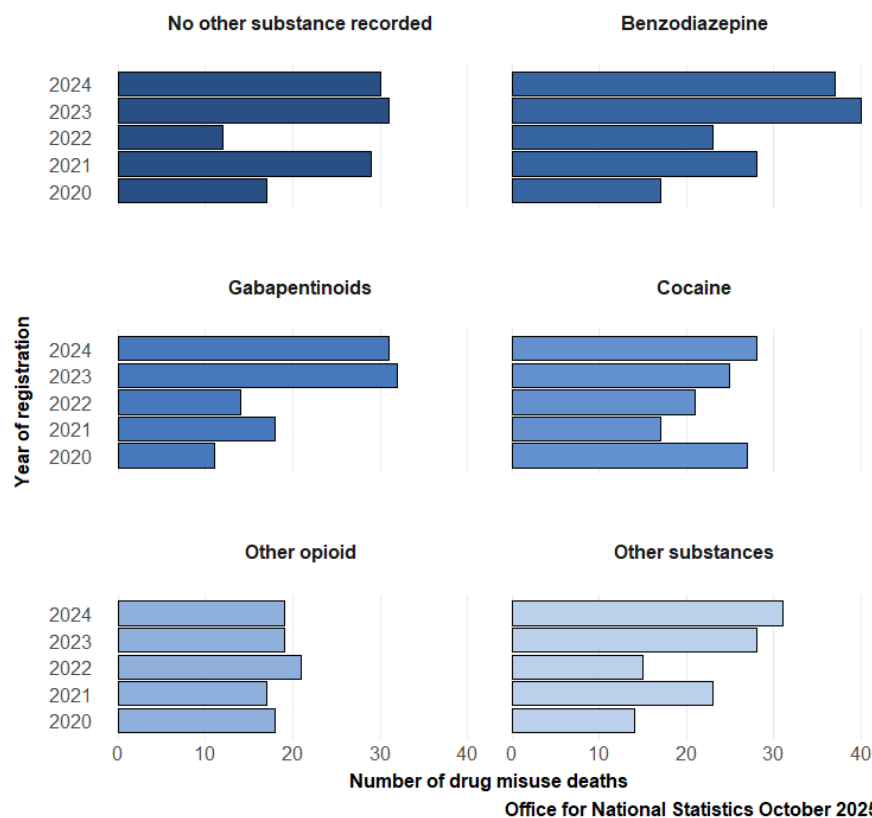
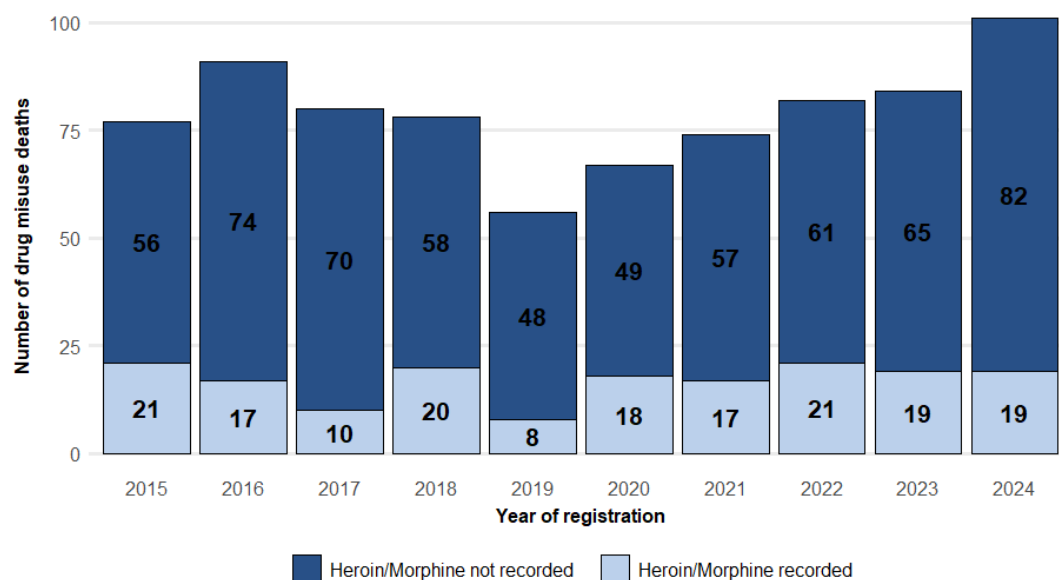


Figure 26: Heroin/morphine drug misuse deaths involving different substance groups by year of registration, 2020 to 2024

Other opioids – non-heroin/morphine

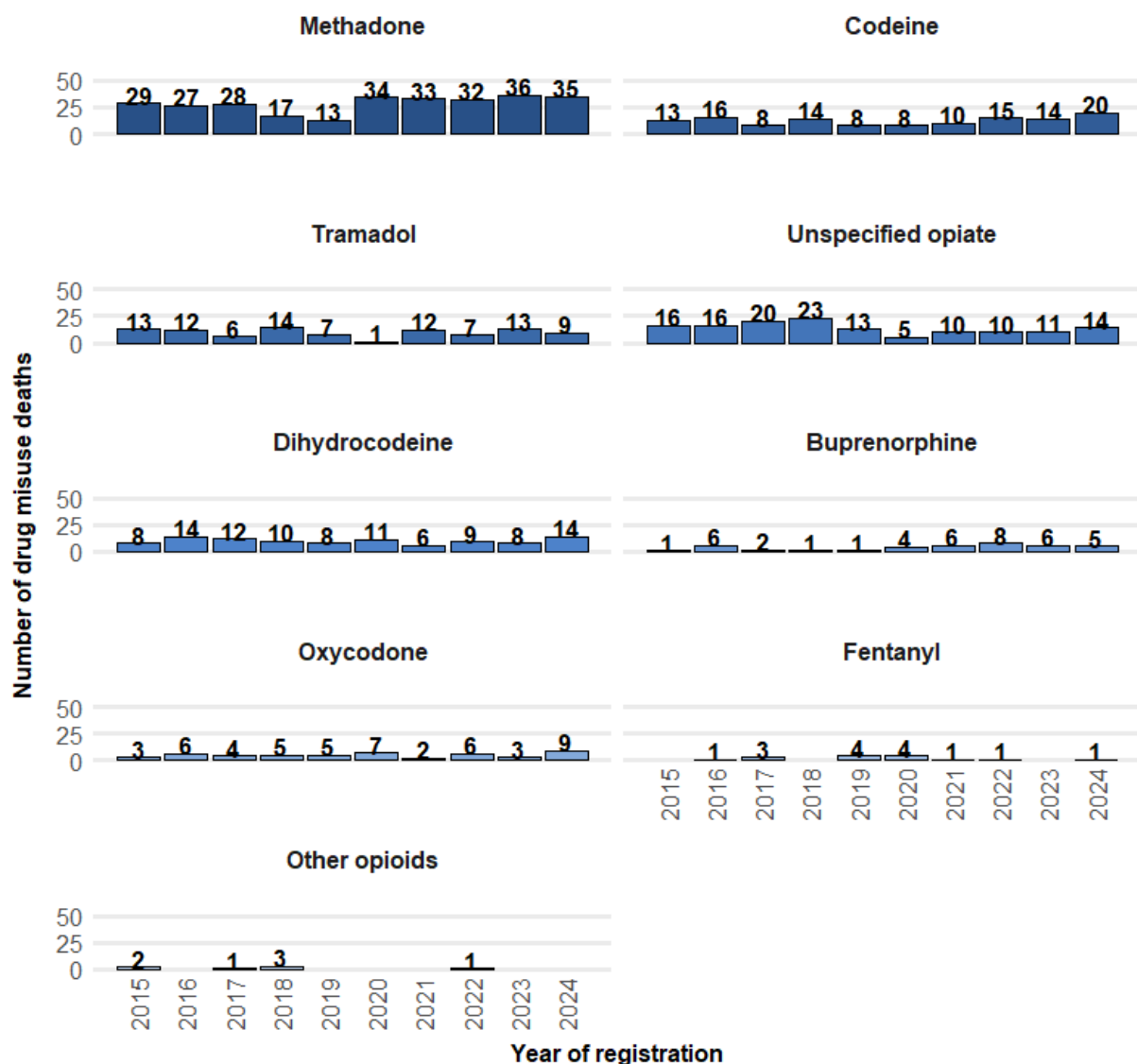
There were 101 deaths in which at least one specified opioid, other than heroin/morphine, was recorded. Although a proportion of these deaths also involved heroin/morphine, the majority did not (see Figure 27).



Office for National Statistics October 2025

Figure 27: Drug misuse deaths in Wales involving other opioids, by year of death registration, 2015 to 2024

The most common opioid recorded, other than heroin/morphine, was methadone (n=35; see Figure 28). The number of deaths involving methadone has remained high and is consistent with recent years. Other commonly recorded opioids were codeine (n = 20), tramadol (n = 9) and dihydrocodeine (n = 14). In 2024, 1 death involving fentanyl was recorded. The number of deaths involving 'unspecified opiates' remains consistent with recent years.



Office for National Statistics October 2025

Figure 28: Drug misuse deaths involving other opioids (non-heroin/morphine) by year of death registration and substance, 2015 to 2024

The median age of deaths involving 'other opioids' was 45 years compared to 46 years for deaths involving heroin/morphine, and 68 per cent were male. The highest number and rate of drug misuse deaths involving other opioids were recorded in Aneurin Bevan University Health Board with 3.9 deaths per 100,000 population (n = 23; see Table 10).

Table 10: Demographic profile of deaths involving other opioids by Health Board, including EASR per 100,000 population (number of deaths in brackets)

	2020	2021	2022	2023	2024
Wales					
EASR (n)	1.7 (49)	2 (57)	2.1 (61)	2.2 (65)	2.7 (82)
Median age (years)	45	45	46	48	45
Age range (years)	17-77	17-83	18-94	27-92	20-88
% Male	82%	67%	72%	63%	68%
Health board EASR (n)					
Aneurin Bevan	0.3 (2)	1.6 (9)	2.4 (13)	2.4 (13)	3.9 (23)
Betsi Cadwaladr	1.8 (12)	2.3 (15)	2.7 (17)	1.9 (12)	1.8 (12)
Cwm Taf Morgannwg	2.3 (10)	2.2 (9)	3.1 (13)	2.9 (12)	3.5 (15)
Cardiff & Vale	0.7 (3)	1.8 (8)	1.1 (5)	2.9 (13)	3 (15)
Hywel Dda	1.2 (4)	1.7 (6)	1.7 (6)	2.3 (8)	1.6 (6)
Powys Teaching	4.6 (4)	0 (0)	1.2 (2)	0 (0)	0 (0)
Swansea Bay	3.9 (14)	3 (10)	1.4 (5)	1.8 (7)	3.2 (11)

Office for National Statistics, 2025

Amongst the 101 deaths involving other opioids, 24.7 per cent (n=25) had no other substance recorded. In the remaining 76 deaths, substances recorded alongside opioids include benzodiazepines, gabapentinoids, antidepressants, or at least one other substance (see Figure 29).

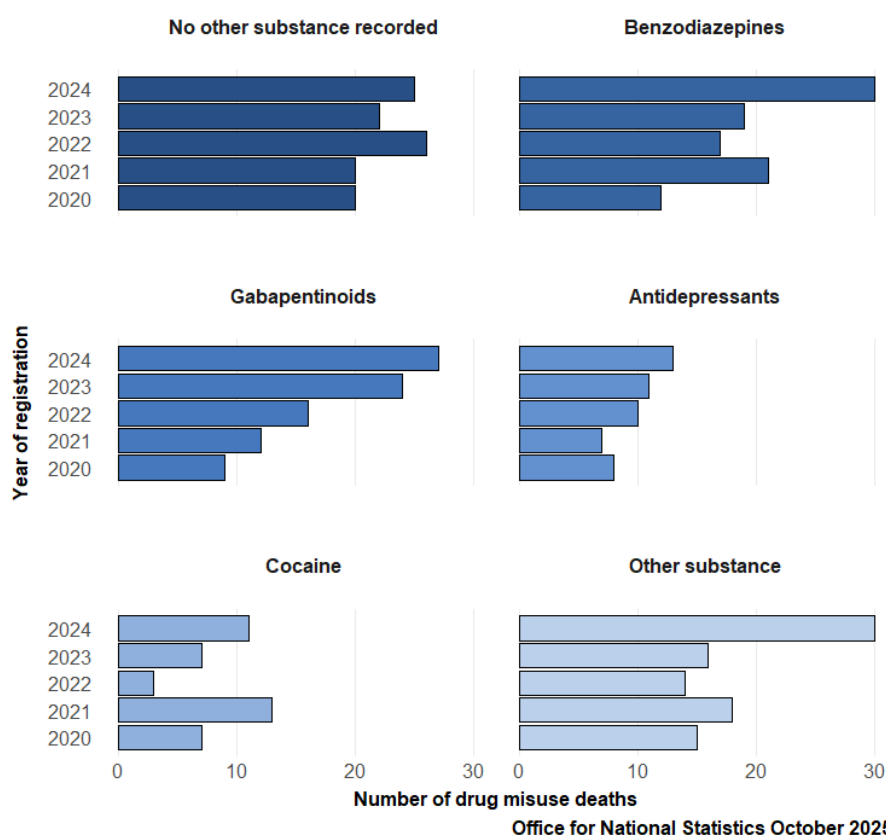
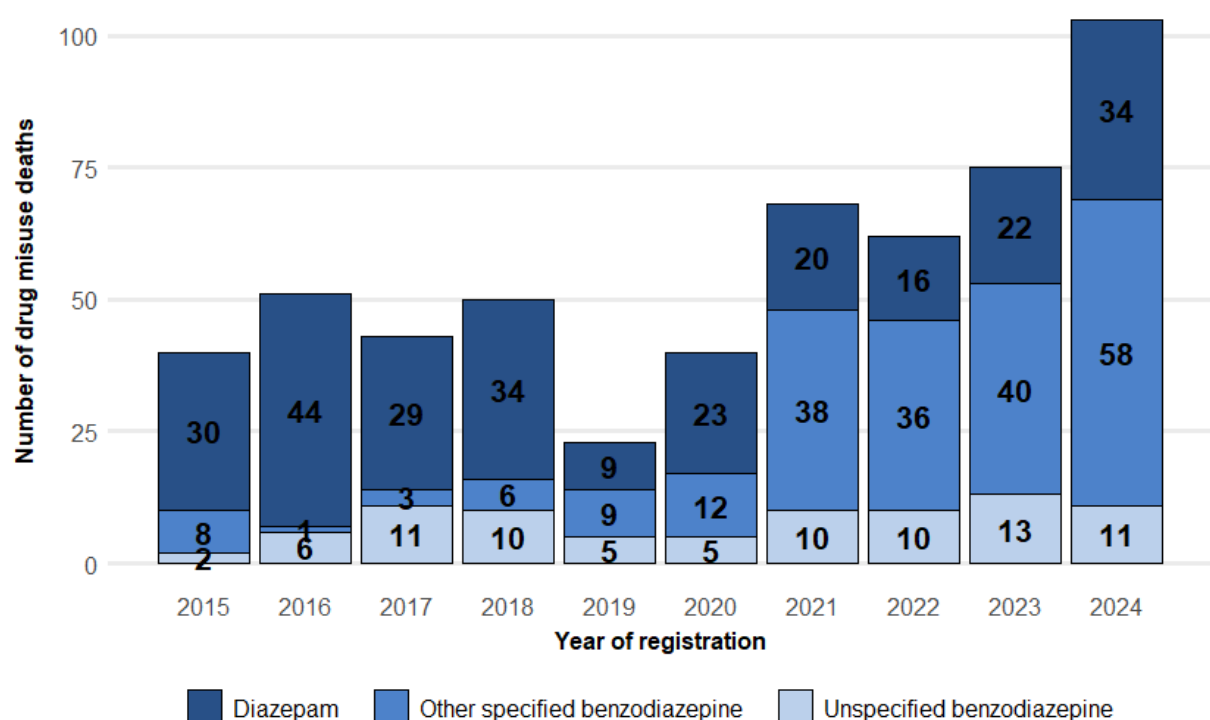


Figure 29: Other opioid deaths involving different substance groups by year of registration, 2020 to 2024

3.5.2 Benzodiazepines

Benzodiazepines were reported in 28.8 per cent of drug misuse deaths registered in 2024 (n = 83), representing the second most common substance group reported after opioids. Figure 30 illustrates the number of deaths involving different categories of benzodiazepines. The most commonly reported benzodiazepine was Bromazolam, reported in 40 deaths in 2024. Other benzodiazepines listed included Diazepam (n = 34), Alprazolam (n = 6), and Flubromazolam (n = 5).

Recent reports have indicated increases in deaths involving benzodiazepines in other regions of the UK. Scotland have seen general increases in deaths involving benzodiazepines since 2014, excluding 2022 and 2024.⁴ While etizolam was previously the most common benzodiazepine recorded, this number has dropped off in recent years while deaths involving bromazolam rapidly increased in 2023, comparable to trends seen in Wales.



Office for National Statistics October 2025

Figure 30: Deaths involving benzodiazepines by year of registration and substance, 2015 to 2024⁵

The median age of deaths involving benzodiazepines was 43 years, and 76 per cent were male (see Table 11). The highest number and rate were reported in Cwm Taf Morgannwg University Health Board area, accounting for 26.5 per cent of all deaths involving benzodiazepines.

⁴Drug-related deaths in Scotland, 2024. National Records of Scotland. Available at: <https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/>

⁵ Note: An individual may be counted more than once if different benzodiazepines were involved, therefore the categories will not sum to the year total.

Table 11: Demographic profile deaths involving benzodiazepines by Health Board, EASR per 100,000 population (number of deaths in brackets), 2020 to 2024

	2020	2021	2022	2023	2024
Wales					
EASR (n)	1.2 (35)	2.2 (61)	1.9 (53)	2.4 (67)	2.8 (83)
Median age (years)	40	42	41	43	43
Age range (years)	20-71	19-65	18-70	24-58	22-83
% Male	71%	82%	77%	82%	76%
Health board EASR (n)					
Aneurin Bevan	0 (0)	0.4 (2)	1.4 (7)	2.5 (14)	3.2 (18)
Betsi Cadwaladr	0.2 (1)	0.2 (1)	0.3 (2)	0.2 (1)	0.5 (3)
Cwm Taf Morgannwg	2.7 (11)	4.4 (18)	3.5 (15)	4.1 (17)	5.2 (22)
Cardiff & Vale	1.3 (6)	2.5 (11)	1.6 (7)	2.3 (11)	2.7 (13)
Hywel Dda	0.5 (2)	5.1 (16)	2.8 (9)	4.8 (15)	4.6 (16)
Powys Teaching	1.9 (2)	0.7 (1)	0.9 (1)	0 (0)	0 (0)
Swansea Bay	3.5 (13)	3.4 (12)	3.6 (12)	2.6 (9)	2.9 (11)

Nearly all deaths involving benzodiazepines involved other substances, particularly opioids. Of the 83 deaths involving benzodiazepines, 67 were listed alongside at least one opioid, and 19 alongside only non-opioids (see Figure 31). There were <5 deaths with no other substance recorded.

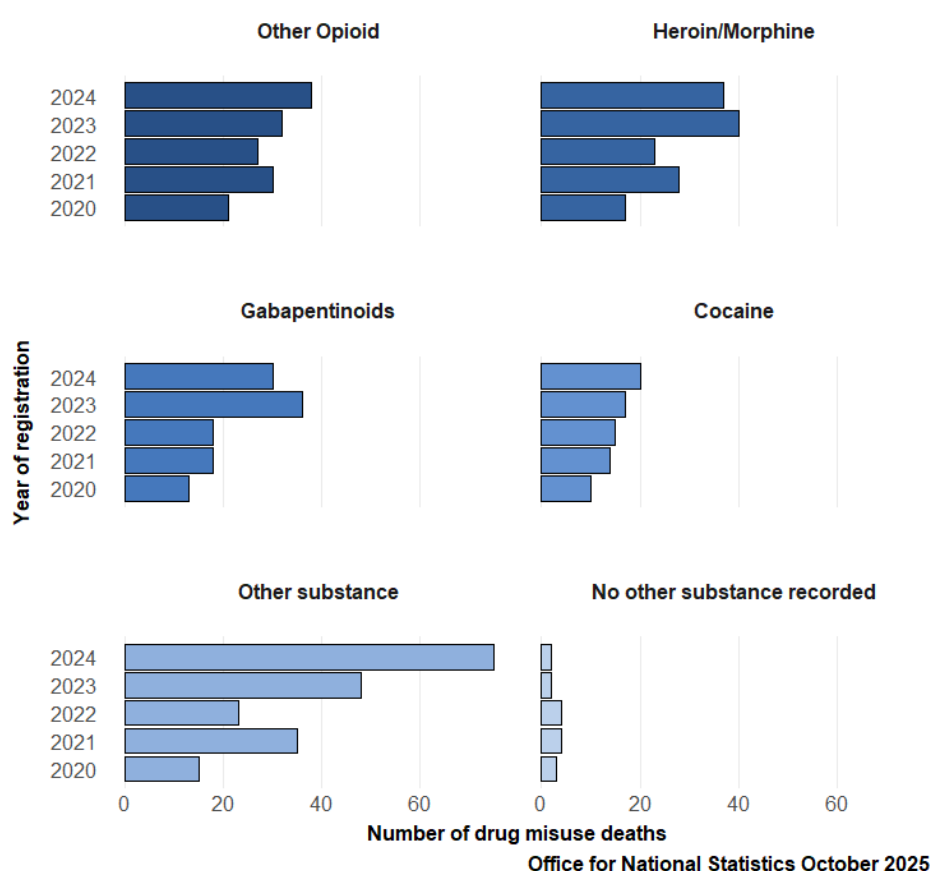
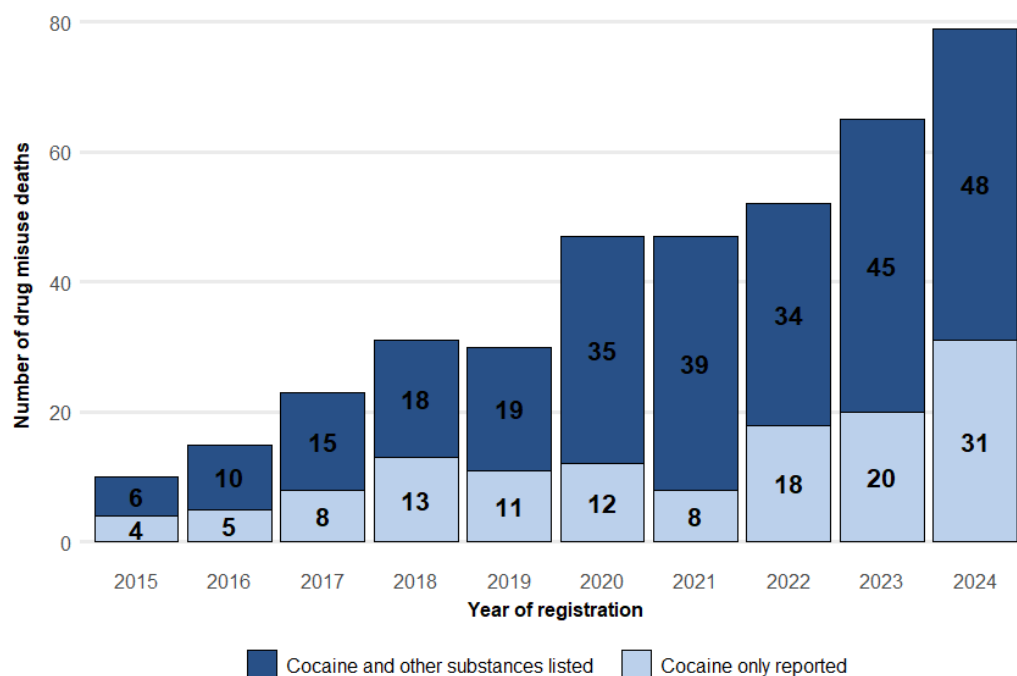


Figure 31: Deaths involving benzodiazepines and additional different substance groups by year of registration, 2020 to 2024

3.5.3 Cocaine

In 2024, cocaine was recorded in 79 deaths, representing 27.4 per cent of all drug misuse deaths, the third highest after opioids and benzodiazepines. There has been a substantial increase in the number of deaths involving cocaine over the last five years. This trend co-occurs with increases observed in reported cocaine-related hospitalisations and individuals presenting for treatment within substance misuse services. It is not possible to distinguish between deaths involving crack or powder cocaine.

There has been an increase in the proportion of deaths where cocaine was the only substance listed in recent years (see Figure 32). Where poly-drug use indicated, common substances listed alongside cocaine are heroin/morphine, benzodiazepines, gabapentinoids, and other opioids (see Figure 33).



Office for National Statistics October 2025

Figure 32: Drug misuse deaths involving cocaine as the only substance reported, and cocaine alongside at least one other substance, by year of death registration, 2015 to 2024

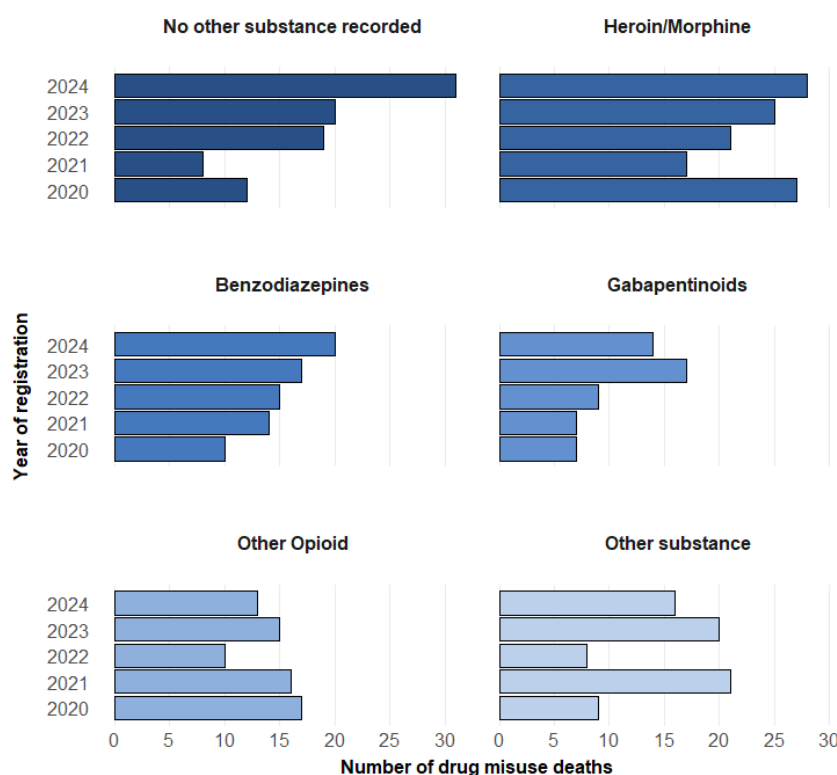
Table 12: Demographic profile of deaths involving cocaine, by Health Board, including EASR per 100,000 population (with number of deaths in brackets), 2020 to 2024

	2020	2021	2022	2023	2024
Wales					
EASR (n)	1.7 (47)	1.7 (47)	1.8 (52)	2.3 (65)	2.7 (79)
Median age (years)	39	41	36.5	41	43
Age range (years)	21-58	19-59	21-62	21-57	18-79
% Male	79%	81%	88%	91%	78%
Health board EASR (n)					
Aneurin Bevan	0.4 (2)	0.5 (3)	3.1 (16)	3.8 (21)	2.3 (13)
Betsi Cadwaladr	1.8 (11)	1.7 (10)	1.1 (7)	1.8 (11)	2.2 (14)
Cwm Taf Morgannwg	1.5 (6)	2.1 (9)	1.9 (8)	1.9 (8)	3.5 (16)
Cardiff & Vale	1.2 (5)	1.3 (6)	1 (5)	0.9 (5)	1.7 (8)
Hywel Dda	0 (0)	1.7 (5)	2 (6)	2.9 (9)	3.1 (10)
Powys Teaching	2.3 (2)	0 (0)	1.1 (1)	0 (0)	0 (0)
Swansea Bay	5.8 (21)	4 (14)	2.6 (9)	2.9 (11)	5.1 (18)

Office for National Statistics, 2025

The median age of deaths involving cocaine in 2024 was 43 years (Table 12). Swansea Bay University Health Board recorded the highest number and rate of deaths involving cocaine in 2024 at 5.1 deaths per 100,000 (n=18).

A steady increase has been observed in the number of cocaine deaths also involving heroin/morphine and/or benzodiazepines over recent years (Figure 33).



Office for National Statistics October 2025

Figure 33: Deaths involving cocaine and additional different substance groups by year of registration, 2020 to 2024

3.5.4 Other stimulants and substances

In 2024, 25.0 per cent of drug misuse deaths involved non-opioid substances (n = 72), a decrease of 9 percentage points compared to the previous year. The number of deaths involving cocaine has consistently increased since 2020 and was the most commonly recorded substance in non-opioid deaths in 2024 (55.5 per cent).

Over the last decade, Ecstasy/MDMA has been recorded in 52 deaths including deaths involving opioids (30 of which have occurred since 2020). 35 deaths with Ecstasy/MDMA recorded occurred in the last 10 years, with the highest number in 2019 (See Figure 34).

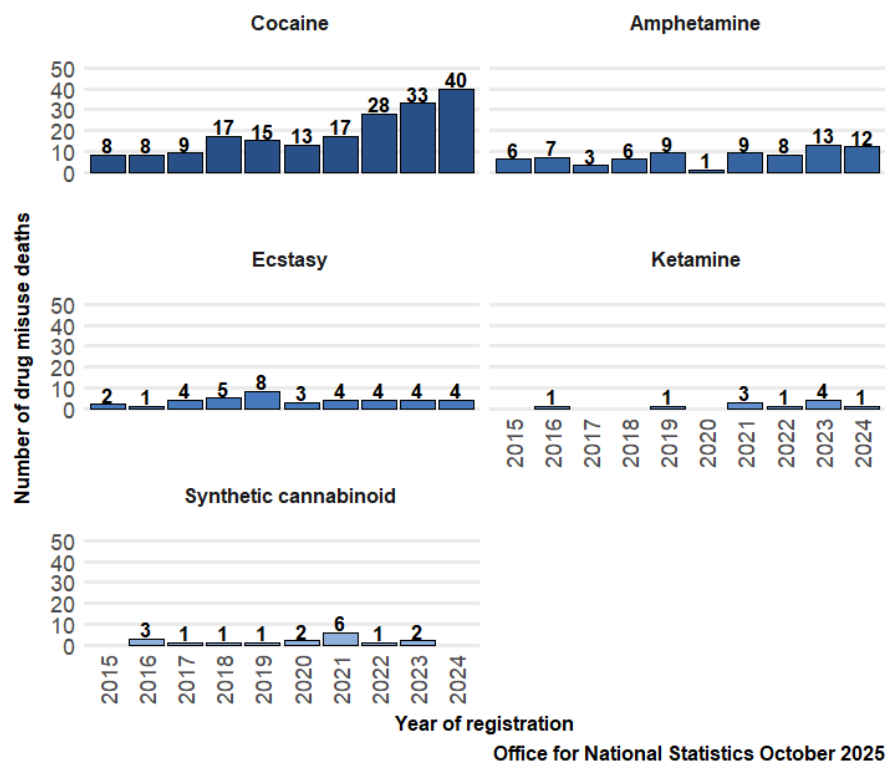
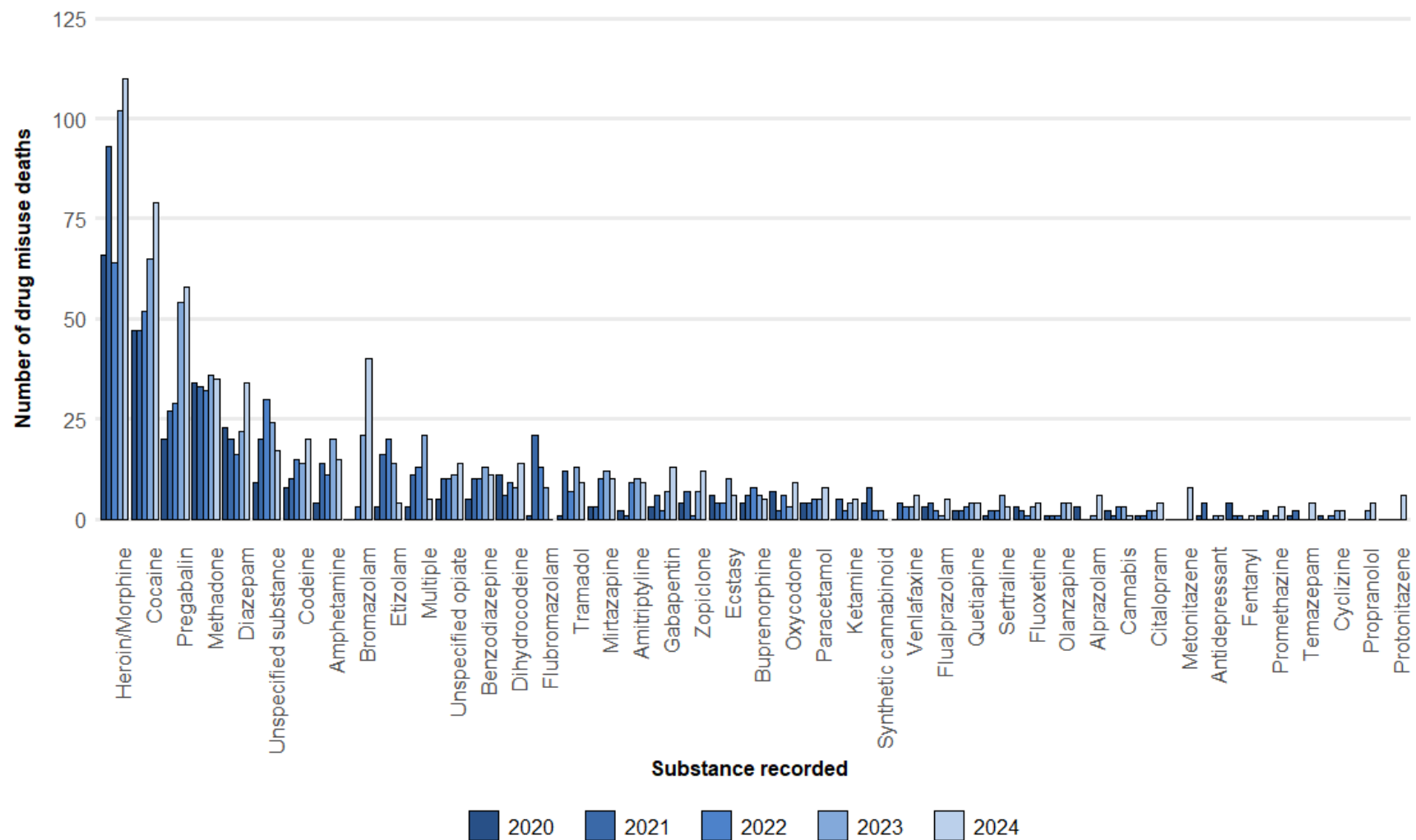


Figure 34: Non-opioid deaths involving stimulants and non-specified substances by selected substance and year of registration of death, 2015 to 2024

Figure 35 provides an overview of the number of deaths associated with each individual substance over the past 5 years.



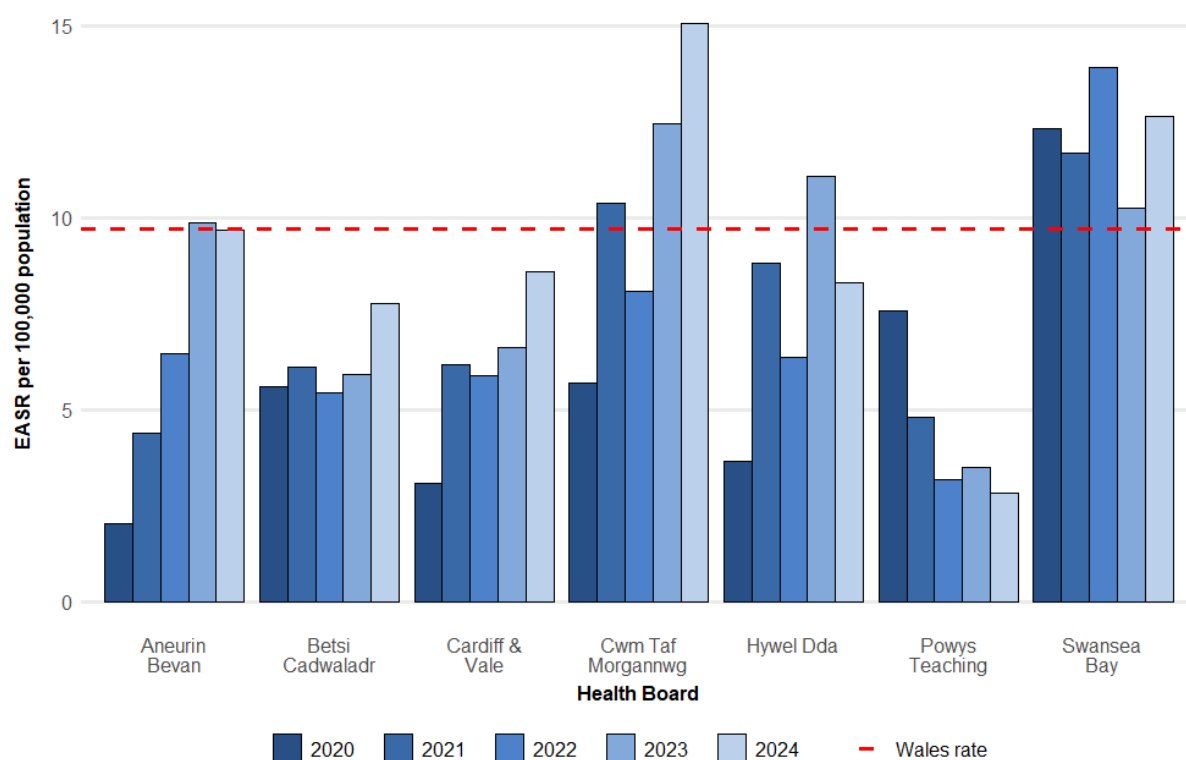
Office for National Statistics October 2025

Figure 35: Number of drug misuse deaths in Wales by substance 2020 to 2024

3.6 Geographic variation

3.6.1 Wales overview

All rates of deaths within this section have been calculated as EASR per 100,000 population. In 2024, the EASR for drug misuse deaths in Wales was 9.7 deaths per 100,000 population. During this period, the highest rates were observed in Cwm Taf Morgannwg University Health Board, with a rate of 15.0 deaths per 100,000 population (see Figure 36 and Table 13). The lowest rate of deaths was observed in Powys Teaching Health Board with 2.8 deaths per 100,000 population.



Office for National Statistics October 2025

Figure 36: EASR of drug misuse deaths per 100,000 population by health board, 2020 to 2024

There is substantial variation of rates of drug misuse deaths within health board areas, at the local authority level, as shown in Table 13 and Figure 37.

Table 13: EASR per 100,000 population and number of drug misuse deaths (in brackets) by health board, local authority, and year of registration of death, 2020 to 2024

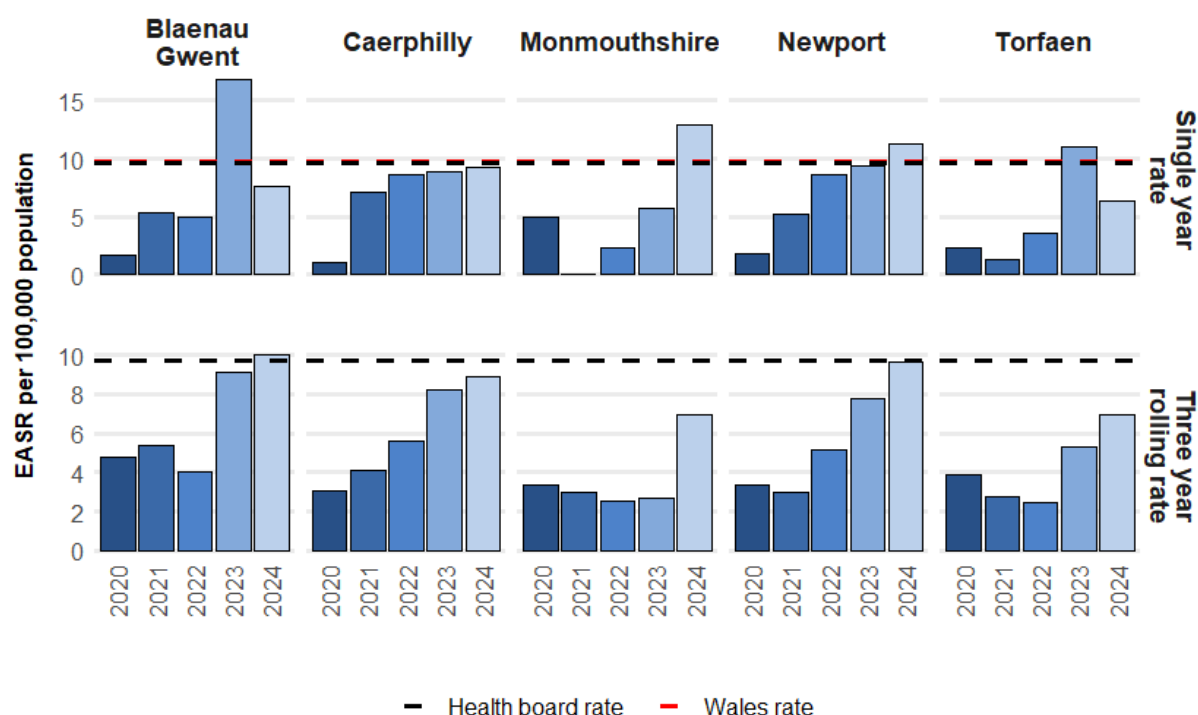
Area	2020	2021	2022	2023	2024
Aneurin Bevan	2.1 (12)	4.4 (24)	6.5 (35)	9.9 (56)	9.7 (55)
Blaenau Gwent	1.7 (1)	5.3 (3)	5 (3)	16.9 (11)	7.6 (5)
Caerphilly	1 (2)	7.1 (12)	8.7 (14)	8.8 (15)	9.3 (15)
Monmouthshire	4.9 (4)	0 (0)	2.3 (2)	5.7 (5)	12.9 (11)
Newport	1.8 (3)	5.2 (8)	8.6 (13)	9.4 (15)	11.3 (18)
Torfaen	2.3 (2)	1.3 (1)	3.6 (3)	11 (10)	6.3 (6)
Betsi Cadwaladr	5.6 (35)	6.1 (38)	5.4 (35)	5.9 (37)	7.8 (49)
Conwy	5 (5)	9.4 (9)	5.3 (6)	10 (10)	6.8 (7)
Denbighshire	2.5 (2)	2.2 (2)	5.3 (5)	3.9 (4)	10.6 (9)
Flintshire	3.5 (5)	5.7 (8)	2.8 (4)	3.8 (6)	7.7 (11)
Gwynedd	3.9 (4)	5 (6)	8.1 (9)	9.4 (9)	9.2 (10)
Isle of Anglesey	11.4 (7)	1.8 (1)	3.5 (2)	3.8 (2)	8.2 (5)
Wrexham	9.3 (12)	9.4 (12)	7 (9)	4.7 (6)	5.4 (7)
Cwm Taf Morgannwg	5.7 (24)	10.4 (43)	8.1 (34)	12.4 (51)	15 (65)
Bridgend	7.6 (11)	10.6 (14)	7.7 (11)	10.2 (14)	16.6 (23)
Merthyr Tydfil	7.2 (4)	13.9 (8)	7 (4)	15.2 (8)	21.2 (12)
Rhondda Cynon Taf	4.2 (9)	9.4 (21)	8.7 (19)	13.2 (29)	12.8 (30)
Cardiff & Vale	3.1 (14)	6.2 (29)	5.9 (28)	6.6 (31)	8.6 (42)
Cardiff	3.1 (10)	7.4 (26)	5.5 (19)	7.3 (25)	7.7 (28)
Vale of Glamorgan	3.1 (4)	2.4 (3)	7.2 (9)	5.1 (6)	10.3 (14)
Hywel Dda	3.6 (12)	8.8 (29)	6.4 (21)	11.1 (37)	8.3 (28)
Carmarthenshire	4 (7)	8.9 (15)	3.1 (5)	15.8 (27)	11.1 (18)
Ceredigion	5.6 (3)	4.4 (3)	7.8 (5)	0 (0)	7.8 (5)
Pembrokeshire	2.1 (2)	11.2 (11)	10.4 (11)	9.5 (10)	4.2 (5)
Powys	7.6 (7)	4.8 (6)	3.2 (4)	3.5 (4)	2.8 (4)
Powys	7.6 (7)	4.8 (6)	3.2 (4)	3.5 (4)	2.8 (4)
Swansea Bay	12.3 (45)	11.7 (41)	13.9 (48)	10.2 (37)	12.6 (45)
Neath Port Talbot	8 (11)	10.1 (13)	13.3 (17)	6.7 (9)	6 (8)
Swansea	14.8 (34)	12.7 (28)	14.3 (31)	12.3 (28)	16.6 (37)
Wales	5.1 (149)	7.3 (210)	7.1 (205)	8.8 (253)	9.7 (288)

Office for National Statistics, 2025

The local authorities with the highest rates in 2024 were Merthyr Tydfil, Swansea, and Bridgend Local Authority areas (Figure 37 and Table 13).

3.6.2 Aneurin Bevan University Health Board (ABUHB)

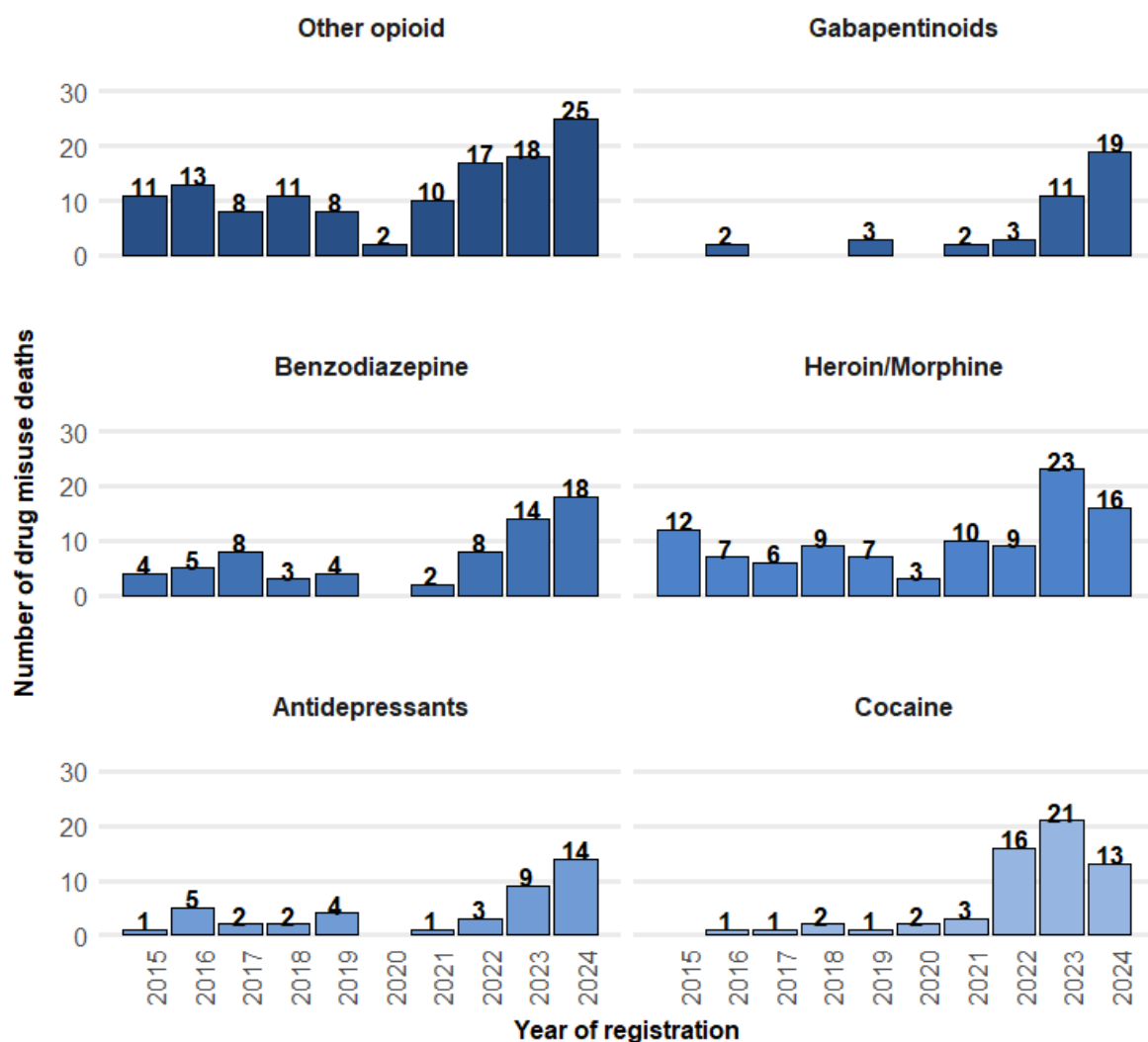
The rate of drug misuse deaths in ABUHB was 9.7 deaths per 100,000 population in 2024, the same as the national average. This rate has increased compared to the previous year and is higher than the rates of the previous five years. In 2024, Monmouthshire and Newport local authorities were above the national average (see Figure 39). The three-year rolling EASR per 100,000 population show an increasing trend across all local authorities in this health board.



Office for National Statistics October 2025

Figure 39: EASR per 100,000 population of drug misuse deaths in local authorities in ABUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single-year EASR for 2024)

Opioids were the most commonly recorded substance type in ABUHB recorded in 70.9 per cent of drug misuse deaths in the health board in 2024, of which opioids other than heroin/morphine were involved in the majority. Gabapentinoids were the second most common substance following an increase in recent years, recorded in 34.5 per cent of deaths in 2024 (see Figure 40).

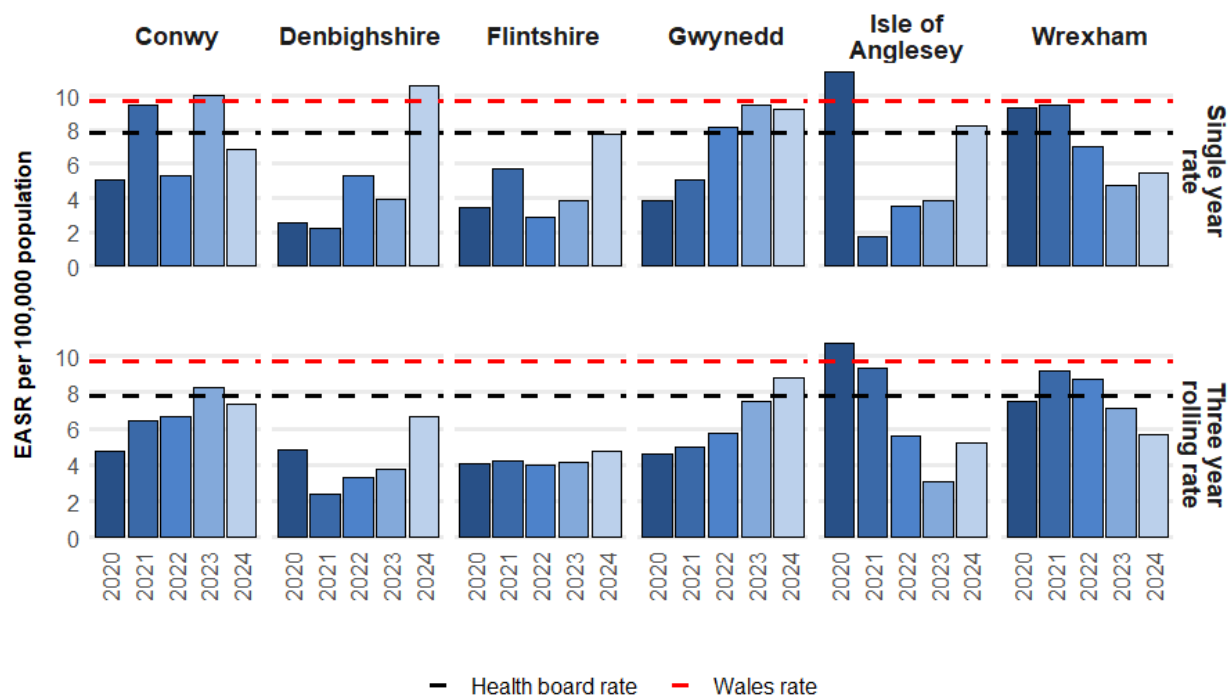


Office for National Statistics October 2025

Figure 40: Number of drug misuse deaths involving the six most reported substance groups in ABUHB, by year, 2015 to 2024

3.6.3 Betsi Cadwaladr University Health Board (BCUHB)

In 2024, a rate of 7.8 drug misuse deaths per 100,000 population was recorded in BCUHB, an increase on the previous year (5.9 deaths per 100,000). The only local authority in this health board area with a rate of deaths higher than the Welsh national average was Denbighshire. The EASR three year rolling averages show increasing rates in Denbighshire, Gwynedd, and Isle of Anglesey with all other local authorities in BCUHB generally decreasing or remaining stable (see Figure 41).



Office for National Statistics October 2025

Figure 41: EASR per 100,000 population of drug misuse deaths in local authorities in BCUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single-year EASR for 2024)

In BCUHB, opioids accounted for 55.1 per cent of drug misuse deaths. Among these, heroin/morphine were reported an equal number of times to other opioids in 2024. Other substances commonly reported included cocaine and gabapentinoids (see Figure 42). Nitazenes were reported in two deaths in this region.

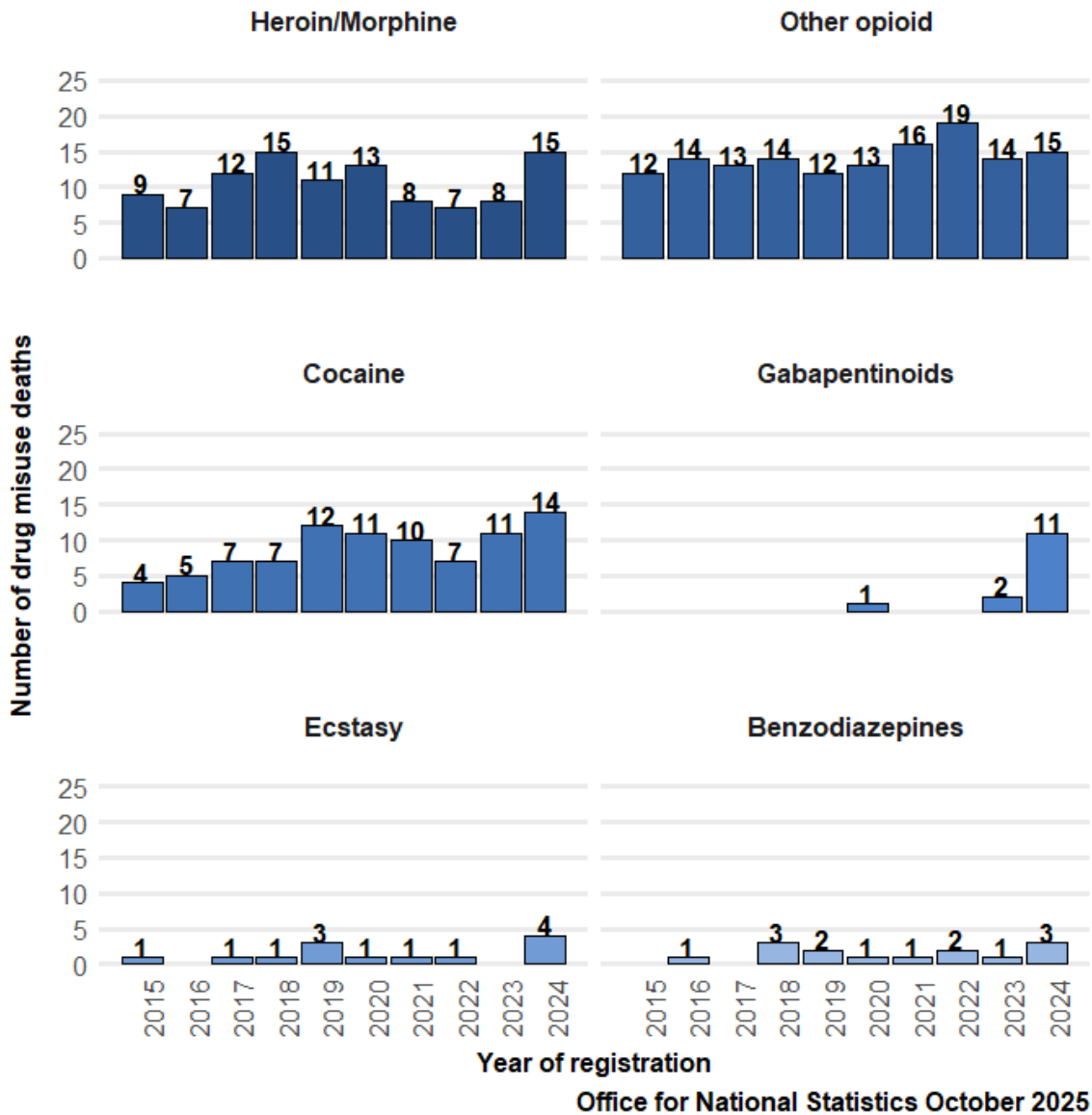
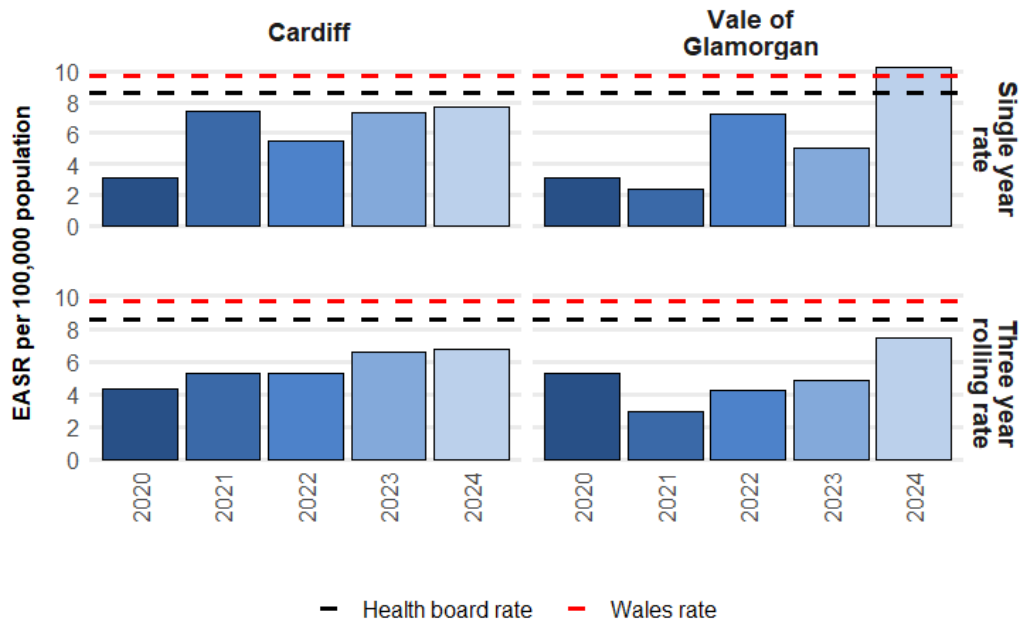


Figure 42: Number of drug misuse deaths involving the six most reported substance groups in BCUHB, by year, 2015 to 2024

3.6.4 Cardiff and Vale University Health Board

In 2023, there were 8.6 deaths per 100,000 population recorded in Cardiff and the Vale University Health Board, an increase on the previous year (6.6 deaths per 100,000). The rate of deaths recorded in Cardiff was below the Welsh average in 2024, however, the rate in the Vale of Glamorgan was above the average (see Figure 43). The three-year rolling average EASR per 100,000 population shows that the rate of death in the Vale of Glamorgan is on an increasing trend.



Office for National Statistics October 2025

Figure 43: EASR per 100,000 population of drug misuse deaths in local authorities in CVUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single-year EASR for 2024)

Opioids were recorded in 76.2 per cent of drug misuse deaths in CVUHB in 2024. Of these, heroin/morphine was recorded in 53.1 per cent of opioid deaths, with more deaths recording heroin/morphine compared to other opioids. Methadone made up the majority of 'other opioids' recorded in CVUHB deaths in 2024. Benzodiazepines, cocaine, and gabapentinoids were also commonly recorded in the health board (see Figure 44).

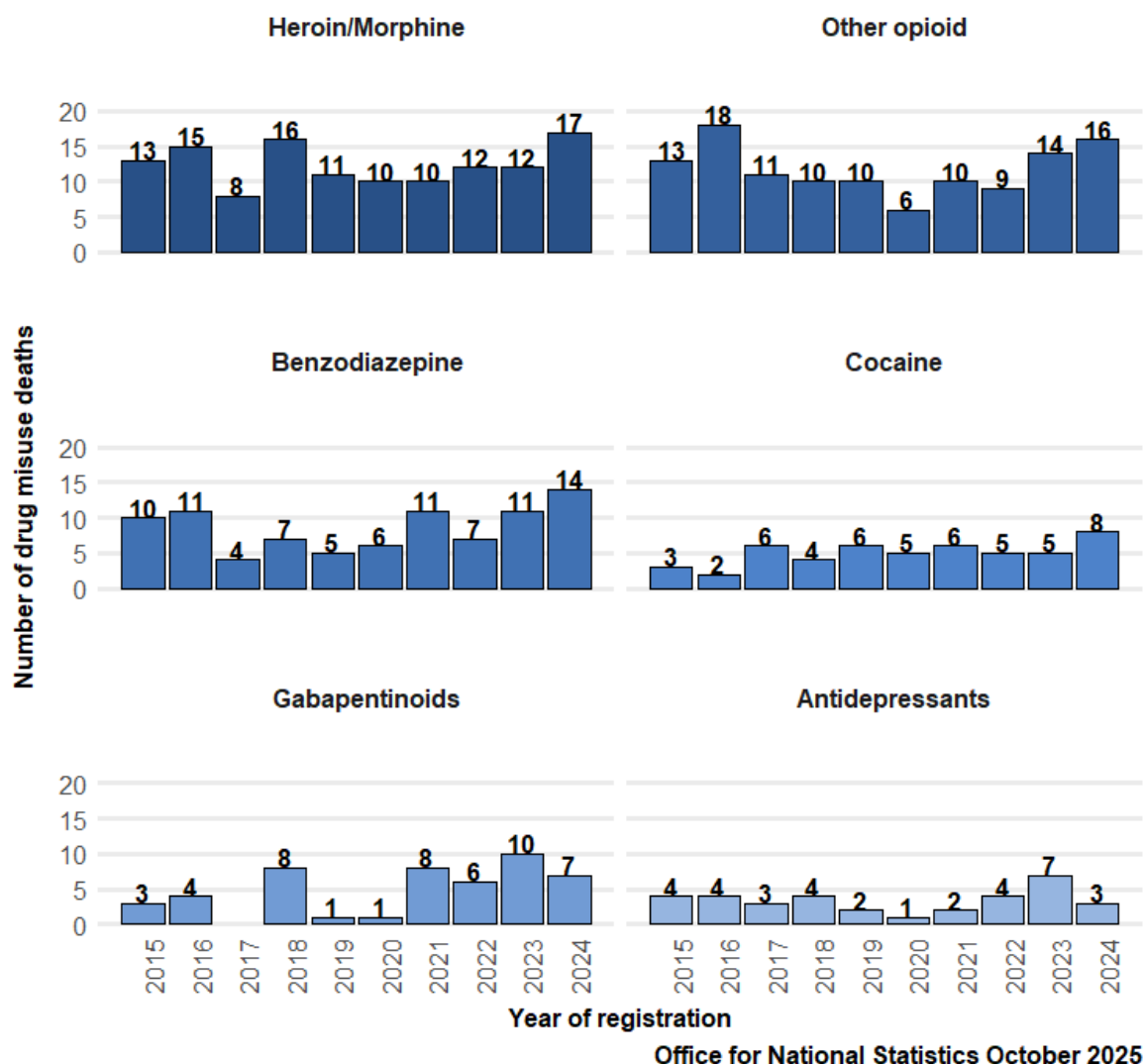
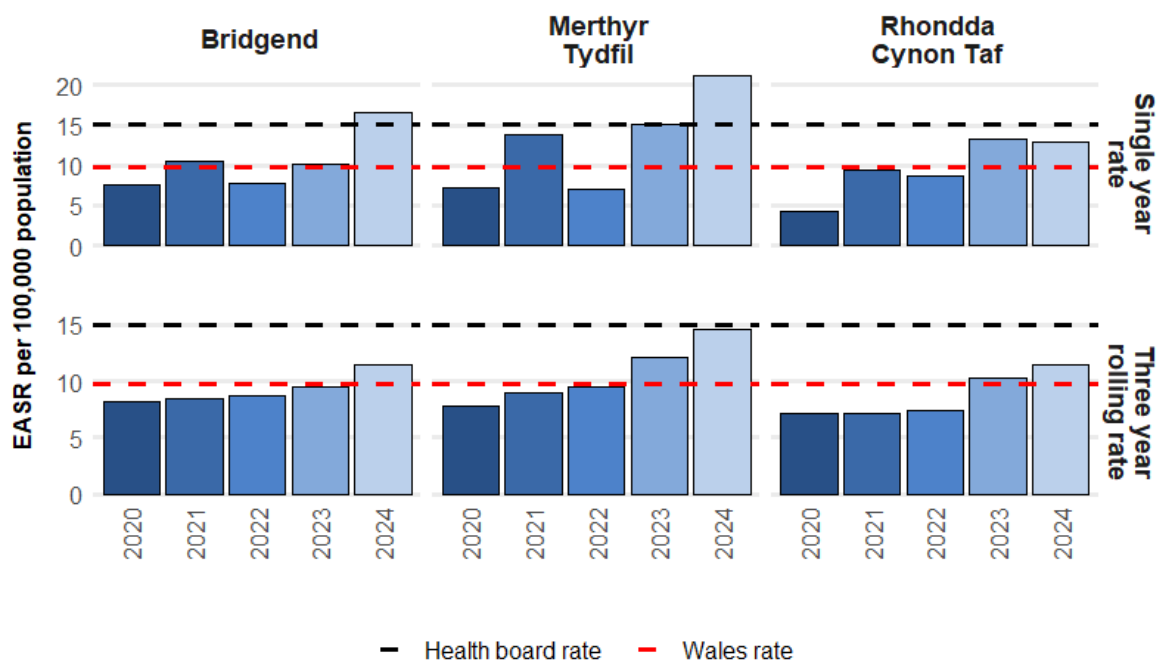


Figure 44: Number of drug misuse deaths involving the six most reported substance groups in CVUHB, by year, 2015 to 2024

3.6.5 Cwm Taf Morgannwg University Health Board (CTMUHB)

In 2024, the rate of drug misuse deaths was 15.0 per 100,000 population in CTMUHB higher than the Welsh average and a marked increase from the previous year (12.4 per 100,000 population). CTMUHB had the highest rate of drug misuse deaths in Wales in the most recent years.

Bridgend and Merthyr Tydfil had a higher rate of death than the national average in Wales (see Figure 45). The three-year rolling average EASR per 100,000 population shows that rates in all local authorities have been increasing in recent years.



Office for National Statistics October 2025

Figure 45: EASR per 100,000 population of drug misuse deaths in local authorities in CTMUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single year EASR for 2024)

In CTMUHB, heroin/morphine was recorded in 49.2 per cent of drug misuse deaths in 2024, followed by benzodiazepines and 'other opioids' which were each recorded in 33.8 per cent of deaths (see Figure 46). Including heroin/morphine, any opioid was recorded in 72.3 per cent of deaths and most commonly included heroin/morphine, methadone, and tramadol.

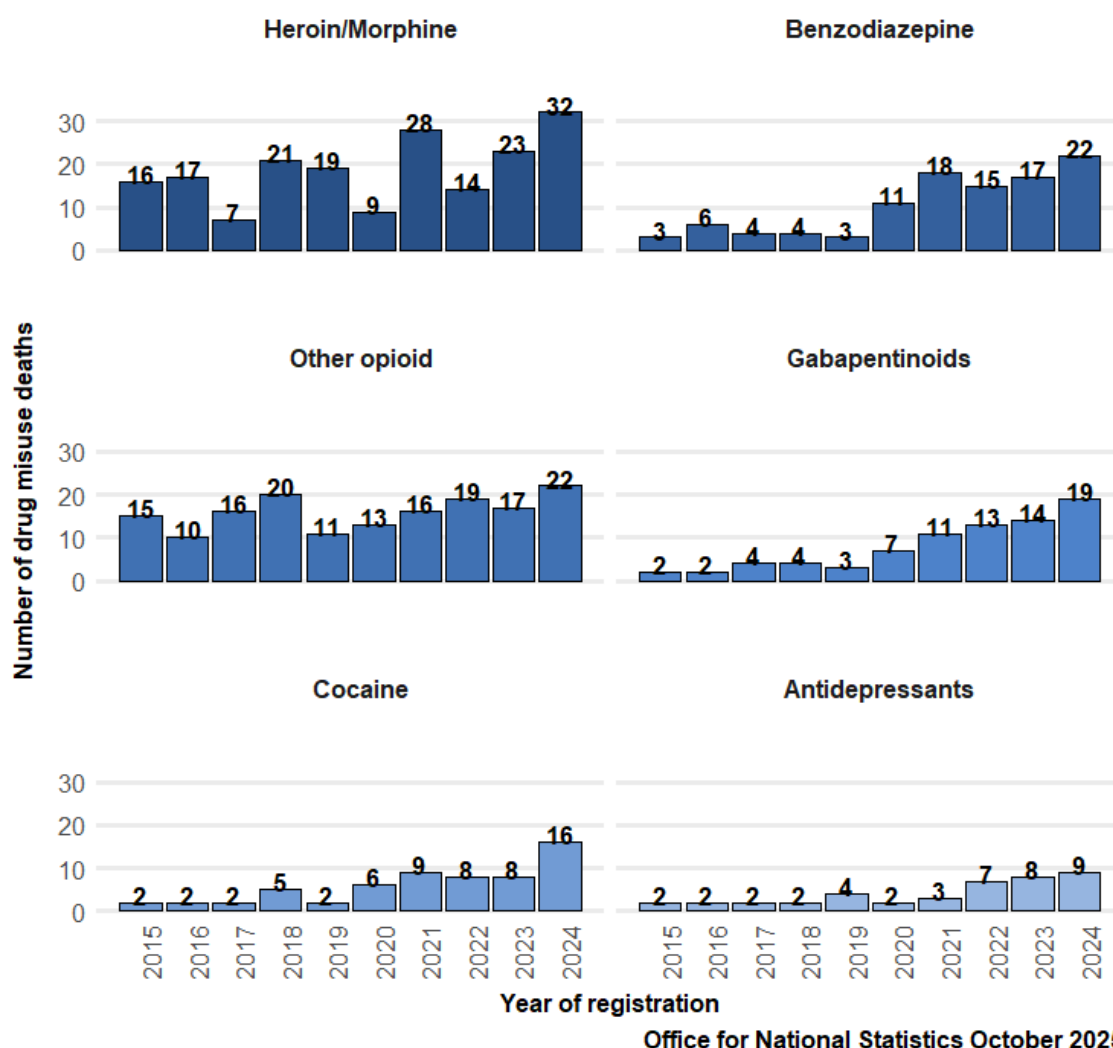
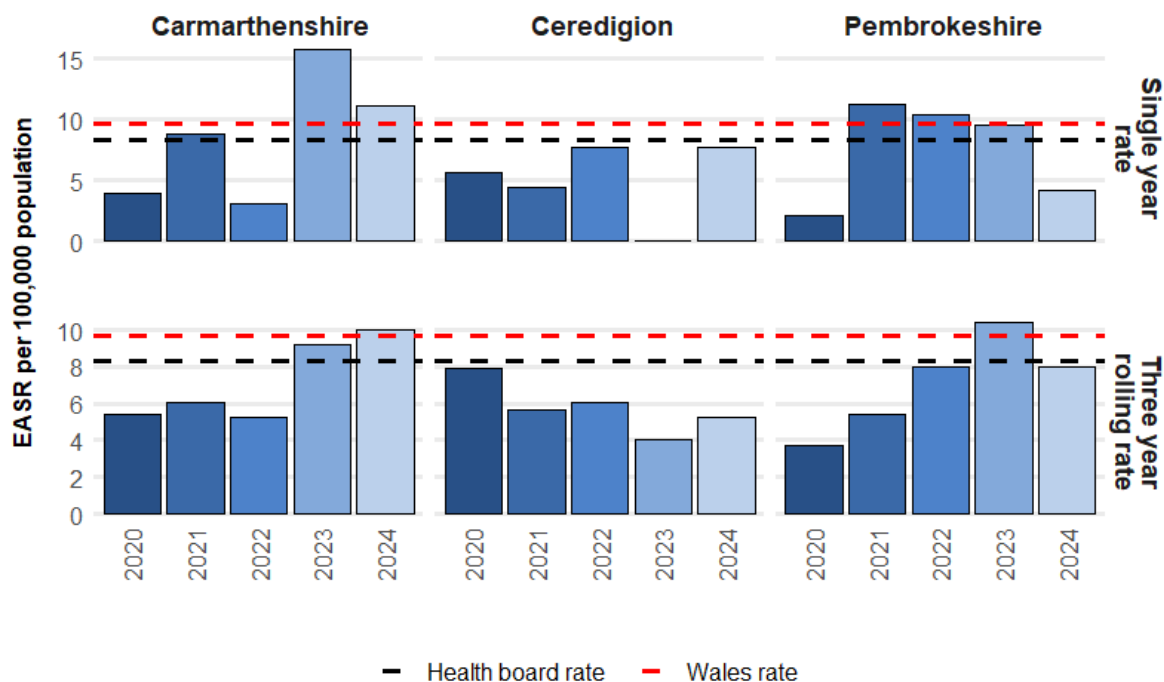


Figure 46: Number of drug misuse deaths involving the six most reported substance groups in CTMUHB, by year, 2015 to 2024

3.6.6 Hywel Dda University Health Board (HDUHB)

In 2024, a rate of 8.3 per 100,000 population drug misuse deaths were recorded in HDUHB, above the Welsh national average and a decrease from the previous year's rate (11.1 per 100,000). The rate in Carmarthenshire remains above the national average. The three-year rolling average of the rate of deaths in Carmarthenshire and Ceredigion have increased, while the rate of deaths in Pembrokeshire has decreased following a previous increasing trend (see Figure 47).



Office for National Statistics October 2025

Figure 47: EASR per 100,000 population of drug misuse deaths in local authorities in HDUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single-year EASR for 2024)

In 2024, opioids were recorded in 67.9 per cent of drug misuse deaths in HDUHB, of which 68.4 per cent recorded heroin/morphine. Other substances included benzodiazepines and cocaine (see Figure 48).

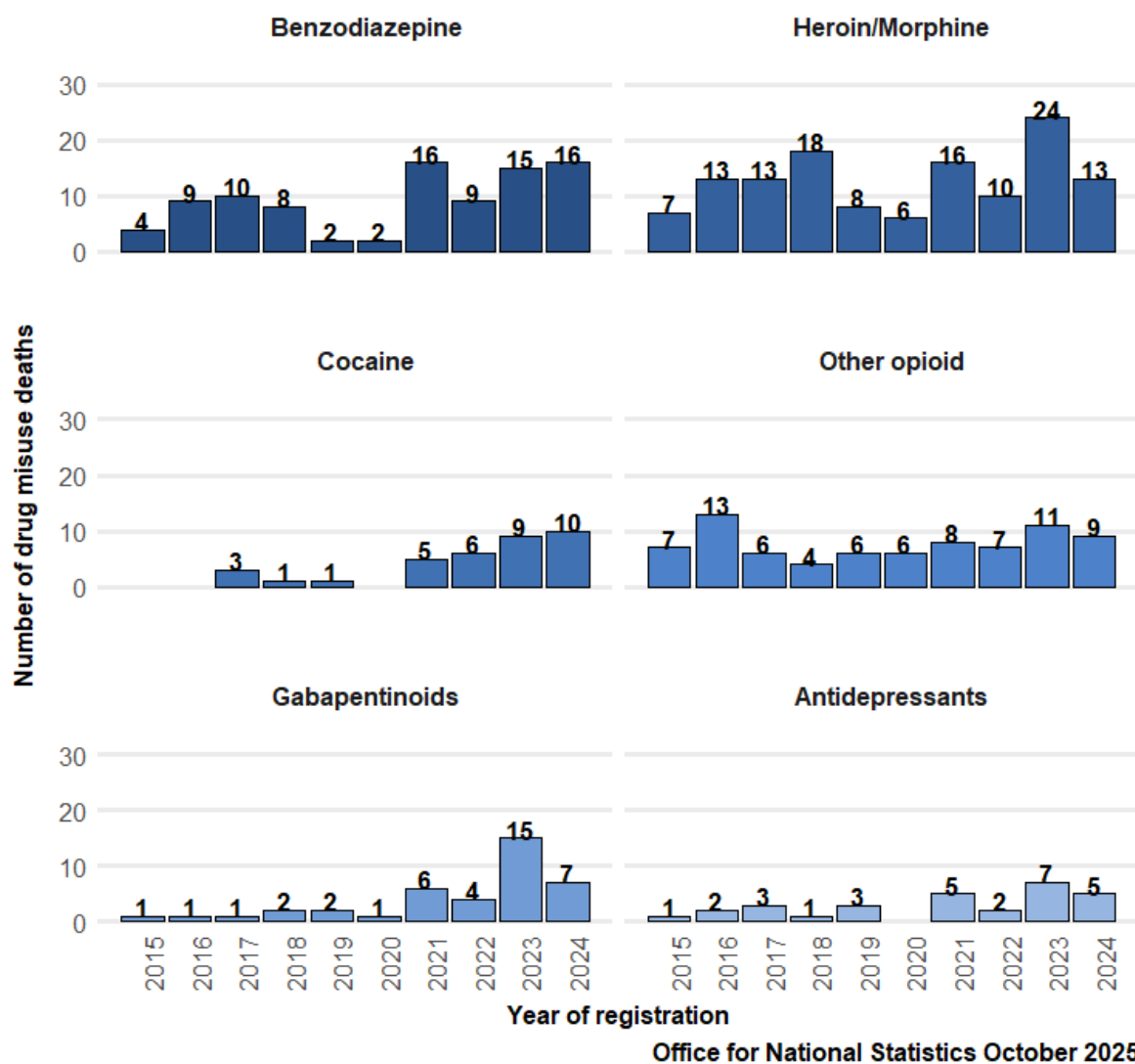


Figure 48: Number of drug misuse deaths involving the six most reported substance groups in HDUHB, by year, 2015 to 2024

3.6.7 Powys Teaching Health Board

In 2024, 2.8 drug misuse deaths per 100,000 population were recorded in Powys, lower than the national average and a slight decrease from the previous year (3.5 per 100,000). Powys had the lowest rate of any health board or local authority in Wales, and the three-year rolling average indicates a decreasing trend in recent years (see Figure 49). Numbers and trends in Powys should be interpreted with caution due to consistently small numbers.

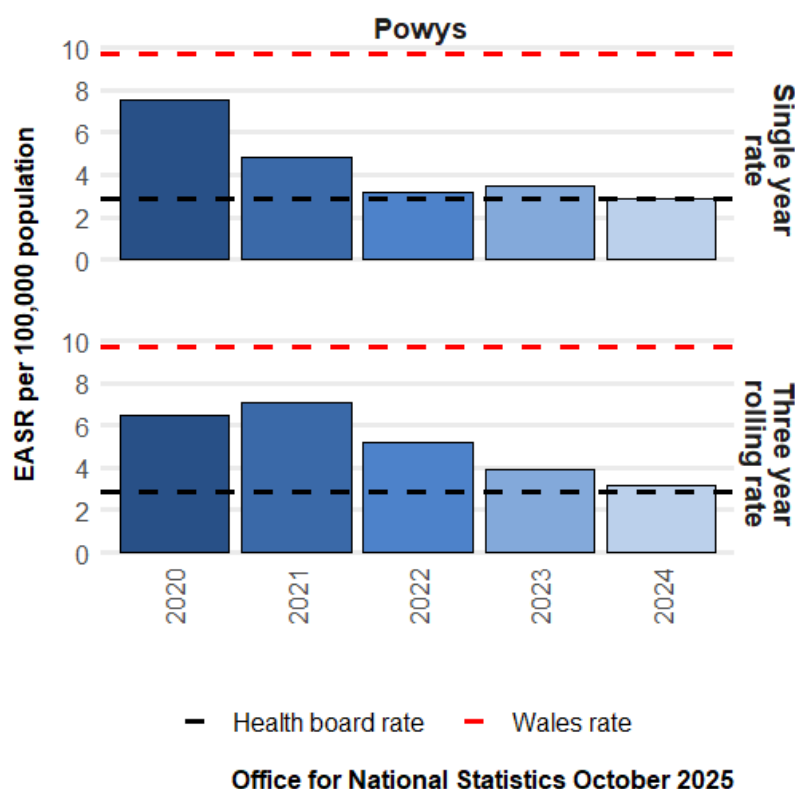


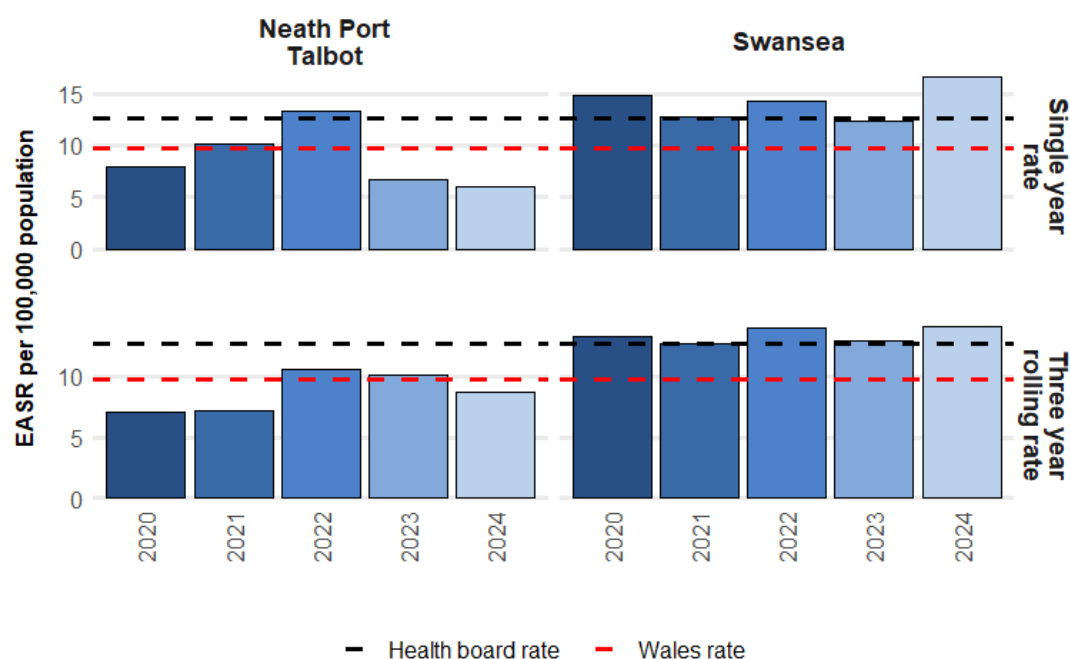
Figure 49: EASR per 100,000 population of drug misuse deaths in local authorities in PTHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single-year EASR for 2023)

Due to the lower number of deaths reported in Powys compared to other health boards the number of deaths by substance has not been shown. In 2024 there were:

- Four deaths involving heroin/morphine
- One death involving antidepressants
- One death involving gabapentinoids

3.6.8 Swansea Bay University Health Board (SBUHB)

In 2024, 12.6 drug misuse deaths per 100,000 population were recorded in SBUHB, above the Welsh national average and an increase from the previous year (10.2 per 100,000). The rate in Swansea local authority increased in the previous year and was above the Welsh rate, with Neath Port Talbot decreasing and remaining below the national rate. The rolling average EASR per 100,000 of deaths in both local authorities in the health board have remained relatively stable in recent years, with Neath Port Talbot demonstrating a slight decreasing trend in recent years (see Figure 50).



Office for National Statistics October 2025

Figure 50: EASR per 100,000 population of drug misuse deaths in local authorities in SBUHB, by year, calculated using one and three years of data, 2020 to 2024 (the lines show the single year EASR for 2024)

In SBUHB, opioids were reported in 53.3 per cent of deaths, of which opioids other than heroin/morphine were more common (58.3 per cent). Cocaine and benzodiazepines were also commonly reported, reported in 40.0 per cent and 28.9 per cent of deaths in the area, respectively (see Figure 50).

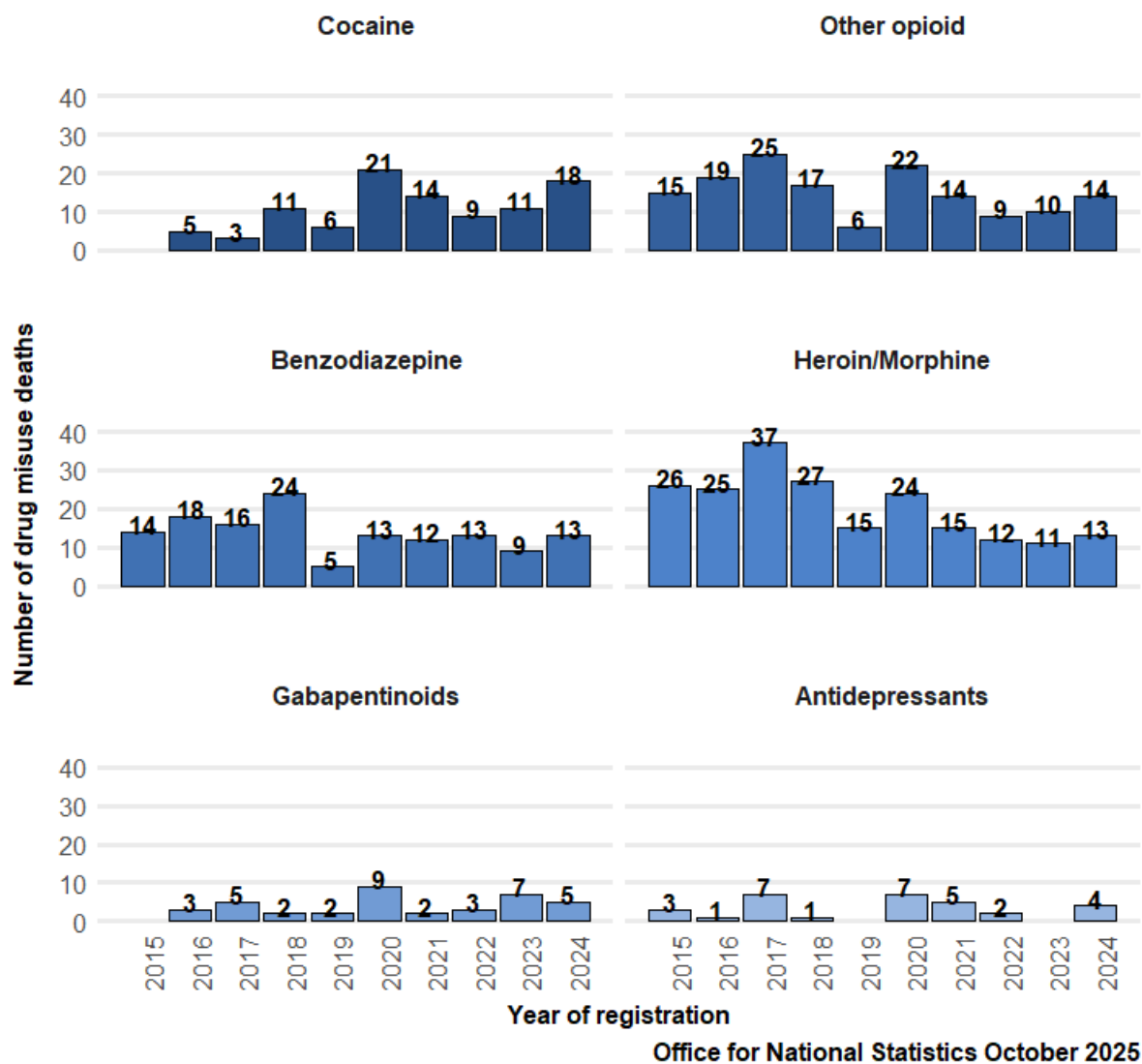


Figure 51: Number of drug misuse deaths involving the six most reported substance groups in SBUHB, by year, 2015 to 2024

4 Fatal and Non-Fatal Drug Poisoning Reviews

Fatal and non-fatal drug poisoning reviews have been undertaken in Wales since June 2014 in line with guidance developed by Public Health Wales and published by Welsh Government (see 5.2 Appendix B - Guidance on fatal and non-fatal drug poisoning reviews). Since introduction, 1,680 fatal and 1,637 non-fatal reviews have been conducted, however, 2014/15 data was partial and so has been excluded from this report, as such 1,593 fatal and 1,463 non-fatal reviews are profiled.

Table 14: Total cumulative number of fatal and non-fatal drug poisoning reviews conducted by Health Board, 2016 to 2024

Health Board	Fatal DP Reviews	Non-Fatal DP Reviews
Aneurin Bevan	184	23
Betsi Cadwaladr	164	0
Cardiff and Vale	239	11
Cwm Taf Morgannwg	402	113
Hywel Dda	161	0
Powys Teaching	36	4
Swansea Bay	407	1,312
Wales	1,593	1,463

Harm reduction Database Wales, 2025

Whilst the fatal drug poisoning review process has been fully implemented across all health board regions, currently only one region, Swansea Bay, is routinely reviewing non-fatal drug poisoning cases. The following section profiles fatal and non-fatal drug poisoning reviews conducted across Wales as recorded on the Harm Reduction Database Wales (HRD) in 2024, in line with the calendar year reporting period for the Office for National Statistics (ONS).

4.1 Fatal Drug Poisoning Reviews

In 2024, 211 fatal drug poisoning reviews were conducted across the seven health board areas in Wales (see Table 15). This is slightly higher than the previous year (5.0 per cent increase), and largely consistent with the previous 5 years.

Table 15: Fatal drug poisoning reviews conducted by Health Board, by year

Health Board	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Aneurin Bevan	16	17	26	13	22	22	24	14	30	184
Betsi Cadwaladr	7	17	16	27	32	20	11	26	8	164
Cardiff and Vale	15	11	28	19	30	29	37	39	31	239
Cwm Taf Morgannwg	29	30	34	34	52	46	69	47	61	402
Hywel Dda	19	16	17	20	28	17	23	11	10	161
Powys Teaching	0	0	3	8	7	7	6	2	3	36
Swansea Bay	28	29	11	26	47	70	66	62	68	407
Wales	114	120	135	147	218	211	236	201	211	1,593

Comparisons with Drug Misuse death data detailed earlier in this report indicate that the proportion of fatal drug poisoning cases being reviewed across Wales in 2024 is lower (73.3 per cent) than those reported by the ONS (see Table 16). Due to the rapid nature of fatal drug poisoning reviews (i.e. initiated prior to notification of any toxicological or coroner's verdict), not all fatal drug poisoning cases reviewed result in classification as a drug misuse death.

Table 16: Fatal Drug Poisoning Reviews and ONS Drug Misuse Deaths, 2015 to 2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fatal drug poisoning case reviews	54	114	120	135	147	218	211	236	201	211
Drug Misuse Deaths reported by ONS (year of registration)	168	192	185	208	165	149	210	205	253	288
Drug Misuse Deaths reported by ONS (year of death)	186	183	176	224	193	224	214	254	202	-
% case reviews vs. deaths reported by ONS (year of registration)	32.1%	59.4%	64.9%	64.9%	89.1%	146.3%	100.5%	115.1%	79.4%	73.3%
% case reviews vs. deaths reported by ONS (year of death)	29%	62.3%	68.2%	60.3%	76.2%	97.3%	98.6%	92.9%	99.5%	-

4.1.1 Demographics

The most common age band reported in 2024 was the 40-49 years age group, representing 39.8 per cent (n=84) of fatal poisoning reviews. The median age is 44, consistent with the previous year (see Table 17).

Amongst females, there was an increase in the proportion of deaths reviewed for those aged over 40 and under 25, but a decrease in those between 25 and 39 years (see Figure 51).

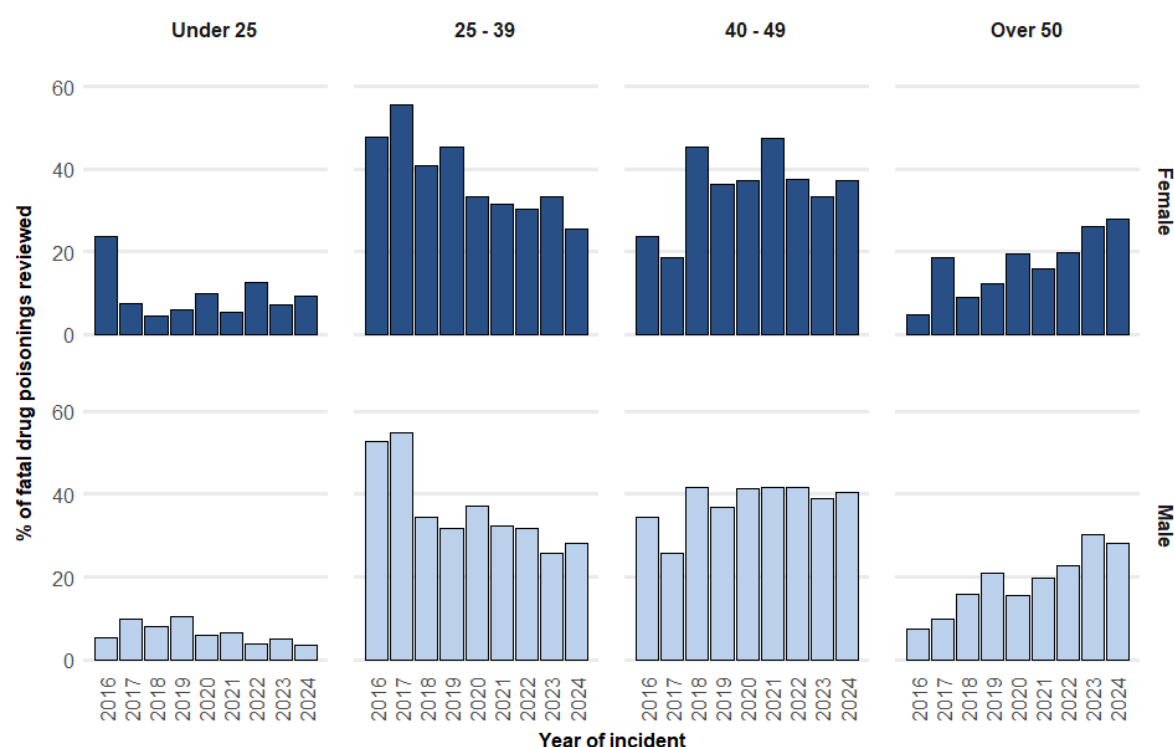
Amongst males, the proportion of deaths reviewed in those aged over 50 and under 25 years decreased, but an increase in those aged between 25 and 49 was observed.

Comparisons of median ages and age group distribution between male and female cases were the same, with median age of 44 years being reported for both males and females.

Table 17: Fatal drug poisoning review demographics in Wales, 2016 to 2024

Demographic	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201	211
% Male*	81.6%	77.5%	83.7%	77.6%	76.6%	82.0%	76.3%	79.1%	79.6%
Median age (years)	38	36	41	40	41	42	43	44	44
Minimum age (years)	19	16	15	13	17	10	12	15	19
Maximum age (years)	56	78	65	69	67	63	84	71	77
% in non stable housing / NFA*	40.8%	26.2%	32.5%	33.0%	41.5%	43.2%	46.4%	46.5%	42.3%
% Under 25 years*	8.8%	9.2%	7.4%	9.5%	6.9%	6.2%	5.9%	5.5%	4.7%
% Over 50 years*	7.0%	11.7%	14.8%	19.0%	16.5%	19.0%	22.0%	29.4%	28.0%

* Proportion of individuals where data has been provided and recorded on the HRD



Harm Reduction Database September 2025

Figure 52: Sex and age range at time of death for fatal drug poisoning cases reviewed in Wales, 2016 to 2024

Housing status information is sought for all cases reviewed and was reported for 49.3 percent (n=104) of cases reviewed in 2024, an increase from the previous year. Where known to services 42.3 per cent of cases were listed as living in non-secure housing (e.g. hostel accommodation) or having no fixed abode (e.g. street homeless, 'sofa surfing'). The proportion of cases listed as living in non-secure housing or NFA decreased in 2024 for the first time since 2017. Experimental statistics published by the ONS suggests that deaths relating to drug poisoning amongst the homeless may be decreasing across England and Wales in recent years.⁶

⁶ Deaths of homeless people in England and Wales: 2021 registrations. 2022. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations#causes-of-death-among-homeless-people>

4.1.2 Circumstances and nature of death

Location of fatal drug poisoning

Location of death was recorded for 66.4 per cent (n=140) of all fatal drug poisonings reviews in 2024. Of these, private residences remained the most common location, representing 85.7 per cent of cases (n=120). Compared to previous years, the occurrence of fatal drug poisonings within private residence have increased, specifically within own home, with decreases being reported in hostels in the most recent years (see Figure 53).

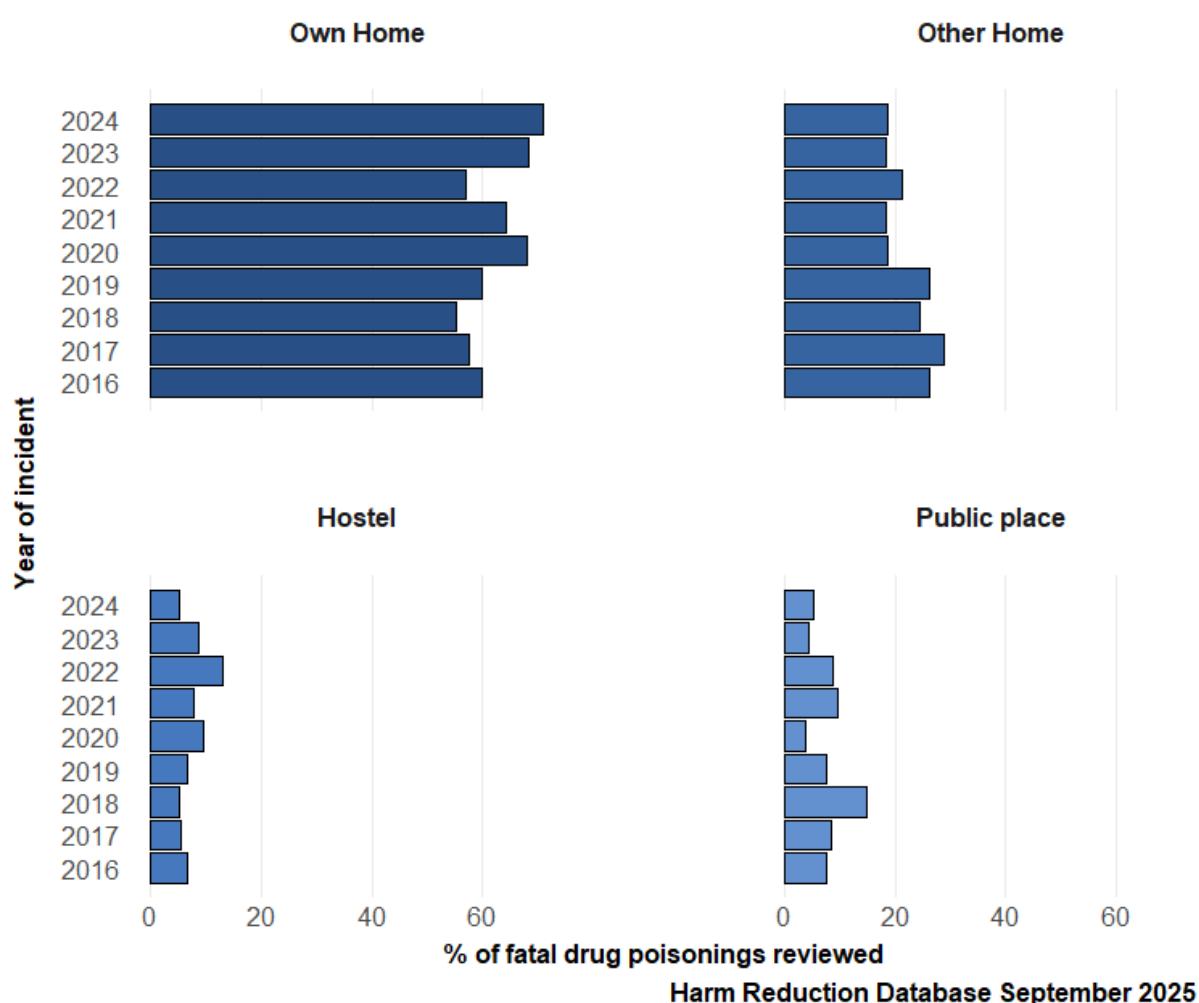


Figure 53: Location of death for fatal drug poisoning cases reviewed, 2016 to 2024

Where reported (n=140), 88.6 per cent (n=124) of fatal drug poisoning cases were pronounced dead at the scene. The remaining 11.4 per cent of cases were pronounced dead in a secondary location such as A&E or in hospital.

Resuscitation attempts

During 2024, data in relation to resuscitation attempts was available for 62.1 per cent of cases (n=131; see Table 18). Of these:

- Resuscitation was attempted in 37.4 per cent (n=49) of the fatal drug poisoning cases reviewed, a higher number and proportion than 2023
- Where resuscitation was provided, THN use was reported in 24.5 per cent (n=12) of cases
- Where details of resuscitation were not reported (either ‘not known’ or ‘no resuscitation attempted’) and location where death was pronounced was recorded (n=91), 95.6 per cent (n=87) were pronounced dead at scene, indicating that resuscitation attempts may have been ineffective at time of discovery

Table 18: Proportion of fatal drug poisoning cases where resuscitation was attempted, 2016 to 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fatal drug poisoning case reviews	114	120	135	147	218	211	236	201	211
% cases where resuscitation attempt was reported	49.1%	45.8%	55.6%	43.5%	50.0%	62.6%	63.6%	52.2%	62.1%
% where resuscitation was attempted	64.3%	67.3%	44.0%	50.0%	50.5%	42.4%	32.0%	36.2%	37.4%
% where THN was used (where resuscitation attempted)	22.2%	18.9%	36.4%	25.0%	29.1%	21.4%	29.2%	26.3%	24.5%

Substances found at scene

As part of the review process information in relation to suspected substances and paraphernalia found at scene is collected at time of initial reporting. In 2024, this information was recorded for 66.4 per cent of cases (n = 140; see Table 19). Of these:

- Substances were found at scene of death in 65.7 per cent of deaths reviewed
- Paraphernalia (e.g. needles, syringes, spoons, and filters) were found at the scene in 68.6 per cent of deaths

Table 19: Fatal drug poisoning review cases where substances and/or paraphernalia were found at the scene, 2016 to 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201	211
% cases where presence of substances was recorded	82.5%	78.3%	85.2%	74.1%	73.4%	80.1%	80.1%	58.2%	66.4%
% cases where substances were found on scene	40.4%	47.9%	42.6%	57.8%	59.4%	69.2%	59.3%	59.8%	65.7%
% cases where presence of paraphernalia was recorded	82.5%	78.3%	85.2%	74.1%	73.4%	80.1%	80.1%	58.2%	66.4%
% cases where paraphernalia were found on scene	56.4%	50.0%	40.0%	55.0%	51.9%	58.0%	51.9%	51.3%	68.6%

4.1.3 Feedback from Services

As part of the fatal drug poisoning review process, information requests are sent to local services by the Case Review Coordinator (CRC) in order to establish history of contact and engagement history, and information that aids in the undertaking of the review (see Appendix B). For those fatal drug poisonings reviewed in 2024, the median number of services contacted by CRCs to provide information was 6 services per case, consistent with the previous year. However, the number of services contacted for information continues to vary across APB regions (see Table 20).

Table 20: Median number of services contacted via the HRD for information per fatal drug poisoning case by APB region, 2016 to 2024

Health Board	Median (range)								
	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aneurin Bevan	22 (20-24)	19 (16-22)	17 (16-19)	16 (2-19)	14 (10-20)	12 (7-15)	10.5 (10-20)	12 (8-24)	12.5 (11-24)
Betsi Cadwaladr	9 (8-12)	11 (7-15)	8 (6-14)	8 (6-9)	8 (6-8)	8 (7-11)	9 (8-9)	9 (8-11)	8 (6-8)
Cardiff and Vale	19 (16-20)	21 (18-21)	23 (1-27)	22 (1-26)	21 (16-27)	17 (14-20)	14 (12-15)	13 (12-14)	14 (12-14)
Cwm Taf Morgannwg	7 (4-14)	7 (5-8)	7 (4-19)	6 (4-13)	6 (4-9)	6 (4-8)	6 (4-10)	6 (4-8)	6 (2-8)
Hywel Dda	5 (4-6)	5 (5-10)	6 (5-7)	5 (5-7)	5 (4-6)	5 (5-6)	6 (5-6)	5 (5-6)	5 (5-5)
Powys Teaching	-	-	32 (32-33)	33 (17-33)	33 (30-33)	33 (1-33)	3 (1-24)	6.5 (1-12)	3 (3-3)
Swansea Bay	11 (7-13)	13 (10-16)	17 (10-19)	12 (10-17)	10 (6-12)	7 (1-9)	2 (1-7)	1 (1-4)	1 (1-3)
Wales	9 (4-24)	12 (5-22)	16 (1-33)	8 (1-33)	8 (4-33)	7 (1-33)	6 (1-24)	6 (1-24)	6 (1-24)

The ability to undertake meaningful and robust drug poisoning reviews is dependent upon the quality of information provided surrounding both the circumstances surrounding the incident and individual's personal history that may have influenced a drug poisoning event from occurring. As such, the maintenance of well-structured service networks as part of each review panel is essential in ensuring the return of timely and accurate information.

Known services contact

Among all 211 fatal drug poisoning cases reviewed in 2024:

- Individuals were known to have been in contact with any service within 12 months prior to death in 57.8 per cent of cases (n= 122), similar to recent years

- Individuals were known to have been in contact with any services within 1 month prior to death in 31.3 per cent of cases (n=66)
- 'No known contact' or no contact with services within 12 months prior to death was reported in 42.2 per cent of cases (n=89). Of these, 54 individuals were not known to any services.
- Where known to local substance misuse services (n=114), 65.8 per cent (n=75) had received contact with a substance misuse service, including Integrated Offender Service (IOS), in the 12 months prior to death

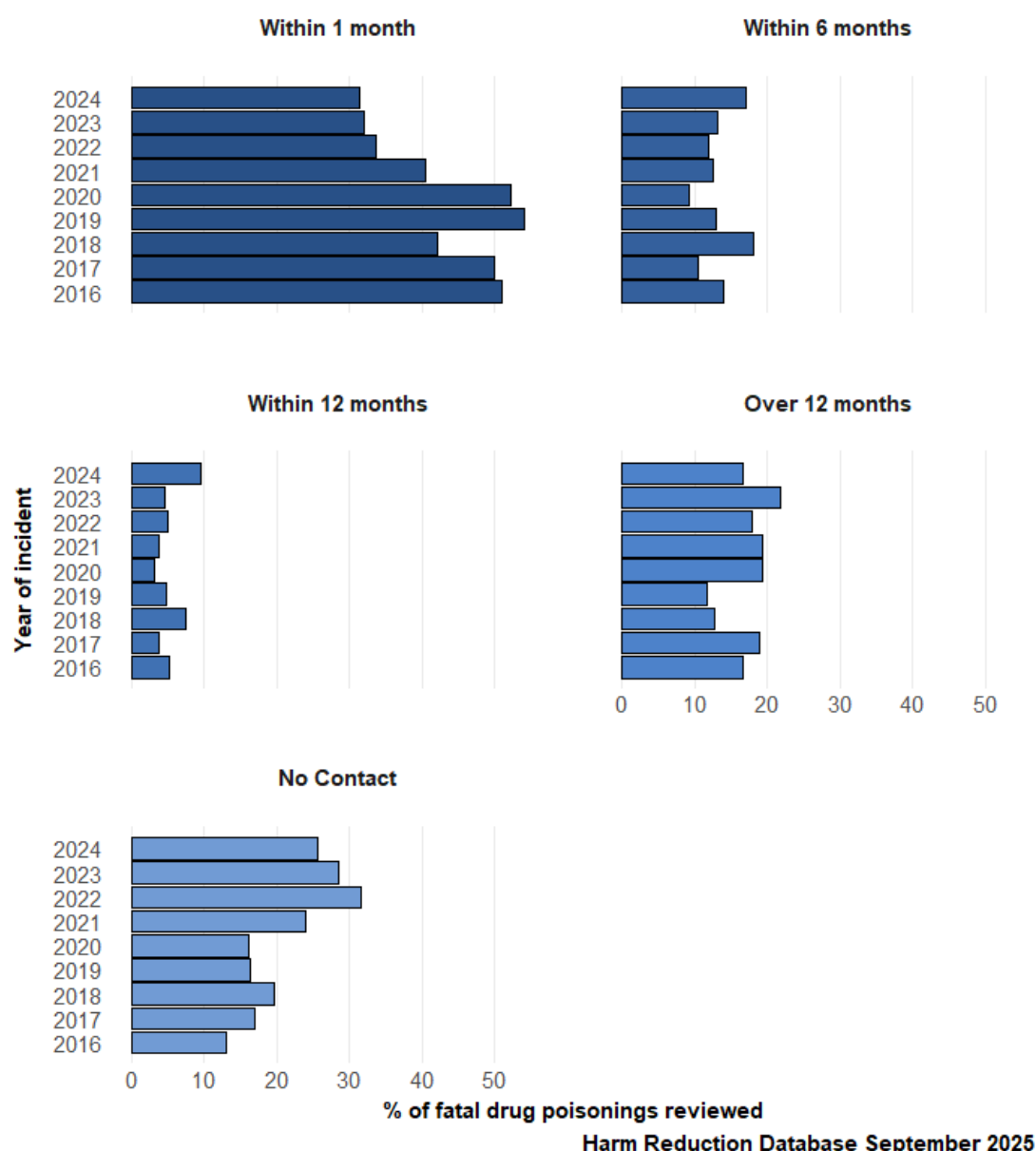
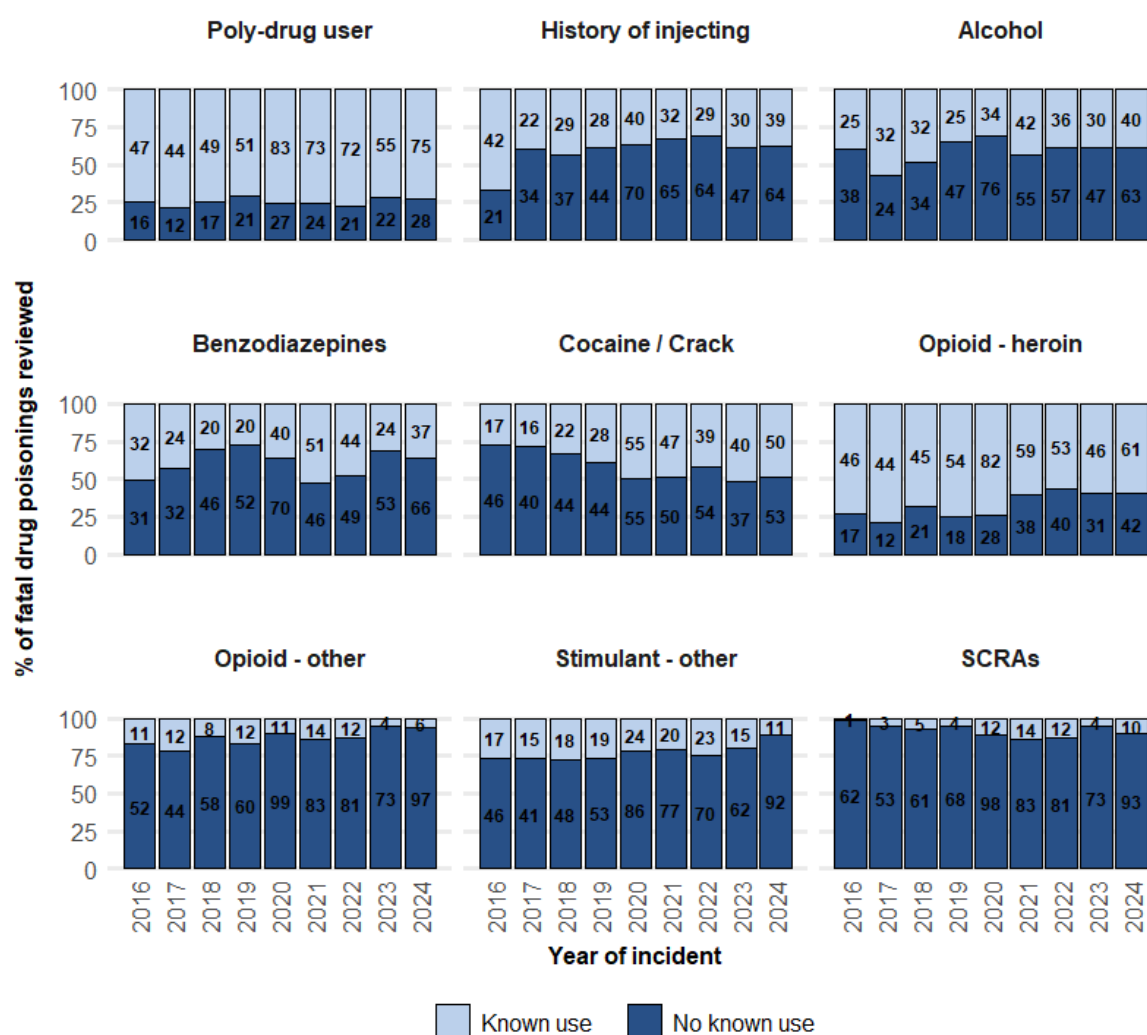


Figure 54: Length of time since last known contact with any service for fatal drug poisoning cases, 2016 to 2024

Known substance history

History of substance use was known and reported for 103 (84.4 per cent) of the fatal drug poisoning review cases in contact with services in the 12 months prior to death (n=122). Of these, histories of poly-drug use were recorded in over two thirds of cases reviewed (70.5 per cent), consistent with previous years (see Figure 55). While proportions remain relatively stable across most categories, there has been a steady increase in the proportion of fatal drug poisoning cases with a known history of cocaine / crack use since 2016. A decreasing trend in the proportion with a history of heroin, other opioids, and other stimulants has also been observed in recent years. Fatal drug poisoning cases with a known history of benzodiazepines have fluctuated over time, making trends difficult to identify.



Harm Reduction Database September 2025

Figure 55: Proportion of fatal drug poisoning cases where substance history reported in last 12 months, by substance, 2016 to 2024

Mental health

In 2024, 55.0 per cent (n=116) of all fatal cases reviewed had a history of mental illness or diagnosed psychiatric disorder recorded.⁷ Due to the structure and qualitative nature of reporting via the HRD, no further information can currently be provided within this report in relation to the nature and recency of reported mental illness / reported self-harming behaviour. However, this information is used to aid in the review of fatal drug poisonings and development of recommendations at a local and regional level in Wales on a case-by-case basis.

4.1.4 Coroner's conclusion and findings

In line with the Fatal / Non-Fatal Drug Poisoning Review guidance, the HRD: Drug Poisoning Database provides functionality for recording final coroner's findings for each fatal drug poisoning review. The rapid nature of the drug poisoning review process requires each case to be treated as a 'suspected drug poisonings' until otherwise confirmed. As such the process of pairing review findings alongside coroners' conclusions are an integral part of developing robust recommendations and better understanding the nature of drug poisonings in Wales.

Since 2016, 35.3 per cent (n=563) of fatal drug poisoning cases had a record of coroner's findings recorded on the HRD (see Table 21). Both the absolute number and proportion of all fatal drug poisoning reviews have increased from the previous year but remains generally lower than recent years.

Table 21: Number of fatal drug poisoning review cases with record of coroner's findings recorded on HRD, 2016 to 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Fatal drug poisoning case reviews	114	120	135	147	218	211	236	201	211	1,593
Cases with coroner's findings recorded	33	50	60	36	71	89	95	59	70	563
% of cases with coroner's findings recorded	28.9%	41.7%	44.4%	24.5%	32.6%	42.2%	40.3%	29.4%	33.2%	35.3%

Where coroner's findings were listed on the HRD, a 'drug related' conclusion was confirmed in 92.9 per cent (n=65) of cases (see Table 22). Natural causes, accidents/misadventure, suicide, and unclassified conclusions made up the remaining 7.1 per cent of cases.

⁷ Numbers related to mental health have been summarised based on free-text comments and should be interpreted with caution and treated as an approximation.

Table 22: Proportion of fatal drug poisoning review cases with record of coroner's findings, and proportion where 'drug related' conclusion confirmed, by health board in 2024

Health Board	Fatal Drug Poisoning Cases	% with coroner's findings recorded	% confirmed as 'drug related'
Aneurin Bevan	30	40%	100%
Betsi Cadwaladr	8	-	-
Cardiff and Vale	31	-	-
Cwm Taf Morgannwg	61	-	-
Hywel Dda	10	-	-
Powys Teaching	3	-	-
Swansea Bay	68	85.3%	91.4%
Wales	211	33.2%	92.9%

4.2 Non-Fatal Drug Poisoning Reviews

Prior non-fatal drug poisonings / drug overdoses may be predictive of subsequent fatal drug poisonings. Research indicates that on average, the rate of non-fatal drug poisonings among individuals who had a lifetime history of drug poisoning events was two survived events per year.⁸

Rapid non-fatal drug poisoning multidisciplinary reviews provide direct contact with those who have experienced a non-fatal poisoning and support offered to engage in drug treatment services. In 2024, 143 non-fatal drug poisoning reviews were conducted across participating health boards in Wales (see Table 23), representing a 15.4 per cent decrease from the previous year.

Table 23: Non-fatal drug poisoning reviews conducted by Health Board, 2016 to 2024

Health Board*	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Aneurin Bevan	3	3	1	4	12	0	0	0	0	23
Cardiff and Vale	7	0	0	0	4	0	0	0	0	11
Cwm Taf Morgannwg	35	9	18	46	5	0	0	0	0	113
Powys Teaching	0	0	0	0	0	0	0	2	2	4
Swansea Bay	123	114	125	94	214	170	164	167	141	1,312
Wales	168	126	144	144	235	170	164	169	143	1,463

* This table only includes health boards with any recorded non-fatal drug poisoning reviews over the period. Therefore Betsi Cadwaladr and Hywel Dda University Health Boards are not shown.

4.2.1 Demographics

The demographic profiles for the 143 non-fatal drug poisoning reviews in 2024 are shown in Table 24. Demographic comparisons indicate that non-fatal drug

⁸ Holloway K R, Bennett T H, & Hills R (2016). Non-fatal overdose among opiate users in Wales: A national survey. *Journal of Substance Use*; Available at: <https://www.tandfonline.com/doi/abs/10.3109/14659891.2015.1063718>

poisoning cases reviewed were consistently younger than fatal drug poisoning cases (median age 36 years compared to 44 years respectively).

The median age of non-fatal drug poisoning cases has remained relatively consistent over the last eight years, while both the proportion of cases under the age of 25 and over 50 years age categories have decreased in 2024. The proportion of cases who were male decreased in 2024.

Housing status information was sought for all cases reviewed and, where known to services, about half (48.1 per cent) of cases were listed as living in non-secure housing (e.g. hostel accommodation) or having no fixed abode (e.g. street homeless, 'sofa surfing'). The proportion of non-fatal drug poisoning cases listed as living in non-secure housing or NFA was the lowest on record in 2024.

Table 24: Non-fatal drug poisoning review demographics: All Wales, 2016 to 2024

Demographic	2016	2017	2018	2019	2020	2021	2022	2023	2024
Non-fatal drug poisonings reviewed	168	126	144	144	235	170	164	169	143
% Male*	73.8%	77.0%	81.9%	72.2%	73.2%	68.2%	76.2%	76.9%	67.8%
Median age (years)	35	33	35	35	34	36	37	37	36
Minimum age (years)	18	18	19	16	15	16	12	14	17
Maximum age (years)	57	56	118	56	78	67	58	63	62
% in non stable housing / NFA*	59.4%	57.1%	52.2%	64.4%	52.7%	53.3%	67.7%	51.4%	48.1%
% Under 25 years*	10.7%	8.7%	5.6%	16.0%	20.4%	12.9%	14.6%	22.5%	17.5%
% Over 50 years*	5.4%	5.6%	11.8%	6.9%	7.7%	9.4%	7.3%	14.2%	7.7%

* Proportion of individuals where data has been provided and recorded on the HRD

5 Appendices

5.1 Appendix A - Definitions and notes on data interpretation

'Drug related deaths' typically encompasses two measures. Deaths related to both licit and illicit drugs are typically described as 'drug poisoning deaths.' 'Drug misuse deaths,' which is the preferred measure for analysis of drug related deaths in the context of substance misuse strategies, include only illicit drugs (i.e. those controlled under the 1971 Misuse of Drugs Act and not prescribed to the individual). Drug misuse deaths are therefore a subset of both 'drug poisoning deaths' and 'drug related deaths. All figures in this document refer to drug misuse deaths unless otherwise indicated.

Drug poisoning and drug misuse deaths are identified using the 10th edition of the International Classification of Disease codes (ICD-10 codes). Where the underlying cause of death is classified by a code indicating:

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)
- Accidental poisoning by drugs, medicaments, and biological substance
- Intentional self-poisoning by drugs, medicaments, and biological substances
- Poisoning by drugs, medicaments and biological substances, undetermined intent
- Assault by drugs, medicaments, and biological substances

The Office for National Statistics (ONS) classifies the death as 'drug related.' 'Drug poisoning deaths' include all deaths so classified; 'drug misuse deaths' include those deaths in which a substance controlled under the Misuse of Drugs Act 1971 (MDA) is identified. Note that since substances can be added to the definitions included in the MDA via secondary legislation, previously published numbers of deaths are subject to revision. Further, it is not typically possible to distinguish between heroin and morphine in toxicology tests on deceased persons, and therefore deaths involving these substances are conventionally described as 'heroin/morphine.' Note also that intentional poisoning and poisoning of undetermined intent are categorised by the ONS as 'suicide.'

Figures for drug related deaths are typically reported by year of registration of the death. All deaths where use of illicit drugs is considered a possible factor are referred to a Coroner, leading to a delay between death and registration. This delay in turn means that a substantial number of deaths are registered in a different year to that in which they occurred. Whilst reporting by year of registration enables a comprehensive list of deaths to be analysed and allows comparison between UK countries, changes in the length of time taken to register drug misuse deaths may suppress or enhance annual trends in the data.

Further details of the methods used by the ONS to identify drug related deaths can be found at:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations#quality-and-methodology>

5.2 Appendix B - Guidance on fatal and non-fatal drug poisoning reviews

In June 2014 Welsh Government published guidance, developed by Public Health Wales, outlining the framework and procedures in relation to the review of fatal and non-fatal drug poisonings in Wales (available at: [guidance-for-undertaking-fatal-and-non-fatal-drug-poisoning-reviews-in-wales.pdf](#)). The framework, developed in line with the key aims of the Welsh Government Substance Misuse Strategy Delivery Plan 2013-15 (Outcome 3.1), provides guidance for all stakeholders within Wales who have a remit for reducing fatal and non-fatal drug poisonings related to substance misuse. This encompasses all stages for effective review including initiation, multidisciplinary working and data collection, and the identification, implementation and dissemination of recommendations and lessons learned.

Implementation of the guidance supersedes the previous confidential review process where fatal drug poisonings were reviewed post coroner's inquest. Under the new guidance 'case reviews' are undertaken locally and initiated as soon after the fatal drug poisoning as possible. Thus, providing more timely information in relation to circumstances related to death and where best evidence indicates lessons could be learned. The confidential review process highlighted the requirement for Drug Related Death Review Panels, where community and partnership working can support the identification of recommendations aimed at reducing both fatal and non-fatal drug poisonings locally and nationally.

Unlike the historic guidance, the latest guidance stipulates not only the review of fatal drug poisonings but also the addition of non-fatal drug poisonings (case definitions of which are defined within the guidance). Responsibility for the review of both poisoning types sits with a nominated Case Review Co-ordinator (CRC) as identified by the local Area Planning Board's (APB) Harm Reduction Group. The CRC co-ordinates partnership and collaborative working, between the Coroner services and support services within the locality in order to underpin circumstances related to death and ensuring accurate information is available for analysis. This includes the dissemination and collation of information requests, and establishment of multi-agency review meetings to assess evidence, and establish lessons learned.

To monitor progression of the guidance across Wales, the National Implementation Board for Drug Poisoning Prevention (NIBDPP) was established with responsibility for ensuring that Health Boards / APBs and all other stakeholders progress to full

implementation of both existing and emerging recommendations as per the reviews. Furthermore, it is the NIBDPP's role to work alongside professional membership bodies e.g. Royal Collage of General Practitioners Wales and liaise with other relevant UK and European bodies with a remit for reducing drug related deaths and non-fatal poisonings.

To ensure both timely and accurate collection of data in relation to fatal and non-fatal drug poisoning reviews, both Welsh Government and Public Health Wales have supported the development of a robust database via the Harm Reduction Database (HRD). The HRD provides a central system for the secure storage and collation of data, along with a mechanism in which information can be requested by the CRC from all stakeholders involved in the review of a drug poisoning event.