



All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

In focus report: Hypnotics and anxiolytics

April 2026



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Data presented within this report are also accessible via the Server for Prescribing Information Reporting and Analysis (SPIRA) at spira.uk/info.

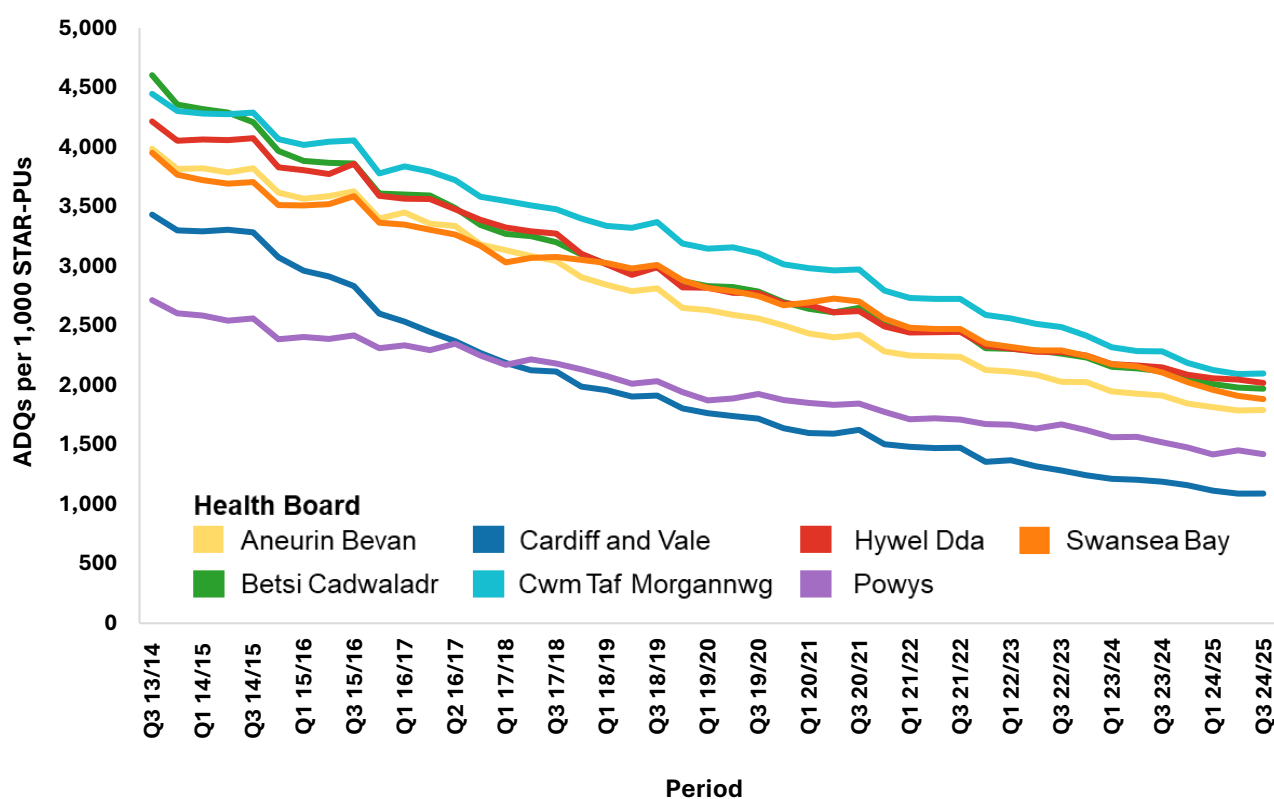
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National Prescribing Indicators (NPIs) 2024–2025: A focus on hypnotics and anxiolytics

This report provides supplementary information to that contained within the [NPI quarterly reports](#) in order to provide a more detailed picture of prescribing by GP practices across Wales. NHS Wales network users can access the data used to create the graphs in this report via the interactive Server for Prescribing Information and Reporting ([SPIRA](#)) dashboards.

Prescribing of hypnotics and anxiolytics have been part of the NPIs since they began in 2004–2005. Please refer to [National Prescribing Indicators 2024-2025 specification document](#) for full details of the preparations contained within the hypnotics and anxiolytics basket. Over the past 10 years prescribing has been steadily decreasing across all health boards in Wales.

Figure 1. Total hypnotic and anxiolytics ADQs¹ per 1,000 STAR-PU²s across health boards from Q3 2013–14 to Q3 2024–25

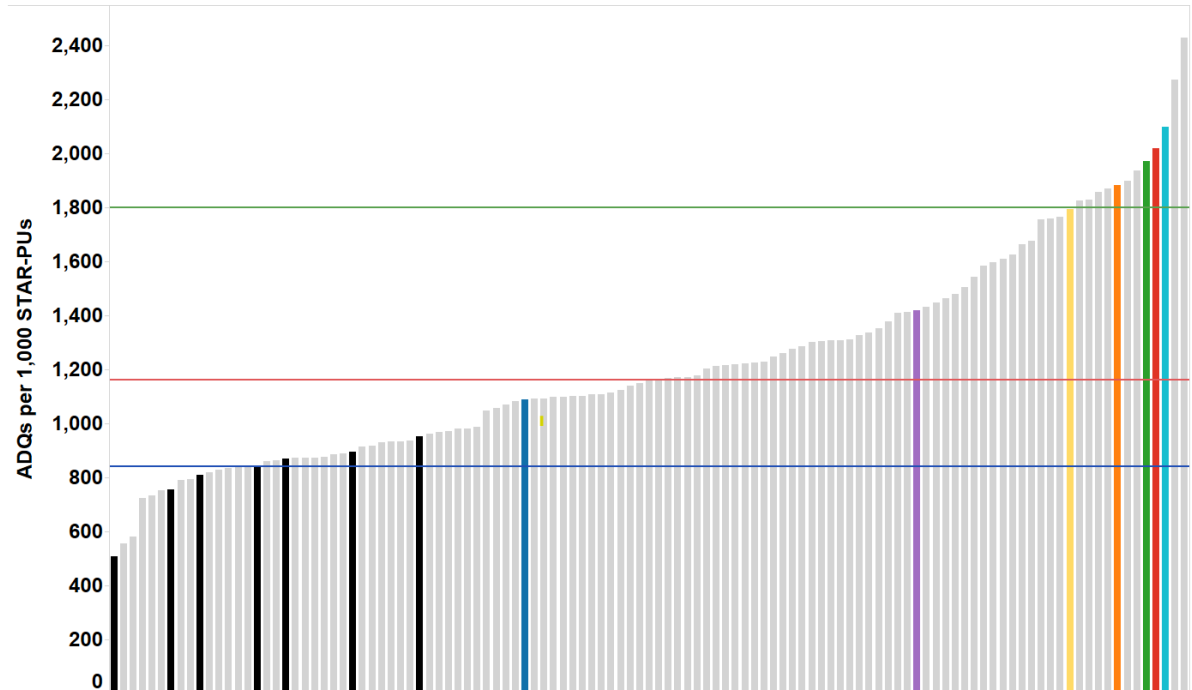


¹ **ADQ** – The average daily quantity (ADQ) is a measure of prescribing volume based upon prescribing behaviour in England. It represents the assumed average maintenance dose per day for a medicine used for its main indication in adults. The ADQ is not a recommended dose but an analytical unit to compare prescribing activity.

² **STAR-PU** – Specific therapeutic group age-sex related prescribing units (STAR-PU) are designed to measure prescribing weighted for age and sex of patients. There are differences in the age and sex of patients for whom medicines in specific therapeutic groups are usually prescribed. To make such comparisons, STAR-PU have been developed based on costs of prescribing of items within therapeutic groups.

Although prescribing has been steadily decreasing across Wales, it remains higher than that in England.

Figure 2. Total hypnotic and anxiolytics in Welsh health boards and English SICBLs¹ – Quarter ending December 2024



Health Board

- | | | | |
|--|---|--|--|
| ■ Aneurin Bevan | ■ Cwm Taf Morgannwg | ■ Swansea Bay | — Wales average |
| ■ Betsi Cadwaladr | ■ Hywel Dda | ■ NE England SICBLs | — England average |
| ■ Cardiff and Vale | ■ Powys | ■ Other SICBLs | — NE England average |

There continues to be variation in prescribing when comparing GP practices and clusters across Wales, and within health boards, as demonstrated by Figures 3 and 4.

[Figure 3](#) shows GP practice performance from Q3 2022–23 to Q3 2024–25. The box and whisker plots show the median and quartiles for each health board. A trend line indicating the mean is also included. A good practice spotlight from Swansea Bay is included [here](#).

[Figure 4](#) shows the trend line for every cluster from Q3 2022–23 to Q3 2024–25.

¹ SICBLs - Sub Integrated Care Board Locations
National Prescribing Indicators 2024-2025: A focus on hypnotics and anxiolytics

Figure 3. Box and Whisker plot – Hypnotics and anxiolytics ADQs per 1,000 STAR-PU from Q4 2022–23 to Q4 2024–25

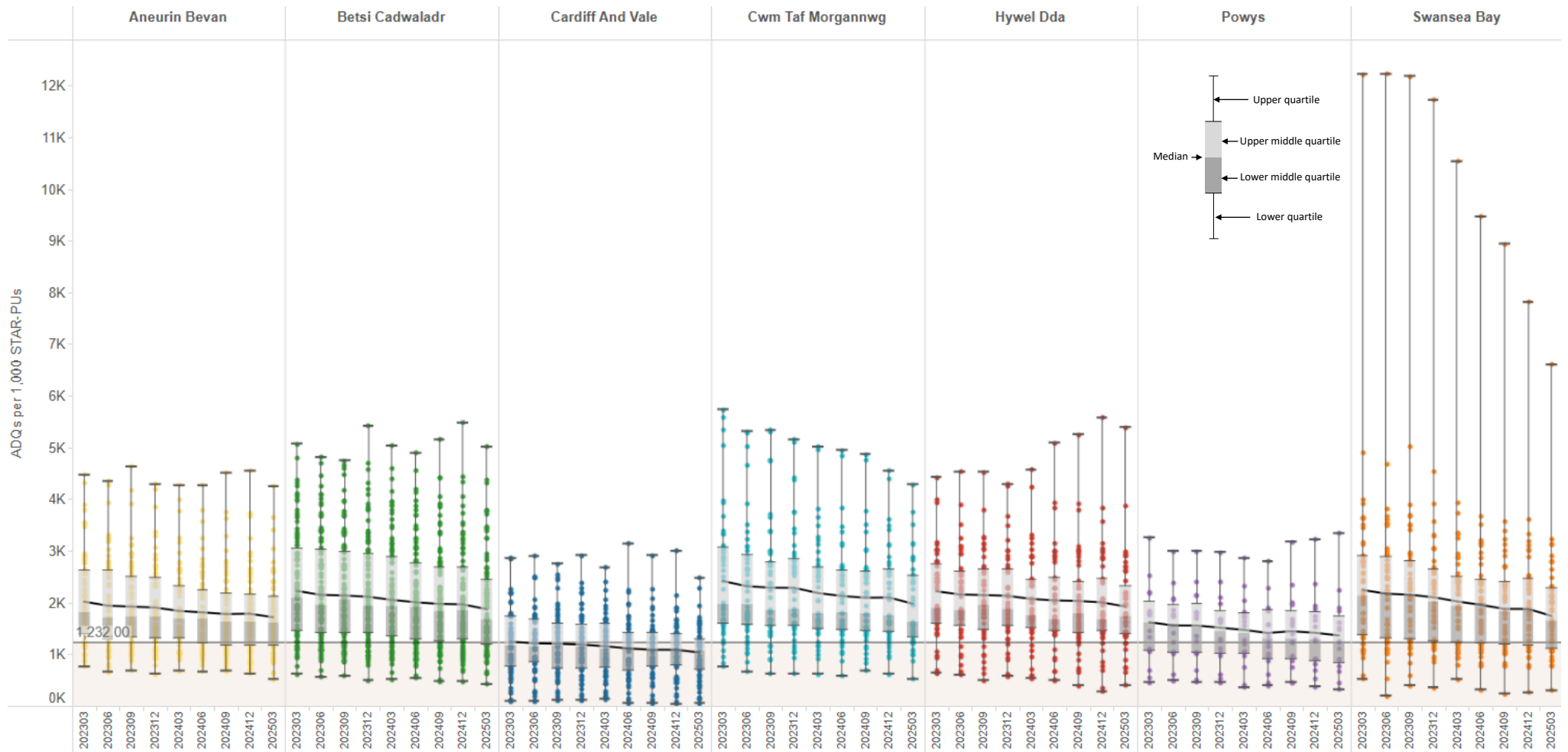


Figure 4. Trend in hypnotic and anxiolytic prescribing by cluster from Q3 2022–23 to Q3 2024–25



Breakdown of hypnotics and anxiolytics by medicine

Total ADQ per 1,000 STAR-PU was calculated at a medicine level for Quarter 3 2024–2025 to establish how much each medicine was contributing to total hypnotic and anxiolytic prescribing at a national and health board level. At an all-Wales level, six medicines accounted for 98.8% of total hypnotic and anxiolytic prescribing. These same six medicines also account for 98.7% of prescribing in England.

Table 1. Top six medicines contributing to hypnotic and anxiolytic ADQs per 1,000 STAR-PU for Quarter 3 2024–2025

	Wales	England
Zopiclone	38%	44%
Diazepam	36%	29%
Lorazepam	9%	9%
Nitrazepam	6%	6%
Temazepam	5%	4%
Zolpidem	4%	7%

[Figure 5](#) shows the percentage breakdown by health board. [Figure 6](#) shows total ADQ per 1,000 STAR-PU in Welsh health boards and English SICBLs for each of the six medicines listed above.

Figure 5. Percentage of top six medicines contributing to hypnotic and anxiolytic ADQs per 1,000 STAR-PU for Quarter 3 2024–2025, by health board

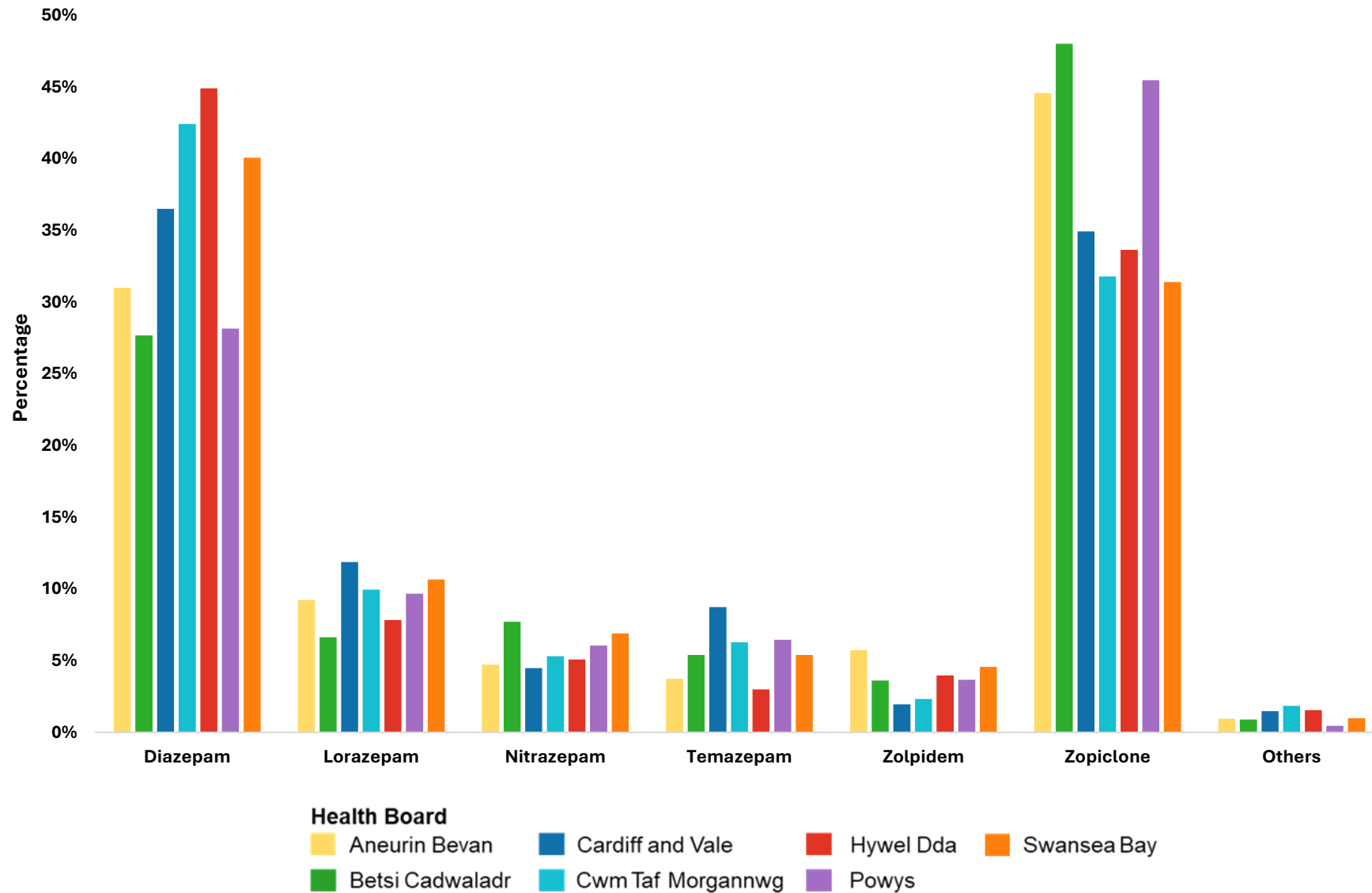
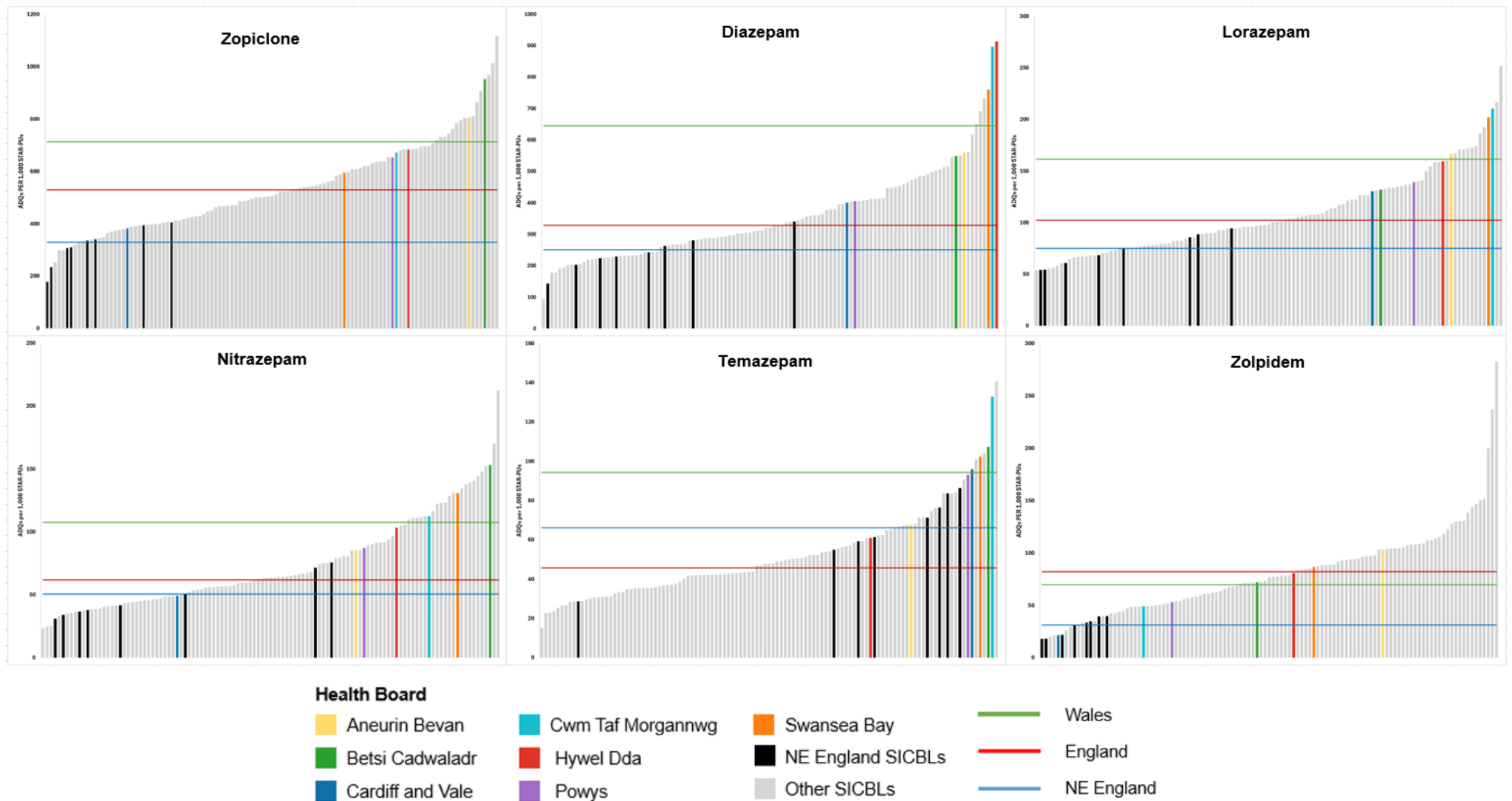


Figure 6. Hypnotic and anxiolytic ADQs per 1,000 STAR-PU¹s by medicine in Welsh health boards and English SICBLs¹ – Quarter ending December 2024



¹ Sub Integrated Care Board Locations

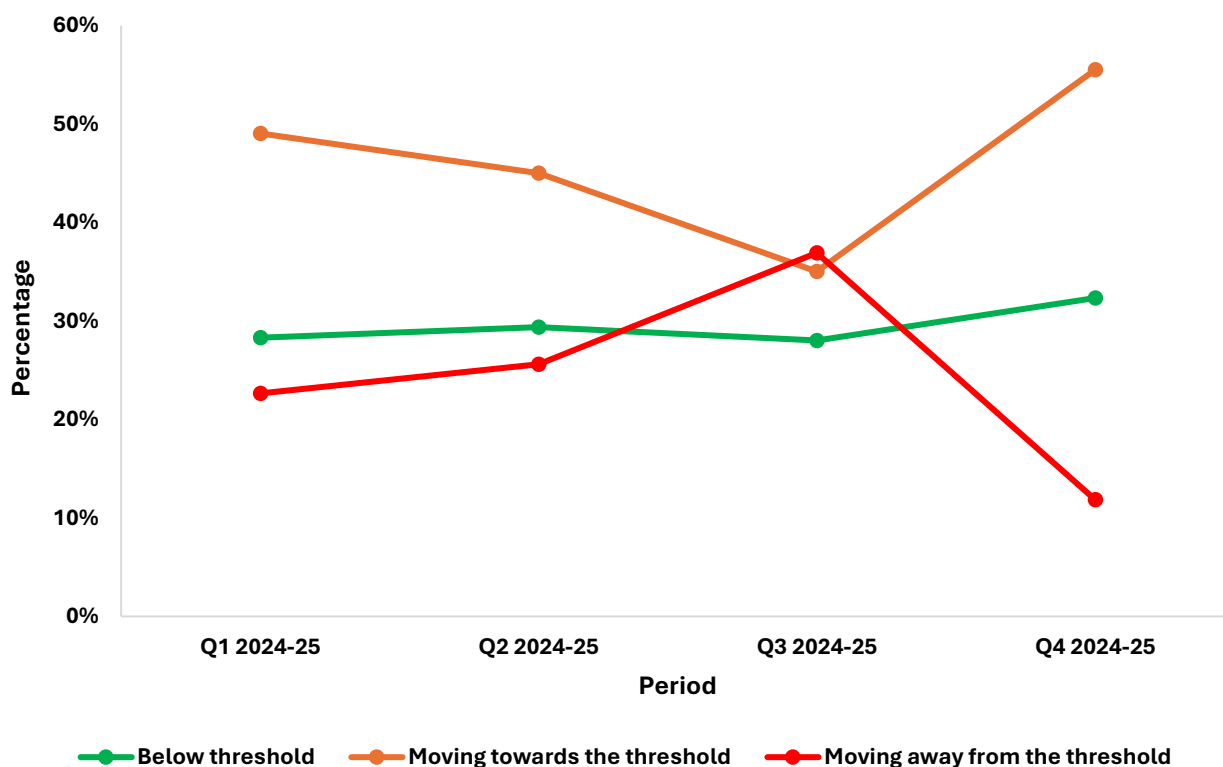
Threshold achievement

The target is for GP practices to maintain performance levels within the lower quartile or show a reduction towards the lower quartile. A threshold is set at the prescribing rate of the best performing 25% of GP practices in Wales. For 2024–2025, the threshold for the lower quartile (based on data from the quarter ending December 2023) is 1,232 ADQs per 1,000 STAR-PU.

Figure 7 shows the percentage of practices:

- Below the threshold (practice mean hypnotic and anxiolytic prescribing is equal to or less than 1,232 ADQs per 1,000 STAR-PU for that quarter).
- Moving towards the threshold (practice mean hypnotic and anxiolytic prescribing is greater than 1,232 ADQs per 1,000 STAR-PU but has decreased compared to the previous quarter).
- Moving away from the threshold (practice mean hypnotic and anxiolytic prescribing is greater than 1,232 ADQs per 1,000 STAR-PU and has increased compared to the previous quarter).

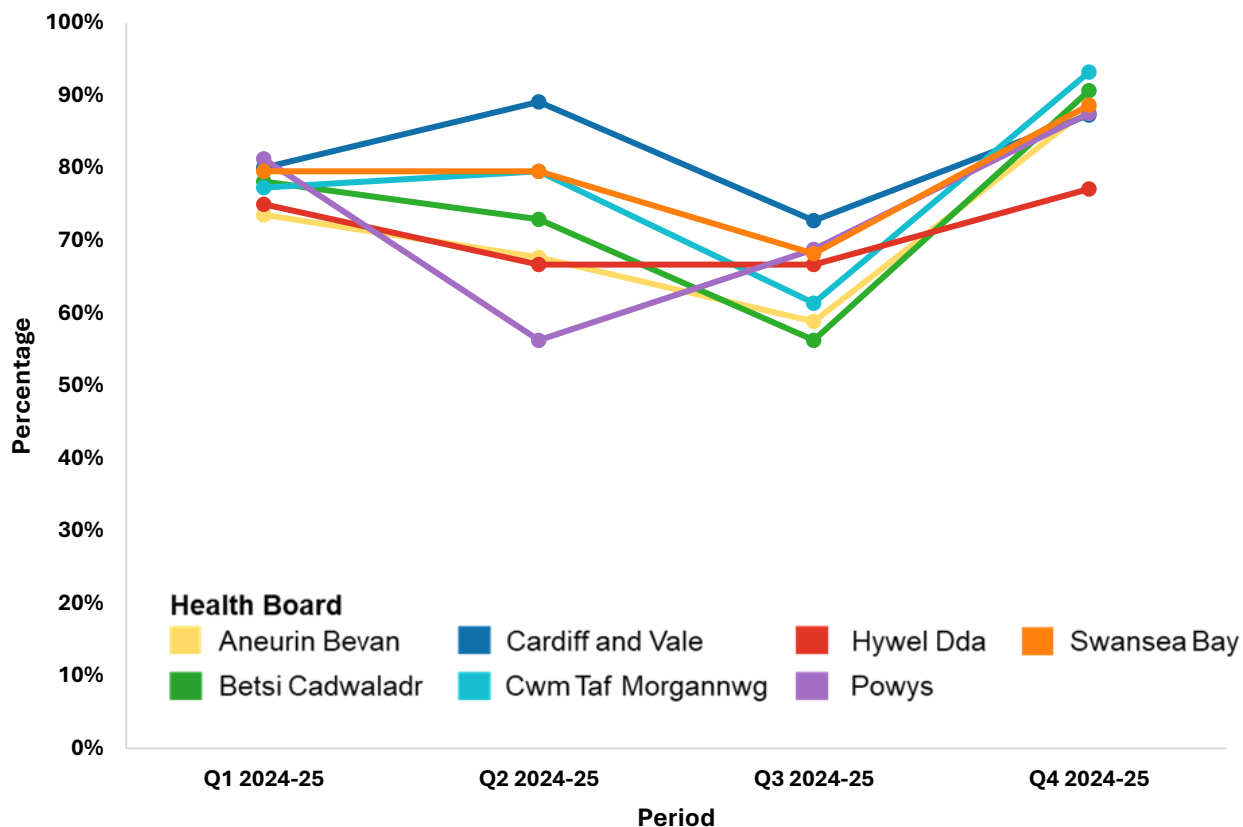
Figure 7. Trend in percentage of practices that are below, moving towards, and moving away from the lower quartile threshold



Target achievement

Practices are able to meet the target by maintaining prescribing at or below the threshold, or by demonstrating a reduction in prescribing and therefore moving towards the lower quartile. Figure 8 shows the percentage of practices within the health board that are meeting the target.

Figure 8. Trend in percentage of practices that met the target, by health board



Treatment duration

The following graphs show a breakdown of the quantity of zopiclone tablets being prescribed by health board. Figure 9 shows the data for 7.5mg tablets and Figure 10 the 3.75mg tablets.

Figure 9. Breakdown of zopiclone 7.5mg tablets by quantity prescribed for quarter ending December 2024

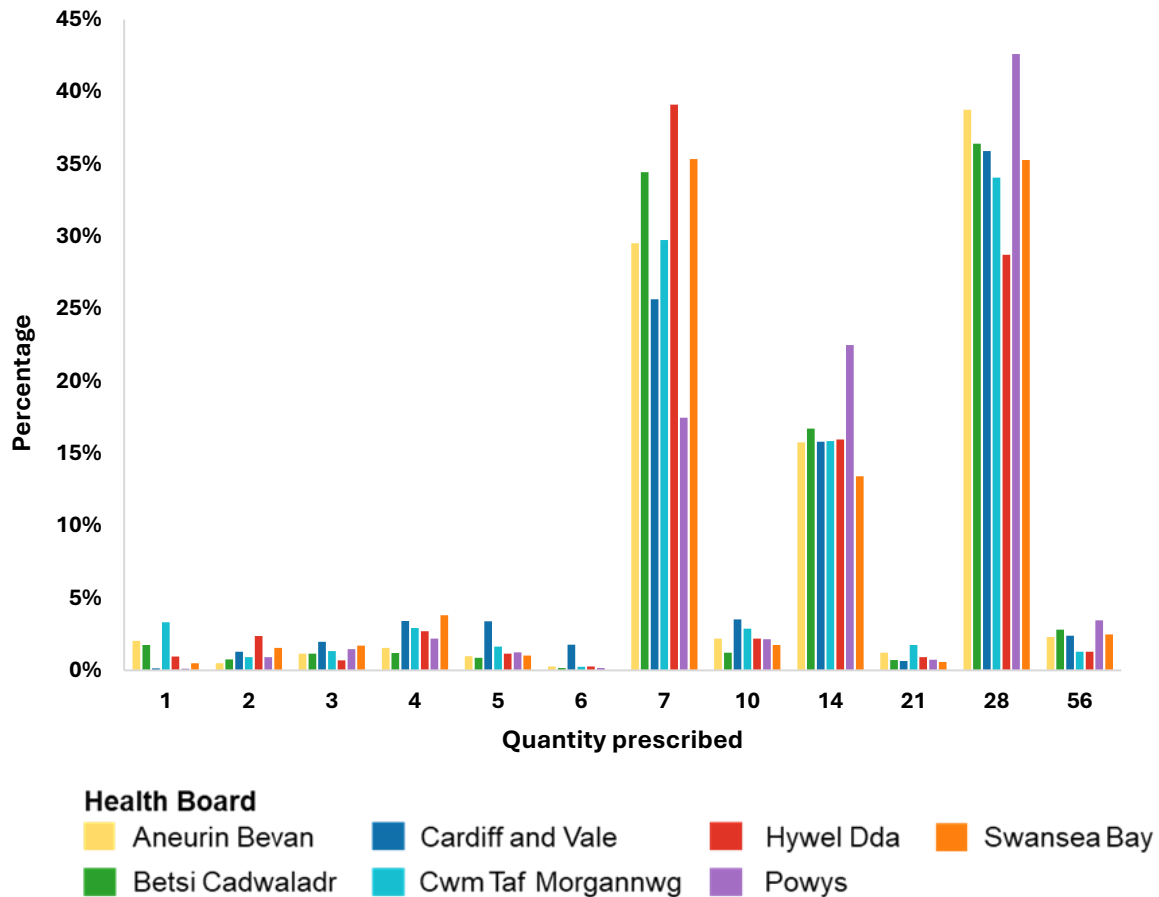
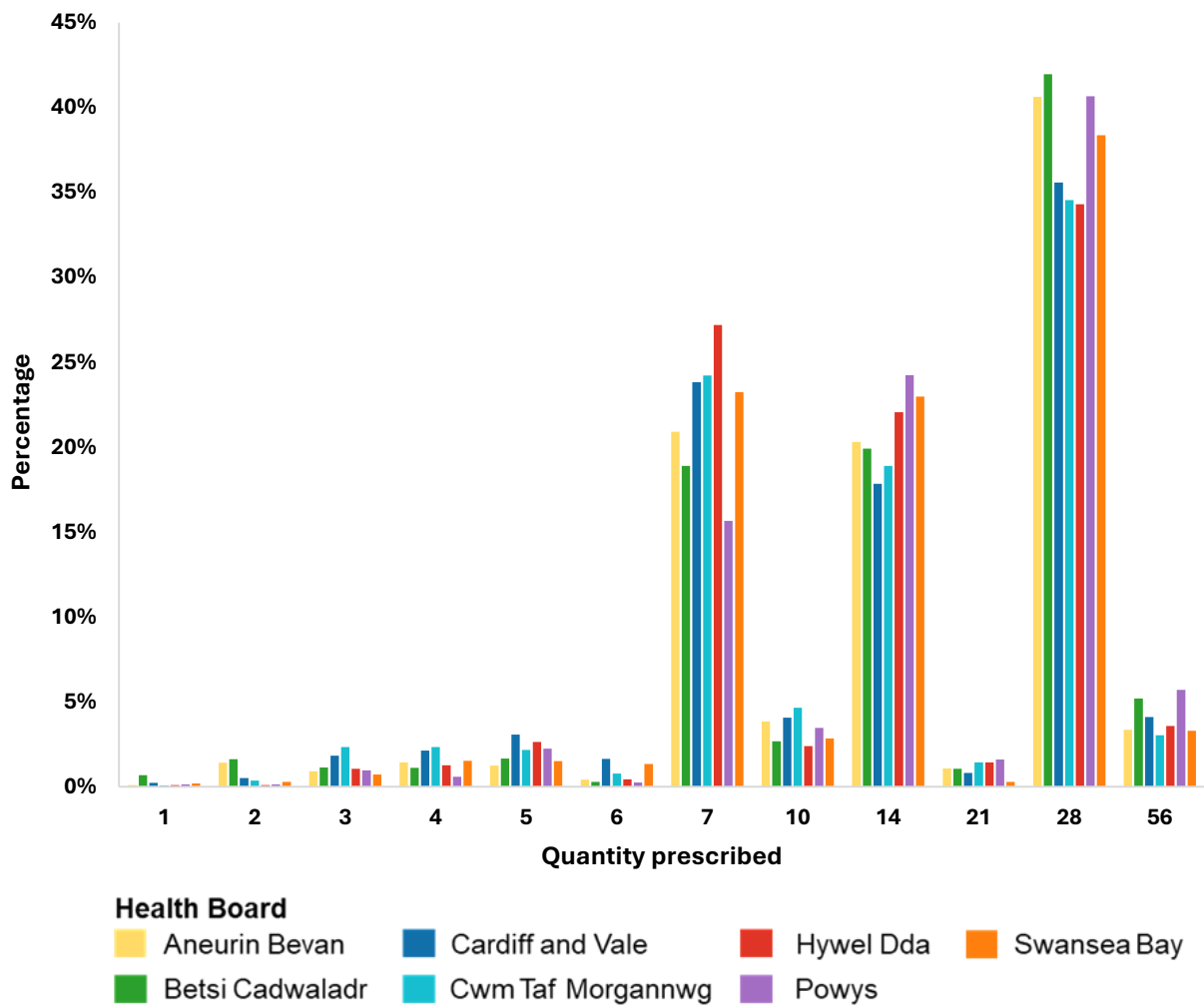


Figure 10. Breakdown of zopiclone 3.75mg tablets by quantity prescribed for quarter ending December 2024



Good practice spotlight from Swansea Bay UHB

A GP practice in SBUHB worked to improve prescribing of hypnotics and anxiolytics, demonstrating a reduction of 46% (ADQs/1,000 STAR-PU) when comparing Q4 2022-23 with Q4 2024-25. The reduction was achieved through a combination of policy changes, education, and monitoring, with the support of a health board pharmacy technician and cluster pharmacist:

- Development of a practice-wide policy

The GP practice was encouraged to agree on a unified approach for prescribing anxiolytics and hypnotics based on national guidance, which recommends short-term use (typically no more than 2–4 weeks) and prioritises non-drug interventions first.

- Education and training

All prescribers in the practice are educated on the risks of long-term benzodiazepine use, including dependence, cognitive impairment, and falls in older adults.

- Patient review and deprescribing

Patients on long-term anxiolytics are identified and reviewed by a health board pharmacy technician and cluster pharmacist and structured withdrawal plans are offered. Patients are educated about the risks and supported with alternative well-being strategies.

- Monitoring and audit

Prescribing data is regularly reviewed to track improvements. Feedback is provided to the GPs quarterly, during face-to-face meetings with the medicines management team and the Primary Care Medical Director to encourage ongoing adherence to the policy.

- Collaborative approach

The entire practice team, including GPs, nurses, and pharmacists, is involved in implementing and maintaining the policy. Communication with patients is consistent and supportive, helping to manage expectations and reduce reliance on medication.

Propranolol prescribing

Recently, there have been concerns about the involvement of propranolol in intentional poisonings and deaths, due to its toxicity in overdose. In 2022/2023, the [National Poisons Information Service](#) reported that 318 patients aged 12–86 years deliberately overdosed on propranolol during that year, resulting in 12 deaths. Of those cases, 173 involved prescribed propranolol, with 62% of prescriptions given for anxiety management.

Although propranolol is licensed for physical symptoms associated with anxiety such as palpitations, sweating and tremor, it is not recommended by NICE as a treatment for anxiety, and there is very little evidence for use in this indication. However, prescribing seems to be increasing. Discouragement of prescribing alternatives, such as benzodiazepines, and the reclassification of pregabalin as a schedule 3 controlled drug, have been suggested as possible reasons for the increased prescribing of propranolol for anxiety.

Figure 11. Drug poisoning deaths in England and Wales, where propranolol was mentioned on the death certificate

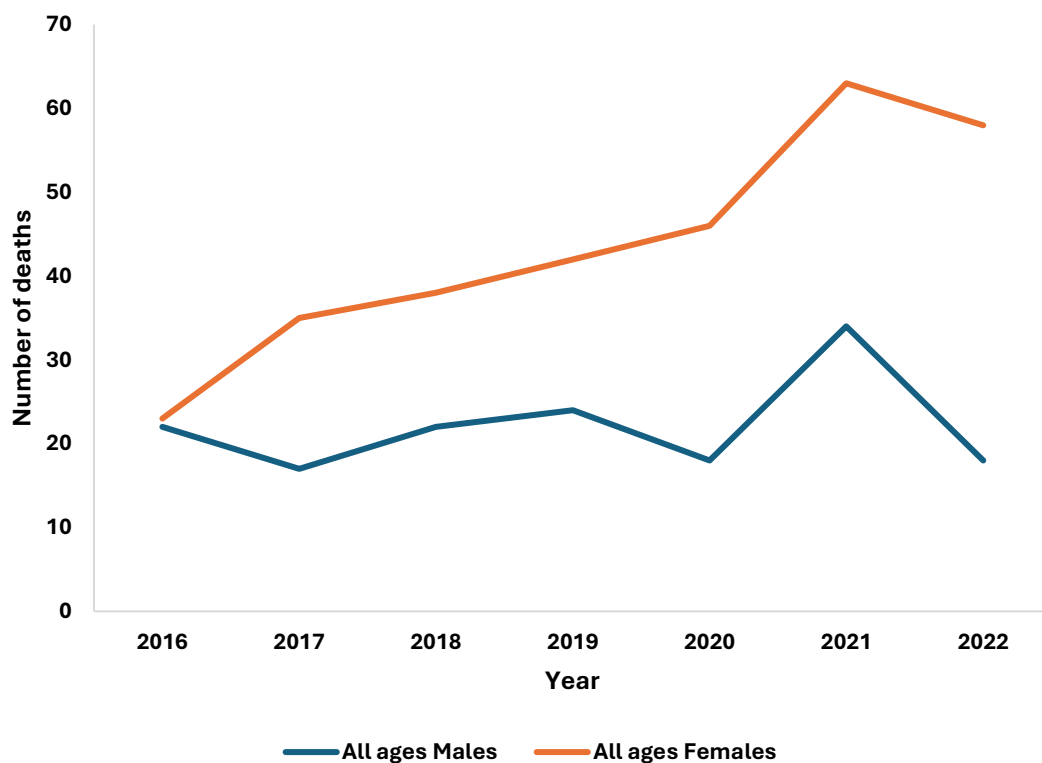


Figure 12. Trend in prescribing of propranolol (all indications) by health board from Q1 2018–19 to Q3 2024–25

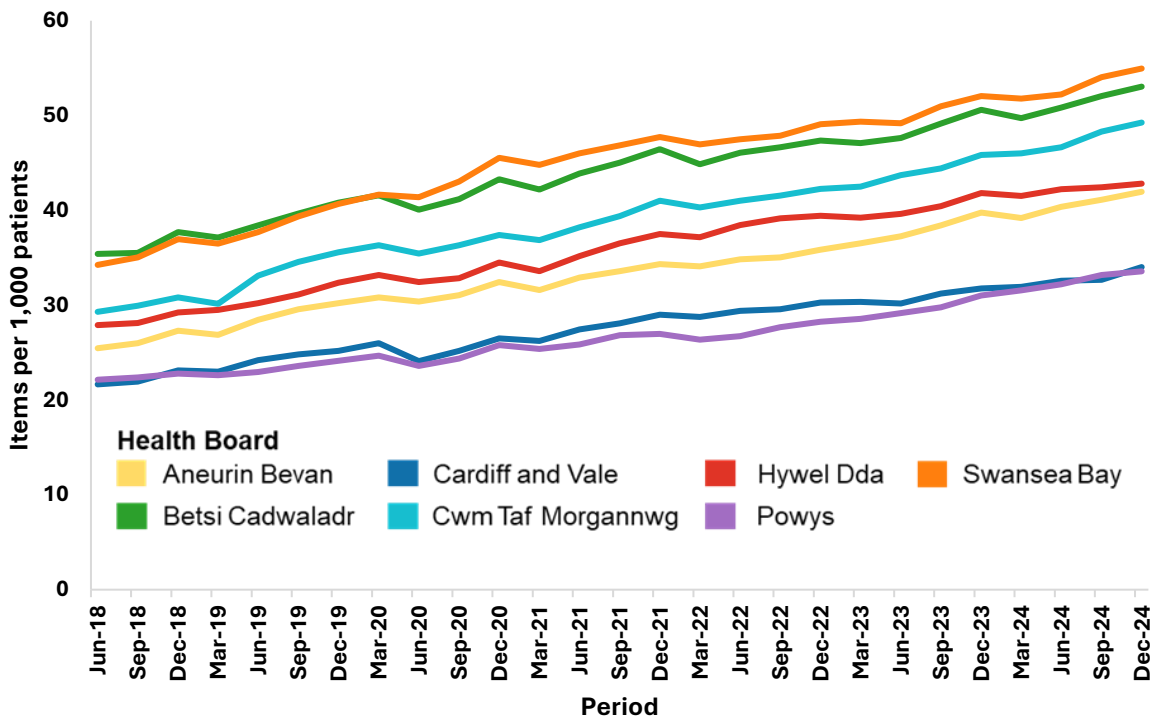


Figure 13. Trend in all Wales prescribing of propranolol (all indications) and diazepam and lorazepam combined from Q1 2018–19 to Q3 2024–25

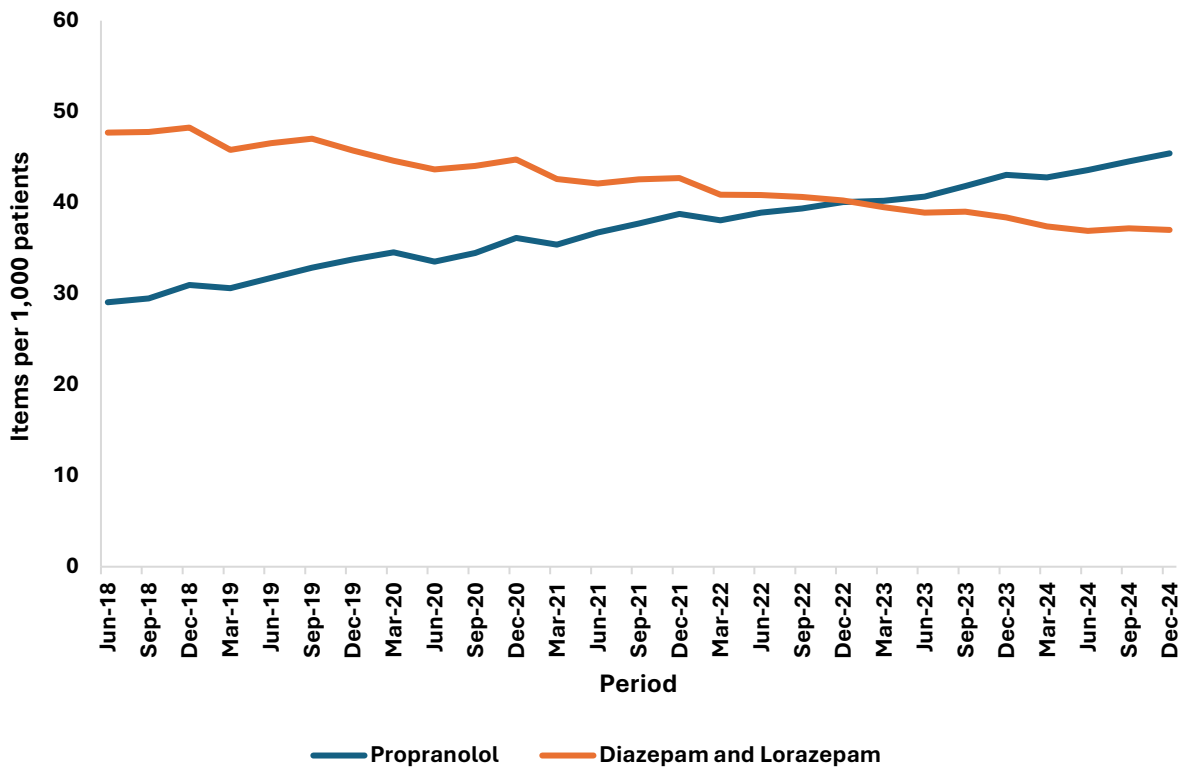
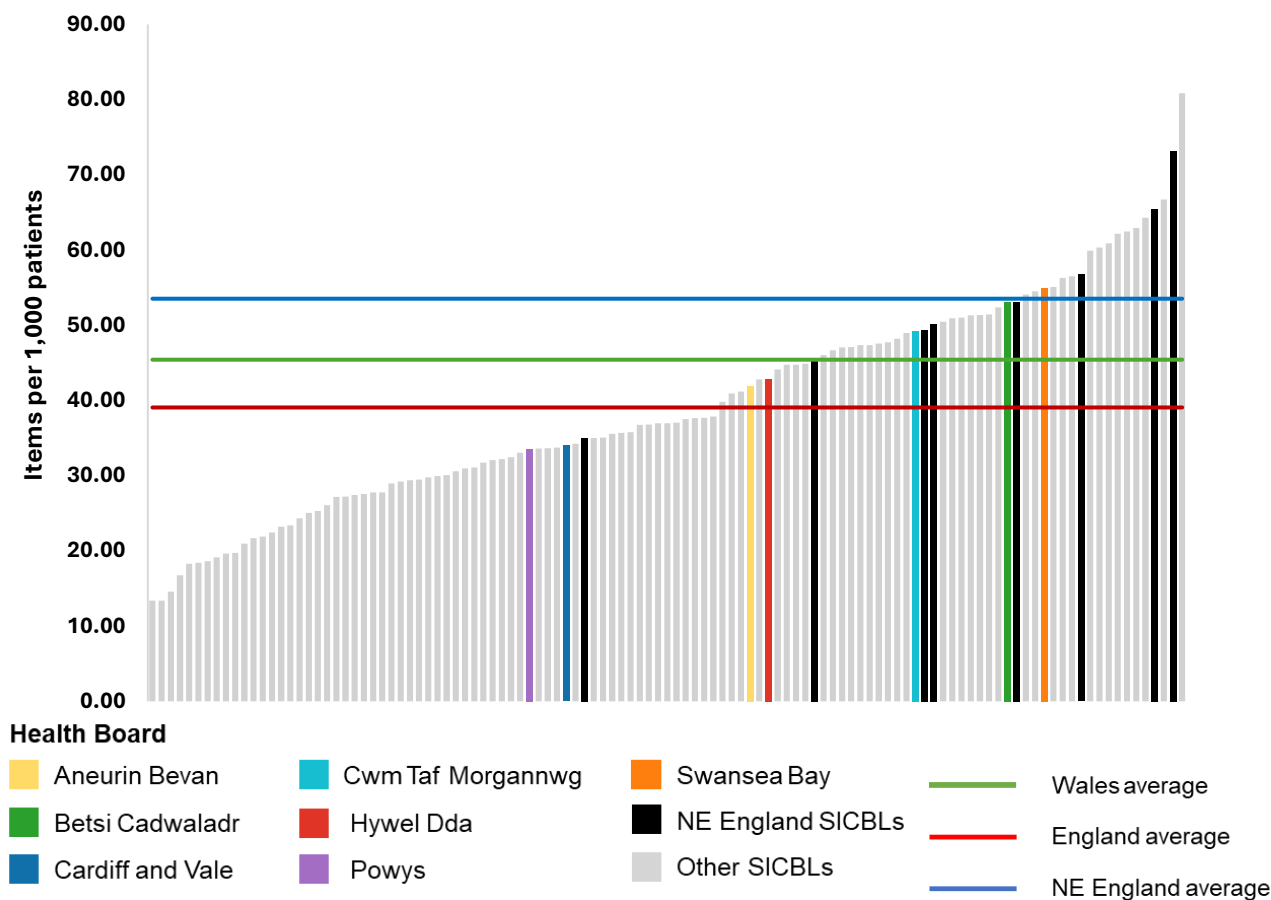


Figure 14. Total propranolol items (all indications) per 1,000 patients in Welsh health boards and English SICBLs¹ – Quarter ending December 2024



¹ SICBLs - Sub Integrated Care Board Locations
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