



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

In focus report: Total opioid burden

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.

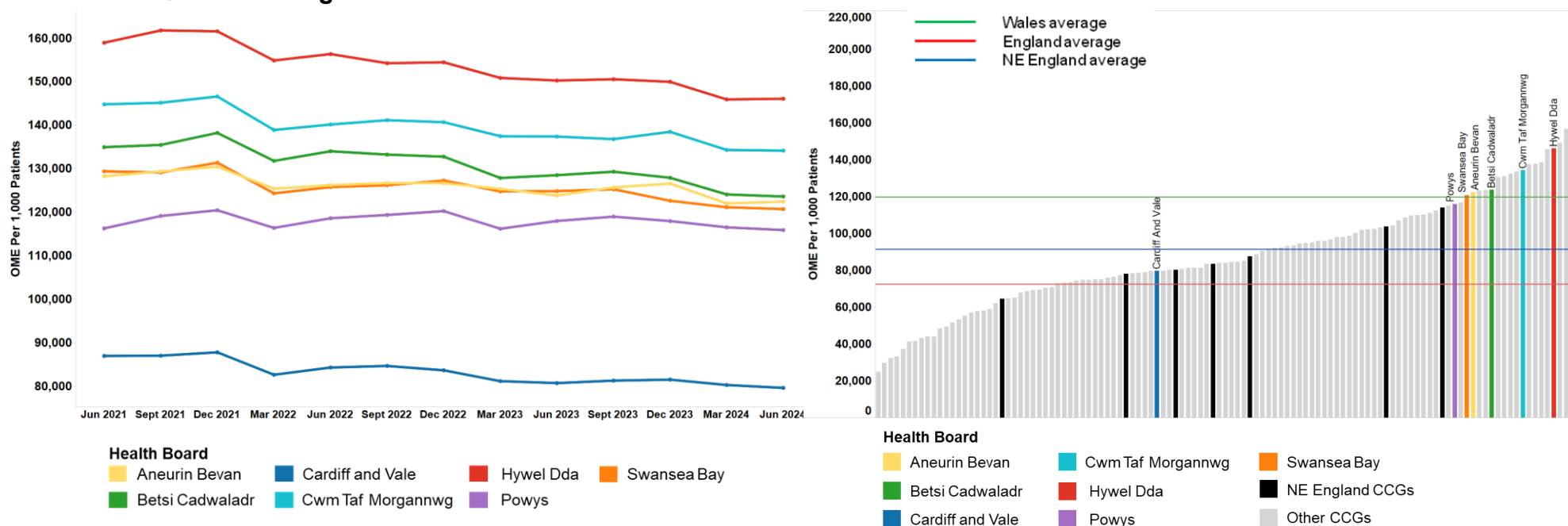
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National Prescribing Indicators (NPIs) 2024–2025: A focus on total opioid burden

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 Reporting and Analysis ([SPIRA](#)) dashboards.

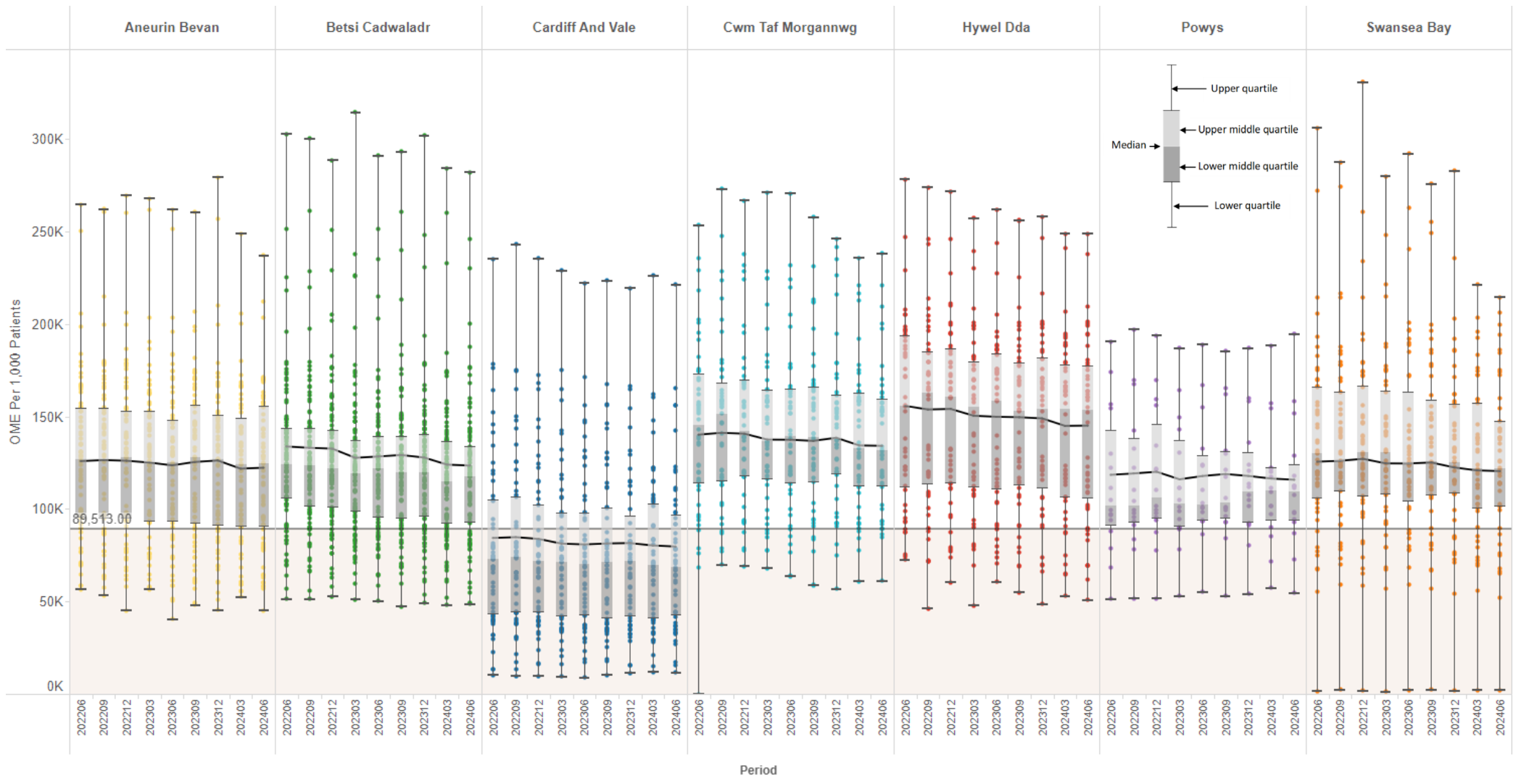
Oral morphine equivalence (OME) was introduced as a new measure for the total opioid burden NPI in 2024-2025. OME is a measurement unit of 'milligrams of oral morphine equivalent dose' and considers variation in strength across all opioids. Introduction of the new measure allows for a more accurate and relatable indicator. Oral morphine relative potency conversion factors have been assigned to each preparation by the Welsh Pharmacy Pain group, and the OME is calculated for each preparation by multiplying the strength of the original opioid by the oral morphine relative potency conversion factor. The opioid burden measure is calculated by multiplying OME by the total quantity issued for each preparation. Values for all individual preparations are added together to obtain total OME and then divided by the per 1,000 practice list size to calculate total OME per 1,000 patients.

Figure 1. Trend in total opioid burden across health boards, and total opioid burden in Welsh health boards and English SICBLs – Quarter ending June 2024¹



¹ Please refer to National Prescribing Indicators [2024-2025 specification document](#) for full details of the preparations contained within the opioid burden basket. SICBLs - Sub Integrated Care Board Locations

Figure 2. Box and Whisker plot – Total opioid burden OME per 1,000 patients from Quarter 1 2022–2023 to Quarter 1 2024–2025¹

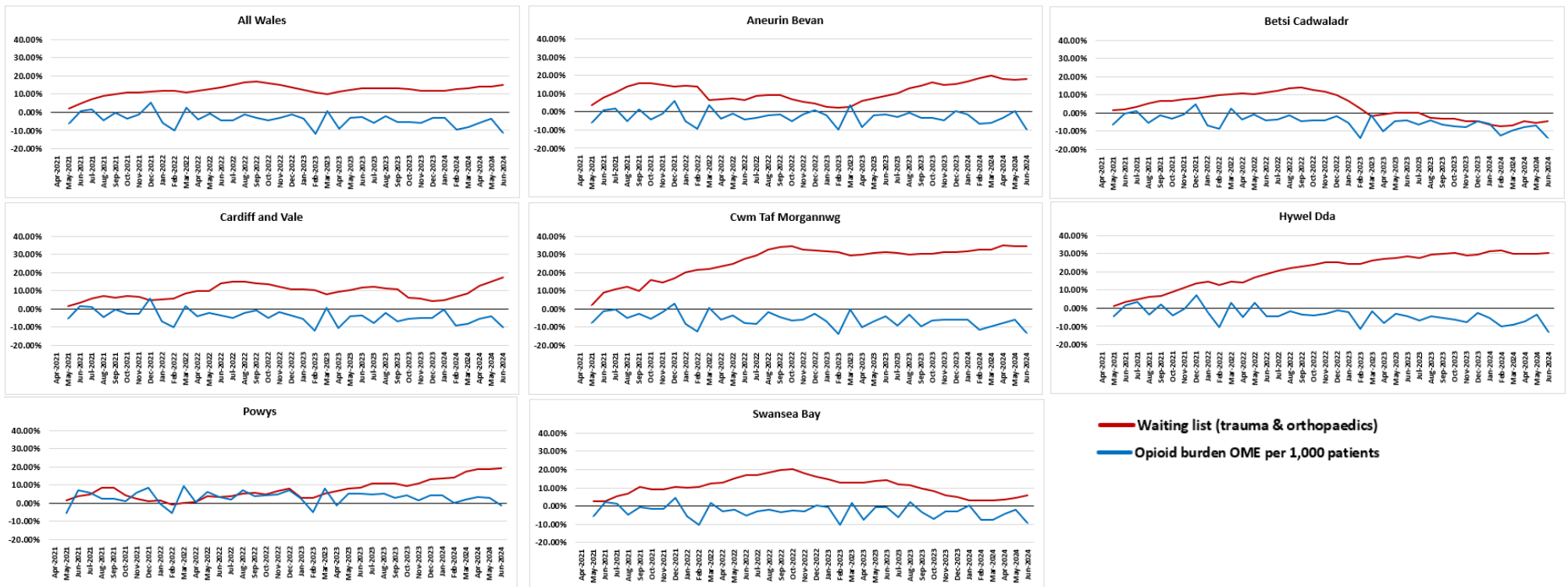


¹ A box and whisker plot showing the median and quartiles for each health board. A trend line indicating the mean is also included.

Opioid burden and waiting times

Waiting times to start treatment with trauma and orthopaedics were compared against opioid burden for each health board¹. The graphs show the percentage change in waiting time and total opioid burden OME per 1,000 patients versus April 2021. Although there are differences between health boards with regard to changes in waiting times opioid burden has shown much smaller levels of variation. The same comparison was done using waiting times for pain services and again no pattern was identified with opioid burden.

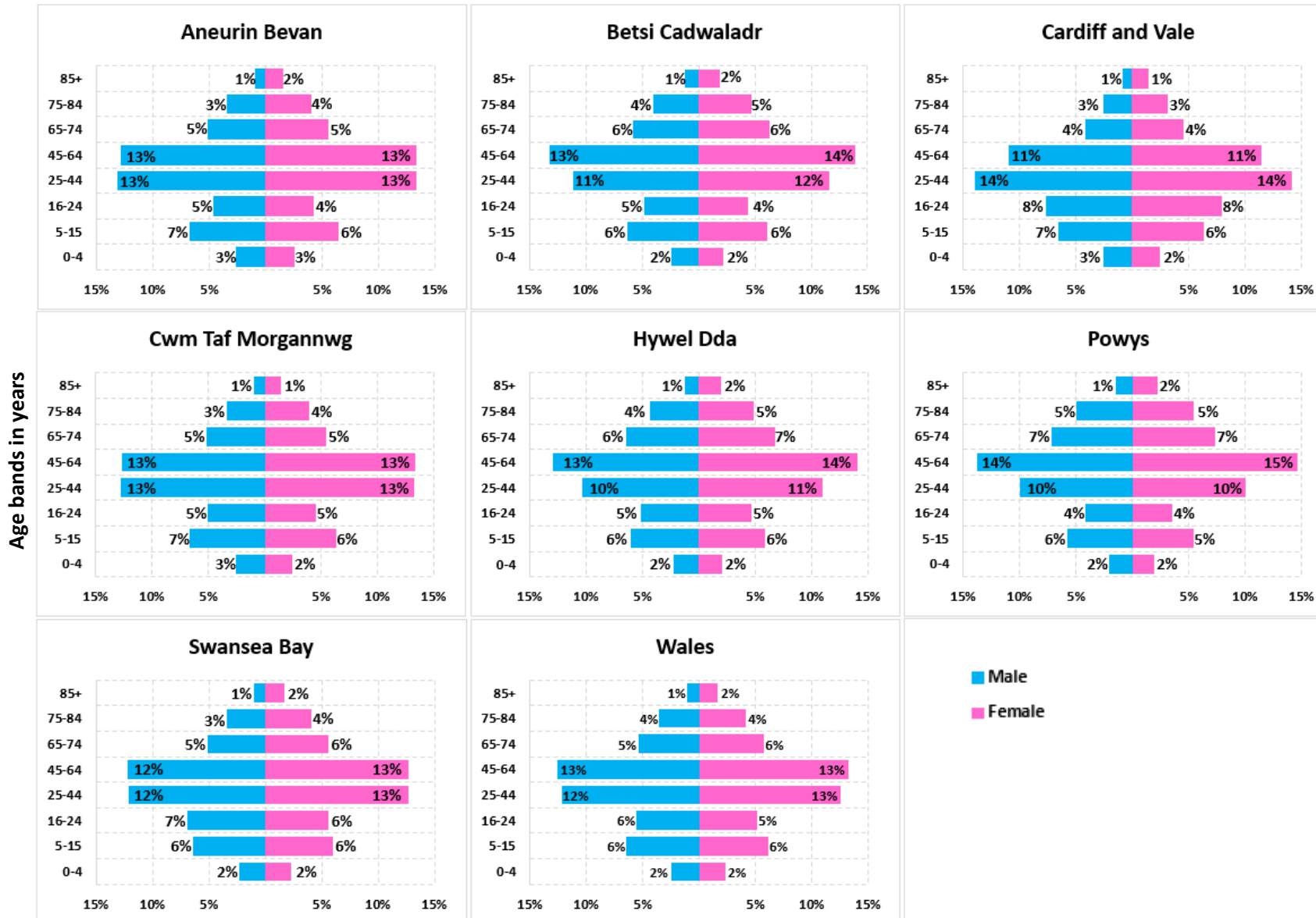
Figure 3. Percentage change in waiting list for trauma & orthopaedics and opioid burden OME per 1,000 patients versus April 2021



¹ Data obtained from [StatsWales](https://www.statswales.gov.wales/): Patient pathways waiting to start treatment by month, grouped weeks and treatment function, January 2018 onwards

Health board demographics

Figure 4. Funnel plots showing age and gender distribution within each health board for mid-year 2023



Breakdown of OME by opioid

Calculation of OME allows for comparison across opioid analgesics. Total OME per 1,000 patients was calculated at an opioid level for Quarter 1 2024–2025 to establish how much each opioid was contributing to the total opioid burden at a national and health board level. At an all Wales level, ten opioids accounted for 99.9% of total OME per 1,000 patients. These were:

- Co-codamol (33%)
- Morphine Sulphate (28%)
- Oxycodone (10%)
- Tramadol (9%)
- Buprenorphine (6%)
- Fentanyl (6%)
- Codeine (3%)
- Dihydrocodeine (2%)
- Tapentadol (2%)
- Co-dydramol (1%)

[Figure 5](#) shows the percentage breakdown by health board. Figures 6a and 6b show the trends in prescribing for these 10 opioids by health board. [Figure 6a](#) shows co-codamol and morphine sulphate, which have been separated out due to higher total OME values. [Figure 6b](#) shows the trend across health boards for the remaining eight opioids.

[Figure 7](#) shows total opioid burden in Welsh health boards and English SICBLs for each of the 10 opioids listed above.

Figure 5. Percentage of top 10 opioids contributing to opioid burden OME per 1,000 patients for Quarter 1 2024–2025, by health board

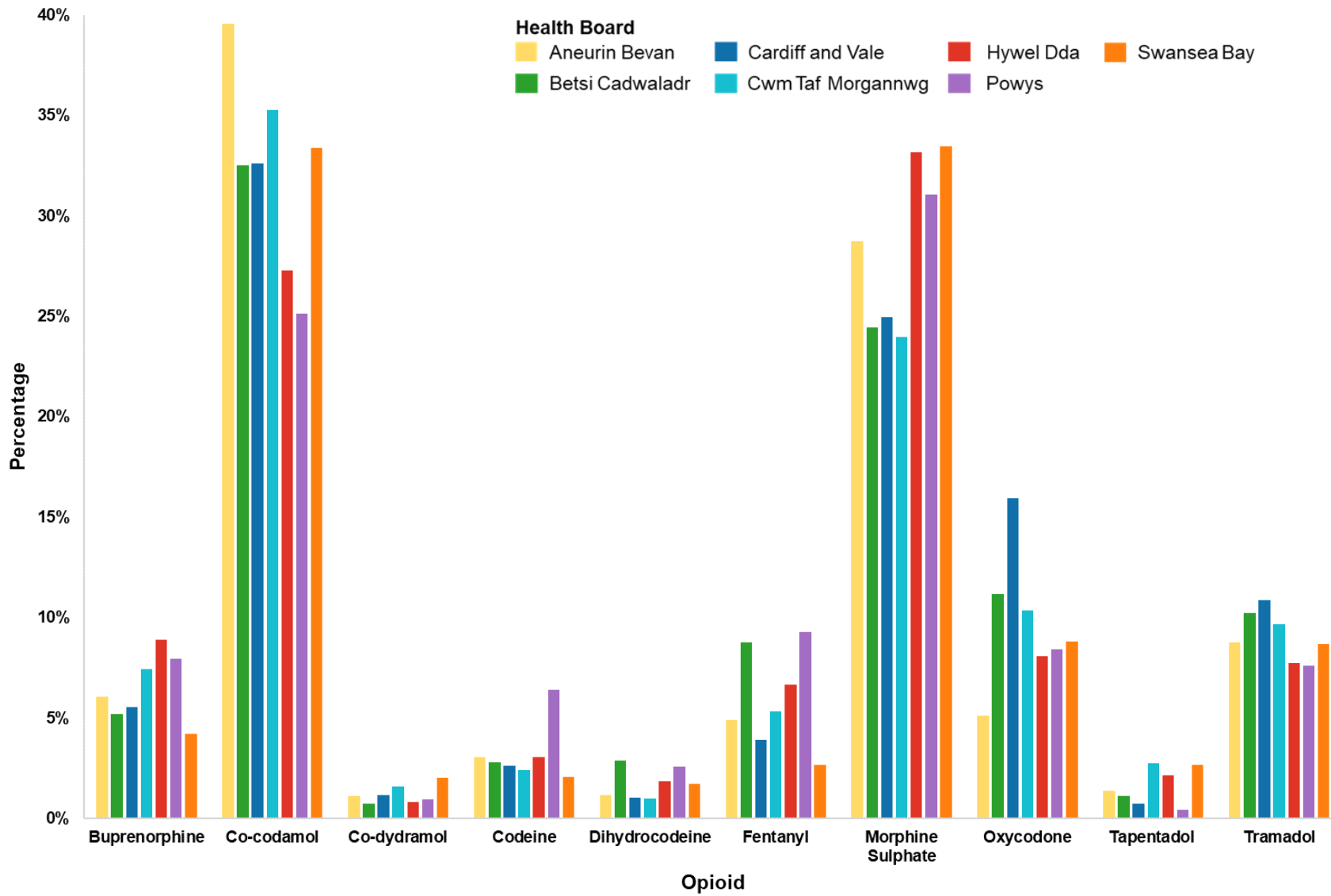


Figure 6a. Trend in co-codamol and morphine sulphate OME per 1,000 patients from Quarter 1 2022–2023 to Quarter 1 2024–2025 by health board

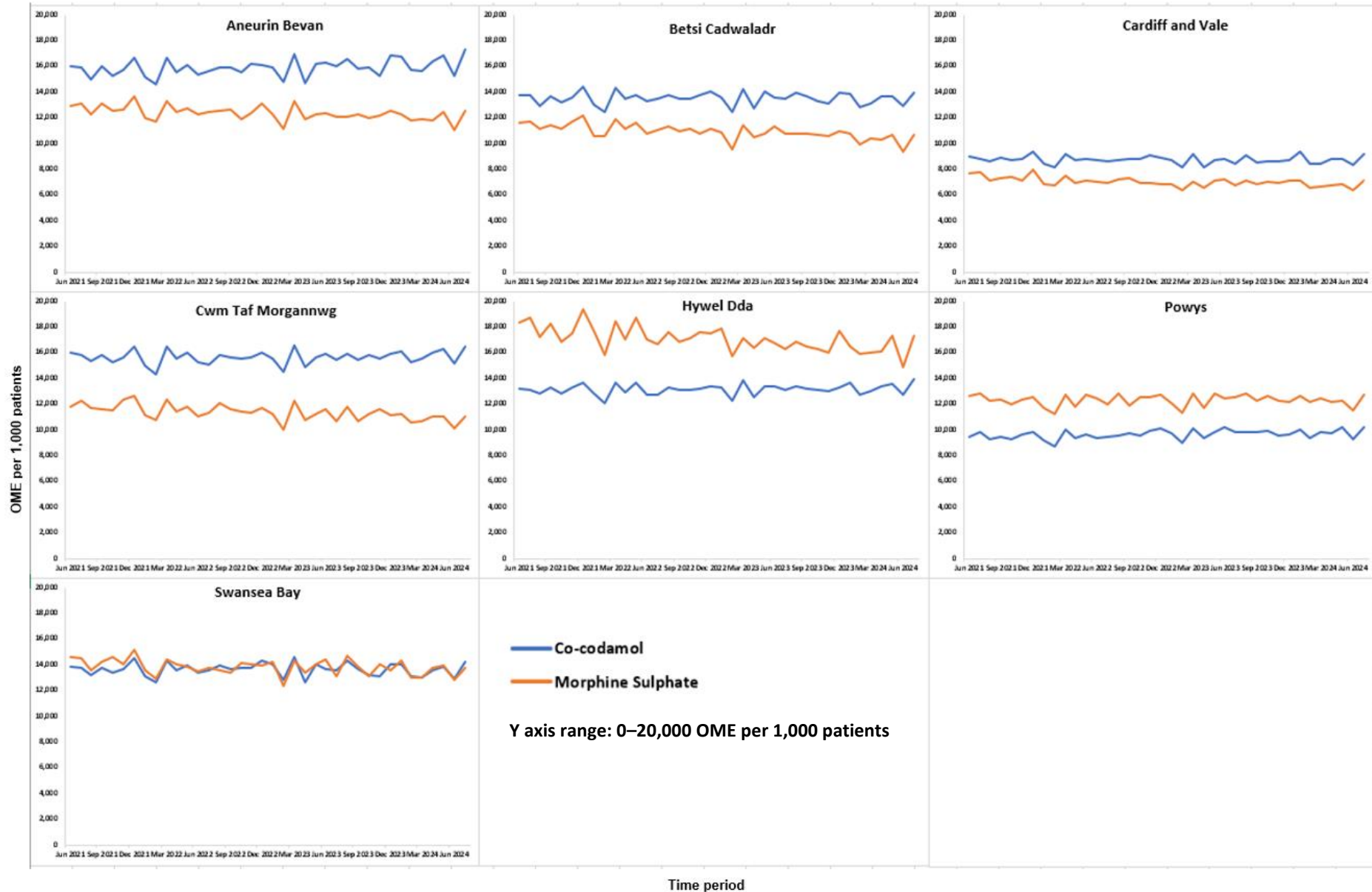


Figure 6b. Trend in OME per 1,000 patients for the remaining eight opioids from Quarter 1 2022–2023 to Quarter 1 2024–2025 by health board

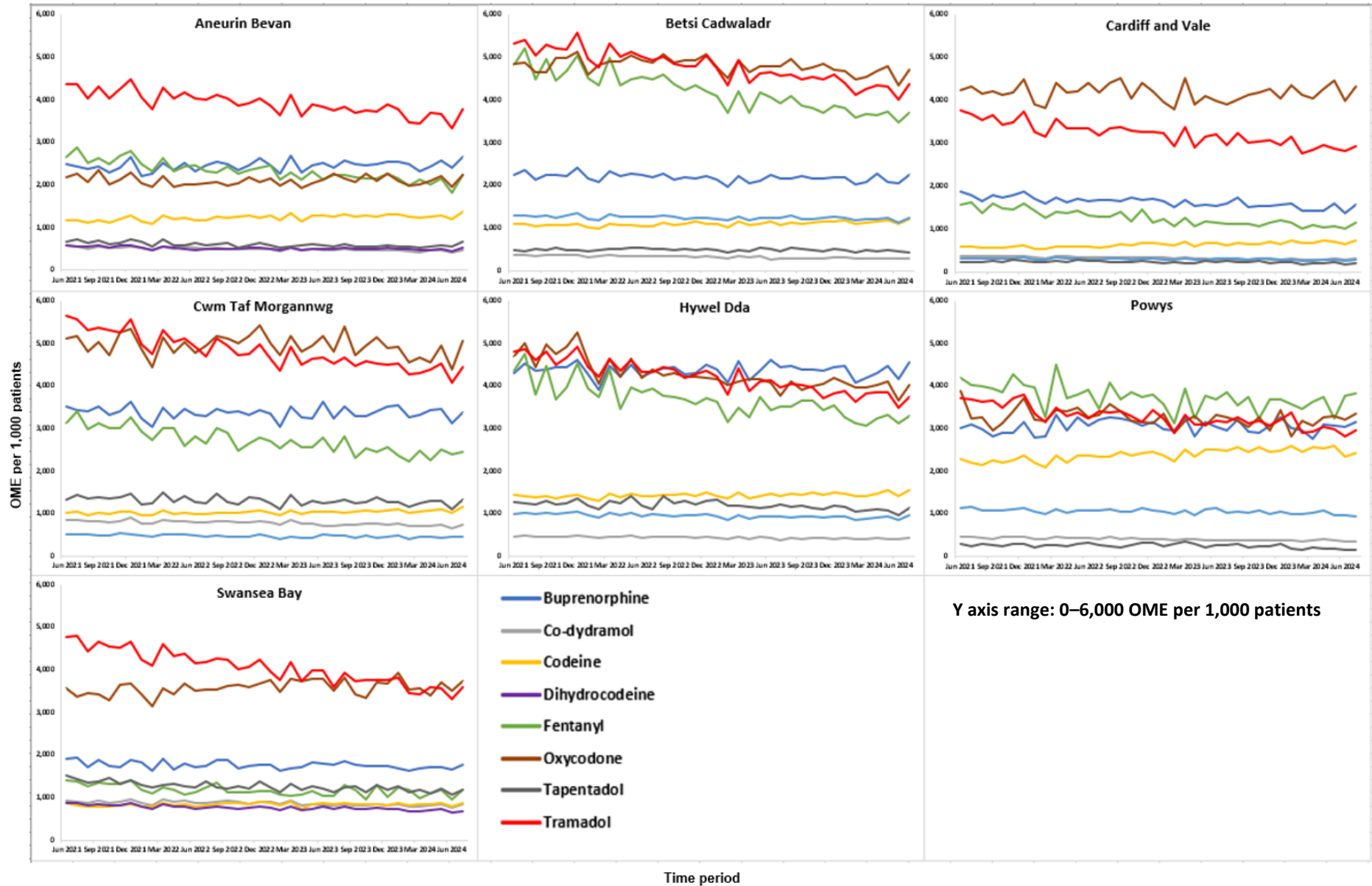
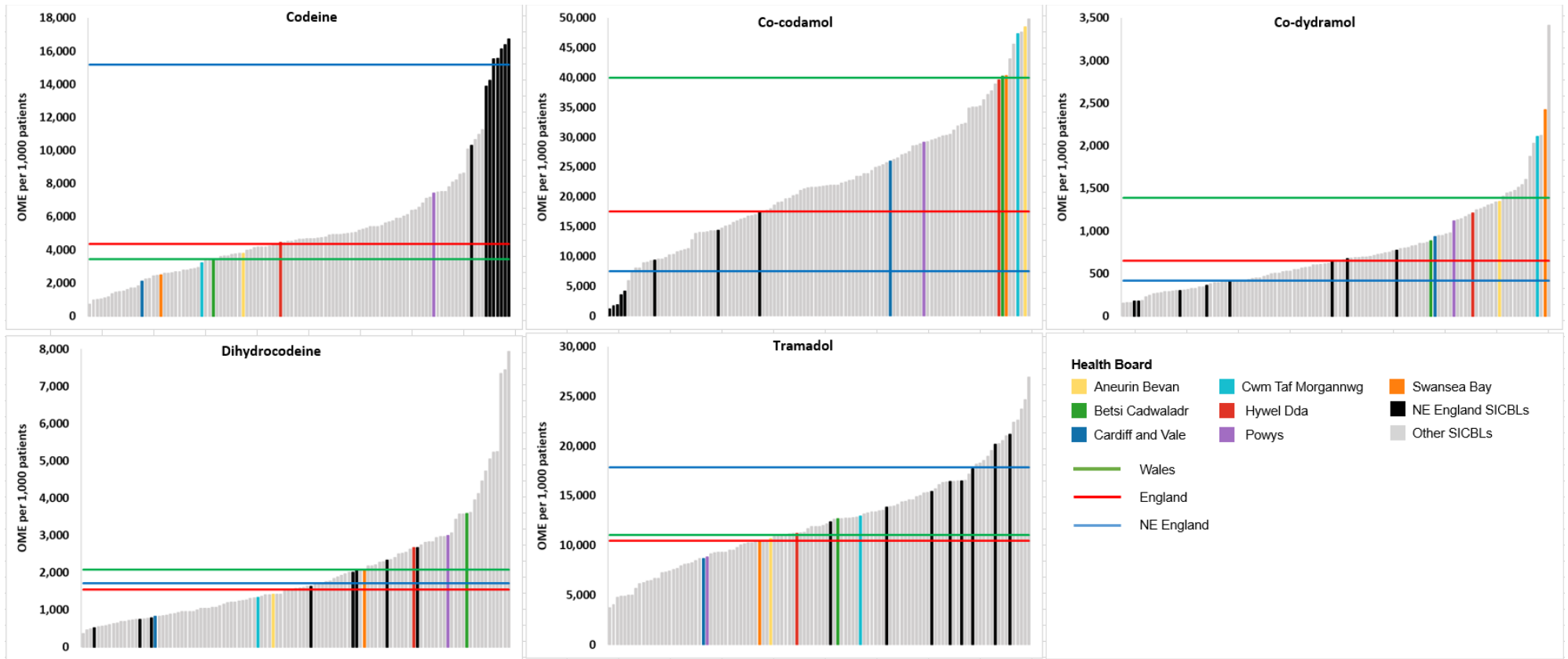
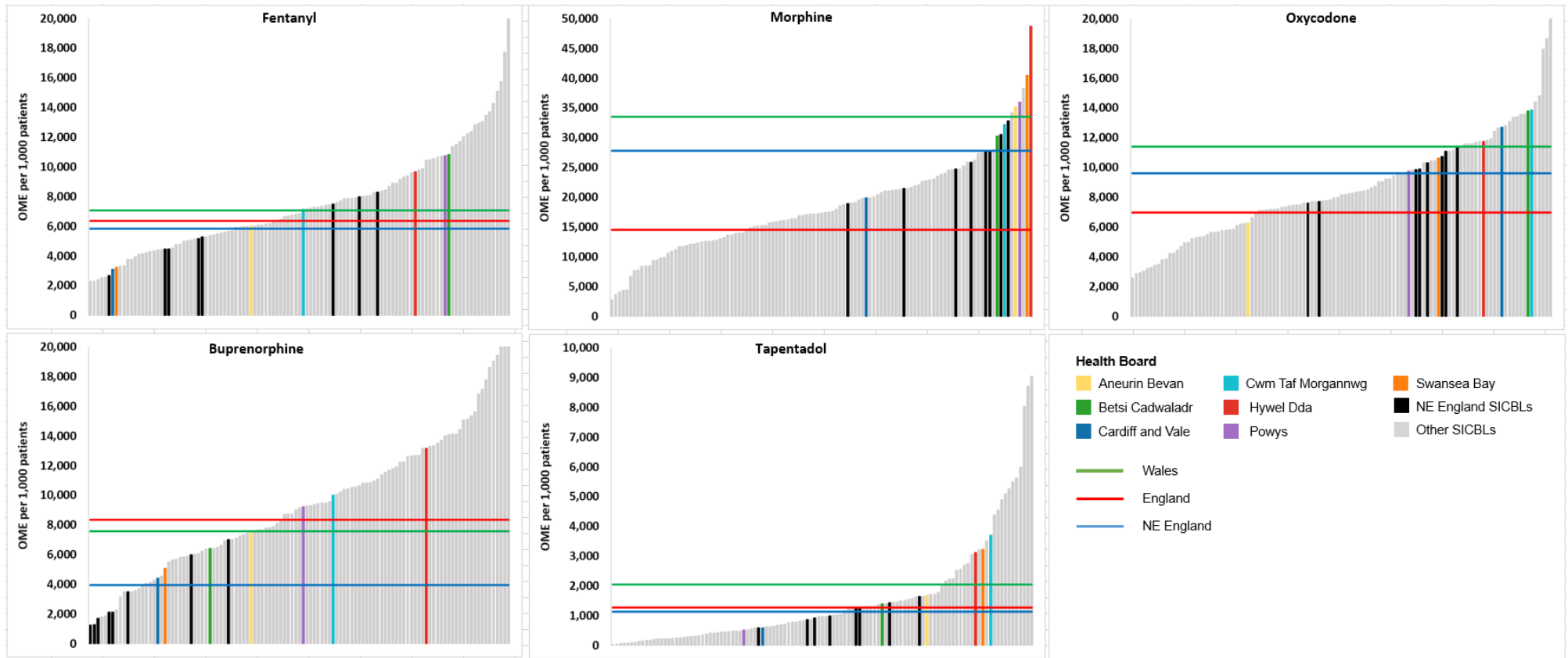


Figure 7. Total opioid burden by opioid in Welsh health boards and English SICBLs¹ – Quarter ending June 2024



¹ Sub Integrated Care Board Locations

Figure 7 continued. Total opioid burden by opioid in Welsh health boards and English SICBLs¹ – Quarter ending June 2024



¹ Sub Integrated Care Board Locations

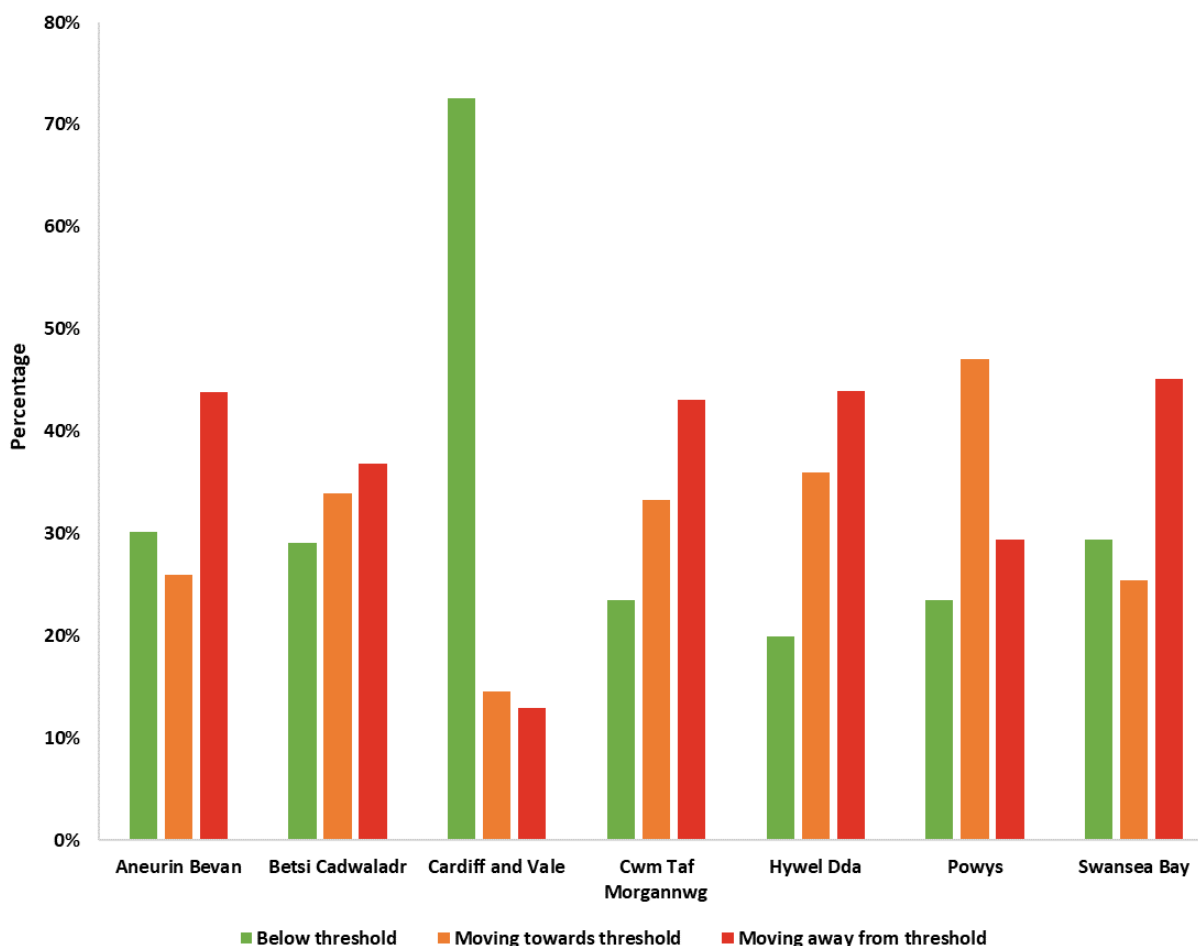
Threshold achievement

The target for this indicator 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 89,513 mg OME per 1,000 patients.

Figure 8 shows the percentage of practices:

- **Below the threshold** (practice mean opioid burden prescribing is equal to or less than 89,513 mg OME per 1,000 patients for that quarter).
- **Moving towards the threshold** (practice mean opioid burden prescribing is greater than 89,513 mg OME per 1,000 patients but has decreased compared to the previous quarter).
- **Moving away from the threshold** (practice mean opioid burden prescribing is greater than 89,513 mg OME per 1,000 patients and has increased compared to the previous quarter).

Figure 8. Percentage of practices that are below, moving towards, and moving away from the lower quartile threshold for Quarter 1 2024–2025



Target achievement

Practices are able to meet the total opioid burden target by maintaining prescribing at or below the threshold, or by demonstrating a reduction in prescribing and therefore moving towards the lower quartile. Figure 9 shows the percentage of practices within the health board that are meeting the target.

Figure 9. Percentage of practices that met the target, by health board for Quarter 1 2024–2025

