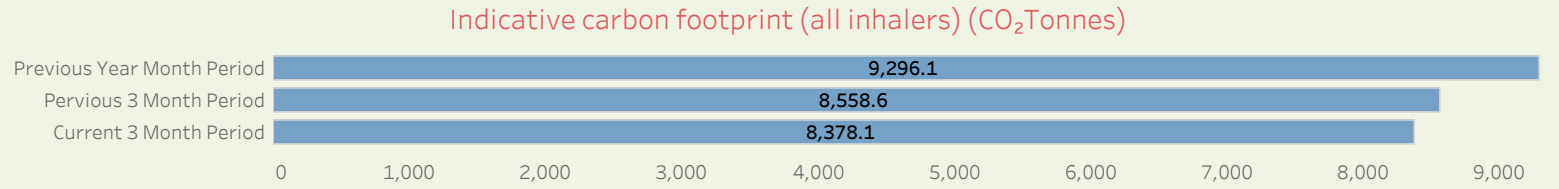
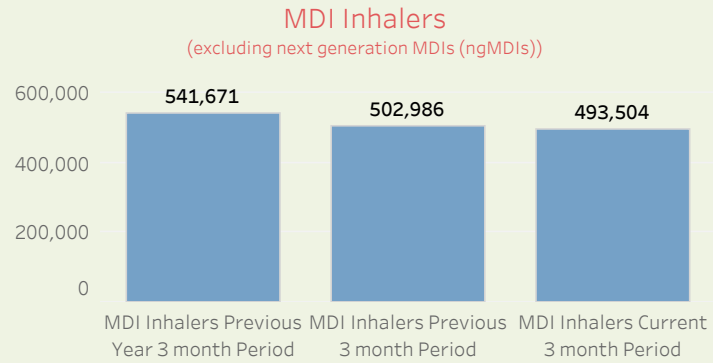
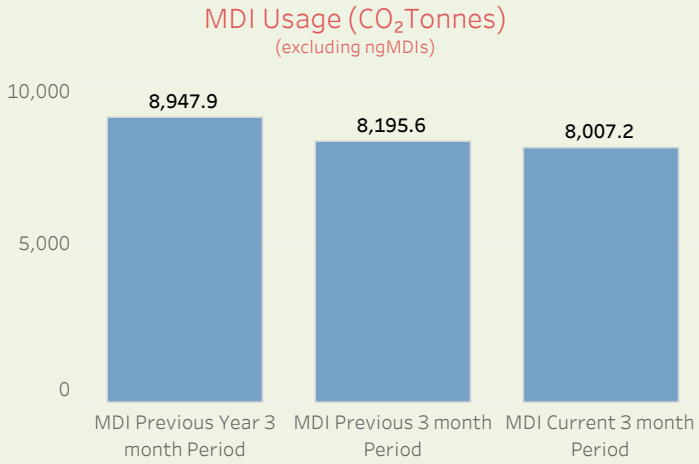
Measuring the use of inhalers in Wales

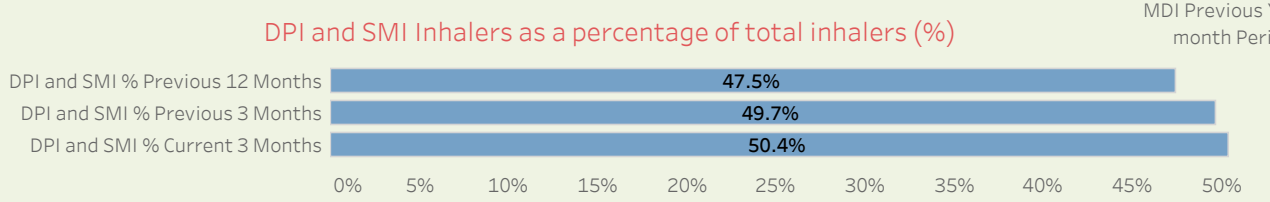
AWTTC has developed a dashboard to report on progress in optimising the use of inhalers, which includes measuring the reduction in the carbon footprint of inhalers in Wales. This report is intended as a brief summary overview of some of the key metrics provided within that dashboard. The volume data presented are based on the quantity of inhalers issued in primary care. The carbon footprint data are related to the use of inhalers only. On a quarterly basis, an annex for secondary care data will be provided.

Current 3 Month Period = June 2026 to August 2026, Previous 3 Month Period = March 2026 to May 2026, Previous Year 3 Month Period = June 2025 to August 2025









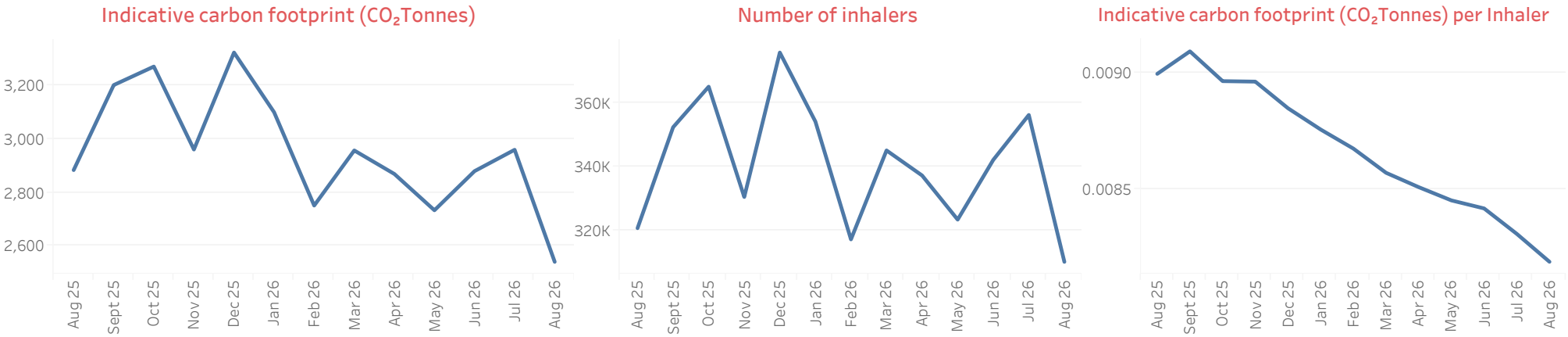
Copyright AWTTC 2026. All rights reserved.

To show change across comparative periods, **Table 1** provides the key metric data for the latest month and the same month of the previous year. **Figure 1** provides the main metrics in a graphical form.

Table 1. Percentage change in key metrics since equivalent month of previous year.

Measure	August 2025	August 2026	Percentage Change
Total number of inhalers	320,576	309,992	-3.30%
Indicative carbon footprint (CO_2Tonnes)	2,883	2,539	-11.94%
Indicative carbon footprint per inhaler (CO_2Tonnes)	0.0090	0.0082	-8.94%
MDI percentage of indicative carbon footprint (%)	96.16%	95.45%	-0.74%
DPI and SMI percentage of total inhalers (%) (excluding ngMDIs)	47.61%	50.98%	7.06%
DPI SMI and ngMDI percentage of total inhalers (%)	47.61%	51.69%	8.57%
SABA percentage of indicative carbon footprint (%)	49.79%	47.42%	-4.76%
SABA percentage of total inhalers (%)	31.26%	27.98%	-10.50%
AIR/MART percentage of total ICS and ICS/LABA inhalers (%)	37.03%	43.78%	18.22%

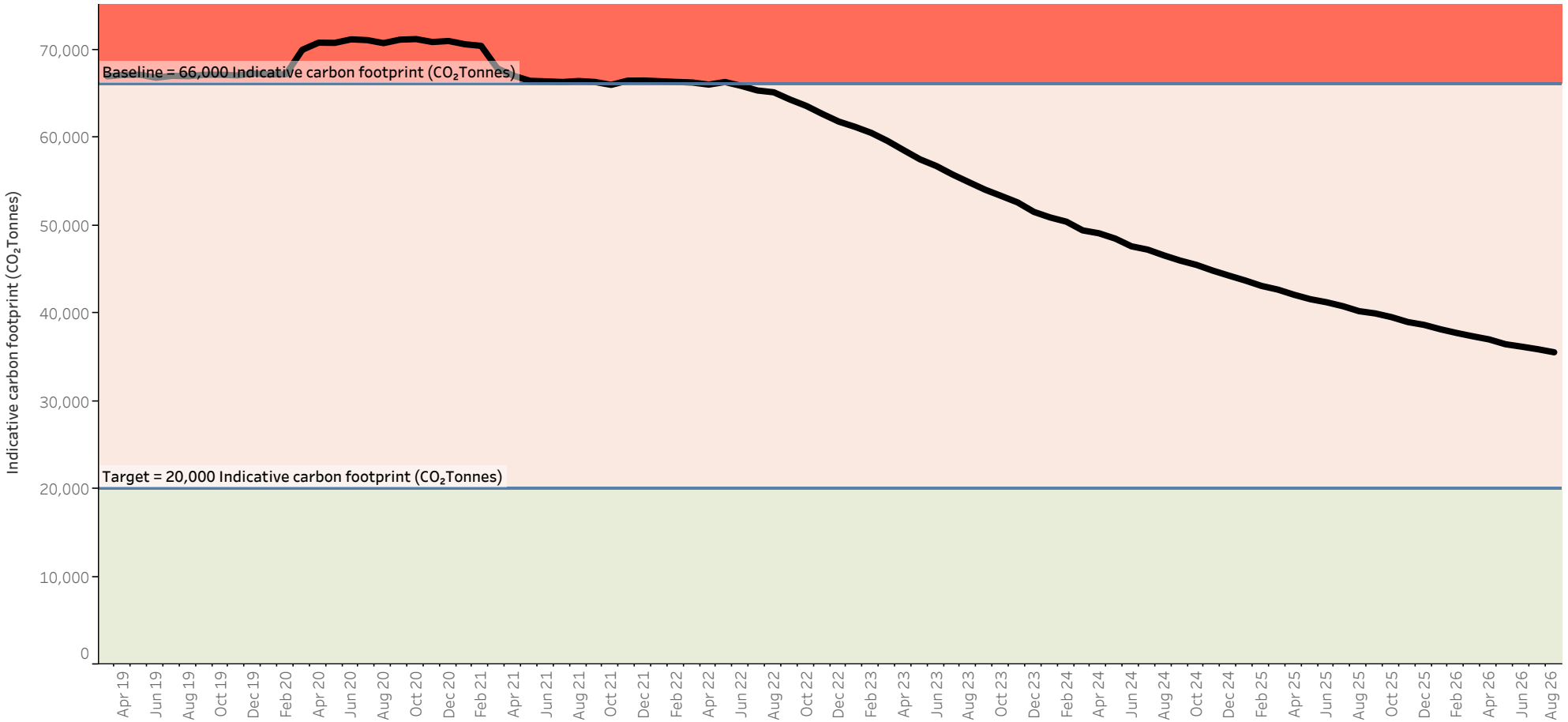
Figure 1. The indicative carbon footprint, number of inhalers, and indicative carbon footprint per inhaler issued within primary care in Wales
August 2025 to August 2026



Copyright AWTTC 2026. All rights reserved.

The 2021-2030 NHS Wales Decarbonisation Strategic Delivery Plan has a stated target to increase the use of low global warming potential inhalers to 80% of the total inhalers issued. This equates to a decrease in carbon dioxide (CO_2) to 20,000 tonnes per year. **Figure 2** shows total current annual carbon footprint based on the latest month's data as a rolling month annual total.

Figure 2. The indicative annual carbon footprint of all inhalers issued within primary care in Wales – from April 2019 to August 2026



Copyright AWTTC 2026. All rights reserved.

Several key metrics are reported on a monthly basis to support the stated target for reducing the inhaler carbon footprint. These are shown in Figures 3 and 4 which are presenting monthly data.

Figure 3. The indicative carbon footprint, number of inhalers, and indicative carbon footprint per inhaler issued within primary care in Wales from April 2018 to August 2026

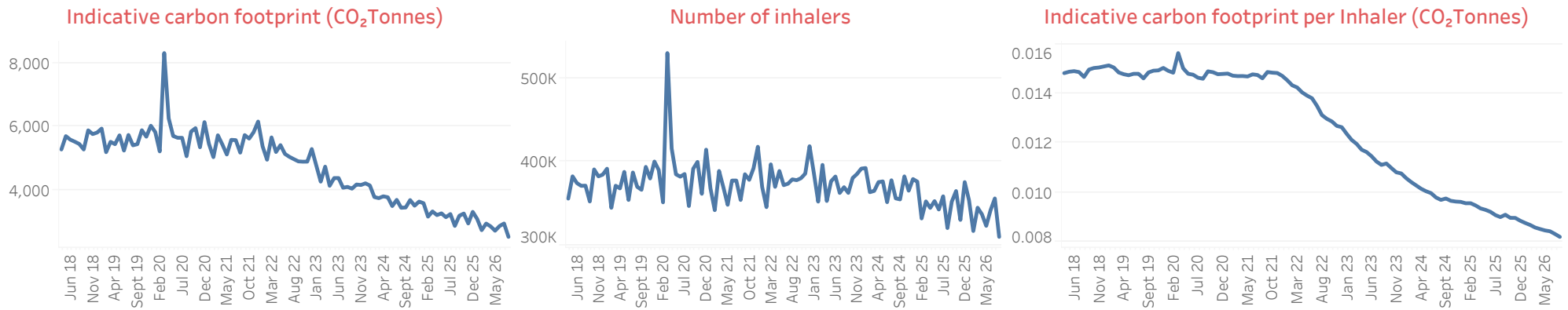
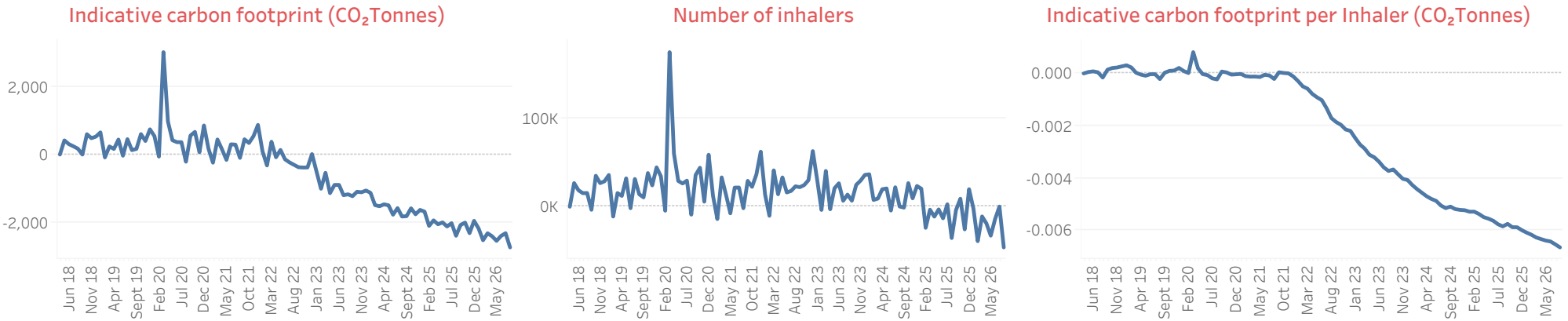


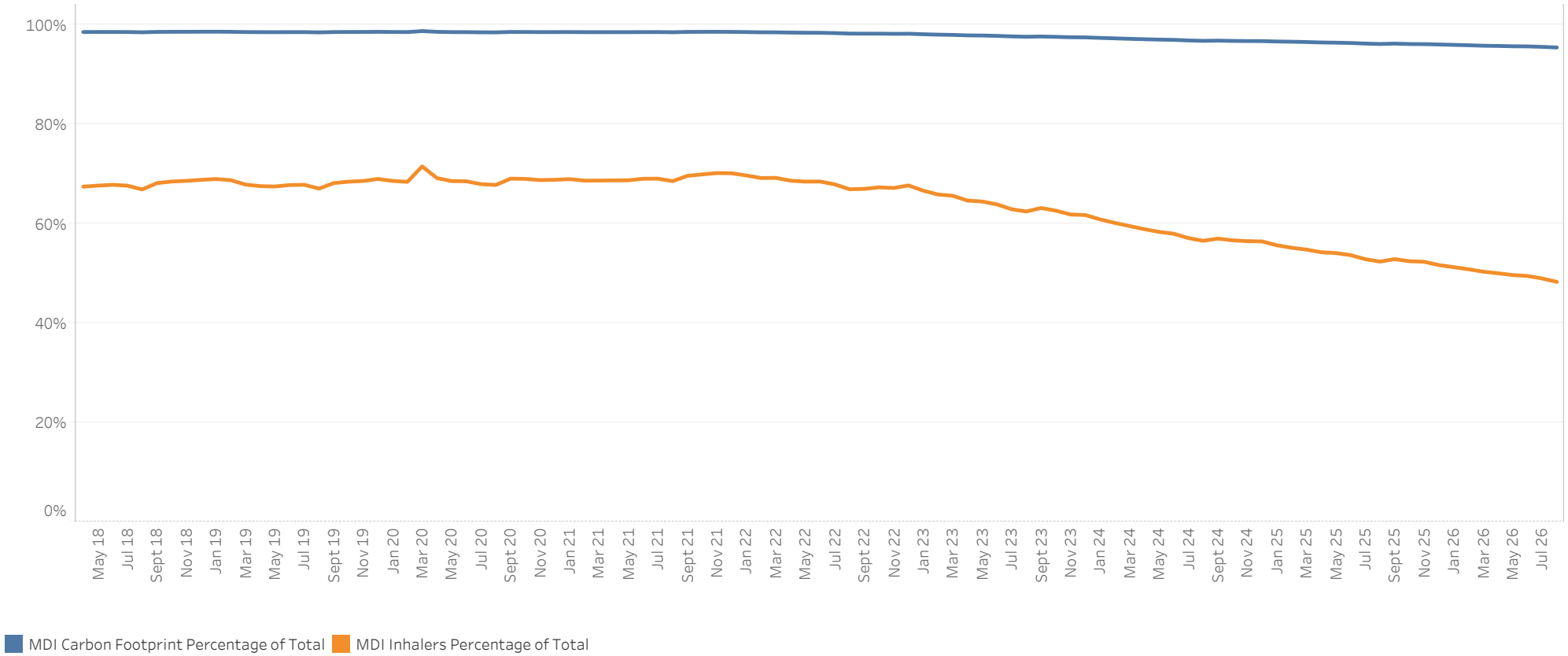
Figure 4. The indicative carbon footprint, number of inhaler issued, and indicative carbon footprint per inhaler changes within primary care in Wales from April 2018 to August 2026



Copyright AWTTC 2026. All rights reserved.

The All Wales Medicines Strategy Group (AWMSG) endorsed COPD and Asthma guidelines support medicines optimisation by providing direction for inhaler choices. MDIs currently contribute nearly all of the inhaler carbon footprint. DPIs, SMIs and ngMDIs have a significantly lower global warming potential associated with their use. Therefore, a move to decreasing the use of MDIs in favour of alternative low carbon footprint inhalers, should make a significant contribution to lowering the environmental impact from the use of inhalers. **Figure 5** provides a trend graph of MDIs as a percentage of the number and carbon footprint of all inhalers issued within primary care in Wales.

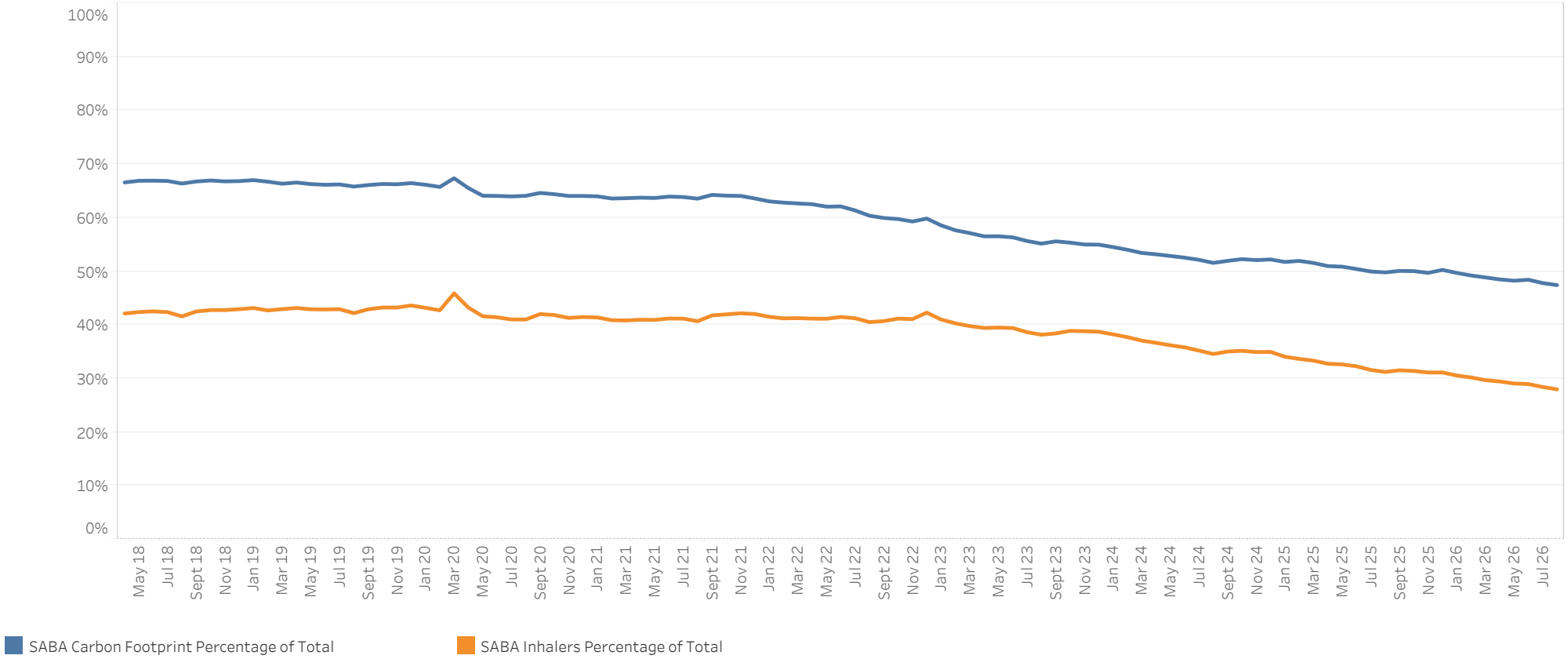
Figure 5. A trend graph of MDIs as a percentage of the number and carbon footprint of all inhalers issued within primary care in Wales - from April 2018 to August 2026



Copyright AWTTC 2026. All rights reserved.

Short-acting beta-agonist (SABA) inhalers are intended for use in acute situations only. Therefore, regular use could indicate a potential under-optimisation of other therapies. The current All Wales Adult Asthma guideline states that daily reliance on SABAs is associated with an increased risk of severe exacerbations and mortality, reflecting very poorly controlled asthma. The 2025 update of the guidelines state a preferred option of either an AIR or MART regimen with ICS/LABA combination inhalers. Therefore, SABA inhaler use should continue to decrease. **Figure 6** provides a trend graph of SABA inhalers as a percentage of the number and carbon footprint of all inhalers issued within primary care in Wales.

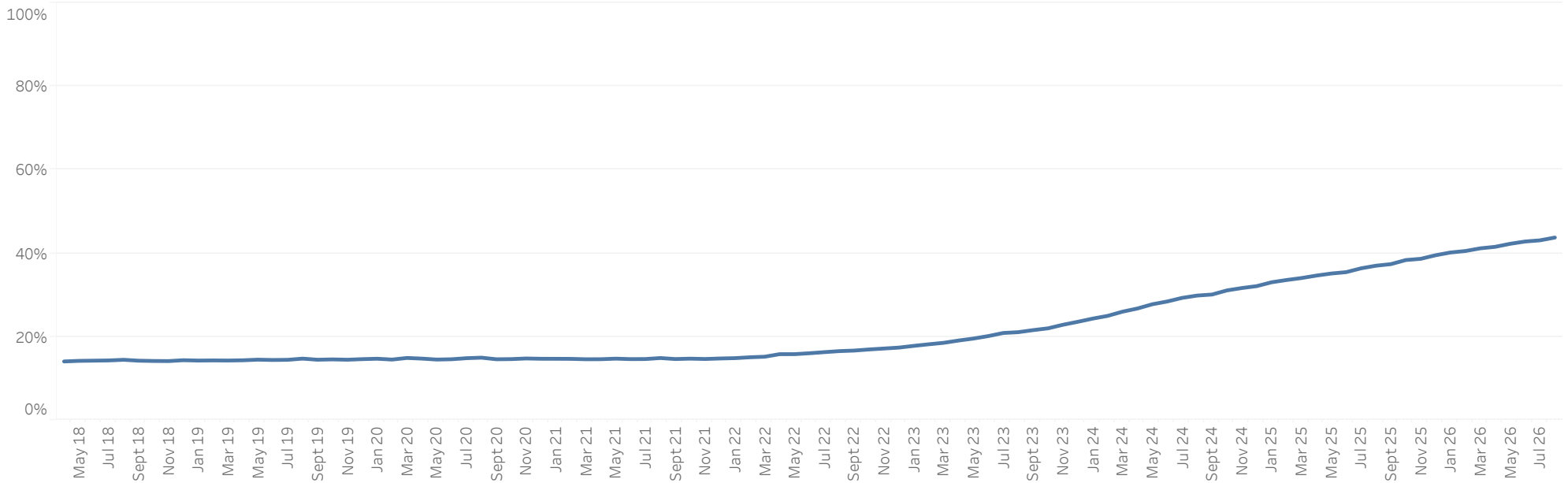
Figure 6. A trend graph of SABA inhalers as a percentage of the number and carbon footprint of all inhalers issued within primary care in Wales – from April 2018 to August 2026



Copyright AWTTC 2026. All rights reserved.

Figure 7 provides a trend graph of AIR and MART regimen inhalers as a percentage of the number and carbon footprint of all inhaled corticosteroid (ICS) and inhaled corticosteroid and long-acting beta agonist (ICS/LABA) inhalers issued within primary care in Wales.

Figure 7. A trend graph of AIR and MART regimen inhalers as a percentage of the number and carbon footprint of all ICS and ICS/LABA inhalers issued within primary care in Wales - from April 2018 to August 2026



Copyright AWTTC 2026. All rights reserved.

END OF REPORT