National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from An Individual – ASM 09 / Tystiolaeth gan Unigolyn – ASM 09

Health and Social Care
Committee
National Assembly for
Wales
Pierhead Street
Cardiff
CF99 1NA

[redacted]

7th January 2015

Dear Mr Rees,

Response to Inquiry into alcohol and substance misuse

1. We welcome the opportunity to give feedback to the Committee in response to it's inquiry into alcohol and substance misuse. Our comments are given from the perspective of a family affected by alcohol misuse issues. We hope that we can offer a glimpse of our experience of the local services available and how the issues were tackled in the hope that it might be of some use in informing the Committee's Inquiry.

2. We appreciate that each person's experience of services and responses to substance misuse issues will be different and will depend on individual circumstances.

3. Our introduction to the devastation that alcohol misuse can cause began at Morriston Hospital's A&E Department where a close family member was admitted following deliberate overdose of prescription medication and alcohol. At this stage, the family were completely unaware of the backdrop to the crisis that had led to the hospital admission. Following treatment at the Clinical Decision Unit in the hospital, the patient (reference used to protect the identity of our family member) was discharged and no attempt was made by hospital staff to discuss care, treatment or follow up services with the family.

4. It is not our intention to rehearse the precise details of the history of the issues in this letter but we consider that the information relayed earlier is relevant in so far as it makes the point that the A&E Department and CDU at Morriston hospital were aware that the patient was physically dependant on alcohol.

5. Following discharge from hospital, we encountered a lack of follow up services and the family were left to deal with a situation which worsened resulting in a second deliberate overdose two months later. Still reeling from the shock of what had happened the first time and in the complete absence of any treatment plan since the first hospital admission we took it upon ourselves to research the treatment options and services that might be available in these situations. We insisted on meeting with the psychiatrist at Morriston hospital and requested that crisis intervention services be made available to the patient. Although we were told that the decision would have to be made by mental health services, this opened a dialogue

between the hospital staff, mental health services and the family eventually led to a treatment plan for the patient.

6. It is only at that point that referral was made to the Community Drug and Alcohol Team which was subsequently followed by hospital detoxification. We fear that without the family proactively pressing for treatment, services and involvement in the process, timely intervention might not have been forthcoming.

7. Before commenting further, it is worth mentioning that in this patient's case, the diagnosis is alcohol dependency co – existing with moderate to severe depression. Therefore, the alcohol dependency is linked with mental ill health.

8. We, as a family, consider that the following matters are of relevance when looking at how issues are tackled by relevant local services.

9. As noted earlier, the hospital will have recorded against the patient's notes that the patient was dependent on alcohol. There does not appear to be an early engagement with GPs about the patient's case so that issues can be identified, signposted and treated appropriately and early enough. We note that resources are often cited as a significant barrier in terms of the provision of treatment. However, we take the view that this rather basic step of flagging issues to the GP could and should be improved without radically impinging on resources.

10. Taking account of the confidentiality which underpins medical treatment, we consider that much better engagement with family and carers should be undertaken by hospitals and other service providers where the patient

gives consent. In our case, we had to persistently press hospital staff to speak to us notwithstanding the consent of the patient. This is quite an important point because NHS information encourages discussion with carers in these situations but that was not evident in practice.

11. Another aspect of service provision that needs further work is the link between primary and secondary care. We found that joined up working between mental health services and primary care could be improved. Whilst the mechanisms may be in place to enable cross working, in practice it was evident in our case that there were gaps.

12. Similarly there appears to be a need to improve expertise in the handling and treatment of patients suffering from mental ill health and co-existing conditions such as substance misuse.

13. One of the most positive aspects of treatment services has been the patient's engagement with WGCADA (West Glamorgan Council on Alcohol and Drug Abuse). We are fortunate to be able to report that the input of this particular service has made significant inroads to the patient's recovery. We note that a vital aspect of the service is that many of the counsellors are recovered alcoholics/drug addicts and this places them in a unique position to connect with substance users. We cannot emphasise enough the enormously constructive role that this organisation has played in influencing and improving the recovery of our family member. We hope that funding for this service is at the very least maintained because without their invaluable contribution it is highly likely that resources would greatly increase elsewhere. We also wonder

whether it is a factor that the success of the service is partly due to the fact that many of the counsellors have experience of substance misuse themselves.

Yours sincerely,

[redacted]