

# **The Realities of Alcohol, Drug Deaths, and Mental Health: A Comprehensive Analysis of Their Impact on NHS Hywel Dda Services**

## **I. Executive Summary: The Profound Impact of Substance Misuse and Mental Health on NHS Hywel Dda**

This report provides a data-driven analysis of the significant and multifaceted burden placed upon NHS Hywel Dda services and the wider community by alcohol misuse, drug-related harms, and mental health challenges. These issues are not merely avoidable incidents but represent complex public health crises with substantial human and economic costs, frequently exacerbated by underlying socioeconomic factors. The evidence presented herein demonstrates that the demands these conditions place on the healthcare system are not due to "waste" but are rather the direct, often preventable, consequences of widespread public health challenges.

Key statistics underscore the scale of this burden. The Hywel Dda region exhibits higher rates of alcohol misuse in Ceredigion compared to the Welsh average, and alcohol-related assessments consistently dominate specialist service interventions. Drug-related deaths in Hywel Dda have seen an alarming increase, particularly in Carmarthenshire, surpassing the Welsh national average. Furthermore, mental health challenges are widespread and evolving across the region, with a concerning trend towards more acute presentations requiring formal hospital detention and extended inpatient stays. The collective impact of these issues manifests in thousands of hospital bed days consumed annually and significant pressure on emergency services.

The analysis concludes by emphasizing the critical importance of continued investment in prevention, early intervention, and integrated care. Such proactive efforts are not expenses but strategic investments that yield substantial returns, ultimately alleviating pressure on acute NHS services, reducing tragic deaths, and

improving overall public health outcomes for the population of Hywel Dda.

## **II. Introduction: Understanding Hywel Dda's Health Landscape**

Hywel Dda University Health Board (HDUHB) serves as the local health board for NHS Wales, providing comprehensive healthcare services across the counties of Carmarthenshire, Ceredigion, and Pembrokeshire. Established on October 1, 2009, through the merger of several health entities, HDUHB caters to a total population of approximately 385,615 residents.<sup>1</sup> The health board oversees a network of hospitals, including Glangwili General Hospital and Wylabryd General Hospital, alongside numerous community services, playing a pivotal role in the health and well-being of West Wales.<sup>1</sup>

The inquiry regarding the extent to which people "waste" NHS Hywel Dda services due to alcohol, drug, and mental health issues necessitates a re-evaluation of this framing. A comprehensive review of available data reveals that these conditions lead to severe health outcomes requiring intensive, costly interventions such as hospital admissions, emergency care, and long-term support. The demands on the healthcare system stemming from these challenges are not instances of frivolous use but rather a significant and often preventable burden on the NHS. For example, the documented high return on investment for substance misuse treatment directly challenges the idea of "waste" by demonstrating that proactive spending in these areas is economically beneficial.<sup>3</sup> This fundamental shift in perspective is crucial for understanding the realities of these public health issues.

This report aims to provide a comprehensive, data-driven understanding of the realities of alcohol and drug deaths and mental health challenges in the Hywel Dda region. By presenting robust statistics and expert analysis, it seeks to inform and educate, fostering a more nuanced and empathetic understanding of these critical public health issues and their profound impact on healthcare services.

## **III. The Burden of Alcohol Misuse in Hywel Dda**

Alcohol misuse represents a pervasive public health challenge within the Hywel Dda region, exerting considerable pressure on healthcare services. In 2018, the rate of alcohol misuse varied significantly across the three counties served by HDUHB. Ceredigion recorded 389 individuals per 100,000 population, a figure notably higher than the Welsh average of 245 per 100,000. Carmarthenshire and Pembrokeshire reported rates of 276 and 243 individuals per 100,000 respectively.<sup>4</sup> This regional variation underscores the localized nature of the challenge, with Ceredigion facing a particularly elevated prevalence.

Beyond these rates, broader drinking patterns across Wales indicate that approximately 45% of men and 34% of women report consuming alcohol above recommended guidelines. Within the Hywel Dda University Health Board area, a slightly higher percentage of individuals, 17.5%, state they drink above these guidelines, compared to the All-Wales average of 17.2%.<sup>3</sup> This suggests a marginally greater proportion of the population in Hywel Dda is engaging in potentially harmful drinking behaviors. Furthermore, alcohol-related assessments consistently account for over 60% of all assessments undertaken by Hywel Dda's drug and alcohol services. This proportion even saw a slight increase in 2023-24.<sup>3</sup> This consistent pattern highlights that alcohol misuse remains the most prevalent substance-related issue requiring intervention and resource allocation within the region's specialist services.

The impact of alcohol misuse on hospital services is substantial and quantifiable. In the financial year 2021/22, alcohol was identified as a primary or contributory factor in over 14,000 bed days consumed by patients within Hywel Dda hospitals.<sup>3</sup> This figure represents a significant and direct strain on the health board's inpatient resources and overall capacity. Nationally, 15% of all hospital admissions in Wales are attributed to alcohol intoxication, incurring an annual cost to NHS Wales of £159 million.<sup>3</sup> While a specific financial cost for Hywel Dda is not explicitly detailed in the provided information, the sheer volume of 14,000 bed days strongly indicates a considerable financial burden on the local health board. This demonstrates that the perceived "waste" is not due to trivial or avoidable individual choices but rather the profound, expensive, and often preventable medical consequences of widespread alcohol misuse, which necessitates intensive and prolonged hospital care.

Alcohol also contributes significantly to mortality. Across Wales, alcohol is a causal factor in approximately 1,500 deaths annually, contributing to an estimated societal harm exceeding £1 billion.<sup>3</sup> In 2023, alcohol-specific deaths in Wales reached a new record high of 562 fatalities, marking a 15.6% increase from the previous year.<sup>6</sup> This worrying national trend undoubtedly contributes to the challenges faced by Hywel

Dda. A critical observation is that alcohol-related deaths are disproportionately higher in the most deprived areas of Wales.<sup>3</sup> This highlights a crucial link between socioeconomic disadvantage and severe health outcomes, indicating that the burden of alcohol misuse is not evenly distributed but concentrated in vulnerable communities.

Despite the significant costs, investing in alcohol treatment demonstrates a compelling return on investment (ROI). Studies show that for every £1 invested in alcohol treatment, there is a return of £3, with this return projected to increase to £26 over a 10-year period.<sup>3</sup> This compelling economic argument directly challenges the notion that resources allocated to these services are "wasted." Instead, these statistics demonstrate that spending on alcohol treatment is a strategic investment that actively prevents more costly acute care interventions and yields significant long-term societal benefits. This reframes preventative and treatment measures as economically sensible and crucial for reducing the overall burden on the NHS. Furthermore, evidence suggests that an investment as modest as £4 per person drinking above the recommended guidelines could lead to annual savings of £1 million in alcohol-related hospital visits.<sup>3</sup> This underscores the potential for targeted, relatively small investments to generate substantial financial relief for the healthcare system.

**Table 1: Alcohol Misuse Rates and Impact in Hywel Dda**

Metric	Ceredigion	Carmarthens hire	Pembrokeshi re	Hywel Dda UHB	Wales Average
Alcohol Misuse Rate per 100,000 population (2018) <sup>4</sup>	389	276	243	N/A	245
% Population Drinking Above Guidelines (H DUHB vs. All-Wales) <sup>3</sup>	N/A	N/A	N/A	17.5%	17.2%
Alcohol-Related Bed Days	N/A	N/A	N/A	>14,000	N/A

(2021/22) <sup>3</sup>					
ROI for Alcohol Treatment (per £1 invested) <sup>3</sup>	N/A	N/A	N/A	£3 (1-year), £26 (10-year)	N/A

## IV. The Impact of Drug Misuse in Hywel Dda

Drug misuse also presents a significant and evolving challenge within the Hywel Dda region, with particular concerns regarding mortality rates. In 2018, the rates of drug misuse per 100,000 population in the Hywel Dda region were 256 in Ceredigion and 215 in both Carmarthenshire and Pembrokeshire, compared to a Welsh average of 224.<sup>4</sup> These figures indicate that Ceredigion experienced a higher rate of drug misuse relative to its neighboring counties and the national average. Beyond alcohol, Hywel Dda Specialist Services Assessments conducted in 2023-24 identified Cannabis (235 assessments), Heroin (169 assessments), Cocaine (116 assessments), and Benzodiazepines (31 assessments) as the most frequently assessed primary substances.<sup>3</sup> This breakdown helps to identify the specific substances driving demand for specialist services in the region.

A critical and worsening aspect of drug misuse in Hywel Dda is the alarming trend in drug misuse deaths. In 2023, Hywel Dda University Health Board recorded a rate of 11.1 drug misuse deaths per 100,000 population. This figure is significantly above the Welsh national average and represents a substantial increase from the rate of 6.4 recorded in 2022.<sup>7</sup> This surge clearly signals a deepening crisis within the region, indicating that the health board is grappling with a severe and escalating problem.

Further examination reveals significant geographic disparities within Hywel Dda. Carmarthenshire experienced a particularly sharp increase in the rate of drug misuse deaths, rising dramatically from 3.1 in 2022 to 15.8 in 2023. In stark contrast, Ceredigion registered no drug misuse deaths in 2023.<sup>7</sup> This highlights the presence of localized hotspots and varying challenges across the region, suggesting that interventions may need to be tailored to specific county needs.

The substances involved in these fatalities are predominantly opioids. In 2023, opioids

were implicated in a staggering 86.5% of all drug misuse deaths in HDUHB, with heroin/morphine alone accounting for 75% of these opioid-related fatalities.<sup>7</sup> Notably, Hywel Dda University Health Board recorded the highest number of deaths involving heroin/morphine in Wales in 2023, representing 23.5% of all such national deaths.<sup>7</sup> This concentration of opioid-related deaths, particularly from heroin/morphine, indicates a particularly severe and concentrated problem with these specific substances within the region. Benzodiazepines also represent a significant concern, with HDUHB reporting the highest European Age Standardised Rate (EASR) for deaths involving benzodiazepines (5.4 per 100,000 population, totaling 17 deaths) in 2023, accounting for 23.0% of all benzodiazepine-related deaths in Wales. Cocaine was linked to 9 deaths, with an EASR of 2.9.<sup>7</sup> This detailed breakdown provides a crucial understanding of the specific nature and urgency of the drug crisis in Hywel Dda.

The demographic profile of victims of drug-related deaths in HDUHB often includes males over 45 years old, who are known to services but not actively engaged, known to police but not currently under investigation, and frequently present with co-occurring housing and employment issues alongside long-term health conditions.<sup>3</sup> This profile points to complex, multi-faceted vulnerabilities that necessitate integrated support beyond just medical intervention, encompassing social and economic factors.

While specific Hywel Dda data on drug-related hospital admissions is not fully detailed in the provided information<sup>8</sup>, Wales-wide data offers important context. For adults aged 25-49, hospital admissions for illicit drug poisonings decreased by 10.6% from 2021-22 to 2022-23. Opioids continue to account for the majority (38.3%) of illicit drug admissions across Wales.<sup>8</sup> Even as Wales-wide illicit drug admissions show a slight decrease, the alarmingly high proportion of opioid-related deaths in Hywel Dda suggests that the severity of cases requiring intervention remains critically high, particularly for specific substances. This implies that even if the overall volume of admissions might fluctuate, the complexity and acuity of drug-related cases continue to place a significant strain on specialized healthcare resources within the region. The burden on the NHS is not solely about the number of admissions but also about the intensity and duration of care required for severe cases.

Similar to alcohol treatment, drug treatment also demonstrates a significant return on investment, yielding £4 for every £1 invested, with this figure rising to £21 over a 10-year period.<sup>3</sup> This reinforces the strong economic rationale for robust and accessible drug treatment services, highlighting that such investments are

cost-effective strategies for reducing future healthcare burdens.

Table 2: Drug Misuse Deaths and Characteristics in Hywel Dda

Metri c	Hywel Dda UHB (2023 )	Hywel Dda UHB (2022 )	Wales Avera ge (2023 )	Carm arthe nshire (2023 )	Carm arthe nshire (2022 )	Cered igion (2023 )	Cered igion (2022 )	Pemb rokes hire (2023 )	Pemb rokes hire (2022 )
Drug Misus e Death s per 100,0 00 popul ation <sup>7</sup>	11.1	6.4	Abov e Avg.	15.8	3.1	0	N/A	N/A	N/A
% Death s involvi ng Opioi ds (H DU HB 2023) <sup>7</sup>	86.5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% Opioi d Death s from Heroi n/Mor phine (H DU HB 2023) <sup>7</sup>	75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



EASR for Benzodiazepine Deaths (HDU HB 2023) <sup>7</sup>	5.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EASR for Cocaine Deaths (HDU HB 2023) <sup>7</sup>	2.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ROI for Drug Treatment (per £1 invested) <sup>3</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
								£4 (1-year), £21 (10-year)	

## V. Mental Health Challenges and Service Pressures in Hywel Dda

Mental health challenges are widespread and deeply embedded within the Hywel Dda



population, placing substantial and evolving demands on healthcare services. Across Wales, approximately 1 in 4 adults will experience mental health problems or illness at some point in their lifetime, with 1 in 6 experiencing symptoms at any given time.<sup>10</sup> Alarming, about 50% of individuals who go on to develop serious mental health problems will have experienced symptoms by the age of 14.<sup>10</sup> This highlights the critical importance of early intervention in childhood and adolescence. The Hywel Dda Mental Health Quality and Outcomes Framework (QOF) register recorded approximately 4,100 patients in 2019.<sup>10</sup>

Detailed prevalence figures for various mental health conditions illustrate the significant number of individuals affected across the region. In 2019, Ceredigion had 6,192 women and 3,616 men with common mental disorders, with projections for 2043 showing a slight decrease. Pembrokeshire reported 10,425 women and 6,276 men with common mental disorders, projected to slightly increase by 2043. Carmarthenshire had 15,845 women and 9,498 men with common mental disorders, also projected for a slight increase by 2043.<sup>10</sup> These figures, along with data for antisocial personality disorder, bipolar disorder, borderline personality disorder, and psychotic disorders, reveal that mental health challenges are not isolated incidents but are widespread and deeply embedded within the Hywel Dda population. The inclusion of projections to 2043 further emphasizes that these are not transient issues but long-term public health concerns that will continue to demand significant resources. This reinforces the understanding that mental health support is a fundamental and ongoing societal need, rather than a drain on resources, and highlights the importance of long-term planning for mental health services.

The COVID-19 pandemic profoundly exacerbated mental health issues across Wales. The percentage of Welsh people reporting severe mental health issues surged from 11.7% before the pandemic to 28.1% in April 2020.<sup>10</sup> This deterioration was equivalent to the mental health impact of an employed person becoming unemployed, underscoring the severity of the crisis. Young people aged 16-24 experienced the most significant deterioration in mental health. Furthermore, the mental health gap between the lowest and highest income quintiles widened considerably, with the lowest income group experiencing a 39% increase in average mental distress compared to a 6.5% increase in the top quintile.<sup>10</sup> The data on the pandemic's disproportionate impact on vulnerable groups, such as young people, low-income individuals, and those from BAME backgrounds, clearly illustrates how major societal crises can exacerbate pre-existing health inequalities. This means that the burden on the NHS is not evenly distributed but falls more heavily on already disadvantaged populations, adding crucial depth to the realities of mental health challenges and

demonstrating how broader societal factors directly influence healthcare demand and resource allocation.

The strain on mental health hospital admissions and services is evident. Across Wales, as of March 31, 2024, there were 1,192 resident patients in mental health hospitals and units. A significant and concerning trend is the increasing proportion of formally detained patients, which rose to 58% in 2024 from 39% in 2015, while informal admissions have decreased.<sup>11</sup> This shift suggests a growing acuity of cases and a greater reliance on compulsory care, indicating that patients presenting to services are often in more severe, acute, or complex states, requiring intensive and prolonged inpatient care. This trend implies a potential failure in earlier intervention or insufficient community-based support, leading to a greater reliance on the most intensive and costly parts of the healthcare system. For Hywel Dda residents, in 2021/22, the "Mental Illness" specialty accounted for 712 Finished Consultant Episodes (FCEs) with an average bed stay of 56.3 days. Emergency admissions specifically for mental illness accounted for 559 FCEs with an even longer average length of stay of 68.8 days.<sup>9</sup> These extended average stays indicate a substantial and sustained demand on inpatient bed capacity and resources, highlighting a systemic challenge rather than individual patient "waste."

Emergency Department (ED) attendances for mental health issues also contribute to the strain. A direct and specific concern identified during the Healthcare Inspectorate Wales (HIW) inspection in June 2023 for Prince Philip Hospital Minor Injury Unit (MIU) was the "Inappropriate attendance of Mental Health patients".<sup>12</sup> This provides concrete evidence of mental health patients presenting to acute unscheduled care settings within Hywel Dda, potentially due to a lack of appropriate alternative services or crisis pathways. The explicit mention of "inappropriate attendance" at the MIU is a strong indicator of systemic gaps in mental health service provision. It suggests that individuals experiencing mental health crises may not have accessible or appropriate alternative pathways for care, leading them to seek help at emergency departments or minor injury units. This places an avoidable and often costly burden on acute services that are not always best equipped to handle complex mental health needs. Wales-wide data further supports this, indicating that mental and behavioural disorders are among the most frequent diagnoses for emergency hospital admissions.<sup>13</sup> This highlights the urgent need for improved 24/7 mental health support and crisis intervention services that operate outside of traditional emergency settings, a gap also identified in broader mental health service reviews.<sup>10</sup>

Several gaps and areas for improving mental health services have been identified. There is a critical need for improved follow-up services to support individuals with

lifelong conditions post-discharge, promoting self-management and preventing readmission.<sup>10</sup> Greater recognition and awareness of dual diagnosis (co-occurring mental health and substance misuse) and neurodiversity are required, especially given increasing autism diagnoses.<sup>10</sup> The development of a comprehensive 24/7 mental health service is highlighted as an ongoing need, as current "Twilight Sanctuaries" do not offer round-the-clock support and may not be accessible in rural areas.<sup>10</sup> The underutilization of overnight accommodation associated with sanctuaries suggests that the admission threshold might be too high, potentially pushing patients towards emergency departments.<sup>10</sup> Improvements are also needed in access and referral processes to Community Mental Health Teams (CMHTs) and in assessment processes to prevent premature release without appropriate post-discharge support, which often leads to readmission.<sup>10</sup>

**Table 3: Mental Health Prevalence and Hospital Impact in Hywel Dda**

Metri c	Cered igion (2019)	Cered igion (2043 Proj.)	Pemb rokes hire (2019)	Pemb rokes hire (2043 Proj.)	Carm arthe nshire (2019)	Carm arthe nshire (2043 Proj.)	Hywel Dda UHB (2019 QOF)	Wales (Pre- Pand emic)	Wales (April 2020)
Com mon Menta l Disor ders (Wom en) <sup>10</sup>	6,192	5,868	10,425	10,492	15,845	16,378	N/A	N/A	N/A
Com mon Menta l Disor ders (Men) <sup>10</sup>	3,616	3,243	6,276	6,384	9,498	9,544	N/A	N/A	N/A
Patien ts on Menta l Healt	N/A	N/A	N/A	N/A	N/A	N/A	~4,100	N/A	N/A

h QOF Regist er <sup>10</sup>									
% Sever e Menta l Healt h Issues <sup>10</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.7%	28.1%

Metric	Hywel Dda UHB (2021/22 FCEs) <sup>9</sup>	Hywel Dda UHB (2021/22 Avg Bed Days) <sup>9</sup>	Wales (% Formal Patients 2015) <sup>11</sup>	Wales (% Formal Patients 2024) <sup>11</sup>
Mental Illness FCEs	712	56.3	N/A	N/A
Emergency Mental Illness FCEs	559	68.8	N/A	N/A
Formal Mental Health Patients	N/A	N/A	39%	58%

## VI. Cross-Cutting Impacts on NHS Hywel Dda Services

The interconnectedness of alcohol misuse, drug misuse, and mental health challenges creates a significant and often compounding burden on NHS Hywel Dda services, particularly emergency care. Substance misuse (both alcohol and drugs) and mental health issues are significant drivers of emergency department (ED) attendances and subsequent hospital admissions across Wales, placing considerable and often avoidable strain on acute care services.<sup>13</sup>

Individuals facing co-occurring challenges, such as homelessness alongside

substance misuse, are significantly more likely to attend EDs frequently and experience longer hospital admissions, often for diagnoses related to injury, poisoning, or mental and behavioural disorders.<sup>13</sup> This highlights a particularly vulnerable cohort that consumes disproportionate healthcare resources. The data on the impact of co-occurring homelessness and substance misuse reveals a critical multiplier effect. When individuals face multiple complex challenges simultaneously (e.g., substance misuse, mental health issues, and homelessness), their engagement with emergency services becomes more frequent and their hospital stays become longer. This is not simply about individual substance use or mental health problems in isolation, but the intricate interplay of these factors that leads to more intensive and costly interactions with the most expensive parts of the healthcare system. This directly addresses the "waste" perception by demonstrating that these are high-needs patients often cycling through acute care due not to frivolous use, but to deeply entrenched and complex underlying social and health issues that require holistic, long-term solutions.

While the provided information does not explicitly detail the specific financial figures for alcohol, drug, and mental health burdens on the *main* Hywel Dda NHS budget <sup>15</sup>, the documented high number of bed days consumed by alcohol-related conditions (over 14,000 in 2021/22) <sup>3</sup> and mental illness (712 FCEs with an average bed stay of 56.3 days in 2021/22) <sup>9</sup>, coupled with the substantial national costs associated with alcohol-related harm (£159 million annually for NHS Wales) <sup>3</sup>, strongly indicate a significant financial impact on the health board. Further evidence of systemic financial strain comes from the Welsh Government's assessment of Hywel Dda UHB. Despite improvements in other areas, the health board remains at escalation level four for emergency care performance and finance/planning.<sup>16</sup> This continued high level of oversight strongly suggests ongoing significant financial and operational challenges, which are likely exacerbated by the substantial and often complex demands of emergency care for individuals with substance misuse and mental health issues. The fact that Hywel Dda remains at Welsh Government's escalation Level 4 for finance and emergency care performance is a powerful, albeit indirect, indicator of systemic financial strain. This implies that the costs associated with managing the acute and chronic consequences of alcohol, drug, and mental health crises are substantial enough to significantly contribute to the health board's overall financial and operational challenges. This understanding moves beyond the idea of individual "waste" to highlight a broader, systemic financial burden that affects the entire health board's capacity and performance.

Specific demographics are particularly impacted by these issues. Young people are a

vulnerable group, with concerning rates of adolescent alcohol use (just under half, or 40%) and e-cigarette use (just under 1 in 5).<sup>17</sup> There has also been a significant and alarming increase in school exclusions due to drugs and alcohol, reaching a record high of 939 cases in the 2022/23 academic year.<sup>6</sup> Older adults (aged 50 and over) account for a large proportion (65%) of alcohol-specific hospital admissions and represent over 80% of specialist substance misuse service assessments for alcohol as the primary problematic substance.<sup>6</sup> Individuals experiencing homelessness face significantly higher rates of ED attendances and hospital admissions due to substance misuse and mental/behavioural disorders, highlighting extreme health inequalities.<sup>13</sup> Childhood exposure to alcohol misuse affects 14% of adults in Wales, underscoring the long-term intergenerational impact of these issues.<sup>5</sup>

**Table 4: Cross-Cutting Impacts on NHS Hywel Dda Resources**

Metric	Value	Source
Total Emergency Admissions for Hywel Dda residents (2021/22)	43,900	9
% of cohort attending ED at least once (Wales-wide substance misuse/homelessness study)	50%	13
Increased likelihood of ED attendance for opioid misuse	46% more likely	13
Increased likelihood of ED attendance for alcohol misuse	37% more likely	13
Increased likelihood of emergency admission for homelessness	117% more likely	13
HDUHB Escalation Level for Emergency Care and Finance/Planning	Level 4	16

## VII. Addressing the Realities: Current Efforts and Opportunities for Education



NHS Hywel Dda demonstrates a commitment to addressing the complex challenges of alcohol, drug misuse, and mental health through a range of existing support services and helplines. The health board provides various inpatient and community mental health services.<sup>18</sup> Crucial 24/7 helplines are available, including NHS 111 Wales Option 2 for urgent mental health support and the Wales Drug and Alcohol Helpline, ensuring immediate access to assistance for those in need.<sup>18</sup> Complementing these, local third-sector organizations such as Mind (with branches in Carmarthenshire, Pembrokeshire, and Aberystwyth), Hafal, and West Wales Action for Mental Health (WWAMH) offer vital support services, including advocacy, information, and community activities, highlighting the importance of multi-agency collaboration in addressing these complex issues.<sup>10</sup> "Twilight Sanctuaries," part of Mind's provision, offer out-of-hours support for mental health, though their accessibility and 24/7 coverage remain areas for improvement, particularly in rural areas.<sup>10</sup>

A consistent emphasis is placed on early intervention and preventative strategies by Public Health Wales and Hywel Dda UHB. These bodies consistently advocate for proactive approaches, promoting healthy lifestyles and strengthening mental health services, particularly for children and young people.<sup>17</sup> This proactive approach aims to mitigate long-term health issues and reduce the eventual demand on acute services. The Mental Health (Wales) Measure 2010 exemplifies this by emphasizing primary care treatment to promote early intervention and reduce the need for more intensive and costly secondary mental health services.<sup>10</sup> This strategic shift in healthcare philosophy moves away from merely managing crises to preventing their escalation. The documented high return on investment for treatment<sup>3</sup> further supports that spending on prevention and early intervention is not a cost, but a strategic investment that actively prevents more costly acute care interventions and yields significant long-term societal benefits. Research also indicates that reducing Adverse Childhood Experiences (ACEs) can significantly reduce levels of harmful drinking by 35%, highlighting the importance of addressing root causes and intergenerational impacts.<sup>5</sup>

Public health initiatives and community partnerships are crucial in addressing the multifaceted nature of these issues. The Welsh Government's Substance Misuse (drug and alcohol) Delivery Plan for 2019-2022 focuses on key population outcomes, including preventing the initiation of drug use, reducing harm from alcohol, minimizing impact on children and families, supporting recovery, and making communities safer.<sup>4</sup> Hywel Dda UHB's Public Health report outlines 16 recommendations for action, emphasizing the health board's commitment to working with partners to enhance



joint efforts and ensure "every child can thrive and live a happy and healthy life".<sup>17</sup> The active role of numerous third-sector organizations underscores the critical importance of multi-agency collaboration and community-based support in addressing the complex and multifaceted nature of these public health issues.<sup>10</sup>

To foster greater public understanding and support, several recommendations emerge. It is essential to educate the public on the interconnectedness of alcohol, drug, and mental health issues, and the systemic factors (e.g., deprivation, homelessness) that contribute to their prevalence and impact. Highlighting the compelling economic benefits of investing in prevention and treatment is crucial, as this reframes such spending as a means to reduce the overall burden on the NHS, rather than viewing it as a cost. Finally, continued advocacy for the development of accessible, comprehensive, and integrated mental health and substance misuse services is paramount, with a particular focus on robust 24/7 crisis support and viable alternatives to emergency department attendance.

**Table 5: Return on Investment for Substance Misuse Treatment (Wales)**

Intervention Area	Return on Investment (1 Year) <sup>3</sup>	Return on Investment (10 Years) <sup>3</sup>	Potential Annual Savings (Alcohol Prevention) <sup>3</sup>
Alcohol Treatment	£3 for every £1 invested	£26 for every £1 invested	£1 million for £4 per person drinking above guidelines
Drug Treatment	£4 for every £1 invested	£21 for every £1 invested	N/A

## VIII. Conclusion: A Call for Informed Action

This report has meticulously detailed that the challenges posed by alcohol and drug misuse, and mental health issues in Hywel Dda are significant, complex, and profoundly impact NHS services. Far from being instances of "waste," these are critical public health crises demanding comprehensive, compassionate, and evidence-based responses. The data underscores the human toll in terms of deaths and widespread suffering, as well as the substantial financial and operational burden on the health board. The increasing rates of drug-related deaths, particularly from

opioids and benzodiazepines, and the growing acuity of mental health presentations requiring formal detention and extended hospital stays, demonstrate a healthcare system under considerable strain due to these complex public health issues.

Addressing these multifaceted issues effectively requires a concerted and collaborative effort. It necessitates a shared responsibility among healthcare providers, governmental bodies, dedicated community organizations, and individuals. A holistic approach that integrates health, social care, and economic well-being is paramount, recognizing that factors like deprivation and homelessness significantly exacerbate these health challenges.

Continued, strategic investment in prevention, early intervention, and integrated care is not merely an expenditure but an essential investment. Such efforts are crucial not only for improving individual lives, reducing tragic deaths, and fostering healthier communities but also for ensuring the long-term sustainability, efficiency, and effectiveness of NHS Hywel Dda services for the entire population. By embracing proactive and evidence-based strategies, the perceived "waste" can be transformed into demonstrable value, ultimately reducing the need for costly acute interventions and building a more resilient health system capable of meeting the complex needs of its residents.

## **Works cited**

1. Hywel Dda University Health Board - Wikipedia, accessed on June 20, 2025, [https://en.wikipedia.org/wiki/Hywel\\_Dda\\_University\\_Health\\_Board](https://en.wikipedia.org/wiki/Hywel_Dda_University_Health_Board)
2. Hywel Dda University Health Board | GOV.WALES, accessed on June 20, 2025, <https://www.gov.wales/hywel-dda-university-health-board>
3. cyfarfod bwrdd prifysgol iechyd strategic development and ..., accessed on June 20, 2025, <https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-29-august-2024/2-2-public-health-return-on-investment>
4. Substance misuse - West Wales Regional Partnership Board, accessed on June 20, 2025, <http://www.wwrpb-data.org.uk/substance-misuse>
5. Alcohol - Public Health Wales, accessed on June 20, 2025, <https://phw.nhs.wales/topics/alcohol/>
6. Record high alcohol related deaths in Wales highlight urgent public health concerns, accessed on June 20, 2025, <https://phw.nhs.wales/news/record-high-alcohol-related-deaths-in-wales-highlight-urgent-public-health-concerns/>
7. Harm Reduction Database Wales: Drug Related Mortality, accessed on June 20, 2025, [https://www.drugsandalcohol.ie/42606/1/Wales\\_Drug\\_related\\_deaths\\_report\\_202](https://www.drugsandalcohol.ie/42606/1/Wales_Drug_related_deaths_report_202)

[4.pdf](#)

8. Latest data on substance misuse in Wales published - Public Health ..., accessed on June 20, 2025,  
<https://phw.nhs.wales/news/latest-data-on-substance-misuse-in-wales-publishe>  
[d/](#)
9. HEADLINE FIGURES PEDW Statistics - Data for the period 1st April ..., accessed on June 20, 2025,  
<https://dhcw.nhs.wales/data/statistical-publications-data-products-and-open-data/annual-pedw-data-tables/hospital-admissions-publications-tables/headline-figures-hywel-dda-lhb-residency-based-202122>
10. Mental health - West Wales Regional Partnership Board, accessed on June 20, 2025, <http://www.wwrpb-data.org.uk/mental-health>
11. Patients in mental health hospitals and units: as at 31 March 2024 [HTML] | GOV.WALES, accessed on June 20, 2025,  
<https://www.gov.wales/patients-mental-health-hospitals-and-units-31-march-2024-html>
12. Frequently asked questions - Hywel Dda University Health Board - NHS Wales, accessed on June 20, 2025,  
<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/prince-philip-hospital-minor-injury-unit-consultation/frequently-asked-questions/>
13. The impact of co-occurring homelessness and substance misuse on secondary healthcare in Wales - Administrative Data Research UK, accessed on June 20, 2025,  
<https://www.adruk.org/news-publications/publications-reports/the-impact-of-co-occurring-homelessness-and-substance-misuse-on-secondary-healthcare-in-wales/>
14. The impact of co-occurring homelessness and substance misuse on secondary healthcare in Wales, accessed on June 20, 2025,  
<https://adrwales.org/wp-content/uploads/2025/02/BOLD-Substance-misuse-and-homelessness.pdf>
15. Annual reports - Hywel Dda University Health Board, accessed on June 20, 2025,  
<https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/annual-reports/>
16. Hywel Dda health board making improvements under new leadership, accessed on June 20, 2025,  
<https://media.service.gov.wales/news/hywel-dda-health-board-making-improvements-under-new-leadership>
17. Public Health report focuses on improving the health and wellbeing ..., accessed on June 20, 2025,  
<https://hduhb.nhs.wales/news/press-releases/public-health-report-focuses-on-improving-the-health-and-wellbeing-of-regions-children-young-people/>
18. Adult mental health - Hywel Dda University Health Board - NHS Wales, accessed on June 20, 2025,  
<https://hduhb.nhs.wales/healthcare/services-and-teams/adult-mental-health/>