



The links between drugs, alcohol, and serious violence: a review of evidence and practice in West Yorkshire

With 3 Appendices

Appendix 1: The Alcohol Harm Paradox: A Review of Evidence

Appendix 2: How, and to what extent has Covid-19 influenced the drug use and alcohol consumption of young people? A Review of Evidence

Appendix 3: Evidence from Young People and Family Services and themes from mapping services.

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1 Introduction

This Review of evidence and practice has been commissioned by the West Yorkshire Violence Reduction Unit (WY VRU) so that they and their stakeholders may better understand the context and interdependencies between substance use and violence among young people and how relationships between generations influence those links. The Review commenced during the development of an Adversity, Trauma and Resilience Strategy for Health and Care Services in West Yorkshire, led by the West Yorkshire Health and Care Partnership's (WYHCP) Improving Population Health Team and the Public Health Lead in the WY VRU. The rationale for the Violence Reduction Units in the UK was to take a 'public health approach' to tackling violence. This means looking not only at the incidences of violence but the conditions in society and the contributing factors in communities that enable violence to occur.

The context of trauma has been a useful lens to focus this Review as both cause and consequence of both substance use and violence. The WYHCP Adversity, Trauma and Resilience Evidence Review (Crowe et al., 2021) lays out clearly how trauma and adversity, occurring in childhood re-emerges not only in the life-course but in the life-cycle of an individual, and may be transmitted generationally as well as culturally. This Review takes that learning and primarily explores how earlier intervention to address trauma could be effective among vulnerable cohorts in the population. The trauma informed approach to the subject also elicited the gendered nature of trauma, how the experience of violence and the experience of services and support or consequences of punishment disproportionately affect women.

The recommendations made in this Review are proposed in the context that most—if not all—services and support will be moving towards individual and collective trauma informed approaches of service delivery with the aim of preventing further trauma.

The Review is structured in four parts:

1. Context and Literature Review – containing an Executive Summary, Overview of all Findings, Conclusion and Recommendations, References
2. Briefing on the Alcohol Harm Paradox – stand-alone paper with Literature Review, Findings and Recommendations, References
3. Briefing on the Impact of Covid-19 on Young People's Substance Use and Violence – stand-alone paper with Literature Review, Findings and Recommendations, References
4. Review of Evidence from Young People and Family Services and themes from mapping services

2 Executive Summary

2.1 Evidence Review: The Alcohol Harm Paradox (appendix 1)

In England and Wales alcohol related mortality rates are 1.5-2x higher in low SES areas than more affluent ones (Probst *et al.*, 2014). Furthermore, despite having the lowest number of high-risk drinkers, the most deprived quintile of the UK population has 5.5x the mortality than the most affluent one (Department of Health, 2012), this disparity is called the 'alcohol harm paradox'. We found the paradox is a consequence of a combination of material, psychological and cultural-behavioural factors that cluster in lower SES communities, decreasing their resilience to alcohol-related harm. The alcohol harm paradox is a useful case study in understanding the multivariate landscape which contributes to persistent negative health outcomes for disadvantaged populations across the UK.

2.1.1 Recommendations from alcohol harm paradox paper

- Increase pressure for the **minimum unit price (MUP) of alcohol to be raised**, as MUP increases target the cheapest and strongest drinks preferred by harmful drinkers.
- **Reduce the retail sale hours and density of licenced outlets** by adding a public health assessment to the criteria for granting alcohol licences.
- Increase pressure for the **blood alcohol limit while driving to be brought in line with Scotland and other European nations**. England and Wales's limit is current 30mg/dl higher than Scotland and the rest of Europe, increasing this limit in line will influence drinkers to adopt less risky patterns of alcohol consumption.
- Public health campaigns such as 'Dry January' are effective but are disproportionately taken up by educated individuals from high SES backgrounds. Public **drinking abstinence campaigns could be developed that target a wider range of demographics** to have greater impact.
- **Increasing the provision of early brief interventions (EBAs)** across a wider range of services would help reach lower SES individuals who tend to engage less with primary services.

2.2 Evidence Review: The impact of COVID-19 on young people (appendix 2)

Despite being at low risk of the most serious COVID-related illnesses, the country wide measures put in place to combat them have had a disproportionately negative impact on young people. Although substance use generally fell among this demographic during this period, we argue that the factors contributing to this behaviour have been greatly exacerbated and may present a burgeoning health crisis. Successive lockdowns have impacted young people's mental health, increased their chances to be witnesses and/or victims of domestic abuse and increased their risk of exploitation by criminal gangs. Furthermore, those from low SES backgrounds who live in poor accommodation have been

unable to recover at the same rate as young people from more affluent backgrounds. Youth services, which are uniquely placed to help tackle these burgeoning issues, have been the successive target of austerity measures for the last 10 years and are chronically underfunded and underprepared at a time when they are desperately needed.

In her letter to the Lancet Journal of Psychology, Ellen Townsend (2020) wrote that young people need to be put at the forefront of any recovery plan as they '*...have suffered immensely in this crisis and sacrificed a lot. Moreover, the economic devastation will have an enormous impact on young people who will bear this burden for years to come*'.

2.2.1 Recommendations from COVID-19 impact paper

- **Increase investment in youth work.** The youth sector has been struggling with a decade of disinvestment and is perfectly placed to help tackle some of the burgeoning impacts from the COVID-19 pandemic in young people.
- **Recognise SES deprivation as a structural inequality** during equality impact assessments for work and placements, similar to race and gender to help mitigate the disproportionate long term economic impact.

2.3 Evidence from Young People and Family Services and themes from mapping services. (Appendix 3)

The qualitative portion of this report involved interviewing three teams working with young people who have experience of drug and alcohol use, either by themselves or those around them. This included the Family Plus team from Forward Leeds, the Calderdale Young Persons' Team and the Leeds Young Persons Drug and Alcohol Team. Each team had a varied but overlapping demographic caseload and each provided valuable insight into the motivations and consequences of substance use in the young people of West Yorkshire. These insights are supplemented by the findings from the mapping of services in *Adversity, Trauma and Resilience in West Yorkshire – a review of life-course evidence, approaches and provision to support the transformation to a trauma informed health and care system by 2030* (Crowe et al 2021) and are the basis for the recommendations.

2.3.1 Violence

The evidence collected pointed to substance related violence being largely localised in the home environment. In terms of perpetration, both young people teams highlighted domestic violence and extortion of the family when the child was unable to obtain drugs. Furthermore, this was echoed in the older substance users, with many cases seen by the Family Plus team having been through FDAC or MARAC proceedings. There was evidence that many young people were also the victims of

violence with teams asserting that most of their clients who had perpetrated violence had also been victims of it. In addition, young women using substances had a strong association with an undisclosed history of sexual abuse or violence.

Violence outside of the home was noted in the lives of the teams' clients; however, it was difficult to link directly to substance use. There were reports of knife carrying, in both the Leeds and Calderdale teams, including in children as young as 10; however, this was usually for protection rather than perpetration of violence. The Leeds teams also noted that this violence had a strong geographic link, with young people from West and South Leeds being at greater risk than North.

2.3.2 Mental health and self-medication

Our findings illustrate how young people use substances as a way to self-medicate difficult emotions and frustrations as well as untreated mental health issues. The primary driver for use depended on age, with younger individuals use stemming from diminishing aspirations while older individuals were more likely to be self-medicating a mental health issue. Our findings highlight how co-current mental health and substance use issues often bar young people from accessing appropriate mental health support. Consequently, self-medication traps young people in a vicious cycle of degrading mental health and increased reliance on substances. The number of young people with co-current substance use and mental health issues seen by the YP teams stems from the larger scarcity of mental health provision in West Yorkshire and is indicative of services being unable to meet an ever-growing need for support.

2.3.3 Services under pressure

Teams feel unable to discharge clients out of their service for fear of leaving them unsupported, and teams believe that they have become a de facto "*holding service*" for young people unable to access more appropriate support. Consequently, young person drug and alcohol teams are increasingly dealing with clients with complex mental health issues, which they have not been appropriately trained to deal with. The lack of strong referral pathways means drug and alcohol teams face a cyclical, multi-layered challenge of relapse and repeat presentation, with treatment times extending but with worsening overall outcomes. The collected evidence points to a structural disconnect between what professionals understand about poor mental health driving substance use in this demographic, and the various systemic barriers in place preventing appropriate referral.

2.3.4 Schools

Schools were repeatedly brought up as both an avenue for building resilience in young people and a source of frustration due to repeat inappropriate referral to already stretched services. The benefits of involving schools in the process of supporting young children with substance using parents/carers was clear; however, school involvement was conditional on the parents' consent and often slow to obtain. Schools could also be a source of pressure on young people teams. Teams often had to re-investigate referrals from schools and re-refer individuals to appropriate services, taking up valuable resources and time. The Calderdale team noted that referral issues had been successfully mitigated in schools where mental health workers were integrated into school nursing teams.

2.3.5 Service mapping

Whilst services are often successful on their own terms, that definition of success does not often extend to how well people are supported by multiple services, either sequentially or simultaneously. There is a tendency to privilege "professional" services and interventions at the expense of community and social interventions. There is a virtuous circle of public health benefits (reducing adversity) and personal resilience growth, from the more equitable distribution of economic and social benefits – employment, housing, arts, sport, culture, transport and environmental improvements. However, these remain largely disconnected, structurally, from the planning of health interventions. Generic youth services are frequently cited as having significant potential benefits but these have been heavily hit by reductions in local authority budgets leaving opportunities restricted to those families that can afford to take part and leaving the most vulnerable young people without the independent "trusted adult" support that can help overcome adversity and access support to tackle trauma.

2.4 Recommendations from Young People and Family Services and themes from mapping services.

2.4.1 Provision of services

Services are diverse but unevenly spread across West Yorkshire with some highly specialist services being centred in Leeds. Too many seem to be on short term funding cycles, have long waiting lists or don't have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services. Furthermore, there are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information, and having common assessments.

- **Improve provision of youth services** as they can play a key role in combating low aspirations of young people impacted by COVID-19.
 - The service provision needs to be **easily accessible**, with either no-fee or heavily subsidised attendance.
 - **Transport consideration** should be included in any future service planning to not alienate children living in rural/deprived areas with poor transport links.
 - Push for **services to become trauma informed**, to help to prevent re-traumatising young people accessing the service while improving their long-term health outcomes.
- Increasing **provision of mental health services** is essential to combating the negative impacts of COVID-19 on the mental health of young people.
 - Increase **provision of support for low-level mental health conditions** so they can be address before reaching a crisis state by increasing the number of **non-clinical volunteer/peer-based staff**.
 - Investigate novel ways of **utilising existing resources to service a wider population** e.g. FACT 22 (see page 33 for further detail)
 - Develop **specific treatment pathways** for individuals who are dealing with co-current mental health and substance use issues, so they are not barred from specialist support.
 - Increase training and support for drug and alcohol teams to help support clients with complex mental health needs and/or integrate a mental health lead (or team) into existing team structure.
- Improving **access to victims support** for those who have experienced sexual abuse/violence. This includes developing a specific treatment pathway for individuals with co-current trauma and substance use conditions, so they are not barred from specialist support.
- Improve **provision of perpetrator support** for domestic/sexual violence offenders across West Yorkshire. Current provision in West Yorkshire is limited, and the services which are present are not particularly visible.
- Improve **access to mediation services** by publicising the available support. Help more families access this unique non-combative proceeding.

2.4.2 Future research

- Expand the scope of the current qualitative research to the three other West Yorkshire districts not included in this study (Bradford, Kirklees, and Wakefield).

- Extend the qualitative analysis to include service users—both young and old—as well as service providers to better understand the links between childhood experience and substance use later in life.
- Extend the research to people affected by the issues in this Review but who are not connected to services
- Conduct quantitative research into the key themes and issues identified in this study for their generalisability to wider populations.

3 Context and Literature Review

3.1 Statistical context

In the UK the number of individuals who have used drugs or alcohol has been steadily rising for the last 30 years, where 3 million people now report having taken a drug each year (HMG, 2021). The problem has been exacerbated by the pandemic, which has helped fuel many of the driving factors underpinning substance use (see COVID-19 paper for further detail). This upward trend is mirrored by increasing harm, with drug associated deaths having reached an all-time high in 2018 (Black, 2020).

The West Yorkshire Violence Reduction Unit's (VRU) strategic needs assessment highlighted the role substance use plays in perpetuating violence. The VRU defines violence as '*specific crime types where there is the use of physical force or power, threatened or actual, against oneself, another person, or against a group or community*' (2022, p.4) and it estimated that violence across West Yorkshire cost £960,534,113 in the year 2020/21. Violence therefore incorporates many forms of harm both to the individual and those around them, and this brief literature review will hope to highlight some of the harms associated with substance use and their current impact in West Yorkshire.

Violence associated with substance use is well established. Both alcohol and illegal drugs have potential to cause harm to the user and those around them. In the *Alcohol and Violence- Briefing Statement* (IAS, n.d.) it was reported that intoxication increased the chance of violent behaviour and was a contributing factor in over half of all violent crimes. The report also detailed how alcohol increased the risk of victimisation as well, with young women in particular, as they account for a greater number of alcohol-related hospitalisations in the UK (VRU, 2022). Furthermore, evidence from the millennium cohort study has shown that high levels of alcohol use among adolescents was associated with weapon carrying (Smith & Wynne-McHardy, 2019).

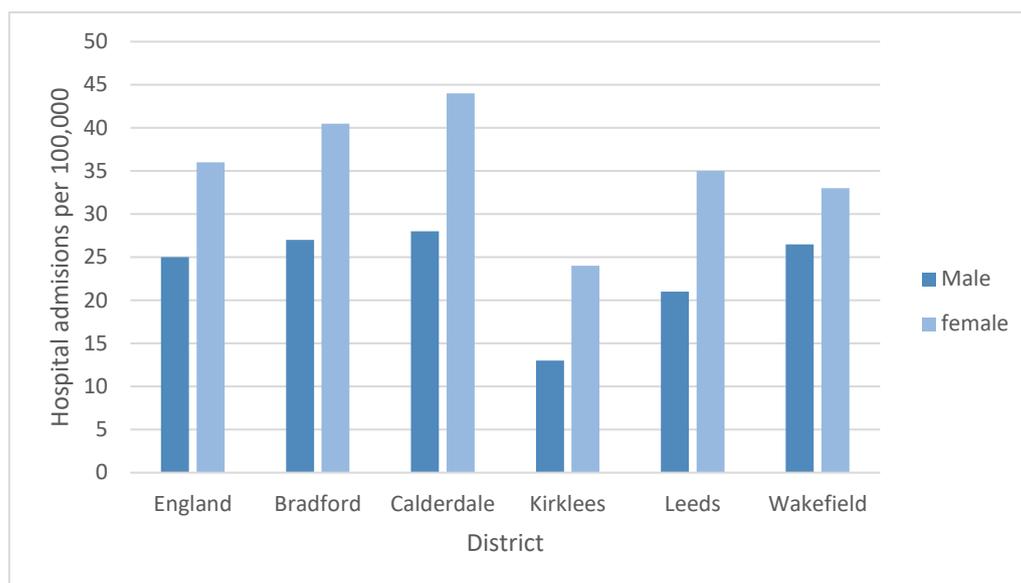
The increasing level of violence associated with illegal substances in the UK was highlighted in Dame Carol Black's landmark review of drugs (2020). The report noted a large driver of the violence was the expansion of the county lines model, a particularly brutal form of organised crime involving the coercion of young and vulnerable people to traffic drugs within the UK. Gangs will often target those most vulnerable (children, mentally ill, undocumented) and use grooming, intimidation, and violence to ensure compliance. The Children's Commissioner for England estimates that there are 27,000 children ages 10-17 who identify as a gang member (CCE, 2019), however the National youth agency believed the number could be up to 60,000 with as many as 500,000 potentially exposed to gang activity (NYA, 2020).

Inside the home, living with a substance using parent or partner leads to an increased risk of domestic violence. Research has shown that 25-75% of perpetrators of domestic abuse had been drinking alcohol at the time of the assault (Boyd, 2020), and substance use has been listed as a factor in over half of all domestic homicide cases in England (Home Office, 2016). Long-term harms can also be seen in children living with a substance abusing parent or carer. The National Association for Children of Alcoholics states that children with an alcohol dependent parent are five times more likely to develop eating disorders, two times as likely to develop alcohol dependence or addiction, and three times as likely to consider suicide (Boyd, 2020, p. 15).

As detailed in both the VRU assessment and the CREST review, serious violence and substance use present a significant challenge for services in West Yorkshire. The prevalence of these problems amongst young people in West Yorkshire was summarised in the VRU needs assessment (2022). There are currently no firm estimates of the number of young people who are currently using substances, however the VRU assessment included some indirect measurements to illustrate the issue like the number of underage drinkers, of which West Yorkshire has a high number. Across the county, the number of regular drinkers under the age of 15 exceeded the national average (6.2%). With Calderdale (8.5%) and Wakefield (9.8%) being particularly high. Furthermore, the recent CREST review found that the number of under 21's arrested for class-A drug offences had increased by 49% in West Yorkshire since 2012 (Lumley & Rolfe, 2021).

Data from the VRU assessment also showed young people in West Yorkshire were at a greater risk of substance use harms. Hospital admission due to substance misuse in ages 15-24y was found to be above the national average (84.7 per 1000) in 3 out of 5 of the local authority districts, with Bradford (112.6 per 1000), Wakefield (109.8 per 100) and Calderdale (89.9 per 1000) having the highest rates of admission in 2019/20. Admissions were also heavily skewed towards women, with the majority of under 18 admissions for alcohol-specific conditions being girls (See figure 1).

Figure 1: Alcohol-specific admissions to hospital for under 18's 2019/20



*Figure adapted from (*Serious Violence in West Yorkshire: Strategic Needs Assessment, 2022, p.18*)

Generally, serious youth violence has remained notably lower since the pandemic (see Table 1), possibly due to government restrictions of gatherings and successive lockdowns (VRU, 2022). Instances of youth violence were seen predominantly around the Leeds and Bradford areas, where 34% and 26% of total cases occurred respectively; followed by Kirklees (17%), Wakefield (14%) and Calderdale (10%) (VRU, 2022).

Table 1: Monthly average cases of youth violence across West Yorkshire for the year.

	Year		
	2018/19	2019/20	2020/21
Average cases of youth violence	836	718	732

* Adapted from (*Serious Violence in West Yorkshire: Strategic Needs Assessment, 2022, p.18*)

Incidents of domestic and sexual violence are prevalent in West Yorkshire. The county has one of the highest rates of domestic abuse in the country, almost double the national average (VRU, 2022). Domestic Violence is also one of the most prevalent crimes in West Yorkshire, accounting for 33% of all offences in Leeds, Bradford (26%), Kirklees (17%), Wakefield (15%) and Calderdale (9%)(VRU, 2022). Furthermore, the CREST review highlighted how 20% of all children assessed by social care in West Yorkshire in 2019/20 had parental alcohol or drug misuse listed as a key factor (Lumley & Rolfe, 2021, p. 40).

Although it can be difficult to link sexual violence to substance use directly, using substances puts young people at greater risk of being victims of violence. In West Yorkshire, much like the country in

general, women are at a much greater risk of experiencing sexual violence. 88% of sexual assault victims in West Yorkshire were female and 60% of victims were under the age of 25 (VRU, 2022). Most of sexual assault cases occurred in Leeds (35%) and Bradford (25%), followed by Kirklees (16%), Wakefield (14%), and Calderdale (10%) (VRU, 2022). It is believed both in the county and nationally that these numbers may be significantly underestimated, as it is believed that only 1 in 6 sexual assaults are reported to the police (ONS,2021).

Drug related deaths due to misuse have been rising across all of England, and a similar pattern can be seen across West Yorkshire (ONS, 2020). Table 2 highlights the number of deaths across the region between 2014 and 2020, as well as their age-standardised mortality rates. Not only have the number of deaths been rising across the region, but the rate of deaths has also increased from 2.9 deaths per 1 million people in 2014/16 to 4.1 deaths per 1 million people in 2018/20.

Table 2: Number of deaths and age-standardised mortality rate of deaths for West Yorkshire.

	2018-2020		2016-2018		2014-2016	
	Deaths	Rate*	deaths	Rate*	Deaths	Rate*
West Yorkshire	135	4.1	100	3.0	95	2.9
Bradford	17	2.2	21	2.7	24	3.1
Calderdale	14	4.7	9	—	12	3.9
Kirklees	28	4.5	12	1.9	10	1.6
Leeds	48	4.5	37	3.4	35	3.2
Wakefield	28	5.3	21	4.1	14	2.9

**Rate of death in per million people, rate standardised to age distribution in the European Standard Population 2013 (ESP).*

**Figures taken from Office of national statistics data set 'Deaths Related to Drug Poisoning by Local Authority 1993-2020' (2020)*

According to the Office of National Statistics (2020), those born in the 1970s or 'generation x' have the highest rates of drug misuse deaths over time. Table 3 shows the death rate per million due to drug misuse among young people in England and Wales. It is clear that 20 to 24-year-olds are at a greater risk of death than those aged 15-19, with over double the number of deaths in their age group each year. It is harder to understand the scope of deaths in young people in West Yorkshire, as we were unable to find any publicly available data on the number of deaths in these age groups by county or by district. However, using national figures, we can estimate the number of deaths locally by looking at the distribution of the same age groups across the county. Using the 2011 Census it is estimated that there are 167,515 people aged 15-19 in West Yorkshire and 165,816 aged 20-24 (NOMIS, n.d.). Using death rates from table 4, we can estimate that around 2 children aged 15-19 and 5 aged 20-24 died in West Yorkshire due to drug misuse in 2020. It is expected that the real number may be higher than these estimates. West Yorkshire has an age adjusted death rate higher than the national average and higher than 8 out of England's other 11 regions (ONS, 2020).

Table 3: Deaths per million people due to drug misuse in England and Wales.

Age Group	Deaths per Million People				
	2020	2019	2018	2017	2016
15-19	11.6	12	13.1	9.7	8.9
20-24	27.7	30.1	38.7	27.9	28.4

Data collected from Office of national statistics publication '*Deaths Related to Drug Poisoning in England and Wales*' (2020).

3.2 Generational trauma and generational transfer.

Substance use and its associated risks can run through families. Studies have shown that parental alcohol use has a strong association with their children’s likelihood to use alcohol as a young adult (Mahedy et al., 2018). In England, The Children’s Commissioner estimates that 472,00 children currently live with an adult dependent on alcohol or drugs (Boyd, 2020, p. 15). Identifying the possible factors contributing to this transfer of negative health outcomes is vital to being able to design effective interventions to tackle the problem.

The key mechanisms of generational transfer revolve around trauma, both pre and postnatally. In the literature, the accumulation of traumatic experiences in a child’s life are referred to as adverse childhood experiences (ACEs); these experiences include incidents of abuse, neglect as well as household dysfunction (Finkelhor, 2020). Children who accumulate four or more ACEs are significantly more likely to suffer with poor physical or mental health, as well as engage in problematic substance use later in life (Hughes et al., 2017).

Parental substance use can create the conditions in which adverse childhood experiences flourish. Studies have shown that growing up with an alcohol dependent parent greatly increases the risk of that child experiencing an ACE (Anda et al., 2002). Further negative outcomes were highlighted by the National Association for Children of Alcoholics. They found that children with an alcohol dependent parent were five times more likely to develop eating disorders, twice as likely to develop alcohol dependence/addiction, and three times as likely to consider suicide (Boyd, 2020, p. 15). ACEs presents a route of generational transfer because living with a parent/caregiver who uses substances increases the likelihood of a child accumulating ACEs, and becoming more likely to use as an adult themselves.

Furthermore, ACE’s have the potential to cause deep set and lasting trauma in children’s lives and might explain why a large proportion of individuals involved in the criminal justice system have a history of trauma. Wright et al. (2016) highlighted how abuse was a key part of the history of young people sentenced for violent offences. They found 72% of young offenders aged 10-17 had experienced some form of abuse in their past, with only 9% having no reported evidence on their

records. Understanding trauma, and its effects on individuals' behaviour and emotions can help explain the over representation of victims in the criminal justice system.

Traumatic experiences in childhood can fundamentally change the way individuals respond to stress and emotive situations (Van der Kolk, 2015). Summarised by France (2019) in a blog post for CYPN, if a child experiences abuse and/or neglect before they are verbal (6 months-2 years), they are unable to formulate these experiences narratively into understandable memories. However, the experience is not gone, it is stored in the body as fundamental developmental changes in their fight or flight responses. These changes manifest in situations which trigger this fight or flight response and can vary drastically depending on what happened to the child. This behaviour can often be difficult for adults to understand as it may seem to have no trigger and appear to come out of nowhere. This is further compounded by the fact there is no congruent story attached to these experiences, meaning that individuals are usually unaware of the connections between their emotions/behaviour and their past experience and so are unable to explain them. The behaviour can often be interpreted as difficult, challenging, and unpredictable and can lead to punitive measures against the child. It is believed that this may partly explain why so many children with a history of trauma end up in the criminal justice system.

In the WY-FI briefing on future demand, Doyle et al. (2021) investigated the number of children at risk of experiencing ACEs in West Yorkshire. The report collected data on the number of potential children who had family dissention or abuse/neglect on their primary needs assessment in 2019/20 across each district (see table 4); it estimated that there could be a total of 17,588 children at risk. The majority of these cases were in Bradford and Leeds. Kirklees and Wakefield had the highest levels of family dysfunction, with 13% and 15% of cases respectively. Every district had >50% of cases that included abuse/neglect, however Bradford and Calderdale had the highest proportion with 88% and 79% of cases respectively.

Table 4:

A snapshot of the potential number of children in need in 2019/20 (Children's Services Assessment)

District	Number of children in need episodes	Primary Need at initial assessment		Number and % of WY-FI beneficiaries claiming Family Tax Credit
		Family dysfunction (% of total)	Abuse or neglect (% of total)	
Bradford	5315	105 (2%)	4680 (88%)	62 (31%)
Calderdale	1427	115 (8%)	1130 (79%)	36 (25%)
Kirklees	2259	300 (13%)	1219 (54%)	30 (27%)
Leeds	5559	242 (4.35%)	3582 (65%)	41 (16%)
Wakefield	3028	449 (15%)	1985 (66%)	48 (34%)
Total	17588	1211	12596	217

(Doyle et al., 2021, p. p7)

Looking at data collected from Public Health England's, we can estimate the number of children living with a parent/carer using substances. Table 5 shows the proportion of adults in treatment for drugs and alcohol and their family categories. Bradford has the highest proportion of parents in treatment who are living with children (31%), followed by Calderdale (27%), Kirklees (26%), Leeds (26%) and Wakefield (22%). This data provides a snapshot of the problem in West Yorkshire, it may still be an underestimate. The data only captures those in treatment and therefore misses any substance users living with children who are not currently seeking help.

Table 5: This table shows the proportions of all clients in treatment who are parents, and their family category in West Yorkshire.

Family Category	Bradford		Calderdale		Kirklees		Leeds		Wakefield	
	N°	%	N°	%	N°	%	N°	%	N°	%
P Living with C	1151	31%	302	27%	632	26%	1532	26%	614	22%
P not living with C	1251	33%	313	29%	727	30%	2168	37%	722	29%
Total in Treatment	3747		1093		2399		5830		2515	

P= Parent, C=Children

**Figures taken for Public Health England (Parents with Problem Alcohol and Drug Use: Data for England and Bradford, 2019 to 2020, n.d.; Parents with Problem Alcohol and Drug Use: Data for England and Calderdale, 2019 to 2020, n.d.; Parents with Problem Alcohol and Drug Use: Data for England and Kirklees, 2019 to 2020, n.d.; Parents with Problem Alcohol and*

Drug Use: Data for England and Leeds, 2019 to 2020, n.d.; Parents with Problem Alcohol and Drug Use: Data for England and Wakefield, 2019 to 2020, n.d.)

** N° of clients in each category was calculated from the % of total the total number in treatment available on NDTs website rounded to the nearest integer.*

This generational trauma is also present in the more traditional sense, young people can learn mistrust of systems and institutions from their parents' experiences, making them less likely to seek treatment. In the CREST review, a youth advocate in Wakefield highlighted how "*Historic tensions with the police in the area have never been repaired and this mistrust of the police has been carried on from one generation to the next. In Wakefield, a child is brought up with the belief that interactions with the police should be avoided.*" (Lumley & Rolfe, 2021, p. 42). Such evidence points to further connections between generational trauma and widening health care inequalities of those with multiple disadvantages.

4 Themes and findings from interviews

During this research, we spoke to three teams working closely with young people and families who have been affected by drugs and alcohol: the Forward Leeds Family Plus team, the Calderdale Young Person's team and the Leeds young person's drug and alcohol team. Each of these teams covered varying demographics in West Yorkshire. However, it is important to note that this sample was limited to the Leeds and Calderdale areas. These areas were chosen due to their differences in geography, population distribution and density of service provision.

4.1 Demographics and Drug Choice

4.1.1 Family Plus Team

Families were able to access the service if at least one parent was currently in treatment with Forward Leeds; meaning the families seen by the team all had at least one parent/caregiver with a history of substance use. There was a 60:40 split (female to male) in the gender of caregivers accessing the service. This is unusual compared to the general demographics of service users; however, this may be because the majority of the families that the team supported had the sole caregiver being the female party.

The drug use of individuals accessing the service varied, "*...from opiates and alcohol to cannabis*". Many of the female caregivers were opioid users, with their substance use problems starting with over the counter/prescribed painkillers, usually after childbirth. The young people the team supported were too young to exhibit substantial substance use behaviour.

4.1.2 Calderdale Young Person's Team

The team caters to young people aged 10-21y but majority of clients are aged 13-15y and typically male (66%). Currently, the service has 60 young people in treatment and capacity for up to 80, there is no waitlist. The young people came from a diverse mix of backgrounds, although the team estimated 80-90% were from a single parent household. Clients were referred into the service predominantly from schools and the Liaison and Diversion Service (a service for those who have been arrested and are seeking extra support due to a mental health/disability/ vulnerability issue).

The drug used by this group was predominantly cannabis, with alcohol being a lesser factor as it is not as readily available. This finding is particularly surprising because, according to the VRU needs assessment (VRU, 2022), Calderdale has the largest proportion of underage drinkers in West Yorkshire (8.5%).

As the young people got older, alcohol was more prevalent and cocaine use became a factor. Female service users in particular preferred alcohol due to it reducing inhibitions, this however introduced additional risks when obtaining it, as they often had to engage in high-risk behaviour such as "*befriending older men*" in order to access it. These findings may partly explain Calderdale's high rate of alcohol-related hospital admissions for young women (VRU, 2022).

4.1.3 Leeds Young Person's Drug and Alcohol Team

The team catered for the largest age ranges out of all the services, seeing anyone aged 10-24 years. The upper boundary being 24 years led to the service supporting more university students. The younger clients mainly came from suburbia, whereas older ones tended to be university students and so come from conventionally student areas such as Hyde Park. This made robust correlations between low SES and substance use "*...less clear-cut*" for the team to observe in their case load. This was also the largest service included, currently working with between 170-180 young people with no waiting list for support.

The way clients were referred to the service depended on age. Older clients would either self-refer, be signposted by mental health services, or being referred in crisis by A&E, whereas younger clients tended to be through youth justice, college, or social care.

Regarding substances used, similar patterns of cannabis and alcohol were seen, with the older clients seeing a larger amount of alcohol and cocaine use; also noted in student populations were ketamine and benzodiazepines (e.g., Diazepam/Valium, Temazepam). The team deals with many clients with poly-use, where cannabis was present but not the "*...more pressing*" drug issue they were dealing with.

4.2 Violence

4.2.1 Inside the home

The teams interviewed were unable to draw strong conclusions about the relationship between drug use and severe violence. When asked about their clients and their experience of violence, the teams were more likely to highlight violence within the family unit rather than outside it. This ranged from domestic violence to financial exploitation. The teams also made sure to emphasise that those who had perpetuated violence, had also been some form of victim themselves.

“We get a lot of young people who were the perpetrators of domestic violence to their parents or emotional abuse as well... But in a lot of those cases those young people have witnessed domestic violence themselves” (Participant 1, LYPT, 2022)

The Leeds YP team highlighted how young people could act out against their parents/caregivers when they were unable to obtain substances, usually cannabis. This could take the form of domestic violence or extortion by the young person. One practitioner commented that *“...a lot of the time it’s just kids demanding money to buy drugs”*. Of the young people who had become violent against their caregivers, many of them had been victims or witnesses to similar acts of violence.

The Family Plus team also emphasized violence within the home. Many of their clients had been through Family Drug and Alcohol Court (FDAC) and some have had Multi Agency Risk Assessment Conferences (MARAC) plans about a parent or parents. These processes are used in high-risk domestic violence/abuse cases, and our findings reflect the literature regarding how parents using substances can increase the chances of children experiencing Adverse Childhood Experiences (Boyd, 2020; Hughes et al., 2017).

“I have got a lot of young people on my caseload who have been the victims of domestic and sexual violence but it's not being recorded anywhere...literally, I've got a whole host of 19 to 24 year old females and every single one of them has disclosed some sort of abuse, rape, or assault.” (Participant 1, LYPT, 2022)

One of the most illuminating findings from the Leeds YP team was the ubiquity of sexual and domestic violence victimisation among female clients. Although it is unknown if this violence was perpetrated under the influence of substances, it is clear that the trauma it caused in these young women has become a key factor for their own drug use. Another practitioner elaborated: those young women *“...then internalise it and it leads to them increasing their substance use”*, this will be discussed further later in the findings. Importantly, this finding adds further evidence to the claims in

the Violence Reduction Unit's needs assessment (2022), that sexual violence in West Yorkshire is both underreported and underestimated.

4.2.2 Violence outside the home

Although much of the focus within the interviews was on violence within the home and family unit, violence outside the home was also discussed in both the YP teams. Calderdale YP team highlighted how some of their clients had "*acted out*" whilst intoxicated, and in one case, this resulted in a young person stabbing a worker. The team also highlighted how many of the young people they saw had persistent low level anger issues.

The Leeds and Calderdale YP teams discussed the connections between drug use and gang violence. Both teams highlighted their client's use of knives. In Calderdale, most referrals to the service from Liaison and Diversion were for carrying knives, including children as young as 10. However, in most cases these were reported as being for protection from rather than perpetrate violence. Similar sentiments were echoed by the Leeds YP team, with one worker stating that "*...there's also a lot of violence associated with that stuff, you know knife crime, gang violence*".

The chance of being involved in violence was associated with the client's location, with those from lower SES areas being most at risk. One practitioner for Leeds YP team previously worked for a youth inclusion project, he described how "*...many of the kids had anti-social behaviour issues and many of the referrals were coming from East, West and South Leeds, not so much North Leeds*". Giving their opinion on why this is the case, they believed "*...it's because North Leeds is more affluent and so they have more access to after school clubs*".

It is important to note that it is difficult to draw firm associations between serious violence outside the home and substance use in these interviews. We did not find a strong association among young people in services of being perpetrators of violent crime or wounding, leading to us to conclude that people involved in violent crime or wounding would likely come to the attention of the emergency services in the first instance, and then custody services (prisons, YOI, secure children's homes etc). One reason for this is that some services will not treat people known to be violence for fear of the risks to staff and other service users.

4.3 Mental health and Self-Medication

The connection between mental health and substance use was repeatedly emphasised by both the YP teams and the Family Plus team. The teams believed young people used substances primarily as a means to manage their mood or self-medicate. For the families affected by parents/carers in

treatment, parental substance use had impacted their mental health, fuelled anxieties, and created problems at school.

From the discussion with the YP teams, it became apparent a key reason young people used substances was as a means to manage their mood and emotions. This could vary from less problematic uses such as enhancing social situations, to the more problematic, such as compensating for feelings of antipathy around school/aspirations and to cope with untreated mental health conditions and trauma.

4.3.1 Falling aspirations

Many of the young people seen by the Calderdale YP team turned to substances out of boredom and antipathy towards education. The team discussed the factors feeding these experiences, and much of it stemmed from the apparent disconnect between the lack of opportunities in the district and the representation of lived experience seen on social media, as young people have “...got their heads in the internet”. Regarding their environment, low aspirations are not so much a result of the poverty of families and individuals, but of the poverty of service provision and investment in local amenities. Reduction of choice, of quality and the visible reminders that if something is broken it doesn't get repaired, all contribute to diminishing expectations. These findings mirror a wider picture in the literature, The Office of National Statistics survey (*Smoking, Drinking and Drug Use among Young People in England*, 2018) found that the most common reasons young people repeatedly took substances all related to mood, 42% ‘to get high or feel good’ and 19% ‘to forget my problems’.

4.3.2 Untreated mental health

“A lot of mine use cannabis and alcohol to self-medicate, to help deal with the mental health aspect, and obviously the more they use the harder being sober becomes and so their use goes up.” (LYPT, 2022)

Despite primarily being a drug and alcohol service, many of the teams believed they also provided the majority, if not all, of their client's mental health and wellbeing support. This was most prominent in university students and was described as “...one of the biggest issues with the older young people”. Many were referred to the service in crisis or had been bounced to the drug and alcohol team by mental health services.

Practitioners were all aware of the connection between the mental health of their clients and their substance use. The Leeds YP team highlighted a case study where “...kid who's on a waiting list for Leeds mental wellbeing service but, he's drinking as well. He's alcohol user and a student. So, he's come to me to help resolve his drinking issue, but his mental health issues are the real problem”. This

connection was especially apparent in women. Another practitioner highlighted how “...every single one of them (female clients) has disclosed some sort of abuse, rape, or assault...and ones that have happened very recently that they feel unable to report...They then internalise it and it leads to them increasing their substance use”. Long waiting lists and limited capacity meant young people resorted to dealing with their mental health issues themselves by self-medicating with substances.

A lot of young people had ended up in the care of the drug and alcohol team after exhausting attempts to access mental health services in the past. When young people had accessed mental health support it often had not provided what they were looking for, “...then the thought of going back through a very long process to access these services just puts them off”. The provision was typically remote and delivered in a group setting, which the teams believed young people did not see as valuable. Furthermore, some young people had expectations of receiving medication when accessing services, such as sleeping tablets. Young people are usually offered talking therapies instead, as there is hesitation within the service to provide sleep aid medication, as they come with their own risk of addiction. Participants believed that this need for medication could be a factor driving young people to seek other substances which are easier to access for relief.

4.3.3 Effect on families

The families of those who use substances were also shown to be struggling with mental health issues. The Family Plus team shared two case studies detailing the families of individuals in treatment. In both, the young children were all exhibiting a mental health issue, predominantly anxiety, although in one case, a child had been in and out of hospital due to self-harm. Much of the anxiety described by the team stemmed around fear of the safety and wellbeing of the child’s family and poor experience in school.

The parents were also described as struggling with poor mental health, and self-medicating with substances. In one case, this had led to the parent neglecting the care of their children, resulting in poor diet and a lack of routine and structure which was affecting their attendance at school. These case studies are illuminating as they demonstrate the more subtle form of adverse childhood experiences that can occur when the primary caregiver is struggling with substance use.

Estimates of future demand indicate that over 17,588 children in West Yorkshire currently live with a parent or caregiver who uses drugs or alcohol (WYFI, 2021). Our findings did not include cases of more severe ACEs. Similar to the discussion of serious violence above, many of the high-risk cases would be dealt with by the social work service (CSCS) or the child and adolescent mental health service (CAMHS) rather than the Family Plus service included in our research.

4.4 Services under pressure

During our interviews many of the teams discussed the increase in pressure due to COVID-19 and highlighted a structural disconnect in treating cases like this. This was most apparent in the Leeds YP team as they dealt with an older client base who are more likely to self-medicate mental health issues.

“...it's almost like certain criteria have been prioritised and we are not meeting that criteria for mental health, like many of my colleagues have said many of our clients have been bounced back because they've been told that they need to get their drug use under control first where we have been pushing back on that saying no it's the mental health needs that need to be addressed first for us to be successful in our reduction plan.” (LYPT, 2020)

The Leeds YP team believed their lack of a waiting list has turned the service into a *de facto* holding service for young people struggling with their mental health, and the pandemic has only exacerbated this problem. The emotional stress successive lockdowns have caused in young people put further pressure on mental health services pushing them to capacity. To make sure they are using their limited resources effectively, mental health services started to prioritise access and co-current drug use is one of the criteria which tends to exclude individuals from treatment. One participant stated that clients they refer on to mental health support *“...often come back to us even if they're using one joint of cannabis or something and told to come back once they've sorted out their drug use”*. This means the team regularly find themselves providing mental health services, even though they are not formally trained to do so.

“I do feel we are a type of mental health worker, but without the label and without the qualification.” (LPYT, 2020)

The YP teams provide sleep management, stress reduction techniques and work on client's emotional wellbeing. One participant highlighted how they *“...got a lot of complicated cases and our role is mostly as a mental health support, but we are only recognised as substance misuse workers”*. The lack of recognition of the relationship between mental health and substance use was a source of frustration for the team, with one participant stating *“...the only reason they've (young people) ended up like that is coz they've not been caught early with their mental health problems, and so they've ended up self-medicating and trying to turn that around without the mental health support, well it's futile sometimes”*.

The Team felt unable to discharge clients safely *“...because there's nowhere for them to be picked up immediately, so the practitioners have felt that they can't just end involvement even though they've completed their bits of drug work”*. Increased caseloads and longer discharge times have made the

service less efficient, treatment courses are extending but are becoming less effective. To meet increasing demand, clients are seen less frequently, and the team sees “...reduction plans failing relapse prevention plans failing, many of the treatment goals are being unsuccessful because there's just not that consistency of support”.

Services which were already under pressure before the pandemic have now been pushed even further. The teams face a cyclical, multi-layered challenge of relapse and repeat presentation due to the fact they are unable to refer their clients to appropriate mental health support. Our findings point towards a disconnect between what practitioners understand about the relationship between mental health and substance use and how the services are structured/set up to help support young people struggling with substance use.

4.5 Schools

Schools were repeatedly brought up as potential sources of support for young people, by identifying behaviour early and building resilience. However, discussion also focused on what the teams believed schools could be doing better.

The Family Plus team talked extensively about the benefits of involving schools in the care of children connected to substance use. The team highlighted a case where a young person had “...benefited no end from becoming part of like a lunchtime group”. The group was “an emotional and confidence building type of group, but they're effectively just getting kids together and they're having fun and building those friendships. And I've seen a massive difference in the little person just from getting that extra bit of support from school to the point where she no longer feels actually needs my support because she's got that covered now”. Unfortunately, according to the team this support is often slow to manifest. The caregiver/parent is frequently hesitant to share their treatment status with school, due to the perceived stigma and fear of being judged. Schools pose a unique position to identify and support young people connected to substance use as they are their most frequent point of contact with a trusted adult as “...they're there every day for five years, or for as long as they've got left at school”.

However, the YP teams believed schools could be doing more to identify mental health problems early and refer appropriately. The Leeds YP team discussed how when schools refer to their service, regularly very little has been done to explore the young person's mental health. One practitioner expressed that they “...get a lot of referrals where it states that the young person might have mental health issues but it's not being spoken about so it's up to us to investigate it”. This typically means the team had to re-refer the young person to services more appropriate to their needs, taking up

valuable resources. Similar sentiments were shared by the Calderdale YP team, who explained they frequently discharge YP back to the original referrer (predominantly schools/college) with the main reason cited as *“inappropriate referral”*. The team highlighted how inclusion of mental health workers alongside school nurses in some Calderdale schools has helped decrease inappropriate referrals.

Although they are frequently highlighted as a possible route for improvement, it is also true that schools much like drug and alcohol services, are over worked and understaffed. Although they see young people regularly, they may not have the capacity to additional support on top of the support they already provide.

5 Service Mapping

In previous work published by the WYHCP (Crowe et al., 2021), there was a substantial section on the role that the system of health and care—in its broadest sense—has in re-traumatising people who access it. *“Whilst there are many pathways within [and between] services, it appears there are relatively few that have been designed with each other in mind either simultaneously or sequentially”* (Crowe et al., 2021, p. 33). Although individual services may meet their goal in terms of intervention or treatment, people’s overall recovery journeys suffer from disjunctures in the system between services. These disjunctures occur due to age-based transitions from children’s to adults’ services (highlighted in the ATR Report), exit and re-entry into services and having sequential support needs met (or not).

Elsewhere in the ATR Evidence Review (Crowe et al., 2021) there is a clear narrative thread about the importance of a wide range of services and amenities that are conducive to supporting young people in particular, building resilience, creating opportunities and expanding their aspirations. This supportive environment that lies outside of the health and care system is integral to the prevention and resilience agendas although it sits outside them structurally.

This is reflected in the YMCA’s report *‘Out of Service’* (2020) in which the definition of...

‘youth services’ broadly encapsulates two types of service: ‘open-access’ (or ‘universal’) services, including a range of leisure, cultural, sporting and enrichment activities often based around youth centres; and more targeted provision for vulnerable young people, including teenage pregnancy advice, youth justice teams, and drug and alcohol misuse services. (p. 5)

The service mapping exercise in the ATR Review of Evidence (Crowe et al., 2021) provided evidence about the second set of services, those targeted at vulnerable young people with specific needs. The different distributions of services by district may reflect the different perceptions of what constitutes relevant services in each area, and the extent to which the survey successfully penetrated the networks of organisations delivering services to Children, Young People and Families.

Outside of that network lies the work of the Youth Services supported by local authorities. This is most often delivered through youth centres and sometimes—still—through detached youth work teams. These are the services that have been most severely impacted by the years of austerity (as noted elsewhere in this report) and have survived only in the most disadvantaged areas of the districts or in some cases the most rural areas where there would otherwise be no provision at all. Although there may be a service in these places, access is often limited, certainly not every day and maybe only a few hours one day a week.

As a result of the decline in local authority support, there has been a relative growth in public sector youth provision by the Youth Justice sector (Youth Offending Teams and the VRU, among others) as part of early intervention, education support and custody diversion. Whilst the provision of support is to be welcomed, it may be self-defeating if participation leads young people to self-stigmatise and as a result self-exclude from support opportunities. Options to engage young people in mainstream provision (see recommendations below) could be risk managed, particularly where the concern is vulnerability rather than supervision.

The evidence from West Yorkshire Liaison and Diversion Service clients in the WYHCP ATR Review of Evidence (Crowe et al., 2021) identified that early behavioural expressions of vulnerability to familial substance use and or violence were frequently interpreted as '*deviant*', particularly in the school system. There were a number of testimonies to the work of youth services and individual workers in rectifying this stigma, with several interviewees reflecting nostalgically that these opportunities had been lost now.

The bulk of youth provision is made up of Third Sector or private organisations. This can be loosely themed as follows:

- Uniformed provision – Scouts, Guides, Cadets and their affiliated groups
- Religious provision – faith-based youth clubs and activities
- Sports, arts, crafts and culture, education (e.g. science activities, coding), and music activities – ranging from a high level tuition to a gateway to engagement

Whilst the spread of this kind of provision is broader geographically, it generally relies on subscriptions/ fees and possibly the purchase of equipment thus narrowing the spectrum of people who can afford to participate. This type of provision has been less affected by austerity, and to some extent has bounced back with fewer challenges after the Covid-19 lockdowns than public sector provision. Whilst local authority youth provision has been scaled back, this self-funded provision has been largely sustained leading to the observation made elsewhere in this report that less disadvantaged areas have a greater proportion of provision of activities for young people.

Directories of services for children and young people, youth services and activities in each district are available as follows:

- Bradford: [Directory | DIVA Bradford](#)
- Calderdale: [Search results: Youth centres and projects: Calderdale Council](#)
- Kirklees: [Our Members \(kirkleesyouthalliance.org\)](#)
- Leeds: Professional Services [Children and families \(leeds.gov.uk\)](#). Activities information for children/ young people can be found at [Breeze Leeds – Under 19 in Leeds? Get caught up in the Breeze](#): Youth Clubs and Services information can be found here: [youth services leeds west yorkshire - Search \(bing.com\)](#)
- Wakefield: [The Directory - Nova \(nova-wd.org.uk\)](#)

The ATR Review of Evidence (Crowe et al., 2021) not only looked at the distribution of services across West Yorkshire, but asked respondents about the degree to which their organisation was Trauma Informed. Naturally at an early stage in the journey to being a Trauma Informed Integrated Health and Social Care System the responses were mixed. However, it was evident in the responses that organisations were generally focussed on their own staff adopting trauma informed practice in relation to their own service users. SAMSHA's "*domains of implementation ... for establishing trauma-informed care*" (SAMHSA, 2014, p. 11) include cross-sector collaboration. This emphasises the need to work in a trauma informed way not just within individual organisations but more importantly, between them. This requires a mutual and collaborative approach across organisations that individuals and families, who are vulnerable to, or at risk of perpetuating, intergenerational substance use and/ or serious violence, receive a pathway of support and are able to return to support when the need arises without being re-traumatised.

It is worth noting here, that, the provision of generic Youth Services is a factor in building community as well as individual resilience and also a means of reducing or mitigating localised adversity. One of the challenges in undertaking this piece of work families and young people in particular who are most affected by the issues discussed live their daily lives outside of the services intended to support

them. To some extent we are reliant on hypothesising their experience based on what we know from professionals and service users in contact with this “disconnected” cohort of the population.

6 Recommendations

6.1 Professional service provision across West Yorkshire

Services are a key provider of resilience in young people. These services are often unequally distributed throughout the county, allowing uneven occurrence of violence and substance within or between districts. This piece of work has highlighted thematic challenges in the distribution, availability, and provision of services for those who are affected by both their own and other people’s drug use across West Yorkshire. We found that:

- Services are diverse but unevenly spread across West Yorkshire with specialist services being centred in Leeds
- Too many seem to be on short term funding cycles, have long waiting lists or don’t have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services
- There are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information and having common assessments.

This poses a challenge to creating long-term sustainable pathways out of violence and substance use. This is particularly true for the disconnect between services for adults who are affected by these issues and services for those who are impacted by the same persons substance use such as their parents, partners, children, and families.

This point was illustrated by our discussion with the Forward Leeds family plus team. The team highlighted how support for the user’s family was often removed when families were identified as being in greater risk and care was transferred to Child services or Social Care. This support was also only available for the families of individuals in treatment. This means the care of those around a user can often be dependent on the behaviour and engagement of the user themselves. Similarly, the ability of schools to engage is compromised by service users’ perception of the school’s interactions with them and with other services.

6.2 Provision of youth services

Transitions for 16-25 year olds within a service area (i.e. from children to adult services) are well supported in a flexible, person centred way in some service areas. Typically these are the services where there are fewer age-based statutory obligations. By way of illustration the Young People's service in Forward Leeds can continue support for service users or admit anyone up to the age of 25 whereas at 18 someone already serving a Community Sentence moves from the Youth Justice services to the adult service which has a wholly different approach. Examples of models also exist which support positive moves for homelessness to sustainable housing for young people (e.g. Latch and Gipsil in Leeds) and for young people leaving care (Wakefield Leaving Care Team). These are transitions into and out of services that are trauma informed in their design and delivery which other services can reflect on and learn from. Increased use of Liaison and Diversion services for young people approaching transition age in the Criminal Justice System may be more appropriate than a "sharp" switch in service delivery.

Our qualitative findings highlighted some of the reasons young people turn to drugs at a young age. The Calderdale YP team spoke about how a combination of educational apathy, disconnect between their lives and those seen on the internet, and experiences of disinvestment in their environment as well as themselves all contribute to a decline in the aspirations of young people. Substances then, become a way to disconnect and manage their feelings and emotions. Low aspirations are a focus of VRU research, it is believed that continued experiences of deprivation, poor housing, and intergenerational trauma all contribute to a growing cohort of young people who have an increasingly bleak outlook on life (VRU, 2022). Our findings reiterate that many young people already experiencing multiple disadvantages were further impacted by COVID-19, both in terms of short-term mental health and long-term life outlook and creates the ideal context for criminal violence and exploitation to occur (Lumley & Rolfe, 2021). The Calderdale YP team also found that youth services were immensely valuable to young people; however, the hardest problem was getting them into the first session. The main barrier faced by the Calderdale team was transport to and from the available activities, due to limited local public transport. Our findings match those of Lumley and Rolfe (2021), who also highlighted transport and access as barriers to youth engagement in their CREST review.

Youth services should be affordable with either no-fee or heavily subsidised attendance for those who need it. In addition, transport needs to be considered too and from the activity, especially for young people living in the most deprived and/ or rural areas with poorer transport links. In addition, youth services can play a role in building the aspirations of young people. They can help counter educational apathy by providing gateways to vocational training and organising work experience (if it

is properly compensated) to help young people build skills outside of the confines of traditional education. Furthermore, they can organize trips to other parts of the UK to increase young people's exposure to other environments and broaden their horizons.

Due to the diversity of youth service provision and the relative lack of accessibility it may make sense to look at a "personalisation fund" approach to supporting those vulnerable to (or who have experienced) serious violence/ intergenerational trauma to access youth services which would help their inclusion and engagement in their communities and act as a gateway to more formal support services if necessary. The personalisation fund is a simply administered "pot" which would enable young people meeting set criteria to access funds (via a support worker) specifically for youth activities which would otherwise be out of reach. A similar scheme ran in WY-FI (via Humankind) for adults experiencing multiple disadvantage successfully over 7 years. Among other things this provided training and education opportunities, leisure and social activities as well as transport to and from activities.

Like all service sectors, youth services can benefit from becoming more trauma informed. Trauma can have a large impact on a child's response to both stress and care. According to Tony France in his blog post for CYPN (2019), many of the traumatic experiences in children with multiple disadvantages occurred pre-verbally, meaning that the impact of these children's behaviour is not something they can easily comprehend or even be fully aware of themselves, as there is no story or narrative to those early experiences. Therefore, these experiences tend to be stored in the body, rather than in memory and can affect the way traumatised children respond and behave (Van der Kolk, 2015). Many of these behaviours can be interpreted as problematic or difficult and may partly explain the extent to which those with history of childhood trauma end up in the criminal justice system. It is important that workers be trauma informed so they can understand the root of these behaviours and react appropriately, with compassion rather than condemnation.

Additionally, further support can be provided to those with a history of trauma by strengthening referral links between youth services, mental health services, and schools.

Youth work can be an important pillar in targeting the most at-risk young people in the West Yorkshire. The sector has been consistently stripped back by a decade of cuts, the YMCA's report estimating that spending on youth services had reduced by 75% over the last ten years (YMCA, 2020). These services were further impacted by the COVID-19 pandemic, with 64% of youth service providers reporting being at risk of closure within the next 12 months (YouthUK, 2020). In 2019 the government pledged to increase funding to the sector by £500m. Services have scarcely been able to access this investment due to a two year delay in its availability (NYA, 2021). These commitments

were recently cut by £122m in early 2022, before many sectors had even felt the impact of the investment (Eichler, 2022). This represents a further blow to a sector desperately in need. The cut represents another example of youth services being pathologically undervalued by the government, both for its ability to build resilience early and reduce long term negative outcomes for young people.

Tackling these issues involves increasing the provision of youth services. Primarily, the VRU has the capacity to increase pressure on the government to boost funding to the sector. Beyond that work needs to be done on local, community level to address their specific provision needs. The Yorkshire and Humber Youth Work Unit and district level Youth Service Networks are in a strong practical position to support this work and consideration should be given to the resources required. Our findings echo and reinforce the recommendations of the CREST review (Lumley & Rolfe, 2021). Youth services need to build young people up to improve aspirations whilst being affordable and accessible to everyone.

6.3 Provision of mental health services

Our research has highlighted the link between young people's drug use and their mental health. Evidence provided by the Leeds YP team illustrates the vicious cycle young people can fall into when using substances to self-medicate mental health issues. As discussed previously, struggling mental health services have been pushed to their limit by COVID-19, often meaning they have to prioritise individuals by need, usually meaning those who receive help are already in a crisis state. Some young people choose to turn to substances as a form of self-medication for their mental health issues, which bars them from accessing specialist mental health support, even when reaching crisis states. As mental health underpins substance use in this client base, attempting to reduce use without effective mental health provision is futile, as they will re-present again. The work of supporting these individuals then falls to drug and alcohol teams who are tasked with providing additional mental health support on top of their drug and alcohol work. Subsequently, drug and alcohol practitioners are feeling the squeeze themselves, absorbing much of the client base unable to access support from mental health services. Poor referral links mean teams are unable to discharge clients safely, causing treatment times to extend and treatment plans to fail.

Improving the provision of mental health services needs to be viewed as a keystone in reducing substance use and violence among young people. Substance use is not often even considered when planning or reviewing mental health services. For example, in the recent review of children and young people in the Bradford mental health service by the Centre for Mental Health (2020), there was no mention of drugs or alcohol throughout the whole report. This is increasingly important as

the document suggests moving to a 0-25y service rather than a 0-18y service, meaning provision will encompass the age group that our findings suggest are most at risk of turning to substances for self-medication.

In their review, Lumley and Rolfe (2021) highlighted similar concerns that services were only concerned with the most at risk, leaving individuals with low level mental issues to either deal with it themselves or come back when they are worse. We would like to echo some of the recommendations they made in their review with a few additions more closely related to substance use.

One of the most pressing issues facing mental health provision is time. It may not be feasible to expand the provision and increase capacity in time to meet the growing need of a generation impacted by COVID-19. Services may need to look to alternate methods of structuring provision to be able to tackle the low level, non-clinical mental health issues before they reach crisis levels. Lumley and Rolfe (2021) recommended simplifying pathways for accessing mental health, empowering schools, and increasing the number of non-clinical volunteer or peer-based staff as trained referrers and listeners (p. 119). This model of trained referees and listeners could be an essential element in tackling the mental health crisis, by increasing access to support for those with low-level or non-clinical needs. Additionally non-clinical staff require less specialist training, meaning services would be able to increase the overall capacity of the system more quickly.

Building on this, a notable intervention to consider is FACT 22 (Families Achieving Change Together) delivered by Catch 22. The intervention was praised by the Department for Education for their ability to reduce referral, caseloads, and reliance on staff (Heal et al., 2017). The model employed relied on a 'pod' structure of teams, with volunteer peer mentors/family role models and trained family workers who were managed by a qualified social worker to oversee them. The majority of time the children spent was with the volunteer workers, who were able to provide consistent support and were trained to appropriately escalate problems when necessary. This allowed teams to unburden highly trained staff and consequently service a wider population. Not only did this decrease caseloads of specialist staff but also increased how supported children felt who were 'on the cusp of the system' (Catch 22, 2020). A pilot scheme testing a similar organisational structure in the provision of mental health services could be run on a small case load and its effects monitored. If similar results can be achieved (reducing caseloads, reducing re-referrals, and reduced reliance on specialist staff) it could help tackle the rising mental health crisis in West Yorkshire and its associated substance use, utilising the resources already available in the county.

Specifically to substance use, there is a need to establish a specific treatment pathway for individuals with co-current mental health and substance use issues. This would help prevent those with co-current presentation from being automatically excluded from mental health treatment. Additionally, building strong referral links between drug and alcohol and mental health services would allow teams to discharge clients safely and reduce re-presentation. Our findings also point to a need to provide greater support for young person's teams. Additional training could be given to YP drug and alcohol teams in providing mental health and wellbeing support to their clients. In addition to training, YP teams could have trained mental health practitioners integrated into the existing team structure to provide specialist support reducing the need to refer to mental health services.

6.4 Greater access to support for sexual abuse/violence

One of the most alarming findings of our research was the connection between substance use and trauma from previous sexual/physical abuse in young women. Interviews with practitioners from the Leeds YP team informed us that every young female client on some caseloads had some form of undisclosed sexual or domestic abuse. These findings further illustrate the issue of undisclosed sexual violence in West Yorkshire, as well as the country as a whole. It is believed that only 1 in 6 sexual assaults are reported to the police (ONS,2021). Research has shown that much of the hesitancy to report incidents of sexual violence stems from emotions such as shame and embarrassment, as well as a reluctance to label their experience as 'rape', especially if the perceived traditional markers—such as violence or coercion—are not present (ONS,2021). Additionally, there is also a perception that the police are unable to help in any meaningful way (ONS,2021). The range of difficult emotions led the young women seen by the Leeds YP team to self-medicate with substances in lieu of appropriate support.

Provision of these services needs to improve if the VRU wishes to address a key cause of substance use among young women in West Yorkshire. The county currently offers many local and county wide services of support including: Support after Rape & Sexual Violence (Leeds), The Rape and Sexual Abuse centre (Kirklees, Calderdale, and Wakefield) and the Bradford Rape Crisis and Sexual Abuse Survivors Service (Bradford). Currently, none of these services are explicitly tailored to the experience of women who are co-currently dealing with both substances use and a history of sexual abuse or violence.

West Yorkshire has Women's Centres in each district (and a larger consortium of women's services in Leeds) which practice holistic therapeutic support tailored to the clients' needs. For example, Project 1325 works across both Calderdale and Kirklees to support women aged 13-25 through a

variety of needs. Their work underscores the need for services to adapt to different target groups, rather than devise completely new ways of working (for review, see Crowe et al., 2021, p. 39). However, there are limits to the degree of expertise they can offer.

Similar to the mental health findings, women dealing with co-current issues of trauma and substance use currently struggle to access appropriate support. Using similar principals outlined by organisations like Project 1352, women's centres as well as traditional mental health services need to develop tailored support for those dealing with co-current conditions, by strengthening referral pathways and ensuring they are not excluded from specialist support.

6.4.1 Perpetrator support services in WY.

While not explicitly mentioned in the findings, increasing the provision of services aimed at tackling perpetrator behaviour may also be an important tool in addressing sexual violence in West Yorkshire and its related substance use.

The Violence reduction charity Drive stated in their call-to-action release '*A Domestic Abuse Perpetrator Strategy for England And Wales*' (2020) that only 1% of offenders receive any form of targeted intervention (p.3). Additionally, a quarter of perpetrators are repeat offenders, and some may have up to six different victims (p. 4). Low level offenders have also been shown to escalate their levels of violence, with the Femicide Census report (2020) detailing that half of all the men who killed women between 2009 and 2018 had a previous history of violence against women. Much of this violence is linked to substance use, with a Home Office review (2016) finding that 60% of domestic homicides involved some form of substance use.

Working at increasing the availability of targeted interventions for perpetrators of sexual violence will help to reduce the perpetuation of the cycle of violence against women. There is minimal perpetrator support in West Yorkshire, of the links listed on West Yorkshire Police website, all are either broken or dead. Further work could be done in increasing access to these services in the county or making the ones which already are more explicitly visible.

6.5 Provision of family mediation services

Findings from the Leeds Family plus team highlighted the fact family mediation is often difficult to access or is only available privately, restricting access to those who can afford it. Family breakdown can be a driving factor in youth substance use as highlighted by our interviews with the Calderdale YP team who stated that 80-90% of their young clients are living with a single parent.

Without mediation, other forms of resolving family breakdowns are inherently adversarial and often

result in long legal battles in family courts. This can often be traumatising for the children as well as re-traumatising for the parent, especially if they were victims of abuse or violence.

Mediation services require those who can't afford it to apply for legal aid. This currently requires individuals to apply for funds or grants which can be a complex process to navigate alone. This has been addressed by the government's recent mediation voucher scheme in March 2021, which offers £500 vouchers towards mediation cases regarding or relating to a child. This scheme was recently extended to offer an additional 2,440 £500 vouchers in March 2022. The scheme is successful in widening the pool of families able to access mediation, however, depending on the case and mediator the voucher still may not cover all accrued costs (Family Mediation Council, n.d.).

Increasing the visibility of and access too family mediation can help reduce the traumatising experience of family courts on children and families Expansion to this service would build on previous recommendations from Lumley & Rolfe in the CREST review (2021) which asserted a family centred approach was required for combating generational transfer of substance use.

7 Future research

The present study has helped highlight some of the cultural, societal, and systematic factors which contribute to intergenerational nature of substance use and how it pertains to violence. Further research needs to be done to build on this study's foundations. Two possible areas of focus could be expanding the geographical reach as well as a qualitative exploration of some of the identified themes.

The qualitative component of this research included young person's teams from two of the five West Yorkshire borough (Leeds and Calderdale), future research could expand scope of the study to include the other three districts. As highlighted in our literature review, the prevalence of both drug use and violence amongst young people can vary substantially between districts. Bradford consistently ranks highly in multiple metrics including for cases of youth violence, alcohol-related hospital admissions, domestic violence, and sexual assault whilst having relatively low levels of young drinkers and drug related deaths. Wakefield as well has the highest rate of death across the whole county. Insights from the teams in these areas will help identify if the same issues are present across the whole county, or if there are specific issues, unique to the district, which need to be addressed.

Additionally, research could expand to include individual service users as well as those involved in their care. The present study is limited in its ability to identify the connections between adverse

childhood experiences and the aetiology of substance use in service users. Our findings also highlight that the reasons behind substance use can change depending on their age group, with the younger being driven by social pressure and apathy and the older being for self-medication. By interviewing individual service users, we may help shed further light on how these motivations link to childhood experience, and the extent to which its affects compound over time. Such work would deepen our understanding of the ways substance use can transfer through generations and help to develop effective interventions.

Another step for further research could be to explore the themes identified in this work through a quantitative lens. Qualitative analysis is an important step in assessing the generalisability of the claims made during the interviews in this study, by looking for similar trends in a larger sample. Possible routes of quantitative analysis could include the development of a surveys around key themes identified in this study e.g., adolescent mental health and aspirations, and see how they correlate to substance use.

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9 Appendices

Appendix 1

The Alcohol Harm Paradox: A Review of Evidence

West Yorkshire Combined Authority, Violence Reduction Unit: The links between drugs, alcohol, and serious violence: a review of evidence and practice in West Yorkshire

The Alcohol Harm Paradox: A Review of Evidence

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March 2022

0 Introduction and Executive Summary

This Review of evidence and practice has been commissioned by the West Yorkshire Violence Reduction Unit (WY VRU) so that they and their stakeholders may better understand the context and interdependencies between substance use and violence among young people and how relationships between generations influence those links. The Review commenced during the development of an Adversity, Trauma and Resilience Strategy for Health and Care Services in West Yorkshire, led by the West Yorkshire Health and Care Partnership's (WYHCP) Improving Population Health Team and the Public Health Lead in the WY VRU. The rationale for the Violence Reduction Units in the UK was to take a 'public health approach' to tackling violence. This means looking not only at the incidences of violence but the conditions in society and the contributing factors in communities that enable violence to occur.

The context of trauma has been a useful lens to focus this Review as both cause and consequence of both substance use and violence. The WYHCP Adversity, Trauma and Resilience Evidence Review (Crowe et al., 2021) lays out clearly how trauma and adversity, occurring in childhood re-emerges not only in the life-course but in the life-cycle of an individual, and may be transmitted generationally as well as culturally. This Review takes that learning and primarily explores how earlier intervention to address trauma could be effective among vulnerable cohorts in the population. The trauma informed approach to the subject also elicited the gendered nature of trauma, how the experience of violence and the experience of services and support or consequences of punishment disproportionately affect women.

The recommendations made in this Review are proposed in the context that most—if not all—services and support will be moving towards individual and collective trauma informed approaches of service delivery with the aim of preventing further trauma.

The Review is structured in four parts:

5. Context and Literature Review – containing an Executive Summary, Overview of all Findings, Conclusion and Recommendations, References
6. Briefing on the Alcohol Harm Paradox – stand-alone paper with Literature Review, Findings and Recommendations, References
7. Briefing on the Impact of Covid-19 on Young People's Substance Use and Violence – stand-alone paper with Literature Review, Findings and Recommendations, References

Review of Evidence from Young People and Family Services and themes from mapping service

0.1 Evidence Review: The Alcohol Harm Paradox

In England and Wales alcohol related mortality rates are 1.5-2x higher in low SES areas than more affluent ones (Probst *et al.*, 2014). Furthermore, despite having the lowest number of high-risk drinkers, the most deprived quintile of the UK population has 5.5x the mortality than the most affluent one (Department of Health, 2012), this disparity is called the ‘alcohol harm paradox’. We found the paradox is a consequence of a combination of material, psychological and cultural-behavioural factors that cluster in lower SES communities, decreasing their resilience to alcohol-related harm. The alcohol harm paradox is a useful case study in understanding the multivariate landscape which contributes to persistent negative health outcomes for disadvantaged populations across the UK.

0.1.1 Recommendations from alcohol harm paradox paper

- Increase pressure for the **minimum unit price (MUP) of alcohol to be raised**, as MUP increases target the cheapest and strongest drinks preferred by harmful drinkers.
- **Reduce the retail sale hours and density of licenced outlets** by adding a public health assessment to the criteria for granting alcohol licences.
- Increase pressure for the **blood alcohol limit while driving to be brought in line with Scotland and other European nations**. England and Wales’s limit is current 30mg/dl higher than Scotland and the rest of Europe, increasing this limit in line will influence drinkers to adopt less risky patterns of alcohol consumption.
- Public health campaigns such as ‘Dry January’ are effective but are disproportionately taken up by educated individuals from high SES backgrounds. Public **drinking abstinence campaigns could be developed that target a wider range of demographics** to have greater impact.
- **Increasing the provision of early brief interventions (EBAs)** across a wider range of services would help reach lower SES individuals who tend to engage less with primary services.

1 What is the Alcohol Harm Paradox?

Both internationally and in the UK, research has shown that similar—or even lower—levels of alcohol consumption in lower socioeconomic status (SES) communities lead to disproportionately higher levels of alcohol-related harm than more affluent ones (Bellis *et al.*, 2016). In England and Wales, studies have shown that alcohol-related mortality rates in low SES areas are 1.5-2x higher than those with high SES (Probst *et al.*, 2014). This disparity is further seen in research, with the most deprived quintile—despite having a lower percentage of high-risk drinkers—having 5.5x the mortality rate than the most affluent quintile (Department of Health, 2012). This disparity in health outcomes is referred to as the ‘alcohol-harm paradox’.

Early research focused on the differentiating factors which may cause the disparity. Summarised in a paper by Smith and Foster (2014), it is widely believed that a combination of cultural-behavioural, psychological and material factors contribute to alcohol-related harm. These factors tend to cluster within lower SES individuals putting them at disproportionate risk compared to those from higher SES backgrounds.

Cultural-behavioural: Greater chance of partaking in other adverse health behaviours, e.g. smoking, lack of exercise, more dangerous drinking habits, e.g. heavy episodic or 'binge' drinking.

Psychological: Stress response, coping strategies, adverse childhood experiences.

Material: Type of work, inadequate nutrition, access to healthcare, alcohol availability.

2 Cultural-Behavioural factors

Variation in cultural behaviour is often referenced as a cause of inequalities in alcohol-related harm; however, the connection between the two is often debated. Studies show that individuals from low SES groups tend to engage in higher levels of episodic drinking (Caldwell *et al.*, 2008; Lewer *et al.*, 2016). Building on these findings, a paper by Katikireddi *et al.* (2017) compared alcohol-related harm between SES groups while controlling for individual differences in critical factors attributed to causing the alcohol-harm paradox, pulling data from the Scottish Health Survey. They found that the health inequalities were still present even when controlling for level of consumption, drinking patterns, and other harmful behaviours. This evidence suggests that cultural-behavioural factors alone are not enough to explain the health inequalities between high and low SES groups.

However, a recent literature review by Probst *et al.* (2020) aimed better to refine the causal relationships of alcohol-related harm inequalities. Further supporting the paradox, they found that the quantity of alcohol consumed in low and high SES groups had little explanatory value. One notable finding was that differences in drinking patterns, specifically tendencies of heavy episodic drinking, accounted for 15-30% of the healthcare inequalities. This work highlights how, even though healthcare inequalities are multifaceted, focusing on policies tackling harmful drinking behaviour may be a powerful route to effect change; we will further expand upon this later in the report.

3 Psychological factors

While tackling episodic drinking may be one of the most impactful ways to address harm inequalities, it still only represents 15-30% of the problem. Another focus of this report is the psychological factors that may feed into the paradox. A significant harm of alcohol use is the psychological and physical harm to the user and those around them. Alcohol is currently a leading risk factor for ill-health, early mortality and disability among those aged 15-49 (Boyd, 2020). It has

also been linked to an array of conditions that may be further exacerbated by alcohol, including cancer, liver disease and depression (Boyd, 2020).

As well as harming themselves, alcohol users can also harm those around them; in forms of violence they can perpetuate to society and their families. The Association of Police and Crime Commission estimated that the cost of alcohol-related crime at £11.4bn per year (2020). Written evidence provided by the APCC stated that in 2017/18, 39% of violent offences committed in England and Wales were committed under the influence of alcohol (Boyd, 2020, p. p30). These crimes may interact with other causal factors in the alcohol paradox. For example, studies have shown that alcohol availability is significantly linked to adolescent violent behaviours in the US, even when controlling for demographics and individual alcohol use (Resko *et al.*, 2010). Alcohol outlet density and availability in the UK is disproportionately high in low SES communities (Boyd, 2020). In Scotland, high alcohol density areas have 4x the crime rate than low alcohol density areas (Boyd, 2020, p. 31).

Alcohol-related violence is not limited to the community. Evidence from County Durham Public Health showed that 25-50% of those who had committed domestic abuse had been drinking alcohol at the time of the assault; in some studies, this figure increased to 75% (Boyd, 2020). Furthermore, a Home Office review (2016) listed substance use as a factor in over half of domestic homicide cases. It is believed that this problem may have only become worse during COVID-19. Compared to pre-pandemic levels, initial research has shown that the frequency of heavy episodic drinking increased 1.5x over lockdown (Niedzwiedz *et al.*, 2021), and this drinking occurred primarily in the home. Successive lockdowns isolated victims from identification, intervention, and support. More research is required to assess the impact on victims.

In WY-FI's *Future Demand briefing* Doyle *et al.* (2019), highlighted how an individual's experience of multiple service needs in their 20s and 30s is rooted in some form of multiple disadvantage in a person's youth, including poverty, adverse childhood experiences, or complex trauma. The Children's Commissioner for England estimates that 472,00 children currently live with an adult dependent on alcohol or drugs (Boyd, 2020, p. 15). In West Yorkshire, a recent report by WY.FI (2021) provided a snapshot of the potential number of children in need in 2019/20 and is recreated in table 1 below. The report estimated a total of 17,588 children who may be in at risk. It noted that the evidence showed that the majority of adults who are experiencing multiple disadvantages—such as substance use—live with children (Doyle *et al.*, 2021).

Table 1:

A snapshot of the potential number of children in need in 2019/20 (Children's Services Assessment)

District	Number of children in need episodes	Primary Need at initial assessment		Number and % of WY-FI beneficiaries claiming Family Tax Credit
		Family dysfunction (% of total)	Abuse or neglect (% of total)	
Bradford	5315	105 (2%)	4680 (88%)	62 (31%)
Calderdale	1427	115 (8%)	1130 (79%)	36 (25%)
Kirklees	2259	300 (13%)	1219 (54%)	30 (27%)
Leeds	5559	242 (4.35%)	3582 (65%)	41 (16%)
Wakefield	3028	449 (15%)	1985 (66%)	48 (34%)
Total	17588	1211	12596	217

(Doyle *et al.*, 2021, p. p7)

Research has shown that a significant portion of alcohol use may be intergenerational. The links between the alcohol using parent and its effects on the child were summarised by Boyd (2020). They highlighted how trauma—both pre and postnatally—can significantly increase the likelihood the child will experience adverse healthcare outcomes later in life.

Adverse childhood experience (ACE) is the umbrella term used to encapsulate stressful and traumatising events in a child’s life which negatively impact their development. These events include abuse, neglect and household dysfunction (Finkelhor, 2020). A systematic review by Hughes *et al.* (2017) found children with four or more ACEs were significantly more likely to suffer poor physical/mental health and engage in problematic drug and alcohol use. Studies have shown that growing up with alcohol-abusing parents increases the risk of experiencing an ACE (Anda *et al.*, 2002). The National Association for Children of Alcoholics states that children with an alcohol dependent parent are five times more likely to develop eating disorders, twice as likely to develop alcohol dependence/addiction, and three times as likely to consider suicide (Boyd, 2020, p. 15).

Another possible factor in intergenerational alcohol use is prenatal alcohol exposure; the long-term consequences are called Foetal Alcohol Spectrum Disorders (FASDs). FASD can affect many aspects of neurological processing, including social skills, academic achievement, memory and decision making (Boyd, 2020), and is the leading cause of non-genetic learning disability worldwide (Boyd, 2020, p. 24). The condition is notoriously misdiagnosed as the symptoms are consistent with more prominent neurological disorders; furthermore, McQuire *et al.* (2019) found that 17% of children in the UK may have symptoms consistent with the condition.

FASDs then present as a possible aspect of the generational impacts of alcohol. A literature review of features and symptoms of adult FASD by Moore and Riley (2015) found 60% of adult FASDs reported some form of present or past alcohol/drug dependence. A study by Barr *et al.* (2006) found that exposure to one or more binge-alcohol sessions prenatally was associated with two times the risk for developing a substance dependence/abuse later in life. Although the relationship between FASDs and alcohol use is only correlational, it reinforces the notion that the alcohol-harm paradox is not a simple causal relationship but a complex entanglement of a multifaceted array of contributing aetiological factors.

4 What are the evidence-based approaches for minimising the effects of the alcohol paradox?

It is important to remember that the taxpayer pays the lion's share of the cost of alcohol-related harm. The evidence shows that the unaccounted costs of alcohol sales are estimated at £27-52bn, far exceeding the £12bn recouped in revenue from duties on the product (HMRC, 2019).

A systematic review in 2015 examined alcohol control policies and interventions to reduce socioeconomic inequalities. They found that initiatives addressing neighbourhood planning, zoning, and licensing are among the most effective approaches to reduce socioeconomic disparities in alcohol-attributable outcomes (Roche *et al.*, 2015). Furthermore, an early review of harm reduction alcohol interventions found that decreasing alcohol availability and increasing cost was highly cost-effective (Anderson, Chisholm and Fuhr, 2009, p. 2). This report has collected the evidence for these policies and summarised it below.

4.1.1 Minimum Unit Pricing

Minimum unit pricing (MUP) aims to set a floor price for alcohol, and it is designed to target the cheapest, strongest drinks preferred by harmful drinkers (Institute of Alcohol Studies, 2020). An MUP of 50p per unit was implemented in Scotland in 2018, and its effects have begun to be analysed. A report from the Institute on Alcohol Studies (2020) into the impact of MUP on alcohol consumption and alcohol-related harm. The report noted that alcohol sales and consumption had dropped by 4-6% and 7-8%, respectively; promisingly, most of this reduction was seen amongst the heaviest drinking groups. However, MUP's impact on alcohol-related harm was inconclusive. Alcohol-related deaths fell by 7%, although this reduction also occurred in England. However, hospital admission due to alcohol in Scotland remained flat for 12 months after MUP, while increasing in England over the same period. Although these initial findings were promising, the report called MUP's evidence of harm reduction '*limited and ambiguous so far*' (p13).

4.1.2 Reduced retail sale hours and density of outlets

The Boyd (2020) report for the Commission on Alcohol Harm recommended reducing alcohol availability by further regulation of the provision of alcohol licences as a possible preventative measure. The report defined alcohol availability as a function of the number of shops selling alcohol in an area and the amount of time alcohol is on sale. Research has shown that local availability of alcohol is directly associated with an increase in consumption and alcohol-related harm (Livingston *et al.*, 2007). The availability of alcohol is disproportionately concentrated in areas of low SES (Romley *et al.*, 2007), and evidence provided by Niven Rennie from the Violence Reduction Unit in Scotland indicated that communities with a greater density of alcohol outlets had 4x the crime rate than that of low-density areas (Boyd, 2020, p. 31). Reducing SES inequalities in the availability of alcohol is a step in reducing the healthcare inequalities seen in the alcohol-harm paradox.

The CAH report (2020) recommends adding a public health assessment to the criteria used to grant alcohol licences. In England and Wales currently, four objectives are used for assessing applications for alcohol licences, none of which address the impact granting the request will have on public health (Boyd, 2020). However, this alone may not be enough, as data from Scotland—which already has the provision in place— shows that 97% of alcohol licence applications are still granted, questioning the provisions effectiveness (Boyd, 2020, p32). To further tackle this issue, the report recommends a justification of a need for another licenced venue in the area alongside a public health assessment.

Reducing alcohol availability is a promising solution for local authorities to consider as its implementations can be authorised locally. Cornwall County Council has run one pilot scheme to develop further a proprietary tool to inform licencing decisions. The tool uses local data, including hospital admissions, referrals into alcohol treatment, violence, anti-social behaviour, and traffic collisions. He said it has “*allowed us to begin to get involved in a few cases: revocations and objecting to extensions*”(Boyd, 2020, p. 34). While the scheme's effectiveness is not fully assessed yet, approaches such this can hopefully help reduce the environmental injustices in alcohol availability in lower SES groups and help reduce the healthcare inequalities.

4.1.3 Drink Driving

The current limit on acceptable blood alcohol while driving in England and Wales is 80mg/dl, 30mg higher than both Scotland and other European nations who's legal limit is 50mg/dl (Boyd, 2020, p27). While blood alcohol levels <50mg/dl may induce some impairment of motor coordination, blood alcohol of between 50-150mg/dl have been shown to alter mood and impair concentration and judgement (Vonghia *et al.*, 2008). Furthermore, a survey by Drink Wise found that 30% of over 50s believed that they had driven over the limit in the last 12 months (Boyd, 2020,p27).

Reducing the legal drink driving limit in England and Wales in line with, or even lower than, Scotland and other European nations was recommended in the Alcohol Harms Commission report (2020). The benefits of such a policy were summarised in a quote from Public Health England saying, “*reducing drink-driving is an intrinsically desirable societal goal and is a complementary component to a **wider strategy that aims to influence drinkers to adopt less risky patterns of alcohol consumption***” (p27).

4.1.4 Public health campaigns, the impact of Dry January

A prominent public health alcohol-harm reducing campaign in the UK is Dry January. First introduced in 2014, the campaign has increased in popularity every year, with 82,000 people participating in 2019 (de Visser, 2019). Research has shown that alcohol abstinence, even for one month, can produce numerous physiological benefits (Coghlan, 2014; Mehta *et al.*, 2018; Munsterman *et al.*, 2018) and increase general wellbeing (de Visser and Nicholls, 2020). Dry January provides a clear window into the effectiveness of public health campaigns and their ability to enact change.

An evaluation of Dry January 2019 de Visser (2019) compared survey results of official registrants to those of the general population. This was done to see the impact of Dry January's 'supported version' provided to registrants, compared to the general health promotion occurring across the country, to see if the benefits were experienced equally. The paper found that 6-months on from completing the challenge, individuals who signed up to the service had reduced their likelihood of engaging in harmful drinking, had better ability to refuse alcohol, and had improved wellbeing than when they first engaged with the service (de Visser, 2019). However, 41% of respondents who did not receive the official support but still took part reported engaging in more harmful drinking behaviour after 6-months (de Visser, 2019). Of those that took part unofficially, the most common reasons for doing so were '*that they believed they could do it alone*' and that '*they were unaware of the available support*' (de Visser, 2019). This evidence points to the need to communicate better the benefits of seeking support when attempting to reduce alcohol consumption.

The Study also included a demographic breakdown of those taking part in Dry January. Those who registered for support were mainly female, university educated and had an average income of £30-60k. Those in the unsupported group were more likely to be male, have a GCSE to A level education and earn less than £30k (de Visser, 2019). This information, coupled with the data about the campaign's success for those who are supported may be another example of the inequality in harm and effectiveness of treatment between socioeconomic groups.

A recent qualitative review of the staff and users of Forward Leeds by Headley *et al.* (2021) highlighted some of the barriers facing the uptake of the available interventions in West Yorkshire.

Testimony from both the staff and service users noted that the stigma surrounding a 'drug and alcohol service' may be preventing those with alcohol problems from engaging with services (p29). The report recommended simple changes, like changing the name to an 'alcohol and drugs service' or removing the phrase all together could help boost engagement with groups who are hesitant to access Forward Leeds services.

4.1.5 Early Brief Interventions (EBA's)

Early brief interventions are a short, evidence-based, structured conversation about alcohol consumption. Its aim is to get individuals to consider changing their drinking behaviour in order to minimise their risk of alcohol-related harm. In their review, Anderson, Chisholm and Fuhr (2009) note that implementing EBA in healthcare was estimated to reach only 30% of the population. This may be due to evidence suggesting lower SES groups tend to engage less with primary services (Giesbrecht and Bosma, 2017). Probst *et al.* (2020) recommend that any future policy that hopes to use EBA's to affect change needs to ensure equal access to screening and services, or else it may further exacerbate healthcare inequalities.

While EBA's can reduce alcohol-related harm to the individual, they can also be used to reduce alcohol-related harm to those around the drinker as well. A survey conducted by Adfam found that '*awareness amongst professionals on the needs of families affected by drugs and alcohol was inefficient*' (Boyd, 2020, p. 22). The CAH report (2020) found that in part, the inaction from professionals was due to the confusion about whose responsibility it was to intervene. The report recommends a shift in thinking that family alcohol support is not just an issue for addiction services. By improving awareness and competency in dealing with substance use in a broader range of professionals e.g. teachers, prison services and mental health services; this could reduce the risk of ACE's in childhood by addressing the parental addiction as soon as it is noticed.

4.2 Need for future research

This report focused on general definitions of factors contributing to and approaches to deal with the alcohol-harm paradox. Some of the approaches are implementable locally; however, some would require national pressure for policy change.

More research is required to provide specific demographic advice to West Yorkshire. Work focusing on community-level analysis will help identify critical areas in need of focus in West Yorkshire and help to tackle alcohol harm without widening the socioeconomic inequalities.

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Appendix 2

How, and to what extent has Covid-19 influenced the drug use and alcohol consumption of young people? A Review of Evidence

West Yorkshire Combined Authority, Violence Reduction Unit: The links between drugs, alcohol, and serious violence: a review of evidence and practice in West Yorkshire

How, and to what extent, has Covid-19 influenced the drug use and alcohol consumption of young people? A Review of Evidence

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March 2022

How, and to what extent, has Covid-19 influenced the drug use and alcohol consumption of young people? A Review of Evidence

0 Introduction and Executive Summary

This Review of evidence and practice has been commissioned by the West Yorkshire Violence Reduction Unit (WY VRU) so that they and their stakeholders may better understand the context and interdependencies between substance use and violence among young people and how relationships between generations influence those links. The Review commenced during the development of an Adversity, Trauma and Resilience Strategy for Health and Care Services in West Yorkshire, led by the West Yorkshire Health and Care Partnership's (WYHCP) Improving Population Health Team and the Public Health Lead in the WY VRU. The rationale for the Violence Reduction Units in the UK was to take a 'public health approach' to tackling violence. This means looking not only at the incidences of violence but the conditions in society and the contributing factors in communities that enable violence to occur.

The context of trauma has been a useful lens to focus this Review as both cause and consequence of both substance use and violence. The WYHCP Adversity, Trauma and Resilience Evidence Review (Crowe et al., 2021) lays out clearly how trauma and adversity, occurring in childhood re-emerges not only in the life-course but in the life-cycle of an individual, and may be transmitted generationally as well as culturally. This Review takes that learning and primarily explores how earlier intervention to address trauma could be effective among vulnerable cohorts in the population. The trauma informed approach to the subject also elicited the gendered nature of trauma, how the experience of violence and the experience of services and support or consequences of punishment disproportionately affect women.

The recommendations made in this Review are proposed in the context that most—if not all—services and support will be moving towards individual and collective trauma informed approaches of service delivery with the aim of preventing further trauma.

The Review is structured in four parts:

8. Context and Literature Review – containing an Executive Summary, Overview of all Findings, Conclusion and Recommendations, References
9. Briefing on the Alcohol Harm Paradox – stand-alone paper with Literature Review, Findings and Recommendations, References
10. Briefing on the Impact of Covid-19 on Young People's Substance Use and Violence – stand-alone paper with Literature Review, Findings and Recommendations, References

Review of Evidence from Young People and Family Services and themes from mapping services

0.1 Evidence Review: The impact of COVID-19 on young people

Despite being at low risk of the most serious COVID-related illnesses, the country wide measures put in place to combat them have had a disproportionately negative impact on young people. Although substance use generally fell among this demographic during this period, we argue that the factors contributing to this behaviour have been greatly exacerbated and may present a burgeoning health crisis. Successive lockdowns have impacted young people's mental health, increased their chances to be witnesses and/or victims of domestic abuse and increased their risk of exploitation by criminal gangs. Furthermore, those from low SES backgrounds who live in poor accommodation have been unable to recover at the same rate as young people from more affluent backgrounds. Youth services, which are uniquely placed to help tackle these burgeoning issues, have been the successive target of austerity measures for the last 10 years and are chronically underfunded and underprepared at a time when they are desperately needed.

In her letter to the Lancet Journal of Psychology, Ellen Townsend (2020) wrote that young people need to be put at the forefront of any recovery plan as they '*...have suffered immensely in this crisis and sacrificed a lot. Moreover, the economic devastation will have an enormous impact on young people who will bear this burden for years to come*'.

0.1.1 Recommendations from COVID-19 impact paper

- **Increase investment in youth work.** The youth sector has been struggling with a decade of disinvestment and is perfectly placed to help tackle some of the burgeoning impacts from the COVID-19 pandemic in young people.
- **Recognise SES deprivation as a structural inequality** during equality impact assessments for work and placements, similar to race and gender to help mitigate the disproportionate long term economic impact.

1 COVID's Impact on drug/alcohol use in the UK and West Yorkshire

Globally, the rates of drug and alcohol use decreased in 2020-2021; alcohol from 94.0% to 92.8% and illegal substance use from 87.3% to 82.3% (Winstock et al., 2021). In the same period, in the UK, drug and alcohol use has risen. This increase continues a prolonged rise in substance use in the UK for the last 30 years, where now 3 million people report taking a drug each year (HMG, 2021). According to the government's latest drugs strategy, young people have also seen a persistent increase in drug use, with one in three 15-year-olds saying they had taken a drug in 2018 (HMG, 2021).

1.1 Alcohol use and its related harm

A recent report from Public Health England (2021) investigated the effect COVID-19 has had on alcohol-related consumption and harm. The report measured alcohol consumption indirectly by looking at trade volume and total alcohol duty changes. The total volume of off-trade alcohol sales increased by 25% in 2020. It is important to note that this increase may not reflect a 25% increase in consumption, but the off-trade market absorbing the on-trade business unavailable during the lockdown. The increase was seen in all types of alcohol, with the greatest increase being in beer (31.2%), spirits (26.2%), wine (19.5%) and cider (17.6%). The report noted that the increase in consumption was disproportionately driven by the heaviest drinkers. The heaviest drinking quintile accounted for 42% of the total increase in sales when looking at purchase volume, with the top two quintiles accounting for 68.3% of the total increase (PHE, 2021, pp. 3–4).

Similar increases were seen in alcohol-related harm. Generally, between 2019 and 2020, unplanned admissions to hospitals decreased by 3.2%. This statistic may not reflect a decrease in the need for acute admissions and may have been artificially reduced by the 'lockdown effect', a COVID induced hesitancy to use the services like hospitals out of fear of catching the virus (PHE, 2021). This is important to note as the lockdown effect may have hidden a more considerable increase in the need for alcohol-related hospital admissions.

Compared to 2019, unplanned admissions due to alcohol liver disease increased 13%, and alcohol-specific deaths rose 20% across the UK in 2020 (PHE, 2021). Although liver disease can take years to develop, most deaths occur due to acute onset chronic liver failure due to a recent episode of heavy drinking, possibly highlighting an increase in negative drinking patterns during the pandemic (PHE, 2021). Data collected from NHS Fingertips further highlights the prevalence of these conditions in West Yorkshire. Rates of hospital admissions due to alcoholic liver disease in Leeds, Calderdale and Bradford exceeded nationwide trends in 2019-2020, with similar trends seen in alcohol-specific deaths (*Liver Disease Profiles*, n.d.). Revolving doors lived experience members highlighted how they believed alcohol would see a disproportionate increase in harm since it remained available throughout lockdown, whereas other substances became increasingly inaccessible (BVSC, 2021, p.10).

1.2 How COVID-19 has impacted young people's substance use

While the national statistics show an overall increase in drug and alcohol use over the pandemic, when looking at young people the picture becomes more complex. While young people's drug and alcohol use has been affected by COVID-19, the data is not as clear as in the general population. A YouGov national poll on addiction behaviour (2020) found 4% of children and young adults surveyed have a close relative between the ages of 12-25 who have shown an increase in addictive behaviour

since lockdown. The survey did not discriminate between types of addictive behaviour; still it highlights how the pandemic has increased the propensity of children and young adults to partake in addictive behaviour, such as drug use.

In a report detailing drug misuse in England and Wales by the Office of National Statistics (**2020**), the prevalence of drug use was highest among 16-19y (21.1%) and 20-24y (21%). However, these statistics represent a decrease in drug use compared to 2019. The survey found drug use amongst all age groups fell in 2020, apart from 16–19-year-olds, whose prevalence of drug use increased by 3.1%. Within these demographics, men were more likely to have taken any drug than women (11.9% to 6.9%) and a similar uneven distribution of use was seen in both class A drug use (4.4% to 2.4%) and cannabis use (9.8% to 5.7%) (ONS, 2020).

The report also noted that increases in the frequency of alcohol consumption were related to an increase in drug use. They found rates of drug use were highest in those who consumed alcohol three days a week (14.9%), compared to those who drank one to two days a week (11.7%), less than one day a week (9.2%), and those who didn't drink at all (5.1%) (ONS, 2020). **In addition, they also found that socioeconomic status was a factor, with households who had a yearly income less than £10,400 being the most likely to have taken a drug** (ONS, 2020). The authors also note how increases in drug and alcohol use within this demographic may be masked by the unavailability of drugs and alcohol during the national lockdown.

The recent CREST review of inequalities and serious violence by Lumley and Rolfe (2021) investigated the causes of serious violence in West Yorkshire. Looking at arrests, they found that the number of under 21 class-A drug offences in West Yorkshire had risen by 49% since 2012 (see figure 1); although this places West Yorkshire lower than the national average increase of 62%, convictions of over 21s in West Yorkshire have decreased in the same period possibility indicating less severe offences.

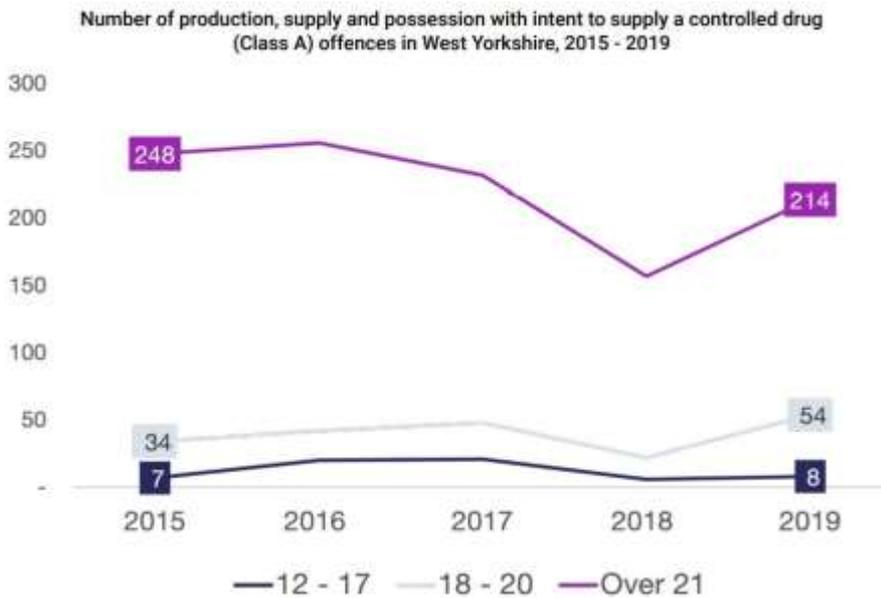


Figure 1: Taken from the CREST review *‘Addressing the root causes of serious violence and exploitation of young people in West Yorkshire’*(Lumley & Rolfe, 2021, p.16)

The CREST review also looked at levels of young people accessing substance misuse treatment. They found that the number of young people accessing these services has fallen since 2010, apart from a slight uptick in 2019/2020 (see figure 2). Generally, the levels of young people in treatment are higher in West Yorkshire than in the rest of the country; however, the authors note that this may be due to a greater provision of services rather than a larger need (Lumley & Rolfe, 2021, p.40).

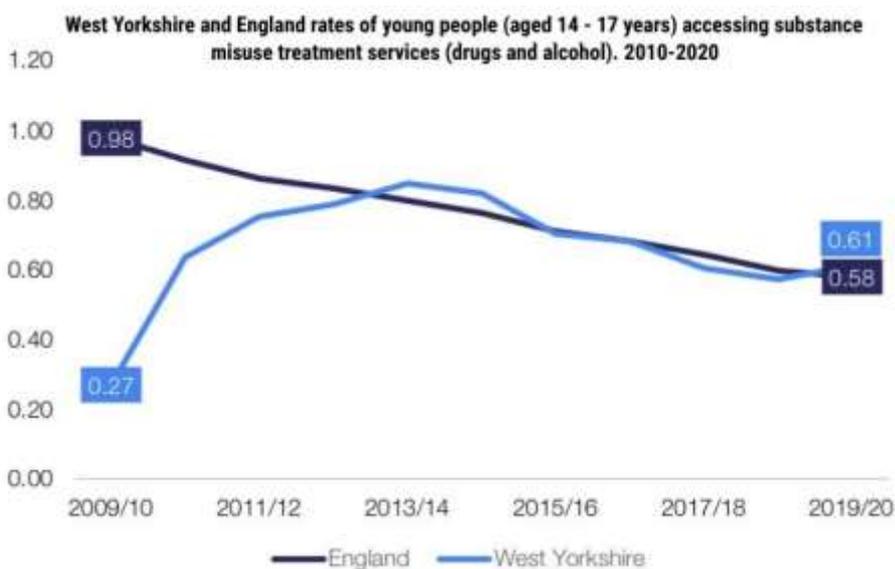


Figure 2: Adapted from the CREST review *‘Addressing the root causes of serious violence and exploitation of young people in West Yorkshire’* (Lumley & Rolfe, 2021, p.40)

Although the trends in alcohol and drug use are complex, there is evidence that the pandemic has amplified the factors that feed into this behaviour. Adverse healthcare outcomes as an adult/adolescent—such as drug and alcohol use—are influenced by childhood experiences (see figure 3). Stressors to both the caregiver and the child can profoundly impact drug use later in life (HIPRT, 2021).

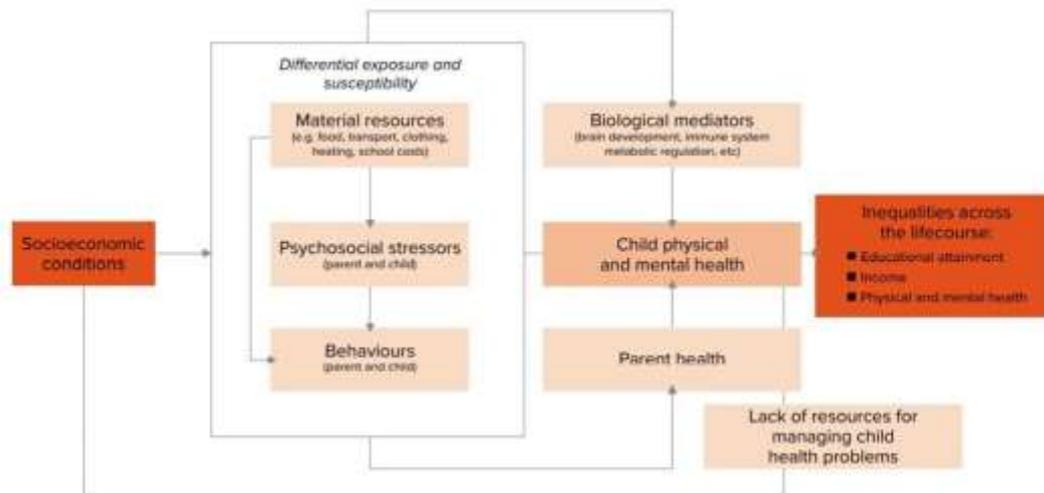


Figure 3: Pathways to inequalities in child health (Health Inequalities Policy Research Team, 2021)

This pandemic has seen an unprecedented upheaval of young people and their lives. This report will examine the various factors in childhood experience which contribute to drug and alcohol use, and how they have been affected by COVID-19. The report will focus on young people’s housing conditions, risk of abuse/neglect, changes in mental health, risk of exposure to violence/exploitation, and how these negative effects have been disproportionately felt by those from lower socio-economic backgrounds.

2 COVID19, housing and young people

Shelter is a fundamental human need, and the negative impact poor housing conditions have on health and wellbeing are well established (Marmot et al., 2010). Children's homes are a key dimension of their wellbeing and development (Dunn, 2020). As well as physical shelter, homes also indirectly affect childhood experiences and relationships through the stress experienced by the adults responsible for their care. These impacts will have been exacerbated by the stay-at-home law implemented during each national lockdown, with those in the worst living conditions being disproportionately affected.

The scale of the problem was highlighted in a recent report by Brown et al., '**Lockdown Rundown Breakdown**' (2020). They estimated that around one million owner-occupied homes and 354,000 private rented homes failed to meet the decent homes standard in the north of England. In Yorkshire and Humber, **one in five homes failed to meet this standard**. They found lockdown had increased the chance that crucial maintenance work, such as broken heating/water and mould, was unattended, as well as an increase in financial stress meeting home payments while unemployed/furloughed. Young people also reported lower satisfaction with housing during the lockdown due to disproportionately living in denser and lower quality private rented accommodation (Judge & Rahman, 2020).

For children, COVID-19 and stay-at-home measures meant that education and exercise were relegated to the home environment. Access to comfort and physical space inside and outside the home became a key component of families' health and wellbeing, as well as influencing children's chances of maintaining their education through access to working space and exercise (Douglas et al., 2020). This meant that those living in a lower quality home environment were more likely to see negative effects on their health and education. Particularly disadvantaged groups were families in temporary accommodation or B&Bs.

A recent paper by Cross et al. (2021) reviewed the evidence of children's wellbeing in temporary accommodation during the pandemic, they found that reports of families feeling unsafe were common. Similar testimonies were found in the Children's Commissioner for England's report 'Bleak houses' (2019). It highlighted how children in temporary accommodation or B&Bs were more likely to live close to drug dealers and vulnerable adults with substance misuse problems. Families described receiving death threats from other residents, finding used needles in bathrooms, child sexual harassment, exposure to racism and children witnessing domestic abuse. These factors all contribute to a feeling of insecurity in both the child and the child's family. Cross et al. concluded by highlighting how many children already barely visible to the state support system before COVID-19 were no longer receiving visits from community services and were not able to access early support from school (2021).

3 COVID-19 and the risk of child abuse/neglect

Stressful and traumatising events in early childhood such as abuse, neglect and household dysfunction are commonly referred to as Adverse Childhood Experiences (ACEs) (Finkelhor, 2020). Research has shown that children who experience four or more ACEs are significantly more likely to suffer poor physical/mental health and engage in drug use later in life (Hughes *et al.*, 2017).

Compared to 2019, 2020 saw an increase in the number of calls to child helplines across the UK (ONS, 2020). The national lockdown was the longest time a child in need would have spent away from friends or trusted adults outside of the home. Furthermore, the stay-at-home laws implemented during this time also meant that children who were already experiencing abuse and neglect were spending more time at home with their abusers.

The unique stress placed on families during the pandemic may have put new children at risk of abuse. While little research has been done to explore the relationship between the quality of a child's housing and their risk of abuse in the UK, in America, Warren and Font (2015) identified a statistically significant relationship between housing instability and the risk of child abuse and neglect. Warren and Font suggest that this may be partly due to the increased stress placed on the caregiver in these circumstances.

The recent NSPCC report '*Isolated and Struggling*' (2020) highlighted some of the caregiver stressors felt by families in the UK during the pandemic. These included financial instability, changes to routine and an increased likelihood of managing multiple responsibilities (childcare, employment, caregiving for sick/shielding). The report warned that the stressors might cause caregivers to form negative coping strategies if not adequately supported. These negative strategies include the onset and maintenance of substance use (Keyes et al., 2012), parental withdrawal or application of pressure on children (Szymańska & Dobrenko, 2017).

The National Association for Children of Alcoholics states that children with an alcohol dependent parent are five times more likely to develop eating disorders, two times as likely to develop alcohol dependence or addiction, and three times as likely to consider suicide (Boyd, 2020, p. 15). In West Yorkshire in 2019/2020, 20% of all children assessed by children's social care had parental alcohol or drug misuse listed as a key factor (Lumley & Rolfe, 2021, p. 40).

West Yorkshire also has one of the highest rates of domestic abuse in the country (40 incidents per 1000 people), almost double the national average (VRU, 2021). Domestic abuse is the most prevalent crime in West Yorkshire, with Leeds accounting for 33% of all offences, 26% by Bradford, 17% by Kirklees and the least from Wakefield and Calderdale which accounted for 15% and 9% respectively (VRU, 2021). Domestic violence increased in WY over the pandemic by 3.8%. Furthermore, stay-at-home orders and the closure of schools meant more children than ever before were present during incidents of domestic abuse (VRU, 2021, p. 57).

As well as witnessing abuse, young people also experienced an increase in sexual and domestic abuse themselves. The online mental health service Kooth publishes its data on the changes in levels

of activity on its platform over the pandemic. They found that sexual and domestic abuse reports had risen by 46% since the previous year (*Week 14: How Covid-19 Is Affecting The Mental Health of Children and Young People, 2020*). The company also published regional data on the changes in the use of their service over lockdown; they found that in the North East of England, incidents of Abuse had increased 49% on the previous year (*Week 10: How Covid-19 Is Affecting The Mental Health of Children and Young People, 2020*).

The NSPCC report also highlighted how multiple lockdowns might have put children at risk of abuse outside the home environment. The report highlighted how children at home spent more time online and on social media than before; this coupled with the cumulative effects of isolation and lack of supervision, led the authors to conclude that lockdown had put children at a greater risk of online grooming (Romanou & Belton, 2020).

Both in West Yorkshire and nationwide, the lockdown measures used to combat the COVID-19 virus placed a greater number of children at risk of abuse and/or neglect by exacerbating familial stressors and limiting the visibility of children to trusted adults. This combination of loneliness and familial stress may also have exacerbated existing mental health conditions, or created new ones.

4 COVID-19 and young people's mental health

Despite being relatively low risk of the COVID-19 virus, lockdown measures have disproportionately impacted young people's mental health. In the CREST report into serious violence (2021) feelings of '*frustration, isolation, anxiety and low self-worth*' (p.5) were all used to describe young people's mental health during the pandemic. Data collected in the VRU needs assessment (2021) highlights the prevalence of mental health disorders amongst young people in West Yorkshire. The data shows there were 26,000 children in Leeds and Bradford with a mental disorder in 2017/18; furthermore, between March and April 2020, parents and practitioners surveyed reported difficulty accessing mental health support for children in need when they first started experiencing mental health issues.

A COVID-19 web survey of the UK population conducted by Pierce et al. (2020) compared GHQ-12 scores (a measure of non-specific mental distress in the past two weeks) across a sample of 53,351 participants. They found that GHQ-12 scores for age 16-24 averaged 14.7 compared to age >70, which averaged 10.9. The youngest age group also saw the greatest deviation from previous trends, with GHQ-12 increasing 2.69 above what would have been predicted from 2019, much larger than ages 35+ whose deviation was all <0.6 points. Researchers noted that while it may appear that the COVID-19 pandemic has caused these increases in mental health problems, it is more likely that the

pandemic has exacerbated existing conditions, disproportionately affecting those already most at risk (Hafstad & Augusti, 2021).

Two demographics that were affected disproportionately were women and children with complex needs. The Office for Health Improvement and Disparities '*COVID-19 mental health and wellbeing surveillance: report*' (2021) found that between March and September 2020, the majority of individuals in decline were females, especially those with pre-existing mental health problems. The report identified a decrease in wellbeing and an increase in anxiety as key contributing factors. Again, the point raised by Hafstad and Augusti (2021) applies, and it is unclear whether or not women have been affected by the pandemic disproportionately or if this difference mirrors longstanding disparities in levels of mental health between the genders. Another disproportionately affected group were children with complex special educational needs and disabilities (SEND) (OHID, 2021). When parents were asked about how the pandemic has affected their children, parents of SEND children reported '*considerably higher levels of behavioural, emotional, and attentional difficulties than those without*' (p1) over the same period.

Following the easing of lockdown restrictions, studies have found further inequalities in recovery from the mental health problems fuelled by the pandemic. A recent report by Shum et al. (2021) highlighted how low-SES households have been slower to recover than more affluent ones. Reporting of mental health symptoms were similar between the two groups during the lockdown. However, after restrictions were eased, parents/carers from high-SES households reported improvement in their children's mental health symptoms, whereas low-SES households reported little to no change. Studies such as this highlight the need for targeted mental health provisions to lower-SES households who may be less able to bounce back.

The pandemic has exacerbated the mental health problems amongst young people. Those with existing conditions have worsened, and a greater number of young people were put at risk of developing new ones. The collective decline of mental health in young people has brought a larger number of them into the broader demographic which are likely to be drawn into gangs, exploitation, drug use, and may become adults with multiple complex needs in the future.

5 COVID-19 and the risk of exploitation of young people

In their most recent drugs strategy, the government highlights the findings of Dame Carol Black's influential drugs review (2020). The strategy detailed how criminal gangs exploit and traffic vulnerable children and young people, often targeting those with drug addiction, poor mental health

and SEND individuals (HMG, 2021,p22). Children involved in criminal gangs are more likely to have a history of substance use, with 81% of gang-associated children and young people having substance misuse concerns identified in their latest youth offending team assessment (CCFE, 2019).

A report published by the National Youth Agency '*Hidden in Plain Sight*' (2020) considered the impact COVID-19 had on trends in young people's criminal exploitation. They found that over 500,000 young people aged 10-17 are exposed to risky behaviour associated with gangs, and 60,000 identify as gang members themselves (NYA, 2020). The report goes on to highlight how the pandemic has increased the number of children exposed to the 'toxic trio' of risk factors that lead children to gang-associated activity: households with addiction problems, poor mental health and domestic abuse) (NYA, 2020).

Reports from the National Youth Agency (2020) suggest there has been a fall in gang activity and children's criminal exploitation during lockdown, in part due to the stay-at-home laws and the inability to move around in public discreetly. This however may not be the complete picture, the NYA report (2020) details how criminal exploitation may have adapted rather than been reduced during the pandemic. Those involved in gang activity became less visible to services and more likely to use private transport for illegal activity. As well, young people became less likely to be reported missing from home out of fear of incurring punishment for breaking lockdown rules. Young people also reported feeling less at risk from the virus than older generations, leading them to spend more time outdoors alone, not in the company of trusted adults (NYA, 2020).

The Lumley and Rolfe (2021) review highlights how drug use amongst young people is a '*good proxy indicator of exploitation by criminal gangs*' (p.15). Figure 4 highlights how the number of drug related arrests in West Yorkshire in under 21s has increased since 2016.

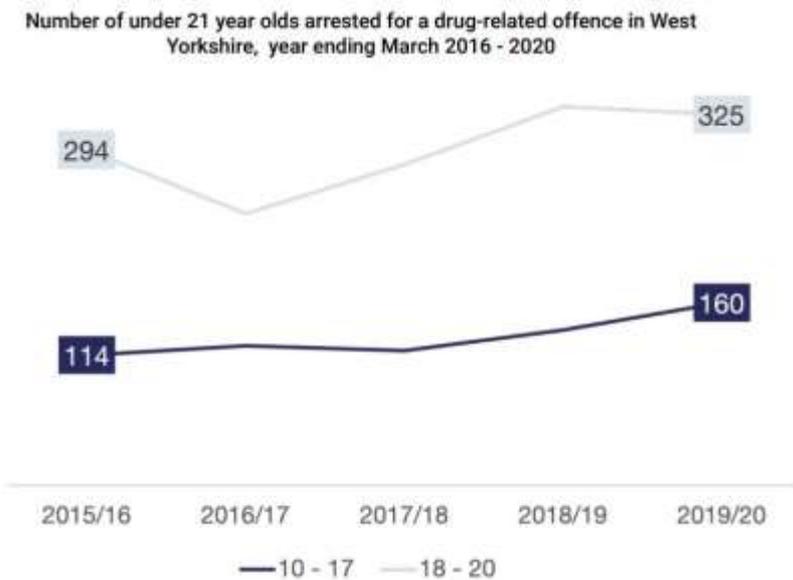


Figure 4: Taken from the CREST review *‘Addressing the root causes of serious violence and exploitation of young people in West Yorkshire’*(Lumley & Rolfe, 2021, p.15)

When Lumley and Rolfe (2021) asked stakeholders about the link between drug use and exploitation, many talked about the escalation from taking drugs, to dealing them. A youth worker from Bradford highlighted how *“with boys, drugs is an issue. There is often an escalation from smoking drugs, to running drugs, and then dealing drugs”* (p.15). Another woman’s rights advocate from Leeds talked about the connection between young women, drugs and exploitation saying *“Sometimes when a young woman has been exploited, she then ends up recruiting other young girls, normally through enticing them with drugs and alcohol. I think it is to regain a sense of power”* (p.15). These testimonies emphasise how drug use in young people can lead into involvement and exploitation by criminal gangs.

Individuals from lower SES backgrounds are more at risk of becoming affiliated with gang activity. In the Lumley and Rolfe (2021) report the most common reason cited for exploitation and violence was the *‘lack of economic opportunities, poverty, and financial hardship’* (p.30). The report notes that the links between SES inequality and violence are complex. However, a common theme within the interviews were of young people from low SES backgrounds engaging in drug dealing as a means to support families, and purchase luxury goods they would not normally be able to afford. According to Lumley and Rolfe, young people in poverty have little access to legitimate forms of earning money, and so *‘dealing drugs represents agency and the control to change things in their life’* (p.31). Lumley and Rolfe (2021) assert that the drug trade is inherently violent, and that a *‘child selling drugs is always exploitation’* (p.31). Covid-19 has only worsened the problem by further increasing the SES gap. In West Yorkshire, the rate of households claiming Universal Credit has increased from 71 per

1000 in March 2020 to 109 per 1,000 in November 2020 (p.33). The authors argue that worsening inequality will increasingly push young people into a dangerous life of exploitation which is difficult to escape.

6 COVID-19 impact on socioeconomic status and inequalities

Discussed above are some of the many ways in which an individual's socioeconomic status has dictated the impact the COVID-19 pandemic has had on their lives. Research has shown that poverty, even when controlling for other factors, is a key contributor to negative healthcare outcomes. A recent study by Lai et al. (2019), looked at data collected from the UK Millennium Cohort, a large representative sample of thousands of children born in the UK in the year 2000. They found that after controlling for other factors, persistent poverty tripled the chance of a child developing a mental health illness in adolescence. Furthermore, individuals who only experienced poverty temporarily, on average had worse healthcare outcomes than those who had never experienced it at all.

The COVID-19 pandemic has increased the number of children in low SES households, by increasing financial instability in the lives of those who care for them. In West Yorkshire the number of households claiming universal credit increased by 54% between March and November 2020 (Lumley & Rolfe, 2021, p. 33) indicating a greater number of families in poorer economic conditions as a consequence of the pandemic.

There is not only a SES divide, but a geographical divide as well. The report '*Child of the North*' by Pickett et al. (2021) investigated the apparent widening of inequalities between northern and southern counties in England due to the COVID-19 pandemic. They found that children in the north of England had a 58% chance of living in a local authority with above-average levels of low-income families compared to an 18% chance in the rest of England. They were more likely to be in care, with 21 of the 26 local authorities with more than 100 out of every 10,000 children in care being in the north. They were also more likely to feel lonely, 23% in the north compared to 15% in the rest of England; similar disparity was seen in the parents/caregivers, 23% and 13% respectively. Counties in the north of England also saw a larger number of cuts to sure start children centres, £412 per child compared to £283 in the south.

The report highlights how these short-term effects may have large long-term consequences for young people's future economic performance as well. Pickett et al. predict that men in the North will lose 33% more than men living in the rest of England (£3,856 compared to £2,892). Women living in

the north will lose 180% more than women living in the rest of England (£7,996 compared to £2,856). Given population estimates of children aged 5 to 16, this is equivalent to £13.2 billion in lost wages in the north, £4.4 billion for men and £8.8 billion for women (Pickett et al., 2021).

As mentioned above, a large driver of gang exploitation and drug use stems from SES inequalities. The points laid out by Pickett et al. (2021) highlight how the short-term impacts identified during the pandemic may result in further negative long-term impacts on the SES of those who are already most at risk. These problems are further compounded by the growing inaccessibility of youth services across the UK.

7 COVID-19 and the impact on youth services

Years of austerity have exposed the dire state of and desperate need for youth services, especially as they play a major role in tackling the abovementioned issues. The sector has long been deprived, and the problem was exacerbated by the two-year delay in receiving the £500m youth investment fund, putting further pressure on an already impacted sector (NYA, 2021). The COVID-19 pandemic has affected both sides of the service, limiting user access and placing strain on the providers.

A recent UK Youth (2020) report investigated the impact COVID-19 has had on 1,759 youth service providers across the UK. Their findings are alarming, of these providers...

- 66% reported an increase in demand.
- 83% reported a reduction in funding.
- 57% reported an increase in the cost of delivering the services.
- 64% reported being at risk of closure within the next 12 months.

These impacts however are not felt uniformly across the country. A recent summary of the 2020-2021 national youth sector census by the National Youth Agency (2021) highlighted significant disparities in the amount and type of provisions available to young people based on where they live. They found that high SES areas had twice as much youth provision and 50% more purpose-built buildings than less affluent areas.

The census also covered the many stressors placed on the services by the restrictions put in place to combat the pandemic. These included increased costs, a loss of funds and the requirement to move services online. Staff costs increased as services had to provide a greater number of sessions at a reduced capacity, requiring more staff members to run the same level of service. Additional costs were added to meet the government COVID safety requirements; additional PPE and cleaning occupied more of the staff's time and limited the number of sessions that could be run in a day (NYA, 2021).

In an attempt to maintain the same level of service provision during the pandemic, the youth sector started providing many of their services online. The NYA census (2021) found that 57% of services became partly online while 22% had moved fully online. Of those who couldn't shift to an online platform, the reasons were related to a lack of funding, training, and equipment. Furthermore, the NYA summary (2021) raised questions about digital equality amongst young people. Services moving online disproportionately limited access to those from low SES backgrounds, who were less likely to have access to technology or a private space to participate. These problems were compounded by services losing access to many sources of funding. Stay-at-home orders meant that community fundraisers had to be cancelled, organisations were unable to earn trade money from room hiring or school bookings, and grant funding became less available which made adapting to the new requirements increasingly difficult (NYA, 2021).

Similar findings were seen in drug and alcohol services. A recent review of Forward Leeds conducted by WY-FI included an investigation into the adaptation of the service to the pandemic (Headley et al., 2021). They found that despite moving online, 75% of service users still saw their relationship to the service as positive. Furthermore, 52% of service users actually believed the service had improved during the pandemic. Service users listed greater flexibility, reduced travel costs and the possibility for more participants in each session as reasons for this improvement. Similar to the NYA census, the review also found that this transition disproportionately adversely affected lower SES individuals without access to technology.

Youth services play a crucial role in addressing the impacts the pandemic has had on the mental and physical health of young people. Government restrictions meant that 58% of youth services were operating at a reduced capacity or are preparing to temporarily or permanently close and many young people lost these services overnight (NYA, 2021). The continued underinvestment and stress being placed on these services will prevent the most disadvantaged young people from accessing much needed support.

8 A note about vaccine hesitancy in young people

Recent reports detail how young people are increasingly becoming vaccine hesitant. A recent article in the Guardian highlighted how in parts of the UK, over 50% of over 16s are unvaccinated in Birmingham, in Westminster/Camden in London, 30% of the over 12s are unvaccinated (Booth, 2021).

The mixed messages presented in media about the risks of the vaccine, such as blood clots (Mundasad, 2021) and celebrity claims that the jab causes impotence (Lee, 2021); this coupled with

the prevailing message from both the government and the media that young people are at less risk from the virus may explain the hesitancy seen in young people. Another possible explanation is that this disparity between the ages is not a sign of reluctance but rather a delay in uptake. Booth (2021) noted how young people were last in the line to receive the vaccine. While other demographics have had the vaccine available for months, young people have had the least amount of time to book and receive it.

This high proportion of unvaccinated youth can lead to a larger impact on the spread of new COVID-19 strains as they appear. Young people are more likely to gather in large groups, e.g., at school/university or nightclubs/bars and are less likely to feel at risk of catching COVID-19. Vaccine hesitancy in youth may present medium to long term consequences down the line, increasing the chance that a new lockdown will be required, putting further generations at risk. This has been borne out with data most recently becoming available (March 2022) showing the transmission of the Omicron variant cycling with relaxations in restrictions and particularly among young people. Whilst the Omicron variant has been the least harmful variant of the COVID-19 virus to date, the unpredictability of future mutations means that the regime of vaccinations and boosters will have to be maintained and extended through to ever younger age groups in the population.

9 Recommendations

COVID-19's effect on drug and alcohol use in young people is complex. This report has highlighted how the factors which feed into these behaviours may have been exacerbated by the pandemic. Furthermore, it highlights how those who were most at risk before the pandemic are the ones who have been affected the most. Despite being at the lowest risk of the virus, the various lockdown measures implemented to combat COVID-19 have put many more children and young people in West Yorkshire at risk of becoming adults with multiple complex needs in the future. In a letter to the Lancet Journal of Psychology Ellen Townsend (2020) argued for the prioritising of young people in any recovery effort in place after the pandemic, as '*...they have suffered immensely in this crisis and sacrificed a lot. Moreover, the economic devastation will have an enormous impact on young people who will bear this burden for years to come*'.

The drugs strategy recently revealed by the government '*From Harm to Hope*' (2021) laid out the provisions which will be provided to help tackle youth drug use; the report also emphasised the need for local authorities to identify the most pressing issues in their area, highlighting a need for greater research understanding the locality of the problem in West Yorkshire.

It included both preventative measures, and support for young people and families at risk. The preventative measures focused on the role of schools in the education of young people about the harms of drug use and using already in place services to identify at risk children and provide them with alternative ways to cope with their mental/physical issues. In terms of support, the report highlighted the increase in investment to family hubs and services such as 'Start for life' and the 'troubled family's program' to make support available to more families in need. The government strategy also detailed greater investment in both residential and secure children's homes, increasing their capacity. In terms of youth services, the government is investing £560m into a youth investment fund, which aims to increase the number of safe spaces available for young people while increasing access to sports and culture, although this commitment was recently reduced in early 2022 by an additional £122m (Eichler, 2022), providing another example of the youth sector being persistently undervalued.

9.1.1 Increase provision of mental health services

Young people's mental health has been disproportionately negatively impacted during the COVID-19 pandemic. The evidence above points to a need for a localised survey within West Yorkshire of both child and adolescent mental health and wellbeing. Identifying districts most effected will help better direct the provision of service to those most in need. Generally, there also needs to be a collective focus on increasing the availability and accessibility of mental health services for young people in need.

The increases in the number of children who may have experienced a form of ACE or trauma during this pandemic put a renewed focus on the need for all sectors to become more trauma informed. Work specifically focusing on developing trauma informed education and schools would be beneficial and is explored in more detail in other sections of this Review (see the sections on Evidence from Young People and Family Services and themes from mapping services)

9.1.2 Increase provision of youth services

The report has highlighted the damage to youth services over the course of the pandemic. In the APPG youth affairs inquiry (2021), the National Youth Agency's CEO testified that '*Up to 3 million vulnerable young people have increased needs exacerbated by the pandemic, it is therefore imperative that we act now to ensure we do not create a 'lost generation'*'. Youth services are a vital lifeline for vulnerable young people. Youth work must be classified and treated as an essential key service. The NYA is calling for Home Office guidance for Violence Reduction Units to include youth services and for Police and Crime Commissioners to embed a youth work response for early help and prevention within public health approach strategies in local areas (NYA, 2021)

9.1.3 Ensure SES is considered when conducting equity impact assessments.

In the Child of the North report (2021), it is estimated that the mental health conditions exacerbated by this pandemic could cost the equivalent of £13.2 billion in lost wages in the North, £4.4 billion for men and £8.8 billion for women over their lifetime. In their socioeconomic toolkit (2021), the Revolving doors agency agree that—similar to race and gender—socioeconomic deprivation should be recognised as a structural inequality when conducting equity impact assessments. Measures such as this will hopefully help those who were at the most risk of being negatively impacted by the pandemic with a greater chance to find stability and recover.

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Appendix 3

Evidence from Young People and Family Services and themes from mapping services.

West Yorkshire Combined Authority, Violence Reduction Unit: The links between drugs, alcohol, and serious violence: a review of evidence and practice in West Yorkshire

Evidence from Young People and Family Services and themes from mapping services.

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0 Introduction and Executive Summary

The qualitative portion of this Review involved interviewing three teams working with young people who have experience of drug and alcohol use, either by themselves or those around them. This included the Family Plus team from Forward Leeds, the Calderdale Young Persons' Team and the Leeds Young Persons Drug and Alcohol Team. Each team had a varied but overlapping demographic caseload and each provided valuable insight into the motivations and consequences of substance use in the young people of West Yorkshire. These insights are supplemented by the findings from the mapping of services in *Adversity, Trauma and Resilience in West Yorkshire – a review of life-course evidence, approaches and provision to support the transformation to a trauma informed health and care system by 2030* (Crowe et al 2021) and are the basis for the recommendations.

0.1 Violence

The evidence collected pointed to substance related violence being largely localised in the home environment. In terms of perpetration, both young people teams highlighted domestic violence and extortion of the family when the child was unable to obtain drugs. Furthermore, this was echoed in the older substance users, with many cases seen by the Family Plus team having been through FDAC or MARAC proceedings. There was evidence that many young people were also the victims of violence with teams asserting that most of their clients who had perpetrated violence had also been victims of it. In addition, young women using substances had a strong association with an undisclosed history of sexual abuse or violence.

Violence outside of the home was noted in the lives of the teams' clients; however, it was difficult to link directly to substance use. There were reports of knife carrying, in both the Leeds and Calderdale teams, including in children as young as 10; however, this was usually for protection rather than perpetration of violence. The Leeds teams also noted that this violence had a strong geographic link, with young people from West and South Leeds being at greater risk than North.

0.2 Mental health and Self medication

Our findings illustrate how young people use substances as a way to self-medicate difficult emotions and frustrations as well as untreated mental health issues. The primary driver for use depended on age, with younger individuals use stemming from diminishing aspirations while older individuals were more likely to be self-medicating a mental health issue. Our findings highlight how co-current mental health and substance use issues often bar young people from accessing appropriate mental health support. Consequently, self-medication traps young people in a vicious cycle of degrading mental health and increased reliance on substances. The number of young people with co-current

substance use and mental health issues seen by the YP teams stems from the larger scarcity of mental health provision in West Yorkshire and is indicative of services being unable to meet an ever-growing need for support.

0.3 Services under pressure

Teams feel unable to discharge clients out of their service for fear of leaving them unsupported, and teams believe that they have become a de facto “*holding service*” for young people unable to access more appropriate support. Consequently, young person drug and alcohol teams are increasingly dealing with clients with complex mental health issues, which they have not been appropriately trained to deal with. The lack of strong referral pathways means drug and alcohol teams face a cyclical, multi-layered challenge of relapse and repeat presentation, with treatment times extending but with worsening overall outcomes. The collected evidence points to a structural disconnect between what professionals understand about poor mental health driving substance use in this demographic, and the various systemic barriers in place preventing appropriate referral.

0.3.1 Schools

Schools were repeatedly brought up as both an avenue for building resilience in young people and a source of frustration due to repeat inappropriate referral to already stretched services. The benefits of involving schools in the process of supporting young children with substance using parents/carers was clear; however, school involvement was conditional on the parents’ consent and often slow to obtain. Schools could also be a source of pressure on young people teams. Teams often had to re-investigate referrals from schools and re-refer individuals to appropriate services, taking up valuable resources and time. The Calderdale team noted that referral issues had been successfully mitigated in schools where mental health workers were integrated into school nursing teams.

0.3.2 Service mapping

Whilst services are often successful on their own terms, that definition of success does not often extend to how well people are supported by multiple services, either sequentially or simultaneously. There is a tendency to privilege “professional” services and interventions at the expense of community and social interventions. There is a virtuous circle of public health benefits (reducing adversity) and personal resilience growth, from the more equitable distribution of economic and social benefits – employment, housing, arts, sport, culture, transport and environmental improvements. However, these remain largely disconnected, structurally, from the planning of health interventions. Generic youth services are frequently cited as having significant potential benefits but these have been heavily hit by reductions in local authority budgets leaving opportunities restricted to those families that can afford to take part and leaving the most

vulnerable young people without the independent “trusted adult” support that can help overcome adversity and access support to tackle trauma.

0.4 Recommendations from Young People and Family Services and themes from mapping services.

0.4.1 Provision of services

- Services are diverse but unevenly spread across West Yorkshire with some highly specialist services being centred in Leeds
- Too many seem to be on short term funding cycles, have long waiting lists or don't have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services
- There are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information and having common assessments.
- **Improve provision of youth services** as they can play a key role in combating low aspirations of young people impacted by COVID-19.
- Increasing **provision of mental health services** is essential to combating the negative impacts of COVID-19 on the mental health of young people.
- Improving **access to victims support** for those who have experienced sexual abuse/violence.
- Improve **provision of perpetrator support** for domestic/sexual violence offenders across
- Improve **access to mediation services** by publicising the available support. Help more families access this unique non-combative proceeding.

0.5 Future research

- Expand the scope of the current qualitative research to the three other West Yorkshire districts not included in this study (Bradford, Kirklees, and Wakefield).
- Extend the qualitative analysis to include service users—both young and old—as well as service providers to better understand the links between childhood experience and substance use later in life.
- Extend the research to people affected by the issues in this Review but who are not connected to services
- Conduct quantitative research into the key themes and issues identified in this study for their generalisability to wider populations.

1 Themes and Findings from interviews

During this research, we spoke to three teams working closely with young people and families who have been affected by drugs and alcohol: the Forward Leeds Family Plus team, the Calderdale Young Person's team and the Leeds young person's drug and alcohol team. Each of these teams covered varying demographics in West Yorkshire. However, it is important to note that this sample was limited to the Leeds and Calderdale areas. These areas were chosen due to their differences in geography, population distribution and density of service provision.

2 Demographics and Drug Choice

2.1 Family Plus Team

Families were able to access the service if at least one parent was currently in treatment with Forward Leeds; meaning the families seen by the team all had at least one parent/caregiver with a history of substance use. There was a 60:40 split (female to male) in the gender of caregivers accessing the service. This is unusual compared to the general demographics of service users; however, this may be because the majority of the families that the team supported had the sole caregiver being the female party.

The drug use of individuals accessing the service varied, "*...from opiates and alcohol to cannabis*". Many of the female caregivers were opioid users, with their substance use problems starting with over the counter/prescribed painkillers, usually after childbirth. The young people the team supported were too young to exhibit substantial substance use behaviour.

2.2 Calderdale Young Person's Team

The team caters to young people aged 10-21y but majority of clients are aged 13-15y and typically male (66%). Currently, the service has 60 young people in treatment and capacity for up to 80, there is no waitlist. The young people came from a diverse mix of backgrounds, although the team estimated 80-90% were from a single parent household. Clients were referred into the service predominantly from schools and the Liaison and Diversion Service (a service for those who have been arrested and are seeking extra support due to a mental health/disability/ vulnerability issue).

The drug used by this group was predominantly cannabis, with alcohol being a lesser factor as it is not as readily available. This finding is particularly surprising because, according to the VRU needs assessment (VRU, 2022), Calderdale has the largest proportion of underage drinkers in West Yorkshire (8.5%).

As the young people got older, alcohol was more prevalent and cocaine use became a factor. Female service users in particular preferred alcohol due to it reducing inhibitions, this however introduced

additional risks when obtaining it, as they often had to engage in high-risk behaviour such as “befriending older men” in order to access it. These findings may partly explain Calderdale’s high rate of alcohol-related hospital admissions for young women (VRU, 2022).

2.3 Leeds Young Person’s Drug and Alcohol Team

The team catered for the largest age ranges out of all the services, seeing anyone aged 10-24 years. The upper boundary being 24 years led to the service supporting more university students. The younger clients mainly came from suburbia, whereas older ones tended to be university students and so come from conventionally student areas such as Hyde Park. This made robust correlations between low SES and substance use “...less clear-cut” for the team to observe in their case load. This was also the largest service included, currently working with between 170-180 young people with no waiting list for support.

The way clients were referred to the service depended on age. Older clients would either self-refer, be signposted by mental health services, or being referred in crisis by A&E, whereas younger clients tended to be through youth justice, college, or social care.

Regarding substances used, similar patterns of cannabis and alcohol were seen, with the older clients seeing a larger amount of alcohol and cocaine use; also noted in student populations were ketamine and benzodiazepines (e.g., Diazepam/Valium, Temazepam). The team deals with many clients with poly-use, where cannabis was present but not the “...more pressing” drug issue they were dealing with.

3 Violence

3.1 Inside the home

The teams interviewed were unable to draw strong conclusions about the relationship between drug use and severe violence. When asked about their clients and their experience of violence, the teams were more likely to highlight violence within the family unit rather than outside it. This ranged from domestic violence to financial exploitation. The teams also made sure to emphasise that those who had perpetuated violence, had also been some form of victim themselves.

“We get a lot of young people who were the perpetrators of domestic violence to their parents or emotional abuse as well... But in a lot of those cases those young people have witnessed domestic violence themselves” (Participant 1, LYPT, 2022)

The Leeds YP team highlighted how young people could act out against their parents/caregivers when they were unable to obtain substances, usually cannabis. This could take the form of domestic violence or extortion by the young person. One practitioner commented that “...a lot of the time it’s

just kids demanding money to buy drugs". Of the young people who had become violent against their caregivers, many of them had been victims or witnesses to similar acts of violence.

The Family Plus team also emphasized violence within the home. Many of their clients had been through Family Drug and Alcohol Court (FDAC) and some have had Multi Agency Risk Assessment Conferences (MARAC) plans about a parent or parents. These processes are used in high-risk domestic violence/abuse cases, and our findings reflect the literature regarding how parents using substances can increase the chances of children experiencing Adverse Childhood Experiences (Boyd, 2020; Hughes et al., 2017).

"I have got a lot of young people on my caseload who have been the victims of domestic and sexual violence but it's not being recorded anywhere...literally, I've got a whole host of 19 to 24 year old females and every single one of them has disclosed some sort of abuse, rape, or assault." (Participant 1, LYPT, 2022)

One of the most illuminating findings from the Leeds YP team was the ubiquity of sexual and domestic violence victimisation among female clients. Although it is unknown if this violence was perpetrated under the influence of substances, it is clear that the trauma it caused in these young women has become a key factor for their own drug use. Another practitioner elaborated: those young women *"...then internalise it and it leads to them increasing their substance use"*, this will be discussed further later in the findings. Importantly, this finding adds further evidence to the claims in the Violence Reduction Unit's needs assessment (2022), that sexual violence in West Yorkshire is both underreported and underestimated.

3.2 Violence outside the home

Although much of the focus within the interviews was on violence within the home and family unit, violence outside the home was also discussed in both the YP teams. Calderdale YP team highlighted how some of their clients had *"acted out"* whilst intoxicated, and in one case, this resulted in a young person stabbing a worker. The team also highlighted how many of the young people they saw had persistent low level anger issues.

The Leeds and Calderdale YP teams discussed the connections between drug use and gang violence. Both teams highlighted their client's use of knives. In Calderdale, most referrals to the service from Liaison and Diversion were for carrying knives, including children as young as 10. However, in most cases these were reported as being for protection from rather than perpetrate violence. Similar sentiments were echoed by the Leeds YP team, with one worker stating that *"...there's also a lot of violence associated with that stuff, you know knife crime, gang violence"*.

The chance of being involved in violence was associated with the client's location, with those from lower SES areas being most at risk. One practitioner for Leeds YP team previously worked for a youth inclusion project, he described how "...many of the kids had anti-social behaviour issues and many of the referrals were coming from East, West and South Leeds, not so much North Leeds". Giving their opinion on why this is the case, they believed "...it's because North Leeds is more affluent and so they have more access to after school clubs".

It is important to note that it is difficult to draw firm associations between serious violence outside the home and substance use in these interviews. We did not find a strong association among young people in services of being perpetrators of violent crime or wounding, leading to us to conclude that people involved in violent crime or wounding would likely come to the attention of the emergency services in the first instance, and then custody services (prisons, YOI, secure children's homes etc). One reason for this is that some services will not treat people known to be violence for fear of the risks to staff and other service users.

4 Mental health and Self-Medication

The connection between mental health and substance use was repeatedly emphasised by both the YP teams and the Family Plus team. The teams believed young people used substances primarily as a means to manage their mood or self-medicate. For the families affected by parents/carers in treatment, parental substance use had impacted their mental health, fuelled anxieties, and created problems at school.

From the discussion with the YP teams, it became apparent a key reason young people used substances was as a means to manage their mood and emotions. This could vary from less problematic uses such as enhancing social situations, to the more problematic, such as compensating for feelings of antipathy around school/aspirations and to cope with untreated mental health conditions and trauma.

4.1 Falling aspirations

Many of the young people seen by the Calderdale YP team turned to substances out of boredom and antipathy towards education. The team discussed the factors feeding these experiences, and much of it stemmed from the apparent disconnect between the lack of opportunities in the district and the representation of lived experience seen on social media, as young people have "...got their heads in the internet". Regarding their environment, low aspirations are not so much a result of the poverty of families and individuals, but of the poverty of service provision and investment in local amenities.

Reduction of choice, of quality and the visible reminders that if something is broken it doesn't get repaired, all contribute to diminishing expectations. These findings mirror a wider picture in the literature, The Office of National Statistics survey (*Smoking, Drinking and Drug Use among Young People in England*, 2018) found that the most common reasons young people repeatedly took substances all related to mood, 42% 'to get high or feel good' and 19% 'to forget my problems'.

4.2 Untreated mental health

"A lot of mine use cannabis and alcohol to self-medicate, to help deal with the mental health aspect, and obviously the more they use the harder being sober becomes and so their use goes up." (LYPT, 2022)

Despite primarily being a drug and alcohol service, many of the teams believed they also provided the majority, if not all, of their client's mental health and wellbeing support. This was most prominent in university students and was described as "*...one of the biggest issues with the older young people*". Many were referred to the service in crisis or had been bounced to the drug and alcohol team by mental health services.

Practitioners were all aware of the connection between the mental health of their clients and their substance use. The Leeds YP team highlighted a case study where "*...kid who's on a waiting list for Leeds mental wellbeing service but, he's drinking as well. He's alcohol user and a student. So, he's come to me to help resolve his drinking issue, but his mental health issues are the real problem*". This connection was especially apparent in women. Another practitioner highlighted how "*...every single one of them (female clients) has disclosed some sort of abuse, rape, or assault...and ones that have happened very recently that they feel unable to report...They then internalise it and it leads to them increasing their substance use*". Long waiting lists and limited capacity meant young people resorted to dealing with their mental health issues themselves by self-medicating with substances.

A lot of young people had ended up in the care of the drug and alcohol team after exhausting attempts to access mental health services in the past. When young people had accessed mental health support it often had not provided what they were looking for, "*...then the thought of going back through a very long process to access these services just puts them off*". The provision was typically remote and delivered in a group setting, which the teams believed young people did not see as valuable. Furthermore, some young people had expectations of receiving medication when accessing services, such as sleeping tablets. Young people are usually offered talking therapies instead, as there is hesitation within the service to provide sleep aid medication, as they come with their own risk of addiction. Participants believed that this need for medication could be a factor driving young people to seek other substances which are easier to access for relief.

4.3 Effect on families

The families of those who use substances were also shown to be struggling with mental health issues. The Family Plus team shared two case studies detailing the families of individuals in treatment. In both, the young children were all exhibiting a mental health issue, predominantly anxiety, although in one case, a child had been in and out of hospital due to self-harm. Much of the anxiety described by the team stemmed around fear of the safety and wellbeing of the child's family and poor experience in school.

The parents were also described as struggling with poor mental health, and self-medicating with substances. In one case, this had led to the parent neglecting the care of their children, resulting in poor diet and a lack of routine and structure which was affecting their attendance at school. These case studies are illuminating as they demonstrate the more subtle form of adverse childhood experiences that can occur when the primary caregiver is struggling with substance use.

Estimates of future demand indicate that over 17,588 children in West Yorkshire currently live with a parent or caregiver who uses drugs or alcohol (WYFI, 2021). Our findings did not include cases of more severe ACEs. Similar to the discussion of serious violence above, many of the high-risk cases would be dealt with by the social work service (CSCS) or the child and adolescent mental health service (CAMHS) rather than the Family Plus service included in our research.

5 Services under pressure

During our interviews many of the teams discussed the increase in pressure due to COVID-19 and highlighted a structural disconnect in treating cases like this. This was most apparent in the Leeds YP team as they dealt with an older client base who are more likely to self-medicate mental health issues.

"...it's almost like certain criteria have been prioritised and we are not meeting that criteria for mental health, like many of my colleagues have said many of our clients have been bounced back because they've been told that they need to get their drug use under control first where we have been pushing back on that saying no it's the mental health needs that need to be addressed first for us to be successful in our reduction plan." (LYPT, 2020)

The Leeds YP team believed their lack of a waiting list has turned the service into a *de facto* holding service for young people struggling with their mental health, and the pandemic has only exacerbated this problem. The emotional stress successive lockdowns have caused in young people put further pressure on mental health services pushing them to capacity. To make sure they are using their limited resources effectively, mental health services started to prioritise access and co-current drug

use is one of the criteria which tends to exclude individuals from treatment. One participant stated that clients they refer on to mental health support “...often come back to us even if they're using one joint of cannabis or something and told to come back once they've sorted out their drug use”. This means the team regularly find themselves providing mental health services, even though they are not formally trained to do so.

“I do feel we are a type of mental health worker, but without the label and without the qualification.” (LPYT, 2020)

The YP teams provide sleep management, stress reduction techniques and work on client’s emotional wellbeing. One participant highlighted how they “...got a lot of complicated cases and our role is mostly as a mental health support, but we are only recognised as substance misuse workers”. The lack of recognition of the relationship between mental health and substance use was a source of frustration for the team, with one participant stating “...the only reason they've (young people) ended up like that is coz they've not been caught early with their mental health problems, and so they've ended up self-medicating and trying to turn that around without the mental health support, well it's futile sometimes”.

The Team felt unable to discharge clients safely “...because there's nowhere for them to be picked up immediately, so the practitioners have felt that they can't just end involvement even though they've completed their bits of drug work”. Increased caseloads and longer discharge times have made the service less efficient, treatment courses are extending but are becoming less effective. To meet increasing demand, clients are seen less frequently, and the team sees “...reduction plans failing relapse prevention plans failing, many of the treatment goals are being unsuccessful because there's just not that consistency of support”.

Services which were already under pressure before the pandemic have now been pushed even further. The teams face a cyclical, multi-layered challenge of relapse and repeat presentation due to the fact they are unable to refer their clients to appropriate mental health support. Our findings point towards a disconnect between what practitioners understand about the relationship between mental health and substance use and how the services are structured/set up to help support young people struggling with substance use.

5.1 Schools

Schools were repeatedly brought up as potential sources of support for young people, by identifying behaviour early and building resilience. However, discussion also focused on what the teams believed schools could be doing better.

The Family Plus team talked extensively about the benefits of involving schools in the care of children connected to substance use. The team highlighted a case where a young person had *“...benefited no end from becoming part of like a lunchtime group”*. The group was *“an emotional and confidence building type of group, but they're effectively just getting kids together and they're having fun and building those friendships. And I've seen a massive difference in the little person just from getting that extra bit of support from school to the point where she no longer feels actually needs my support because she's got that covered now”*. Unfortunately, according to the team this support is often slow to manifest. The caregiver/parent is frequently hesitant to share their treatment status with school, due to the perceived stigma and fear of being judged. Schools pose a unique position to identify and support young people connected to substance use as they are their most frequent point of contact with a trusted adult as *“...they're there every day for five years, or for as long as they've got left at school”*.

However, the YP teams believed schools could be doing more to identify mental health problems early and refer appropriately. The Leeds YP team discussed how when schools refer to their service, regularly very little has been done to explore the young person's mental health. One practitioner expressed that they *“...get a lot of referrals where it states that the young person might have mental health issues but it's not being spoken about so it's up to us to investigate it”*. This typically means the team had to re-refer the young person to services more appropriate to their needs, taking up valuable resources. Similar sentiments were shared by the Calderdale YP team, who explained they frequently discharge YP back to the original referrer (predominantly schools/college) with the main reason cited as *“inappropriate referral”*. The team highlighted how inclusion of mental health workers alongside school nurses in some Calderdale schools has helped decrease inappropriate referrals.

Although they are frequently highlighted as a possible route for improvement, it is also true that schools much like drug and alcohol services, are over worked and understaffed. Although they see young people regularly, they may not have the capacity to additional support on top of the support they already provide.

5.2 Service Mapping

In previous work published by the WYHCP (Crowe et al., 2021), there was a substantial section on the role that the system of health and care—in its broadest sense—has in re-traumatising people who access it. *“Whilst there are many pathways within [and between] services, it appears there are relatively few that have been designed with each other in mind either simultaneously or sequentially”*

(Crowe et al., 2021, p. 33). Although individual services may meet their goal in terms of intervention or treatment, people's overall recovery journeys suffer from disjunctures in the system between services. These disjunctures occur due to age-based transitions from children's to adults' services (highlighted in the ATR Report), exit and re-entry into services and having sequential support needs met (or not).

Elsewhere in the ATR Evidence Review (Crowe et al., 2021) there is a clear narrative thread about the importance of a wide range of services and amenities that are conducive to supporting young people in particular, building resilience, creating opportunities and expanding their aspirations. This supportive environment that lies outside of the health and care system is integral to the prevention and resilience agendas although it sits outside them structurally.

This is reflected in the YMCA's report *'Out of Service'* (2020) in which the definition of...

'youth services' broadly encapsulates two types of service: 'open-access' (or 'universal') services, including a range of leisure, cultural, sporting and enrichment activities often based around youth centres; and more targeted provision for vulnerable young people, including teenage pregnancy advice, youth justice teams, and drug and alcohol misuse services. (p. 5)

The service mapping exercise in the ATR Review of Evidence (Crowe et al., 2021) provided evidence about the second set of services, those targeted at vulnerable young people with specific needs. The different distributions of services by district may reflect the different perceptions of what constitutes relevant services in each area, and the extent to which the survey successfully penetrated the networks of organisations delivering services to Children, Young People and Families.

Outside of that network lies the work of the Youth Services supported by local authorities. This is most often delivered through youth centres and sometimes—still—through detached youth work teams. These are the services that have been most severely impacted by the years of austerity (as noted elsewhere in this report) and have survived only in the most disadvantaged areas of the districts or in some cases the most rural areas where there would otherwise be no provision at all. Although there may be a service in these places, access is often limited, certainly not every day and maybe only a few hours one day a week.

As a result of the decline in local authority support, there has been a relative growth in public sector youth provision by the Youth Justice sector (Youth Offending Teams and the VRU, among others) as part of early intervention, education support and custody diversion. Whilst the provision of support is to be welcomed, it may be self-defeating if participation leads young people to self-stigmatise and as a result self-exclude from support opportunities. Options to engage young people in mainstream

provision (see recommendations below) could be risk managed, particularly where the concern is vulnerability rather than supervision.

The evidence from West Yorkshire Liaison and Diversion Service clients in the WYHCP ATR Review of Evidence (Crowe et al., 2021) identified that early behavioural expressions of vulnerability to familial substance use and or violence were frequently interpreted as '*deviant*', particularly in the school system. There were a number of testimonies to the work of youth services and individual workers in rectifying this stigma, with several interviewees reflecting nostalgically that these opportunities had been lost now.

The bulk of youth provision is made up of Third Sector or private organisations. This can be loosely themed as follows:

- Uniformed provision – Scouts, Guides, Cadets and their affiliated groups
- Religious provision – faith-based youth clubs and activities
- Sports, arts, crafts and culture, education (e.g. science activities, coding), and music activities – ranging from a high level tuition to a gateway to engagement

Whilst the spread of this kind of provision is broader geographically, it generally relies on subscriptions/ fees and possibly the purchase of equipment thus narrowing the spectrum of people who can afford to participate. This type of provision has been less affected by austerity, and to some extent has bounced back with fewer challenges after the Covid-19 lockdowns than public sector provision. Whilst local authority youth provision has been scaled back, this self-funded provision has been largely sustained leading to the observation made elsewhere in this report that less disadvantaged areas have a greater proportion of provision of activities for young people.

Directories of services for children and young people, youth services and activities in each district are available as follows:

- Bradford: [Directory | DIVA Bradford](#)
- Calderdale: [Search results: Youth centres and projects: Calderdale Council](#)
- Kirklees: [Our Members \(kirkleesyouthalliance.org\)](#)
- Leeds: Professional Services [Children and families \(leeds.gov.uk\)](#). Activities information for children/ young people can be found at [Breeze Leeds – Under 19 in Leeds? Get caught up in the Breeze](#): Youth Clubs and Services information can be found here: [youth services leeds west yorkshire - Search \(bing.com\)](#)
- Wakefield: [The Directory - Nova \(nova-wd.org.uk\)](#)

The ATR Review of Evidence (Crowe et al., 2021) not only looked at the distribution of services across West Yorkshire, but asked respondents about the degree to which their organisation was Trauma Informed. Naturally at an early stage in the journey to being a Trauma Informed Integrated Health and Social Care System the responses were mixed. However, it was evident in the responses that organisations were generally focussed on their own staff adopting trauma informed practice in relation to their own service users. SAMSHA's "*domains of implementation ... for establishing trauma-informed care*" (SAMHSA, 2014, p. 11) include cross-sector collaboration. This emphasises the need to work in a trauma informed way not just within individual organisations but more importantly, between them. This requires a mutual and collaborative approach across organisations that individuals and families, who are vulnerable to, or at risk of perpetuating, intergenerational substance use and/ or serious violence, receive a pathway of support and are able to return to support when the need arises without being re-traumatised.

It is worth noting here, that, the provision of generic Youth Services is a factor in building community as well as individual resilience and also a means of reducing or mitigating localised adversity. One of the challenges in undertaking this piece of work families and young people in particular who are most affected by the issues discussed live their daily lives outside of the services intended to support them. To some extent we are reliant on hypothesising their experience based on what we know from professionals and service users in contact with this "disconnected" cohort of the population.

6 Recommendations

6.1 Professional service provision across West Yorkshire

Services are a key provider of resilience in young people. These services are often unequally distributed throughout the county, allowing uneven occurrence of violence and substance within or between districts. This piece of work has highlighted thematic challenges in the distribution, availability, and provision of services for those who are affected by both their own and other people's drug use across West Yorkshire. We found that:

- Services are diverse but unevenly spread across West Yorkshire with specialist services being centred in Leeds
- Too many seem to be on short term funding cycles, have long waiting lists or don't have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services

- There are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information and having common assessments.

This poses a challenge to creating long-term sustainable pathways out of violence and substance use. This is particularly true for the disconnect between services for adults who are affected by these issues and services for those who are impacted by the same persons substance use such as their parents, partners, children, and families.

This point was illustrated by our discussion with the Forward Leeds family plus team. The team highlighted how support for the user's family was often removed when families were identified as being in greater risk and care was transferred to Child services or Social Care. This support was also only available for the families of individuals in treatment. This means the care of those around a user can often be dependent on the behaviour and engagement of the user themselves. Similarly, the ability of schools to engage is compromised by service users' perception of the school's interactions with them and with other services.

6.2 Provision of youth services

Transitions for 16-25 year olds within a service area (i.e. from children to adult services) are well supported in a flexible, person centred way in some service areas. Typically these are the services where there are fewer age-based statutory obligations. By way of illustration the Young People's service in Forward Leeds can continue support for service users or admit anyone up to the age of 25 whereas at 18 someone already serving a Community Sentence moves from the Youth Justice services to the adult service which has a wholly different approach. Examples of models also exist which support positive moves for homelessness to sustainable housing for young people (e.g. Latch and Gipsil in Leeds) and for young people leaving care (Wakefield Leaving Care Team). These are transitions into and out of services that are trauma informed in their design and delivery which other services can reflect on and learn from. Increased use of Liaison and Diversion services for young people approaching transition age in the Criminal Justice System may be more appropriate than a "sharp" switch in service delivery.

Our qualitative findings highlighted some of the reasons young people turn to drugs at a young age. The Calderdale YP team spoke about how a combination of educational apathy, disconnect between their lives and those seen on the internet, and experiences of disinvestment in their environment as well as themselves all contribute to a decline in the aspirations of young people. Substances then, become a way to disconnect and manage their feelings and emotions. Low aspirations are a focus of

VRU research, it is believed that continued experiences of deprivation, poor housing, and intergenerational trauma all contribute to a growing cohort of young people who have an increasingly bleak outlook on life (VRU, 2022). Our findings reiterate that many young people already experiencing multiple disadvantages were further impacted by COVID-19, both in terms of short-term mental health and long-term life outlook and creates the ideal context for criminal violence and exploitation to occur (Lumley & Rolfe, 2021). The Calderdale YP team also found that youth services were immensely valuable to young people; however, the hardest problem was getting them into the first session. The main barrier faced by the Calderdale team was transport to and from the available activities, due to limited local public transport. Our findings match those of Lumley and Rolfe (2021), who also highlighted transport and access as barriers to youth engagement in their CREST review.

Youth services should be affordable with either no-fee or heavily subsidised attendance for those who need it. In addition, transport needs to be considered too and from the activity, especially for young people living in the most deprived and/ or rural areas with poorer transport links. In addition, youth services can play a role in building the aspirations of young people. They can help counter educational apathy by providing gateways to vocational training and organising work experience (if it is properly compensated) to help young people build skills outside of the confines of traditional education. Furthermore, they can organize trips to other parts of the UK to increase young people's exposure to other environments and broaden their horizons.

Due to the diversity of youth service provision and the relative lack of accessibility it may make sense to look at a "personalisation fund" approach to supporting those vulnerable to (or who have experienced) serious violence/ intergenerational trauma to access youth services which would help their inclusion and engagement in their communities and act as a gateway to more formal support services if necessary. The personalisation fund is a simply administered "pot" which would enable young people meeting set criteria to access funds (via a support worker) specifically for youth activities which would otherwise be out of reach. A similar scheme ran in WY-FI (via Humankind) for adults experiencing multiple disadvantage successfully over 7 years. Among other things this provided training and education opportunities, leisure and social activities as well as transport to and from activities.

Like all service sectors, youth services can benefit from becoming more trauma informed. Trauma can have a large impact on a child's response to both stress and care. According to Tony France in his blog post for CYPN (2019), many of the traumatic experiences in children with multiple disadvantages occurred pre-verbally, meaning that the impact of these children's behaviour is not

something they can easily comprehend or even be fully aware of themselves, as there is no story or narrative to those early experiences. Therefore, these experiences tend to be stored in the body, rather than in memory and can affect the way traumatised children respond and behave (Van der Kolk, 2015). Many of these behaviours can be interpreted as problematic or difficult and may partly explain the extent to which those with history of childhood trauma end up in the criminal justice system. It is important that workers be trauma informed so they can understand the root of these behaviours and react appropriately, with compassion rather than condemnation.

Additionally, further support can be provided to those with a history of trauma by strengthening referral links between youth services, mental health services, and schools.

Youth work can be an important pillar in targeting the most at-risk young people in the West Yorkshire. The sector has been consistently stripped back by a decade of cuts, the YMCA's report estimating that spending on youth services had reduced by 75% over the last ten years (YMCA, 2020). These services were further impacted by the COVID-19 pandemic, with 64% of youth service providers reporting being at risk of closure within the next 12 months (YouthUK, 2020). In 2019 the government pledged to increase funding to the sector by £500m. Services have scarcely been able to access this investment due to a two year delay in its availability (NYA, 2021). These commitments were recently cut by £122m in early 2022, before many sectors had even felt the impact of the investment (Eichler, 2022). This represents a further blow to a sector desperately in need. The cut represents another example of youth services being pathologically undervalued by the government, both for its ability to build resilience early and reduce long term negative outcomes for young people.

Tackling these issues involves increasing the provision of youth services. Primarily, the VRU has the capacity to increase pressure on the government to boost funding to the sector. Beyond that work needs to be done on local, community level to address their specific provision needs. The Yorkshire and Humber Youth Work Unit and district level Youth Service Networks are in a strong practical position to support this work and consideration should be given to the resources required. Our findings echo and reinforce the recommendations of the CREST review (Lumley & Rolfe, 2021). Youth services need to build young people up to improve aspirations whilst being affordable and accessible to everyone.

6.3 Provision of mental health services

Our research has highlighted the link between young people's drug use and their mental health.

Evidence provided by the Leeds YP team illustrates the vicious cycle young people can fall into when using substances to self-medicate mental health issues. As discussed previously, struggling mental

health services have been pushed to their limit by COVID-19, often meaning they have to prioritise individuals by need, usually meaning those who receive help are already in a crisis state. Some young people choose to turn to substances as a form of self-medication for their mental health issues, which bars them from accessing specialist mental health support, even when reaching crisis states. As mental health underpins substance use in this client base, attempting to reduce use without effective mental health provision is futile, as they will re-present again. The work of supporting these individuals then falls to drug and alcohol teams who are tasked with providing additional mental health support on top of their drug and alcohol work. Subsequently, drug and alcohol practitioners are feeling the squeeze themselves, absorbing much of the client base unable to access support from mental health services. Poor referral links mean teams are unable to discharge clients safely, causing treatment times to extend and treatment plans to fail.

Improving the provision of mental health services needs to be viewed as a keystone in reducing substance use and violence among young people. Substance use is not often even considered when planning or reviewing mental health services. For example, in the recent review of children and young people in the Bradford mental health service by the Centre for Mental Health (2020), there was no mention of drugs or alcohol throughout the whole report. This is increasingly important as the document suggests moving to a 0-25y service rather than a 0-18y service, meaning provision will encompass the age group that our findings suggest are most at risk of turning to substances for self-medication.

In their review, Lumley and Rolfe (2021) highlighted similar concerns that services were only concerned with the most at risk, leaving individuals with low level mental issues to either deal with it themselves or come back when they are worse. We would like to echo some of the recommendations they made in their review with a few additions more closely related to substance use.

One of the most pressing issues facing mental health provision is time. It may not be feasible to expand the provision and increase capacity in time to meet the growing need of a generation impacted by COVID-19. Services may need to look to alternate methods of structuring provision to be able to tackle the low level, non-clinical mental health issues before they reach crisis levels. Lumley and Rolfe (2021) recommended simplifying pathways for accessing mental health, empowering schools, and increasing the number of non-clinical volunteer or peer-based staff as trained referrers and listeners (p. 119). This model of trained referees and listeners could be an essential element in tackling the mental health crisis, by increasing access to support for those with

low-level or non-clinical needs. Additionally non-clinical staff require less specialist training, meaning services would be able to increase the overall capacity of the system more quickly.

Building on this, a notable intervention to consider is FACT 22 (Families Achieving Change Together) delivered by Catch 22. The intervention was praised by the Department for Education for their ability to reduce referral, caseloads, and reliance on staff (Heal et al., 2017). The model employed relied on a 'pod' structure of teams, with volunteer peer mentors/family role models and trained family workers who were managed by a qualified social worker to oversee them. The majority of time the children spent was with the volunteer workers, who were able to provide consistent support and were trained to appropriately escalate problems when necessary. This allowed teams to unburden highly trained staff and consequently service a wider population. Not only did this decrease caseloads of specialist staff but also increased how supported children felt who were 'on the cusp of the system' (Catch 22, 2020). A pilot scheme testing a similar organisational structure in the provision of mental health services could be run on a small case load and its effects monitored. If similar results can be achieved (reducing caseloads, reducing re-referrals, and reduced reliance on specialist staff) it could help tackle the rising mental health crisis in West Yorkshire and its associated substance use, utilising the resources already available in the county.

Specifically to substance use, there is a need to establish a specific treatment pathway for individuals with co-current mental health and substance use issues. This would help prevent those with co-current presentation from being automatically excluded from mental health treatment. Additionally, building strong referral links between drug and alcohol and mental health services would allow teams to discharge clients safely and reduce re-presentation. Our findings also point to a need to provide greater support for young person's teams. Additional training could be given to YP drug and alcohol teams in providing mental health and wellbeing support to their clients. In addition to training, YP teams could have trained mental health practitioners integrated into the existing team structure to provide specialist support reducing the need to refer to mental health services.

6.4 Greater access to support for sexual abuse/violence

One of the most alarming findings of our research was the connection between substance use and trauma from previous sexual/physical abuse in young women. Interviews with practitioners from the Leeds YP team informed us that every young female client on some caseloads had some form of undisclosed sexual or domestic abuse. These findings further illustrate the issue of undisclosed sexual violence in West Yorkshire, as well as the country as a whole. It is believed that only 1 in 6 sexual assaults are reported to the police (ONS,2021). Research has shown that much of the

hesitancy to report incidents of sexual violence stems from emotions such as shame and embarrassment, as well as a reluctance to label their experience as ‘rape’, especially if the perceived traditional markers—such as violence or coercion—are not present (ONS,2021). Additionally, there is also a perception that the police are unable to help in any meaningful way (ONS,2021). The range of difficult emotions led the young women seen by the Leeds YP team to self-medicate with substances in lieu of appropriate support.

Provision of these services needs to improve if the VRU wishes to address a key cause of substance use among young women in West Yorkshire. The county currently offers many local and county wide services of support including: Support after Rape & Sexual Violence (Leeds), The Rape and Sexual Abuse centre (Kirklees, Calderdale, and Wakefield) and the Bradford Rape Crisis and Sexual Abuse Survivors Service (Bradford). Currently, none of these services are explicitly tailored to the experience of women who are co-currently dealing with both substances use and a history of sexual abuse or violence.

West Yorkshire has Women’s Centres in each district (and a larger consortium of women’s services in Leeds) which practice holistic therapeutic support tailored to the clients' needs. For example, Project 1325 works across both Calderdale and Kirklees to support women aged 13-25 through a variety of needs. Their work underscores the need for services to adapt to different target groups, rather than devise completely new ways of working (for review, see Crowe et al., 2021, p. 39). However, there are limits to the degree of expertise they can offer.

Similar to the mental health findings, women dealing with co-current issues of trauma and substance use currently struggle to access appropriate support. Using similar principals outlined by organisations like Project 1352, women’s centres as well as traditional mental health services need to develop tailored support for those dealing with co-current conditions, by strengthening referral pathways and ensuring they are not excluded from specialist support.

6.4.1 Perpetrator support services in WY.

While not explicitly mentioned in the findings, increasing the provision of services aimed at tackling perpetrator behaviour may also be an important tool in addressing sexual violence in West Yorkshire and its related substance use.

The Violence reduction charity Drive stated in their call-to-action release *‘A Domestic Abuse Perpetrator Strategy for England And Wales’* (2020) that only 1% of offenders receive any form of targeted intervention (p.3). Additionally, a quarter of perpetrators are repeat offenders, and some may have up to six different victims (p. 4). Low level offenders have also been shown to escalate their levels of violence, with the Femicide Census report (2020) detailing that half of all the men who

killed women between 2009 and 2018 had a previous history of violence against women. Much of this violence is linked to substance use, with a Home Office review (2016) finding that 60% of domestic homicides involved some form of substance use.

Working at increasing the availability of targeted interventions for perpetrators of sexual violence will help to reduce the perpetuation of the cycle of violence against women. There is minimal perpetrator support in West Yorkshire, of the links listed on West Yorkshire Police website, all are either broken or dead. Further work could be done in increasing access to these services in the county or making the ones which already are more explicitly visible.

6.4.2 Provision of family mediation services

Findings from the Leeds Family plus team highlighted the fact family mediation is often difficult to access or is only available privately, restricting access to those who can afford it. Family breakdown can be a driving factor in youth substance use as highlighted by our interviews with the Calderdale YP team who stated that 80-90% of their young clients are living with a single parent.

Without mediation, other forms of resolving family breakdowns are inherently adversarial and often result in long legal battles in family courts. This can often be traumatising for the children as well as re-traumatising for the parent, especially if they were victims of abuse or violence.

Mediation services require those who can't afford it to apply for legal aid. This currently requires individuals to apply for funds or grants which can be a complex process to navigate alone. This has been addressed by the government's recent mediation voucher scheme in March 2021, which offers £500 vouchers towards mediation cases regarding or relating to a child. This scheme was recently extended to offer an additional 2,440 £500 vouchers in March 2022. The scheme is successful in widening the pool of families able to access mediation, however, depending on the case and mediator the voucher still may not cover all accrued costs (Family Mediation Council, n.d.).

Increasing the visibility of and access too family mediation can help reduce the traumatising experience of family courts on children and families Expansion to this service would build on previous recommendations from Lumley & Rolfe in the CREST review (2021) which asserted a family centred approach was required for combating generational transfer of substance use.

7 Future research

The present study has helped highlight some of the cultural, societal, and systematic factors which contribute to intergenerational substance use and how it pertains to violence. Further research

needs to be done to build on this study's foundations. Two possible areas of focus could be expanding the geographical reach as well as a qualitative exploration of some of the identified themes.

The prevalence of both drug use and violence amongst young people can vary substantially between districts. Bradford consistently ranks highly in multiple metrics including for cases of youth violence, alcohol-related hospital admissions, domestic violence, and sexual assault whilst having relatively low levels of young drinkers and drug related deaths. Wakefield as well has the highest rate of death across the whole county. Insights from the teams in these areas will help identify if the same issues are present across the whole county, or if there are specific issues, unique to districts, which need to be addressed.

Additionally, research could expand to include individual service users as well as those involved in their care. The present study is limited in its ability to identify the connections between adverse childhood experiences and the aetiology of substance use in service users. Our findings also highlight that the reasons behind substance use can change depending on their age group, with the younger being driven by social pressure and apathy and the older being for self-medication. By interviewing individual service users, we may help shed further light on how these motivations link to childhood experience, and the extent to which it affects compound over time. Such work would deepen our understanding of the ways substance use can transfer through generations and help to develop effective interventions.

Another step for further research could be to explore the themes identified in this work through a quantitative lens. Qualitative analysis is an important step in assessing the generalisability of the claims made during the interviews in this study, by looking for similar trends in a larger sample. Possible routes of quantitative analysis could include the development of a surveys around key themes identified in this study e.g., adolescent mental health and aspirations, and see how they correlate to substance use using data from services, health trusts, local Public Health Teams, and the Office for Health Improvement and Disparities.

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