



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

## Executive Summary

### Context and Literature Review

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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

## 1.1 Acknowledgements

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## 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).

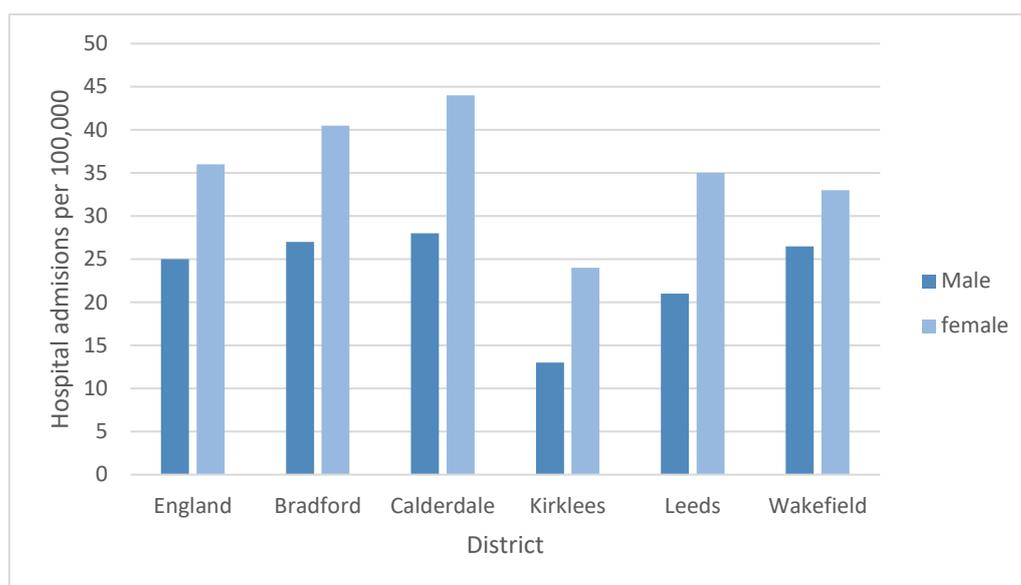
The increasing level of violence associated with illegal substances in the UK was highlighted in Dame Carol Black's landmark review of drugs (2020). The report noted a large driver of the violence was the expansion of the county lines model, a particularly brutal form of organised crime involving the 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*
<b>West Yorkshire</b>	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, 000 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.