

PUBLIC HEALTH

Children and Young People in the East Riding of Yorkshire: Substance Use (Alcohol and Drugs)

East Riding of Yorkshire
Joint Strategic Needs Assessment (JSNA)

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EAST RIDING
OF YORKSHIRE COUNCIL

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I. Introduction

I.1 Foreword

This document has been completed as part of the East Riding of Yorkshire Joint Strategic Needs Assessment (JSNA) process. It aims to examine the current use of alcohol and drugs in children and young people in East Riding of Yorkshire (ERY), understand the impact of parental substance misuse in this population and to identify the local challenges and issues for the decision making and commissioning of services.

From April 2013 the Public Health team as part of the council became responsible for commissioning young people's drug and alcohol treatment services and local arrangements were made to meet young people's needs in this area.

Children and young people who misuse drugs and alcohol are more likely to experience long term health problems including risks to brain development, mental health and behavioural problems, and teenage pregnancy among other risks. This document offers valuable information about the present needs of the local population, producing up to date and relevant information about the trends in substance misuse in young people.

East Riding of Yorkshire Council (ERYC) is committed to improving early intervention, targeted and specialist support to young people affected by substance misuse and their families. For this reason substance misuse services for young people operate in a wider network of universal, targeted and specialist services in order to offer appropriate support to young people and their parents at different stages or carers to provide information, advice and support.

Local commissioning and service provision strategies are considering the emerging risks around substance misuse, including early intervention, targeted and specialist support.

I.2 Aim of this document

The document has been produced with the aim of:

- Providing an overall view of drug and alcohol use in young people in East Riding.
- Looking at prevalence and identify potential unmet needs in young people.
- Enabling the provision of appropriate substance misuse services for young people.
- Reviewing young people's needs and risk of harm because of their or someone else's drug and alcohol use.
- Offering an insight to practitioners working with children and young people in order to identify and react appropriately to the risk of harm due to substance misuse.

This report involved a structured review of data and service information available and summarises relevant information on substance misuse in young people to ensure that that local strategies for addressing children's and young people's health and wellbeing have a strong evidence base to respond to young people's needs.

This document will primarily talk about specialist services offered to the residents of the East Riding, feature specialist service information and information from Public Health England (PHE) which may have been derived from other sources.



1.3 Key points

The paragraphs below summarise some of the main points of this document, whilst the infographic (image 1.1) on the following page illustrates a number of these points further.

1.3.1 Specialist services

The number of children and young people in specialist treatment has substantially decreased year on year between 2011/12 and 2017/18, from 146 individuals down to 12. This may reflect a national trend for a reduction in numbers in treatment but mostly relates to a change in service provision where more children are engaged by East Riding Youth and Family Support rather than sent to the specialist service. Since 2007/08 there have been more males in treatment than females (75% and 25% respectively in 2017/18) and 15-17 year olds make up 92% of all those under 18 in treatment. The majority of young people received their first intervention within 3 weeks of referral and the most prevalent substance used was cannabis, followed by alcohol.

1.3.2 Prevalence of alcohol consumption and drug use in young people (survey of 15 year olds)

Compared to the England average, East Riding children were more likely to have had an alcoholic beverage at some point in their lives (71.8%), drink regularly (9.9%) and to have been drunk in the 4 weeks preceding the survey (17.3%). However, East Riding children and young people were less likely to have tried cannabis at some point in their lives (8.7%).

1.3.3 Wider vulnerabilities and determinants

Victims of Child Sexual Exploitation (CSE) who also use substances are more likely to have a family history of domestic abuse or a family history of substances misuse (mainly parental). In 2015/16, 24% of new adult clients entering alcohol treatment and 25% of new adult clients entering drug treatment lived with children. Children accessing the specialist and non-specialist services generally live in the most deprived areas of the East Riding (over 50% resided within the Bridlington and Goole areas). Compared to the regional and England averages: East Riding children were given fewer fixed period exclusions related to drug and alcohol, had lower rates of children in (or first time entrants into) the youth justice system and a lower rate of children looked after.

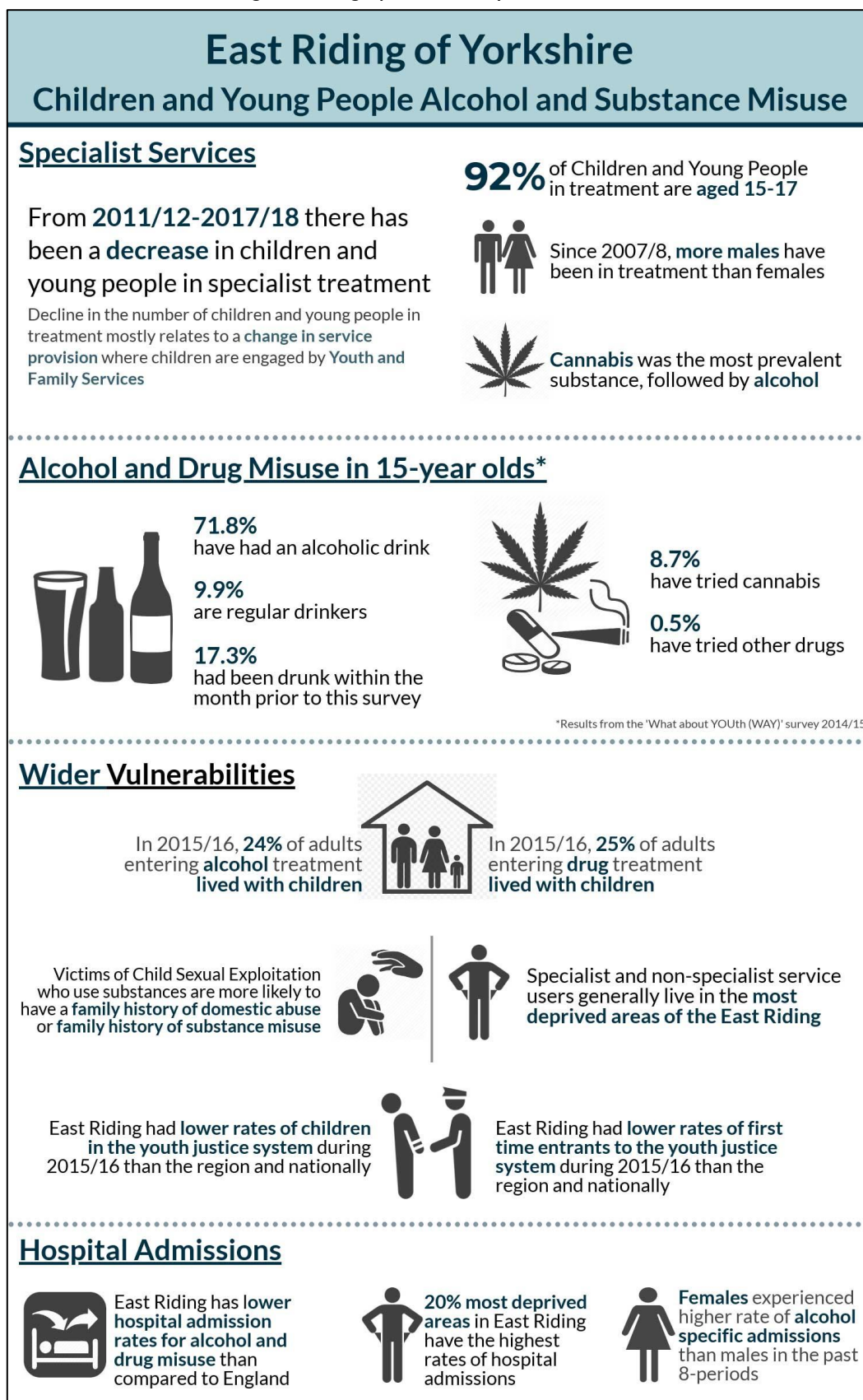
1.3.4 Hospital Admissions (alcohol and drug misuse)

The rate of admissions involving East Riding under 18 year olds due to alcohol specific conditions is declining, following national trends. In the latest reported period (2014/15-16/17), the East Riding had a lower rate than England but not significantly. East Riding females experienced a higher rate of alcohol specific admissions than males but these rates are declining (female rates in 2014-17 were over half what they were in 2006-09). There were significantly higher admission rates for alcohol specific conditions (male and female combined) in the most deprived East Riding communities. Compared to the England average there was a significantly lower rate of hospital admissions due to drug misuse involving East Riding residents aged 15-24 years, however they are increasing following national trends. Like alcohol, there was a significantly higher rate of admissions for drug use within the most deprived



East Riding communities. For both alcohol and drugs, the East Riding had the second lowest rate of admissions (lower rates are better) when compared to similar local authorities around England.

Image 1.1 Infographic summary of this document



1.4 Recommendations

- Develop a system wide strategy that ensures partners continue to work with the Children's Safeguarding Board, Schools, Children's Services and other agencies to ensure children are supported in making informed decisions regarding drug and alcohol use and prevent drug related harm.
- Monitor and respond to changes in the patterns of supply, or use of drugs and alcohol, among young people in an appropriate and timely manner.
- Support Children's Services in identifying, assessing and responding appropriately to children who misuse drugs and alcohol.
- Ensure that these services are supported by other services who are able to work with the children who require additional help due to their dependency, or where drug and alcohol use is combined with other needs (for example mental health).

2. Non-specialist services: alcohol and drug services for children and young people in the East Riding

Public Health funds the East Riding Youth and Family Support (ERYFS) service for the provision of non-specialist substance misuse interventions to young people with the aim of improving early intervention and targeted support to young people at risk of substance misuse and to prevent problems with drugs and alcohol from developing or escalating. The service provision of substance misuse early interventions and targeted support includes:

1. Identification of key warning signs of substance misuse risks and work with young people who are not necessarily seeking help but are vulnerable to substance misuse on the basis of characteristics they have or on the basis of the group to which they belong.
2. Delivery of substance misuse brief and extended brief interventions to young people at low risk or identified at risk on the basis of the characteristics they themselves have or on the basis of the group to which they belong.
3. Provision of age appropriate substance misuse preventative work within schools and similar settings with young people to ensure that they are able to make informed choices in respect of substance use, sexual health and mental health to prevent and reduce risky behaviours.
4. Establish young people's understanding and circumstances around drugs and alcohol, how often and in what context they use alcohol or drugs and if there are immediate risks related to drugs and alcohol.
5. Support young people to access appropriate services, encouraging their understanding of a timely referral to drug or alcohol targeted or specialist support as appropriate.
6. Promotion of services and provision of information to young people, their parents and carers, about drugs and alcohol, and risks of use in young people. This includes the use of social media targeted towards young people and families and the implementation of public campaigns.

Further information can be obtained here: <http://www2.eastriding.gov.uk/living/health-and-wellbeing/young-people/drugs-and-alcohol-advice/>.



3. Specialist services: alcohol and drug services for children and young people in the East Riding

3.1 An overview of specialist drug and alcohol services in the East Riding

East Riding Partnership has been commissioned to integrate with the East Riding Youth and Family Support Team to deliver the specialist element of the East Riding Young People's Substance Misuse Service to young people aged 18 and under. The service is intended to provide programmes tailored to the individual service user's needs which include: comprehensive assessments, treatment, case management, referrals, substitute prescribing and community detoxification and maintenance regimes.

The current service provision consists of:

1. Comprehensive assessments of the young person's needs including health care and risk assessment and appropriately assess their needs in relation to their physical and emotional wellbeing, social functioning and substance misuse issues in line with national guidance.
2. Care planning and regular review of care plans.
3. Provision of evidence based interventions in line with national guidance, including harm reduction, psychosocial, family and pharmacological interventions.
4. Open Access service to drug and alcohol misusers aged 16 and over. The aim of this service is to provide advice, information, assessment, appropriate referrals and brief structured interventions. No appointment is needed to access this service and is available in different areas of the East Riding.

For more information please view the following website: <https://ads-uk.org/yps/>.

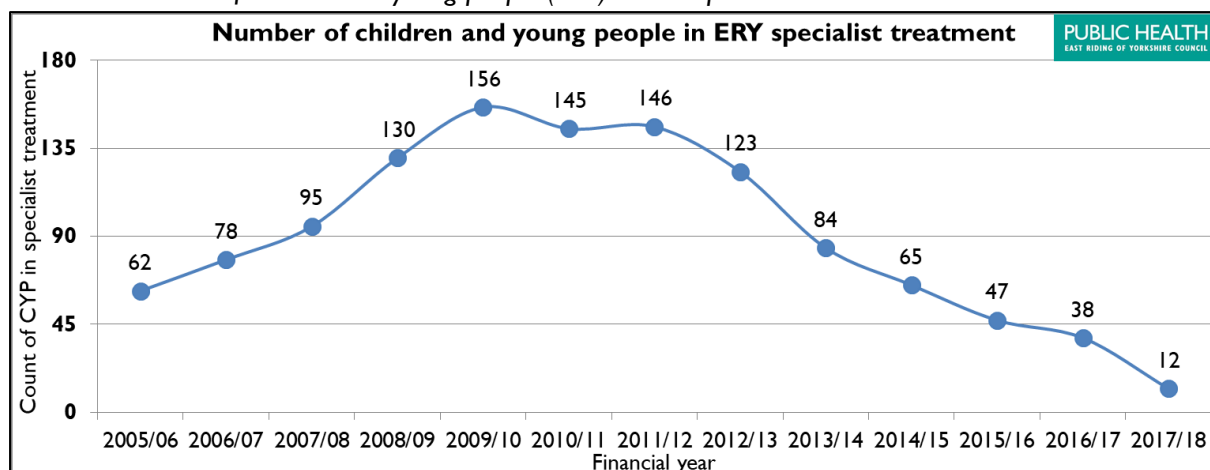
3.2 Number of East Riding children in specialist treatment

The latest statistics on young people's alcohol and drug use published by Public Health England (PHE) show the number of young people accessing substance misuse services has been decreasing in recent years nationally. Please refer to chart A.1 in Appendix 1.

Chart 3.1 below is sourced from the National Drug Treatment Monitoring System (NDTMS). It displays the number of children and young people (under 18 years) in the East Riding accessing specialist substance misuse support, between 2005/06 and 2017/18.



Chart 3.1 Number of children and young people (CYP) in ERY specialist treatment. Source: NDTMS



The numbers peaked in 2009/10 (n=156), but since 2011/12 the number has been decreasing. In 2017/18 there were 12, a reduction of almost 70% from the 38 in 2016/17.

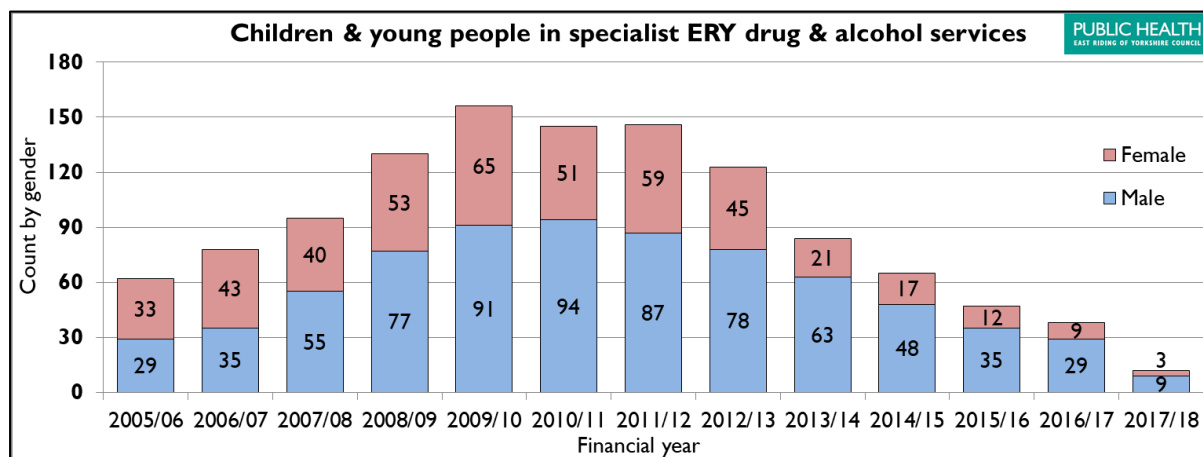
The drop in numbers are due to changes in the local safeguarding referral process and internal structures of the service providers which affects the ability for young people to access services, rather than a change in need. Therefore there are concerns about a hidden population of young people who require help but are not reached, identified or choose not to engage or seek help.

In the East Riding all concerns and referrals regarding children and young people using substances are processed through East Riding Social Services “Early Help and Safeguarding Hub” (EHaSH). This means that children and young people cannot be referred or refer themselves to the specialist service or contact the services directly (at least not those under 16 years of age).

3.3 Gender

The numbers of children in specialist treatment, split by gender can be viewed in chart 3.2. In all periods (except for 2005/06 and 2006/07) there were a higher number of males than females and the gender percentage split has remained similar since 2013/14 (75% males and 25% females). In the latest period (2017/18), there were 9 males and 3 females in the service.

Chart 3.2 Count by gender, of children and young people in specialist ERY drug and alcohol services. Source: NDTMS



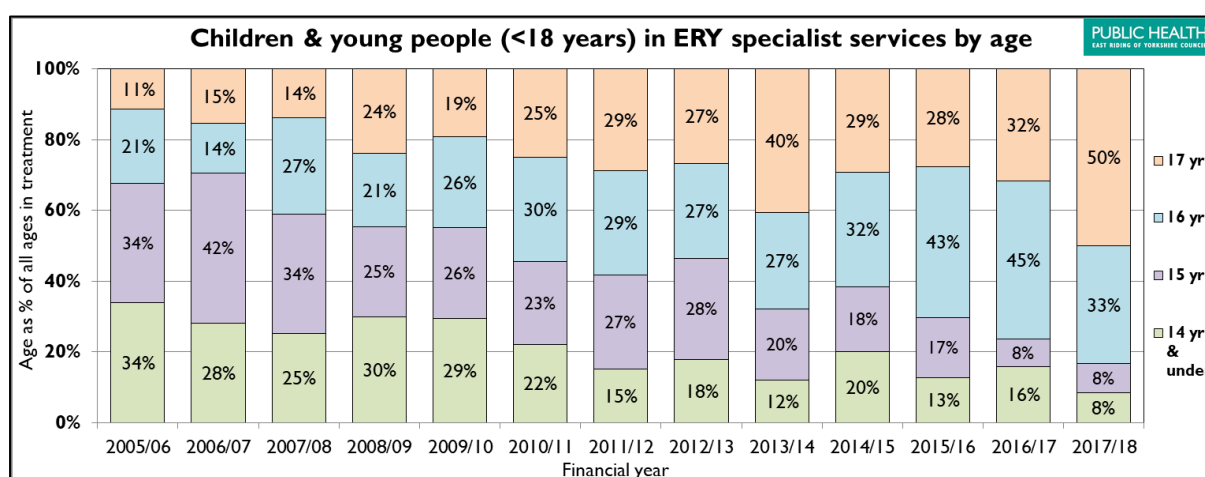
3.4 Age

The majority of the East Riding children and young people in the specialist service in 2017/18 were aged 15-17 years, in line with the national average (16 years of age) and formed 92% of service users under the age of 18.

Those aged 15-17 made up between 78% and 92% of all users within the years 2010/11 to 2017/18, however in the years preceding it was lower (ranging from 66% to 75%). A lower percentage of 15-17 year olds in these earlier years was due to a higher number of 14 year olds in the service than there are now. For example, in 2005/06 14 year olds accounted for 26% (n=16) of those under 18 in treatment, compared with 16% (n=10) in 2014/15 (the last year a separate count was given for 14 year olds).

Chart 3.3 displays the age groups as a percentage of the total in treatment for under 18 year olds.

Chart 3.3 Children & young people (<18 years) in ERY specialist services: specific age as % of all ages in treatment. Source: NDTMS



3.5 Waiting times

Between 2005/06 and 2017/18 the overwhelming majority of young people received their first intervention within 3 weeks of referral.

3.6 Types of substances used by children and young people in specialist services

The main substances reported to be used by children and young people in specialist services are cannabis and alcohol (as highlighted in table 3.4). However, new substances have emerged such as NPS (new psychoactive substances) and this has proved a challenge to services who have had to adapt.



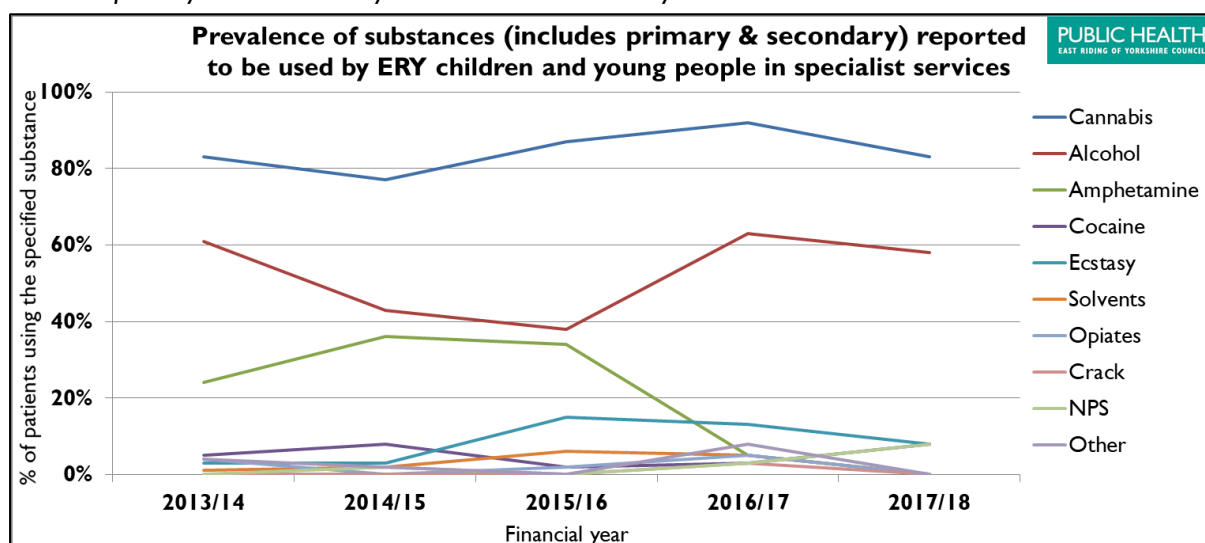
Table 3.4 Prevalence of substances reported to be used by ERY children and young people in specialist services. Includes user's primary and secondary substances. Financial years 2013/14 to 2017/18. Source: NTDMs

Substances*	2013/14	2014/15	2015/16	2016/17	2017/18
Cannabis	83%	77%	87%	92%	83%
Alcohol	61%	43%	38%	63%	58%
Amphetamine	24%	36%	34%	5%	0%
Cocaine	5%	8%	2%	3%	8%
Ecstasy	3%	3%	15%	13%	8%
Solvents	1%	2%	6%	5%	0%
Opiates	4%	0%	2%	5%	0%
Crack	0%	0%	0%	3%	0%
NPS	0%	2%	0%	3%	8%
Other	4%	2%	0%	8%	0%

*Young people in treatment might use more than one substance, so columns will not add up to 100%.

Whilst amphetamine use has been decreasing over time, other stimulants (such as cocaine) remain prevalent; Ecstasy and NPS use have both increased. Chart 3.5 below illustrates the figures shown in table 3.4 to show the trends more clearly.

Chart 3.5 Prevalence of substances reported to be used by ERY children and young people in specialist services. Includes primary and secondary substances. Financial years 2013/14 to 2017/18. Source: NTDMs



In 2017/18, the proportion of young people who reported polydrug use (i.e. more than one substance) was 73%.



4. Prevalence of substance misuse in young people

Sections 4.1 & 4.2 are derived from the “What About Youth?” (WAY) study, undertaken by NHS Digital on behalf of the Department of Health in 2014/15. This survey, previously known as the “Local Health and Wellbeing Survey for Younger People”, invited 15-year-olds to complete a questionnaire about their health and well-being.

Please note that whilst this information (available via PHE Fingertips) provides prevalence figures for each local authority, it doesn't reveal the actual numbers of children responding to any of the questions.

4.1 Alcohol consumption (15 year olds)

PHE have produced three prevalence indicators from the survey relating to alcohol:

1. Those who have ever had an alcoholic drink.
2. Percent of regular drinkers.
3. Those who have been drunk in the last four weeks.

Table 4.1 summaries the results found for the East Riding, with a comparison against the Yorkshire and the Humber (Y&H) region and England.

Table 4.1 Summary table of alcohol related indicators from the “What About YOUth survey”. Applies to 15 year olds only, 2014/15. Source: PHE Fingertips

Indicator	ERY %	Region %	England %
1. Percentage who have ever had an alcoholic drink	71.8%	66.2%	62.4%
Comment about ERY's statistical comparison to region and England for indicator 1		ERY is significantly higher	ERY is significantly higher
2. Percentage of regular drinkers	9.9%	7.7%	6.2%
Comment about ERY's statistical comparison to region and England for indicator 2		ERY is significantly higher	ERY is significantly higher
3. Percentage who have been drunk in the last 4 weeks	17.3%	16.2%	14.6%
Comment about ERY's statistical comparison to region and England for indicator 3		ERY is similar	ERY is significantly higher

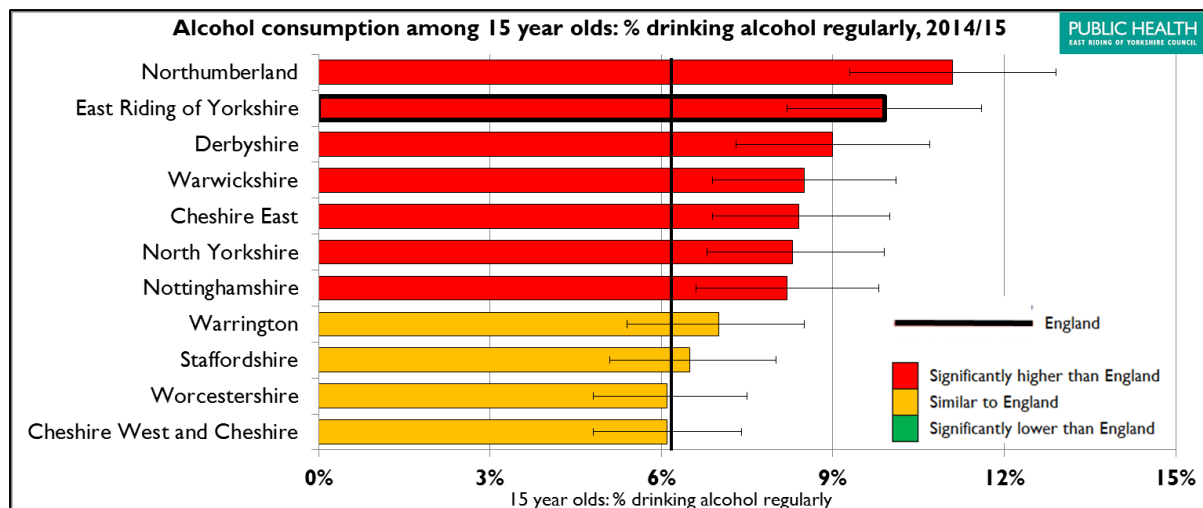
In 2009, the then Chief Medical Officer recommended that children under 15 should not consume any alcohol at all. Research had suggested that those who drank alcohol at an early age would go on to drink both more frequently and in greater quantities in later life. The WAY survey asked 15 year olds if they had ever had an alcoholic drink (classified as a ‘whole drink’ as opposed to just a ‘sip’), with 71.8% in East Riding responding that they had. This was a significantly higher prevalence than both region and England; whilst a comparison with the Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT) neighbours saw East Riding placed centrally amongst its peers. The CSSNBT allows local authorities to compare themselves against other local authorities around the country, which have similar characteristics.

Question 24 of the survey asked “How often do you usually have an alcoholic drink?” and those who drank alcohol at least once a week were classed as regular drinkers. The specific response choices in the questionnaire that make up the category of regular drinkers include: “Every day or almost every



day”, “About twice a week”, “About once a week”. From the survey respondents, 9.9% of East Riding residents reported to drink alcohol regularly, which was a significantly higher proportion than the prevalence found for both the regional and England averages. For the same indicator, chart 4.2 compares the East Riding to the CSSNBT statistical neighbours, with prevalence ranging from 6.1% in to 11.1%. The East Riding is placed second highest and is one of seven local authorities in the group that were significantly higher than the England average. Compared to the 15 other local authorities in the Yorkshire and Humber region (not shown in this document), East Riding had the third highest prevalence.

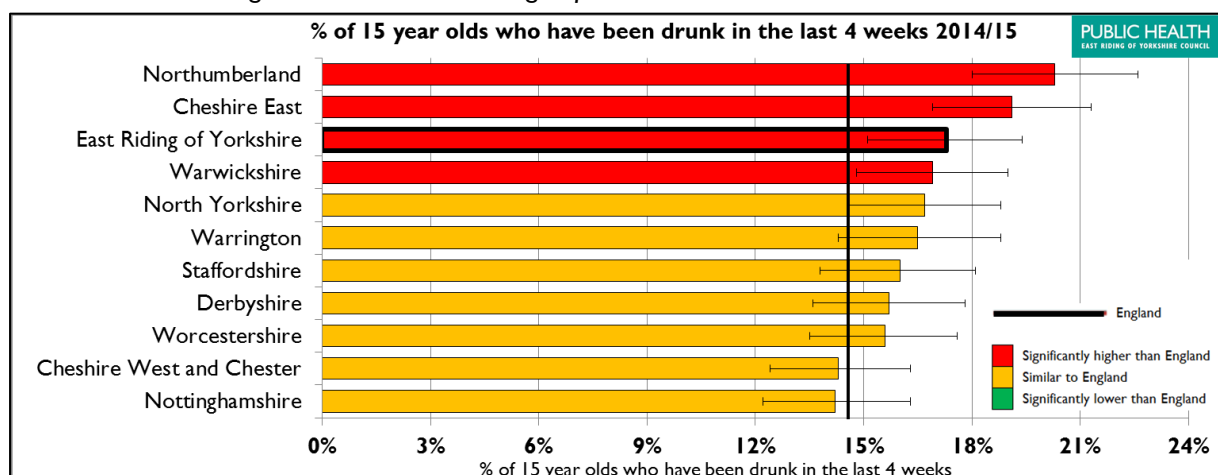
Chart 4.2. Alcohol consumption among 15 year olds: % drinking alcohol regularly, 2014/15. ERY compared to CSSNBT statistical neighbours. Source: PHE Fingertips



Question 25 of the WAY survey asked respondents "Have you been drunk in the last 4 weeks?" to which 17.3% of East Riding residents replied “yes”. This was significantly higher than the prevalence recorded for England (14.6%) and higher (but not significantly) than the regional prevalence of 16.2%.

In comparison with the CSSNBT statistical neighbours (chart 4.3), East Riding is the third highest local authority. When compared with the other local authorities within the Y&H region, the East Riding is centrally placed, being one of the 11 (out of 15) local authorities with a statistically similar prevalence to the regional average (not shown in this document).

Chart 4.3 Percent of 15 year olds who have been drunk in the last 4 weeks, 2014/15. ERY compared to CSSNBT statistical neighbours. Source: PHE Fingertips



4.2 Drug use (15 year olds)

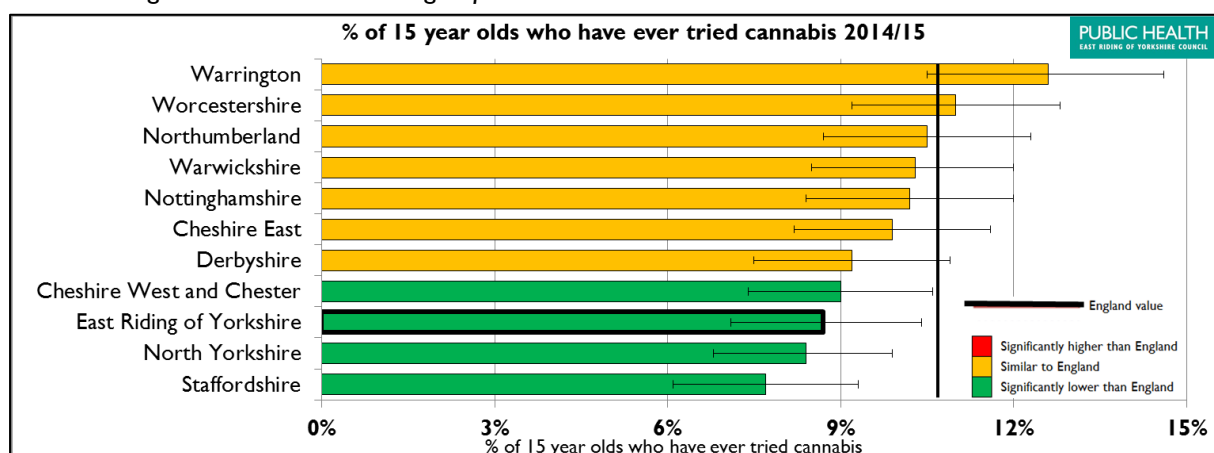
There are three indicators from the WAY survey relating to drug misuse, that PHE have published data on; they include the use of cannabis and use of other drugs (excluding cannabis). Table 4.4 summarises the results found for the East Riding, with a comparison against region and England.

Table 4.4 Drug misuse indicators summary table, from the What About YOUth (WAY) survey. Prevalence in 15 year olds. 2014/15. Source: PHE Fingertips

Indicator	ERY %	Region %	England %
1. Percentage who have ever tried cannabis	8.7%	9.8%	10.7%
Comment about ERY's statistical comparison to region or England for indicator 1		ERY is similar	ERY is significantly lower
2. Cannabis use among 15 year olds: % who have taken cannabis in the last month	3.8%	4.1%	4.6%
Comment about ERY's statistical comparison to region or England for indicator 2		ERY is similar	ERY is similar
3. Drug use among 15 year olds: % who have taken drugs (excluding cannabis) in the last month	0.5%	0.7%	0.9%
Comment about ERY's statistical comparison to region or England for indicator 3		ERY is similar	ERY is similar

In response to question 30 of the WAY survey, which asks "Have you ever tried cannabis (even if only once)?" 8.7% of East Riding residents answered "Yes". This was a prevalence that was significantly lower than the England average of 10.7% and lower (but not significantly) than the regional average. In comparison with the CSSNBT statistical neighbours, the East Riding prevalence was the third lowest of the group which ranged from 7.9% to 15.5%. Please refer to chart 4.5.

Chart 4.5 Percentage of 15 year olds who have ever tried cannabis, 2014/15. ERY compared to CSSNBT statistical neighbours. Source: PHE Fingertips



When asked if they had taken cannabis within the last month, 3.8% of East Riding residents stated they had, which was lower, but not significantly, than both the England (4.6%) and regional (4.1%) averages. When ranked against the CSSNBT neighbours (headed by Warrington at 6.2%), East Riding was in the lower third of values.

The percentage of East Riding residents who responded to have taken drugs (excluding cannabis) in the last month was recorded as 0.5%. As was found with the prevalence of cannabis in the paragraph



above, the East Riding prevalence of taking non-cannabis substances were lower, but not significantly, than both regional and national averages (0.7% and 0.9% respectively). East Riding was within the upper half (i.e. a higher prevalence) of CSSNBT neighbour values.

5. Substance misuse and impact on mental health

Previous studies (Davies et al., 2013) found 10% of children aged 5-15 years had a clinically diagnosable mental health disorder and that self-harming and substance abuse are known to be much more common in children and young people with mental health disorders. PHE (2017a) report that, nationally, upon entering treatment 25% of females and 15% of males were reported to have mental health problems. In 2015/16, 17% of young people in treatment (33% of females and 9% of males) reported to be self-harming.

Table 5.1 presents data obtained from the PHE JSNA Support Pack which records data from the year 2015/16. It reports that the prevalence of young people in the East Riding (accessing specialist services) who were reported to be self-harming (23%) was higher than the national average (17%).

Table 5.1 Young people (ERY) in specialist services who self-harmed in 2015/16. Source: PHE JSNA Support Pack 2017/18

Self-harm in specialist services	2015/16
ERY	23%
England	17%



6. Wider vulnerabilities and determinants

PHE (2017a) reported that, nationally, children and young people entering specialist treatment would often not simply be experiencing substance misuse problems, it was much more likely that there was a multitude of problems and wider vulnerabilities. The more vulnerabilities and Adverse Childhood Experiences (ACEs) young people have, the more likely they are to misuse substances and conversely, that vulnerabilities for young people increase with the use of alcohol and drugs.

6.1 Alcohol and drug treatment services – clients living with children

One of the risk factors traditionally associated with young people misusing substances is parental substance misuse.

Nationally, there almost 25,000 children who lived with clients entering alcohol services in 2015/16 and 28,400 who lived with clients entering drug treatment services. During the same year, in East Riding, the numbers were:

- 153 children living with clients entering alcohol services
- 157 children living with clients entering drug treatment services

Table 6.1 displays the living arrangements of the 365 East Riding clients entering alcohol services in 2015/16. The majority of clients (54%, n=196) were found to be either not a parent or not to have any child contact, this category also had the highest proportion nationally too. In East Riding, 24% of clients (n=87) lived with children and 22% (n=82) were parents not living with children.

Table 6.1. Living arrangements of clients entering alcohol treatment services in 2015/16, all persons, ERY compared to National. Source: PHE Alcohol JSNA support pack 2017/18

Living arrangement	ERY (number)	ERY (% of new presentations)	National (% of new presentations)
Living with children (own or other)	87	24%	24%
Parents not living with children	82	22%	27%
Not a parent/no child contact	196	54%	47%
Incomplete data	0	0%	2%
Total	365	100%	100%

The living arrangements of clients entering drug treatment services are shown in table 6.2. Similarly to alcohol treatment, the highest proportion of new clients in drug treatment services were found to be either not a parent or not to have any child contact (44%, n=145). Unlike alcohol treatment services, a higher proportion of drug treatment clients were found to be parents not living with children (30%, n=99) compared to those who did live with children (25%, n=80).

Table 6.2. Living arrangements of clients entering drug treatment services in 2015/16, all persons, ERY compared to National. Source: PHE Drug JSNA support pack 2017/18

Living arrangement	ERY (number)	ERY (% of new presentations)	National (% of new presentations)
Living with children (own or other)	80	25%	19%
Parents not living with children	99	30%	33%
Not a parent/no child contact	145	44%	47%
Incomplete data	2	1%	1%
Total	326	100%	100%



6.2 Services users reported as being affected by other's substance misuse

The percentage of young people accessing specialist substance misuse services reported as being affected by other's substance misuse, are reported in table 6.3 below.

In the East Riding, those affected decreased from 19% in 2016/17 to 11% in 2017/18, however these percentages are based on extremely small numbers and caution should be taken when interpreting the results.

Table 6.3 Young people in ERY accessing specialist substance misuse services reported as being affected by other's substance misuse. Source: NDTMS

Wider Vulnerability	2014/15	2015/16	2016/17	2017/18
Affected by others' substance misuse	21%	24%	19%	11%

6.3 Child Sexual Exploitation (CSE)

In 2017, there were 91 cases of young people aged under 18 years referred to the Multi Agency Child Exploitation (MACE) panel as victims of CSE. The proportion reported to be misusing substances equated to 47% (n=43). Of those misusing substances, 77% were female and 23% males.

Chart 6.4 below displays the type of substances used by these young people, who could specify that they used more than one substance. Cannabis use was the most dominant substance type used overall (n=40) and was the substance with the highest count of use in all individual ages (13 through to 17 years). Of the 43 individuals using substances, over three quarters of them (n=33) were reporting polysubstance misuse (the use of 2 or more substances).

Chart 6.4 Substances used by young people (under 18 years of age) who were victims of CSE, 2017.

Source: East Riding Safeguarding Children Board (ERSCB)

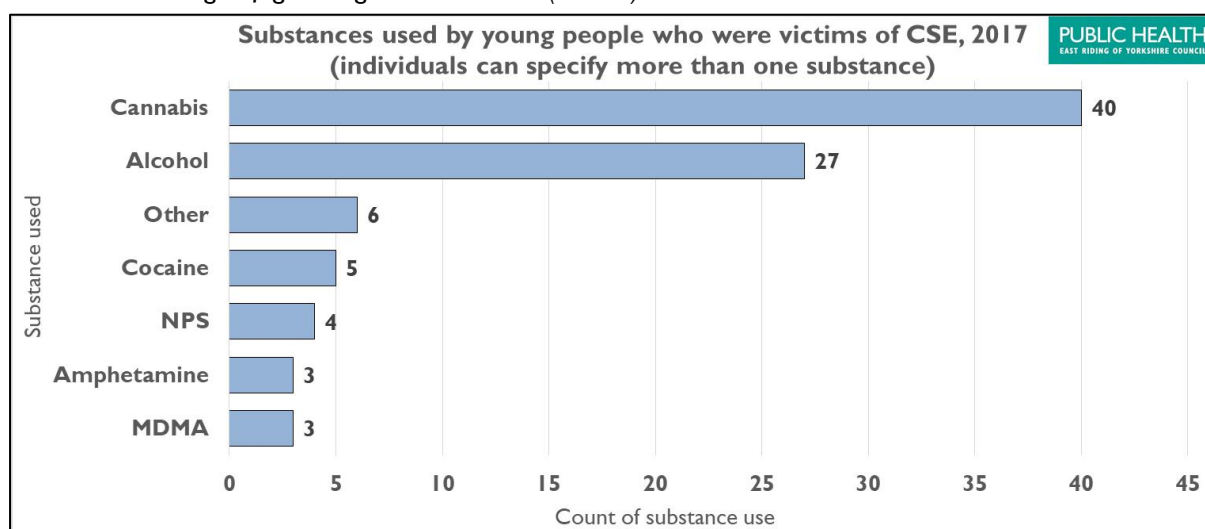


Table 6.5 summarises the family history of children who are victims of CSE and also use substances. It reveals that in 2017, a higher proportion of those young people had a family history of domestic abuse and there was a higher proportion who endured a family history of substances misuse (mainly parental).

Table 6.5 Young people who are victims of CSE and use substances: family history (2017). Source: ERSCB

Category	Family history of domestic abuse	Family history of substance misuse
No	10 (23%)	16 (37%)
Yes	33 (77%)	27 (63%)
Grand Total	43	43

6.4 Specialist and non-specialist service user area of residence and links to deprivation

Social deprivation can exacerbate a wide range of problems linked to exclusion and substance misuse. Nationally, areas with a higher level of deprivation are found to have worse outcomes in a number of key indicators, including those highlighted in this document.

According to the Index of Multiple Deprivation (IMD) 2015, East Riding of Yorkshire is ranked 215th out of the 326 local authorities in England regarding deprivation (where “1” is the most deprived). However, there is substantial variation in deprivation levels within the East Riding and areas within the wards of Bridlington South, Goole South and South East Holderness are amongst the most deprived within the local authority. Please refer to maps A2, A3 and A4 in Appendix 2; the former shows the location of the 26 wards of the East Riding, whilst the latter two display areas of deprivation (based on national deciles and local quintiles respectively).

Due to the sensitivity of service user data (specialist and non-specialist), the provision of certain types of geographic information relating to area of residence (such as LSOA or ward levels) are not possible to obtain. Without this specific detail it is hard to complete accurate analysis; the only information provided was a 4 digit postcode of those engaged with specialist and non-specialist services. Table 6.6 uses this portion of the postcode and has linked it to an area of best fit (please see table A.6 in Appendix 2 for further details) and only areas of with a count of 5 or more have been displayed in the table.

The areas of Bridlington, Beverley and Goole were found to have the highest counts (and rates) of service users in 2017/18. Over half of service users resided in the Bridlington and Goole areas.

Table 6.6 Approximate area of residence of specialist and non-specialist service users, based on 4 digit postcode source, 2017/18. Rate uses 2017 ONS mid-year ward population estimates. Source: East Riding Youth and Family Support Service

Area of residence	Count	Area as % of total count	Approximate rate per 10,000 population
Bridlington	16	36%	23.7
Beverley	10	23%	11.5
Goole	8	18%	7.8
All other East Riding areas combined	10	23%	2.7
Total (2017/18)	44	100%	



6.5 Children and young people looked after

Children and young people looked after are considered a group at risk of substance misuse in the NICE Guidance Drug misuse prevention: targeted interventions (NICE, 2017). A child or a young person is considered 'looked after' if they are subject to a care order or (for a temporarily basis) they are involved in planned arrangements for respite care or short breaks. The term also includes those in residential care, foster care or boarding school, or with birth parents, other family or carers. Those children and young people in placements outside of their home area are also included.

In England, PHE (2017b) report that approximately 6 out of 10 of those looked after experience emotional and mental health problems and, after leaving care, often experience poor health, educational and social outcomes. Increased levels of antisocial behaviour, emotional instability and psychosis in adulthood is linked to being in care when young.

Table 6.7 displays the number of children looked after in East Riding and crude rate per 10,000 population. In 2015/16 there were 260 children looked after (a reduction from 335 in 2012/13). The East Riding crude rate (41.5 per 10,000) was significantly lower than both the comparative rates of the Y&H region and England. In the four years presented in the table, the rate of children looked after in East Riding has been consistently falling year on year.

Table 6.7 Children looked after. ERY compared to region and England. Crude rate per 10,000 population. Source: PHE Fingertips

Period	ERY count	ERY rate	Yorkshire & the Humber rate	England rate
2012/13	335	53.0	66.0	60.0
2013/14	310	48.9	64.7	59.8
2014/15	290	45.9	63.6	60.0
2015/16	260	41.5	63.2	60.3

In 2015/16, out of all the local authorities in the Yorkshire and Humber region, East Riding has the second lowest rate of children looked after and when compared to the nearest 15 CIPFA (Chartered Institute of Public Finance and Accountancy) neighbours, East Riding sits within the bottom third. CIPFA is similar (in principle) to the already mentioned CSSNBT, in that it allows similar local authorities around this country to compare against each other, but this tool uses a different methodology. When creating this document the most accessible comparator tool at the time of writing (i.e. CSSNBT or CIPFA) was used.

Chart A.7 in Appendix 3 displays crude rates per 10,000 population (aged 0-17 years) of children looked after by East Riding ward, as of 14 August 2017. The rates are derived from the child's home postcode (not their placement postcode) and then converted to their respective ward. Due to small numbers, nine of the ward values have been withheld (although they did count towards the East Riding average presented in the chart) and there were zero counts of children looked after within the Beverley Rural, Mid Holderness and South Hunsley wards. Bridlington South had the highest rate (141 per 10,000 population), followed by Goole South (112 per 10,000 population). The four wards illustrated as having a significantly higher than East Riding average rate are also the same four wards considered to be the most deprived wards within the local authority. Please note that as the chart



represents a different time period from table 6.7 and the data obtained from a different source, then the overall East Riding averages presented will be different. Within the specialist services of the East Riding Partnership, the prevalence of children and young people who were looked after increased from 7% in 2014/15 to 33% 2017/18. See table 6.8 below.

Table 6.8 Children looked after: percent in specialist services. Source: East Riding Partnership

Year	2014/15	2015/16	2016/17	2017/18
Children looked after (% in East Riding specialist services)	7%	15%	12%	33%

6.6 Exclusion from school due to substance use

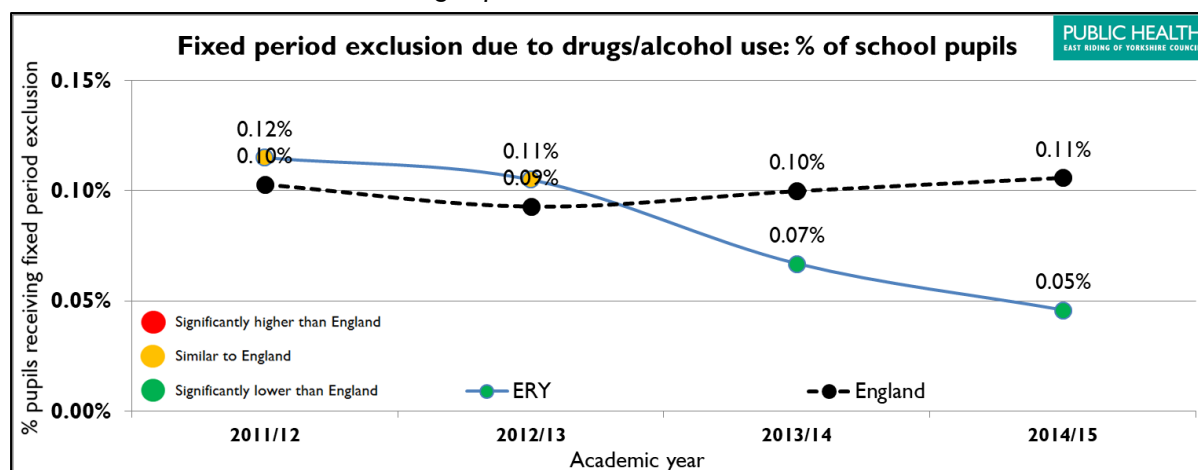
Table 6.9 displays the number of drug and alcohol related fixed period exclusions in state-funded primary, state-funded secondary and special schools. The table also shows the percentage of school pupils receiving a fixed period exclusion due to drugs or alcohol use. Between 2011/12 and 2014/15 (the latest year available from PHE) the number of exclusions due to substance or alcohol use has declined from 54 to 21, with the percent of pupils excluded dropping from 0.12% to 0.05%.

Table 6.9 Number and % of drug and alcohol related fixed period exclusions in state-funded primary, state-funded secondary and special schools. Source: PHE Fingertips

Period	2011/12	2012/13	2013/14	2014/15
ERY (count)	54	49	31	21
ERY (%)	0.12%	0.11%	0.07%	0.05%
Yorkshire and the Humber (%)	0.11%	0.10%	0.11%	0.11%
England (%)	0.10%	0.09%	0.10%	0.11%

In 2014/15, the percent of pupils excluded in the East Riding was significantly lower than the England average of 0.11% and was the second lowest percentage amongst CIPFA neighbours. A comparison of the percentage of pupils excluded in the East Riding compared to England, over the four financial years, is made in chart 6.10. The East Riding was initially higher than the England average for the first two periods displayed, but decreased to become significantly lower from 2013/14 onward.

Chart 6.10 Fixed period exclusion due to drugs/alcohol use: % of school pupils. ERY compared to England 2011/12 to 2014/15. Source: PHE Fingertips



6.7 Not in education, employment or training (NEETs)

Young people not in education, employment or training (NEETs) are not only limiting opportunities for themselves from an economic and social mobility point of view, they are also at risk from a number of negative outcomes (e.g. poor health, depression or early parenthood). NICE guidance (NICE, 2017) also considers this group at risk of drug misuse.

In 2016, the number of NEETs (which also includes the status “or whose activity is not known”) aged 16 or 17 years within the East Riding was 260. This equated to a prevalence of 3.6%, significantly lower than both the England and region averages of 6% and 5.8% respectively. Since 2012, the East Riding prevalence of NEETs remained significantly lower than the England average. Compared to the nearest 15 CIPFA neighbours in 2016, the East Riding prevalence was 6th lowest.

Table A.8 in Appendix 3 displays the number and proportion of NEETs with the wards of East Riding during September 2014. Please note that this table includes a slightly wider age group of 16-19 year olds. Within the wards, the percentage of 16-19 year olds who were NEETs ranged from extremely small values in wards such as Dale (not reported due a count of less than 5) to 3.7% in Bridlington South (n=27). The East Riding average was 1.1%.

Nationally, the most deprived deciles of England are reported to have the highest proportion of NEETs. Within the East Riding, the wards considered to be the most deprived (Bridlington South, Bridlington Central and Old Town, Goole South and South East Holderness) all had the highest proportions of NEETs in their wards. Of all the 177 NEETs within East Riding for this period, almost 15% of them resided in the Bridlington South ward.

In the specialist service the proportion of children and young people recorded as NEETs are shown in table 6.11 (please be aware that these percentages are based on small numbers).

Table 6.11 Percentage of NEETS by year in specialist services. Source: PHE/NDTMS

Wider Vulnerability	2014/15	2015/16	2016/17	2017/18
NEET	21%	32%	19%	11%

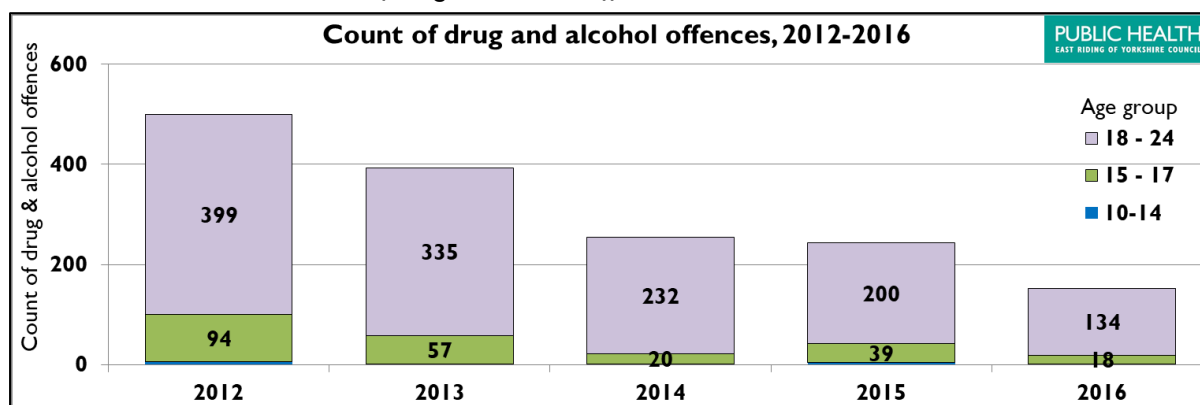
6.8 Drug and alcohol related crime involving children and young people

In the 5 year period 2012-16 there were 242 drug and alcohol offences involving under 18 year olds, 6% of these (n=14) involved 10-14 year olds.

Chart 6.12 shows the individual years within this period by age group and also includes the older 18-24 group. There was a 69% decrease in recorded drug and alcohol offences overall (i.e. ages 10-24) between 2012 (n=499) and 2016 (n=153); however there may be a number of reasons why this decrease occurred and it should not automatically be assumed that less offences are occurring in society.

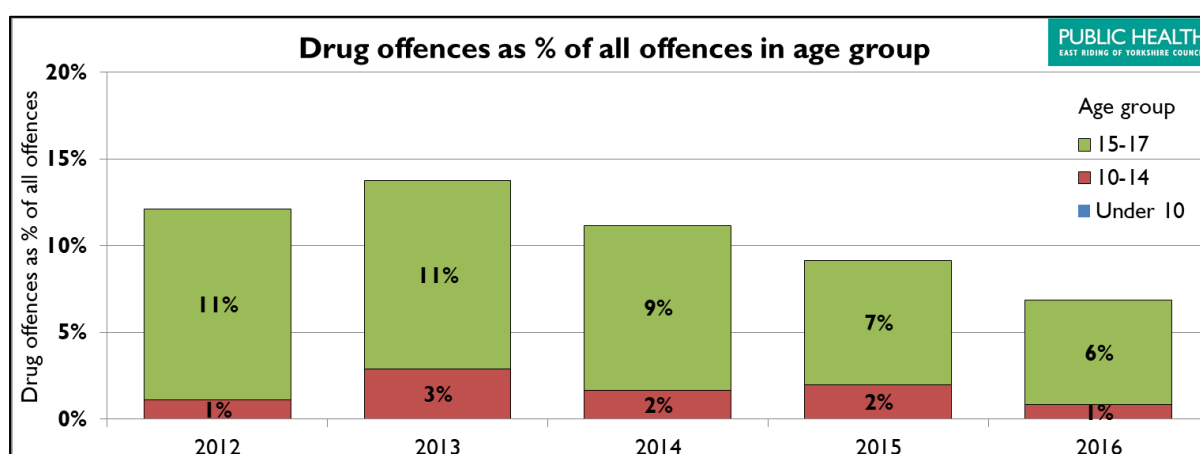


Chart 6.12 ERY residents, count of drug and alcohol offences, 2012-2016. Source: Humberside Police



In the same five year period, 6% (n=242) of all offences committed by under 18 year olds were related to drugs. The majority were committed by 15-17 year olds (9% of all offences in this age group) and there were 25 drug related offences committed by 10-14 year olds (2% of all offences in age group). There were no drug related offences committed by under 10 year olds. Chart 6.13 below displays the percentage of drug offences for each group by individual year.

Chart 6.13 ERY residents, drug offences by age group as a percent of all crimes in that age group. Source: Humberside Police



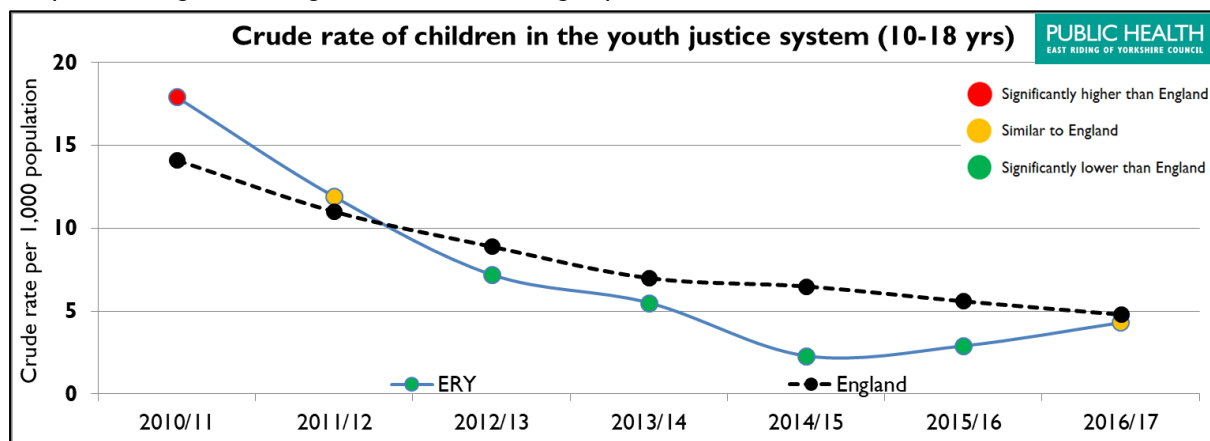
6.9 Children in the youth justice system

This section examines the rates of children in the youth justice system (more specifically, those who have been supervised by a youth offending team), aged 10-18 years of age. This group of children and young people are largely considered to have more unmet health needs (the risk of suicide in particular) compared with other children in their age group.

In the East Riding, the rate of children (aged 10-18 years) in the youth justice system has reduced from a significantly higher than England rate of 17.9 per 1,000 (2010/11) to statistically a similar rate of 4.3 per 1,000 (2016/17). This is illustrated in chart 6.14. Compared to the nearest 15 CIPFA neighbours, the East Riding was in the lower (i.e. better) half of the local authority rates.



Chart 6.14 Children in the youth justice system: crude rate per 1,000 population aged 10-18 years. ERY compared to region and England. Source: PHE Fingertips



The rate of *first time entrants* to the youth justice system (where young people aged 10-17 years are in receipt of their first reprimand, warning or conviction) is shown in table 6.15 below. In 2017 there were 79 first time entrants to the youth justice system, a reduction from the 392 in 2010. Between 2010 (when the East Riding had a significantly higher rate than England) and 2016 (where the rate was similar) the rate of first time entrants had been consistently decreasing, before an experiencing an upturn in 2017. In 2017, the East Riding rate was centrally placed amongst its nearest 15 CIPFA neighbours.

Table 6.15 First time entrants to the youth justice system: crude rate per 100,000 population aged 10-17 years. ERY compared to region and England. Source: PHE Fingertips

Period	ERY Count	ERY rate	Yorkshire and the Humber rate	England rate
2010	392	1,228.2	849.1	901.8
2011	248	788.0	700.2	725.5
2012	170	550.5	537.3	556.4
2013	111	366.1	467.0	448.9
2014	94	325.9	477.2	413.3
2015	66	232.2	429.3	374.0
2016	56	194.0	354.0	331.0
2017	79	274.9	319.0	292.5



7. Hospital admissions due to substance misuse

7.1 Alcohol

7.1.1 Hospital Admissions for alcohol specific conditions (under 18 years of age)

Section 7.1.1 reports on hospital admissions in under 18 year olds, where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. For a complete list of wholly attributable alcohol conditions (and their respective ICD10 codes) please see table A.9 in Appendix 4.

In the latest three year period (2014/15-16/17) there were 54 admission episodes involving under 18 year olds (24 males, 30 females) but the numbers have generally been decreasing since 2006/07-08/09. Table A.10 in Appendix 4 displays the count of admission episodes and the corresponding crude rate per 100,000 population in three year pooled periods between 2006/07-08/09 and 2014/15-16/17.

Throughout this same period, the East Riding crude rate per 100,000 population was lower than both the regional and England averages. Chart 7.1 compares the admissions rates of East Riding against those of England over the eight periods. As already mentioned, throughout this period the East Riding rate was lower than England, however, in the first three periods East Riding was significantly lower. An increase during 2009/10-11/12 saw the difference between the areas decrease to the point that they became statistically similar and this has remained the case since. A comparison with region (not shown) produces an almost identical chart, with East Riding lower in all periods, significantly lower for the first three periods.

Chart 7.1 Hospital admissions due to alcohol specific conditions, all persons under 18 years of age. 2006/07-08/09 to 2014/15-16/17, crude rate per 100,000. ERY compared to England. Source: PHE Fingertips

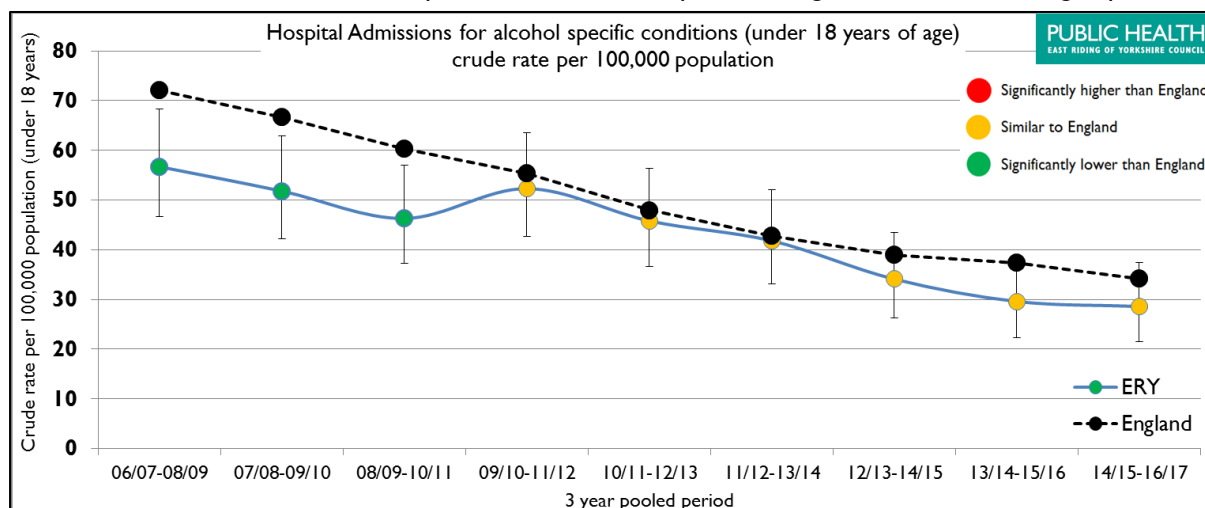


Chart A.11 in Appendix 4 displays the admissions rates of East Riding males compared to females. In all periods the male rate has been lower than the female rate (but not significantly), however in recent periods the gap has closed from the female rate dropping more quickly. Between the 2006/07-08/09 and 2014/15-16/17 the number of female admissions more than halved from 65 to 30 (please refer back to table A.10 in Appendix 4). In all periods both East Riding males and females had a lower rate than the respective England averages for each gender.

A comparison of the admission rates against those of the CSSNBT neighbours (during 2014/15-16/17) found East Riding to have the lowest recorded rate and is shown in chart A.12 (Appendix 4).



7.1.2 Further analysis of alcohol specific conditions within the East Riding (for the five year period (2012/13-16/17))

Section 5.2 has used the same criteria as section 5.1, except that it utilises 5 years of admissions data (as opposed to 3 years) to provide a more robust data set and to try and limit the presence of small numbers in some of the smaller area geographies.

7.1.3 Age and gender

Between 2012/13 and 2016/17 there were 97 admissions for alcohol specific conditions involving residents aged under 18 years; 58% of the admissions involved females and 42% males (trends involving gender have already been discussed in the section 5.1). The count of admissions by age is shown in table 7.2 below.

Table 7.2 Hospital admissions due to alcohol specific conditions, by age group, all ERY persons under 18 years of age. 2012/13-16/17. Source: HSCIC*

Age	Admission Count	Age as % of all under 18 alcohol specific admissions in this period
<=1	11	11.3%
6-12	4	4.1%
13	6	6.2%
14	10	10.3%
15	10	10.3%
16	16	16.5%
17	40	41.2%
Total	97	100%

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The largest proportion of admissions involved residents aged 17 years (41.2%), followed by those aged 16 (16.5%). There were 10 admissions each involving 14 and 15 year olds (both making up 10.3%), whilst 13 year olds accounted for 6.2% (n=6).

The youngest age group in the table indicates that there were children aged 1 or younger who were admitted to hospital for an alcohol specific condition. All but one had a recording of 'foetal alcohol syndrome (dysmorphic)' within their diagnosis. This condition is a type of foetal alcohol spectrum disorder (FASD), a collective name for the complications caused when a mother drinks alcohol during pregnancy. Whilst this particular issue is not within the scope of this document (where the principal aim is to investigate substance misuse as a lifestyle choice in children and young people) these records have been left in the table so that it remains comparable with the indicators shown on the PHE Fingertips website.

In the following section (5.1.4) the records of the very youngest residents (<=1 year) have been removed from the analysis.



7.1.4 Areas of residence within the East Riding

Table 7.3 and chart 7.4 display the crude rate per 100,000 population of under 18 year olds admitted to hospital admissions due to alcohol specific conditions by ward (for the five year period 2012/13-16/17). Those children aged ≤ 1 years have been removed and due to small numbers it is not possible to show all of the East Riding wards, so only those with an admission count of five or more are displayed.

Table 7.3 (sorted in descending order by crude rate) shows Goole North, Bridlington South and Wolds Weighton to have the highest actual count of alcohol specific admissions in this age group (n=7 for all). North Holderness ward experienced the highest admissions rate per population (69.4 per 100,000), followed by Goole North (61.0 per 100,000) and then Tranby (52.4 per 100,000).

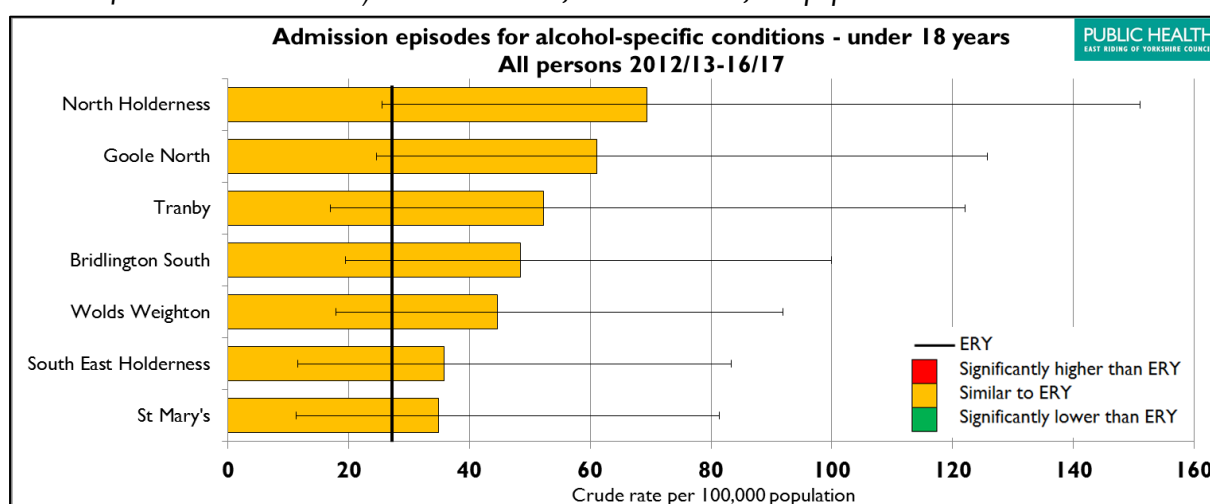
Table 7.3 Hospital admissions due to alcohol specific conditions, <18yrs. ERY wards (only showing those with 5+ admissions). 2012/13-16/17, crude rate/100,000 population aged 0-18 years. Source: HSCIC*

Ward Name	Crude rate per 100,000 population (under 18 years)	Count of admissions (under 18 years)
North Holderness	69.4	6
Goole North	61.0	7
Tranby	52.3	5
Bridlington South	48.5	7
Wolds Weighton	44.6	7
South East Holderness	35.7	5
St Mary's	34.9	5
ERY	27.2	86

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The crude rates from table 7.3 are displayed in chart 7.4, revealing the wards to have a similar admission rate to the East Riding average.

Chart 7.4 Hospital admissions due to alcohol specific conditions, <18yrs. ERY wards (only showing those with a count of 5 admissions or more). 2012/13-16/17, crude rate/100,000 population. Source: HSCIC*



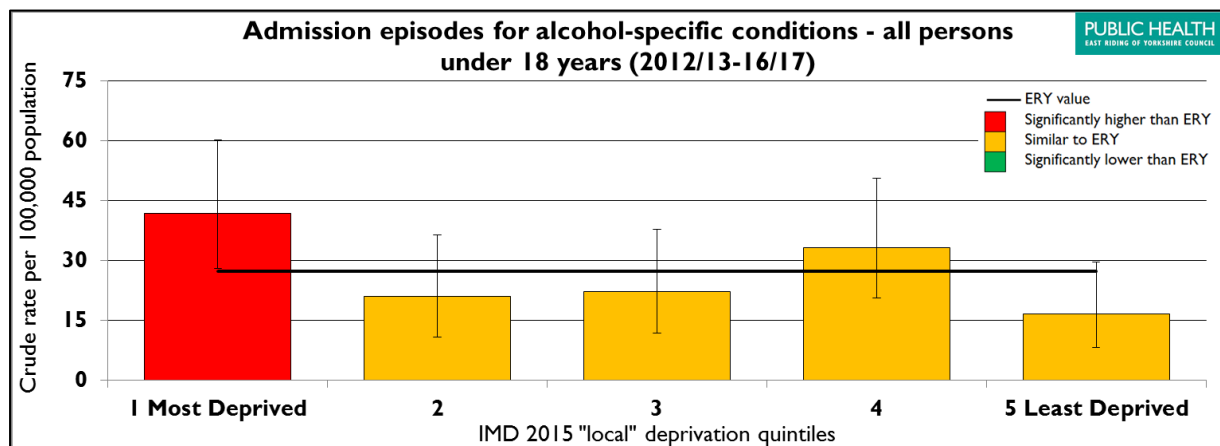
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The LSOA codes of all 86 admissions records in the five year period were analysed to determine which 'local deprivation quintile' (IMD 2015) they fell within. Chart 7.5 reveals the highest rate of



admissions were from the most deprived East Riding quintile, at 41.8 per 100,000 (n=29), which was significantly higher than the local authority average. All of the other quintiles were found to be similar to the average and apart from the most deprived quintile there did not appear to be any consistent pattern related to deprivation and the rate of alcohol specific admissions.

Chart 7.5 Hospital admissions due to alcohol specific conditions, all persons <18yrs. ERY local IMD 2015 deprivation quintiles. 2012/13-16/17, crude rate per 100,000 population. Source: HSCIC*



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7.2 Hospital admissions for drug misuse

The classification of drug misuse in this section is based on a specific list of ICD10 codes, as used by PHE in their Fingertips tools. The full list can be viewed in the table A.13, in Appendix 4 and admission numbers are only counted if the primary diagnosis is from this list of conditions. The Fingertips tool only records drug misuse admissions for those aged 15-24 years and as such this age group forms the majority of this section.

7.2.1 Hospital admissions due to drug misuse (15-24 years of age): comparison with other areas

During the latest three year period available (2014/15-16/17), there were 70 admissions for drug misuse involving East Riding residents aged 15-24. The East Riding directly standardised rate (DSR) per 100,000 population of 68.8 was significantly lower than both the region and national equivalent rates (92.9 and 89.8 respectively).

Chart 7.6 shows the East Riding rate to be the second lowest recorded CSSNBT neighbour value, one of three local authorities with a significantly lower rate than England. At the opposite end of the chart, Warrington has a DSR per 100,000 of 196, a rate almost 3 times higher than that of the East Riding.



Chart 7.6 Hospital admissions due to drug misuse, all persons 15-24yrs. ERY compared to CSSNBT statistical neighbours. 3 year pooled period, 2014/15-16/17, DSR per 100,000. Source: PHE Fingertips

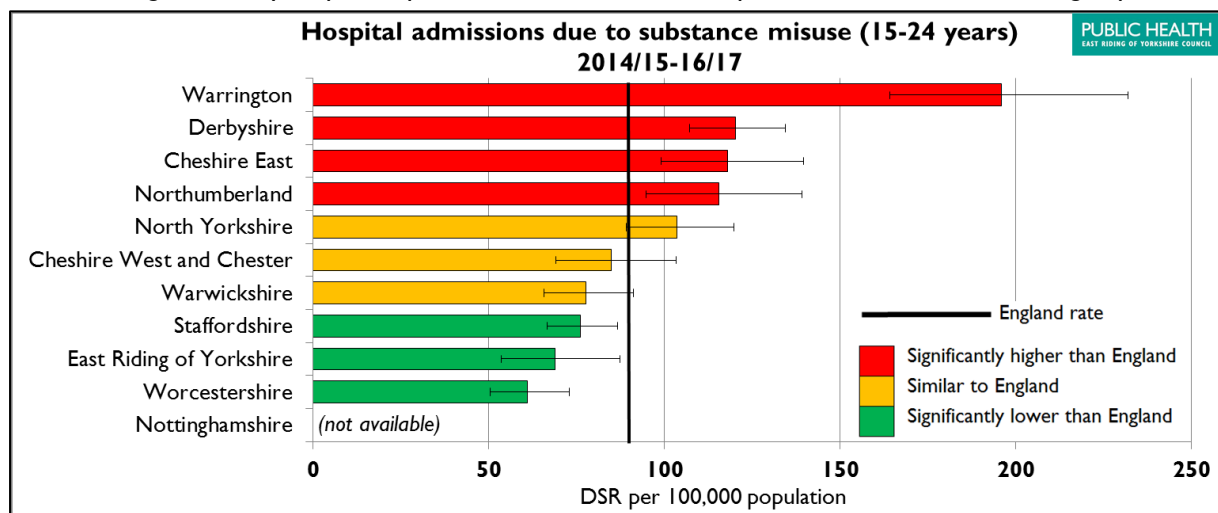


Table 7.7 displays the count and DSRs for the period 2008/09-10/11 to 2014/15-16/17. The number of East Riding admissions throughout this period has increased from 60 to 70 and the corresponding DSR increased from 52.6 to 68.8, which can be seen in chart 7.8.

Table 7.7 Hospital admissions due to drug misuse (15-24 years). Count of admissions and directly standardised rates (DSR) per 100,000. Source: PHE Fingertips

Area (count/rate)	2008/09-10/11	2009/10-11/12	2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
ERY admissions (count)	60	64	64	64	68	71	70
ERY (rate)	52.6	57.6	60.6	61.2	64.4	68.1	68.8
Yorkshire and the Humber (rate)	67.9	80.7	89.1	92.1	94.8	98.0	92.9
England (rate)	63.5	69.4	75.2	81.3	88.8	95.4	89.8

Chart 7.8 Hospital admissions due to substance misuse, all persons 15-24 years, 2008/09-10/11 to 2014/15-16/17. ERY compared to England. Directly standardised rate per 100,000. Source: PHE Fingertips

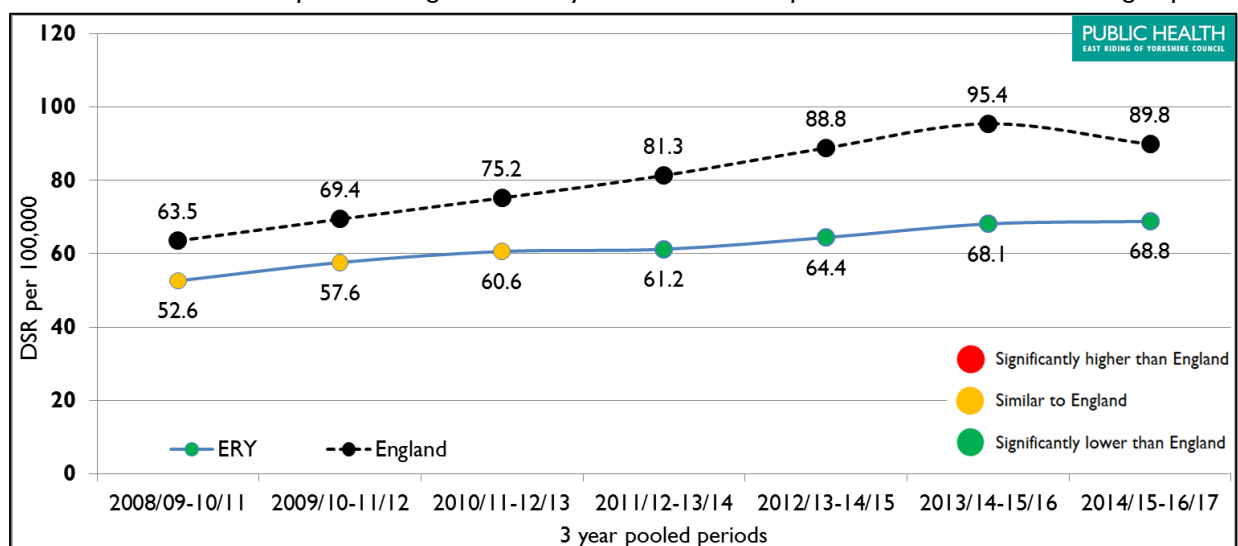


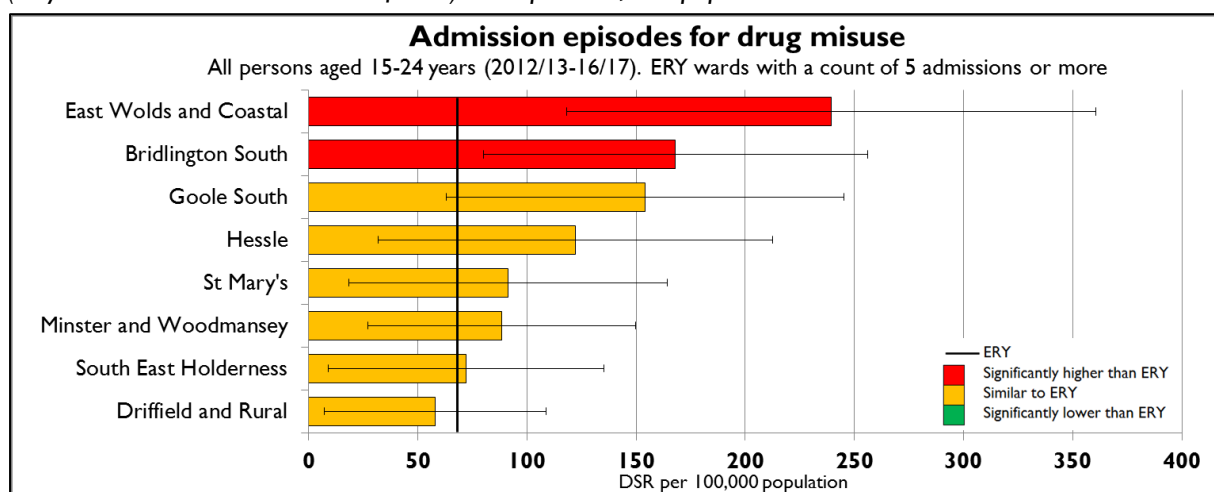
Chart 7.8 illustrates the rate of substance misuse admissions over time for both East Riding and England. Both found their rates steadily increasing over time, but the England rate had (until the latest period) been increasing more quickly and as such the gap between the two had begun to increase. The East Riding rate is lower than England in all periods shown (significantly lower during the last four periods). A similar trend comparison with regional rates (not shown in this document) reveals East Riding to be significantly lower in all periods.

7.2.2 Hospital admissions due to drug misuse (15-24 years of age): wards within the East Riding and local deprivation quintiles

Hospital admissions rates for drug misuse within East Riding wards for the five year period 2012/13-16/17, are displayed in chart 7.9 and table 7.10. During this period there were 117 admission episodes for drug misuse involving East Riding residents, aged 15-24 years.

As found in the previous section regarding alcohol, it is not possible to show all of the East Riding wards due to small numbers, so only those with an admission count of five or more are revealed. Chart 7.9 highlights East Wolds and Coastal and Bridlington South as the two wards calculated to have significantly higher rates of hospital admissions due to drug misuse than the local authority average.

Chart 7.9 Hospital admissions due to drug misuse, all persons 15-24 years, 2012/13-16/17. ERY wards (only those with admission count of ≥ 5). DSR per 100,000 population. Source: HSCIC*



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Table 7.10 Hospital admissions due to drug misuse, 15-24 years of age. ERY wards (only showing those with 5+ admissions). 2012/13-16/17, DSR/100,000 population aged 15-24 years. Source: HSCIC*

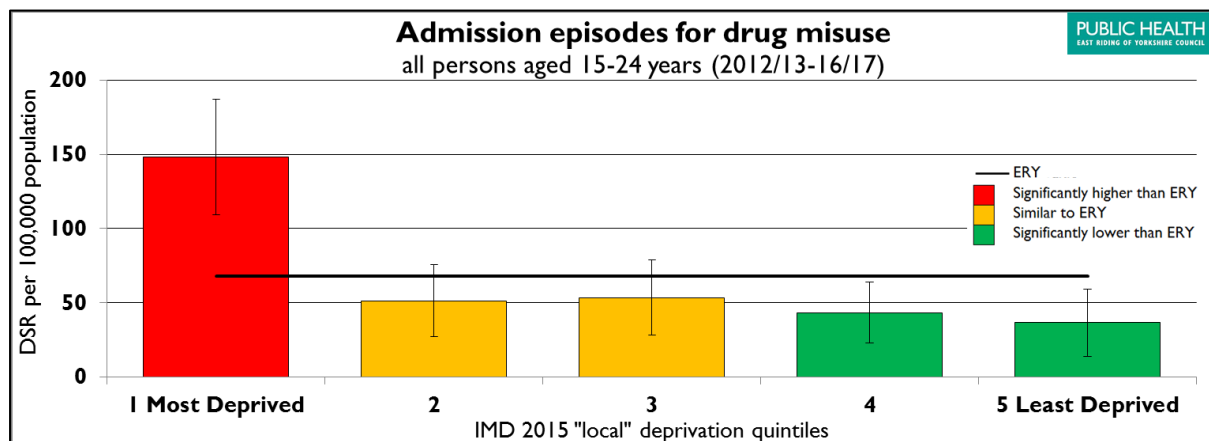
Ward	DSR per 100,000 population	Total admissions
East Wolds and Coastal	239.5	15
Bridlington South	167.9	14
Goole South	154.1	11
Hessle	122.0	7
St Mary's	91.2	6
Minster and Woodmansey	88.5	8
South East Holderness	72.1	5
Driffield and Rural	57.9	5

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From a local deprivation bands perspective (chart 7.11), patients residing within the most deprived 20% of East Riding LSOAs experienced the highest rate of admissions and were significantly higher than the local authority average. In the contrast, those living in the two least deprived quintiles had significantly lower rates than the average.

Chart 7.11 Hospital admissions due to drug misuse, all persons 15-24 years, 2012/13-16/17. ERY local deprivation bands (IMD 2015). DSR per 100,000 population. Source: HSCIC*



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The top 3 primary diagnosis most commonly found in the 15-24 age group can be found in table 7.12 below.

Table 7.12 Top 3 primary diagnosis for drug misuse admissions (2012/13-16/17) involving 15-24 year old ERY residents. Source: HSCIC*

Diagnosis - ICD10 code	Diagnosis - ICD10 description	Number of admissions
T402	Poisoning by narcotics and psychodysleptics [hallucinogens]: Other opioids: Codeine, Morphine	38
T404	Poisoning by narcotics and psychodysleptics [hallucinogens]: Other synthetic narcotics: Pethidine	23
T436	Poisoning by psychotropic drugs, not elsewhere classified: Psychostimulants with abuse potential	18
(all others)	(all others)	38
Total		117

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7.2.3 Hospital admissions for drug misuse (under 18 year olds)

When admissions involving residents under the age of 18 was analysed (for the 5 year period 2012/13 to 2016/17) there were found to be 23 admissions involving children aged 0 to 5 years. These were omitted from the rest the analysis as they were not considered to be lifestyle related. There were no admissions in children aged between (and including) 6 and 11 years, therefore the rest of this section is concerned with data involving 12 to 17 year olds. There were 37 admissions within this age group, with females representing 70% of them (n=26). Numbers in each ward were extremely small and therefore not presented in full in this document, but wards with admission counts of 5 or more included Bridlington South (n=9) and Hessle (n=5). Due to the small numbers, admission rates have



not been calculated for this section. The top 3 primary diagnosis most commonly found in the age group were the same as found in the 15-24 age group.

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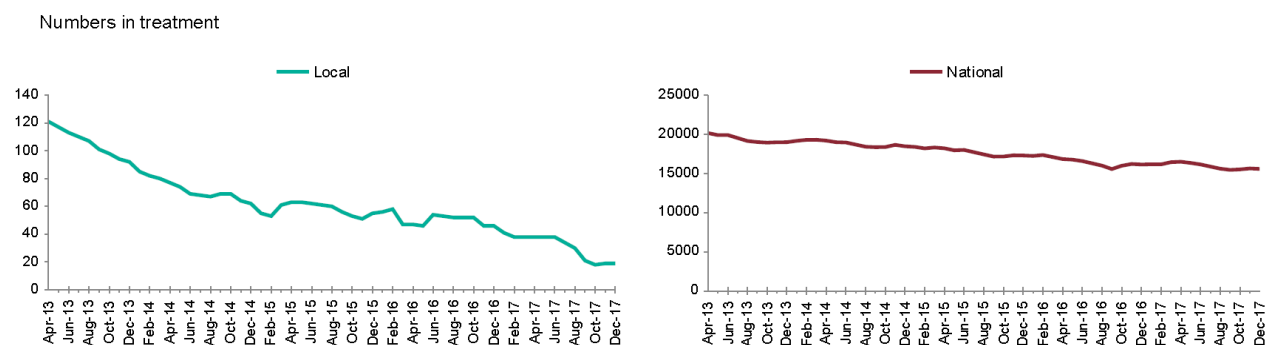
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9. Appendices

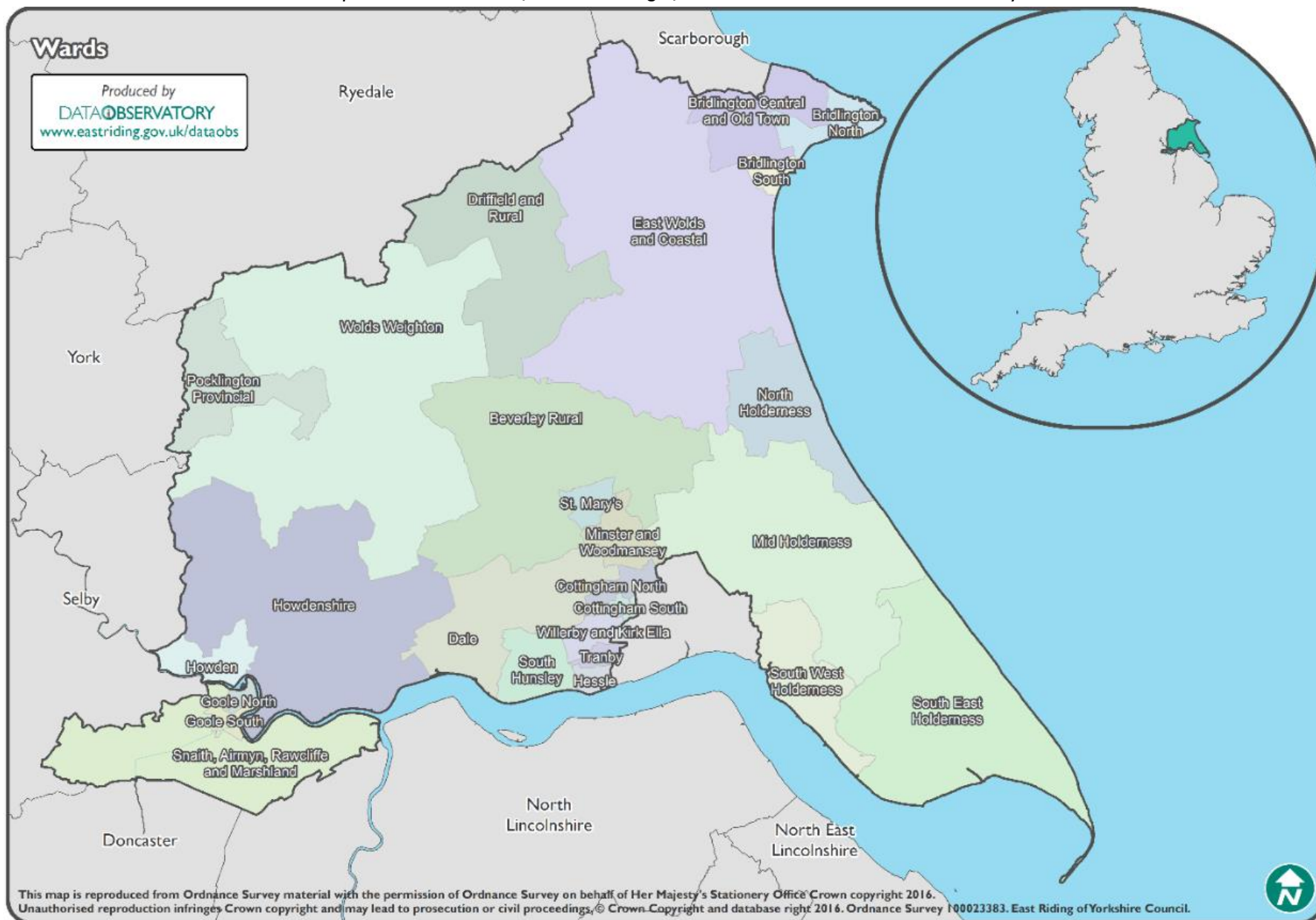
Appendix I. Number of children in ERY specialist treatment

Chart A1. Number of young people in specialist substance misuse services within the community on a rolling 12 month basis. Source: NDTMS

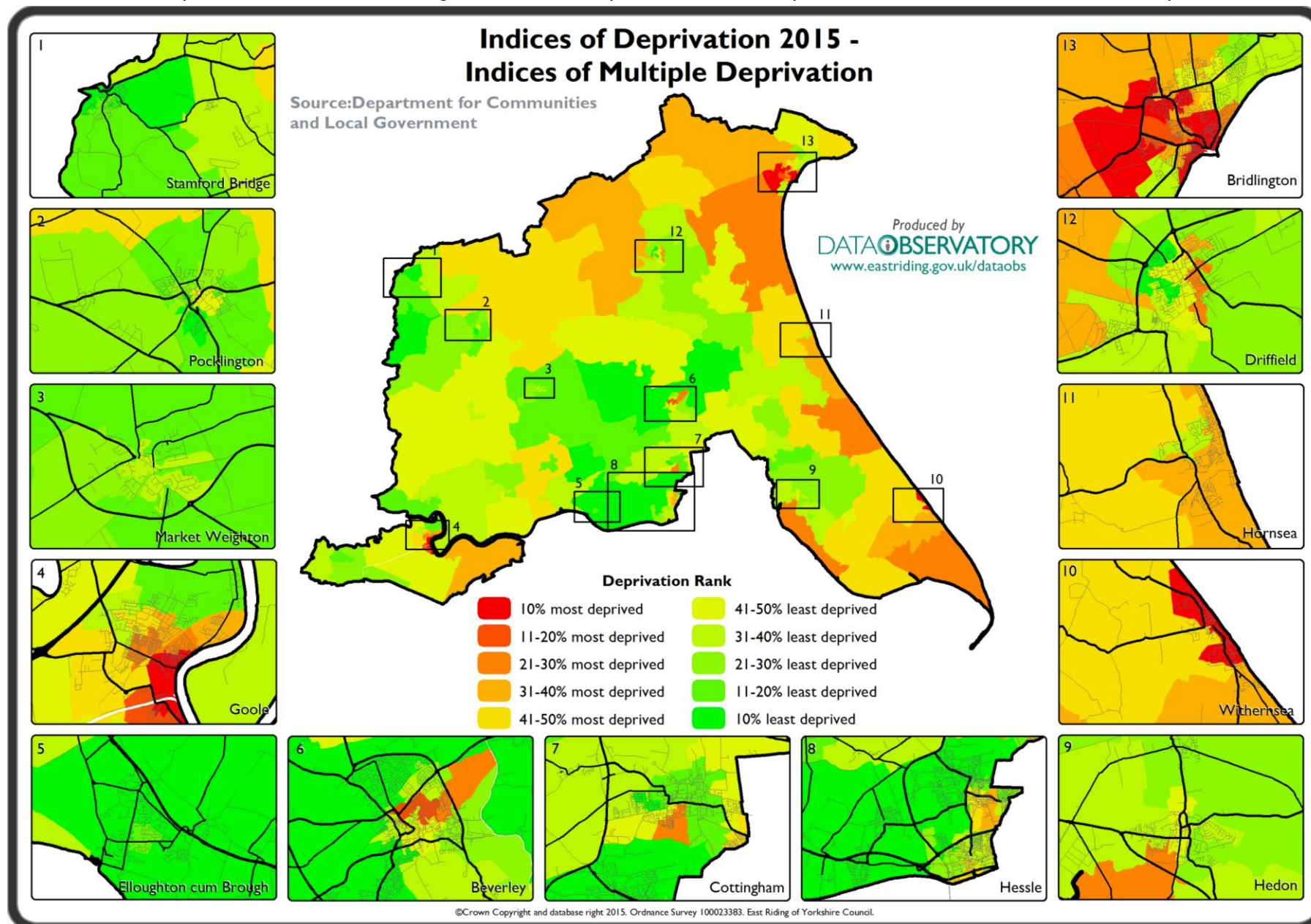


Appendix 2. Maps and geographic areas of the East Riding

Map A.2 The 26 wards of the East Riding of Yorkshire. Source: ERY Data Observatory



Map A.3 IMD 2015 in ERY showing LSOA boundaries, split into NATIONAL deprivation deciles. Source: ERY Data Observatory



Map A.4 IMD 2015 in ERY showing LSOA boundaries, split into LOCAL deprivation quintile s. Source: ERY Data Observatory

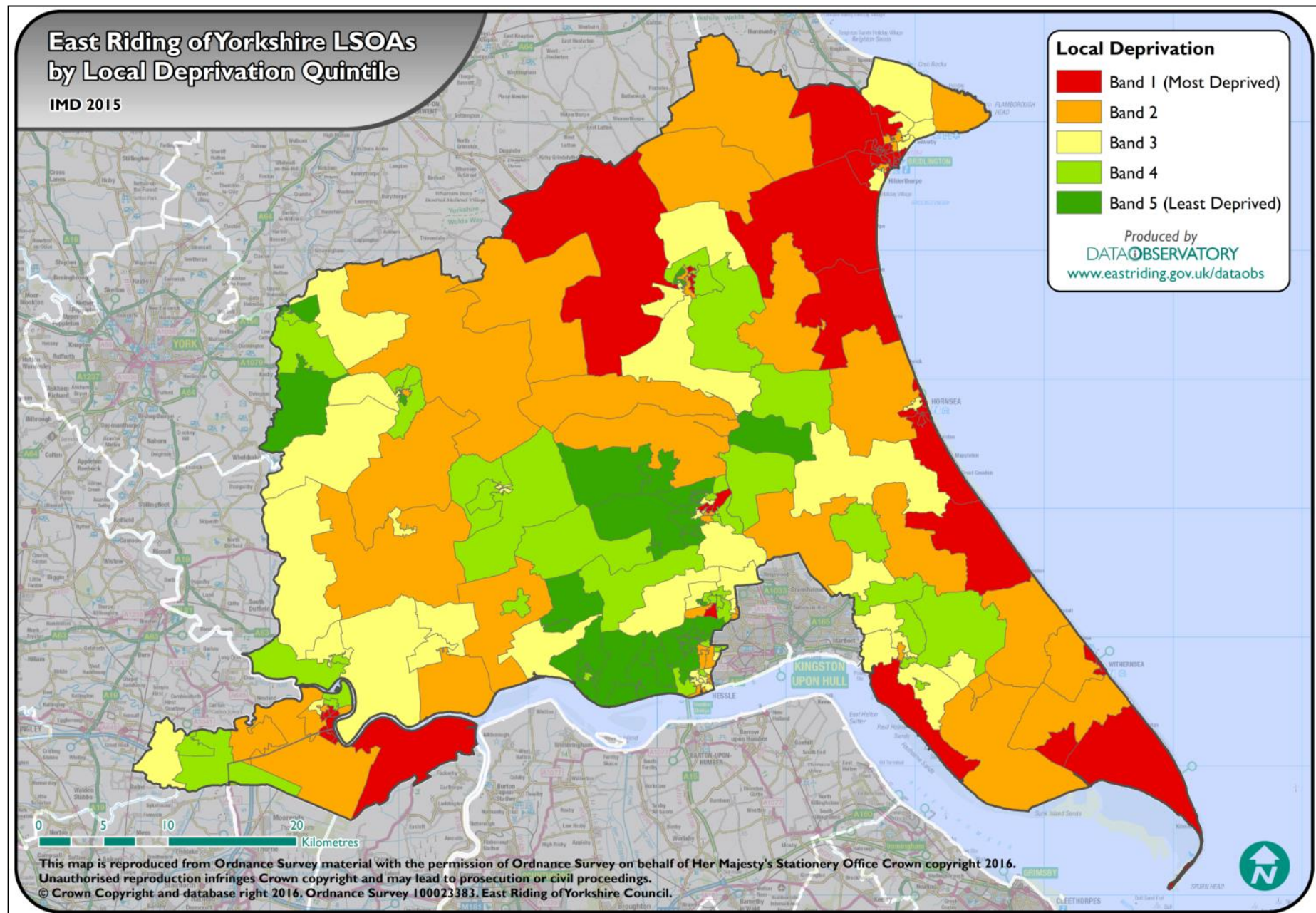


Table A.5 East Riding wards ranked by IMD (2015) score (based on population weighted LSOA values within each ward). 1 is most deprived.

IMD Rank	Ward
1	Bridlington South
2	Bridlington Central and Old Town
3	Goole South
4	South East Holderness
5	North Holderness
6	Bridlington North
7	Goole North
8	East Wolds and Coastal
9	Cottingham South
10	Driffield and Rural
11	Minster and Woodmansey
12	Snaith, Airmyn, Rawcliffe and Marshland
13	Mid Holderness
14	Howdenshire
15	South West Holderness
16	Tranby
17	Hessle
18	Wolds Weighton
19	St Mary's
20	Howden
21	Cottingham North
22	Pocklington Provincial
23	Beverley Rural
24	Dale
25	Willerby and Kirk Ella
26	South Hunsley

Table A.6 Postcode areas that were linked to area names in section 6.4 of the main document. Numbers in brackets are the IMD rank from table A.10 and reveal which wards have been inserted in each area to enable rates to be calculated based on the population.

Area name	Postcode area 1	Postcode area 2	Postcode area 3	Postcode area 4	Postcode area 5
Beverley (11,19,23)	HU17				
Bridlington (1,2,6)	YO15	YO16			
Driffield and Rural / East Wolds and Coastal (8,10)	YO25				
Goole (3,7,12,14,20)	DN14	YO8			
Haltemprice (9,16,17,21,24,25,26)	HU10	HU13	HU14	HU15	HU16
Holderness (4,5,13,15)	HU11	HU12	HU18	HU19	
West Wolds (including Pocklington and Market Weighton) (18,22)	YO41	YO42	YO43		



Appendix 3. Wider vulnerabilities and determinants

Chart A.7 Children looked after by ERY ward, crude rate per 10,000 population (0-17 years). Snapshot as of 14 August 2017. Source data: ERY Council Children, Families and Schools Performance Team

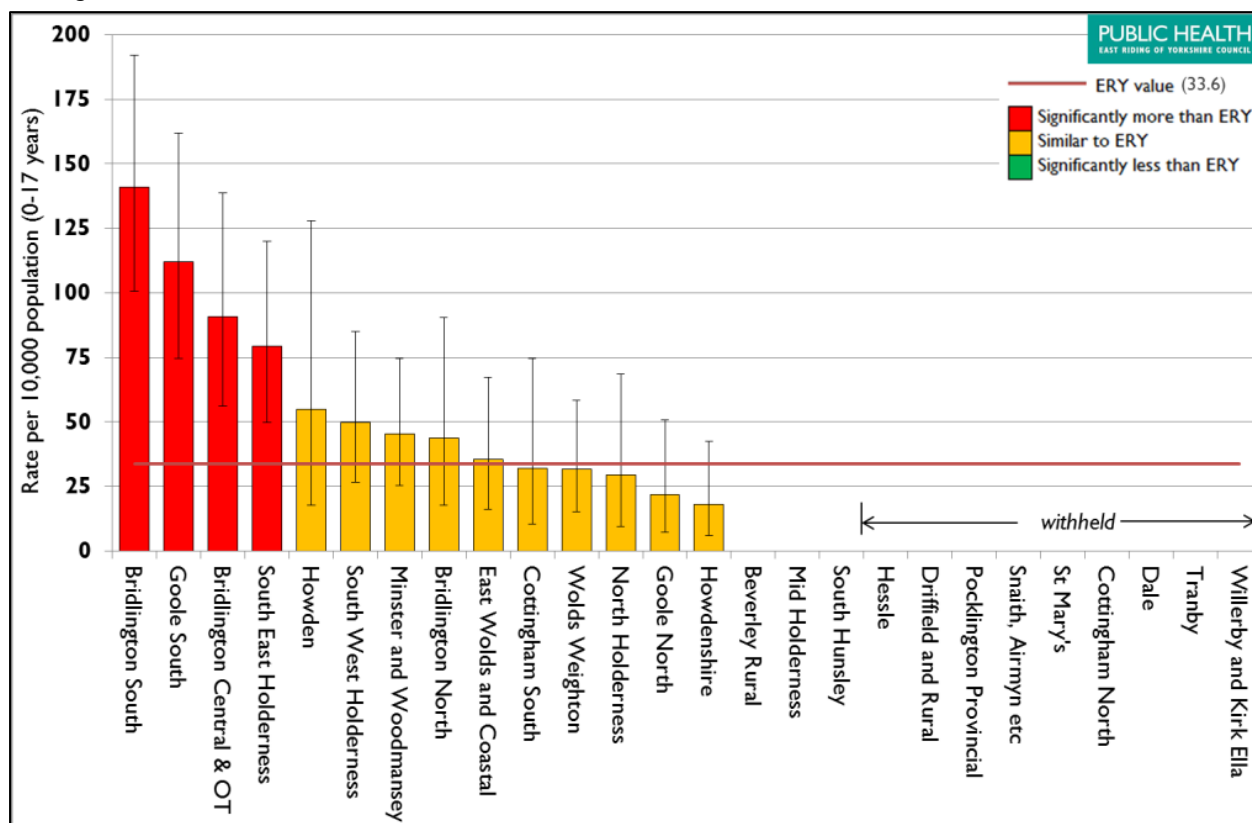


Table A.8 NEETs (16-19 Year Olds Not in Education, Employment or Training) by ERY Ward, September 2014. Table sorted by the last column in descending order. Please note wards with a count of less than 5 have been removed. Source: ERY Data Observatory.

		16-19 Year Olds Not in Education, Employment or Training (NEETs)	(% of Total East Riding NEETs)	16-19 Year Olds Classified as Not in Education, Employment or Training (NEETs) (% of all 16-19 Year Olds)
Codes	Ward	Count	%	%
00FBNG	Bridlington South	27	14.84	3.73
00FBNE	Bridlington Central and Old Town	13	7.14	2.38
00FBNP	Goole South	11	6.04	2.13
00FBPA	South East Holderness	13	7.14	1.97
00FBNF	Bridlington North	8	4.4	1.87
00FBPC	South West Holderness	12	6.59	1.84
00FBNL	Driffield and Rural	12	6.59	1.71
00FBNW	North Holderness	7	3.85	1.5
00FBNQ	Hessle	10	5.49	1.44
00FBNU	Minster and Woodmansey	9	4.95	1.14
00FBNZ	Snaith, Airmyn, Rawcliffe and Marshland	5	2.75	1.08
00FBNY	St Marys	7	3.85	1.03
00FBNT	Mid Holderness	6	3.3	0.93
00FBNJ	Cottingham South			
00FBNM	East Wolds and Coastal	5	2.75	0.76
00FBPD	Tranby			
00FBND	Beverley Rural	6	3.3	0.67
00FBPB	South Hunsley			
00FBNN	Goole North			
00FBNX	Pocklington Provincial			
00FBNR	Howden			
00FBPE	Willerby and Kirk Ella			
00FBPF	Wolds Weighton			
00FBNS	Howdenshire			
00FBNH	Cottingham North			
00FBNK	Dale			
#00FB	East Riding of Yorkshire	177	100	1.12
#064	England	NaN	NaN	NaN



Appendix 4. Admissions related to substance misuse

Table A.9 Alcohol - wholly attributable conditions displaying condition name and respective ICD10 code. Source: PHE LAPE user guide 2017.

Condition	ICD10 code
Accidental poisoning by and exposure to alcohol	X45
Alcoholic cardiomyopathy	I42.6
Alcoholic gastritis	K29.2
Alcoholic liver disease	K70
Alcoholic myopathy	G72.1
Alcoholic polyneuropathy	G62.1
Alcohol-induced acute pancreatitis	K85.2
Alcohol-induced chronic pancreatitis	K86.0
Alcohol-induced pseudo-Cushing's syndrome	E24.4
Degeneration of nervous system due to alcohol	G31.2
Ethanol poisoning	T51.0
Evidence of alcohol involvement determined by blood alcohol level	Y90
Evidence of alcohol involvement determined by level of intoxication	Y91
Excess alcohol blood levels	R78.0
Fetal alcohol syndrome (dysmorphic)	Q86.0
Intentional self-poisoning by and exposure to alcohol	X65
Mental and behavioural disorders due to use of alcohol	F10
Methanol poisoning	T51.1
Poisoning by and exposure to alcohol, undetermined intent	Y15
Toxic effect of alcohol, unspecified	T51.9



Table A.10 Hospital Admissions for alcohol specific conditions (under 18 years of age). Count and crude rate per 100,000 population. Source: PHE Fingertips

3 year period	ERY count of admissions episodes (persons U18)	ERY count of admissions episodes (males U18)	ERY count of admissions episodes (females U18)	ERY (U18 persons rate)	Yorkshire and the Humber (U18 persons rate)	England (U18 persons rate)
06/07-08/09	111	46	65	56.7	73.4	72.1
07/08-09/10	101	46	55	51.8	66.9	66.7
08/09-10/11	90	41	49	46.3	61.4	60.3
09/10-11/12	101	47	54	52.3	55.8	55.4
10/11-12/13	88	36	52	45.8	48.2	48
11/12-13/14	80	32	48	41.8	41.9	42.8
12/13-14/15	65	28	37	34.1	37.1	39
13/14-15/16	56	27	29	29.6	35.7	37.4
14/15-16/17	54	24	30	28.6	33.3	34.2

Chart A.11 Hospital admissions due to alcohol specific conditions, under 18 years of age. ERY males compared to ERY females, 2006/07-08/09 to 2014/15-16/17, crude rate per 100,000. Source: PHE

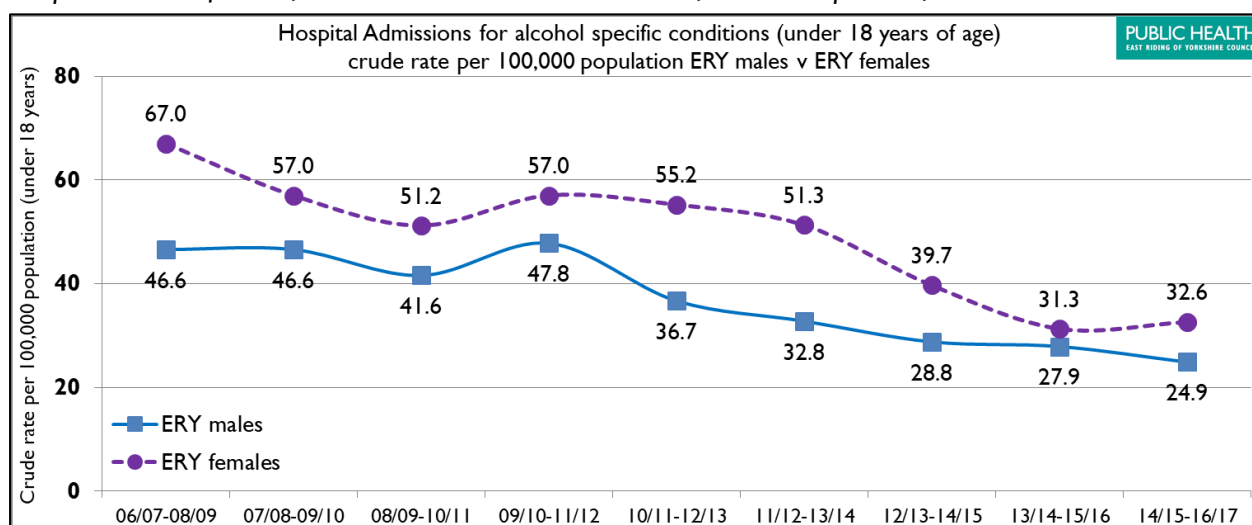


Chart A.12 Hospital admissions due to alcohol specific conditions, under 18 years of age. ERY compared to CSSNBT statistical neighbours, 2014/15-16/17, crude rate per 100,000. Source: PHE

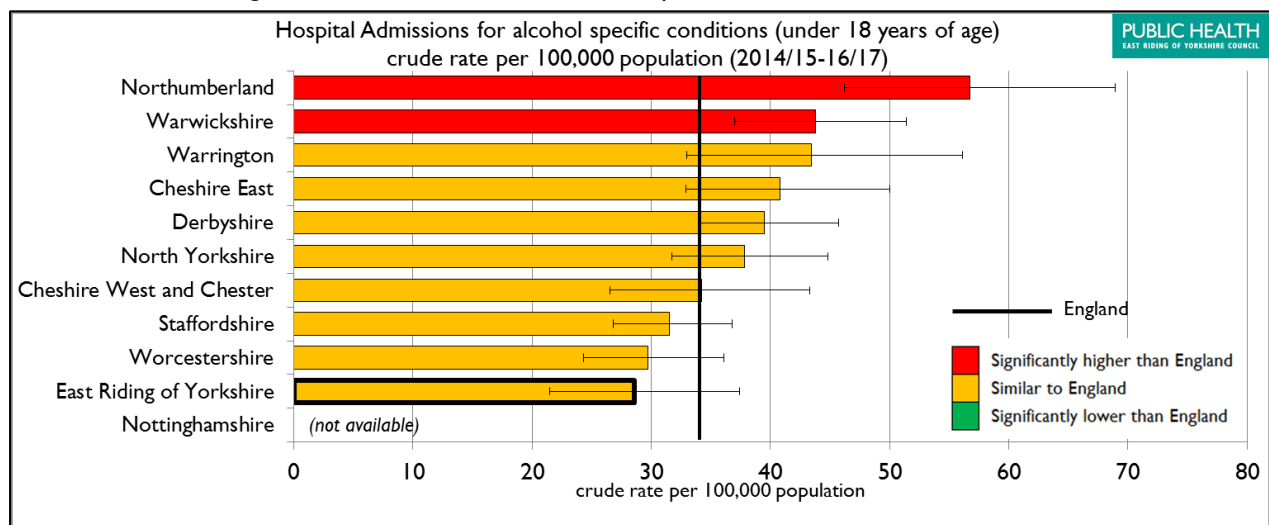


Table A.13 Primary diagnosis conditions and ICD10 codes for substance misuse admissions. Source: PHE

Condition	ICD10 code
Mental and behavioural disorders due to use of opioids	F11
Mental and behavioural disorders due to use of cannabinoids	F12
Mental and behavioural disorders due to use of sedatives or hypnotics.	F13
Mental and behavioural disorders due to use of cocaine.	F14
Mental and behavioural disorders due to use of other stimulants, including caffeine.	F15
Mental and behavioural disorders due to use of hallucinogens.	F16
Mental and behavioural disorders due to use of tobacco.	F17
Mental and behavioural disorders due to use of volatile solvents.	F18
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances.	F19
Poisoning by narcotics and psychodysleptics [hallucinogens].	T40
Toxic effect of organic solvents.	T52
Toxic effect of other gases, fumes and vapours.	T59
Poisoning by psychotropic drugs, not elsewhere classified - psychostimulants with abuse potential.	T43.6

Or the main cause (defined as the first diagnosis code that represents an external cause (V01-Y98)) is one of the following:	
Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent.	Y12
Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent.	Y16
Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent.	Y19

