

Ref: FOI/GS/ID 7719

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11 November 2022

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Drug and alcohol abuse.

*You asked:*

- 1. In the years 2019, 2020, 2021 and 2022 so far, how many under 18-year olds have been admitted to A&E for drug abuse?*
- 2. In the years 2019, 2020, 2021 and 2022 so far, how many under 18-year olds have been admitted to A&E for alcohol abuse?*
- 3. In each year, what was the youngest age of someone who was admitted to A&E for drug abuse?*
- 4. In each year, what was the youngest age of someone who was admitted to A&E for alcohol abuse?*

Trust response:

Please note: We can only answer this request in part

- A) The Trust flagging system cannot easily differentiate between alcohol and other recreational drugs. We therefore flag all alcohol / recreational drug attendances and admissions under the same 'drug & alcohol' flag.
- B) In June 2021, the Trust changed our A&E data collection system to a one with much richer data collection. The sharp increase in patients identified since June 2021 is largely down to this
- C) The 2022 data has been taken as 28-October 2022. A&E coding is up to date, but inpatient coding is subject to a backlog of around 8 weeks.
- D) For the youngest patient, we must give the caveat that this flag cannot reliably differentiate between deliberate, reckless or accidental poisoning by drugs and alcohol, and the younger the patient, the more likely it is that it was accidental.

1 and 2.

The numbers of patients under 18 who attended A&E for “drug and alcohol abuse” in the following years were as follows

2019 – 105 patients, of which 46 were admitted

2020 – 63 patients, of which 34 were admitted

2021 – 146 patients, of which 59 were admitted

2022 – 171 patients so far, of which 44 were admitted

3 and 4.

2019 – <15 years old

2020 – <5 years old

2021 – <5 years old

2022 – <10 years old

In order to protect the possible identification of individual patients further more detailed information will not be released.

It may be possible that additional information has been entered into a patients record but in order to confirm this each patient record would need to be manually checked by a clinical staff member. The Trust has estimated that this will cost more than the appropriate limit to complete. The appropriate limit, under Section 12, is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information.