

Alcohol use screening tool

Supporting Guidance

These screening questions should be completed in relation to all young people identified as previously, currently or who are suspected of using alcohol and can be completed by practitioners / non-specialist health staff. Further judgements will need to be made based on your interview with the young person, your observations of them and also on any information provided by parents/carers or professionals involved in the care of the young person.

These ten questions are taken from the Alcohol Use Disorders Identification Test (AUDIT) tool (Babor et al, 2001) which, in the context of application to young people, is a developing area of research and is considered to be one of the best tools currently available.

The AUDIT was developed by the World Health Organization (WHO) as a “simple method of screening for excessive drinking and to assist in brief assessment”. The set of questions ask about the frequency and amount of drinking, feelings about it, and impact on others.

The AUDIT is easy to score. Each of the questions has a set of responses to choose from, and each response has a score ranging from 0 to 4. In the interview format the interviewer enters the score corresponding to the young persons’ response into the box beside each question. All the response scores should then be added and recorded in the box labelled “Total”.

The effects of alcohol vary with average body weight and differences in metabolism. Technically speaking, higher scores simply indicate greater likelihood of hazardous and harmful drinking.

Background to scoring thresholds

The AUDIT was initially developed for use with adults and total scores of 8 or more were recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (The AUDIT, Guidelines for Use in Primary Care, Second Edition, World Health Organisation 2001).

However, The National Institute for Health and Care Excellence (NICE) advise professionals to “Use professional judgement as to whether to revise the AUDIT scores downwards when screening .. younger people (under the age of 18)”

Evidence supports using lower cut-off points which generally fall between 2 and 4, when using the AUDIT in adolescent populations. For example, Chung et al (2000). recommend using a cut-off score of 4 with young people aged 13-19 and Knight et al. (2003) suggest that a score of 2 is optimum for the identification of alcohol problems and disorders amongst those aged 14-19. The Child and Maternal Health Intelligence Network (CHIMAT), as part of Public Health England, state “when using (AUDIT) with young people, take a lower score (3 rather than 8) as an indication that further investigation is needed.”

For the purpose of AssetPlus, it is considered that any positive answer to any of the screening questions should be followed up with the recording of additional information and result in a ‘fast-tracked’ referral being made for the CHAT substance misuse assessment to be conducted by a specialist health worker, or alternative local tools/practices. A full CHAT assessment should also be conducted within the timelines specified by the Offender Health Research Network in CHAT as there are high levels of co-morbidity (i.e. two or more disorders or illnesses occurring in the same person) in this group of children and young people.

Teams/local areas/establishments will need to set their own thresholds and cut-off points for deciding on what additional further action is required, depending on local services and resources. The further action required could be another assessment or referral to a specialist. Which additional options you use will depend on how the services are available in your team, local area and organisation.

Using the electronic version of the tool

As well as using a printed version the tool can be filled out electronically, so that practitioners can save this in the young person’s case record. To complete electronically:

- Click the answer box to enter a cross. Re-click to uncross the box.
- Click in the area under ‘score’ to enter the score for each question as well as the total score.
- The rest of the tool is locked down (i.e. only answer boxes can be ticked or scores entered).

Guidance to support answering questions in the screening tool

It is important to record the young person’s name, date of birth and date of completion of the tool at the top of the document.

Read the questions as written. Record answers carefully. Begin by saying “Now I’m going to ask you some questions about your use of alcoholic beverages during the past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks”. Place the correct number in the box at the right.

AUDIT refers to ‘a standard drink’. Examples of this would be: half pint of ordinary strength beer/lager/cider; 1 small glass of wine; 1 single measure of spirits; 1 small glass of sherry; 1 single measure of aperitifs (taken from Newbury-Birch et al.).

Also record any additional detail e.g. extent of any injuries caused by his/her drinking, information about who else has expressed concerns, when and why.

Question	Answer and related score
1. How often do you have a drink containing alcohol?	Score as follows: Never = 0 Monthly or less = 1 2-4 times a month = 2 2-3 times a week = 3 4 or more times a week = 4 If the answer is Never: skip to questions 9 and 10

<p>2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?</p>	<p>Score as follows: 1 - 2 = 0 3 - 4 = 1 5 - 6 = 2 7 - 9 = 3 10 or more = 4</p>
<p>3. How often do you have 6 or more standard drinks on one occasion?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you have started?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>5. How often during the last year have you failed to do what was expected of you because of your drinking?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p>	<p>Score as follows: Never = 0 Less than monthly = 1 Monthly = 2 Weekly = 3 Daily or almost daily = 4</p>
<p>9. Have you or somebody else been injured as a result of your drinking?</p>	<p>Score as follows: No = 0 Yes, but not in the past year = 2 Yes, during the last year = 4</p>
<p>10. Has a relative, friend, doctor or health worker been concerned about your drinking or suggest you cut down?</p>	<p>Score as follows: No = 0 Yes, but not in the past year = 2 Yes, during the last year = 4</p>

More Practice points and further resources

- If referring on to another worker, ensure that they are provided with other contextual information regarding 'substance misuse', not just the alcohol part.
- Consider any positive answer to any substance misuse questions as a route into the full CHAT (Comprehensive Health Assessment Tool) to be completed.

The Offender Health Research Network have published a 'Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS)' which includes further supporting information on substance misuse. Along with the CHAT tool it can be found at <http://www.ohrn.nhs.uk/OHRNResearch/CHAT> :

Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), October 2013 (Version 1), Copyright © 2013 The Offender Health Research Network.

Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), January 2014 (Version 2), Copyright © 2014 The Offender Health Research Network.

- Youth Justice Health and Wellbeing needs assessment toolkit (the template documents have national prevalence data on health) <http://www.chimat.org.uk/yj/hwbna>
- NICE guidance on alcohol / AUDIT <http://guidance.nice.org.uk/PH24>
- CHIMAT links to policy documents (including the 'Healthy Children, Safer Communities' Strategy) <http://www.chimat.org.uk/yj/na/resources/policy>
- The Royal College of Paediatrics and Child Health (RCPCH) online resource on Substance Misuse (funded by Public Health England – Alcohol and Drugs Team) <http://www.rcpch.ac.uk/substancemisuse>

The above is not an exhaustive reference list of support but they are considered a good starting point.

If you have any questions or comments on the contents, please contact assessment@yjb.gsi.gov.uk

References

Babor, T., Higgins-Biddle, J., Saunders, J. and Monteiro, M. (2001) *AUDIT: The Alcohol Use Disorders Identification Test (Guidance for Use in Primary Care)*, World Health Organisation.

Chung, T., et al., Screening Adolescents for Problem Drinking: Performance of Brief Screens against DSM-IV Alcohol Diagnoses. Centre for Alcohol and Addiction Studies, 2000. 61: p. 579-587.

Knight, J., et al., Validity of Brief Alcohol Screening Tests Among Adolescents: A Comparison of the AUDIT, POSIT, CAGE and CRAFFT. *Alcoholism: Clinical and Experimental Research*, 2003. 27(1): p. 67-73.

Newbury-Birch, D., Jackson, K., Gilvarry, E., Cassidy, P., Kaner, E. with Hodgson, T. (undated) *Developing an understanding of the levels of alcohol misuse amongst young people in the youth justice system: results of a prevalence study in North East Youth Offending Teams and the Secure Estate*, Newcastle: Institute of Health and Society.

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