

ALCOHOL SCREENING & BRIEF INTERVENTION FOR YOUNG PEOPLE IN THE CRIMINAL JUSTICE SETTING

BACKGROUND

Evidence shows that drinking amongst adolescents under the age of 18 years, especially frequent drinking is associated with criminal and disorderly behaviour [1]. Alcohol consumption amongst adolescents aged 10-17 years is estimated to be responsible for 80,640 violent offences per year [2] and to cost in excess of £5 million per year for criminal activity to the Criminal Justice System (CJS) [3]. Adolescents who drink are more likely than non-drinkers to be both perpetrators and victims of violence [4]. Alcohol is likely to cluster with other risks in vulnerable young people's lives. Drinking may not be the greatest single risk but it threads between other vulnerabilities such as mental health and educational issues [5]. These data have culminated in a joint health and criminal justice policy focussing on identifying and tackling youth drinking and social disorder in the UK [6, 7].

The Chief Medical Officer for England has provided recommendations on alcohol consumption in young people [8] based on a review of the risks and harms of alcohol to young people [9]. The recommendations state that children should abstain from alcohol before the age of 15 and those aged 15-17 are advised not to drink, but if they do drink it should be no more 3-4 units and 2-3 units per week in males and females respectively, on no more than one day per week [8].

The AUDIT screening tool has been shown to be the most effective at screening with young people [10] and recent work has shown that a score of 3+ (from a score of 12) on AUDIT-C (the first three questions on AUDIT) should warrant an alcohol brief intervention and information about specialist alcohol services [11]. If the young person scores 6+ on AUDIT-C a formal referral to a specialist substance misuse service for a comprehensive assessment should be made [12]. Standardising of screening tools and interventions is important in the CJS and is being implemented across England and Wales for young people with AUDIT as the preferred alcohol screening tool.

PREVALENCE

A systematic review of the literature was conducted that identified studies in the UK that used the AUDIT screening tool to measure alcohol use disorders (AUDs) with young people in the CJS [13]. One study was found [14]. Newbury-Birch et al (2014) surveyed young offenders aged between 11-17 on community orders with Youth Offending Teams and Youth Offending Institutions over a one-month period in 2008 [15]. Results showed:

AUDIT Adult cut-offs

(8+ AUD; 20+ probable dependence) [13].

- 64% screened positive for an AUD
- 30% screened positive for probable alcohol dependency

AUDIT-C cut-offs

(3+ AUD, 6+ referral to services) [12].

- 80% screened positive for an AUD
- 67% scored 6+ on AUDIT-C [16]

INTERVENTIONS:

A rapid review of the worldwide literature of effectiveness of brief intervention (< 3 hours) was carried out. One study (described in two papers was found) [17, 18].

Stein et al, (2011) carried out a RCT to evaluate the effects of depressive symptoms on reducing alcohol and marijuana use in a USA juvenile correctional facility [17]. Participants were randomised to receive either two sessions of motivational interviewing (MI) (n=86) or two sessions of relaxation training (n=76). Eighty six percent (n=162) provided data at follow up. At three-month post-release follow-up participants who received MI reported a significantly lower average number of alcoholic drinks consumed per day, a lower percentage of heavy drinking days, and a lower percentage of days where more than five drinks were consumed. A follow-up paper from this study further found that the effects of MI were not moderated by depressive symptoms [18].

ALCOHOL SCREENING & BRIEF INTERVENTION FOR YOUNG PEOPLE IN THE CRIMINAL JUSTICE SETTING

REFERENCES

1. Fuller, E., et al., Smoking, drinking and drug use among young people in England in 2012. 2013, NatCen Social Research: London.
2. Budd, T., C. Sharp, and P. Mayhew, Offending in England and Wales: First results from the 2003 Crime and Justice survey. Home Office Research Study 275 London, Home Office Research Development and Statistics Directorate., 2005.
3. Bellis, M., et al., Alcohol and Schools – Addendum on additional economic evidence, A review of the effectiveness and cost-effectiveness of interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old. 2007, Centre for Public Health, Liverpool John Moores University Centre for Health and Planning Management, University of Keele: Liverpool.
4. Newburn, T. and M. Shiner, Teenage Kicks? Young people and alcohol: a review of the literature. 2001, York Joseph Rowntree Foundation.
5. Alcohol Concern. and Mentor, Demon Drink? A study of alcohol and youth offending in London. 2013: London.
6. HM Government., Healthy Children, Safer Communities. 2009, Department of Health: London.
7. HM Government., Improving Health, Supporting Justice. 2009, Department of Health: London.
8. Donaldson, L., Guidance on the consumption of alcohol by children and young people. 2009, Department of Health: London.
9. Newbury-Birch, D., et al., The impact of alcohol consumption on young people: A review of reviews. 2009, Department of Children Schools and Families.
10. National Institute for Clinical and Health Excellence, Alcohol use disorders: preventing the development of hazardous and harmful drinking. NICE public health guidance 24. 2010, London: National Institute for Health and Clinical Excellence.
11. Kaner, E., D. Newbury-Birch, and N. Heather, Brief Interventions, in Evidence-based Addiction Treatment, P. Miller, Editor. 2009, Elsevier: San Diego, California.
12. Public Health England, Young people’s hospital alcohol pathways: Support pack for A&E departments. 2014: London.
13. Saunders, J.B., et al., Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption. *Addiction*, 1993. 88(6): p. 791-804.
14. Newbury-Birch, D., et al., Alcohol-related risk and harm amongst young offenders aged 11-17. *International Journal of Prisoner Health*, 2015. In press.
15. Newbury-Birch, D., et al., Alcohol-related risk and harm amongst young offenders aged 11-17. Unpublished 2014.
16. Newbury-Birch, D., Personal Communication: AUDIT-C results related to: Newbury-Birch, D., et al. (2015). “Alcohol-related risk and harm amongst young offenders aged 11-17.” *International Journal of Prisoner Health* In press. 2015.
17. Stein, L., et al., Motivational Interviewing for Incarcerated Adolescents: Effects of Depressive Symptoms on Reducing Alcohol and Marijuana Use After Release. *Journal of Studies on Alcohol*, 2011. 72: p. 497-506.
18. Stein, L., et al., Motivational interviewing to reduce substance-related consequences: Effects for incarcerated adolescents with depressed mood. *Drug and Alcohol Dependence*, 2011. 118(2-3): p. 475-478.

AUTHORS

Dorothy Newbury-Birch, Ruth McGovern, Jennifer Birch, Gillian O’Neill, Hannah Kaner, Arun Sondhi, Kieran Lynch

CONTACT

d.newbury-birch@tees.ac.uk