



Public Health
England

Protecting and improving the nation's health

Young people's hospital alcohol pathways

Support pack for A&E departments



The College of
Emergency Medicine



Alcohol Concern
Promoting health; improving lives



KING'S
College
LONDON

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

1. About this support pack

“Up to one-third of alcohol-related A&E attendances are for under 18 year olds and local areas vary significantly in how they approach the care of young people in this situation. Health services have a responsibility to ensure this ‘teachable moment’ is used to advise young people about their drinking.”

The government's alcohol strategy, March 2012

This document shows how local pathways can work for young people who present to A&E with alcohol-related conditions. It builds on similar publications by the National Institute for Health and Care Excellence (NICE)¹ and Alcohol Concern.²

The pack includes a set of key questions for local professionals to help them develop effective care pathways within A&E and into other relevant services. It will be most relevant for A&E clinicians, hospital managers, substance misuse and young people's commissioners. It may also have wider interest for local authority children's services and organisations that are part of the pathway, such as substance misuse services and other young people's support agencies.

The document has been developed by PHE with expert input from the College of Emergency Medicine, Royal College of Nursing, Royal College of Psychiatrists, Alcohol Concern, the National Addiction Centre at King's College London, commissioners and providers. For the purposes of this document we are using the term 'A&E' but acknowledge that 'emergency department' is commonly used in hospitals.

2. The extent of the problem

The proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank as one of the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.³

Initial findings from the SIPS junior study research team⁴ found through their study of adolescents presenting to A&E that, on average, 26% of adolescents consumed alcohol in the past three months starting with 1% of ten-year olds and increasing steadily to 76% of 17-year olds.

Further findings showed that the rate of adolescents who consumed alcohol in the past three months varied greatly across the country, with 14% of adolescents in one London A&E department having drunk alcohol in the last three months compared to 35% in the North East of England.

There is increasing evidence that some groups of young people may be particularly vulnerable to alcohol misuse, such as children who are truants or who are excluded from school. Vulnerable young people are more likely to regularly drink to intoxication and become antisocial.

There is also growing concern about the impact of alcohol use on young people's sexual behaviour. Some young women have reported that using alcohol may help reduce their anxieties in situations where they feel pressurised into having sex. Alcohol consumption during adolescence is associated with an increased risk of regretted sexual experience. It also increases the vulnerability of being a victim of sexual assault and other crimes, particularly assaults.

A&E departments are at the front line for young people who suffer the consequences of drinking too much alcohol. They provide support and treatment to thousands of young people each year. Studies have found the importance of a 'teachable moment' for opportunistic intervention in A&E departments.⁵ For that reason, it is important that there are clear alcohol care pathways starting at A&E that include screening and brief assessment, access to alcohol-related information and advice and assessment for specialist alcohol interventions. There should also be pathways in place starting at A&E into wider (non-alcohol-related) children's services and support for parents/carers, where appropriate.

Key questions for developing pathways

This section sets out a range of key questions to help in the planning of local A&E pathways for young people with alcohol problems.

They can also be used as a stocktake to audit any pathways that are already in place.

3. Understanding levels of unmet need

- 3.1 Do hospital A&E departments consistently record how many under-18's attendances are alcohol-related, including where alcohol is a contributory or secondary diagnosis (self-harm, injuries) and a primary diagnosis (alcohol poisoning)? Is data routinely recorded, interpreted and used for planning purposes?
- 3.2 Do local areas use the alcohol-specific hospital admissions data for under 18's on the local alcohol profiles for England (LAPE) to support planning of services?
- 3.3 If young people's alcohol referral pathways are already in place, how effective are they understood to be?

4. Initial screening and referral process

- 4.1 Are alcohol-using young people routinely identified and screened by A&E staff in line with NICE guidance?
- 4.2 Is a validated screening tool such as AUDIT C used?⁶ The threshold for referral and intervention should be lowered for young people aged 10-16 years because of the more harmful effects of a given level of alcohol consumption in this population.⁷ The unpublished findings of SIPS junior by the Institute of Psychiatry, King's College London, has found that a score of 3+ on Audit C should warrant a brief intervention and information about specialist alcohol services.⁸ 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.
- 4.3 Are criteria in place that help hospital staff to decide when to screen for alcohol? Unpublished SIPS junior findings suggest that all over-14s attending A&E should be routinely screened using AUDIT C.⁹
- 4.4 Do the adopted screening methods establish:
- whether a young person has used alcohol
 - the frequency, quantity and context in which it was used
 - immediate risks to the young person from the current level of intoxication
 - the presence of any other risks or concerns (eg, mental health or safeguarding concerns, problematic substance misuse within the family or sexual vulnerability)^{10,11}
 - the young person's view of alcohol use and its impact on his/her life, including problems at home, school and with relationships
 - the young person's willingness to access a further assessment or help¹²
 - the potential need for assisted alcohol withdrawal¹³
- 4.6 Do staff have access to a guide, flow-chart or information with contact details for the local young person's specialist substance misuse services to arrange a further assessment if necessary?¹⁴

5. Information and data sharing

- 5.1 Is there an information and data sharing protocol that includes when to share information with parents or carers and other agencies, and that is in line with existing statutory guidance on safeguarding children?
- 5.2 Do staff follow good practice and seek the young person's consent before sharing information about them?¹⁵

- 5.3 Where concerns are serious and relate to safeguarding, are there arrangements to share information without the young person's consent? Where this occurs, are staff able to clearly explain this to the young person?
- 5.4 Are staff able to identify a young person's competence to consent?¹⁶
- 5.5 Have policies and formal procedures been agreed by the local safeguarding children's board (LSCB)?¹⁷
- 5.6 Has the pathway been agreed through the hospital's clinical governance arrangements?

6. Safeguarding

- 6.1 Do staff make sure all assessments include a risk assessment (including risk to self and others)?
- 6.2 Are safeguarding issues identified as part of the initial screening?¹⁸
- 6.3 Are safeguarding definitions understood by all hospital and substance misuse services staff?¹⁹
- 6.4 Do staff wait for a parent or carer to be present before discharging the young person?
- 6.5 Do services provide information to parents, as recommended by NICE?²⁰
- 6.6 Does the hospital have a multi-agency safeguarding group to which serious cases can be escalated, for discussion and decisions?
- 6.7 If it does have a multi-agency safeguarding group, are substance misuse services represented on it?
- 6.8 Are identification systems an integral part of LSCB training so that a broad range of staff have the skills to identify alcohol use and other risks, and know when to refer on?

7. Interventions

7.1 Hospital-based interventions

- 7.1.1 As a minimum, do A&E or other hospital staff deliver identification and brief advice (IBA) for over-15s in line with NICE guidance?²¹
- 7.1.2 Unpublished SIPS junior findings suggest that professionals may go further, and that all young people can be asked about their drinking and those who consume alcohol can be offered identification and brief advice (IBA).²²

- 7.1.3 Does the hospital assess the risk of alcohol withdrawal among young people who need to be admitted for emergency treatment and provide medically assisted alcohol withdrawal where necessary?²³
- 7.1.4 Does the hospital have clear guidelines about when to admit young people to mitigate the risk of alcohol poisoning or of other harms due to their current level of intoxication?²⁴
- 7.1.5 Are there different pathways for day and night to take account of the possibility that young people attending A&E at night may need extra safeguarding measures or arrangements made so that hospitals can capitalise on the 'teachable moment'?²⁵

7.2 Specialist substance misuse and CAMHS interventions

- 7.2.1 Are there arrangements for young people's specialist substance misuse workers to be based in A&E to carry out comprehensive assessments and deliver interventions?
- 7.2.2 Does A&E have good links with the young people's specialist substance misuse services so they can arrange quick referrals for those who need interventions?
- 7.2.3 Does A&E follow NICE recommendations to refer young people aged 10-15 to a specialist child and adolescent mental health service (CAMHS) for a comprehensive assessment of their needs if their alcohol misuse is associated with physical, psychological, educational and social problems and/or comorbid drug misuse?²⁶
- 7.2.4 Is there an assertive approach to engaging young people who do not attend appointments?²⁷
- 7.2.5 Is there a flexible approach to arranging meetings with young people, their parents and carers at a time and location that suits them?
- 7.2.6 Where it is not appropriate or possible for a young person's parent or carer to attend the comprehensive assessment are they offered the opportunity to have another family member, friend or advocate to accompany them?²⁸

7.3 Other interventions for vulnerable young people

- 7.3.1 Are there thresholds in place for A&E staff to assess the need for referring the young person to children's social care services? Are these assessments recorded in patient records?
- 7.3.2 Are there pathways in place for young people's wider needs to be identified and addressed by the appropriate young people's service or other relevant agencies, such as primary care, staff from school,

parenting support, youth justice system, domestic violence and sexual health?

- 7.3.3** Are services working together to strengthen factors that promote resilience to problematic alcohol use, such as attendance at school and college, positive relationships and meaningful activities?

8. Next Steps

Given the extent of the problem it is imperative that the NHS and local authorities work together to ensure that young people attending A&E with alcohol-related conditions are receiving the appropriate care and follow-up support, as recommended by NICE.

It is therefore recommended that the key questions in this pack are used by A&E clinicians, hospital managers, and substance misuse and young people's commissioners to develop alcohol pathways for young people attending A&E. Where pathways are already in place, it is recommended that the questions are used to audit their effectiveness.

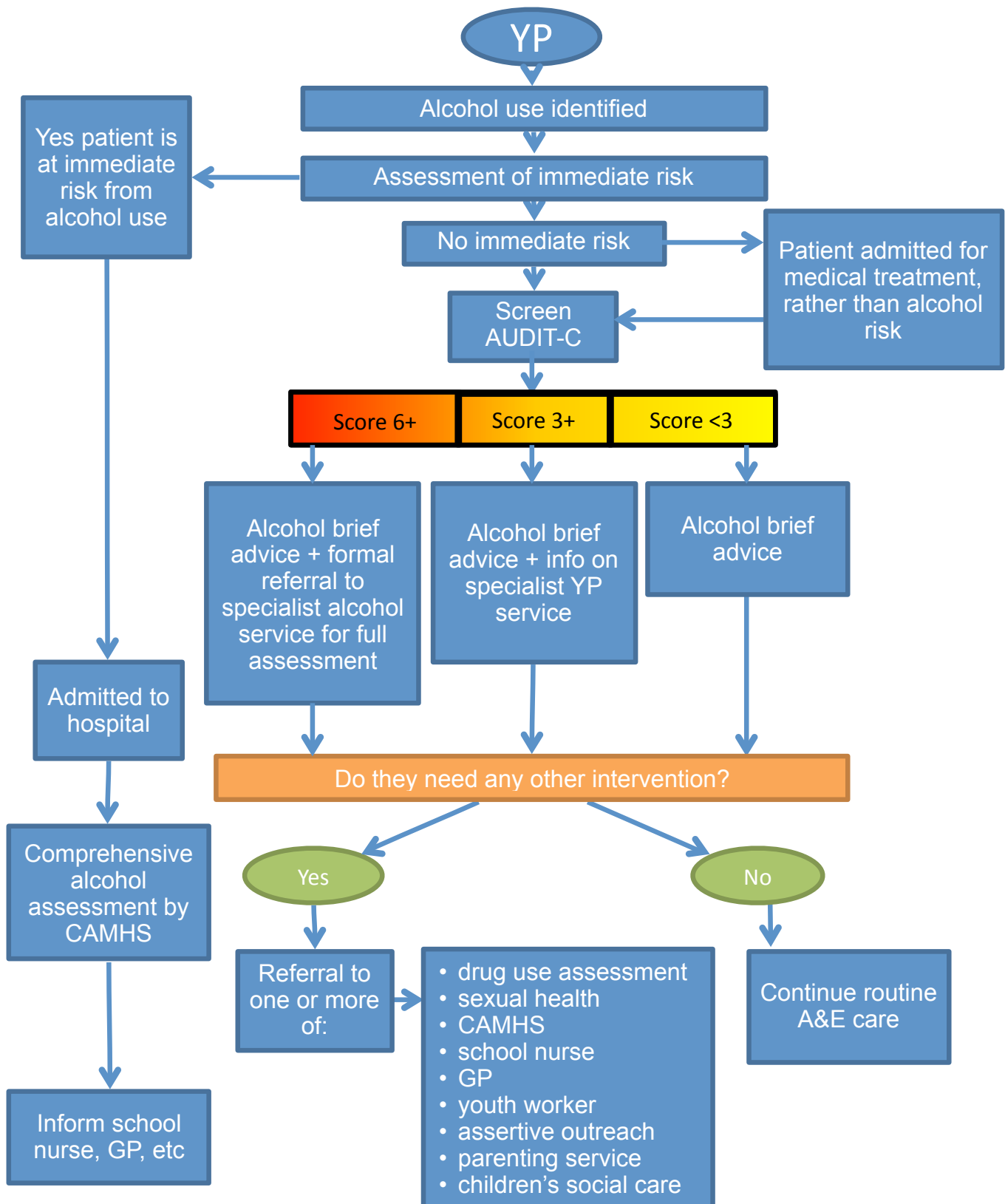
Case study: Brighton and Hove

The Royal Alexandra Children's Hospital has been running a child-centred emergency care pathway for young people presenting to A&E for alcohol-related attendances. There is a dedicated alcohol worker that leads the work, and A&E safeguarding nurses within the hospital.

When an under-18 presents, A&E staff carry out a brief screening to identify if the young person's attendance was alcohol-related. Alcohol use is noted on the patient attendance record and a fax is sent to the young people's substance misuse service on the same day. A letter is sent to the young person and parent to offer a follow up appointment to provide advice and, if necessary, further assessment and ongoing interventions.

The information-sharing protocol has been agreed by the clinical governance board. 'R U OK', the young people's substance misuse service, is based within the local authority children services, so it can access social care and youth-offending data systems to ensure that the young person's care is embedded in a wider safeguarding and children services provision. If the young person is known, the service ensures that the lead worker is contacted and informed of the attendance at A&E. An assertive outreach model is provided to young people who have a range of risks and vulnerabilities including repeated attendance at A&E.

Model care pathway for alcohol misusing adolescents in A&E



Appendix 1

Definitions

Teachable moment: the link between an event leading to attendance creates the 'teachable moment' for opportunistic intervention.

Initial screen: identification should simply involve brief questioning about alcohol use.

AUDIT-C was developed by the World Health Organization (WHO) as a simple method of screening for drinking and to assist in brief assessment.

The threshold for brief intervention for young people aged 10-16 years should be a score of 3+ (adult score should not be used). The threshold for referral to substance misuse specialist services should be a score of 6+. However, screening results should not replace clinical assessment and judgement and patient preferences.

AUDIT C screening tool:

www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4898

Comprehensive alcohol assessment: comprehensive assessment for health, education, and social care needs, parental/carer involvement, competence to consent (including substance misuse, mental health problems, physical health, peer, family, and other complexities).

Brief advice: personalised brief advice on alcohol use can be carried out by non-alcohol specialists.

Appendix 2

Expert group members

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