# **Drinkaware Monitor 2022 Spotlight on: Scotland** November 2022

I ps Prepared by PS Research





# drinkdwdre

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# Introducing the research

## Monitor and qualitative research

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# Introducing the report

#### Introducing the research

The full UK report brings together two key research sources to look at drinking in the UK: **Monitor** - a UK representative survey to find out who's drinking, how much and why **Qualitative research - individual conversations with 20 UK adults to gather impact stories** 

The <u>UK Drinkaware Monitor</u> report has more information on the methodology of these research sources.

#### What does this 'Spotlight' report include?

This report provides a summary of <u>Scotland specific data</u> from the Drinkaware Monitor 2022, looking specifically at what alcohol consumption and drinking frequency looks like for Scotland in 2022. UK-wide insights from the online community is included to provide additional context to the data.

#### What does the full UK report cover?

The full UK report<sup>1</sup> looks at the state of UK drinking, the impact that drinking has on other people and the impact of drinking on health and other risky behaviours.

The <u>Drinkaware Monitor 2022 survey</u><sup>1</sup>covers more topics than are covered in the full UK report. For example, the survey asks questions to understand drinking expectancies, reasons for not drinking and drink spiking. The full data tables and an interactive library of historical Monitor data will be published on the Drinkaware website in winter 2022. Drinkaware welcomes secondary analysis of its data, please contact research@drinkaware.co.uk. The <u>technical report</u><sup>2</sup>, produced by YouGov, includes a copy of the questionnaire.

#### How to cite this report

Pearson A., & Slater, E. (2022, November). Spotlight on Scotland. Drinkaware Monitor 2022. PS Research and Drinkaware.

#### Viewing the charts

Many of the analysis charts in this report are interactive.



#### Hover

Hover over bars or maps to display data and hover over legend labels to highlight one set



#### Select

Click on a legend label to select or de-select data in the chart you are viewing

# Understanding the language

Throughout the report a number of technical terms are used to analyse the results of the Monitor. A <u>glossary</u> is included in the Appendix. The most commonly used are:

We have used the Cabinet Office's advice for writing about ethnicity. When analysing findings by ethnicity, we use the term 'ethnic minorities' to refer to all ethnic groups except any white categories, including white British.

<u>AUDIT and AUDIT-C</u> are methods of screening for excessive drinking developed by the World Health Organization<sup>3</sup>. AUDIT is a 10-question method of screening for excessive drinking and to assist in brief assessment.

The **Index of Multiple Deprivation** is a <u>measure of relative deprivation</u> for small areas (neighbourhoods) across the UK<sup>4</sup>. Throughout the report, analysis by deprivation refers to the 'least deprived' and 'most deprived' areas. These are based on Index of Multiple Deprivation quintiles, with the 'least deprived' being those living in areas in the lowest 20% of deprivation and 'most deprived' being those who live in areas in the highest 20% of deprivation.

**Social Grades** are reported using a <u>classification system</u> based on occupation (AB are managerial and professional occupations; DE are semi and unskilled manual workers)<sup>5</sup>

Where differences between sub-groups are discussed, only those differences that are statistically significant are reported (unless otherwise stated). These differences are statistically significant to a confidence level of 95%. Please also note that throughout the report we use rounded percentages. Figures may not always sum to 100% due to this rounding, but will remain within a percentage point.

# **Drinkaware Monitors**



Drinkaware is committed to ensure our work is informed by up-to-date evidence on UK drinking attitudes and behaviours.

Every year, Drinkaware commissions a representative survey to understand the UK's drinking behaviours and motivations. A core subset of questions are included in the questionnaire every year to understand changes in key variables over time. Other questions are developed to reflect that year's theme. The theme of the 2020 and 2021 Monitors was drinking during the coronavirus pandemic. The theme of the 2022 Monitor is the harm alcohol can do to others.

Since 2017, the Monitors have been conducted by YouGov on behalf of Drinkaware, and before that by Ipsos Mori (2009-14). Where appropriate, findings from the 2022 Monitor have been reported in the context of those from previous waves.

Drinkaware welcomes secondary analysis of its data, please contact the research team on **research@drinkaware.co.uk** to find out more.



More information on the Methodology can be found in the <u>technical report<sup>2</sup></u>.

# Monitor Methodology

• UK wide sample of 6,318 adults aged 18 to 85 were interviewed, including 3,692 in England, 1,013 in Wales, 1,001 in Scotland and 612 in Northern Ireland

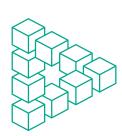
• The sample was drawn from the YouGov research panel, with responses collected between 29th April and 26th May 2022. • Using data from the Office for National Statistics, the results were weighted to be representative of the UK adult population according to age, gender, social grade and region • The sampling and weighting process is exactly consistent with that used in the 2017, 2018, 2019 and 2020 Drinkaware Monitors • When compared to population-level sales data, self-reported surveys typically underestimate population alcohol consumption by between 30% and 60%.

## What did we find in 2021?

#### Key findings from Drinkaware's Monitor Report 2021<sup>6</sup>

Whilst the number of low-risk drinkers and adults who don't drink was increasing, the level of high-risk drinkers remained largely unchanged.

The **polarisation** between high risk and low risk drinkers observed throughout 2020 continued.

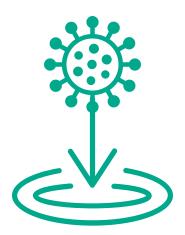


Adults in the **most deprived areas** were more likely to **not** drink alcohol and were more likely to report drinking less during the first lockdown (March-June 2020) than their usual amounts. Yet, drinkers in most deprived areas are more likely to be classified as high-risk drinkers (based on the full AUDIT screening tool) than those in the least deprived areas.

#### The impact of the COVID-19 pandemic:

pandemic.

- indicated the same in 2020.



• The pandemic created or increased certain drinking behaviours, such as drinking alone at home or in **public places**, and there are indications that these situations were **deemed more socially acceptable** during the

• High risk drinkers were the most likely to report drinking more, more often and in different situations than usual compared to before the pandemic. • Over one-third (36%) of high risk drinkers reported that they intend to cut **down** on drinking when pandemic restrictions ease, although 42%

• Drinkers reported that the pandemic, and particularly times of increased restrictions/lockdowns, caused periods of high stress, anxiety, isolation, and boredom, and that some turned to alcohol as a coping mechanism. • While parents with children aged 18 and under at home were more likely to report drinking more than they usually would have during the first lockdown (March-June 2020), drinking levels in the last 30 days (May/June 2021) dropped and was similar to those without children at home.

# **UK summary**

# Summary of key findings from full UK report

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# 2022: the UK story in a nutshell

#### There has been no significant change in how often UK adults drink alcohol or the amount of alcohol being consumed in a typical day/week since 2021

- But the number of UK drinkers who are binge drinking is rising, particularly amongst younger adults
- Understanding of government drinking guidelines is low, but those who understand the guidelines do not necessarily drink less alcohol



#### The drinking of other people is having a negative impact on many UK adults

- Three in ten UK adults are concerned about someone else's drinking
- The drinking of a partner, close friend or relative is most likely to have a negative impact when they regularly drink to excess



#### Drinking behaviours are interdependent with other factors

The research identified that lifestage, social life, people around you and demographics influence drinking habits that and that drinking habits have an impact on health and life satisfaction, other risky behaviours and the people around you.

## **Overall drinking picture in 2022**



There has been no significant change in how often UK adults drink alcohol over the last year



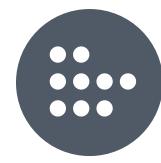
Looking back further though, they appear to be drinking less frequently or not drinking at all



But the number of UK drinkers who are binge drinking is rising, particularly amongst younger adults



And nearly a quarter of UK drinkers are drinking at home alone every week









The amount of alcohol being consumed in a typical day or week has not changed

Understanding of the drinking guidelines around units is low

And those who understand the guidelines do not drink less alcohol

Half of the most frequent drinkers in the UK feel their drinking will impact on their future health

## Why people drink



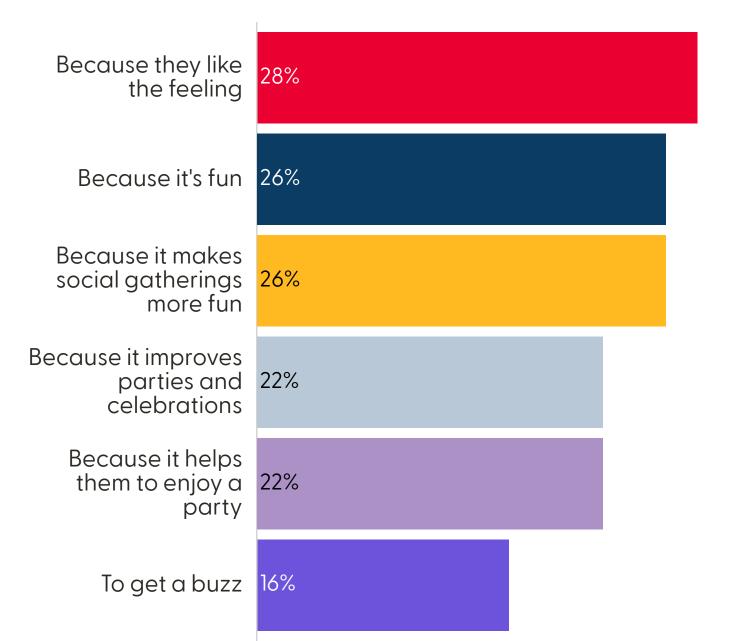
#### Many people drink for enhancement and social reasons

Top six reasons for drinking alcohol (always/most of the time)





And particularly those who drink more often





Drinkers are 3x more likely to take drugs than nondrinkers (12% compared to 4%)



22% of drinkers who are not satisfied with their life say they drink (most of the time or always) to forget about their problems and 20% say they drink (most of the time or always) because it helps them when they feel depressed / nervous; compared to 4% of those drinkers satisfied with their life

#### One in five UK drinkers consider alcohol to be important to their social life

#### Drinkers who also take drugs are much more likely to identify enhancement reasons

#### People who are not satisfied with their life are much more likely to drink to cope

## Impact of drinking on other people: Monitor



Three in ten people (29%) have been concerned about someone else's drinking in the last 12 months; in 2021, 16% were concerned during the pandemic (approximately the previous 15 months)



They are most likely to be concerned about a friend (34%), followed by a partner/ex-partner (21%) or a parent (13%)



41% of all UK adults have been negatively impacted by someone else's drinking in the last 12 months



This negative impact on people is highest amongst those living with housemates, 18 to 34 year olds and people who binge drink themselves

#### Top five ways drinking is impacting on others

% of all UK adults who have experienced following in last 12 months











Makes them feel uncomfortable or anxious at a social occasion / party (22%)

Kept awake due to noise or disruption (21%)

Let down after failing to do something they were counting on them for (15%)

**Emotionally hurt or neglected (14%)** 

Had a serious argument, but not violent (13%)

# Impact of drinking on other people: qualitative findings

#### What did we find about the impact that the drinking of a close friend/relative can have from the qualitative research?



The drinking of a partner, close friend or relative is most likely to have a negative impact when they **regularly drink to excess**, either through regular binge drinking or because they have an alcohol addiction or dependency.



People who drink to excess often have a **'tipping point'** (which they may not be aware of) where their behaviour changes and they become nasty, argumentative, aggressive and/or overly emotional.



Partners and close relatives of people with an alcohol dependency/addiction **experience frequent and on-going negative impacts**. These people spend a huge amount of time and energy (and sometimes money) worrying about and looking after their partners/relatives which has a significant impact on their lives.



However, people whose partners or close friends/relatives do not have an addiction to alcohol but who do drink to excess on a regular basis also **experience many negative impacts as a result of their drunken behaviour**, including being hurt both emotionally and physically.



Although not a focus of this research, participants also spoke of the negative impacts of close family or friends who regularly drink to excess can have **on children, on their work/studies and their own health**.

# Drinking behaviours are interdependent with other factors

The research identified some specific factors that influence drinking habits including...

And t on...



Lifestage

Social life and the people around you



Who you live with



Demographics



These then influence circumstances and social life, which then influence drinking habits, and the cycle continues...

And that drinking habits have an impact

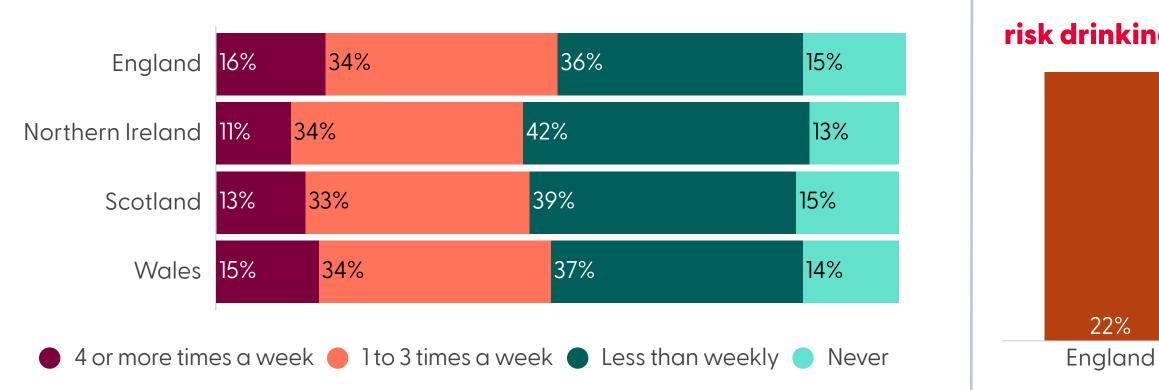
# Health and life satisfaction



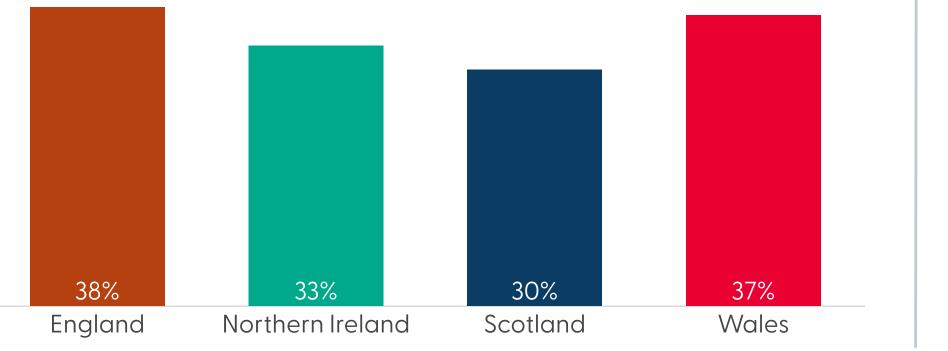
# The people around you (and even people around them)

# How do drinking behaviours look across UK countries?

#### How frequently all adults drink alcohol



#### % drinkers who <u>never</u> binge drink



England

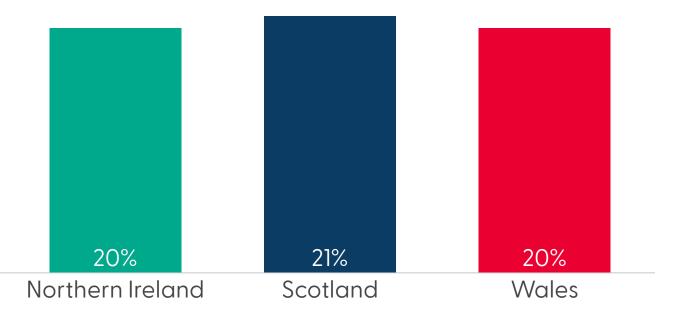
Northern Ireland

Scotland

Wales

#### % of drinkers who drink more than the Chief Medical Officers' low

#### risk drinking guidelines of 14 units per week<sup>8</sup>



#### AUDIT-C assessment <sup>3</sup> alcohol risk classifications (% drinkers)

50%		
	31%	18%
51%	32%	17%
54%	30%	16%

🔵 Low risk 😑 Increasing risk 🛑 High risk

# Drinking in Scotland in 2022

# Alcohol consumption and comparisons

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# 2022: the Scotland story in a nutshell



Fewer adults in Scotland drink four or more times a week compared to adults across all the UK; drinking frequency has remained largely consistent amongst adults in Scotland since 2018



However, drinkers in Scotland are more likely to report that they drink more units on a typical day when drinking compared to UK drinkers



Concern about someone else's drinking among adults in Scotland appears to have increased. When measured in 2021, 17% expressed a concern about someone else's drinking during the pandemic (approximately the previous 15 months). In 2022, 27% expressed a concern about someone else's drinking in the last 12 months.



41% of adults in Scotland report that they have been negatively impacted by someone else's drinking in the last 12 months (same proportion as the UK overall) This is higher amongst younger drinkers

## How often do adults in Scotland have a drink containing alcohol?

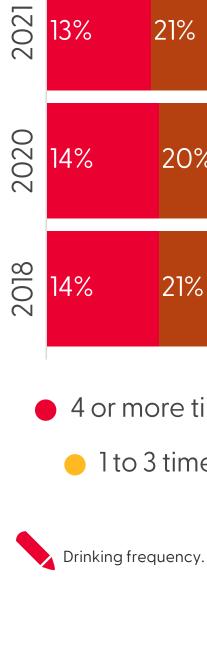
#### Fewer adults in Scotland drink four or more times a week compared to adults in all UK

Frequency of drinking amongst adults in Scotland in 2022 compared to adults in the UK



#### Unlike across the UK, Scotland did not see a spike in drinking frequency in 2020; levels are largely consistent since 2018

Change in frequency of drinking amongst adults in **Scotland** over time



2022

13%

20%

21%

203

21%

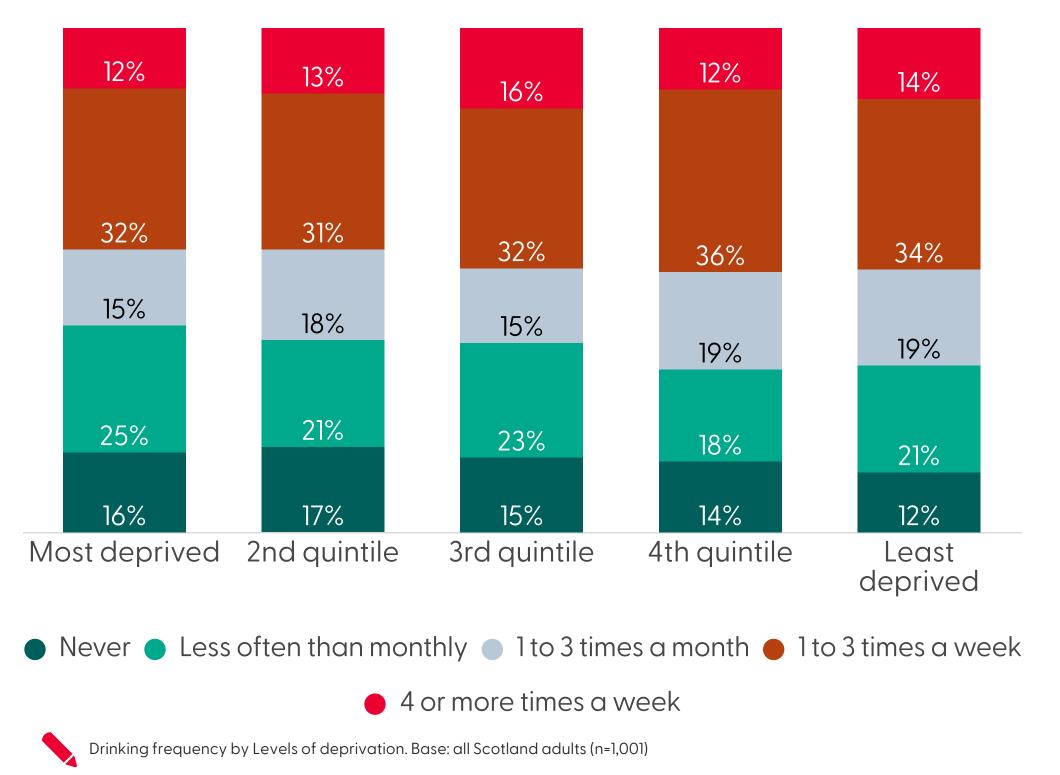
0	13%	17%	22%	15%				
	12%	18%	21%	15%				
%	12%	18%	21%	16%				
/ 0	14%	19%	21%	11%				
times a week • 2-3 times a week • Once a week tes a month • Less often than monthly • Never <u>Previous Monitor reports<sup>7</sup></u>								

Drinking frequency. Base: all Scotland adults, 2022 (n=1,001), 2021 (n=1,349); 2020 (n=1,318), 2018 (n=1,315)

## How often do people drink alcohol in Scotland by level of deprivation?

#### The gap in the proportion of people drinking at least once a week in the most and least deprived areas of Scotland is closer than the UK overall

Drinking frequency by levels of deprivation in **Scotland**:



- 47% of adults in Scotland in the least deprived quintile drink at least once a week (lower than the 54% in all UK), compared to 44% in the most deprived quintile (42% in all UK)
- 16 in every 100 adults in the top 20% most deprived areas of Scotland <u>never</u> drink alcohol (compared to 20 in every 100 in the top 20% most deprived areas across all UK)

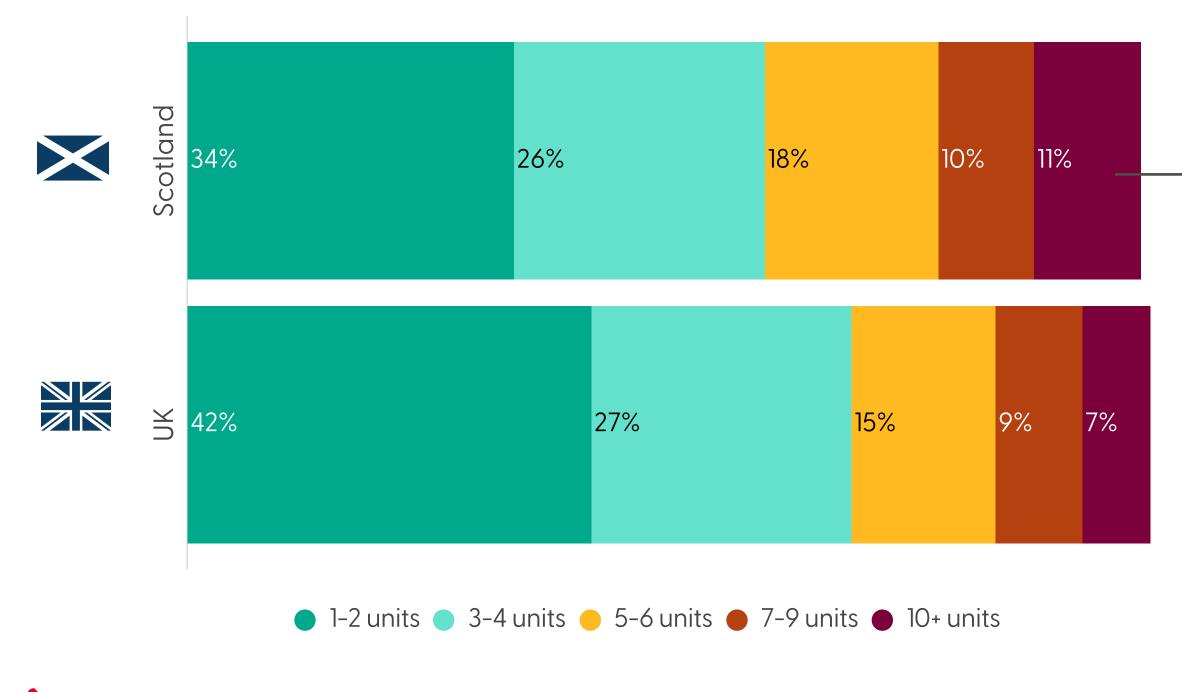


There is insufficient data to look at drinking risk by levels of deprivation in Scotland

### How many units of alcohol do people drink in a typical day when drinking?

Higher proportions of drinkers in Scotland report drinking more units on a typical day compared to UK drinkers; 21% of drinkers in Scotland drink 7+ units in a typical day compared to 16% of UK drinkers

Breakdown of units in a typical day in 2022



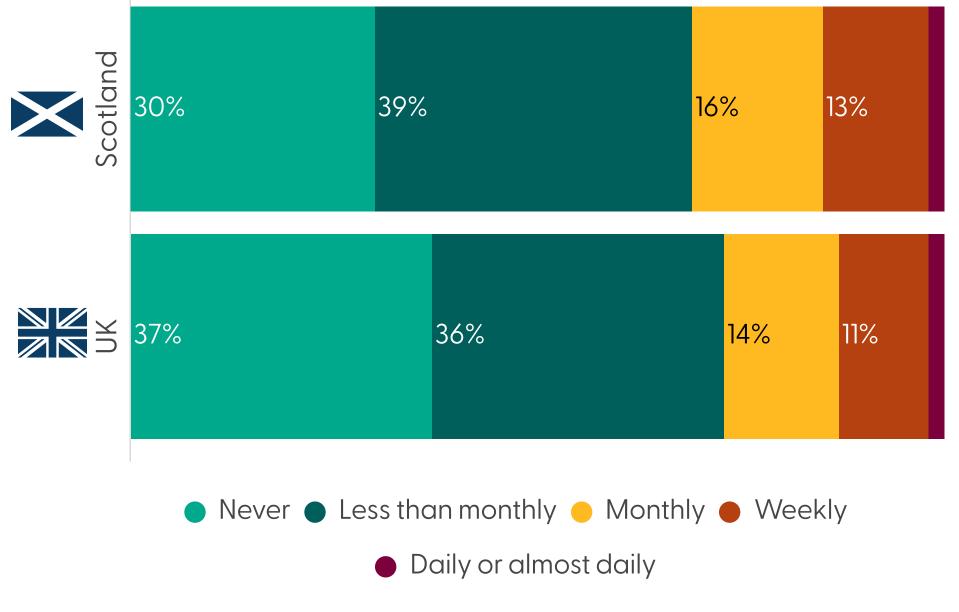
Units in a typical day. Base: all Scotland adults who drink alcohol (n=854); all UK adults who drink alcohol (n=5,428)

10 units is the equivalent to approximately five pints of (4% ABV) beer.

# How often do drinkers in Scotland binge drink?

The proportion of drinkers in Scotland who report that they <u>never</u> binge drink (drinking more than 6/8 units\* in a single occasion) is lower than across all UK drinkers

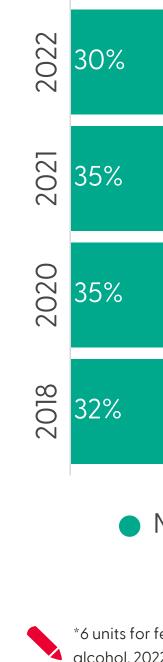
Frequency of binge drinking (6 units for females, 8 for males) in the last year in Scotland compared to all UK in 2022



Frequency binge drinking in the last year. Base: all Scotland adults who drink alcohol (n=854); all UK adults who drink alcohol (n=5.428)

#### The proportion of drinkers in Scotland who never binge drink\* or do so less than monthly has decreased from the spike seen in 2021

Change in binge drinking amongst adults in **Scotland** over time:





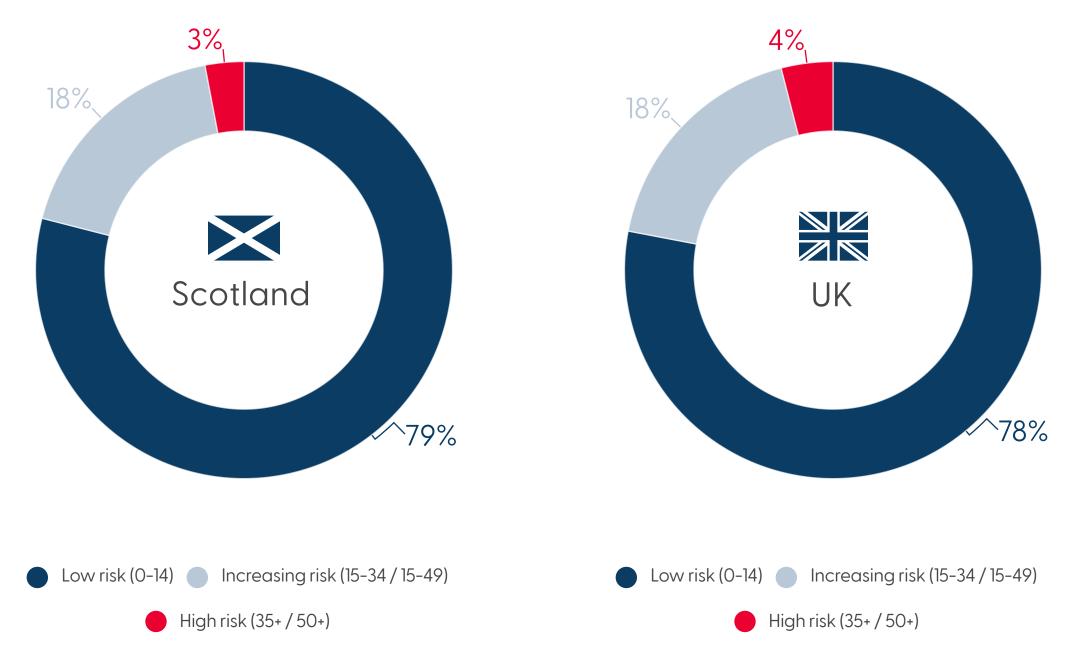
	39%	%	16%		13%		
		38%		13%		12%	
		33%	16%		14	.%	
	30	5%	17%		1:	3%	
Never 🔵 Less than monthly 🥚 Monthly 🛑 Weekly							

Daily or almost daily

\*6 units for females; 8 units for males. Frequency binge drinking in the last year. Base: all Scotland adults who drink alcohol, 2022 (n=854), 2021 (n=1,155); 2020 (n=1,115), 2018 (n=1177)

# How many units do drinkers in Scotland consume in a week?

In 2022, nearly four in five drinkers in Scotland (79%) report that they drink within the UK Chief Medical Officers' low risk drinking guidelines of 14 units per week  $\frac{8}{3}$ ; similar to levels in all UK.



Units in a typical day. Base: all Scotland adults who drink alcohol (n=854); all UK adults who drink alcohol (n=5,428)

The proportion of drinkers in Scotland drinking within the UK **Chief Medical Officer's low risk** guidelines of 14 units of alcohol a week is unchanged from 2021 (also unchanged amongst all UK drinkers)

# **Useful to know**

Weekly units of alcohol are grouped into three risk categories: low, increasing and high. Low risk is 0 to 14 units while increasing and high risk differs by gender:

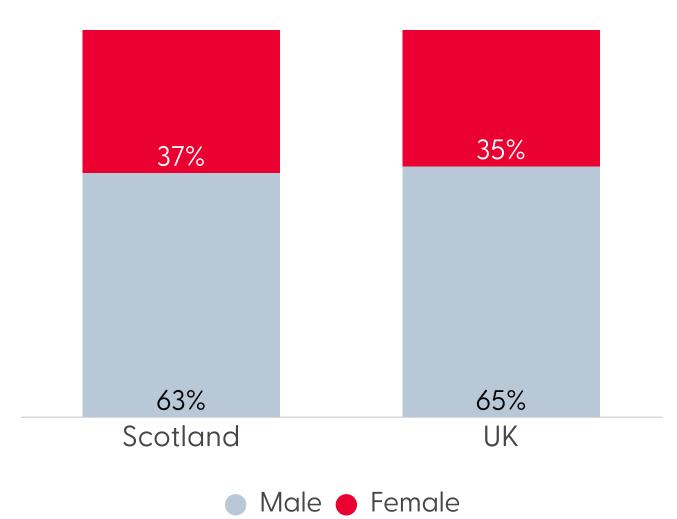
- Females who drink between 15 and 34 units are increasing risk, 35+ are high risk
- Males who drink between 15 and 49 units are increasing risk, 50+ are high risk

'Risk' refers to risk of harm from alcohol

# Who is most likely to be a high risk drinker in Scotland?

The AUDIT-C<sup>3</sup> screening tool consists of three questions on drinking frequency, units consumed on a typical occasion and frequency of drinking six units or more (for women) or eight units or more (for men) at a single session.

63% of high risk (AUDIT-C) drinkers in Scotland are male, similar to all UK

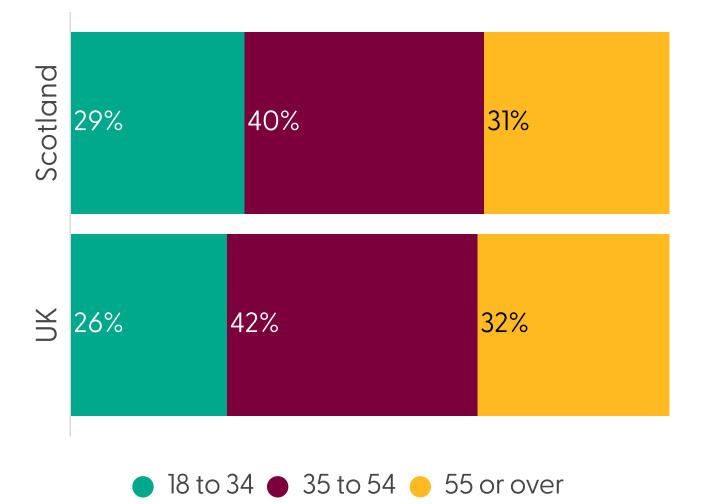




of Scotland drinkers are classified as high risk based on AUDIT-C, similar to 16% across all **UK drinkers** 

AUDIT-C high risk drinkers by gender and age. Base: all Scotland adults who are high risk drinkers (n=149); all UK adults who are high risk drinkers (n=881)

29% of high risk drinkers in Scotland are aged 18 to 34, similar to 26% across the UK



# **Impact of drinking on others** Impact on someone else's drinking on Scotland adults

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### 27% of adults in Scotland are concerned about someone else's drinking

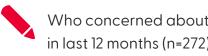
'Someone else' could be family members, friends, work colleagues or other people you know

In the last 12 months, 27% of adults in Scotland have been concerned about someone else's drinking, similar to all UK (29%). When measured in 2021, 17% of adults in Scotland expressed a concern about someone else's drinking during the pandemic (approximately the previous 15 months).

% of those concerned about someone else's drinking

Partner/ex-partner 19%

Parent/Guardian 14%

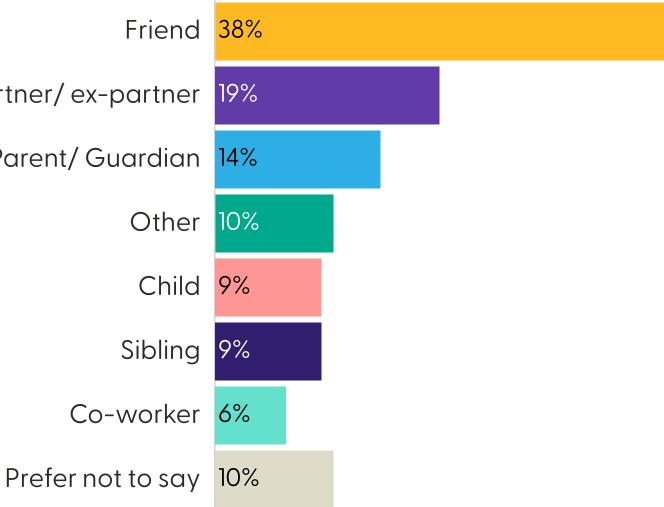


Concern for someone else's drinking in the last 12 months. Base: all Scotland adults (n=1,001) In 2021, the guestion wording included 'during the pandemic' rather compared to 'in the last 12 months' in 2022

No Not sure Prefer not to say

66%

#### People are most likely to be concerned about drinking of their friends, partner and parents



Who concerned about. Base: all Scotland adults who have been concerned about someone else's drinking

# Adults in Scotland are also feeling the impact of other people's drinking

of all adults in Scotland have been negatively impacted by someone else's drinking in the last 12 months\* (the same as the UK overall)

41%

# which rises to...

\*Those reporting at least one negative impact (from a pre-defined list of 18 impacts) caused by someone else's drinking in the last 12 months.

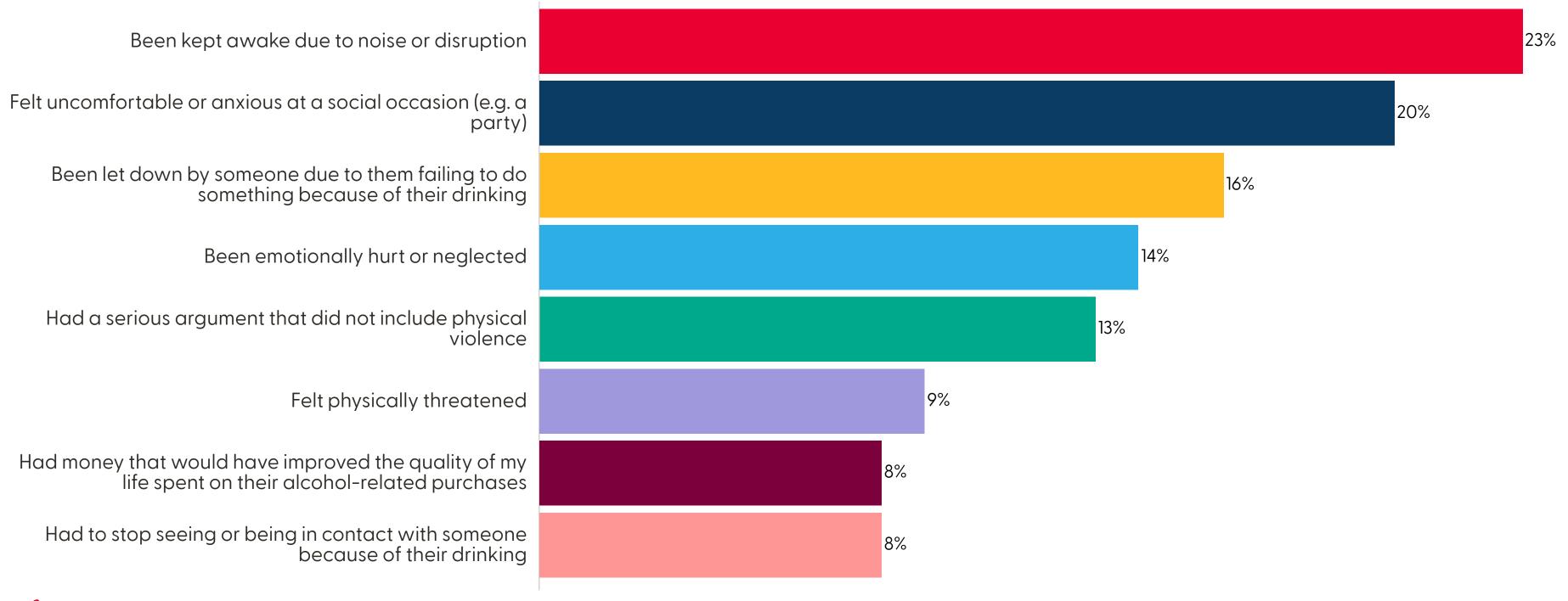
Impact from someone else's drinking. Base: all Scotland adults n=1,001)

# **57%** of 18 to 34 year olds

## In what ways has other people's drinking had an impact?

#### Adults in Scotland are most likely to report being kept awake due to noise or disruption due to someone else's drinking

Top ways that someone else's drinking has had an impact (% ever in last 12 months)



# Impact of drinking on oneself

# High risk drinking and other risky behaviours

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## Introducing the alcohol risk AUDIT screening test

#### The Alcohol Use Disorders Identification Test (<u>AUDIT</u>)<sup>3</sup> is a series of questions used to understand someone's alcohol use.

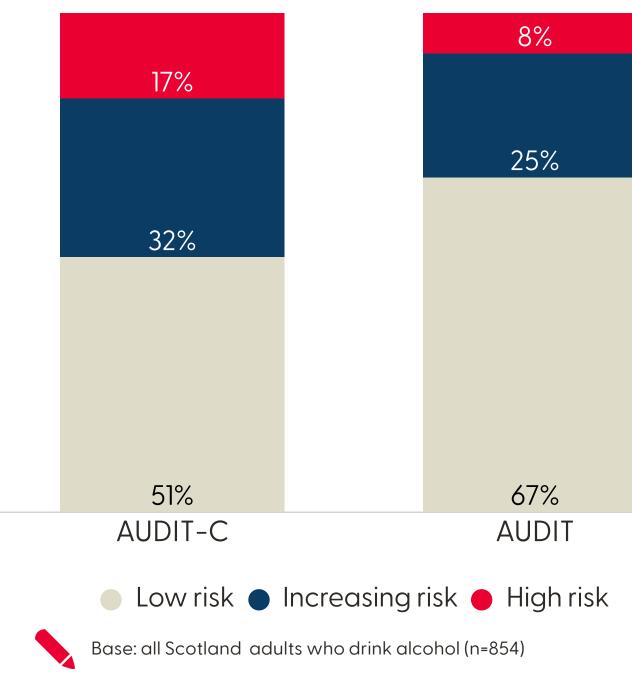
The AUDIT was developed by the World Health Organization (WHO) as a simple, 10question method of screening for excessive drinking and to assist in brief assessment.

The AUDIT assesses three domains: alcohol intake, dependence, and adverse consequences. Each item receives a score of 0-4, with a total possible score of 40.

A score of 0-7 indicates low risk, 8-15 indicates increasing risk, 16-19 indicates higher risk and a score of 20 or more indicates possible dependence.

The AUDIT-C is a shortened version of the 10item AUDIT and asks the three consumptionrelated questions only. A score of 0 to 4 indicates low risk; 5 to 7 indicates increasing risk; 8 to 10 indicates higher risk; and 11 to 12 indicates possible dependence.

How levels of risk amongst drinkers compare between AUDIT-C screening and the full AUDIT assessment







#### **AUDIT Risk Classifications**

#### Low risk

Low risk of causing future harm to themselves

#### **Increasing risk**

Drinking at a level that increases the risk of damaging their health and could lead to serious medical conditions

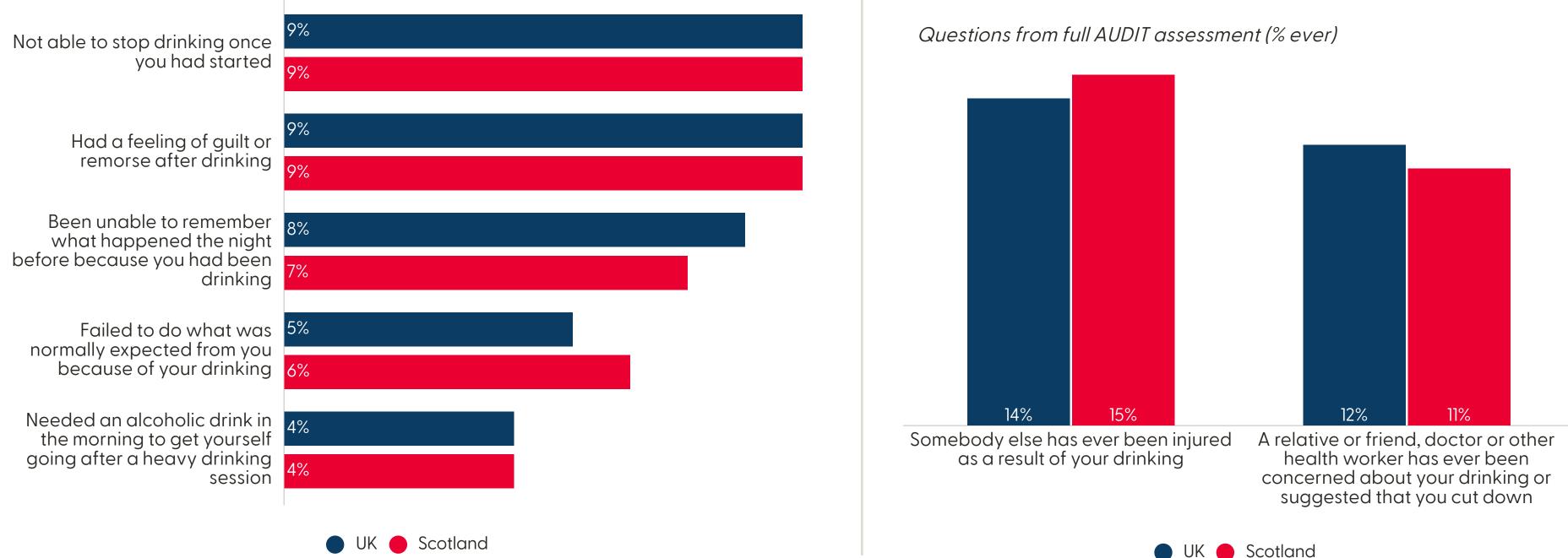
#### High risk (or possible dependence)

This level of drinking has the greatest risk of health problems

# **Risky behaviour when drinking in Scotland appears similar to the UK**

#### Close to one in ten drinkers in Scotland have felt guilty after drinking over the last 12 months

Questions from full AUDIT assessment (% monthly or more often over the last 12 months)



AUDIT assessment questions T1-T7. Base: all UK adults who drink alcohol (n = 5,428); all Scotland adults who drink alcohol (n = 854)

#### 15% of drinkers in Scotland revealed somebody else has been injured as a result of their drinking

Scotland

# Drinking, smoking, drugs and gambling

Comparing adults who drink four or more times a week to those who never drink



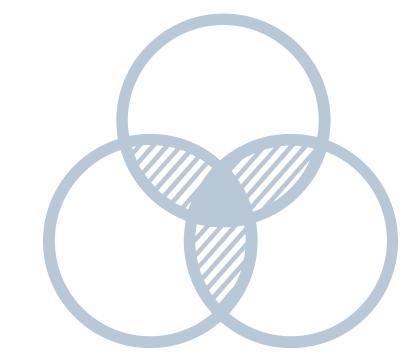


16% of adults in Scotland who drink 4+ times a week also take drugs

Compared to 2% of adults in Scotland who never drink







# Interested to find out more?





dh.

More on the 2022 **Drinkaware Monitor** 





Drinkaware ensures our work is founded in research and evidence to further promote how to reduce alcohol misuse and harm in the UK.

https://www.drinkaware.co.uk/research



**More Drinkaware research** 

#### **Advice and support**



#### Advice and support

We can help you learn about the impact of alcohol on you, your family or friends. Here we'll support you with advice, information and strategies to help reduce alcohol consumption and improve your health.

https://www.drinkaware.co.uk/advice

Drinkaware is an independent charity which aims to reduce alcohol-related harm.

# **About PS Research**

#### Introducing <u>PS Research</u>

We're Adam and Emma: two experienced research specialists based in the North of England.

Adam specialises in quantitative research. He spent almost a decade working in local authorities and delivering research projects across the public sector. Adam is a Certified Member of the MRS (Market Research Society) and was named the UK's New Freelancer of the Year in 2019 by IPSE (the Association of Independent Professionals and the Self-Employed).

**Emma** specialises in qualitative research. She spent several years working agency-side for a couple of large, international market research agencies. Emma is a member of the AQR (Association of Qualitative Research).



PS Research is an accredited Market Research Society Company Partner, demonstrating our commitment to quality research and compliance, working to the MRS Code of Conduct.

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1: <u>https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022</u> 2: https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2021 3: <u>https://www.who.int/publications/i/item/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care</u> 4: <u>https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019</u> 5: <u>http://www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/</u> 6: https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2021 7: <u>https://www.drinkaware.co.uk/research/drinkaware-monitors</u> 8: https://www.drinkaware.co.uk/facts/alcoholic-drinks-and-units/low-risk-drinking-guidelines#thecmoguidelines 9: Cooper, M. L. (1994). Motivations for Alcohol Use Among Adolescents: Development and Validation of a Four-Factor Model. Psychological Assessment, 6 <u>(2), 117–128.</u> 10: <u>https://www.drinkaware.co.uk/research/research-and-evaluation-reports/understanding-the-alcohol-harm-paradox</u>

11: <u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/545937/UK\_CMOs\_\_report.pdf</u>

## Glossary

Alcohol dependence: This is a medical definition. Alcohol dependence is defined as behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful physical and mental health consequences.

**AUDIT**: The Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization (WHO) as a simple, 10-question method of screening for excessive drinking and to assist in brief assessment. It provides a framework for intervention to help hazardous and harmful drinkers to reduce their drinking, or to stop drinking. AUDIT is designed to help health practitioners in particular identify hazardous drinking, harmful drinking and possible dependence. Drinkaware's Alcohol Self-Assessment is based on the AUDIT screening questionnaire.

**AUDIT-C**: This refers to the three consumption-related questions on the AUDIT questionnaire that relate to drinking frequency, units consumed on a typical occasion and frequency of drinking six units or more (for women) or eight units or more (for men) at a single session. A score of 0 to 4 indicates low risk; 5 to 7 indicates increasing risk; 8 to 10 indicates higher risk; and 11 to 12 indicates possible dependence.

Binge drinking: This term has a medical definition. Binge drinking is defined by the NHS for men as drinking more than eight units of alcohol in a single session, and more than six units for women.

Harmful drinking: 'Harmful drinking' means drinking in a way that is likely to cause or has already caused harm, i.e. a strong likelihood that damage to health – physical or mental – has already been caused.

Hazardous drinking: 'Hazardous drinking' means drinking in a way that may put your mental and/or physical health at serious risk; depending on patterns of drinking and other factors, this can include social consequences.

Increasing and high risk: These terms have specific meanings in relation to an AUDIT-C score. A score of 0 to 4 indicates low risk; 5 to 7 indicates increasing risk; 8 to 10 indicates higher risk; and 11 to 12 indicates possible dependence. Note these scores are indicative as a screening tool and not diagnostic.