



SACS ABC

Brief Intervention Manual



Werry Workforce
WHĀRAURAU
For Infant, Child and Adolescent Mental Health

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Contents

1. Introduction	2
2. About this guide	2
3. RANZCGP ABC Approach	3
4. Substances and Choices Scale (SACS)	4
5. The SACS ABC Approach	5
A: Ask - Administer SACS screening, review and score	5
B: Brief advice - Deliver feedback and brief advice	5
C: Counselling - Recommend and make a referral for AOD counselling	7
6. SACS ABC Process Flowchart	8
7. Local and national referral services and support	9
8. Incorporating SACS into IT systems: The eSACS	11
9. Resources guide	15
10. Useful websites	16
11. Harm reduction strategies	17
Appendix A: SACS handout	20
Using and interpreting the SACS: A clinician guide	20
Appendix B: Substance use disorder	21
Appendix C: SACS ABC - Questions to ask	22
Appendix D: Substances overview table	24
Appendix E: Harm reduction strategies	32
References	33



1. Introduction

The delivery of mental health and addiction interventions in the primary care sector is a key focus of the current government (Ministry of Health, 2012). Young people with significant alcohol and other drug (AOD) problems do present to primary care; a recent Youth '12 report (Fleming, Moselen, Clark, Dixon, & The Adolescent Health Research Group, 2014) found that most young people who were using substances at a high level (78%) had seen a healthcare professional (GP, medical centre or family doctor) in the last year.

Brief interventions are well recognised in the addiction field as an efficient and cost-effective means of decreasing substance-related harm (Heather, 2002). They help to identify current or potential problems and can motivate young people to change their behaviour. They are a core skill that all GPs and primary care workers should be able to deliver if required (Mitchell, Gryczynski, O'Grady, & Schwartz, 2013). Brief interventions are paramount in early identification and referral to AOD or co-existing disorders treatment.

2. About this guide

The SACS ABC, as described in this manual, is a brief intervention designed for young people aged 13 to 20. It has been adapted specifically for GPs for brevity and to align with the well-known ABC approach for smoking cessation and alcohol. It is based on The SACS Brief Intervention (see www.sacsinfo.com), a resource for youth mental health and addiction workers, designed and promoted by the Werry Workforce Whāraurau (Christie, 2010).

The resources incorporate the Substances and Choices Scale (SACS), a youth AOD (alcohol and other drug) screening instrument developed and tested in New Zealand (Christie et al., 2007). The SACS is used by a wide range of NZ youth agencies including Oranga Tamariki (formerly Child Youth and Family) and most health services.



3. RANZCGP ABC Approach

The 'ABC Approach' (The Royal New Zealand College of General Practitioners, 2012) was originally developed to promote smoking cessation in New Zealand. This approach has now been adopted to identify and provide brief advice to patients who engage in harmful drinking.

'ABC' is a memory aid for health care workers to understand the key steps to helping people recognise and change their drinking behaviours. The purpose of the ABC Approach is to make recording and follow up of alcohol status a systematic and everyday practice for all primary health care workers. (p. 7)

However, the ABC Approach utilises the AUDIT C (Bradley et al., 2007), an adult alcohol screening instrument that is not necessarily developmentally appropriate for young people. For example, a 15-year-old who is drinking two or three times a week will not be identified as drinking in a hazardous way via the AUDIT C.

The SACS ABC adapts the ABC approach, blending it with the SACS Brief Intervention (SACSBI), a method designed to deliver brief addiction treatment in a range of youth health and social services. GPs using the SACS ABC will be therefore communicating with specialist and youth services in the same language.

Resources supporting health workers to use the SACS and the SACSBI are available on the internet (www.sacsinfo.com) and training in their use has been delivered nationwide to primary and secondary youth health, mental health and addiction clinicians.

The SACS ABC Approach steps are:

- A: Ask - administer SACS screening, review and score
- B: Brief Advice - deliver feedback and brief advice
- C: Counselling - recommend and make a referral to AOD counselling

4. Substances and Choices Scale (SACS)

The Substances and Choices Scale (SACS) is an easy-to-use and effective screening instrument that has been tested in New Zealand. It is effective at identifying risky or problematic substance use. Information about the SACS is available at www.sacsinfo.com.

Completing the SACS with a young person provides opportunities for an AOD brief intervention through some or all of the following mechanisms:

- getting young people to think and talk about their substance use
- gauging insight and motivation for change
- identifying problems or areas of specific risk
- providing personalised feedback
- providing tailored information and harm-reduction advice

A high SACS score can indicate problematic and/or risky use, which can be an entry point to suggesting or recommending referral to a specialist youth alcohol and drug service.

Spending 5 to 10 minutes completing and discussing the SACS with a young person will increase the likelihood the young person will take the referral to an AOD service seriously and will attend treatment.



5. The SACS ABC Approach

The following steps detail how to complete the SACS ABC in your practice. All young people aged 13 to 20 years (age can be extended either side of this) attending appointments should be asked by a GP or nurse to complete the SACS ABC, starting with the SACS screening instrument. For a more detailed step-by-step guide of administration and scoring, please see Appendix A. In Appendix C, there are examples of how to raise and discuss the issues with the young person sitting in front of you.

A: Ask - Administer SACS screening, review and score

- Introduce the SACS, its purpose and explain the process.
- Emphasise and fully explain confidentiality, and the limits to this in regards to risk.
- Ask permission from the young person to do the SACS ABC.
- Complete SACS - a young person self-completes or you do it together with them.
- Discuss/review their responses with them:
 - to gather more information if needed
 - to enquire about areas of concern.
- Score the SACS (preferably with the young person).

B: Brief advice - Deliver feedback and brief advice

- Depending on the results, the young person is then offered feedback and brief advice about risks of their current use.
- Discuss what the score means specifically in reference to young people attending treatment.
- Appropriate harm reduction strategies can be provided (see Harm reduction section in this resource) and the young person provided with youth-appropriate written information in the form of a youth 'pocket card' resource, handouts or pamphlets (which include website addresses and social media links - see Resources guide and Useful websites sections).
- Remember to link any harm reduction strategies to the young person's current AOD use, problems named and motivational status (all of which are identified in the screening).

SACS - Part B scoring

Scores 0, 1: No significant problems

- Continue to monitor for AOD concerns into the future.

Scores 2, 3: Possibly significant problems

- Gather more information. Consider HEEADDSSS¹ or other assessment. Provide brief advice.
- Discuss with young person a possible referral to AOD services.

Scores 4, 5: Significant problems identified

- Recommend referral to AOD services if young person is willing.
- Provide brief advice to support referral.

Scores 6+: Serious problems identified

- Strongly recommend referral to AOD services if willing.
- Provide advice to support referral.

SACS brief intervention scoring and recommendations

SACS 0 or 1 = no significant problems - continue to monitor for AOD concerns periodically				
Risky use SACS ≥ 2	Problem use SACS ≥ 4 Use at levels likely to cause harm	Mild substance use disorder* SACS ≥ 6 DSM-5: 2-3 symptoms	Moderate substance use disorder SACS ≥ 6 DSM-5: 4-5 symptoms	Severe substance use disorder SACS ≥ 6 DSM-5: 6+ symptoms
Increasing amount and frequency, negative consequences, active drug seeking, loss of control of use, using to cope				
Scores 2 or 3 Possibly significant problems <ul style="list-style-type: none"> • Gather more information. Consider HEEADDSSS or other assessment. Provide brief advice. • Discuss possible referral to AOD services. 	Scores 4 or 5 Significant problems identified <ul style="list-style-type: none"> • Recommended referral to AOD services if young person is willing. • Provide brief advice to support referral. 	Scores 6 or more Serious problems identified <ul style="list-style-type: none"> • Strongly recommended referral to AOD services if willing. • Provide advice to support referral. 		

Adapted from Waikato Youth AOD Model of Care (McLachlan, 2015, p. 7)

*Please see Appendix B for DSM-5 substance use disorder criteria.

¹HEEADDSSS is a youth assessment framework covering aspects of strengths and risk. The acronym stands for Health, Education, Eating, Activities, Drugs and Alcohol, Depression and Suicide, Sexuality and Safety.

C: Counselling - Recommend and make a referral for AOD counselling

If the SACS score warrants a referral to AOD services, then it is recommended you gather more information, provide brief advice and discuss the possible referral with the young person and their family and whānau.

- Introduce the idea of accessing support for the young person.
- Promote the idea that if they have AOD concerns/problems, they can get confidential and non-judgemental support with the things that concern them.
- Inform the young person about AOD services available in the area and the recommendation that a referral is made.
- Inform the young person about the Alcohol/Drug Helpline (0800-787-797) which can offer brief intervention and follow-up services if needed whilst awaiting services.
- It is important to gain the young person's agreement for referral to AOD services and to encourage them to go to a service where they can talk about their substance use and get help to figure out ways to stay healthy or be safer.
- Involve family and whānau in this process if possible.
- Make referral and attach a copy of the completed SACS.



6. SACS ABC flowchart

Remind the young person about confidentiality - stress their health information is private unless there is serious risk.



7. Local and national referral services and support

Practices need to identify local and national pathways for young people who may require referral to another service. Local referral services will differ throughout New Zealand and it is important for practices to utilise their community networks to identify the appropriate referral pathways. If a young person presents with both AOD and mental health issues, they can be referred to a CAMHS or a Youth AOD service. Here are places to find out what services are available in your area:

National referral networks include:

Alcohol Drug Helpline 0800 787 797
<https://alcoholdrughelp.org.nz>

Alcoholics Anonymous 0800 229 6759
www.aa.org.nz

Information about local referral networks:

The Alcohol Drug Association New Zealand (ADANZ) has developed a treatment directory which contains a regionalised database of all the publicly funded addiction treatment and advice services in New Zealand. The directory can be viewed at:

www.addictionshelp.org.nz/ Directory

The Family Services Directory is a searchable online database that lists information about family support organisations (providers) and the services/programmes they offer to support New Zealand families. The Directory helps connect people with providers who can help them to cope with common issues and problems. See:

<https://www.familyservices.govt.nz/directory/>

Werry Workforce Whāraurau has a directory of the key Child and Adolescent Mental Health and Addiction services across New Zealand. The database can be accessed at the following link:

<http://www.werryworkforce.org/service/locations?tid=169>



7. Local and national referral services and support

NORTHLAND

Rubicon Alcohol and other Drugs
Co-Existing Problems
Health Service for Youth
(09) 438 2340

WAITEMATA, COUNTIES MANUKAU & AUCKLAND DHB

Community Alcohol and Drug
Services (CADS):
Altered High
(09) 845 1893

CADS Te Ātea Marinō
(Māori Youth 13-18 years)
(09) 845 1818

CADS Tupu
(Pacific Youth 13 years+)
(09) 845 1810

Raukura Hauora o Tainui -
Te Oho Ake
(Māori Youth 12-17 years)
(09) 263 8040

Odyssey Youth (13 years+)
(09) 638 4957

WAIKATO DHB

Youth Intact: Youth AOD service
0800 468 228

WHANGANUI

Alcohol and Other Drugs Service
Whanganui DHB
(06) 348 1287

HAWKE'S BAY

Addiction Service Hawke's Bay
Napier
(06) 834 1815

LAKES

ICAMHS
Rotorua
(07) 343 5005

Lakes
(07) 376 1099

Te Utuhina Manaakitanga Trust
Alcohol & Drug Counselling
Service
(09) 348 3598

BAY OF PLENTY

Sorted
Tauranga
(07) 579 839

TAIRAWHITI

Te Whare o Te Rito
Infant, Child & Adolescent Mental
Health and Addiction Service,
Gisborne
(06) 869 0541 or 0800 243 500

TARANAKI

Alcohol & Drug Service,
New Plymouth
(06) 753 7838

WAIRARAPA

CAMHS, 20 Victoria Street
(06) 946 9808

MIDCENTRAL

Alcohol and Other Drug Service,
Palmerston North
(06) 350 9130 or 0800 764 677

HUTT VALLEY

Alcohol & Drug Assessment
& Counselling
(04) 475 9420

CAPITAL AND COAST

CAMHS Wellington,
21 Hania Street
(04) 806 0002

Welltrust Youth AOD Services
(04) 568 0370

NELSON-MARLBOROUGH

Alcohol and Drug Centre
Wairau
(03) 520 9908

Nelson Addiction Service
(03) 546 1994

WEST COAST

Community Mental Health &
Rata Alcohol & Drug Services
Hokitika
(03) 756 9700

CANTERBURY

Youth Speciality
Service, Christchurch
(03) 339 1126

CYMHS
Odyssey House, Christchurch
(03) 358 0635

SOUTH CANTERBURY

Alcohol and Drug Service,
Timaru
(03) 687 2150

Adventure Development
Timaru
(03) 684 5870

SOUTHERN

Community Alcohol
and Drug Service
Oamaru
(03) 433 0002

Adventure Development
Dunedin & Otago
(03) 470 1691

Invercargill & Southland
(03) 218 8833

Mirror HQ Dunedin
43 Princes Street
(03) 479 2970

Youth Specialty Service Dunedin
(03) 474 5601

8. Incorporating SACS into IT systems: The eSACS

1. Incorporating the SACS into the practice/service computer system

The SACS has been successfully incorporated into a number of primary care patient management IT systems as the 'eSACS'. Although the content, order and layout of the SACS cannot be altered, a computerised version of the SACS (or eSACS) can feature a number of enhancements to the paper version. These are detailed below and should be considered when building a system.

An example of a successful online version of the SACS is available at this link:

<http://www.procon3.co.nz/Webforms/SACS/SACS.html>

2. Recording SACS scores

The practice will need to have a recording system integrated into the PMS that includes:

- SACS scores and dates completed (or refused)
- Results of SACS A and SACS B scores
- Outcome from screening (e.g. referral) and follow-up.

3. Reminder system

Consider including a reminder system to prompt practitioners to repeat the SACS at yearly intervals if possible (young people's substance use is likely to change significantly as they mature).

An example of a useful reminder system is Patient Dashboard.

- Patient Dashboard is a software tool which populates each time new patient notes are opened. The items shown on the dashboard are specific to the age, gender and medical history of the patient.
- A reminder to complete the SACS can be included for all patients aged 13 to 19.
- Dashboard can use traffic light colour coding to flag the status of SACS recording:
 - **Red SACS** not completed
 - **Orange SACS** above guidelines or under surveillance
 - **Green SACS** within guidelines

4. eSACS content

The text (with build notes in blue) required for building an eSACS is as follows:

Substances and Choices Scale

The following questions are about your (young person's) use of alcohol and drugs over the last month. This does not include tobacco or prescribed medicine. Please answer every question as best you can, even if you are not certain.

SACS Part A:

How often did you use each of the following in the last month?	Didn't use	Once a week or less	More than once a week	Most days or more
Alcoholic drinks (e.g. beer, wine, spirits, premixes, RTDs):				
Cannabis (e.g. weed, marijuana, pot, dope, buds):				
Other drugs (e.g. stimulants, hallucinogens, inhalants, sedatives, synthetic cannabinoids, opiates):				

NOTES:

- 1 choice per line
- If client endorses 'didn't use' for all three options then STOP as screen is completed
- If client endorses any option except 'didn't use' for Other drugs then create list of 'Other Drug' options to endorse (as many as required) consisting of other drug names as follows:

Ecstasy and other party pills (e.g. 'E', Methadone, BZP)
Hallucinogens (e.g. LSD, acid, mushrooms, ketamine)
Inhalants (e.g. glue, petrol, solvents, paint, nitrous)
Amphetamines (e.g. speed, 'P', ice, whiz)
Sedatives (e.g. sleeping pills, benzos, downers, valium)
Synthetic cannabinoids (smokable herbal highs)
Opiates (e.g. heroin, morphine, methadone, codeine)
Cocaine (e.g. coke, crack, blow)
Other drug not listed above

SACS Part B:

Mark one box (on each row), on the basis of how things have been for you in the last month?	Not True	Somewhat True	Certainly True
1. I took alcohol or drugs when I was alone.			
2. I've thought I might be hooked or addicted to alcohol or drugs.			
3. Most of my free time has been spent getting hold of, taking, or recovering from alcohol or drugs.			
4. I've wanted to cut down on the amount of alcohol and drugs that I am using.			
5. My alcohol and drug use has stopped me getting important things done.			
6. My alcohol or drug use has led to arguments with the people I live with (family, flatmates or caregivers etc).			
7. I've had unsafe sex or an unwanted sexual experience when taking alcohol or drugs.			
8. My performance or attendance at school (or at work) has been affected by my alcohol or drug use.			
9. I did things that could have got me into serious trouble (stealing, vandalism, violence etc) when using alcohol or drugs.			
10. I've driven a car while under the influence of alcohol or drugs (or have been driven by someone under the influence).			

NOTES:

1. One choice per line

2. Scores: Not true = 0, Somewhat true = 1, Definitely true = 2

3. Scoring: SUM 1 to 10 to give score out of 20.

4. Total score

- = 2 or less - 'No significant problems identified'
- 2- 4 then - 'Level of AOD problems could be significant and require further assessment and/or treatment'
 - Discuss possible referral to AOD services with client
 - Consider HEADDS assessment to get more information
 - Provide brief advice'
- >4 then - 'Level of AOD problems are significant and require further assessment and treatment'
 - Recommend referral to AOD services if client willing
 - Provide brief advice to support referral'

5. The SACS ABC approach – ABC

Other potential text to include on eSACS

- All alcohol and drug use is potentially risky in young people, more so the younger they are. If a young person is using substances, consider doing a brief intervention, and see them again within a few months to monitor their use.

6. Automatic referral

If an option to generate an automatic referral is created, then consider the following further questions (to support the referrer's processing of the referral).

- Has the young person agreed to this referral? Y/N
- Are the parents of the young person aware of this referral? Y/N (To allow discretion with contacting the young person.)

7. Translating paper SACS onto web version

Here is a summary of the enhancements possible in an eSACS version:

1. When completing Part A, if no use is indicated (i.e. 'didn't use' is checked for all three items) then the screening process can stop and part B of the questionnaire can remain hidden.
2. When completing Item 3 of Part A (other substance use), the names of potential 'other drugs' can remain hidden unless this item is endorsed positively.
3. The software can calculate the SACS difficulties score (Part B) automatically.
4. The software can provide a summary of the young person's results and recommendations for treatment immediately as the score is calculated (rather than having to refer to a separate information sheet).
5. The software can potentially generate an automatic referral for those young people who have scores at a level that would recommend this.

9. Resources guide

The following resources are available as an easy-to-use guide for the SACS ABC pathway and also youth resources on various substances and harm reduction.

1. SACS ABC pocket guide

2. Desktop poster aide memoir

3. Youth resources (pocket cards)

- Alcohol - these can be given out to most young people
- Cannabis - these can be given out to most young people
- Methamphetamine - to be given out only to young people using this substance
- LSD - to be given out only to young people using this substance
- MDMA/Ecstasy - to be given out only to young people using this substance
- New psychoactive substances - to be given out only to young people using these substances
- Safer partying - can be given out to most young people

These resources can be found at the following link:

www.optforwellbeing.org

Bridging the Gap

The Bridging the Gap resource is very useful for increasing knowledge and confidence in working alongside young people in the New Zealand primary care environment who are presenting with issues related to alcohol and other substance use.

<https://www.matuaraki.org.nz/uploads/files/resource-assets/MR-Youth-AOD-resource-WEB.pdf>



10. Useful websites

Websites, Facebook and other social media can all play a role in assisting young people with mild to moderate AOD or mental health problems.

For young people, this may be an ideal way to start them thinking about their AOD use, mental health and wellbeing.

The following are some websites to access resources and support, as well as brief intervention strategies (accurate as at April 2017).

Youthline health services http://www.youthline.co.nz/	For drugs and alcohol help, mind and body information, advice and more.
Pot help https://www.pothelp.org.nz/	A self-help website for people wanting to cut back or quit using cannabis.
The lowdown https://thelowdown.co.nz/	Helping youth with depression, anxiety and AOD. Free text 5626.
Amplify http://www.amplify.org.nz/	Offers school-based support to empower young people whose lives are influenced by alcohol and other drugs to make positive choices for their lives.
Buzzed http://www.buzzed.co.nz/	Online storytelling campaign aimed at stimulating conversation about the harms of alcohol and other drugs for young people. Mental Health Foundation http://www.mentalhealth.org.nz/
Mental Health Foundation http://www.mentalhealth.org.nz/	Provides information and training, and advocates for policies and services that support people with experience of mental illness, and also their families/whānau and friends.
Kina Trust http://kina.org.nz/	Helping family/whānau understand the impact of addiction on their lives.
Aunty Dee http://www.auntydee.co.nz/	Free wellbeing tool for young people to access help with problem-solving. The target population is Pacific and Māori young people aged 14-25 years, but is free for all to use.
SPARX https://www.sparx.org.nz/	A unique award-winning computer program that helps young people learn skills to deal with feeling down, depressed or stressed.
Smiling Mind https://smilingmind.com.au	Free web and app based mindfulness program for children and young people.
No Safe Limits Nosafelimit.co.nz	Resources available for parents to understand effects of alcohol and helpful advice to keep teens safe.

11. Harm reduction strategies

Harm reduction in young people

Harm reduction includes a wide range of strategies aimed at minimising the harmful effects of substance use on people's lives.

Young people respond more positively to strategies that recognise and respect their ability to make their own decisions regarding their substance use. Harm reduction approaches provide practical information and strategies, without judgement, to help individuals and communities reduce harm associated with substance use.

Harm reduction approaches:

- encourage and facilitate connection to positive activities (e.g. sports, school)
- encourage abstinence as well as the option of moderation/controlled use
- provide relevant, non-judgemental and youth-friendly information about substance use, including information about safer use as well as the harms associated with use
- educate the young person about standard drinks and the low-risk drinking guidelines
- support young people to develop skills to plan for safe nights out if they intend to use alcohol or other drugs
- provide information about nutrition and self-care
- Provide support and advice on safe sexual practices.

If the young person is placing themselves or others in risky situations, it is important to provide strategies that aim to reduce or prevent this behaviour. This may include assessing the young person's knowledge and beliefs about what is risky, and providing corrected information and practical strategies to help reduce the level of risk.

Confidentiality

Be clear about issues of confidentiality as, until you do this, young people may not be totally honest. Without a genuine history, you are unlikely to gain useful information. Safety issues, of course, limit confidentiality and you need to assess these from a developmental perspective. Assessment of what is a safe level of parental supervision is likely to be different for a 13-year-old compared to a 17-year-old.

Although family/whānau involvement is a worthwhile goal of any interaction (as it is likely to improve the outcome), remember that in the initial stages of collecting information it may impact on the quality and accuracy of the information you obtain.

Low-risk drinking advice:

Have a discussion about safe levels of use. The Health Promotion Agency (HPA) provides the following low-risk drinking advice for adults: <http://www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice>. This advice is helpful when educating young people about the effects of alcohol and what is recommended for adults and those over 18 years.

Understanding what a standard drink is:

- It measures the amount of pure alcohol in a drink
- One standard drink equals 10 grams of pure alcohol
- All alcoholic beverages have the standard drink labelled on the back of the bottle
- It takes at least one hour for a typical adult body to process each standard drink, and for young people's bodies this can take longer.

Matua Raki, 2017

Low-risk drinking advice



Source: www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice.

Figure 2 outlines the low-risk alcohol drinking advice for adults (18+ years) from the Health Promotion Agency (HPA). There are also times and circumstances when it is advisable not to drink alcohol, including if you:

- could be pregnant, are pregnant or trying to get pregnant
- are on medication that interacts with alcohol
- have a condition made worse by drinking alcohol
- feel unwell, depressed, tired or cold as alcohol could make things worse
- are about to operate machinery or a vehicle or do anything that is risky or requires skill.

HPA's advice for children and young people:

Not drinking alcohol is the safest option for children and young people under 18 years.

- Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important.
- For young people aged 15 to 17 years, the safest option is to delay drinking for as long as possible.
- If 15 to 17 year olds do drink alcohol, they should be supervised, drink infrequently and at levels usually below and never exceeding the lower adult daily limits above.

Key harm reduction tips

Strategy	Key harm reduction tips when talking to young people
Reduce levels of use and abstaining	<ul style="list-style-type: none"> • Reduce the amount you drink/use by buying or taking less with you • Drink or use less often • Drink beer instead of spirits
Change to a safer mode of use	<ul style="list-style-type: none"> • Try a small amount first, wait for effects before having any more • Have one non-alcoholic drink in between drinks • Try one standard drink an hour • Smoke joints instead of bongos
Know about decreasing health risks	<ul style="list-style-type: none"> • Always know what you are taking • Use clean needles • Safe sex • Eating before drinking
Plan ahead	<ul style="list-style-type: none"> • Look after yourself and others • Designate a sober driver • If drinking, leave car keys at home • Plan money for taxis for getting home
Be aware of potential mental health problems	<ul style="list-style-type: none"> • Using drugs can cause a comedown effect • If feeling low or anxious, drinking/using drugs can intensify this feeling and make you feel worse
Watch out for overdose	<ul style="list-style-type: none"> • Don't mix different substances • Use one substance at a time • If a friend is unconscious, put them in recovery position and call an ambulance
Don't risk your personal reputation	<ul style="list-style-type: none"> • Think seriously about your personal reputation • Will any of your behaviour while intoxicated end up online permanently?



Appendix A: SACS information

Using and interpreting the SACS: A clinician guide

The Substances and Choices Scale (SACS) is a self-report instrument for assessing and monitoring the use and impact of alcohol and drug use in young people. It can be used as a screening instrument to identify whether further assessment and/or referral is required. As it measures behaviour over the last month, it can also be used on a frequent basis to assess progress during treatment and measure outcome at discharge. Young people and their clinicians usually enjoy completing the SACS as it helps them with planning goals and reviewing progress.

When should you use the SACS?

ASSESSMENT Young people will begin to make changes to their substance use from the beginning of the assessment and treatment process. Because of this it pays aim to complete the 1st SACS during the assessment, preferably in the first session.

DURING TREATMENT Try to repeat the SACS after 4 weeks and then every 3 months (or more frequently if you wish). Improvement or otherwise can be readily tracked over time and used to reflect on the past and future. The SACS can be used as a motivational tool to assist young people to plan towards goals.

AT DISCHARGE With a planned discharge, completion of a SACS is a nice way to round off a treatment episode. Try sending a SACS out in the post with a stamped addressed envelope if you don't manage to get one completed at the final appointment.

Don't use the SACS if the young person is intoxicated, very distressed, or has symptoms of severe mental illness.

Scoring the SACS

Section A: SACS use scores - These are interpreted individually as a means to track occasions of use.

If your client finds it useful to ascribe numbers to these scores then...

Never = 0, Once a week or less = 1, More than once a week = 2, Most days or more = 3

Section B: SACS difficulties score - to obtain a total score for the SACS difficulties score;

Not true = 0, Somewhat true = 1, Definitely true = 2

If there is one incorrectly completed item (question) score that item as 0. Add the scores up as usual.

Section C: SACS tobacco score - Is scored in the same way as Section A.

Interpreting the SACS scores

Sections A & C: This scale has not been validated but it is a useful guide to use over the last month. Remember, this is a record of the number of occasions of use but not of how much is used on each occasion. Review of this question should lead to further discussion about amounts and patterns of use (such as bingeing).

Section B: This scale has been validated. As such it is a reliable and valid indication of a young persons current substance use issues. Remember to refer back to the actual items on the questionnaire when discussing results with a young person.

Scores 0, 1: No significant problems - continue to monitor for AOD concerns into the future

Scores 2, 3: Possibly significant problems

- Gather more information. Consider HEEADDSSS or other assessment. Provide brief advice
- Discuss possible referral to AOD services with young person

Scores 4, 5: Significant problems identified

- Recommend referral to AOD services if young person is willing
- Provide brief advice to support referral

Scores 6+: Serious problems identified

- Strongly recommend referral to AOD services if willing
- Provide advice to support referral

Remember that the SACS is a screening instrument. It does not yield diagnoses and is a guide only. A high score should prompt the clinician to consider further assessment and or referral to treatment. In addition consider reviewing the individual items on the SACS as specific further assessment may be required in these areas. Comparing SACS scores completed over time can assist with treatment planning and help with providing feedback about progress over a treatment period.

Appendix B: Substance use disorder

Substance use disorder is defined in the DSM-5 as a maladaptive pattern of substance use leading to clinically significant impairment or distress. Two (or more) of the following criteria need to occur within the same 12-month period:

- The substance is often taken in larger amounts or over a longer period than intended
 - There is a persistent desire or unsuccessful efforts to cut down or control substance use
 - A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
 - Craving, or a strong desire or urge to use the substance
 - Substance use results in a failure to fulfil major role obligations at work, school, or home
 - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
 - Important social, occupational, or recreational activities are given up or reduced because of substance use
 - Recurrent substance use in situations in which it is physically hazardous (such as driving)
 - The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance
 - Tolerance, as defined by either of the following:
 - (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect
 - (b) Markedly diminished effect with continued use of the same amount of the substance
 - Withdrawal, as manifested by either of the following:
 - (a) The characteristic withdrawal syndrome for the substance or
 - (b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- Mild substance use disorder if there are 2-3 symptoms
 - Moderate substance use disorder if there are 4-5 symptoms
 - Severe substance use disorder if there are 6 or more symptoms.

Appendix C: SACS ABC - Questions to ask

The following provides example statements/questions or reflections at each stage of the SACS ABC to help guide you.

1. Introduce SACS and explain process

"This is a quick questionnaire about youth alcohol & drug use developed for Kiwi teenagers. It's a helpful way for you and I to see where your alcohol & drug use is at, if it is or is starting to cause any problems/unwanted consequences in your life, and if so some options to deal with that. Once we've done it, we'll score it together, I'll let you know what the score is known to mean for Kiwi youth, and we will then chat a bit about how you feel about any problems that are occurring. Are you OK to do this with me?"

2. Emphasise confidentiality

"It is important to let you know that the information that you share with me today is confidential. The only time we would share this information is with your permission or if we were concerned about your or someone else's safety. Do you have any questions about this?"

3. Do the SACS (self-completed or together with them)

"Would you be happy to fill out the questionnaire together? This would help me to understand more about your current substance use and whether there are any concerns for you."

4. Review their answers with them

"Is this a typical month for you?" "Currently how much alcohol do you have when you do drink?" "How much is typical for you to use on these occasions?"

"Is there anything you've used before but not now?"

"Have you ever tried any random medications to see the effects?"

"Is there anything you've tried that you didn't know what it was?"

For Section B answers (which explore the substances their "yes" answers relate to), ask more about any individual high-scoring answers or high-risk behaviours. For example:

"What makes you think you may be addicted or hooked on this substance?"

"Have you had some time free from using this substance?
What did you notice at that time?"

"You have highlighted that your AOD use gets in the way of important things in your life, can you tell me more about what these are?"

"How much school/study/work are you missing because of your AOD use?"

"What trouble have you been in because of your substance use?
Can you tell me more about this?"

5. Score Section B with them

"The SACS screening tool was tested on a range of Kiwi teenagers. What the results showed was those with scores above 4 usually had some kind of substance use related problems happening, and those with scores above 6 were mostly youth already seeing an AOD counsellor for support."

"How did you find doing that?" "What do you think your score means?"

"So, on one hand, you like that alcohol helps you forget your problems, makes you happy and confident with your peers. However, on the other hand, what has worried you is that you have been getting into fights, blacking out and putting yourself in some risky situations."

"Which of the things true for you in Section B are causing the most problems/worries?"

"Which is most important to you?"

"If you could change/improve any of those, which would it be? How would it be different?"

"It is really great to see that you have made some changes to cutting back your cannabis use, well done with this. Are there any further changes you would like to make to this?"

"Thank you for sharing this information with me today, it is great to see that you are aware of the risks for you and are wanting to make changes to your drinking."

6. Provide brief feedback, information, education and/or harm-reduction advice

"Let me check that I have got this right? You like that cannabis use relaxes you, it has helped with your low mood and is a big part of your peer group. However, on the other hand, you are concerned about the impact it is having on your life? From what you have told me today, you would like to cut back your use and are open to getting some support for this? Would you be happy if I spent a few minutes providing you with some further information about the risks associated with your cannabis use?"

"Would you be happy if I spent a few minutes informing you about what low-risk drinking guidelines are in NZ?"

"There are fantastic youth services that can support young people in making changes to their AOD use. They are a free, confidential and non-judgemental service that can support you with your concerns. Would you be interested in seeing someone from this service?"

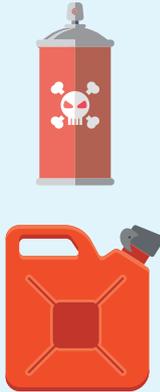
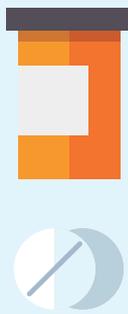
7. Inform about and recommend referral

"Thank you for taking the time to discuss the SACS tool with me today. After our discussion today, are you happy for me to send through a referral to the local Youth Alcohol & Drug Services? I will complete a referral for you and send this through with a copy of your SACS. Are you OK for me to send that? Do you have any further questions?"

Appendix D: Substances overview table

DEPRESSANTS - SLOW DOWN BODY FUNCTIONS		
Substance	What is it?	What does it do to the body?
<p>Alcohol (taken orally)</p> 	<p>Ethanol or ethyl alcohol are formed when yeast ferments sugars.</p>	<p>When consumed, alcohol is absorbed into the bloodstream through the stomach (about 20%) and small intestine (about 80%). Food makes this slower and steadier. It works on gamma-aminobutyric acid (GABA) receptors in the brain before being broken down by the liver. Each standard drink takes at least an hour to be broken down.</p> <p>Over time can cause damage to many parts of the body including: the nervous system, brain, heart, lungs, liver and pancreas.</p>
<p>Cannabis (smoked or taken orally)</p> 	<p>Tetrahydrocannabinol (THC) comes from the cannabis sativa plant.</p>	<p>When smoked, THC is absorbed into the bloodstream through the lungs and taken to the brain where it works on cannabinoid receptors.</p> <p>THC mixes with fat cells in the body. Metabolites can be detected in urine weeks afterwards.</p> <p>Over time can cause cancers of the respiratory system, and may lower motivation and concentration with greater long term impacts on young people than adults.</p>
<p>Synthetic cannabis (smoked or taken orally)</p> 	<p>Chemicals created to copy how THC acts on the brain.</p>	<p>When smoked, these chemicals are absorbed into the bloodstream through the lungs and taken to the brain where they work on cannabinoid receptors.</p> <p>While similar in structure, they are different to cannabis. Some bind stronger to the receptors than cannabis and cause different effects.</p>

	Common short term effects			Key tips for conversations
	Unpleasant effects	Pleasant effects	Signs of recent use	
	<p>Flushed</p> <p>More emotional</p> <p>Un-coordinated</p> <p>Memory loss</p> <p>Loss of judgement</p> <p>Nausea, vomiting</p>	<p>Energetic, talkative</p> <p>More confident</p>	<p>Alcohol smell</p> <p>Overfriendly</p> <p>Repetitive conversation</p> <p>Flushed skin</p> <p>Reactive behaviour</p> <p>Disinhibited</p> <p>Slurred speech</p> <p>Poor coordination</p>	<p>Eat before drinking.</p> <p>Count the standard drinks.</p> <p>Avoid drinking while pregnant.</p> <p>Young peoples' bodies do not show as many of the physical indicators that they have drunk too much as compared to adults. If a young person is slurring, unbalanced or passing out they are much drunker than an adult doing the same - monitor and get support.</p>
	<p>Increased appetite</p> <p>Blood-shot eyes</p> <p>Impaired judgement and coordination</p> <p>Slowed perception of time</p> <p>Drowsiness</p> <p>Paranoia</p>	<p>Relaxation</p> <p>Laughter</p>	<p>Cannabis smell</p> <p>Very relaxed</p> <p>Red or heavy lidded eyes</p> <p>Finding things funny</p> <p>Increased appetite</p> <p>Talkative</p> <p>Distorted sense of time</p> <p>Difficulty focusing</p>	<p>Smoking a lot of cannabis can affect health.</p> <p>Using cannabis while your brain is developing can cause problems.</p> <p>Stop if you start to feel unwell or uncomfortable.</p> <p>Don't smoke and drive.</p>
	<p>Disorientation</p> <p>Head rush</p> <p>Anxiety</p> <p>Loss of coordination</p> <p>Nausea</p> <p>Vomiting</p>	<p>Relaxation</p>	<p>Signs vary a lot and can include:</p> <p>Disorientation</p> <p>Distorted sense of time</p> <p>Difficulty focusing</p> <p>Paranoia</p> <p>Poor coordination</p>	<p>The amount of chemicals can differ between packets.</p> <p>We do not know long term effects.</p> <p>Using synthetic cannabis while your brain is developing can cause problems.</p> <p>Stop if you start to feel unwell or uncomfortable.</p> <p>Don't smoke and drive.</p>

DEPRESSANTS - SLOW DOWN BODY FUNCTIONS		
Substance	What is it?	What does it do to the body?
<p>Volatile substances (inhaled, smoked or taken orally)</p> 	<p>Substances produced from organic chemicals.</p>	<p>When inhaled these chemicals are rapidly absorbed by the body and taken to the brain. They act in different ways, some causing acute poisoning.</p> <p>The effect is very short (around 1 minute) with a much longer lasting comedown.</p>
<p>Benzodiazepines (taken orally, snorted or injected)</p> 	<p>Medications that are prescribed for depression, anxiety and difficulty sleeping.</p>	<p>These prescription medications act on the central nervous system, usually making people feel more confident, with less anxiety and better moods. For some people, they have the opposite effect - more anxiety and nightmares. When prescribed, a health professional monitors and changes doses to suit the person as the effects (and side effects) can differ from person to person.</p> <p>A person can become dependent on these drugs within a few weeks. Prescriptions are usually for small amounts with advice not to mix with alcohol or other medication.</p>

	Common short term effects			Key tips for conversations
	Unpleasant effects	Pleasant effects	Signs of recent use	
	<ul style="list-style-type: none"> Headache Nausea Loss of coordination Death Agitation of the mouth and nose 	<ul style="list-style-type: none"> Relaxation 	<ul style="list-style-type: none"> Strong smell of the substance Drowsy Stumbling and loss of balance Very similar appearance to high intoxication from alcohol 	<ul style="list-style-type: none"> There is no safe level for inhaling solvents or volatile substances. They are highly flammable. The unpleasant come down lasts much longer than the feeling while inhaling.
	<ul style="list-style-type: none"> Agitation Anxiety Difficulty remembering things Drowsiness 	<ul style="list-style-type: none"> More confident Mellow feeling Release of anxiety 	<ul style="list-style-type: none"> Drowsiness Headache Confusion Unsteady gait Dazed look Repetitive eye movements 	<ul style="list-style-type: none"> Don't mix with alcohol or other medications, as it greatly increases the risk of overdose and death. If you feel like you need to take them more and more, you need to seek medical support. Withdrawal can be long and difficult after regular use.

STIMULANTS - SPEED UP / STIMULATE BODY FUNCTIONS		
Substance	What is it?	What does it do to the body?
<p>Benzylpiperazine (BZP) (taken orally or snorted)</p> 	<p>Manufactured chemical that used to be sold as party pills and is now illegal in New Zealand.</p>	<p>BZP increases the activity of dopamine and serotonin in the brain (releasing more and preventing it from being taken back in so it keeps activating brain receptors) and has a stimulant effect.</p>
<p>Ecstasy/MDMA (taken orally or snorted)</p> 	<p>MDMA is the active ingredient in ecstasy but in New Zealand there are likely to be additional and unknown chemicals in a pill/dose of ecstasy.</p>	<p>Within 30-45 minutes of taking MDMA, the brain releases more serotonin and dopamine, usually making the person feel happier. When the effect of MDMA wears off, the natural pool of these chemicals is depleted and people commonly have a come down and can feel low.</p> <p>Frequent use can cause memory issues, difficulty sleeping and paranoia. Heavy or frequent use can damage the heart and cause cognitive impairment.</p> <p>Substances sold as ecstasy in New Zealand are often not pure MDMA, and can be a mix of MDMA or caffeine along with inactive ingredients. Sometimes they are completely different substances like para-Methoxyamphetamine (PMA) which is much more potent.</p>

	Common short term effects			Key tips for conversations
	Unpleasant effects	Pleasant effects	Signs of recent use	
	Agitation Anxiety Vomiting Headache Insomnia Lack of appetite	Euphoric Energetic	Restless Lethargy Anxiety Headache Vomiting Sweating Confusion Irritability Mood swings	Keep within the guidelines on the packet (if stated). It takes time for the effects to be felt. Do not mix with other substances.
	Dehydration Decreased appetite Disorientation Feeling hot Teeth grinding Rapid heartbeat Come down and feeling low	Increased mood Euphoric Energetic Feeling closer to other people Mild hallucination Enhanced sensation	Restless Fatigue Loss of appetite Very low mood Trouble concentrating	Drink water regularly (if dancing, drink more to keep hydrated and take breaks to cool down). Avoid using alcohol at the same time as it dehydrates you further. It takes an hour for the effects to happen. Wait for the effects to see how strong it is before deciding whether or not to take more. Use a drug checking service if it is available. MDMA in New Zealand is not usually pure.

STIMULANTS - SPEED UP / STIMULATE BODY FUNCTIONS		
Substance	What is it?	What does it do to the body?
<p>Methamphetamine (smoked (pipe) or injected)</p> 	<p>Manufactured chemical that is chemically similar to amphetamine.</p>	<p>Methamphetamine very quickly increases the release of dopamine in the brain where it acts to create feelings of pleasure. These are short lived and usually followed by more unpleasant feelings.</p> <p>Dopamine is part of the brain's reward system, and is why methamphetamine can be quickly addictive.</p>
HALLUCINOGENS - DISTORT PERCEPTIONS OF REALITY		
<p>Psilocybin mushrooms (taken orally)</p> 	<p>A plant that is commonly referred to as magic mushrooms</p>	<p>Psilocybin is the active ingredient that causes mind-altering effects when consumed.</p> <p>Most harm is from injury while having senses distorted and from not knowing how much chemical is in each mushroom. It takes an hour for effects to be felt and taking too much (overdose) to try feel an effect is possible in that time.</p> <p>Tolerance builds up extremely quickly.</p>
<p>LSD (taken orally)</p> 	<p>Manufactured chemical (lysergic acid diethylamide) that is also referred to as 'acid'</p>	<p>LSD works on the serotonin system in the brain within 20 to 60 minutes of taking it. The part of the brain it impacts on changes the way that a person perceives things and their place in the world. It can change what people see, hear or feel and can last up to 12 hours.</p>

Common short term effects				Key tips for conversations
Unpleasant effects	Pleasant effects	Signs of recent use		
Agitation Paranoia Seeing, hearing or feeling things that other people don't Seizures Mood swings	For a short time: Increased mood Alert Highly concentrated Increased sexual drive	Enlarged pupils Increased energy No appetite Hyperactive Very talkative Can be aggressive	Take a break from using to give your body a chance to recover. Eat and sleep well during that time. If injecting make sure to use sterile equipment and not share needles. Practice safe sex.	
Nausea Anxiety Disorientation Hallucination Paranoia	Distorted perception Quickly changing emotions	Lethargy and sleepiness Anxiety Paranoia Nausea Quickly changing emotions Hallucinations	Have someone sober to be able to help out if your trip goes bad. Use a small amount initially to see how strong it is. Make sure you are in a safe environment and not near water, roads or cliffs. Make sure they are not confused with similar looking poisonous mushrooms.	
Feeling on 'edge' Muscle tension Sweating Feeling sick Disorientation Loss of emotional control Unwanted spiritual experiences and revelations. Looping and out of control thinking.	Sensory enhancement Quickly changing emotions Spiritual experiences and revelations.	Lethargy and sleepiness Anxiety Paranoia Low mood Quickly changing emotions Hallucinations	Have someone sober to be able to help out if your trip goes bad. Use a small amount initially to see how strong it is. Make sure you are in a safe environment and not near water, roads, or cliffs. Less is usually better. Taking more increases the risk of unpleasant effects. Ehrlich's reagent can reliably distinguish between LSD and N-BOMe.	

More information: www.trufflesandmushrooms.co.nz/poisonous%20mushrooms.html

Appendix E: Harm reduction strategies

Here are some ideas to reduce the harm your alcohol or other drug use might be causing. Choose the ones that you want to try or write some of your own.

Reduce the amount you drink or use by buying less, or taking less with you when you go to a party
Drink or use less often
Drink beer instead of spirits
Take your time and slow the pace of use
Have a non-alcoholic drink in between each alcoholic drink
Eat before drinking
Use small amounts first and wait for the effects before taking more
Drink one standard drink an hour
Drink or use in a safe environment
Plan how to get home safely
Use clean needles
Don't mix different substances-stick to one at a time
Always know what you are taking
Be careful when mixing substance use with prescribed or over the counter medications
Look after yourself and each other-call for medical help if someone is unconscious
Learn the recovery position
Practice safe sex
Leave car keys at home
Think seriously about your personal reputation - will any of your behaviour while intoxicated end up online permanently?

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