QUEENSLAND HEALTH VERSION

[Amended with consultation]

Instructions for Clinicians:

How to administer the ASSIST-Y and linked intervention to young people.

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Introduction: Brief summary of the ASSIST-Y

The Alcohol, Smoking and Substance Involvement – Youth (ASSIST-Y v3.1) is a variation of the adult Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1), and is intended for use with young people aged 10-14 years and 15-17 years.

> The ASSIST-Y items for both age bands (i.e. 10-14 and 15-17 years) has been incorporated in the *Child and Youth Substance Use and Addictive Behaviours Screen* (CYSUABS). The CYSUABS is intended for use with 10 – 17 year olds to establish the presence or absence of substance use and addictive behaviour issues.

A review of the research literature suggests that the adolescent substance use screening measures that are currently available have a number of limitations. Specifically, measures tend to either focus on the use of one substance (e.g. alcohol or cannabis), or simply quantifying substance use in terms of frequency and amount consumed. Furthermore, screening measures validated for use with young people aged 12 years and under are virtually non-existent. Moreover, few screening measures link clients' scores to a brief intervention or provide guidance as to how health workers should respond to a positive screen. The research literature cites this as a key barrier to the routine screening of young people for problematic or harmful substance use. The ASSIST-Y addresses some of these limitations and aims to provide a method to screen for substance use among young people within primary care and other healthcare settings, and link into an intervention.

Administering the ASSIST-Y for 10-14 and 15-17-year-old clients

1. Modifications to the ASSIST v3.1

Similarities

Prior experience and familiarity with administrating and scoring the adult ASSIST and linked brief intervention will be helpful in informing use of the ASSIST-Y. The formatting of both the ASSIST-Y Questionnaire and Feedback Report cards are similar to that of the adult ASSIST v3.1. In addition, the questions asked have similarities but are tailored for young people, and the method for scoring remains unchanged.

- Please refer to the World Health Organization guide 'The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for use in primary care' for more detail on the administration and scoring of the ASSIST. It is essential that this manual is read and understood before embarking on use of the ASSIST-Y. A copy can be viewed here.

Differences

A number of modifications have been made to the ASSIST-Y to increase its developmental appropriateness and the relevance of questions and feedback for use with younger people.

- There are two age-bands with a different Questionnaire and Feedback Report cards for each age-band (i.e. 10-14 years and 15-17 years). This reflects the fact that the same pattern and/or frequency of substance use across different age groups places young people at varying risk levels depending on their developmental stage.

  The 'low-risk' category has been eliminated (with an exception for low use alcohol), given young people's increased vulnerability to the negative effects of substance use. In addition, the cut-off scores are more conservative compared to the adult ASSIST, reflecting young people's increased risk of associated negative effects and of developing dependence in the future.

- Question 3 has been re-worded to assess context and/or reasons for use rather than screen for the direct experience of craving. Cravings are indicative of dependence and may be less relevant to young users. Specifically, question 3 aims to determine if a young person has progressed from using substances for their positive reinforcing effects - such as for recreation and social integration - to using substances for their negative reinforcing effects (e.g. to dampen memory or produce a sleepy state, in order to avoid unpleasant emotions or situations).

- Question 7 which asks about failed attempts to control, cut down or stop use has been removed. Again, this question, which is a reflection of a loss of control and dependence, was thought to have less relevance to younger users, who are less likely to have a long-term history of use and hence are less likely to be dependent. In addition, question 7 is conceptually more complex than the other questions, which may provide some difficulty for young people.

- Question 8 which asks about injecting is not asked with 10 – 14 year olds in the ASSIST-Y. It was thought that this question may be inappropriate and irrelevant to young people aged 10-14 years. **N.B. If injecting drug use is suspected or indicated for someone aged 10 – 14 years, clinicians are advised to ask about this separately, assess for immediate safety and risk and respond accordingly.**

- Overall, the language used has been simplified, and a few additional prompts have been included. In addition, questions 3 to 6 on the clinical form have been broken down into two parts, to maximise clarity and understanding.

- A number of changes have also been made to the ASSIST Feedback Report cards to increase both clarity and relevance. The risks associated with each substance have been classified as 'short-term' versus 'long-term' to help facilitate discussion. There is also more of an emphasis on the immediate risks associated with substance use and on those issues identified as most relevant or salient to young people.

- The ASSIST-Youth response card for consumers aged 10 – 17 has been developed as an aid to help young people more accurately understand and respond to each of the questions contained within the ASSIST-Y. This is provided to the young person each time the ASSIST-Y is administered.

2. Guidelines around disclosure and duty of care in young people

When working with young people, issues surrounding personal safety, disclosure and duty of care become particularly relevant. Prior to administering the ASSIST-Y, it is essential that the young person is made aware of the limits to confidentiality. Clients should be provided with specific examples regarding the circumstances under which confidentiality may be broken. This is important for ethical reasons and will increase the chances of maintaining rapport with the young person if disclosure to parents and/or others is required. The prefacing paragraphs below have been adapted from those included on the ASSIST-Y and are provided as examples. These address confidentiality issues specific to 10 to 14 and 15 to 17-year-olds and can be read to the client. Issues related to disclosure and duty of care also are relevant when administering the intervention.

ASSIST-Y for Young People Aged 10-14 Years	**ASSIST-Y for Young People Aged 15-17 Years**
I am going to ask you some questions about your experience of using alcohol, tobacco and other drugs in your whole life, and in the past three months. These substances can be used in different ways, for example they can be smoked, swallowed, snorted, inhaled or taken in the form of pills. It is important that you try and answer each of the questions as honestly and accurately as possible. The information you give me will be treated as strictly confidential/private, but I will need to let your parents/guardians know if your substance use is placing you 'at risk' in anyway, or if your immediate safety is threatened. If I feel like it would be helpful for your parents/guardians to know any of this information, I will discuss this with you first. As we go through the questions, please let me know if you would like me to repeat any of them, or if there is something you don't understand.	I am going to ask you some questions about your experience of using alcohol, tobacco and other drugs in your whole life, and in the past three months. These substances can be used in different ways, for example they can be smoked, swallowed, snorted, inhaled or taken in the form of pills. It is important that you try and answer each of the questions as honestly and accurately as possible. The information you give me will be treated as strictly confidential/private and will not be shared with your parents, unless your immediate safety is threatened. For example, if you reveal an intention to hurt yourself or others, or if your substance use is placing you at high risk. Please be assured that if I need to inform your parents, I will discuss this with your first. As we go through the questions, please let me know if you would like me to repeat any of them, or if there is something you don't understand.

When the young person is sufficiently mature to have capacity to consent to the particular health care, they are able to do so. The terms 'Gillick competent' and 'mature minors' are sometimes used to describe this group. [1] Maturity and intellectual development varies from one individual to another and an assessment of a child or young person's capacity is performed on an ongoing basis. However, as a practical rule of thumb (as outlined in Queensland Health Guide to Informed Decision-making in Health Care [1]):

- A young person aged between 16 and 18 is most likely able to consent
- A young person aged between 14 and 16 is reasonably likely to be able to consent

- A child under the age of 14 may not have the capacity to consent, except for health care that does not carry significant risk

[N.B. Factors for health workers to consider in determining whether a child or young person has sufficient capacity are outlined in Part 3 of the Queensland Health Guide to Informed Decision-making in Health Care. [1] Refer to Appendix A, *"How to assess whether a child or young person is 'Gillick competent' and has capacity to give consent to health care.*

All health workers should also confirm if there are local HHS policies that apply.

The decision to involve parents/family should be made following careful consideration of the potential costs and benefits of involving family. It would be preferable to contact family with the agreement of the client in these circumstances. In some cases, involvement of parents/others may escalate the situation, and increase the likelihood of harm. If the immediate safety of the client and/or others is threatened, however, then parents/guardians should be informed as per usual practice. All decisions should be clearly documented in the clinical record.

Related documents

- Queensland Health: Guide to Informed Decision-making in Health Care [1]
- Guide to offering Sexually Transmissible Infection (STI) testing to people aged less than 16 years attending clinical services [2]
- Queensland Health Dual Diagnosis Clinical Guidelines [3]

3. Scoring

While scores are automatically calculated for the ASSIST-Y incorporated into the CYSUABS when entered into CIMHA, it is recommended that health workers calculate scores with the young person present so that a brief intervention and discussion regarding possible further support can be provided where required.

As previously stated, the scoring method for the ASSIST-Y is similar to that of the adult ASSIST. The score corresponding with each frequency category (e.g. 'never' to 'daily or almost daily') for each question is identical to that specified on the adult ASSIST. As with the adult version, clients may require help determining the appropriate frequencies, and prompts are included on the ASSIST-Y Questionnaire as a reminder. As previously summarised, the main differences lie in the cut-off scores classifying client's use as 'Moderate' or 'High' risk. In addition, maximum total scores for each substance used will also differ given the removal of question 7.

As with the adult ASSIST, the risk level corresponding with clients' substance use scores provides an indication as to how health workers may then progress to assist the client. Specifically, risk levels provide an indication as to whether a brief intervention in the context of a broader assessment may be sufficient, or whether direct intervention from the health worker, secondary consultation or referral for more specialised assessment and treatment may be required. It is important to note that although scores for alcohol may fall within the 'low' risk range, healthcare professionals are encouraged to initiate conversation regarding the motivation or reason for use as well as the risks associated with alcohol use.

The Feedback Report cards are available to provide and are recommended for use in providing feedback on ASSIST-Y scores to a young person.

More specific training in relation to the provision of screening and brief intervention is available via the Insight website

https://insight.qld.edu.au/training/elearning

1. Management of young people in the 'Moderate' risk range

- For young clients' whose substance use scores fall within the 'Moderate' risk range, a brief intervention in the context of broader psycho-social screening is recommended. It is important to determine if the substance use is indicative of, or associated with, other comorbid factors (e.g. mental health issues), or if use may lead to future problems.

- The term broader psycho-social screening refers to a more comprehensive psychosocial screening conducted by a healthcare professional experienced in screening and working with young people. Specifically, such healthcare professionals should be aware of how substance use and other problems present in young people. It is essential that screening explores mental health related issues (e.g. symptoms of anxiety, depression etc), and that it covers a range of issues relevant to young people including social and family functioning, physical health, housing and financial issues, legal issues, academic and cognitive performance. If screening for other risk factors returns positive, movement to assessment and diagnosis (where relevant) should occur.

- For those scoring within the 'Moderate' risk range for a specific substance type, it is recommended that health workers, in addition to providing an ASSIST-linked Brief Intervention, seek advice and consultation from a third party, preferably someone with relevant expertise in working with young people who use alcohol and other drugs. Table 1 below outlines options which may be considered for consultation and referral of young people.

- As with the adult ASSIST, the term Brief Intervention describes a brief (3 to 15 minute) motivational interviewing-based intervention designed to encourage clients' to reflect on their current substance use (i.e. positive and negative aspects), as well as increase their awareness of the risks associated. Broadly, the brief intervention aims to facilitate reductions in substance use by increasing clients' motivation and confidence for behaviour change. At a minimum. the ASSIST-linked Brief Intervention should be administered using the 'ASSIST Feedback Report Card for 10-14-year olds' and 'ASSIST Feedback Report Card for 15-17-year olds'. Specific training on the provision of brief interventions and the ASSIST-Y are available via the Insight eLearning webpage: https://insight.qld.edu.au/training/elearning

Table 1. Specialised Service Options for Young People and Families

Injecting drug use	• Consultation with local Needle and Syringe Program • Consider referral to Sexual Health Service for blood borne virus screening and Hepatitis B vaccination in regions who do not have a primary needle and syringe program • WHO-ASSIST Risks of Injecting Card – Information (for Clients)
Management of withdrawal, intoxication toxicity, drug interactions and other medical and psychiatric complications associated with AOD use	• The Alcohol and Drug Clinical Advisory Service (ADCAS) – 8:00m-11:00pm 7 days /week. 1800 290 928 https://adis.health.qld.gov.au/health-professionals/adcas • Secondary consultation with local Alcohol and Drug Service.
Counselling and psychosocial support regarding alcohol and drug use	• Adis 24/7 Alcohol and Drug Support 1800 177 833 http://adis.health.qld.gov.au/
Tobacco use	• Quitline information and resources 13QUIT https://www.health.qld.gov.au/public-health/topics/atod/quitline-resources
Family support	• Family Drug Support – 24/7 telephone support, groups and information sessions 1300 368 186 www.fds.org.au • Adis 24/7 Alcohol and Drug Support 1800 177 833 http://adis.health.qld.gov.au/
Problem gaming/gambling/internet usage	• Consultation with local Child and Youth Mental Health Service

2. Management of young people in the 'High' risk range

- The ASSIST-Y-linked brief intervention, feedback about risk and harm reduction information can be given using the 'ASSIST-Y Feedback Report card for 10-14 year olds' or 'ASSIST-Y Feedback Report card for 15-17 year olds'. However, while young people in the 'High' risk group may not necessarily be substance dependent but are likely have a range of co-occurring problems requiring coordinated management and assessment. It is recommended that in addition to a brief intervention, consultation and/or a referral for more specialised assessment and treatment be made, in line with the Queensland Health Dual Diagnosis Clinical Guidelines (See Table 1 for suggestions).

- However, high risk smokers in the older group (15 to 17 years old) are most likely dependent on the substance and options for treatment should be discussed. (i.e.. motivational Interviewing and pharmacotherapy).

- Specialist treatment refers to the delivery of evidence-based therapies/treatments for young people demonstrating problematic or 'harmful' substance use patterns, as well as reporting problems associated with substance use. Treatment may include motivational interviewing, cognitive behavioural therapy (CBT), as well as family-based approaches (i.e.. family therapy). It is anticipated that in most cases a coordinated approach to assessment and management of substance use and other associated problems will be required.

- Co-occurring problems/issues may include mental health issues, significant family disharmony, exposure to abuse, poor performance at school, suicidal ideations, homelessness, significant externalising behaviours (e.g. bullying others) or significant weight loss. Referral to health workers with specialist training of assessment and management of broader issue problems aside from AOD is required for these clients.

- Again, while the decision to inform parents/others of the clients' substance use is at the discretion of the health worker, parental involvement and support may be particularly important if further assessment and treatment is required. It is preferable to have the client's consent for this to occur.

Appendix A. How to assess whether a child or young person is 'Gillick competent' and has capacity to give consent to healthcare

[The following is an extract from page 40 of the Queensland Health Guide to Informed Decision-making in Healthcare]

Section 3.1.5

To establish that a child or young person has capacity to consent to healthcare, the health practitioner can carry out an assessment to show the patient has sufficient understanding, intelligence and maturity to appreciate the nature, consequences and risks of the proposed healthcare, and the alternatives, including the consequences of not receiving the healthcare.

When assessing a child or young person's capacity, the following issues should be considered:

- the age, attitude and maturity of the child or young person, including their physical and emotional development
- the child or young person's level of intelligence and education
- the child or young person's social circumstances and social history
- the nature of the child or young person's condition
- the complexity of the proposed healthcare, including the need for follow up or supervision after the healthcare
- the seriousness of the risks associated with the healthcare
- the consequences if the child or young person does not have the healthcare
- where the consequences of receiving the healthcare include death or permanent disability, that the child or young person understands the permanence of death or disability and the profound nature of the decision they are making.

The more complex the healthcare or more serious the consequences, the stronger the evidence of the child or young person's capacity to consent to the specific healthcare will need to be. In these situations, it is recommended that the assessment is carried out by a medical practitioner.

The health practitioner documents fully in the patient's clinical record the assessment they have carried out, including the details which influenced their decision as to whether the child has capacity.

References

1. State of Queensland (Queensland Health). Guide to informed decision-making in health care. In: Patient Safety and Quality Improvement Service, editor. 2nd ed. Brisbane, QLD: Queensland Health; 2017.
2. State of Queensland (Queensland Health). Guide to offering Sexually Transmissible Infection (STI) testing to people aged less than 16 years attending clinical services. V1.2 ed. Brisbane, QLD: Queensland Health; 2017.
3. State of Queensland (Queensland Health). Dual diagnosis clinical guidelines. Brisbane: Queensland Health; 2010.