Government of South Australia
SA Health

DRUG and ALCOHOL SERVICES SOUTH AUSTRALIA

ASSIST-Y (FOR YOUNG PEOPLE AGED 10-14 YEARS)

CLINICIAN ID		CLINIC	
CLIENT ID OR NAME		DATE	

INTRODUCTION (*Please read to client. Can be adapted for local circumstances*)

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.

Note: There may be situations where the client is using substances for medicinal purposes (eg. pain medication, ADHD management). Do not record medications if the client is using the medications as prescribed by their doctor (eg. correct dose, route and frequency).

Avoid providing too much detail regarding specific substance names or types. Refer to broad substance groups unless the client indicates use.

Question 1 (please circle a response for each substance)

In your life, have you ever tried (GO THROUGH LIST ie. Tobacco, Alcohol etc)? (*NON-MEDICAL USE ONLY*)		
a. Tobacco products (cigarettes)	No	Yes
b. Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c. Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d. Cocaine (coke, crack, etc.)	No	Yes
e. Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	No	Yes
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g. Sedatives / Sleeping Pills (Valium,Temazepam, Stilnox, etc.)	No	Yes
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	No	Yes
i. Opioids (heroin, morphine, codeine, etc.)	No	Yes
j. Other - specify:	No	Yes

Probe gently if all answers are negative:

"*I understand that some of these questions may be a bit confronting or uncomfortable to answer, but it's important that you are honest so we can help you with whatever problems you might be having*"

If still "*No*" to all items, stop interview. Remind the client they are welcome to come back and discuss their substance use or any other issues at anytime.

If "*Yes*" to any of these items, ask Question 2 for each substance ever used.

Note: For Qs 2-6 you may need to determine the appropriate frequency of use based on the client's answer.

Question 2 (please circle a response for each substance)

In the past three months, how often have you used (FIRST DRUG USED, SECOND DRUG, ETC)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

If "Never" to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3 (please circle a response for each substance)

Have you found yourself using (FIRST DRUG, SECOND DRUG, ETC) when you are away from your usual social situations or friends (eg. maybe when you are alone)? If YES, how often has that happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

Prompt regarding 'social situations' (e.g., when at a party or event and others are using).

If "No" skip to Question 4.

Question 4 (please circle a response for each substance)

Has your use of *(FIRST DRUG, SECOND DRUG, ETC)* led to problems with your health, relationships, finances, school, or with the police? **If YES,** how often has that happened in the last 3 months for *(FIRST DRUG, SECOND DRUG, ETC)*?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives/Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

Question 5 (please circle a response for each substance)

Has your use of *(FIRST DRUG, SECOND DRUG, ETC)* impacted on your usual activities? *(eg. school attendance, involvement in recreational activities or sport, completion of chores, family expectations, family events, homework etc).* **If YES,** how often has this happened in the last 3 months for *(FIRST DRUG, SECOND DRUG, ETC)*?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes)					
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives/Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

Ask Question 6 for all substances ever used (i.e. those endorsed in Question 1)

Question 6 (please circle a response for each substance)

Has a friend or relative or anyone else ever expressed concern (or worry) about your use of *(FIRST DRUG, SECOND DRUG, ETC.)?* If YES, was it within the last 3 months or before that for *(FIRST DRUG, SECOND DRUG, ETC)?*	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives /Sleeping Pills (Valium, Temazepam, Stilnox etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	6	3
i. Opioids (heroin, morphine, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 6 inclusive. Do not include the results from Q1 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c.**
Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a**

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	Moderate risk Brief Intervention as part of a broader assessment	High risk Brief Intervention and referral to specialist assessment & treatment
		SCORE	SCORE
a. tobacco		2-5	6+
b. alcohol		2-5	6+
c. cannabis		-	2+
d. cocaine		-	2+
e. amphetamines		-	2+
f. inhalants		2-5	6+
g. sedatives		-	2+
h. hallucinogens		-	2+
i. opioids		-	2+
j. other drugs		-	2+

Now use ASSIST FEEDBACK REPORT CARD to give client feedback about their risk scores as part of the brief intervention.