

ASSIST-Y: Developing the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) for young people.

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Overview

The ASSIST and linked Brief Intervention (BI) for adults was developed using clinical and psychometric testing over a ten year period, but is not appropriate for use with young people in its current form. Expert clinical consensus and the best available evidence was used to determine this 'first pass' set of ASSIST-Y cut-off scores and associated interventions for young people.

What is the ASSIST for adults?

- > The World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) determines risk associated with psychoactive substance use^{1,2,3}.
- > It is designed to be used in *primary health care settings* where hazardous and harmful substance use among clients may go undetected and unaddressed.
- > The ASSIST determines a set of risk scores (one for each substance - tobacco, alcohol and eight illicit substance groups).
- > Each score is categorised as 'low', 'moderate' or 'high' which determines the appropriate intervention (*Table 1*).
- > Feedback is given to 'moderate' and 'high' risk clients using the ASSIST Feedback Report card.

Table 1: ASSIST scores and associated interventions for adults

Meaning of ASSIST scores in adults					
Alcohol			All other substances		
Score	Risk	Intervention	Score	Risk	Intervention
0-10	Low	'no treatment'	0-3	Low	'no treatment'
11-26	Moderate	ASSIST-linked Brief intervention (3-15 mins)	4-26	Moderate	ASSIST-linked Brief intervention (3-15 mins)
27+	High (dependence)	Referral AOD Tx	27+	High (dependence)	Referral AOD Tx

Can the ASSIST be used with young people?

- > The ASSIST questionnaire, cut-offs, Feedback Report Card and associated interventions have **not** been validated for use in people under 18 years of age.

Project aims:

- > Revise the ASSIST questionnaire and develop ASSIST-Y;
- > Revise the cut-off scores for a lowered risk threshold;
- > Develop an ASSIST-Y Feedback Report Card for young people;
- > Revise the ASSIST-linked interventions for young people.

Process overview

Stage 1 – Several AOD* youth workers predicted hypothetical responses to ASSIST questions (Q3-7) according to increasing frequency of use (Q2) - to generate a number of 'clinical pictures'.

Stage 2 – An expert reference group determined cut-offs and modifications to the ASSIST and associated interventions in light of the information gathered in Stage 1.

- > The expert reference group comprised specialist addiction and adolescent medical and psychiatric practitioners and researchers, including the International Coordinator of the WHO ASSIST project.

Stage 3 – Findings were consolidated and sent for feedback to specialist adolescent AOD psychiatrists (including the Manager of WHO Department of Mental Health & Substance Abuse and the Director of the WHO ASSIST Program).

Stage 4 - Mock up of ASSIST-Y questionnaires, ASSIST-Y Feedback Report Cards and Clinical Instructions which were circulated to all participants for feedback.

Stage 5 - is to test the face validity of the ASSIST-Y and linked Interventions in the field.

Resulting revisions: the ASSIST-Y questionnaire

- > Two distinct ASSIST-Y questionnaires with different score weightings – (10 - 14 year old clients) and (15 - 17 year old clients).
- > Modified introduction to reflect legal requirements around duty of care and confidentiality limits.
- > Q7 (failed attempts to cut-down) removed, and Q3 (craving) modified due to the view that young people less likely to be dependent.
- > Substance-specific cut-off scores – risk not equal across all substances for young people (in contrast to adult version).
- > Age-specific cut-offs for 'moderate' and 'high' risk - risk is not equal across age groups.
- > No 'low' risk category (in contrast to adult version).
- > In 10 – 14 year age group **any** use of cannabis, cocaine, amphetamine-type stimulants, hallucinogens, sedatives or opioids is considered 'high' risk.

What are the ASSIST-Y cut-offs for moderate and high risk?

The risk cut-offs vary by **age group** and **substance** (*Table 2*).

Table 2: ASSIST-Y cut-offs for moderate and high risk?

Meaning of ASSIST scores in young people				
	10 - 14 year olds		15 - 17 year olds	
	Score Moderate risk	Score High risk	Score Moderate risk	Score High risk
Tobacco	2-5	6+	2-11	12+
Alcohol	2-5	6+	5-17	18+
Cannabis		2+	2-11	12+
Cocaine		2+	2-8	9+
Amphetamine-type stimulants		2+	2-8	9+
Inhalants	2-5	6+	2-8	9+
Sedatives		2+	2-6	7+
Hallucinogens		2+	2-8	9+
Opioids		2+	2-6	7+

The ASSIST-Y Feedback Report Card

- > Two distinct ASSIST-Y Feedback Report cards with different score tables on the front page for each age group (10 – 14 year old clients) and (15 - 17 year old clients).
- > Content revised using appropriate functional grammar to highlight issues more likely to resonate with young people, including:
 - > The risk of developing schizophrenia is two to three times higher if cannabis consumption commences as a child or teenager;
 - > Drinking alcohol to combat shyness in social situations can lead to alcohol dependence and a worsening of anxiety;
 - > Drinking alcohol affects brain development, and memory;
 - > Drinking alcohol increases the risk of being in a car accident, even if you are a passenger;
 - > Drinking alcohol increases the risk of experiencing depression;
 - > Drinking alcohol increases vulnerability to predators while intoxicated;
 - > Adults who have drinking and drug problems have generally started taking alcohol/drugs when they were in their teens;
 - > Drinking and drug taking now can affect career plans in adulthood.

The ASSIST-Y: linked interventions

Intervention guidelines have been developed, however there is a strong emphasis on clinical judgment and consultation with other clinicians, particularly around duty of care, disclosure, and co-morbidity.

Management of 'High' risk clients

- > Young people are unlikely to be AOD dependent but may have a range of co-occurring problems.
- > Co-occurring problems include mental health issues, family dysfunction, exposure to abuse, poor school performance, homelessness, behavioural issues or significant weight loss.
- > The BI is given using the ASSIST-Y Feedback Report card along with referral to:
 - > Health workers with specialist AOD adolescent training;
 - > Assessment and management of co-occurring problems (eg 'Head Space' or Child and Adolescent Mental Health Services).
- > Involvement of parents of 15-17 year old clients is at the discretion of the health worker who should weigh up the benefits and harms.
- > Parents of 10 – 14 year old clients should be informed for legal reasons, but to also ensure that intervention is comprehensive and (hopefully) supported by the client's family.
- > 'High' risk smokers (15-17 year olds) are likely to be dependent and may be treated using the same strategies as for adults.

Management of 'Moderate' risk clients

- > The BI is given using the ASSIST-Y Feedback Report Card.
- > The effectiveness of a BI in the 10 – 14 year old age group is unclear, and should be delivered carefully.
- > Clients in the 15 – 17 year old age group are more likely to be responsive to a tailored ASSIST-Y-linked Brief Intervention as per the adult model.
- > Health workers should provide the client with population norms around the level of substance use in similar aged peers, particularly if the client has the belief that 'everyone is doing it'.
- > A broad comprehensive psychosocial assessment should also be administered to determine if the substance use is associated with other co-occurring problems.
- > Further expert advice may be sought at the health worker's discretion (eg. a psychiatrist from the Child and Adolescent Hotline)

Summary and Conclusion

- > An ASSIST-Y for 10 – 14 year olds and an ASSIST-Y for 15 – 17 year olds has been developed with revised cut-offs, through the process of expert clinical consensus.
- > A modified ASSIST-Y Feedback Report card for each age group also has been developed to assist with providing a BI.
- > Recommendations were determined for appropriate intervention with a strong emphasis on clinical discretion and referral for assessment and management of broader issues and co-occurring problems.
- > The next step is to test the face validity of the ASSIST-Y materials and linked interventions in the field.

For more information

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*AOD = alcohol and other drugs

References:

- [1] WHO ASSIST Working Group. (2002). The alcohol, smoking and substance involvement screening test (ASSIST): Development, reliability and feasibility. *Addiction*, 97, 1183-1194.
- [2] Humeniuk RE, Ali RA, Babor TF, Farrell M, Formigoni ML, Jittiwutikarn J, Boerngen de Lacerda R, Ling W, Marsden J, Monteiro M, Nihwhatiwa S, Pal H, Poznyak V & Simon S (2008). Validation of the Alcohol Smoking and Substance Involvement Screening Test (ASSIST). *Addiction* 103(6): 1039-1047
- [3] Humeniuk RE, Ali RL, Babor T, Souza-Formigoni ML, Boerngen de Lacerda R, Ling W, McRee B, Newcombe D, Pal H, Poznyak V, Simon S, Vendetti J (accepted with revisions) A Randomized Controlled Trial of a Brief Intervention for Illicit Drugs linked to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in clients recruited from Primary Health Care Settings. *Addiction*