

# **SACS ABC**

# **Brief Intervention**

# **Manual**

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## 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 is a resource for youth mental health and addiction workers, designed and promoted by 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 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 SAC-ABC are available on the internet ([www.wharaurau.org.nz](http://www.wharaurau.org.nz)) 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 Intervention - deliver feedback and brief intervention
- 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.

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-minimisation advice/support

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. SACS information

### Using and interpreting the SACS: A clinician guide

#### The SACS ABC Approach steps are:

The SACS is mainly used as a screening instrument to identify whether further assessment and or referral is required. However, 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 young person 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 another 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 you 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.

## SACS brief intervention scoring and recommendations

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

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

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

<sup>1</sup>HEEADSSS 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.

## 6. 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) engaging in services should be asked about substance use using the SACS ABC framework and the SACS screening instrument. Section 5 explains how to complete the SACS screening instrument. Below explains the ABC framework. In Appendix A 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 and score

- Build rapport
- Include whānau
- Introduce the SACS, its purpose and explain the process
- Fully explain confidentiality, including limits in regards to risk
- Gain consent/permission
- Complete SACS together
- Score the SACS (preferably with the young person)

**B: Brief intervention – Discuss their responses, provide feedback, and explore harm minimisation strategies.**

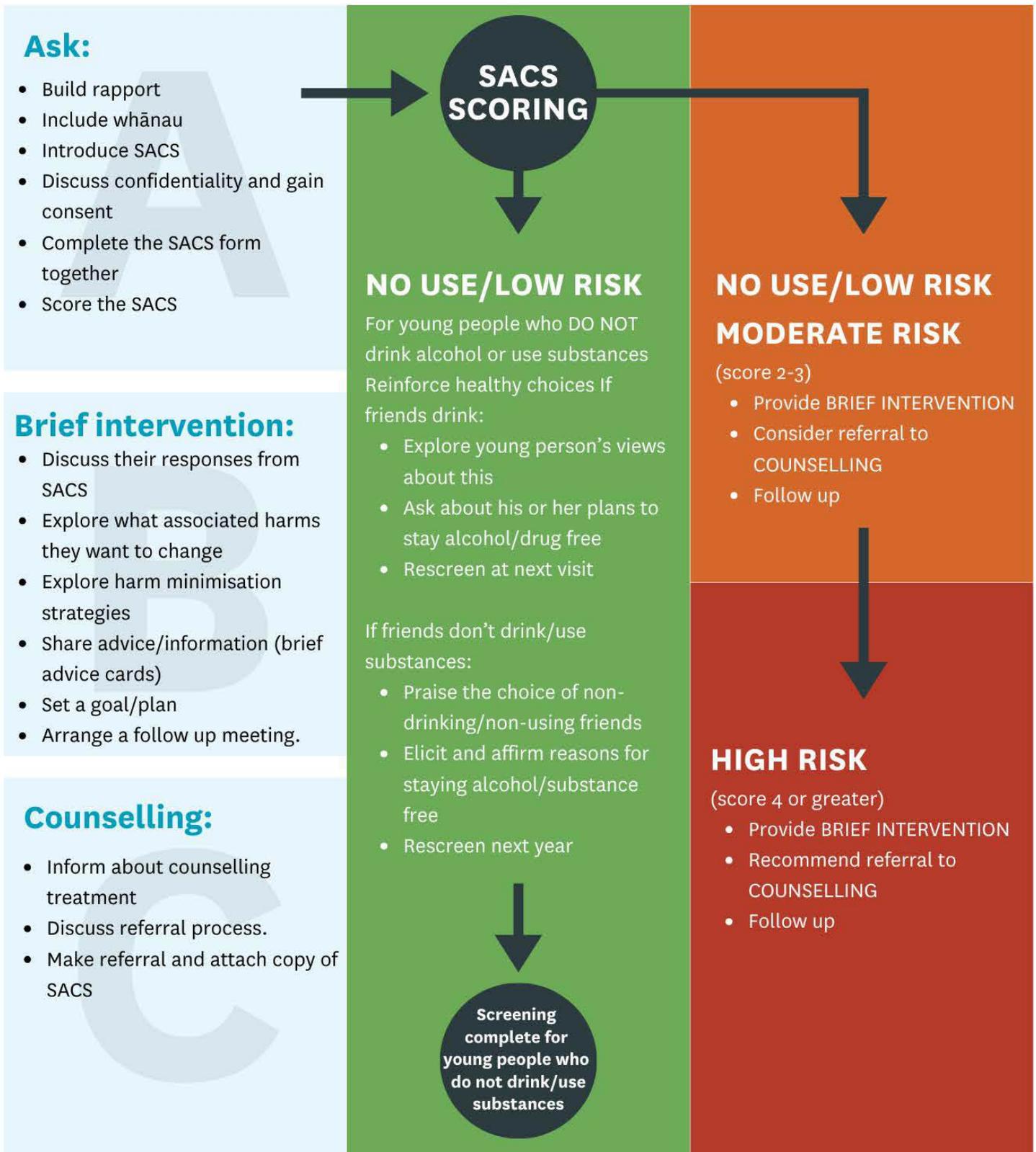
- Discuss/review their responses with them:
  - to gather more information if needed
  - to enquire about areas of concern
- Depending on the results, offered feedback and brief advice about the risks of their current use. Consider using brief advice cards, handouts, pamphlets, websites or apps (see Resources Guide and Useful websites sections)
- Explore what associated harms they may want to change. Use the SACS Brief Intervention worksheet (appendix D)
- Explore harm minimisation strategies of the young person's current AOD use, problems named and motivational status (all of which are identified in the screening).

**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 intervention and discuss the possible referral with the young person and their whānau
- Introduce the idea of accessing support for the young person. Explaining that they can get confidential and non-judgmental support with the things that concern them
- Inform the young person about AOD services available in the area and discuss making a referral
- Explore any concerns that they may have
- Involve family and whānau in this process if possible
- Gain the young person's agreement for referral to AOD services and make the referral with a copy of the SACS
- 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

## 7. SACS ABC flowchart

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



## 8. 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>

### **Information about local referral networks:**

Healthpoint provides up-to-date information about healthcare providers, referral expectations, services offered and common treatments. Which also includes AOD services.

<https://www.healthpoint.co.nz/>

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.

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



## 9. Resources guide

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

### **SACS ABC flowchart**

### **SACS Questionnaire**

### **SACS BRIEF INTERVENTION worksheet**

These can be found on the Whāraurau website <https://wharaurau.org.nz/>

### **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.tepou.co.nz/resources/bridging-the-gap-young-people-and-substance-use>

### **Brief advice cards**

The Drug foundation now has brief advice for most substances. These are a great tool to share advice on substances a young person is using. To order these from the drug foundation. <https://resources.drugfoundation.org.nz/collections/brief-advice-cards>

### **Did you know videos**

These have been created by the Drug foundation as a tool to start a conversation with a young person about their substance use. <https://www.drugfoundation.org.nz/info/did-you-know/>

### **The Level website**

The level is a straight up guide for people who use drugs. This is a great website to gain information on any drug that a young person may be using, tips for making changes and supporting others as well as drug checking clinics. <https://thelevel.org.nz/>

### **Healthify**

Healthify is the new health navigator website, where you can search for information on any health-related topic including mental health to get information and advice. For a link to the youth mental health section click here ( <https://healthify.nz/hauora-wellbeing/m/mental-health-youth-topics/>) <https://healthify.nz/>



## 10. 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)
- 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.
- Encourage abstinence as well as the option of moderation/controlled use

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

Remember to be clear about issues of confidentiality as, until you do this, young people may not be totally honest. Safety issues, of course, limit confidentiality and you need to assess these from a developmental perspective. For example, 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 having family/whānau in the room with the young person may impact on how much they share.

### Safer using advice:

Have a discussion about safe levels of use. The Level (<https://thelevel.org.nz/>) provides advice for safer using for each drug as well as general safer using advice. The Health Promotion Agency (HPA) (<https://www.alcohol.org.nz/help-and-support/advice/standard-drinks-and-legal-limits/>) provides low-risk drinking advice for adults and standard drink information.

## Key harm reduction tips

Strategy	Key harm reduction tips when talking to young people
Reduce levels of use	<p>Reduce the amount you drink/use by buying or taking less with you</p> <p>Drink or use less often</p> <p>Delay when you first use/drink</p> <p>Drink beer instead of spirits</p>
Change to a safer mode of use	<p>Try a small amount first, wait for effects before having any more</p> <p>Have one non-alcoholic drink in between drinks</p> <p>Try one standard drink an hour</p> <p>Smoke joints instead of bong</p> <p>Try a safer way to use the drug: (see <a href="#">the level</a> for information)</p>
Know about decreasing health risks	<p>Always know what you are taking, get it checked at a <a href="#">drug checking clinic</a></p> <p>Use clean needles</p> <p>Safe sex</p> <p>Eating before drinking/using</p>
Plan ahead	<p>Look after yourself and others.</p> <p>Have a sober person within your group</p> <p>Plan how much you will use and where</p> <p>Plan how to get home safely, have a plan b</p> <p>Leave keys at home or have a sober driver</p>
Be aware of potential mental health problems	<p>Using drugs can cause a comedown effect</p> <p>If feeling low or anxious, drinking/using drugs can intensify this feeling and make you feel worse</p> <p>consider your mood/mental wellbeing before using</p>
Watch out for overdose	<p>Don't mix different substances</p> <p>Use one substance at a time</p> <p>If a friend is unconscious, put them in recovery position and call an ambulance</p>
Don't risk your personal reputation	<p>Think seriously about your personal reputation</p> <p>Will any of your behaviour while intoxicated end up online permanently?</p>
Build positive relationships	<p>Re-engage/engage in pro social activities ie: sports, art, music</p> <p>Spend time with non-using friends</p> <p>Build positive relationships with whānau</p>

# Appendix A: 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 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
  - (c) Mild substance use disorder if there are 2-3 symptoms
  - (d) Moderate substance use disorder if there are 4-5 symptoms
  - (e) Severe substance use disorder if there are 6 or more symptoms.

## Appendix C: 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?

# Appendix D: SACS Brief Intervention worksheet

## SACS Brief Intervention Worksheet

**Stuff I could change:**

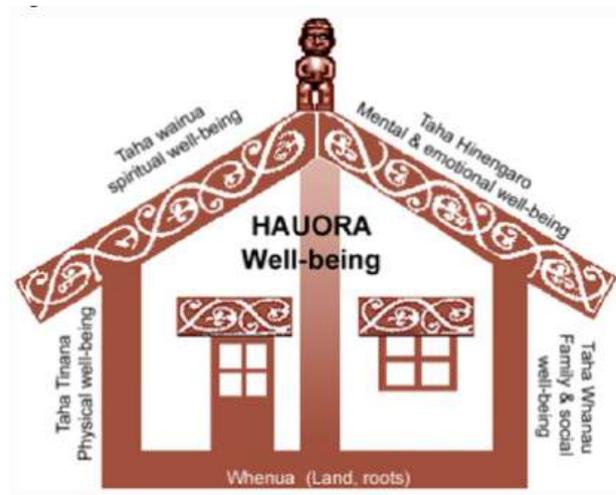
- 1.
- 2.
- 3.
- 4.

**Possible ways to change:**

- 1.
- 2.
- 3.
- 4.

**My strengths and supports:**

- 1.
- 2.
- 3.
- 4.



Whare Tapa Whā (Four sided house) health model (Durie 1994)

### MY GOAL

**ONE THING I REALLY WANT TO CHANGE**

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**I AM GOING TO DO THIS BY**

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**Things that might trip me up:**

- 1.
- 2.

**I'll try to overcome these by:**

- 1.
- 2.

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