

SUBSTANCES AND CHOICES SCALE

USING AND INTERPRETING THE SUBSTANCES AND CHOICES SCALE

- a clinician guide -

The Substances and Choices Scale (SACS) is a self-report instrument for assessing and monitoring the pattern of use and impact of alcohol and drugs in young people. It is useful as a screening instrument to identify problem areas that warrant further in depth assessment. 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 enjoy completing the SACS as it helps with planning goals and reviewing progress.

The SACS is only to be used by health professionals working with young people who are engaged in a treatment agency.

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 client is intoxicated, very distressed, or has active 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.
However as there is no SACS use total score, this is not always necessary.

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. two incorrectly completed items invalidate the SACS difficulties score.

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

INTERPRETING THE SACS SCORES

- *The SACS is a screening instrument. It does not yield diagnoses and is a guide only. A high score should prompt the clinician to review the individual items on the SACS and most likely indicates a need for further assessment in these areas.*
- *A low score does not rule out problems. Young people commonly under-report their substance use and may not answer the SACS honestly.*
- *Comparing SACS scores completed at different times can assist with treatment planning and help with providing feedback but may not necessarily reflect actual progress or otherwise.*

Sections A & C - This scale has not been validated but it is a useful guide of use over the last month. The frequency of use for each substance can be tracked over time. Remember this is a record of the number of occasions of use but not of how much is used on each occasion. 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 reasonably reliable and valid indication of a young persons current substance use issues. Remember to refer back to the actual items on the questionnaire.

- Scores 2 and above usually indicate the need for further enquiry and/or assessment and/or intervention.
- Scores 4 and above usually signify problems that are clinically significant and require intervention.
- Scores 6 and above are usually indicative of serious problems requiring a specialist substance use service.

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