

ASSIST-Lite

Alcohol, Smoking and Substance Involvement Screening Test



THE UNIVERSITY
of ADELAIDE

INSTRUCTIONS

The questions ask about psychoactive substance use in the PAST 3 MONTHS ONLY.
Ask about each substance in order and only proceed to the supplementary questions if the person has used that substance.
On completion of all the questions, count the number of “yes” responses to obtain a score for each substance, and mark the risk category.
Provide a brief intervention relevant to the risk category.

In the past 3 months	Yes	No
1. Did you smoke a cigarette containing tobacco? 1a. Did you usually smoke more than 10 cigarettes each day? 1b. Did you usually smoke within 30 minutes after waking? Score for tobacco (count “yes” answers) <input type="checkbox"/> Risk category: 0 = Low, 1-2 = Moderate, 3 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Did you have a drink containing alcohol? 2a. On any occasion, did you drink more than 4 standard drinks of alcohol? 2b. Have you tried and failed to control, cut down or stop drinking? 2c. Has anyone expressed concern about your drinking? Score for alcohol (count “yes” answers) <input type="checkbox"/> Risk category: 0-1 = Low, 2 = Moderate, 3-4 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Did you use cannabis? 3a. Have you had a strong desire or urge to use cannabis at least once a week or more often? 3b. Has anyone expressed concern about your use of cannabis? Score for cannabis (count “yes” answers) <input type="checkbox"/> Risk category: 0 = Low, 1-2 = Moderate, 3 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? 4a. Did you use a stimulant at least once each week or more often? 4b. Has anyone expressed concern about your use of a stimulant? Score for stimulants (count “yes” answers) <input type="checkbox"/> Risk category: 0 = Low, 1-2 = Moderate, 3 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Score for sedatives (count “yes” answers) <input type="checkbox"/> Risk category: 0 = Low, 1-2 = Moderate, 3 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed? 6a. Have you tried and failed to control, cut down or stop using an opioid? 6b. Has anyone expressed concern about your use of an opioid? Score for opioids (count “yes” answers) <input type="checkbox"/> Risk category: 0 = Low, 1-2 = Moderate, 3 = High	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Did you use any other psychoactive substances? If yes, what did you take? (Not scored, but prompts further assessment)	<input type="checkbox"/>	<input type="checkbox"/>

Rapid guide to a Brief Intervention

Low risk: General health advice and encourage not to increase use.

Moderate risk: Provide a brief intervention using the FRAMES Model and offer take home information.

High risk: Provide a brief intervention using the FRAMES Model and encourage further assessment by a specialist drug and alcohol service. Facilitate referral and provide take home information.

Note: FRAMES - Feedback, Responsibility, Advice, Menu of options, Empathy, Self-efficacy.



LIGHT BEER
425 ml | 2.7% alc/vol



FULL STRENGTH BEER
285 ml | 4.9% alc/vol



WINE
100 ml | 13% alc/vol



FORTIFIED WINE
(e.g. sherry, port)
60 ml | 20% alc/vol



SPIRITS
(e.g. vodka, gin, rum, whiskey)
30 ml | 40% alc/vol

To reduce your risk of cancer and other alcohol-related harm, the NHMRC recommend no more than 4- standard drinks on any one occasion, and no more than 10 standard drinks per week for healthy adults. To reduce the risk of harm to unborn or young babies, the NHMRC recommends zero consumption of alcohol for anyone under 18, and for women who are planning to get pregnant, or who are currently breastfeeding.

ASSIST-Lite Feedback Report Card

Substance	Score	Risk Level		
Tobacco (Cigarettes, chewing tobacco, cigars, etc)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High
Alcohol (Beer, wine, spirits, etc)		<input type="checkbox"/> 0-1 Low	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 High
Cannabis (Marijuana, pot, grass, hash, etc)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High
Cocaine or amphetamine type stimulants (Speed, ecstasy, meth, ice, paste, crystal, base, diet pills, etc)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High
Sedatives or sleeping medication (Valium, Serepax, Xanax, Rohypnol, Normison, Diazepam, Temazepam etc)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High
Opioids (Heroin, opium, morphine, methadone, codeine, buprenorphine, oxycodone)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High
Other psychoactive substances (Please specify:)		<input type="checkbox"/> 0 Low	<input type="checkbox"/> 1-2 Moderate	<input type="checkbox"/> 3 High

What do your scores mean?

Low: You are at low risk of health and other problems from your current pattern of use.

Moderate: You are at risk of health and other problems from your current pattern of substance use, both now and also in the future if you continue the same pattern of use.

High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and could be dependent.

Are you concerned about your substance use?

Tobacco	Alcohol	Cannabis	Stimulants	Sedatives or sleeping pills	Opioids
Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Your risk of experiencing these harms is: (tick one) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Regular tobacco smoking is associated with:	Regular excessive alcohol use is associated with:	Regular use of cannabis is associated with:	Regular use of stimulants is associated with:	Regular use of sedatives is associated with:	Regular use of opioids is associated with:
Premature ageing, wrinkling of the skin	Hangovers, aggressive and violent behaviour, accidents and injury	Problems with attention and motivation	Difficulty sleeping, loss of appetite and weight loss, dehydration	Drowsiness, dizziness and confusion	Itching, nausea and vomiting
Respiratory infections and asthma	Reduced sexual performance, premature ageing	Anxiety, paranoia, panic, depression	Accidents and injury, financial problems	Difficulty concentrating and remembering things	Drowsiness, constipation, tooth decay
High blood pressure, diabetes	Digestive problems, ulcers, inflammation of the pancreas, high blood pressure	Decreased memory and problem solving ability	Mood swings – anxiety, depression, agitation, mania, panic, paranoia	Nausea, headaches, unsteady gait	Difficulty concentrating and remembering things
Respiratory infections, allergies and asthma in children of smokers	Anxiety and depression, relationship problems, financial and work problems	High blood pressure	Numbness, tingling, clammy skin, skin scratching or picking	Sleeping problems	Emotional problems and social problems
Miscarriage, premature labour and low birth weight babies for pregnant women	Difficulty remembering things and solving problems	Asthma, bronchitis	Tremors, irregular heartbeat, shortness of breath	Anxiety and depression	Reduced sexual desire and sexual performance
Kidney disease	Deformities and brain damage in babies of pregnant women	Psychosis in those with a personal or family history of schizophrenia	Aggressive and violent behaviour	Tolerance and dependence after a short period of use	Relationship difficulties
Chronic obstructive airways disease	Stroke, permanent brain injury, muscle and nerve damage	Heart disease and chronic obstructive airways disease	Intense craving, stress from the lifestyle	Severe withdrawal symptoms	Financial and work problems, violations of law
Heart disease, stroke, vascular disease	Liver disease, pancreas disease	Cancers	Psychosis after repeated use of high doses	Overdose and death if used with alcohol, opioids or other depressant drugs	Tolerance and dependence, withdrawal symptoms
Cancers	Cancers, suicide		Damage to your heart, brain haemorrhage, sudden death		Overdose and death from respiratory failure