

Alcohol, Smoking and Substance Involvement Screening Test - Lite (ASSIST-Lite)

How to Administer: Screening Tool

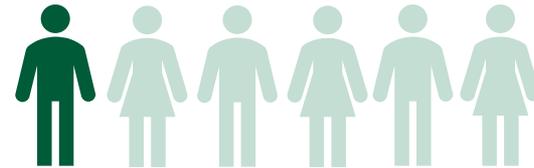
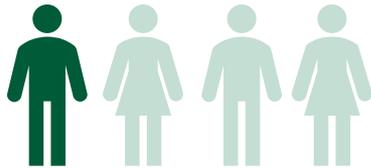
HOSPITAL GROUP		SURNAME		UMRN	
ALCOHOL, SMOKING & SUBSTANCE INVOLVEMENT SCREENING TEST LITE (ASSIST-Lite)		GIVEN NAMES		DOB	GENDER
WARD: _____		ADDRESS			POSTCODE
CONSULTANT: _____		TELEPHONE			
Instructions: The questions ask about alcohol and substance use in the PAST 3 MONTHS ONLY . Ask about each 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.					
ASSIST-Lite					
In the past 3 months				Yes	No
1. Did you smoke a cigarette containing tobacco?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q2
1a. Did you usually smoke more than 10 cigarettes each day?				<input type="checkbox"/>	<input type="checkbox"/>
1b. Did you usually smoke within 30 minutes after waking?				<input type="checkbox"/>	<input type="checkbox"/>
Score for tobacco (count 'Yes' answers)					
What your score means: 3 High risk of harm				1-2 Medium risk of harm	0 Low risk of harm
1. Did you have a drink containing alcohol?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q3
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?				<input type="checkbox"/>	<input type="checkbox"/>
2b. Have you tried and failed to control, cut down or stop drinking?				<input type="checkbox"/>	<input type="checkbox"/>
2c. Has anyone expressed concern about your drinking?				<input type="checkbox"/>	<input type="checkbox"/>
Score for alcohol (count 'Yes' answers)					
What your score means: 3+ High risk of harm				2 Medium risk of harm	0-1 Low risk of harm
2. Did you use cannabis?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q4
3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
3b. Has anyone expressed concern about your use of cannabis?				<input type="checkbox"/>	<input type="checkbox"/>
Score for cannabis (count 'Yes' answers)					
What your score means: 3 High risk of harm				1-2 Medium risk of harm	0 Low risk of harm
3. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q5
4a. Did you use a stimulant at least once each week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
4b. Has anyone expressed concern about your use of a stimulant?				<input type="checkbox"/>	<input type="checkbox"/>
Score for stimulants (count 'Yes' answers)					
What your score means: 3 High risk of harm				1-2 Medium risk of harm	0 Low risk of harm
4. Did you use a sedative or sleeping medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q6
5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
5b. Has anyone expressed concern about your use of a sedative or sleeping medication?				<input type="checkbox"/>	<input type="checkbox"/>
Score for sedatives (count 'Yes' answers)					
What your score means: 3 High risk of harm				1-2 Medium risk of harm	0 Low risk of harm
5. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q7
6a. Have you tried and failed to control, cut down or stop using an opioid?				<input type="checkbox"/>	<input type="checkbox"/>
6b. Has anyone expressed concern about your use of an opioid?				<input type="checkbox"/>	<input type="checkbox"/>
Score for opioids (count 'Yes' answers)					
What your score means: 3 High risk of harm				1-2 Medium risk of harm	0 Low risk of harm
6. Did you use any other psychoactive substances?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, what did you take?				<input type="checkbox"/>	<input type="checkbox"/>
<i>(Not scored, but prompts further assessment)</i>					

MR ### ASSIST-Lite

Why Screening, Brief Intervention and Referral to Treatment (SBIRT)?



- Alcohol, tobacco and other drug (AOD) use is common and has a high disease burden
- **Nearly 1 in 5** (19.07%) presentations to Emergency Departments in Western Australia are related to alcohol consumption, with **more than 50%** of these due to injury.



Nearly 1 in 4 Western Australians aged 14 years and older consumed 5 or more drinks in one session, at least monthly

1 in 6 Western Australians aged 14 years and older used illicit drugs in the previous 12 months.

 Health	 Social	 Economic
<ul style="list-style-type: none"> • burden of disease • injury & hospitalisation • drug-induced deaths • mental health • pregnancy complications • injection-related harms 	<ul style="list-style-type: none"> • risky behaviour & criminal activity • victimisation & trauma • family & domestic violence • contact with the criminal justice system 	<ul style="list-style-type: none"> • financial cost • household expenditure • lost productivity <p>AOD use costs the Australian community an estimated \$55.2 billion per year.</p>

Why Screening, Brief Intervention and Referral to Treatment (SBIRT)?



SBIRT

Decreases frequency and severity of AOD use

Saves lives and supports patient wellness by detecting and reducing harmful patterns of use

Can be performed by ALL clinical staff

Is brief and effective

5 minute SPIRT is as effective as 20 minutes of counselling

A 2017 survey of patients at FSH Emergency Department (ED) found:

51% had **never** been asked by a **health professional** about their **alcohol intake**

91% felt that **SBIRT in an ED was acceptable**

97% of patients reported that **screening was done sensitively by staff**

ASSIST-Lite



- Ultra-rapid (3-5 minutes) version of ASSIST
- Identifies personal risks associated with substance use
- Explores options for change through personalised feedback
- Two Options
 - Clinical screening tool and feedback form
 - Self-screening tool: e-assist-lite pamphlet and feedback form

ASSIST-Lite Clinical Form

ASSIST-Lite Feedback Pamphlet

ALCOHOL, SMOKING & SUBSTANCE INVOLVEMENT SCREENING TEST LITE (ASSIST-Lite)

Instructions: This questionnaire will assess alcohol and substance use risk (ASSIST-Lite) (ASSIST-Lite) (ASSIST-Lite). You should assist substance use and only proceed if you are confident in your ability to identify if the person has used that substance in the past 12 months. If you are unsure, mark the response as 'I don't know'. Please use the response options for each substance and mark for the risk category.

ASSIST-Lite

1. In the past 12 months:

1a. Did you drink a regular/consistent amount? **Yes** **No**

1b. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1c. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1d. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1e. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1f. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1g. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1h. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1i. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1j. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1k. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1l. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1m. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1n. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1o. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1p. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1q. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1r. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1s. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1t. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1u. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1v. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1w. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1x. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1y. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

1z. Did you usually drink more than 10 standard drinks/day? **Yes** **No**

2. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2a. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2b. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2c. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2d. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2e. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2f. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2g. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2h. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2i. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2j. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2k. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2l. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2m. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2n. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2o. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2p. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2q. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2r. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2s. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2t. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2u. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2v. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2w. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2x. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2y. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

2z. Did you use any prescription-type medication, or tobacco, or a recreational medication in the past 12 months? **Yes** **No**

3. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3a. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3b. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3c. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3d. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3e. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3f. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3g. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3h. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3i. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3j. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3k. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3l. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3m. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

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3o. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

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3q. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

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3v. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3w. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3x. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3y. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**

3z. Did you use any alcohol, tobacco, or recreational medication in the past 12 months? **Yes** **No**



Government of Western Australia
Department of Health

My Alcohol and Drug ASSIST-Lite Feedback Pamphlet

This pamphlet links to the eASSIST-Lite which will take 3-5 minutes to complete and will help you to identify any risk of alcohol or drug-related harm.

The pamphlet includes information on potential risks and harms of your current alcohol and / or drug use. It will provide ideas to help you stay safe, reduce your risk and where to go for help.

Scan to complete eASSIST-Lite screening tool

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ASSIST-Lite Tips

- Use non-judgemental, non-stigmatising language
- Describe purpose and seek permission

“Because alcohol, tobacco and other drugs can affect your health and interfere with certain medications and treatments, it is important that I ask some questions about your alcohol and drug use in order for the team to provide you with the best possible care.”

- Emphasise brevity and confidentiality.

“Your answers will be kept in your medical record and are confidential. Based on your answers, we can talk about any risk you have of experiencing harm related to alcohol or other drug use and what you can do to lower your risk, if applicable.”

HOSPITAL GROUP		SURNAME		UMRN	
ALCOHOL, SMOKING & SUBSTANCE INVOLVEMENT SCREENING TEST LITE (ASSIST-Lite)		GIVEN NAMES		DOB	GENDER
WARD: _____		ADDRESS			POSTCODE
CONSULTANT: _____		TELEPHONE			
Instructions: The questions ask about alcohol and 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.					
ASSIST-Lite					
In the past 3 months				Yes	No
1. Did you smoke a cigarette containing tobacco?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q2
1a. Did you usually smoke more than 10 cigarettes each day?				<input type="checkbox"/>	<input type="checkbox"/>
1b. Did you usually smoke within 30 minutes after waking?				<input type="checkbox"/>	<input type="checkbox"/>
Score for tobacco (count 'Yes' answers)					
What your score means:				3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
1. Did you have a drink containing alcohol?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q3
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?				<input type="checkbox"/>	<input type="checkbox"/>
2b. Have you tried and failed to control, cut down or stop drinking?				<input type="checkbox"/>	<input type="checkbox"/>
2c. Has anyone expressed concern about your drinking?				<input type="checkbox"/>	<input type="checkbox"/>
Score for alcohol (count 'Yes' answers)					
What your score means:				3+ High risk of harm	2 Medium risk of harm 0-1 Low risk of harm
2. Did you use cannabis?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q4
3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
3b. Has anyone expressed concern about your use of cannabis?				<input type="checkbox"/>	<input type="checkbox"/>
Score for cannabis (count 'Yes' answers)					
What your score means:				3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
3. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q5
4a. Did you use a stimulant at least once each week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
4b. Has anyone expressed concern about your use of a stimulant?				<input type="checkbox"/>	<input type="checkbox"/>
Score for stimulants (count 'Yes' answers)					
What your score means:				3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
4. Did you use a sedative or sleeping medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q6
5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?				<input type="checkbox"/>	<input type="checkbox"/>
5b. Has anyone expressed concern about your use of a sedative or sleeping medication?				<input type="checkbox"/>	<input type="checkbox"/>
Score for sedatives (count 'Yes' answers)					
What your score means:				3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
5. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed?				<input type="checkbox"/>	<input type="checkbox"/> Go to Q7
6a. Have you tried and failed to control, cut down or stop using an opioid?				<input type="checkbox"/>	<input type="checkbox"/>
6b. Has anyone expressed concern about your use of an opioid?				<input type="checkbox"/>	<input type="checkbox"/>
Score for opioids (count 'Yes' answers)					
What your score means:				3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
6. Did you use any other psychoactive substances?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, what did you take?				<input type="checkbox"/>	<input type="checkbox"/>
<i>(Not scored, but prompts further assessment)</i>					

ASSIST-Lite



Ask about each substance in order.

Only ask the supplementary questions if the answer is “Yes”

Move on if the answer is “No”

Count “yes” responses for each substance to obtain a risk category

ASSIST-Lite			
In the past 3 months	Yes	No	
1. Did you smoke a cigarette containing tobacco?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Go to Q2	
1a. Did you usually smoke more than 10 cigarettes each day?	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Did you usually smoke within 30 minutes after waking?	<input type="checkbox"/>	<input type="checkbox"/>	
Score for tobacco (count 'Yes' answers)			
What your score means:	3 High risk of harm	1-2 Medium risk of harm	0 Low risk of harm
1. Did you have a drink containing alcohol?	<input checked="" type="checkbox"/>	<input type="checkbox"/> Go to Q3	
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2b. Have you tried and failed to control, cut down or stop drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2c. Has anyone expressed concern about your drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Score for alcohol (count 'Yes' answers)			
What your score means:	3+ High risk of harm	2 Medium risk of harm	0-1 Low risk of harm

Provide Brief Intervention +/- referral to treatment as indicated by risk score (see Take 5: ASSIST-Lite feedback pamphlet)

ASSIST-Lite Risk and Management Scores		
Low Risk	General Health Information	<input type="checkbox"/>
Medium Risk	Provide ASSIST-Lite Feedback Pamphlet	<input type="checkbox"/>
	Provide MHC Self Help Guide if patient interested	<input type="checkbox"/>
High Risk	Provide ASSIST-Lite Feedback Pamphlet	<input checked="" type="checkbox"/>
	Provide MHC Self Help Guide if patient interested	<input checked="" type="checkbox"/>
	Referral to AOD Service FOR ASSESSMENT	<input checked="" type="checkbox"/>
	Consider commencing appropriate withdrawal chart	<input checked="" type="checkbox"/>



MHC Self Help Guide

More Information...

For more information on Screening, Brief Intervention and Referral see:

ASSIST-Lite Feedback Pamphlet/SBIRT Take 5 PowerPoint

Alcohol and Other Drugs Early Intervention Practice and Pathways Document

[ASSIST Portal](#) for a range of ASSIST screening and information tools including brief intervention, instruction manuals and e-learning.

References

- Egerton-Warburton D, Gosbell A, Wadsworth A, Richardson D, Fatovich DM. A point-prevalence survey of alcohol-related presentations to Australasian emergency departments [Letter]. *ANZJPH* [Internet] 2018 [cited 2021 Jan 25]; 42(2): 218. Available from: <https://onlinelibrary.wiley.com/> doi: 10.1111/1753-6405.12770.
- Egerton-Warburton D, Gosbell A, Moore K, Wadsworth A, Richardson D, Fatovich D. Alcohol related harm in emergency departments: a prospective, multi-centre study. *Addiction* [Internet] 2017 [cited 2021 Jan 25]; 113: 623-632. Available from: <https://onlinelibrary.wiley.com/> doi:10.1111/add.14109.
- Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2021 Jan 18]. Available from: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia> doi: 10.25816/c9x6.

