



Two New Tools to Improve Alcohol and Drug Assessment

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



Quick Self – Assessment Tool for Patients

HOSPITAL GROUP		SURNAME	LIBRN
ALCOHOL, SMOKING & SUBSTANCE INVOLVEMENT SCREENING TEST LITE (ASSIST-Lite)		GIVEN NAMES	DOB
WARD:		ADDRESS	POST CODE
CONSULTANT:		TELEPHONE	
<p>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.</p>			
ASSIST-Lite			
In the past 3 months		Yes	No
1. Did you smoke a cigarette containing tobacco?		<input type="checkbox"/>	<input type="checkbox"/>
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:		0-1 High risk of harm	2 Low risk of harm
1. Did you have a drink containing alcohol?		<input type="checkbox"/>	<input type="checkbox"/>
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:		0-1 High risk of harm	2 Medium risk of harm
2. Did you use cannabis?		<input type="checkbox"/>	<input type="checkbox"/>
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:		0 High risk of harm	1-2 Medium 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"/>
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:		0 High risk of harm	1-2 Medium risk of harm
4. Did you use a sedative or sleeping medication not as prescribed?		<input type="checkbox"/>	<input type="checkbox"/>
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:		0 High risk of harm	1-2 Medium risk of harm
5. Did you use a street opiate (e.g. heroin) or an opiate-containing medication not as prescribed?		<input type="checkbox"/>	<input type="checkbox"/>
6a. Have you tried and failed to control, cut down or stop using an opiate?		<input type="checkbox"/>	<input type="checkbox"/>
6b. Has anyone expressed concern about your use of an opiate?		<input type="checkbox"/>	<input type="checkbox"/>
Score for opiates (count 'Yes' answers)			
What your score means:		0 High risk of harm	1-2 Medium 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"/>
(Not scored, but prompts further assessment)			

Formal Assessment Version for Clinicians

Why do we need to improve screening?

Alcohol 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>

How should I use the new screening tools?



Self-Driven:

For when

- It's not obvious that alcohol or drugs are a problem.
(You'll be surprised how often we miss it!)
- When drug use is not the primary concern
- To improve quality of alcohol and drug screening
- To promote shared decision-making and patient autonomy
- To provide reliable and structured process for clinicians

Clinician-Driven:

For when



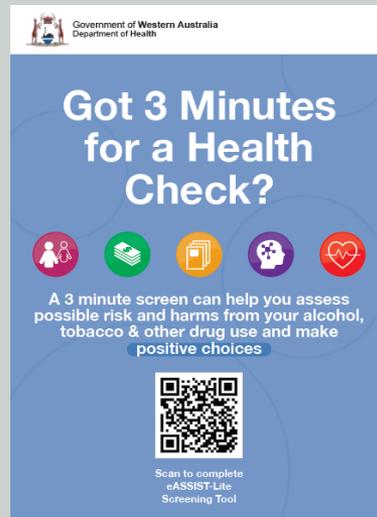
- The primary presentation is alcohol and / or drug related
- The clinician is concerned that the patient may be at risk
- When formal screening is required documentation (eg mental health services)
- To guide management or referral options

How do I access the screening tools?

- Two options
 - Self-screening tool: e-assist-lite pamphlet and feedback form
 - Clinical screening tool and feedback form

Access via QR Code on Patient Pamphlet / in Clinical Area

- Encourage patients to scan QR Code with phone and complete self-screen
- Ask if they have concerns about the result



(Record in medical record the screen was offered / completed)

Hard Copy Screening Tool

- Available in your clinical area
- Will have MR Number for filing in medical record

File hard copy in medical record

What's in it for me?

- Quick, easy, validated tool.
- Guides your interaction with patients
- Identifies risk status for both patient and clinician to pre-empt clinical care.
- Directs you to treatment options based on level of risk
- Improves patient care and documentation
- Early identification of patients at risk of harm from alcohol and drug use
- Non-threatening, non-judgemental language
- Self-screening promotes patient engagement and shared responsibility
- Well accepted and popular with patients

Patients say:

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

91% felt that screening in ED was acceptable

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

What do I do with the Result?



Discussion +/- referral as indicated by risk score

Medium Risk

- Provide the ASSIST-Lite Feedback Pamphlet
- Guided discussion (through the pamphlet) in response to patient concerns
- Encourage self screening 3 monthly (use the free app)
- Patient to consult health professional if concerned about drug / alcohol use

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"/>

High Risk

- **As for moderate risk, PLUS**
- **Refer (with permission) to AOD Service for assessment**
- **Consider appropriate withdrawal chart**

More Information..

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

