

ASSIST

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Manual for use in primary care



World Health
Organization

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1 Purpose of the manual

This manual is a companion to *'The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care'*¹ and is based on *'The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care. Draft Version 1.1 for Field Testing'*². The purpose of this manual is to introduce the ASSIST and to describe how to use it in health care settings – particularly community based primary health care settings – to identify people who are using substances, so that a brief intervention (or referral) can be provided, as appropriate.

The manual will describe:

- rationale for screening and brief intervention;
- problems related to substance use;
- the development and validation of the ASSIST;
- how to use the ASSIST (administration, scoring and interpretation of scores);
- motivational interviewing tips to facilitate the process of asking about substance use;
- how to incorporate ASSIST screening in everyday practice.

Additional information is included in the Appendices to the manual:

- Appendix A includes a copy of the ASSIST questionnaire.
- Appendix B includes a copy of the ASSIST response card for clients.
- Appendix C includes a copy of the ASSIST feedback report card for clients.
- Appendix D includes a copy of the risks of injecting card for clients.
- Appendix E provides information about how to adapt the ASSIST for other languages and cultures and to take account of the local situation.
- Appendix F provides answers to the self-testing questions posed in Chapter 11 *'Good practice in ASSIST questionnaire administration'*.
- Appendix G provides two scripted ASSIST examples for practice in role play.

A companion document *'The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care'*¹ explains how to link the ASSIST to a brief intervention to help clients reduce or stop their substance use.

2 What is the ASSIST?

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed under the auspices of the World Health Organization (WHO) by an international group of addiction researchers and clinicians in response to the overwhelming public health burden associated with psychoactive substance use worldwide^{3, 4, 5}. It was designed to be used in primary health care settings where hazardous and harmful substance use among clients may go undetected, or become worse.

The ASSIST (version 3.1) is an 8 item questionnaire designed to be administered by a health worker to a client using paper and pencil, and takes about 5-10 minutes to administer. The ASSIST was designed to be culturally neutral and useable across a variety of cultures to screen for use of the following substances:

- tobacco products
- alcohol
- cannabis
- cocaine
- amphetamine-type stimulants (ATS)
- sedatives and sleeping pills (benzodiazepines)
- hallucinogens
- inhalants
- opioids
- 'other' drugs

A list of the types of substances that fall into these categories, including some common street names, can be found in Box 3.

The ASSIST determines a risk score for each substance which is used to start a discussion (brief intervention) with clients about their substance use. The score obtained for each substance falls into a 'lower', 'moderate' or 'high' risk category which determines the most

appropriate intervention for that level of use ('no treatment', 'brief intervention' or 'referral to specialist assessment and treatment' respectively).

The ASSIST obtains information from clients about lifetime use of substances, and use of substances and associated problems over the last 3 months. It can identify a range of problems associated with substance use including acute intoxication, regular use, dependent or 'high risk' use and injecting behaviour.

In brief the ASSIST comprises the following questions:

- **Question 1 (Q1)** asks about which substances have ever been used in the client's lifetime.
- **Question 2 (Q2)** asks about the frequency of substance use in the past three months, which gives an indication of the substances which are most relevant to current health status.
- **Question 3 (Q3)** asks about the frequency of experiencing a strong desire or urge to use each substance in the last three months.
- **Question 4 (Q4)** asks about the frequency of health, social, legal or financial problems related to substance use in the last three months.
- **Question 5 (Q5)** asks about the frequency with which use of each substance has interfered with role responsibilities in the past three months.
- **Question 6 (Q6)** asks if anyone else has ever expressed concern about the client's use of each substance and how recently that occurred.
- **Question 7 (Q7)** asks whether the client has ever tried to cut down or stop use of a substance, and failed in that attempt, and how recently that occurred.

Question 8 (Q8) asks whether the client has ever injected any substance and how recently that occurred.

The ASSIST v3.1 questionnaire can be found in the Appendix A, and more information about how to administer it and ask each question can be found in Chapter 12 on '*How to administer the ASSIST questionnaire*'. Two scripted practice examples for role play also are provided in Appendix G.

Taken together these questions provide an indication of the level of risk associated with the client's substance use, and whether use is hazardous and likely to be causing harm (now or in the future) if use continues. Scores in the mid range on the ASSIST are likely to indicate hazardous or harmful substance use ('moderate risk') and higher scores are likely to indicate substance dependence ('high risk'). Questions particularly associated with dependent or 'high risk' use are: compulsion to use (Q3), failed attempts to cut down (Q7) and injecting behaviour (Q8).

Scoring is done by adding scores of questions 2 to 7. Responses to Q8 are not included in calculating specific substance involvement score but injecting is an indicator of risk. Injecting

behaviour (Q8) is a particularly high risk activity associated with increased likelihood of overdose, dependence, infection with bloodborne viruses such as HIV and hepatitis C and with higher levels of other drug related problems. If a client has been frequently injecting in the last 3 months then they may require referral to specialist assessment and treatment. More information on this is provided in Chapters 14 and 15 of this manual.

3 Development of the ASSIST and linked brief intervention

The development of the ASSIST builds on previous work by WHO to advance alcohol screening and brief intervention through the development, validation and promotion of the Alcohol Use Disorders Identification Test (AUDIT)^{6,7,8}. The success of the AUDIT project in promoting alcohol screening and brief intervention and its effectiveness in reducing alcohol-related problems in primary health care settings provided the impetus for the extension of screening and brief intervention to other substances and related problems, and the methods used provided a model for the WHO ASSIST project⁹.

The limitations of using existing screening tests in primary care settings have recently been outlined by McPherson and Hersh (2000)¹⁰ and Babor (2005)¹¹. Many existing instruments, such as the Addiction Severity Index (ASI)¹², and expanded Substance Abuse Module of the Composite International Diagnostic Interview (CIDI-SAM)¹³ although comprehensive, are time consuming to administer in primary care settings. On the other hand, some of the briefer instruments available, such as the CAGE-Adapted to Include Drugs (CAGE-AID)¹⁴, have a focus on dependence, which is less useful for detecting harmful or hazardous use in non-dependent persons. Moreover, the available self-report screening tests have a number of limitations from a cross-cultural perspective. Most were developed in the United States of America and do not have demonstrated sensitivity and specificity for use in other cultures and have not been extensively validated.

In 1997 WHO developed the ASSIST to:

- be faster to administer than existing diagnostic tests for substance use and substance use disorders;
- screen for all psychoactive substances, not just alcohol or tobacco;
- be able to be used in Primary Health Care settings;
- have cross cultural relevance;
- be able to link easily into a brief intervention.

The ASSIST has been through three main phases of testing to ensure that it is a reliable and valid instrument in international settings, and able to link into a brief intervention.

Phase I of the WHO ASSIST project was conducted in 1997 and 1998³. It involved the development of the first version of the ASSIST (version 1.0). The draft questionnaire had 12 items. The reliability and feasibility of the questionnaire items were assessed in a test-retest reliability study which was carried out in Australia, Brazil, India, Ireland, Israel, the Palestinian Self-Rule Areas, Puerto Rico, the United Kingdom of Great Britain and Northern Ireland and Zimbabwe. The sites were chosen to ensure that study participants would be culturally diverse and have different substance use patterns. The results showed that the ASSIST had good reliability and feasibility, and was revised to an 8 item questionnaire (version 2.0) on the basis of feedback from the study participants to ensure that all items were easy to administer and understand.

Phase II of the project was an international study to validate the ASSIST questionnaire in a variety of primary health care and drug treatment settings. Validity investigates whether a test is measuring the constructs and conditions intended to be measured. The study took place during 2000 and 2002 and was carried out in Australia, Brazil, India, Thailand, the United Kingdom, the United States of America and Zimbabwe. Participants were recruited from both primary care and alcohol and drug treatment services to ensure that individuals with different substance use patterns were adequately represented. The study demonstrated that the ASSIST had good concurrent, construct, predictive and discriminant validity, including the development of cut-off scores for 'lower', 'moderate' and 'high' risk^{3, 15, 16}. The resulting questionnaire ASSIST v3.0 was finally revised to the ASSIST v3.1 for clinical use in health and welfare settings whereas the version 3.0 is advised to be used for research purposes. A pilot study also conducted at the same time demonstrated that participants recruited from primary health care settings did reduce their substance use if given a brief intervention related to their ASSIST scores.

Phase III of the study consisted of a randomized controlled trial investigating the effectiveness of a brief intervention linked to ASSIST scores for moderate risk cannabis, cocaine, amphetamine-type stimulant or opioid use⁵. Participants were recruited from primary health care settings and scored within the moderate risk range for at least one of these substances.

The study was conducted between 2003 and 2007 in Australia, Brazil, India and the USA. The brief intervention lasted between 5 and 15 minutes and was based on the FRAMES model¹⁷ and incorporated Motivational Interviewing techniques¹⁸. It focused on the delivery of personalised feedback regarding the participant's ASSIST scores and associated risk through the use of a purpose-designed ASSIST feedback report card (see Appendix C). The brief intervention was bolstered with take-home self-help information¹⁹. The results showed that participants receiving a brief intervention for illicit substances had significantly reduced ASSIST scores after 3 months compared with control participants who did not receive a brief intervention for their substance use. Moreover, over 80% of participants reported attempting to cut down on their substance use after receiving the brief intervention and also provided positive comments on the impact of the brief intervention⁵.

Information on how to link a brief intervention into ASSIST scores can be found in '*The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care*'¹.

4 Rationale for screening for substance use

There is a significant public health burden attributable to psychoactive substance use worldwide. Estimates from 2004, indicate that tobacco, alcohol and illicit drugs account for 8.7%, 3.8% and 0.4% of all deaths respectively, and 3.7%, 4.5% and 0.9% of Disability Adjusted Life Years (DALYs) lost respectively. According to the 2009 *Global Health Risks* report, substance use is among the top 20 risk factors for death and disability worldwide²⁰. Hazardous and harmful alcohol and other substance use also are risk factors for a wide variety of social, financial, legal and relationship problems for individuals and their families. Globally, there is an increasing trend for people to use multiple substances, either together or at different times, which is likely to further increase the risks.

Substance use and associated risks fall on a continuum ranging from 'lower risk' (occasional or non-problematic use) to 'moderate risk' (more regular use) to 'high risk' (frequent high-risk use). 'High risk' or dependent users are more easily identified by clinicians than those at lower or moderate risk from their substance use. While it is clear that dependent use is associated with a significant burden of disease, there is also evidence that the burden on health care systems from non-dependent, but harmful or hazardous use, may be greater than the burden due to dependent use^{21, 22}. Accordingly, the ASSIST questionnaire has been designed specifically to identify and intervene with people who are using substances in a

hazardous way that may be creating harms, including the risk of progressing to dependence.

Screening aims to detect health problems or risk factors at an early stage before they have caused serious disease or other problems, and is part of maintaining prevention practice activities in health care settings^{23, 24}. The WHO has identified a number of criteria for deciding which medical conditions are suitable for screening (see Box 1).

Hazardous and harmful use of psychoactive substances meets all these criteria and screening for substance use can be seen as an extension of existing screening activities in primary health care.

BOX 1 | Criteria for screening

- The condition is a significant problem affecting the health and wellbeing of individuals and the community.
- There are acceptable treatments or interventions available for clients who screen positive.
- Early identification and intervention leads to better outcomes than later treatment.
- There is a suitable screening test available which is acceptable to clients.
- The screening test must be available at a reasonable cost.

5 Who can use the ASSIST?

The ASSIST is designed to be used by primary health care workers, but has been found to be useful for any human services worker who may come into contact with people who use substances in a harmful or hazardous way in their line of work, or who work with people whose substance use may place them at increased risk of harms compared with the rest of the community. These include: community health workers, mental health workers, nurses, social workers, physicians, general practitioners, psychologists, youth workers, indigenous workers, psychiatrists, obstetricians, midwives, counsellors, correctional service officers and drug and alcohol workers. The remainder of this manual will use the term 'health worker' to denote all of these service personnel.

Primary health care workers, in particular, have the opportunity to screen a broad range of people for general lifestyle issues as a routine part of their health care service and are a trusted and credible source of information. In developed countries, up to 85% of people see a primary health care worker at least once per year. Clients with problems related to psychoactive substance use are likely to have more frequent consultations. Screening at the primary care level may increase the likelihood of identifying individuals using substances in a non-dependent, but harmful or hazardous way, who are more likely to respond well to an intervention. Many common health problems seen in primary health care settings may be made worse by psychoactive substance use, and

screening provides an opportunity to educate clients about the risks of hazardous alcohol or other substance use. There is evidence that if primary health care workers inquire about substance use risk factors then clients are more willing to talk about substance use problems and to consider the possibility of changing their substance use behaviours.

For most people, the ASSIST can be completed in about five or ten minutes and can be incorporated into the normal consultation. Alternatively, it may be administered by another staff member while the client is waiting to see the health worker. In the future, it is possible that certain clients may be able to self-complete a customised electronic version of the ASSIST, but as yet the ASSIST has not been validated for self completion by clients.

6 Which clients should be screened?

The ASSIST can be used in a number of ways to assess clients' substance use. In an ideal world, all primary health care clients would be screened annually for substance use as part of a health promotion screening programme. This is particularly important for settings where a higher proportion of clients are likely to be substance users compared with the rest of the community. For example, university health services, sexually transmitted disease clinics, districts with a high prevalence of sex workers, mental health services, prisoner assessment programs and primary health services in other locations with a high prevalence of substance use (see Box 2). If health workers screen only those they think are likely to have a substance use problem, they may miss clients with hazardous and harmful substance use. Guidelines for how to set up a screening programme in health settings are presented later in this manual.

Substance use generally commences during adolescence and this period can be seen as a critical milestone for substance use problems and an appropriate time to commence screening young clients. The exact age at which it is appropriate to commence regular screening for substance use will vary depending on local prevalence and patterns of use. It is important to be aware of the legal age of consent in the jurisdiction where the instrument will be used and the legal requirements relating to screening and intervention with adolescents who are under such age.

However, it is important to note that at this time the ASSIST has only been validated for use in an adult population (between 18 and 60 years of age). The ASSIST has shown good cross-cultural neutrality and is likely to be feasible for use with adolescents. However, the style

and content of the current instrument as well as the cut-off scores that determine whether a client is 'lower', 'moderate' or 'high' risk may not be appropriate for use with adolescents. For example, an adult who consumes alcohol at low-risk levels on a weekly basis would score within the 'lower risk' category. An adolescent person drinking at these same levels may be at greater health and social risks and yet still be scoring within the 'lower risk' category.

BOX 2 | Who to screen

- ▮ Ideally, all clients in a health promotion screening programme commencing in young adulthood.
- ▮ Primary care and other health care settings likely to have a high proportion of substance users – e.g. STD clinics, university health services, health services in areas with high proportions of sex workers and mental health settings.
- ▮ Clients whose presenting complaint suggests it is/may be related to substance use.
- ▮ New prisoners, particularly those whose crimes may be associated with substance use^a.
- ▮ Clients whose condition would be adversely affected by substance use.
- ▮ Pregnant women^b.

^a Examples of crimes associated with substance use include: dealing, driving under the influence, violence while under the influence, stealing to fund substance use habits etc.

^b While pregnant women are a high risk group, it is worth noting that the ASSIST has not been formally validated in this population as yet.

7 Problems related to substance use

The ASSIST is the first screening test which covers all psychoactive substances including alcohol, tobacco and illicit drugs, and can help health care workers identify the level of associated risk for each substance used by a client. While substance use is associated with physical and mental health problems, it is also worth noting that harmful or hazardous use patterns of alcohol and drugs can also cause significant social problems for the user, such as problems with family, friends, the law, work or study and finances.

Health care workers should be aware that there are several reasons people use psychoactive substances. Many people use substances because they have pleasurable or desirable effects for the user, while others may use them to block out physical or psychological pain. Substance use may also serve some other function or purpose. For example, psychostimulant users may use these substances to increase their performance, to stay awake or lose weight. However, substance use problems can arise as a result of acute intoxication, regular use or dependence, and from the way in which substances are used. It is possible for a person to have problems from all of these. The ASSIST has been designed to detect problems relating to all the above-mentioned patterns of substance use.

Acute intoxication

Problems relating to acute intoxication can occur as a result of a single episode of drug use and may include:

- | acute toxic effects including ataxia, vomiting, fever and confusion
- | overdose and loss of consciousness
- | accidents and injury
- | aggression and violence
- | unintended sex and unsafe sexual practices
- | unpredictable behaviour.

Regular use

A variety of different problems can occur from using substances regularly, ranging from physical problems to mental health and social problems. The kinds of problems relating to regular use include:

- | specific physical and mental health problems
- | tolerance
- | anxiety, depression, mood swings, irritability
- | sleep problems
- | financial difficulties
- | criminal offences
- | relationship problems
- | difficulties with regular job or study
- | cognitive problems relating to memory or attention.

Dependent use

The problems arising from dependent use of a substance can be similar to those observed with regular use, but are more severe. Dependence is usually associated with more frequent use of a substance, and at higher doses than used previously. Associated problems include:

- marked tolerance
- severe physical and mental health problems
- increasingly dysfunctional in daily life
- craving and increased desire to use
- usual role obligations not fulfilled
- criminal behaviour
- relationship breakdowns
- difficulty stopping in spite of problems
- possible withdrawal symptoms on abstinence
- continued use despite evidence the use is causing harms to the individual.

Withdrawal symptoms vary depending on the drug involved but generally include craving (strong desire for the psychoactive substance or its effects), anxiety, irritability, gastrointestinal upsets and sleep problems. Symptoms are more severe for some drugs than others. Withdrawal from alcohol, benzodiazepines and opioids may require medical management while uncomplicated withdrawal from other drugs can usually

be managed with supportive care. If a client is suspected to be experiencing withdrawal from a substance, administering the ASSIST may not be appropriate at that time. Given the severity and risk associated with some withdrawal syndromes, clients can be referred to a service where they can receive detailed clinical assessment and treatment if required.

Risks of injecting

Injecting of any drug is a significant risk factor and is associated with a number of risks as outlined below:

- dependence
- overdose
- psychosis
- vein collapse
- infection
 - local
 - abscesses & ulcers
 - systemic
 - HIV
 - hepatitis C

A resource that is available for health workers to give feedback to clients about injecting is the risks of injecting card (see Appendix D). All current injecting clients should be given feedback about injecting behaviour using the card, including enquiry into injecting behaviour and recommendation for HIV and hepatitis testing.

8 Specific health problems from individual substances

This chapter provides an overview of some of the specific health and other problems due to individual substances. The tables listing the associated health risks are taken from the ASSIST feedback report card (see Appendix C) which is used to provide feedback to clients as part of the brief intervention. It is important for health workers administering the ASSIST to have some knowledge of the health, social, legal and financial impacts of specific substances. This knowledge will be useful when administering Q4 of the ASSIST around health, social, legal and financial problems, and also when delivering the brief intervention.

While the health risks associated with substance use are the main focus here, it is worth noting that substance use is also associated with a range of social, legal and financial problems. Some of the impacts that are pertinent to particular clients may not be specifically listed here. For example, the criminogenic impact that substance use has caused for offenders within a prison population, or, the social and familial impacts that substance use may have caused for clients of family and child health services. Health workers administering the ASSIST and linked brief intervention should be aware of the impacts of substance use most relevant to their clientele and include them in the ASSIST and linked brief intervention where relevant.

Tobacco products

Use of tobacco products is a major public health problem and the leading cause of deaths attributable to psychoactive substance use globally. Smoking of tobacco products is a risk factor for a number of serious long term health problems and increases the severity or

risk of complications of other health problems such as high blood pressure, diabetes and asthma. Children exposed to second-hand tobacco smoke are at increased risk of a range of health problems such as respiratory infections, allergies and asthma. Pregnant women who smoke are at higher risk of miscarriage, premature labour and having a low birth weight baby. While the majority of people consume tobacco via smoking, use of tobacco products by means other than smoking, such as chewing, or sniffing is also associated with increased risk of diseases. Finally, exposure to second-hand tobacco smoke also increases the risk of health problems among people who do not smoke themselves.

The risks associated with use of tobacco products include:

| |
|--|
| Premature ageing and wrinkling of the skin |
| Low fitness and longer recovery times after having a cold or flu |
| Respiratory infections and asthma |
| High blood pressure and diabetes mellitus |
| Miscarriage, premature labour and low birth weight babies for pregnant women |
| Kidney disease |
| Chronic obstructive pulmonary diseases including emphysema |
| Heart disease, stroke and vascular diseases |
| Cancers of lung, bladder, breast, mouth, throat and oesophagus |

Alcohol

Alcohol consumption is a risk factor for a wide range of health problems and harmful use of alcohol is a major cause of premature illness, disability and death. Social problems also are frequently associated with harmful or hazardous and dependent alcohol use and include breakdown of relationships with family and friends and difficulty maintaining study or work. For some people (men over 45 and women after menopause), low level alcohol consumption was shown to be associated (in studies undertaken in high-income countries) with some health benefits, mainly due to a reduction in risk for heart disease from middle age onwards. The lowest risk is associated with an average of 10g of alcohol per day for men and less than 10g of alcohol per day for women (as an example, one can of beer has 13g of alcohol; 100 ml of wine has approximately 9.5g of alcohol; 35 ml of a distilled spirit at 40% has 11g of alcohol). Women who consume alcohol during pregnancy are at risk of having babies with birth defects, learning and behavioural difficulties and impaired brain development. Tolerance and dependence may develop as a result of regular drinking and dependent drinkers may suffer withdrawal symptoms if they reduce or stop their alcohol consumption. Severe alcohol withdrawal complicated by delirium tremens is a medical emergency. Withdrawal symptoms include tremor, sweating, anxiety, nausea, vomiting and diarrhoea, insomnia, headache, hypertension, hallucinations and convulsions. For more information on alcohol effects and risk levels for drinking see Babor et al. 2001⁷.

The risks associated with use of alcohol at unsafe levels include:

| |
|--|
| Hangovers, aggressive and violent behaviour, accidents and injury, nausea and vomiting |
| Reduced sexual performance and premature ageing |
| Digestive problems, ulcers, inflammation of the pancreas and high blood pressure |
| Anxiety and depression, relationship difficulties, and financial and work problems |
| Difficulty remembering things and solving problems |
| Birth defects and brain damage in babies of pregnant women |
| Permanent brain damage leading to memory loss, cognitive deficits and disorientation |
| Stroke, muscle and nerve damage |
| Liver and pancreas diseases |
| Cancers of the mouth, throat and breast |
| Suicide |

Cannabis

Cannabis is the most widely consumed illicit drug globally. While it is possible to experience cannabis overdose and toxicity, the likelihood of death due to cannabis intoxication alone is very low, although combination with other drugs can result in overdose and death. However, cannabis use is associated with numerous negative health consequences. Cannabis use in pregnancy has similar effects on mother and baby to tobacco smoking and can increase the severity and complications of existing disease conditions such as high blood pressure, heart disease, respiratory diseases and certain cancers.

The risks associated with use of cannabis include:

| |
|---|
| Problems with attention and motivation |
| Anxiety, paranoia, panic and depression |
| Decreased memory and problem solving ability |
| High blood pressure |
| Asthma and bronchitis |
| Psychotic symptoms and psychoses particularly in those with a personal or family history of schizophrenia |
| Heart disease and chronic obstructive pulmonary disease |
| Cancers of the upper airway and throat |

Cocaine

Cocaine is a stimulant drug and its use is associated with a wide range of physical and mental health problems. There is a significant risk of toxic complications and sudden death, usually due to cocaine's effect on the cardiovascular system. Cocaine use is associated with risk behaviour including high risk injecting and unsafe sex, putting users and their partners at significant risk of contracting a range of sexually transmitted diseases and bloodborne viruses. Cocaine effects have a rapid onset and can wear off relatively quickly, which can result in a tendency towards multiple use of the substance within a single session by users of the drug. Cocaine also produces strong craving, which can result from using the drug even just a few times, and can lead to severe cocaine dependence.

The risks associated with use of cocaine include:

| |
|---|
| Difficulty sleeping, heart racing, headaches and weight loss |
| Numbness, tingling, clammy skin and skin scratching or picking |
| Intense craving and stress from the lifestyle |
| Accidents and injury and financial problems |
| Mood swings – anxiety, depression and mania |
| Paranoia, irrational thoughts and difficulty remembering things |
| Aggressive and violent behaviour |
| Psychosis after repeated use of high doses |
| Sudden death from cardiovascular acute conditions |

Amphetamine-type stimulants (ATS)

Amphetamine-type stimulants include amphetamine, dexamphetamine, methamphetamine and ecstasy (MDMA). This drug class, while having some similar effects to cocaine, has a different pharmacological profile to cocaine, and use can lead to a wide range of physical and mental health problems. There is growing evidence that some ATS damage brain cells. Moreover, long term high dose amphetamine use is a risk factor for malnutrition which may also cause permanent damage to brain cells. There is also a high prevalence of social problems associated with regular ATS use including relationship problems, financial problems, work and study related problems. Mood swings also are associated with regular ATS use and some users report a worsening of mental health problems such as depression and irritability over time.

The risks associated with use of amphetamine-type stimulants include:

| |
|--|
| Difficulty sleeping, loss of appetite and weight loss, dehydration and reduced resistance to infection |
| Jaw clenching, headaches and muscle pain |
| Mood swings –anxiety, depression, agitation, mania and panic |
| Tremors, irregular heartbeat and shortness of breath |
| Difficulty concentrating and remembering things |
| Paranoia, aggressive and violent behaviour |
| Psychosis after repeated use of high doses |
| Permanent damage to brain cells |
| Liver damage, brain haemorrhage and sudden death from cardiovascular acute conditions |

Inhalants

Inhalants cover all volatile solvents that can be inhaled or breathed in, despite the fact that the substances themselves may have a range of different pharmacological actions. The most commonly used volatile substances include petrol, solvents, glues, sprays, lacquers containing benzene and glues or paint thinners containing toluene. Amyl nitrite and nitrous oxide are also used in some communities. The most common way they are used is to sniff them from a container although some may breathe them through a plastic bag.

The short term effects include nausea, vomiting, headaches, and diarrhoea. Higher doses can cause slurred speech, disorientation, confusion, delusions, weakness, tremor, headaches, and visual hallucinations. Ultimately use can cause coma or death from a heart failure.

In general, inhalants tend to be used by younger people for the purposes of experimentation because of their ready availability, and use may not continue over a long period of time. There are some groups however who will use inhalants into adulthood, sometimes due to the lack of availability of other substances and cultural pressures. Inhalants tend not to have a high dependence liability which means that users are less likely, compared to other substances, to become dependent on them. However, inhalant use is associated with a range of severe acute and chronic effects.

The risks associated with use of inhalants include:

| |
|---|
| Flu like symptoms, sinusitis and nosebleeds |
| Nausea and vomiting, indigestion, stomach ulcers and diarrhoea |
| Dizziness and hallucinations, nausea, drowsiness, disorientation and blurred vision |
| Headaches, accidents and injury, unpredictable and dangerous behaviour |
| Coordination difficulties, slowed reactions and poor oxygen supply to the body |
| Memory loss, confusion, depression, aggression and extreme tiredness |
| Delirium, seizures, coma and organ damage (heart, lungs, liver, kidneys) |
| Death from heart failure |

Sedatives and sleeping pills

Sedatives and sleeping pills include benzodiazepines and related compounds but not neuroleptics. They are prescribed medicines which, however, can cause problems for users, particularly when used more frequently or at higher doses than prescribed. In general the ASSIST is only used to record problems associated with their use outside of the prescribed limits. Generally benzodiazepines are prescribed to help manage sleep difficulties, anxiety or mood disorders, trauma, surgical procedures, withdrawal from specific substances, seizures and muscle pain. Sedatives and sleeping pills include diazepam, temazepam, alprazolam, clonazepam, flunitrazepam, zolpidem, midazolam and phenobarbital. This is not an exhaustive list and only includes pharmacological names.

Health workers administering the ASSIST need to become familiar with the trade names of these sedatives and sleeping pills relevant to their country.

Tolerance and dependence on sedatives or sleeping pills can develop after a short period of use, and withdrawal from these drugs can be extremely unpleasant. Withdrawal symptoms include severe anxiety and panic, insomnia, depression, headache, sweating and fever, nausea and vomiting and convulsions.

Benzodiazepines are unlikely to cause death from overdose, when taken in isolation. However, when combined with other substances such as alcohol, paracetamol, antidepressants or opioids, the risk of overdose and death is markedly increased.

The risks associated with use of sedatives and sleeping pills include:

| |
|--|
| Drowsiness, dizziness and confusion |
| Difficulty concentrating and remembering things |
| Nausea, headaches and unsteady gait |
| Sleeping problems |
| Anxiety and depression |
| Tolerance and dependence after a short period of use |
| Severe withdrawal symptoms |
| Overdose and death if used with alcohol, opioids or other depressant drugs |

Hallucinogens

Hallucinogens include lysergic acid diethylamide (LSD), psilocybin and psilocin (psychoactive fungi), ketamine, phencyclidine (PCP) and mescaline. They are a group of drugs that affect the user's perceptions of reality by distortion of one or several of the five senses (vision, hearing, smell, taste, touch) resulting in hallucinations. They can also result in distortions of cognitive processes, sense of time, self-awareness and mood. There are naturally occurring hallucinogens such as psychoactive fungi and mescaline, and synthetic hallucinogens such as LSD, ketamine and PCP. Ketamine is an anaesthetic drug but has been phased out of medical practice in many countries due to the nightmares patients experienced. Effects of hallucinogens are unpredictable and may be different for different users or on different occasions. In the long term, use of hallucinogens may worsen the symptoms of mental illnesses such as schizophrenia. Users may also experience flashbacks which are spontaneous recurrences of the effects of hallucinogens use in the past.

Hallucinogens tend not to have a high dependence liability which means that users are unlikely to become dependent on them, and they tend to be used experimentally and occasionally rather than repeatedly.

The risks associated with use of hallucinogens include:

| |
|---|
| Visual, auditory, tactile and olfactory changes and unpredictable behaviour |
| Difficulty sleeping |
| Nausea and vomiting |
| Increased heart rate and blood pressure |
| Mood swings |
| Anxiety, panic and paranoia |
| Flash-backs |
| Worsen the symptoms of mental illnesses such as schizophrenia |

Opioids

Opioids are central nervous system depressants. There are street (non-prescribed) opioids such as heroin and opium, however opioids also can be a prescribed medicine and generally are used to manage pain. Use of street or non-prescribed opioids can cause many problems for users, particularly as they are generally injected or smoked which can create a further layer of problems for the user. Prescribed opioid use also can cause problems for users, particularly when used more frequently or at higher doses than prescribed. In general the ASSIST is only used to record problems associated with their use outside of the prescribed limits. Prescribed opioids include morphine, codeine, methadone, buprenorphine, pethidine (meperidine), dextropropoxyphene and oxycodone. This is not an exhaustive list and only includes pharmacological names. Health workers administering the ASSIST need to become familiar with the trade names of these opioids relevant to their country. Opioids can be injected (intramuscularly, intravenously as is often the case with heroin), smoked (as is often the case with heroin and opium), taken orally, sub-lingually or as an anal suppository (pharmaceutical opioids). Injection of heroin results in immediate uptake of the drug and rapid onset of effects which can result in an overdose (either fatal or non-fatal), particularly if combined with other substances such as alcohol or benzodiazepines.

The risks associated with use of opioids include:

| |
|---|
| Itching, nausea and vomiting |
| Drowsiness, constipation, tooth decay and irregular menstrual periods |
| Difficulty concentrating and remembering things |
| Depression, reduced libido and impotence |
| Financial difficulties and criminal offences |
| Relationship stress |
| Problems maintaining work and family life |
| Tolerance, dependence and withdrawal symptoms |
| Overdose and death from respiratory failure |

'Other' drugs

'Other' drugs are those that do not readily belong in any of the other psychoactive substances categories pharmacologically or otherwise. This could include gamma hydroxybutyrate (GHB) and any 'designer' drugs. Other drugs such as kava, datura, khat, nutmeg and caffeine also may be placed in this category. There may be other substances used in other countries which don't fit into any of the other substance classes given and need to be put into this 'other drugs' category.

GHB "Fantasy" was first synthesized as an anaesthetic and later achieved popularity as a recreational drug with alcohol-like properties and as a nutritional supplement marketed to bodybuilders. However, GHB was eventually banned as an anaesthetic in many countries because of its abuse potential. There were also reports of seizure-like activity following use. There is an increased risk of overdose from GHB compared with other drugs because the dose required to achieve the desirable euphoric effects is very close to the dose required to overdose. Because of its rapid onset and sedative/amnestic properties, GHB is allegedly used in 'date rape' cases in which the victim unknowingly consumes GHB in a spiked drink.

Chronic use of GHB may produce tolerance and dependence and a withdrawal syndrome that is similar to those of alcohol and benzodiazepines characterised by anxiety, insomnia, tremor, sweating, agitation, confusion and psychosis.

Kava is a compound derived from the roots of the *Piper methysticum* shrub which is cultivated on many Pacific Islands. Kava has been used by the people of the Pacific Islands for hundreds of years for ceremonial, religious, medicinal and social reasons. Consumed as a beverage, the kava root is pulverised (traditionally through chewing), steeped in water and filtered to produce a khaki grey liquid with a very unpleasant taste.

The effects of kava include numbness and tingling in the mouth, mild euphoria, a reduction in anxiety, relaxation, sensory enhancement and increased sociability. At higher doses sedation and incoordination occur.

The long term effects of kava use include mild gastrointestinal disturbances, distortion of vision and a dry scaly rash appearing on the back of the hands, soles of feet, shins, back and forearms.

Khat refers to the leaves and the young shoots of the plant *Catha edulis* native to tropical East Africa and the Arabian Peninsula. It contains an amphetamine-like stimulant which causes euphoria and reduces appetite. Long term use can cause gastrointestinal and cardiovascular disorders and tooth decay.

9 Considering the client when administering the ASSIST

The ASSIST can be administered on its own or combined with other questions as part of a general health interview, a lifestyle questionnaire, risk assessment or as a part of the medical history.

Clients are most likely to consent to screening and give accurate answers to questions about substance use when the health worker:

- shows that they are listening to the client;
- is friendly and non-judgemental;
- shows sensitivity and empathy towards the client;
- provides information about screening;
- carefully explains the reasons for asking about substance use;
- explains the limits of confidentiality to the client.

It may be helpful to explain that screening for substance use and related problems is similar to other screening activities such as blood pressure measurement, or asking about diet and exercise. Linking the screening to the presenting complaint where it is relevant, may help clients to see the connection between their substance use and their health and make them more receptive to screening with the ASSIST.

Protecting the privacy of clients and the confidentiality of the information that clients provide is critical. This is especially important when you are collecting information relating to substance use. The use of some psychoactive substances

is a criminal offence, or at least illegal, in most countries. There also is potential for stigmatisation and discrimination against those who are identified as substance users. Any personal information collected from clients must not be revealed to any individual or group of individuals without the client's direct consent. Confidentiality is assured by conducting the interview in a private place and by keeping the ASSIST results as part of the confidential client record. Reassuring clients that the information they give will be confidential will also help them to provide accurate information about their substance use. However, many countries have limits on what kind of information can be kept as confidential. For example, many countries place an exclusion on confidentiality if a client divulges that they are planning or doing harm to themselves, someone else, or a child.

Health workers need to choose the best circumstances for administering the ASSIST and be flexible and sensitive to client needs. If clients are intoxicated, require emergency treatment or are distressed or in pain, it is best to wait until their medical condition has stabilised and they are feeling comfortable before administering the ASSIST. Use your clinical judgement to determine the best time to discuss the ASSIST with each client.

10 The ASSIST introduction

The ASSIST questionnaire comes with a set introduction (below). This can be read to the client or paraphrased by the health worker, as long as the health worker:

- gives the response card to the client (1 page);
- explains the list of substances and common terms used (see Box 3);
- explains that questions cover the last 3 months / lifetime (see Box 4);
- explains questions are about non-prescribed use only;
- explains confidentiality issues.

During the introduction the health worker should clarify which substances are to be covered in the interview and ensure that they are referred to by names which are familiar to the client. The response card contains a list of the substance categories covered by the ASSIST together with a range of names associated with each category (see Box 3). It also contains frequency responses for each question (see Box 4). The drug names on the card are those which are most commonly used in the countries in which the ASSIST was tested, but the health worker should use the most culturally appropriate names for their location.

The following is an illustrative introduction:

"The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (show response card)."

"Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know."

"While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential."

For clients whose drug use is prohibited by law, culture or religion it may be necessary to acknowledge the prohibition and encourage honest responses about actual behaviour. For example, *"I understand that others may think you should not use alcohol or other drugs at all but it is important in assessing your health to know what you actually do."*

Currently the ASSIST is only validated for use in an interview. Further research is needed to determine if it is suitable for self administration. However, the interview format has a number of advantages and can be used even when clients have low levels of literacy. The health worker can explain questions which are poorly understood and can ask probing questions to clarify inconsistent or incomplete responses.

BOX 3 | Drug list for response card for clients

- a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
- b Alcoholic beverages (beer, wine, spirits, etc.)
- c Cannabis (marijuana, pot, grass, hash, etc.)
- d Cocaine (coke, crack, etc.)
- e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)
- f Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g Sedatives and sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)
- h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)
- i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)
- j Other - specify: _____

BOX 4 | Frequency responses from response card**Response card****Last 3 months (ASSIST questions 2 to 5)**

- ! **Never:** not used in the last 3 months.
- ! **Once or twice:** 1 to 2 times in the last 3 months.
- ! **Monthly:** average of 1 to 3 times per month over the last 3 months.
- ! **Weekly:** 1 to 4 times per week.
- ! **Daily or almost daily:** 5 to 7 days per week.

Response card**Lifetime (ASSIST questions 6 to 8)**

- ! **No, never.**
- ! **Yes, but not in the past 3 months.**
- ! **Yes, in the past 3 months.**

11 Good practice in ASSIST questionnaire administration

There are certain practices that health care workers can do to ensure that the correct scores for clients are obtained and that the client understands the questions that are asked of them. Some of these are outlined in the points below.

- Hold the questionnaire so the client can't see what you are writing, otherwise the client's response may be influenced.
- **Every** response for **every** drug and **every** question must be circled – including all zeros or negative responses, otherwise it may result in incorrect scoring.
- Remember you may need to rephrase some questions for some clients.
- You may need to provide prompts for some questions (e.g. Q4).
- Build up a picture in your mind of the client's substance use and potential problems related to their use as they answer each subsequent question (especially Q2 regarding frequency of use in the last 3 months). Clients' answers to questions that don't seem to be consistent with their frequency and pattern of drug use should be queried further to ensure that you have explained the question adequately and that client understands the question that is being asked of them.

It is **extremely important** for health workers to understand the scoring of the ASSIST responses to questions before first administer-

ing the questionnaire. If the client's responses are not coded appropriately then the final resultant score may be erroneous leading to inappropriate feedback and a potentially inappropriate intervention. As shown in Box 4, questions 2 through 5 ask about the frequency of events that have occurred in the last 3 months. It is worth noting that:

- The last 3 months = last 12 weeks
= last 90 days.

Using Q2 as an example *How often have you used the substances you mentioned in the last 3 months?*, the frequencies and their associated responses mean the following:

- **Never** – means that the substance has not been used at all in the last 3 months (i.e. score = 0);
- **Once or twice** – means that the substance has been used a total of 1 to 2 times in the last 3 months (i.e. score = 2);
- **Monthly** – means the substance has been used an average of 1 to 3 times per month in the last 3 months – resulting in a total of 3 to 9 times over the last 3 months (i.e. score = 3);
- **Weekly** – means the substance has been used an average of 1 to 4 times per week in the last 3 months (i.e. score = 4);
- **Daily / Almost daily** – means the substance has been used an average of 5 to 7 days per week in the last 3 months (i.e. score = 6).

| SELF-TESTING How would you code the following responses? | |
|--|--|
| 1 Q2. Someone who had used heroin twice in the last three months would be coded as... ? | |
| 2 Q2. Someone who drank alcohol every day of the week except Mondays in the last 3 months would be coded as... ? | |
| 3 Q2. Someone who smoked marijuana 3 to 4 times per week in the last 3 months would be coded as... ? | |
| 4 Q2. Someone who uses cocaine once a fortnight would be coded as... ? | |
| 5 Q2. Someone who smoked cigarettes everyday but has been abstinent for the last 6 weeks would be coded as... ? | |
| 6 Q2. Someone who used methamphetamine 3 times in the last 3 months would be coded as... ? | |

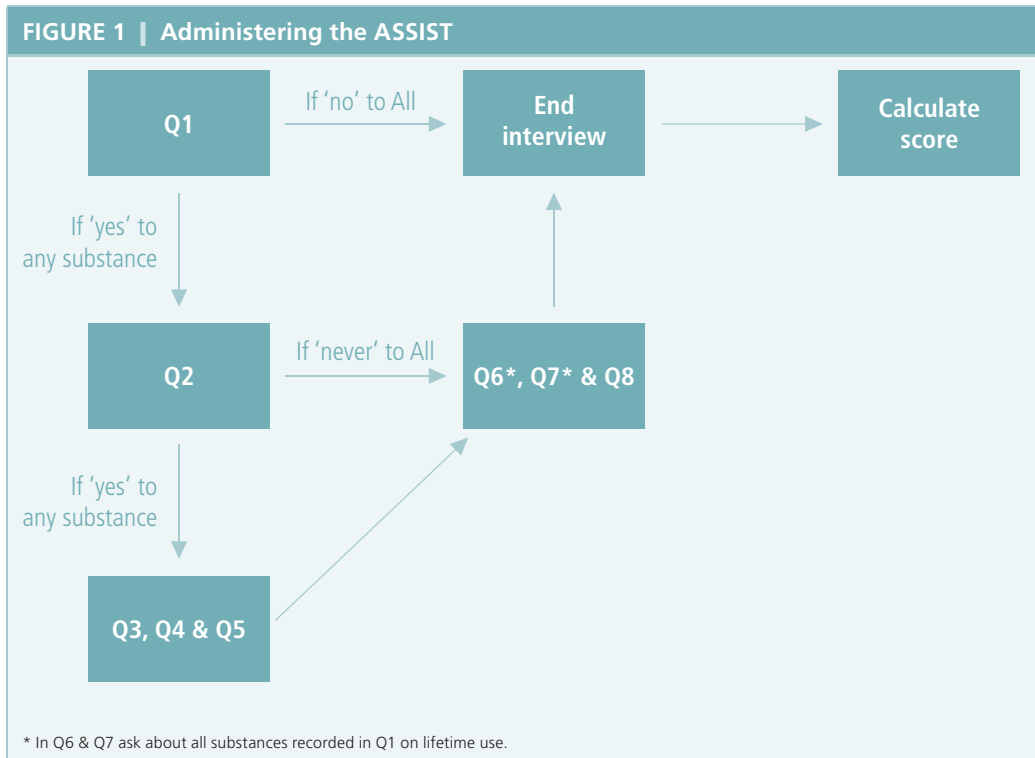
See the Appendix F to find the correct answers.

12 How to administer the ASSIST questionnaire

The ASSIST questionnaire already contains some prompts and instructions to guide interviewers during the interview. Some of these instructions enable the interviewer to leave out some questions for some clients and so shorten the interview. Others remind the interviewer to probe for more detail to obtain accurate responses. While some flexibility is possible when asking the questions, it is important to make sure that all the relevant questions have been asked and that the answers have been recorded.

Questions 1 and 2 are filter questions which means they determine which substances should be asked about in subsequent questions.

A general flow chart of how to administer the ASSIST is shown below in Figure 1.



Q1 *In your life which of the following substances have you ever used (non-medical use only)?*

(Responses = 'yes' or 'no')

Q1 asks about lifetime use of substances, i.e., those substances the client has ever used, even if it is only once. It is a good way to start talking to a client about their substance use without being too intrusive, and also gives you a brief history of the client's substance use. Every client should be asked this question for all the substances listed.

Q1 is a filter question, which means the answers recorded determine what happens next with regards to asking clients about specific drugs in the following questions. If the client answers 'no' to every substance in Q1 the health worker should ask a probing question "Not even when you were in school?" If the response is still 'no' to all the substances, then the interview is terminated. If the client answers 'no' to certain substances only (for example, inhalants), the health care worker does not ask about that substance (i.e., inhalants) again in the ASSIST interview.

Points to remember when asking Q1 include:

- as you are going through each substance group, remind the client of what that substance category includes (for example, amphetamine-type stimulants includes amphetamines, meth, speed and ecstasy) and also of any local terms for the substance including slang terms;
- circle 'no' or 'yes' for each substance;

- use the same terminology for substances as the client throughout the interview;
- give examples of 'other drugs' e.g. GHB, kava, datura and khat;
- record 'other drug' in the space provided;
- if a substance has never been used, don't ask about it again within the context of the interview (all responses for this drug will be 'no');
- remember Q1 is not included in scoring.

Q2 *In the past 3 months how often have you used the substances you mentioned?*

(Responses = 'never', 'once or twice', 'monthly', 'weekly', 'daily/almost daily')

If the client answers 'yes' to Q1 for any of the substances listed, then move on to Q2 which asks about substance use in the previous three months. Q2 should be asked only for each of the substances ever used (as recorded in Q1). Q2 also is a filter question, which means the answers recorded determine what happens next with regards to asking clients about specific drugs in the questions 3, 4 and 5. If the response is 'never' to all of the items in Q2, that is, no substances have been used by the client in the last 3 months, then move on to Q6 which asks about substance use across the client's lifetime. If any substances have been used in the past three months then continue with questions 3, 4 and 5 for each substance used.

Points to remember when asking Q2 include:

- Ask only about the substances that client has reported ever using (according to Q1).
- Circle all responses, including the '0' responses – even for drugs not used ever, or not used in the last 3 months.
- May need to remind client again of drug terms and street names.
- Remember coding definitions for the last 3 months (i.e. 'never', 'once' or 'twice', 'monthly', 'weekly', 'daily/almost daily').
- The client may not answer using the above terminology (i.e. 'never', 'once' or 'twice', 'monthly', 'weekly', 'daily/almost daily') and you may need to calculate the appropriate frequency of use from the information they have given you (for example, a client who tells you that they have been smoking marijuana once every two weeks, you would need to re-interpret and score as 'monthly').
- All the substances that have been used in the last 3 months should now be asked about in questions 3, 4 and 5.

Q3 *During the past 3 months how often have you had a strong desire or urge to use (drug)?*

(Responses = 'never', 'once or twice', 'monthly', 'weekly', 'daily/almost daily')

Q3 reflects high risk use or dependence on a substance. When a client starts to use a substance with increasing frequency, or they have had past problems with the substance,

then they may experience a strong desire or urge to use it. This is sometimes referred to as craving or hanging out by clients who are already dependent. It is worth noting that this question does not aim to record a mild or transient desire to use, or even necessarily a desire to use that is associated with opportunity (for example, a client who gets offered a drug and experiences a desire to use as a result, but did not have a desire to use before that happened). Not all clients who use substances will experience a strong desire to use.

Scoring high on Q3 is generally consistent with:

- more frequent use of the substance (usually once a week or more), and / or;
- previous problems with the substance, and / or;
- the type of substance used (desire to use is closely related to the abuse and dependence liability of a substance, and for example, cocaine can produce a strong desire to use even only after a few uses, whereas, almost daily alcohol use may not produce a strong desire to use in absence of alcohol dependence), and / or;
- injecting drugs.

The above are general pointers for helping to determine how to score a client on Q3, however, it is important to use your clinical judgment too, as some clients may have different experiences.

Other points to remember when asking Q3 include:

- Ask only about the substances that client has reported using in last 3 months (according to Q2). Some clients may be experiencing a strong desire or urge to use but have not used the substance in the last 3 months – but this would not be recorded by the ASSIST. For example, someone who stopped smoking cigarettes 5 months ago, but still experiences a strong desire to use cigarettes would not be recorded on Q3 because they have not smoked cigarettes in the last 3 months.
- To assist clients to understand the question, daily use of a substance could be used to set a benchmark for desire to use that substance. For example, someone who smokes cigarettes everyday is very likely to be experiencing a strong daily desire to smoke cigarettes. The question could then be asked of the client, *“You know the level of desire you experience for cigarettes, how often in the last 3 months would you have experienced a similar level of craving for alcohol, marijuana etc... ?”*.

Q4 During the past 3 months how often has your use of (drug) led to health, social, legal or financial problems?

(Responses = ‘never’, ‘once or twice’, ‘monthly’, ‘weekly’, ‘daily/almost daily’)

Q4 on the ASSIST aims to determine if a client’s substance use is creating any problems for them, and the frequency with which this has been happening in the last 3 months. Q4 is only asked around substances used in the last 3 months (as identified in Q2). Many clients may not be aware of problems associated with their substance use, particularly health prob-

lems, and it is up to the health care worker to help the client link these two things together. This may be the first time that a client actually recognises and verbalises the direct impacts that their substance use is having on them, with the help of the health worker. Accordingly, it is worth prompting the client with examples of what is meant by health, social, legal and financial problems. A lack of prompting or explanation around this question could lead to lower scoring on this question and an overall erroneous score on the ASSIST. More information about specific substance use problems can be found on the ASSIST feedback report card or in Chapter 8 of this manual. It is important that health workers be aware of the most common problems associated with use of specific substances and mentions these as examples to prompt clients.

For example, for **tobacco** using clients you might say, *“During the past 3 months how often has your use of cigarettes led to any health, social, legal or financial problems such as breathlessness, finding yourself less fit than usual, taking longer to recover from infections or financial problems because you don’t have enough money to purchase what you need after buying cigarettes... ?”*.

For **alcohol** using clients you might say, *“During the past 3 months how often has your use of alcohol led to any health, social, legal or financial problems such as bad hangovers, vomiting, stomach pain, sleeping poorly, getting into arguments with people, drink driving, doing things while you are drunk that you later regret... ?”*.

For **cannabis** using clients you might say, *"During the past 3 months how often has your use of marijuana led to any health, social, legal or financial problems such as forgetting to do things, difficulty paying attention or getting motivated, problems getting organised, feeling depressed or anxious... ?"*.

For clients using **amphetamine-type stimulants** you might say, *"During the past 3 months how often has your use of amphetamines led to any health, social, legal or financial problems such as having a bad 'come-down' and feeling depressed, anxious and irritable the day or so after you have used, feeling angry, aggressive or uptight, getting headaches, sleeping poorly, dental problems from grinding your teeth... ?"*.

Some of the common problems that are particularly pertinent to the clients of your agency or organisation may not be specifically listed above. For example, the criminogenic impacts that substance use may have caused for offenders within a prison population, or, the social and familial impacts that substance use may have caused for clients of family and child health services. Health workers administering the ASSIST and linked brief intervention should be aware of the common problems associated with the substance use of their clientele and include them as examples when administering Q4 of the ASSIST.

Q5 *During the past 3 months how often have you failed to do what was normally expected of you because of your use of (drug)?*

(Responses = 'never', 'once or twice', 'monthly', 'weekly', 'daily/almost daily')

Q5 is only asked for substances that have been used in the last 3 months (as identified by Q2). This question is designed to find out if the client is experiencing problems fulfilling their usual role obligations because of their substance use, which usually results in repercussions or consequences for the client. A failure to fulfil usual role obligations may result from being intoxicated by the substance, recovering from using the substance or spending all available time seeking the substance out (for example, waiting hours for a dealer and missing appointments or events that the client was expected to attend). You may need to prompt the client with examples of failed role obligations.

Common examples of role obligations that may not be fulfilled as a result of substance use include:

- missing work and losing pay or getting in trouble with the employer, having problems keeping up with work, poor work performance, negligence, losing job;
- missing school, college or university and falling behind, failing or doing poorly in assessments, or suspension or expulsion;
- failing to maintain usual family or relationship commitments, neglecting child caring activities, neglecting house cleaning or paying of bills, difficulty maintaining relationships with partner/friends/family or missing important family events.

Tobacco is excluded from Q5 because, in general, people don't fail their role obligations because they are smokers.

It is worth noting that some people who are severely dependent on a substance may not have any "usual role obligations" because they have lost their job/family/home/support etc. some time ago because of their heavy and continued substance use. In such cases, rather than score these people as 'never', basic tasks such as house cleaning, feeding themselves, keeping appointments with doctors, welfare agencies etc. should be used as prompts. Such clients could be asked a re-phrased version of the question such as, *"If you had responsibilities and obligations, such as going to work or looking after your family, would you be able to fulfil them?"*

Q6 *Has a friend or relative or anyone else ever expressed concern about your use of (drug)?*

(Responses = 'no, never', 'yes, in the past 3 months', 'yes, but not in the past 3 months')

This question is designed to find out if another person (e.g. family, friend, partner, spouse, parents, children, doctor, employer, teacher etc.) has expressed concern about the client's substance use.

All substances that were recorded when asked Q1 on lifetime use must be asked about in this question – not just those substances used in the last 3 months.

You will need to turn the questionnaire back to the front page to see what substances have been used in client's life. At first doing this may seem cumbersome and awkward, however, most health workers get used to doing this after administering the ASSIST a few times.

Recently expressed concern to the client's substance use in the last 3 months attracts a higher score than concern to the client's behaviour over 3 months ago. Even concern expressed years ago needs to be recorded in the 'yes, but not in the past 3 months category'.

Concern can include things such as discussion, questioning, nagging, advice, worry, anger etc. by the other party to the client.

Q7 *Have you ever tried to cut down or stop using (drug) but failed?*

(Responses = 'no, never', 'yes, in the past 3 months', 'yes, but not in the past 3 months')

Q7 is an indicator of dependence or high risk use and is designed to find out about loss of control over substance use in the client's lifetime. Substance dependence, or addiction, is a chronic relapsing disorder, and many people need to make several attempts to cut down or stop use before they are actually successful. This question investigates serious attempts to cut down or stop, rather than just passing thoughts of cutting down or half-hearted efforts. Usually clients scoring positive on this question will have been using the substance reasonably frequently – generally in the order of once a week or more, and/or at high concentrations (such as a heavy binge session on alcohol).

A loss of control is reflected by failed attempts to control, cut down or stop using the substance. For this question unsuccessful attempts to cut down in the last 3 months attract the highest score for this question and a current problem with their substance use.

Clients whose last unsuccessful attempt to cut down was more than 3 months ago attract a lesser score, and indicate that the client has had a past problem with their substance use. These clients are at a greater risk of returning to problematic or dependent substance use than novice users who don't have past problems. Even failed attempts to control substance use that occurred years ago need to be recorded as 'yes, but not in the past 3 months category'.

It is worth noting that **successful** attempts to cut down are not recorded. If a client has made several attempts to cut down and was successful eventually, the health worker needs to record **the last unsuccessful attempt**. For example, someone that successfully stopped smoking cigarettes 3 months ago, but had several failed attempts prior to that would be recorded as 'yes, but not in the last 3 months'.

All substances that were recorded when asked Q1 on lifetime use must be asked about in this question – not just those substances used in the last 3 months.

You will need to turn the questionnaire back to the front page to see what substances have been used in client's life.

Clients can score 0 ('no, never') on this question for 3 reasons:

- not necessary to cut down – i.e. Don't use enough;
- 'happy' users (pre-contemplators) – i.e. Don't want to cut down;
- have successfully cut down the *first* time they tried.

Finally, because this question contains multiple concepts, health workers may find it helpful to break this question down into 3 parts. For example:

- Have you ever tried to cut down on smoking cigarettes? ('yes' or 'no')
- Were you successful? ('yes' or 'no')
- When was the last time you tried and weren't successful? ('never' or 'yes in the past 3 months' or 'yes, but not in the past 3 months')

Q8 *Have you ever used any drug by injection?*

(Responses = 'no, never', 'yes, in the past 3 months', 'yes, but not in the past 3 months')

This question is a possible indicator of dependence or high risk use and is designed to find out about the recency of injecting substance use in the client's lifetime. Clients who move to injecting use are more likely to be or become dependent on the substance, depending on the frequency of use. Injecting is also associated with an additional range of harms including both fatal and non-fatal overdose (particularly with opioids), and also the risk of psychosis (particularly with amphetamine-type stimulants). Infections with bloodborne viruses are also associated with injecting.

While the response to question 8 does not contribute to the final substance scores achieved by the client, injecting drug use, particularly recent, is an indicator that the client may require further assessment and referral to specialised treatment for substance use.

If the client has injected drugs in the last 3 months, you will need to do the following:

- go through risks of injecting card with client (Appendix D) including procedures around safer injecting;
- recommend that they be tested for HIV and hepatitis B and C;
- ascertain the frequency and pattern of injecting in the last 3 months for the drug most frequently injected. The pattern of injecting will assist in determining whether the client requires referral to specialist treatment.

Drugs most commonly injected are opioids, amphetamine-type stimulants, cocaine and sedatives such as benzodiazepines. Injection patterns for opioids are sometimes different to those for amphetamine-type stimulants and cocaine. While people who inject opioids tend to do it with some regularity, people injecting stimulants tend to cluster their injecting, or do it in runs. That is, they may inject a few days in a row and then have a break for a few days, weeks or even months before their next session of injecting.

As a general rule, clients injecting an **average** of more than **4 times per month** over the last 3 months may require referral to specialist treatment.

13 Scoring of the ASSIST questionnaire

Each question on the ASSIST has a set of responses to choose from, and each response from questions 2 to 7 has a numerical score. The interviewer circles the numerical score that corresponds to the client's response for each question. At the end of the interview the scores from questions 2 through to 7 are added together across each individual substance (tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives/sleeping pills, hallucinogens, opioids and 'other' drugs) to produce an ASSIST risk score for each substance (See Box 5 for an example). In technical reports and papers this score is referred to as the specific substance Involvement score for each drug class.

BOX 5 | Example of calculating an ASSIST risk score for cannabis*

A client has given the following answers on the ASSIST for cannabis

| | | |
|--------------------------------|-------------------------------|-------------------|
| Q2c | Weekly | Score = 4 |
| Q3c | Once/twice | Score = 3 |
| Q4c | Monthly | Score = 5 |
| Q5c | Once/twice | Score = 5 |
| Q6c | Yes, but not in past 3 months | Score = 3 |
| Q7c | No, Never | Score = 0 |
| ASSIST risk score for cannabis | | Total = 20 |

* Similar scores are calculated for all other substances used in the past 3 months with the exception of tobacco which does not include Q5 in the calculation.

For the purposes of practicality and ease, this is referred to as the ASSIST risk score for (drug) in these manuals. As laid out in the ASSIST questionnaire, each client will have 10 risk scores. That is:

- a ASSIST risk score for tobacco (range 0 – 31)
- b ASSIST risk score for alcohol (range 0 – 39)
- c ASSIST risk score for cannabis (range 0 – 39)
- d ASSIST risk score for cocaine (range 0 – 39)
- e ASSIST risk score for amphetamine-type stimulants (range 0 – 39)
- f ASSIST risk score for inhalants (range 0 – 39)
- g ASSIST risk score for sedatives or sleeping pills (range 0 – 39)
- h ASSIST risk score for hallucinogens (range 0 – 39)
- i ASSIST risk score for opioids (range 0 – 39)
- j ASSIST risk score for 'other' drugs (range 0 – 39).

This score can be recorded on the last page of the ASSIST questionnaire and the questionnaire kept in the client's record if appropriate. The client does not see the ASSIST questionnaire but rather the ASSIST feedback report card which has the scores recorded for the client in an appropriate way to provide feedback as part of the brief intervention.

A chance to practice

To facilitate learning around administration and scoring of the ASSIST, two practice examples ('Dave' and 'Chloe') can be found in Appendix G of this manual. These have been designed to be used in a role play with two people. The practice examples comprise two client scripts in response to the ASSIST questions. One person plays the role of the client and reads the responses (word for word) from the script. The other person plays the role of the health worker and has a blank ASSIST questionnaire in which to record the client's responses. The resulting scores (the correct ones of which are found on the client's script) are commensurate with the responses to the questions, and are found on the back page of the scripted examples. The script should not be altered or enhanced by the person role playing the client as this may lead to responses that don't line up with the correct scoring.

The script is specifically designed to help health workers navigate through some of the common pitfalls and learn about the subtleties of administering the ASSIST before use with real clients, including:

- giving the introduction;
- asking each question accordingly, including prompting;
- recording the client's response appropriately;
- learning the frequency responses;
- the use of filter questions for different drugs;
- adding up the scores for each substance and recording them in the box on last page;
- the use of motivational interviewing style to ask the questions.

14 Interpretation of ASSIST scores

The ASSIST determines a risk score for each substance which is used to start a discussion (brief intervention) with clients about their substance use. The score obtained for each substance falls into a 'lower', 'moderate' or 'high' risk category which determines the most appropriate intervention for that level of use ('no treatment', 'brief intervention' or 'referral to specialist assessment and treatment' respectively) as per Box 6 below.

While the ASSIST provides an indication of the degree of substance-related risk, it is worth noting that there are limitations of making risk assessments based only on the ASSIST, as there are with any kind of psychometric tool. Substance-related problems are multi-faceted, and there are many factors which modify the risk of health consequences of substance use including family history of substance use problems, psychiatric comorbidity, age, gender, socio-economic status etc. Health care workers should keep these factors in mind when estimating the actual individual risk for each client.

Lower risk

Clients with ASSIST Risk scores 'three or less' ('10 or less' for alcohol) are at a lower risk of problems related to their substance use. While they may use substances occasionally, they are not currently experiencing any problems related to their use and are at lower risk of developing problems related to their substance use in the future with their current pattern of use.

Moderate risk

Clients scoring 'between 4 and 26' ('11 and 26' for alcohol) are at moderate risk of health and other problems and may be experiencing some of these problems now. Continuing use in this way indicates a likelihood of future health and other problems, including the possibility of dependence. Risk is increased for those with a past history of substance use related problems and dependence.

High risk

A score of '27 or higher' for any substance suggests that the client is at high risk of dependence or is dependent on that substance and is probably experiencing health, social, financial, legal and relationship problems as a result of their substance use. Moreover, clients who have injected drugs in the last three months more than an average of 4 times per month also are likely to be at high risk.

BOX 6 | What do the specific substance involvement scores mean?

| | Alcohol | All other substances |
|---------------|---------|----------------------|
| Lower risk | 0-10 | 0-3 |
| Moderate risk | 11-26 | 4-26 |
| High risk | 27+ | 27+ |

15 Linking ASSIST scores with treatment

The ASSIST feedback report card is completed at the end of the ASSIST interview and is used to provide personalised feedback to the client about their level of substance related risk. A good way to start the brief intervention is to ask the client, *“Are you interested in seeing how you scored on the questionnaire you just completed?”* Record the ASSIST risk scores for each substance in the boxes provided on the front of the ASSIST feedback report card. On the other pages record the level of risk indicated by the ASSIST risk score for all substances by ticking the relevant box (‘lower’, ‘moderate’ or ‘high’). A formatted copy of the ASSIST feedback report card appears in Appendix C.

The report card is used during the consultation to provide feedback and is given to the client to take home as a reminder of what has been discussed.

Lower risk

Lower risk clients should receive treatment as usual and can be given feedback about their scores if time is available. Clients who are at lower risk or abstainers should be encouraged to remain that way. For clients whose ASSIST score indicates that they are at lower risk of substance related harm for all substances this level of intervention is sufficient.

Moderate risk

Moderate risk clients are ideally placed to receive a 3-15 minute brief intervention. The brief intervention comprises giving feedback to clients using the ASSIST feedback report card (Appendix C) using simple motivational interviewing techniques. The ASSIST-linked brief intervention has been shown to be effective in getting clients to significantly reduce their substance use⁵. More information on giving a simple brief intervention can be found in the companion manual *‘The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care’*¹. Clients receiving a brief intervention should also be given *‘Self-help strategies for cutting down or stopping substance use: a guide’*²⁵ booklet, a copy of their ASSIST feedback report card, and specific drug information (appropriate to your country and agency) to take home with them.

If clients have injected drugs in the last 3 months, even if only once, they should also be provided with the risk of injecting card (Appendix D) which is a one page card that provides information and personalised feedback to individuals who are injecting drugs, including risks and problems associated with injecting and information around less risky injecting practices. The card is used during the brief intervention to provide advice and information, and is given to the client to take home as a reminder of what has been discussed. Clients should also be referred to a clinic where they can be tested for HIV and hepatitis B and C.

High risk

The brief intervention should be given to high risk clients also, however, a brief intervention is often not feasible as a stand-alone treatment for high risk users. The brief intervention can be used in this context also to encourage clients to have a detailed clinical assessment and appropriate specialist treatment for their substance use. This may be provided by health professional(s) within that primary care setting, or, by a specialist drug and alcohol treatment service if these agencies exist and are accessible for the client within a reasonable period of time.

If specialist treatment agencies exist, staff should be aware of the procedures involved in making appointments and referral including waiting lists for high risk clients. If drug treatment facilities are not easily accessible or heavily stigmatised, every effort should be made to treat the client within the primary care setting.

Clients who are frequent injectors also should be provided with the risks of injecting card (Appendix D) to provide information and advice around injecting as part of the brief intervention and referral to detailed clinical assessment and specialist treatment.

Exceptions

Occasionally a situation may arise in which a client has not used a certain substance in the past 3 months, but still scores a '6' for that substance, which theoretically would place them in the 'moderate risk' group. This situation can arise if a client, who is currently abstinent, has had problems with the substance in the past and scored a '3' both on questions 6 and 7 ('yes, but not in the past 3 months'). These clients should be congratulated and acknowledged for their ongoing abstinence. It is not likely that these clients will require a full intervention, but should be provided with feedback about their scores and the explanation that they are in the moderate risk range and at increased risk because of their past problems with the substance, and accordingly need to remain vigilant.

16 How to include screening with the ASSIST in every day practice

Screening activities such as blood pressure measurement, ‘pap’ smears, cholesterol measurement, monitoring of children’s height and weight and general health and welfare enquiries are some of the existing screening practices occurring in many primary health care settings. Screening for problems related to substance use and appropriate client care has also been widely recognised as an important part of good primary health care practice^{22, 23}.

Implementing a screening and brief intervention programme in your agency requires a commitment from management and staff and involves four main aspects:

- | planning
- | training
- | monitoring
- | feedback.

Planning

Planning is needed to design the screening programme and make sure that the processes fit into the special circumstances of each primary care practice. Ideally all staff of the primary health care practice should be involved in planning for the programme. Staff who are involved in planning are more likely to understand the reasons for the programme, feel a sense of ownership and enthusiasm for its implementation, understand their roles in the programme and be committed to making it work. Staff from different backgrounds and with different roles and experience will be able to work together to identify any possible difficulties and create ways to overcome them.

It may be helpful to appoint one member of staff as the ASSIST coordinator. This person can be responsible for making sure that all staff understand their roles and responsibilities and that all of the necessary tasks are carried out.

The plan should be clear and address all of the issues involved in implementing an ASSIST screening programme in a particular practice. Some of the questions which need to be addressed are listed in the Box 7.

BOX 7 | Implementation questions

- | Which clients will be screened?
- | What is the prevalence and type of substance used in this setting?
- | How will clients needing screening be identified?
- | How often will clients be screened?
- | Who will administer the ASSIST and brief intervention?
- | When during the client’s visit will the ASSIST be administered?
- | What follow-up actions will be taken?
- | How will records of screening and follow-up actions be kept?
- | How will copies of the ASSIST and information materials be obtained, stored and managed?
- | How will follow-up be scheduled?
- | How will you inform clients of the ASSIST screening programme?
- | Which staff will be involved in the programme? What will be their roles?
- | What resources and processes do you have in the practice which will help you manage the screening programme?

The plan should be comprehensive and ensure that screening is timely, systematic and efficient but should also be flexible so that health workers can make the most of unexpected opportunities for screening with the ASSIST. The plan that is developed also needs to consider the prevalence and type of substance use relevant to the location and clientele of the primary health care setting. For example, in a setting where injecting drug use may be prevalent then ready access to STD testing and information on less risky injecting practices should be available. Settings in which amphetamine-type stimulant use is common should consider having information on common mental health problems related to ATS use and access to mental health services.

There is strong evidence for the effectiveness of a number of strategies for implementing prevention and screening programmes in primary care. These strategies include:

- Using the waiting room to cue clients to think about their substance use by providing:
 - posters and displays about substance related risks and problems;
 - a well organised notice board containing information about the programme;
 - practice newsletters;
 - relevant information leaflets and client education material.

- Including health summary sheets in the client record to provide a summary of:

- particular health needs;
- whether the client has been screened using the ASSIST;
- their ASSIST scores and risk status;
- what interventions have been undertaken;
- when they are next due to be screened.

- Placing stickers on the client record to indicate at a glance whether clients have been screened and when screening took place.

- Implementing reminder systems. Reminders can be used to:

- invite clients to take part in the screening programme;
- prompt the health worker to administer the ASSIST during the client visit;
- invite the client for follow-up if needed (recall);
- remind health workers and clients when repeated screening is due.

If the resources are available, computerised information systems can be of great assistance in managing a screening programme.

Training

Training of all staff involved in the screening programme is essential for the programme to be effective. Training should include:

- reading of the manuals relating to administration of the ASSIST and brief intervention;
- why the screening and linked intervention programme is important;
- implementation procedures to be used;
- the roles and functions of staff in the screening programme and how it fits with their other work;
- how to administer the ASSIST and calculate ASSIST scores;
- how to administer the ASSIST-linked brief intervention;
- how to conduct follow-up activities to help clients at different levels of risk.

Effective training should enable staff to openly discuss their roles and functions and their attitudes to screening and early intervention for hazardous and harmful substance use. It should also provide opportunities for role play and supervised practice in administering the ASSIST and brief intervention and carrying out follow-up activities.*

For information on training resources and training of staff please contact the WHO at:

**Management of Substance Abuse,
Department of Mental Health and
Substance Abuse
World Health Organization**

20 Avenue Appia
1211 Geneva 27, Switzerland

Telephone: +41 22 791 3494

Fax: +41 22 791 4851

E-mail: msb@who.int

Website: www.who.int/substance_abuse/activities/assist/en/

* Some training manuals and materials in languages other than English are available on the WHO ASSIST website, http://www.who.int/substance_abuse/activities/assist/en/

Monitoring

Regular monitoring of the ASSIST screening programme is important to ensure that any implementation problems are addressed as they arise and to measure the success of the programme. There are a number of ways of measuring the success of a screening programme:

- The number of clients who have been screened can be compared to the number of clients who are eligible to be screened under the programme policy. This can be calculated as a percentage of screening success.
- The percentage of screened clients whose ASSIST scores indicate that they are at moderate or high risk can be calculated for each substance.
- The proportion of clients who receive the appropriate intervention for their ASSIST scores (feedback and information, brief intervention, more intensive treatment) can be calculated.

One of the main benefits of screening in primary health care is the ability to follow-up clients over time. It is an important aspect of screening to follow up those cases that are identified and see how they are responding to the intervention. An annual check up is a good way of approaching this. Clients who were screened 12 months previously and whose ASSIST scores indicated 'moderate risk' for substance related problems can be re-screened using the ASSIST to determine whether there has been any changes in their substance use behaviours. Similarly, clients who were screened 'high risk' 12 months previously can be reassessed to see how they have responded to brief inter-specialist assessment and treatment.

Monitoring activities cannot be carried out unless there are good client and programme records. It is important to make sure that details of screening and follow up interventions are recorded in the client record. This can be done using special stickers or health summary sheets. It is also helpful if the primary care practice has a central register of clients and screening programme activities. The ASSIST coordinator should be responsible for making sure that appropriate records are kept.

Feedback

Frequent feedback of monitoring results to all participating staff is essential for ongoing improvement to the programme. Feedback also helps to maintain staff commitment to the programme.

Feedback from staff is also important as it provides information about how the implementation processes are working and enables problems to be identified and solutions developed.

Written reports and regular discussions about the ASSIST screening programme at staff meetings will provide opportunities for feedback to be given and acted upon.

17 Guide to appendices

The attached appendices contain materials for both health workers and clients. These can be photocopied and used freely where necessary, in accordance with the instructions outlined in this manual.

Appendix A

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

The ASSIST questionnaire can be photocopied for repeated use in primary care and other treatment settings.

Appendix B

ASSIST v3.1 response card for clients

This is a one page document which should be given to clients when administering the ASSIST in order to aid responding. The response card can be photocopied.

Appendix C

ASSIST v3.1 feedback report card for clients

The ASSIST feedback report card should be completed by the health worker with the results of the ASSIST and used to give feedback and advice to the client around their substance use. The client should be encouraged to take the card home with them. In the front you can find the ASSIST scores for each substance and risk levels followed by specific health and other problems associated with substance use. Health workers should use the ASSIST feedback report card in conjunction with a brief intervention.

Appendix D

ASSIST risks of injecting card for clients

This one page sheet provides advice concerning risks associated with injecting drugs to accompany a brief intervention. This information sheet can be photocopied for general use in the treatment setting and to give to clients who have injected drugs in the last 3 months.

Clients who are high risk injectors (injecting four times per month or more in the last 3 months) may also find this card helpful, but will require more intensive treatment.

Appendix E

Translation and adaptation to local languages and culture: a resource for clinicians and researchers

This resource sets out the guidelines by which the ASSIST and related materials must be translated. There are some versions of the ASSIST available on the website (http://www.who.int/substance_abuse/activities/assist/en/) in languages other than English. Please contact the WHO for support and registration if you are planning to translate the ASSIST materials or resources into your language:

Management of Substance Abuse, Department of Mental Health and Substance Abuse World Health Organization

20 Avenue Appia
1211 Geneva 27, Switzerland

Telephone: +41 22 791 3494

Fax: +41 22 791 4851

E-mail: msb@who.int

Website: www.who.int/substance_abuse/activities/assist/en/

Appendix F

Answers to self-testing questions from Chapter 11 on 'Good Practice in ASSIST questionnaire administration'.

Appendix G

Two client scripts ('Chloe' and 'Dave') to be used in role plays with two people (one playing health worker and one playing client) to practice using the ASSIST and getting the administration and scores correct, before use with actual clients.

Appendix A

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

| | | | |
|-------------------|----------------------|--------|----------------------|
| Clinician Name | <input type="text"/> | Clinic | <input type="text"/> |
| Client ID or Name | <input type="text"/> | Date | <input type="text"/> |

Introduction (please read to client or adapt for local circumstances)*

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (show response card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used **as prescribed** by your doctor. However, if you have taken such medications for reasons **other** than prescription, or taken them more frequently or at higher doses than prescribed, please let me know.

While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

Before asking questions, give ASSIST response card to client

| QUESTION 1 In your life, which of the following substances have you <i>ever</i> used (non-medical use only)? | | |
|--|--|-----|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | No | Yes |
| b Alcoholic beverages (beer, wine, spirits, etc.) | No | Yes |
| c Cannabis (marijuana, pot, grass, hash, etc.) | No | Yes |
| d Cocaine (coke, crack, etc.) | No | Yes |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | No | Yes |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | No | Yes |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | No | Yes |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | No | Yes |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | No | Yes |
| j Other – specify: _____ | No | Yes |
| Probe if all answers are negative: “Not even when you were in school?” | If “No” to all items, stop interview. If “Yes” to any of these items, ask Q2 for each substance ever used | |

* ASSIST V3.1 is to be utilized by for screening in clinical settings. For research purposes please use the previous version ASSIST V3.0.
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| QUESTION 2 In the <i>past three months</i>, how often have you used the substances you mentioned (first drug, second drug, etc)? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|---|-------|---------------|---------|--------|-----------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | 0 | 2 | 3 | 4 | 6 |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 2 | 3 | 4 | 6 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 2 | 3 | 4 | 6 |
| d Cocaine (coke, crack, etc.) | 0 | 2 | 3 | 4 | 6 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 2 | 3 | 4 | 6 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 2 | 3 | 4 | 6 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 2 | 3 | 4 | 6 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 2 | 3 | 4 | 6 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 2 | 3 | 4 | 6 |
| j Other – specify: _____ | 0 | 2 | 3 | 4 | 6 |

If “Never” to all items in Q2, skip to Q6.

If any substances in Q2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

| QUESTION 3 During the <i>past three months</i>, how often have you had a strong desire or urge to use (first drug, second drug, etc)? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|--|-------|---------------|---------|--------|-----------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | 0 | 3 | 4 | 5 | 6 |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 3 | 4 | 5 | 6 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 3 | 4 | 5 | 6 |
| d Cocaine (coke, crack, etc.) | 0 | 3 | 4 | 5 | 6 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 3 | 4 | 5 | 6 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 3 | 4 | 5 | 6 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 3 | 4 | 5 | 6 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 3 | 4 | 5 | 6 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 3 | 4 | 5 | 6 |
| j Other – specify: _____ | 0 | 3 | 4 | 5 | 6 |

| QUESTION 4 During the <i>past three months</i>, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems? | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|--|-------|---------------|---------|--------|-----------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | 0 | 4 | 5 | 6 | 7 |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 4 | 5 | 6 | 7 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 4 | 5 | 6 | 7 |
| d Cocaine (coke, crack, etc.) | 0 | 4 | 5 | 6 | 7 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 4 | 5 | 6 | 7 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 4 | 5 | 6 | 7 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 4 | 5 | 6 | 7 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 4 | 5 | 6 | 7 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 4 | 5 | 6 | 7 |
| j Other – specify: _____ | 0 | 4 | 5 | 6 | 7 |

| QUESTION 5 During the <i>past three months</i>, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)? | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|--|-------|---------------|---------|--------|-----------------------|
| a Tobacco products | | | | | |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 5 | 6 | 7 | 8 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 5 | 6 | 7 | 8 |
| d Cocaine (coke, crack, etc.) | 0 | 5 | 6 | 7 | 8 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 5 | 6 | 7 | 8 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 5 | 6 | 7 | 8 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 5 | 6 | 7 | 8 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 5 | 6 | 7 | 8 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 5 | 6 | 7 | 8 |
| j Other – specify: _____ | 0 | 4 | 5 | 6 | 7 |
| Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1). | | | | | |

| QUESTION 6 Has a friend or relative or anyone else <i>ever</i> expressed concern about your use of (first drug, second drug, etc)? | No, never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|---|-----------|---------------------------|-----------------------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | 0 | 6 | 3 |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 6 | 3 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 6 | 3 |
| d Cocaine (coke, crack, etc.) | 0 | 6 | 3 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 6 | 3 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 6 | 3 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 6 | 3 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 6 | 3 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 6 | 3 |
| j Other – specify: _____ | 0 | 6 | 3 |
| Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1). | | | |

| QUESTION 7 Have you <i>ever</i> tried to cut down on using (first drug, second drug, etc) but failed? | No, never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|--|-----------|---------------------------|-----------------------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | 0 | 6 | 3 |
| b Alcoholic beverages (beer, wine, spirits, etc.) | 0 | 6 | 3 |
| c Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 6 | 3 |
| d Cocaine (coke, crack, etc.) | 0 | 6 | 3 |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | 0 | 6 | 3 |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | 0 | 6 | 3 |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | 0 | 6 | 3 |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | 0 | 6 | 3 |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | 0 | 6 | 3 |
| j Other – specify: _____ | 0 | 6 | 3 |
| Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1). | | | |

| QUESTION 8 Have you <i>ever</i> used any drug by injection (non-medical use only)? | No, never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|--|-----------|---------------------------|-----------------------------------|
| (Please tick the appropriate box) | | | |

IMPORTANT NOTE

Clients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

Pattern of injecting

4 days per month, on average, over the last 3 months or less

More than 4 days per month, on average, over the last 3 months

Intervention guidelines

Brief intervention including the risks of injecting card

Further assessment and more intensive treatment

How to calculate a specific substance involvement score.

For each substance (labelled ‘a’ to ‘j’) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c.**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**.

| The type of intervention is determined by the patient's specific substance involvement score | | | | |
|--|---------------------------------|-----------------|----------------------------|--------------------------|
| | Record specific substance score | No intervention | Receive brief intervention | More intensive treatment |
| a Tobacco | | 0 – 3 | 4 – 26 | 27+ |
| b Alcohol | | 0 – 10 | 11 – 26 | 27+ |
| c Cannabis | | 0 – 3 | 4 – 26 | 27+ |
| d Cocaine | | 0 – 3 | 4 – 26 | 27+ |
| e ATS | | 0 – 3 | 4 – 26 | 27+ |
| f Inhalants | | 0 – 3 | 4 – 26 | 27+ |
| g Sedatives | | 0 – 3 | 4 – 26 | 27+ |
| h Hallucinogens | | 0 – 3 | 4 – 26 | 27+ |
| i Opioids | | 0 – 3 | 4 – 26 | 27+ |
| j Other drugs | | 0 – 3 | 4 – 26 | 27+ |

Now use ASSIST feedback report card to give client brief intervention.

Appendix B

ASSIST v3.1 response card

| RESPONSE CARD Substances |
|--|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) |
| b Alcoholic beverages (beer, wine, spirits, etc.) |
| c Cannabis (marijuana, pot, grass, hash, etc.) |
| d Cocaine (coke, crack, etc.) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) |
| j Other – specify: _____ |

| RESPONSE CARD Frequency responses | |
|---|--|
| <p>Response card Last 3 months (ASSIST questions 2 to 5)</p> <ul style="list-style-type: none"> ! Never: not used in the last 3 months. ! Once or twice: 1 to 2 times in the last 3 months. ! Monthly: average of 1 to 3 times per month over the last 3 months. ! Weekly: 1 to 4 times per week. ! Daily or almost daily: 5 to 7 days per week. | <p>Response card Lifetime (ASSIST questions 6 to 8)</p> <ul style="list-style-type: none"> ! No, never. ! Yes, but not in the past 3 months. ! Yes, in the past 3 months. |

Appendix C

ASSIST v3.1 feedback report card

Client ID or Name

Date

| Specific substance involvement scores | Score | Risk Level | |
|---------------------------------------|-------|--------------------------|---------------------------|
| a Tobacco products | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| b Alcoholic beverages | | 0 – 10 11 – 26 27+ | Lower Moderate High |
| c Cannabis | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| d Cocaine | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| e Amphetamine-type stimulants | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| f Inhalants | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| g Sedatives or sleeping pills | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| h Hallucinogens | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| i Opioids | | 0 – 3 4 – 26 27+ | Lower Moderate High |
| j Other – specify: _____ | | 0 – 3 4 – 26 27+ | Lower Moderate High |

What do your scores mean?

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

Moderate: You are at moderate risk of health and other problems from your current pattern of substance 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 are likely to be dependent.

Are you concerned about your substance use?

A | Tobacco

Your risk of experiencing these harms is (tick one):

Lower Moderate High

Regular tobacco smoking is associated with:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Premature ageing and wrinkling of the skin |
| <input type="checkbox"/> | Low fitness and longer recovery times after having a cold or flu |
| <input type="checkbox"/> | Respiratory infections and asthma |
| <input type="checkbox"/> | High blood pressure and diabetes mellitus |
| <input type="checkbox"/> | Miscarriage, premature labour and low birth weight babies for pregnant women |
| <input type="checkbox"/> | Kidney disease |
| <input type="checkbox"/> | Chronic obstructive pulmonary diseases including emphysema |
| <input type="checkbox"/> | Heart disease, stroke and vascular diseases |
| <input type="checkbox"/> | Cancers of lung, bladder, breast, mouth, throat and oesophagus |

B | Alcohol

Your risk of experiencing these harms is (tick one):

Lower Moderate High

Regular excessive alcohol use is associated with:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Hangovers, aggressive and violent behaviour, accidents and injury, nausea and vomiting |
| <input type="checkbox"/> | Reduced sexual performance and premature ageing |
| <input type="checkbox"/> | Digestive problems, ulcers, inflammation of the pancreas and high blood pressure |
| <input type="checkbox"/> | Anxiety and depression, relationship difficulties, and financial and work problems |
| <input type="checkbox"/> | Difficulty remembering things and solving problems |
| <input type="checkbox"/> | Birth defects and brain damage in babies of pregnant women |
| <input type="checkbox"/> | Permanent brain damage leading to memory loss, cognitive deficits and disorientation |
| <input type="checkbox"/> | Stroke, muscle and nerve damage |
| <input type="checkbox"/> | Liver and pancreas diseases |
| <input type="checkbox"/> | Cancers of the mouth, throat and breast |
| <input type="checkbox"/> | Suicide |

| C Cannabis | | | |
|--|---|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of cannabis is associated with: | | | |
| | Problems with attention and motivation | | |
| | Anxiety, paranoia, panic and depression | | |
| | Decreased memory and problem solving ability | | |
| | High blood pressure | | |
| | Asthma and bronchitis | | |
| | Psychotic symptoms and psychoses particularly in those with a personal or family history of schizophrenia | | |
| | Heart disease and chronic obstructive pulmonary disease | | |
| | Cancers of the upper airway and throat | | |

| D Cocaine | | | |
|--|---|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of cocaine is associated with: | | | |
| | Difficulty sleeping, heart racing, headaches and weight loss | | |
| | Numbness, tingling, clammy skin and skin scratching or picking | | |
| | Intense craving and stress from the lifestyle | | |
| | Accidents and injury and financial problems | | |
| | Mood swings – anxiety, depression and mania | | |
| | Paranoia, irrational thoughts and difficulty remembering things | | |
| | Aggressive and violent behaviour | | |
| | Psychosis after repeated use of high doses | | |
| | Sudden death from cardiovascular acute conditions | | |

| E Amphetamine-type stimulants | | | |
|--|--|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of amphetamine-type stimulants is associated with: | | | |
| | Difficulty sleeping, loss of appetite and weight loss, dehydration and reduced resistance to infection | | |
| | Jaw clenching, headaches and muscle pain | | |
| | Mood swings – anxiety, depression, agitation, mania and panic | | |
| | Tremors, irregular heartbeat and shortness of breath | | |
| | Difficulty concentrating and remembering things | | |
| | Paranoia, aggressive and violent behaviour | | |
| | Psychosis after repeated use of high doses | | |
| | Permanent damage to brain cells | | |
| | Liver damage, brain haemorrhage and sudden death from cardiovascular acute conditions | | |

| F Inhalants | | | |
|--|---|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of inhalant is associated with: | | | |
| | Flu like symptoms, sinusitis and nosebleeds | | |
| | Nausea and vomiting, indigestion, stomach ulcers and diarrhoea | | |
| | Dizziness and hallucinations, nausea, drowsiness, disorientation and blurred vision | | |
| | Headaches, accidents and injury, unpredictable and dangerous behaviour | | |
| | Coordination difficulties, slowed reactions and poor oxygen supply to the body | | |
| | Memory loss, confusion, depression, aggression and extreme tiredness | | |
| | Delirium, seizures, coma and organ damage (heart, lungs, liver, kidneys) | | |
| | Death from heart failure | | |

| G Sedatives or sleeping pills | | | |
|--|--|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of sedatives is associated with: | | | |
| | Drowsiness, dizziness and confusion | | |
| | Difficulty concentrating and remembering things | | |
| | Nausea, headaches and unsteady gait | | |
| | Sleeping problems | | |
| | Anxiety and depression | | |
| | Tolerance and dependence after a short period of use | | |
| | Severe withdrawal symptoms | | |
| | Overdose and death if used with alcohol, opioids or other depressant drugs | | |

| I Opioids | | | |
|--|---|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of opioids is associated with: | | | |
| | Itching, nausea and vomiting | | |
| | Drowsiness, constipation, tooth decay and irregular menstrual periods | | |
| | Difficulty concentrating and remembering things | | |
| | Depression, reduced libido and impotence | | |
| | Financial difficulties and criminal offences | | |
| | Relationship stress | | |
| | Problems maintaining work and family life | | |
| | Tolerance, dependence and withdrawal symptoms | | |
| | Overdose and death from respiratory failure | | |

| H Hallucinogens | | | |
|--|---|----------|--------------------------|
| Your risk of experiencing these harms is (tick one): | | | |
| Lower | <input type="checkbox"/> | Moderate | <input type="checkbox"/> |
| | | High | <input type="checkbox"/> |
| Regular use of hallucinogens is associated with: | | | |
| | Visual, auditory, tactile and olfactory changes and unpredictable behaviour | | |
| | Difficulty sleeping | | |
| | Nausea and vomiting | | |
| | Increased heart rate and blood pressure | | |
| | Mood swings | | |
| | Anxiety, panic and paranoia | | |
| | Flash-backs | | |
| | Worsen the symptoms of mental illnesses such as schizophrenia | | |

Appendix D

ASSIST risks of injecting card | Information for clients

Using substances by injection increases the risk of harm from substance use

This harm can come from:

- The substance:
 - | If you inject any drug you are more likely to become dependent.
 - | If you inject amphetamines or cocaine you are more likely to experience psychosis.
 - | If you inject heroin or other sedatives you are more likely to overdose.
- The injecting behaviour:
 - | If you inject you may damage your skin and veins and get infections.
 - | You may cause scars, bruises, swelling, abscesses and ulcers.
 - | Your veins might collapse.
 - | If you inject into the neck you can cause a stroke.
- Sharing of injecting equipment:
 - | If you share injecting equipment (needles & syringes, spoons, filters, etc.) you are more likely to spread bloodborne virus infections like hepatitis B and C and HIV.

It is less risky not to inject

If you do inject:

- | always use clean equipment (e.g., needles & syringes, spoons, filters, etc.)
- | always use a new needle and syringe
- | don't share equipment with other people
- | clean the preparation area
- | clean your hands
- | clean the injecting site
- | use a different injecting site each time
- | inject slowly
- | put your used needle and syringe in a hard container and dispose of it safely.
- If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of psychosis:
 - | avoid injecting and smoking
 - | avoid using on a daily basis.
- If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose:
 - | avoid using other drugs, especially sedatives or alcohol, on the same day
 - | use a small amount and always have a trial "taste" of a new batch
 - | have someone with you when you are using
 - | avoid injecting in places where no-one can get to you if you do overdose
 - | know the telephone numbers of the ambulance service.

Appendix E

Translation and adaptation to local languages and culture: a resource for clinicians and researchers

The ASSIST instrument, instructions, drug cards, response scales and resource manuals may need to be translated into local languages for use in particular countries or regions. Translation from English should be as direct as possible to maintain the integrity of the tools and documents. However, in some cultural settings and linguistic groups, aspects of the ASSIST and its companion documents may not be able to be translated literally and there may be socio-cultural factors that will need to be taken into account in addition to semantic meaning. In particular, substance names may require adaptation to conform to local conditions, and it is also worth noting that the definition of a standard drink may vary from country to country.

Translation should be undertaken by a bilingual translator, preferably a health professional with experience in interviewing. For the ASSIST instrument itself, translations should be reviewed by a bilingual expert panel to ensure that the instrument is not ambiguous. Back translation into English should then be carried out by another independent translator whose main language is English to ensure that no meaning has been lost in the translation. This strict translation procedure is critical for the ASSIST instrument to ensure that comparable information is obtained wherever the ASSIST is used across the world.

Translation of this manual and companion documents may also be undertaken if required. These do not need to undergo the full procedure described above, but should include an expert bilingual panel.

Before attempting to translate the ASSIST and related documents into other languages, interested individuals should consult with the WHO about the procedures to be followed and the availability of other translations. Contact WHO at:

**Management of Substance Abuse,
Department of Mental Health and
Substance Abuse
World Health Organization**

20 Avenue Appia
1211 Geneva 27, Switzerland

Telephone: +41 22 791 3494

Fax: +41 22 791 4851

E-mail: msb@who.int

Website: www.who.int/substance_abuse/activities/assist/en/

Appendix F

Answers to self-testing questions from Chapter 11

| SELF-TESTING Answers | |
|--|------------------------|
| 1 Q2. Someone who had used heroin twice in the last three months would be coded as... ? | Once or twice = 2 |
| 2 Q2. Someone who drank alcohol every day of the week except Mondays in the last 3 months would be coded as... ? | Daily/almost daily = 6 |
| 3 Q2. Someone who smoked marijuana 3 to 4 times per week in the last 3 months would be coded as... ? | Weekly = 4 |
| 4 Q2. Someone who uses cocaine once a fortnight would be coded as... ? | Monthly = 3 |
| 5 Q2. Someone who smoked cigarettes everyday but has been abstinent for the last 6 weeks would be coded as... ? | Weekly = 4 |
| 6 Q2. Someone who used methamphetamine 3 times in the last 3 months would be coded as... ? | Monthly = 3 |

Appendix G

Two client scripts ('Chloe' and 'Dave')

Instructions for paired role play

This paired role-play can be used to help you practice correct administration of the ASSIST. It is also a valuable exercise to help you understand what it is like for a client to be administered the ASSIST questionnaire. Two people are required for the activity; one person to play the interviewer, and one person to play the client. You will also need the ASSIST v3.1 questionnaire and ASSIST response card for this activity.

The person who is administering the ASSIST questionnaire (interviewer) uses a blank ASSIST questionnaire to record the client's responses. The ASSIST introduction, which is provided on the front page of the ASSIST questionnaire, should also read or paraphrased as part of the role-play, and the ASSIST response card given to the client.

The person who is playing the client reads this script in response to interviewer's questions. The script must be read **as written**, as any changes may result in erroneous coding and scoring by interviewer.

Following administration of the ASSIST questionnaire, the interviewer should calculate the client's final scores and record them in the box on the last page of the ASSIST v3.1 questionnaire. The scores calculated by the interviewer should be compared with the correct scores provided on the back page of this script. If there are any differences, they should be discussed and resolved by the role-play pair, so that the final scores obtained by the interviewer reflect the scores provided on this script.

NOTE TO PERSON READING CLIENT SCRIPT

Some of your responses have brackets around them (e.g. Q2d.). This means that the interviewer should not have asked you this question due to filtering out. The answer written in brackets may still be provided to the interviewer, along with feedback to remind them that they did not need to ask you this question.

Client script ASSIST v3.1 (Chloe)

Responses for paired role play

| QUESTION 1 In your life, which of the following substances have you <i>ever used</i> (non-medical use only)? | |
|---|-----|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Yes |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Yes |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Yes |
| d Cocaine (coke, crack, etc.) | No |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Yes |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Yes |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | Yes |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | No |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | No |
| j Other – specify: _____ | No |

| QUESTION 2 In the <i>past three months</i>, how often have you used the substances you mentioned (first drug, second drug, etc)? | |
|---|--|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Every day |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Every day |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Once or twice |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | About once a week |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | I've used nitrous oxide twice |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | Haven't used them in the last 3 months |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| QUESTION 3 During the <i>past three months</i>, how often have you had a strong desire or urge to use (first drug, second drug, etc)? | |
|--|--|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Every day |
| b Alcoholic beverages (beer, wine, spirits, etc.) | I've had some desire to drink but I wouldn't say a strong desire so I would have to say never in the last 3 months |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Never |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Probably have had a really strong craving for speed once or twice in the last 3 months |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Haven't used them in last 3 months) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| QUESTION 4 During the <i>past three months</i>, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems? | |
|---|---|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Once or twice in the last 3 months I've noticed that I have been really out of breath after exercise and I think its because of smoking |
| b Alcoholic beverages (beer, wine, spirits, etc.) | I've had really bad hangovers on average about once every fortnight in the last 3 months |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Never |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | I've run out of money twice in the last three months because of buying speed and I've had some problems paying my bills |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Haven't used them in last 3 months) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| QUESTION 5 During the <i>past three months</i>, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)? | |
|---|--------------------------------------|
| a Tobacco products | |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Never |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Never |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Haven't used them in last 3 months) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| QUESTION 6 Has a friend or relative or anyone else <i>ever</i> expressed concern about your use of (first drug, second drug, etc)? | |
|---|--|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Yes, my doctor said I should stop smoking about a year ago, but not since then |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Yes, but not in the past 3 months |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Never |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Yes, my boyfriend did last month |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | Yes, but not in the past 3 months |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| QUESTION 7 Have you <i>ever</i> tried to cut down on using (first drug, second drug, etc) but failed? | |
|---|---|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Yes, I've tried in the last 3 months but I haven't been successful |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never tried |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Never |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Never |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | I used to use a lot of Valium and had to cut down on it but I was successful the first time |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | (Never tried hallucinogens) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Never tried opioids) |
| j Other – specify: _____ | (Never tried other drugs) |

| | |
|--|-------|
| QUESTION 8 Have you <i>ever</i> used any drug by injection (non-medical use only)? | Never |
|--|-------|

| The type of intervention is determined by the patient's specific substance involvement score | | | | |
|--|---------------------------------|-----------------|----------------------------|--------------------------|
| | Record specific substance score | No intervention | Receive brief intervention | More intensive treatment |
| a Tobacco | 25 | 0 – 3 | 4 – 26 | 27+ |
| b Alcohol | 14 | 0 – 10 | 11 – 26 | 27+ |
| c Cannabis | 2 | 0 – 3 | 4 – 26 | 27+ |
| d Cocaine | 0 | 0 – 3 | 4 – 26 | 27+ |
| e ATS | 17 | 0 – 3 | 4 – 26 | 27+ |
| f Inhalants | 2 | 0 – 3 | 4 – 26 | 27+ |
| g Sedatives | 3 | 0 – 3 | 4 – 26 | 27+ |
| h Hallucinogens | 0 | 0 – 3 | 4 – 26 | 27+ |
| i Opioids | 0 | 0 – 3 | 4 – 26 | 27+ |
| j Other drugs | 0 | 0 – 3 | 4 – 26 | 27+ |

| Role play Chloe's scoring | | | | | | | | |
|---------------------------|-----|-------------|------------|--------------|------------|-------------|------------|-------|
| | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Total |
| a Tobacco | Yes | Daily 6 | Daily 6 | O-T 4 | NA | Y/N 3m 3 | Y 3m 6 | 25 |
| b Alcohol | Yes | Daily 6 | Never 0 | Monthly 5 | Never 0 | Y/N 3m 3 | Never 0 | 14 |
| c Cannabis | Yes | O-T 2 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 2 |
| d Cocaine | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| e ATS | Yes | Weekly 4 | O-T 3 | O-T 4 | Never 0 | Y 3m 6 | Never 0 | 17 |
| f Inhalants | Yes | O-T 2 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 2 |
| g Sedatives | Yes | Never 0 | Never 0 | Never 0 | Never 0 | Y/N 3m 3 | Never 0 | 3 |
| h Hallucinogens | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| i Opioids | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| j Other drugs | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |

IMPORTANT NOTE

'Y/N 3m' means; "Yes, but not in the past 3 months" (score of 3).

'O-T' means; "Once or Twice".

'Y 3m' means; "Yes, in the past 3 months" (score of 6).

Q1 and Q8 are not included in the scoring.

Client script WHO | ASSIST v3.1 (Dave)

Responses for paired role play

| QUESTION 1 In your life, which of the following substances have you <i>ever used</i> (non-medical use only)? | |
|--|----------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Yes |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Yes |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Yes |
| d Cocaine (coke, crack, etc.) | No |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Yes |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | No |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | No |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Yes |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | Yes |
| j Other – specify: _____ | Yes, I've tried kava |

| QUESTION 2 In the <i>past three months</i> , how often have you used the substances you mentioned (first drug, second drug, etc)? | |
|---|--|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Every day |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Once or twice |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Pretty much every day |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Not in the last 3 months |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | I've had a couple trips in the last 3 months (twice) |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | I used to be addicted to heroin and made several attempts to cut down, but I managed to stop using completely about 3 years ago – so I haven't used any opioids in the last 3 months |
| j Other – specify: <i>kava</i> | Only tried kava once years ago, haven't used since |

QUESTION 3 | During the *past three months*, how often have you had a strong desire or urge to use (first drug, second drug, etc)?

| | |
|--|------------------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Every day |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Every day |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | (Haven't used last 3 months) |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Never |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Haven't used last 3 months) |
| j Other – specify: <i>kava</i> | (Haven't used last 3 months) |

QUESTION 4 | During the *past three months*, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?

| | |
|--|---|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | I wake up with a really bad cough once or twice a week. I've been like that for about 2 years |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Last month the police gave me a caution for possessing marijuana, but nothing else really |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | (Haven't used last 3 months) |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Never |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Haven't used last 3 months) |
| j Other – specify: <i>kava</i> | (Haven't used last 3 months) |

QUESTION 5 | During the *past three months*, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?

| | |
|--|---|
| a Tobacco products | |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Two months ago I forgot to attend an important family event because I was smoking marijuana all day. My family were very angry at me because of it. |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | (Haven't used last 3 months) |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Never |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | (Haven't used last 3 months) |
| j Other – specify: <i>kava</i> | (Haven't used last 3 months) |

QUESTION 6 | Has a friend or relative or anyone else *ever* expressed concern about your use of (first drug, second drug, etc)?

| | |
|--|-----------------------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Yes, but not in the past 3 months |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never |
| c Cannabis (marijuana, pot, grass, hash, etc.) | Yes, about 6 months ago |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Never |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Never |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | Yes, but it was years ago |
| j Other – specify: <i>kava</i> | Never |

| QUESTION 7 Have you <i>ever</i> tried to cut down on using (first drug, second drug, etc) but failed? | |
|--|------------------------------------|
| a Tobacco products (cigarettes, chewing tobacco, cigars, etc) | Yes, I tried last month but failed |
| b Alcoholic beverages (beer, wine, spirits, etc.) | Never had to |
| c Cannabis (marijuana, pot, grass, hash, etc.) | I've never tried to stop |
| d Cocaine (coke, crack, etc.) | (Never tried coke) |
| e Amphetamine-type stimulants (speed, meth, ecstasy, etc.) | Never been a problem |
| f Inhalants (nitrous, glue, petrol, paint thinner, etc.) | (Never tried inhalants) |
| g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.) | (Never tried sedatives) |
| h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.) | Never had to |
| i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.) | Yes, but not in the past 3 months |
| j Other – specify: <i>kava</i> | Only used once, so no never |

| | |
|---|-----------------------------------|
| QUESTION 8 Have you <i>ever</i> used any drug by injection (non-medical use only)? | Yes, but not in the past 3 months |
|---|-----------------------------------|

| The type of intervention is determined by the patient's specific substance involvement score | | | | |
|---|---------------------------------|-----------------|----------------------------|--------------------------|
| | Record specific substance score | No intervention | Receive brief intervention | More intensive treatment |
| a Tobacco | 27 | 0 – 3 | 4 – 26 | 27+ |
| b Alcohol | 2 | 0 – 10 | 11 – 26 | 27+ |
| c Cannabis | 24 | 0 – 3 | 4 – 26 | 27+ |
| d Cocaine | 0 | 0 – 3 | 4 – 26 | 27+ |
| e ATS | 0 | 0 – 3 | 4 – 26 | 27+ |
| f Inhalants | 0 | 0 – 3 | 4 – 26 | 27+ |
| g Sedatives | 0 | 0 – 3 | 4 – 26 | 27+ |
| h Hallucinogens | 2 | 0 – 3 | 4 – 26 | 27+ |
| i Opioids | 6 | 0 – 3 | 4 – 26 | 27+ |
| j Other drugs | 0 | 0 – 3 | 4 – 26 | 27+ |

| Role play Dave's scoring | | | | | | | | |
|--------------------------|-----|------------|------------|-------------|------------|-------------|-------------|-------|
| | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Total |
| a Tobacco | Yes | Daily 6 | Daily 6 | Weekly 6 | NA | Y/N 3m 3 | Y 3m 6 | 27 |
| b Alcohol | Yes | O-T 2 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 2 |
| c Cannabis | Yes | Daily 6 | Daily 6 | O-T 4 | O-T 5 | Y/N 3m 3 | Never 0 | 24 |
| d Cocaine | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| e ATS | Yes | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| f Inhalants | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| g Sedatives | No | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |
| h Hallucinogens | Yes | O-T 2 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 2 |
| i Opioids | Yes | Never 0 | Never 0 | Never 0 | Never 0 | Y/N 3m 3 | Y/N 3m 3 | 6 |
| j Other drugs | Yes | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | Never 0 | 0 |

IMPORTANT NOTE

'Y/N 3m' means; "Yes, but not in the past 3 months" (score of 3).

'O-T' means; "Once or Twice".

'Y 3m' means; "Yes, in the past 3 months" (score of 6).

Q1 and Q8 are not included in the scoring.

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The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of researchers and clinicians as a technical tool to assist with early identification of substance use related health risks and substance use disorders in primary health care, general medical care and other settings.

The WHO ASSIST project aims to support and promote screening and brief interventions for psychoactive substance use by health professionals to facilitate prevention, early recognition and management of substance use disorders in health care systems with the ultimate goal of reducing the disease burden attributable to psychoactive substance use worldwide.



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Management of Substance Abuse
Department of Mental Health and Substance Abuse
20, Avenue Appia
1211 Geneva 27
Switzerland
Tel: +41 22 791 21 11
Email: msb@who.int
www.who.int/substance_abuse

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