

ASSIST-Lite

Alcohol, Smoking and Substance Involvement Screening Test



THE UNIVERSITY
of ADELAIDE

INSTRUCTIONS

The questions ask about psychoactive substance use in the PAST 3 MONTHS ONLY.

Ask about each substance in order and only proceed to the supplementary questions if the person has used that substance.

On completion of all the questions, count the number of "yes" responses to obtain a score for each substance, and mark the risk category.

Provide a brief intervention relevant to the risk category.

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

Rapid guide to a Brief Intervention

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

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

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

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



LIGHT BEER
425 ml | 2.7% alc/vol



FULL STRENGTH BEER
285 ml | 4.9% alc/vol



WINE
100 ml | 13% alc/vol



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



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

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