

ASSIST-Lite for Older People

Alcohol, Smoking and Substance Involvement Screening Test



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.

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

Substance	Score	Risk Level		
Tobacco (Cigarettes, chewing tobacco, cigars, etc)		0 Low		1-3 High
Alcohol (Beer, wine, spirits, etc)		0 Low	1-2 Moderate	3-4 High
Cannabis (Marijuana, pot, grass, hash, etc)		0 Low	1-2 Moderate	3 High
Sedatives or sleeping medication (Temazepam, Valium, Lorazepam, Clonazepam, Alprazolam, Xanax, Rivotril, etc.)		0 Low	1-2 Moderate	3 High
Opioids (Oxycodone, morphine, codeine, methadone, buprenorphine, heroin)		0 Low	1-2 Moderate	3 High
Stimulants or cocaine (Ritalin, Modafinil, Psuedoephedrine, speed, ecstasy, meth, ice, etc.)		0 Low	1-2 Moderate	3 High

ASSIST-Lite for Older People Feedback Report Card



What do your scores mean?

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

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

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

Rapid guide to a Brief Intervention

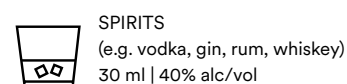
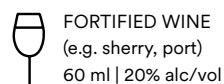
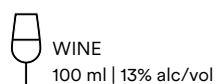
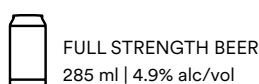
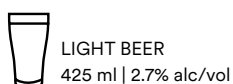
Low risk: General health advice and encourage not to increase use.

Moderate risk: Provide a brief intervention using the FRAMES Model and other 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

Are you concerned about your substance use?



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.

Tobacco	Alcohol	Cannabis	Sedatives or sleeping pills	Opioids	Stimulants
Your risk of experiencing these harms is: (tick one) Low High Regular tobacco smoking is associated with:	Your risk of experiencing these harms is: (tick one) Low Moderate High Regular excessive alcohol use is associated with:	Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of cannabis is associated with:	Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of sedatives is associated with:	Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of opioids is associated with:	Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of stimulants is associated with:
Respiratory infections and asthma	Lower tolerance to alcohol effects; hangovers	Problems with attention and motivation	Drowsiness, dizziness and confusion	Drowsiness; balance and coordination problems	Difficulty sleeping, appetite and weight loss, dehydration
Chronic obstructive airways disease	Difficulties with balance, falls, injury	Worsens pre-existing asthma, bronchitis	Balance and coordination problems	Difficulty concentrating and remembering things	Accidents or injury, financial problems
High blood pressure; diabetes	High blood pressure; digestive problems, ulcers, inflammation of the pancreas	High blood pressure	Difficulty concentrating and remembering things	Emotional problems	Mood swings, anxiety, depression, agitation, panic, paranoia
Respiratory infections, allergies and asthma in children of smokers	Anxiety, depression; relationship problems; financial problems	Anxiety, depression, panic, paranoia	Nausea, headaches	Social problems	Numbness, tingling, clammy skin, skin scratching or picking
Heart disease	Difficulty remembering things and solving problems	Difficulty remembering things and solving problems	Sleeping problems	Reduced sexual desire and sexual performance	Tremors, irregular heartbeat, shortness of breath
Vascular disease	Additional risk of falls if combined with opioids or sedative-type drugs	Chronic obstructive airways disease	Anxiety and depression	Relationship difficulties; financial problems	Aggressive and violent behaviour
Kidney disease	Stroke; permanent brain injury; muscle and nerve damage	Psychosis in those with personal or family history of schizophrenia	Tolerance and dependence after a short period of use	Withdrawal symptoms	Intense craving, stress from the lifestyle
Stroke	Liver disease; pancreas disease	Heart disease	Withdrawal symptoms	Tolerance and dependence	Psychosis after repeated high doses
Cancers	Cancers; suicide	Cancers	Overdose if taken with alcohol, opioids or other depressant drugs	Overdose and death from respiratory failure	Damage to your heart, stroke, sudden death