



INTRODUCTION

There is substantial evidence for the benefits of Screening and Brief Intervention (SBI) for alcohol problems in primary health care settings, as a cost effective way of reducing alcohol consumption and associated problems. However, given the prevalence and consequences of drug use throughout the world, there is a need for an inexpensive international screening test for substances other than alcohol or tobacco.

The WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed in 1997 by the World Health Organization and specialist addiction researchers in response to the overwhelming public health burden associated with psychoactive substance use worldwide. The ASSIST has undergone significant testing (see below) to ensure that it is feasible, reliable, valid, flexible, comprehensive and cross-culturally relevant, and able to be linked to brief interventions.

The ASSIST was developed principally for use in primary health care settings where harmful substance use among patients may go undetected, or become worse. Many health care professionals can identify dependence ("addiction") in patients, but may not be able to identify substance use that is not dependent, but still causing harms. The ASSIST is an interviewer-administered pencil and paper questionnaire and screens for all levels of problem or risky substance use. A risk score is provided for each substance, and scores are grouped into low, moderate or high risk. The risk score determines the level of intervention (treatment as usual, brief intervention or referral to specialist treatment).

The revised version of the ASSIST (V3.0) consists of eight questions or items, covering tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opioids and 'other drugs', that can be answered by most patients in around 10 minutes. The resulting scores are recorded on a custom-designed feedback report card and are used to provide feedback to patients about their substance use and associated risks as part of a brief intervention.

PHASE I

Phase I of this project commenced in 1997 and involved the development of a culturally neutral 12-item preliminary screening instrument for psychoactive substance use (ASSIST V1.0). With logistic and financial support from the WHO, the Phase I feasibility and test-retest reliability study was conducted at nine different participating sites around the world in Australia, Brazil, India, Ireland, Israel, the United Kingdom, the USA (Coordinating Centre), the West Bank and Gaza Strip, and Zimbabwe, chosen for their ability to provide access to culturally diverse samples of individuals with different substance use patterns.

The ASSIST V1.0 incorporated all major substance groups. Alcohol and tobacco products were incorporated into the questionnaire to make screening for the other substances more acceptable, given that both these substances are commonly investigated in primary care settings. The 12 items selected by consensus for initial evaluation provided ample coverage of the content domains considered most relevant to screening: life-time and recent substance use, dependence symptoms, substance-related problems and injecting drug use.

The findings of this study showed that the ASSIST was feasible and reliable. On average, *K*-levels ranged from .58 to .90 for the question stems, while the average ranges for substance class were between .61 for sedatives to .78 for opioids. Qualitative interview data from both the interviewers and respondents were also examined. Questions that were found to be difficult to administer or understand were reviewed in light of their corresponding *K*-values. These findings resulted in revisions to the ASSIST instrument including shortening the questionnaire from 12 to 8 items, and changing the content of some of the questions.

The revised version of the ASSIST V2.0 consisted of eight questions covering tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opioids and 'other drugs', that could be answered by most subjects in around 10 minutes.

PHASE II

Phase II of the project was conducted between 2000 and 2002 and was devoted to validation of the ASSIST and the development of appropriate brief intervention and referral procedures. This was conducted at seven sites in different parts of the world chosen for their ability to provide access to culturally diverse samples of individuals with different substance use patterns; Australia (Coordinating Centre), Brazil, India, Thailand, United Kingdom, the USA and Zimbabwe. A test is said to be valid when it actually measures the desired parameters intended. The outcomes from a range of standardized screening procedures, diagnostic interviews and questionnaires were compared with those of the ASSIST V2.0. Some subjects also were administered a brief intervention.

Quantitative analysis of the data demonstrated that the ASSIST V2.0 showed significant concurrent, construct, predictive and discriminative validity. The ASSIST scores were significantly comparable with other measures of substance use and the ASSIST was able to discriminate between low, moderate and high risk use. In addition, a pilot test of the effectiveness of a brief intervention demonstrated that ASSIST scores significantly decreased over a three month period. Modifications to ASSIST coding and scoring also were implemented resulting in the ASSIST V3.0.

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THE WHO ASSIST PROJECT

PHASE III

Commencing in 2003 and completed in 2007, Phase III consisted of a randomized controlled trial investigating the effectiveness of a brief intervention linked to ASSIST scores for risky cannabis, cocaine, amphetamine-type stimulant or opioid use.

The proposed trial examined how primary health care patients who screen positive for non-dependent problematic drug use on the ASSIST V3.0 for cannabis, amphetamine-type stimulants, cocaine or opioids, respond to a 5-15 minute brief intervention. The brief intervention is based on the FRAMES model and Motivational Interviewing, and has nine main steps including the delivery of personalized feedback through the use of a purpose-designed ASSIST Feedback Report Card (see resources below). The brief intervention is bolstered with take-home self-help information. Subjects were re-administered the ASSIST three months later and were also asked to describe how they were influenced by the brief intervention. The findings were compared with control subjects who did not receive a brief intervention.

The Phase III project was implemented in Australia (Coordinating Centre), Brazil, India, and the USA.

ASSIST RESOURCES

The following draft resources and materials have been developed as part of the WHO-ASSIST study and will undergo dissemination similar to that of the Alcohol Use Disorders Identification Test (AUDIT) materials:

ASSIST ADMINISTRATION

ASSIST V3.0. The Alcohol Smoking and Substance Involvement Screening Test V3.0 questionnaire consisting of eight questions covering 10 main substance groups. There is a table at the end of the questionnaire that health care professionals can use to record patients' ASSIST score for each drug and determine the appropriate intervention.

RESPONSE CARD FOR PATIENTS. A one page card that assists the patient to answer the questions, comprising the 10 main substance groups and examples of each, as well as a description of the time frames used throughout the questionnaire.

BRIEF INTERVENTION MATERIALS

FEEDBACK REPORT CARD FOR PATIENTS. A 4-page card that can be printed (double-sided) on a folded A3 sheet to be completed with the patient's ASSIST scores upon completion of the ASSIST interview. This card allows the provision of personalized feedback and advice to patients as part of the brief intervention.

Interviewers can enquire as to whether the patient is interested in knowing the results of the questionnaire just completed which also serves to minimise resistance to the brief intervention. Patients are given the Feedback Report Card to take home.

RISKS OF INJECTING CARD – INFORMATION FOR PATIENTS. A one page card to assist in giving feedback and information to patients who have injected drugs in the last 3 months. Patients are given the Risks of Injecting Card to take home.

RESOURCE MANUALS

THE ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST): GUIDELINES FOR USE IN PRIMARY CARE. Draft V1.1. A manual for health professionals which provides the rationale for screening for psychoactive substance use, both in primary care and in other contexts. It covers the acute and chronic effects of using specific substances and risks associated with drug use. The manual provides a history covering the stages behind the development of the ASSIST (feasibility, reliability, validity), the ASSIST questionnaire, guidelines for administration of the ASSIST, and scoring and interpretation of ASSIST scores.

BRIEF INTERVENTION FOR SUBSTANCE USE: A MANUAL FOR USE IN PRIMARY CARE. Draft V1.1. A companion manual to 'The ASSIST: Guidelines for use in Primary Care' to help health professionals to manage persons whose substance use is risky. This manual includes an introduction to brief interventions within the context of primary care by screening and determining the level of risk according to the ASSIST. Management of all risk levels will be discussed, including those associated with injecting, but the main focus of the manual will be management of those for whom a brief intervention would be most appropriate. Motivational interviewing techniques, stages of change and behavioural strategies for change are described.

SELF-HELP STRATEGIES FOR CUTTING DOWN OR STOPPING SUBSTANCE USE. Draft V1.1. This manual is for patients to take home with them to bolster the brief intervention. It will help the patient decide whether or not they want to cut down on their use and provide them with useful and practical strategies. The manual is written in language that is easy to understand, and is pictorial in nature. It also contains material in the appendices that will help patients to weigh-up and keep track of their substance use over time.

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