

ASSIST-Lite for Older People

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

INSTRUCTIONS

The questions ask about psychoactive substance use in the **PAST 3 MONTHS ONLY**.
Ask about each substance in order. Only ask the supplementary questions if that substance has been used.
On completion, count the number of “Yes” responses for each substance to obtain a score for that substance, then mark the corresponding risk category. Provide a brief intervention appropriate for 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?

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?

3. In the past 3 months, did you take *medicinal cannabis not as prescribed* 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?

4. In the past 3 months, did you use a *sedative or sleeping medication not as prescribed*?

4a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?

4b. Has anyone expressed concern about your use of a sedative or sleeping medication?

5. In the past 3 months, did you use an *opioid-containing medication not as prescribed*, 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?

6. In the past 3 months, did you use a *stimulant medication not as prescribed*, 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?

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	Low	Mod.	High
Tobacco (cigarettes)	0			1-3
Alcohol (beer, wine, spirits)	0		1-2	3-4
Cannabis (cannabis or medicinal cannabis)	0		1-2	3
Sedatives or sleeping medication (temazepam, diazepam, alprazolam)	0		1-2	3
Opioids (oxycodone, morphine, codeine, heroin)	0		1-2	3
Stimulants or cocaine (methylphenidate, modafinil, cocaine, pseudoephedrine, meth or ice)	0		1-2	3

What do your scores mean?

Low: Your score indicates a low risk of health and other problems from your current pattern of use.

Moderate: Your score indicates that your current pattern of use may place you at risk of health or other problems, now or in the future.

High: Your score indicates a high risk of experiencing severe problems. You may be dependent, and further assessment is recommended.

Rapid guide to a Brief Intervention

Low risk: Provide 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?

 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
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The NHMRC recommends for healthy adults, no more than 4 standard drinks on any one day, and no more than 10 per week. However, as we get older, our bodies process alcohol differently. The same amount can affect balance, memory and sleep more than it used to, and alcohol can interact with many common medications.

Possible harms associated with use are listed below. Risk varies according to the substance, amount, frequency, age, health condition, and use with other medicines or substances.

Tobacco	Alcohol	Cannabis	Sedatives	Opioids	Stimulants
Your ASSIST-Lite risk is:	Your ASSIST-Lite risk is:	Your ASSIST-Lite risk is:	Your ASSIST-Lite risk is:	Your ASSIST-Lite risk is:	Your ASSIST-Lite risk is:
Low	Low	Low	Low	Low	Low
	Moderate	Moderate	Moderate	Moderate	Moderate
High	High	High	High	High	High
Respiratory infections & worsening asthma	Poor balance, falls & injuries	Problems with attention & motivation	Drowsiness, dizziness & confusion	Drowsiness, balance & coordination problems	Difficulty sleeping, appetite & weight loss, dehydration
Chronic obstructive pulmonary disease (COPD)	Memory, concentration & problem-solving difficulties	Cough & other breathing problems	Problems with memory & concentration	Poor balance, falls & injuries	Anxiety, agitation, panic or paranoia
Harm to others from secondhand smoke	Poor sleep, anxiety & depression	Dizziness, drowsiness & impaired coordination	Poor balance, coordination, falls & ongoing sleep problems	Problems with concentration & memory	Mood changes, aggression or violent behaviour
Heart disease & stroke	Relationship, social or financial problems	Falls & impaired driving	Withdrawal reactions if stopped suddenly	Constipation, nausea	Increased blood pressure, rapid or irregular heartbeat & chest pain
Diabetes	High blood pressure, stroke & heart problems	Anxiety, panic or paranoia	Overdose, if taken with alcohol, opioids or other depressant drugs	Relationship, social or financial problems	Psychosis, particularly with high-dose use
Cancer	Liver & pancreatic disease	Psychosis, particularly with a personal or family history		Reduced sex drive & sexual functioning	Craving, tolerance, dependence
	Cancer			Tolerance, dependence & withdrawal	
				Overdose & death	