

ASSIST screening tool

Patient name: _____

Date of birth: _____

The ASSIST is designed to be administered by a health professional as part of a verbal interview with an adult patient. Alternatively, it can be self-administered electronically, applying automatic skip patterns based on patient answers.

The ASSIST can be modified based on which substances are screened for and what language is used to describe these substances. This version screens for non-medical drug use only, and uses language that defines misuse of three types of prescription drugs.

Sample introductory text: “Thank you for taking part in this brief interview about recreational drug use. I’m going to ask some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.”

Question 1

| In your life, which of the following substances have you <u>ever used</u> ? | No | Yes |
|--|----|-----|
| a. Cannabis (marijuana, pot, grass, hash, etc.) | 0 | 3 |
| b. Cocaine (coke, crack, etc.) | 0 | 3 |
| c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.) | 0 | 3 |
| d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.) | 0 | 3 |
| e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.) | 0 | 3 |
| f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.) | 0 | 3 |
| g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.) | 0 | 3 |
| h. Street opioids (heroin, opium, etc.) | 0 | 3 |
| i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.) | 0 | 3 |
| j. Any other drugs to get high. Specify: | 0 | 3 |

Patients who answer “no” to all questions, or who do not provide any answers, are done. Patients who answer “yes” to any question should proceed to Question 2.

Question 2

| In the <u>past three months</u> , how often have you used the substances you mentioned [<i>FIRST DRUG, SECOND DRUG, ETC</i>]? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|---|-------|---------------|---------|--------|-----------------------|
| [FIRST DRUG] | 0 | 2 | 3 | 4 | 6 |
| [SECOND DRUG] | 0 | 2 | 3 | 4 | 6 |
| [THIRD DRUG] | 0 | 2 | 3 | 4 | 6 |
| [Etc.] | 0 | 2 | 3 | 4 | 6 |

Patients who answer “never” for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.

Question 3

| During the <u>past three months</u> , how often have you had a strong desire or urge to use [<i>FIRST DRUG, SECOND DRUG, ETC</i>]? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|--|-------|---------------|---------|--------|-----------------------|
| [FIRST DRUG] | 0 | 3 | 4 | 5 | 6 |
| [SECOND DRUG] | 0 | 3 | 4 | 5 | 6 |
| [THIRD DRUG] | 0 | 3 | 4 | 5 | 6 |
| [Etc.] | 0 | 3 | 4 | 5 | 6 |

Question 4

| During the <u>past three months</u> , how often has your use of [<i>FIRST DRUG, SECOND DRUG, ETC</i>] led to health, social, legal or financial problems? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|---|-------|---------------|---------|--------|-----------------------|
| [FIRST DRUG] | 0 | 4 | 5 | 6 | 7 |
| [SECOND DRUG] | 0 | 4 | 5 | 6 | 7 |
| [THIRD DRUG] | 0 | 4 | 5 | 6 | 7 |
| [Etc.] | 0 | 4 | 5 | 6 | 7 |

Question 5

| During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of [<i>FIRST DRUG, SECOND DRUG, ETC</i>]? | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
|---|-------|---------------|---------|--------|-----------------------|
| [FIRST DRUG] | 0 | 5 | 6 | 7 | 8 |
| [SECOND DRUG] | 0 | 5 | 6 | 7 | 8 |
| [THIRD DRUG] | 0 | 5 | 6 | 7 | 8 |
| [Etc.] | 0 | 5 | 6 | 7 | 8 |

Question 6

| Has a friend or relative or anyone else ever 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 |
|---|-----------|---------------------------|-----------------------------------|
| [FIRST DRUG] | 0 | 6 | 3 |
| [SECOND DRUG] | 0 | 6 | 3 |
| [THIRD DRUG] | 0 | 6 | 3 |
| [Etc.] | 0 | 6 | 3 |

Question 7

| Have you ever tried and failed to control, cut down or stop using [FIRST DRUG, SECOND DRUG, ETC.]? | No, never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|--|-----------|---------------------------|-----------------------------------|
| [FIRST DRUG] | 0 | 6 | 3 |
| [SECOND DRUG] | 0 | 6 | 3 |
| [THIRD DRUG] | 0 | 6 | 3 |
| [Etc.] | 0 | 6 | 3 |

Question 8

| Have you ever 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 |
|---|-----------|---------------------------|-----------------------------------|
| | | | |

Patients who answer “Yes, in the past 3 months” for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

Extra drug injection questions

| | | |
|---|-----------------------|-------------------------|
| During the past three months, how often have you injected drugs? | Once per week or less | More than once per week |
| During the past three months, have you ever injected drugs three or more days in a row? | Yes | No |

Score sheet and indicated responses

| | Total score for questions #2–7 for each substance |
|-------------------------|---|
| Cannabis | |
| Cocaine | |
| Prescription stimulants | |
| Methamphetamine | |
| Inhalants | |
| Sedatives | |
| Hallucinogens | |
| Street opioids | |
| Prescription opioids | |
| Other drugs | |

| Score | Indicated response* |
|--|-----------------------------------|
| 0 – 3 (0 – 4 for cannabis) | No intervention |
| 4 – 26 (5 – 26 for cannabis) | Brief intervention |
| 27+ | Referral to specialized treatment |
| <p><i>Note:</i> Patients who have injected drugs (non-medical use) in the last three months, but no more than once per week or never more than three days in a row, should receive a brief intervention. All other patients who have injected drugs in the last three months should receive a referral to specialized treatment.</p> | |

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of their substance use and enhances their motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from recreational drug use.

Patients with numerous or serious negative consequences from their substance use (who likely have a substance use disorder) and cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up (sometimes called brief treatment).

Referral to treatment: A proactive process that facilitates access to specialized care for individuals who likely have a moderate or severe substance use disorder. These patients are referred to experts for more definitive, in-depth assessment and, if warranted, specialized treatment. The recommended behavior change is to abstain from use and accept treatment.

* Based on: Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for Use in Primary Care. Geneva, World Health Organization.