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 in response to the overwhelming public health burden associated with problematic substance use worldwide. The ASSIST has undergone significant testing to ensure that it is feasible, reliable, valid, flexible, comprehensive and cross-culturally relevant, and able to be linked in to an effective Brief Intervention.

The ASSIST was developed principally for use in primary health care settings where harmful substance use among clients may go undetected, or become worse. 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 or V3.1) consists of eight questions or items, covering tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy) inhalants, sedatives, hallucinogens, opiates and ‘other drugs’, and takes 7-10 minutes to administer. The resulting scores are recorded on the ASSIST Feedback Report card and are used to provide feedback to clients about their substance use and associated risks as part of the linked Brief Intervention.

PHASE I

Phase I of this project commenced in 1997 and involved the development of a culturally neutral 12 question 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 countries around the world, chosen for their ability to provide access to culturally diverse samples of individuals with different substance use patterns. The countries comprised Australia, Brazil, India, Ireland, Israel, Palestine, the United Kingdom, the USA (Coordinating Centre) and Zimbabwe.

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 questions 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 both statistically and clinically. These findings resulted in revisions to the ASSIST instrument including shortening the questionnaire from 12 to 8 questions, and changing the content of some of the questions.

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 standardised 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 the 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.
PHASE III

Phase III was conducted between 2003 and 2007 and consisted of a randomized controlled trial to investigate the effectiveness of a Brief Intervention linked to ASSIST scores for cannabis, cocaine, amphetamine-type stimulant or opioid use. This was conducted in Australia (Coordinating Centre) Brazil, India and the USA using clients from primary health care settings.

Participants who scored in the moderate risk range for cannabis, amphetamine-type stimulants, cocaine or opiates, were randomised to either a control group or a brief intervention group. The Brief Intervention utilised a Motivational Interviewing approach and was based on the FRAMES model. It generally followed 9 main steps including the delivery of personalised feedback through the use of a purpose-designed ASSIST Feedback Report card. The Brief Intervention which lasted between 5 to 15 minutes was bolstered with take-home self-help information. All participants were re-administered the ASSIST questionnaire 3 months later and those who had received the initial Brief Intervention were asked to describe the influence of the intervention on their behaviour.

Participants who received the Brief Intervention had significantly lower ASSIST cannabis, cocaine, amphetamine-type stimulant and opioid scores at the 3 month follow-up compared with the Control participants. Around 80% of participants said that they had attempted to cut down on their substance use after receiving the Brief Intervention. Moreover, participants who reduced their drug use did not appear to substitute with an increase in alcohol, tobacco or other substance use.

ASSIST V3.1 is now available which can be used interchangeably with V3.0. The difference between the two versions is that Q1 and Q8 on V3.1 have their coding expressed in a slightly different way improving ease of scoring.

ASSIST RESOURCES & TRAINING

Further information and resources available from: www.sahealth.sa.gov.au/assist

Resources include clinical forms, clinician self-training resource manuals (see below), a client self-help manual (see below) and links to other self-training resources and training workshops.

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for use in primary care. Draft V2.0. A manual for health professionals which provides practical instructions for administration and scoring of the ASSIST and interpretation of scores. Information on the development of the ASSIST, and problems related to the use of specific substances also is included.


Self-Help strategies for cutting down or stopping substance use: A guide. Draft V1.2. This manual is for clients to take away with them to consolidate the brief intervention. It is designed to take the client through the decision processes of cutting down and provides them with useful and practical strategies. The manual is able to be understood by those with low literacy skills. It also contains material in the appendices that will help clients to weigh-up and keep track of their substance use over time.

PUBLICATION LIST


