Adelaide University

ASSIST-Lite for Older Australians

How to Administer the ASSIST-Lite

Robert Ali AO & Steve Allsop

Gold Coast - August, 2026

The ASSIST Program is funded by a grant fund from the Australian Government Department of Health, Disability and Ageing.
These workshops are funded by the Queensland Government through the Queensland Mental health Commission

Queensland Mental Health Commission

We acknowledge and pay our respects to the traditional custodians of the ancestral lands where we gather today. **We acknowledge** the deep feelings of attachment and **relationship to country** and respect and value their past, present and ongoing connection to the land and cultural beliefs.

We also pay our respects to the cultural authority of Aboriginal and Torres Strait Islander people attending today.

Learning objectives

By the end of this session you will be able to:

- Describe patterns of drug use and consequences
- Describe the ASSIST-Lite
- Explain the ASSIST-Lite questions and their responses
- Administer the ASSIST-Lite
- Identify and address ethical and cultural considerations when discussing substance use with older adults

Small group discussion

Why do older people consume alcohol, tobacco and other drugs?

Why assess their substance use?

The scale of the issue

- Over 1-in-6 Australians are aged 65 and over (4.4M) (ABS 2022)
  – that proportion is increasing
- 1-in-3 in their 60's exceed alcohol risk guidelines
  – For 70+ its around 1-in-4
- 70+ most likely group to drink daily (11.7%)
  – followed by people in their 60’s (8.5%)
- Most likely group to smoke 20 or more: 60’s (45%) and 70+ (35%)
- 7.8% of people aged 60+ report recent illicit drug use
- 2.1% used pain relievers and opioids for non-medical purposes

Risk factors for increased substance use

- Retirement (esp. when involuntary)
- Loss of spouse, partner, or family member
- Environment (e.g. relocation)
- Physical health (e.g. pain, sleep and mobility issues)
- Previous traumatic events
- Mental health disorders (e.g. depression and anxiety)
- Cognitive decline
- Social changes (e.g. less active, socially disconnected)
- Economic stressors
- Lifetime history of substance use and SUDs
- Elder abuse
- High availability of substances
- Prescribed medication ceased or changed

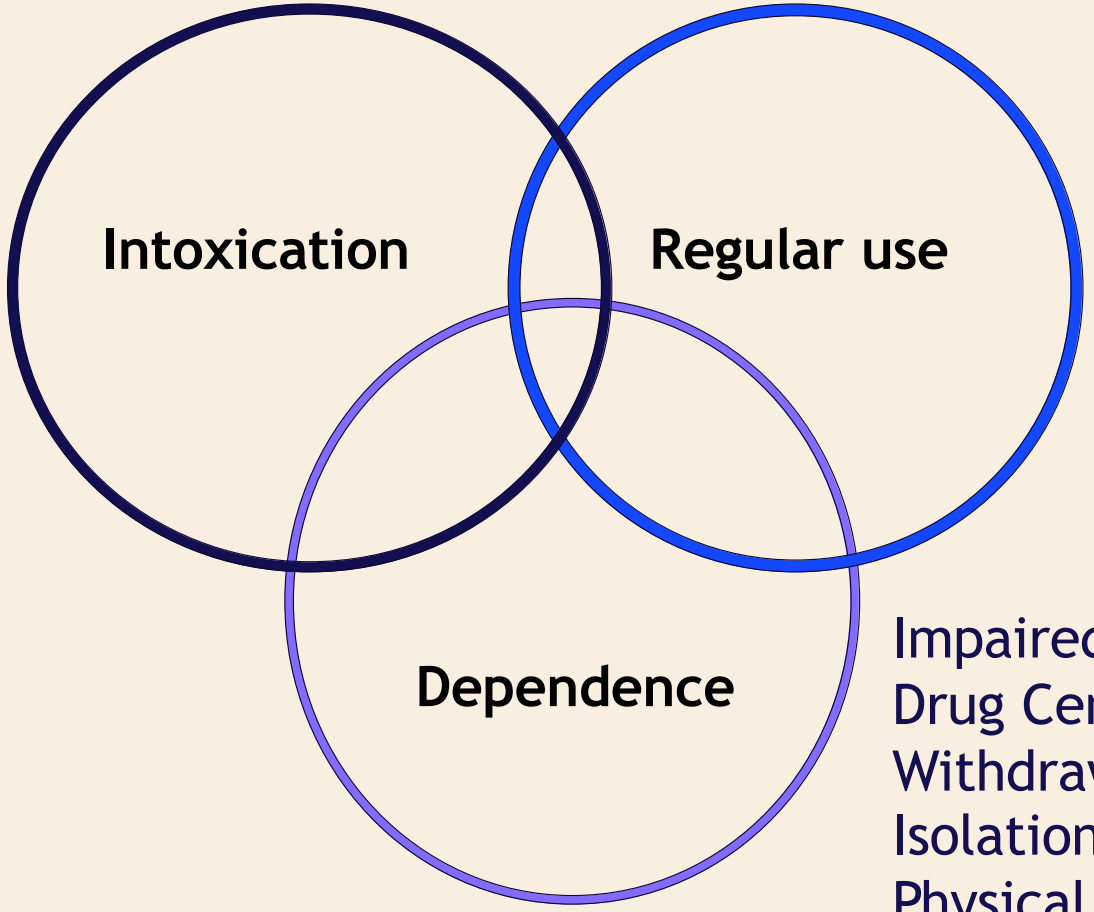
Why this matters in home-based care

- Increased biological vulnerability with ageing
- Polypharmacy amplifies alcohol and drug harms
- Older people have unique health circumstances including pain, co-morbidities, and social circumstances such as isolation
- Higher fall, fracture and hospitalisation risk
- Symptoms of substance use often misattributed to ageing

Conceptual models

Of drug use and related harm

Thorley's Model

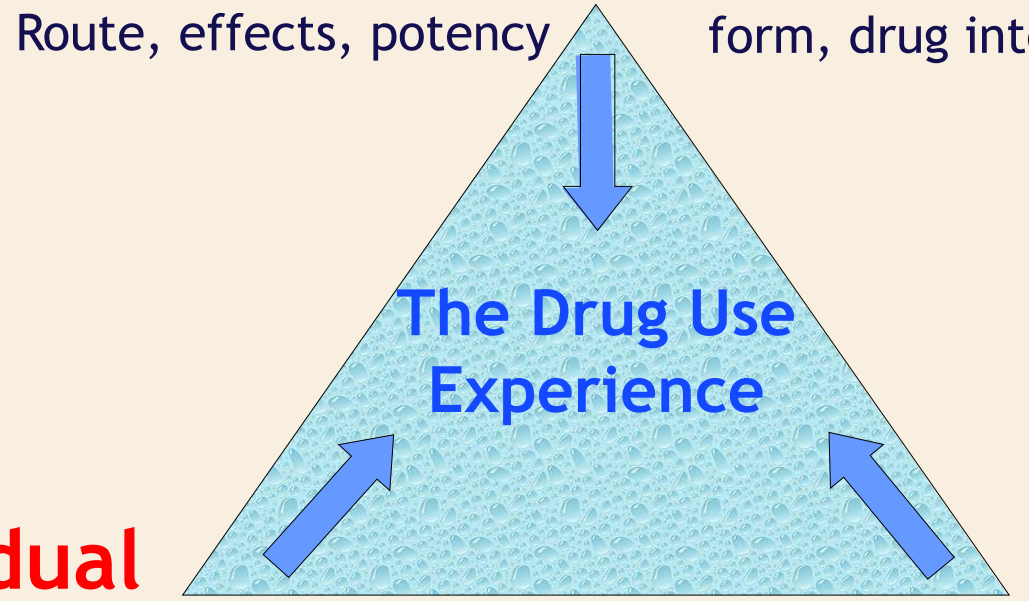


Accidents
Risky behavior
Poisoning
Hangovers

Health
Financial problems
Relationship stress

Impaired control
Drug Centered Behavior
Withdrawal
Isolation
Physical and mental health problems

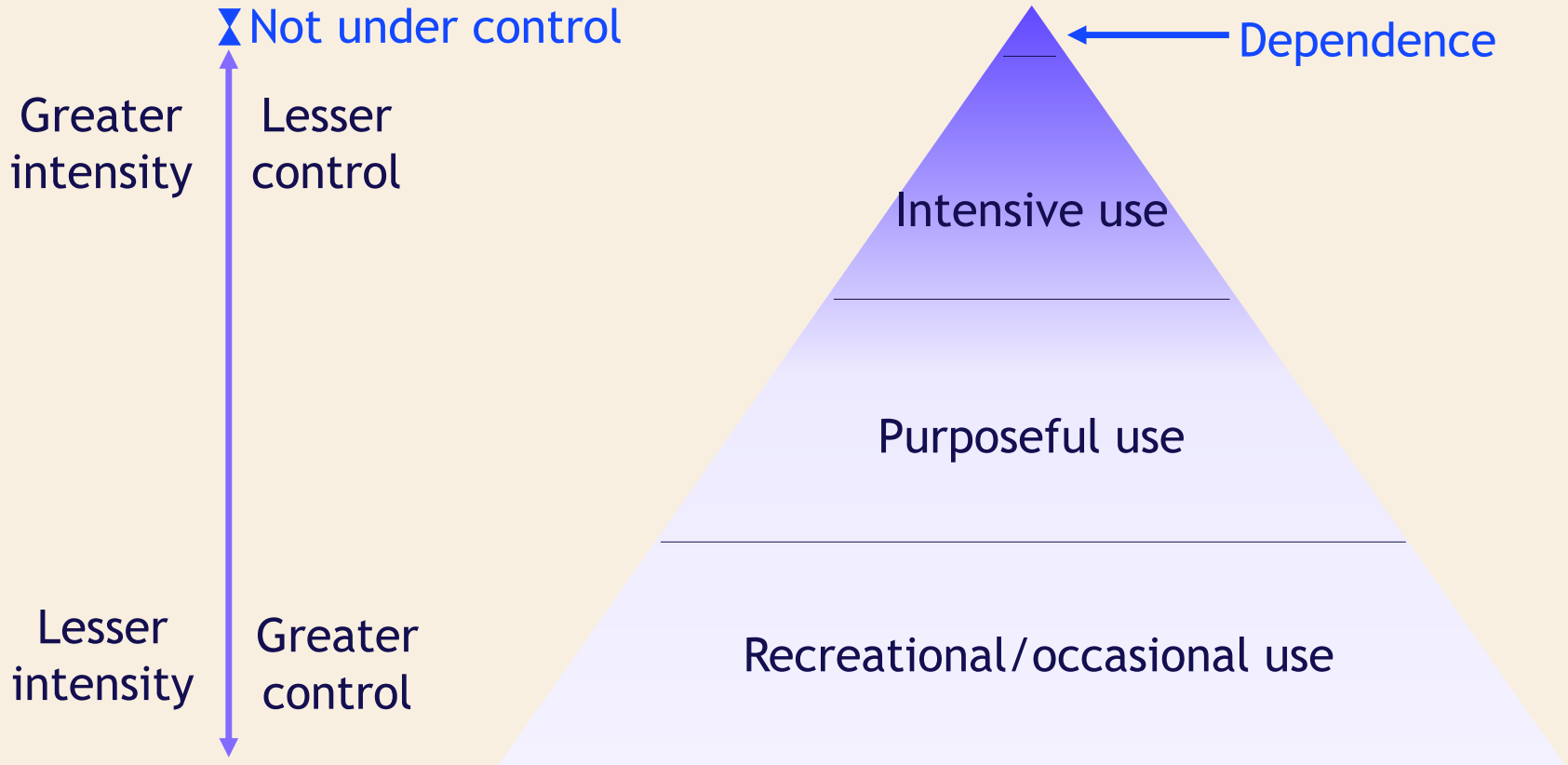
Interactive model of drug use and related problems



mood, current health, age, tolerance, knowledge, beliefs, expectations, previous experience

Where, when, who you are with, legality, culture

Majority of substance use is non-dependent



Drug use and *Stigma*

Stigma is an attribute marking out someone as somehow *unacceptable*

- leads to prejudice and discrimination
- They become both blameworthy and feared

Comes from:

- Poor understanding of factors that contribute to drug use and related harms
- Poor understanding of how dependence develops and how we can respond

Common misconceptions are influenced by the promotion of outdated models such as “moral weakness”

What are the consequences of stigma?

- People unresponsive to prevention efforts (“doesn’t apply to me”)
- Can prevent people with drug problems seeking help
  - worry about confidentiality
  - should be able to ‘sort things out themselves’
- Impact on recovery once in treatment
  - low self-esteem in treatment prevents a belief in recovery
- Undermines integration into society
  - Housing, employment etc.
  - Interferes with ability to enhance quality of life
- Stigma can extend both to and from the family of the person who uses drugs
- Reduces willingness to invest in interventions

The language we use matters

- Making mindful choices about the language you use can indicate that you are a safe person/organisation for the person you are working with
- Dehumanising people creates “us” and “them” mindsets
- Person-centred language is critical. “a person who uses drugs” not a “drug user/abuser”

Source: NADA, 2016

When working with people who use alcohol and other drugs...				
try this	**instead of this**			
substance use, non-prescribed use	abuse	misuse	problem use	non-compliant use
person who uses/injects drugs	drug user/abuser			
person with a dependence on...	addict	junkie	druggie	alcoholic
person experiencing drug dependence	suffering from addiction	has a drug habit		
person who has stopped using drugs	clean	sober	drug-free	
person with lived experience of drug dependence	ex-addict	former addict	used to be a...	
person disagrees	lacks insight	in denial	resistant	unmotivated
treatment has not been effective/chooses not to	not engaged	non-compliant		
person's needs are not being met	drug seeking	manipulative	splitting	
currently using drugs	using again	fallen off the wagon	had a setback	
no longer using drugs	stayed clean	maintained recovery		
positive/negative urine drug screen	dirty/clean urine			
used/unused syringe	dirty/clean needle	dirties		
pharmacotherapy is treatment	replacing one drug for another			

Culture also informs the conversation—it does not predict substance use

- Ask about identity, language, beliefs and preferences; do not infer them.
- Explain why the questions matter: falls, memory, sleep, medicines and independence.
- Seek permission, provide privacy and explain confidentiality and its limits.
- Use plain language and check understanding in the person's own words.
- Use a qualified interpreter when needed; involve family or support people only with consent.
- **The perception of and experience of cultural safety is determined by the older person receiving care.**

For Aboriginal and Torres Strait Islander clients, history can shape trust

- Recognise diversity between Nations, communities, languages and individual experiences.
- Colonisation, dispossession, forced removal and racism may affect trust and disclosure.
- **Intergenerational trauma is context—not a diagnosis or an assumed cause of substance use.**
- You do not require trauma disclosure. Offer choice, control, time, privacy and predictable follow-through.
- Ask whether an Aboriginal Health Worker, community-controlled service or cultural support is wanted; recognise family, community, culture and Country as potential strengths.

Ask in a way that preserves choice and control

DO

- Normalise the questions and explain their clinical relevance.
- Ask permission; offer privacy, time and choice about support people.
- Ask which language, words and referral options the person prefers.

AVOID

- Labels, stereotypes, forced trauma disclosure and family members as interpreters.
- Assuming that a cultural identity, history or population statistic explains this person's use.

"Because alcohol, smoking, sleeping tablets and pain medicines can affect balance, memory and sleep, I ask everyone these questions. Is it okay if we discuss that now?"

Nicotine

What do you *already* know?

What do you *need to* know?

Tobacco in Australia

- About 500,000 people aged 60+ smoke daily
- Responsible for more deaths in Australia than alcohol and illicit drugs combined
- Males more likely to smoke daily (9.0%) than females (7.7%)
- People who live in areas of socioeconomic disadvantage most likely to smoke daily
- People living in remote areas 2.9 times as likely to smoke daily
- First Nations people 2.6 times as likely as non-Indigenous people to smoke daily

Vaping

- Majority of growth amongst young people who were not tobacco smokers
- Long-term health impacts uncertain BUT likely to be less than tobacco smoking
- Promoted as harm reduction approach for those who are unable to stop smoking
- Current evidence suggests that people are more likely to stop smoking using nicotine e-cigarettes than using nicotine replacement therapy
  - Success rates for cessation was 10-12 % at 6-12 months (O'Leary et al. 2025.)
- It remains to be seen how successful the approach will be

Alcohol

What do you *already* know?

What do you *need to* know?

NHMRC

BUILDING
A HEALTHY
AUSTRALIA

Alcohol Guidelines

Australian guidelines to reduce health risks from drinking alcohol

1: HEALTHY ADULTS

Drink no more than
10 standard drinks a week

AND

no more than 4 standard drinks
on any one day

to reduce the risk of harm from alcohol.

The less you drink, the lower
your risk of harm.

2: CHILDREN AND PEOPLE UNDER 18 YEARS OF AGE

Should not drink alcohol

to reduce the risk of harm from alcohol.

3: WOMEN WHO ARE PREGNANT OR BREASTFEEDING

Should not drink alcohol

to prevent harm from alcohol
to their unborn child or baby.

www.nhmrc.gov.au/alcohol

But ...

- People aged over 60 years are at increased risk of alcohol-related harm due to:
  - age-related changes to their body (e.g. reduced muscle mass) and ability to process alcohol
  - lower tolerance to the effects of alcohol
  - more likely to have health problems; and
  - taking medications that can interact with alcohol

- Because of this older people are at greater risk

Question

What is a standard drink?

What is a standard drink?

Australian Government
National Health and Medical Research Council

LIGHT BEER
425 ml | 2.7% alc/vol

MID STRENGTH BEER
375 ml | 3.5% alc/vol

FULL STRENGTH BEER
285 ml | 4.9% alc/vol

REGULAR CIDER
285 ml | 4.9% alc/vol

SPARKLING WINE
100 ml | 13% 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

The standard drink is defined in the Australia and New Zealand Food Standards Code.

NHMRC

www.nhmrc.gov.au/alcohol

BUILDING
A HEALTHY
AUSTRALIA

Challenges estimating alcohol risk for older people

- Many older Australians drink at home and pour their own alcohol
- Self report may also be unreliable due to
  - cognitive impairment
  - relying on signs and symptoms more typical of younger groups

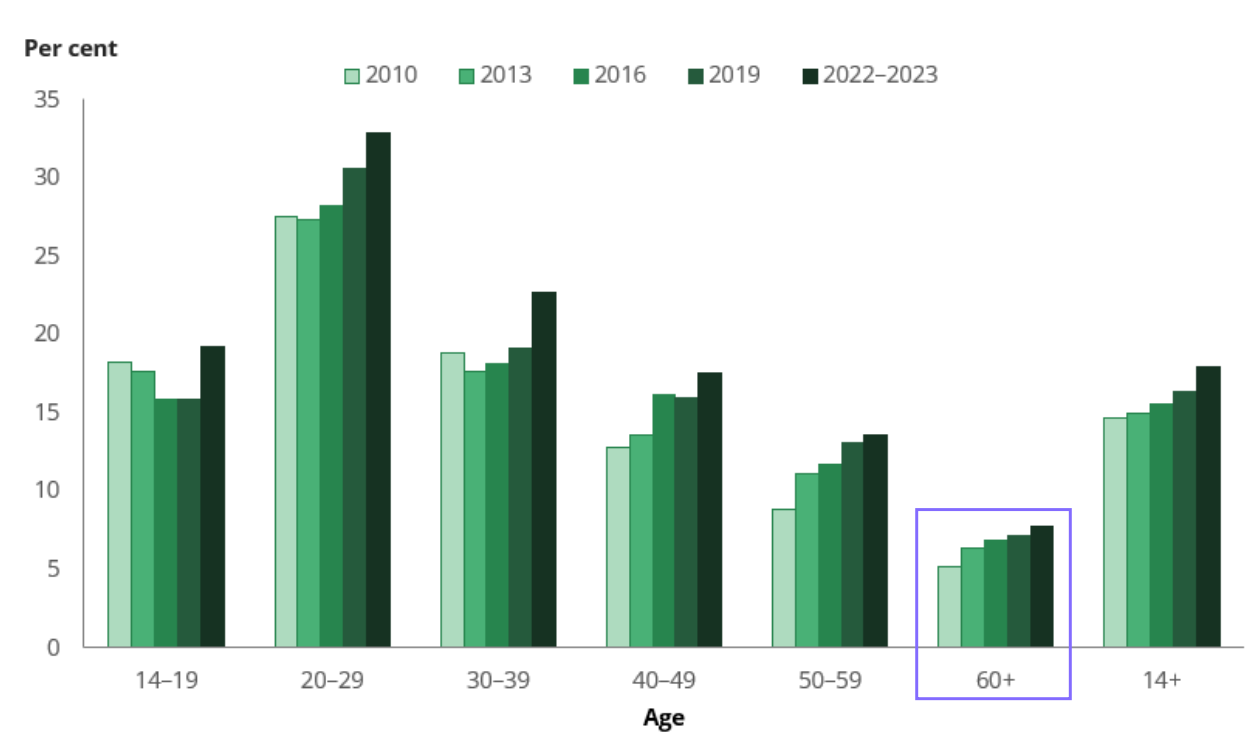
Consequences for older people

- Older people become more sensitive to alcohol effects:
  - Increases the risk of:
    - > falls and fractures
    - > hangovers
    - > Higher BAC and driving
  - Additional risk from mixing alcohol with pharmaceuticals, e.g. falls, overdose
  - More likely to exceed guidelines by consuming 10 or more a week than 4 on one day

Consequences for older people (continued)

- Older people who drink heavily are also at risk of worsening existing health problems including:
  - Diabetes
  - Dementia
  - High blood pressure and arrhythmias
  - Mood disorders
  - Cancer
  - Osteoporosis

Illicit drug use



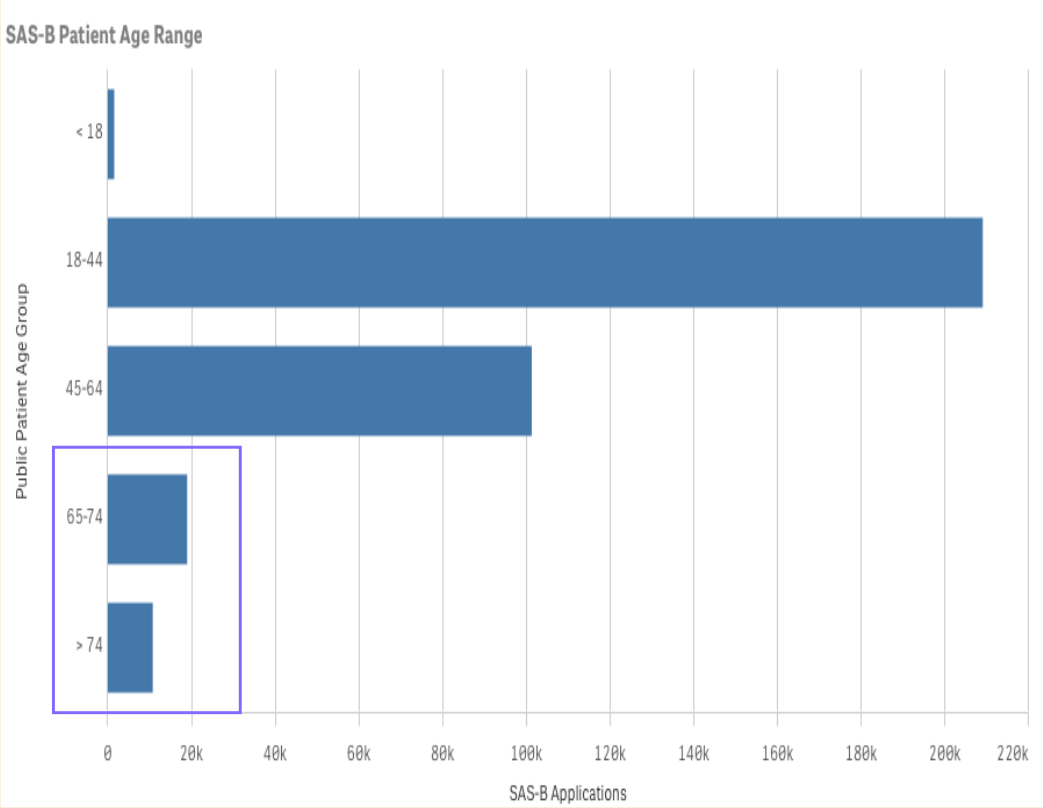
- 7.8% of people aged 60 and over had recently used illicit drugs
- Gradually increased since 2010
- 2.1% used pain relievers and opioids for non-medical purposes

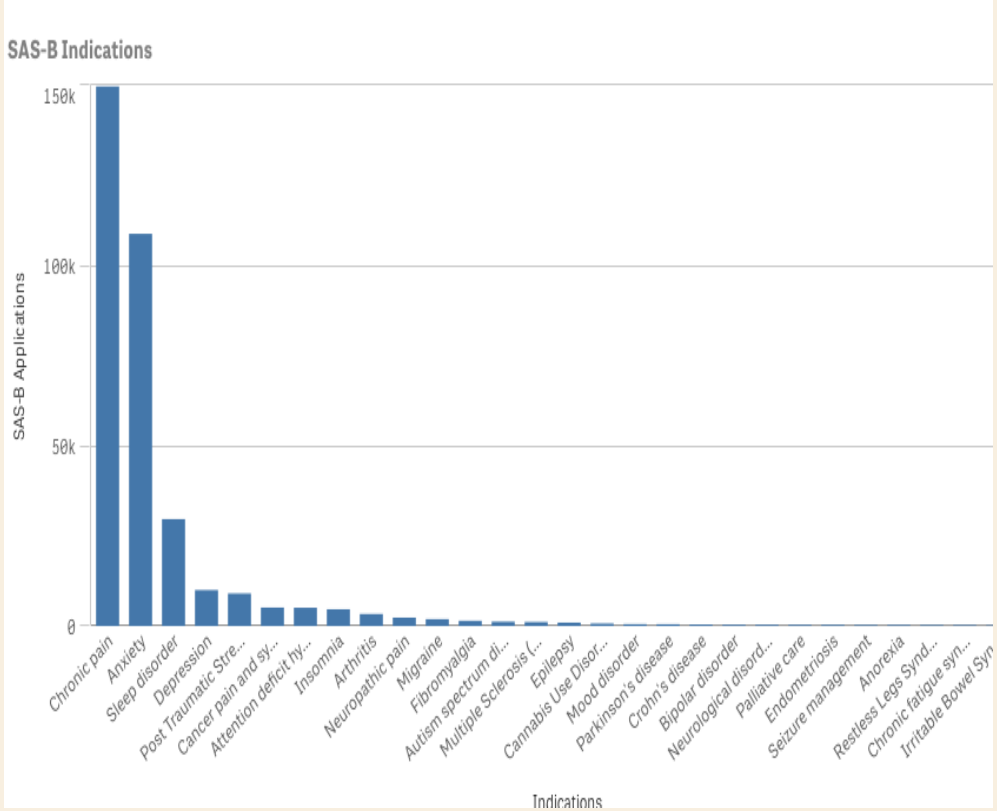
Cannabis

What do you *already* know?

What do you *need to* know?

109,846 Applications for THC (all forms) 65+yo @Aug 2026





THC Acute Effects

- Euphoria, altered perception, and relaxation

- At low doses can produce relaxation and euphoria, while high doses may cause anxiety and paranoia
  - especially among naive users
  - Most common adverse effect

- Acute toxic psychotic symptoms (rare)
  - Requires high doses of THC

THC Acute Effects (continued)

- **Increased risk of injury while intoxicated**
  - cognitive impairment
  - psychomotor impairment
  - use before driving increases risk of motor vehicle crashes
    - > Lower risk than alcohol
- **Impaired short-term memory**
- **Altered judgment**
  - May increasing risky behaviour
- **CVS**
  - Increase heart rate and blood pressure (dose related)
    - > Concern with pre-existing IHD
    - > Risk of Arrhythmias

Adverse effects from chronic cannabis use

Respiratory

- Can cause Chronic bronchitis
- Smoking can exacerbate pre-existing Asthma and COPD

Dependence

- Regular cannabis users can develop dependence
  - risk around 1-in-10 among ever use
  - 1-in-3 among daily users

CBD (Cannabidiol)

Effects

- Non-psychoactive
- Reduces anxiety, inflammation, and seizures
- May counteract some of THC’s adverse effects, like paranoia and memory impairment

Drug Interactions

- Affects the metabolism of many common prescription drugs
- Should probably have a medication review if taking multiple medications as these medications may need a dose adjustments

Sedatives and sleeping medication and older people

Examples: *temazepam, diazepam and alprazolam*

- Older people may be more sensitive to their effects and may take longer to clear some benzodiazepines, prolonging sedation.
- Drowsiness, dizziness, impaired coordination, confusion and memory problems can contribute to falls, fractures, delirium and apparent cognitive decline.
- Risk increases when doses are changed, use becomes more frequent, or other sedating medicines are taken.
- Combining benzodiazepines with alcohol, opioids or other central nervous system depressants can cause profound sedation and respiratory depression.
- Regular use can produce tolerance and physical dependence. Abrupt cessation can cause severe withdrawal, including seizures, and should be avoided.

Opioids and older people

Examples: *oxycodone, morphine, codeine, fentanyl and heroin*

- Older age, frailty and impaired kidney, liver or lung function can increase vulnerability.
- Drowsiness, dizziness, impaired attention and poor coordination can contribute to falls, injuries, confusion and loss of function.
- Breathing difficulty and overdose can occur, particularly when treatment begins, the dose increases, or opioids are resumed after tolerance has fallen.
- Combining opioids with benzodiazepines, alcohol, gabapentinoids or other sedating medicines increases the risk of severe sedation, breathing problems, coma and death.
- Constipation, nausea, tolerance and physical dependence can be significant and should be actively reviewed.

Introducing Joan

Joan is 78 years old. She has been referred to your community allied health service following two falls in the past four months. Her GP requests assessment of mobility, home safety and support needed maintaining independence.

Small Group Discussion

"What stands out?"

"What further information would you want?"

"What are your initial hypotheses?"

Joan's history

- lives alone
  - husband died recently
- poor sleep
- osteoarthritis
- daughter worried about memory
- recent ED attendance
- taking sleeping tablets

Small Group Discussion

"What has changed?"

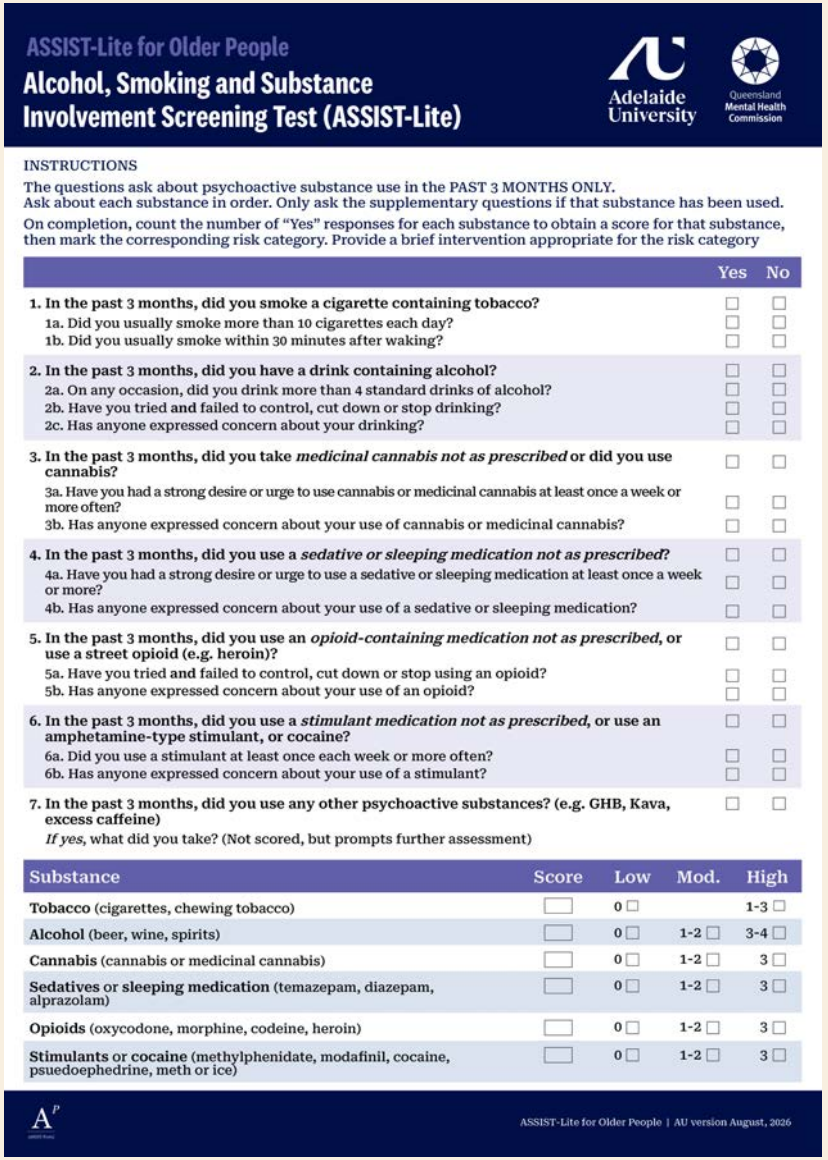
"What additional possibilities are emerging?"

"What would you ask next?"

Would you ask about alcohol and medications?

How might you introduce questions about alcohol and medications?

The ASSIST-Lite OP is one approach



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Ask about each substance in order. Only ask the supplementary questions if that substance has been used.

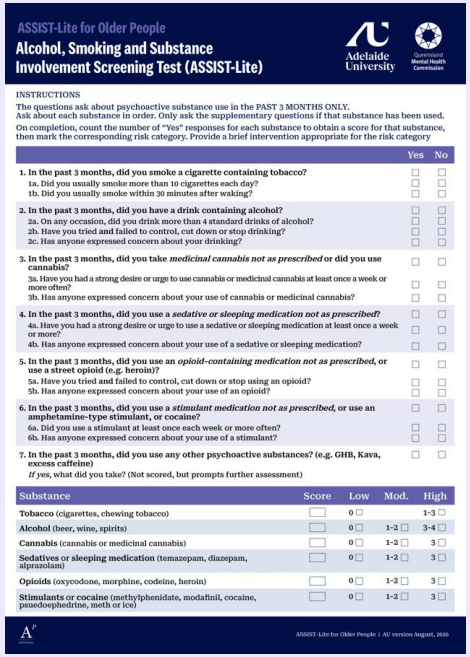
On completion, count the number of "Yes" responses for each substance to obtain a score for that substance, then mark the corresponding risk category. Provide a brief intervention appropriate for the risk category

	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?	☐	☐
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, chewing tobacco)	☐	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, psuedoephedrine, meth or ice)	☐	0 ☐	1-2 ☐	3 ☐

Role play activity

ASSIST-Lite



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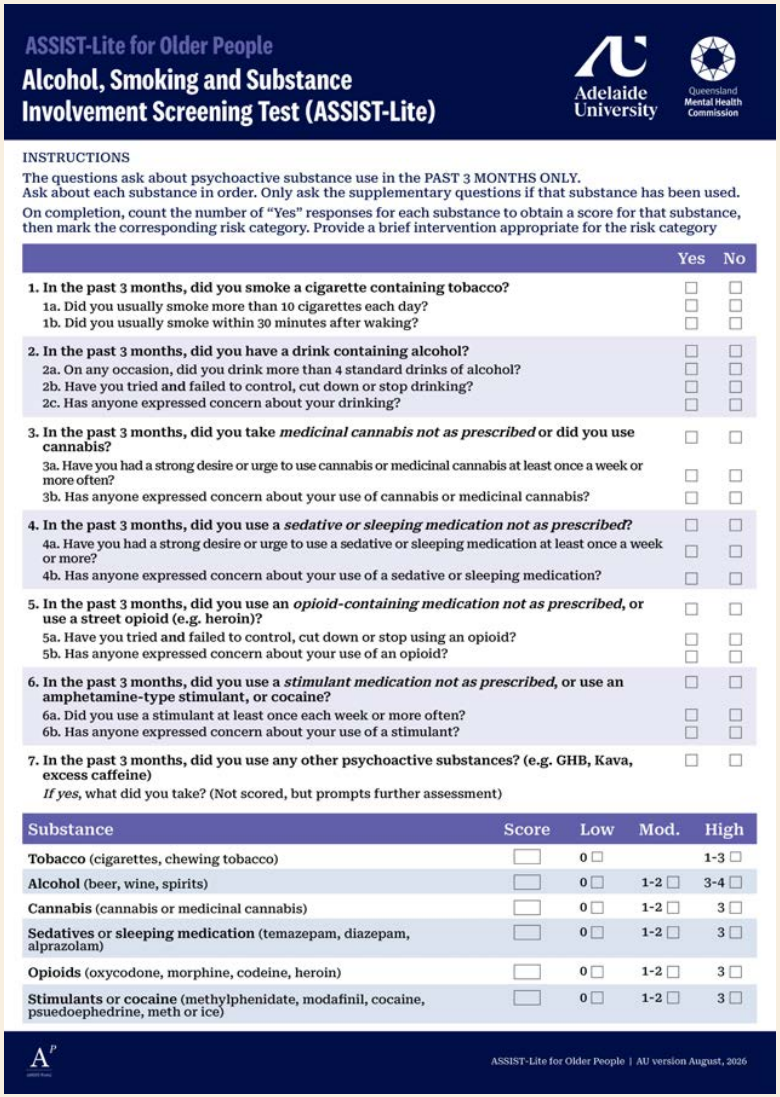
Steve and I are going to do a role-play using the ASSIST-Lite for OP with "Joan" answering the questions around alcohol as an example.

Steve is the clinician, and I will play Joan

What did you notice?

- How was permission sought?
- What language normalised the questions?
- Was there any judgement?
- How were standard drinks explored?
- What would you have asked differently?



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Small group activity

Read the background information regarding Joan

In small groups complete the ASSIST-Lite for Older People based on the information in the background document

...You have 10 minutes

Group feedback

Were there any areas where the group disagreed?

What were the scores for each of the substances?

What is the risk classification for each substance?

Joan's ASSIST-Lite Responses were

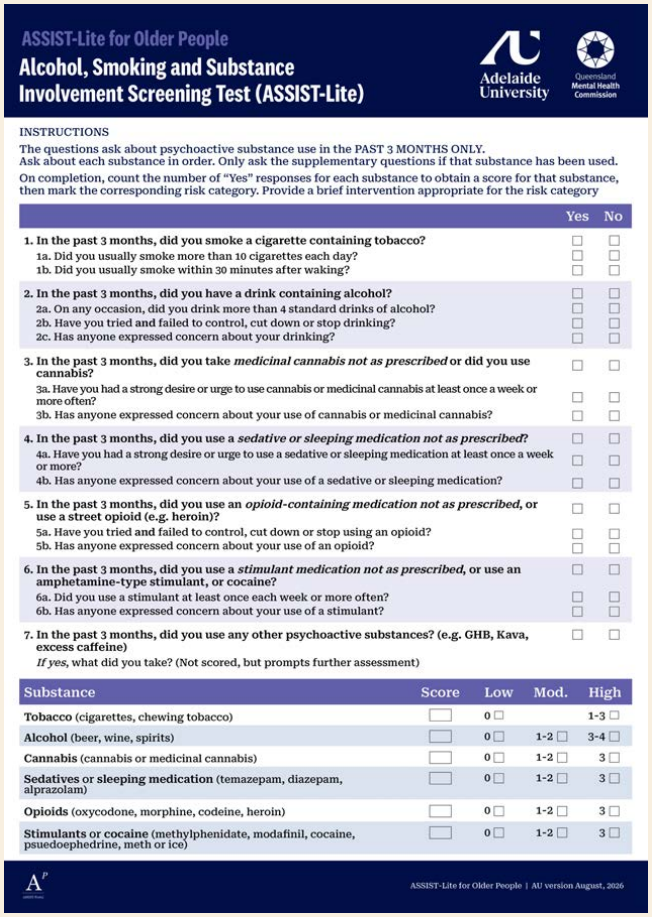
Substance / item	Expected result
Tobacco use in past 3m	No
Alcohol use in past 3m	Yes
Alcohol – 4+ SD	Yes
Alcohol – unsuccessfully tried to cut down	No
Alcohol – others concerned	No
Cannabis	No
Sedatives used not as prescribed	Yes
Opioids	No
Stimulants	No
Other drugs	No

Joan's scores were

Substance / item	Score
Tobacco	0 – low risk
Alcohol	2 – moderate risk
Cannabis	0 – low risk
Sedatives used not as prescribed	1* – moderate risk
Opioids	0 – low risk
Stimulants	0 – low risk

Introducing the ASSIST-Lite to clients

- The introduction should include a discussion of:
- These are routine questions asked of all patients
- Use in the last 3 months
- Medication ONLY if used in ways not intended by the prescriber
- Limits of confidentiality (scope)



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Adelaide University

Queensland Mental Health Commission

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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?	☐	☐
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, chewing tobacco)	☐	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, psuedoephedrine, meth or ice)	☐	0 ☐	1-2 ☐	3 ☐

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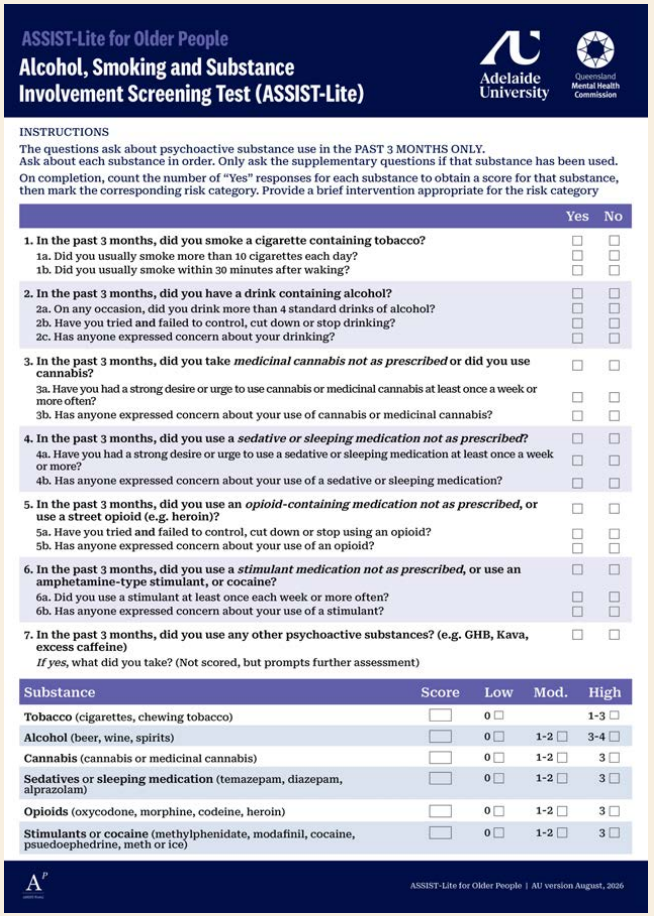
Considering the client

Clients most likely to respond positively and honestly to ASSIST-Lite questions if you:

- Show you are listening (active listening skills)
- Are friendly and non-judgemental
- Show sensitivity and empathy
- Remain objective
- Give hope that people can change
- Empower them to make wise informed decisions



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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?	☐	☐
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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?	☐	☐
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?	☐	☐
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6b. Has anyone expressed concern about your use of a stimulant?	☐	☐
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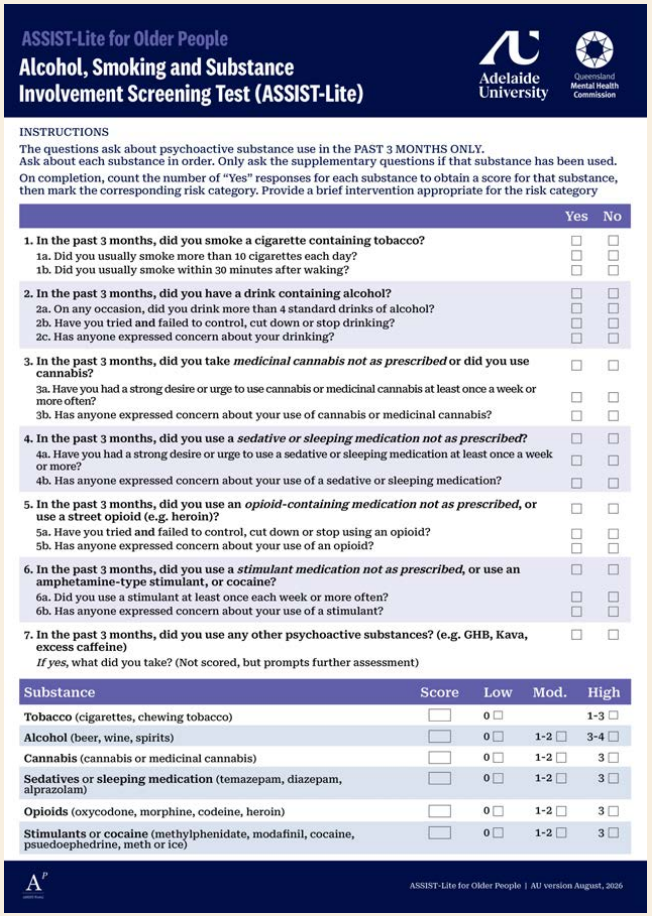
Good questionnaire administration

- Only proceed to the supplementary questions if the person has used that substance
- You may need to:
  - re-phrase questions for some clients
  - provide prompts for some questions



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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?	☐	☐
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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?	☐	☐
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)	☐	☐
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Cannabis (cannabis or medicinal cannabis)	☐	0 ☐	1-2 ☐	3 ☐
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Opioids (oxycodone, morphine, codeine, heroin)	☐	0 ☐	1-2 ☐	3 ☐
Stimulants or **cocaine** (methylphenidate, modafinil, cocaine, psuedoephedrine, meth or ice)	☐	0 ☐	1-2 ☐	3 ☐

Tobacco

1. **In the past 3 months, did you smoke a cigarette containing tobacco?**

   1a. Did you usually smoke more than 10 cigarettes per day?

   1b. Did you usually smoke within 30 minutes after waking?

Score 1 for every 'yes' response

Risk category: Low (0), High (1-3)

Clinical note: There is no safe level of smoking, any smoking always receives an intervention

What about?

- **Partners?**
  - Risk for relapse

- **Vaping?**
  - Questions still apply
  - Are they cutting down or quitting?

Alcohol

2. <u>In the past 3 months</u>, did you have a drink containing alcohol?

2a. On any one occasion, did you drink more than 4 standard drinks?

2b. Have you tried and failed to control, cut down or stop drinking?

2c. Has anyone expressed concern about your drinking?

Score 1 for every 'yes' response

Risk category: Low (0), Moderate (1-2), High (3-4)

Clinical note: moderate risk level lowered due to greater risk in elderly from alcohol

Cannabis

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 cannabis or medicinal cannabis use?

Score 1 for every 'yes' response

Risk category: Low (0), Moderate (1-2), High (3)

Sedatives

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 such a medication at least once a week or more often?

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

Score 1 for every 'yes' response

Risk category: Low (0), Moderate (1-2), High (3)

Opioids

5. **In the past 3 months, did you take 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?

Score 1 for every 'yes' response

Risk category: Low (0), Moderate (1-2), High (3)

Stimulants

6. In the past 3 months, did you take a stimulant medication not as prescribed or use an amphetamine-type stimulant, or cocaine?

6a. Did you use a stimulant at least once a week or more often?

6b. Has anyone expressed concern about your use of a stimulant?

Score 1 for every 'yes' response

Risk category: Low (0), Moderate (1-2), High (3)

Other

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 for further assessment

Link the brief intervention to the ASSIST-Lite risk categories

Low

Low risk of health and other problems from the current pattern of substance use

- Acknowledge low risk
- Provide general health advice
- Encourage not to increase use

Moderate

Risk of health and other problems from the current pattern of substance use

- Highlight the risks of their current pattern of use
- Explore options for reducing or stopping use
- Link to further information and resources

High

Risk of experiencing severe health, social, financial, legal and relationship problems as a result of the current pattern of substance use

- Discuss the risks and harms of their current pattern of use and assess motivation to change
- Referral to specialist service for detailed assessment and possible treatment
- Links to further information, resources and support services

Summary

- Clients are most likely to respond positively and honestly when they are approached in a **non-judgemental** and friendly manner
- **Read the stem** of the question carefully
- **Move onto** the next substance if they have not used it in the last three months (i.e. do not ask the additional questions)
- Provide appropriate **prompts** as required

Discussion & Questions

Thank you

Acknowledgement

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