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ASSIST-Lite for Older Australians

The ASSIST-Lite linked to a brief intervention

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.

Recapping session 1

- The ASSIST-Lite asks questions about the **past three months**
- Clients are most likely to respond positively and honestly when approached in a **non-judgemental** and **friendly manner**
- Introduce the tool and explain limits of **confidentiality**
- Only proceed with **supplementary questions** if the person has used that substance
- Provide appropriate **prompts** as required
- Show the **Standard Drinks** graphic if needed
- **Rephrase** the questions if necessary

Poll question

How many millilitres (mLs) in a standard drink of wine?

1. *200mL*
2. *150mL*
3. *100mL*
4. *50mL*

Poll question

In question 2b, your client is asked:

'*have you tried **and** failed to control, cut down or stop drinking*'?

Which of the following would you code as 'Yes' (NB: there may be more than one correct answer)

I gave up drinking 2 months ago

I stopped drinking a month ago, but started again last week

I cut down for a while but decided it wasn't a problem

By the end of this session, you will

- Understand the rationale for linking **Brief Advice** to the ASSIST-Lite score
- Gain awareness of the FRAMES model
- Be aware of resources available for Brief Advice
- Use person-centred communication strategies to build trust and rapport
- Identify the role of different allied health professionals in supporting substance use care in aged populations
- Contribute to strategies to coordinate care and share information within a multidisciplinary team
- Be aware of the referral process

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

From the earlier role play, which statement do you think most matters to Joan?

I don't want to end up in a nursing home

I'd like to stop falling

I'd like to sleep properly

I don't want to become a burden on my daughter

I don't want people interfering in my life and restricting my autonomy, including my family

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

What is ASSIST-Lite Brief Advice?

- A brief discussion with the client about their ASSIST-Lite scores and what they mean
- Intended for clients scoring in ‘moderate risk’ range
- Not intended for ‘high risk’ / dependent clients as stand-alone intervention
- Use to facilitate referral to specialist treatment for assessment
- Can be completed in as little as 3 minutes but usually takes between 5-10.
- Reflects the Spirit of Motivational Interviewing

The brief advice is based on …

The FRAMES model of behaviour change *(Sanchez-Craig & Miller)*

- Personalised **Feedback** about ASSIST-Lite scores
- Client has **Responsibility** for their choices
- Given simple **Advice** about how to reduce risk associated with substance use
- Given **Menu** of alternative strategies to promote personal choice, goals & control
- Shown **Empathy** which is a potent determinant of client motivation and change
- **Self-efficacy** to instil optimism

Communication that supports change

The key principles are to:

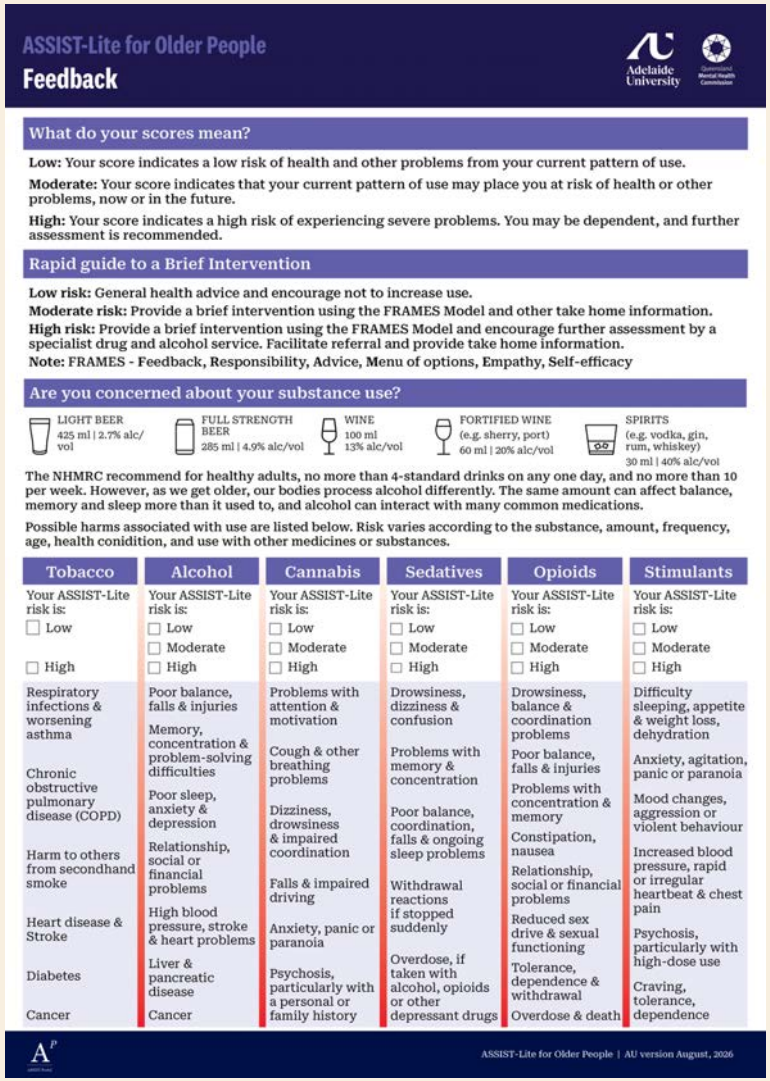
- Work in partnership
- Listen for change talk and sustain talk
- Explore ambivalence with curiosity
- Avoid arguing, correcting or pressuring
- Notice and repair discord
- Support autonomy, choice and confidence

Counselling skills to elicit change talk:

Think OARS:

- Open ended questions
- Affirmations
- Reflections
- Summaries

Feedback Card



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Feedback

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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: 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

The NHMRC recommend 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 conidition, and use with other medicines or substances.

Tobacco	Alcohol	Cannabis	Sedatives	Opioids	Stimulants
Your ASSIST-Lite risk is: ☐ Low ☐ High	Your ASSIST-Lite risk is: ☐ Low ☐ Moderate ☐ High	Your ASSIST-Lite risk is: ☐ Low ☐ Moderate ☐ High	Your ASSIST-Lite risk is: ☐ Low ☐ Moderate ☐ High	Your ASSIST-Lite risk is: ☐ Low ☐ Moderate ☐ High	Your ASSIST-Lite risk is: ☐ Low ☐ Moderate ☐ 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	

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"Would you like to see how you scored on the questionnaire we just did?"

- This question is clinician's entrance into delivering a brief intervention
- Most clients will be interested in knowing what their scores were
- Gives client a choice about what happens next and immediately supports choice
- Gives clinician permission to provide personally relevant information to client about their scores and associated risk, and risk reduction

Feedback

- Key component of delivering brief advice
- Go through each substance score and state whether at low, moderate or high risk from their use of that substance
- Explain what the different risk categories mean
- Ask how they feel about the score

You can say something like:

"Because you are in the moderate risk range for (drug), your use may be putting you at risk of health or other problems. I wonder how you feel about that."

Responsibility

- Maintaining personal control is an important motivating factor for change

- Client is responsible for their own decisions – clinicians need to accept and respect that

Say something like:

"ultimately what you decide to do is your choice… I'm just letting you know the risk of harms associated with your current pattern of use."

Advice

- Clients are often unaware of the possible relationship between their substance use and existing or potential problems

- Advise clients that cutting down or stopping substance use will reduce the risk of problems both now and in the future

- Create a link between reduction of drug use and reduction of harms

Advice (continued)

- Giving advice is as simple as saying...

"From what the ASSIST score tells me and from what you have said, I think the best way you can reduce your risk of harms happening to you is to either cut down or stop using (drug). I wonder can you see a connection between your substance use and what matters to you?"

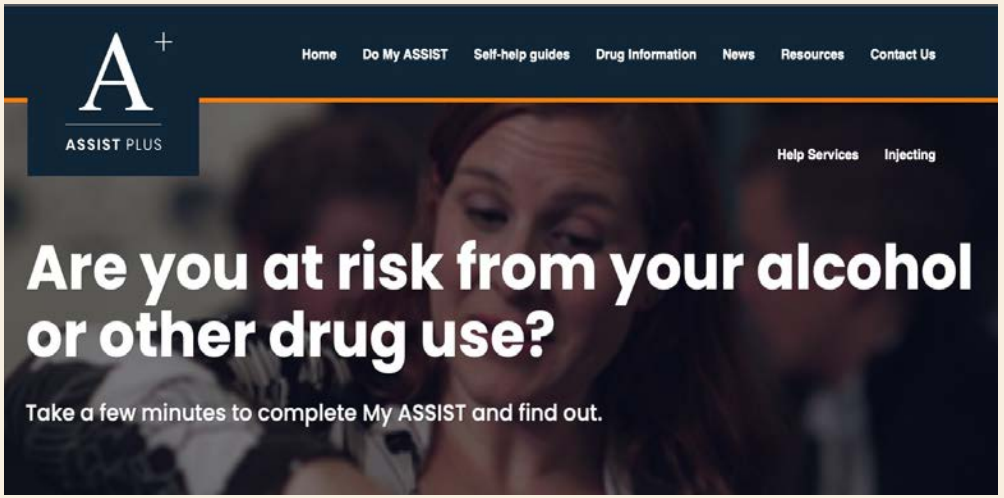
- Advice is not:

"you really need to do something about your drug use…"

"I am concerned about your cannabis use"

Menu of options

- Reinforces and consolidates the brief advice:
  - links to credible resources
  - ASSIST Plus website
    https://assistplus.adelaide.edu.au
    > Self-help material
  - ASSIST Checkup App
  - My QuitBuddy App
  - Hello Sunday Morning
  - QUIT Line



Suggestions?

Health Pathways

Gold Coast AOD services

Alcohol and Other Drug Service (AODS)

- Assessment, counselling, case management. Southport (07) 5687 9119, Palm Beach (07) 5525 5701

QuIHN

- Counselling, case management, family support, Hep C testing, needle and syringe program. Burleigh Heads (07) 5520 7900

Lives Lived Well

- Counselling, withdrawal support, case management, family support. 1300 727 957

Salvation Army Fairhaven

- Residential rehab and detox, Mount Tamborine. 1300 111 827

Kalwun Health Service

- For Aboriginal and Torres Strait Islander people. Excludes those with NDIS support for mental health. (07) 5526 1112

Mental health and crisis

1300 *MH CALL* - 1300 642 255

- 24 hours, 7 days. Acute mental health advice and triage. Anyone can call

Medicare Mental Health - 1800 595 212, Monday to Friday 8.30am to 5pm

- Assessment, referral and navigation for people who are not in crisis
- Anyone can refer

Older Persons' Mental Health Community, Gold Coast Health - by GP referral

- Aged over 65, or over 55 if Aboriginal or Torres Strait Islander
- Living at home or in residential aged care
  - Excludes people whose primary concern is dementia

HealthPathways, for health professionals

- https://goldcoast.communityhealthpathways.org

Where to get advice

Clinical advice for all health professionals (state-wide)

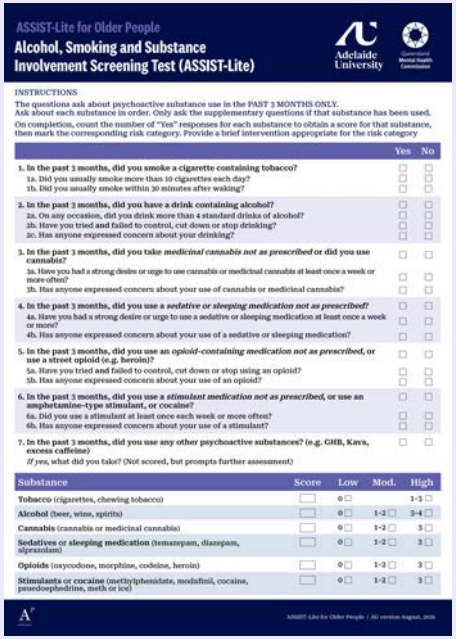
- Alcohol and Drug Clinical Advisory Service (ADCAS) – 1800 290 928
  - 8am-11pm, 7-days
- Alcohol and Drug Information Service (ADIS) – 1800 177 833
  - Support available for health professionals

Phone counselling for consumers (state-wide)

- Alcohol and Drug Information Service (ADIS) – 1800 177 833
  - Support available for consumers and their families/friends

Role play activity

ASSIST-Lite



ASSIST-Lite for Older People

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

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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?	☐	☐
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, pseudoephedrine, meth or ice)		0 ☐	1-2 ☐	3 ☐

Steve and I are going to do a role-play using the ASSIST-Lite for OP feedback report card with “Joan”.

This time, Steve will play Joan, and I will play the clinician

Making the link

Joan's goals are to:

- Remain independent
- Stay in her own home
- Improve sleep
- Avoid having another fall
- Improve her memory

Potential contributors to explore

- Alcohol
- Sleeping tablets
- Poor sleep
- Reduced activity
- Isolation

If you were seeing Joan, what are the three most important things you would do next?

Six months later?

Joan now

- has had no further falls
- drinks fewer days each week
- no longer combines alcohol with temazepam
- has reviewed her medications with her GP
- has joined a local walking group
- reports sleeping better
- feels more confident at home

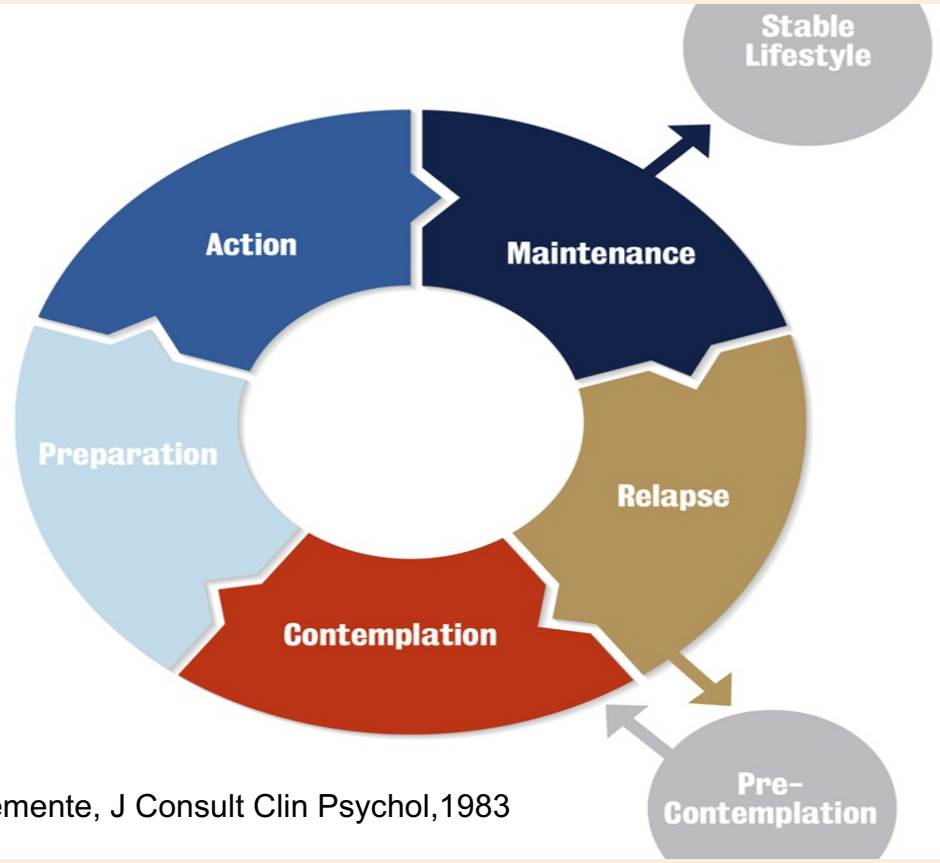
Which of these changes were due to the brief intervention?

Probably none individually

But most resulted from coordinated care initiated by a single conversation

What if the person is unsure or does not want to change?

Readiness to change can vary over time



Prochaska and DiClemente, J Consult Clin Psychol,1983

If the person does not want to make a change now

- Acknowledge their decision
- Reflect their concerns and reasons
- Reinforce that the decision remains theirs
- Ask whether additional information or support would be useful
- Agree whether the issue can be revisited

Remember

- Leave the communication open ...

'It seems at the moment you don't
feel the need to change.
However, if you want to talk about it further or decide that it
is causing you problems, we can discuss it …'

Summary

- FRAMES is a useful approach that can be used to link the ASSIST-Lite to commitment to change
- Information reinforces and consolidates the intervention
- Keep communication open for the future

Discussion & Questions

What would implementation look like in your service?

- Where could routine enquiry and the ASSIST-Lite OP fit within existing home visits or assessments?
- Who would screen, provide brief advice, document the outcome and arrange follow-up?
- When you consult or refer, how would care be coordinated with the person's consent?
- What would staff need to make this workable?

Identify one practical next step for your service

Workshop evaluation

- Point your Smart phone camera at the QR code
  – DON’T TAKE A PHOTO ☺
- On your screen will be a weblink, touch that, open the link and complete the survey.
- Thank you for your feedback
  – Much appreciated

Thank you

Acknowledgement

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