Volume A: Screening, Assessment, and Treatment Planning

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Screening and Brief Intervention Using the ASSIST
Module 1 training goals

1. Increase knowledge of screening and brief intervention concepts and techniques
2. Develop skills to use the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
3. Develop skills to deliver the ASSIST brief intervention
Module 1: Workshops

- **Workshop 1:** Rationale for Screening & Brief Intervention
- **Workshop 2:** ASSIST Screening Basics
- **Workshop 3:** ASSIST Brief Intervention Basics
Icebreaker: The carrot
Workshop 1

Rationale for screening and brief intervention
Pre-assessment

Please respond to the pre – assessment questions in your workbook.

(Your responses are strictly confidential.)
Workshop 1: Training objectives

At the end of this workshop, you will be able to:

1. Describe the purpose of screening patients in health care settings
2. Identify 3 populations for whom screening is recommended
3. Identify 3 types of settings where screening can take place
4. Identify 3 screening tools
5. Understand the components of brief interventions
Rationale for screening and brief intervention

- Substance abuse problems are widespread worldwide.
- Substance abuse problems are associated with significant morbidity and mortality.
- Early identification and intervention can help reduce substance abuse problems.
Top 10 risk factors for disease globally

1. Underweight
2. Unsafe sex
3. High blood pressure
4. Tobacco consumption
5. Alcohol consumption
6. Unsafe water, sanitation, & hygiene
7. Iron deficiency
8. Indoor smoke from solid fuels
9. High cholesterol
10. Obesity
Injection drug use and HIV

- Injection drug use (IDU) has played a role in the global diffusion of HIV infection.
- Globally, between 5% and 10% of HIV infections result from IDU.
- In Asia and Europe, over 70% are due to IDU.
- IDU is the dominant mode of transmission of hepatitis C virus.

(Source: UNODC, 2004)
Psycho-stimulant and sexual risk behaviour

- Psycho-stimulant (cocaine and methamphetamine) use is associated with high risk sexual behaviour, e.g., unprotected sex, multiple partners

- Psycho-stimulant users are at risk for sexually transmitted diseases (STDs) including HIV infection

(Source: Mansergh et al., 2006)
Problems related to substance use (1)

Acute intoxication (immediate effects from use):

- **Physical**
  - Overdose
  - Fever, vomiting

- **Behavioural**
  - Accidents and injury
  - Aggression and violence
  - Unintended sex and unsafe sexual practises
  - Reduced work performance
Effects of regular use include:

- Specific physical and mental health problems
- Increased risk for infectious diseases
- Psychiatric symptoms
- Sleep problems
- Financial difficulties
- Legal, relationship, or work problems
- Risk of dependence
- Withdrawal symptoms when use is reduced or stopped
Overall, injecting increases the risk of harm from substance use:

- Increases risk for **blood-borne diseases** (HIV, hepatitis B & C)
- Increases risk of **overdose**
- Increases risk of **infection** and **damage** to skin (e.g., abscesses) and veins as a result of poor technique, repeated injections, and dirty injection equipment
Substance abuse problems are often unidentified

- In one study of 241 trauma surgeons, only 29% reported screening most patients for alcohol problems.*

- In a health study of 7,371 primary care patients, only 29% of the patients reported being asked about their use of alcohol or drugs in the past year.**

(Sources: *Danielsson et al., 1999; **D’Amico et al., 2005)
What is screening?

- A range of evaluation procedures and techniques to capture indicators of risk
- A **preliminary assessment** that indicates probability that a specific condition is present
- A single event that informs subsequent diagnosis and treatment

(Source: SAMHSA, 1994)
Benefits of screening

- Provides opportunity for education, early intervention
- Alerts provider to risks for interactions with medications or other aspects of treatment
- Offers opportunity to engage patient further
- Has proved beneficial in reducing high-risk activities for people who are not dependent

(Source: NCETA, 2004)
Why screen in primary care?

- Primary care providers are usually the 1\textsuperscript{st} point of contact with the health system.
- Research supports the application of screening and brief intervention in primary care.
- Patients expect primary care workers to:
  - Provide lifestyle advice
  - Ask about their use of alcohol and other drugs.
Candidates for routine screening

- General practice patients
- Special groups (e.g., pregnant, homeless, prisoners)
- Patients in social service agencies
- Patients in infectious disease clinics
- Children receiving outreach services
- People with alcohol- or drug-related legal offenses (e.g., driving under the influence)
Types of screening tools

- **Self-report**
  - Interview
  - Self-administered questionnaires

- **Biological markers**
  - Breathalyzer testing
  - Blood alcohol levels
  - Saliva or urine testing
  - Serum drug testing
Benefits of self-report tools

- Provide historical picture
- Inexpensive
- Non-invasive
- Highly sensitive for detecting potential problems or dependence
Benefits of biological markers

- Objective measure
- Quick to administer
- Immediate results

Breathalyzer
Characteristics of a good screening tool

- Brief (10 or fewer questions)
- Flexible
- Easy to administer, easy for patient
- Addresses alcohol, & other drugs
- Indicates need for further assessment or intervention
- Has good sensitivity and specificity
Sensitivity and specificity

- Sensitivity refers to the ability of a test to correctly identify those people who actually have a problem, e.g., “true positives”

- Specificity is a test’s ability to identify people who do not have a problem, e.g., “true negatives”

- Good screening tools maximise sensitivity and reduce “false positives”
Activity 1: Mini presentations

Instructions

1. Divide into 2-4 groups
2. Each group will use 1-2 of the screens below
3. Also discuss settings where the screens may be useful
4. Each group will have 5 minutes to prepare and 2 minutes to present their screen to the larger group

Brief Screening Instruments

- CAGE
- AUDIT
- DAST-10
- ASSIST
- TWEAK
- AUDIT-C
- CRAFFT

25 Min.
CAGE

- 4 questions (yes / no)
  - To detect hazardous drinking
  - Asks about need to cut down, signs of dependence, & related problems
- Popular in primary care settings
- Self-administered, interview
- Used with adults / adolescents > 16 years
- Sensitive screen overall, but less sensitive for women
CAGE questions

- Have you ever felt you should *Cut down* on your drinking?
- Have people *Annoyed* you by criticising your drinking?
- Have you ever felt bad or *Guilty* about your drinking?
- Have you ever taken a drink first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover?
5 questions developed to screen for risky drinking during pregnancy

- Based on CAGE
- Asks about number of drinks one can tolerate, alcohol dependence, & related problems

Self-administered, interview, computerised

Used with adults

Less sensitive for non-Whites
1. How many drinks does it take before you begin to feel the first effects of alcohol, OR How many drinks does it take before the alcohol makes you fall asleep or pass out (Tolerance)?

2. Have your friends or relatives Worried about your drinking in the past year?

3. Do you sometimes take a drink in the morning when you first get up (Eye opener)?

4. Are there times when you drink and afterwards cannot remember what you said or did (Amnesia)?

5. Do you sometimes feel the need to Cut down on your drinking?
Alcohol Use Disorders Identification Test (AUDIT)

- **10 questions** - Can identify problem use and dependence
- Used with adults / adolescents / young adults
- Highly sensitive for many different populations, including women and minorities
- Interview, self-administered, and computerised versions
- Validated cross-culturally; translated into many languages
AUDIT questions (1)

1. How often do you have a drink containing alcohol?

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

3. How often do you have six or more drinks on one occasion?

4. How often during the last year have you found that you were not able to stop drinking once you had started?

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as a result of your drinking?

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
AUDIT-C

- 3 questions from AUDIT (quantity / frequency)
- Sensitivity appears as good as full AUDIT
- Can be used as a pre-screen to identify patients in need of full screen and brief intervention
AUDIT-C questions

1. How often did you have a drink containing alcohol in the past year?

2. How many drinks did you have on a typical day when you were drinking in the past year?

3. How often did you have 6 or more drinks on one occasion in the past year?
Drug Abuse Screening Test (DAST-10)

- 10 questions developed from original 28 to identify drug-use problems in past year
- Self-administered, interview
- Used with adults
- Good sensitivity
- Spanish version available
DAST-10 questions (1)

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty because of your use of drugs?

Continued
6. Does your spouse or a parent ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis)?
CRAFFT

- 6 questions
  - Asks about alcohol and drug abuse, risky behavior, & consequences of use
- Developed for adolescents to identify high-risk use
- Clinical interview
- Good sensitivity
CRAFFT questions

1. Have you ever ridden in a Car driven by someone who was high or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself Alone?

4. Do you ever Forget things you did while using alcohol or drugs?

5. Has your Family or Friends ever told you that you should cut down on your alcohol or drug use?

6. Have you ever gotten into Trouble while you were using alcohol or drugs?
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

- Developed by WHO
- 8 questions on alcohol, tobacco, and illicit drugs (including injection drug use)
- Gives information on hazardous, harmful, or dependent use (including injection drug use)
- Developed for primary care
- Interview only
- Studied cross-culturally in 8 countries

(Source: WHO, 2003a)
1. Which populations would be good candidates for screening in your community?

2. What settings would be appropriate for screening in your community?
<table>
<thead>
<tr>
<th>Screen</th>
<th>Target Population</th>
<th># items</th>
<th>Assessment</th>
<th>Setting (most common)</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST (WHO)</td>
<td>-Adults -Validated in many cultures and languages</td>
<td>8</td>
<td>Hazardous, harmful, or dependent drug use (including injection drug use)</td>
<td>Primary Care</td>
<td>Interview</td>
</tr>
</tbody>
</table>
| CAGE       | Adults and youth >16                     | 4       | -Hazardous drinking  
-Asks about need to cut down, signs of dependence, & related problems | Primary Care                                               | Self-administered Interview                               |
| TWEAK      | Pregnant women                           | 5       | -Risky drinking during pregnancy. Based on CAGE.  
-Asks about number of drinks one can tolerate, alcohol dependence, & related problems | Primary Care, Women’s organizations, etc.                 | Self-administered Interview or computerised                |
| AUDIT (WHO) | -Adults and adolescents -Validated in many cultures and languages | 10      | Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen and brief intervention | -Different settings -AUDIT C- Primary Care (3 questions) | Self-administered Interview or computerised                |
| DAST-10    | Adults                                   | 10      | To identify drug-use problems in past year                                 | Different settings                                         | Self-administered Interview                                |
| CRAFFTT    | Adolescents                              | 6       | To identify alcohol and drug abuse, risky behavior, & consequences of use   | Different settings                                         | Interview             |
Tips for screening

➢ Use a non-judgemental, motivational approach

➢ Do not use stigmatising language

➢ Embed screening questions in larger assessment of health habits
Enhancing accuracy of self-report

Self-reports are more accurate when people are:

- Drug-free when interviewed
- Given written assurances of confidentiality
- Interviewed in a setting that encourages honest reporting
- Asked clearly worded, objective questions
- Provided memory aides (calendars, response cards)

(Source: Babor et al., 2001)
What happens after screening?

- Screening results can be **given to patients**, forming the basis for a conversation about impacts of substance use.

- Brief intervention is **low-intensity, short-duration** counselling for those who screen positive:
  - Uses motivational interviewing style
  - Incorporates readiness to change model
  - Includes feedback and advice

(Source: McGree, 2005)
Overview of Brief Interventions
Rationale for brief intervention

- Studies show brief interventions (Bls) in primary care settings are beneficial for alcohol and other drug problems.

- Brief advice (5 minutes) is just as good as 20 minutes of counselling, making it very cost effective.*

- Bls extend services to individuals who need help, but may not seek it through substance abuse service agencies.

(*Source: WHO Brief Intervention Study Group, 1996)
Components of brief intervention (1)

“FRAMES” stands for the components of effective brief intervention:

- **Feedback** is given to the individual about personal risk or impairment
- **Responsibility** for change is placed on the patient
- **Advice** to change is given by the provider
- **Menu** of alternative self-help or treatment options is offered to patient
- **Empathic** style is used in counselling
- **Self-efficacy** or optimistic empowerment is engendered in the patient
Components of brief intervention (2)

5 Basic Steps

- Introducing the issue in the context of patient’s health
- Screening and assessing
- Providing feedback
- Talking about change and setting goals
- Summarising and reaching closure
Who can administer screening and brief interventions?

- Primary care physicians
- Substance abuse treatment clinicians
- Emergency department staff members
- Nurses
- Social workers
- Mental health workers
- Health educators

(Source: WHO, 2003a)
Where to go for more information

- **Project CORK:** [www.projectcork.org](http://www.projectcork.org)
  - Good overview of screening instruments

- **WHO ASSIST:**
  - Manuals for primary care, including screening, brief intervention, and self-help information for patients

- **National Centre for Education and Training on Addiction Consortium:** [www.nceta.flinders.edu.au/](http://www.nceta.flinders.edu.au/)
  - Resource kit for training general practitioners on drug issues

- **NIAAA:** [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
  - “Assessing alcohol problems: A guide for clinicians and researchers,” 2003 (screening instruments)
  - “Helping patients who drink too much: A clinician’s guide,” 2005 (screening, brief interventions, medication information and pocket guide)
Thank you for your time!

End of Workshop 1
Workshop 2

ASSIST Screening Basics
Workshop 2: Training objectives

At the end of this workshop, you will be able to:

1. Explain the development of the ASSIST
2. Administer the ASSIST screening tool
3. Understand the results of the ASSIST
4. Categorise substance use into 1 of 3 risk levels
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

The ASSIST

- Is a brief screening questionnaire developed for primary care
- Covers all psychoactive substances including alcohol, tobacco, and illicit drugs
- Helps practitioners to identify patients who may have hazardous, harmful, or dependent use of one or more substances
ASSIST development

- Developed by an international research team in 1997
- Funded by the World Health Organization (WHO) and the Australian Commonwealth Department of Health and Ageing
  - Coordinated by Drs. Robert Ali and Rachel Humeniuk of the Drug & Alcohol Services South Australia (DASSA)
- Based on the AUDIT model of screening & brief intervention for alcohol (also sponsored by WHO)

(Sources: WHO, 2002b & WHO, 2003a)
ASSIST items are reliable and ASSIST procedure is feasible in primary care settings internationally.

ASSIST provides a valid measure of substance-related risk.

ASSIST distinguishes between individuals who are:
- At low risk or are abstainers,
- Risky / problem users, or
- Dependent
Information provided by ASSIST

In general, ASSIST provides information about:

- Substances used in the patient’s **lifetime**
- Substances used in the previous **3 months**
- **Problems** related to substance use
- **Risk** of current or future harm
- **Dependence**
- **Injecting** drug use
Learning to Use the ASSIST Screening Tool
Introducing the ASSIST (1)

- Use a non-confrontational approach
- Describe the purpose of the screening
  - “Many drugs and medications can affect your health. It is important for me to have accurate information about your use of various substances in order to provide the best possible care.”
- Emphasise the time frame
  - “The following questions ask about your experience of using alcohol, tobacco products, and other drugs across your lifetime and in the past 3 months.”

(Source: McGree, 2005)
Introducing the ASSIST (2)

- Clarify the substances you will record
  - “Some of the substances listed may be prescribed by a doctor. For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than by prescription, or taken them more frequently or at higher doses than prescribed, please let me know.”

- Emphasise Confidentiality
  - “While we are also interested in knowing about your use of various illicit drugs, please be assured that the information on such use will be treated as strictly confidential.”

(Source: McGree, 2005)
### Response Card - Substances

<table>
<thead>
<tr>
<th>a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Alcoholic beverages (beer, wine, spirits, etc.)</td>
</tr>
<tr>
<td>c. Cannabis (marijuana, pot, grass, hash, etc.)</td>
</tr>
<tr>
<td>d. Cocaine (coke, crack, etc.)</td>
</tr>
<tr>
<td>e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)</td>
</tr>
<tr>
<td>f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)</td>
</tr>
<tr>
<td>g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)</td>
</tr>
<tr>
<td>h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)</td>
</tr>
<tr>
<td>i. Opioids (heroin, morphine, methadone, codeine, etc.)</td>
</tr>
<tr>
<td>j. Other - specify:</td>
</tr>
</tbody>
</table>
Response card (response items)

Responses for Questions 2 - 5

Never: not used in the last 3 months
Once or twice: 1 or 2 times in the last 3 months
Monthly: 1 to 3 times in one month
Weekly: 1 to 4 times per week
Daily or almost daily: 5 to 7 days per week

Responses for Questions 6 - 8

No, Never
Yes, but not in the past 3 months
Yes, in the past 3 months
Question 1: Lifetime use

- In your life, which of the following substances have you ever tried? *(non-medical use only)*
  - No
  - Yes

- Ask for all substances
- Record any use (even if only tried once)
- Probe: *Not even at a party?*
- If “No” to all substances, end the interview.

(Source: Humeniuk, 2005)
Question 2: Recent use

Frequency of use over past 3 months.

During the past 3 months, how often have you used the substances you mentioned (first drug, second drug, etc.)?

- Never (0)
- Once or twice (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (6)
Question 3: Strong urge to use

Frequency of experiencing a strong desire or urge to use each substance in the past 3 months.

During the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?

- Never (0)
- Once or twice (3)
- Monthly (4)
- Weekly (5)
- Daily or almost daily (6)
Question 4: Health, social, legal, or financial problems

Frequency of experiencing health, social, legal or financial problems related to substance use, in the past 3 months.

4. During the past 3 months, how often has your use of (first drug, second drug, etc.) led to health, social, legal, or financial problems?

- Never (0)
- Once or twice (4)
- Monthly (5)
- Weekly (6)
- Daily or almost daily (7)
Question 5: Failure to fulfill major role responsibilities

Frequency of experiencing a strong desire or urge to use each substance in the past 3 months.

During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?

- Never (0)
- Once or twice (5)
- Monthly (6)
- Weekly (7)
- Daily or almost daily (8)
Question 6: External concern

Recency of someone else’s concern about the patient’s substance use.

Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc.)?

- No, Never (0)
- Yes, in the past 3 months (6)
- Yes, but not in the past 3 months (3)
Question 7: Failed attempts to control substance use

Regency of the patient’s failed attempts to control use.

Have you ever tried and failed to control, cut down, or stop using (first drug, second drug, etc.)?

- No, Never (0)
- Yes, in the past 3 months (6)
- Yes, but not in the past 3 months (3)
Question 8: Injecting drug use

Have you ever used any drug by injection? (non-medical use only)

- No, Never (0)
- Yes, in the past 3 months (2)
- Yes, but not in the past 3 months (1)

If yes, query about pattern of injecting, as follows.
Pattern of injecting

**Pattern of Injecting**

- Once weekly or less or Fewer than 3 days in a row
- More than once per week or 3 or more days in a row

**Intervention Guidelines**

- Brief Intervention including “risks associated with injecting” card
- Further assessment and more intensive treatment*
Scoring the ASSIST

For each substance (labelled a. to j.), add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score.

<table>
<thead>
<tr>
<th>Question 2c</th>
<th>Weekly</th>
<th>Score = 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 3c</td>
<td>Once or twice</td>
<td>Score = 3</td>
</tr>
<tr>
<td>Question 4c</td>
<td>Monthly</td>
<td>Score = 5</td>
</tr>
<tr>
<td>Question 5c</td>
<td>Once or twice</td>
<td>Score = 5</td>
</tr>
<tr>
<td>Question 6c</td>
<td>Yes, but not in the past 3 months</td>
<td>Score = 3</td>
</tr>
<tr>
<td>Question 7c</td>
<td>No, never</td>
<td>Score = 0</td>
</tr>
</tbody>
</table>

Substance Specific Involvement Score for Cannabis 20
## Guidelines for assessing risk level using the ASSIST

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>All Other Substances</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>0-3</td>
<td>Low Risk (Provide Education)</td>
</tr>
<tr>
<td>11-26</td>
<td>4-26</td>
<td>Moderate Risk (Brief Intervention [BI])</td>
</tr>
<tr>
<td>27+</td>
<td>27+</td>
<td>High Risk (BI + Referral)</td>
</tr>
</tbody>
</table>

**Note:** Be careful! Do not blindly interpret the score. A patient can score in the “Moderate Risk” range because of past use (i.e., answered “Yes, but not in the past 3 months” for questions 6 & 7), and may not be currently using.
Recording the Substance Specific Involvement Score

The type of intervention is determined by the patient’s specific substance involvement score

<table>
<thead>
<tr>
<th>Substance</th>
<th>Specific Involvement Score</th>
<th>No Intervention (0-3)</th>
<th>Brief Intervention (4-26)</th>
<th>More Intensive Treatment *</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. tobacco</td>
<td>27</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>b. alcohol</td>
<td>10</td>
<td>0-10</td>
<td>11-26</td>
<td>27+</td>
</tr>
<tr>
<td>c. cannabis</td>
<td>6</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>d. cocaine</td>
<td>0</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>e. amphetamine</td>
<td>0</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>f. inhalants</td>
<td>0</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>g. sedatives</td>
<td>3</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>h. hallucinogens</td>
<td>0</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>i. opioids</td>
<td>18</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
<tr>
<td>j. other drugs</td>
<td>0</td>
<td>0-3</td>
<td>4-26</td>
<td>27+</td>
</tr>
</tbody>
</table>

* further assessment and more intensive treatment may be needed
### Specific Substance Involvement Scores

<table>
<thead>
<tr>
<th>Substance</th>
<th>Score</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0–3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4–26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>b. Alcoholic Beverages</td>
<td>0–3</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>4–26</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>27+</td>
<td>High</td>
</tr>
<tr>
<td>c. Cannabis</td>
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<td>d. Cocaine</td>
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<td>e. Amphetamine type stimulants</td>
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<td>f. Inhalants</td>
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<td>g. Sedatives or Sleeping Pills</td>
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<td>h. Hallucinogens</td>
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<td>i. Opioids</td>
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<td>j. Other – specify</td>
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<td>4–26</td>
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### What do your scores mean?

**Low:** You are at low risk of health and other problems from your current pattern of use.

**Moderate:** You are at risk of health and other problems from your current pattern of substance use.

**High:** You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

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### Are you concerned about your substance use?
Activity 1: ASSIST demonstration

Instructions

- Observe the ASSIST in action
- Observe the time of administration
- Questions / Answers

20 Min.
Common mistakes

- **Over-scoring Q 3 and Q 5**
  These questions reflect dependent use & strong craving (Q3), and loss of control / failure to fulfill obligations (Q5)

- **Forgetting that Q 1 and Q 2 are filter questions**
  Determine which drug categories to ask about in subsequent questions

- **Including Q 1 in scoring**
  Q 2-7 constitute the substance-specific scores
Activity 2: Role-play with ASSIST

- Instructions
  - Practice ASSIST with a partner
  - Clinician uses blank ASSIST
  - Patient uses copy with answers
  - Score ASSIST
  - Check answers and group discussion
  - Switch roles

35 Min.
Thank you for your time!

End of Workshop 2
Workshop 3

ASSIST Brief Intervention Basics
At the end of this workshop, you will be able to:

1. Identify components of the ASSIST brief intervention

2. Identify some principles of motivational interviewing

3. Understand and identify the 5 stages of change

4. Administer the ASSIST brief intervention
Studies show brief interventions (BIs) in primary care settings are beneficial for alcohol and other drug problems.

Brief advice (5 minutes) is cost effective (just as good as 20 minutes of counselling)*

BIs expand outreach to individuals who need treatment services

(Source: *WHO Brief Intervention Study Group, 1996)
Brief intervention

What are the ingredients of successful brief interventions?

- Includes **feedback** of personal risk and **advice** to change
- Offers a **menu** of change options
- Places the **responsibility** to change on the patient
- Based on a **motivational interviewing** counseling style and typically incorporates the **Stages of Change Model**
Stages of Change

Permanent Exit

Maintenance
Precontemplation
Action
Contemplation
Preparation
Activity 1: Reflection

Take some time to think about the most difficult change that you had to make in your life.

How much time did it take you to move from considering that change to actually taking action.

5 Min.
Recognising the need to change and understanding how to change doesn’t happen all at once. It usually takes time and patience.

People often go through a series of “stages” as they begin to recognise that they have a problem and consider what, if anything, to do about it.
Helping people change involves increasing their awareness of their need to change and helping them to start moving through the stages of change.

- Start “where the patient is”
- Try to see things from the patient’s point of view
- Positive approaches are more effective than confrontation – particularly in an outpatient setting
Helping people change (2)

Motivational interviewing is the process of helping people move through the stages of change.
Motivational interviewing is founded on 4 basic principles:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy
Principle 1: Express empathy

- The crucial attitude is one of acceptance
- Skilful reflective listening is fundamental
- Patient ambivalence is normal; the clinician should demonstrate an understanding of the patient’s perspective
You drink wine to help you sleep.

...When I wake up...I'm often late for work. Yesterday my boss fired me.

So you're concerned about not having a job.

I am so tired, but I have trouble falling asleep... so I drink some wine.

...But I do not have a drinking problem!
Principle 2: Develop discrepancy

- Clarify important goals for the patient
- Explore the consequences or potential consequences of the patient’s current behaviours
- Create and amplify in the patient’s mind a discrepancy between their current behaviour and their goals
Example of developing discrepancy

I only enjoy having some drinks with my friends…that’s all. Drinking helps me relax and have fun…I think that I deserve that for a change…

So drinking has done some good things for you…Now tell me about the not-so-good things you have experienced because of drinking.

Well…as I said, I lost my job because of my drinking problem…and I often feel sick.
Principle 3: Roll with resistance

- Avoid resistance
- If it arises, stop and find another way to proceed
- Avoid confrontation
- Shift perceptions
- Invite, but do not impose, new perspectives
- Value the patient as a resource for finding solutions to problems
Principle 4: Support self-efficacy

- The patient’s belief in the ability to change is an important motivator.
- The patient is responsible for choosing and carrying out personal change.
- Remind the patient that changing your behaviour changes your life.
Motivational interviewing strategies

(1)

Ask open-ended questions

➢ “Tell me about your cigarette use on a typical day?” (open-ended) vs. “How many cigarettes do you smoke on a typical day?” (closed)

➢ “What are your thoughts about setting a quit date?” (open-ended) vs. “Would you like to set a quit date?” (closed)

(Source: McGree, 2005)
Motivational interviewing strategies (2)

Affirmation

➢ “I think it is great that you want to do something positive for yourself.”

➢ “That must have been very difficult for you.”

➢ “That is a good suggestion.”

➢ “I appreciate that you are willing to talk with me about your substance use.”

(Source: McGree, 2005)
Listen reflectively

- “It is really important to you to keep your relationship with your boyfriend.”
- “You are not comfortable talking about this.”
- “You are surprised that your score shows you are at risk for problems.”

(Source: McGree, 2005)
Motivational interviewing strategies (4)

Eliciting “change talk”

- “What would be some of the good things about cutting down on your substance use?”
- “What do you think would work for you if you decided to change?”
- “What worries you about your substance use?”

(Source: McGree, 2005)
Motivational interviewing strategies (5)

Summarise

➢ “On the one hand, you enjoy using ecstasy at parties and you are not using any more than your friends. On the other hand, you have spent a lot more money than you can afford on drugs and that concerns you. You are finding it difficult to pay your bills and your credit cards have been cancelled.”

(Source: McGree, 2005)
Learning to Conduct the ASSIST Brief Intervention
Link ASSIST score to appropriate intervention

- Low Risk: Feedback and Information
- Moderate Risk: Feedback and BI
- High Risk: Feedback, BI and Referral
How is the ASSIST BI conducted?

- FEEDBACK: use report card
- ADVICE
- RESPONSIBILITY
- CONCERN about score
- GOOD THINGS ABOUT USING
- NOT-SO-GOOD THINGS ABOUT USING
- SUMMARISE
- CONCERN about not-so-good things
- TAKE-HOME INFORMATION

(Source: Humeniuk, 2005)
Use the report card to provide feedback to the patient

“ I’d like to share with you the results of the questionnaire you just completed. These are your scores for each substance that we talked about. You scored a 14 for alcohol, which puts you in the moderate risk group for that substance. You scored in the low risk group for all other substances.”

(Show patient alcohol / drug information or feedback form).
Offer advice

- “The best way to reduce your risk of alcohol-related harm is to cut back on your use, that is to move from this moderate risk category (point to report card) back to the low-risk category (point).”

- Educate patient about sensible drinking limits based on NIAAA recommendations
  - no more than 14 drinks / week for men (2 / day)
  - no more than 7 drinks / week for women and people 65+ yrs (1 / day)

(Source: McGree, 2005)
Place responsibility for change on patient

“What you do with the information is up to you. I am here to assist you if you would like help cutting back on your use.”

(See “How to Cut Down on Your Drinking” handout.)
“What are your thoughts about your scores, particularly the one for alcohol?”

(Take note of patient’s “change talk.”)

(Source: McGree, 2005)
Encourage the patient to weigh the benefits and costs of at-risk use

Ask your patient the following:

- What are some of the good things about using alcohol for you personally?
- What are some of the not-so-good things?
- What are some of your concerns about these not-so-good things?

(Source: McGree, 2005)
Summarise by developing a discrepancy:

“OK, so on the one hand, you have mentioned a lot of good things about getting drunk – you have a great time at parties, you are not so inhibited around your friends, everyone thinks you are the life of the party. But on the other hand, you have missed a lot of class time, your grades are suffering, and school is very important to you.”

(Source: McGree, 2005)
Offer self-help information and assistance in cutting back

“This handout talks about cutting back on your drinking. I will give it to you to take home with you – some people find it useful. If you would like to make a plan for cutting back, I am here to help you.”

(If patient seems interested, walk through the self-help strategies handout with him/her).

(Source: McGree, 2005)
Making referrals (1)

Be prepared to make referrals for further assessment and treatment

- Giving a phone number is not enough
- Become familiar with local community resources
- Take a proactive role in learning about the availability of appointments or treatment slots, costs, and transportation. Also get names of contacts at the agencies.

(Source: SAMHSA, 1994)
Making referrals (2)

- Making contact with an assessment/treatment agency to set up an appointment may constitute a “patient-identifying disclosure.”
  - Be aware of laws and regulations about communicating patient information
  - Get written consent from patients
  - Be aware of laws regarding minors

(Source: SAMHSA, 1994)
Encourage follow-up visits

At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress

(Source: “Cutting Back” 1998 Univ. of Connecticut Health Center)
Activity 1: Demonstration

Instructions:

- Observe the ASSIST brief intervention in action
- Observe the time of administration
- What worked well? Not so well?
- Questions / answers
Activity 2: Role-play using the ASSIST

Instructions

➢ Practice ASSIST with a partner
➢ Clinician uses blank ASSIST
➢ Patient uses Dave / Chloe example
➢ Group Discussion

30 Min.
Post-assessment

Please respond to the post-assessment questions in your workbook.

(Your responses are strictly confidential.)
Thank you for your time!

End of Workshop 3
Thank you for your time!

End of Workshop 3