

WHO - ASSIST TRAINING SESSION

DEMONSTRATION RESPONSES

CLINICIAN ID	DEMONSTRATION EXAMPLE	CLINIC							
PATIENT ID	FEMALE, AGED 23	DATE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> </tr> </table>	1	6	0	8	0	4
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INTRODUCTION *(Please read to patient. Can be adapted for local circumstances)*

(Many drugs & medications can affect your health. It is important for your health care provider to have accurate information about your use of various substances, in order to provide the best possible care.)

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). 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 prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1

In your life, which of the following substances have you <u>ever used</u>? (NON-MEDICAL USE ONLY)	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Yes
b. Alcoholic beverages (beer, wine, spirits, etc.)	Yes
c. Cannabis (marijuana, pot, grass, hash, etc.)	Yes
d. Cocaine (coke, crack, etc.)	No
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Yes, I've used meth
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	No
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	Yes
i. Opioids (heroin, morphine, methadone, codeine, etc.)	No
j. Other - specify:	Yes, I've used GHB once

Probe if all answers are negative:
"Not even when you were in school?"

If "No" to all items, stop interview.
If "Yes" to any of these items, ask
Question 2 for each substance ever used.

Question 2

In the <u>past three months</u>, how often have you used the substances you mentioned (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Everyday
b. Alcoholic beverages (beer, wine, spirits, etc.)	A few times a week
c. Cannabis (marijuana, pot, grass, hash, etc.)	A couple of times a month
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	A couple of times a month
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never used inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never used sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	Haven't used them in last 3 months
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	Tried GHB once a few years ago

If "Never" to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3

During the <u>past three months</u>, how often have you had a strong desire or urge to use (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Everyday
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never
c. Cannabis (marijuana, pot, grass, hash, etc.)	Haven't really
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	I get a desire to use when I'm out in a club with my friends but I wouldn't say I was really hanging out to use (never)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never used inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never used sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(Haven't used them in last 3 mo.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(Haven't used them in last 3 mo.)

Question 4

During the <u>past three months</u>, how often has your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>) led to health, social, legal or financial problems?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	No, not really
b. Alcoholic beverages (beer, wine, spirits, etc.)	I had a really bad hangover last month where I stayed in bed all day, but that's been it, really
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	I get depressed and moody after using them (twice a month)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never used inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never used sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(Haven't used them in last 3 mo.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(Haven't used them in last 3 mo.)

Question 5

During the <u>past three months</u>, how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Never (no repercussions from depression)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never used inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never used sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(Haven't used them in last 3 mo.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(Haven't used them in last 3 mo.)

Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)

Question 6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Yes, my doctor said I should stop smoking when I saw her last month
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never
c. Cannabis (marijuana, pot, grass, hash, etc.)	I used to smoke a fair bit of dope when I was younger and my parents used to hassle me about it
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Yes, my boyfriend did a few weeks ago
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never tried inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never tried sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	Yes, once a few years ago I had a really bad trip and my boyfriend of the time was worried about me using acid
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	No, only used GHB once

Question 7

Have you <u>ever</u> tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	I tried to cut down about a year ago but failed miserably
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never tried
c. Cannabis (marijuana, pot, grass, hash, etc.)	I did successfully cut down on smoking dope on a daily basis a couple years ago
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	No, Never tried
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	(never used inhalants)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(never used sedatives)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	No, never been an issue
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	No, only used once, so not an issue

Question 8

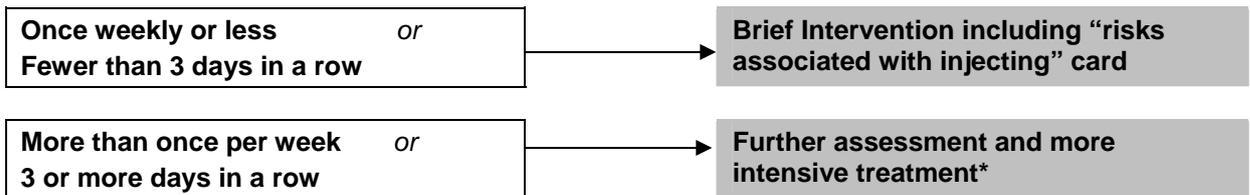
<p>Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)</p>	<p>Never</p>
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IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

PATTERN OF INJECTING

INTERVENTION GUIDELINES



HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

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. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT’S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco	21	0 - 3	4 - 26	27+
b. alcohol	8	0 - 10	11 - 26	27+
c. cannabis	6	0 - 3	4 - 26	27+
d. cocaine	0	0 - 3	4 - 26	27+
e. amphetamine	14	0 - 3	4 - 26	27+
f. inhalants	0	0 - 3	4 - 26	27+
g. sedatives	0	0 - 3	4 - 26	27+
h. hallucinogens	3	0 - 3	4 - 26	27+
i. opioids	0	0 - 3	4 - 26	27+
j. other drugs	0	0 - 3	4 - 26	27+

NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

DEMONSTRATION EXAMPLE OF BRIEF INTERVENTION – SUBJECT RESPONSES

4. CONCERN

Q. What are your thoughts about your scores; particularly the one for amphetamines?

Response: Well, I didn't realize I would have such a high score for amphetamines and that I could be at risk of those kinds of health problems. I guess I have been thinking about cutting back for a while because they do make me feel really down a couple days later and it's getting to the point where maybe it's just not worth it anymore. But they make you feel so good when you are using them, so I don't know.

5. GOOD THINGS ABOUT USING

Q. There are reasons that you use amphetamines; what are some of the good things about using amphetamines for you?

Response: I like that I can stay up all night and party with my friends and that they just make you feel more lively and happy. We just have a really good time all together and, man, what a rush!

6. NOT-SO-GOOD THINGS ABOUT USING

Q. Can you identify the not-so-good things about using amphetamines for you personally?

Response: Definitely the crash. I feel really depressed and I get very irritable at work and at my boyfriend. He doesn't really like me using them and that's causing a few problems between us. I'm also worried about the effect that it might be having on my mood long term because I think I'm more irritable now that I used to be.

8. CONCERN ABOUT THE NOT-SO-GOOD THINGS

Q. Do these not-so-good things about using amphetamines concern you? (Probe: How so?)

Response: Yes, I suppose I am concerned about the effect that it is having on my mood in general and also those other things that were mentioned in the score sheet, I wasn't aware of them and they do sound scary. It also worries me if this effect on my mood might be an ongoing thing, because I really don't like feeling depressed.