





Alcohol, Smoking and Substance Involvement Screening Test - Lite (ASSIST-Lite): description, strengths and knowledge gaps¹¹

Purpose

The ASSSIT-Lite is a short-form version of the Alcohol, Smoking and Substance Involvement Screening Test - Lite (ASSIST), that can be used to screen for a range of drugs of concern.^[2]

Drug(s) of Concern

- Alcohol
- Cannabis
- Tobacco/nicotine
- Methamphetamine
- Opioids/heroin
- Benzodiazepines
- Hallucinogens
- Sedatives

- Inhalants
- Cocaine

Time-frame(s) of Interest

• Recent (last 3 months)

Populations Tested

- Adults^[2]
- Young people^[3]

Settings Tested

- AOD specialist services^[2]
- Primary care^[2,3]



Diagnostics

Utility: ✓ Validated with an Australian population^[2]

✓ Easy to administer✓ Quick to complete

✓ Detects substance use related problems^[2]

Psychometric properties: • A study on adults found high sensitivity (88%-100%) and good

specificity (61%-76%) across different drugs. AUC ranged from

0.81-0.97 indicating good diagnostic accuracy.[1]

 In a study on adolescents, high sensitivity and specificity was reported for cannabis use disorders (sensitivity = 96%; specificity

= 88%; AUC = 0.92), also at a minimally low cut-point^[3]



ASSIST-Lite

These questions ask about psychoactive substances in the **past 3 months only**

	Did you smoke a cigarette containing tobacco?	Yes 1	No 0
Tobacco	1a. Did you usually smoke more than 10 cigarettes each day?	Yes 1	No 0
	1b. Did you usually smoke within 30 minutes after waking?	Yes 1	No 0
	Subtota	l:	
	2. Did you have a drink containing alcohol?	Yes 1	No 0
Alcohol	2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	Yes 1	No 0
	2b. Have you tried and failed to control, cut down or stop drinking?	Yes 1	No 0
	2c. Has anyone expressed concern about your drinking?	Yes 1	No 0
	Subtotal	l:	
	3. Did you use cannabis?	Yes 1	No 0
Cannabis	3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?	Yes 1	No 0
	3b. Has anyone expressed concern about your use of cannabis?	Yes 1	No 0
	Subtotal	:	
Amphe	4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	Yes 1	No 0
Amphetamine-t mulants	4a. Did you use a stimulant at least once each week or more often?	Yes 1	No 0
	4b. Has anyone expressed concern about your use of a stimulant?	Yes 1	No 0
i i i			
type	Subtotal		
	Subtotal: 5. Did you use a sedative or sleeping medication not as prescribed?	Yes 1	No 0
type			No
	5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least	Yes 1	
type	5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	Yes	No 0
type	5. Did you use a sedative or sleeping medication not as prescribed?5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?5b. Has anyone expressed concern about your use of a sedative or sleeping medication?	Yes	No 0
type Sedatives	5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotals	Yes	No
type	5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotal: 6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed?	Yes	No
type Sedatives	5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotal: 6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed? 6a. Have you tried and failed to control, cut down or stop using an opioid?	Yes	No
type Sedatives Opiods	 5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotal: 6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed? 6a. Have you tried and failed to control, cut down or stop using an opioid? 6b. Has anyone expressed concern about your use of an opioid? 	Yes	No
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type Sedatives	 5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotal. 6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed? 6a. Have you tried and failed to control, cut down or stop using an opioid? 6b. Has anyone expressed concern about your use of an opioid? Subtotal. 7. Did you use any other psychoactive altering substance? What did you take? 7a. Have you had a strong desire or urge to use the prescribed drug at least once a week or more often? 	Yes	No
type Sedatives Opiods	 5. Did you use a sedative or sleeping medication not as prescribed? 5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often? 5b. Has anyone expressed concern about your use of a sedative or sleeping medication? Subtotal: 6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed? 6a. Have you tried and failed to control, cut down or stop using an opioid? 6b. Has anyone expressed concern about your use of an opioid? Subtotal: 7. Did you use any other psychoactive altering substance? What did you take? 7a. Have you had a strong desire or urge to use the prescribed drug at least once a week or more often? 7b. Has anyone expressed concern about your use of the prescribed drug? 	Yes	No



Administrator, Rater, Scoring and Interpretation

Administrator: Clinician/Worker

Self-complete

Online

Rater: Client

Scoring & interpretation: For questions 1-7, score 1 point for each question answered "yes".

A substance score is calculated by summing the points obtained for that substance. For each substance the minimum total score possible is 0, and the maximum total score possible is 3 (i.e. total score range

for each substance is 0-3).

Question 7 is not scored, but may prompt further assessment.

ASSIST-Lite Risk Scores

David of concern	Risk		
Drug of concern	Low	Moderate	High
Alcohol	0-1	2	3-4
Tobacco, Cannabis, Stimulants, Sedatives & Opioids	0	1-2	3



Resources

Tool citation: Ali, R., Meena, S., Eastwood, B., Richards, I., and Marsden, J. *Ultra-rapid*

screening for substance-use disorders: the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite). Journal of Drug

and Alcohol Dependence, 2013. 132(1-2): 352-361.

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Training/manual: Training is recommended (ASSSIST portal: https://assistportal.com.

au/download/assist-lite-approved/?wpdmdl=1256).

Brief intervention: • General population:

https://www.who.int/substance_abuse/activities/assist_test/

en/

• https://assistportal.com.au/resources-2/.

· Young people -

 DASSA. ASSIST-Y. Instructions for clinicians: how to administer the ASSIST-Y and linked intervention to young people aged 15-17 years. 2011. DASSA, Adelaide. https://www.sahealth.sa.gov.au/ wps/wcm/connect/ea47f7004011ecb88359bb4826472d56/ ASSIST-Y+15-17yo+instructions+for+clinicians+Dec+2011+revised +March+2017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-

ea47f7004011ecb88359bb4826472d56-m8FSGgb.

• Methamphetamine -

 Harland, J. and R. Ali, ASSIST on ice: The Alcohol, Smoking and Substance Involvement Screening Test and brief intervention for methamphetamine use. 2017, DASSA-WHO Collaborating Centre, University of Adelaide, Australia: Adelaide: https://

cracksintheice.org.au/pdf/ASSIST-on-ICE-eManual.pdf.

ASSIST Portal: https://assistportal.com.au/download/assist-lite-

approved/?wpdmdl=1256.

Other:



Knowledge Gaps

The ASSIST-Lite is a relatively new innovation in the suite of ASSIST resources, and it is increasingly administered in a broad range of settings.

ASSIST-Lite developers noted in the original study that further research was required to address validation limitations.^[2] Specifically a need for further validation with:

- Samples with a high prevalence of various substances
- New samples, as the ASSIST-Lite was derived from the original ASSIST sample.

References

- 1. Fischer, J.A., Roche, A.M., and Duraisingam, V. Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite) tool: description, strengths and knowledge gaps. AOD Screening and Withdrawal Tools Collection. 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia. (overview citation)
- 2. Ali, R., Meena, S., Eastwood, B., Richards, I., and Marsden, J. *Ultra-rapid screening for substance-use disorders: the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite).*Journal of Drug and Alcohol Dependence, 2013. 132(1-2): 352-361.
- 3. Gryczynski, J., Kelly, S.M., Mitchell, S.G., et al. *Validation and performance of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) among adolescent primary care patients.*Addiction, 2015. 110(2): 240-247.



