

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): description, strengths and knowledge gaps^[1]

Purpose

The purpose of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is to detect and manage substance use in primary care and general medical care settings.^[2]

Drug(s) of Concern

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

Time-frame(s) of Interest

- Life-time
- Recent (last 3 months)

Populations Tested

- Males & females^[2, 3]
- Young people^[4-7]
- Older people^[8, 9]
- Pacific peoples in New Zealand^[10]
- Australian Aboriginal & Torres Strait Islander peoples^[11]
- Culturally and linguistically diverse populations
- Pregnancy^[12, 13]
- Prisoners^[14, 15]

Settings Tested

- AOD specialist services^[16, 17]
- Primary care (e.g., general practice) ^[18]
- General hospital^[19, 20]
- Emergency departments^[21, 22]
- Mental health^[23, 24]
- General population^[25]
- Research^[26]
- Online^[7, 15, 27, 28]

Diagnostics

Utility:

- ✓ Validated with Australian populations^[3]
- ✓ Detects a variety of substance use related problems
- ✓ Explores options for addressing substance use

Psychometric properties:

- Humeniuk and colleagues (2008) found significant correlations between the ASSIST and ASI-Lite ($r = 0.76-0.88$), SDS ($r = 0.59$), AUDIT ($r = 0.82$) and the RTQ ($r = 0.78$). Significant correlations were also found between ASSIST scores and measures of risk factors for the development of AOD problems ($r = 0.48-0.76$)
- The ASSIST can discriminate between substance use, abuse and dependence
- Receiver operating characteristic (ROC) analysis was used to establish cut-off scores with suitable specificity (50–96%) and sensitivity (54–97%) for most substances, with no significant differences in respondents' scores between baseline and follow up (3 months) indicating good predictive validity^[29]

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

I am going to ask you some questions about your experience of using a range of substances across your lifetime and in the past three months. Some substances may be prescribed by a doctor. If you have taken such medications more frequently or at higher doses than prescribed, please let me know.

Q.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

1.a	In your life have you ever used tobacco products (cigarettes, chewing tobacco, cigars, etc.)?					No - Go to Q2 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
1.b	In the past three months, how often have you used tobacco?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
1.c	In the past three months, how often have you had a strong desire or urge to use tobacco?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
1.d	In the past three months, how often has your use of tobacco led to health, social, legal or financial problems?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
1.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of tobacco?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
1.f	Has a friend or relative or anyone else ever expressed concern about your use of tobacco?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
1.g	Have you ever tried and failed to control, cut down or stop using tobacco?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
						Tobacco Score	

Q.2 Alcoholic beverages (beer, wine, spirits, etc.)

2.a	In your life have you ever used alcohol beverages (beer, wine, spirits, etc.)?					No - Go to Q3 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
2.b	In the past three months, how often have you used alcohol?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
2.c	In the past three months, how often have you had a strong desire or urge to use alcohol?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
2.d	In the past three months, how often has your use of alcohol led to health, social, legal or financial problems?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
2.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of alcohol?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
2.f	Has a friend or relative or anyone else ever expressed concern about your use of alcohol?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
2.g	Have you ever tried and failed to control, cut down or stop using alcohol?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
						Alcohol Score	

Q.3 Cannabis (marijuana, pot, grass, hash, etc.)

3.a	In your life have you ever used cannabis (marijuana, pot, grass, hash, etc.)?				No - Go to Q4 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
3.b	In the past three months, how often have you used cannabis?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
3.c	In the past three months, how often have you had a strong desire or urge to use cannabis?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
3.d	In the past three months, how often has your use of cannabis led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
3.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of cannabis?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
3.f	Has a friend or relative or anyone else ever expressed concern about your use of cannabis?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
3.g	Have you ever tried and failed to control, cut down or stop using cannabis?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
Cannabis Score						

Q.4 Cocaine (coke, crack, etc.)

4.a	In your life have you ever used cocaine (coke, crack, etc.)?					No - Go to Q5 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
4.b	In the past three months, how often have you used cocaine?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
4.c	In the past three months, how often have you had a strong desire or urge to use cocaine?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
4.d	In the past three months, how often has your use of cocaine led to health, social, legal or financial problems?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
4.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of cocaine?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
4.f	Has a friend or relative or anyone else ever expressed concern about your use of cocaine?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
4.g	Have you ever tried and failed to control, cut down or stop using cocaine?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3				
Cocaine Score							

Q.5 Amphetamine type stimulants (methamphetamine, speed, ecstasy, etc)

5.a	In your life have you ever used amphetamine type stimulants (methamphetamine, speed, ecstasy, etc.)?				No - Go to Q6 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
5.b	In the past three months, how often have you used amphetamine type stimulants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
5.c	In the past three months, how often have you had a strong desire or urge to use amphetamine type stimulants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
5.d	In the past three months, how often has your use of cannabis led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
5.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of amphetamine type stimulants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
5.f	Has a friend or relative or anyone else ever expressed concern about your use of amphetamine type stimulants?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6		Yes, but not in the past 3 months <input type="checkbox"/> 3		
5.g	Have you ever tried and failed to control, cut down or stop using amphetamine type stimulants?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6		Yes, but not in the past 3 months <input type="checkbox"/> 3		
Amphetamine Type Stimulants Score						

Q.6 Inhalants (nitrous, glue, petrol, paint thinner, etc.)

6.a	In your life have you ever used amphetamine type inhalants (nitrous, glue, petrol, paint thinner, etc.)?				No - Go to Q7 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
6.b	In the past three months, how often have you used inhalants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
6.c	In the past three months, how often have you had a strong desire or urge to use inhalants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
6.d	In the past three months, how often has your use of inhalants led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
6.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of inhalants?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
6.f	Has a friend or relative or anyone else ever expressed concern about your use of inhalants?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
6.g	Have you ever tried and failed to control, cut down or stop using inhalants?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
Inhalants Score						

Q.7 Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc)

7.a	In your life have you ever used sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)?				No - Go to Q8 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
7.b	In the past three months, how often have you used sedatives or sleeping pills?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
7.c	In the past three months, how often have you had a strong desire or urge to use sedatives or sleeping pills?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
7.d	In the past three months, how often has your use of sedatives or sleeping pills led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
7.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of sedatives or sleeping pills?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
7.f	Has a friend or relative or anyone else ever expressed concern about your use of sedatives or sleeping pills?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
7.g	Have you ever tried and failed to control, cut down or stop using sedatives or sleeping pills?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
Sedatives or Sleeping Pills Score						

Q.8 Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

8.a	In your life have you ever used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?				No - Go to Q9 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
8.b	In the past three months, how often have you used hallucinogens?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
8.c	In the past three months, how often have you had a strong desire or urge to use hallucinogens?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
8.d	In the past three months, how often has your use of hallucinogens led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
8.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of hallucinogens?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
8.f	Has a friend or relative or anyone else ever expressed concern about your use of hallucinogens?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
8.g	Have you ever tried and failed to control, cut down or stop using hallucinogens?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
Hallucinogens Score						

Q.9 Opioids (heroin, morphine, methadone, codeine, etc.)

9.a	In your life have you ever used opioids (heroin, morphine, methadone, codeine, etc.)?					No - <i>Go to Q10</i> <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
9.b	In the past three months, how often have you used opioids?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
9.c	In the past three months, how often have you had a strong desire or urge to use opioids?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
9.d	In the past three months, how often has your use of opioids led to health, social, legal or financial problems?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
9.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of opioids?						
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4		
9.f	Has a friend or relative or anyone else ever expressed concern about your use of opioids?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6		Yes, but not in the past 3 months <input type="checkbox"/> 3			
9.g	Have you ever tried and failed to control, cut down or stop using opioids?						
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6		Yes, but not in the past 3 months <input type="checkbox"/> 3			
Opioids Score							

Q.10 Other – specify _____

10.a	In your life have you ever used any other drug for non-medical purposes? Specify _____				No - Go to Q11 <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
10.b	In the past three months, how often have you used _____?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
10.c	In the past three months, how often have you had a strong desire or urge to use _____?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
10.d	In the past three months, how often has your use of _____ led to health, social, legal or financial problems?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
10.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of _____?					
	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4	
10.f	Has a friend or relative or anyone else ever expressed concern about your use of _____?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
10.g	Have you ever tried and failed to control, cut down or stop using _____?					
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3			
_____ Score						

11. Drugs by injection

11	Have you ever used any drug by injection		
	No, Never <input type="checkbox"/> 0	Yes, in the past 3 months <input type="checkbox"/> 6	Yes, but not in the past 3 months <input type="checkbox"/> 3

ASSIST SCORE SUMMARY

		Score
Q.1	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	
Q.2	Alcoholic beverages (beer, wine, spirits, etc.)	
Q.3	Cannabis (marijuana, pot, grass, hash, etc.)	
Q.4	Cocaine (coke, crack, etc.)	
Q.5	Amphetamine type stimulants (methamphetamine, speed, diet pills, ecstasy, etc)	
Q.6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	
Q.7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	
Q.8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	
Q.9	Opioids (heroin, morphine, methadone, codeine, etc.)	
Q.10	Other - specify	

Administrator, Rater, Scoring and Interpretation

Administrator: Clinician/Worker
Online

Rater: Client

Scoring & interpretation: The ASSIST can be administered to screen for problem/risky use of a number of substances (tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opioids and 'other drugs'). For each substance there are eight identical questions about frequency of use, efforts to reduce use, and risky behaviours. Scores are calculated by summing for each substance response a-g. For tobacco the total minimum score possible is 0; and the total maximum score possible is 31 (i.e. range: 0-31). For all other drugs, the total minimum score possible is 0, and the total maximum score possible is 39 (i.e. range: 0-39).

ASSIST Score Interpretation

Risk level	Alcohol	All other substances
Lower risk	0-10	0-3
Moderate risk	11-26	4-26
High risk	27+	27+

A global score may also be obtained by summing items (questions 1-7) for all substances together. The minimum global score possible is 0, with 414 the maximum total score possible (i.e. range: 0-414).

Resources

Tool citation:	WHO Group. <i>The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility</i> . <i>Addiction</i> , 2002. 97(9): 1183-1194.
Copyright:	May be downloaded and used with appropriate acknowledgement.
Training/manual:	Training is recommended (ASSIST Portal: https://assistportal.com.au/)
Brief intervention:	<ul style="list-style-type: none"> • Primary care: https://apps.who.int/iris/bitstream/handle/10665/44320/9789241599382_eng.pdf?sequence=1&isAllowed=y. • General population: <ul style="list-style-type: none"> • https://www.who.int/substance_abuse/activities/assist_test/en/. • https://assistportal.com.au/resources-2/. • Young people: <ul style="list-style-type: none"> • DASSA. ASSIST-Y. <i>Instructions for clinicians: how to administer the ASSIST-Y and linked intervention to young people aged 15-17 years</i>. 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: <ul style="list-style-type: none"> • Harland, J. and Ali, R. <i>ASSIST on ice: The Alcohol, Smoking and Substance Involvement Screening Test and brief intervention for methamphetamine use</i>. 2017, DASSA-WHO Collaborating Centre, University of Adelaide, Australia: Adelaide. https://cracksintheice.org.au/pdf/ASSIST-on-ICE-eManual.pdf.
Other:	ASSIST Portal: https://assistportal.com.au/ .

Knowledge Gaps

The ASSIST was specifically developed by a World Health Organization collaboration as a tool that can be used to screen for a broad range of substances. It is increasingly recommended in clinical guidelines and policies. Over 400 ASSIST publications are listed on the home portal (www.assistportal.com.au/#resources). One systematic review of the ASSIST was found, which was in Spanish.^[30]

Reviews are recommended to:

- Ascertain the scope of ASSIST peer reviewed literature
- Examine the veracity of the ASSIST with different populations and in a variety of settings
- Examine its utility and applicability from the point of view of clients, clinicians and services.

References

1. Fischer, J.A., Roche, A.M., and Duraisingam, V. *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): 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. WHO Group. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility*. *Addiction*, 2002. 97(9): 1183-1194.
3. Newcombe, D., Humeniuk, R., and Ali, R. *Validation of the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): report of results from the Australian site*. *Drug and Alcohol Review*, 2005. 24(3): 217-226. doi:10.1080/09595230500170266.
4. Christoff, A.O., Barreto, H.G.A., and Boerngen-Lacerda, R. *Development of a Computer-Based Format for the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) With University Students*. *Substance Use and Misuse*, 2016. 51(9): 1207-1217.
5. Goodyear-Smith, F., Corter, A., and Suh, H. *Electronic screening for lifestyle issues and mental health in youth: a community-based participatory research approach*. *BMC Medical Informatics and Decision Making* 2016. 16(1). doi.org/10.1186/s12911-016-0379-z.
6. 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: 240-247.
7. Harris, S.K., Knight, J.R., Van Hook, S., et al. *Adolescent substance use screening in primary care: validity of computer self-administered versus clinician-administered screening Substance Abuse*, 2016. 37(1): 197-203.
8. Draper, B., Ridley, N., Johnco, C., et al. *Screening for alcohol and substance use for older people in geriatric hospital and community health settings*. *International Psychogeriatrics*, 2015. 27(1): 155-166.

9. Cusack, L., Kelly, J., Groenkjaer, M., Wilkinson, C., and Harland, J. *Acceptability and suitability of alcohol, smoking and substance involvement screening test for older people in the community*. *Contemporary Nurse*, 2019: 1–9.
10. Newcombe, D., Tanielu–Stowers, H., McDermott, R., Stephen, J., and Nosa, V. *The validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) amongst pacific people in New Zealand*. *New Zealand Journal of Psychology*, 2016. 45(1): 30–39.
11. Calabria, B., Shakeshaft, A.P., Clifford, A., et al. *Reducing drug and alcohol use and improving well-being for Indigenous and non-Indigenous Australians using the Community Reinforcement Approach: a feasibility and acceptability study*. *International Journal of Psychology*, 2020. 55: 88–95.
12. Hotham, E., Ali, R., White, J., Sullivan, T., and Robinson, J. *Investigation of the Alcohol, Smoking, and Substance Involvement Screening Test (the ASSIST) Version 3.0 in pregnancy*. *Addictive Disorders and Their Treatment*, 2013. 12: 123–135.
13. Coleman–Cowger, V.H., Oga, E.A., Peters, E.N., et al. *Accuracy of three screening tools for prenatal substance use*. *Obstetrics & Gynecology*, 2019. 133: 952–961.
14. Holmwood, C., Marriott, M., and Humeniuk, R. *Substance use patterns in newly admitted male and female South Australian prisoners using the WHO–ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)*. *International Journal of Prison Health*, 2008. 4: 198–207.
15. Wolff, N. and Shi, J. *Screening for substance use disorder among incarcerated men with the Alcohol, Smoking, Substance Involvement Screening Test (ASSIST): a comparative analysis of computer-administered and interviewer-administered modalities*. *Journal of Substance Abuse Treatment*, 2015. 53: 22–32.
16. Darker, C.D., Sweeney, B., Keenan, E., et al. *Screening and brief interventions for illicit drug use and alcohol use in methadone maintained opiate-dependent patients: results of a pilot cluster randomized controlled trial feasibility study*. 51, 2016. 9: 1104–1115.
17. Bearnot, B., Fine, D.R., Rigotti, N.A., and Baggett, T.P. *Access to treatment for drug use disorders at US health centers: a national study*. *Journal of General Internal Medicine*, 2019. 34(12): 2723–2725.
18. Humeniuk, R., Henry–Edwards, S., Ali, R., Poznyak, V., and Monteiro, M.G., *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): manual for use in primary care*. 2010, Geneva: World Health Organization.
19. Gil, R., Sohler, N.L., Brisbane, M., Llanos, G.O., and Cunningham, C.O. *Screening, brief intervention and referral to treatment (SBIRT) for opioid abuse in an urban hospitalized population: a pilot study*. *Journal of General Internal Medicine*, 2011. 26(S198–S199).
20. Mdege, N.D. and Lang, J. *Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: a systematic review*. *Addictive Behaviors*, 2011. 36(12): 1111–1119.
21. Patston, L.L., Travers, K.A., and Newcombe, D.A. *The acceptability and feasibility of screening for alcohol and drug misuse in a hospital emergency department*. *Addictive Disorders & Their Treatment*, 2017. 16: 111–120.

22. Broderick, K.B., Richmond, M.K., Fagan, J., and Long, A.W. *Pilot validation of a brief screen tool for substance use detection in emergency care*. *Journal of Emergency Medicine*, 2015. 49: 369–374.
23. Hides, L., Cotton, S.M., Berger, G., et al. *The reliability and validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in first-episode psychosis*. *Addictive Behaviors*, 2009. 34(10): 821–825.
24. Heslop, K. and Ross, C. *The Alcohol Smoking and Substance Involvement Screening Test in an acute mental health setting*. *Journal of Mental Health and Addiction*, 2014. 11(5): 583–600.
25. Leos-Toro, C., Rynard, V., and Hammond, D. *Prevalence of problematic cannabis use in Canada: cross-sectional findings from the 2013 Canadian Tobacco, Alcohol and Drugs Survey*. *Canadian Journal of Public Health*, 2017. 108(5–6): e516–e522.
26. Obadeji, A., Kumolalo, B.F., Bamidele, J.O., and Olasehinde, T.F. *Road traffic accidents among commercial motorcyclists: Relationship with substance use and psychosocial factors*. *Social Health and Behavior*, 2020. 3(2). doi:10.4103/SHB.SHB_9_20.
27. Gryczynski, J., Mitchell, S.G., Gonzales, A., et al. *A randomized trial of computerized vs. in-person brief intervention for illicit drug use in primary care: outcomes through 12 months*. *Journal of Substance Abuse Treatment*, 2015. 50: 3–10.
28. Kumar, P.C., Cleland, C.M., Gourevitch, M.N., et al. *Accuracy of the Audio Computer Assisted Self Interview version of the Alcohol, Smoking and Substance Involvement Screening Test (ACASI ASSIST) for identifying unhealthy substance use and substance use disorders in primary care patients*. *Drug and Alcohol Dependence*, 2016. 165: 38–44.
29. Humeniuk, R., Ali, R., Babor, T.F., et al. *Validation of the alcohol, smoking and substance involvement screening test (ASSIST)*. *Addiction*, 2008. 103(6): 1039–1047.
30. Silva, A.C.d., Lucchese, R., Vargas, L.S., Benício, P.R., and Vera, I. *Application of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) instrument: an integrative review*. *Revista Gaucha de Enfermagem*, 2016. 37(1). doi.org/10.1590/1983-1447.2016.01.52918.