A. WHO - ASSIST V3.0

INTERVIEWER ID

COUNTRY

Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

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 <u>each substance</u> used.

Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6

Question 4

During the

Question 8

Question o	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

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

Once weekly or less or Once weekly or less

Fewer than 3 days in a row

B. WHO ASSIST V3.0 RESPONSE CARD FOR PATIENTS

Response Card - substances

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

b. Alcoholic beverages (beer, wine, spirits, etc.)

c. Cannabis (marijuana, pot, grass, hash, etc.)

d. Cocaine (coke, crack, etc.)

e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

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

i. Opioids (heroin, morphine, methadone, codeine, etc.)

j. Other - specify:

Response Card (ASSIST Questions 2 - 5)

Never: not used in the last 3 months

Once or twice: 1 to 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.

Response Card (ASSIST Questions 6 to 8)

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months

C. ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (WHO ASSIST V3.0) FEEDBACK REPORT CARD FOR PATIENTS

Test Date

Specific Substance Involvement Scores

Substance	Score	Risk Level		
a. Tobacco products		0-3 Low 4-26 Moderate 27+ High		
b. Alcoholic Beverages		0-10 Low 11-26 Moderate 27+ High		
c. Cannabis		0-3 Low 4-26 Moderate 27+ High		

d. Cocaine

a. tobacco	Your risk of experiencing these harms is: Low ☐ Moderate ☐ High ☐ (tick one)
	Regular tobacco smoking is associated with:
	Premature aging, wrinkling of the skin
	Respiratory infections and asthma
	High blood pressure, diabetes
	Respiratory infections, allergies and asthma in children of smokers
	Miscarriage, premature labour and low birth weight babies for pregnant women
	Kidney disease
	Chronic obstructive airways disease
	Heart disease, stroke, vascular disease
	Cancers

b. alcohol	Your risk of experiencing these harms is: Low Moderate High (tick one)				
	Regular excessive alcohol use is associated with:				
	Hangovers, aggressive and violent behaviour, accidents and injury				
	Reduced sexual performance, premature ageing				
	Digestive problems, ulcers, inflammation of the pancreas, high blood pressure				
	Anxiety and depression, relationship difficulties, financial and work problems				
	Difficulty remembering things and solving problems				
	Deformities and brain damage in babies of pregnant women				
	Stroke, permanent brain injury, muscle and nerve damage				
	Liver disease, pancreas disease				
	Cancers, suicide				

c. cannabis Your risk of experiencing these harms is:.....

Regular use of cannabis is associated with:

d. cocaine		Your risk of experiencing these harms is:	Low 🗆	Moderate □ (tick one)	High □	
30001110		Regular use of cocaine is associated with:		(
		ty sleeping, heart racing, headaches, weight loss				
	Numbr	ness, tingling, clammy skin, skin scratching or picking				
	Accide	nts and injury, financial problems				
	Irration	nal thoughts				
	Moods	swings - anxiety, depression, mania				
	Aggres	sion and paranoia				
	Intense	craving, stress from the lifestyle				
	Psycho	sis after repeated use of high doses				
	Sudder	n death from heart problems				
e. amphetan	nine	Your risk of experiencing these harms is:	Low 🗆	Moderate □ (tick one)	High □	
type stimu	lants	Regular use of amphetamine type stimulants is associated with:				
	Difficul	ty sleeping, loss of appetite and weight loss, dehydration	n			
	jaw clenching, headaches, muscle pain					
	Mood swings -anxiety, depression, agitation, mania, panic, paranoia					
	Tremor	rs, irregular heartbeat, shortness of breath				
	Aggres	sive and violent behaviour				
	Psycho	sis after repeated use of high doses				
	Permar	nent damage to brain cells				
	Liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations					
f.		Your risk of experiencing these harms is:	Low 🗆	Moderate □	High □	
inhalants			LOW L	(tick one)	riigii 🗆	
	Dizzine	Regular use of inhalants is associated with: ess and hallucinations, drowsiness, disorientation, blurre	ed visior	า		
		symptoms, sinusitis, nosebleeds				
		stion, stomach ulcers				
	O	nts and injury				
		y loss, confusion, depression, aggression				
	MCHIOI	y 1055, Corrusion, acpression, aggression				

g. sedatives		Your risk of experiencing these harms is: Low ☐ Moderate ☐ High ☐ (tick one)				
		Regular use of sedatives is associated with:				
	Drov	vsiness, dizziness and confusion				
	Difficulty concentrating and remembering things					
	Nausea, headaches, unsteady gait					
	Slee	ping problems				
	Anxi	ety and depression				
	Tole	rance and dependence after a short period of use.				
	Seve	ere withdrawal symptoms				
	Ove	rdose and death if used with alcohol, opioids or other depressant drugs.				
h. hallucinog	iens	Your risk of experiencing these harms is: Low ☐ Moderate ☐ High ☐ (tick one)				
	,	Regular use of hallucinogens is associated with:				
	Hall	ucinations (pleasant or unpleasant) - visual, auditory, tactile, olfactory				
	Diffi	culty sleeping				
	Nau	sea and vomiting				

D. RISKS OF INJECTING CARD – INFORMATION FOR PATIENTS

Using substances by injection increases the risk of harm from substance use.

This harm can come from:

The substance

- If you inject any drug you are more likely to become dependent.
- If you inject amphetamines or cocaine you are more likely to experience psychosis.
- If you inject heroin or other sedatives you are more likely to overdose.

The injecting behaviour

- If you inject you may damage your skin and veins and get infections.
- You may cause scars, bruises, swelling, abscesses and ulcers.
- > Your veins might collapse.
- If you inject into the neck you can cause a stroke.

· Sharing of injecting equipment

If you share injecting equipment (needles & syringes, spoons, filters, etc.) you are more likely to spread blood borne virus infections like Hepatitis B, Hepatitis C and HIV.

It is safer not to inject

If you do inject:

- ✓ always use clean equipment (e.g., needles & syringes, spoons, filters, etc.)
- ✓ always use a new needle and syringe
- ✓ don't share equipment with other people
- ✓ clean the preparation area
- ✓ clean your hands
- ✓ clean the injecting site
- ✓ use a different injecting site each time
- ✓ inject slowly
- ✓ put your used needle and syringe in a hard container and dispose of it safely
- If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of

E. TRANSLATION AND ADAPTATION TO LOCAL LANGUAGES AND CULTURE: A RESOURCE FOR CLINICIANS AND RESEARCHERS

The ASSIST instrument, instructions, drug cards, response scales and resource manuals may need to be translated into local languages for use in particular countries or regions. Translation from English should be as direct as possible to maintain the integrity of the tools and documents. However, in some cultural settings and linguistic groups, aspects of the ASSIST and it's companion documents may not be able to be translated literally and there may be socio-cultural factors that will need to be taken into account in addition to semantic meaning. In particular, substance names may require adaptation to conform to local conditions, and it is also worth noting that the definition of a standard drink may vary from country to country.

Translation should be undertaken by a bi-lingual translator, preferably a health professional with experience in interviewing. For the ASSIST instrument itself, translations should be reviewed by a bi-lingual expert panel to ensure that the instrument is not ambiguous. Back translation into English should then be carried out by another independent translator whose main language is English to ensure that no meaning has been lost in the translation. This strict translation procedure is critical for the ASSIST instrument to ensure that comparable information is obtained wherever the ASSIST is used across the world.

Translation of this manual and companion documents may also be undertaken if required.