

Findings of the WHO ASSIST Phase III study in an Australian primary health care setting:

A 5 minute brief intervention (BI) for illicit drugs reduces substance use

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*Phase III Funded by the World Health Organisation &
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¹ - Phase I ² - Phase II ³ - Phase III # - Coordination



What is the ASSIST?

- Alcohol, Smoking & Substance Involvement Screening Test
- 8 item questionnaire (paper & pen)
- Administration time ~5-10 minutes
- Developed for health care workers in primary care settings
 - May be used by professionals in other areas (eg. prisons)
- Useful in a variety of cultures



What does the ASSIST do?

- Screens for risky substance use
 - Alcohol, tobacco, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids, 'other drugs'
- Determines risk score for each substance
 - Current use (last 3 months)
 - Lifetime use
- Score provides an opportunity to start discussion (Brief Intervention) with client about their substance use



Why use the ASSIST screening & BI in primary care?

- Problematic substance use associated with significant public health burden worldwide

	All Deaths	All DALYs*
Tobacco	8.8%	4.1%
Alcohol	3.2%	4.0%
Illicits**	0.4%	0.8%

*Disability Adjusted Life Years

** Heroin and cocaine



WHO-ASSIST V3.0

- Questions asked for all substance groups
 - Lifetime use
 - Q1 Ever used
 - Current use – frequency in last 3 months
 - Q2 Frequency of use
 - Q3 Desire to use
 - Q4 Health, social, legal, financial problems
 - Q5 Failure to fulfil role obligations
 - Lifetime use – recency of problems
 - Q6 Concern by others
 - Q7 Failed attempts to control use
 - Q8 Injecting behaviour



Phases of the WHO-ASSIST Project

- Phase I (1997-1999)
 - Planning and ASSIST development
 - International feasibility and reliability study of the ASSIST (12 items)
- Phase II (2000-2003)
 - International validity study of the ASSIST
 - Feasibility pilot study of Brief Interventions linked to the ASSIST
- Phase III (2004-2007)
 - International study of efficacy of Brief Interventions linked to the ASSIST (RCT)



Phase I outcomes: reliability & feasibility *of the* ASSIST

- 9 countries involved
- Feasible instrument across cultures
- High item & substance class reliability
 - (K = 0.58 - 0.90)
- Revised 8 item questionnaire (ASSIST V2.0)
 - tobacco, alcohol, cannabis, cocaine, ATS, inhalants, sedatives, hallucinogens, opioids, 'other drugs'
- Derived scores
 - Specific Substance Involvement Score
 - Total Substance Involvement Score



Phase II outcomes: Assessment of ASSIST validity

- 7 countries involved
 - Australia, Brazil, India, Thailand, UK, USA, Zimbabwe
- ASSIST has high validity
 - a concurrent validity
 - a construct validity
 - a discriminative validity
 - a predictive validity
- Valid across diverse cultures



Phase III - Rationale

- Evidence that Screening and BI is effective for risky alcohol use (AUDIT)
- Paucity of information on effectiveness of:
 - BIs for illicit drug use,
 - Linked into screening outcomes,
 - In PHC settings.
- Lack of valid and reliable screening tools until now



Components of Phase III

- 3 year Randomised Controlled Trial
- WHO Study in 4 countries
 - Australia, Brazil, India, USA
 - N = 729 (n ~ 182 per country)
- Aims
 - To determine the effectiveness of ASSIST Screening and Brief Intervention on illicit substance use in primary health care
 - Development of resource manuals



Components of Phase III

ASSIST score positive

Cannabis, Amphetamine, Cocaine, Opioids

Score 0-3:
Information

Score 4-26

Score 27+ or
frequent IV user:
Referral to
treatment

Group 1: Brief
Intervention

Group 2: Control
Delayed treatment

3-month follow-up:
ASSIST & feedback

3-month follow-up:
ASSIST & BI



Levels of risk – *target group*

- Low risk (0-3)
 - Abstinent or infrequent use, small amounts
- Moderate risk (4-26)
 - Increased regularity of use
 - May be some problems – relationship, health, finance
 - Usual role obligations may not be fulfilled
 - Others may be concerned
 - Increase in risk taking behaviour
- High risk (27+)
 - Weekly/daily use
 - Increased desire to use
 - More serious health & social problems, legal, occupational
 - Failed attempts to cut down
 - IV users



Components of ASSIST BI

- F.R.A.M.E.S (Sanchez-Craig & Miller)
- Motivational Interviewing (Miller & Rollnick)
- 9 easy-to-follow steps
- 5 – 10 minutes long
- Purpose designed form to give feedback & information to clients about their risk scores
- Bolstered with take away self-help guide



9 Steps of ASSIST BI

1. Feedback – use feedback report card
2. Advice
3. Responsibility
4. Concern about ASSIST score
5. Good things about using
6. Less good things about using
7. Summarise
8. Concern about less good things
9. Take home information & booklet

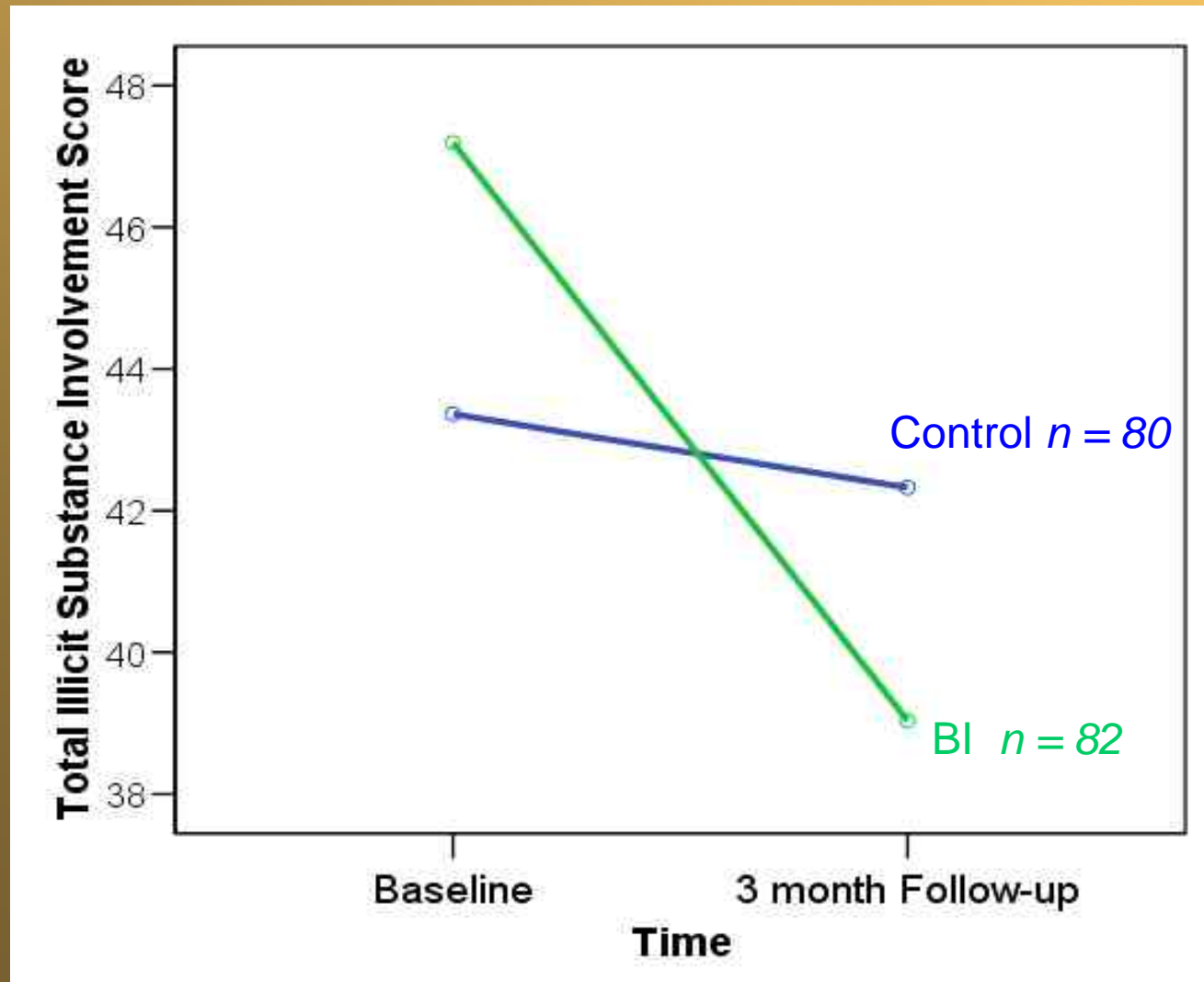


Australian results

- Recruited from Adelaide STD clinic setting
- 50% randomised to BI group (vs. Control group)
- Demographic profile $n=171$
 - 62% male
 - Age 26.1 years (18 - 45)
 - 91% never been married
 - 77% employed
 - 13.4 years education
 - 95% follow-up at 3 months ($n = 162$)



Total Illicit Substance Involvement ASSIST Scores: Control vs. BI



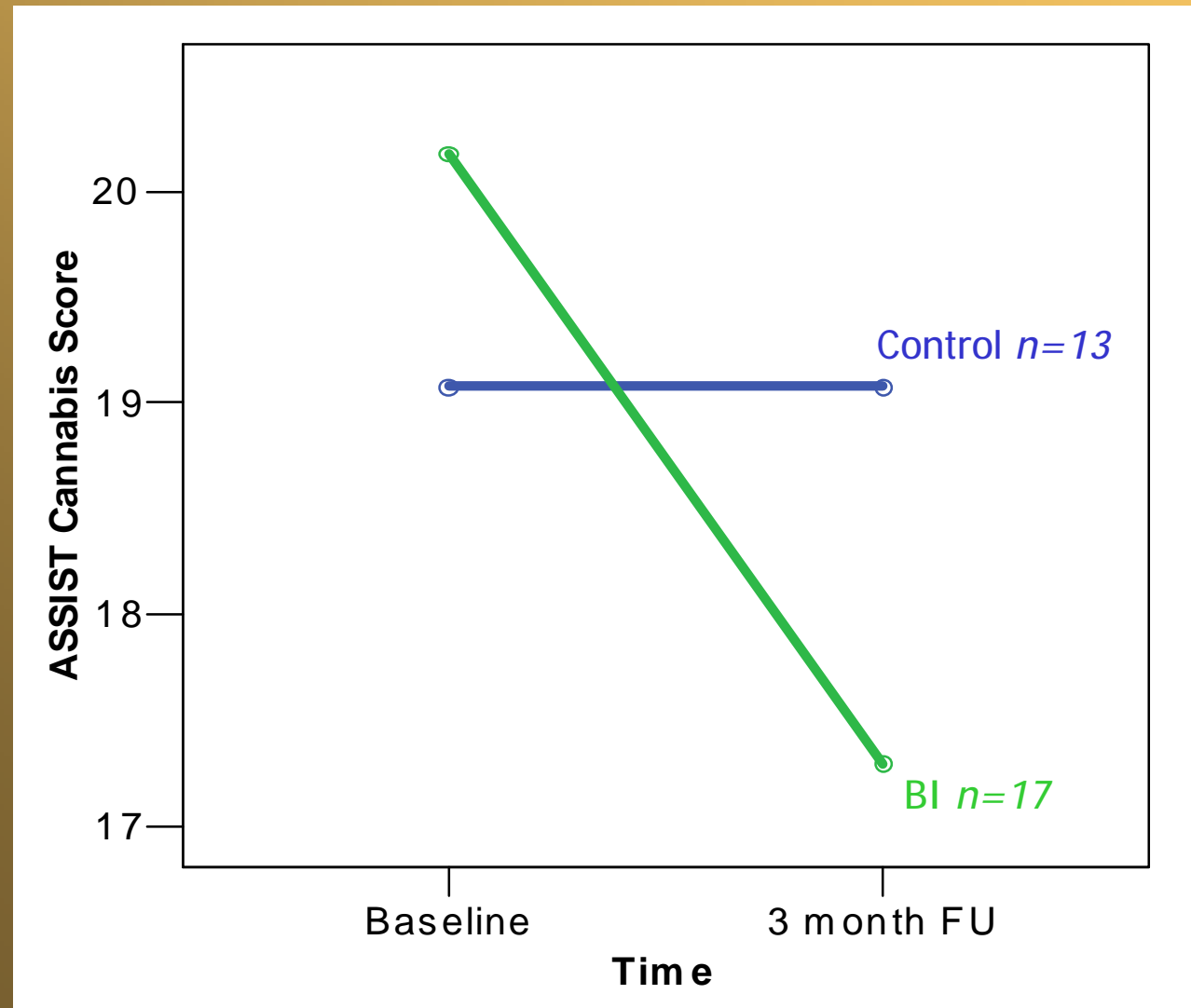
$p < 0.001$

F (1,160) = 14.7

power = 97%



Cannabis ASSIST Scores: Control vs. BI



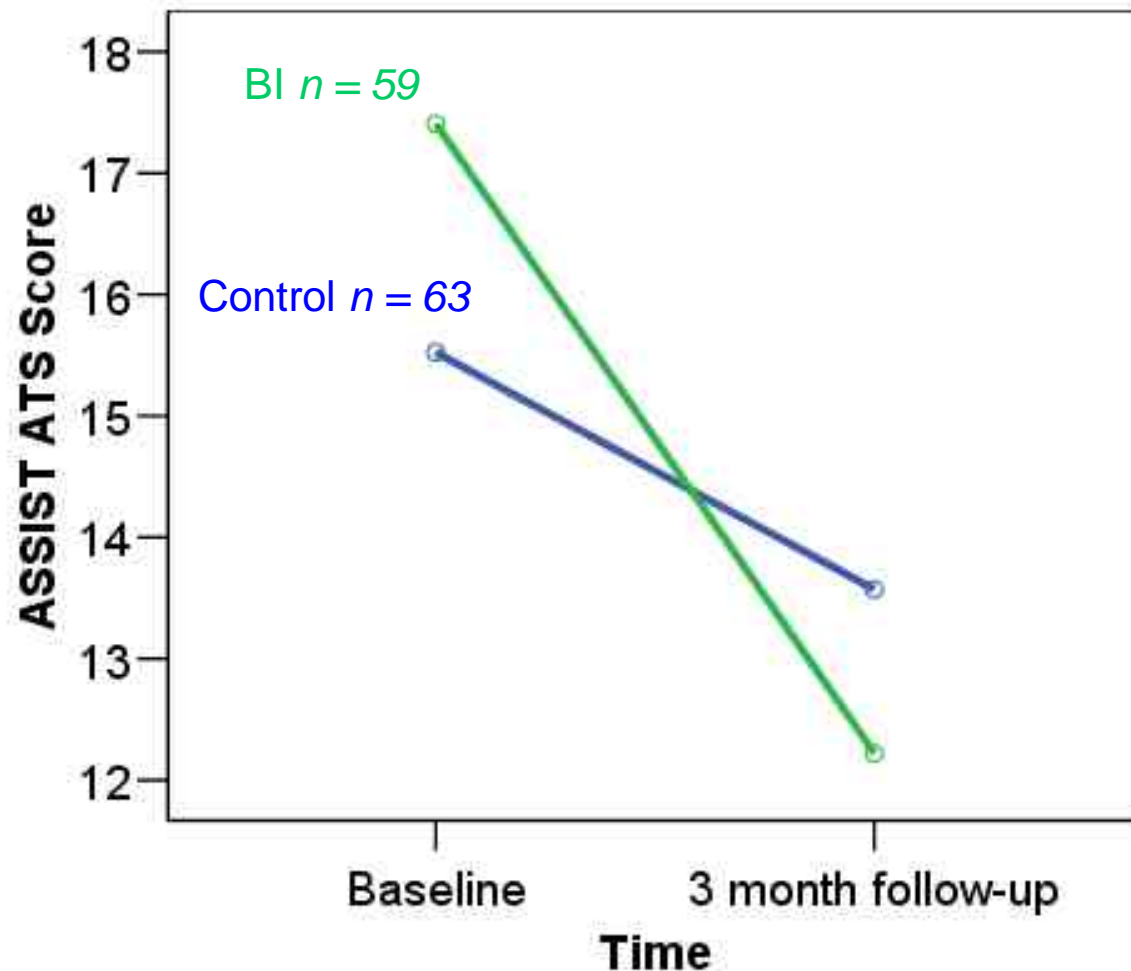
$p = 0.11$

$F(1,28) = 24.1$

power = 35%



Amphetamine-Type Stimulant ASSIST Scores: Control vs. BI



$p < 0.005$

$F(1,120) = 7.8$

Power 79%



Impact on alcohol & tobacco use: Brief Intervention participants

	Baseline	3 month Follow-up	<i>p</i> value
ASSIST Tobacco scores <i>n</i> = 82	16.3	15.3	<i>0.053</i>
ASSIST Alcohol scores <i>n</i> = 82	11.8	11.1	<i>0.234</i>

Reducing illicit drug use does not appear to result in increased tobacco or alcohol use



How did the feedback influence you?

- 72% reported attempting to cut down on their drug use after the feedback

“Survey made me see how I was using drugs and made me more aware, more conscious of the problems associated with drug use. I did cut down on my (amphetamine) use”

“Clarified what I already knew....(and provided) an impetus for changing my behaviour”

“It made me realise that my drug use was probably linked to my depression and that I should reduce (my use)...”



How did the feedback influence you?

- 77% read at least some of the self-help book (23% of those read it all)

“Made me realise to what extent my intake was...how much money I was using. Made a point of keeping a drug diary and reducing because I realised the extent of my use”

“Cut down on amphetamine & alcohol use. Set some financial goals...trying to save money...limited the amount of money I take with me so that I don't buy drugs...I'm focussing on my health and exercise more”

“Found booklet informative and made me aware of harms”



Conclusions - Australia

- ASSIST is a feasible, reliable and valid screening instrument for use in PHCs
- Potential for ASSIST BI uptake in PHCs
 - ASSIST BI acceptable to PHC clients – low resistance
 - Easy transition from ASSIST Screening to BI – builds confidence in clinicians
 - Takes around 15 minutes (~ 10 mins + 5 mins)
- Significant reduction in illicit drug use (total illicit substance involvement and amphetamine-type stimulants)



Conclusions - Australia

- Statistical findings confirmed by client's verbal feedback
- Majority of clients reported attempting to cut down on their drug use and displayed attitudinal change
- No substitution with tobacco or alcohol
- Self-help guide useful for at least some clients
- Pooled results (n=729) of WHO Study will reveal more
- Phase IV – formal implementation



Further Information

http://www.who.int/substance_abuse/activities/assist/en/index.html

- ASSIST BI Training workshops
- Resource manuals
- ASSIST Questionnaire and feedback form

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