This document outlines information and a checklist for ACT ATOD services to implement the ACT eASSIST. For more information on the eASSIST and to view the tool visit [http://www.dassa.sa.gov.au/site/page.cfm?u=477](http://www.dassa.sa.gov.au/site/page.cfm?u=477).

**About Screening**

Screening involves asking questions carefully designed to determine whether a more thorough evaluation for a particular problem or disorder is warranted. Many screening instruments require little or no special training to administer. Screening differs from assessment in the following ways:

- **Screening** is a process for evaluating the possible presence of a particular problem.
- **Assessment** is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

This means that screening can act as the first step to initiate a more thorough assessment (Center for Substance Abuse Treatment, 2009).

Many clinical guidelines related to ATOD identify the need to implement valid screening as a core part of ATOD treatment (New South Wales Health, 2009).

**About the eASSIST**

The eASSIST was developed by Drug and Alcohol Services South Australia (DASSA) as an electronic version of the World Health Organization ASSIST (a questionnaire which screens for all levels of problem or risky substance use).

The eASSIST is accompanied by a 10 step Brief Intervention as well as a range of materials to support the implementation of the tool in services, including training materials for staff. The instrument was designed to screen for problem or risky use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids and ‘other drugs’. A risk score is obtained for each substance and falls into either a ‘low’, ‘moderate’ or ‘high’ risk category which determines the type of intervention (Drug and Alcohol Services South Australia, 2012).

The ASSIST has undergone significant testing to ensure that it is feasible, reliable, valid, flexible, comprehensive and cross-culturally relevant, and able to be linked in to an effective Brief Intervention (Deady, 2009).
Background to the ACT eASSIST

In recent years the ACT ATOD sector has sought to strengthen its capacity to screen for ATOD and implement associated brief interventions. Throughout 2011 ACT services, through the Comorbidity Strategy Working Group and ACT ATOD Workers Group, reviewed available screening tools and identified the eASSIST as a validated screening tool that would be useful and provide consistency across services. This information has been reported to the ACT ATOD Executive Directors Group throughout 2011 & 2012.

It is envisaged that the implementation of the eASSIST in the ACT will occur as a staged process. Firstly, within the ACT ATOD sector, then a broader roll out to allied services that engage with people experiencing ATOD issues.

To support ACT ATOD services to implement the eASSIST, ATODA has established a partnership with DASSA to develop an ACT specific version of the tool, including:

- Building ACT referral options into the tool. This information is based on the ACT ATOD Services Directory and can be regularly updated (see www.atoda.org.au/directory for more information);
- Adapting introduction information to the ACT context;
- Seeking to maintain clinical safety throughout the adaptation and implementation; and,
- Adapting the banner and acknowledgement to identify the tools as an ACT specific version (with reference made to DASSA).

Further, upon agreement from services to progress the e-ASSIST, ATODA funded the development and delivery of a training package to all ACT ATOD services, with 61 workers participating in 4 full day workshops representing a large proportion of workforce. The training educated participants on implementing the eASSIST and associated harm reduction and brief intervention activities. The response to the training from participants was overwhelmingly positive, with most participants noting that the tool would be very or extremely useful to implement with clients (Bleecker & Hudson, 2012).

ATODA has also developed agreements with the Mental Health, Justice Health and Alcohol and Drug Services within the ACT Government Health Directorate to provide clinical support to the tool’s implementation (if required) and to deliver training in the tool twice a year.

Policy Context

The implementation of the ACT eASSIST and associated brief intervention aligns with key ACT Government policy including the ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014, the ACT Comorbidity Strategy and is also supported by the ACT Government Health Directorate and the Australian Government Department of Health and Ageing.

Purpose of Implementing the ACT eASSIST as a Validated Screening Tool

- A higher proportion of people in contact with ACT ATOD agencies (in the first instance) will be screened and given a targeted brief intervention, including harm reduction information, if warranted.
• People will be better matched and referred to ACT ATOD services based on identified risk and severity of issues (in line with the continuum of care approach identified in the ACT Comorbidity Strategy).
• Efficiencies will be found, as screening will reduce the number of unnecessary assessment only interventions.
• Higher satisfaction of staff and agencies regarding efficiency and effective use of resources (in line with previously identified efficiencies).
• Service users will receive regular feedback related to harm attributable to different risk categories.
• Services will be better placed to implement outcome measures, related to screening in line with contractual requirements.
• Participating agencies will have more consistent language related to screening outcomes to support referrals.

A Note About Young People and the ASSIST

The current version of the eASSIST has not been validated for use in people under 18 years of age. Cut-off scores to denote the passage from low to moderate risk, and moderate to high risk, have been determined for an adult population. However, DASSA recently developed the ASSIST-Y, under the guidance and encouragement of the World Health Organization, and using expert clinical consensus and the best evidence to date. There is an ASSIST-Y questionnaire and ASSIST Feedback Report card for 10 to 14 year olds, and another for 15 to 17 year olds. Clinical Instructions for providing the appropriate intervention have also been developed (DASSA, 2012). These materials are available in hard copy from http://www.dassa.sa.gov.au/site/page.cfm?u=477. It is hoped that following further psychometric testing the ASSIST-Y could also be adapted to an ACT context.

Evaluation

The first stage of the eASSIST implementation will be evaluated by ATODA. David McDonald, consultant to ATODA will be developing baseline and follow up questions for participating services to inform this evaluation. Recommendations will inform the continued roll out of the eASSIST.

Checklist for ACT ATOD Services Implementation

This checklist outlines timeframes and activities for services participating in the first stage of implementation of the ACT eASSIST.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
<th>Tick when Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a primary contact within your agency to progress the implementation of the eASSIST and notify ATODA. This person should lead the implementation of the tool and provide support to staff as required.</td>
<td>13 November</td>
<td></td>
</tr>
<tr>
<td>Attend the meeting of participating</td>
<td>15 November</td>
<td></td>
</tr>
<tr>
<td>Agencies.</td>
<td>15 November</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Receive a copy of the ACT version of the eASSIST and associated materials including MOU and evaluation protocol from ATODA.</td>
<td>16 November</td>
<td></td>
</tr>
<tr>
<td>Review and return MOU to ATODA, including agreement to participate in evaluation framework.</td>
<td>As agreed</td>
<td></td>
</tr>
<tr>
<td>Identify scope for implementation (e.g. who will implement, with what clients etc).</td>
<td>As agreed</td>
<td></td>
</tr>
<tr>
<td>Develop necessary protocols or procedures for implementation (if required)</td>
<td>As agreed</td>
<td></td>
</tr>
<tr>
<td>Undertake briefing within agency to inform staff of activities and engage necessary workers.</td>
<td>As agreed</td>
<td></td>
</tr>
<tr>
<td>Implement the eASSIST.</td>
<td>November – February</td>
<td></td>
</tr>
<tr>
<td>Collect feedback and participate in an evaluation of the implementation of the eASSIST and report back to ATODA (to inform the rest of the ACT ATOD sector through the Executive Directors Group). Additional feedback regarding amendments required for the tool can also be used in the next update.</td>
<td>Ongoing (see evaluation protocol).</td>
<td></td>
</tr>
</tbody>
</table>

**For Further Information:**

Alcohol Tobacco and Other Drug Association ACT  
(02) 6255 4070  
info@atoda.org.au  
www.atoda.org.au

**Acknowledgement:**

ATODA acknowledges the support of Drug and Alcohol Services South Australia, who developed the original eASSIST based on the World Health Organisation Tool. An MOU between DASSA and ATODA has enabled this work, and ATODA can be contacted for further information.

**References:**


