



ASK



ASSESS



ADVISE



ASSIST



ARRANGE

ASK your client the following questions about their alcohol use to ASSESS their risk level of harm

Instructions: add the scores for each question to get a total score. Match the total score to the level of risk. **Score**

1. How often do you have a drink containing alcohol?

0 Never	1 Monthly or less	2 2-4 times a month	3 2-3 times a week	4 4+ times a week	
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2. How many standard drinks containing alcohol do you have in a day when you are drinking?

0 1 or 2	1 3 or 4	2 5 or 6	3 7-9	4 10+	
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3. How often do you have five or more standard drinks in one sitting?

0 Never	1 Monthly or less	2 Monthly	3 Weekly	4 Daily or almost daily	
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WARNING: Women who score in the **high-risk** range (8+) **should not** be told to stop drinking alcohol or cut down without seeing a doctor as this can be dangerous to their health.

Total Score

† The Alcohol and Drug Support Line (ADSL) is a free 24-hour, confidential, telephone counselling, information and referral service available state-wide on: (country) 1800 198 024 or (metro) 08 9442 5000. Charges apply from mobile phones; callers can leave their number for a return call to avoid charges.

AUDIT-C FOR HEALTHY WOMEN

Low risk of harm (total score: 0-3)

Discuss **AUDIT-C score** for *low-risk drinking* and consider the following:

- Provide **feedback** to encourage further *low-risk drinking*.
- Discuss *low-risk drinking*.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer client a follow-up session.
- Offer to **ARRANGE** referral and a follow-up session.

Medium risk of harm (total score: 4-7)

Discuss **AUDIT-C score** for *medium-risk drinking* and consider the following **feedback**:

- Discuss cutting down.
- Discuss **tips, strategies** and **plan** (see *SSSM – Making changes* if needed) for cutting down.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer to **ARRANGE** referral and a follow-up session.

High risk of harm (total score: 8+)

Discuss **AUDIT-C score** for *high-risk drinking* and consider the following **feedback**:

- Discuss taking action.
- Provide **contact information** for alcohol and other drug services, ADSL[†] or doctor.
- **ASSIST** by providing alcohol harm prevention and reduction resources.
- Offer to **ARRANGE** a referral and a follow-up session.

THE 'FIVE AS' GUIDE FOR DISCUSSING ALCOHOL USE WITH PREGNANT CLIENTS



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ASK your client the **AUDIT-C** questions about their alcohol use

- The risk of harm to the fetus increases the more the mother drinks and the more frequently she drinks.

- A baby's brain keeps developing after it is born. A growing infant brain is more sensitive to damage from alcohol than an adult brain.

ASSESS appropriate support and follow up

ADVISE clients of the Australian guidelines (NHMRC, 2020):

- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby.
- The risk of harm to the fetus is highest when there is high, frequent alcohol exposure.
- The risk of harm to the fetus is likely to be low if there is low, infrequent alcohol exposure.
- The level of risk to the fetus is also influenced by maternal* and fetal† characteristics and is therefore hard to predict.
- No safe level of alcohol consumption during pregnancy has been identified.

ASSIST clients to prevent/reduce harm from using alcohol during pregnancy using the following:

- Discuss stopping or cutting down.
- Discuss **tips and strategies** to stop or cut down.
- Develop a **plan** to stop or cut down.
- Provide **contact information** for alcohol and other drug services, ADSL† or doctor.
- Provide alcohol harm prevention and reduction resources.

Offer to **ARRANGE** a follow-up session or referral.

WARNING: Women who score in the **high-risk** range (8+) on the AUDIT-C **should not** be told to stop drinking alcohol or cut down without seeing a doctor as this can be dangerous to their health.

***Maternal characteristics** contributing to alcohol-related harm including FASD affected children include the following factors:

- genetics
- nutrition
- maternal age
- history and pattern of alcohol use
- socioeconomic and environmental factors

†**Fetal characteristics** contributing to FASD include:

- the stage of fetal development at the time of alcohol exposure
- amount and frequency of alcohol at the time of exposure
- genetics

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