Alcohol and Drug Screening Tool

1. **Ask**
   - **DURING THIS PREGNANCY:**
     - How often have you had a drink containing alcohol in it?
       - Never (0)
       - Monthly or less (1)
       - 2 to 4 times a month (2)
     - How many standard drinks have you had on a typical day when drinking?
       - 1 or 2 (1)
       - 3 or 4 (1)
       - 5 or 6 (2)
     - How often have you had six (6) or more standard drinks on one occasion?
       - Less than monthly (1)
       - Monthly (2)
       - Weekly (3)
       - Daily or almost daily (4)
   - **Scoring**
     - Add the scores (shown in brackets) for each of the three questions for a total score out of 12
     - **Score:** ............................................./12
     - 0 = No risk drinking
     - 1–3 = Some risk drinking
     - 4–5 = Risky drinking
     - ≥ 6 = High-risk drinking

2. **Assess**
   - **Readiness to stop drinking**
     - Ask: "How ready are you to stop drinking now you are pregnant?"
     - Not ready
     - Unsure
     - Ready
     - Relapse
   - **Barriers to stopping drinking**
     - Withdrawal/cravings
     - Partner drinking
     - Stress
     - Other

3. **Advise**
   - **0 No risk drinking**
     - Congratulate and reinforce no safe level of drinking whilst pregnant
   - **1–3 Some risk drinking**
     - Reinforce there is no safe level of drinking whilst pregnant
     - May indicate harm for baby
   - **4–5 Risky drinking**
     - Reinforce there is no safe level of drinking whilst pregnant
     - May indicate harm for baby
     - Reinforce benefits of stopping at any time
     - Discuss potential effects of current drinking levels, including health concerns for both mother and baby
     - Fetal Alcohol Spectrum Disorder (FASD)
     - If unsure or ready to cut down or stop:
       - ask how confident she is about succeeding
       - ask if she would like some assistance
       - offer referral to local support service
   - **≥ 6 High-risk drinking**
     - Advise same as 'risky drinking' section above
     - Refer to local support service for assessment and support
     - Discuss concerns with treating team

4. **Assistance**
   - Affirm positive change
   - Give encouragement
   - Discuss supports—family, GP, ATODS

5. **Ask again**
   - **Visit date**
   - **Weeks gestation**
   - **1. Drinks per day**
     - Score:
   - **2. Stage of readiness**
     - As above, in ASSESS
   - **3. Advice offered**
     - Risks of drinking
   - **4. Support / Assistance given / Referral**

6. **Drug Screening**
   - In the past 3–6 months have you used any prescribed, non-prescribed or herbal drugs?
   - Yes
   - No
   - Specify:
   - Refer to local support service for assessment and ongoing support.