When seeing patients who:

- you have not seen in a while
- are likely to drink, such as youth who smoke cigarettes
- have conditions associated with increased risk for substance abuse, such as:
  - depression
  - anxiety
  - ADD/ADHD
- conduct problems
- have health problems that might be alcohol related, such as:
  - accidents or injury
  - sexually transmitted infections or unintended pregnancy
  - changes in eating or sleeping patterns
  - gastrointestinal disturbances
  - chronic pain
  - show substantial behavioral changes, such as:
    - increased oppositional behavior
    - significant mood changes
    - loss of interest in activities
    - change of friends
    - a drop in grade-point average
    - large number of absences or absence in school

1 in 3 children start drinking by the end of 8th grade. Of them, half report having been drunk.

You are in a prime position to help your patients avoid alcohol-related harm.

### What Counts as a Drink? A Binge?

The drinks shown below are different sizes, but each one has about the same amount of pure alcohol (14 grams or 0.6 fluid ounce) and counts as a single “standard” drink. These serve as examples; alcohol content can vary greatly across different types of beer, malt liquor, and wine.

<table>
<thead>
<tr>
<th>Drink Size</th>
<th>Alcohol Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 fl oz regular beer</td>
<td>0.7% alcohol</td>
</tr>
<tr>
<td>14 fl oz regular beer</td>
<td>0.8% alcohol</td>
</tr>
<tr>
<td>25 fl oz regular beer</td>
<td>1.3% alcohol</td>
</tr>
<tr>
<td>3.3 fl oz malt liquor</td>
<td>1.5% alcohol</td>
</tr>
<tr>
<td>16 fl oz malt liquor</td>
<td>1.5% alcohol</td>
</tr>
<tr>
<td>25 fl oz malt liquor</td>
<td>1.5% alcohol</td>
</tr>
<tr>
<td>8 oz table wine</td>
<td>12% alcohol</td>
</tr>
<tr>
<td>1.5 fl oz shot</td>
<td>40% alcohol</td>
</tr>
<tr>
<td>5 fl oz shot</td>
<td>80-proof spirits</td>
</tr>
</tbody>
</table>

What kinds of alcohol are kids drinking these days?

All kinds, with variations by region and fad. In many areas, hard liquor appears to be gaining on or overtaking beer and “flavored” wine beverages” in popularity among youth, whereas wine appears less preferred. Young people are also mixing alcohol with caffeine, either in premixed drinks or by adding liquor to energy drinks. With this dangerous combination, drinkers may feel somewhat less drunk than if they’d had alcohol alone, but they are just as impaired and more likely to take risks.

#### Below is the approximate number of standard drinks in different-sized containers of:

<table>
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<tr>
<td>5 fl oz shot</td>
<td>80-proof spirits</td>
</tr>
</tbody>
</table>

#### What’s a “child-sized” or “teen-sized” binge?

All kinds, with variations by region and fad. In many areas, hard liquor appears to be gaining on or overtaking beer and “flavored” wine beverages” in popularity among youth, whereas wine appears less preferred. Young people are also mixing alcohol with caffeine, either in premixed drinks or by adding liquor to energy drinks. With this dangerous combination, drinkers may feel somewhat less drunk than if they’d had alcohol alone, but they are just as impaired and more likely to take risks.

### Brief Intervention & Referral Resources

#### Four Basic Principles of Motivational Interviewing:

- **Express Empathy** with a warm, nonjudgmental stance, active listening, and reflecting back what is said.
- **Develop Discrepancy** between the patient’s choice to drink and his or her goals, values, or beliefs.
- **Roll with Resistance** by acknowledging the patient’s viewpoint, avoiding a debate, and affirming autonomy.
- **Support Self-efficacy** by expressing confidence and pointing to strengths and past successes.

#### For more information, see the full Guide, page 29, or visit:

- www.motivationalinterview.org
- www.motivationalinterview.net

#### To Find Local Specialty Treatment Options:

- Ask health behavior practitioners affiliated with your practice for recommendations.
- Seek local directories of behavioral health services.
- Contact local hospitals and mental health service organizations.
- Contact the Substance Abuse Facility Treatment Locator (seek centers specializing in adolescents) at 1-800-662-HELP or visit www.findtreatment.samhsa.gov.
- For more suggestions, see the full Guide, p. 34.

#### List your local resources below.

### Questions About Providing Confidential Health Care to Youth?

All of the major medical organizations and numerous current laws support the ability of clinicians to provide confidential health care, within established guidelines, for adolescents who use alcohol. See the full Guide, page 25, for more information.

For details specific to your specialty and State:

- See confidentiality policy statements from professional organization(s):
  - American Academy of Pediatrics
  - American Academy of Family Physicians
  - Society for Adolescent Health and Medicine
  - American Medical Association
- Contact your State medical society for information on your State’s laws.
- Visit the Center for Adolescent Health and the Law for monographs on minor consent laws professional association policies: www.caahl.org.

#### This Pocket Guide was produced by the National Institute on Alcohol Abuse and Alcoholism in collaboration with the American Academy of Pediatrics.

#### To order more copies of this Pocket Guide, or sets with the full 40-page Guide and the Pocket Guide, and for related professional support resources, visit www.niaaa.nih.gov/YouthGuide or contact the NIAAA Publications Distribution Center P.O. Box 10880, Rockville, MD 20850-5880.

#### Order copies of this Pocket Guide, along with the full 40-page Guide from www.niaaa.nih.gov/YouthGuide or call 301–443–3860

#### A POCKET GUIDE FOR ALCOHOL SCREENING AND BRIEF INTERVENTION FOR YOUTH, 2011 Edition

This pocket guide is condensed from the NIAAA Guide, Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide. It was produced in collaboration with the American Academy of Pediatrics. To order more copies of this Pocket Guide, or sets with the full 40-page Guide and the Pocket Guide, and for related professional support resources, visit www.niaaa.nih.gov/YouthGuide or contact the NIAAA Publications Distribution Center P.O. Box 10880, Rockville, MD 20850-5880. Call 301–443–3860.

#### 2011 Edition

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#### 301–443–3860
**STEP 1: Ask the Two Screening Questions**

Exclude alcohol use for religious purposes.

**Elementary School (ages 9–11)**

- Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?
- If yes, what do they usually drink on an occasion?

**Middle School (ages 11–14)**

- How many days past year have you had more than a few sips of any drink containing alcohol?

**High School (ages 14–18)**

How many days past year have you had more than a few sips of beer, wine, or any drink containing alcohol?

**STEP 2: Guide Patient**

- Do your patient’s friends drink?

**Assessment Complete for patients who do not drink.**

**NO**

Neither patient nor patient’s friends drink.

- Praise choices of not drinking and of having nondrinking friends.
- Explore how your patient plans to stay alcohol free when friends drink.
- Advise against riding in car with driver who has been drinking or using drugs.
- Rescreen at next visit.

**YES**

Patient does not drink, but patient’s friends do.

- Praise choice of not drinking.
- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

**STEP 2: Assess Risk**

**STEP 3: Advise and Assist**

**STEP 4: At Followup, Continue Support**

**Moderate Risk:**

- Does patient have alcohol-related problems?
- If yes, provide brief, clear brief advice.
- If yes, conduct brief motivational interviewing.
- Ask if parents know (see Highest Risk, below, for suggestions).

**Highest Risk:**

- Conduct brief motivational interviewing.
- Ask if parents know …
- If no, consider breaking confidentiality to engage parent.
- If yes, ask patient permission to speak with parent.
- Conduct, complete, or update the comprehensive psychosocial interview.

**For Patients Who DO NOT Drink...**

- On how many days in the past year did your patient drink?

**Age**

- **11**
- **12–15**
- **16**
- **17–18**

**Highest risk**

- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

**Moderate risk**

- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

**Lowest risk**

- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

**For Patients Who DO Drink...**

- Collaborate on a personal goal and action plan for your patient. Refer to page 31 in the full Guide for sample recommendations.
- Conduct, complete, or update the comprehensive psychosocial interview.

**Was patient able to meet and sustain goal(s)?**

- Reinforce and support continued adherence to the goals and actions.
- Notice the good: praising honesty and efforts.
- Reinforce and support continued adherence to the goals and actions.
- Notice the good: praising honesty and efforts.

**For ALL Patients Who Drink**

- Elicit and affirm reasons.
- Explore and troubleshoot the influence of friends who drink.
- Relate drinking to associated consequences or problems
- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

**Lowest Risk:**

- Identify and address challenges and opportunities in the learning about drinking.
- Conduct, complete, or update the comprehensive psychosocial interview.
- Note the good: praising honesty and efforts.
- Reinforce and support continued adherence to the goals and actions.
- Notice the good: praising honesty and efforts.

**For ALL Patients Who Drink...**

- Explore and troubleshoot the influence of friends who drink.
- Relate drinking to associated consequences or problems
- Consider probing a little using a neutral tone. “When your friends were drinking, did you drink?” Tell me more about that.” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink. Otherwise, see below.

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