• As part of an annual examination
• As part of an acute care visit
• In the emergency department or urgent care center
• 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
    - changes in eating or sleeping patterns
    - accidents or injury
    - anxiety
    - depression
    - substance abuse, such as:
      - marijuana
      - tobacco
      - hard drugs
      - alcohol

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>Regular Beer</th>
<th>Malt Liquor</th>
<th>Table Wine</th>
<th>80-proof Distilled Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 fl oz</td>
<td>12 fl oz</td>
<td>5 fl oz</td>
<td>1.5 fl oz</td>
</tr>
<tr>
<td>4–5 drinks</td>
<td>4 drinks</td>
<td>2–4 drinks</td>
<td>1 drink</td>
</tr>
</tbody>
</table>

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

- **Regular Beer**
- **Malt Liquor**
- **Table Wine**
- **80-proof Distilled Spirits**

<table>
<thead>
<tr>
<th>Regular Beer</th>
<th>Malt Liquor</th>
<th>Table Wine</th>
<th>80-proof Distilled Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 fl oz</td>
<td>12 fl oz</td>
<td>5 fl oz</td>
<td>1.5 fl oz</td>
</tr>
<tr>
<td>4–5 drinks</td>
<td>4 drinks</td>
<td>2–4 drinks</td>
<td>1 drink</td>
</tr>
</tbody>
</table>

What kinds of alcohol are kids drinking these days?

All kinds, with variations by region and gender. In many areas, distilled spirits appear to be gaining on or overtaking hard liquor and hard liquor 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 had had alcohol alone, but they are just as likely to take risks.

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

Boys

<table>
<thead>
<tr>
<th>Ages</th>
<th>Number of Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>9–13</td>
<td>3 drinks</td>
</tr>
<tr>
<td>14–15</td>
<td>4 drinks</td>
</tr>
<tr>
<td>16+</td>
<td>5 drinks</td>
</tr>
</tbody>
</table>

Girls

<table>
<thead>
<tr>
<th>Ages</th>
<th>Number of Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>9–13</td>
<td>3 drinks</td>
</tr>
<tr>
<td>14–15</td>
<td>4 drinks</td>
</tr>
<tr>
<td>16+</td>
<td>5 drinks</td>
</tr>
</tbody>
</table>

See the full Guide, page 15, for details about these estimates.

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.net

To Find Local Specialty Treatment Options:

- Ask behavioral health 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.calh.org

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 10409, Rockville, MD 20849-1049

Order copies of this Pocket Guide, along with the full 40-page Guide, from www.niaaa.nih.gov/YouthGuide or call 1-888-MY-NIAAA (888-696-4222)

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.

Opportunities & Indications for Screening Youth for Alcohol Use
**STEP 1:** Ask the Two Screening Questions

**STEP 2:** Guide Patient

**STEP 3:** Advise and Assist

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

---

**For ALL Patients...**

For elementary and middle school patients, start with the friends’ question. Choose the questions that align with the patient’s school level, as opposed to age, for patients ages 11 or 14. Exclude alcohol use for religious purposes.

**Elementary School (ages 9–11)**

**Patients:**

**Friends:**

- "Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?"

**ANY drinking by friends heightens concern.

**Middle School (ages 11–14)**

**Patients:**

**Friends:**

- "Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?"

**ANY drinking by friends heightens concern.

**High School (ages 14–18)**

**Patients:**

**Friends:**

- "In the past year, on how many days have you had more than a few sips of any drink containing alcohol?"

**ANY drinking: Moderate or Highest Risk (depending on age and frequency)**

---

**ForPatients Who DO NOT Drink...**

**Patients:**

**STEP 2:** Assess Risk

<table>
<thead>
<tr>
<th>Age</th>
<th>Modest Risk</th>
<th>Moderate Risk</th>
<th>Highest Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>11–12</td>
<td>To: Brief advice</td>
<td>To: Brief motivational interviewing – possible referral</td>
<td>To: Brief motivational interviewing</td>
</tr>
<tr>
<td>13–16</td>
<td>To: Brief advice or motivational interviewing</td>
<td>To: Brief motivational interviewing</td>
<td></td>
</tr>
<tr>
<td>17+</td>
<td>To: Brief advice or motivational interviewing</td>
<td>To: Brief motivational interviewing – possible referral</td>
<td></td>
</tr>
</tbody>
</table>

**Lower Risk:**

- Provide brief advice to stop drinking.
- Notice the good: Reinforce strengths and healthy decisions.
- Explore and troubleshoot influence of friends who drink.

**Moderate Risk:**

- Does patient have alcohol-related problems?
  - If yes, provide leveled-up brief advice or treatment.
  - If no, conduct brief motivational interviewing.
  - Ask if patient knows (see Highest Risk, below, for suggestions).
  - Arrange for followup, ideally within a month.

**Highest Risk:**

- Conduct brief motivational interviewing.
- Ask if patient knows...
  - If no, consider breaking confidentiality to engage parent.
  - If yes, ask patient permission to speak with parent.
- Consider referral for specialized treatment.
- If you observe signs of acute danger (e.g., drinking and driving, binge drinking, or using alcohol with other drugs) take immediate steps to ensure safety.
- Arrange for followup within a month.

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

Collaborate on a personal goal and action plan for your patient. (Refer to page 5 in the full Guide for sample abstinence, cutting back, and contingencies plan. For some patients, the goal will be accepting a referral to specialized treatment.)
- Advise your patient not to drink and drive or ride in a car with an impaired driver.
- Plan a full psychosocial interview for the next visit if needed.

---

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

---

**Lower Risk:**

- Provide brief advice to stop drinking.
- Notice the good: Reinforce strengths and healthy decisions.
- Explore and troubleshoot influence of friends who drink.

**Moderate Risk:**

- Does patient have alcohol-related problems?
  - If yes, provide leveled-up brief advice or treatment.
  - If no, conduct brief motivational interviewing.
  - Ask if patient knows (see Highest Risk, below, for suggestions).
  - Arrange for followup, ideally within a month.

**Highest Risk:**

- Conduct brief motivational interviewing.
- Ask if patient knows...
  - If no, consider breaking confidentiality to engage parent.
  - If yes, ask patient permission to speak with parent.
- Consider referral for specialized treatment.
- If you observe signs of acute danger (e.g., drinking and driving, binge drinking, or using alcohol with other drugs) take immediate steps to ensure safety.
- Arrange for followup within a month.

---

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

- Reassess the risk level (see Step 2 for drinkers).
- Acknowledge that change is difficult, that it’s normal not to be successful on the first try, and that reaching a goal is a learning process.
- Notice the good by:
  - Praising honesty and efforts.
  - Reinforcing strengths.
  - Supporting any positive change.
- Relate drinking to associated consequences or problems (e.g., getting into fights, getting injured; having memory blackouts; and passing out).
- Identify and address challenges and opportunities in reaching the goal.
- If the following measures are not already under way, consider:
  - Engaging parents.
  - Referring for further evaluation.
  - Reinforcing the importance of the goal(s) and plan and renegotiate specific steps, as needed.
  - Conduct, complete, or update the comprehensive psychosocial interview.

**Yes, patient was able to meet/sustain goal(s):**

- Reinforce and support continued adherence to goals.
- Notice the good: Praise progression and reinforce strengths and healthy decisions.
- Elicit future goals to build on prior ones.
- Conduct, complete, or update the comprehensive psychosocial interview.
- Rescreen at least annually.

---

**NO: patient was not able to meet/sustain goal(s):**

- Reassess and modify the goal(s).
- Reassess the risk level (see Step 2 for drinkers).
- Acknowledge and discuss that the patient may want to make another try, that change is difficult, that it’s normal not to change the first time, and that reaching a goal is a learning process.
- Reinforce and support the patient’s strengths and healthy decisions.
- Notice the good by:
  - Praising honesty and efforts.
  - Reinforcing strengths.
  - Supporting any positive change.
- Identify and address challenges and opportunities in reaching the goal.
- Referring to further evaluation.
- Reinforce the importance of the goal(s) and plan and renegotiate specific steps, as needed.
- Conduct, complete, or update the comprehensive psychosocial interview.
- Rescreen at least annually.

---

**For Patients Who Do Not Drink...**

**Do friends drink?**

- NO
- YES

**FOR NON-DRINKERS:**

- Praise choices of not drinking and of having nondrinking friends.
  - Reinforce healthy choices and praise encouragement.
  - Elicit and affirm reasons to stay alcohol free.
  - Explore, if the patient is open, about drinking risks related to brain development and later alcohol dependence.
  - Rescreen next year at the latest.

---

**FOR DRINKING PATIENTS:**

**Explain why your patient plans to stay alcohol free when friends drink.**

**Advise against riding in a car with driver who has been drinking or using drugs.**

**Rescreen at next visit.**

**Assess Risk:**

- How many days in the past year has your patient drunk alcohol?
- How much do you usually drink? (depending on age and gender (see Below Risk, above, for suggestions).)
- On average, how many drinks do you have on an occasion? (depending on age and gender (see Below Risk, above, for suggestions).)
- When your friends were drinking, did your patient drink?
- Tell me more about that. If patient admits to drinking, go to Step 2 for Patients Who Do Drink; otherwise, see below.

**Factor in friends:**

- For elementary and middle school students: Have friends who drink heightens concern.
- For high school students: Having friends who binge drink heightens concern. Recent research estimates that binge drinking levels for youth start at 3 to 5 drinks, depending on age and gender (see “What Counts as a Drink? A Binge?” on reverse).
- Include what you already know about the patient’s physical and psychosocial development in your risk evaluation, along with other relevant factors such as the level of family support, drinking and smoking habits of parents and siblings, school functioning, or trouble with authority figures.

**Rescreen next year at the latest.**

---

**For Patients Who Drink...**

**DON’T:**

- Drink ...

**DO:**

- Drink ...

**ASSESSMENT COMPLETE for patients who do not drink.**

---

---