In the United States, a "standard drink" is any drink that contains about 0.6 fluid ounce or 14 grams of pure alcohol. Although the drinks below are different sizes, each contains approximately the same amount of alcohol and counts as a single standard drink.

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

<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 oz = 1</td>
<td>12 oz = 1.5</td>
<td>5.5 fl oz = 1</td>
<td>1 1/2 fl oz (56 proof) = 1</td>
</tr>
<tr>
<td>16 oz = 1.3</td>
<td>16 oz = 2</td>
<td>25 fl oz = 1</td>
<td>1 fl oz (40 proof) = 1</td>
</tr>
<tr>
<td>40 oz = 3.3</td>
<td>40 oz = 4.5</td>
<td>750 ml (750 ml) = 1</td>
<td>1 1/2 fl oz (80 proof) = 1.75</td>
</tr>
</tbody>
</table>

What kinds of alcohol are kids drinking these days? All kinds, with variations by region and age. In many areas, distilled spirits appear to be gaining on or overtaking beer and "flavored alcohol beverages" in popularity among youth, whereas wine appears less preferred. Young people are also mixing alcohol and caffeine, either in premixed drinks or by adding liquor to energy drinks. With this dangerous combination, patients who drink may feel somewhat less drunk than if they'd had alcohol alone, but they are just as impaired and more likely to take risks.

What’s a "child-sized" or "teen-sized" binge?

Boys

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

Girls

<table>
<thead>
<tr>
<th>Ages</th>
<th>Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-13</td>
<td>3</td>
</tr>
</tbody>
</table>

See the full guide, page 15, for more 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 Discernment between the patient’s choice to drink and his or her goals, values, or beliefs.

• Role 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 Behavioral Health Treatment Services Locator (seek centers specializing in adolescents) at 1-800-662-HELP or visit findtreatment.samhsa.gov.

• For more suggestions, see the full Guide, page 34.

List your local resources below:

Questions About Providing Confidential Alcohol 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 associations, and related resources.

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 PO. Box 15048, Rockville, MD 20849-0166

301-443-3860

This Pocket Guide was produced by the National Institute on Alcohol Abuse and Alcoholism.

High School (ages 14–18)

Patient: How many days? “In the past year, on how many days did you have more than a few sips of beer, wine, or any drink containing alcohol?”

Friends: How much? “How much do your friends drink when they drink beer, wine, or any drink containing alcohol?”

DO NOT Drink...

Moderate risk

High risk

Lower risk

Screen next year at the latest.

Neither patient nor patients’ friends drink

Praise choices of not drinking and of having nondrinking friends.

Patient does not drink, but friends do

Praise choice of not drinking.

Consider probing a little using a neutral tone: “When your friends were drinking, you didn’t drink. Tell me more about that.”

If the patient admits to drinking, go to Step 2 for Patients Who Do Drink, otherwise, see YES box.

Exclude alcohol use for religious purposes reasons. In either case, school level, as opposed to age, for patients ages 11 or 14.

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 reasons. In either case, school level, as opposed to age, for patients ages 11 or 14.

For elementary and middle school students: Having 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 days in 5 drinking, depending on age and gender (see “What Counts as a Drink? A Binge?” on reverse).

In the past year

“Do you have any friends who have been drinking; having unplanned, unsafe sex; having gotten into fights; getting injured; having memory blackouts; and passing out.”

If the following measures are not already under the comprehensive treatment plan, consider:

• Explore how your patient plans to stay alcohol free when friends drink.

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

• Rescreen at next visit.

• Consider referring to substance use treatment if the patient admits to drinking.

• Conduct brief motivational interviewing + behavioral activation interventions.

• 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.

• If yes, conduct brief motivational interviewing.

• Ask if patient knows (see Highest risk, for suggestions)

• Arrange for followup, ideally within a month.

ASSESSMENT COMPLETE for patients who do not drink.

STEP 2: Assess Risk

If yes, conduct brief motivational interviewing.

Do friends drink?

Lower risk

Highest risk

Highest risk

Moderate risk

Estimated risk levels by age and frequency in the past year

Age

11–12

13–14

Tx: Brief motivational interviewing + behavioral activation interventions

Tx: Brief motivational interviewing + possible referral

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

1–5 days

6–11 days

12–23 days

24–51 days

52+ days

STEP 3: Advise and Assist

STEP 4: At Followup, Consider Support

Was patient able to meet and sustain goals?

No, patient was not able to meet/sustain goals:

• Reassess the risk level (see Step 2 for patients who drink)

• 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.

• Relay drinking to associated consequences or problems to enhance motivation.

• Identify and address challenges and opportunities in reaching the goal.

• If the following measures are not already under way, consider:

• Engaging patients.

• Referring for further evaluation.

• Reinforce the importance of the goals and plan, and renegotiate specific steps, as needed.

• Conduct, complete, or update the comprehensive psychosocial interview.

Yes, patient was able to meet/sustain goals:

• Reinforce and support continued adherence towards recommendations.

• Notice the good: Praising progress and reinforce strengths and healthy decisions.

• Elicit future goals to build on prior successes.

• Conduct, complete, or update the comprehensive psychosocial interview.

• Rescreen at least annually.

Steps 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.

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