When seeing patients who:
• In the emergency department
• During annual exams

Screening Youth for Alcohol Use

1 in 3 children starts drinking by the end of 8th grade.

Opportunities & Indications for

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.

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Substantial behavioral changes, such as:

• have accidents or injury
• sexually transmitted infections or unintended pregnancy
• changes in eating or sleeping patterns
• gastrointestinal disturbances
• chronic pain
• show significant mood changes
• have lost interest in activities
• have developed health problems that might be alcohol related

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
• www.motivationalinterview.org

To locate 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.
• Visit the Center for Adolescent Health and the Law for monographs on minor consent laws; professional association policies: www.cahl.org.

Below is the approximate number of standard drinks in different-sized containers of alcohol beverages. In “fl oz” means fluid ounces. 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.

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What kinds of alcohol are kids drinking these days?

All kinds, with variations by region and age. In many areas, hard liquor appears 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 with caffeine, either in premixed drinks or by adding sugar 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.

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

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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 15015, Rockville, MD 20845-0015

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.cahl.org.

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

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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).

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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).

Moderate Risk: Does patient have alcohol-related problems?  • If no, provide brief-up brief advice.
  • If yes, conduct brief motivational interviewing.
  • Ask if parents know (see Highest Risk, below, for suggestions).

High School students: How often do you drink that much?  • 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 moderate and high-risk patients: Ask the about the drinking pattern: “How much do you usually have? What do you do at any one time? If patient reports bingeing, ask, “How often do you drink that much?”

Ask about problems experienced or risks taken: Examples include getting less grades or missing classes; driving and drinking or riding in a car driven by someone who has been drinking; having unplanned, unsafe sex; getting into fights, getting injured; having memory blackouts; and passing out.

Ask whether the patient has used anything else to get high in the past year, and consider using other formal tools to help gauge risk.

For ALL patients who drink: • Collaborate on a personal goal and action plan for your patient. Refer to page 31 in the Full Guide for sample abstinence, cutting back, and contingency plans. For some patients, the goal will be accepting a referral to specialized treatment.

• Ask 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.

STEP 4: At Followup, Continue Support

Was patient able to meet and sustain goal(s)? Patients may not return for an alcohol-specific followup, but they may do so for other reasons. In either case, ask about alcohol use and any associated problems. Review the patient’s goals, and assess whether he or she was able to meet and sustain them.

No, patient was not able to meet/sustain goal(s): • Balance 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 to the patient’s motivations.
  • 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.
  • Reinforce the importance of the goal(s) and plan and negotiate 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 the comprehensive psychosocial interview.
  • Notice the good: Progress and reinforce strengths and healthy decisions.
  • Elicit future goals to build on prior ones.
  • Conduct, complete, or update the comprehensive psychosocial interview.
  • Recreen at least annually.