

## Opportunities & Indications for Screening Youth for Alcohol Use

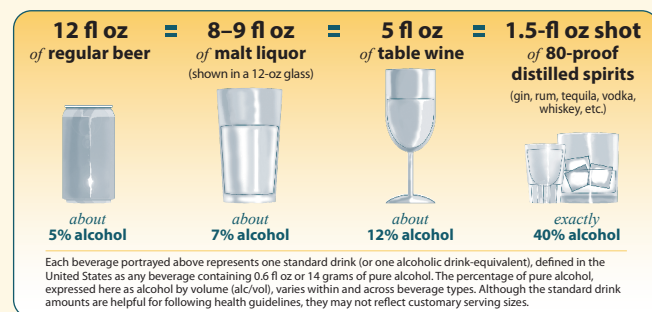
- As part of an **annual examination**
- As part of an **acute care visit**
- In the **emergency department** or urgent care center
- **When seeing patients who:**
  - you **have not seen in a while**
  - are likely to drink, such as youth who **smoke cigarettes**
  - have **conditions associated with increased risk** for substance abuse, such as:
    - depression
    - anxiety
    - attention-deficit/hyperactivity disorder
    - 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 unexcused absences 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?

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:

regular beer	malt liquor	table wine	80-proof distilled spirits
12 fl oz = <b>1</b>	12 fl oz = <b>1.5</b>	5-fl oz glass = <b>1</b>	a shot (1.5 oz) = <b>1</b>
16 fl oz = <b>1.3</b>	16 fl oz = <b>2</b>	25 fl oz = <b>5</b>	750 ml (a “fifth”) = <b>17</b>
40 fl oz = <b>3.3</b>	40 fl oz = <b>4.5</b>	(a regular 750-ml bottle)	1.75 L (a “handle”) = <b>39</b>

### What kinds of alcohol are kids drinking these days?

All kinds, with variations by region and fad. 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 with 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		Girls	
Ages <b>9–13</b>	3 drinks	Ages <b>9–17</b>	3 drinks
Ages <b>14–15</b>	4 drinks		
Ages <b>16+</b>	5 drinks		

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

## 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.net](http://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](http://findtreatment.samhsa.gov).
- For more suggestions, see the full Guide, page 34.

*List your local resources below.*

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## 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](http://www.cahl.org).

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



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

# 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*.

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](http://www.niaaa.nih.gov/YouthGuide) or contact the NIAAA Publications Distribution Center P.O. Box 10686, Rockville, MD 20849-0686 301–443–3860



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**STEP 1: Ask the Two Screening Questions**

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)**

**Friends: Any drinking?**  
 "Do you have any friends who drank beer, wine, or any drink containing alcohol in the *past year*?"  
**ANY drinking by friends heightens concern.**

**Patient: Any drinking?**  
 "How about you—have you **ever** had more than a few sips of any drink containing alcohol?"  
**ANY drinking: Highest Risk**

**Middle School (ages 11–14)**

**Friends: Any drinking?**  
 "Do you have any friends who drank beer, wine, or any drink containing alcohol in the *past year*?"  
**ANY drinking by friends heightens concern.**

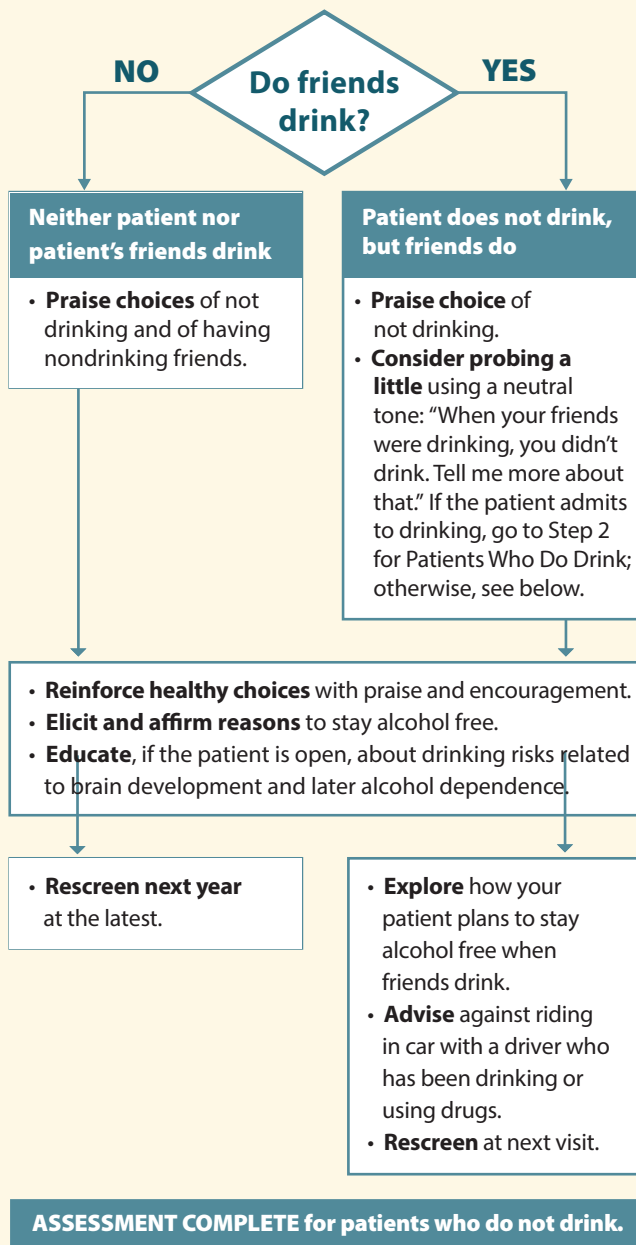
**Patient: How many days?**  
 "How about you—in the *past year*, on how many days have you had more than a few sips of any drink containing alcohol?"  
**ANY drinking: Moderate or Highest Risk (depending on age and frequency)**

**High School (ages 14–18)**

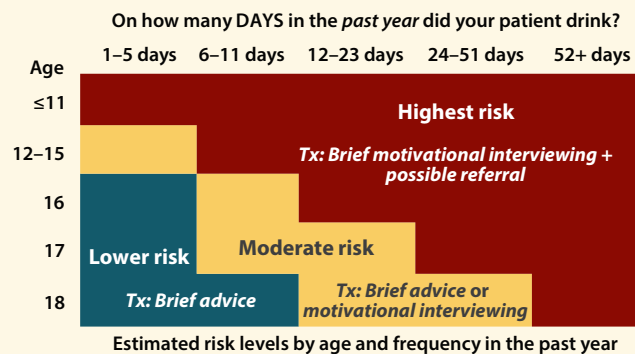
**Patient: How many days?**  
 "In the *past year*, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"  
**Lower, Moderate, or Highest Risk (depending on age and frequency)**

**Friends: How much?**  
 "If your friends drink, how many drinks do they usually drink on an occasion?"  
**Binge drinking by friends heightens concern.**  
 (See "What Counts as a Drink? A Binge?" on reverse)

**STEP 2: Guide Patient**



**STEP 2: Assess Risk**



**Factor in friends:**

- 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 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.

- For moderate and highest risk patients:**
- Ask about the drinking pattern:** "How much do you usually have? What's the most you've had at any one time?" If a patient reports bingeing, ask: "How often do you drink that much?"
  - Ask about problems experienced or risks taken:** Examples include getting lower grades or missing classes; drinking and driving, 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.

**STEP 3: Advise and Assist**

**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 no, provide beefed-up brief advice.
  - If yes, conduct brief motivational interviewing.
- Ask if parents know (see Highest Risk, below, for suggestions).
- Arrange for followup, ideally within a month.

**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.
- Consider referral for further evaluation or 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 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.
- 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.

**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 goal(s) and assess whether he or she was able to meet and sustain them.

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

- 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.
- Relate 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 parents.
  - Referring for 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.

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

- Reinforce and support continued adherence to recommendations.
- Notice the good: Praise progress 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.