

Opportunities & Indications for Screening Youth for Alcohol Use

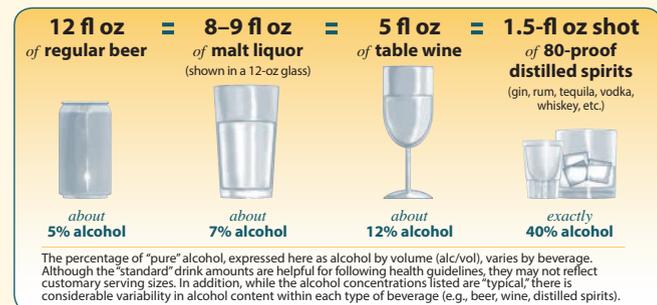
- As part of an **annual examination**
- As part of an **acute care visit**
- In the **emergency department** or urgent care center
- When seeing patients who:**
 - you **have not seen in a while**
 - are likely to drink, such as youth who **smoke cigarettes**
 - have **conditions associated with increased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

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.



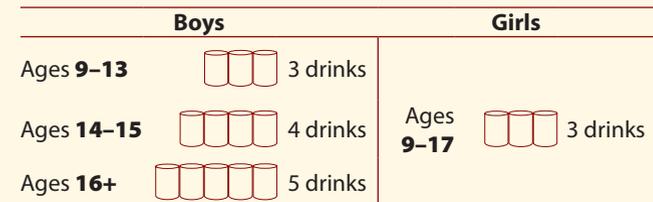
Below is the approximate number of standard drinks in different-sized containers of:

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

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, 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?



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.org
- 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:

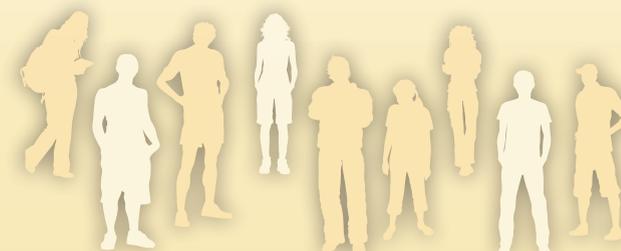
- See confidentiality policy statements from professional organization(s):
 - American Academy of Pediatrics
 - American Academy of Family Physicians
 - Society for Adolescent Health and Medicine
 - American Medical Association
- Contact your State medical society for information on your State’s laws.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

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



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)

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 10686, Rockville, MD 20849-0686 301–443–3860



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)

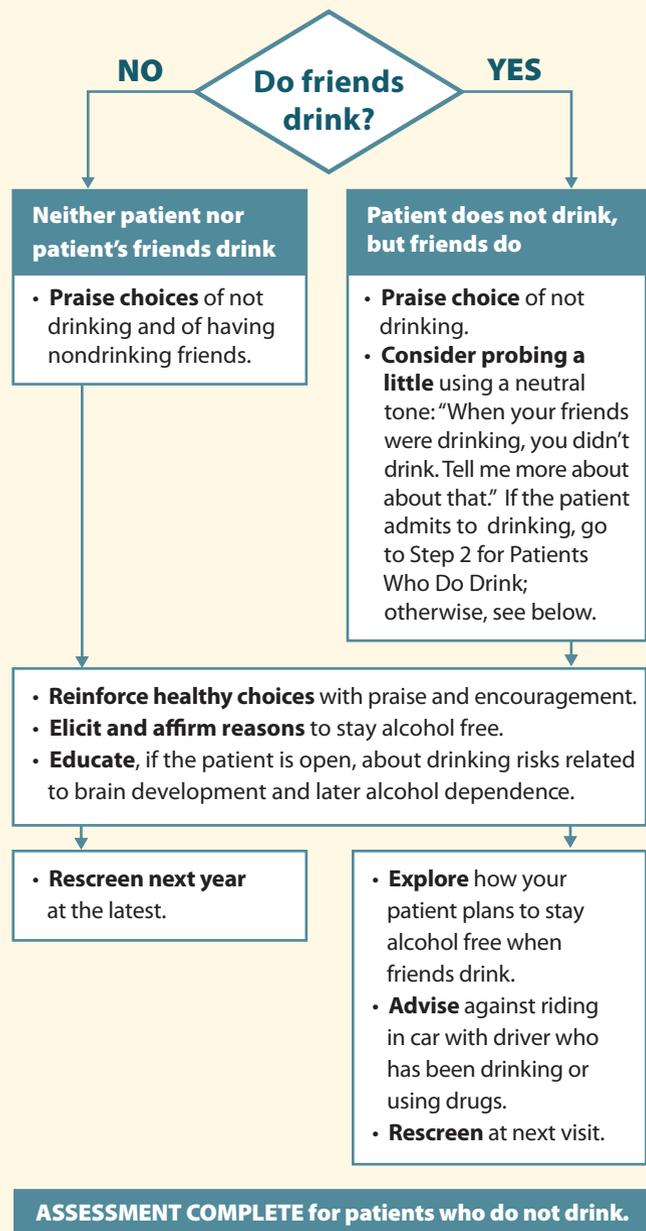
Friends: How much?

"If your friends drink, **how many drinks** do they usually drink on an occasion?"

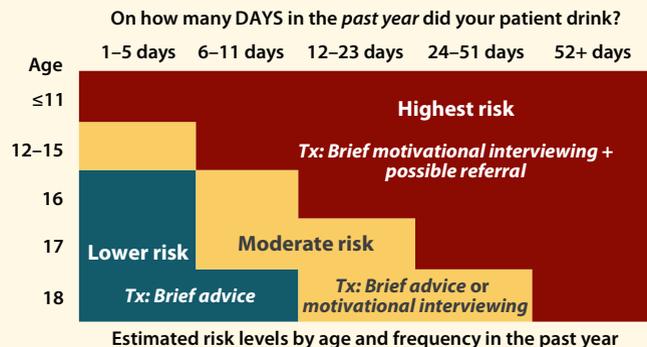
Binge drinking by friends heightens concern.

(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 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

