### 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:

<table>
<thead>
<tr>
<th>Drink Type</th>
<th>standard drink size</th>
<th>estimated alcohol content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular beer</td>
<td>12 fl oz</td>
<td>5% alcohol 1.3 oz</td>
</tr>
<tr>
<td>Malt liquor</td>
<td>8–9 fl oz</td>
<td>7% alcohol 2 oz</td>
</tr>
<tr>
<td>table wine</td>
<td>5 fl oz</td>
<td>12% alcohol 1.7 oz</td>
</tr>
<tr>
<td>80-proof spirits</td>
<td>1.3–1.8 fl oz shot</td>
<td>40-proof spirits 1 oz</td>
</tr>
</tbody>
</table>

#### 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 coffee, either in premixed drinks or by adding syrup to energy drinks. With this dangerous combination, drinkers may appear 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?

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

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
- www.motivationalinterview.org

To Find Local Specialty Treatment Options:

- Ask health behavior 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 organizations(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.

### 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:
  - 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.
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 drink beer, wine, or any drink containing alcohol in the past year?” ANY drinking by friends heightens concern.

Middle School (ages 11–14)

Friends: Any drinking? “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)

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

Lower Risk

• Friends: Any drinking? “How about you—in the past year, have you had more than a few sips of any drink containing alcohol?”

STEP 2: Guide Patient

ASSESSMENT COMPLETE for patients who do not drink.

Neither patient nor patient’s friends drink

• Praise choices of not drinking and of having nondrinking friends.

Patient does not drink, but patient’s friends do

• Praise choice of not drinking.

• Consider probing a little using a neutral tone. “When your friends were drinking, did you drink, tell me more about that?” If the patient admits to drinking, go to Step 2 for Patients Who Do Drink, otherwise, see below.

Patient: Any drinking? “How about you—have you ever had more than a few sips of any drink containing alcohol?”

• ANY drinking: Highest Risk

STEP 3: Advise and Assist

Lower Risk:

• Provide brief advice to stop drinking.

• Notice the good: Reinforce strengths and healthy decisions. Explore and trouble-shoot influence of friends who drink.

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).

• Arrange for follow-up, 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.

• 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 follow-up within a month.

FOR ALL PATIENTS WHO DRINK

• Collaborate on a personal goal and action plan (for your patient). Refer to steps 1 through 3 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.

Patients may not return for an alcohol-specific follow-up, 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 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.

— 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 action plan.

• 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.

• Reserve at least annually.