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.

### What Counts as a Drink? A Binge?

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

#### beer

- **12 fl oz** = 1.25 fl oz × 0.68 = 0.84 fl oz (8.4%)
- **16 fl oz** = 1.25 fl oz × 1.05 = 1.31 fl oz (13.1%)
- **40 fl oz** = 1.25 fl oz × 2.35 = 2.94 fl oz (29.4%)

#### malt liquor

- **8–9 fl oz** = 1.5 fl oz × 0.58 = 0.88 fl oz (8.8%)
- **16 fl oz** = 1.5 fl oz × 1.05 = 1.58 fl oz (15.8%)

#### table wine

- **5 oz** = 0.8 fl oz × 0.75 = 0.6 fl oz (6.0%)

#### 40-proof spirits or hard liquor

- **1.5-fl oz shot** = 0.75 fl oz × 1.05 = 0.78 fl oz (7.8%)
- **5-fl oz glass** = 0.75 fl oz × 1.5 = 1.13 fl oz (11.3%)
- **750 ml** (1.5 oz) = 0.75 fl oz × 3.9 = 2.9 fl oz (29%)

#### 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 alcoholic 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 syrup 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.

### 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

**To Find Local Specialty Treatment Options:**

- **Ask health behavior practitioners affiliated with your practice for recommendations.**
- **Seek local directories of behavioral health services.**
- **Contact the Substance Abuse Facility Treatment Locator (seek centers specializing in adolescents) at 1-800-662-HELP or visit www.findtreatment.samhsa.gov.**
- **Ask behavioral health practitioners affiliated with your practice for recommendations.**
- **Visit the Center for Adolescent Health and the Law for monographs on minor consent laws professional association policies:**
  - www.caahl.org

For more suggestions, see the full Guide, p. 34.

### 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.caahl.org

For details specific to your specialty and State:

- **See confidentiality policy statements from professional organization(s):**
  - American Academy of Pediatrics
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  - 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.caahl.org

### Suggestions for Parents

- **Support Self-efficacy**
  - By expressing confidence and pointing to strengths and past successes.
- **Roll with Resistance**
  - By acknowledging the patient’s viewpoint, avoiding a debate, and affirming autonomy.
- **Express Empathy**
  - With a warm, nonjudgmental stance, active listening, and reflecting back what is said.

For more suggestions, see the full Guide, p. 34.

### Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide

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

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<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>

| Ages 9–17 | 3 drinks |

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

<table>
<thead>
<tr>
<th>What’s a “child-sized” or “teen-sized” binge?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A binge is defined as:</td>
</tr>
<tr>
<td>12 fl oz or less = regular beer</td>
</tr>
<tr>
<td>8–9 fl oz = malt liquor</td>
</tr>
<tr>
<td>5 oz = table wine</td>
</tr>
<tr>
<td>1.5–8 oz shot = 40-proof spirits</td>
</tr>
</tbody>
</table>

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.
### Elementary School (ages 9–11)

**Patient: Any drinking?**

*How about you—have you ever had more than a few sips of any drink containing alcohol?*

**ANY drinking by friends?**

- **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 below.

**Direct advice:**

- **Highest risk:** Do you have any friends who drank beer, wine, or any drink containing alcohol?* How many days have you had more than a few sips of any drink containing alcohol?**
- **Moderate risk:** **Reinforce choices with praise and encouragement.**
- **Lowest risk:** **Explore how your patient plans to stay alcohol free when friends drink.**

**Binge drinking by friends**

- **Higher risk:** Have any of your friends ever had more than a few sips of beer, wine, or any drink containing alcohol?**
- **Moderate risk:** Have any of your friends ever had more than a few sips of any drink containing alcohol?**

**Explain 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.**

### Middle School (ages 11–14)

**Patient: Any drinking?**

*Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?*

**ANY drinking by friends?**

- **Praise choices 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 below.

**Direct advice:**

- **Highest risk:** Do you have any friends who drink beer, wine, or any drink containing alcohol?* How many days have you had more than a few sips of any drink containing alcohol?**
- **Moderate risk:** **Reinforce choices with praise and encouragement.** **Elicit and affirm reasons to stay alcohol free.**
- **Lowest risk:** **Explore how your patient plans to stay alcohol free when friends drink.**

**Binge drinking by friends**

- **Higher risk:** Have any of your friends ever had more than a few sips of beer, wine, or any drink containing alcohol?**
- **Moderate risk:** Have any of your friends ever had more than a few sips of any drink containing alcohol?**

**Explain 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.**

### 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?*

**ANY drinking by friends?**

- **Praise choices 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 below.

**Direct advice:**

- **Highest risk:** Do you have any friends who drink beer, wine, or any drink containing alcohol?* How many days have you had more than a few sips of any drink containing alcohol?**
- **Moderate risk:** **Reinforce choices with praise and encouragement.**
- **Lowest risk:** **Explore how your patient plans to stay alcohol free when friends drink.**

**Binge drinking by friends**

- **Higher risk:** Have any of your friends ever had more than a few sips of beer, wine, or any drink containing alcohol?**
- **Moderate risk:** Have any of your friends ever had more than a few sips of any drink containing alcohol?**

**Explain 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.**

### Familiarity with the Patient:

- **No, patient was not able to meet/sustain goal(s):**
  - **Bypass 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:**
    - Praise honest and efforts.
    - Reinforce strengths and healthy decisions.
    - Supporting any positive change.
  - **Relate drinking to associated consequences or problems to further 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 to renegotiate specific steps, as needed.**
  - **Conduct, complete, or update the comprehensive psychosocial interview.**
  - **Was patient able to meet and sustain goal(s)?**

### 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.**

### For Patients Who DO NOT Drink...

**Neither patient nor patient's friends drink**

- **Praise choices 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 below.

**Direct advice:**

- **Highest risk:** Do you have any friends who drink beer, wine, or any drink containing alcohol?* How many days have you had more than a few sips of any drink containing alcohol?**
- **Moderate risk:** **Reinforce choices with praise and encouragement.**
- **Lowest risk:** **Explore how your patient plans to stay alcohol free when friends drink.**

**Binge drinking by friends**

- **Higher risk:** Have any of your friends ever had more than a few sips of beer, wine, or any drink containing alcohol?**
- **Moderate risk:** Have any of your friends ever had more than a few sips of any drink containing alcohol?**

**Explain 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 Patients Who DO Drink...

**Any drinking by friends?**

*Do you have any friends who drink beer, wine, or any drink containing alcohol in the past year?*

**ANY drinking by friends?**

- **Praise choices 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 below.

**Direct advice:**

- **Highest risk:** Do you have any friends who drink beer, wine, or any drink containing alcohol?* How many days have you had more than a few sips of any drink containing alcohol?**
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### ASSESSMENT COMPLETE for patients who do not drink.