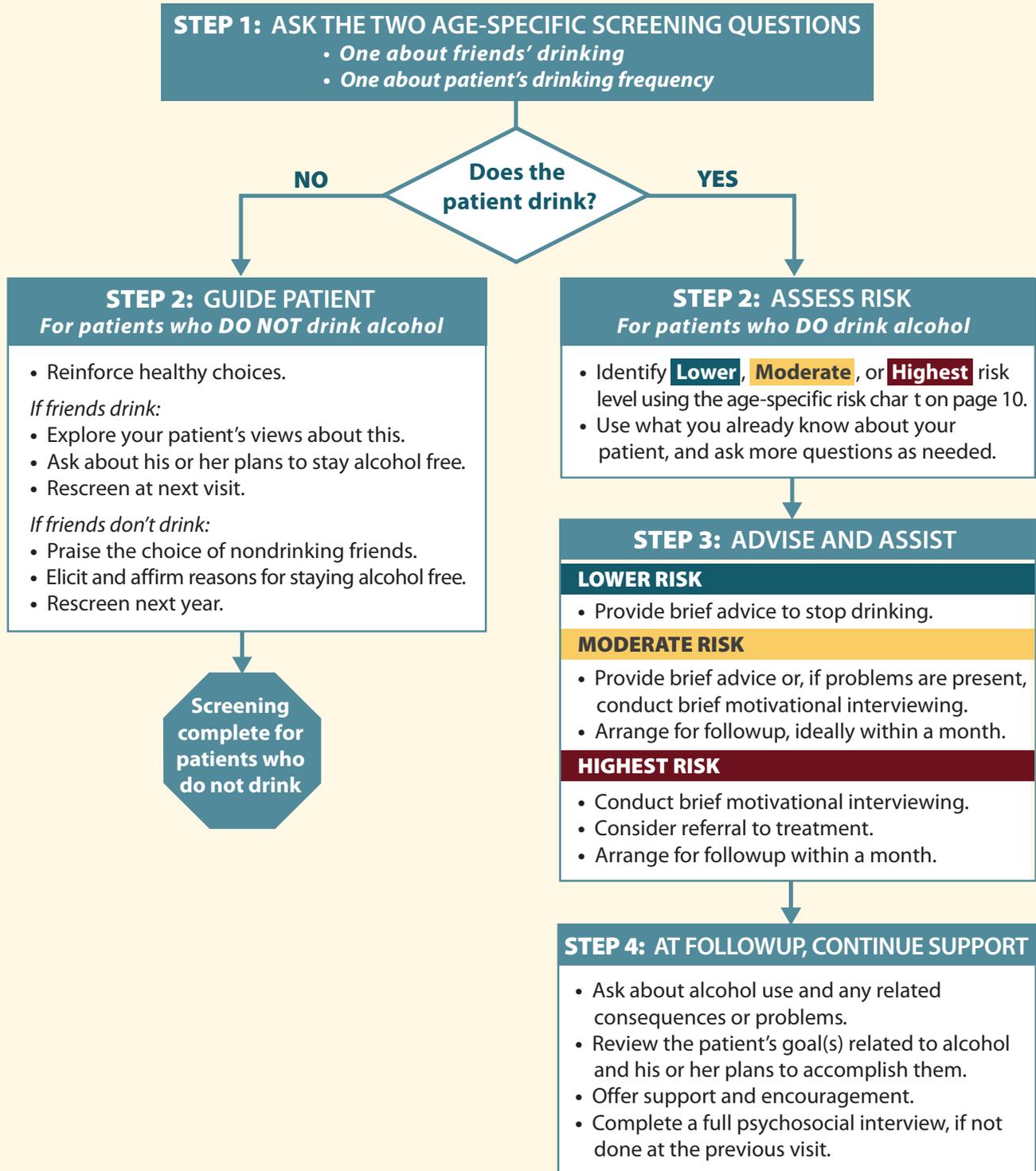




FOUR STEPS AT A GLANCE

Refer to the following pages for detailed steps.

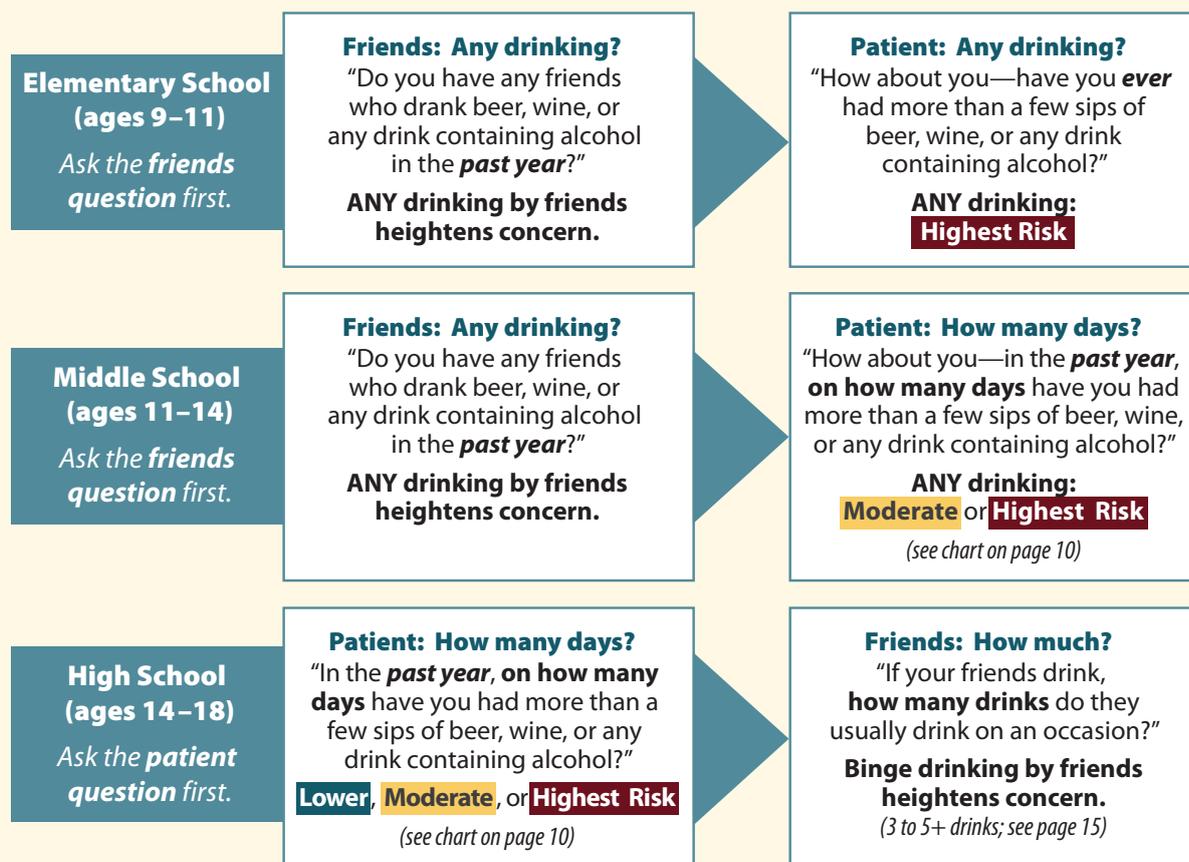




STEP 1: ASK THE TWO SCREENING QUESTIONS

Research indicates that the two age-specific screening questions (about friends’ and patient’s drinking) are powerful predictors of current and future alcohol problems in youth. Fit them into your office practice in whatever way works best for you, whether by adding them to a pre-visit screening tool or weaving them into your clinical interview. In either case, take steps to protect patient privacy and, if at all possible, conduct an in-person alcohol screen when you are alone with your patient. See page 25 for more information about confidentiality.

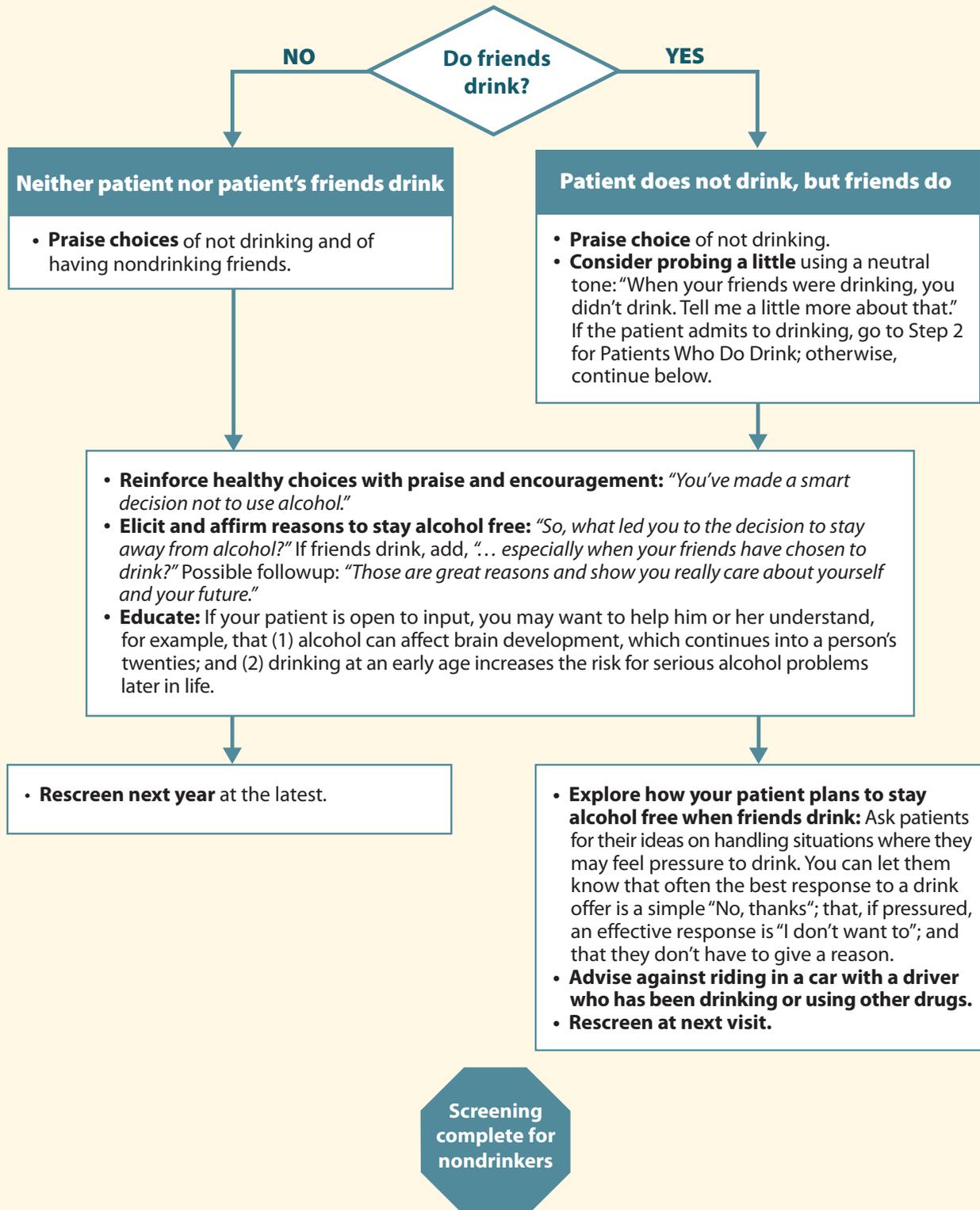
Guidelines for asking the screening questions: (1) For elementary and middle school patients, start with the friends question, a less threatening, side-door opener to the topic of drinking. (2) Because transitions to middle or high school increase risk, choose the question set that aligns with a patient’s school level, as opposed to age, for patients aged 11 or 14. (3) Exclude alcohol use for religious purposes.





STEP 2: GUIDE PATIENT

For patients who **DO NOT** drink ...

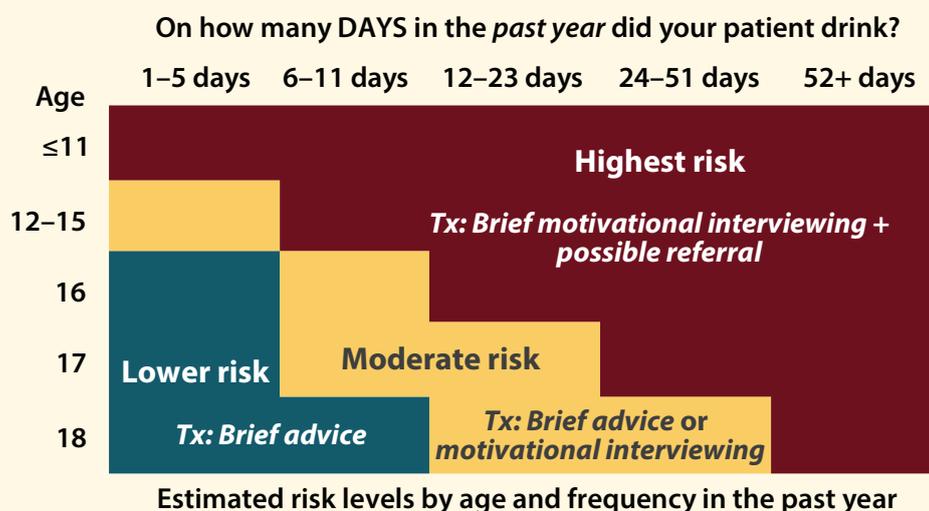




STEP 2: ASSESS RISK

For patients who **DO** drink ...

For a broad indicator of your patient’s level of risk, start with the chart below, which provides empirically derived population-based estimates. Then factor in what you know about friends’ drinking and other risk factors, ask more questions as needed, and apply your clinical judgment to gauge the level of risk.



In the chart, see where your patient’s age and drinking frequency intersect: If your patient responds to the screening question with a per-month or per-week frequency, convert the answer to days per year to see where the drinking falls on the risk chart. As an example, a 15-year-old who reports drinking about twice a month, or 24 days in the past year, is at “highest risk” for adverse consequences. (This chart is also in the Pocket Guide; see page 19 for tips on remembering the risk level cut points.)

Factor in friends:

- **For elementary and middle school students:** Having friends who drink heightens concern. Because having more drinking friends means more risk, ask how many friends drink, if your patient didn’t offer this detail when answering the screening question.
- **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 page 15).

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 their drinking pattern:** “How much do you usually have? What’s the most you’ve had at any one time?” If the patient reports bingeing (see page 15), ask: “How often do you drink that much?”
- **Ask about problems experienced or risks taken:** “Some people your age who drink have school problems like lower grades or missed classes. Some do things and feel bad about them later, like damaging or stealing property, getting into fights, getting sexually involved, or driving or riding in a car driven by someone who has been drinking. Others get injured, have memory blackouts, or pass out. What not-so-good things related to drinking, if any, have you experienced?”
- **Ask about other substance use** (“Have you used anything else to get high in the past year?”) **and consider using other formal tools to help gauge risk** (see page 32). The majority of your lower risk patients will not have used illicit drugs (NIAAA, 2011), but ask them, too, about past-year use, time permitting.

After you assess risk ...
GO TO STEP 3



STEP 3: ADVISE AND ASSIST

For patients who **DO** drink ...

In this step, conduct a brief intervention for your patients who drink, based on the risk levels identified during Step 2. See the appendix for additional information on confidentiality (page 25) and conducting brief motivational interviewing (page 29).

Lower Risk

- **Provide brief advice:** *"I recommend that you stop drinking, and now is the best time. Your brain is still developing, and alcohol can affect that. Alcohol can also keep you from making good decisions and make you do things you'll regret later. I would hate to see alcohol interfere with your future."*
- **Notice the good:** Reinforce any strengths and healthy decisions.
- **Explore and troubleshoot** the potential influence of friends who drink or binge drink.

Moderate Risk

- **Does the patient have alcohol-related problems?**
 - **If no, provide beefed-up brief advice:** Start with the brief advice for Lower Risk patients (at left) and add your concern about the frequency of drinking.
 - **If yes, conduct brief motivational interviewing** to elicit a decision and commitment to change (see page 29).
- **Ask if parents know:** See suggestions for Highest Risk patients (at right).
- **Arrange for followup**, ideally within a month.

Highest Risk

- **Conduct brief motivational interviewing** to elicit a decision and commitment to change, whether or not you plan to refer (see page 29).
- **Ask if parents know:** If so, ask patient permission to share recommendations with them. If not, take into account the patient's age, the degree of acute risk posed, and other circumstances, and consider breaking confidentiality to engage parent(s) in follow-through.
- **Consider referral for further evaluation or treatment** based on your estimate of severity (see page 23).
- **Arrange for followup** within a month.

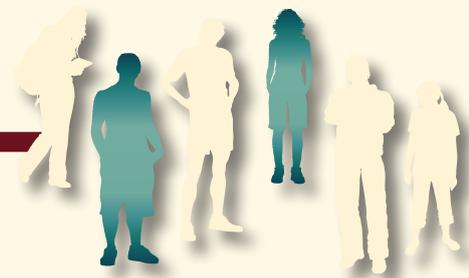
FOR ALL PATIENTS WHO DRINK

- **Collaborate on a personal goal and action plan** for your patient. Refer to page 31 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.

If you observe signs of acute danger, such as drinking and driving, high intake levels per occasion, or use of alcohol with other drugs, take immediate steps to ensure safety (see page 21).

After intervention ...
GO TO STEP 4





STEP 4: AT FOLLOWUP, CONTINUE SUPPORT

For patients who **DID** drink ...

It may be uncommon for patients to return for an alcohol-specific followup. Still, when patients with whom you've conducted an alcohol intervention return for any reason, you'll have an opportunity to strengthen the effects of the previous visit. Start by asking about current alcohol use and any associated problems. Then review the patient's goal(s) and assess whether he or she was able to meet and sustain them.

