



National Institute  
on Alcohol Abuse  
and Alcoholism

# UNDERAGE DRINKING

## Understanding and Impacting the Landscape

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## Developmental Factors

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### **A Key to Understanding Underage Alcohol Use**

**It is a developmental issue because:**

- **There are clear age-related patterns (e.g., both drinking and binge drinking become more prevalent as adolescents get older);**
  - **It is affected by development; and**
  - **It can affect developmental trajectories and outcomes.**
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# Developmental Factors Affecting Alcohol Use

- Adolescents are “built” to take risks, seek novelty, socialize with peers, explore, and learn.
  - The objective is preparation for survival in the adult world.
  - For many young people, underage drinking is a form of risk-taking and exploration.
  - Youth who have an unusually strong desire for new experiences and sensations are more likely to use alcohol.
  - Immature circuits related to decision-making and impulse control, combined with strong reinforcement provided by alcohol and drinking with friends, contribute to underage drinking.
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# Developmental Factors Affecting Alcohol Use

- Risk and protective factors for alcohol use shift throughout adolescence (e.g., peers can be a risk or a protective factor).
  - Transitions may present increased risk for alcohol use and/or an opportunity for intervention (e.g., school changes).
  - Increased stress, responsibility, and free time all may contribute to alcohol use.
  - Youth with histories of behavior problems, family conflict, and/or alcohol problems are more likely to use alcohol than are other young people.
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# Adolescent Alcohol Sensitivity

**Compared with adults, adolescents are:**

- **Less sensitive to some of the aversive effects of acute alcohol intoxication (e.g., sedation, hangover, loss of coordination);**
- **But more sensitive to alcohol's effects on:**
  - **Social facilitation; and**
  - **Disruption of spatial memory.**

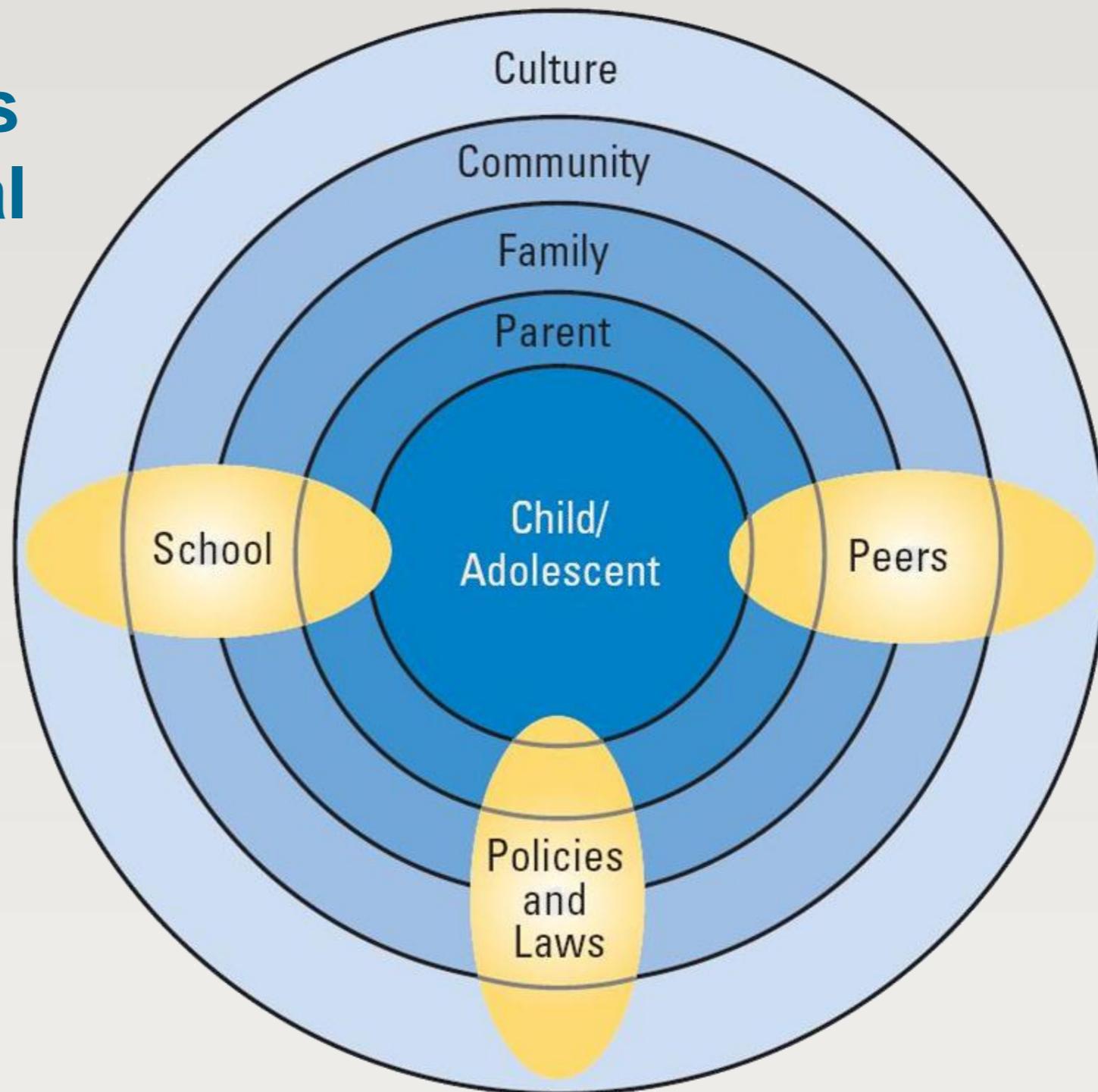
**Therefore, the cues that signal adults to stop drinking may not be as effective for adolescents.**

# Conversely, Alcohol Use Can Affect Development

Underage alcohol use can:

- **Alter developmental trajectories and negatively impact development, including:**
    - **School failure;**
    - **Trouble with the law; and**
    - **Increased risk for alcohol addiction.**
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## Alcohol Use Has Many Contextual Influences





- ## Alcohol Is an Integral Part of Our Culture
- Alcohol is tightly woven into the fabric of American society.
  - Most adults who drink alcohol drink moderately and responsibly without complications; some can even derive modest health benefits.
  - Electronic media provide almost unlimited access to alcohol information.

### Parents Matter

- **Children whose parents monitor their activities, and exert control and consistent discipline along with warmth and responsiveness, fare better.**
  - **Parents should never serve alcohol to someone else's child or host a party for teens where alcohol is available.**
  - **Teens DO listen to their parents. According to one survey, 19% of teens felt parents should have a say in the music they listen to, 26% believed parents should influence what clothing they wear, BUT 80% felt that parents should have a say in whether they drink alcohol.**
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## Contextual Influences

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### Families Matter

- **If parents and other family members choose to drink, they should always model responsible alcohol consumption.**
  - **When an older underage sibling drinks, the likelihood that a teen will drink increases.**
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### Schools Matter

- **The presence of a caring adult in a child's life is protective; the adult could be someone at school.**
- **Connectedness to school is a protective factor.**
- **Appropriate school alcohol policies and consequences can make a difference.**

**Peers, communities, and policies and laws  
all matter too.**

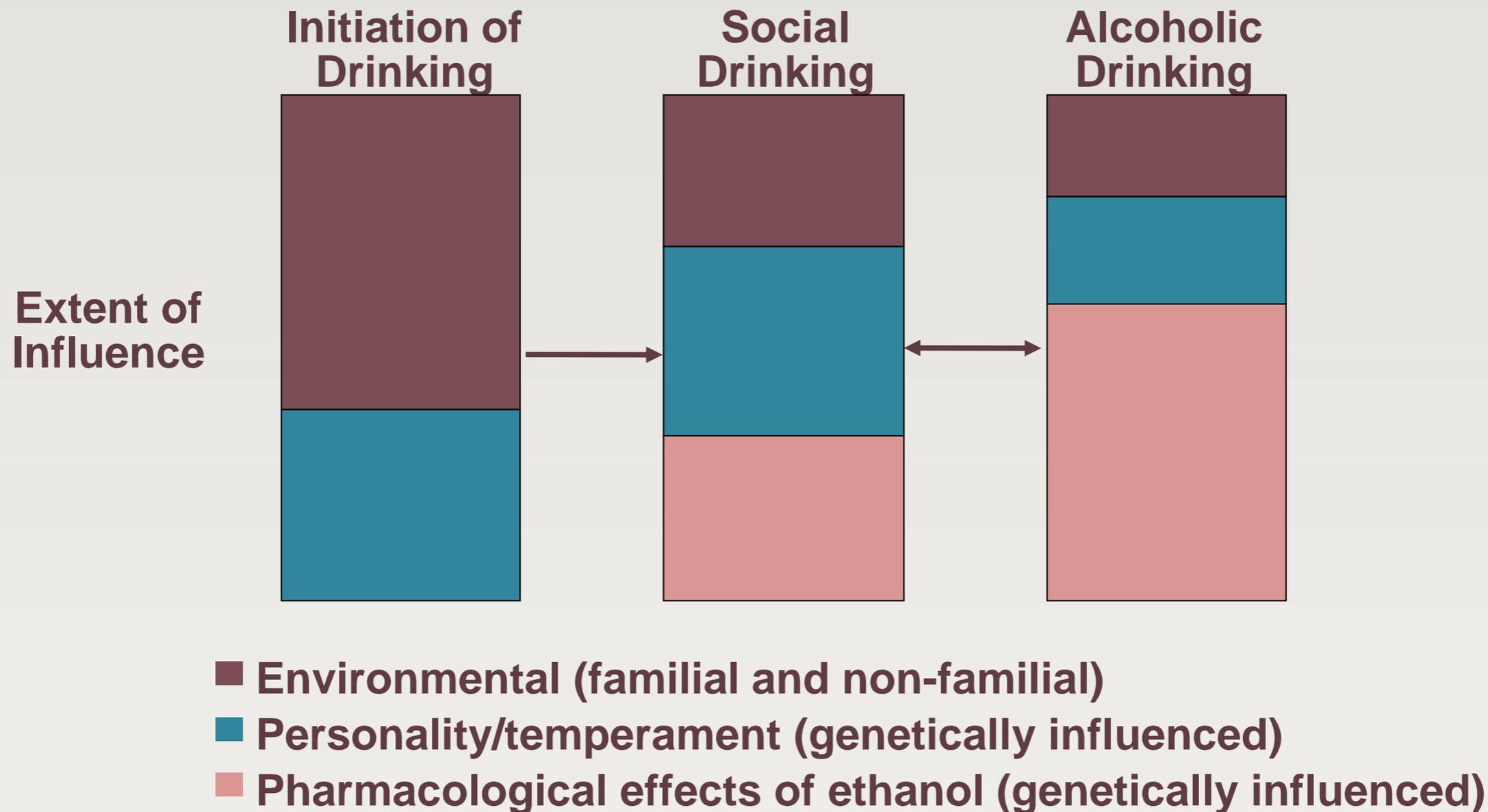
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# Genetic Risks for Alcohol Dependence

- **Alcohol-specific factors:**
    - Family history of alcohol dependence;
    - Low level of response to alcohol; and
    - Unusually high level of response to alcohol.
  - **Factors not specific to alcohol:**
    - Impulsivity; and
    - Psychiatric problems.
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## Environmental and Genetic Risk

# Drinking Behavior and Alcohol Dependence Are Influenced by Environment and Genes



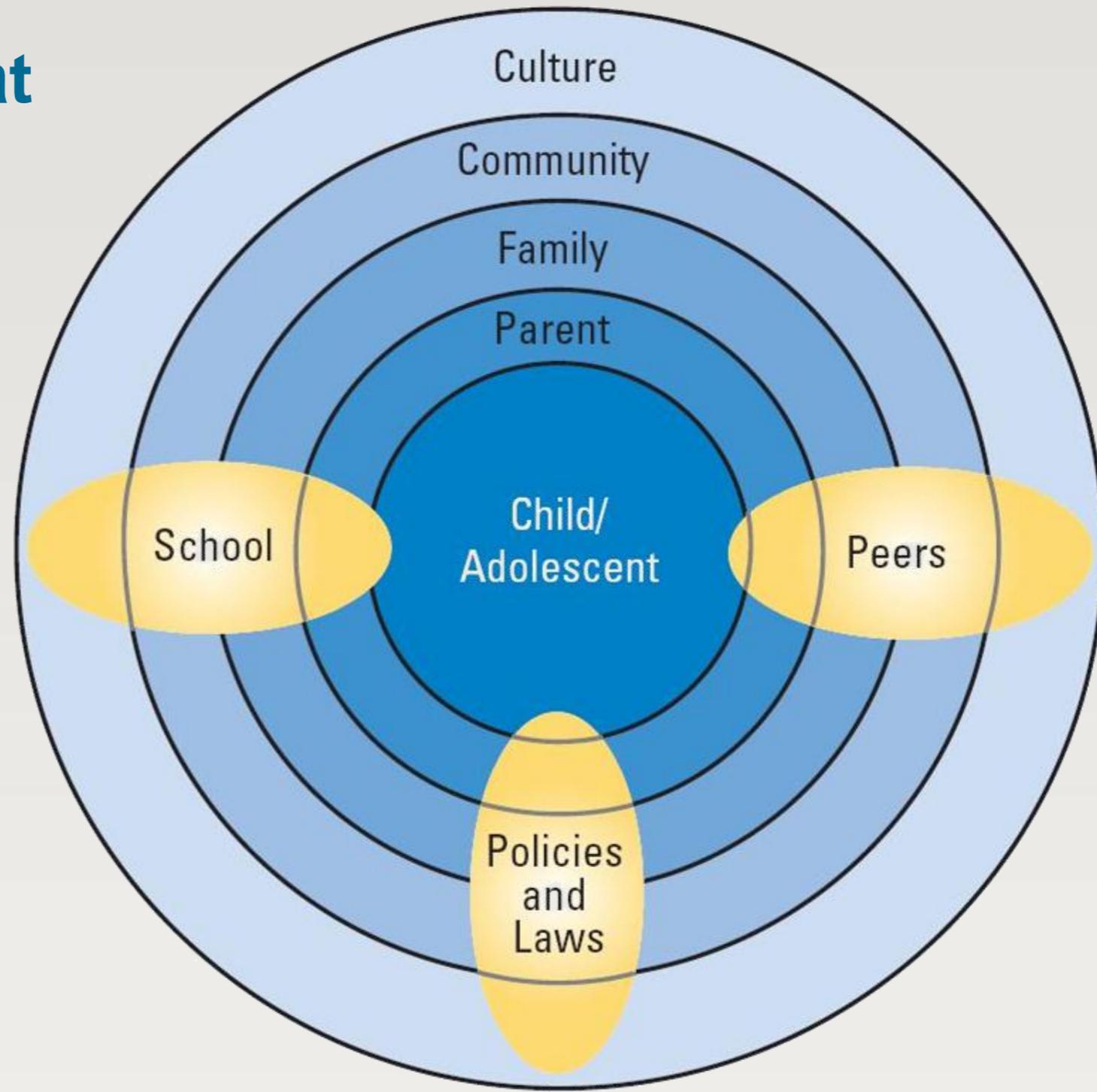
## Contextual Influences

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### Underage Drinking—A Tricky Issue

- Alcohol is legal for adults.
  - Drinking is viewed as a rite of passage.
  - Young people drink to seem grown up.
  - For some, social status is tied to their drinking.
  - The currency among the drinking crowd appears to be extreme behavior.
  - Adults often remember their drinking experiences fondly.
  - In our society, drinking is frequently associated with popularity, fun, and sex.
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## Support Occurs at Multiple Levels



## Healthy Adolescent Development

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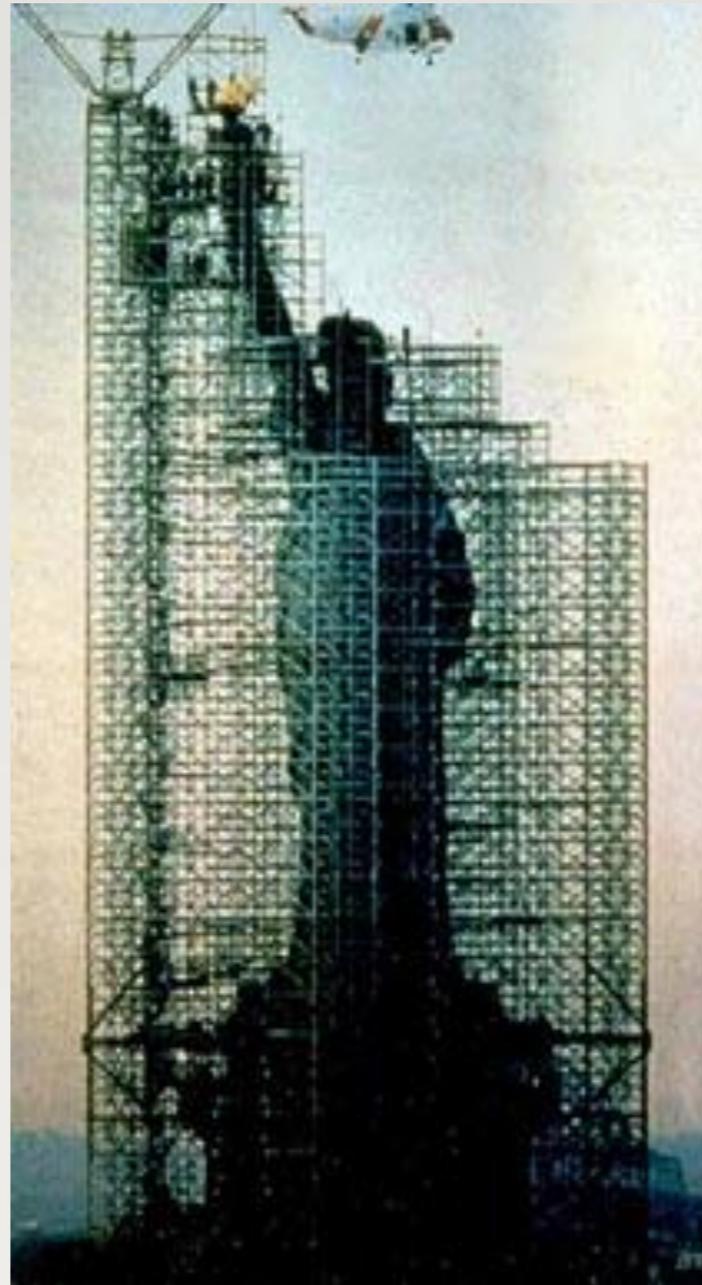
# Scaffolding for Healthy Adolescent Development

**Positive Peer Groups**

**Alternative  
Activities**

**Presence of a Caring Adult**

**Open Lines of Communication  
With Parents**



**Appropriate Policies  
and Consequences  
and Consistent  
Enforcement**

**Parental Monitoring**

**Screening**

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## Why Is Alcohol Screening So Important for Children and Adolescents?



- Drinking is normative among American adolescents.
  - High-risk drinking among adolescents is common.
  - All this drinking puts young people at risk for *acute* alcohol consequences as well as *chronic* or *lifelong* sequelae.
  - In fact, the highest prevalence of alcohol dependence is among 18- to 20-year-olds.
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## Screening:

- Sends a message of concern;
- Is an opportunity for youth to ask knowledgeable adults about alcohol; and
- Is an opportunity to intervene before or after drinking starts, as well as before or after problems develop.



# Screening Often Doesn't Happen

## 2009–10 NEXT Generation Health Study Survey

### Among Youth Who Saw a Physician:

- About 52% were asked about drinking;
- About 56% were asked about smoking and 52% were asked about drug use;
- About 70% were asked about exercise and 66% were asked about nutrition.

### Among U.S. 10th Graders (Average Age of 16):

- In the past month, 30% drank, 27% binged, and 22% were drunk.
  - In the past year, 81% saw a doctor. Half were asked about drinking, but only 17% were advised to reduce or stop drinking.
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### Screening: An NIAAA Priority

Screening children and adolescents can:

- Influence children and teens one at a time; and
  - Help change the landscape by changing expectations—kids and their parents will expect to be asked about alcohol use, which sends the message that underage drinking is an important issue.
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### Why Was a New Tool Needed?

- **Research showed screening doesn't happen frequently enough; clinicians cite time constraints and lack of training as barriers.**
  - **Existing screening tools in use for adolescents were:**
    - **Developed for adults;**
    - **Not appropriate for younger adolescents;**
    - **Not specific to alcohol; or**
    - **Too long to be routinely used in primary care.**
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## What Was Needed?

**A brief, easy-to-use screening instrument that:**

- **Recognizes clinicians have a limited amount of time with their patients;**
  - **Is comprised of just one or two questions that accurately predict risk for alcohol use, current use, and current alcohol problems as well as the risk for future problems; and**
  - **Makes necessary adjustments based on the age/grade of the individual being screened.**
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### NIAAA's Goal

**Create a brief, easy to score, empirically-based screen for risk, alcohol use, and problems that is:**

- **Reliable and valid;**
  - **Sensitive and specific;**
  - **Acceptable to respondents;**
  - **Culturally appropriate;**
  - **Adaptable to context of administration (verbal, computer); and**
  - **Developmentally appropriate for different ages/grades.**
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## Screening: Identifying the Best Items ...

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### Alcohol Consumption Items That Were Evaluated

- Frequency of alcohol use;
- Usual quantity of alcohol consumed per occasion; and
- Frequency of “binge” drinking (consuming 5+ drinks per occasion).

### Predictors of Youth Problem Drinking That Were Evaluated

- Friends’ drinking;
  - Temperament (e.g., impulsivity, sensation seeking);
  - Risk cognitions (e.g., positive beliefs about alcohol’s effects);
  - Alcohol-related problems;
  - Delinquency;
  - Parental alcohol use;
  - Family history of alcohol problems;
  - Poor neighborhood environment....
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### Two Questions Emerged

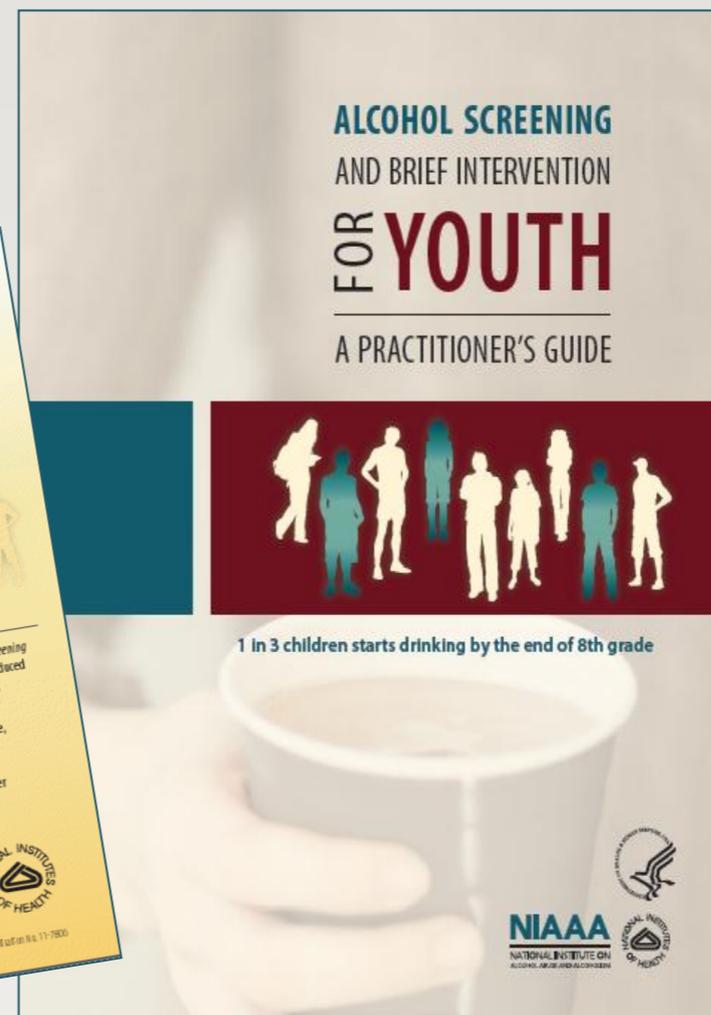
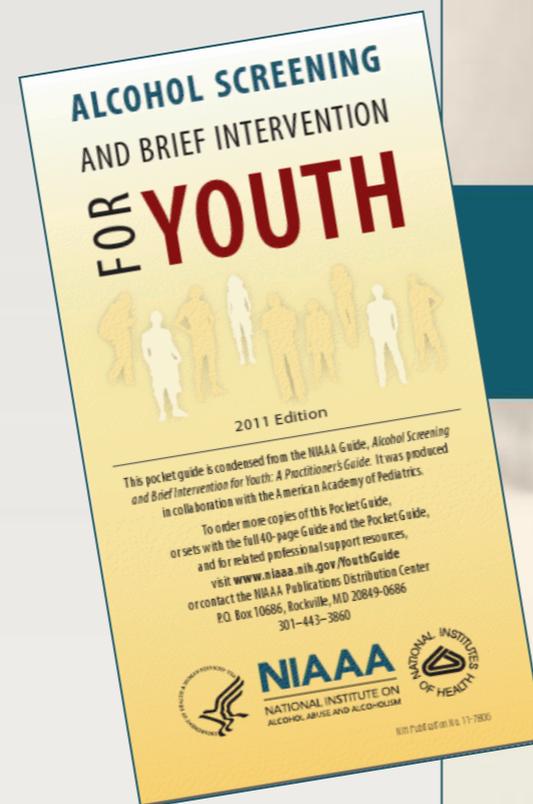
#### Frequency of One's Own Alcohol Use

- Resulted from analysis of 166,000 records from respondents ages 12-18 to SAMHSA's National Survey on Drug Use and Health over an 8-year-period.

#### Friends' Drinking

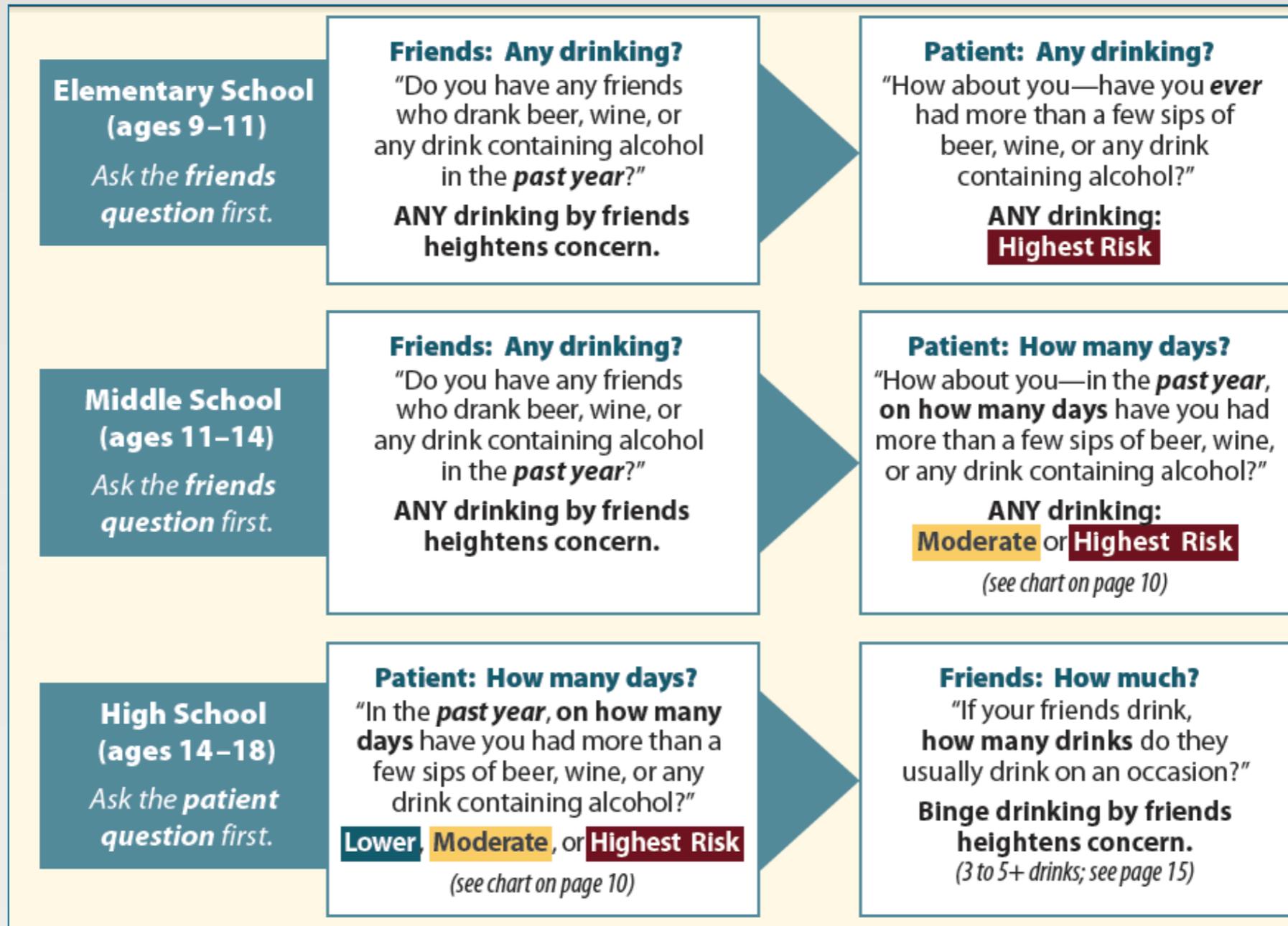
- Researchers analyzed studies that followed individuals from childhood into adulthood to determine what factors were most predictive of a range of drinking outcomes, such as starting to drink, harmful use, and alcohol problems.
  - Different studies sampled different populations, including high-risk populations, general populations, those with a family history of alcohol problems, and children who were adopted.
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## *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*



<http://www.niaaa.nih.gov/YouthGuide>

## Step 1: Ask the Two Screening Questions



# Step 2 for Patients Who Do Not Drink: Guide

- Reinforce healthy choices.

*If friends drink:*

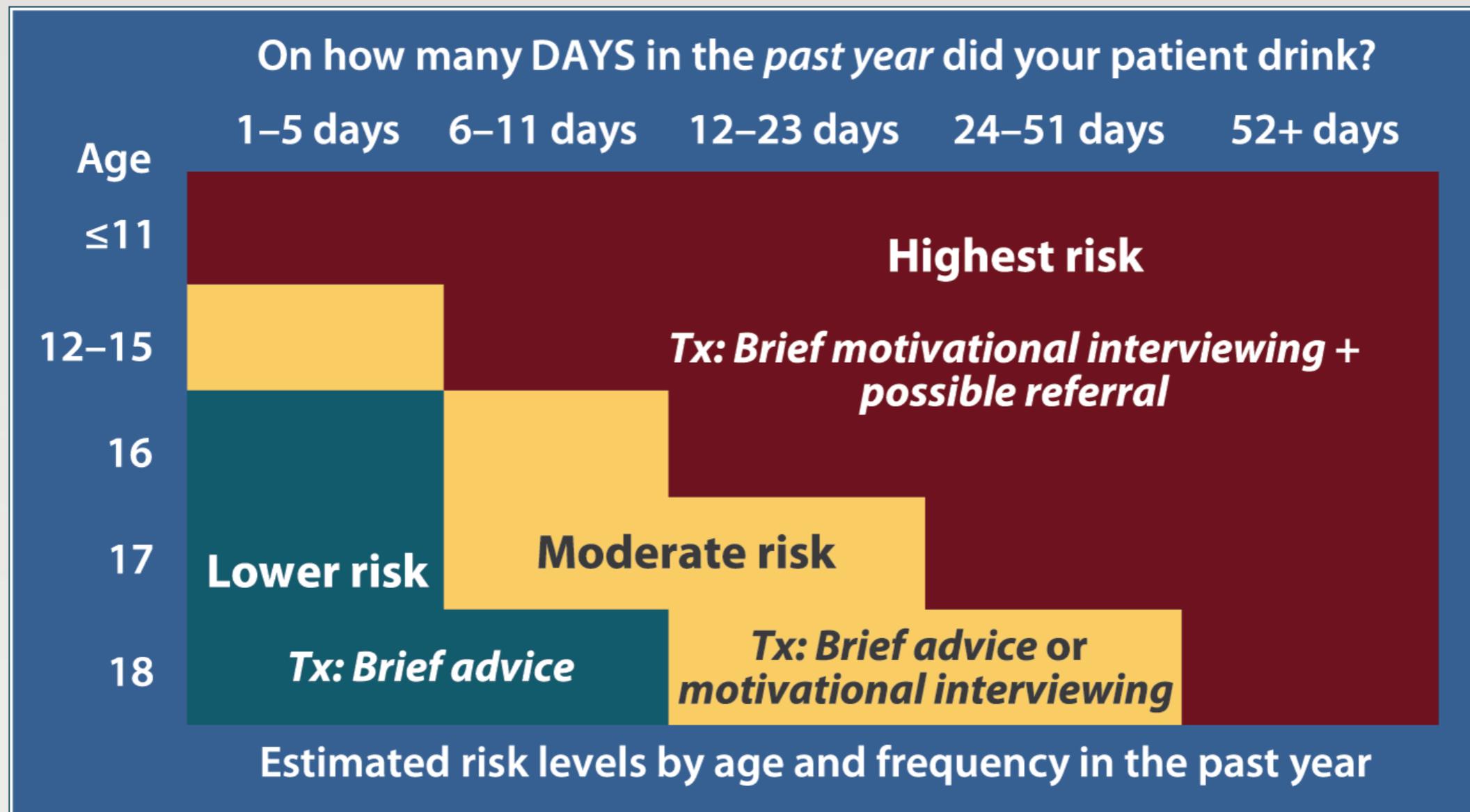
- Explore your patient's views about this.
- Ask about his or her plans to stay alcohol free.
- Rescreen at next visit.

*If friends don't drink:*

- Praise the choice of nondrinking friends.
  - Elicit and affirm reasons for staying alcohol free.
  - Rescreen next year.
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# A Look Into the Screening Guide

## Step 2 for Patients Who Do Drink: Assess Risk



# Step 3 for Patients Who Drink: Advise and Assist

### **LOWER RISK**

- Provide brief advice to stop drinking.

### **MODERATE RISK**

- Provide brief advice or, if problems are present, conduct brief motivational interviewing.
- Arrange for followup, ideally within a month.

### **HIGHEST RISK**

- Conduct brief motivational interviewing.
  - Consider referral to treatment.
  - Arrange for followup within a month.
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## A Look Into the Screening Guide

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### Step 4 for Patients Who Drink: Follow Up

- Ask about alcohol use and any related consequences or problems.
  - Review the patient's goal(s) related to alcohol and his or her plans to accomplish them.
  - Offer support and encouragement.
  - Complete a full psychosocial interview, if not done at the previous visit.
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# A Look Into the Screening Guide

## Frequently Asked Questions

### FREQUENTLY ASKED QUESTIONS

#### About underage drinking patterns

##### At what age do kids start drinking?

The average age at first drink is about 14, according to national surveys of 12- to 20-year-olds (Chen et al., 2011). The more we can help kids delay when they begin drinking, the better. The younger the age of drinking onset, the greater the chance for alcohol dependence later in life (Hingson et al., 2006; Grant & Dawson, 1997).

##### Do boys and girls differ in drinking patterns?

Up to about 10th grade, the percentage of boys and girls who drink is about the same. By 12th grade, however, boys surpass girls, not only in terms of any use, but also in binge drinking (having been drunk in the past month) (Johnston et al., 2010).

##### How many kids in my practice are likely to screen positive for past-year drinking?

As your patients get older, you're likely to see a dramatic climb in the number who drink. Although there will be regional and local variations, national surveys show that across adolescence, we can expect a tenfold rise in *any past-year drinking* (the measure that correlates with this Guide's screening questions) (NIAAA, 2011):

Past-year drinking (more than one or two sips) is reported by:
<b>1 in 15</b> 12-year-olds
<b>1 in 4</b> 14-year-olds
<b>1 in 2</b> 16-year-olds
<b>2 in 3</b> 18-year-olds

##### How much do kids drink?

As kids get older, more drink *and* more drink *heavily*. In fact, you may find that dangerous binge drinking is quite common among your patients. National estimates for youth binge drinking currently use the binge definition for adult males, that is, five or more drinks per occasion. By that definition, among youth who drink, about half of those ages 12 to 15 and two-thirds of ages 16 to 20 binge drank in the past 30 days (SAMHSA, 2010). These are likely underestimates, however, because the definition of binge drinking for most youth should be fewer drinks than for full-grown adult males (see next question).



## FAQs

### Frequently Asked

Having five or more drinks on at least one occasion in the past 30 days is reported by about:

- Half of 12- to 15-year-olds who drink
- Two-thirds of 16- to 20-year-olds who drink

##### What's a "child-sized" or "teen-sized" binge?

Compared with adults, children and teens are likely to have higher blood alcohol levels after drinking similar amounts of alcohol. Because we ethically cannot conduct clinical studies of youth drinking, we rely on mathematically derived estimates of blood alcohol concentration. Extrapolating from what is known about alcohol metabolism in adults, a recent study for differences between adults and kids in body composition and alcohol elimination, blood alcohol and binge levels for youth. The study concluded that binge drinking should be defined as follows (Donovan, 2009):

Estimated binge drinking levels for youth		
	Boys	Girls
Ages 9-13	3 drinks	
Ages 14-15	4 drinks	Ages 9-17
Ages 16+	5 drinks	

(See also the FAQ on page 20 on estimating your patient's quantity of drinking.)

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

All kinds: beer, malt liquor, liquor, wine, and "flavored alcohol beverages." Generalized in percent alcohol, flavored alcohol beverages include wine coolers and sweetened beverages that often derive their alcohol content from spirits. Although we don't have a comprehensive, nationwide study on youth beverage choices, a few limited studies suggest that malt liquor is gaining on or overtaking beer and flavored alcohol beverages in popularity and that wine is less preferred (Siegel et al., 2011; Johnston et al., 2010; CDC, 2009).

Young people are also drinking alcohol mixed with caffeine, either in premixed drinks or adding liquor to energy drinks. With this dangerous combination, drinkers may feel less drunk than if they'd had alcohol alone, but they are just as impaired in motor function and visual reaction time (Ferreira et al., 2006). They are more likely to drink heavily, or taken advantage of sexually, and to ride with an intoxicated driver (O'Brien et al., 2006).

## Frequently Asked Questions

### About risk assessment

##### What's the basis for the risk level estimates?

The risk level estimates in this Guide—and the screening question on drinking frequency—come from analyses of national survey data on alcohol use by more than 166,000 youth ages 12 to 18 (Smith et al., 2010). Researchers looked for connections between drinking pattern variables and concurrent symptoms of an alcohol use disorder (AUD), whether alcohol abuse or dependence, as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, published by the American Psychiatric Association.

Consistently, they found that the number of drinking days in the past year predicted the presence of AUD symptoms more accurately than the quantity of alcohol consumed or the frequency of binge drinking. It's important to note your patients do not need to be completely accurate when estimating past-year drinking, because the *reported frequency* predicts the presence of AUD symptoms.

##### Among my patients who drink, what proportion will be in the "lower," "moderate," and "highest" risk categories?

National data provide the big picture, which will vary somewhat by region. At ages 12 to 15 years, any drinking is considered at least "moderate" risk, and half of drinkers in this age group drink frequently enough to be in the "highest risk" category. At ages 16 to 18, about one-third of drinkers are at "lower risk," one-fifth at "moderate risk," and just under half are at "highest" risk (NIAAA, 2011).

##### Approximate distribution of young drinkers at lower, moderate, and highest risk levels



##### How can I remember the cut points for the different risk levels?

When you're getting started, you can use the Pocket Guide (enclosed), which contains the risk estimator chart. Over time, you will get a feel for the risk cut points for the different ages and the correlated intervention levels. To facilitate that process, you might focus first on the "highest risk" cut points, which identify the kids who need the most attention and possibly a referral.

##### Highest risk past-year drinking begins at:

- Age 11: 1 day
- Ages 12-15: 6 days (about every other month)
- Age 16: 12 days (about monthly)
- Age 17: 24 days (about twice monthly)
- Age 18: 52 days (about weekly)

# A Look Into the Screening Guide

## Clinician Support: Confidentiality and Brief Motivational Interviewing



Clinician Support Materials

### CONFIDENTIALITY

Confidentiality often plays a role in providing health care to adolescents. When it comes to alcohol use by patients who are minors, don't let concerns about confidentiality deter you from screening and intervening as needed. 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 (Beitan & Brevender, 2009; Ford et al., 2004).

It is important to give your patients an assurance of confidential care. Studies show that with confidentiality assurance, adolescents are more willing to seek health care (Ford et al., 1997), whereas without it, those who engage in risky behaviors will often forgo care (Lehrer et al., 2007). In addition, research indicates that most parents favor confidential care for their teens, and that education about privacy policies and teen risk-taking behaviors improves the opinions of most parents who hold negative opinions about confidentiality (Hutchinson & Stafford, 2005).

This section provides a brief overview of patient rights and professional association guidance, along with practical suggestions for screening adolescent patients for alcohol use while respecting confidentiality and its limitations.

#### Patient rights

State laws govern minor patient rights to confidentiality of information shared with health care providers about alcohol and drug use. Across States, laws vary on provisions, including the definition of a minor (typically under age 18), the ability of a minor to consent to substance abuse treatment, parental notification of treatment, and the disclosure of medical records. It is important to be aware of specific laws in your State, which generally allow health care practitioners to use professional judgment in determining the limits of confidentiality. For information about your State's laws, contact your State medical society. In addition, a summary of State minor consent laws, including confidentiality and disclosure provisions, is available from the Center for Adolescent Health and the Law (English et al., 2010; [www.cahl.org](http://www.cahl.org)).

Federal medical privacy rules established by the Health Insurance Portability and Accountability Act (HIPAA) allow adolescent health care providers to "honor their ethical obligations to maintain confidentiality consistent with other laws" (Ford et al., 2004). For example, HIPAA only allows parents to have access to the medical records of a minor child if that access does not conflict with a State or other confidentiality law. If State or other laws are silent on this matter, clinicians can exercise professional judgment in deciding whether to allow access (Ford et al., 2004).

Additionally, federally funded treatment centers are subject to the Code of Federal Regulations (42 CFR Part 2), which offers different guidance from HIPAA. These regulations protect the confidentiality of records on alcohol and drug use of minor patients. These records cannot be shared with anyone—including a parent or legal guardian—without written consent of the minor patient.

[www.niaaa.nih.gov/YouthGuide](http://www.niaaa.nih.gov/YouthGuide) 25



Clinician Support Materials

### BRIEF MOTIVATIONAL INTERVIEWING

Given the time constraints of your busy practice, you may wonder about quick and effective ways to help children and teens adopt healthier behaviors. If it's not already in your repertoire, consider adding brief motivational interviewing, a patient-centered communication style designed to enhance a patient's own motivation to change.

#### What is motivation?

Over the past few decades, advances in behavior research and theory propelled a major shift in the concept of motivation (Tevyaw & Monti, 2004). It is no longer considered an all-or-nothing, unchanging character trait in which an individual is either motivated or not. Instead, motivation is viewed as a dynamic state of "readiness to change" that can be influenced by interpersonal interactions, with confrontation leading to resistance, and with understanding and empathy leading to change (Tevyaw & Monti, 2004; Levy et al., 2002).

How do people move forward in the change process? According to behavior researchers, they become motivated when they "perceive a discrepancy between where they are and where they want to be" (Miller et al., 1992). As a trusted health care provider, you are in a prime position to help your patients recognize the disconnect between their behavior and their goals, values, and beliefs, and to make a change for the better.

#### What is motivational interviewing?

Motivational interviewing is a directive, patient-centered style of counseling that helps patients explore their natural ambivalence about changing. Its friendly, collaborative "spirit" is considered more important than any particular set of techniques. The broad goal is to elicit motivation from within the patient, not impose it from without. A core task is to help patients examine their own reasons for and against making a change, and then guide them to a resolution that triggers change in a healthy direction. Once patients commit to a change, they may or may not need further assistance as to how to make the change—where there is a will, there are many ways (Rollnick & Miller, 1995).

Although this counseling style grew out of the substance abuse field, motivational interviewing is now used to address many other health behaviors, such as medication compliance and dietary control (Erikson et al., 2005; Rubak et al., 2005). Thus, you may find that skills development in this area will serve you well for any patient behavior change you would like to facilitate.

#### How is it done?

There is no single prescribed way to do motivational interviewing; each interaction will be as individual as the particular patient and his or her perspectives, goals, values, and beliefs. At its core, however, four basic principles underlie the approach (Miller et al., 1992):

- Express Empathy:** Take a warm, nonjudgmental stance; listen actively and reflect back on what is said to help the patient feel heard.
- Develop Discrepancy:** Raise awareness of the patient's personal consequences of drinking; ask how his or her goals, values, or beliefs could be hindered or compromised by drinking.

[www.niaaa.nih.gov/YouthGuide](http://www.niaaa.nih.gov/YouthGuide) 29

## Clinician Support: Assessment and Referral

### Clinician Support Materials

#### ADDITIONAL WORKUP RESOURCES

Using the quick two-question screening tool and risk level estimates in this Guide, you'll have a good idea as to your patients' level of risk for alcohol-related problems. You can further gauge the risk level and need for referral by asking more questions, as suggested on page 10, by using a formal tool, or both.

Two short tools to consider are the Alcohol Use Disorders Identification Test (AUDIT), which delves more deeply into alcohol-related behaviors, and the CRAFFT, explained below, which inquires about other drug use in addition to alcohol use. Both the AUDIT and the CRAFFT can be used as a paper-pencil or electronic screen, and the CRAFFT can be verbally administered. Both identify problems that can be discussed during motivational interviewing. And both should, of course, be administered with patient privacy protected.

The 10-question AUDIT instrument, available on the next page, was designed for use with adults and may be appropriate for adolescents, as well (Reinert & Allen, 2007). The AUDIT's validity has been consistently confirmed in adults (Reinert & Allen, 2007). Research also supports use of the AUDIT for adolescents ages 14 to 18, with lower cut points of 2 for identifying any alcohol problem use and 3 for alcohol abuse or dependence (Knight et al., 2003).

You may be familiar with the CRAFFT tool, which is incorporated into the American Association of Pediatrics Policy Statement on Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians (AAP Committee on Substance Abuse, in press). The CRAFFT identifies adolescent alcohol and drug use and associated behaviors. Research indicates that a "yes" to two of the questions below signals a problem needing further evaluation and that a score of 4 or more "should raise suspicion of substance dependence" (Knight et al., 2002):

C: Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R: Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A: Do you ever use alcohol or drugs while you are by yourself, ALONE?

F: Do you ever FORGET things you did while using alcohol or drugs?

F: Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T: Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Along with the two-question screener in this Guide, these tools fit well with broader based, structured psychosocial interview schemes such as the HEADSS (questions about home, education, activities, drug and alcohol use, sexuality, and suicide) and interviews that add a focus on strengths that may help offset risks. The American Academy of Pediatrics notes: "Structured tools can be easily incorporated into the written or electronic health record to remind the practitioner to conduct screening and document the results" (AAP Committee on Substance Abuse, in press).

#### The AUDIT

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
					<b>Total</b>

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization and the Generalitat Valenciana Conselleria De Benestar Social. To reflect standard drink sizes in the United States, the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care is available online at [www.who.org](http://www.who.org).

### Clinician Support Materials

#### REFERRAL RESOURCES

When making referrals, involve your patient and a parent or guardian in the decision and schedule a referral appointment while your patient is in the office. If available in your community, arrange for an interagency facilitator to help make sure your patient connects with the treatment provider.

##### Finding evaluation and treatment options

- For patients with insurance: Contact a behavioral health case manager at the insurance company for referrals.
- For patients who are uninsured or underinsured: Contact your local health department about substance abuse treatment services for adolescents.
- For older patients who are employed or in college: Ask about access to an employee assistance or school counseling program that includes substance abuse treatment.
- To locate adolescent treatment options in your area:
  - 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.
  - Call the National Drug and Alcohol Treatment Referral Routing Service (1-800-662-HELP) or visit the Substance Abuse Treatment Facility Locator Web site at [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).
- For a helpful list of criteria for selecting a substance abuse treatment program for adolescents, see the American Association of Pediatrics Policy Statement on Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians (AAP Committee on Substance Abuse, in press).

##### Finding support groups

- Groups specific to your area: Through those knowledgeable about your local behavioral health options, seek groups that provide treatment aftercare and support to adolescent patients and their families.
- Nationwide groups: Consider contacting Alcoholics Anonymous (AA) to ask whether any local groups primarily draw young people (for phone numbers, visit [www.aa.org](http://www.aa.org)). Note, however, that all AA groups are open to those of all ages at any time. To avoid a possible mismatch, it may be best to consider AA referrals only for older youth who have had a formal evaluation. For support groups for family members, contact Al-Anon ([www.al-anon.alateen.org](http://www.al-anon.alateen.org)).

##### Local resources

List your local resources below. Make copies and keep them in exam rooms and other accessible locations. Develop working relationships with these resources to facilitate referrals and access to care.

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## What the Guide Provides

- **Tools to begin the conversation early—before drinking has begun;**
  - **Tools to identify youth at high risk for alcohol use;**
  - **Screening to identify youth who have just begun to experiment with alcohol;**
  - **Screening to identify hazardous use and dependence; and**
  - **Procedures appropriate for multiple venues (e.g., pediatrician's offices, schools, sports teams).**
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National Institute  
on Alcohol Abuse  
and Alcoholism

**FOR MORE INFORMATION:**

**<http://www.niaaa.nih.gov>**

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