Managing alcohol use in primary care pediatrics

Take a history: assess for potential withdrawal, safety concerns and problems associated with use	• How often do you drink alcohol?* • What is the most you have ever drank on one occasion?* • What do you enjoy about alcohol? • Have you ever had a blackout (where you couldn't remember all or parts of what happened while you were drinking)? • Have you ever had to go to the hospital because you drank too much? • Have you ever had an injury or accident while you drinking? • Have you ever done anything you regretted while you were drinking? • When is the last time you drank?
Provide accurate medical information	Alcohol puts teens at acute risk and with continued use can impact brain development. • Short term adverse health risks include: accidents, injuries, blackouts, concussions, sexual assault, increased risk of using other substances • Long-term adverse health risks include: alcohol use disorder or other addictions, negative effects on information processing, memory and learning. Chronic, heavy alcohol use into adulthood is associated with gastritis, cirrhosis, and certain cancers. https://teens.drugabuse.gov/drug-facts/alcohol
Advise **NOT USING** is best and suggest a quit trial	• Suggest an abstinence trial; discuss with teen what the appropriate length would be • If unwilling to quit, suggest reducing use (limiting number of drinks per occasion, drinking less often) and determine how best to monitor.
Consider medication trial	Naltrexone Oral dose: Age 16 and older 50 mg PO qd IM Injection: 18 years or older dosing 380 mg IM q 4wk *Start with oral dose to establish that it is well tolerated and move to IM dose as soon as possible. Initial screening labs followed by annual surveillance with CBC and LFTs Acamprosate *Dose:* Age 18 and older 666 mg PO TID https://online.epocrates.com/drugs

MCPAP Massachusetts Child Psychiatry Access Program | Boston Children's Hospital Until every child is well | Adolescent Substance Use and Addiction Program | Conrad N. Hilton Foundation | American College of Academic Addiction Medicine ACAAM

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Offer Drug testing	Urine drug testing: • Direct biomarkers alcohol metabolites Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) • EtG may be present in the urine for up 80 hours after ethanol ingestion. EtS is detectable for 24 hours after ingestion Blood testing: • Direct biomarker Phosphatidylethanol (Peth) • High diagnostic sensitivity and specificity for detecting active chronic excessive drinking behaviors. PEth can be detected for 28 days https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3459172/ • See specific guidance on drug testing
Offer supportive counseling	• Teens attempting behavior change can benefit from supportive counseling. • Many teens who use alcohol have co-occurring mood and/or anxiety disorders and may be willing to accept a referral for help with these issues (even if they are not interested in changing their alcohol use)

* Consider the possibility of alcohol withdrawal for patients who report daily drinking for more than 3 weeks. Call ASAP-MCPAP or seek alternative support for management advice.

* Standard drink: 12 fl oz of regular beer (5% alcohol), 8-9 fl oz of malt liquor (7% alcohol), 5fl oz of table wine (12% alcohol), 1.5 fl oz shot of distilled spirits (40% alcohol) https://www.niaaa.nih.gov/what-standard-drink).