

Adolescenza e
alcol: impatto
del fenomeno,
quadri clinici e
aggancio
precoce.

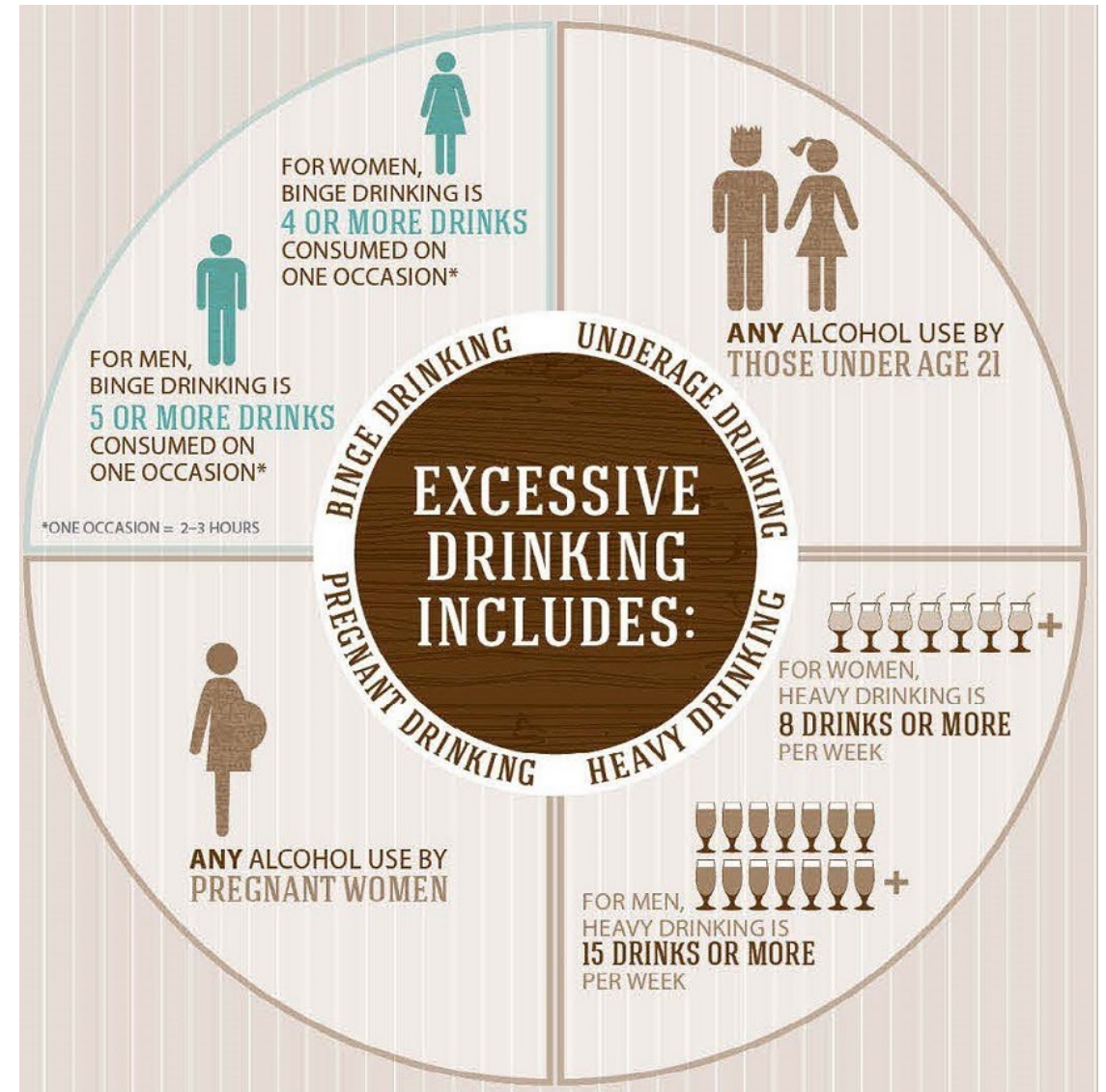


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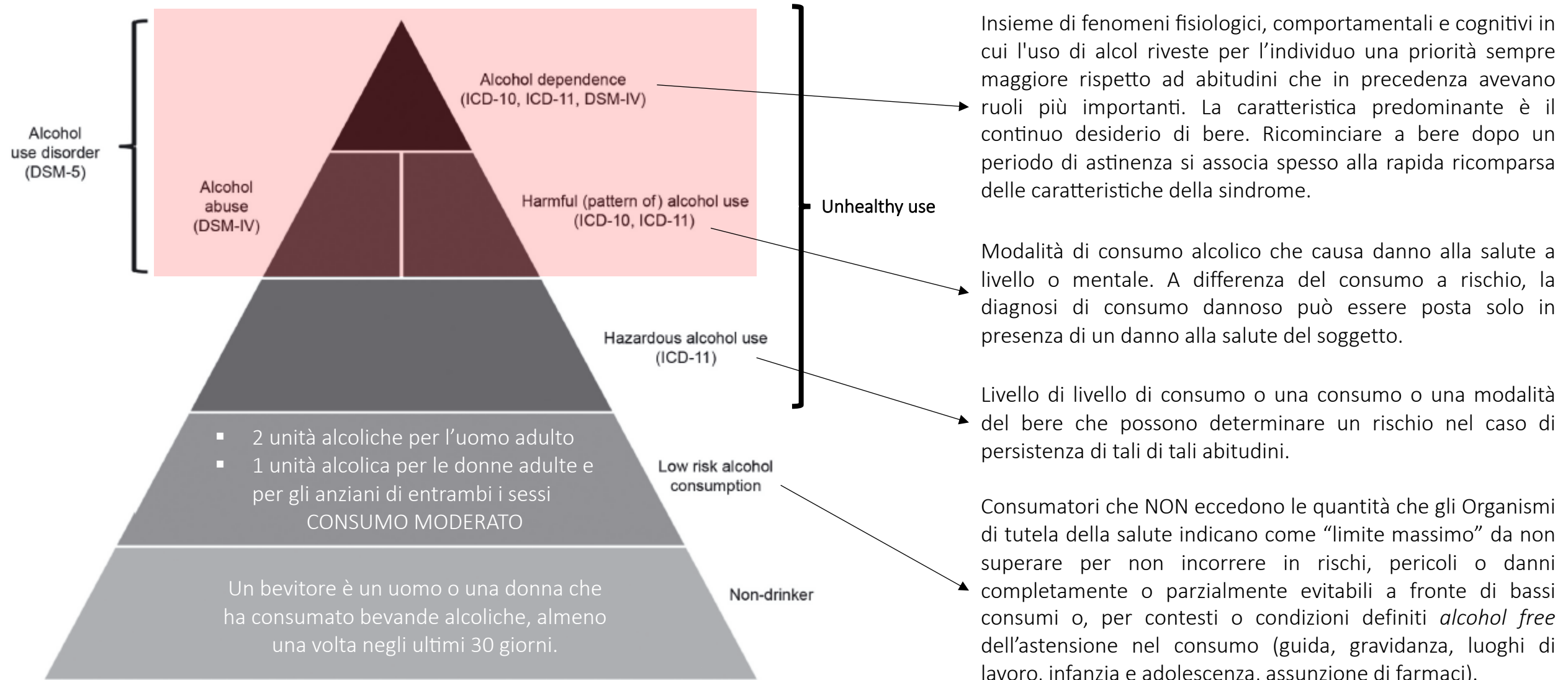
THE SPECTRUM OF ALCOHOL USE AND UNHEALTHY USE

CONSUMO ABITUALE ECCEDENTARIO

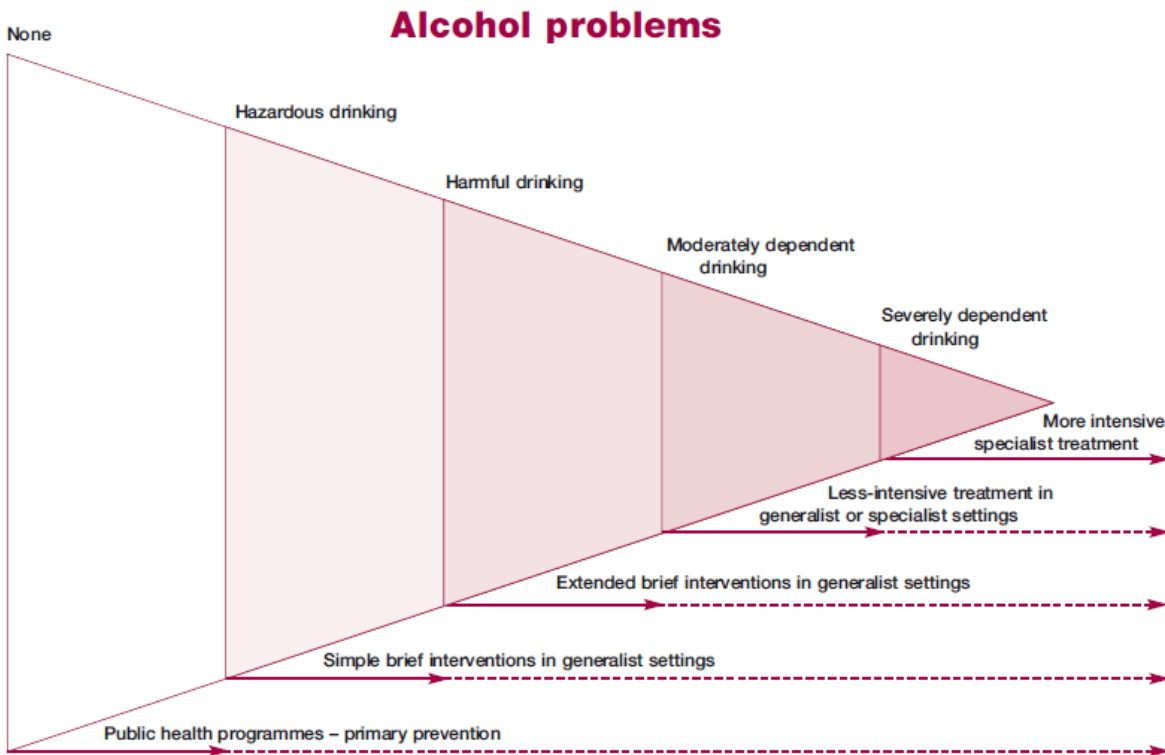
Modalità di consumo di bevande alcoliche che eccede, sia in termini di frequenze che in termini di quantità, i limiti di consumo di bevande alcoliche stabiliti in relazione al genere e all'età della persona, oltre il quale si può incorrere in rischi per la salute.



THE SPECTRUM OF ALCOHOL USE AND UNHEALTHY USE



A SPECTRUM OF RESPONSES TO ALCOHOL PROBLEMS



	Criteria	Intervento	Ruolo assistenza primaria
Basso	<280g/settimana uomini <140g/settimana donne*	Prevenzione primaria	Educazione sanitaria, supporto, modelli di riferimento
Rischioso "hazardous"	280-349 g/settimana uomini 140-209 g/settimana donne	Consigli in forma breve <ul style="list-style-type: none"> ■ MEDICI MG ■ SERVIZI DI PREVENZIONE ■ SERVIZI ALCOLOGIA ■ EQUIPE ALCOLOGICHE ■ DIP. PROMOZIONE SALUTE 	Identificazione, valutazione, consigli / intervento breve
Dannoso "harmful"	>=350g/settimana uomini >=210 g/settimana donne <u>Presenza di danno alla salute</u>	Consigli accompagnati da breve consulenza psicologica e monitoraggio continuo <ul style="list-style-type: none"> ■ MEDICI MG ■ SERVIZI DI PREVENZIONE ■ SERVIZI ALCOLOGIA ■ EQUIPE ALCOLOGICHE ■ DIP. PROMOZIONE SALUTE 	Identificazione, valutazione, consigli / intervento breve, follow-up clinico
Alto (alcol-dipendenza)	Criteria ICD-10	Intervento specialistico <ul style="list-style-type: none"> ■ SERT ■ DIP. DIPENDENZE 	Identificazione, valutazione, consulenza specialistica, follow-up

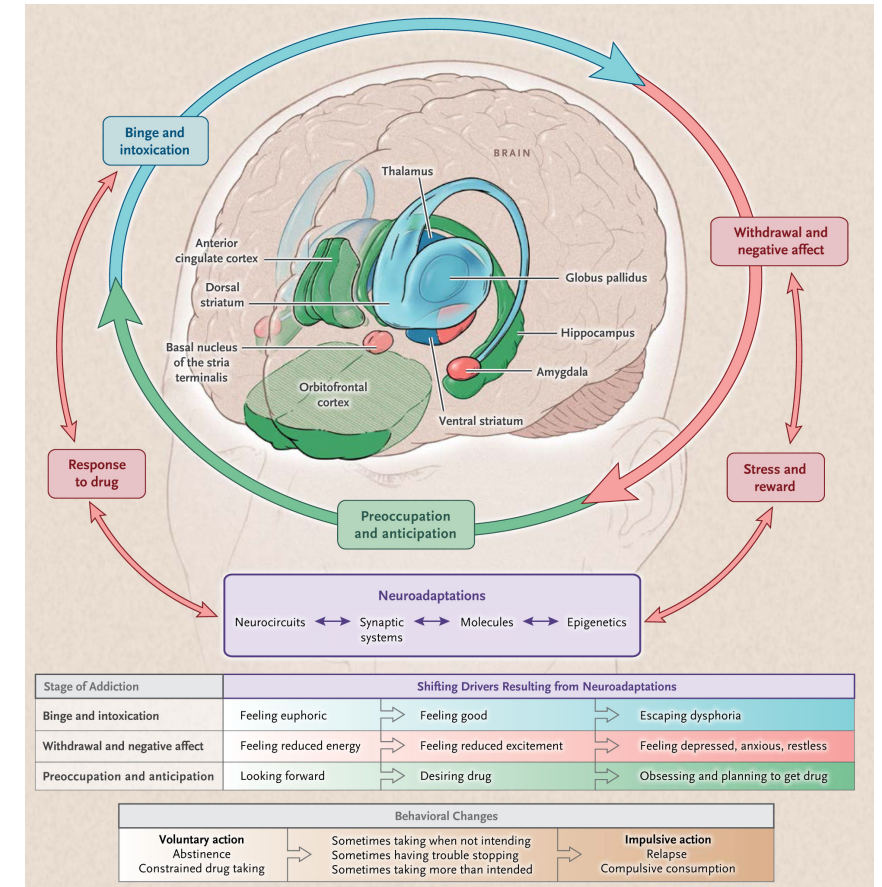
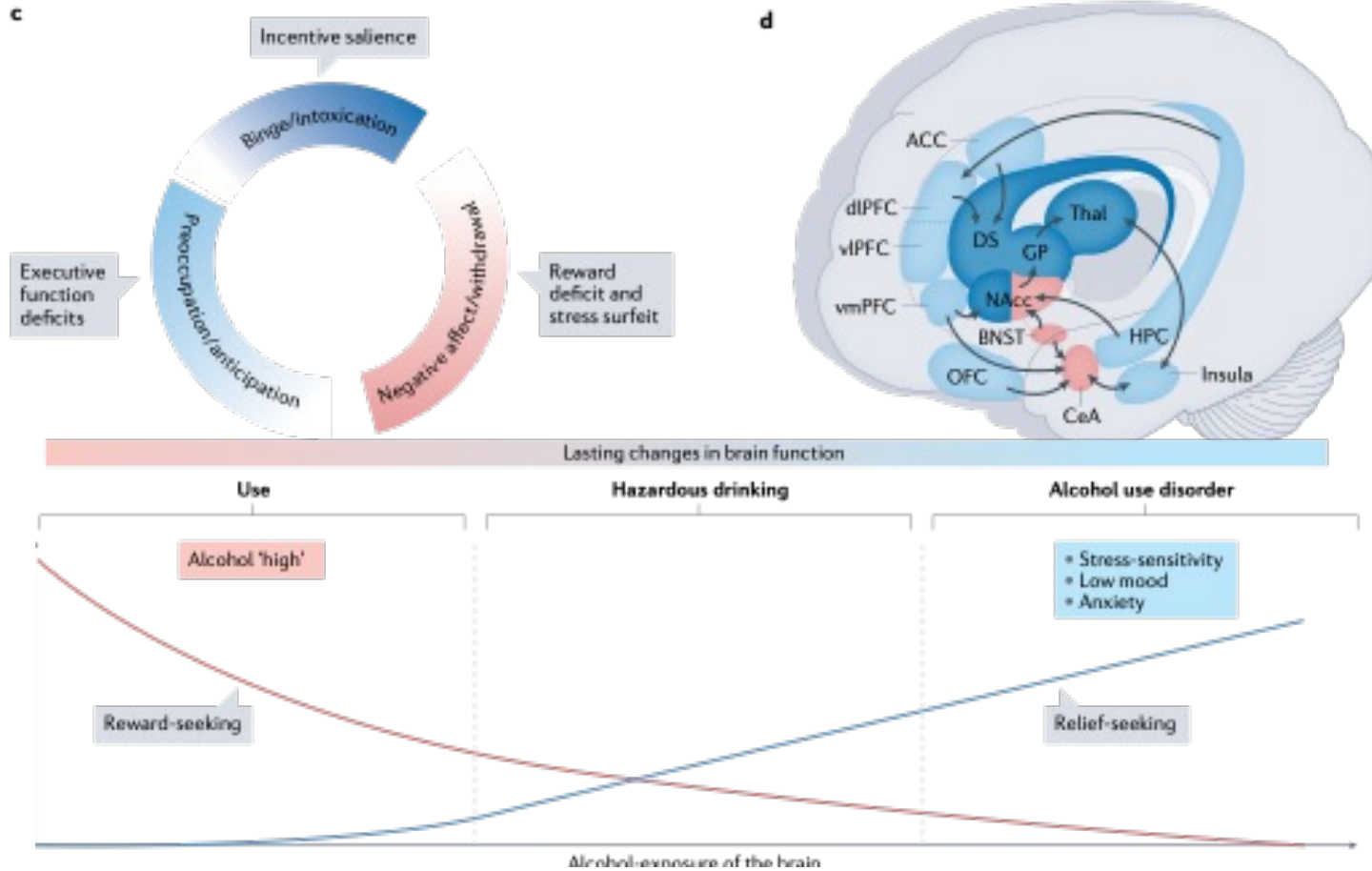


Hazardous drinking and alcohol use disorders

James MacKillop^{1,2}, Roberta Agabio^{3,4}, Sarah W. Feldstein Ewing^{5,6}, Markus Heilig⁷, John F. Kelly⁸, Lorenzo Leggio^{9,10}, Anne Lingford-Hughes^{11,12}, Abraham A. Palmer¹³, Charles D. Parry^{14,15}, Lara Ray¹⁶ & Jürgen Rehm^{17,18,19,20,21,22}



Nature Reviews Disease Primers | (2022) 8:80



Editorial: Binge Drinking in the Adolescent and Young Brain

January 2019 | Volume 9 | Article 2724

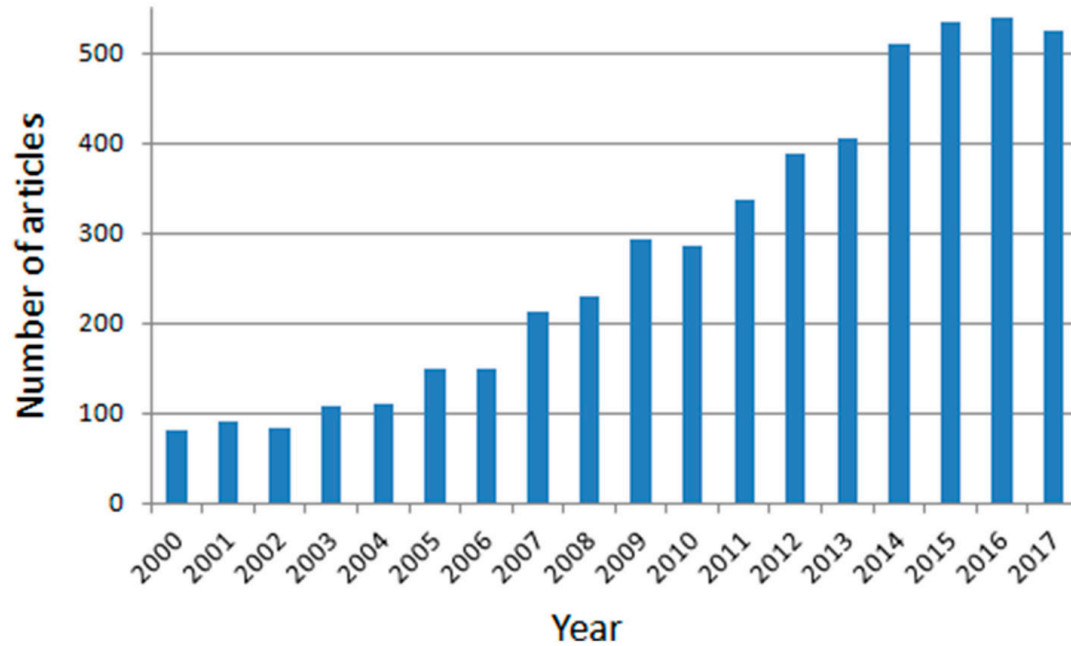
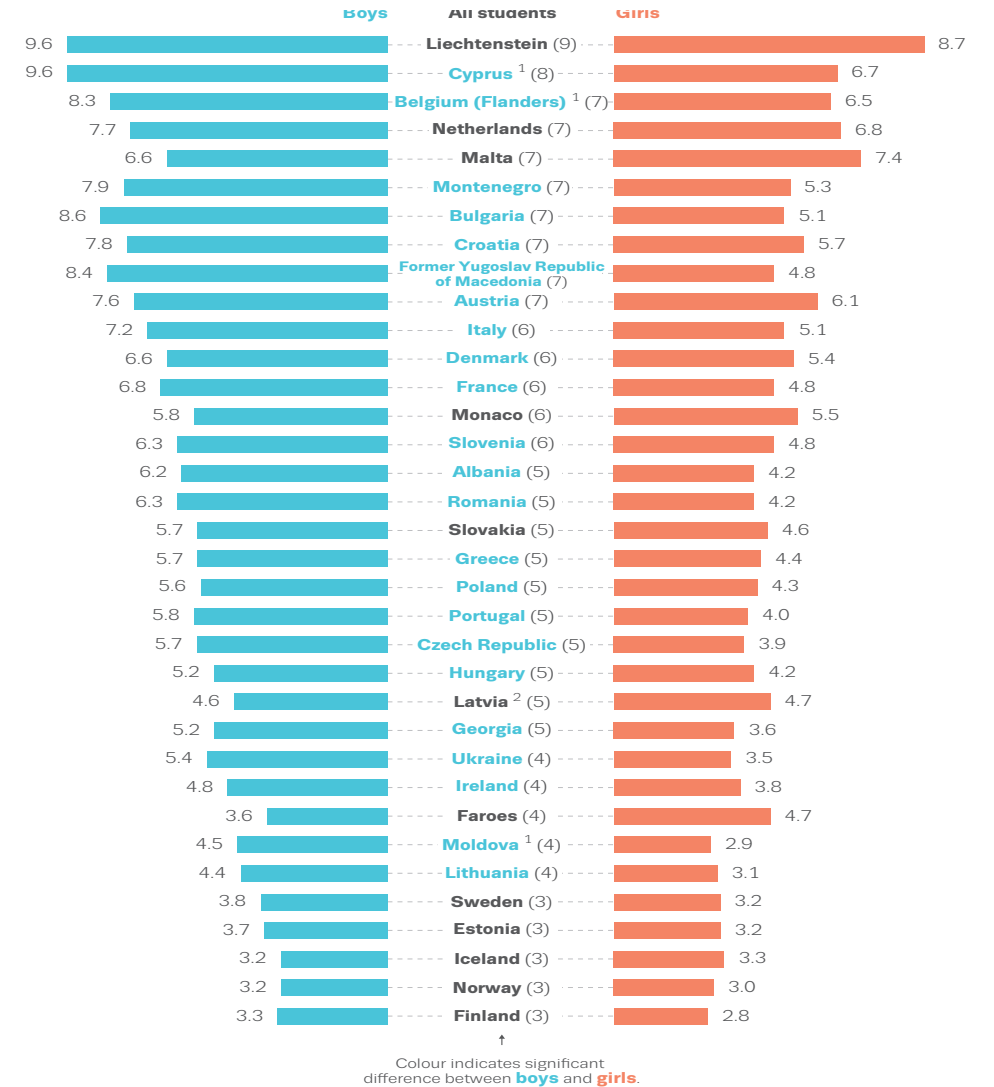
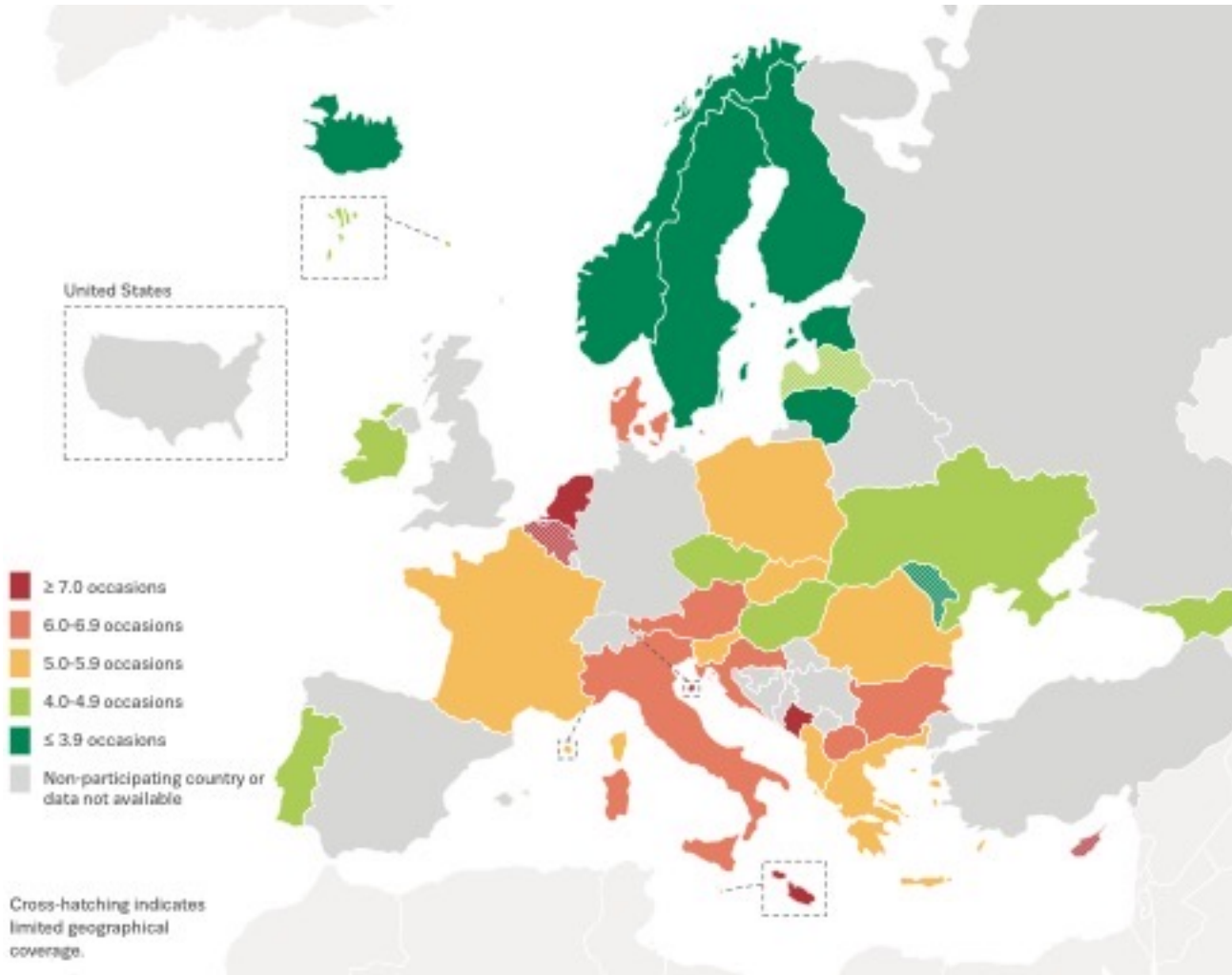


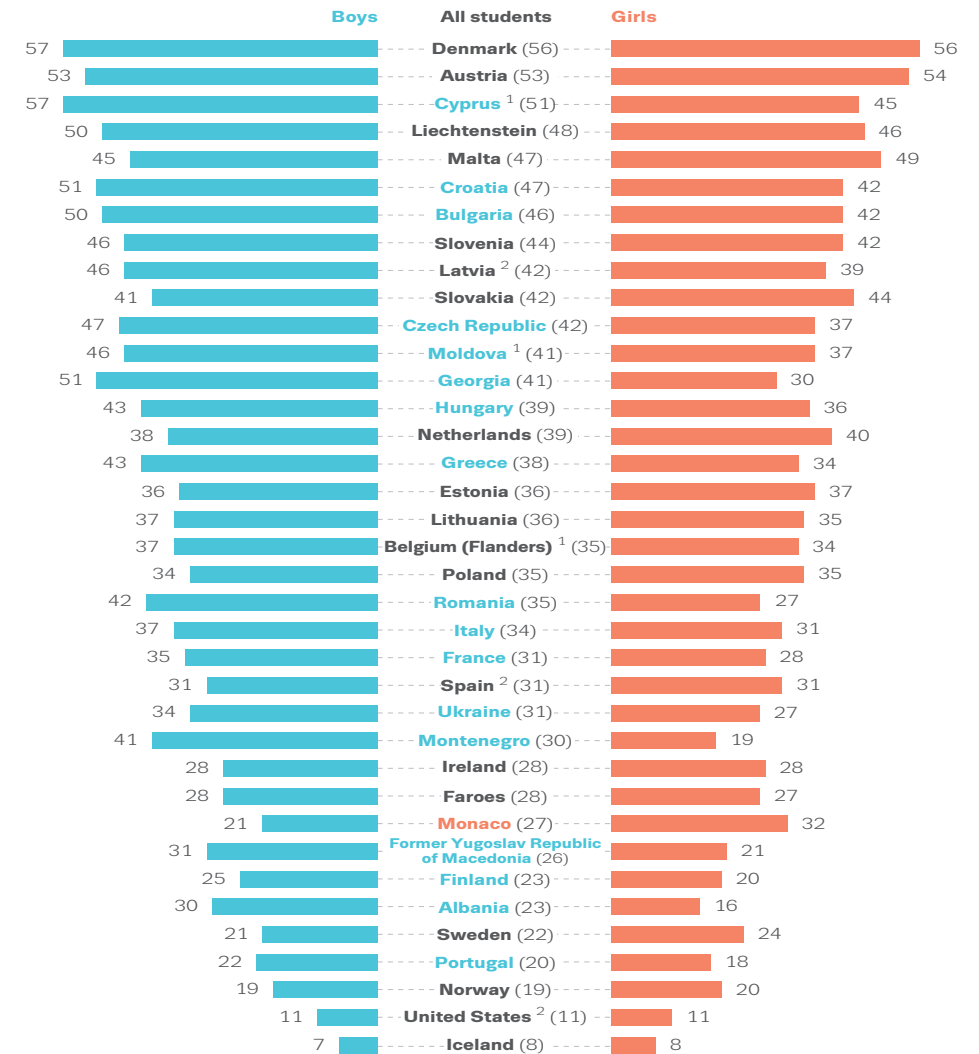
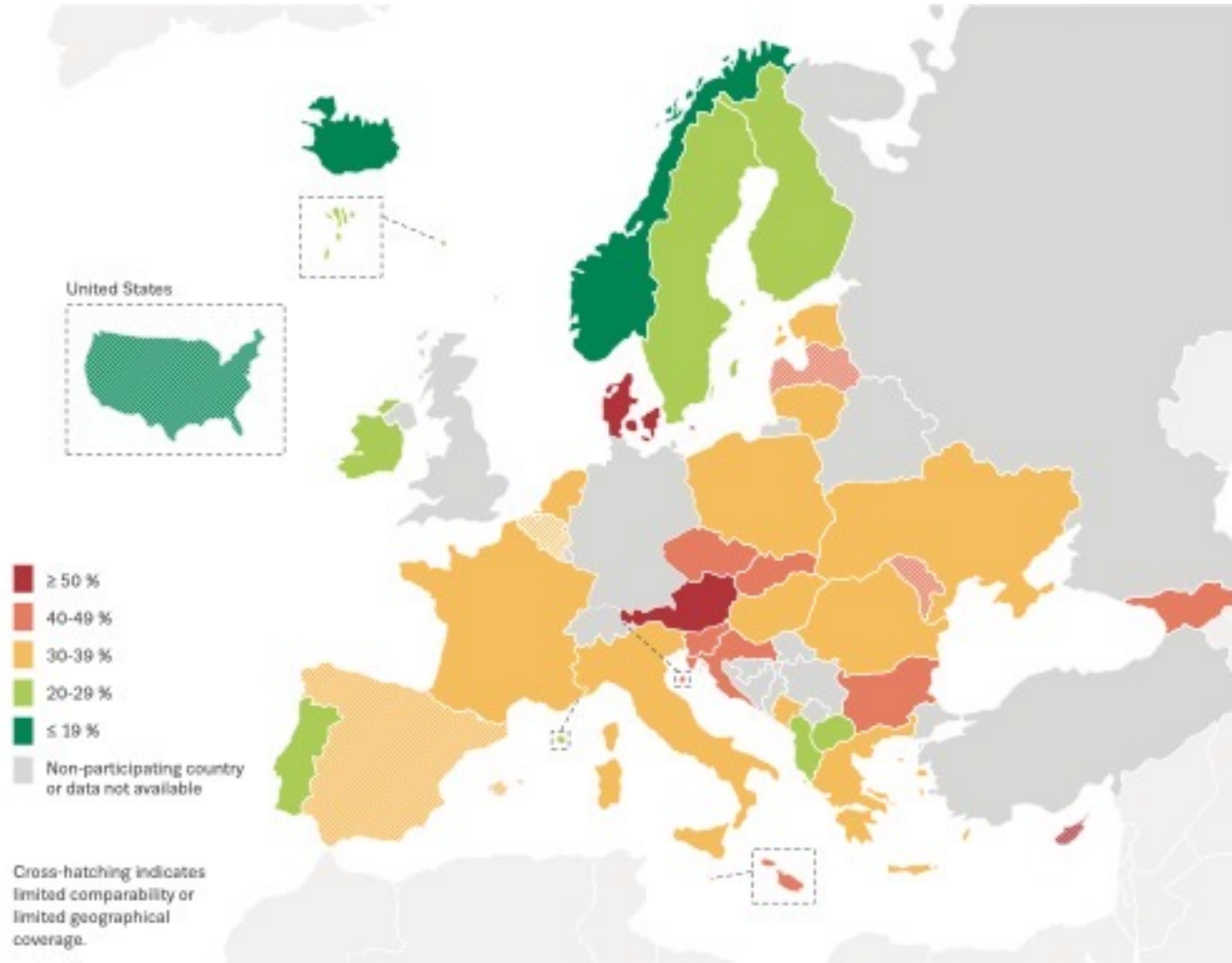
FIGURE 1 | Number of articles involving binge drinking during adolescence and youth for the period 2000–2017. The search strategy was conducted in PubMed with the following key terms: [(“binge drinking” OR “binge drinkers” OR “heavy drinking” OR “heavy drinkers” OR “heavy episodic drinking” OR “college drinking” OR “college drinkers” OR “social drinkers”) AND (adolescen* OR youth* OR teen* OR “young” OR “young adults” OR “college students” OR “university students”)].



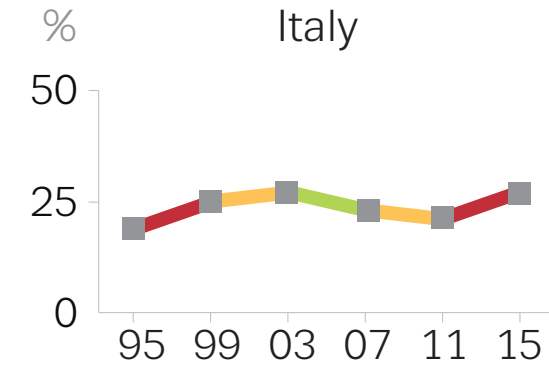
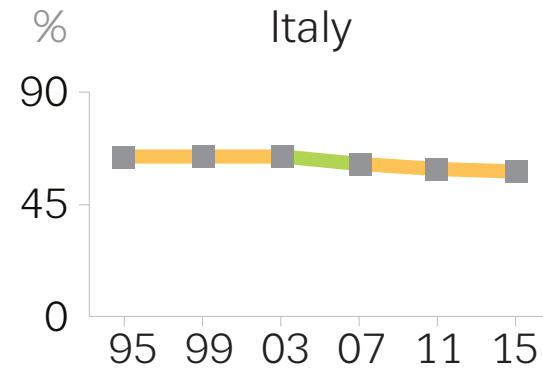
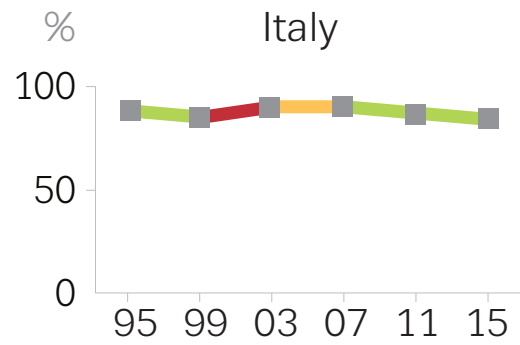
FREQUENCY OF ALCOHOL USE IN THE LAST 30 DAYS



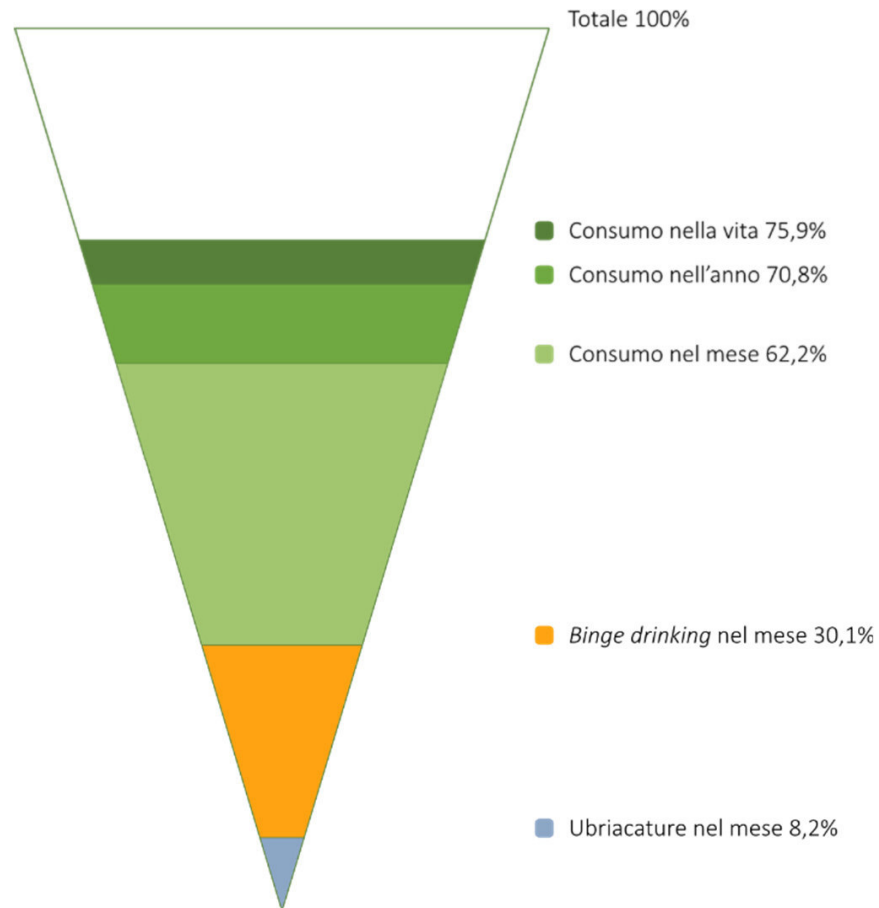
HEAVY EPISODIC DRINKING IN THE LAST 30 DAYS



LIFE TIME USE



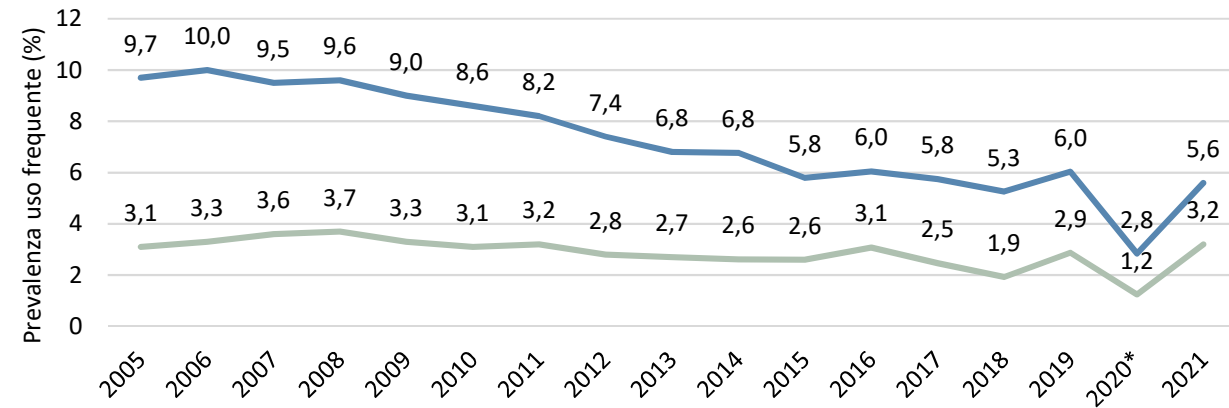
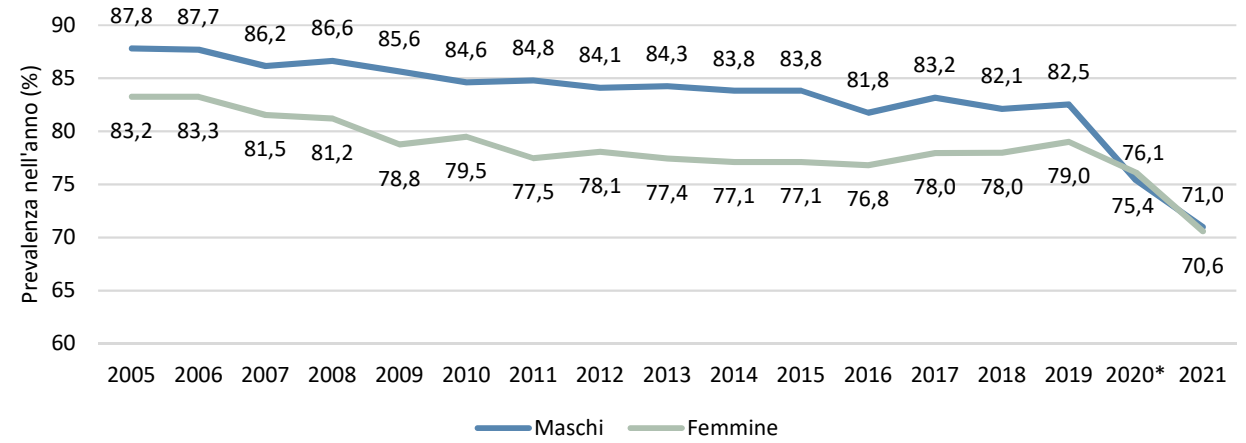
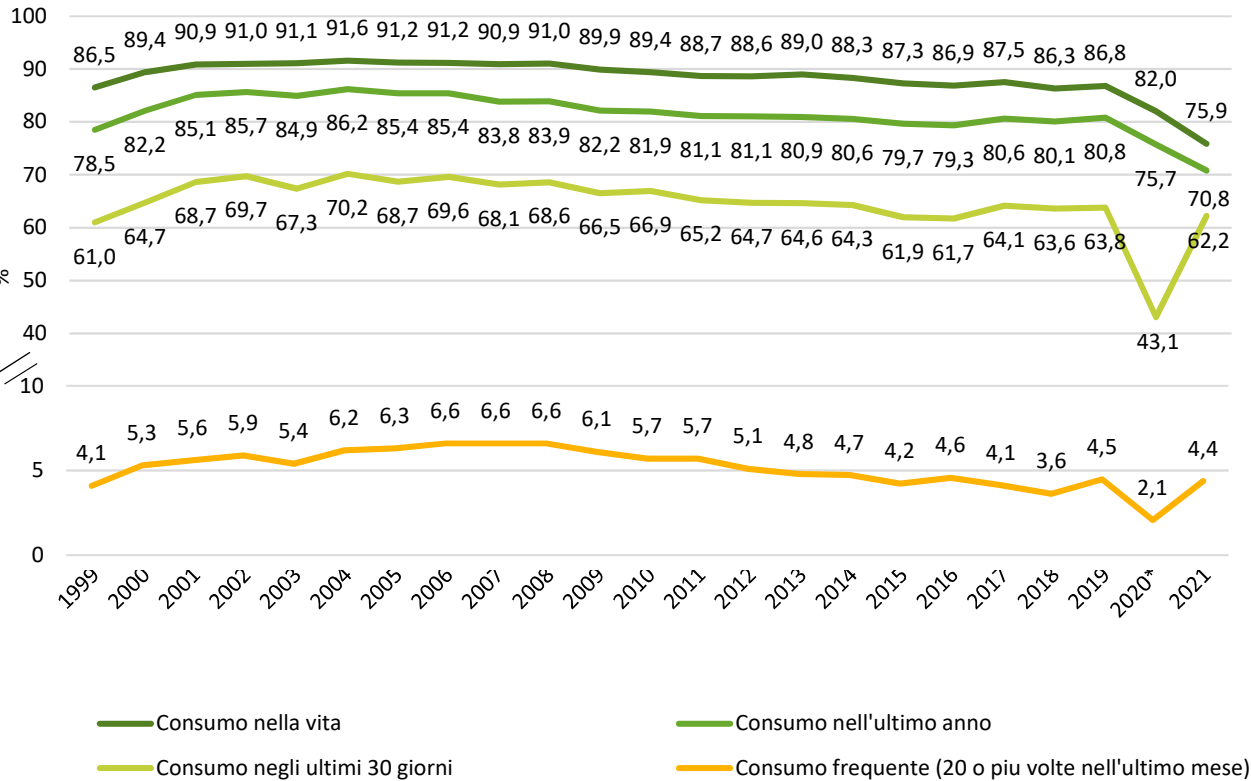
CONSUMO DI ALCOL ED ECCESSI DI ALCOL



Il 75,9% dei rispondenti al questionario, corrispondenti a poco meno di 2 milioni di studenti italiani, ha consumato almeno una bevanda alcolica nella propria vita e oltre 1.800.000 adolescenti (70,8%) lo ha fatto nell'ultimo anno. Il consumo nel mese ha invece riguardato circa 1.600.000 studenti equivalenti al 62,2% del campione e 113.000 giovanissimi (4,4%) hanno consumato frequentemente bevande alcoliche.

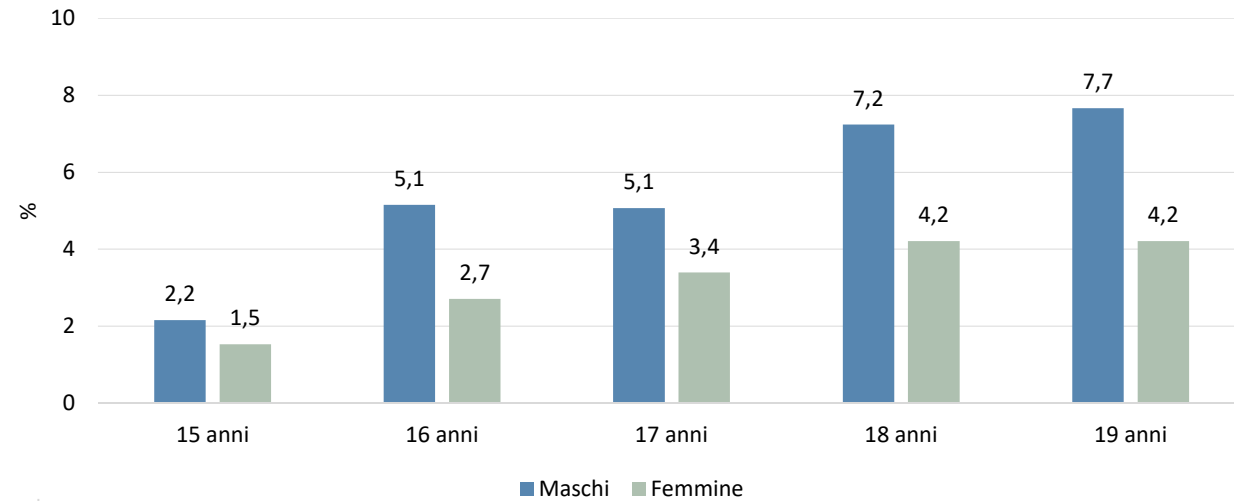
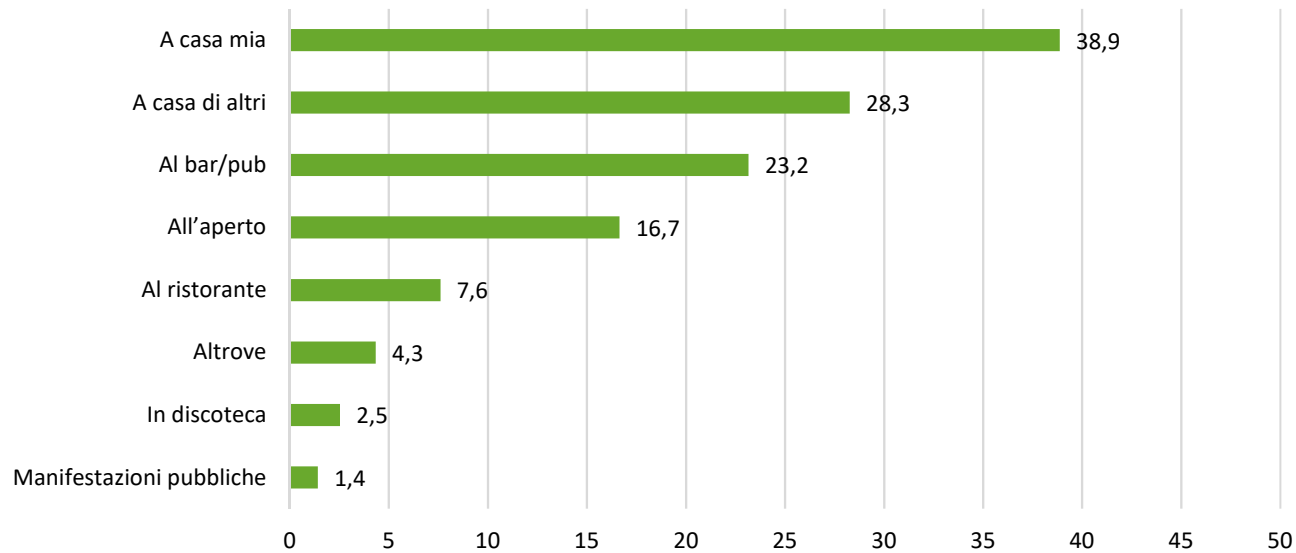


CONSUMO DI ALCOL ED ECCESSI DI ALCOL



CONSUMO DI ALCOL ED ECCESSI DI ALCOL

LUOGO IN CUI SI TROVAVANO GLI STUDENTI L'ULTIMA VOLTA CHE HANNO BEVUTO ALCOLICI



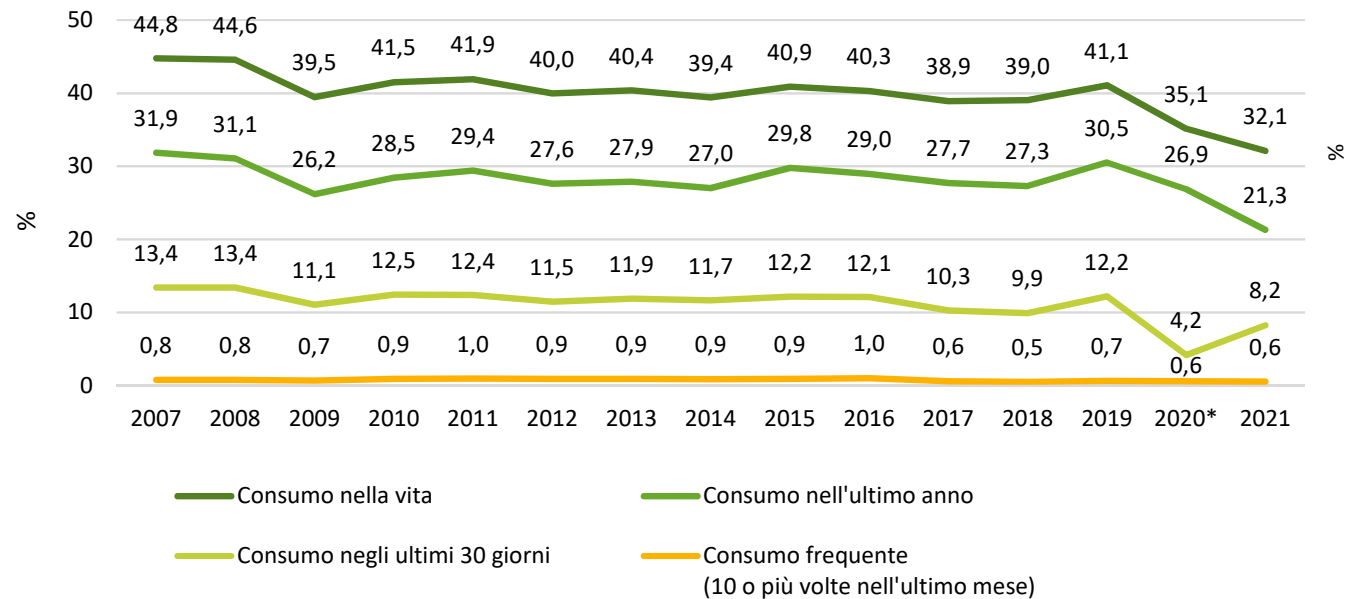
CONSUMO DI ALCOL FREQUENTE PER GENERE ED ETÀ

%

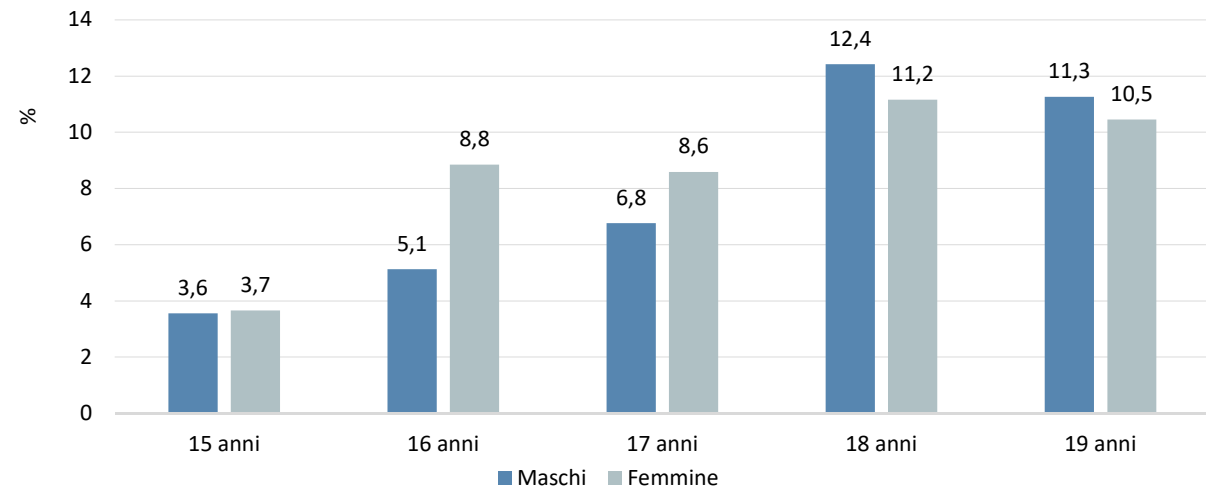


CONSUMO DI ALCOL ED ECCESSI DI ALCOL

UBRIACATURE NELLA POPOLAZIONE STUDENTESCA: TREND PERCENTUALE

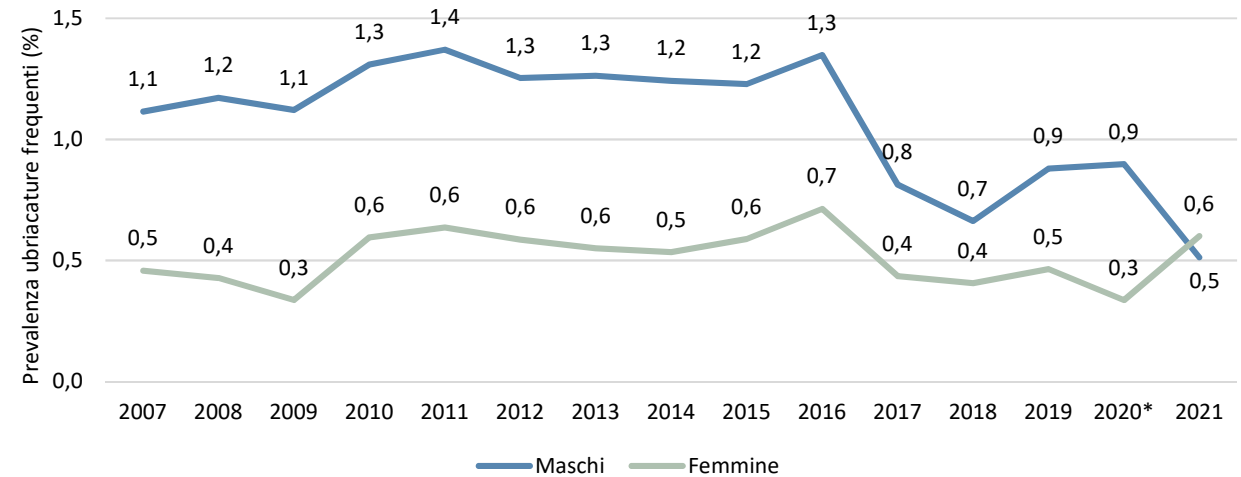
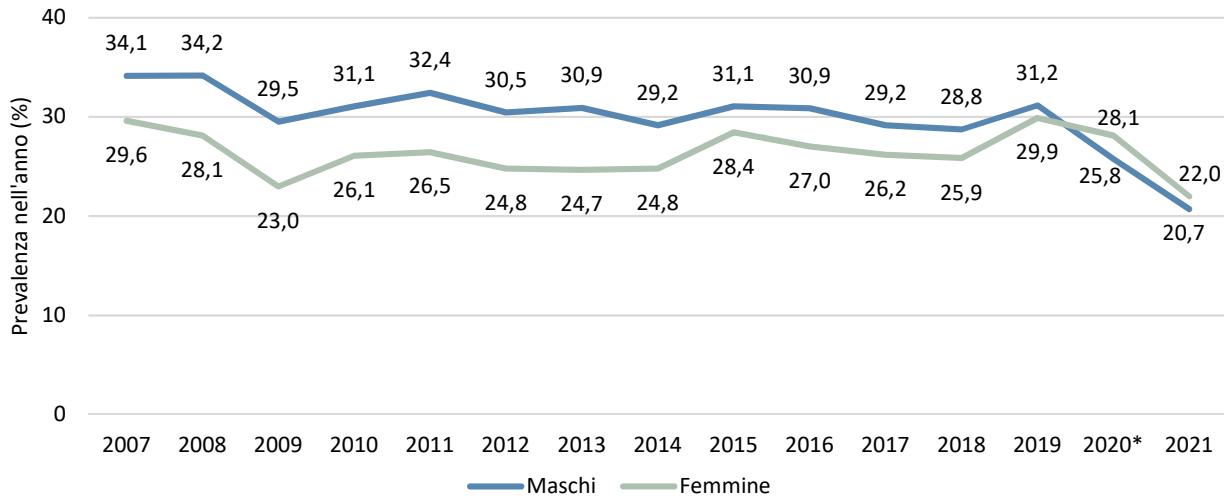


UBRIACATURE NELL'ULTIMO MESE PER GENERE ED ETÀ %



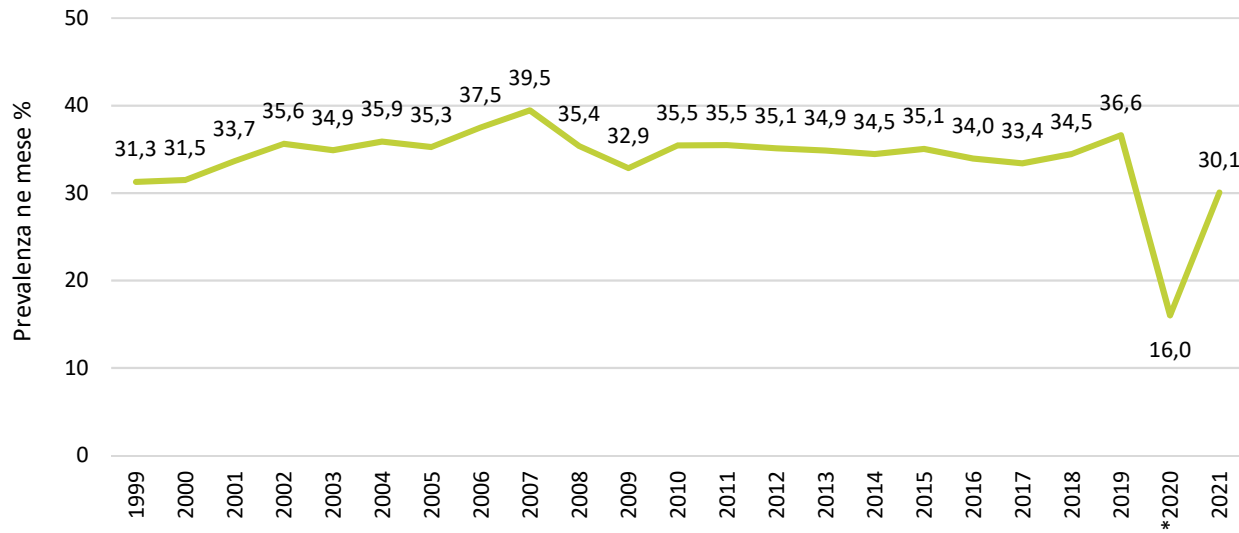
CONSUMO DI ALCOL ED ECCESSI DI ALCOL

UBRIACATURE NELLA POPOLAZIONE STUDENTESCA: TREND PERCENTUALE PER GENERE

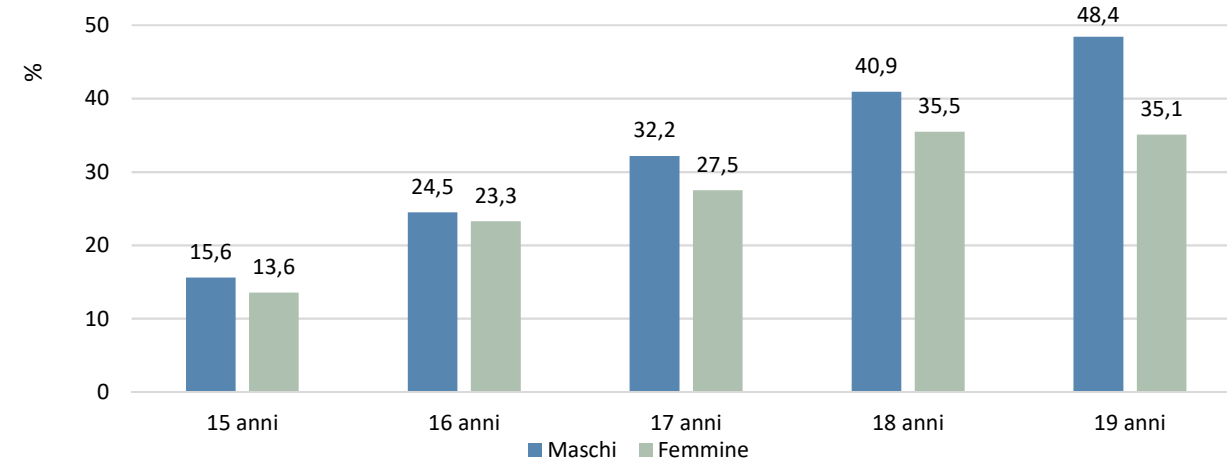


CONSUMO DI ALCOL ED ECCESSI DI ALCOL

BINGE DRINKING NELLA POPOLAZIONE STUDENTESCA: TREND PERCENTUALE

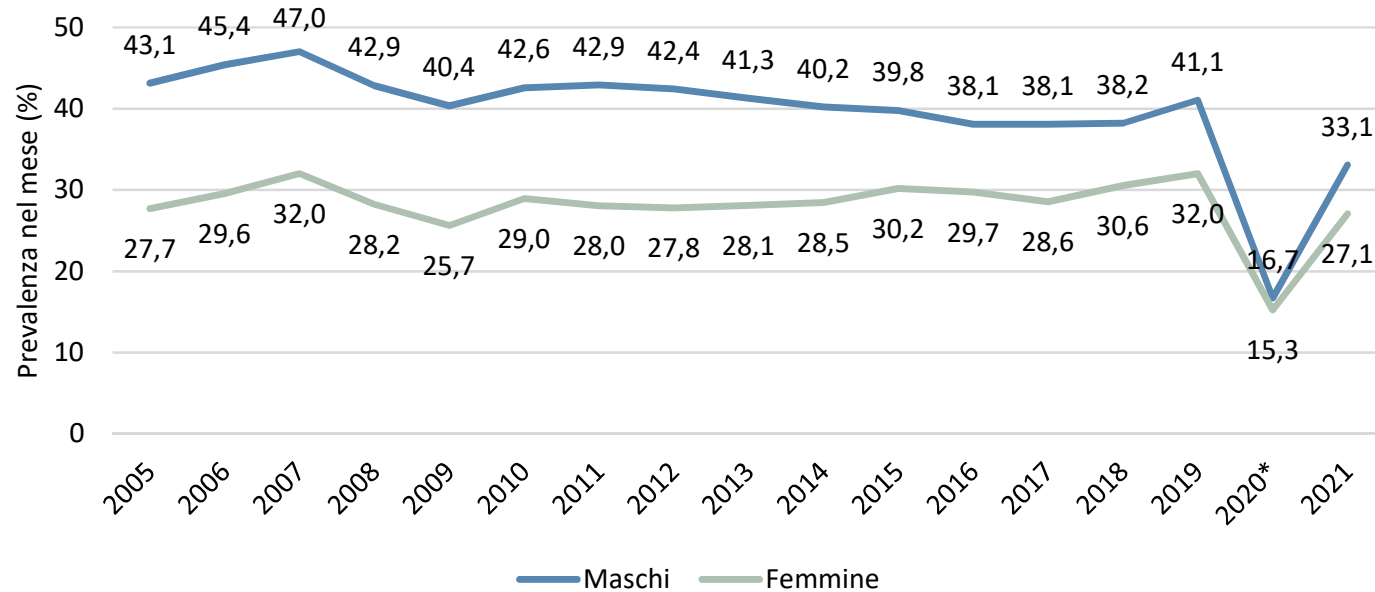


BINGE DRINKING NELL'ULTIMO MESE PER GENERE ED ETÀ



CONSUMO DI ALCOL ED ECCESSI DI ALCOL

BINGE DRINKING NELLA POPOLAZIONE STUDENTESCA: TREND PERCENTUALE PER GENERE



Acute alcohol intoxication: a clinical overview

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Table 2. Alcohol Blood Concentration and Clinical Manifestations

Blood Alcohol Concentration (BAC)	Clinical Manifestations
< 50 mg/dL	Mild euphoria, slowing of motor performance.
> 50 mg/dL	Altered sensations, incoordination
>100 mg/dL	Mood lability, cognitive and memory difficulties, marked incoordination, ataxia
> 200 mg/dL	Nausea, vomiting, nystagmus, alcohol blackout, markedly drawn speech, risk of involuntary aspiration of food or liquids
> 300 mg/dL	Hypoventilation, hypothermia, cardiac arrhythmia
> 400 mg/dL	Coma, respiratory arrest, death

Table 3. Differential Diagnosis for Alcohol Acute Intoxication

Drug-related	Other Alcohol intoxication Methanol Isopropyl alcohol Psycho-active drugs Cocaine Opiates Benzodiazepines / Barbiturates Disulfiram
Metabolic	Hepatic encephalopathy Hypoglycemia Electrolyte changes
	Alcoholic ketoacidosis Diabetic ketoacidosis
Infectious	Sepsis Meningitis Encephalitis
Neurological	SAA Wernicke-Korsakoff syndrome Cerebrovascular accidents Convulsions
Trauma	Closed skull injuries
Respiratory	Bronchial aspiration hypoxia Respiratory depression
Others	Hypotension Hypothermia Dehydration Hypo / Hyperthyroidism



ACUTE ALCOHOL WITHDRAWAL

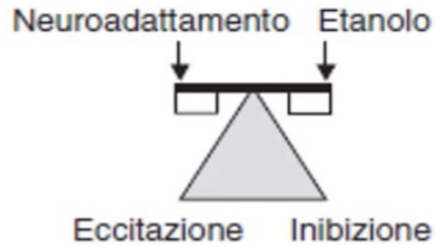
a Equilibrio



b Assunzione acuta di etanolo



c Assunzione cronica di etanolo

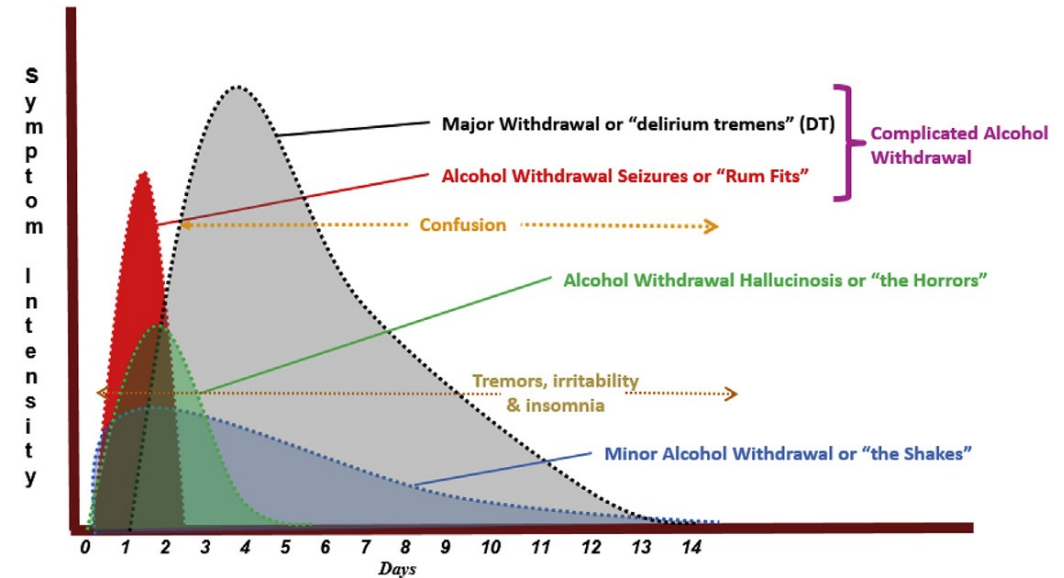


d Astinenza



(Himmelsbach, *Ann Int Med*, 1941)

	AUTONOMIC HYPERACTIVITY	GASTROINTESTINAL FEATURES	COGNITIVE AND PERCEPTUAL CHANGES
Uncomplicated withdrawal features	Sweating Tachycardia Hypertension Tremor Fever (generally <math><38^{\circ}\text{C}</math>)	Anorexia Nausea Vomiting Dyspepsia Diarrhoea	Poor concentration Anxiety Psychomotor agitation Disturbed sleep, vivid dreams
Severe withdrawal complications	Dehydration and electrolyte disturbances		Seizures Hallucinations or perceptual disturbances (visual, tactile, auditory) Delirium



Diagnosis and treatment of acute alcohol intoxication and alcohol withdrawal syndrome: position paper of the Italian Society on Alcohol

Internal and Emergency Medicine

Received: 26 April 2018 / Accepted: 22 August 2018

Box 1: Management of acute alcohol intoxication in adults

- In the case of AAI, no drugs are generally necessary, but vital functions should be monitored, liquids administered in the case of dehydration, and the patient kept under observation for the onset of alcohol withdrawal symptoms
- In the case of severe AAI with coma, it is important to support ventilation mechanically, identify any additional causes of coma and, if necessary, correct hypoglycaemia with 5% glucose solution, hydro-electrolyte imbalance and base acid balance, administer vitamin B and vitamin C supplements, perform gastro-lavage and administer activated charcoal only within 2 h of drinking a considerable amount of alcohol.
- In the case of the simultaneous use of other sedative drugs, specific antidotes should be administered naloxone (0.4 mg i.v. or i.m. repeated, if necessary, every 30 min) for the use of opioids and flumazenil (0.2 mg, repeated, if necessary, every minute up to 3 mg) for the use of BDZs.
- The administration of drugs (metadoxine 900 mg i.v.) that reduce the blood alcohol and acetaldehyde concentrations leads to a more rapid resolution of the symptoms (Grade A2).
- Resolve the symptoms of alcohol hangover more rapidly; fruit and fruit juice, sleep and physical rest, anti-acid drugs, acetylsalicylic acid, and caffeine may be helpful.

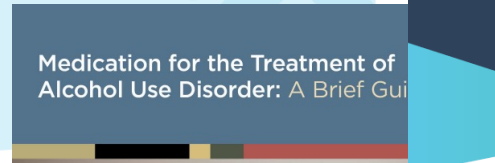
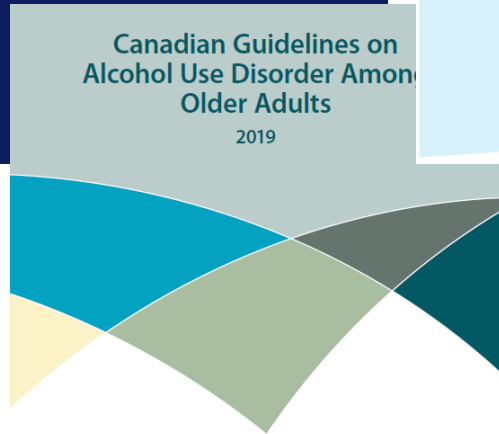
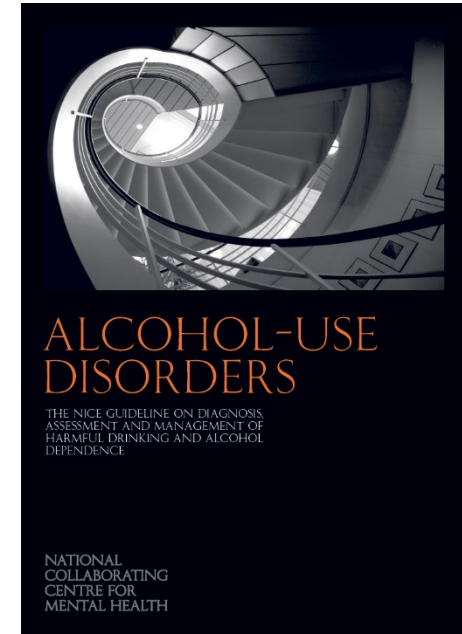
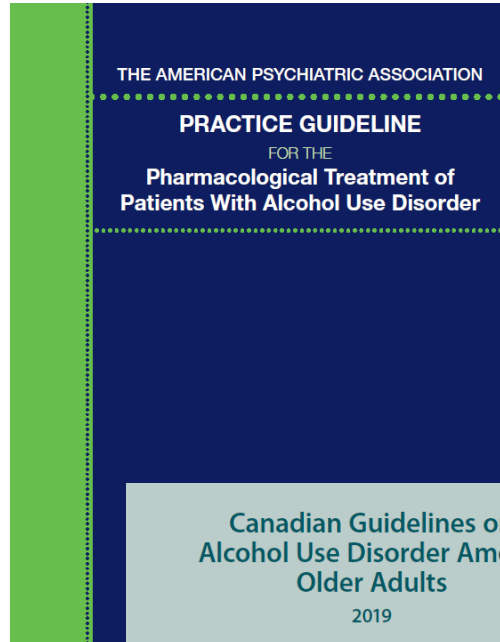


Box 2: Management of acute alcohol intoxication in adolescents

- Adolescents usually do not show tolerance to the effects developed by repeated exposure to ethanol and they have immature hepatic alcohol dehydrogenase activity, so they may be more exposed to the toxic effect of alcohol and consequently to the rapid onset of coma.
- The lethal dose of alcohol varies as widely among children and adolescents as it does among adults, and it is not possible to draw any definitive conclusions about the lethal BAC for infants and adolescents.
- Hypoglycaemia and hypothermia induced by AAI tend to be more severe in young individuals than in adults, so that the management of AAI for all adolescents should be focused on the prompt correction of hypoglycaemia, hypothermia and restlessness; for severe restlessness, typical antipsychotics (such as haloperidol) should be administered, because of a lower chance of alcohol interaction.
- The administration of antiemetics is preferred to gastric content aspiration, as well as maintaining airway patency; venous access is necessary to ensure fluid administration.
- So far, no studies have been performed on metadoxine use for the improvement of symptoms of AAI in the paediatric population.



ALCOHOL USE DISORDER: GUIDELINES



PHARMACOLOGIC TREATMENT OF ALCOHOL USE DISORDER

TARGET OGGETTO DI
COMPENSO FARMACOLOGICO

Agent	Mechanism of action	Approval status	Preclinical results	Clinical results	Target outcome
Disulfiram	Aldehyde dehydrogenase inhibitor; dopamine beta-hydroxylase inhibitor	FDA- and EMA-approved for AUD	Mixed results: prevents heavy but not moderate drinking [297]; chronic alcohol induces disulfiram tolerance [298]	Mixed results; drinking outcomes improved with supervised administration [29–33]	Achieve and maintain abstinence
Acamprosate	Modulates glutamatergic activity	FDA- and EMA-approved for AUD	Reduced ethanol intake, withdrawal symptoms, place preference [299–302]	Mixed results; Reduced risk of relapse, increased cumulative abstinence duration [36, 44, 49]. Negative studies show no benefit over placebo [37–42]	Achieve and maintain abstinence
Naltrexone	Opioid receptor antagonist	FDA- and EMA-approved for AUD	Reduced binge drinking, ethanol preference, motor impairment and sedation [303–305]	Reduced risk of relapse, binge drinking, and craving [52–59]; modest effect sizes [62–64]	Achieve and maintain abstinence and reduce drinking
Nalmefene	Opioid receptor antagonist and partial agonist	EMA-approved for AUD; FDA-approved for opioid overdose	Reduced alcohol seeking, relapse and binge-like drinking, neuroinflammation [306–308]	Reduced binge drinking and total alcohol consumption [71–73, 75]	Reduce drinking
Baclofen	GABA _B agonist	Approved for AUD in France	Reduced ethanol self-administration and motivational properties [309–312]	Mixed results; increased rates of abstinence, time to first relapse, possibly reduced heavy-drinking days [84–86, 91, 92]	Achieve and maintain abstinence
Sodium oxybate	Modulates GABA activity	Approved for AUD in Italy and Austria	Reduced ethanol self-administration, withdrawal symptoms, and relapse-like drinking [247, 313]	Effective treatment of alcohol withdrawal syndrome, increased abstinence [99, 100]	Reduce withdrawal symptoms and achieve abstinence



PHARMACOLOGIC TREATMENT OF ALCOHOL USE DISORDER

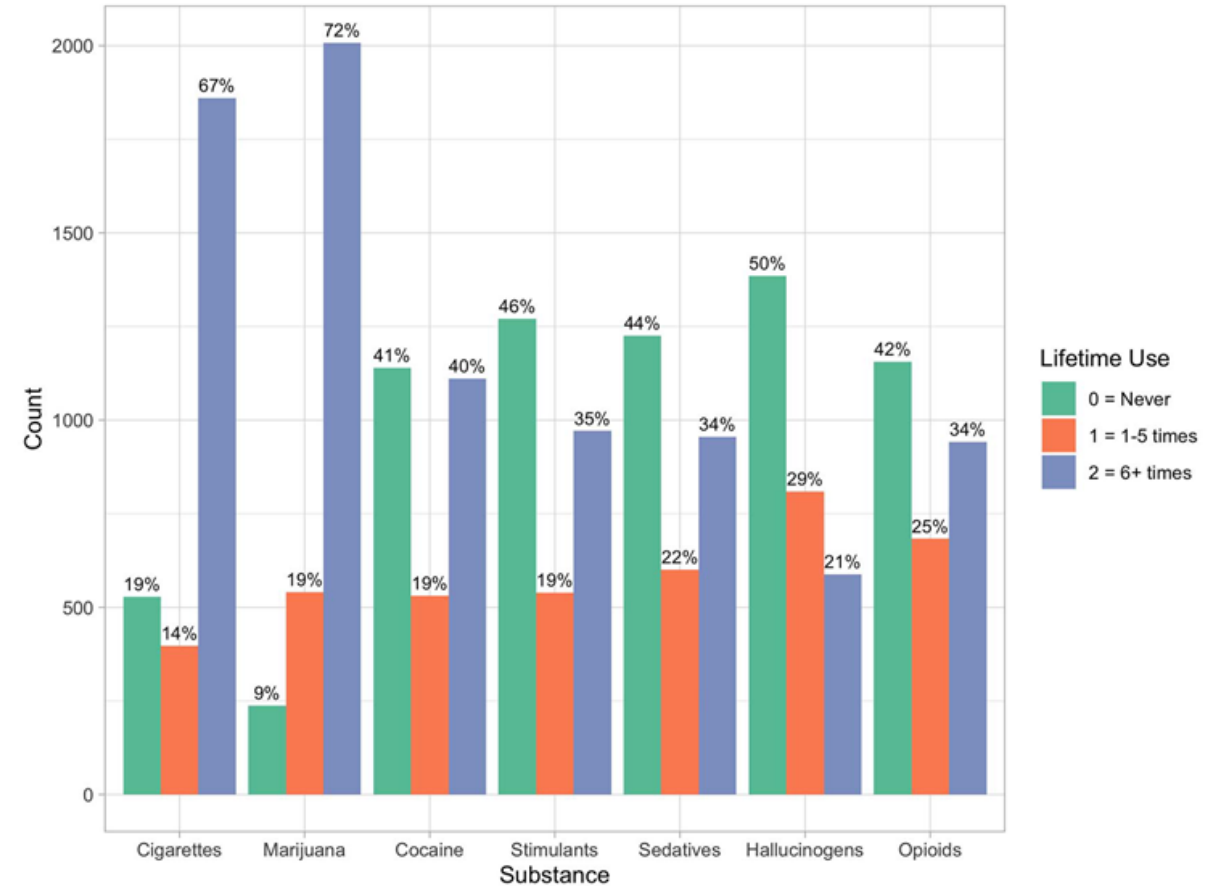
TARGET OGGETTO DI
COMPENSO FARMACOLOGICO

Agent	Mechanism of action	Approval status	Preclinical results	Clinical results	Target outcome
Topiramate	Inhibits glutamatergic activity and increases GABA activity	Repurposed	Reduced ethanol intake in rodent models [113–115]	Reduced drinks per day and percent heavy-drinking days and increased percent days abstinent [112, 116–119]	Achieve abstinence and reduce drinking
Gabapentin	Modulates GABA activity	Repurposed	Mixed results: reduced or increased ethanol intake [123–125]	Reduced percent heavy-drinking days, alcohol consumption, and abstinence rates and increased time to relapse, with outcomes improved among those with alcohol withdrawal symptoms [126–135]	Achieve abstinence and reduce drinking
Varenicline	Nicotinic acetylcholine receptor agonist	Repurposed	Reduced ethanol seeking, intake, and binge-like consumption [138–140]	Reduced percent heavy-drinking days and drinks per day with outcomes improved for those who smoke cigarettes [142–144, 146–149]	Reduce drinking
Aripiprazole	Dopamine receptor partial agonist and 5-HT _{2A} receptor antagonist	Repurposed	Reduce ethanol-induced place preference and ethanol consumption [151–153]	Mixed results with outcomes improved for more impulsive individuals; reduced heavy-drinking days and increased days abstinent at rates comparable to naltrexone [154–160]	Reduce drinking
Ondansetron	5-HT ₃ receptor antagonist	Repurposed	Blocked sensitization to locomotor stimulant effects, reduced voluntary ethanol intake [167–169]	Reduced drinks per day and increased days abstinent in patients with early-onset AUD [170–174]	Achieve abstinence and reduce drinking



POLYSUBSTANCE ABUSE

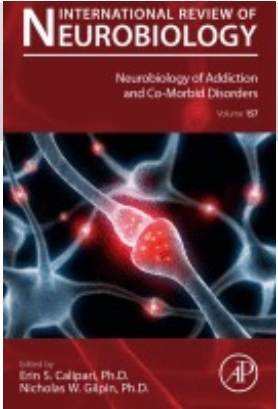
	RECOMMENDATION	GRADE OF RECOMMENDATION
20.1	All patients with alcohol-use disorders should be screened for other substance use using quantity–frequency estimates, or through structured screening instruments such as the ASSIST questionnaire.	GPP
20.2	Polydrug dependence is typically associated with higher levels of physical, psychiatric and psychosocial comorbidity. Comprehensive treatment plans should address use of alcohol and other drugs together, taking into account comorbidity.	GPP
20.3	Communication between clinicians is essential where more than one is involved particularly more than one prescriber.	GPP



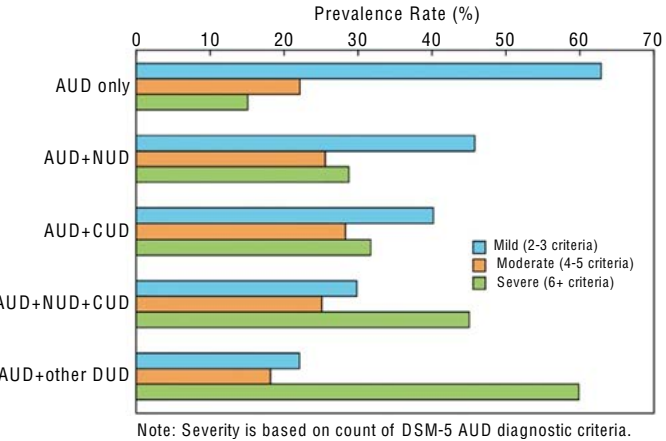
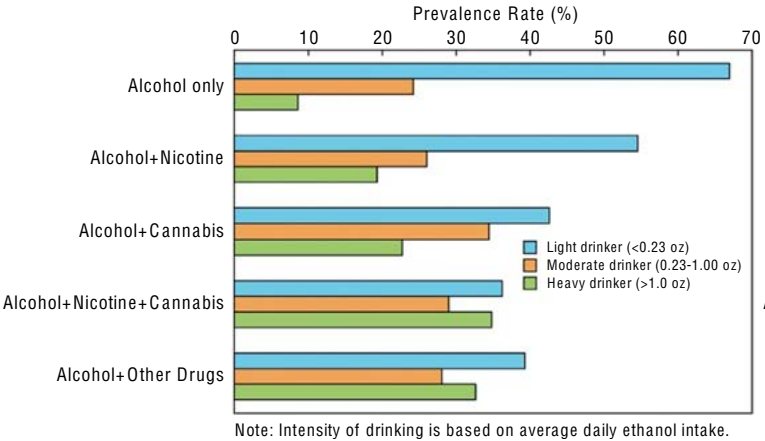
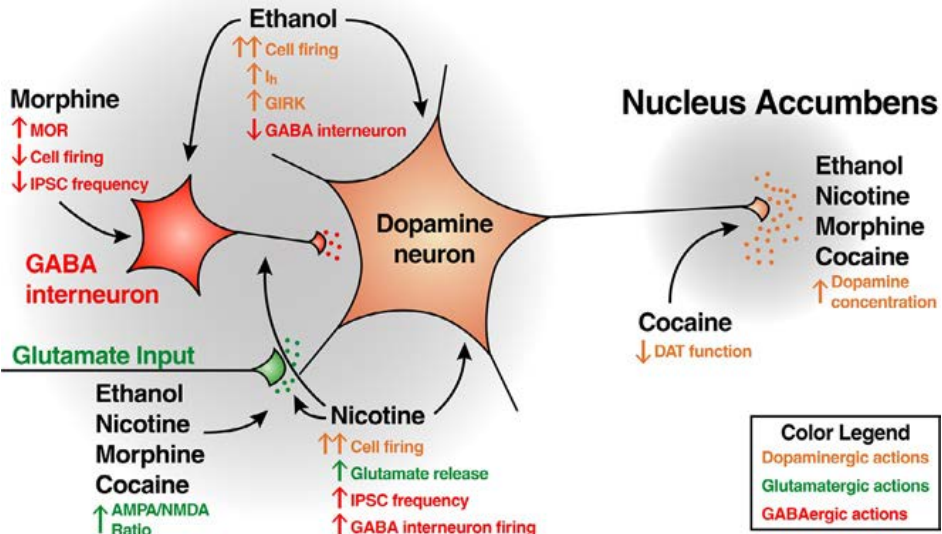
Drug addiction co-morbidity with alcohol: Neurobiological insights

M. Adrienne McGinn^{*,†}, Caroline B. Pantazis^{*,†}, Brendan J. Tunstall, Renata C.N. Marchette, Erika R. Carlson, Nadia Said, George F. Koob, and Leandro F. Vendruscolo

[International Review of Neurobiology](#)
 Volume 157, 2021, Pages 409-472



Ventral Tegmental Area





Binge Drinking among adolescents is related to the development of Alcohol Use Disorders: results from a Cross-Sectional Study

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Binge drinking (BD) is a common pattern of alcohol consumption among adolescents. At present few data are available on the possible relationship between BD and alcohol use disorders (AUD) in adolescents. The aim of this study was to assess the prevalence of BD and relationship between BD behavior and AUD among adolescents. A total of 2704 students attending 10 purposively selected high schools from three Italian provinces were surveyed. Questionnaires regarding socio-demographic data, pattern and amount of alcohol intake, smoking habits, use of illicit drugs, and physical activity were administered. AUD and affective disorders were also evaluated. Alcohol intake was reported by 2126 participants; 1278 reported at least one episode BD in the last year and 715 in the last month. A diagnosis of AUD was made in 165 adolescents. The prevalence of AUD was higher in adolescents that reported BD behavior than in those that did not report BD (11.6% vs 0.9%, respectively; $p < 0.0001$). Logistic regression showed a positive relationship between a diagnosis of AUD and BD behavior (OR 9.6; 95% CI 4.7–22.9; $p < 0.0001$). In conclusion alcohol consumption with the pattern of BD among adolescents is highly related to development of AUD.



FACTORS CONTRIBUTING TO THE ESCALATION OF ALCOHOL CONSUMPTION

Neurosci Biobehav Rev. 2022 January ; 132: 730–756.



Adolescence → *Young adulthood* → *Adulthood*

Factors

- Consumption of sweetened alcoholic drinks
- Circadian factors
- Genes
- Social support
- Early life adversity
- Binge drinking
- Intermittent alcohol consumption
- Trauma (any age)
- Social anxiety (any age)

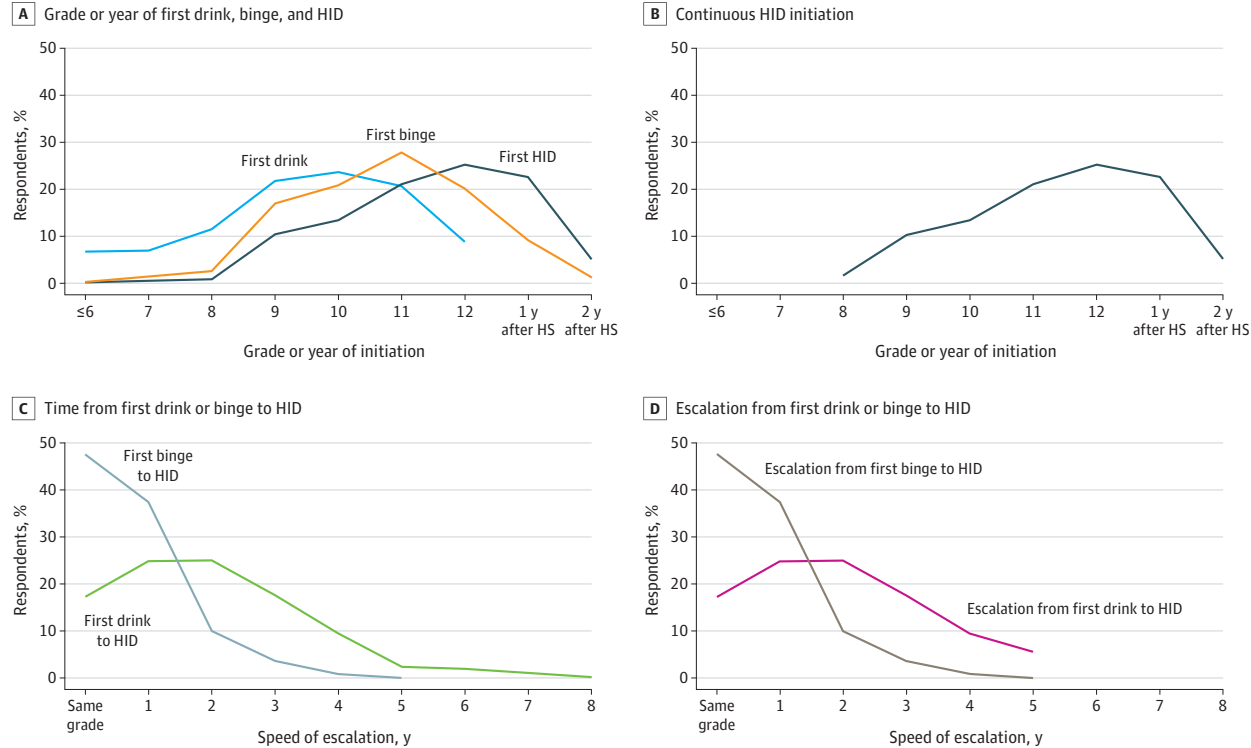
Animal models

- Sucrose-fading initiation procedure
- Genetic models and gene editing
- Social isolation
- Maternal separation
- Drinking-in-the-dark model
- Intermittent access models
- PTSD models
- Social fear conditioning
- Repeated cycles of withdrawal, abstinence and relapse
- Withdrawal kindling models
- Incubation of craving
- Alcohol deprivation effect



Initiation of and Escalation to High-Intensity Drinking in Young Adults

Figure. Reported Grade or Year of Initiation of Alcohol Use Behaviors and Escalation to High-Intensity Drinking (HID)



Unweighted N = 451. Because all respondents reported past 30-day alcohol use in 12th grade, the categories of 1 and 2 years after high school (HS) were not relevant for initiation of first drink.

This cohort study revealed that HID is typically initiated in late high school, with higher early initiation risk among individuals with a family history of alcohol problems and those not attending a 4-year college at age 20 years. Most adolescents escalated from first drink to HID within 2 years; males were particularly likely to escalate from binge to HID within the same year. This information could facilitate screening for adolescents and young adults who are drinking and at risk for HID initiation and escalation.



Pharmacotherapy for Alcohol Dependence: The 2015 Recommendations of the French Alcohol Society, Issued in Partnership with the European Federation of Addiction Societies

Benjamin Rolland,^{1,2} François Paille,^{1,3} Claudine Gillet,^{1,4} Alain Rigaud,^{1,5,6} Romain Moirand,^{1,7,8} Corine Dano,^{1,9} Maurice Dematteis,^{1,10} Karl Mann^{11,12} & Henri-Jean Aubin^{1,12,13}

Table 7 Recommendations issued on the management of treatment for alcohol dependence in specific populations, i.e., pregnant women, children and adolescents, elderly adults, and individuals with comorbid alcohol-related physical conditions or comorbid psychiatric and substance use disorders (question 16 of the GPRs)

#	Recommendation	Grade
16.2	Abstinence throughout pregnancy is recommended for any pregnant women	EC
16.4	If medically assisted withdrawal is necessary during pregnancy, using BZDs is recommended	B
16.5a	No treatments other than those for alcohol withdrawal should be initiated in pregnant or breastfeeding women	EC
16.5b	In the event of a pregnancy occurring in a patient obviously stabilized by a medication for supporting abstinence, the continuation of the drug should be considered on a case by-case basis, weighing up the benefit/risk ratio.	EC
16.5c	Disulfiram is an exception, and it should be always stopped during pregnancy, to the unknown risks on the fetus of the antabuse effect	EC
16.7a	Any adolescent with alcohol dependence under the age of 16 should undergo a pediatric psychiatric assessment	C
16.7b	In the case of alcohol dependence occurring under the age of 16, the objective of abstinence should be preferred	EC
16.7c	First line treatments to help maintain abstinence or reduce drinking are off-label, and should thus be considered on a case-by-case basis, after repeated failure of psychosocial measures alone.	EC
16.8a	In elderly patients with alcohol-dependence, it is preferable to conduct the detoxification process in a hospital setting	EC
16.8b	Short half-life benzodiazepines should be preferred for detoxification in elderly patients	B
16.8c	Initial doses of benzodiazepines should be reduced by 30 to 50% in elderly patients	EC
16.8d	Psychosocial support should be particularly emphasized in elderly patients with alcohol dependence	B
16.10	In patients with chronic alcohol-related physical disorders, a goal of abstinence is recommended	EC
16.11	Antidepressants or anxiolytic medication should be introduced only after reassessment of the psychiatric state, after 2–4 weeks of alcohol abstinence or low-risk use	B
16.12	A smoking cessation program should be systematically offered to smokers when they are giving up alcohol, in either a hospital or an outpatient setting	B

Each recommendation was graded from A to C using the methodological tool published by the Haute Autorité de Santé (HAS), i.e., the French High Authority for Health [14], according to the level of evidence of the studies on which the recommendation was based (see Table 1). EC = 'expert consensus', i.e., recommendations based on consensual expert opinion when no study was available; GPRs = 'good practice recommendations'.



Reduction of Alcohol Drinking in Young Adults by Naltrexone: A Double-Blind, Placebo-Controlled, Randomized Clinical Trial of Efficacy and Safety

Stephanie S. O'Malley, PhD^{1,2}, William R. Corbin, PhD³, Robert F. Leeman, PhD¹, Kelly S. DeMartini, PhD¹, Lisa M. Fucito, PhD¹, Jolomi Ikomi, MD¹, Denise M. Romano, APRN¹, Ran Wu, MS¹, Benjamin A. Toll, PhD^{1,2}, Kenneth J. Sher, PhD⁴, Ralitza Gueorguieva, PhD⁵, and Henry R. Kranzler, MD⁶

Alcohol—There are only a handful of published reports on pharmacotherapy for adolescent drinking. Most are case studies or open label trials, and all reports bear substantial limitations that preclude inferences about the efficacy of the medication studies. In terms of RCTs, there are no adequately powered trials with adolescents younger than 18 years. One recent well-designed RCT of naltrexone with young adult drinkers, ages 18 to 25 years, showed naltrexone (25mg daily + 25mg targeted) plus a brief motivational intervention reduced the number of drinks per drinking day by the end of the 8- week treatment period (38). At the 12-month follow-up assessment, there were no differences between conditions but drinking reductions observed during the active treatment phase were maintained (39).

Naltrexone did not reduce frequency of drinking or heavy drinking days, but reduced secondary measures of drinking intensity. While effects were modest, the risk-benefit ratio favors offering naltrexone to help young adult heavy drinkers reduce their drinking (anni 18-25)

Emerging Pharmacologic Treatments for Adolescent Substance Use: Challenges and New Directions

Robert Miranda Jr. and Hayley Treloar
Center for Alcohol and Addiction Studies, Brown University.

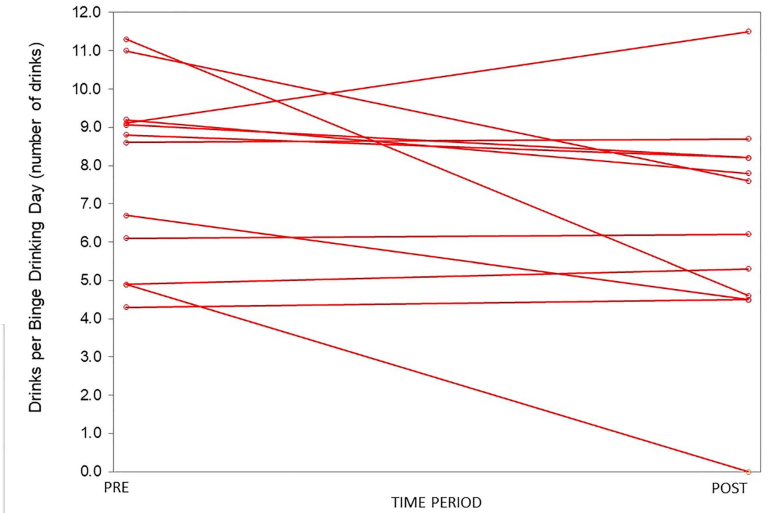
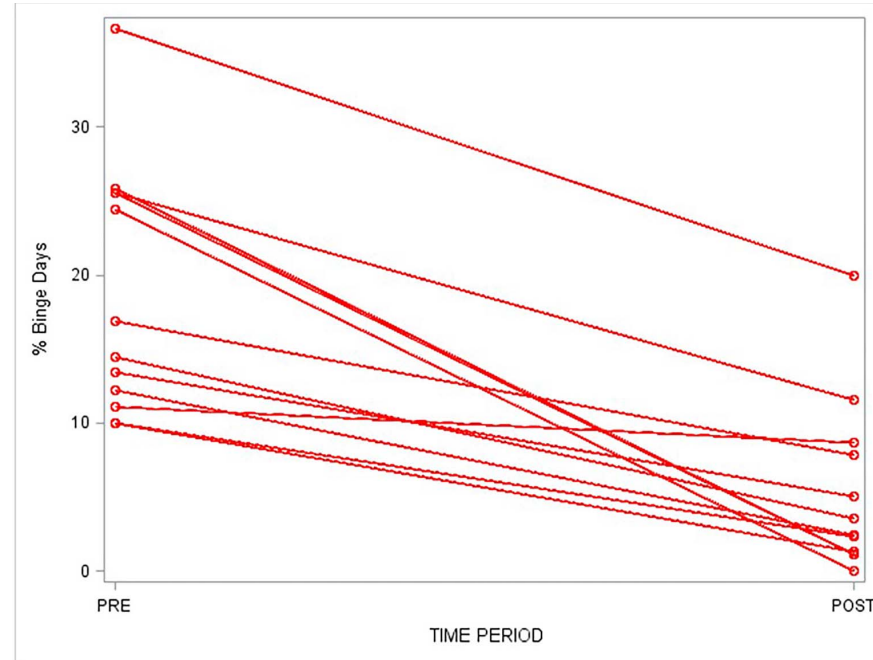


A Preliminary, Open-Label Study of Naltrexone and Bupropion Combination Therapy for Treating Binge Drinking in Human Subjects

Alcohol and Alcoholism, 2020, Vol. 55, No. 1

Table 1. Demographics and baseline characteristics of patient population

Demographics	Mean ± SD (<i>n</i> = 12)
Age (years)	33 ± 7 (Range: 22–43)
Gender (% female)	83
Race (% white)	75
Marital status (% single, never married)	67
Education (years)	16 ± 2
Employment (% employed)	67
Cigarette use (% smokers)	17
Alcohol use (years)	13 ± 6
Drinks per binge drinking day	7.8 ± 2.4
Percent binge drinking days (%)	19 ± 9
Drinks per any drinking day	5.7 ± 2.3
Percent total drinking days (%)	49 ± 27
Drinks per month	80 ± 38
Alcohol use disorder—mild/moderate (%)	92
PACS* score	12 ± 6

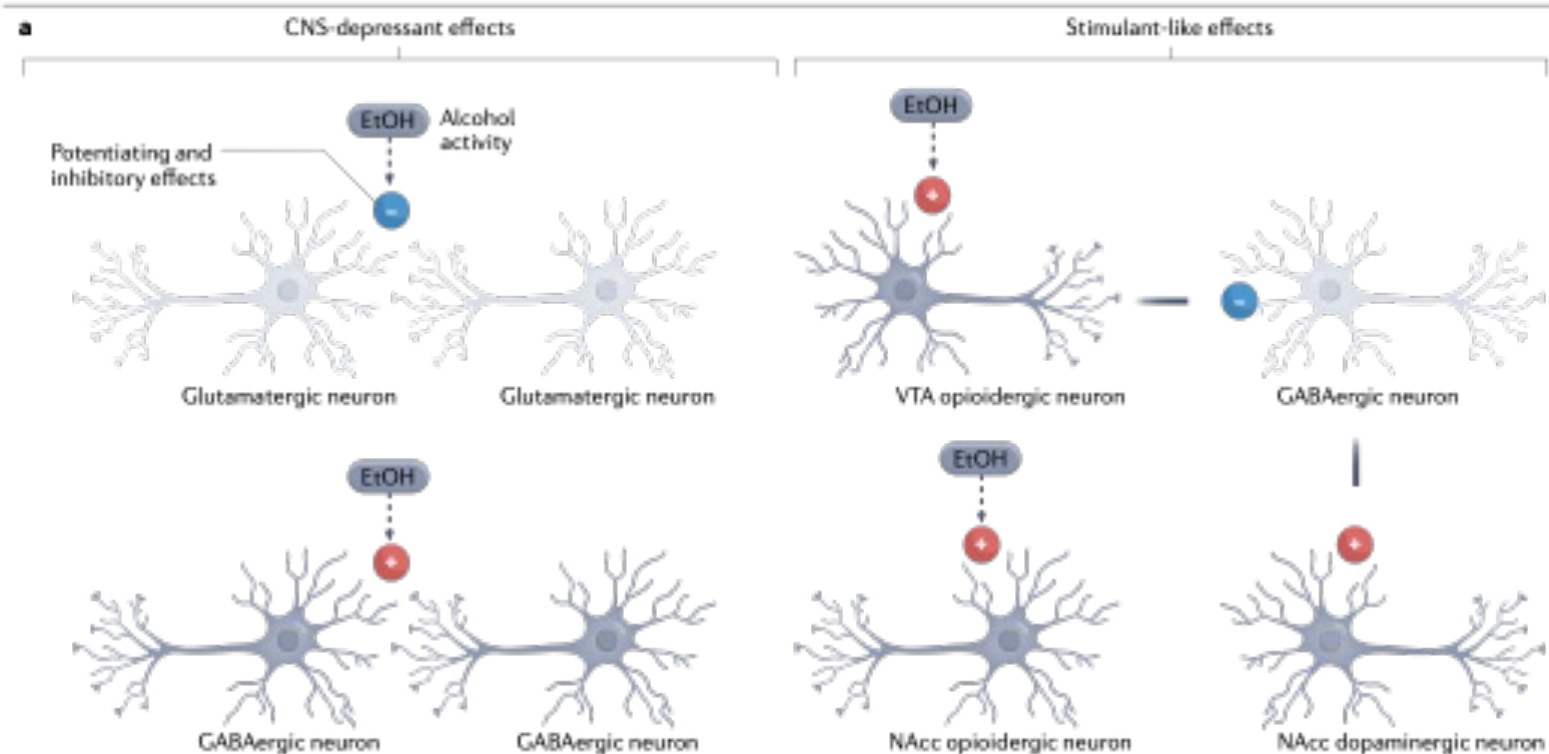


Hazardous drinking and alcohol use disorders



James MacKillop^{1,2}, Roberta Agabio^{3,4}, Sarah W. Feldstein Ewing^{5,6}, Markus Heilig⁷, John F. Kelly⁸, Lorenzo Leggio^{9,10}, Anne Lingford-Hughes^{11,12}, Abraham A. Palmer¹³, Charles D. Parry^{14,15}, Lara Ray¹⁶ & Jürgen Rehm^{17,18,19,20,21,22}

Nature Reviews Disease Primers | (2022) 8:80

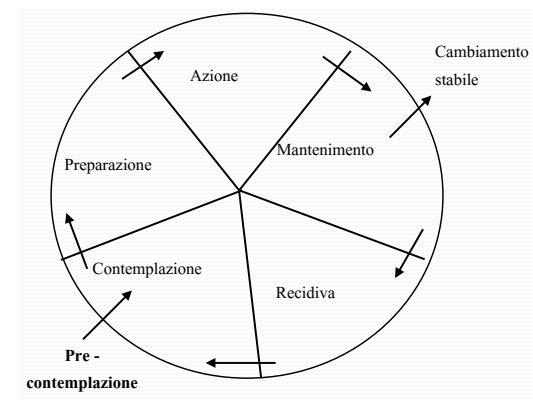


Acute direct and indirect neuropharmacological effects of alcohol (EtOH), including inhibition of glutamatergic neurons and potentiation of both GABAergic neurons and opioidergic neurons. In addition to agonism of opioidergic neurons in the nucleus accumbens (NAcc), endogenous opioid release in the ventral tegmental area (VTA) leads to an inhibitory effect on GABAergic neurons that in turn increases dopamine release in the NAcc



INTERVENTO BREVE

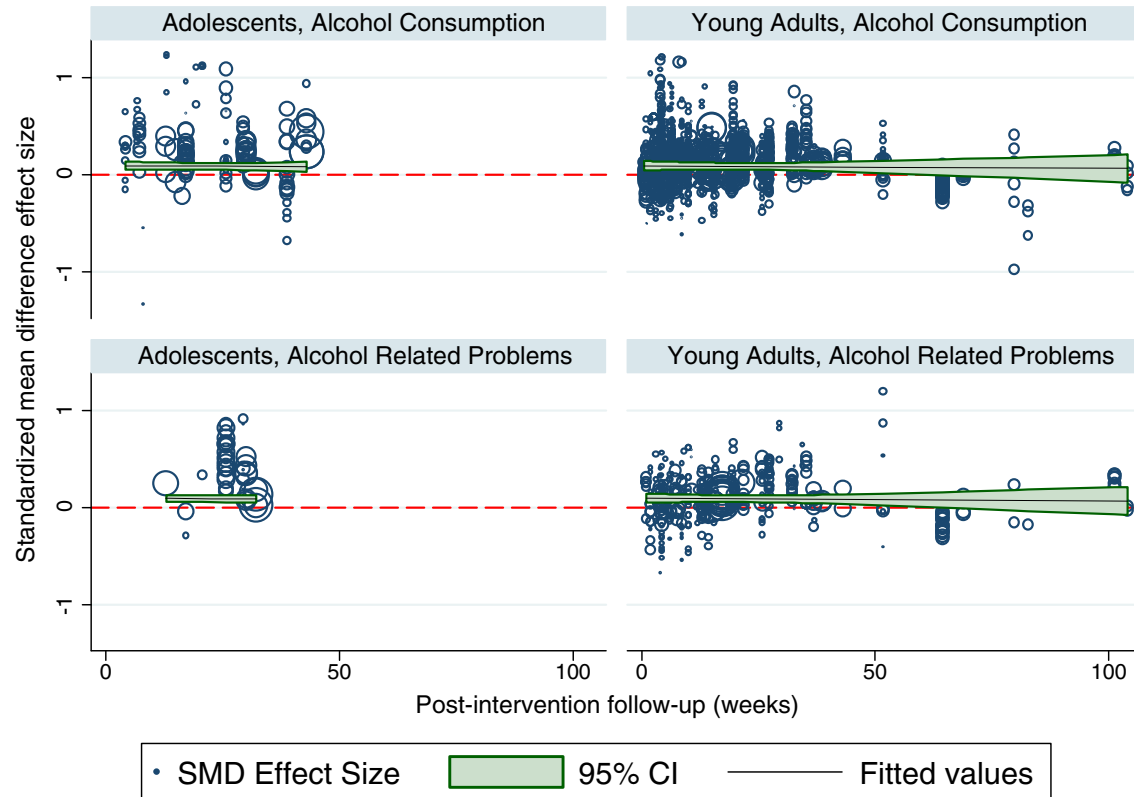
- L'intervento breve è una modalità di colloquio rivolta a persone con consumo di alcol a rischio e dannoso.
- Prevede l'utilizzo di strumenti di identificazione precoce dei PPAC, validati e standardizzati, e strumenti motivazionali rivolti all'aumento di consapevolezza dei rischi legati al consumo di alcol.
- Durata: da 5 a 30 minuti



Brief Alcohol Interventions for Adolescents and Young Adults: A Systematic Review and Meta-Analysis

Emily E. Tanner-Smith, Ph.D. *, Mark W. Lipsey, Ph.D.

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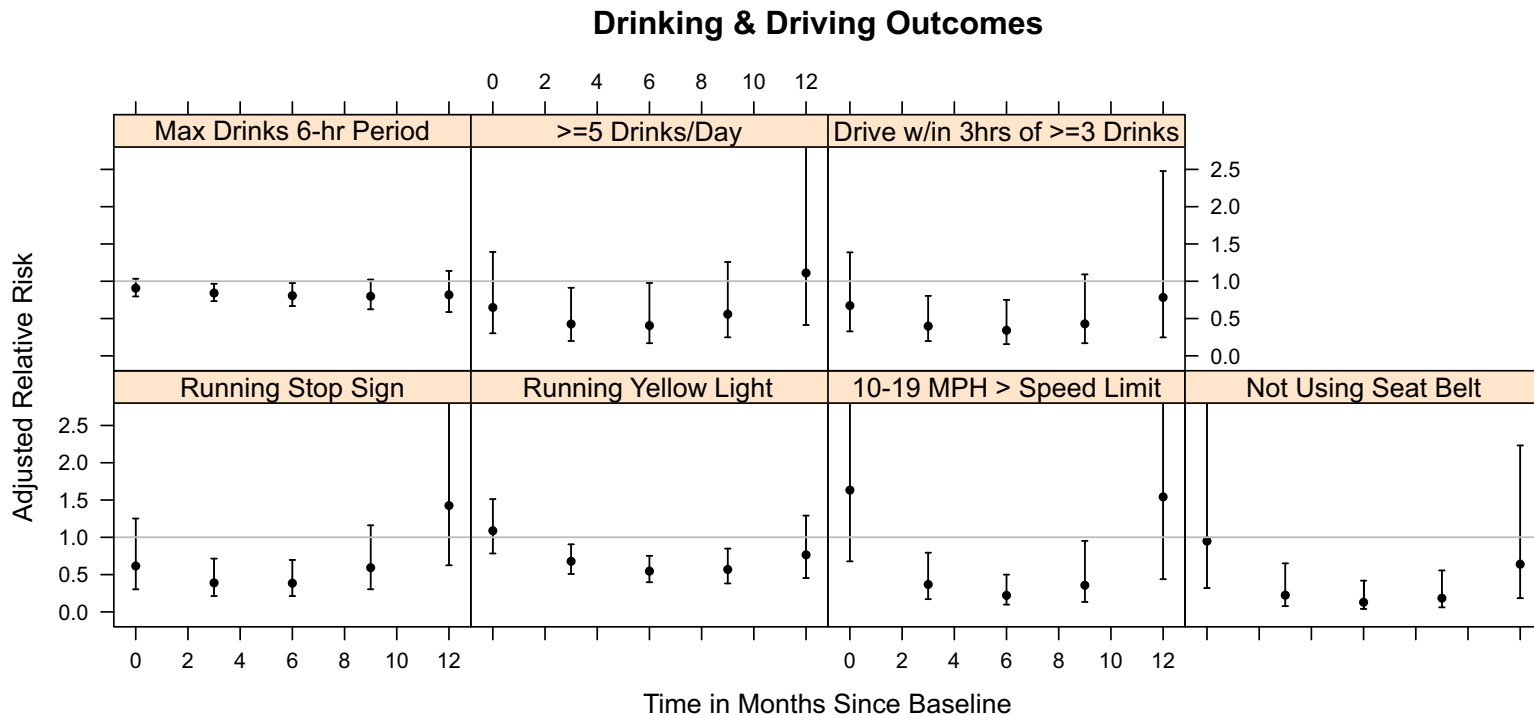


Overall, brief alcohol interventions led to significant reductions in alcohol consumption and alcohol-related problems among adolescents ($g = 0.27$ and $g = 0.19$) and young adults ($g = 0.17$ and $g = 0.11$). These effects persisted for up to 1 year after intervention and did not vary across participant demographics, intervention length, or intervention format. However, certain intervention modalities (e.g., motivational interviewing) and components (e.g., decisional balance, goal-setting exercises) were associated with larger effects.



Emergency Department–Based Brief Intervention to Reduce Risky Driving and Hazardous/Harmful Drinking in Young Adults: A Randomized Controlled Trial

Vol. 37, No. 10
October 2013



Conclusions: Our findings indicate that SBIRT reduced risky driving and hazardous drinking in young adults, but its effects did not persist after 9 months. Future research should explore methods for extending the intervention effect.



The Relationship between Binge Drinking and Binge Eating in Adolescence and Youth: A Systematic Review and Meta-Analysis

