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LETTER TO THE EDITOR

# The 2015 French guidelines on alcohol misuse, issued in partnership with the European Federation of Addiction Societies: a focus on children and adolescents

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Alcohol misuse is defined as any prolonged or recurrent alcohol drinking pattern at levels above the low-risk drinking thresholds [1]. Alcohol misuse thus encompasses 'at risk' or 'hazardous' drinking, in which symptoms or consequences do not meet clinical diagnostic criteria for a disorder, and alcohol use disorders (AUDs), in which chronic or recurrent consequences are manifested in the form of impaired daily functioning. AUDs can be divided into two categories: (1) harmful alcohol use, characterized by damage to the user's mental or physical health but without meeting the criteria for dependence, and (2) alcohol dependence, which basically consists of the user's inability to control alcohol use because of withdrawal symptoms a too strong compulsion (or "craving") for alcohol.

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The new French good practice recommendations (GPRs) for the screening, diagnosis, and treatment of alcohol misuse have recently been issued in both French and English [2]. Updating the French GPRs was warranted owing to several recent advances in the field. These points, which have been previously detailed elsewhere [3], essentially consisted of promoting the public health benefits of drinking reduction strategies, addressing the need to reduce the important treatment gap observed in the field, and offering recommendations on the off-label prescribing of baclofen, which has become widespread in France.

These GPRs were conducted under the aegis of the *Société Française d'Alcoologie* (SFA, French Alcohol Society), with support and peer-review from members of the European Federation of Addiction Societies (EUFAS) [3]. The GPRs' writing and peer-reviewing processes involved a steering committee, a working group, and two successive reviewing groups. The final GPRs were based on both the international scientific literature and the national aspects of the clinical practice and health system. The strength of each recommendation was graded: (1) A, based on randomized clinical trials of correct power or on meta-analyses; (2): B, based on low power comparative trials; (3): C, based on non-randomized trials, cohort studies, or case series; or (4) expert consensus (EC), using a standardized grading system [3]. The details of the GPR issuing process can be found elsewhere [2, 5].

In France, as in many other European countries, experimentation with alcohol use and drunkenness mainly occurs during adolescence [6]. Alcohol misuse may occur during adolescence, occasionally shortly after experimentation. Recent data suggest that the occurrence of alcohol misuse during adolescence may significantly disrupt the brain maturation processes and neuropsychological development during this period, which might subsequently worsen the

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**Table 1** Selection of the French RCPs on the screening, diagnosis, and treatment of alcohol misuse, with a special focus on children and adolescents

| Question number | Recommendation | Grade |
|---|---|---|
| 4 | Adolescence is a particularly vulnerable period from a neuropsychological and social perspective with regard to alcohol, which requires all healthcare professionals likely to encounter an adolescent to assess alcohol use, with rapid intervention in the event of misuse | B |
| 4 | In children, the investigation should begin by exploring the previous experimentation of alcohol *('Has the child already consumed alcohol at least once?')* | EC |
| 4 | The AUDIT is validated both in French and among adolescents, and is thereby the reference instrument for screening alcohol misuse in adolescents | B |
| 4 | Detection of alcohol misuse in an adolescent should be accompanied by a broader evaluation, including the assessment of the use of tobacco, cannabis, and other psychoactive substances, a rapid evaluation of mental health and environment, particularly the family context | B |
| 16 | Children and adolescents who misuse alcohol should preferably be referred to a specialist service or specific hospitalization, separate from adults (e.g., in France, the '*consultations jeunes consommateurs*' service) | EC |
| 16 | In children and adolescents misusing alcohol, a systematic psychiatric assessment is recommended. Routine investigation to identify psychiatric or addiction problems in the parents is also recommended | C |
| 16 | In the event of alcohol misuse before the age of 16, an objective of abstinence should be preferred given the poorer prognosis in this event. If sustainable abstinence is impossible to achieve, a program of drinking reduction should be proposed with an objective of harm reduction | EC |
| 16 | Due to the lack of clinical trials among adolescents, medications for supporting abstinence or reducing drinking are not labeled in this population. Their off-label use should be preferred among patients with severe alcohol misuse, including those with withdrawal symptoms. | EC |
| 16 | Alcohol detoxification among adolescents should be conducted in a residential setting. | EC |
| 18 | In adolescents, family therapy should be implemented on a case-by-case basis, in the absence of clear efficacy of systematic family therapy on alcohol misuse in this population | EC |

The RCPs were issued based on a reference procedure, in response to 19 questions asked to a working group of multidisciplinary experts. 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 [4], according to the level of evidence of the studies on which the recommendation was based. The French RCPs are based on both the available evidence and national aspects of clinical practice. They do not constitute inflexible treatment recommendations

AUDIT, alcohol use disorder identification test; EC, 'expert consensus', i.e., recommendations issued on consensual expert opinion, when no study was available; RCPs, recommendations for clinical practice

overall outcome of alcohol misuse in such cases [7]. Moreover, alcohol misuse during adolescence is associated with an enhanced risk of unprotected/regretted sexual activity, criminal and disorderly behavior, suicide and deliberate self-harm, injury, drunk driving, alcohol poisoning, and accidental death [8]. Finally, the early onset of alcohol misuse is associated with a risk of poor-prognosis AUD later in adulthood and with more psychiatric comorbidities and other addictive disorders [9]. For these reasons, adolescence, and to a lesser extent, childhood, were particularly emphasized in the GPRs with the aim that alcohol misuse be systematically addressed by healthcare professionals who have to assess or treat children and adolescents.

The 2015 French recommendations that pertain to adolescents and children have been synthesized and listed in Table 1. For the reasons given above, adolescence is a particularly vulnerable period with regard to alcohol, and it requires regular vigilance and surveillance by healthcare professionals (e.g., family physicians, child psychiatrists, medical personnel or school nurses in the field of health prevention, university prevention, family planning and education centers) and rapid intervention in the case of misuse (GRADE B). Though alcohol misuse is extremely rare among children, the regular use of any alcohol should lead a healthcare professional to suspect present or upcoming misuse. Mere experimentation with alcohol should thus be systematically explored in children (EC). The Alcohol Use Disorder Identification Test (AUDIT) [10], an instrument developed by the WHO, has demonstrated the best clinimetric properties for screening alcohol misuse among adolescents [8] and has been validated in French [11]. The AUDIT is thus recommended as the best reference instrument for screening alcohol misuse in adolescents in France.

The occurrence of misuse in adolescence is frequently associated with social and family issues [12] and other substance misuse and with psychiatric comorbid disorders in the adolescent. Therefore, in the case of detected misuse in an adolescent, systematically performing a broader evaluation is warranted, including an assessment of the uses of tobacco, cannabis, and other psychoactive substances and a rapid evaluation of the adolescent's mental health and environment, particularly the family context (GRADE

B). Moreover, any under-16 adolescent with alcohol misuse should undergo an assessment by a child psychiatrist (grade C). Screening for possible psychiatric or addictive disorders in the parents is also recommended (GRADE C).

The treatment of alcohol misuse in adolescents should be conducted with specific precautions to protect these potentially more vulnerable subjects and to guarantee them absolute confidentiality but also to negotiate the direct and/or indirect involvement of families or trusted adults, at least at a later stage (EC). Therefore, the treatment procedure should be carried out in a separated and dedicated service (EC). In France, this type of setting has been implemented by the French Ministry of Health and is named "*Consultations Jeunes Consommateurs*" (i.e., "consultation service for young users") [13], and it can be found in every French region.

Theoretically, the treatment strategy for alcohol misuse depends on the severity of misuse. In the case of hazardous alcohol use or at the early stages of harmful use, behavioral counseling is recommended, with an aim of changing the individual's drinking pattern or fostering referral to treatment [14]. This objective usually requires a "screening, brief intervention, and referral to treatment" (SBIRT) program. In the case of severe harmful alcohol use or alcohol dependence, a healthcare professional should propose immediate specialized addiction treatment, which may involve pharmacotherapy for alcohol dependence [1]. In adults, the ideal drinking objective is to durably reach low-risk drinking or the complete cessation of alcohol (i.e., abstinence) [2]. However, because the occurrence of alcohol misuse in adolescence is associated with a more negative outcome, the goal of abstinence should be ideally proposed (EC). Nevertheless, if sustainable abstinence is impossible to achieve, a drinking reduction program should be proposed with an objective of harm reduction (EC). The efficacy of the SBIRT intervention schemes in adolescents is still currently under debate [15]. For this reason, no recommendation was issued on this type of intervention in the French guidelines. This statement is in line with the recent conclusions of the US Preventive Services Task Force, which deemed that the current evidence was insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions to reduce alcohol misuse in adolescents [16]. Regarding pharmacotherapy, the GPRs have noted the current dramatic lack of clinical trials among adolescents [17]. Medications for supporting abstinence or reducing drinking are thus not labeled for this population. Their off-label use should be considered on a case-by-case basis, but should be preferred among patients with severe AUDs, including, but not limited to, those with alcohol withdrawal symptoms (EC). If alcohol detoxification is required in an adolescent, it should ideally be conducted in a residential setting, separate from adult patients (EC).

In conclusion, it should be emphasized that the occurrence of alcohol misuse in children and adolescents is more frequently associated with psychiatric disorders or psychological distress than in adults. Thus, it is up to addiction specialists, and adult and child psychiatrists to constantly raise awareness of this very frequent association among professionals who work with this population. The key messages are 1) to regularly assess alcohol use in adolescents and 2) to assess alcohol experimentation among children. It is important to address detected alcohol misuse in a manner that is tailored to the needs of this age group.

#### Compliance with ethical standards

**Conflict of interest** Benjamin Rolland was the principal investigator of a study funded by Ethypharm, and he has received sponsorship to attend scientific meetings, speaker honoraria, and consultancy fees from Lundbeck, Ethypharm, Servier, Indivior, Bristol Myers-Squibb, Otsuka, Bouchara-Recordati, and AstraZeneca. François Paille has received sponsorship to attend scientific meetings, speaker honoraria, and consultancy fees from Lundbeck, Ethypharm, D&A Pharma and Merck-Serono Karl Mann is a member of the advisory boards for Pfizer, Novartis, and Lundbeck and has received speaker fees from Lundbeck. Henri-Jean Aubin has received sponsorship to attend scientific meetings, speaker honoraria, and consultancy fees from Bioprojet, D&A Pharma, Ethypharm, Lundbeck, Merck-Serono, Novartis and Pfizer.

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