

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening and Behavioral Interventions for Unhealthy Alcohol Use in Adolescents and Adults

Clinicians should screen all adults for unhealthy alcohol use and offer brief counseling to those who drink above recommended limits; more research is needed to make a recommendation for adolescents

WASHINGTON, D.C. – November 13, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on screening and behavioral counseling interventions to reduce unhealthy alcohol use in adolescents and adults. Based on its review of the evidence, the Task Force recommends that primary care clinicians screen all adults, including pregnant women, for unhealthy alcohol use. For patients who drink above recommended limits, clinicians should provide brief behavioral counseling to reduce unhealthy alcohol use. **This is a B recommendation.** For adolescents (ages 12 to 17 years), the Task Force did not find enough evidence to make a recommendation for or against screening and behavioral counseling, and is calling for more research. **This is an I statement.**

Grades in this recommendation:

B: Recommended.

I: The balance of benefits and harms cannot be determined.

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Unhealthy alcohol use means drinking beyond recommended limits. It can lead to illness, injury, and death. In pregnant women, it can lead to birth defects and developmental problems in children. The National Institute on Alcohol Abuse and Alcoholism recommends that:

- Men ages 21-64 years old should drink no more than 4 drinks per day and no more than 14 drinks per week.
- Women of all ages and men ages 65 and older should drink no more than 3 drinks per day and no more than 7 drinks per week.

Any alcohol use in pregnancy is considered unhealthy. Adolescents should not drink any alcohol.

“In this final recommendation, the Task Force is calling on clinicians to screen all adults and provide counseling to those who drink beyond recommended limits,” says Task Force member Carol Mangione, M.D., M.S.P.H. “We found that screening and brief counseling in primary care can help reduce unhealthy alcohol use.” Addressing this issue among pregnant women is especially important since alcohol use in pregnancy can lead to birth defects and developmental problems.

Screening for unhealthy alcohol use consists of clinicians asking questions about how often patients drink and other drinking patterns. If a clinician finds that an adult is drinking in a way that is risky or hazardous (i.e., the person drinks more than the recommended limit but does not have a severe drinking problem), the clinician should provide brief behavioral counseling interventions to reduce unhealthy alcohol use. These brief interventions typically include discussion of how the patient’s drinking compares to recommended limits and ways to reduce drinking. Patients found to have a more severe drinking problem, such as an alcohol use disorder, may be referred to more extensive treatment.

Unhealthy alcohol use is increasing among adults. Unhealthy alcohol use is the third leading preventable cause of death in United States. About 88,000 people die each year from alcohol-related causes—deaths that could have been prevented. Drinking and driving is always unsafe, but it is

particularly dangerous among adolescents; one in five teen drivers involved in fatal car accidents had alcohol in their system.

“There isn’t enough evidence to know if screening and providing counseling to adolescents in primary care settings helps address alcohol use,” adds Task Force chair Sue Curry, Ph.D. “We continue to call for more research and encourage primary care clinicians to use their judgment when deciding whether to screen adolescents.”

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from June 5, 2018 to July 2, 2018. The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles.

Dr. Curry is interim executive vice president and provost of the University of Iowa, where she also serves as a distinguished professor of health management and policy in the College of Public Health. She is also a member of the National Academy of Medicine.

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