

This fact sheet explains the Task Force's draft recommendations on screening and behavioral counseling interventions to reduce alcohol misuse. It also tells you how you can send comments about the draft recommendations to the Task Force. Comments may be submitted from September 24 to October 22, 2012. The Task Force welcomes your comments.

Screening and Behavioral Counseling Interventions to Reduce Alcohol Misuse

The U.S. Preventive Services Task Force (Task Force) has issued a **draft** recommendation statement on *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse*.

These draft recommendation statements apply to adults ages 18 and older, including pregnant women, and to adolescents ages 12 to 17. They do not apply to those who already are seeking diagnosis or treatment for alcohol use.

The Task Force reviewed recent research studies on actions health care professionals can take to

screen and counsel patients for alcohol misuse. The draft recommendation statement summarizes what the Task Force learned about the potential benefits and harms of these actions: (1) Health care professionals should screen adults and pregnant women for alcohol misuse and provide counseling to those who drink at the risky or hazardous level. (2) There is not enough evidence to determine whether screening and counseling adolescents for alcohol misuse is effective.

What is alcohol misuse?

Alcohol misuse refers to several levels of unhealthy drinking (see the graphic on page 2 for details):

- Risky or hazardous use
- Harmful use
- Alcohol abuse
- Alcohol dependence (alcoholism)

Screening and Counseling for Alcohol Misuse

Alcohol misuse is a major public health problem in the United States. About one-third of the U.S. population is affected by alcohol misuse, with most of these people drinking at the risky or hazardous level.

Alcohol misuse causes more than 85,000 deaths every year, making it the third leading cause of preventable death in the United States. It can play a role in many health problems, including liver disease, high blood pressure, inflammation of the pancreas, certain cancers, problems with mental functioning, and depression. It also contributes significantly to injury and deaths from falls, drowning, fires, motor vehicle crashes, murders, and suicides.

Many types of alcohol screening tests exist. Most people complete a simple questionnaire or answer one or more questions from their health care professional. Screening takes from less than a minute up to 5 minutes.

Counseling to reduce alcohol misuse can be done in various ways, including face-to-face sessions, written self-help materials, computer or Web-based programs, and telephone counseling. During counseling, health care professionals work with patients on various strategies, such as action plans, drinking diaries, stress management, and problem solving.

Levels of Alcohol Misuse

Risky or Hazardous Use	Harmful Use	Alcohol Abuse	Alcohol Dependence (Alcoholism)
For men, risky or hazardous drinking is often considered as having more than 4 drinks in one day. For women, risky or hazardous drinking is often considered as having more than 3 drinks in one day.	Drinking that causes physical or mental harm.	Drinking that leads people to fail their home, work or school responsibilities; be in dangerous situations like driving while drunk; and have legal or social problems.	Having a disease that includes craving for alcohol, loss of control over drinking, physical dependence, and a need to drink ever-larger amounts to feel the effect.
<p>1 drink equals...  12 oz. of beer OR  5 oz. of wine OR  1.5 oz. of liquor</p>			

Potential Benefits and Harms

The Task Force focused its review on screening tests for alcohol misuse and the effectiveness of counseling for those identified with unhealthy drinking behaviors. The main benefit of this screening and counseling is to identify those who are misusing alcohol and to help them change their behavior. The Task Force found that several screening tests do a good job of identifying alcohol misuse in adults.

The Task Force also found that brief counseling appears to be the most effective at helping adults and pregnant women who are drinking at the risky or hazardous level. This counseling involves more than one session, each lasting about 10 to 15 minutes. The counseling helps them reduce binge drinking, high daily or weekly levels of drinking, and the likelihood of exceeding recommended drinking limits.

The Task Force found little information about the use of brief counseling sessions during visits with a primary health care professional for people with more severe forms of alcohol misuse (such as alcohol abuse or dependence). The limited evidence available suggests that it is not likely to be effective for this group. The Task Force did not review different treatments, such as medication or outpatient treatment programs, for alcohol abuse or dependence, but the benefits are well-established.

The Task Force found very little evidence about the harms of screening or counseling for alcohol misuse but concluded that any harms were likely to be small to none.

The Task Force recognizes that drinking by adolescents is a critical public health problem. However, it found few studies on the effects of screening and counseling for alcohol misuse in this population. Therefore, the Task Force could not make a recommendation about the potential benefits and harms of screening and counseling in adolescents. In its draft statement, the Task Force called for more research in this critical area.

The Draft Recommendation Statement on Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: What Does it Mean?

Here is the Task Force's draft recommendation statement on screening and behavioral counseling for alcohol misuse. The draft recommendation statement has letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of the screening and counseling. They also are based on the size of the potential benefits and harms. Task Force evidence grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening and counseling (Grade A or B), it is because the screening and counseling have more potential benefits than potential harms. When there is not enough evidence to judge potential benefits and harms, the Task Force does not make a recommendation for or against—it issues an I Statement. The Notes next to the recommendations explain key ideas.

Before you send comments to the Task Force, you may want to read the full **draft recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence report** provides more detail about the studies the Task Force reviewed.

1 The Task Force recommends that **clinicians** screen adults, including **young adults** and pregnant women, for **alcohol misuse** and provide individuals engaged in **risky or hazardous drinking** with **brief behavioral counseling interventions** to reduce alcohol misuse. **Grade B**

2 The Task Force concludes that the current **evidence is insufficient** to assess the balance of benefits and harms of screening and behavioral counseling interventions to reduce alcohol misuse in primary care settings in adolescents. **I Statement**

Notes

1 clinicians
Health care professionals, including doctors, nurses, physician assistants, and nurse practitioners.

young adults
Adults ages 18 to 21.

alcohol misuse
Unhealthy drinking, including risky or hazardous use, harmful use, alcohol abuse, and alcohol dependence.

risky or hazardous drinking
Drinking more than recommended amounts (see the graphic on page 2 for details).

brief
Sessions lasting about 10 to 15 minutes each.

behavioral counseling interventions
Working with patients on strategies such as action plans, drinking diaries, stress management, or problem solving.

2 evidence is insufficient
The Task Force did not find enough evidence on screening and counseling adolescents to determine potential benefits and harms.

 **Click Here** to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **between September 24 and October 22, 2012**.



All comments will be considered for use in writing final recommendations.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

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 (healthfinder.gov)
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Alcohol and Health
 (National Institute of Alcohol Abuse and Alcoholism)
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Rethinking Drinking
 (National Institute of Alcohol Abuse and Alcoholism)