

## U.S. Preventive Services Task Force Issues Draft 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. – June 5, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review 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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“The Task Force once again found that screening adults and providing brief counseling in primary care settings can help detect and reduce unhealthy alcohol use,” says Task Force member Carol Mangione, M.D., M.S.P.H. “Addressing this issue among pregnant women is especially important since alcohol use in pregnancy can lead to birth defects and developmental problems.”

Unhealthy alcohol use means drinking beyond recommended limits. The National Institute on Alcohol Abuse and Alcoholism recommends that:

- Men drink no more than 4 drinks per day and no more than 14 drinks per week
- Women 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.

Unhealthy alcohol use is increasing among adults. About 88,000 people die each year from alcohol-related causes—deaths that could have been prevented. In pregnancy, drinking can lead to birth defects and developmental problems for the child.

Screening for unhealthy alcohol use consists of clinicians asking patients questions about how often they drink and other drinking patterns. If a clinician finds that an adult is engaging in risky or hazardous drinking (i.e., drinking more than recommended but has not yet developed 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.

“Due to lack of evidence in the adolescent population, we simply don’t know if screening and providing counseling to adolescents in primary care settings help reduce alcohol use,” adds Task Force chair Sue Curry, Ph.D. “Until we have more evidence, we continue to call for more research and encourage primary care clinicians to use their judgment when deciding whether to screen adolescents.”

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from June 5, 2018 to July 2, 2018 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

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 (UCLA). She is also professor of public health at the UCLA Fielding School of Public Health and the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.

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. Dr. Curry's many professional activities include past service as dean of the University of Iowa College of Public Health from 2008 to 2017, vice chair of the board of directors of the Truth Initiative, and member of the National Cancer Institute's Board of Scientific Advisors.

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