Understanding Task Force Recommendations

Screening and Behavioral Counseling Interventions to Reduce Alcohol Misuse

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

This final recommendation statement applies to adults ages 18 and older and to teens ages 12 to 18. It does not apply to those who already are seeking diagnosis or treatment for alcohol misuse.

The Task Force reviewed recent research studies on actions health care professionals can take to screen and counsel patients for alcohol misuse. The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of these actions: (1) Health care professionals should ask adults about their drinking habits and provide counseling to those who drink at a risky or hazardous level. (2) There is not enough evidence to determine whether screening and counseling teens for alcohol misuse is effective.

This fact sheet explains the recommendation and what it might mean for you.

What is alcohol misuse?

Alcohol misuse refers to drinking more than recommended limits. Alcohol misuse puts people at risk for damaging their health (see the chart on page 2 for more details on levels of misuse).

Facts About Alcohol Misuse

Alcohol misuse is a major public health problem in the United States. More than one in five adults report risky or hazardous drinking. Alcohol misuse is associated with more than 85,000 deaths every year, deaths that could have been prevented. It can play a role in many health problems, including liver disease, high blood pressure, 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.

Screening and Behavioral Counseling for Alcohol Misuse

If you are an adult, your doctor or nurse will likely ask you during an office visit about your drinking habits. He or she may ask you to complete a simple questionnaire that can help determine whether you drink more alcohol than you should.

If you are pregnant, your doctor or nurse may recommend that you not drink at all during your pregnancy.

If you engage in risky or hazardous drinking, your doctor or nurse can work with you to change your drinking behaviors. In addition to talking with you while you are in the office, he or she may give you written materials, refer you to a computer or Web-based program, or arrange counseling over the telephone.
Levels of Alcohol Misuse

<table>
<thead>
<tr>
<th>Risky or Hazardous Use</th>
<th>Harmful Use</th>
<th>Alcohol Abuse</th>
<th>Alcohol Dependence (Alcoholism)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For men, risky or hazardous drinking is often considered as having more than 4 drinks in one day or more than 14 drinks a week. For women, risky or hazardous drinking is often considered as having more than 3 drinks in one day or more than 7 drinks a week.</td>
<td>Drinking that causes physical or mental harm.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

1 drink equals...

- 12 oz. of beer
- OR
- 5 oz. of wine
- OR
- 1.5 oz. of liquor

Potential Benefits and Harms

The main benefit of alcohol misuse screening and counseling is to identify those who are drinking more than they should 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 effective at helping adults who are drinking at a risky or hazardous level. The counseling helps people to reduce binge drinking, high daily or weekly levels of drinking, and the likelihood of exceeding recommended drinking limits.

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 found little information about the use of brief counseling sessions to help adults with more severe forms of alcohol misuse (such as alcohol abuse or dependence). The limited evidence available suggests that brief counseling is not likely to be effective for this group. The Task Force did not review different treatments for alcohol abuse or dependence, such as medication or outpatient treatment programs, but the benefits of these treatments are well-established. Although beyond the scope of this recommendation, the Task Force does encourage primary care professionals to help people who are abusing alcohol or are alcoholics to get intensive support and treatment.

The Task Force recognizes that drinking by teens 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 brief counseling in teens. More research is needed on what health care professionals can do to help teens stay safe and sober.
The Final 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 final recommendation statement on screening and behavioral counseling for alcohol misuse. The 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 (Grades A or B), it is because they 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 recommendation explain key ideas.

Visit the Task Force Web site to read the full final 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 aged 18 years and older for alcohol misuse and provide persons 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.

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 chart on page 2 for details).

brief
Sessions lasting about 10 to 15 minutes each.

behavioral counseling interventions
Working with patients on strategies to change their drinking behaviors 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.
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. Recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

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.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recommended.</td>
</tr>
<tr>
<td>B</td>
<td>Recommended.</td>
</tr>
<tr>
<td>C</td>
<td>Recommendation depends on the patient’s situation.</td>
</tr>
<tr>
<td>D</td>
<td>Not recommended.</td>
</tr>
<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
</tr>
</tbody>
</table>