PCSS Providers Clinical Support System
Medications for Alcohol Use Disorder

Screening for Alcohol Use: Frequently Asked Questions

Screening for Alcohol Use

What is screening for alcohol use?

- Screening for alcohol use is a preventive health service that rapidly evaluates the presence and severity of unhealthy alcohol use. It is a quick medical assessment that identifies individuals who may have risky drinking behaviors or alcohol use disorder (AUD).
- Screening for alcohol use is cost-effective and reduces health complications through early identification and intervention.[1]

Who should be screened?

- Screening should be universal, meaning all patients are screened. However, there are different screening tools for different populations. *Learn more about why and how to screen adults, adolescents, pregnant women, and older adults below.*

Where should screening for alcohol use occur?

- Screening for AUD can be conducted in any medical setting, but the evidence for its effectiveness has been best demonstrated in primary care.

When should screening be conducted?

- Screening can occur as part of routine care during patient intake or when conducting a comprehensive assessment or health history.
- Patients should be screened at least once per year.

Who should conduct screening?

- Any healthcare professional can administer the screening tool and interpret the results.

How should screening be conducted?

- Screening for alcohol use can be done quickly using a validated screening tool.
- Patients self-report their alcohol use according to the questions/prompts within the validated screening tool. Screening can be done on paper, tablet, or online (e.g., through a patient portal or digital forms completed before the appointment).[1] The screening can also occur by directly asking the screening questions at the appointment.
- Avoid asking “yes/no” or leading questions (e.g., “You don’t drink very often, do you?”).

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Why Screen for Alcohol Use in Adults?

Alcohol is the most misused substance, and AUD is the most common substance use disorder in the U.S.[2]

In 2023:



51.6% of U.S. adults aged 18+ reported drinking alcohol in the past month.[3]

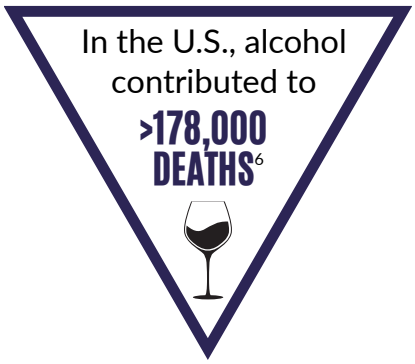


23.5% of adults aged 18+ reported binge drinking in the past month[4] (4+ drinks per occasion for women, 5+ for men).[5]



28.1 million adults aged 18+ (**10.9%**) had AUD in the past year.[2]

- Alcohol use raises the risk of liver disease, hypertension, injuries, and several cancers.[7] Early screening and brief intervention can reduce drinking and prevent harm.[8]
- The United States Preventive Services Task Force (USPSTF) and other professional organizations[9] recommend screening adults 18+ for unhealthy alcohol use in primary care.



What Screening Tools are Validated for Adults?

AUDIT: Alcohol Use Disorders Identification Test

- The AUDIT includes 10 questions on drinking frequency, quantity, and dependence, with each response scored 0–4. A total score of 10+ suggests moderate to severe AUD.[9]
- Sensitivity: 95.5%[11]
- Specificity: 87.0%[11]
- The USPSTF recommends using the AUDIT to screen for alcohol use.[9]

NIAAA SASQ: The National Institute on Alcohol Abuse and Alcoholism Single Alcohol Screening Question

- The NIAAA SASQ asks: "How many times in the past year have you had 4+ drinks (women) or 5+ drinks (men) in a day?"
- A response of one or more indicates a positive screen, prompting follow-up with the AUDIT.
- Sensitivity: 73-88% to detect unhealthy alcohol use.[12]
- Specificity: 74-100% to screen for unhealthy alcohol use.[12]

The USPSTF does not recommend the **CAGE (Cut-down, Annoyed, Guilty, Eye-opener)** screening tool as it only identifies patients already experiencing adverse consequences of their alcohol use, thus missing prevention and early intervention opportunities.[13]

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Why Screen for Alcohol Use in Adolescents (12 – 17 years)?

Alcohol is the most widely used substance among youth in the United States.[14]

In 2023:

6.9%
of youth ages 12–17 (1.8 million) reported drinking in the past month.[3]

3.9%
of youth ages 12–17 (1 million) reported binge drinking in the past month.[4]

2.9%
of youth (757,000) ages 12 – 17 had AUD in the past year.[15]



Youth who drink alcohol are more likely to engage in risky behaviors that can lead to injuries, other health conditions, and legal, academic, and social issues.[16]



The American Academy of Pediatrics (AAP) recommends that primary care providers screen all adolescents for substance use beginning at the age of 12 and provide tailored guidance and treatment as appropriate.[17]



A clear discussion about confidentiality with the adolescent and their parent/legal guardian is essential. Healthcare professionals must be knowledgeable about state laws to deliver effective substance use treatment to minors while upholding the minor's right to confidentiality. Disclosure is required by providers when life-threatening or significant safety risks are identified.[17]

Screening for Alcohol Use: Frequently Asked Questions

What Screening Tools are Validated for Adolescents?

CRAFFT: Car, Relax, Alone, Forget, Family, Friends, Trouble

- The CRAFFT is validated to identify substance use, substance-related riding/driving risk, and SUD in adolescents/young adults ages 12 – 21.
- The CRAFFT starts with 3 yes/no questions asking about substance use in the past 12 months. If the patient says "yes" to any of the 3 questions, 6 additional questions are asked. If the patient says "no" to any of the first 3 questions, only one additional question is asked to determine their risk for driving/riding in a vehicle while someone (including the patient themselves) is under the influence. Each "yes" response indicates 1 point. A total score of 2 or more is a positive screen. The CRAFFT includes a probability scale based on the patient's score of developing a substance use disorder.[18]
- Sensitivity: 76% - 92%[19]
- Specificity: 76% - 94%[19]
- NIAAA and AAP recommend the CRAFFT to identify risky substance use in adolescents/young adults.[20]

S2BI: Screening to Brief Intervention

- The S2BI uses a similar strategy to the NIAAA SASQ screening tool for adults by including single-item questions.[21] The S2BI asks a single frequency question for past year use on the three substances adolescents use most commonly: tobacco, alcohol, and cannabis. An affirmative response to any of these substances prompts questions about additional types of substances used. Responses to each substance can be categorized into risk levels – no reported use, low risk, high risk.[20]
- The S2BI can differentiate between mild, moderate, or severe substance use disorders.[21]
- Sensitivity: 53.3% to identify AUD.[22]
- 100% sensitivity for identifying moderate or severe AUD.[22]
- Specificity: 94.2% to identify AUD.[22]
- 93.6% specificity for identifying moderate or severe AUD.[22]

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Why Screen for Alcohol Use During Pregnancy?

- Between 2018 and 2020, **13.5%** of pregnant women in the U.S. reported current alcohol use, and **5.2%** reported binge drinking in the past 30 days.[23] Additionally, **8.4%** of pregnant women ages 15–44 reported alcohol use in the past month.[24]
- Alcohol use during pregnancy increases the risk of miscarriage, preterm birth, stillbirth, sudden infant death syndrome, and physical disabilities for the baby known as fetal alcohol spectrum disorders (FASD).[26]
- There is no known safe amount of alcohol use during pregnancy.[25]
- Early screening and intervention are critical to reduce alcohol-related harm in pregnancy.
- USPSTF recommends screening adults 18+, including pregnant patients, for unhealthy alcohol use in primary care.[9]

What Screening Tools are Validated During Pregnancy?

The AUDIT, NIAAA SASQ, and CRAFFT (for women 26 and younger) are validated screening tools for use during pregnancy.[27-28] Additional tools validated for pregnant individuals include:

4Ps: Parents, Partner, Past, Present

- The 4Ps identifies any alcohol use during pregnancy—not just binge or heavy drinking—through four yes/no questions about parental, partner, past, and current alcohol use. Any "yes" response warrants follow-up to assess risk.[29]
- Sensitivity: 87%[29]
- Specificity: 76%[29]

T-ACE: Tolerance, Annoyed, Cut down, Eye opener

- The T-ACE is the first validated tool for identifying risky drinking in obstetric-gynecology settings.[30]
- This screening tool is helpful to assess for severe or high-risk alcohol use.
- It includes four questions, takes under one minute to administer, and scores 0–5 points: 1 point for each "yes" to the A, C, and E questions, 2 points if more than two drinks are needed to feel intoxicated.
- A total score of 2+ indicates a positive screen.[30]
- Sensitivity: 93 – 100%[30]
- Specificity: 19 – 34%[30]

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Why Screen for Alcohol Use in Older Adults (65+)?

43.7% of adults aged 65+ (25.3 million) reported drinking alcohol in the past month in 2023.[31-32]

12% of adults aged 65+ (7 million) reported binge drinking in 2023.[33-34]

3.3% of adults aged 65+ (1.9 million) reported heavy alcohol use in the past month in 2023.[33-34]

38% of all alcohol-related deaths were in older adults between 2020–2021.[35]



Older adults are less likely than younger adults to be screened for substance use.[35] However, they **metabolize alcohol less efficiently** and are **more sensitive to its effects.**



Older adults are at **higher risk for falls, accidents, and cognitive or memory issues**—risks that alcohol use can worsen.



Alcohol also **increases cancer risk and can worsen chronic or co-occurring conditions** in older adults.[36]

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Screening Recommendations

The USPSTF recommends screening all adults aged 18 and older—including older adults—for unhealthy alcohol use in primary care.[11] In addition to annual screenings, the Substance Abuse and Mental Health Services Administration advises screening older patients when:[32]

- A new medication is started.
- Major life changes occur (e.g., loss of a loved one, retirement, serious illness, or loss of social support).
- Signs of alcohol-related problems appear (e.g., sleep difficulties, falls, injuries, depression).

What Screening Tools are Validated for Older Adults?

The AUDIT is validated for use with older adults.[35] Additional screening tools that can be used with older adults include:

SMAST-G: Short Michigan Alcoholism Screening Test-Geriatric Version

- The SMAST-G is the first alcohol screening tool designed for older adults. It includes 10 yes/no questions, with 1 point for each "yes." A score of 2 or more indicates risky drinking.[37]
- Specificity: 93-97%[38]
- Sensitivity: 52-85%[38]

SAMI: Senior Alcohol Misuse Indicator

- The SAMI is a 5-question tool that screens for symptoms, problems, and behaviors related to alcohol use. A score of 1 or more indicates unhealthy alcohol use in older adults.[37]
- Specificity: 55%[39]
- Sensitivity: 78-84%[39]

Additional Resources

For more information and resources on screening, see:
Screening for Harmful Alcohol Use – The How and the Why
Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Treat Alcohol Use Disorder

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