

# SBIRT

Screening, Brief Intervention,  
and Referral to Treatment  
for Alcohol and Drug use



# Adolescent Alcohol and Drug Use

Drug and alcohol use are strongly linked to the leading causes of death (motor vehicle crashes, falls, suicide, overdoses or alcohol poisoning, and homicide), as well as a wide variety of non-lethal but serious health risks (injuries, assaults and violence, unprotected sex, teen pregnancy, and STIs including HIV/AIDS) and social harms such as school failure and dropout.

The developing adolescent brain is particularly vulnerable to the toxic effects of alcohol and other drug use. Marijuana use during adolescence is associated with diminished lifetime achievement and an increased risk of serious mental illness.

The young lives of our students depend on the information, assistance, and support we give them. The SBIRT screening can help parents start the needed conversation about substance abuse.

# High Schools in Massachusetts:

## ALCOHOL-RELATED:

**2 out of 3**  
high school  
students have  
tried alcohol

About **1 of 3**  
are current drinkers  
(within the past 30 days)

Nearly **1 of 5**  
are current  
binge drinkers

## TOBACCO-RELATED

Almost **1 out of 5**

Report Tobacco use (in any form)

Nearly **1 out of 3**

Have tried cigarettes

## MARIJUANA-RELATED

About **2 out of 5**

Have tried marijuana

**1 out of 4**

Currently smoke marijuana

# PRESCRIPTION DRUG-RELATED

4% of middle school students + 13% of high school students

Reported in 2013 that they had taken a prescription drug that was not their own.

(These drugs included narcotics, Ritalin or Adderall, steroids, and other prescription drugs)

There is an inverse relationship between age of initiation and risk for developing a severe substance use disorder.

- Those who begin to drink **before age 15** are **FIVE times** more likely to develop alcohol dependence or abuse
- Adolescents who try marijuana at **age 14 or younger** are **SIX times** more likely to meet criteria for illicit drug dependence or abuse later in life compared with peers who first used at age 18.

# The CRAFFT-II Questionnaire

Please answer all questions honestly; your answers will be kept confidential.

## DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU...

1	Drink more than a few sips of beer, wine, or any drink containing alcohol?	<input type="text"/>	PUT 0 IF NO USE
2	Use any marijuana (for example, pot, weed, or hash) or “synthetic marijuana” (for example “K2” or “Spice”)?	<input type="text"/>	PUT 0 IF NO USE
3	Take a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?	<input type="text"/>	PUT 0 IF NO USE
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff or “huff”)?	<input type="text"/>	PUT 0 IF NO USE
5	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

 <p><b>STOP</b></p>	<p>If no days of use, then <b>STOP</b> here.</p>	 <p>If any days of use, <b>ASK ALL CRAFFT ?s BELOW.</b></p>
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6	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:**  
 The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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 For more information and versions in other languages, see [www.crafft.org](http://www.crafft.org).

This is the DPH mandated questionnaire we will administer to your child.

As advocates of safety and mental health, the Dudley Middle School counselors and staff support our parents efforts to prevent initiation, identify use, and intervene to stop or reduce adolescent substance use.

This screening tool helps us continue to send the message that fuels our work everyday, **“Students First”**