



DRACUT PUBLIC SCHOOLS

Office of Student Services

2063 Lakeview Avenue
Dracut, MA. 01826
Phone; (978) 957-4633 Fax; (978) 957-9706

Steven Stone
Superintendent of Schools

Kimberly Lawrence
Director of Student Services

April 14, 2022

Dear Parent/Guardian,

Starting April 2022 our school's health staff will begin an annual health screening called SBIRT. SBIRT stands for Screening, Brief Intervention and Referral to Treatment. SBIRT is used to screen for alcohol, nicotine, tobacco and other drug use. This health screening is required by Massachusetts law.

Students in grades seven (7) and ten (10) will take part in this screening which takes about 5-10 minutes. School health staff will have one-to-one conversations with students. They will ask students about alcohol, nicotine, tobacco, or other drug use over the past year. Staff will then talk with each student about how to support their overall health, safety and success in school. If the student requires more assessment or support, health staff may work with the student and/or their parent/guardian.

The questions asked during this screening are listed in the attached CRAFFT screening tool. Please read this tool, which has been approved by the Department of Public Health.

Please note:

- screening results are documented. No information that could identify a student is kept (for example, name or date of birth)
- screening results will not go into the student's school record
- screening results will not be shared without the permission of the student or their parent/guardian.

However, results may be shared in the case of immediate medical emergency, or when required by state law. As with any school health screening, you can opt your child out of this process. Students themselves may also choose not to take part. If you do not want your child to participate in their screening or you have questions, contact your school secretary.

Parents and guardians can help their children make healthy choices. One important way to prevent alcohol and drug use is to talk to them about your thoughts and expectations. Some resources that can help these discussions include:

- <https://drugfree.org/>
- <https://helplinema.org/forparents/>
- <https://handholdma.org/>

Together, schools and parents/guardians CAN make a difference for the youth of Dracut Public Schools.

Kindly,

Kimberly Lawrence
Director of Student Services

The Dracut Public Schools is a Community of Caring and a proud member of the Ruler social and emotional learning community.



CRAFT+N: SBIRT in Schools

Introduction to Screening Script

Introduce screening

I would like to ask a few health screening questions about alcohol, other drugs, nicotine, and tobacco use that we are asking all students in your grade.

Address confidentiality

There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?

Ask permission to ask questions

Is it okay to ask you these questions?

The CRAFFT+N Interview

SBIRT in Schools

Part A

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**? Say "0" if none.

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

of days

4. Use a **vaping device*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Say "0" if none.

of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

If the student answered...

"0" for all questions in Part A



Ask 1st question only
in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions
in Part B below

"1" or more for Q. 4



Ask all 10 questions
in Part C on next page

Part B

Circle one

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

No Yes

- A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

No Yes

- F** Do you ever **FORGET** things you did while using alcohol or drugs?

No Yes

- F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

No Yes

- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

No Yes



Part C

"The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products.*"

Circle one

- | | | |
|--|------------|-----------|
| 1. Have you ever tried to QUIT using, but couldn't? | Yes | No |
| 2. Do you vape or use tobacco NOW because it is really hard to quit? | Yes | No |
| 3. Have you ever felt like you were ADDICTED to vaping or tobacco? | Yes | No |
| 4. Do you ever have strong CRAVINGS to vape or use tobacco? | Yes | No |
| 5. Have you ever felt like you really NEEDED to vape or use tobacco? | Yes | No |
| 6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? | Yes | No |
| 7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)... | | |
| a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco? | Yes | No |
| b. did you feel more IRRITABLE because you couldn't vape or use tobacco? | Yes | No |
| c. did you feel a strong NEED or urge to vape or use tobacco? | Yes | No |
| d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco? | Yes | No |

*References:

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225-230;
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

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craftt@childrens.harvard.edu

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