

Shawsheen Valley Technical High School

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April 2024

Dear Parent or Guardian,

Starting on **April 29, 2024**, our school's school counseling and health staff will begin a 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 grade 9 will take part in this screening which takes about 5-10 minutes. School health staff will have one-on-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 needs more assessment or support, health staff may work with the student and/or their parent/guardian.

School SBIRT Screening is:

- asking a short set of questions

School SBIRT Screening is NOT:

- a blood or urine test
- a drug test, or
- a test of any body function

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

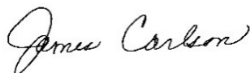
Please note:

- Screening results are recorded. 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 law.

If you would like to opt your student out of the screening, please complete the following form: ([SBIRT Opt-out Form](#)) by **Monday April 22, 2024**. Your child may also opt out at the time of the screening. Please feel free to contact me at (978) 667-2111 x 1315 if you have any questions.

Together, schools and parents can make a difference for youth in our community. One way to prevent youth alcohol and drug use is to talk with your student about your thoughts and expectations about alcohol and drug use. You can view the CRAFFT+N tool and other SBIRT recourses by visiting, www.masbirt.org/schools.

Sincerely,



James Carlson
Director of Guidance and Health Services

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	
	Yes	No
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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For more information and versions in other languages, see www.masbirt.org/schools.