

**Reading Public Schools  
Reading Memorial High School  
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Reading, Massachusetts 01867**

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**Health Services**

**SUBSTANCE ABUSE SCREENING: CRAFFT-II FOR 9<sup>TH</sup> AND 11<sup>TH</sup> GRADERS**

Dear Parent or Guardian:

As your child's caregiver, we know you desire the best resources for your child and the young people in our community. Recent Reading Public Schools' Youth Risk Behavior Survey (YRBS) results demonstrate a small number of our students have tried alcohol, marijuana and other drugs, and by the end of high school, many more students report substance use. Recent research has also shown our brains are not fully developed during adolescence and substance use in the early years substantially alters brain functioning for a lifetime.

In order to help prevent students from starting the use of substances, or intervene with early use, RMHS nursing and counseling staff will be providing an interview-based screening for 9th and 11th grade students on the use of alcohol, marijuana, and other drugs. This screening utilizes the most commonly used 'substance use screening tool' for adolescents in Massachusetts, the CRAFFT II. A copy of the screening tool is enclosed for your review. This is a verbal screening that complies with the MA Opioid Law for the 2018-2019 school year.

Student screening sessions will be brief (15-20 minutes), confidential and private. The school nurse will complete these one-on-one sessions simultaneously with other routine screenings for students in grades 9 and 11. Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use. If needed, the student will be referred for further evaluation. Results of the screening will not be included in your student's school record.

Screenings will be conducted throughout the year; your child will receive an appointment via the main office. If you choose to opt your child out, please contact Lynn Dunn, Director of Nursing Services, via email at [lynn.dunn@reading.k12.ma.us](mailto:lynn.dunn@reading.k12.ma.us) or phone 781-942-9140. Screening is voluntary and students may choose not to answer any or all of the screening questions.

**Please share this letter with your child.** One way to prevent youth substance use is to talk with your child. Research shows that parents' influence is the #1 reason young people decide not to drink alcohol. For ideas on how to begin the conversation, please refer to information on the school district website [www.reading.k12.ma.us](http://www.reading.k12.ma.us) or [www.reading.k12.ma.us/community/rcasa/](http://www.reading.k12.ma.us/community/rcasa/) or visit [www.drugfree.org](http://www.drugfree.org). Together, schools and parents CAN make a difference for our youth.

Feel free to contact me with any questions or concerns.

Sincerely,

*Lynn Dunn*

Director of Nursing Services

# 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...

<b>1</b>	Drink more than a few sips of beer, wine, or any drink containing alcohol?	<input type="text"/>	PUT 0 IF NO USE	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES NO



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.

<b>6</b>	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="text"/>	<input type="text"/>	YES NO
<b>7</b>	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="text"/>	<input type="text"/>	YES NO
<b>8</b>	Do you ever FORGET things you did while using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES NO
<b>9</b>	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="text"/>	<input type="text"/>	YES NO
<b>10</b>	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES 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).