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Assessing Substance Abuse Risk in Students: Using the CRAFFT Screening Tool Part I

Disclosure Statement to Learners

There are no relevant financial relationships
with ineligible
companies for those involved with the ability
to control the content of this activity.

Module 1

- **We will cover:**
 - Introduction
 - Learning Outcomes
 - Criteria for Successfully Completing Course and Receiving your NCPD CNE Contact Hours



Presenter:

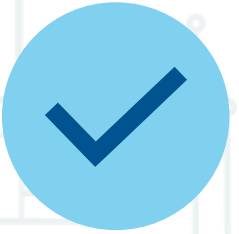
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NASN Nursing Education & Practice Specialist

Lead Nurse Conference Planner/Accredited Provider-Program Director



Learning Outcomes: as a result of participating in this activity learners will be able to....



Describe one way you can use the CRAFFT 2.1 tool in their daily practice



List the three risk factor levels identified in the CRAFFT tool



Share one method you could use to maintain student privacy when using the CRAFFT risk assessment tool



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Criteria for Successfully Completing the Course and Receiving Contact Hours

1

Complete the
course Pre-
Assessment

2

Complete all of
the educational
modules
associated with
this activity

3

Complete the
Case Scenarios

4

Complete the
course Post-
Assessment

5

Complete the
Course
Evaluation

Module 2

- **We will cover:**
 - What is CRAFFT 2.1
 - What is CRAFFT 2.1+N
 - How Can You Use the CRAFFT 2.1
 - Self-Reflection on School Nursing Practice Questions



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What is CRAFFT 2.1?

“The CRAFFT 2.1 is a health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21. It is brief and efficient enough to be used as part of universal screening efforts in busy medical and community health settings and yields information that can serve as the basis for early intervention and counseling to enhance motivation for behavior change.”

What is CRAFFT 2.1?

The CRAFFT Interview (version 2.1)

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

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.	<input type="text"/>	# 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.	<input type="text"/>	# 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.	<input type="text"/>	# of days

Did the patient answer "0" for all questions in Part A?

Yes ☐

No ☐

Ask 1st question only in Part B, then STOP

Ask all 6 questions in Part B

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

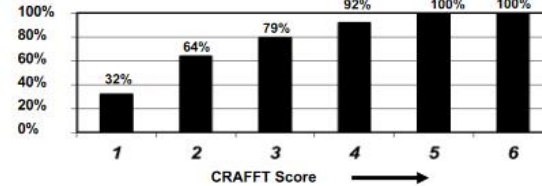
*Two or more YES answers in Part B suggests a serious problem that needs further assessment. See back for further instructions →

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376-80.

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

Give patient Contract for Life. Available at www.crafft.org/contract

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For more information and versions in other languages, see www.crafft.org.



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The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

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.	<input type="text"/>
# 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.	<input type="text"/>
# 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.	<input type="text"/>
# of days	
4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products? Say "0" if none.	<input type="text"/>
# 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 patient answered...

"0" for all questions in Part A	"1" or more for Q. 1, 2, or 3	"1" or more for Q. 4
↓	↓	↓
Ask 1 st question only in Part B below, then STOP	Ask all 6 questions in Part B below	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

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

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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

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

*References:

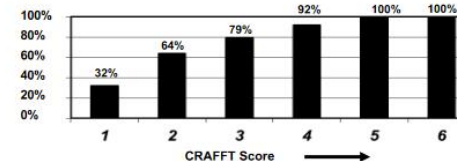
Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225-230.
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions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

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Use the 5 R's talking points for brief counseling.

- 1. REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"
- 2. RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."
- 3. RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."
- 4. RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"
- 5. REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

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CRAFFT 2.1+N Screening Tool



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How Can You Use the CRAFFT 2.1?

As a school nurse you can use this form to assess the risk of:

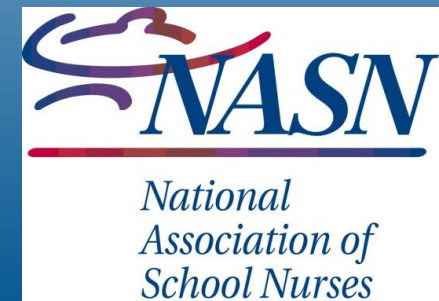
- Alcohol usage
- Illicit drug usage (e.g., cocaine, heroin, prescription pills, etc.)
- Marijuana usage
- Riding in the car under the influence (either themselves or with others)
- In the 2.1+N version you can screen for nicotine usage

Screening Tool Reflection Questions

Just based on us reviewing the screening tool and its purpose, can you think of any student(s) in your school that you might want to use this screening tool with?

Do you have a safe space in your health office or a private space where they can complete the assessment?

Have you been asked by your school administrator to assess a student for suspected substance use?



Module 3

We will cover:

- Confidentiality in Using the Tool in the Health Office
- Face-to-Face Interview Versus Self-Administered (Pros and Cons)
- How to Assess Risk Levels
- Self-Reflection on School Nursing Practice Questions



Confidentiality and the Screening Tool

- Most optimal to have a private or safe space to administer the screening tool.
 - What to do if you do not have a private or safe space?
- Share the laws and legal obligation on reporting.



Confidentiality Statement on Screening Tool

**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;

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How Does This Apply to FERPA Laws?

Ways to find out:

- Visit the State Department of Education's website on FERPA laws: https://studentprivacy.ed.gov/ferpa#0.1_se34.1.99_130
- National Association of State School Nurse Consultants: <https://www.schoolnurseconsultants.org/home/>
- National Council of State Boards of Nursing (NCSBN) for your State: <https://www.ncsbn.org/index.htm>



Administering the Tool

Face-to-Face (Clinician Interview)

Pros:

- Build rapport with student
- Provide guidance on how to complete the form
- Can talk through some of the feedback in real-time.

Cons:

- You might not get true responses
- Your bias, responses, or facial expressions could hinder the results
- May take longer to administer

www.crafft.org ; www.cabhre.org

Self-Administered by Student

Pros:

- Research shows that youth prefer to self-administer the screening tool. (www.craft.org)
- More accurate and truthful responses
- Gives you a chance to prepare for follow-up.
- More time efficient

Cons:

- You may not be able to talk through the form with the student
- May not get a chance to see the students verbal and non-verbal cue responses to questions

How to Assess Risk Levels

Low Risk

- No use in past 12 months and answers “NO” to the car question (CRAFFT score of 0)

Medium Risk

- Could be met in two ways:
- No use in past 12 months and “Yes” to Car question only
- OR ANY use in past 12 months and CRAFFT score of 0 to 1

High Risk

- Any use in the past 12 months and total CRAFFT score of 2 or more



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[Reference: The Center for Adolescent Behavioral Research \(CABHRe\). \(2021\).The craft 2.1 manual.](#)

Screening Tool Reflection Questions

Thinking back on the confidentiality component of this screening tool. Are you familiar with the FERPA and Confidentiality laws in your state?

Do you know who to reach out to regarding questions about FERPA and HIPAA compliance and laws in your state?

Criteria for Successfully Completing the Course and Receiving Contact Hours

1

Complete the course Pre-Assessment

2

Complete all of the educational modules associated with this activity

3

Complete the Case Scenarios

4

Complete the course Post-Assessment

5

Complete the Course Evaluation

Thank You!

