

# Provider Guide



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## Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use Using the CRAFFT Screening Tool



Massachusetts Department of Public Health Bureau of Substance Abuse Services



# Provider Guide

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# Welcome adolescent primary care providers!

Research shows that many health care providers feel that they have inadequate tools, training, time, and treatment resources for alcohol and other drug use screening and brief intervention for all adolescent patients.<sup>1</sup>

Because physicians are uniquely positioned to influence adolescent substance use, the American Academy of Pediatrics recommends that pediatricians provide alcohol screening and counseling to all adolescents, as well as children in upper elementary grades.<sup>2,3</sup> Additionally, MassHealth now requires primary care providers to offer to complete the behavioral health screening component of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) well child visits for MassHealth members under the age of 21 using an age-appropriate, standardized behavioral health screening tool selected from a menu of tools approved by MassHealth.

The menu includes the CRAFFT (CAR, RELAX, ALONE, FORGET, FRIENDS, TROUBLE) for adolescents aged 14 and older. The CRAFFT, the featured screening tool in this guide, is a series of 6 questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously.

MassHealth also requires providers to provide or refer members to assessment, diagnosis, and treatment services if the standardized behavioral health screen indicates that the member has a behavioral health need.

This kit provides the resources you will need to efficiently incorporate the CRAFFT, brief advice, and referrals for further evaluation and treatment for alcohol and other drug use into routine adolescent visits.

**For more information about specific drugs (including prescription medications that can be abused), commonly-used names, and health effects, please reference [www.drugabuse.gov/DrugPages/DrugsofAbuse.html](http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html), from the National Institute on Drug Abuse.**

# The Problem of Adolescent Alcohol and Other Drug Use

The majority of adolescents have used alcohol or another drug by the time they have reached 12th grade. Alcohol is the most commonly used drug among adolescents<sup>4</sup> and is responsible for more mortality and morbidity in this age group than all other drugs combined.<sup>5</sup> Use typically begins during early adolescence, with peak initiation during grades 7 through 9. By the 12th grade, 80% of high school seniors report having used alcohol, 62% report having gotten drunk, and 31% report heavy episodic use.<sup>4</sup>

Among adolescents who drink alcohol, 38% to 62% report having had problems related to their drinking,<sup>6</sup> such as interference with work, emotional and psychological health problems, the development of tolerance, and the inability to reduce the frequency and quantity of use.



**Parents' tobacco use is related to their children's early tobacco use, and puts them at greater risk for early substance use.**

Visit [quitworks.org/children](https://quitworks.org/children) for free information to help families quit smoking.

## Screening Case Studies

*The case scenarios in this guide provide examples of the varying types of advice providers give and follow up they arrange based on an adolescent's CRAFFT screening. While the cases provide some sample dialogues, we recommend that each provider use his/her own style when communicating with adolescents.*



## The CRAFFT Screening Tool

Every adolescent should be asked yearly about use of alcohol and drugs. An easy way to remember how to screen adolescents for psychosocial problems is to use the mnemonic “HEADSS” (home, education and employment, activities, drugs [including tobacco and alcohol], sex, suicidality/depression)<sup>8</sup> psychosocial interview, which is included in the American Medical Association’s “Guidelines for Adolescent Preventive Services.”<sup>9</sup>

The most frequently used substance abuse screening tool in Massachusetts is the CRAFFT. The CRAFFT is a series of 6 questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted. (See Appendix A.)

The CRAFFT is a MassHealth-approved behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It was developed by modifying promising questions from longer screens (i.e., qualify with "ever"; screen for drugs as well as alcohol), combining similar questions, and then assessing concurrent validity to identify the best questions for identifying adolescents who need substance abuse treatment.<sup>10</sup> The sensitivity of the CRAFFT is similar to the longer AUDIT and POSIT tests, and much greater than that of CAGE (which is not recommended for use with adolescents).<sup>11</sup> The CRAFFT works equally well for alcohol and drugs, for boys and girls, for younger and older adolescents, and for youth from diverse race/ethnicity backgrounds.

### Using the CRAFFT screening tool

Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly"; reminding him/her of your office confidentiality policy; and then asking 3 opening questions.

*During the past 12 months, did you:*

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

("Anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff".)

Figure 1:

*CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions. The questions should be asked exactly as written.*

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

**John:** A 19-year old young man presented to the school-based health center with flu-like symptoms and the nurse practitioner asked the 3 CRAFFT opening questions. John replied that he had used alcohol, marijuana, and other drugs during the past 12 months. The nurse practitioner asked the CRAFFT questions and documented that John responded “Yes” to all 6 questions. She then called the covering physician to discuss how to respond to John’s CRAFFT total score of 6.



If the adolescent answers “No” to all 3 opening questions, the provider only needs to ask the adolescent the first question – the CAR question. If the adolescent answers “Yes” to any 1 or more of the 3 opening questions, the provider asks all 6 CRAFFT questions. (See Figure 1.)

Each “Yes” response to the CRAFFT questions is scored 1 point. Adolescents who report no use of alcohol or drugs and have a CRAFFT score of 0 should receive praise and encouragement.

Those who report any use of alcohol or drugs and have a CRAFFT score of 0 or 1 should be encouraged to stop and receive brief advice regarding the adverse health effects of substance use. A score of 2 or greater is a “positive” screen and indicates that the adolescent is at high-risk for having an alcohol or drug-related disorder and requires further assessment. (See attached CRAFFT algorithm at the end of this guide.)

**For a downloadable, self-administered version of the CRAFFT and to order pocket-sized CRAFFT cards for office use, visit [www.ceasar.org](http://www.ceasar.org).**

You may wish to integrate the CRAFFT screening questions into your electronic health record (EHR) template. Be sure to include the responses to the individual CRAFFT questions in addition to the final assessment if relying on the EHR to capture the data. Speak to your medical records department about ensuring the confidentiality of these data in accordance with federal regulations. (See Confidentiality section on page 16.)

The CRAFFT in Spanish, Portuguese, Hebrew, French, Czech, Khmer, Russian, Vietnamese, Haitian Creole, Laotian, Chinese, and Japanese will be available by June 2009 at [www.ceasar.org](http://www.ceasar.org).

**Sarah:** A 14-year old girl presented for an annual physical examination required for participation in her school's fall sports program. She completed the paper CRAFFT screening questionnaire. She answered "No" to all 3 opening questions and "No" to the CAR question. The practice receptionist then placed the completed questionnaire in Sarah's folder for her physician to review.



### Options for implementing screening in your practice

The CRAFFT tool can be administered in different ways, based on the needs of your practice and patients. A recent study assessing adolescents' screening preferences found that adolescents preferred filling out the paper or computer version of the CRAFFT themselves versus having a provider ask them the questions.<sup>12</sup>

*Option 1:* A clinic staff member can give each adolescent a paper version of the CRAFFT (included in Appendix A and at [www.ceasar.org](http://www.ceasar.org)), ask the adolescent to complete it in private and return it, and place the completed questionnaire into the clinic chart. The provider can review the CRAFFT and then conduct further assessment or facilitate intervention.

*Option 2:* The physician or nurse practitioner can ask the opening questions and CRAFFT screening questions of adolescent patients.

*Option 3:* Another provider in the physician's practice (e.g., nurse or physician assistant) can ask the opening questions and the CRAFFT screening questions of adolescent patients and document the responses in the adolescent's record to ensure appropriate assessment and intervention by the provider.

**Taylor:** A 16-year-old girl previously diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD), presented for a stimulant medication review and prescription refill. She completed a paper CRAFFT screening questionnaire indicating that she had used both alcohol and marijuana but no other drugs during the past 12 months. She answered "No" to all of the CRAFFT questions. The physician reviewed the completed questionnaire prior to taking an ADHD medication history.



**Marcos:** A 17-year old boy presented to the clinic urgent care center with a leg injury resulting from a fall down a flight of stairs. The physician asked the 3 CRAFFT opening questions. Marcos replied “Yes” to the question about drinking alcohol. The physician then asked Marcos the 6 CRAFFT questions and Marcos answered “Yes” to 3. He said he had ridden in a car with someone who had been drinking (**CAR**), that he sometimes drinks to feel better about himself or fit in with friends (**RELAX**), and that he had gotten into trouble once while drinking with his friends (**TROUBLE**). Marcos’ CRAFFT total score was 3.



### Privacy

In order to maximize the effectiveness of the CRAFFT, consider methods to ensure the most honest responses. If administering a paper or computer-based CRAFFT, give it to the adolescent when s/he is not with parent(s) and a private place is available for completion. If administered directly by the physician or other staff member, you may wish to ask the questions during a portion of the medical visit, such as the physical examination, when the parent has left the room, or ask the parent directly to please leave the room for a few minutes so that you can ask their child confidential screening questions.

Adolescents’ privacy needs may present a challenge. In some cases, parents will not leave the room or allow the provider to screen the adolescent in private. (See page 16 for information on laws and regulations regarding confidentiality.) However, teens will frequently not answer honestly if you ask questions about use of alcohol, drugs, or other disapproved behaviors when a parent is present. We therefore recommend using a screening method (paper questionnaire self-administration, other

provider/staff screen) that affords the greatest privacy. In most clinical settings, this will be the paper questionnaire, which the adolescent will complete in private before the medical visit, and a clinic assistant will then place in the clinic folder for review by the provider. We recommend using a questionnaire that tells adolescents their answers will be kept confidential. However, adolescents who screen positive need further assessment, and providers may uncover information during the assessment that presents a safety risk (e.g., injection drug use, illegal behaviors, ingestion of potentially fatal amounts of alcohol), and which they decide warrants a referral to treatment. Providers must inform parents of safety risks and treatment referrals for adolescents less than 18 years old, although we recommend that they tell adolescents as soon as possible when this is necessary, and review with the adolescent the exact information they intend to disclose. Determining what constitutes a safety risk is a matter of the individual provider’s clinical judgment and based on all available information, not the results of a screening questionnaire alone.

**Although health care providers are generally aware of adolescents’ use of alcohol or drugs, they seldom identify adolescents with problematic use, abuse, or dependence. The use of structured screening devices, such as the CRAFFT, would likely improve identification of adolescents with substance-related pathology in primary care settings.<sup>7</sup>**

# Brief Advice/Intervention

Brief advice from a primary care provider is an important component of interventions shown to significantly decrease initiation of drinking and increase cessation rates for alcohol and marijuana use among adolescents.<sup>13</sup>

**Sarah** responded “No” to the opening questions. The physician praised her for not using alcohol or drugs and encouraged her to remain abstinent. The physician then asked Sarah the CAR question, to which she responded “No.” Sarah’s score on the CRAFFT was 0. She, therefore, required the lowest level of intervention. The physician praised her for making good decisions and advised her to avoid riding with a driver who had used alcohol or drugs. The physician documented details about the screening in Sarah’s chart.





**Taylor** responded “Yes” to the opening questions but had a CRAFFT score of 0. The physician concluded that Taylor was at medium-risk and decided to give Taylor brief advice. The physician documented the details in Taylor’s chart and made a note to follow up in 3 months at Taylor’s next ADHD medication check.

Adolescents who screen as high-risk (e.g., CRAFFT score of 2 or more) should have further assessment to determine whether they have developed dependence (addiction) to alcohol or another drug. Adolescents who are high-risk users but have not developed an addiction may benefit from a brief intervention – 1 or 2 brief intervention sessions either conducted by a primary care provider or allied mental health professional to discuss the impact of drugs or alcohol on their lives or their futures.

Motivational interviewing (or “Change Talk”) techniques can be helpful in assisting the patient to resolve his/her ambivalence towards the impact of using alcohol and other drugs. Change Talk is meant to be self-motivating dialogue. Change is facilitated by communicating in a way that elicits the person’s own reasons for and advantages of change.<sup>14</sup> A full presentation of motivational interviewing techniques that are used in brief interventions is beyond the scope of this toolkit; interested readers can find a thorough discussion of this counseling style in *Motivational Interviewing* by W.R. Miller and S. Rollnick.

Adolescents who have developed substance dependence will need specific treatment for substance use disorders and ongoing support, and in most cases will need a referral to specialty care. However, in these cases a brief intervention may be helpful in order to motivate the adolescent to get the help that s/he needs.

The following intervention examples are based on the adolescents’ responses to the opening questions and CRAFFT questions.

### A. Adolescent answers “No” to 3 opening questions

Educational studies show positive effects of praise and encouragement on student behaviors.<sup>15,16</sup> For adolescents who answer “No” to the 3 opening questions, we recommend that the provider offer praise for not using and encouragement to remain abstinent (a 1- to 2-minute conversation).

“I see that you have not used alcohol or any other drugs during the past year. I hope you are proud of yourself. That’s a smart decision. If it ever changes, I hope that you trust me enough to tell me. Alcohol and drugs are bad for your brain, which at your age is still developing. Alcohol can harm your liver, and smoked drugs, including marijuana, can hurt your lungs, stain your teeth, and give you bad breath. Alcohol and drugs are also linked to sexual assaults and car crashes, which are a leading cause of death for teenagers. Please stay away from them and don’t ever get into a car with someone who has been drinking or using drugs.”

– Robert Kossack, M.D., Chairman, Department of Pediatrics, Fallon Clinic at Plantation Street, Worcester, MA.

If the adolescent then...

- **Answers “Yes” to CAR question, we** recommend that the provider give the adolescent a copy of the *Contract for Life* and suggest that s/he bring it home to his/her parents or other trusted adult and have a discussion about their providing a ride or “out” in unsafe situations (with no questions asked at the time). (See Appendix B or [www.sadd.org/contract.htm](http://www.sadd.org/contract.htm).)

**B. Adolescent answers “Yes” to 1 or more opening questions; CRAFFT total score is 0 or 1:**

We recommend that the provider advise these adolescents to stop using completely. (A 2- to 5-minute conversation is usually sufficient.) Strategies to persuade adolescents to abstain from substance use should include statements that focus on the adverse health effects of alcohol and drugs, although providers should feel free to mention how their parents or younger siblings might respond to finding out about their use.

“I see from your questionnaire that you have used alcohol and marijuana during the past 12 months but you haven’t yet had any serious problems resulting from their use. So now would be a great time to stop. As your doctor I am concerned about your health. Alcohol and marijuana are bad for the developing brain, and recent scientific studies have linked marijuana use during the teen years with development of depression and psychosis. Drinking can increase your risk of getting seriously injured or killed, like in a car crash. Marijuana can damage your lungs, stain your teeth, give you bad breath, and your stimulant medicine won’t work as well. Marijuana also directly interferes with learning and schoolwork. Please don’t make things harder for yourself, you deserve to do well and go to college. Smoking anything also decreases your endurance in sports and other fun activities. How would you feel about stopping for a while and then checking back with me to talk about how it’s going?”

– John W. Kulig, M.D., M.P.H., Director, Adolescent Medicine, Tufts Medical Center Floating Hospital for Children, Boston, MA.



**Marcos** responded “Yes” to the opening question about alcohol use, which prompted his physician to ask all of the CRAFFT questions. Marcos responded “Yes” to 3 of the CRAFFT questions (**CAR**, **RELAX** and **TROUBLE**), which signaled to the physician that he was at high-risk for having an alcohol use disorder. The physician asked follow-up questions to learn more about Marcos’ drinking.

**“Tell me about your alcohol use.”**

Marcos said that he started drinking 3 years ago, when he was 14. He drinks every Friday and Saturday night. He usually has 6 to 7 beers, though he has 10 or more beers every once in a while. He has had “blackouts” (i.e., episodes of anterograde amnesia associated with heavy drinking) and passed out from drinking on a couple of occasions. During those times, he slept over a friend’s house so his parents were unaware of his heavy drinking.

**“Has alcohol/drug use caused you any problems?”**

Marcos said that he was drinking at a party when the police came. He ran out the back door so he was not arrested, but several of his friends were taken to the police station and had to be picked up by their parents. He also said that he was kicked off the school basketball team because he brought a pint of vodka to a game.

**“Have you ever tried to quit drinking?”**

No. Marcos did not think his drinking was a problem and he never tried to quit.

The physician delivered the following message: “I am concerned about your drinking. Kids who have blackouts because of alcohol are at high-risk of developing alcohol dependence later in life. As your doctor, I advise you to stop drinking completely for the sake of your health. I will ask Linda to schedule a follow-up appointment with me in 4 weeks so that we can talk more about alcohol and how it affects you. Do you think you could stop drinking until our next visit? Would you be willing to try?”

Marcos agreed to abstain and signed an *Abstinence Challenge* in front of the physician. The doctor gave Marcos a copy (See Appendix C) and Marcos scheduled a follow-up appointment with the physician. The physician documented the details about the screening and brief intervention in the adolescent’s chart.

### C. Adolescent answers “Yes” to 1 or more opening questions; CRAFFT score is 2 or more (high-risk)

An adolescent responding “Yes” to 2 or more CRAFFT questions may have a serious substance use disorder and requires further assessment to determine: a) whether a substance use disorder such as abuse or dependence is present, and b) an appropriate intervention strategy. The brief assessment and scheduling of a follow-up visit require less than 15 minutes.

The DSM-IV lists the following diagnostic criteria for substance abuse and dependence:

#### Substance abuse

(1 or more of the following):

- Use causes failure to fulfill obligations at work, school, home
- Recurrent use in hazardous situations (e.g., driving)
- Recurrent legal problems
- Continued use despite recurrent problems

#### Substance dependence

(3 or more of the following):

- Tolerance (need to use more to achieve same effect)
- Withdrawal (feeling sick if substance not available)\*
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from the effect
- Important activities given up because of substance use
- Continued use despite harmful consequences

\* The marijuana (cannabis dependence - withdrawal) abstinence syndrome manifests as relatively mild physical symptoms (e.g., headache) but more severe craving and psychological distress, leading some youth to mistakenly believe that marijuana is not addictive.

To determine a diagnosis of abuse or dependence, the assessment should focus on the adolescent’s age of onset of use, pattern of recent

use, negative consequences of use, and attempts to stop using. Three recommended questions to ask are:

- “Tell me about your alcohol/drug use. When did you begin using? What is your use like now?”
- “Have you had any problems at school, at home, or with the law?” If yes, “Were you drinking or using drugs just before that happened?”
- “Have you ever tried to quit? Why? How did it go? For how long did you stop? Then what happened?”

These questions are designed to encourage the adolescent to speak about the negative consequences of alcohol or drug use in their own experience. Adolescents who report relatively minor problems (such as problems with parents, minor problems with friends or at school, etc.) should be challenged to consider making a change. For example, an adolescent who reports that he quits smoking during basketball season because he plays better when he is not smoking marijuana might respond to a statement such as, “It seems that you have noticed smoking marijuana affects your lungs and really slows you down. Moving forward, what would you like to do about that?” Adolescents who agree to make a behavioral change should be given a follow-up appointment to discuss the results of their efforts, and praised for any progress they made, no matter how small. A contract such as an *Abstinence Challenge* (included in Appendix C) may be used to record the exact parameters of the agreement.

Adolescents who report more serious problems, such as use of injected drugs, legal troubles, significant drop in school performance, or associated mental health problems, should be referred for a more thorough evaluation by a substance abuse specialist. Statements of personal concern, caring, and empathy such as, “I am really worried about you,” are recommended strategies for promoting behavioral change. (See the Referral and Follow up section of the guide for referral information.)



**John** scored 6 on the CRAFFT, answering “Yes” to all of the questions. Because of his score, his physician considered him high-risk for substance abuse or dependence. During the assessment interview, the physician learned that John drinks 5 or more beers most Fridays and Saturdays and that he smokes marijuana several times a day.

John was arrested for drinking in a parked car. The police brought him to the station and had his parents pick him up, but did not press charges. John quit drinking after the arrest. His parents told him his grandfather had alcohol problems, which can run in families. However, he had no intention of stopping marijuana at this point. He knew marijuana could damage his lungs, but planned on quitting in the future. He did not believe that marijuana was an addictive drug, and he believed he could quit at any time he wanted to. He just didn’t want to quit now.

The physician recognized that John was showing signs of marijuana dependence, and that he would likely need specialty treatment in order to motivate him to quit and then to support him in his efforts to remain clean and sober. She knew that it could be difficult to get John to accept a referral to treatment, though his openness suggested that he was, at least in some ways, looking for help. She also recognized that John expressed ambivalence about marijuana use – he had thought about damage to his lungs, and he planned to quit in the future. She decided to use his own ambivalence to help motivate him to change. She said, “It sounds like you feel you really need marijuana to relieve stress right now, but on the other hand you are worried about the impact it might have on your lungs. I agree with you that marijuana can have a big impact on your health, and I would like you to see someone who could help you explore your use of marijuana and help you to quit when you want to. Would you be willing to go?”

John again said that he did not need help to quit, he simply had no interest at this time. The physician reiterated that the choice of when to quit would be up to him but a specialist may help him think more about how he was using marijuana and the impact of marijuana on his health. John agreed reluctantly. The doctor responded, “Good, I think that is a smart decision. In the meantime, I would like to talk about safety. Many kids don’t realize it, but it is very dangerous to drive after you smoke marijuana. Can you contract with me never to drive after smoking or ride in a car with anyone else who had been using alcohol or drugs?” John agreed and signed a *Contract for Life*. (See Appendix B.)

The physician knew that John was unlikely to follow through with the referral on his own, and that his parents would likely receive notification if he did enter treatment (i.e., insurance company explanation of benefits, or EOB form), so she asked his permission to discuss it with his mother, who was in the waiting room. The physician said that she would not discuss the details of his drug use and she would emphasize the progress he has made. John said that his parents already knew that he drank alcohol and used marijuana. He gave his permission to discuss their conversation.

When John’s mother came in, the physician said, “John has been very honest with me about his alcohol and drug use. He has already decided to quit drinking entirely and never to drive after smoking marijuana. He has agreed to accept a referral to speak with a specialist about his marijuana use. I fully support all of these decisions, and I hope you do too. I will give both of you the phone number to the referral office. I’d like to see you back, John, after your appointment, so that we can talk about how it went.”

The physician provided John’s mother with a copy of *Alcohol and Other Drugs: Is Your Teen Using?* She encouraged John’s mother to sign the *Contract for Life* as well. She also gave John a copy of the agreement, and *Even If You Know about Drinking or Drugs: Simple Questions. Straight Answers*. (See Referral and Follow up.)

The physician documented the details of the screening and brief intervention in John’s chart, scheduled an appointment for 4 weeks from the current visit, and indicated that he would get back to John and his mother with information about the referral.

#### When talking to parents, encourage them to:

- Listen to their teen, even if it’s difficult
- Set limits and clear expectations
- Remove access to alcohol and drugs (e.g., cash, cars, cell phones, computers)
- If products that could be used as inhalants are available, always supervise their use
- Express the fact that they care about their adolescent and his/her goals



## Referral and Follow Up

Several resources exist for those patients that require further assessment or substance abuse treatment and for providers who would like more information about substance abuse programs in the community.

Some adolescents may have other behavioral health issues as well as substance use. You can contact your routine behavioral health provider to either refer these adolescents or get another recommended resource. If you have difficulty finding a behavioral health provider call either the Massachusetts Child Psychiatry Access Project (MCPAP) or the member's managed care entity.

## Referral resources

**Massachusetts Child Psychiatry Access Project (MCPAP)** is available to assist any primary care provider (PCP) who sees children or adolescents. MCPAP provides PCPs with timely access to child psychiatry consultation and, when indicated, transitional services into ongoing behavioral health care (including substance abuse counseling or treatment). Currently, over 95% of PCPs in the Commonwealth are enrolled. MCPAP is supported by the Department of Mental Health and is free to all PCPs.

MCPAP is available to all children and families, regardless of insurance status, as long as the point of entry is through their PCP. MCPAP operates from 9 a.m. to 5 p.m., Monday through Friday, and is not meant to replace necessary emergency services.

Through MCPAP, teams of child psychiatrists, social workers, and care coordinators provide assistance to PCPs in accessing psychiatric, behavioral health, and substance abuse services. MCPAP is regionalized to facilitate an ongoing relationship between the MCPAP team and the PCP. Each team builds relationships with the PCPs in their region to provide psychiatric telephone consultation, often immediately, but at least within 30 minutes. The consultation will result in one of the following outcomes depending upon the needs of the child and family:

1. An answer to the PCP's question;
2. Referral to the team child psychiatrist for an acute psychopharmacologic or diagnostic consultation;
3. Referral to the team care coordinator to assist the family in accessing routine, local behavioral health services (including substance abuse counseling or treatment), with the understanding that there may be a 4- to 6-week wait;
4. Referral to the team social worker to provide transitional face-to-face care or telephonic support to the child and family until the family can access routine, local behavioral health services.

### MCPAP Regional Teams

#### *Western Mass*

Baystate Medical Center .....413-794-3342

#### *Central Mass*

UMass Medical Center ..... 508-334-3240

#### *Northeast Region*

North Shore Medical Center ....888-627-2767

#### *Boston/Metro Region I*

Mass. General Hospital ..... 617-724-8282

#### *Boston/Metro Region II*

Tufts/Children's .....617-636-5723

#### *Southeast Region*

McLean-Brockton.....508-894-8484

To enroll, call the relevant regional team. For additional information, please contact Martha Page, MCPAP Project Manager, at the Massachusetts Behavioral Health Partnership, 617-350-1923, [Martha.Page@valueoptions.com](mailto:Martha.Page@valueoptions.com).

The regional MCPAP team also provides PCPs with training and behavioral health continuing education. Although much of this education will occur during telephone consultations around specific members, the team is available for "brown bag" or other types of learning sessions at the PCP's office.

**Satisfaction data shows that PCPs participating in MCPAP now report that because of MCPAP, they are able to meet the psychiatric needs of children and adolescents in their practices.**

### Youth Central Intake and Care

**Coordination (YCICC)** staff can coordinate access to adolescent residential programs funded and licensed by the Massachusetts Department of Public Health. Residential treatment programs provide several types of trained staff including master's level providers and recovery specialists, educational coordinators, continuing care coordinators, and referrals to psychiatrists and other physicians as needed. A sliding scale may be available based on a family's ability to pay for some outpatient or residential treatment services. For additional information, please call 617-661-3991 or toll free at 866-705-2807. TTY access is available at 617-661-9051.

### The Massachusetts Substance Abuse Information and Education Helpline

**(1-800-327-5050/TTY 1-617-536-5872)** provides free and confidential information and referrals to people of all ages for alcohol and other drug abuse problems and related concerns. The Helpline is committed to linking consumers with comprehensive, accurate, and current information about treatment and prevention services throughout Massachusetts. Services are available 24 hours a day, 7 days a week. Language interpretation lines in over 140 languages are always available. Information on resources and services can also be found at [www.helpline-online.com](http://www.helpline-online.com).

**Bureau of Substance Abuse Services/ Massachusetts Department of Public Health (BSAS/DPH)** lists specific substance abuse treatment resources for adolescents. See [www.mass.gov/dph/youthtreatment](http://www.mass.gov/dph/youthtreatment). Questions can be addressed to the BSAS Office of Youth and Young Adult Services at 617-624-5111.

### General sources of information

**Massachusetts Department of Public Health/ Bureau of Substance Abuse Services** ([www.mass.gov/dph/bsas/](http://www.mass.gov/dph/bsas/)) has extensive substance abuse information and links to other Massachusetts Department of Public Health programs. For prevention and treatment referrals, consumers and professionals can contact the BSAS-funded Massachusetts Substance Abuse Information and Education Helpline. (See listing above.)

**MASS 2-1-1** is a resource for finding government benefits and services, non-profit organizations, support groups, youth activities, volunteer opportunities, donation programs, and other local resources. Available 24 hours a day/7 days a week, MASS 2-1-1 can respond to a crisis by directing callers to appropriate services in their area. All calls are confidential. If you are unable to reach 2-1-1 due to your telephone or cell phone carrier, a toll-free number is available: 1-877-211-MASS (6277)/TTY 1-617-536-5872. Visit [www.mass211.org](http://www.mass211.org) for more information.

**Massachusetts Health Promotion Clearinghouse** offers free materials in bulk quantities to providers in Massachusetts. Materials on substance abuse and many other topics are available in multiple languages. Use the order form in this toolkit or go to

[www.maclearinghouse.com](http://www.maclearinghouse.com) to see the catalog and place an order. To request materials in alternative formats, please call 1-617-536-0501, extension 803/TTY 1-617-536-5872.

### Follow-up visits

All adolescents who have used alcohol or drugs should be followed.

- Adolescents whose CRAFFT score is 0 or 1 who receive brief advice should be asked about continued substance use at the next health care visit. Those who have continued to use should be re-screened with the CRAFFT. Those who have stopped should be given praise and encouragement.
- Any adolescent who answers “Yes” to the CAR question and contracts with the physician not to drive or ride with an intoxicated driver should be given a follow-up visit to ensure they have been successful.
- Adolescents with a CRAFFT score of 2 or more who receive a brief intervention in the office should be followed to determine whether they have been able to make progress towards the goals defined in the intervention.
- Adolescents who are referred for substance abuse treatment should be followed to track their progress and keep them connected with their medical home. Providers should ask them what they do in treatment, how it is going, and what is planned once the treatment program is completed. Many practices can use their electronic health record (EHR) or a tickler file to remind the practice to check on progress either through a telephone call or follow-up visit.



**John** and his mother agreed to a referral for a comprehensive substance abuse evaluation and to a follow-up visit with his physician in 4 weeks' time. The physician called the MCPAP team in his region and left a message indicating that he needed to locate a provider to do an evaluation with an adolescent who was at high-risk for substance abuse. The MCPAP team returned the physician's call within 20 minutes and offered the number of a service that John could call to receive an evaluation. John and his mother returned to the physician's office in 4 weeks and reported that the evaluation indicated that John had a substance abuse problem. John did not believe that marijuana was an addictive drug, and was still not ready to quit, but he agreed to continue working with an individual counselor. The physician praised him for following through with the referral and agreeing to work with the counselor. John's mother was still frustrated that he continues to use marijuana, but she did recognize that having the evaluation and agreeing to enter treatment was progress. She thanked the doctor for pointing them in the right direction.

When a follow-up visit or a referral for treatment is warranted, the issue of what to tell the adolescent's parent about the follow-up visit or referral arises. We recommend that, when possible, the physician involve the parent in follow-up planning to increase the likelihood that the adolescent will return for the follow-up appointment and/or engage in treatment. It is often possible to reach agreement with the adolescent about involving the parent.

### Confidentiality

Following is the relevant Massachusetts law regarding confidentiality and consent in treatment. For questions or further clarification regarding the law, providers should consult their practices' legal counsel.

- For the most part, primary care or pediatric practices administering the CRAFFT screen will be subject to the HIPAA regulations with respect to confidentiality protections. However, if the practice specializes in substance abuse disorders or is a substance abuse treatment program, it will also be subject to 42 CFR Part 2, the federal law regarding confidentiality of alcohol and drug abuse patient records.
- Generally screening to identify individuals who may require further assessment or evaluation to determine if they may have an alcohol or drug problem does not constitute a "diagnosis" as defined by 42 CFR Part 2. However an assessment conducted by personnel whose primary function is to screen for alcohol or drug abuse, followed by a referral for treatment, may be covered under 42 CFR Part 2. If you are unsure whether your practice is covered by this regulation, you should consult a lawyer.
- In Massachusetts age of Majority is 18 for all purposes, unless otherwise specifically provided by law. M.G.L. c. 231 § 85 P. [www.mass.gov/legis/laws/mgl/231-85p.htm](http://www.mass.gov/legis/laws/mgl/231-85p.htm)
- Emancipated Minor – a minor may give consent if she is: parent of a child; member of armed forces; pregnant; living separate from parents or guardian and managing financial affairs; suffering from a disease dangerous to public health. M.G.L. c. 112, § 12F. [www.mass.gov/legis/laws/mgl/112-12f.htm](http://www.mass.gov/legis/laws/mgl/112-12f.htm)
- Minor 12 or older, found to be drug dependent by two or more physicians may consent to hospital and medical care related to the diagnosis or treatment of drug dependency
  - Consent of parent or guardian not required to authorize care related to drug dependency
  - Parent or guardian not responsible for payment
  - M.G.L. c. 112, § 12E. [www.mass.gov/legis/laws/mgl/112-12e.htm](http://www.mass.gov/legis/laws/mgl/112-12e.htm)
- Generally, the parent or guardian of a minor child must consent to treatment as well as authorize the disclosure of information about the child to a third party, except as otherwise permitted under HIPAA.
- 42 CFR Part 2 §2.14 (Minor Patients)– the release of information from substance abuse treatment programs requires consent of the minor as well as any other consent required by state law. Parental consent in addition to the minor's consent is required for a disclosure to a third party, if the parent's consent is required to treat the minor. Under 42 CFR Part 2, a parent cannot get a copy of his or her child's records from a substance abuse treatment program if the child does not consent.

## STOPPING SUBSTANCE ABUSE BEFORE IT STARTS

You can be proactive in preventing alcohol and other drug abuse by sharing 2 of the print materials in this toolkit with all the parents of youth age 12 or above. The 2 prevention materials enclosed (*Preventing Substance Abuse Starts at Home: Safeguarding Your Children* and *7 Ways to Protect Your Teen from Alcohol and Other Drugs*) are based on effective evidence-based prevention

programs and studies of adolescent behavior. They are available free of charge by using the order form included in this toolkit or visiting [www.maclearringhouse.com](http://www.maclearringhouse.com).

*Thank you for all of your work in keeping Massachusetts adolescents healthy.*

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## ATTRIBUTIONS

### Publication information:

This guide was developed by:  
The Massachusetts Department of Public Health  
The Massachusetts Behavioral Health Partnership  
Boston, MA

### Clinical and scientific content provided by:

*Sharon Levy, M.D., M.P.H.*  
*John R. Knight, M.D.*  
Center for Adolescent Substance Abuse Research  
(CeASAR)  
Children's Hospital, Boston, MA  
Harvard Medical School, Boston, MA

### Special thanks to the following contributors:

Massachusetts Department of Public Health:  
*John Auerbach, Commissioner*  
*Lauren Smith, M.D., M.P.H., Medical Director*

Bureau of Substance Abuse Services:  
*Michael Botticelli, Director*  
*Kathleen Herr-Zaya, Ph.D.,*  
Coordinator for Public Information  
*Carolyn Castro-Donlan, M.A., Director,*  
Office of Youth and Young Adult Services  
*Fernando Perfas, B.S., Special Projects Coordinator*

Massachusetts Behavioral Health Partnership:  
*John Straus, M.D., Vice President, Medical Affairs*

Center for Adolescent Substance Abuse Research  
(CeASAR), Children's Hospital Boston:  
*Sharon Levy, M.D., M.P.H., Medical Director*  
*John R. Knight, M.D., Director*

MassHealth  
*Sarah Stephany, J.D., Children's Behavioral*  
Health Initiative

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# The CRAFFT Screening Questions - Appendix A

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

## Part A

During the **PAST 12 MONTHS**, did you:

No

Yes

1. Drink any alcohol (more than a few sips)?

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

“Anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”.

If you answered **NO** to ALL (A1, A2, A3) answer **only B1** below, then **STOP**.

If you answered **YES** to ANY (A1, to A3) answer **B1** to **B6** below.

## Part B

No

Yes

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

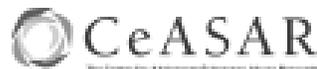
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

4. Do you ever **FORGET** things you did while using alcohol or drugs?

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

6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?



### CONFIDENTIALITY NOTICE:

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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# Contract For Life - Appendix B

A Foundation for Trust and Caring

*This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.*

## Young Person

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

---

Young Person

## PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

---

Parent/Caring Adult

Students Against Destructive Decisions



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SADD, Inc. | 255 Main Street | Marlborough, MA 01752  
877-SADD-INC TOLL-FREE | 508-481-3568 | 508-481-5759 FAX  
[www.sadd.org](http://www.sadd.org)

## Abstinence Challenge - Appendix C

I, \_\_\_\_\_, agree to not drink alcohol, use drugs, or take anyone else's medication for the next \_\_\_\_\_ days. I also will not provide drugs, alcohol, or prescription medications for anyone else during this time. In addition, I agree to not drive a motor vehicle while under the influence of drugs or alcohol, nor will I ride with a driver who has been drinking or using drugs.

I will come to my follow-up appointment with \_\_\_\_\_ on \_\_\_\_\_.

Signed \_\_\_\_\_

Date \_\_\_\_\_



Across the nation, work is underway to establish reimbursement for Screening and Brief Intervention (SBI) for adolescent substance use. The good news is that codes exist so that you can bill for screening your adolescent patients with MassHealth or most commercial insurance and for brief intervention you provide to those that have an identified substance use issue.

## How do I bill for screening?

**Reimbursement from MassHealth:** MassHealth requires all primary care providers (general practitioners, family physicians, internal medicine physicians, obstetrician/gynecologists, pediatricians, independent nurse practitioners, and independent nurse midwives) to offer to conduct periodic and medically necessary interperiodic Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) screens for MassHealth members under the age of 21 (except those with MassHealth Limited coverage) according to the EPSDT Periodicity Schedule (the Schedule).

Providers must choose a clinically appropriate behavioral health screening tool from the menu of approved, standardized tools listed in the Schedule when conducting a behavioral health screen at a periodic or interperiodic visit. The CRAFFT, a tool provided in this SBIRT Toolkit, screens for substance abuse risk and is one of several behavioral health screening tools listed on the Schedule.

- You must use service code 96110 “Developmental testing; limited” to bill for screening. You must also include a u-modifier based on the physician’s interpretation of findings (indicating that the physician, in his/her professional judgment, identified a potential behavioral health service need). Additional billing information is available online at [www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth). Follow the “Information for Providers” link to “EPSDT/PPHSD Billing Guidelines.”

The 96110 code with an appropriate u-modifier covers administration and scoring of the CRAFFT. The survey instrument used and the nature of intervention must be recorded in the clinical documentation for the encounter.

**Reimbursement from commercial payers:** Several commercial payers also currently reimburse for service code 96110 for screening. Please check with the payers to which you are contracted to verify coverage for screening.

## When intervention is needed, how do I bill for it?

The administration of a behavioral health screen by a physician or independent nurse practitioner in conjunction with follow-up counseling may be billed in accordance with the appropriate evaluation and management code guidelines. For MassHealth, Providers should see Subchapter 6 of the Physician’s Manual for further guidance.

Providers must document the nature and duration of the counseling in the clinical documentation for the encounter.

**Opening questions**

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? ("Anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff".)

If the adolescent answers "No" to all 3 opening questions, the provider only needs to ask the adolescent the first question — the CAR question. If the adolescent answers "Yes" to any 1 or more of the 3 opening questions, the provider asks all 6 CRAFFT questions.

CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions. The questions should be asked exactly as written.

**CRAFFT questions**

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

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

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

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

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

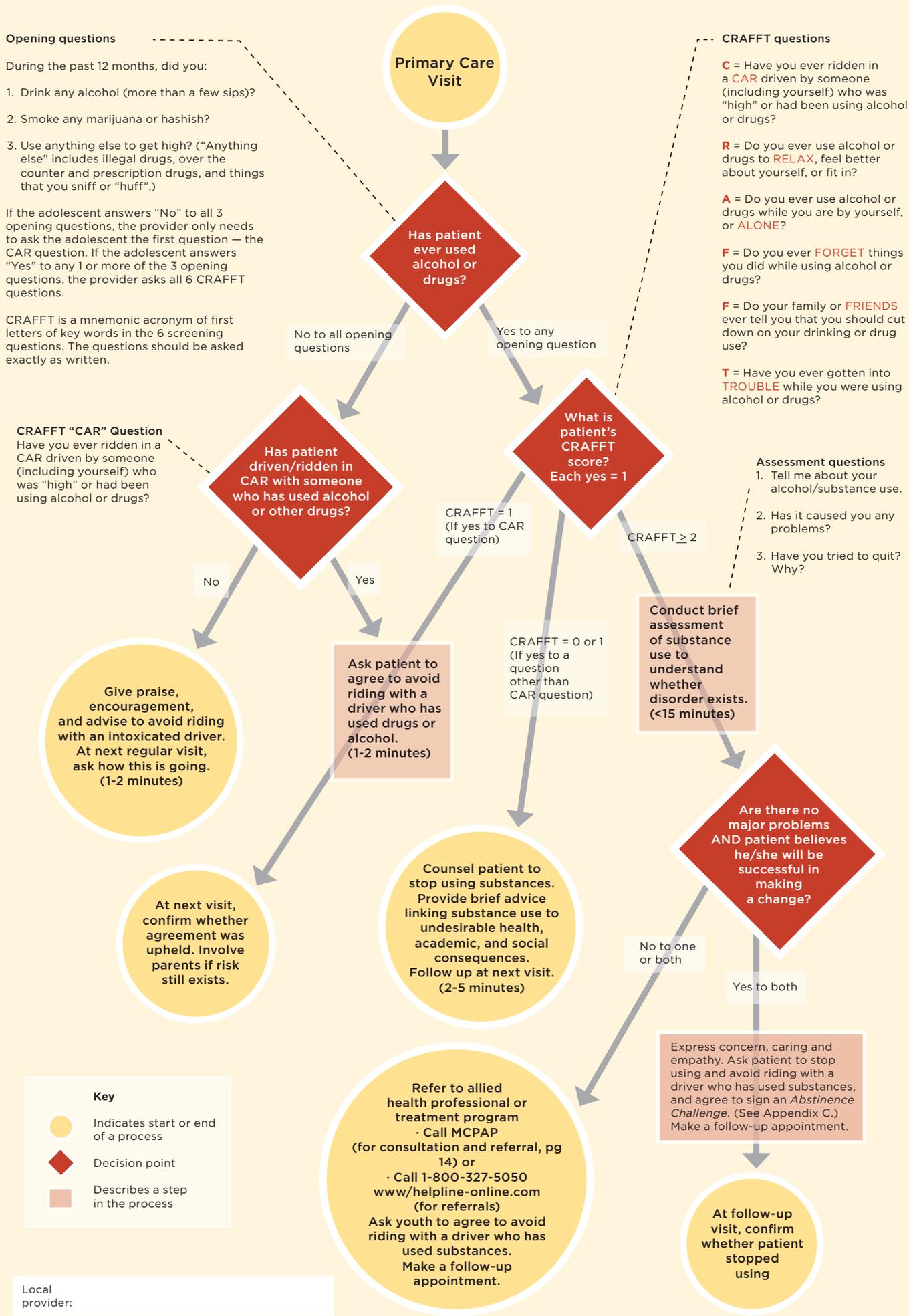
**T** = Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

**Assessment questions**

1. Tell me about your alcohol/substance use.
2. Has it caused you any problems?
3. Have you tried to quit? Why?

**CRAFFT "CAR" Question**

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



**Key**

- Indicates start or end of a process
- ◆ Decision point
- Describes a step in the process

Local provider:

