

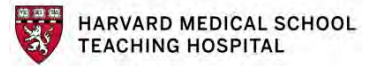
# The CRAFFT 2.1 Manual

The Center for Adolescent Behavioral Health Research (CABHRe)\*

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*\*formerly the Center for Adolescent Substance Abuse Research (CeASAR)*

“Making new discoveries in substance use prevention, identification,  
and treatment for children and adolescents”



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## INTRODUCTION

The CRAFFT 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. It is the most well-studied adolescent substance use screener available and has been shown to be valid for adolescents from diverse socioeconomic and racial/ethnic backgrounds. (You may view publications at this website: <http://crafft.org/about-the-crafft/#pubs>). It is recommended by the American Academy of Pediatrics' Bright Futures Guidelines for preventive care screenings and well-visits, the Center for Medicaid and CHIP Services' Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, and the National Institute of Alcohol Abuse and Alcoholism (NIAAA) Youth Screening Guide. The CRAFFT 2.1 is an updated version of the original CRAFFT, with revisions based on recent research regarding screening methods and validity.

### **Why universal screening of adolescents?**

Substance use usually begins during adolescence,<sup>1</sup> making prevention and early intervention programs that target this age group the logical way to reduce costs and gain productive years of life. Universal screening of adolescents is a promising strategy for identifying substance use before more serious problems develop, and primary care settings offer an excellent venue for screening, prevention, and early intervention. Greater than three in four adolescents see a primary care provider yearly, and have trusting, longitudinal relationships with their providers.<sup>2</sup> Moreover, routine primary care visits give providers and their patients an opportunity to have a private conversation and teachable moment about sensitive health topics. Recognizing this opportunity, the American Academy of Pediatrics recommends that all adolescents receive substance use screening as part of routine care.<sup>3</sup>

### **Why use a standardized screener validated for adolescents?**

Studies show that relying on non-validated screening questions or one's "gut" impressions can lead to underestimating the presence of adolescent substance use problems.<sup>4</sup> In addition, some screeners used with adults, such as the CAGE screener, have been shown to perform poorly among adolescents.<sup>5</sup>

## WHAT IS NEW IN THE CRAFFT 2.1?

The CRAFFT 2.1 now incorporates opening questions inquiring about the frequency of past-12-month use of alcohol or other substances, in place of the previous opening questions that asked “yes” or “no” questions about any past-12-month use.

### Previous Questions:

During the past 12 months, did you:	Yes	No
Drink any alcohol (more than a few sips)?		
Smoke any marijuana or hashish?		
Use anything else to get high?		

### New CRAFFT 2.1 Questions:

During the past 12 months, on how many days did you:	# of days
Drink more than a few sips of beer, wine or any drink containing <b>alcohol</b> ? Say “0” if none.	
Use any <b>marijuana</b> (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “ <b>synthetic marijuana</b> ” (like “K2,” “Spice”)? Say “0” if none.	
Use <b>anything else to get high</b> (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say “0” if none.	

A recent study examining the validity of the opening yes/no questions found relatively low sensitivity in identifying youth with any past-12-month alcohol or marijuana use (62% and 72%, respectively).<sup>6</sup> Research suggests that yes/no questions about sensitive topics may have greater potential for “motivated underreporting” and social desirability bias than questions that ask “how many” or “how often,” which implicitly convey an expectation of the behavior.<sup>7</sup> Therefore, we modified the opening questions to ask about past-12-month frequency (“on how many days”), and included the instruction “Say 0 if none” to normalize non-use. We then tested the validity of these questions in a screening study of adolescent primary care patients. Compared to the criterion standard of a research staff-administered confidential Timeline Follow-Back Interview, we found that the frequency questions had improved sensitivity in identifying adolescent alcohol and drug use (79% and 86%, respectively) compared with that found for the yes/no questions in the prior study.<sup>6</sup> For the opening questions, the highest sensitivity is preferred to avoid missing anyone who may be at risk.

## USING THE CRAFFT 2.1

### Which version of the CRAFFT 2.1 should I use?

There are two versions of the CRAFFT 2.1: a Clinician Interview and a Self-administered Questionnaire. Research has found that adolescents report greater comfort and likelihood of honesty with self-administered questionnaires in the waiting room (either electronically or on paper) compared to face-to-face interviews.<sup>8,9</sup> The self-administered version is also more time-efficient to administer than an interview.<sup>10</sup> Therefore, we recommend the use of the Self-administered Questionnaire (Appendix A) whenever possible, under conditions that protect patient privacy and confidentiality. The responses can then be used by the healthcare provider during the appointment to facilitate brief counseling.

To ensure confidentiality, some offices set aside a private corner of the waiting room for the patients to complete the screen pre-visit. Other offices find it more practical to have patients complete the screen in the exam room prior to their appointment with their clinician. The most important principle is to ensure that parents cannot see their children's responses, so that adolescents feel comfortable reporting honestly.

### How do I administer the CRAFFT 2.1?

If you choose to use the Self-administered Questionnaire (Appendix A), we recommend administering the questionnaire to youth on paper or on a tablet computer to complete on their own in a private place within the clinical office setting. The self-administered version begins with a statement about the confidentiality of their answers. The patient then follows the written instructions on how to complete the rest of the questionnaire.

If you choose to use the Clinician Interview (Appendix B), we recommend that the healthcare professional administer it verbally in a private setting with the patient (without parents/guardians present) to encourage honest answers. Screening with the CRAFFT 2.1 Clinician Interview should begin with a discussion of confidentiality. We suggest starting the interview with a statement similar to: "I am going to ask you a few questions that I ask all of my patients. Please be honest. All of your answers to these questions will be kept confidential. If I am concerned about your immediate safety, I will let you know so we can discuss further steps."

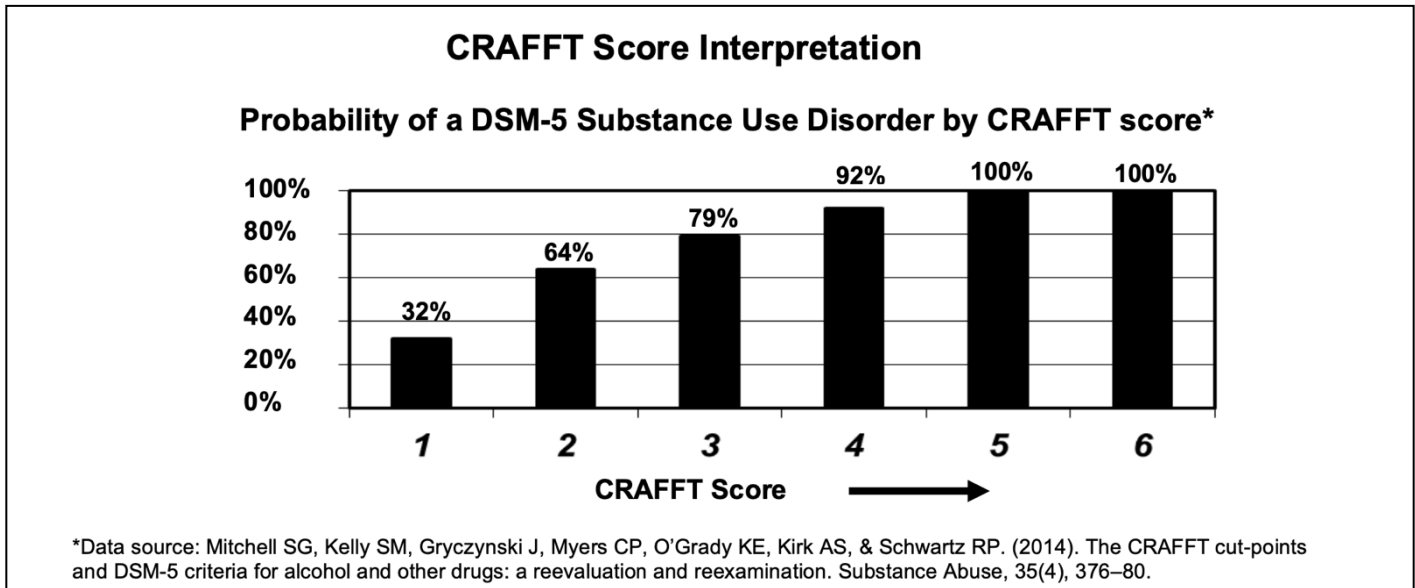
Next, ask the patient the three past-12-month frequency-of-use questions exactly as they are worded in Part A of the CRAFFT 2.1. If the patient answers "0" to all the opening frequency questions, ask the CAR question only. If the patient reports any days of use on any of the frequency questions, ask the full set of six CRAFFT questions.

IF	THEN
PART A has a “0” response for all frequency questions	Ask only the CAR question in PART B.
PART A has a “≥1” response on any frequency question	Ask all six CRAFFT questions in PART B.

## Determining the CRAFFT Score

Part B of the CRAFFT 2.1 remains the same as in the original CRAFFT screener, with the six items identified by the acronym CRAFFT, each letter standing for the first letter of the key word (Car, Relax, Alone, Forget, Family/Friends, Trouble) in each question. The CAR question, asked of all respondents, regardless of their substance use, is a safety risk screener. It assesses impaired driving or riding with an impaired driver, two leading causes of death for adolescents. The remaining five questions (RAFFT) assess substance-related problems. Each ‘Yes’ response equals one point, and total CRAFFT scores therefore range from 0-6. In our original validation study,<sup>11</sup> a score of >2 was found to be the optimal cut point for identifying a DSM-IV Substance Use Disorder (SUD) among adolescents ages 14-18 (sensitivity, or the percentage of those who truly have a diagnosable substance use disorder who are correctly identified = 80%; specificity, or the percentage of those who truly do NOT have a diagnosable substance use disorder who are correctly identified = 86%). We found the same optimal cut point in a subsequent study of adolescents ages 12-17 (sensitivity 88%; specificity 94%).<sup>10</sup> A study by Mitchell and colleagues evaluating the CRAFFT score relative to a DSM-5 SUD again found a score of >2 to be the optimal cut point among adolescents ages 12-17 (sensitivity/specificity for detecting any DSM-5 SUD 91%/93%; for detecting a moderate or severe SUD 88%/87%).<sup>12</sup> Two studies by Kelly and colleagues<sup>13,14</sup> examined the CRAFFT among 18- to 20-year-old emergency department patients and found the optimal cut point to be a score of >3 (sensitivity 82%; specificity 67%). Another recent study found an optimal cut point of 4 for alcohol screening among adults age 18-25 (sensitivity 81%; specificity 45%). Screening for cannabis use using this cut point yielded similar values (sensitivity 84%; specificity 49%). This research suggests that a higher cut point should be used for young adults age 18+ compared to youth younger than 18 years. Although specificity is rather low for the higher age groups, it is more important to have high sensitivity given that the CRAFFT is a screening tool whose purpose is to identify those who may require further assessment. Studies to date have given no indication that there should be different cut points by gender or race/ethnicity.

The bar chart below shows the positive predictive value (the percent of screen-positives that are true positives) of each CRAFFT score for identifying adolescents meeting DSM-5 criteria for a Substance Use Disorder.<sup>12</sup>



As shown by the rising bars, the CRAFFT has scale-like properties, with higher CRAFFT scores indicating a higher likelihood that the adolescent meets criteria for a DSM-5 Substance Use Disorder (SUD) of any level (mild, moderate, severe). CRAFFT scores of 4, 5, and 6 had 54%, 70%, and 100% positive predictive values, respectively, for identifying patients with a moderate or severe SUD.

This bar chart is included on the reverse side of the CRAFFT card and CRAFFT Interview form. This chart helps clinicians to interpret the CRAFFT total score. The X-axis displays CRAFFT scores of 1 through 6, while the bars show the corresponding probability of a patient meeting criteria for a DSM-5 SUD, which reflects the risk of recurrent problems related to use of alcohol and drugs.

## Determining Risk Level

The following table describes the criteria defining the risk level categories which can guide the providers' conversation with the patient based on the CRAFFT 2.1 screening results.

A "low risk" patient is defined as one that reports NO use in the 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 the past 12 months and YES to the CAR question,  
 ANY use in the past 12 months and CRAFFT score of 0 or 1

Youth are considered "high risk" if they report any use in the past 12 months and have a CRAFFT total score of 2 or more.

Risk Level	CRAFFT Score	Clinical Action
<b>LOW</b>	No use in past 12 months and CRAFFT score of 0	Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement
<b>MEDIUM</b>	No use in past 12 months and “Yes” to CAR question only OR Use in past 12 months and CRAFFT score < 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit
<b>HIGH</b>	Use in past 12 months and CRAFFT score ≥ 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; follow-up visit; possible referral to counseling/treatment

The following sections in this manual describe a framework for brief provider counseling (the 5 R’s) for each of these risk levels.



## BRIEF ADVICE/INTERVENTION

Delay of substance use by any amount during adolescence, a sensitive period for brain development, allows for unhindered brain maturation and reduces risk for addiction.<sup>15</sup> There is growing evidence that brief advice or intervention delivered by primary healthcare providers can delay or reduce adolescent substance use.<sup>16,17</sup> Interventions employing the techniques of motivational enhancement have shown particular promise in reducing adolescent substance use.<sup>17-20</sup> Provider counseling should be tailored based on adolescents' responses to the CRAFFT 2.1 screen.

### Low Risk

In brief, adolescents who report no use of alcohol or drugs in the past 12 months and respond "No" to the CAR question are considered low risk and should receive praise and encouragement. We recommend that providers give ALL of their adolescent patients and their parents, when present, a copy of either the Contract for Life (Adolescent/High School - Appendix C) or the Pledge for Life (College age - Appendix D), depending on whether or not the adolescent lives at home with his/her parent(s). The Contract for Life, developed by Students Against Drunk Driving (SADD), is designed to foster a conversation between teens and parents about substance use and driving/riding risks. Our center suggests that parents and teens make a plan for safe rides home. The Pledge for Life is designed for young adults 18+ to identify 'committed others' to help one another get home safely and avoid potentially dangerous situations associated with substance use.

### Medium Risk

Adolescents that report no days of alcohol or drug use in the past 12 months, but answer "Yes" to the CAR question should be engaged in discussion regarding the risks of riding with a driver who is under the influence of drugs and/or alcohol and of driving while they themselves are under the influence of the same.






Adolescents who report any alcohol or drug use in the past 12 months and have a CRAFFT score of 0 or 1, should be engaged in a brief conversation regarding the adverse health effects of substance use, along with a clear recommendation to stop. These adolescents should also be engaged in discussion regarding substance use-related riding/driving risks and be given the Contract or Pledge for Life.

### High Risk

If adolescents report alcohol or drug use in the past 12 months and answer "Yes" to at least two CRAFFT items, they are at high risk for having an alcohol or drug-related disorder (see graph above), thus requiring further assessment. A framework called the "5R's" offers a useful roadmap

for guiding the provider through the key components of an effective brief intervention, as shown below.

**The “5R’s”: Brief Counseling Talking Points**

	1. <b>REVIEW:</b> Screening Results
	2. <b>RECOMMEND:</b> Not to use
	3. <b>RIDING/DRIVING:</b> Risk Counseling
	4. <b>RESPONSE:</b> Elicit self-motivational statements
	5. <b>REINFORCE:</b> Self-efficacy

To view brief videos of clinicians demonstrating the “5Rs,” enter <https://vimeo.com/user13059611/review/141852688/c18aca5373> into your web browser. The following sections present exemplar cases that show how the 5 R’s approach can be used at each risk level.

## Exemplar Cases Using 5 R’s Approach for Brief Intervention

### Low Risk

**Scenario:** Adam is a 14 year old male who came in for his annual physical exam. His only concern is acne treatment. He has a history of ear infections as a child but otherwise no previous diagnoses. He has never been hospitalized and does not take any medications. Family history is significant for type 2 diabetes on paternal side of family.

Adam is a freshman at a private school. He lives at home with his parents and two younger siblings. He denies any stressors at school or at home and reports no problems with his mood. He reports no days of use to all of the opening questions and no to the CAR question. Based on his responses, he is classified as Low Risk.

### Sample Provider Script:

#### Introduction

- “Thank you for completing the questionnaire. I have reviewed your results and would like



to spend a minute talking with you about them. Would that be OK?

- Discuss confidentiality and its limits: “Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else’s safety.
- Should that happen, I will let you know, and you and I together will figure out what the next steps will be.”

**REVIEW:** Screening results from questionnaire

- “I’m glad you’re not drinking or using drugs; that’s a smart decision for your health. If it ever changes, I hope we can talk about it. I’m here to help keep you healthy, not to pass judgment.”

**RECOMMEND:** Not to use

- “As your doctor, my recommendation is that you continue not to use any alcohol, marijuana, or other drugs because they can...”
- Harm your developing brain.
- Interfere with learning.
- Put you in situations that are embarrassing, dangerous, or worse.

**RIDING/DRIVING:** Risk Counseling

- “Drug- and alcohol-related car crashes are a leading cause of death for adolescents”
- “For your safety:
  - Don’t ever get in a car with someone else who has been using drugs or drinking, even if that person doesn’t seem high or drunk.
  - Please don’t ever drive a car after drinking alcohol or using marijuana or other drugs, even if you don’t feel high or drunk.
  - Make arrangements ahead of time for safe transportation.”

**Give parent/patients handouts (Contract for Life or Pledge for Life based on patient age)**

- Contract for Life: “I give this to all my patients. Please take this home, have a family discussion about it, and make a plan for safe rides home.”
- Pledge for Life: “I give this to all my patients. Please take this home, have a discussion with your family and friends about being ‘committed others’ to ensure that you always get home safely.”

**RESPONSE:** Ask questions that elicit self-motivational statements

- “What would you say if someone asked you why you don’t use (marijuana, alcohol, or other drugs)?” (list substances they are not using)
- If patient mentions any of the negative effects discussed above, then respond: “That’s great. A message like that can help you and your friends make healthy choices in the future.”

**REINFORCE:** Self-efficacy

- “You have so much promise. I would hate to see alcohol or drugs get in the way of you



achieving your future goals and the things that you care about.”

- Personalize this with one of their own interests: “You could make captain of the soccer team!” or “You’ll make a great doctor.”

**Invite parent back at the end of visit (if present in waiting room):**

- “I talk to all of my teenage patients about the risks involved in alcohol and drug use.
- I have given Adam some handouts and I think it would be great for you to review this information as a family.”

## Medium Risk

**Scenario 1:** Neela is a 16 year old girl who comes in for her annual sports physical examination in order to participate on the tennis team. Neela is a junior at a local public school. She has a history of mild intermittent asthma. She has never been hospitalized, and has no history of surgeries, major injuries, or other diagnoses. Family history is positive for an older sister with depression. Her parents are divorced, and she lives with her mother and sister. She gets stressed with school work but denies depression, anxiety, or thoughts of wanting to hurt herself.

She reports no use to all opening questions – she denies that she has ever drank alcohol, denies ever smoking marijuana, and denies that she has used any other drugs to get high. She does answer positively to the CAR question – several months ago, she accompanied her father to a holiday party at a business associate’s house where he was drinking. She does not know how much he had to drink but it was “definitely more than a couple” of drinks. They reached home safely. She reports that this has never happened before. She has never discussed this incident with either her mother or father.

**Sample Provider Script:**

**Introduction**

- “Thank you for completing the questionnaire and for your honest answers. I have reviewed your results and wanted to spend a minute talking with you about them. Would that be OK?”
- Discuss confidentiality and its limits: “Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else’s safety. Should that happen, I will let you know, and you and I together will figure out what the next steps will be.”

**REVIEW:** Screening results from questionnaire

- “I’m glad you’re not drinking or using drugs; that’s a smart decision for your health.”

**RECOMMEND:** Not to use:



- “As your doctor, my recommendation is not to use any marijuana, alcohol, or other drugs because they can...”
- Harm your developing brain.
- Interfere with learning.
- Put you in situations that are embarrassing, dangerous, or worse.

**RIDING/DRIVING: Risk Counseling**

- “Can you tell me more about riding in car with someone who had been drinking?”
- “Drug and alcohol related car crashes are a leading cause of death for young people.”
- “For your safety:
- Don’t ever get in a car with someone else who has been using drugs or drinking, even if that person doesn’t seem high or drunk.
- Please don’t ever drive a car after drinking alcohol or using marijuana or other drugs, even if you don’t feel high or drunk.
- Make arrangements ahead of time for safe transportation.”

**When CAR risk is due to a driver that is a parent or other adult family member:**

- “Is anyone from your family here with you today? If so, I’d like to first talk with you but then at the end of visit, I would like to give this information to your parent. I do this with all of my patients, and I want to reassure you that I won’t mention our discussion.”

**Give patient the handout packet (Parent letter, Contract or Pledge for Life):**

- Contract for Life: “I give this to all my patients. Please take this home, have a family discussion about it, and make a plan for safe rides home.”
- Pledge for Life: “I give this to all my patients. Please take this home, have a discussion with your family and friends about being ‘committed others’ to ensure that you always get home safely.”

**RESPONSE: Elicit self-motivational statements**

- “What would you say if someone asked you why you don’t use (marijuana, alcohol, or other drugs)?” (list substances they are not using)
- If patient mentions any of the negative effects discussed above, then respond: “That’s great. A message like that to your friends could help them make healthy choices in the future.”

**REINFORCE: Self-efficacy:**

- “You have so much promise. I would hate to see alcohol or drugs get in the way of you achieving your future goals and the things that you care about.”
- Personalize this with one of their own interests: “You could make captain of the soccer team!” or “You’ll make a great doctor.”

- “If things ever change, I hope that you would trust me enough to talk about it. I’m here to help keep you healthy, not to pass judgment.”

**Invite parent back at the end of visit (if present in waiting room):**

- “I talk to all of my teenage patients about the risks involved in alcohol and drug use.
- I have given Neela some handouts and I think it would be great for you to review this information as a family.”

**Scenario 2:** Marcus is a 17 year old boy who comes into the office after injuring his ankle at football practice the day before. His past medical history is significant for an appendectomy at age 12, otherwise no past diagnoses.

During his screening, Marcus responds that he has been high on several occasions, but not at the time of this injury. He admits to trying alcohol in the past, but denies binge drinking. He has never used any drugs other than marijuana. The last time he used marijuana was about 4 months ago with friends. He says he does not like smoking during the football season. His CRAFFT score is zero. He is classified as medium risk based on his responses (past 12-month use, CRAFFT=0).

**Sample Provider Script:**

**Introduction**

- “Thank you for completing the questionnaire and answering the questions honestly. I have reviewed your results and wanted to spend a minute asking some additional questions. Would that be OK?”
- Discuss confidentiality and its limits: “Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else’s safety. Should that happen, I will let you know, and you and I together will figure out what the next steps will be.”

**REVIEW:** Screening results from questionnaire

- Review their use and consider assessing further: “How much do you usually use?”; “When did you last use?”
- “I see you haven’t used any substances in the past three months. That’s great! What changed?”

**RECOMMEND:** Not to use:

- “As your doctor, my recommendation is not to use any alcohol, marijuana or other drugs because they can...”
- Harm your developing brain.
- Interfere with learning.
- Put you in situations that are embarrassing, dangerous, or worse.

**RIDING/DRIVING: Risk Counseling**

- “Drug and alcohol related car crashes are a leading cause of death for young people.”
- “For your safety:
- Don’t ever get in a car with someone else who has been using drugs or drinking, even if that person doesn’t seem high or drunk.
- Please don’t ever drive a car after drinking alcohol or using marijuana or other drugs, even if you don’t feel high or drunk.
- Make arrangements ahead of time for safe transportation.”

**Give patient handout packet (parent letter, Contract or Pledge for Life):**

- Contract for Life: “I give this to all my patients. Please take this home, have a family discussion about it, and make a plan for safe rides home.”
- Pledge for Life: “I give this to all my patients. Please take this home, have a discussion with your family and friends about being ‘committed others’ to ensure that you always get home safely.”

**RESPONSE: Elicit self-motivational statements**

- “What would you say if someone tried to get you to use marijuana or alcohol during football season?”
- “That’s good! As you know drugs and alcohol can have negative consequences year-round, but they can be especially detrimental to your athletic ability and eligibility.”
- “What would you say if someone asked you why you don’t use (other substances)/ or why you don’t use anymore?” (list substances they are not using)
- If patient mentions any of the negative effects discussed above, then respond: “That’s great. A message like that to your friends could help them make healthy choices in the future.”

**REINFORCE: Self-efficacy:**

- “You have so much promise. I would hate to see alcohol or drugs get in the way of you achieving your future goals and the things that you care about.”
- Personalize this with one of their own interests: “You could make captain of the football team!” or “You have the potential to be a great leader.”

**Invite parent back at the end of visit (if present in waiting room):**

- “I talk to all of my teenage patients about the risks involved in alcohol and drug use.
- I have given Marcus some handouts and I think it would be great for you to review this information as a family.”

## High Risk

**Scenario:** Katie is a 17-year old girl who comes to the office to discuss emergency contraception. She reports that she was drunk at a party last night and had sex with a new male partner. She cannot remember if they used a condom. She is not currently on contraception; she used Plan B once in the past, about six months ago.

She is otherwise healthy with no significant past medical history. She is a senior in high school and is planning to attend college. She lives at home with her parents, and denies symptoms of depression or anxiety.

During her screening, she notes that she drinks alcohol and has tried marijuana but has never used other drugs. She answered yes to Relax, Forget, and Trouble questions giving her a CRAFFT score of 3. She admits that she has had several occasions where she has drunk in excess and been “wasted.” She was suspended for 2 days because she brought a bottle of vodka to a school football game. Her parents were upset and grounded her. She told them she would stop drinking, but continued to drink with friends. She says that she drinks less than her friends and does not think that her drinking is a problem. She is classified as high risk based on her responses (past 12 month use, CRAFFT=3).

### Sample Provider Script:

#### Introduction

- “Thank you for completing the questionnaire and answering the questions honestly.
- I have reviewed your results and wanted to spend a minute asking some additional questions. Would that be OK?”
- Discuss confidentiality and its limits: “Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else’s safety. Should that happen, I will let you know, and you and I together will figure out what the next steps will be.”

#### REVIEW: Screening results from questionnaire

Review their use and consider assessing further:

- “How much do you usually use?”
- “When did you last use?”
- “Tell me more about your drinking and marijuana use.”
- Review positive CRAFFT items: “Can you tell me more about that?”
- “Can you estimate the number of drinking days per month, the number of drinks in a day?”
- “How much time during the day (estimate number of minutes) or week do you spend smoking marijuana?”





**RECOMMEND:** Not to use

- “As your doctor, my recommendation is not to use any alcohol, marijuana or other drugs because they can...”
- Personalize it: get into risky situations such as having unprotected sex and getting suspended from school.
- Harm your developing brain.
- Interfere with learning.
- Put you in situations that are embarrassing, dangerous, or worse.

**RIDING/DRIVING:** Risk Counseling

- “Drug and alcohol related car crashes are a leading cause of death for young people.”
- “For your safety:
- Don’t ever get in a car with someone else who has been using drugs or drinking, even if that person doesn’t seem high or drunk.
- Please don’t ever drive a car after drinking alcohol or using marijuana or other drugs, even if you don’t feel high or drunk.
- Make arrangements ahead of time for safe transportation.”

**Give patient handout packet (Parent letter, Contract or Pledge for life):**

- Contract for Life: “I give this to all my patients. Please take this home, have a family discussion about it, and make a plan for safe rides home.”
- Pledge for Life: “I give this to all my patients. Please take this home, have a discussion with your family and friends about being ‘committed others’ to ensure that you always get home safely.”

**RESPONSE:** Elicit self-motivational statements

- “What would be some of the benefits of not using alcohol or drugs?”
- “Do you have any close friends who don’t use alcohol or drugs? Why do you think they are not using?”

**REINFORCE:** Self-efficacy

- “You have so much promise. I’m concerned that your alcohol and drug use will get in the way of you achieving the things you care about.”
- Personalize this with one of their interests: “You could become an amazing photographer!” or “You’d make a great teacher/scientist/psychologist.”
- Ask for a return visit: “I’d like you to come back in 2 to 4 weeks. Do you think you could not use until then?”
- If patient says “no” ask: “How would you feel about cutting down?” “Can you limit the number of days you use marijuana/drink alcohol?” “Can you postpone the time of the



day?" "Can you wait until after school?"

- If patient says they can't cut down say: "Would you give it some serious thought?"

**Invite parent back at the end of visit (if present in waiting room):**

- "I talk to all of my teenage patients about the risks involved in alcohol and drug use.
- I have given Katie some handouts and I think it would be great for you to review this information as a family."

**FOLLOW-UP VISIT:** All high risk patients will be asked to come back. During this follow-up visit, clinicians can review with patients their experience during the prior weeks and praise any progress, no matter how small. The clinician may also consider a referral to treatment.

- "So tell me about the last few weeks. How did it go with trying not to smoke marijuana/drink alcohol for a month?"
- Ask about challenges encountered and helpful change strategies (e.g., "What things helped you not to use?", "What things made it hard not to use?", "What strategies do you think could most help you to avoid use?")

**Do a final wrap-up:**

- "As you go forward, I really hope that you will make a strong effort to stay away from alcohol and other drugs.
- This is the best thing you can do for your health and for giving yourself the best chance for success in life. I hope you will take this advice from your doctor to heart."

**Note:** Prior to any screening program, professional teams should discuss and have plans in place to manage potentially difficult situations or to respond to a serious problem. Adolescents who have a moderate to severe substance use disorder, especially those having physiological dependence, often found with use of opioids, will need structured treatment and ongoing support and, in many cases, evaluation for medication-assisted treatment (e.g., Suboxone), which is only available in specialty care. Knowledge about, and relationships with, internal and external resources can help make referrals more manageable. Providers should develop connections with local outpatient substance use providers or treatment programs trained to administer a complete assessment, should such a service be needed. A sample consent form that will permit you and the treatment provider to communicate with each other can be found in Appendix H. This consent form references the special confidentiality laws that govern substance abuse information (please refer to page 22 for additional information on these guidelines).

## DIAGNOSING A SUBSTANCE USE DISORDER

### DSM-5 Symptoms

The DSM 5 allows clinicians to specify how severe the substance use disorder is, depending on number of symptoms identified<sup>21</sup>:

- Two or three symptoms indicate a mild substance use disorder,
- Four or five symptoms indicate moderate substance use disorder, and
- Six or more symptoms indicate severe substance use disorder.

### IMPAIRED CONTROL

- Taking the substance in larger amounts or for longer time than intended.
- Expressing desire to cut down or stop using the substance but not managing to change.
- Spending a great deal of time getting, using, or recovering from effects of the substance.
- Cravings, intense desire/urge to use the substance.

### SOCIAL IMPAIRMENT

- Recurrent use resulting in failure to fulfill role obligations at work, home, or school.
- Continued use, even when recurrent interpersonal/social problems are caused by use.
- Reduction or abandonment of important social, occupational, or recreational activities because of substance use; withdrawal from family, hobbies to use substance.

### RISKY USE

- Recurrent use even when it puts one in physical danger.
- Continued use, even knowing of psychological problem that could have been caused or made worse by the substance; continuing despite difficulty.

### PHARMACOLOGICAL CRITERIA (associated with but not required for SUD diagnosis)

- Tolerance\* - Needing more of the substance to get the same effect.
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.
- \*Tolerance to Medication-assisted Treatment is not considered to be a diagnostic symptom.

## CRAFFT 2.1+N (NICOTINE)

Use of tobacco products is the leading preventable cause of death in the United States. Prevention in the adolescent years is critical, as 90% of adult smokers begin smoking prior to 18 years of age, and 99% begin prior to age 26.<sup>22</sup> Furthermore, the onset of nicotine dependence can occur very rapidly. Lasting alterations in brain regions associated with nicotine addiction have been found to occur even after a brief period of exposure.<sup>23,24</sup> Reduced ability to resist smoking due to required effort or discomfort has been reported after only a few days of occasional use,<sup>25-28</sup> or even 1-2 cigarettes.<sup>29,30</sup> Brain changes caused by nicotine have also been shown to increase one's susceptibility to becoming addicted to other substances such as cocaine.<sup>31</sup> Thus, it is of vital importance to begin screening adolescents for nicotine use early. Current American Academy of Pediatrics Bright Futures guidelines for preventive pediatric health care ([https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)) recommend screening adolescents for nicotine use beginning at age 11.

To support efficient screening of adolescents for tobacco/nicotine use as part of the CRAFFT protocol we have created the CRAFFT 2.1+N, which adds the following question:

**During the past 12 months, on how many days did you:**

- Use a **vaping device\*** containing nicotine and/or flavors, or use any **tobacco products**<sup>†</sup>? Put "0" if none.

*\*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 a patient reports any days of tobacco or nicotine use, it is important to inquire about his/her method of use. While traditional cigarette use has decreased from 2011-2014, alternative modes of tobacco use, such as hookahs and electronic cigarettes (e-cigarettes or "pod mod" devices such as JUUL and Suorin), have increased.<sup>32</sup> E-cigarettes are battery-operated devices designed to deliver nicotine and other chemicals in the form of vapor, instead of smoke,<sup>33</sup> and may be filled with a variety of products such as nicotine, e-juices, and flavorings. They may also be filled with marijuana leaf, or cannabis and hash waxes, oils or concentrates, which is why it is important to ask more detailed follow-up questions. Use of electronic devices is also referred to as "vaping."

Although e-cigarettes are seen as a safer method of smoking compared to traditional cigarettes, and may be used to help a person quit smoking, they present harm for youth. E-cigarettes are attractive to teens because of their easy availability and their appealing marketing and flavors.<sup>33</sup> Although you can purchase some flavorings and e-juices that contain no nicotine, and 66% of teens report that their e-cigarettes contain "just flavoring,"<sup>34</sup> manufacturers are not required to list their ingredients, so teens may not be aware that they are inhaling nicotine. Of great concern is that e-cigarette use has been shown to increase youth risk for initiating use of traditional cigarettes and other tobacco products,<sup>35</sup>

thus potentially reversing the gains made in reducing tobacco cigarette smoking among youth. A useful resource for clinicians on how to address youth e-cigarette use and vaping is available here: [https://www.jahonline.org/article/S1054-139X\(19\)30508-7/fulltext](https://www.jahonline.org/article/S1054-139X(19)30508-7/fulltext)

### Scoring the CRAFFT 2.1+N

The CAR question should still be asked of ALL teens. The –RAFFT questions should ONLY be asked of those teens who report  $\geq 1$  day of alcohol or drug use. The Hooked on Nicotine Checklist (HONC)<sup>36,37</sup> should be a follow-up for teens who report  $\geq 1$  day of vaping or tobacco use (teens who ONLY report vaping/tobacco use should NOT be asked the –RAFFT questions). One or more “yes” items suggests a serious problem with nicotine that needs further assessment. The HONC is freely available here: <https://cancercontrol.cancer.gov/brp/tcrb/guide-measures/honc.html>

### 5 A’s Model of Tobacco Smoking Behavior Change Counseling

Given that adolescents trust the advice their physicians provide regarding avoidance and cessation of tobacco use,<sup>38,39</sup> the primary care setting has been a critical area of focus for research on prevention and intervention efforts.<sup>40,41</sup> Although this research has not yet resulted in a set of evidence-based guidelines designed specifically for adolescents, the Public Health Service has published a clinical practice guide, endorsed by the American Academy of Pediatrics, recommending brief counseling interventions modeled after those shown to be successful in adults.<sup>42</sup> This recommendation is based on the “5A’s Model”:

**ASK:** Ask about tobacco and other nicotine product use at every visit and, given the wide variety of tobacco/nicotine products being used today, clarify the specific types of products that are being used (e.g., smoked, smokeless, e-cigarettes, hookah, etc.).

**ADVISE:** Advise all users to cease using tobacco and nicotine products clearly and directly; personalize the risks of tobacco and the benefits of quitting.

**ASSESS:** Assess level of dependence, willingness to make a quit attempt, and confidence in ability to quit or initiate treatment.

**ASSIST:** Assist in quitting by providing resources, treatment, and ongoing support, customized to level of addiction and willingness to quit. This may include counseling involving motivational enhancement therapy interventions and/or pharmacological treatment (nicotine replacement therapies). Reinforce self-efficacy by expressing confidence in the adolescent’s ability to stop using tobacco products.

**ARRANGE:** Arrange short- and long-term follow-up contact and support for both those intending to attempt to quit and for those who are not yet ready to do so.

Some adolescents may express ambivalence or may not yet be ready to consider quitting for a variety of reasons. As mentioned previously, a brief intervention involving motivational interviewing techniques can be effective in encouraging adolescents to consider behavior change. A model designed to help adolescents identify their own potential motivation for quitting smoking is presented below:

**The 5R's Motivational Counseling for Adolescents Not Ready to Make a Quit Attempt<sup>41</sup>:**

**RELEVANCE:** Encourage the adolescent to talk about why quitting is personally important to him or her.

**RISKS:** Ask the adolescent to identify potential negative consequences of continued tobacco use, particularly more immediate risks that are most relevant to the individual, such as bad breath and smell, impaired sports performance, cough, dry hair and brittle nails, yellow teeth, premature aging, increased respiratory infections, and manipulation by the tobacco industry.

**REWARDS:** Ask the adolescent to identify potential benefits of quitting most relevant to him or her, such as saving money, improved appearance, performing better in physical activities, better smelling hair, breath, and clothing, and feeling better about herself or himself.

**ROADBLOCKS:** Ask the adolescent to identify barriers to quitting, such as withdrawal symptoms, being around other tobacco users, weight gain, lack of support, uncertainty regarding how to quit, and problem solve strategies to address the barriers.

**REPETITION:** Repeat each time the adolescent visits the clinical setting the importance of stopping tobacco use, reassuring him or her that most tobacco users make repeated quit attempts before being successful. Don't quit trying to quit!

**Resources:**

**TOBACCO QUITLINE:** Call 1-800-QUIT-NOW for FREE support. (1-800-784-8669)

**My Life My Quit program:** Freely available texting-based vaping cessation program for youth from National Jewish.



**Truth Initiative's This is Quitting:** Teens and young adults can text DITCHJUUL to 88709 to participate in a free, semi-interactive text service.

**SmokefreeTXT for Teens:** Teens 13-17 years old can text QUIT to 47848 for a 6-to-8 week text-based program designed to support quit efforts.

**QuitSTART app for teens:** Free smartphone app providing tips and motivation for quitting.

**Vaping Quit Plan Builder:** Web-based tool that generates a personalized quit plan.

In Spanish:

1-855-DEJELO-YA (1-855-335-3569)

In Asian languages:

Mandarin and Cantonese: 1-800-838-8917 Korean: 1-800-556-5564

Vietnamese: 1-800-778-8440

## MAINTAINING CONFIDENTIALITY AND PRIVACY WITH THE CRAFFT 2.1 AND CRAFFT 2.1+N

Clinicians involved in the care of patients with substance use issues need to be aware of federal confidentiality laws around the disclosure of information concerning drug and alcohol treatment. In the United States under the Code of Federal Regulations, the Federal Confidentiality of Alcohol and Drug Abuse Patient Records rules [42 CFR Part 2] protects the use and disclosure of medical records pertaining to alcohol and drug abuse prevention which includes the CRAFFT Screening Tool. 42 CFR Part 2 applies to any program that 1) involves substance abuse education, treatment, or prevention and 2) is regulated or assisted by the federal government (42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12). With limited exceptions\*, 42 CFR Part 2 requires patient consent, or the consent of a minor patient's parent, for disclosures of protected health information even for the purposes of treatment, payment, or health care operations. Consent for disclosure must be in writing.

Importantly, this release only applies to the care provider or organization named on the signed consent. The patient's information cannot be forwarded or re-released without a new, signed form naming additional care providers or recipients. This also applies when a primary care provider refers a patient for a substance use disorder evaluation or treatment. A consultation note cannot be shared without a signed formal 42 CFR Part 2 compliant release of information. Please see Appendix H for a Sample Release Form.

**For more information on Substance Abuse Confidentiality Regulations please visit:**

Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>

\*COVID-19 exemptions for 42 CFR Part 2 (March 19, 2020):

<https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

**Please Note:** Countries outside of the United States also have their own substance abuse confidentiality regulations. Please be advised to review your countries regulations and consult CABHRe at 617-355-5433 or [crafft@childrens.harvard.edu](mailto:crafft@childrens.harvard.edu).

**Importance of Privacy:**

Adolescents may not answer honestly if asked about sensitive topics when a parent is present. When administering a paper or computer-based CRAFFT 2.1, give it to the adolescent when s/he is not with parent(s)/guardian(s) and a private place is available for completion. The questionnaire should, at the





start, tell adolescents that their answers will be kept confidential. If administering it by interview, the questions should be asked and discussed during a portion of the visit when the parent has left the room. You can also ask parents directly to please leave the room for a few minutes so that you can have a brief confidential discussion with their adolescent.

In some cases, parents may not be willing to leave the room or allow the provider to interview the adolescent in private. (See Appendix G for information on laws and regulations regarding confidentiality.) For this reason, a written or computerized method may afford the greatest privacy. In many clinical settings, this will be a paper questionnaire which the adolescent can complete in private before seeing the provider, which is handed immediately to a clinic assistant who then places it in the clinic folder for provider review. A computerized questionnaire completed in a private place may also be an effective screening method, with the results given to the provider as a printout or accessed by the provider logging in to the computer.

When adolescents screen positive, providers may uncover information during a further assessment that presents a safety risk (e.g., injection drug use, other illegal activities, 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.

## HOW CAN I USE THE CRAFFT 2.1 OR CRAFFT 2.1+N IN MY PRACTICE?

The CRAFFT is copyright protected by Boston Children's Hospital; however, a goal of our center is to make the CRAFFT widely available to qualified clinicians. You do not need our permission to use the CRAFFT Questionnaire or Interview in your own practice, provided that questions are presented exactly as they appear in the copyrighted version. You do need to request approval to re-publish the CRAFFT in another print or electronic format. There is no fee for use or to request permission.

For more information on the CRAFFT, including how to order new laminated CRAFFT 2.1 pocket-cards, obtain CRAFFT 2.1 and CRAFFT 2.1+N translations, publications, or to view CRAFFT FAQ's from clinicians, please visit [www.crafft.org](http://www.crafft.org) or contact us at [crafft@childrens.harvard.edu](mailto:crafft@childrens.harvard.edu).

If you would like to reproduce the CRAFFT 2.1 into a publication, as a part of an electronic medical record, or you wish to use the CRAFFT 2.1 with slight alterations in style or text, we have a process to ensure that the CRAFFT stays as true to form as possible. Guidelines can be found here: <http://crafft.org/get-the-crafft/#repro>

Thank you for your interest in utilizing the CRAFFT 2.1 screening tool in your practice. With your help we can work to improve the health and well-being of youth now and in the future!

### **Integration in the Electronic Health Record**

The CRAFFT 2.1 screening questions may be integrated into electronic health record (EHR) templates. However, care should be taken to store the screening results in a way that protects adolescents' privacy and confidentiality. We recommend that you speak to your medical records department in advance about ensuring the confidentiality of positive screens in accordance with federal confidentiality rules (42 CFR Part 2). See Appendix G on Confidentiality for further information.

As an added safety precaution, we recommend that:

Adolescent patients complete the CRAFFT 2.1 or CRAFFT 2.1+N Screening tool in a confidential healthcare setting.

Adolescent patients completing the CRAFFT 2.1 or CRAFFT 2.1+N paper version do not write their names on the paper to protect confidentiality of the patient.

## RELIABILITY AND VALIDITY OF THE CRAFFT

The CRAFFT was first validated by the developers of the screener in 2002. Given a cut-off score of 2 or more, researchers found the CRAFFT to be highly sensitive (0.92) and having acceptable specificity (0.80) for dependence on alcohol or other drugs. In detecting any overall problem use, the CRAFFT was more specific (0.94) than it was sensitive (0.76).<sup>11</sup>

In the years since the CRAFFT was initially validated, several researchers have assessed the tool's predictive validity. The following table, which is adapted with permission from Lee et al., 2021, summarizes some of the key findings from the literature.<sup>11-13, 44-48</sup>

**Table 1:** Validity statistics for the CRAFFT screening tool

SOURCE	STUDY POPULATION	AGE (YEARS)	CRITERION STANDARD	SUBSTANCE USE	CUTOFF SCORE	SENSITIVITY	SPECIFICITY	AUC
KNIGHT, 2002	Hospital-based adolescent clinic patients	14-18	POSIT/ADI	Any problem*	≥2	0.76	0.94	
				Alcohol or drug abuse/Dependence	≥2	0.80	0.86	
				Dependence	≥2	0.92	0.80	
KNIGHT, 2007	PCP Patients	12-18	ADI	Any problem*	≥2	0.83	0.90	
				Alcohol/drug abuse/Dependence	≥2	0.68	0.93	
				Dependence	≥2	0.61	0.97	
KELLY, 2009	ER Patients	18-21	SCID	Alcohol abuse/Dependence	≥3	0.69	0.73	
SUBRAMANIAM, 2010	Prior to military enlistment in Singapore		CIDI	Alcohol abuse/Dependence	≥1	0.78	0.76	0.81
				Drug abuse/Dependence	≥1	0.71	0.74	0.77
MITCHELL, 2014	PCP Patients	12-17	CIDI	Problem Use	≥2	0.79	0.97	0.93
				Substance Use Disorder (SUD)	≥2	0.91	0.93	0.97
				Moderate-Severe SUD	≥2	0.88	0.87	0.95
D'AMICO, 2016	Community health clinic youth	12-18	DSM-5	Alcohol abuse/Dependence	≥2	0.98	0.73	
				Heavy alcohol use	≥2	0.81	0.84	
				Cannabis abuse/Dependence	≥2	0.88	0.80	
				Heavy cannabis use	≥2	0.84	0.83	
SHENOI, 2019	Pediatric ERs	12-17	DISC	Problematic substance use	≥2	0.88	0.94	0.93
				Mild substance use disorder (SUD)	≥2	0.84	0.93	0.90
				Moderate/severe SUD	≥2	1.0	0.92	0.98
LEE, 2021	Illinois Youth Survey (IYS) respondents	13-19	Self-Report 30-day Marijuana Frequency	Heavy cannabis use	≥2	0.82	0.84	0.88

\*Any problem = problem use, abuse, or dependence

DISC = Diagnostic Interview Schedule for Children

DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

CIDI = Composite International Diagnostic Interview

SCID = Structured Interview for Substance Use Disorders

ADI = Adolescent Diagnostic Interview

POSIT = Problem Oriented Screening Instrument for Teenagers

CRAFFT developers initially identified a standardized  $\alpha$  of .68 and studies over the past 15 years of the reliability of the CRAFFT have reported internal consistency ranging from 0.67 to 0.85 ( $M = 0.74$ ).<sup>11, 49-51</sup> Test-retest reliability has proven to be fair (0.77) to excellent (0.98) ( $M = 0.88$ ).<sup>49,51-53</sup> Concurrent validity testing of the CRAFFT indicates a significant association between baseline CRAFFT scores and DSM-5 substance use categories at baseline, 1-, 2-, and 3-year follow up ( $p < 0.001$ ).<sup>45</sup>



As one of the most widely used adolescent/young adult substance use screening tools in the world, researchers continue to examine the CRAFFT in a variety of settings and populations. While the 2002 validation study sampled adolescents receiving routine care in Boston, Massachusetts, emergent studies have tested the tool with youth involved with the justice system<sup>54</sup>, youth with HIV<sup>55</sup>, teens seeking treatment in pediatric emergency departments<sup>45</sup>, and American-Indian and Alaska-Native adolescents<sup>56</sup>. The CRAFFT has also been studied in adolescents in Argentina<sup>57</sup>, Nigeria<sup>51</sup>, Norway<sup>58</sup>, Singapore<sup>47</sup>, South Africa<sup>50</sup>, Sweden<sup>49</sup>, and Turkey<sup>59</sup>. Among these diverse samples, the CRAFFT was found to be an acceptable tool for detecting problematic substance use.

To stay up to date with the literature, visit the CRAFFT website, which features an up-to-date bibliography of internal and external research at [www.crafft.org/about-the-crafft/#pubs](http://www.crafft.org/about-the-crafft/#pubs).

## **WHAT LANGUAGE(S) IS THE CRAFFT AVAILABLE IN?**

Albanian, Arabic, Burmese, Chinese-Simplified, Chinese-Traditional, Cape Verdean Creole, Haitian Creole, Dutch, English, French, German, Hindi, Japanese, Khmer, Korean, Laotian, Lithuanian, Nepali, Portuguese (Brazil), Portuguese (Portugal), Romanian, Russian, Somali, Spanish (LatAm), Spanish (Spain), Swahili, Telugu, Turkish, Twi, and Vietnamese.

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## APPENDIX A: CRAFFT 2.1 – Self-Administered

### The CRAFFT Questionnaire (version 2.1)

To be completed by patient

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

**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 <b>alcohol</b> ? Put "0" if none.	<input style="width: 100px; height: 20px;" type="text"/> # of days
2. Use any <b>marijuana</b> (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or " <b>synthetic marijuana</b> " (like "K2," "Spice")? Put "0" if none.	<input style="width: 100px; height: 20px;" type="text"/> # of days
3. Use <b>anything else to get high</b> (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	<input style="width: 100px; height: 20px;" type="text"/> # of days

**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

	<b>Circle one</b>	
	<b>No</b>	<b>Yes</b>
4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	Yes
6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	No	Yes
7. Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

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## APPENDIX B: CRAFFT 2.1 – Clinician Interview

### 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.

  
# 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

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

Yes



No



Ask 1<sup>st</sup> 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

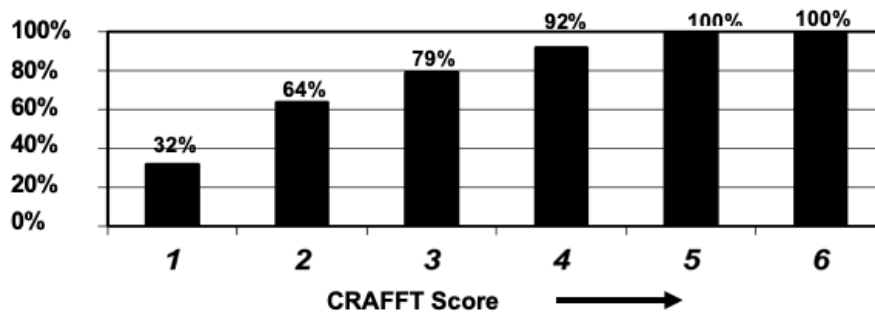
**\*Two or more YES answers in Part B suggests a serious problem that needs further assessment. See back for further instructions →**

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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](http://www.crafft.org/contract)

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## APPENDIX C: CRAFFT 2.1+N – Self-Administered

### The CRAFFT+N Questionnaire

To be completed by patient

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

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 <b>alcohol</b> ? Put “0” if none.   | <input style="width: 100px; height: 20px;" type="text"/><br># of days |
| 2. Use any <b>marijuana</b> (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “ <b>synthetic marijuana</b> ” (like “K2,” “Spice”)? Put “0” if none.  | <input style="width: 100px; height: 20px;" type="text"/><br># of days |
| 3. Use <b>anything else to get high</b> (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put “0” if none.  | <input style="width: 100px; height: 20px;" type="text"/><br># of days |
| 4. Use a <b>vaping device* containing nicotine and/or flavors</b> , or use any <b>tobacco products†</b> ? Put “0” if none.<br><small>*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.</small> | <input style="width: 100px; height: 20px;" type="text"/><br># of days |

**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

- If you put “0” in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put “1” or more for **Questions 1, 2, or 3** above, ANSWER QUESTIONS 5-10 BELOW.
- If you put “1” or more for **Question 4** above, ANSWER ALL QUESTIONS ON BACK PAGE.

**Circle one**

- |  |           |            |
|--|-----------|------------|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | <b>No</b> | <b>Yes</b> |
| 6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | <b>No</b> | <b>Yes</b> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?   | <b>No</b> | <b>Yes</b> |
| 8. Do you ever FORGET things you did while using alcohol or drugs?   | <b>No</b> | <b>Yes</b> |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | <b>No</b> | <b>Yes</b> |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?   | <b>No</b> | <b>Yes</b> |

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The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products\***. Circle your answer for each question.

	<b>Circle one</b>	
	<b>Yes</b>	<b>No</b>
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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## APPENDIX D: CRAFFT 2.1+N – Clinician Interview

### The CRAFFT+N Interview

To be verbally administered by the clinician

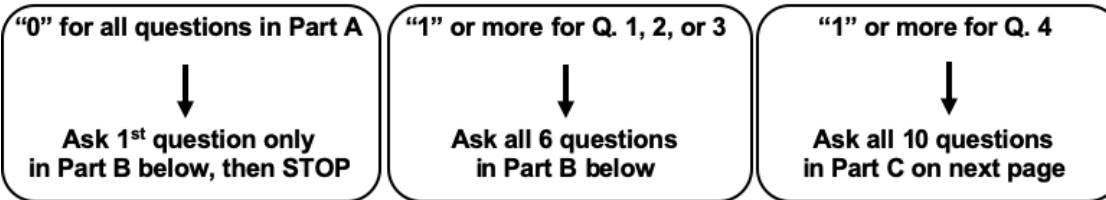
**Begin:** “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

#### 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 or flavors, or use any tobacco products†? Say “0” if none. <small>*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.</small>	<input type="text"/>
	# of days

#### If the patient answered...



#### Part B

Circle one

<b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<b>No</b>	<b>Yes</b>
<b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?	<b>No</b>	<b>Yes</b>
<b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?	<b>No</b>	<b>Yes</b>
<b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	<b>No</b>	<b>Yes</b>
<b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?	<b>No</b>	<b>Yes</b>
<b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?	<b>No</b>	<b>Yes</b>

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**.\*”*

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

**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.

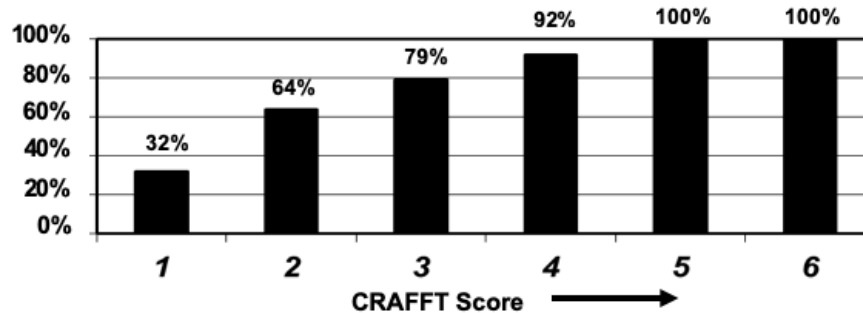
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## CRAFFT Score Interpretation

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.



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



- RECOMMEND** not to use  
*"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, 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."*



- 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."*



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



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

**Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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[crafft@childrens.harvard.edu](mailto:crafft@childrens.harvard.edu) [www.crafft.org](http://www.crafft.org)

For more information and versions in other languages, see [www.crafft.org](http://www.crafft.org).

## APPENDIX E: Contract for Life

# CONTRACT FOR LIFE

## 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)

## APPENDIX F: Pledge for Life

# PLEDGE FOR LIFE

*A Foundation of Trust and Caring for Young Adults*

This Pledge is designed to prompt a conversation between you and your close friends or family about keeping everyone safe and avoiding harmful situations.

**I RECOGNIZE** that there are many potentially dangerous decisions that I might face.

**I WILL** do everything in my power to avoid putting myself in situations that could jeopardize my health, my safety, my overall well-being, or that of others.

**I PLEDGE MY BEST EFFORTS TO...**

1. Never drive under the influence of alcohol or other drugs or ride with a driver under the influence of alcohol or drugs.
2. Call a committed other or reputable ride service for safe transportation home if I am under the influence of any substance or my ride home is using alcohol or drugs.
3. Avoid going alone into potentially unsafe environments or walking home alone after a night out.
4. Designate a committed other to look out for my health and safety and communicate with me about the dangerous decisions I may face.

*my signature* \_\_\_\_\_

### COMMITTED OTHER(S)

**I AGREE** to meet you and assist you in getting home safely. I will postpone any discussion about these situations until the next day when it can be done calmly.

*signature of committed other* \_\_\_\_\_ (optional)

*signature of committed other* \_\_\_\_\_ (optional)

*signature of committed other* \_\_\_\_\_ (optional)



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Modified from "The Contract for Life" created by Students Against Destructive Decisions (SADD). Please visit their website for more information about their organization. [www.sadd.org](http://www.sadd.org)

## APPENDIX G: Confidentiality

### Confidentiality of Health Information

**This appendix is provided as a general reference only and should not be considered legal advice. Physicians and other providers should consult legal counsel concerning specific questions and for further clarification.**

The following are highlights of relevant federal laws that govern the confidentiality of personal health information related to adolescent substance abuse treatment in pediatric primary care settings. This appendix should not be considered legal advice. For questions or further clarification, clinicians should consult legal counsel.

Federal and state laws provide important protections of personal medical information to patients, regardless of age, including health information related to substance abuse and mental health treatment. Generally these laws require that patients or their parents or guardians must authorize the sharing of protected health information for purposes other than treatment. In addition, when providers are authorized to share protected health information, these laws limit what can be shared to the minimum amount of information necessary for the intended use or disclosure of the information. Finally, federal and state laws typically impose stronger protections for health information concerning substance abuse and mental health treatment as well as special provisions for sharing health information related to minors.

#### 42 CFR Part 2

Under the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law, which is implemented by regulations commonly known as “Part 2,” patients receiving substance abuse treatment from alcohol and drug treatment programs are protected by strict confidentiality rules. Specifically, the law prohibits disclosing and using drug and alcohol use records maintained by any federally assisted alcohol and drug use program without a patient’s specific consent. (See 42 C.F.R. § 2.12) However, 42 CFR Part 2 only applies to alcohol and drug treatment “programs” that are both “federally assisted” and meet specific definitions of a program under 42 C.F.R. §2.11. Most primary care practices will not be considered “substance use programs,” subject to 42 CFR Part 2 regulations; however you should consult with counsel concerning your status. (For a more comprehensive discussion of when a primary care provider might be considered a “federally assisted program” for purposes of Part 2, see question 10 of “Applying the Substance Abuse Confidentiality Regulations – Frequently Asked Questions” at [samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs](https://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs) by the Substance Abuse and Mental Health Services Administration (SAMHSA). For exemptions to 42 CFR Part 2 due to the COVID-19 public health emergency, visit SAMHSA’s statement at <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>.)

Adolescent SBIRT Services and 42 CFR Part 2: SBIRT services would be subject to Part 2’s strict consent requirement only if the entity conducting the SBIRT activities is a federally assisted “program” as defined in the regulations. (See question 11 of “Applying the Substance Abuse Confidentiality Regulations – Frequently Asked Questions” at [samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs](https://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs) by SAMHSA.) Very few primary care providers meet the definition of a “federally assisted program” under Part 2.

PCPs who provide SBIRT services but who are not considered a federally assisted “program” under Part 2 must abide by the confidentiality protections of the HIPAA Privacy rule (see below).

## HIPAA Privacy Rule

As you know, primary care physicians are required by the HIPAA Privacy Rule to protect the confidentiality of their patient's health information and prohibited from disclosing their health information without their prior written authorization. Providers should contact their facility's privacy officer if they have questions about the applicability of HIPAA. Important exceptions to the rule prohibiting disclosure are included in the law. Specifically, HIPAA permits uses and disclosures of health information for "treatment, payment, and health care operations" as well as certain other disclosures *without* the individual's prior written authorization. Disclosures not otherwise specifically permitted or required by the HIPAA Privacy Rule must have an authorization that meets certain requirements. With certain exceptions, the Privacy Rule generally requires that uses and disclosures of health information be the minimum necessary for the intended purpose of the use or disclosure.

Adolescent SBIRT Services and the HIPAA Privacy Rule: Under HIPAA's Privacy Rule, primary care physicians are permitted to disclose an adolescent's health information to other health care providers, including information related to a substance use disorder, *without the authorization* of the patient or the patient's parents for purposes of "treatment, payment, and health care operations." HIPAA's Privacy Rule defines "treatment" as "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another." (45 C.F.R. § 164.501)

Under HIPAA's Privacy Rule, physicians are also permitted to disclose health information to third party payers. In turn, health information that is transmitted to third party payers may be shared with a parent of a dependent child covered by the parent's health insurance policy (see 45 C.F.R. § 164.506). Therefore in situations where an adolescent patient prefers not to disclose substance use information to a parent, **primary care providers should be aware that their patient's substance use information may ultimately be shared with the parent if the adolescent is covered by their parent's health insurance policy.**

## APPENDIX H: Consent

### Sample Consent Form

Please see the sample consent form for release of drug and alcohol-related information below. This signed form will permit the primary care physician to release information to a treatment facility, for example, and for the treatment facility to share information with the primary care physician (two consent forms would be required here). Both the youth and the parent should sign it if the patient is a minor.

**This Appendix is provided as a general reference only and should not be considered legal advice. Physicians and other providers should consult legal counsel concerning specific questions and for further clarification.**

### 42 CFR PART 2 CONSENT TO DISCLOSURE OF INFORMATION THAT IS PROTECTED BY FEDERAL LAW

Clinicians involved in the care of patients with substance use issues need to be aware of federal confidentiality laws around the disclosure of information concerning drug and alcohol treatment, specifically 42 CFR Part 2. Substance use history, assessment, laboratory data and treatment plans can only be released if a patient, or a minor patient's parent, signs a specialized 42 CFR Part 2 compliant release form. Importantly, this release only applies to the person or organization named on the signed consent. The patient's information cannot be forwarded or re-released without a new, signed form naming additional care providers or recipients. This also applies when a primary care provider refers a patient for a substance abuse evaluation or treatment. A consultation note cannot be shared without a signed formal 42 CFR Part 2 compliant release of [information](#).

#### INSTRUCTIONS:

1. Complete this line in the patient's or minor patient's parent's name.
2. Fill in the name, address and phone number of the clinician who is being granted permission by the patient or minor patient's parent to release the specified protected health information.
3. Fill in the name, address and phone number of the individual, clinician or organization who is granted permission by the patient or minor patient's parent to receive the specified protected health information.
4. Please specify the specific protected health information that is covered under this release.
5. Indicate the date upon which this release will expire and after which the clinician named in #2 will no longer have permission to release the specified protected health information.
6. Please sign and date the Release Form.

## 42 CFR PART 2 CONSENT TO DISCLOSURE OF INFORMATION THAT IS PROTECTED BY FEDERAL LAW

YOU MAY NOT RE-RELEASE THIS INFORMATION TO ANY OTHER PARTY WITHOUT ADDITIONAL SIGNED PERMISSION FROM THE PATIENT OR PARENT WHO AUTHORIZED THE INITIAL DISCLOSURE TO YOU.

1. I, \_\_\_\_\_  
(print or type name)

HEREBY CONSENT TO THE DISCLOSURE HEREINAFTER DESCRIBED AND AUTHORIZE THAT IT BE MADE.

2. DISCLOSURE IS TO BE MADE BY: (name, address and telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. DISCLOSURE IS TO BE MADE TO: (name, address and telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. THE DISCLOSURE CONSISTS OF THE FOLLOWING INFORMATION CONCERNING THE UNDERSIGNED/THE UNDERSIGNED'S MINOR CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. THIS CONSENT WILL TERMINATE UPON THE FOLLOWING DATE, EVENT, OR CONDITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. THIS CONSENT IS SIGNED ON: (Date) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED/TYPED NAME \_\_\_\_\_