



DATA BRIEF

**Verbal Screenings for Alcohol and Substance Use in
Massachusetts Public Schools: 2018-2019 School Year**

AUGUST 2025

I. Introduction

As part of its response to the opioid epidemic, the Massachusetts Legislature enacted a law in 2016 requiring public schools to conduct annual screenings of students for substance use disorder (An Act Relative To Substance Use, Treatment, Education And Prevention, 2016). The law requires that schools use a verbal screening tool and administer the screening to students in two grade levels, with the choice of grades based on recommendations made by the Department of Public Health (DPH) and the Department of Elementary and Secondary Education (DESE). DPH recommends that each school district select the grades to be screened by reviewing district-level data to determine age of substance use initiation in the local school-age population. Schools usually select one middle school grade and one high school grade for screening. The law was enacted in 2016, and the first statewide screening took place during the 2017-2018 school year. This report summarizes the findings from the screening performed during the 2018-2019 school year.

DPH and DESE selected the CRAFFT II Screening Interview as the verbal screening tool that Massachusetts schools would use with their students during the 2018-2019 school year. This tool was selected because it could be administered quickly and efficiently to a large number of students, has been validated against traditional diagnostic procedures in hospital-based adolescent clinics (Knight et al., 2002), was recognized by MassHealth for use in school screenings, has been validated for use with youth from ages 12-21 (Center for Adolescent Behavioral Health Research (CABHRe), 2021) and was identified by the American Academy of Pediatrics as a useful screening tool (Hagan, J.F., Shaw, J.S., and Duncan, P.M., 2017). In addition, DPH and DESE received permission from the tool authors at Boston Children's Hospital to revise the tool and add questions specific to substance use by youth in Massachusetts.¹ The tool has two parts. Part A asks about students' use of substances (alcohol, marijuana, and other drugs) and about their misuse of prescription drugs in the past 12 months, and Part B asks about specific situations of use, including if students had ever been in a vehicle operated by someone who was high or using substances.

School staff are required to register for an introductory training in Screening, Brief Intervention, and Referral for Treatment (SBIRT), an approach that emphasizes screening and early intervention for those who are at risk of developing a substance use disorder.² The SBIRT procedure includes a structured conversation between a trained school professional and a student in order to build a trusting relationship around behavior related to substance use. Training is offered every year by the School Health Institute for Education and Leadership Development, although the length and content of the training may vary from year to year. The training provides instruction in using the CRAFFT II screening tool, developing SBIRT plans and procedures, scoring the results, using brief interventions, and making referrals. In addition to the required introductory training, optional trainings are available for staff who want to enhance their SBIRT skills. These trainings include topics such as conducting motivational interviews, reinforcing healthy behaviors, and having supportive conversations about substance use.³

Responses to the screening questions were recorded using a spreadsheet-based data collection tool that was designed for recording the results of SBIRT administrations in schools. Since the screenings are face-to-face encounters, the school staff member administering the screening is aware of the

¹ Center for Adolescent Behavioral Health Research (CABHRe), Boston Children's Hospital.

² Information about SBIRT in Schools can be found at <https://www.masbirt.org/schools>.

³ The most recent version of the introductory training is described here: <https://cme.bu.edu/shield.bu.edu/content/sbirt-schools-0#group-tabs-node-course-default1>. Additional SBIRT-related training is available through MASBIRT: <https://masbirt.org/courses/>.

results, but the written record of the encounter does not include anything that could identify the student. These data files were then submitted to DPH for analysis.

II. Results

A. School district and student participation

Two-hundred and twenty-two of Massachusetts public school districts with students enrolled in grades 7-12 participated in the screening and submitted their screening results to DPH. Many districts screened all or nearly all of the students in the grades selected for screening. Screening was administered to 95,327 students.

Some students in participating districts were not screened because they or their parents opted out. 2.2% of students opted out and 3.2% of parents opted out.

Table 1: Participation in Screening, Brief Intervention, and Referral for Treatment (SBIRT) screening (Massachusetts, 2018-2019 school year)

School district participation	Number (n)	Percent of districts (%)
School districts with any enrollment in grades 7-12	273	100%
School district response rate	222	81.3%
Student participation	Number (n)	Percent of students offered a screening (%)
Students offered a screening	100,764	100.0%
<i>Student opt-outs</i>	2,253	2.2%
<i>Parent opt-outs</i>	3,184	3.2%
Total Opt-outs	5,437	5.4%
Number screened	95,327	94.6%

Notes:

1. School district: In Massachusetts, school districts are structured in a wide variety of ways, with many not fitting the traditional K-12 model. The grades taught in elementary, middle, and high schools are not uniform across the state. Some elementary schools include grades 7 and 8, which are grades that are eligible for SBIRT screening, and as a result those elementary schools are included in the analysis. Small cities and towns often send their middle and high school students to a large regional school that is managed as a separate district, although the elementary school students from those cities and towns are usually sent to a small, local school that is not part of the regional district. For purposes of this analysis, the entire group of schools is treated as if it were a single consolidated school district. Collaboratives, charter schools, and virtual schools are not counted as districts because they function in ways that differ from other publicly-funded schools, but if they submitted SBIRT data using the DPH-provided data tool, their data were included in this report.
2. School district response rate: School districts submitted data using the SBIRT data reporting tool that DPH developed and distributed to schools. A school district that did not submit data using this tool was not counted as a participating district.
3. Students offered a screening: Includes students who completed the screening as well as students who were offered a chance to be screened but did not complete the screening because the student or parent opted out. It does not include students who were eligible for screening but were not offered a chance to be screened due to limited school resources. Schools did not report which

grades they might have screened or the number of students they might have screened if they had had additional resources. An opt-out may be recorded for either the parent or the student, but not both.

B. Student demographics

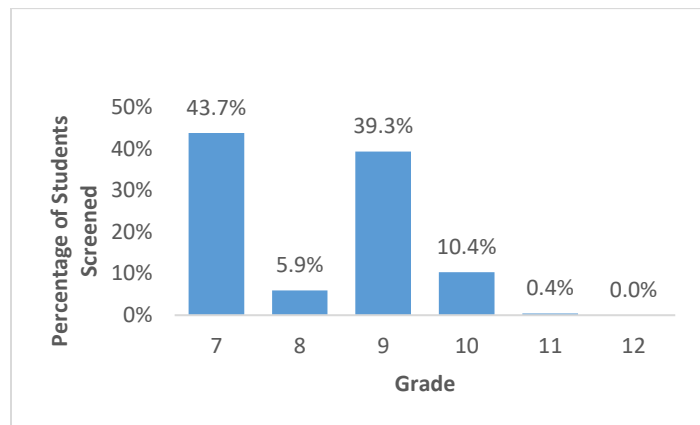
The grades that school districts selected most often for screening were grades 7 and 9 (Table 2 and Figure 1).⁴ These two grades accounted for 83% of the total number of students screened. Less than 1% of the assessments were conducted in Grade 11 and zero assessments were conducted in Grade 12, therefore those results are not shown in the remaining sections of this report.

Table 2: Students screened using SBIRT, by grade, Massachusetts, 2018-2019

Grade	Age (Typical)	Number screened
7	12--13	41,703
8	13--14	5,659
9	14--15	37,450
10	15--16	9,881
11	16--17	379
12	17--18	0
7-12 Total		95,072

Note: Grade was not reported for 255 of the 95,327 students screened.

Figure 1: Grade distribution of students screened using SBIRT, Massachusetts, 2018-2019 (N=95,327)

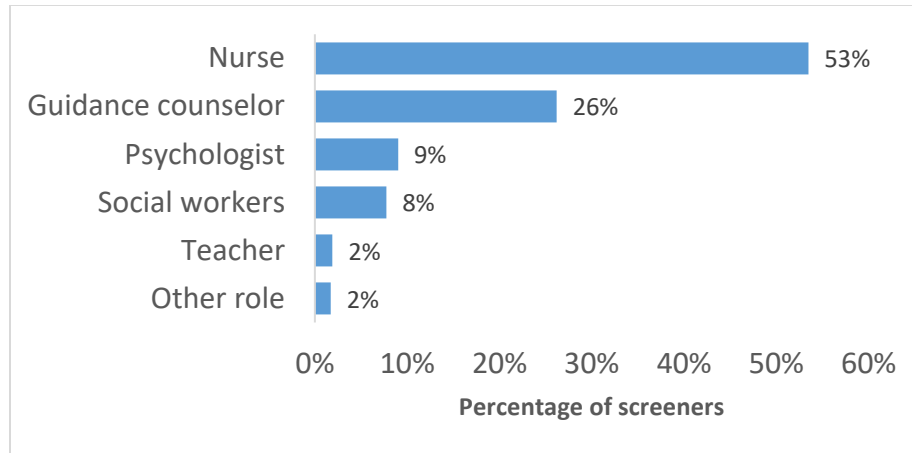


C. Role of staff doing assessments

School nurses and guidance counselors administered about 80% of the screenings (Figure 2), with the remaining screenings performed by social workers, psychologists, teachers, and other staff.

⁴ The 2017-2018 SBIRT data brief showed that “age” and “grade” provide nearly equivalent information. As such, we are reporting the results only by “grade.” <https://www.mass.gov/doc/data-brief-sbirt-fy18/download>

Figure 2: Position of staff administering in-school SBIRT, Massachusetts, 2018-2019 (N=91,857)

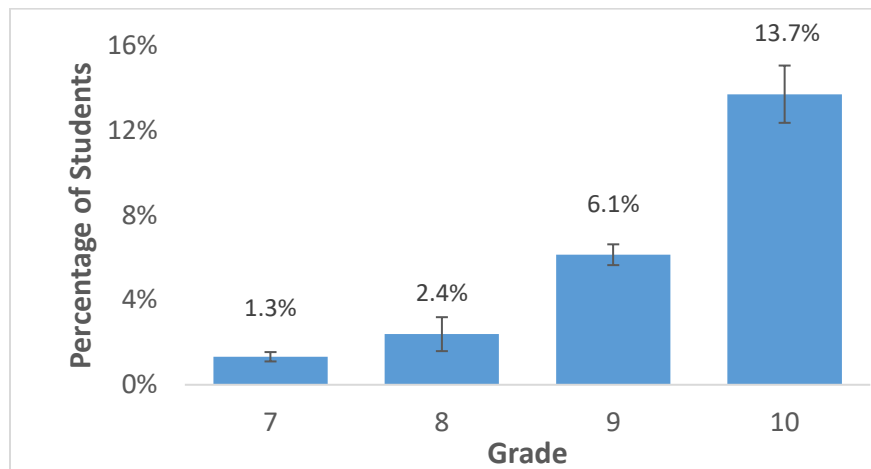


*Note: Data on *staff role* was not available for 3,470 screenings.

D. Alcohol and Substance Use Rates

Alcohol use is more common than marijuana use at every grade level. Additionally, reported substance use increased as students advanced through the grade levels. The error bars on the charts indicate the 95% confidence interval around each estimate. See Figures 3 and 4 below.

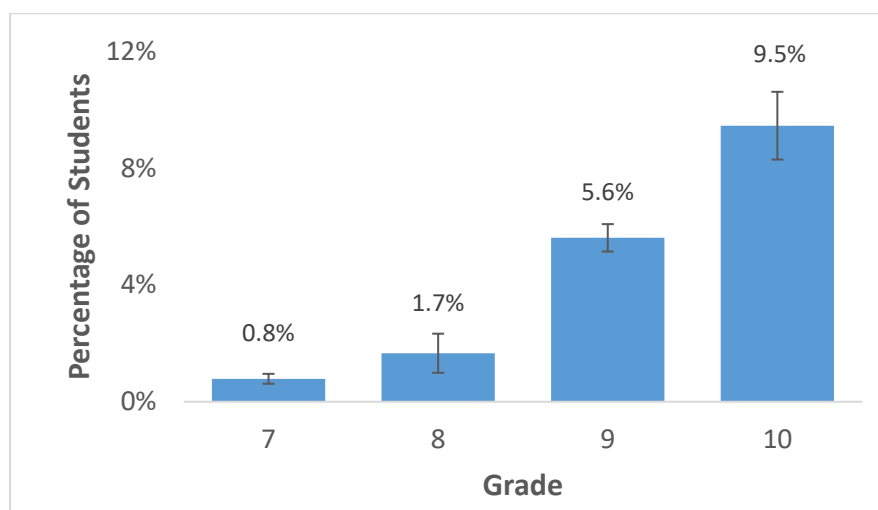
Figure 3: Prior 12-month alcohol use by grade, Massachusetts, 2018-2019



	Grade			
	7	8	9	10
Number screened	41,702	5,659	37,448	9,881

Error bars indicate the 95% confidence interval.

Figure 4: Prior 12-month marijuana or synthetic marijuana use, by grade, Massachusetts, 2018-2019

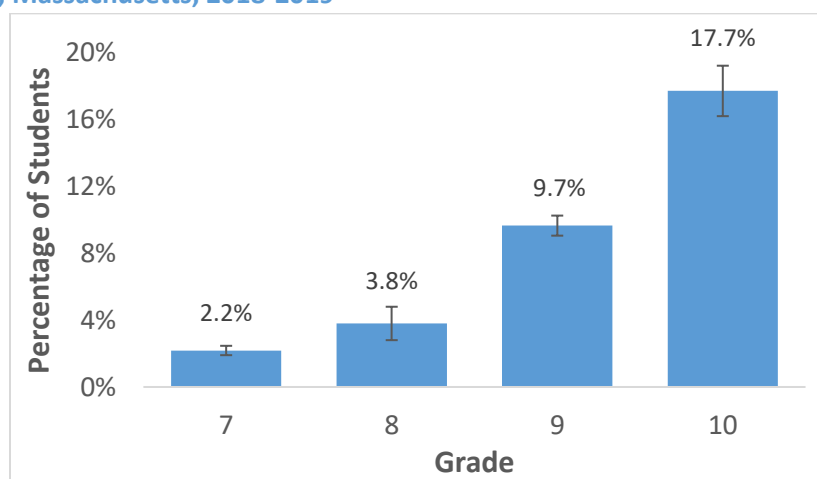


	Grade			
	7	8	9	10
Number screened	41,700	5,659	37,445	9,880

Error bars indicate the 95% confidence interval.

Figure 5 depicts the percentage of students who reported using at least one substance. In grades 7 and 8, fewer than 5% report using any substances. In grade 9, about 10% of students report using at least one substance and this percentage increases to 18% in Grade 10.

Figure 5: Percentage of students that reported using one or more substances during the prior 12-month period, by grade, Massachusetts, 2018-2019



	Grade			
	7	8	9	10
Number screened	41,700	5,659	37,445	9,880

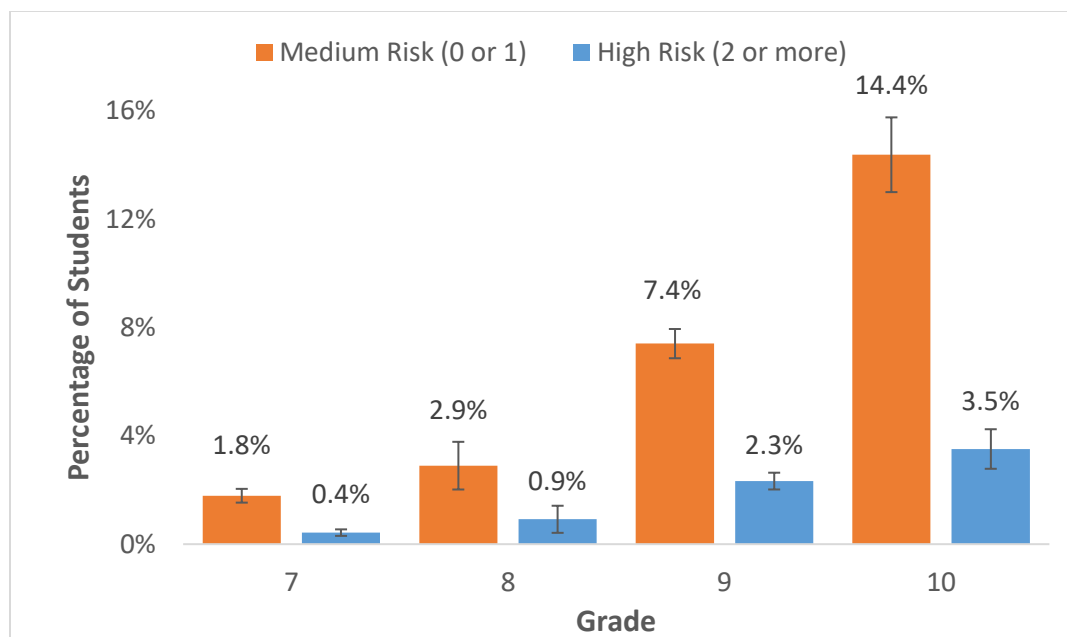
Error bars indicate the 95% confidence interval.

E. Risk Assessment Scores

A score of 2 or more on the CRAFFT screening tool is considered a positive screening and indicates that the student is at high risk for an alcohol or substance use disorder and requires further assessment (Massachusetts Department of Public Health, 2009). Students with a positive screen are often referred for counseling or treatment. Students who report using alcohol or drugs in the prior 12 months and have a score of 0 or 1 on the CRAFFT tool do not have a positive result, but are considered to be at medium risk and usually given brief advice about the health effects of using alcohol or substances.

The percentage of students at medium risk for an alcohol or substance use disorder was low in grades 7 and 8 (1.8% and 2.9%, respectively). The percentage of students at medium risk increases to 7.4% in grade 9 and 14.4% in grade 10. The percentage of students at high risk for an alcohol or substance use disorder remained very low in grades 7 and 8 (less than 1%) but increased noticeably in grades 9 and 10 (Figure 6).

Figure 6: Distribution of CRAFFT risk scores by grade, Massachusetts, 2018-2019



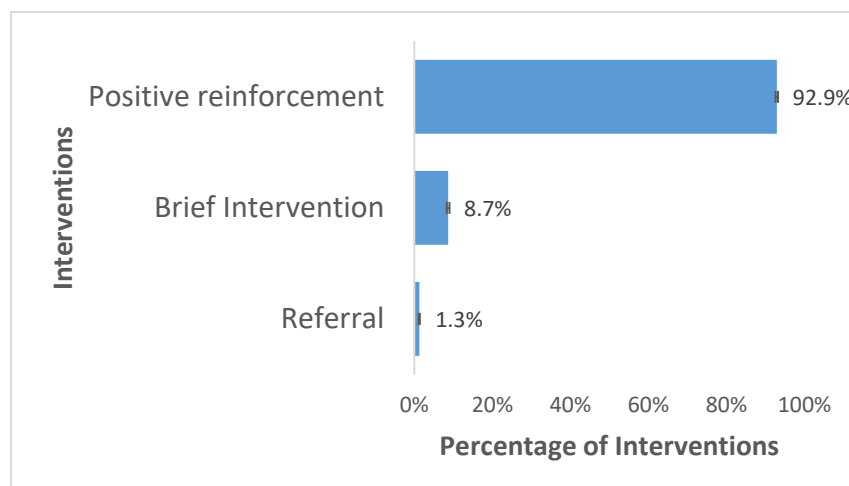
	Grade			
	7	8	9	10
Number screened	41,5038	5,658	37,179	9,819

Error bars indicate the 95% confidence interval.

F. Interventions and Referrals

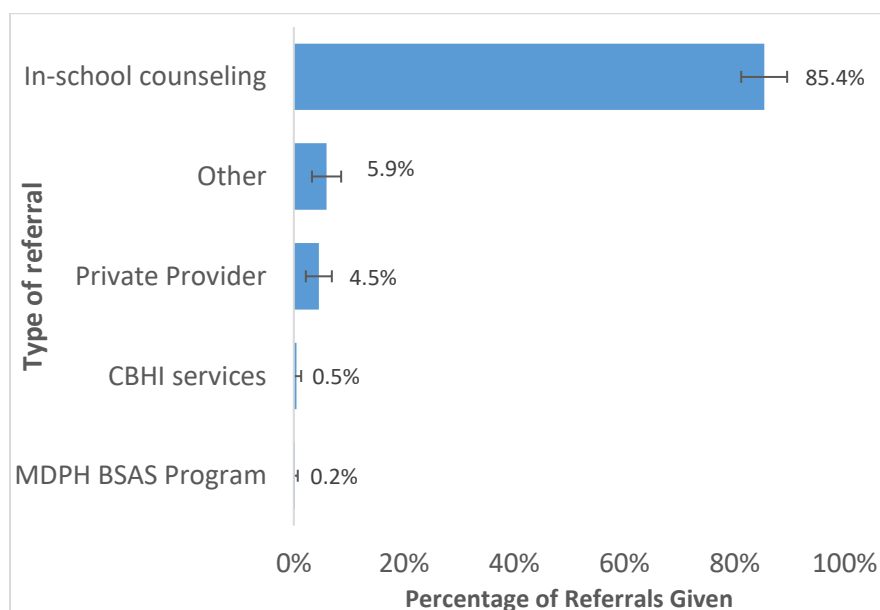
Over ninety percent of students (93%) were given praise (positive reinforcements) for making healthy decisions (Figure 7). Brief Interventions were administered to 9% of students. These interventions are structured conversations used with students who are using substances. It is a non-confrontational approach that uses reflective listening and motivational interviewing to strengthen the student's own motivation to reduce risky alcohol and/or substance use. Referrals for counseling, treatment, or further assessment were given to 1,211 students, or 1.3% of students screened. Most referrals (85%) were for in-school counseling while 5% of referrals were to private providers (Figure 8).

Figure 7: Interventions done during SBIRT screenings, Massachusetts, 2018-2019 school year, n=94,693



Note: An intervention was not recorded for 634 screenings. Error bars indicate the 95% confidence interval.

Figure 8: Types of referrals made during SBIRT screenings, Massachusetts, 2018-2019, n=1,211 students



This chart is limited to screenings in which a referral was made, and the type of referral was reported. Percentages are based on the number of non-missing values. CBHI = Children's Behavioral Health Initiative. BSAS = Bureau of Substance Addiction Services. TX = treatment. Error bars indicate the 95% confidence interval.

III. Summary

SBIRT can be successfully administered on a large scale in the school setting by using trained school staff, including school nurses, guidance counselors, social workers, and psychologists. Although these staff worked in a large number of schools spread across Massachusetts, they all attended required trainings, administered SBIRT to students, recorded data, conducted interventions, and

made referrals. Of the 273 public school districts in Massachusetts with students enrolled in a grade that was eligible for SBIRT, 222 school districts participated in the screening. Forty-two other types of educational organizations participated as well. Some students and parents opted out of the screening, but with the overall opt-out rate only 5.4%, the screenings still reached a large number of students.

Students who are not at high risk for substance use should be given a brief intervention or positive reinforcement, depending on whether substance use was reported by the student. These interventions are important since SBIRT screenings help students build a relationship with school staff and provide students with an easily accessible in-school resource they can utilize if they have concerns about substance use in the future. Ninety-three percent of students received positive reinforcement and 9% were given a brief intervention. Only 1% of students received a referral for other services; of these referrals, most were for in-school counseling (85%) or for private providers (5%).

Since some students will opt out of the screening and other students will not disclose drug or alcohol use during the screening, SBIRT screenings will not reach every student with an alcohol or substance use disorder. Efforts that do not require a verbal screening may be needed to reach students who cannot be reached through SBIRT. Despite these limitations, SBIRT administered in school appears to be a useful way to identify students at risk for alcohol and substance use and provide them with needed resources and referrals.

References

- An Act Relative To Substance Use, Treatment, Education And Prevention, 2016 Mass. Acts Chapter 52. (2016). <https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52>
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