**Massachusetts Department of Elementary and Secondary Education**

**Alternative Substance Use Prevention Program Form**

An Act Relative to Substance Use, Treatment, Education and Prevention, [M.G.L.c. 71, § 97](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section97), requires that each school district annually screen students for substance use disorders at two different grade levels that are recommended by the Department of Elementary and Secondary Education (DESE), in consultation with the Department of Public Health (DPH). The recommended grades are 7 and 9, and the verbal screening tool approved by DESE and DPH for district/school use is the CRAFFT +N. Training in the CRAFFT +N is available from DPH to school district staff at no charge. Information on Screening, Brief Intervention, and Referral for Treatment in Schools (SBIRT), which includes training in the CRAFFT +N screening tool as well as information on implementation and other resources, can be found at [SBIRT in Schools](http://www.masbirt.org/schools). More information about the requirement can also be found in the on [DESE’s Substance Use Prevention](https://www.doe.mass.edu/sfs/safety/atod.html) and Intervention webpage.

Although the CRAFFT+N screening tool is required for all schools, school districts with alternative substance use screening policies may, on the form provided by DESE, opt out of the required verbal screening tool. The superintendent must sign the form and provide a detailed description of the district’s alternative substance use screening policies and programs, including the evidence base that underlies the alternative approach adopted and the reasons why the required verbal screening tool is not appropriate for the district.

If your district wishes to opt out of using the required screening tool, please complete the form below, scan it, and email a copy of the form signed by the superintendent to ATOD@mass.gov. Please accompany any such email with the subject line: “opt-out form.”

If you have questions, please send them to the above email or contact the Office of Student and Family Support at 781-338-3010.

**Massachusetts Department of Elementary and Secondary Education
Alternative Substance Use Prevention Program Form**

Name of school district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please respond to the following three questions, using additional pages as needed.***

1. Describe the district’s alternative substance use screening policies and programs/tool that the district has implemented.
2. Describe the evidence base that underlies the alternative approach adopted by the district.
3. Describe the reasons why the required screening tool is not appropriate for the district.

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

 Superintendent Name Superintendent Signature Date