**CRAFFT**

Drug / Alcohol Assessment tool for use with young people

CRAFFT is a multi-agency tool that will enable staff, as part of any assessment process, to identify young people’s drug and alcohol use early. The idea is to ensure that the appropriate services and responses are provided

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|  | **Question** | **Yes / No** |
| **C**Car | Have you ever ridden in a Car or motorbike driven by someone (including yourself) who was high or had been using alcohol or drugs? | Yes [ ]  No [ ]  |
| **R**Relax | Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in? | Yes [ ]  No [ ]  |
| **A**Alone | Do you ever use alcohol or drugs while you are by yourself Alone? | Yes [ ]  No [ ]  |
| **F**Forget | Do you ever Forget things you did while using alcohol or drugs? | Yes [ ]  No [ ]  |
| **F**Friends | Do your Family or friends ever tell you that you should cut down on your drinking or drug use? | Yes [ ]  No [ ]  |
| **T**Trouble | Have you ever been in Trouble while you were using alcohol or drugs? | Yes [ ]  No [ ]  |

**Action Required If:**

* Under 14 – Yes to 1 or more questions - Referral to Young Addaction Lancashire \*
* Aged 14-19 – Yes to 2 or more questions – Referral to Young Addaction Lancashire \*

A referral is best described as a “chat to the drug and alcohol team that works with young people”. This is all they are agreeing to when the referral is made.

\* If the young person declines any targeted or specialist intervention, you can call Young Addaction Lancashire to discuss the situation on a 'what if' basis without having to disclose the name, address etc of the client.

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| **Central Office**Urban ExchangePrestonPR1 8BQ01772 281495 | **North Office**YMCAFleet SquareLancasterLA1 1EZ01524 239570 | **East Office**CVS Building62-64 Yorkshire StreetBurnleyBB11 3BT01282 505037 | **Freephone**0808 164 0074 | **Email [Secure Through CJSM]**spoc.yalancs@addaction.org.uk |

REFERENCE: Knight, J., Shrier, L., Bravender, T., Farrell, M., Vanderbilt, J., & Shaffer, H. (1999). A new brief screen for adolescent substance abuse. Arch Pediatry Adolesc Med, 153, 591-596

**Referral Form**

If handwritten, use BLOCK CAPITALS Complete fields marked **\*** at the minimum

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| **Client Details** | **Client Details (CONTINUED)** |
| **\* Name:** **\* Date of Birth:** **\* Age:** **\* Gender:** Male [ ]  Female [ ] **\* Address:** **\* Town / City:** **\* Postcode:** **\* Phone:** **\* Email:** **\* Contact By:** Post [ ]  Phone [ ]  Email [ ]  **\* Does the Client Have Children?**Yes [ ]  No [ ]  Due to be a Parent [ ]  Unknown [ ] Further Details:**\* Is the Client Living / Staying with Other Children?**Yes [ ]  No [ ]  Unknown [ ] If *Yes*, Please State the Number of Children: | **\* Nationality:**British [ ] Other: **\* Ethnicity:**White British [ ] Other: **\* Referral Date:** **\* Is the Client Aware of this Referral?** [ ] **\* Is a Parent / Guardian Aware of this Referral?** [ ]  |
| **Alternative / Emergency Contact** |
| **Name:** **Address:** **Town / City:** **Postcode:** **Phone:** **Email:** **Relationship to Client:**  |
| **Referral Details** |
| **\* Reason(s) for Referral:**Substance Misuse [ ]  Substance Misuse Education [ ]  Smoking Cessation [ ]  Substance Use by Parent / Other [ ]  HEART Domestic Abuse Support (Central Lancashire Only) [ ] Other:  |
| **Substance Use** |
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| **\* Name:** | **\* Frequency:** | **Duration:** | **Quantity:** |
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None [ ]  Unknown [ ]  |

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If handwritten, use BLOCK CAPITALS Complete fields marked **\*** at the minimum

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| **Other Agencies Involved** | **Risk Factors** |
| Social Care [ ]  Youth Offending Team [ ] Mental Health Services [ ]  Housing Association [ ] None [ ]  Unknown [ ]  Other: Name(s) of the Above:  | Mental Health Issues [ ]  Suicidal Ideation [ ]  Behavioural Issues [ ]  Self-Harm / Injury [ ]  Violence to Others [ ]  Domestic Abuse [ ] Child Sexual Exploitation [ ]  Disability [ ]  None [ ]  Unknown [ ] Other:  |
| **Education, Employment & Training** | **Referrer Details** |
| Education / Training [ ]  Employment [ ] None [ ]  Unknown [ ]  Detail(s) of the Above:  | **\* Name:** **\* Address:** **\* Town / City:** **\* Postcode:** **\* Phone:** **\* Email:** **\* Occupation:**  |
| **Additional Information (Housing Situation, Sexual Health, Emotional Well-Being, etc.)** |
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| **Staff Details** |
| **\* Taken By:**  | **Via:** Post [ ]  Phone [ ]  Email [ ]  Person [ ]  |

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