**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

|  |  |  |
| --- | --- | --- |
|  | **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Central Office**  Urban Exchange Preston PR1 8BQ  01772 281495 | **North Office**  YMCA Fleet Square Lancaster LA1 1EZ  01524 239570 | **East Office**  CVS Building 62-64 Yorkshire Street Burnley BB11 3BT  01282 505037 | **Freephone**  0808 164 0074 | **Email [Secure Through CJSM]**  [spoc.yalancs@addaction.org.uk](mailto: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

|  |  |
| --- | --- |
| **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** | |
| |  |  |  |  | | --- | --- | --- | --- | | **\* Name:** | **\* Frequency:** | **Duration:** | **Quantity:** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   None  Unknown | |

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

|  |  |
| --- | --- |
| **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.)** | |
|  | |

|  |  |
| --- | --- |
| **Staff Details** | |
| **\* Taken By:** | **Via:** Post  Phone  Email  Person |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Central Office**  Urban Exchange Preston PR1 8BQ  01772 281495 | **North Office**  YMCA Fleet Square Lancaster LA1 1EZ  01524 239570 | **East Office**  CVS Building 62-64 Yorkshire Street Burnley BB11 3BT  01282 505037 | **Freephone**  0808 164 0074 | **Email [Secure Through CJSM]**  [spoc.yalancs@addaction.org.uk](mailto:spoc.yalancs@addaction.org.uk) |