

# Brazilian Version for Screening Adolescent's Drug Use: Crafft/Cesare

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The Brazilian version of CRAFFT, named CESARE, was obtained from a consensus between the author of the instrument and the authors of this paper, who adapted the questions to the Brazilian context, and used the final version to run the survey [14].

The questionnaire from the VI National Brazilian Survey [3] is a closed questionnaire, self-filling adapted from an instrument proposed by the WHO [15]. This instrument was employed in a subsample (28%) randomly chosen among participating students, immediately following the use of the CRAFFT/CESARE questionnaire.

We evaluated the students' problems in comprehending the scale; the validity of the CRAFFT/CESARE comparing a subsample that also answered another questionnaire (CEBRID); and the percentage of students who scored 2 or higher for CRAFFT/CESARE. Kappa coefficient was applied to investigate the correspondence between CRAFFT/CESARE and CEBRID questionnaire and the receiver operating characteristic curve was performed to assess the psychometric differences within different cut-offs.

The Research Ethics Committee of FCM-UNICAMP approved the study protocol (no. 811/2011).

## Results

One thousand and eight hundred and eighty-two students answered the CRAFFT/CESARE questionnaire. The average age was 16.7 years old and 57.2% of students were male.

Only 2.2% of students mentioned to have had some difficulty in understanding the questionnaire.

The comparative instrument was positive for 21.4% of 543 students.

The specificity and the sensibility of the CRAFFT/CESARE questionnaire was, respectively, 73.3% and 87.1%. The analysis of agreement of the questionnaires indicated a great degree of agreement (Kappa: 0.461).

When using the other cut-offs (1, 3 and 4), we could observe

Some limitations deserve to be mentioned. The students participating in the research were students in technical, public schools, where there is a pre-selection, which can limit the extrapolation of the data to the general adolescent population. However, there is no reason to believe that the validity and of the scale should be changed according to each group studied, since the questionnaire was specifically designed to identify the risky adolescents in the services of first care, and has satisfactorily accomplished its role in this context [13].

The correlation between the CRAFFT/CESARE questions and those of the instrument used in the CEBRID survey allowed only one approach, a fact that might have influenced negatively in the degree of agreement between the scales.

Despite the limitations pointed out, the study indicates that the CRAFFT screening test adapted to Brazilian Portuguese, named CESARE, was adequately comprehended, has adequate psychometric properties and peculiarities that makes it possible to use in the Brazilian context. Its fast implementation (about 2 minutes) and the possibility of employing different arrangements [7,8] make it into a useful tool in the evaluation of the use of drugs in adolescents. Its use can contribute to the early detection and minimization of potential risks of the use of licit and illicit substances in this age group.

## References

1. Pharo H, Sim C, Graham M, Gross J, Hayne H (2011) Risky business: executive function, personality, and reckless behavior during adolescence and emerging adulthood. *Behav Neurosci* 125: 970-978
2. Knight JR, Harris S, Sherritt L, Hook SV, Lawrence N, et al. (2007) Prevalence of positive abuse screen results among adolescents primary care patients. *Arch Pediatr and Adolesc Med* 161: 1035-1041.
3. Carlini EA, Noto AR, Sanchez Zy] to