

Cannabis Use Problems Identification Test (CUPIT)

**A measure of current and developing
cannabis-related problems**



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This video has been developed to introduce the Cannabis Use Problems Identification Test (CUPIT).

The CUPIT will be useful to all cannabis users and to practitioners who work with clients who may be cannabis users.

CUPIT rationale: why screen for cannabis-related problems?

Epidemiology

- NZ is a world leader in per capita cannabis use
- Dramatic rise in cannabis treatment demand, especially among adolescent users
- Most widely-used illicit drug worldwide

CUPIT rationale cont'd:

Epidemiology: Other trends

- Decreasing age of initiation
- Increased potency
- Diminishing gender differences
- Prolonged initiation risk period both ends of age spectrum

- Cannabis use common ('normalised'), entrenched in youth culture

CUPIT rationale cont'd:

Harm Liability

- Spans the bio-psycho-social spectrum
- (parental, marital, social, developmental, academic, work, legal, financial)
- Risk of serious accidents

CUPIT rationale cont'd:

Harm Liability

- Chronic effects (especially Cannabis Use Dependence (CUD), impaired cognitive, education, mental health, respiratory; cardiovascular function, cancer, criminal offending, risky sexual behaviour etc.

CUPIT rationale cont'd:

Harm Liability

- Early age of initiation/regular use increases risk
- Even *occasional* use (weekly) increases risk of later drug and other problems (10-year follow-up studies)

CUPIT rationale cont'd:

Lack of Detection

- Users rarely present, nor are referred for help
- Help-seekers for other problems (sleep, respiratory, anxiety, depression) may not mention cannabis use
- Low detection of cannabis-related pathology

CUPIT rationale cont'd:

Prevention is better than cure

- Screening and Early Intervention (SEI): proactive, targeted and opportunistic (for at-risk users)

Screening Tools

- Existing cannabis tools all have different limitations, particularly for younger, high-risk users.
- Absence of universally-accepted, validated cannabis-specific screening tools to detect problematic (**case-finding**) *and* potentially problematic (**risky**) use

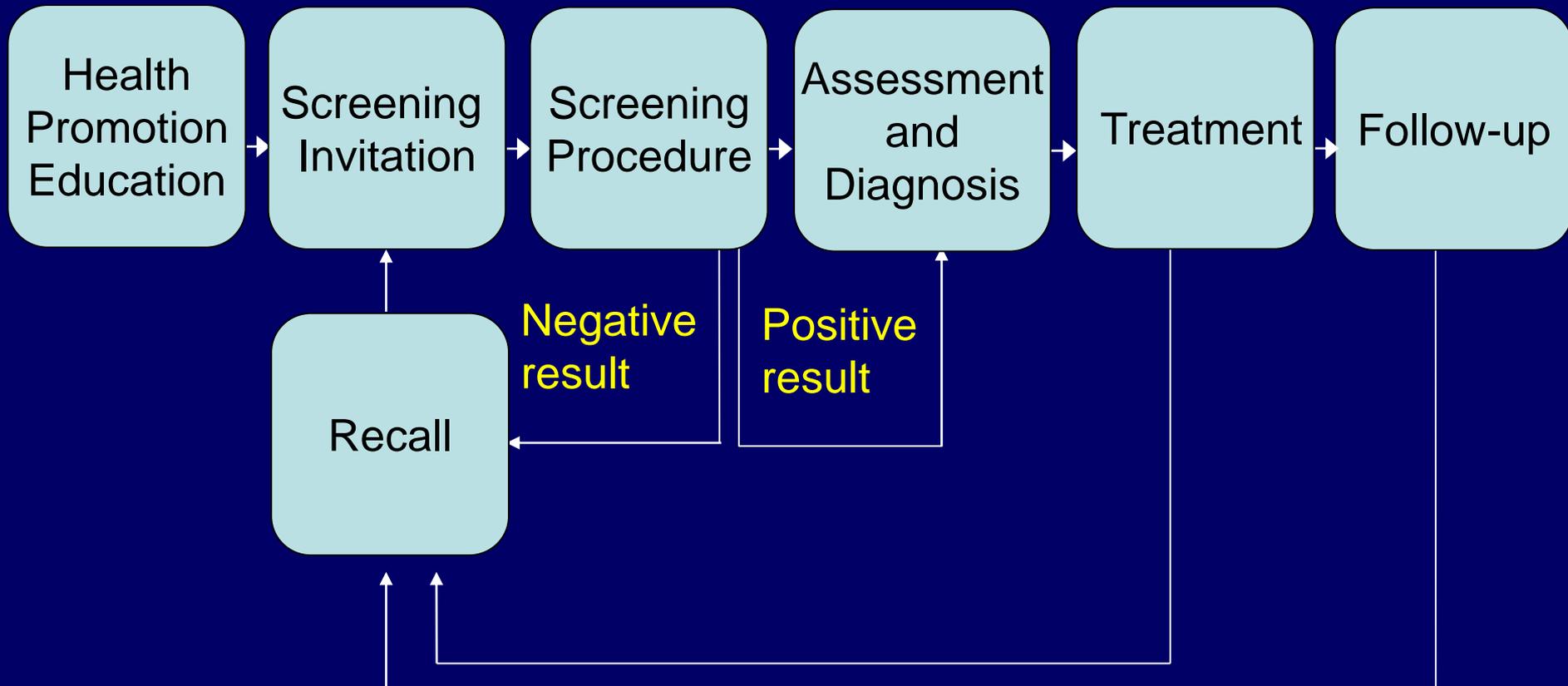
Methodology

- Three phases over 5 years:
 - Item pool generation; Expert Panel/s ($N=20$)
 - Testing the draft CUPIT
 - 12 month follow-up

Methodology cont'd

- Sample (N=212, age 13-61)
 - two-thirds ≤ 18 years
 - 56% male
 - 30% Māori ancestry
 - 91% CUD (72% dependence, 19% abuse)

Public health model for cannabis problems: The screening pathway



Screening

- A preliminary filtering process (not a diagnosis).
- Most relevant for generalist settings where detection of risk is important, interventions brief, and referral likely.

Screening cont'd

- Screening opportunities abound in multiple community settings: (visits to GP/nurse, hospital wards, outpatients, ED, addiction clinics, youth workers, psychologists, mental health, juvenile/adult justice, workplace, school/university counsellors, etc).
- Screening tools need to be acceptable, reliable, efficient, rapid, easily-administered.

The CUPIT is...

- tailored to cannabis
- empirically-constructed, informed by international expert opinion, longitudinally tested
- developed in Nelson/Marlborough, New Zealand

The CUPIT is...

- simple, brief, self/other-administered, universally and culturally appropriate, adaptable
- highly-acceptable across all ages, particularly to younger users
- reliable and valid

The CUPIT is...

- discriminative: distinguishes non-problematic, risky use, cannabis abuse and CUD groups
- relevant to both clinical and general populations
- accessible online, download for no cost

High-risk groups to target for cannabis screening

- adolescents ≤ 12 years, especially young males
- presentations for respiratory, sleep, anger, relationship or cardiovascular issues; anxiety, and depression
- those with psychiatric symptoms (psychosis, suicidal)

High-risk groups cont'd

- children with antisocial, behavioural, learning problems
- Māori
- pregnant women
- adult and juvenile justice clients
- unemployed or homeless people
- gay and lesbian individuals

Introducing cannabis screening

- Discuss cannabis use in the context of a general health review and screening as a 'cannabis check-up' (not 'disorder' detection).
- Build rapport, trust and empathy
- Explain why & how you will be screening for cannabis, and the relevance of results
- Provide information about the CUPIT

Introducing screening cont'd

- Explain confidentiality and its limits.
- Request permission (i.e., Informed Consent).
- Score immediately, provide feedback about what client's score suggests about their cannabis use.
- Initiate referral, or other procedure as appropriate to your role, context, training, and scope of your practice.

Conclusions

- Societal impact of cannabis use is enormous
- However, users typically lack awareness, insight into its harms
- Health and social services providers are an influential first point of contact along the healthcare continuum
- Critically important to detect *early-stage* cannabis use problems to prevent transition to dependent use and more serious problems

The CUPIT offers busy practitioners
in diverse community settings

a brief, reliable, efficient
and easily-administered screener

to assist them in their efforts
to reduce cannabis-related harm
in the community.

Resources for further information

- Bashford, Jan, Copeland, Jan, Flett, Ross. (2013) Cannabis use and disorder transitions among a mixed sample of at-risk adolescents and adults: A prospective New Zealand study. *The Open Addiction Journal* 2013: 6; 6-15.
- Annaheim Beatrice. (2013) Who is smoking pot for fun and who is not? An overview of instruments to screen for cannabis-related problems in general population surveys. *Addiction Research and Theory* 2013: 21 (5); 410-428.
- Bashford, Jan (2012). The Cannabis Use Problems Identification Test (CUPIT): A measure of current and developing cannabis use disorder among adolescents and adults. In Adamson S, Schroder RN, Sheridan J (eds) (2012). *New Zealand Addiction Treatment Research Monograph*. Research Proceedings from the Cutting Edge Conference, September, 2010.
- Bashford Jan, (2010). Measuring cannabis use. In GEMS of New Zealand: Primary Health Care Research section. *New Zealand Journal of Primary Health Care*, December, Vol 2, (4). (This journal is sent out to all GPS in NZ monthly) <http://www.rnzcgp.org.nz/journal-of-primary-health-care/>
- Bashford, Jan, Flett, Ross, & Copeland, Jan (2010). The Cannabis Use Problems Identification Test (CUPIT): development, reliability, concurrent and predictive validity among adolescents and adults. *ADDICTION*, 105, 615-625.
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- Copeland, Jan, Frewen, Amie, & Elkins, Kathryn (2009). *Practice guidelines for the management of cannabis use and related issues: A guide for practitioners and counsellors*. National Cannabis Prevention and Information Centre, University of New South Wales: Sydney. www.ncpic.org.au
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