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THE CANNABIS USE PROBLEMS IDENTIFICATION TEST (CUPIT): DEVELOPMENT AND PSYCHOMETRICS

A thesis presented in partial fulfilment of the requirements for the degree of
Doctor of Philosophy
in Psychology
at Massey University, Palmerston North, New Zealand

Janet Lorraine Bashford

2007
The youth of a nation are the trustees of posterity
- Benjamin Disraeli, 1845.

This thesis is dedicated to the health and wellbeing of all young New Zealanders.
ABSTRACT

Lack of a brief empirically-verified screener for problematic and potentially problematic cannabis use has hampered implementation of a proactive opportunistic cannabis screening and early intervention (SEI) initiative in New Zealand. Addressing this instrumentation need was the primary aim of this thesis. This thesis also investigated the nature, prevalence, severity, and natural history of cannabis-related problems among a heterogeneous sample of 212 ‘at risk’ adolescent and adult users recruited from the community. In a 3-phase developmental design the CUPIT question candidates were first generated employing an Expert Panels methodology. The CUPIT structure, cross-sectional, and longitudinal psychometric properties were then systematically tested, incorporating measures of cannabis-related pathology and DSM-IV/ICD-10 diagnoses of cannabis use disorders as criterion standard.

High levels of cannabis consumption and related health and psychosocial problems reported portrayed a highly-disordered sample, most marked among adolescents. DSM-IV/ICD-10 diagnoses were almost universal with no significant adolescent/adult differences in dependence symptoms count or severity. The two CUPIT subscales (Impaired Control, Problems) derived from principal components analyses exhibited good test-retest and internal consistency reliability and highly significant ability to discriminate diagnostic subgroups along the severity continuum (nonproblematic, risky, problematic use).

At the 12-month follow-up, 194 adolescents and adults reported significantly increased cannabis consumption (adolescents), symptoms, and dependence severity. Baseline CUPIT subscale scores demonstrated highly significant longitudinal predictive utility for respondents’ diagnostic group membership, health and psychosocial problems, and significantly improved prediction of other measured outcomes in conjunction with age and gender. ROC analyses identified a CUPIT score of 12 to be the optimal cut-point for maximum sensitivity for both currently diagnosable cannabis use disorder and those ‘at risk’ in this sample.
The empirical findings of this thesis research provide a compelling rationale for systematic implementation of opportunistic SEI among consumers of publicly-funded health and social services in New Zealand. Data confirmed that the vast majority of those needing help are unaware, or do not perceive, they need help. This thesis argues that, facilitated by the CUPIT, reliable proactive detection and appropriate intervention for early-stage cannabis use problems has potential for enormous cumulative impact on public health gains and the individual’s quality of life.
ACKNOWLEDGEMENTS

From concept to completion this thesis spanned almost seven years. There have been no research funds to support the project. I am indebted to the many people whose efforts and contribution throughout this lengthy journey helped make this thesis a reality. First and foremost, I was truly fortunate to be mentored by two top shelf supervisors, Dr. Ross Flett (principal) and Dr. Jan Copeland. The unique skills, talents, intellect and insights you both brought to this project, Ross and Jan, your wise blend of sound academic standards and pragmatic guidance, and your remarkable patience and humour in face of my many foibles, constantly inspired and sustained me. My heartfelt thanks to you both.

Special thanks also to Dr. Wendy Swift for her valued supervisory advice and her important contribution in the foundational stages of the thesis. My grateful thanks go to all Expert Panelists who perceived the need for this research and generously donated their precious time and expertise. It was an honour, indeed, that this project was privileged with their collective wisdom and individual perspectives.

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My sincere thanks to all organizations and their personnel who assisted in recruiting participants for this study. A special tribute goes to all treatment and school counsellors, Youth Aid and other youth workers for enthusiastically welcoming the project, and their productive collaboration and cooperation in recruitment and ongoing support. Your role in the project’s success was pivotal, and your contribution valued immensely.
A huge debt of thanks goes to the respondents for their willingness to commit their time and energies to this project. Your trust and your frankness in sharing your stories and experiences both humbled and inspired me. Your contribution is embodied as the substance of this thesis, and I dedicate it to you. Thank you.

Finally, it is with deep appreciation that I acknowledge my dear husband, mother, family and friends, for their unflagging faith in me over the years. Your tolerance, empathy, encouragement, practical and emotional support has carried me through. Bless you all.
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Panel Two (International) continued...

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