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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.

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TABLE OF CONTENTS

DEDICATION	i
ABSTRACT	iii
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vii
LIST OF APPENDICES	xvii
LIST OF TABLES	xix
LIST OF FIGURES	xxi
EXPERT PANELS	xxiii

Chapter One

GENERAL INTRODUCTION	1
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Chapter Two

CANNABIS	5
Cannabis the Drug.....	6
<i>Characteristics</i>	6
<i>Cannabis in New Zealand</i>	7
The Epidemiology of Cannabis Use	8
<i>International Estimates and Trends</i>	8
<i>New Zealand Population Data</i>	9
<i>Adolescent Samples</i>	10
<i>Natural History and Correlates of Use</i>	10
Cannabis-Related Health and Other Adverse Consequences.....	14
<i>Acute Effects</i>	15
<i>Adverse Effects of Chronic Use</i>	16

<i>Other Cannabis-Related Harms</i>	16
<i>High Risk Groups</i>	17
<i>Self-Reported Harmful Effects</i>	19
<i>Demand for Treatment</i>	20
Diagnosis of Cannabis Use Disorder	21
<i>PSUDs as Bipartite Disorders: Dependence and Abuse/Problems Dimensions</i>	21
<i>Cannabis Use Disorder</i>	23
<i>Nosological Issues in Diagnosis of Cannabis Use Disorder/Problems</i>	24
Validity of the bi-axial concept: Categorical and dimensional approaches	24
Adolescents and DSM-IV/ICD-10 diagnosis.....	25
“Diagnostic orphans”	27
Interventions for Cannabis Use Disorder.....	28
<i>State of the Art in Treatment Approaches</i>	28
<i>Screening and Early Intervention (SEI) for Cannabis Problems: A Paradigm Shift</i>	29
Chapter Three	
SCREENING AND EARLY INTERVENTION (SEI): A PUBLIC HEALTH PARADIGM	33
Screening Characteristics	34
<i>Definitions and Concepts</i>	34
<i>Screening for Detection of Harmful and Risky Drug Use</i>	35
<i>Conceptual Models</i>	36
<i>Psychometric Characteristics and Principles in Screening</i>	38
Ethical Considerations in Screening	39
<i>Ethical Criteria for Screening</i>	40
Do cannabis use problems satisfy these criteria?.....	40
<i>Screening in Primary Health Care Services</i>	42

Screening for Cannabis Use Problems in Health and Social Services: A Public Health Model	43
<i>Primary Health and Social Services: The “Ideal” SEI/SBI Environment</i>	45
<i>Potential Benefits of SEI for Harmful and Potentially Harmful Cannabis Use</i>	46

Chapter Four

SCREENING FOR HARMFUL AND POTENTIALLY HARMFUL CANNABIS USE	49
Drug Screening Procedures and Technology	50
<i>Practical and Technological Limitations of Drug Screening Procedures</i>	50
Clinical examination	50
Biochemical measures.....	51
Collateral information	54
Self-report approaches	54
(A) <i>Quantity/Frequency (Q/F) scales</i>	54
(B) <i>Standardised screening questionnaires</i>	56
Summary	63
Self-Reporting Screening Instruments	64
<i>Brief Alcohol Screens</i>	64
The Alcohol Use Disorders Identification Test (AUDIT)	65
<i>Drug Screening Instruments</i>	69
Limitations of existing drug screens for cannabis.....	69
Clinical drug screens	70
Brief generic drug screens.....	71
Screens for multiple drugs and severity indices.....	73
Brief ‘dependence’ screens	74
Summary	75

Screening for Harmful (Dependence/Abuse) and Potentially Harmful (Risky) Cannabis Use	76
<i>Recognition of Cannabis Use Problems: An Area of Historic Neglect</i>	76
<i>The Cannabis Abuse Screening Syndrome Test (CASST)</i>	78
<i>The Cannabis Use Disorder Identification Test (CUDIT)</i>	79
Limitations of the CUDIT	80
<i>The Marijuana Screening Inventory (Experimental Version) (MSI-X)</i>	84
Limitations of the MSI-X.....	85
Summary	86
Specific Aims of this Thesis	87
<i>Thesis Organization</i>	88
Chapter Five	
GENERATION AND REFINEMENT OF THE ITEM POOL	91
Methodology	91
<i>Study Design</i>	91
Expert Panel	93
<i>Procedures</i>	94
Sampling and recruitment	94
Screen specifications and problem domain survey	94
Item pool generation	95
Expert Panel item pool survey	96
Cultural perspectives.....	96
International Expert Panel item pool survey	96
Final revision of the item pool	97
Results.....	97
<i>Response Rates</i>	97
<i>Characteristics of Expert Panels</i>	97

<i>Collation/Interpretation of Responses</i>	98
Expert Panel problem domain survey	98
Expert Panel item pool survey	98
Cultural review	99
IEP review of the item pool	99
Final review/revision of the item pool	100
 Discussion	 106
 Chapter Six	
PRELIMINARY VALIDATION OF CANDIDATE SCREEN ITEMS	113
Introduction	113
<i>Design</i>	114
<i>Aims</i>	115
 Methods.....	115
<i>Participants</i>	115
Inclusion/exclusion criteria	116
<i>Measures</i>	116
Draft Cannabis Use Problems Identification Test (CUPIT)	116
Clinician Diagnosis/Rating Form.....	117
Biochemical measures/urinalysis	118
The Interview Schedule	119
<i>Procedures</i>	127
Ethical considerations	127
Recruitment	127
The interview	129
<i>CUPIT test-retest</i>	129
<i>Interview Schedule</i>	130
Pilot Study	130
Main Study	132

<i>Data Analysis</i>	132
Results	133
Participant Demographic and Cannabis Use Characteristics, Related Problems and Correlates	134
<i>Demographics</i>	134
<i>Draft CUPIT</i>	135
Test-retest reliability	140
<i>Cannabis Use</i>	141
Cannabis use history	141
Current cannabis use: frequency, quantity, potency	141
Reliability of self-reports of consumption	143
<i>Other Drug Use</i>	143
Regular use.....	143
Drug problems history	143
Family history	144
<i>Clinician Assessment of Drug Treatment Participants</i>	144
Primary drug problems.....	145
DSM-IV criteria checklists and severity ratings	145
Reliability of self-reported cannabis use.....	145
<i>Cannabis Use Disorder</i>	146
The CIDI-Auto 2.1 interview	146
<i>Concordance between CIDI-Auto and clinician assessments</i>	149
The Severity of Dependence Scale (SDS)	149
<i>Health</i>	150
General health	150
Psychological health	150
<i>Cannabis-Related Problems</i>	151
Current problems	151
Problems ever experienced	151
Cannabis Problems Questionnaire	152

<i>Problem or Risk Perception and Future Use</i>	154
Predicting 12-month use	154
<i>Acceptability/Feasibility of Cannabis Screening</i>	155
Discussion	157
Development of the CUPIT	161
Exploratory Factor Analysis: A rationale	161
Screening	162
Item analysis	163
Principal Components Analysis (PCA)	164
Psychometric properties of the component scales	167
<i>Internal consistency reliability</i>	167
<i>Construct validity</i>	168
<i>Convergent/discriminant validity</i>	168
<i>Concurrent/criterion-related validity</i>	170
Discussion	175
Chapter Seven	
PREDICTIVE VALIDITY OF THE CUPIT	181
Introduction	181
<i>Design</i>	182
<i>Aims</i>	183
Method	183
<i>Participants</i>	183
<i>Measures</i>	183
The interview schedule	183
<i>Procedures</i>	184
<i>Data Analysis</i>	185

Results	185
Demographics, Cannabis Use, Related Problems and Correlates, with 12-month Comparisons	186
<i>Demographics</i>	186
<i>Cannabis Use</i>	187
<i>Other Drug Use</i>	189
<i>Cannabis Use Disorder</i>	190
The CIDI-Auto 2.1 interview	190
The Severity of Dependence Scale (SDS)	193
<i>Health</i>	193
General medical health.....	193
Psychological health	194
<i>Cannabis Related Problems</i>	194
Cannabis Problems Questionnaire	195
<i>Problem or Risk Perception and Future Use</i>	197
Discussion	198
Longitudinal Validity of the CUPIT Subscales	203
<i>Longitudinal Predictive Validity of the CUPIT</i>	204
Diagnostic group membership	204
Other key outcome validation measures	206
Predictive contribution of the CUPIT subscales on key outcome measures	209
Classification Accuracy of the Draft CUPIT	213
<i>Receiver Operating Characteristic (ROC) Analysis</i>	213
The analyses.....	215
<i>Baseline assessment</i>	216
<i>Twelve-month follow-up</i>	219
Discussion	224

Chapter Eight

SUMMARY AND CONCLUSIONS	231
Cannabis Use-Related Problems	232
<i>Prevalence, Nature, Severity and Correlates</i>	232
Adolescent and adult comparisons.....	233
<i>Do adolescents and adults exhibit different symptom and dependence severity profiles?</i>	233
<i>Are DSM-IV/ICD-10 diagnostic criteria appropriate for use among adolescents?</i>	233
<i>Natural History and Longitudinal Stability</i>	234
Adolescent and adult comparisons.....	234
<i>What assessment window (6 or 12months) is Appropriate for the development/diagnosis of cannabis use disorder?</i>	235
<i>What are the early symptoms endorsed by ‘diagnostic orphans’ and other high-risk cannabis users who progress to supra-threshold cannabis use disorder?</i>	235
The CUPIT	236
<i>Derivation and Development</i>	236
1. Item pool generation and initial reduction	236
2. Subscale development and preliminary validation	236
3. Longitudinal validation	237
<i>Psychometric Properties</i>	237
Face validity/acceptability and content validity.....	237
Reproducibility, internal structure and internal consistency reliability	237
Construct validation: criterion/concurrent and convergent/discriminatory	238
Longitudinal predictive validity and sensitivity.....	238
<i>Operational Characteristics</i>	239
<i>Comparison with Existing Cannabis Screens</i>	240

<i>Limitations and Further Research</i>	243
Sampling	243
Measurement/Analysis	246
Further research.....	246
<i>Challenges and Rewards</i>	247
Conclusions.....	248
REFERENCES	253
APPENDICES	301

LIST OF APPENDICES

Appendix 1:	DSM/ICD Criteria for Substance Dependence, Some Assumptions, and Terminology	303
Appendix 2:	Letters to Expert Panels (EP)	311
Appendix 3:	Cannabis Screen Specifications and Problem Domain Survey...	315
Appendix 4:	EP Memo 3: Domain Survey Feedback	321
Appendix 5:	Revision 1 and 2 of the Question Pool.....	327
Appendix 6:	EP Item Pool Survey: Memo 4	345
Appendix 7:	International EP Item Pool Survey.....	359
Appendix 8:	IEP Summary Feedback of Survey	371
Appendix 9:	Cultural Consultants: Dialogue	375
Appendix 10:	The CUPIT: Research Version.....	387
Appendix 11:	Clinician Diagnosis / Rating Form and DSM-IV Criteria Checklist	399
Appendix 12:	The Interview Schedule	401
Appendix 13:	Quantification of Cannabis Use	411
Appendix 14:	Time Line Follow Back Summary Form	413
Appendix 15:	Severity of Dependence Scale (SDS).....	415
Appendix 16:	BSI 18	417
Appendix 17:	Cannabis Problems Questionnaire	419
Appendix 18:	Cannabis Problems Questionnaire - Adolescents	423
Appendix 19:	Participant Feedback Questionnaire.....	427
Appendix 20:	Examples of Poster Displays.....	429
Appendix 21:	Recruitment Guidelines / Checklist	431
Appendix 22:	Examples of Participant Information Sheets.....	435
Appendix 23:	Examples of Consent Forms	445
Appendix 24:	Annex / Follow-up Contact Form	455
Appendix 25:	Correlation Matrix for the Pool Questions.....	457
Appendix 26:	Follow-up Interview Schedule	465
Appendix 27:	ROC Curves for the CUPIT Subscales at Baseline and Follow-up with Performance Indicators.....	471

LIST OF TABLES

Table 3.1:	Screening assessment criteria.....	41
Table 5.1:	Pool of candidate questions for the CUPIT.....	101
Table 6.1:	Sociodemographic characteristics.....	135
Table 6.2:	Responses to the draft CUPIT: Percentages, Means, SDS, Range, and Test –Retest Reliability	137
Table 6.3:	Patterns of cannabis use	142
Table 6.4:	Other drug use	144
Table 6.5:	Proportions (%) of adolescents and adults meeting 12-month DSM-IV/ICD-10 diagnoses, and each of the criteria, for Cannabis Use Disorder on the CIDI-Auto	148
Table 6.6:	Impaired Control and Problems subscales after Orthogonal Rotation: Eigenvalues, Percentage of Variance Explained, and Item Loadings.....	166
Table 6.7:	Reliability Estimates and Descriptives for the CUPIT subscales.....	167
Table 6.8:	Correlation between the CUPIT subscales and Key Validation Measures.....	169
Table 6.9:	CUPIT subscale and Consumption scores by DSM-IV/ICD-10 Diagnostic Group.....	171
Table 7.1:	Demographic Characteristics of the Follow-Up (n=194) and Baseline (n=212) Samples	187
Table 7.2:	Cannabis Use among the Follow-Up (n=194) and Baseline Samples (n=211)	188
Table 7.3:	Proportion (%) of adolescents and adults meeting 12-month DSM-IV/ICD-10 diagnoses, and each of the criteria, for Cannabis Use Disorder on the CIDI-Auto among Follow-Up (n=194) and Baseline (n=211) Samples.....	192
Table 7.4:	Baseline CUPIT Subscale Scores and Cannabis Consumption by DSM/ICD Diagnostic Group at Follow-Up.....	205
Table 7.5:	Longitudinal Correlation between Baseline CUPIT Subscale Scores and Key Outcome Measures.....	207

Table 7.6:	Hierarchical Multiple Regression of Baseline DSM/ICD Symptoms, Age Groups, Gender, and Baseline CUPIT Subscale scores on DSM/ICD Symptoms at Follow-Up, Showing Standardised Regression Coefficients, R , R^2 and adjusted R^2 , and R^2_{change} for all respondents (n=194)	210
Table 7.7:	Hierarchical Multiple Regression of Baseline SDS scores, Age Groups, Gender, and Baseline CUPIT Subscale scores on SDS scores at Follow-Up, showing Standardised Regression Coefficients, R , R^2 and adjusted R^2 , and R^2_{change} for all respondents (n=194).....	211
Table 7.8:	Hierarchical Multiple Regression of Baseline CPQ-A Core scores, Gender, and Baseline CUPIT Subscale scores on CPQ-A Core scores at Follow-Up, showing Standardised Regression Coefficients, R , R^2 and adjusted R^2 , and R^2_{change} for adolescents (n=123).....	211
Table 7.9:	Hierarchical Multiple Regression of Baseline GSI Scores, Age Groups, Gender, and Baseline CUPIT Subscale scores on GSI Scores at Follow-Up, showing Standardised Regression Coefficients, R , R^2 and adjusted R^2 , and R^2_{change} for all respondents (n=194).....	212
Table 7.10:	Sensitivity, Specificity and χ^2 Values of the CUPIT at Potential Cut-off Scores, when Discriminating Between Cannabis Users with and without a DSM-IV/ICD-10 Diagnosis of Cannabis Dependence or Abuse/Harmful Use at Baseline (n=211).....	218
Table 7.11:	Sensitivity, Specificity and χ^2 Values of the CUPIT at Potential Cut-off Scores, when Discriminating Between Cannabis Users with and without a DSM-IV/ICD-10 Diagnosis of Cannabis Dependence or Abuse/Harmful Use at Follow-up(n=194).....	221

LIST OF FIGURES

Figure 3.1:	The screening pathway.....	35
Figure 6.1:	Impaired Control: Mean scores by diagnostic group	172
Figure 6.2:	Problems:Mean scores by diagnostic group.....	173
Figure 6.3:	Mean days used past 90 days by diagnostic group	174
Figure 6.4:	Mean days used past 30 days by diagnostic group	174
Figure 7.1:	ROC Curve for the CUPIT at Baseline.....	217
Figure 7.2:	ROC Curve for the CUPIT at Follow-Up.....	220
Figure 7.3:	ROC Curves for the CUPIT and the Severity of Dependence Scale at Baseline	223
Figure 7.4:	ROC curves for the CUPIT and the Severity of Dependence Scale at Follow-Up.....	223

EXPERT PANELS

Panel One

Gerard Dolan, M. Soc. Sci.,
Psychologist,
Team Leader, Child and Adolescent Mental Health Team,
Taranaki District Health Board,
New Plymouth.

Jen Edens, M.Sc (Oxford)
Clinician, Triage/Brief Intervention,
Regional Alcohol and Drug Services,
Auckland.

Ann Flintoft, Dip Psych (Clin), M.A (Hons),
Lecturer, Alcohol and Drug Studies,
School of Health Sciences
Massey University,
Palmerston North.

Ashley Koning, Dip Psych., M.A.
Senior Clinician,
Alcohol and Drug Treatment Services,
Nelson.

Rob McGee, Ph.D.,
Associate Professor,
Department of Preventive and Social Medicine,
University of Otago Medical School,
Dunedin.

Grant Paton-Simpson, Ph.D.,
Casemix Information Manager,
Waitemata District Health Board,
Auckland.

Sean Sullivan, Ph.D.,
Director, Abacus Counselling and Training Services,
Lecturer, Department of General Practice and Primary Health Care,
Auckland University,
Auckland.

Phil Townshend, Ph.D.,
Consultant Psychologist,
Alcohol and Drug Treatment Services,
Nelson

Panel Two (International)

Alan J. Budney, Ph.D.,
Professor,
Center for Addiction Research (CAR),
Department of Psychiatry,
College of Medicine,
University of Arkansas for Medical Sciences,
Arkansas, USA.

Jan Copeland, Ph.D., (Thesis Supervisor)
Associate Professor,
National Drug and Alcohol Research Centre,
School of Community Medicine and Public Health,
University of New South Wales,
Sydney, Australia.

Kate Conigrave, FACHAM, FAFPHM,
Staff Specialist and Conjoint Associate Professor,
Disciplines of Medicine and Psychological Medicine,
and School of Public Health,
University of Sydney,
Sydney, Australia.

Michael L. Dennis, Ph.D.,
Senior Research Psychologist,
Chestnut Health Systems, Bloomington,
Illinois, USA.

Wayne Hall, Ph.D.,
Director, Office of Public Policy and Ethics,
Professorial Research Fellow, Institute for Molecular Bioscience,
School of Political Science and International Relations,
School of Population Health, School of Psychology,
University of Queensland, Australia.

John Hannifin, B.A.,
Health Management Contractor and Consultant,
Public Health and Addiction Specialist,
Palmerston North,
New Zealand.

Thomas Lundqvist, Ph.D.,
Associate Professor,
Clinical Psychologist,
Lund University Hospital,
Lund, Sweden.

Panel Two (International) continued over...

Panel Two (International) continued...

Michael Lynskey, Ph.D.,
Associate Professor,
Department of Psychiatry,
Washington University School of Medicine,
St. Louis, USA.

Roger A. Roffman, Ph.D.,
D.S.W. Professor,
Director, Innovative Programs Research Group,
School of Social Work,
University of Washington,
Seattle, USA.

Robin Room, Ph.D.,
Professor,
Director, Centre for Social Research on Alcohol and Drugs,
Stockholm University,
Sweden.

Robert Stephens, Ph.D.,
Associate Professor,
Director, Graduate Programs,
Department of Psychology, Virginia Tech,
VA, USA.

Wendy Swift, Ph.D., (Co-supervisor 2001-2006)
Lecturer,
National Drug and Alcohol Research Centre,
School of Community Medicine and Public Health,
University of New South Wales,
Sydney, Australia.

Cultural Consultants

Paul Hirini, Ph.D.,
Clinical Psychologist,
Senior Lecturer/Researcher,
Schools of Psychology and Maori Studies (Te-Pūtahi-ā-Toi),
Massey University,
Palmerston North.

Ned Cook, B.A.
Consultant, Pacific Reference Group (ALAC),
Alcohol and Drug Clinician,
Pacific Peoples Addiction Services,
Hamilton.

Philip Siataga, PG Dip, BA,
Consultant, Pacific Reference Group (ALAC),
Chairperson, Tauturu Trust,
Christchurch.

Havila Matangi-Karsten, Dip Psych, M.A.,
Clinician, Pacific Peoples Addiction Services,
Cultural Advisor,
Auckland.