



**Cannabis Use Problems
Identification Test (CUPIT):
A measure of current and
developing cannabis-related
problems**

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CUPIT rationale: why screen for cannabis-related problems?

Epidemiology

- Prevalence: NZ a world leader (MOH, 2010)
- Dramatic rise in cannabis treatment demand, especially younger users
- Other trends (<age of initiation, extended initiation risk period, >potency)
- Cannabis use common ('normalised'), entrenched in youth culture



CUPIT rationale: why screen for cannabis-related problems?

Harm Liability

- The whole bio-psycho-social spectrum
- Chronic effects (esp. CUD, impaired cognitive, education, mental health, respiratory; criminal offending)
- Early initiation age/regular use increases risk
- Even *occasional* use (weekly) increases risk (10-year follow-up studies)



CUPIT rationale: why screen for cannabis-related problems?

Lack of Detection

- Detection of cannabis-related pathology low
- Users rarely present, or referred for help
- Help-seekers for other problems (sleep, respiratory, anxiety, depression) may not mention cannabis

Prevention is better than cure

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

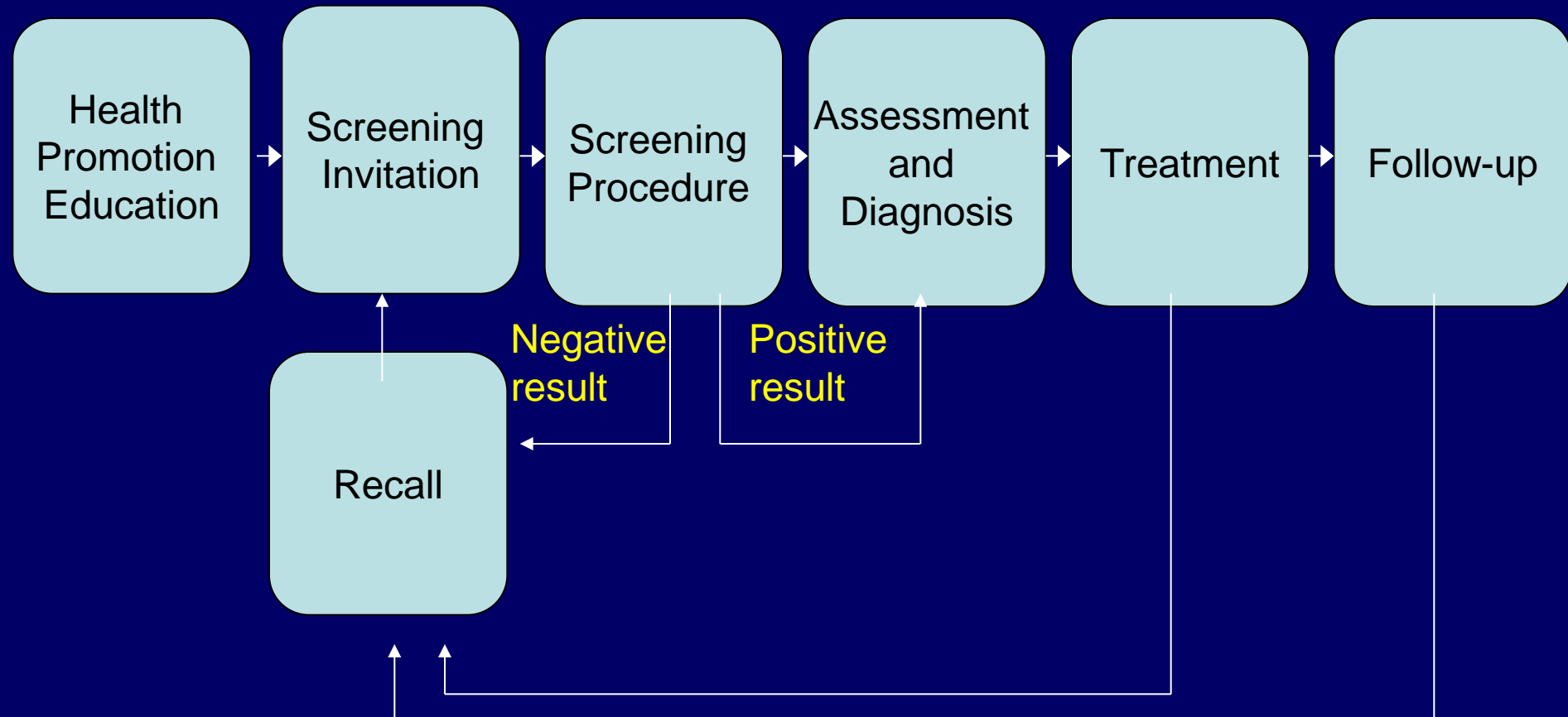
Screening Tools

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

Methodology

- Three phases over 5 years
 - Item pool generation
 - Testing the draft CUPIT
 - 12 month follow-up
- Sample Characteristics (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 care pathway





Screening

- A preliminary filtering process.
- Most relevant for generalist settings.
- Screening opportunities abound in multiple community settings.
- Need acceptable, reliable, efficient, rapid, easily-administered tools.

The CUPIT is...

- tailored to cannabis
- empirically-constructed, informed by international expert opinion, longitudinally tested
- local
- simple, brief, self/other-administered, universally and culturally appropriate, adaptable
- highly-acceptable across all ages, particularly to younger users (“cool questions!”, “spot on!”, “has it sussed”), and “Get this screen out there!” (long-term dependent older user)
- reliable and valid
- distinguishes groups (non-problematic, risky use, CUD)
- relevant to both clinical and general population
- accessible online, download for no cost (see link below)

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

Introducing cannabis screening

- Discuss cannabis use in the context of a general health review.
- Screening as a 'cannabis check-up'.
- Build rapport, trust and empathy.
- Explain why, how, you will be screening for cannabis, and the relevance of results.
- Provide information about the CUPIT.
- Explain confidentiality and its limits.
- Request permission (i.e., Informed Consent).
- Score immediately, provide feedback.
- Initiate referral, or other procedure as appropriate to your role, context, and scope of your practice.

Conclusions

- Impact of cannabis enormous.
- Users' lack of awareness.
- Health care providers are influential first points of contact.
- Critical importance of detecting *early-stage* cannabis problems to arrest progression.
- The CUPIT offers busy practitioners in diverse community settings a brief, reliable, efficient and easily-administered screener to assist them in their efforts towards the reduction of cannabis-related harm in the community.

Resources for further information

- 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.
- Bashford, J.L. (2007). *The Cannabis Use Problems Identification Test (CUPIT): Development and Psychometrics*. Unpublished Doctoral thesis. Palmerston North, New Zealand: Massey University.
- Bashford, Jan (2008). Screening and Assessment for Cannabis Use Disorders. A background paper written for the Australian National Clinical Practice Guidelines. Available online at: <http://ncpic.org.au/ncpic/publications/guidelines-background-papers/>
- Copeland, Jan, Frewen, Amie, & Elkins, Kathryn (2009). *Practice guidelines for the management of cannabis use and related issues: A guide for practitioners and counselors*. National Cannabis Prevention and Information Centre, University of New South Wales: Sydney. www.ncpic.org.au
- **CUPIT** is available online at: <http://ncpic.org.au/static/pdfs/updated-cupit-tool-may-2010.pdf>



Thank you