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

Jan Bashford PhD, Ross Flett PhD, & Jan Copeland PhD
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
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

Health Promotion Education → Screening Invitation → Screening Procedure → Assessment and Diagnosis → Treatment → Follow-up

Recall

Negative result → Positive result
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


Thank you
CUPIT: A measure of current and developing cannabis-related problems

Bashford, J

2010