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

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

MASSEY UNIVERSITY
CUPIT – outline for today

- Rationale & background
- Development
- Description
- What’s new
- Reasons to promote CUPIT
CUPIT rationale: why screen for cannabis-related problems?

Epidemiology

- NZ is a world leader in per capita cannabis use (World Drug Report 2016)
- Trend towards ever-younger use
- Dramatic rise in cannabis treatment demand, especially among adolescent users globally (WDR 2016)
- Most widely-used illicit drug worldwide (4.9% used, WDR 2016)
CUPIT rationale cont’d:

Prevention is better than cure

• Screening and Early Intervention (SEI): proactive, targeted, and opportunistic (at-risk users); c/f traditional reactive approach

• Research consistently shows individuals at earlier stages (pre-clinical) of drug use problems have better prognoses

• SEI aims at reducing the number of future cannabis-dependent individuals
Harm Liability

• Spans the bio-psycho-social spectrum • (parental, marital, social, developmental, academic, work, legal, financial)

• Risk of serious accidents

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

• 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)
Screening Tools

- In 2010 existing cannabis tools all had 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 (43 items)
  – 12 month follow-up
Methodology cont’d

- Sample (N=212, age 13-61)
  - two-thirds <=18 years, 84% <=30 years
  - 56% male
  - 30% Māori ancestry
  - 91% CUD (72% dependence, 19% abuse)
Public health model for cannabis problems: The screening pathway

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

Recall

Negative result

Positive result
The CUPIT is…

- tailored to cannabis
- empirically-constructed, informed by international expert opinion, longitudinally tested
- developed in Nelson/Marlborough, New Zealand among typically diverse adolescent and adult users
- identified as one of only 3 appropriate for use among general population
The CUPIT is...

- simple, brief, self/other-administered, universally and culturally appropriate, adaptable
- highly-acceptable across all ages, particularly to younger users
- Reliable (consistent) and valid (accurate) for identifying (current) and predicting (future) CUD
The CUPIT is…

- discriminative: distinguishes non-problematic, risky use, cannabis abuse and CUD groups
- relevant to both clinical and general adult and adolescent populations
- accessible online as interactive self-adding questionnaire, OR downloadable as PDF
- publicly available at no cost
- used internationally
International applications include:

• Clinical trials
• Research studies, theses, university students (USA, Canada, Chile)
• Use among juvenile offenders (Texas)
• Multiple websites and assessment libraries e.g. APA, Sociometrics Corp, NIDA, NCPIIC
• Official cannabis measure in TRAILS adolescent cohort multi-measure longitudinal study in the Netherlands
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 or homeless people
Conclusions

• Societal impact of cannabis use is enormous

• However, users typically lack awareness, insight into its harms

• Community-based 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
Why promote CUPIT?
Reasons to promote CUPIT

• To prevent treatment agencies being overwhelmed with inappropriate referrals

• To prevent at-risk users slipping through the detection/intervention net

• Increasing decriminalisation/legalisation, use, harms, potency, dependence, hospital admissions; reduced perception of risk (WDR, 2016); confusing messages (medical use “good” vs. recreational use “bad”)}
What’s new with CUPIT?
CUPIT self-adding online
cupit

Cannabis Use Problems
Identification Test (cupit) ©

Do you smoke pot, weed, cannabis, marijuana?
Do you think you could be having any problems related to your cannabis use?

Please click here to take the CUPIT test.

The CUPIT will help you decide if you are having any problems with cannabis, and where you can get help for these problems. There are no right or wrong answers. The test is anonymous. You will get a score and options for where to get help if you want it.

If you are using CUPIT without a professional support person, please call the NZ Alcohol Drug Helpline on 0800 787-797 if you want further help.

This tool was developed as a result of doctoral research conducted by Dr Jan Bashford in the School of Psychology, Massey University, New Zealand.

Clinicians: Background Information and references about CUPIT
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.
http://www.massey.ac.nz/cupit

For more information click the link on the home page above to reach the Clinicians: Background information and references about CUPIT, where you can find:

1. A short video about the development and use of CUPIT
2. Powerpoint Slides from the video CUPIT (slides for video) (328 KB)
3. References and background papers CUPIT references (368 KB)
4. CUPIT interactive online screening tool (http://www.massey.ac.nz/cupit)
5. PDF copy of CUPIT screening tool to print CUPIT (Printable version) (379 KB)

Jan Bashford, PhD
janbashford@gmail.com

Rosey Duncan
roseyd@healthaction.org.nz

THANK YOU