





High risk cannabis use: How we measure it in France GPS? CAST results from France

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In the beginning...

- 2000's: only GPS. High prevalence, especially among youth (>50% lifetime use)
- Need to describe patterns of (non recreational) use. Not thought as a detection tool at first.
- No reliable estimates of cannabis use disorders => pressure from policy makers.
- No valid tool available in French context => create one.



The test relies on...

- 6 item-questionnaire (smokes before midday; smokes alone; memory problems; urged to reduce/stop; unsuccessful attempt to quit; other problems)
- 5 Likert-type, ordered responses (ranging from « never » [0 point] up to « very often » [4 points]);
- The final 0-24 point-score is calculated by simple summation and then categorized for classification purposes:
 - 0-2: no risk
 - 3-6: mild/moderate risk
 - 7-high: severe/high risk of dependence





- First version: lifetime cannabis use in the 2005 ESCAPAD survey (17 years old), then restricted to past 12 months use.
- Included in its definitive version since 2008 (n=39542) and the Health Barometer since 2010 (15 to 64 year-old; n=27653). Also included in the ESPAD survey (2007).
- Validated both clinically and epidemiologically at community-level as well as cannabis using inpatients. First validation in 2007 (adult sample), and following studies to determine cut-offs. Last validation based on DSM-V.





Latest results: among adults

- In 2014, 11% of 18-64 year-olds were past 12 months cannabis users (8% in 2010)
- **Current cannabis use particularly affects the younger population** 28% for 18- to 25-year-olds, only 2% among 55- to 64 year-olds.
- Items reported most often are:
 - having smoked cannabis alone (45%)
 - having smoked before midday (35%)
 - memory problems (26%)
 - Other problems: only 7%





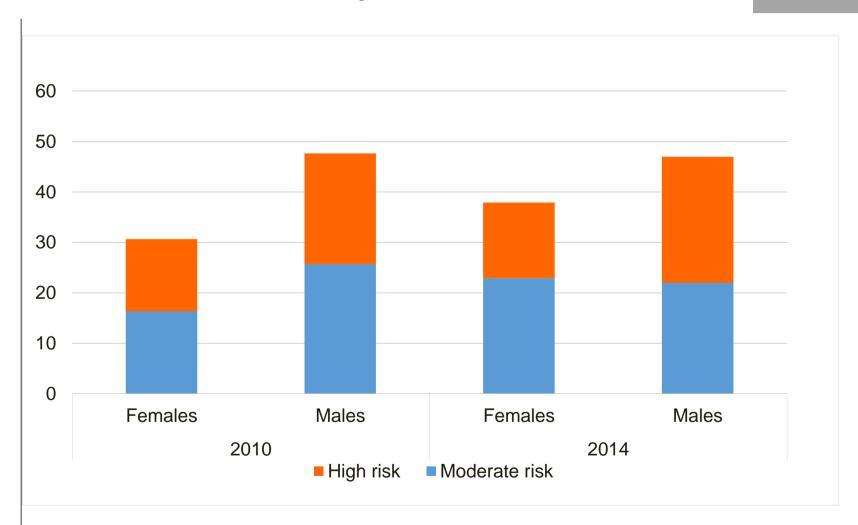
Latest results: among adults

- 42% of past 12 months cannabis users reached a score of 3 or more
- 21% were diagnosed dependency, i.e. 2.2% of 18-64 yearolds in 2014. Stable.
- Males overrepresented; increase of severe CUD among males.





CUD - 15-64 year-olds (past 12 months users) Health Barometer Survey





Latest results: among youth

- In 2014, 38% of young 17-year-olds (n=8148) used cannabis in the 12 months prior to the survey (35% in 2011, n=9416)
- Items reported most often are:
 - having smoked before midday (42%)
 - having sometimes/often smoked cannabis alone (29%)
 - memory problems (26%)
- The responses to the 3 other questions (urged to quit, unsuccessful attempts to quit, cannabis use-related problems) are answered positively half as often





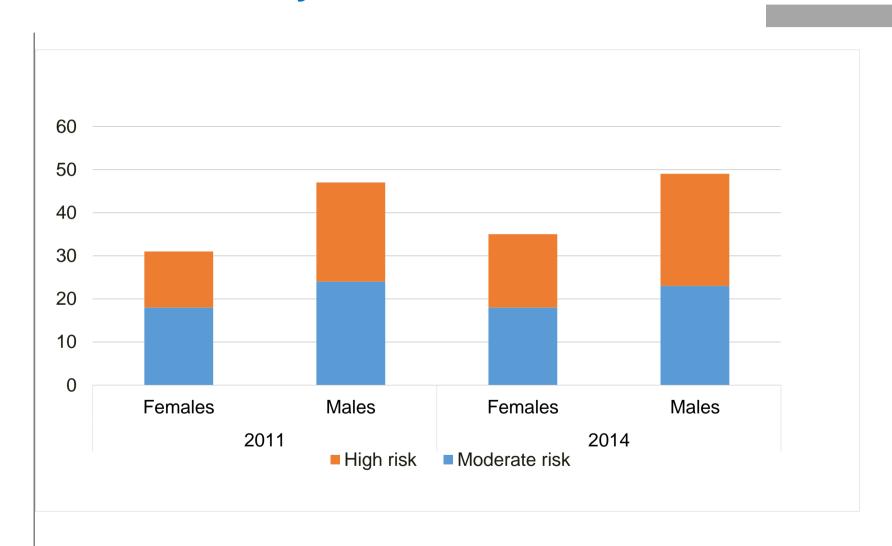
Latest results: among youth

- 42% of past 12 months users scored 3 or more, including 22% with high risk of dependence (vs 40% and 18% in 2011)
- 8.4% of the 17 year-olds vs 6.3% of the 17 year-olds.
- Again, males overrepresented; unlike adults, increase of high risk of dependence among females.





CAST: 17 year-olds (past 12 months users) ESCAPAD survey





Concluding remarks

- Increase of prevalence alongside an increase of CUD
- CAST enables an epidemiological follow-up among youth and adults. Another step forward: CAST as a prevention tool
 - Now used as test through early identification and short-term interventions (IPRP)
 - Preventive self-assessment: experiment launched in Toulouse by means of flyers handed out in nurses' offices in high-schools.
- Some limitations however:
 - Non-mandatory.
 - Needs complementary assessment by GP.



