

EASY AS CBD: A CANNABIDIOL PRIMER FOR MENTAL HEALTH PROFESSIONALS

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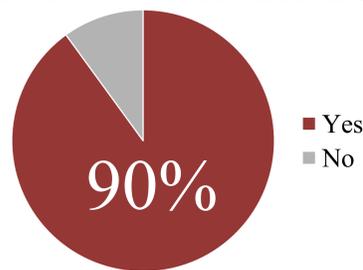
Abstract

The rising legalization of cannabis has received the attention of medical and mental health professionals. While cannabis provides symptom relief, it is not legal in all states. Recently, researchers have shifted focus from cannabis to cannabidiol (CBD), which offers a lot of the same relief. Much of the empirical research is geared toward basic scientist and neurologist, not psychologist and counseling professionals. Our goal is to provide mental health professionals need-to-know benefits and risks of CBD use and its relevance to their clinical work.

CBD Knowledge

Greenhalgh's 2019 Survey

Have Your Patients Asked About CBD?



Patients Most Often Ask About

■ Efficacy ■ Safety ■ Legality ■ DNS



Clinicians Feel Equipped to Answer Questions

■ No ■ Yes



What is CBD?

What CBD is *not*:

- Not delta-9-tetrahydrocannabinol (THC)
- Not psychoactive like THC

What CBD is:

- Cannabidiol (CBD)
- In its pure state, CBD is a crystalline solid that can be extracted from the cannabis plant
- Oral (e.g., capsule, dissolved in oil), intranasal (nasal spray), and topical (e.g., balms, lotion, gels)

Is it Safe?

Safety of CBD

- In a 2018 report commissioned by the World Health Organization, the Expert Committee on Drug Dependence stated, "To date, there is no evidence of recreational use of CBD or any public health-related problems associated with the use of *pure* (emphasis added) CBD" (p. 5)
- Some products *marketed* as pure CBD may not be pure
- Quality control problems, such as products containing incorrect (under- or over-labeled) levels of CBD
- Be aware of companies touting unsubstantiated claims
- Patients on typical doses (25-300mg) report dry mouth, fatigue, and appetite change

Legal component

- The Agricultural Act of 2018 legalized CBD
- Plants containing less than 0.3% of THC
- Fully legal in 36 (72%) states (CBD Legal States 2022, n.d.)
- Reference state-level policies
- CBD products that are *not pure* can produce drug test results positive for illicit substances (Dahlgren et al., 2020)

FDA's
"What You Need to Know"



Anxiety

- Focus on Social Anxiety Disorder (SAD)
- CBD taken prior to public speaking reduced self-reported anxiety post-speech (Bergamashci et al., 2011)
- Similar levels of anxiety with daily doses of CBD and paroxetine (Masataka, 2019)
- No reduction in physiological symptoms of anxiety (Zuardi et al., 2017)
- Participants *expect* CBD to reduce anxiety (Altman et al., 2021; Spinella et al., 2021)

Trauma Responses

- 25-300mg/daily → reduction in sleep disturbance, nightmares, and self-reported PTSD symptoms (Elms et al., 2018; Shannon & Opila-Lehman, 2016)
 - Inconsistent daily dosage
- May not maintain its ability to decrease PTSD symptoms over time (Das et al., 2013)
- Single dose (300mg) prior to psychotherapy → no reduction in anxiety or discomfort during trauma recall (Bolsini et al., 2021)

Psychosis

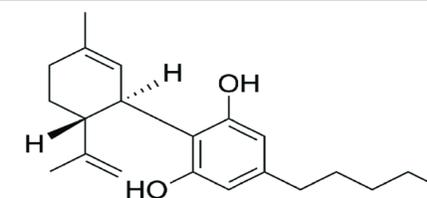
- Animal studies show promising results, while human studies produce mixed results
- 600mg/daily → no improvement in cognition or positive and negative symptoms (Boggs et al., 2018)
- 1000mg/daily → reduction in positive symptoms (McGuire et al., 2018)
 - Hahn (2018) early evidence and should continue to be researched
- Attenuation of acute stress in early psychosis (Appiah-Kusi et al., 2020)

Substance Use

- 15-60mg/daily → 53% of patients with chronic pain reduced or eliminated opioids (Capano et al., 2020)
 - 94% reported quality of life improvements
- No effect on heroin or cocaine cravings (Chye et al., 2019; Hurd et al., 2019)
- Fewer alcoholic drinks per day and less cannabis use days (Károly et al., 2021)
- Decrease in sleep disturbances and anxiety symptoms in daily cannabis users (Navarrete et al., 2021)

Neurological Functioning

- Anticonvulsant effects in disorders linked to frequent seizure activity (Patra et al., 2019; Perry, 2019)
- Only CBD product FDA approved for therapeutic use: *Epidiolex*
 - Lennox-Gastaut and Dravet syndromes (Devinsky et al., 2018)
 - Tuberous sclerosis complex in patients ≥12 months (Corroon & Kight, 2018)



Recommendations

Use professional judgement

- Why is the client interested in CBD?
- How might it help or harm them?
- What other substances or supplements is the client using?

Medication considerations

- Note all current medications your client is taking
- Medications processed by the liver may have interactions with CBD (Anderson et al., 2017)
- Consult with a MD

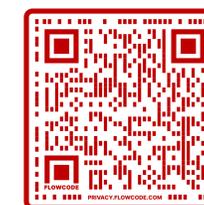
Stay aware and informed

- Add CBD to intakes
- Have peer-reviewed information ready for your client
- Know changes in state policies

Conclusions

Thus far, CBD shows promising results for conditions involving anxiety, psychosis, and seizure activity, although research is quite limited. Its impact on other mental health conditions is unclear due to the lack of research attention. Organizations, such as the FDA, and clinicians stress the need for sound empirical human studies to understand the therapeutic potential of CBD.

References



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