CBD is one of at least 113 chemical compounds, or cannabinoids, found in cannabis, a genus of flowering plants in the Cannabaceae family, which includes hemp and marijuana. There’s a fuzzy distinction.
between hemp and marijuana, since both are derived from the same plant species, but according to federal law:

» Legal CBD-containing products come from hemp, which federal law defines as any plant in the cannabis family containing less than 0.3% THC—tetrahydrocannabinol, the principal psychoactive component of cannabis.

» Marijuana is any cannabis plant containing more than 0.3% THC.

CBD doesn’t have the same psychoactive properties as marijuana: Users don’t feel “stoned” when they use it. Instead, research suggests, CBD has mild calming effects. Emerging evidence finds that CBD may help with some health conditions, including chronic pain, inflammation, anxiety, multiple sclerosis and opioid cravings. Research also finds that CBD may interact with other medications, such as the blood thinner Coumadin, for example, and that it has potential side effects such as nausea, fatigue and irritability.

The effects of CBD vary according to dose and the mode of administration, so it is unclear which types and amounts of CBD work, how and for whom, says psychologist Ryan Vandrey, PhD, an associate professor of psychiatry and behavioral sciences at Johns Hopkins School of Medicine who studies the effects of cannabis.

“You have to treat CBD as a novel therapeutic and weigh the potential risks and benefits for each individual patient,” he says, “but at the same time recognize that there is growing evidence that it might be helpful for people with certain health conditions.”

To add to the uncertainty, the Food and Drug Administration (FDA) has not yet regulated CBD. At this point, topical products including oils and lotions are legally permissible. Foods and beverages containing CBD are still considered illegal, although manufacturers aren’t necessarily taking heed.

And while growing hemp is legal, states still have the power to determine whether to license local businesses to cultivate hemp or cannabis, though manufacturers in nonlicensing states are selling their products nationally anyway.

“How should psychologists proceed?”

Ethical experts and experienced clinicians provide the following recommendations:

Use your professional and scientific judgment. A good rule of thumb is APA Ethical Standard 2.04—using your best professional and scientific judgment, says Lindsay Childress-Beatty, JD, PhD, acting director of APA’s Ethics Office. Psychologists should understand state and federal regulations related to CBD, examine the latest literature on the safety and efficacy of different types of CBD products and the conditions they may treat, and tie that literature to their individual patients. In general, recommending CBD (for example, a specific product and dose) is ill-advised, given that the only FDA-approved version is for epilepsy.

“When you have an industry without standards and with relatively poor regulatory oversight, you have problems,” Vandrey notes, among them mislabeling, false advertising and contamination.
it’s not advisable to recommend that a patient take CBD without suggesting further exploration with their medical provider,” Childress-Beatty says.

Sarah Burgamy, PsyD, past-president of the Colorado Psychological Association, takes that tack with her patients—educating them on the latest research on CBD, but not recommending it.

“As a professional, I consider it my duty to tell clients that there is a paucity of research around this chemical,” the Denver-based practitioner says. “So, while I am a big proponent of patient autonomy, I caution people to really make sure to consider what they know about the product that they’re planning to put in their body.”

Consider scope of practice. Burgamy also considers scope-of-practice issues. In the case of CBD products and others in a similar arena—St. John’s-wort for depression or melatonin for sleep problems—her stance is to stay within her realm of expertise.

“As a behavioral scientist, I feel my job is to ‘prescribe’ exercise or sleep hygiene—to talk to people about ways they can behaviorally amend what they’re doing in their day-to-day lives to improve their wellness,” she says. “But for me, it’s touchy territory to say to a client, ‘Why don’t you try this?’ because I’m a professional telling them that. I’m not their neighbor saying, ‘Hey, I’ve heard great things about CBD oil!’ Why don’t you go check it out?’”

If a patient asks about CBD—or any other psychiatric medication or quasi-medication—Burgamy advises them to check with their primary-care physician or to consider a psychiatric consultation. Medical professionals are better equipped to gauge the advisability of trying a CBD product for a health condition than nonprescribing psychologists, she says.

Psychologists can also contact their state licensing board about how the state regulates psychologists’ recommendations of CBD, Childress-Beatty adds.

Keep up with new developments. The research on CBD is changing rapidly, so experts advise staying abreast of the literature, such as medical and other peer-reviewed journals. Meanwhile, to educate its members, the Colorado Psychological Association in 2016 launched an annual “Green Symposium,” a half-day workshop where experts talk about the latest developments in cannabis.

Encourage independent thinking. Daniel Rockers, PhD, president of the California Psychological Association and a private practitioner in Sacramento, says he has seen numerous patients who use or have considered using medical marijuana or CBD after finding little relief from conventional treatments. When working with such clients, he asks questions to help them clarify how they think CBD could help them in terms of better functioning. He encourages them to research the products and return to discuss their findings.

“Because self-efficacy can be a significant predictor of success in behavior change,” he says, “I want to help clients increase their agency and ability to make independent decisions.”

Encourage investigation, but make sure to refer. Diane Cohen, PhD, a practitioner in Oakland, California, had firsthand experience with CBD after injuring her neck in a car accident. While visiting Washington state following the incident, she went to a cannabis dispensary, where she purchased a topical form of CBD. Cohen says she experienced pain relief and was grateful that she didn’t have to rely on nonsteroidal anti-inflammatories, to which she’s allergic, or on stronger pain medications.

That experience has led her to encourage patients who are interested in trying CBD to discuss it with their primary-care physicians or psychiatrists, as well as with a dispensary’s “budtender” or on-site physician.

Although Johns Hopkins researcher Vandrey errs on the side of caution, he believes providers should at least be open to having these conversations with their patients.

“You need to be open and honest and evaluate the risks and benefits for that particular individual,” he says, “the same as you would for any other treatment or therapy.”

Resources

Food and Drug Administration
For consumer updates on products containing cannabis or cannabis-derived compounds, including CBD, visit fda.gov/consumers.