

MA Member Experience Varies

The results of a survey of our members who have used CBD during their recovery were as follows:

- Some members believe that they benefit from CBD use for medical conditions in their recovery (under a doctor's advice and care)
- Some believe CBD use was the cause of relapse and their return to active substance abuse
- Some want the difference highlighted between topical and ingested CBD use
- Some find CBD beneficial and don't feel it has any negative impact on their recovery
- Some think CBD use is a "slippery slope"
- Some want other MA members to know that CBD can also have THC in it, and therefore is not an "outside issue"
- Some would rather MA World Services not address CBD use at all.

The input we've received illustrates the uncertainty surrounding the issue of CBD at this time as well as the variety of opinions and experiences within our Fellowship. It would be divisive as well as inappropriate for MA World Services to take a concrete position on the use of CBD by our members. We have no evidence of the use of CBD benefitting any member's recovery from marijuana addiction. We do suggest that members using or considering the use of CBD talk to their doctor, their sponsor, and their home group. We urge members to be open-minded and humble as they consider what is best for them and their long-term recovery. Be on guard against addict behaviors or attitudes such as keeping your CBD use secret, obsessing about it, or increasing your use without your doctor's orders. It is worth remembering that *Our Life with Hope* text states in Step One: "We are powerless over marijuana in all of its forms."

Our Traditions

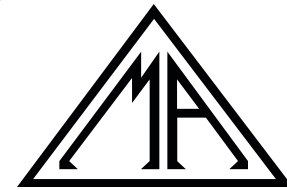
MA World Services doesn't have an opinion on the criteria that individual meetings use for giving sobriety chips to members, nor do we define qualifications for service at the meeting level. Tradition Four states that, "Each group should be autonomous except in matters affecting other groups or MA as a whole." Each group gets to decide their own parameters on the type of sobriety requirements they have for members during their monthly group conscience business meetings. MA World Services does not determine if using CBD impacts clean time.

There has been much discussion and a variety of opinions about whether or not the use of CBD is an "outside issue" within the meaning of Tradition Ten: "Marijuana Anonymous has no opinion on outside issues; hence the MA name ought never be drawn into public controversy." There is no clear group conscience at this time as to whether or not CBD use is an outside issue.

Tradition One emphasizes MA unity, and *Life with Hope* states in Step Twelve, "As we each work the program in our own special way, we discover the spiritual principles that we all have in common."

Marijuana Anonymous does not endorse the authors of the content under the section "Input from Two Career Experts in the Field of Addictions Treatment" or their employers. The medical opinions presented are based on their research and clinical experience, and should not be construed as the last word on the subject of CBD use. Marijuana Anonymous is not affiliated in any way with any foundation, institution, or other organization, and has no opinion on outside issues.

What about CBD?



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for Marijuana Addicts

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MA Has No Official Opinion on the Use of CBD

CBD products have burst onto the market in many states and seem to be advertised and available everywhere these days. As a result, MA World Services, Districts, local MA meetings, and sponsors are regularly asked for advice and guidance on the question of whether it is consistent with recovery for an MA member to use CBD, and whether individual meetings should give sobriety chips to those members. At World Services, we have been asked if MA has an official position or policy about members using CBD.

It's Hard To Know the Facts

An important consideration for any member giving thought to the use of CBD is that CBD is a constituent product of the marijuana plant and can be derived from both hemp and marijuana. If manufactured from marijuana, the likelihood of residual amounts of THC remaining in the finished product is a significant risk.

As of this writing [January 2020] the regulations and standardization of CBD products are in constant flux. This makes it hard to know what exactly one gets in a CBD product. There is no US government watchdog overseeing the claims which producers make about the source of or ingredients in their CBD products. This substantially increases the risk that a user can ingest THC inadvertently.

Input from Two Career Experts in the Field of Addictions Treatment

*Marvin D. Seppala, MD
Chief Medical Officer
Hazelden Betty Ford Foundation*

There is not yet good science about CBD that adequately proves its efficacy for some of the many ailments it is being touted to cure. It's a big business and we need to be wary of their claims.

The following is specific to ingested CBD. It is also not well controlled, thus there are small amounts of THC in the CBD which could possibly trigger the brain, thus triggering relapse is a question, or even providing some level of intoxication, depending on the amount injected. Additionally, we have no idea how much THC is in the available CBD, therefore cannot distinguish one type from another for safety. The CBD that is being sold can result in recognition of THC on urine drug screens, which is also a problem for those being monitored.

The current regulatory situation I've seen described is as follows: The allowable amount of THC in CBD in states without legal THC is 0.3%. There are limits set in some states with medical THC at 3%, and in states with recreational THC, there may be no defined limit.

The regulatory requirements are not necessarily being monitored, as a result I don't trust the manufacturers to actually follow the limits. I suspect it's cheaper for them not to.

At our treatment facilities, we've chosen not to allow its use. There's no way to know what people are getting at this time, nor what may happen as a result. Low amounts of CBD and THC could be safe for use in recovery, but may not be; as a result, it's best to completely avoid it.

Timmen L. Cermak, MD

First, there is no evidence of any addiction to CBD, nor are there any withdrawal symptoms when it is discontinued. It is, however, very mildly psychoactive, though evidence suggests that it reduces excess anxiety but does not lower anxiety below a person's baseline level.

CBD does have many legitimate medical uses. But I think people in recovery from marijuana abuse/addiction should treat CBD like any prescription medication, meaning that a person should be under the care of a physician for whatever symptoms s/he wants relief from. If the physician recommends a particular use of CBD, it should be taken according to the instructions. Any deviation should be in consultation with the physician.

Why do I have this conservative view for people in recovery? Because ...

- People in recovery often keep looking for a pill/medicine to cure ills that working a program of recovery should be relied on for.
- A marijuana addict using CBD could be like an alcoholic drinking near beer—whistling past the graveyard, playing with fire to prove something.
- CBD is psychoactive, however mild; you can always take more.
- It remains impossible currently to be sure CBD derivatives do not include THC.

In the end it is the intention behind CBD's use that is important. If it represents a way of not having to give up marijuana entirely, this is a problem. If a physician is treating someone's arthritis, it is truly medicinal. This is a place for practicing rigorous honesty and transparency with others you trust.

You are very right to be concerned about getting what you want from the market these days. About 70% of preparations are not what they claim to be. I am hopeful that CBD tested by licensed labs and sold by licensed dispensaries in California will improve the situation.

