



# Current State of Evidence for CBD-THC

## The GOOD:

**There is conclusive or substantial evidence that cannabis or cannabinoids are effective:**

- For the treatment of chronic pain in adults (cannabis)
- For the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids)
- In improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids)

**There is moderate evidence that cannabis or cannabinoids are effective for:**

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis (cannabinoids, primarily nabiximols)

**There is moderate evidence of a statistical association between cannabis use and:**

- Better cognitive performance among individuals with psychotic disorders and a history of cannabis use

## The BAD:

**There is substantial evidence of a statistical association between cannabis use and:**

- The development of schizophrenia or other psychoses, with the highest risk among the most frequent users

**There is moderate evidence of a statistical association between cannabis use and:**

- Increased symptoms of mania and hypomania in individuals diagnosed with bipolar disorders (regular cannabis use)
- A small increased risk for the development of depressive disorders
- Increased incidence of suicidal ideation and suicide attempts with a higher incidence among heavier users
- Increased incidence of suicide completion
- Increased incidence of social anxiety disorder (regular cannabis use)
- The impairment in the cognitive domains of learning, memory, and attention (acute cannabis use)

# The UGLY:

**There is substantial evidence of a statistical association between cannabis use and:**

- Increased risk of motor vehicle crashes
- Worse respiratory symptoms and more frequent chronic bronchitis episodes (long-term cannabis smoking)
- Lower birth weight of the offspring (maternal smoking)

**There is moderate evidence of a statistical association between cannabis smoking and:**

- Improved airway dynamics with acute use, but not with chronic use
- Higher forced vital capacity (FVC)
- Increased risk of overdose injuries, including respiratory distress, among pediatric populations in U.S. states where cannabis is legal

**There is moderate evidence of a statistical association between:**

- Problem cannabis use and a history of psychiatric treatment
- Problem cannabis use and increased severity of posttraumatic stress disorder symptoms

# The CHALLENGE:

## Challenges & Barriers in Cannabis Research

**Three primary barriers contribute to the difficulty in initiating research geared toward answering the most pressing public health questions:**

1. US regulatory status of cannabis and cannabinoids
2. Sources for cannabis and cannabinoid study medications
3. Funding to support studies.

- The federal government considers marijuana an illegal Schedule I drug (on par with heroin and LSD), making it notoriously difficult to research.
- Scientists are required to obtain permits from the Drug Enforcement Administration (DEA) for their studies, a process that can take a year or more.
- Under the new Medical Marijuana and Cannabidiol Research Expansion Act, the Attorney General has 60 days to approve applications, request more information or provide reasons for denying them.
- Researchers who order cannabis from NIDA for human research in the United States must obtain FDA Investigational New Drug authorization, DEA schedule I registration, and institutional review board (IRB) approval.
- Researchers would still bear the burden of identifying a product that adheres to the FDA's Good Manufacturing Practice requirements.



For references and  
downloadable file  
Scan QRcode or go to  
<http://bit.ly/3XqzqkX>

