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Pilot Study of Patients Who Attempt to Stop Opiate Substitutes with Cannabidiol/Tetrahydrocanabinol

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Abstract

***Objective:** Some patients seem able to reduce their dose of methadone by using the cannabidiol (CBD) or its mixtures with tetrahydrocannabinol (THC). We used a questionnaire to evaluate such cases.*

***Materials and Method:** We located 7 opiate substitution patients (6 males, one female) who were attempting to reduce their use of opiate substitutes via CBD/THC oils: one has been on suboxone for 5 years and 6 have been on methadone for 1.5 to 14 years. All 7 reported that they initially became addicted due to pain: their current pain severity (rated on a scale from 0=no pain to 10=extreme pain) ranged from 7 to 10 (mean=8.2, SD=1.2). They have been using CBD/THC oils for between 7 and 365 days.*

***Results:** Using the scale from 0 to 10 (0=no success; 10=CBD/THC oils helped to stop opiate substitutes completely), the patients' average was 5.7 (SD=3.2): the range was 0 to 8. Only one patient reported a complete failure to reduce the dose of his opiate substitute (suboxone) and of other concurrent analgesics. The pain reduction by these oils (rated from 0=no success to 10=pain eliminated) averaged at 6.4 (SD=3.4). The pain relief lasted, on average, for 18.5 hours (SD=14.0).*

***Conclusions:** While patients differ greatly in their biological characteristics and in their motivation to reduce the use of opiates or their substitutes, our data suggest that the CBD/THC oils might help many to achieve this goal, especially if provided with expert medical guidance.*

Keywords: *addiction, cannabidiol, opiates, methadone, suboxone, tetrahydrocannabinol*

Introduction

Most patients know very little about the properties of cannabidiol (CBD), even those otherwise relatively familiar with underground drug use, such as the patients in methadone-suboxone clinics. For example, some of the methadone-suboxone patients erroneously assume that CBD might trigger "drug induced psychosis or that it causes a "high"[1]. A recent study by Reitman, Welty, and Solomon [2] on 2,897 patients on medical cannabis determined that 34% of them reported having used opioid based analgesic medication in the last 6 months. These patients reported that cannabis provided relief on par with their other analgesic medications, but without unwanted side effects. The majority (97%) reported that they were able to decrease their use of opioid medication when also using cannabis. The majority (81%) also reported that cannabis by itself was more effective for coping with their symptoms than was concurrent use of cannabis with opioids or also cannabis with non-opioid analgesics [2].

Most of those pain patients who know about the potential of CBD for stopping pain or for treating addiction face the problem of not having an easy access to CBD marketed by a government approved and laboratory controlled producer. As explained by Rubin [3] in a recent article in the Journal of American Medical Association, the "CBD oil" sold illicitly by

free-lance vendors at times contains no CBD at all, or its proportions to tetrahydrocannabinol (THC) are not listed correctly. Rubin wrote that "In 2015 and 2016, the FDA tested CBD products sold online and found that some had no CBD but did contain THC, which their labels failed to mention."[3]

One of major limitations of our study is that we do not know if all patients evaluated in our study indeed obtained real CBD (rather than something else only labelled as CBD). Its proportion to THC also remained unknown to us.

Materials and Method

Seven patients in two urban methadone-suboxone clinics mentioned to us that they attempted to reduce their dose of methadone or suboxone by using the CBD/THC oils (in unknown daily dose and unknown proportions) over the time span ranging from 7 to 365 days. We used a questionnaire to evaluate such cases. One of our 7 patients has been on suboxone for 5 years and 6 have been on methadone for 1.5 to 14 years. All 7 reported that they initially became addicted to opiates due to persistent pain. They rated their current pain at 7 to 10 points (mean 8.2, SD=1.2) on the scale from 0 (no pain) to 10 (extreme pain).

Results and Discussion

Our 7 patients rated the success of their attempt to stop opiate substitutes on the average at 5.7 (SD=3.2) on a scale from 0 (no success) to 10 (complete success). Only one patient (the one on suboxone) reported a complete failure, however, we do not know if the "CBD oil" of this patient in fact contained any CBD. The pain reduction by these illicit oils (rated from 0=no success to 10=pain eliminated) averaged at 6.4 (SD=3.4). The pain relief lasted, on average, for 18.5 hours (SD=14.0).

The clinical lore suggests that while the relaxing effect of smoking THC rich marijuana lasts only about 2 to 3 hours, the THC oil produces less intense but longer lasting effect of perhaps 10 or more hours. Since our patients reported effects lasting, on average, 18.5 hours, it is possible that their illicitly obtained "CBD oil" perhaps contained mainly THC. In our experience, the pain reducing effects of CBD are only very subtle over the first several days, but then overtime become more long term and more efficient than those of THC. Hopefully such clinical speculations could be soon tested in properly designed prospective research studies once the regulatory and governmental agencies would start promoting and fast-tracking the research on clinical applications of CBD oils. The optimal relative proportions of CBD to THC and optimal dosage need to be determined carefully for each clinical application.

Well-designed animal studies by Manzanares team [4] show that the CBD is non-addictive. Furthermore, compared to other psychiatric medications or to common analgesic medications, adverse side-effects of CBD are mild and rare [5]. For example, in the German study which compared CBD to amisulpride as a pharmacotherapy for schizophrenia, amisulpride had more side-effects than did CBD [6].

Conclusions

Our 7 patients rated the success of attempting to stop using opiate substitutes at 5.7 points on a scale from 0 (no success) to 10 (complete success). Research is needed with laboratory controlled CBD oils and with CBD-THC oils to properly evaluate their use for pain control and for opiate addiction. Hopefully, after more intensive public education, the regulatory agencies would facilitate medical studies on CBD in order to help to stop the opioid epidemic.

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