

## EDITORIAL

# Position statement of the Brazilian Psychiatric Association on the use of cannabis in psychiatric treatment

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In view of the several studies that have been conducted in Brazil and worldwide to find whether the use of cannabidiol (CBD) is effective in the treatment of various diseases, the Brazilian Psychiatric Association (Associação Brasileira de Psiquiatria [ABP]) issues its official position on the topic.

### ABP's position

- 1) Current scientific evidence is not sufficient to support the use of any cannabis-derived substance for the treatment of mental illness. In contrast, several studies have associated the use and abuse of cannabis and other psychoactive substances with the development and worsening of mental illness.<sup>1-6</sup>
- 2) The use and abuse of psychoactive substances contained in cannabis can cause chemical dependency, trigger psychiatric disorders, or aggravate the symptoms of pre-existing mental illnesses. This is the case with schizophrenia – it is estimated that the risk of developing the disease is four times higher for cannabis users, and cannabis use has been associated with a poorer prognosis. Cannabis use is also associated with baseline mood changes, depression, bipolar disorder, anxiety disorders, attention deficit hyperactivity disorder, and suicidal ideation.<sup>1,4,7-9</sup>
- 3) Further research on CBD should be encouraged, but further studies on adverse effects and the likelihood of addiction must also be conducted.<sup>4,9</sup>
- 4) Some Brazilian media outlets have endorsed studies on the possible “benefits” of cannabis, supporting misinterpretations and contributing to the impression that cannabis is a completely safe and harmless product to be consumed, especially by young people.<sup>1,9</sup> This “positive publicity” takes us back to the time when cigarettes were marketed with the approval of the media and even of a part of the medical community to meet commercial interests.

- 5) The Brazilian Federal Council of Medicine (Conselho Federal de Medicina [CFM]) authorizes the compassionate use of CBD only for children and adolescents with difficult-to-treat epilepsy, based on Resolution CFM number 2113 of 2014.<sup>10</sup>
- 6) Like the ABP, the American Psychiatric Association (APA)<sup>6</sup> does not endorse the use of cannabis for medical purposes. One excerpt from the position statement issued by the APA says that “there is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders.<sup>6</sup> Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.”<sup>1</sup>
- 7) The treatment of any medical condition should be evidence-based, and physicians who prescribe the use of cannabis for medical purposes should be fully aware of the risks and liabilities inherent in doing so.<sup>4</sup>
- 8) There is no convincing scientific evidence that the use of CBD or any of the cannabinoids contained in cannabis can have any therapeutic effect on any mental disorder. It is important to note that it does not matter whether a substance is synthetic or natural; without well-designed clinical trials, no substance can be written down for the treatment of any disease.<sup>2,4</sup>
- 9) The ABP supports all lines of research in the search for novel solutions for diseases with no treatment, if they follow all the regulations related to scientific research.
- 10) After careful consideration and in view of the various harms highlighted so far, the ABP currently does not support the use of cannabis or any cannabis-derived substance for medical purposes in the field of psychiatry, nor does it support cannabis use for recreational purposes.

It is important to bear in mind that no cannabinoid has been registered with any international regulatory agency for the treatment of any psychiatric disorder.

## Disclosure

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## References

- 1 Gobbi G, Atkin T, Zytynski T, Wang S, Askari S, Boruff J, et al. Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: a systematic review and meta-analysis. *JAMA Psychiatry*. 2019;76:426-34.
- 2 Kirkland AE, Fadus MC, Gruber SA, Gray KM, Wilens TE, Squeglia LM. A scoping review of the use of cannabidiol in psychiatric disorders. *Psychiatry Res*. 2022;308:114347.
- 3 Kopelli E, Samara M, Siargkas A, Goulas A, Papazisis G, Chourdakis M. The role of cannabidiol oil in schizophrenia treatment: a systematic review and meta-analysis. *Psychiatry Res*. 2020;291:113246.
- 4 Black N, Stockings E, Campbell G, Tran LT, Zagic D, Hall WD, et al. Cannabinoids for the treatment of mental disorders and symptoms of mental disorders: a systematic review and meta-analysis. *Lancet Psychiatry*. 2019;6:995-1010.
- 5 Meier MH, Caspi A, Knodt AR, Hall W, Ambler A, Harrington H, et al. Long-term cannabis use and cognitive reserves and hippocampal volume in midlife. *Am J Psychiatry*. 2022;179:362-74.
- 6 American Psychiatric Association. Position statement in opposition to cannabis as medicine [Internet]. 2019. <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Cannabis-as-Medicine.pdf>
- 7 Guinguis R, Ruiz MI, Rada G. Is cannabidiol an effective treatment for schizophrenia? *Medwave*. 2017;17:e7010.
- 8 McLoughlin BC, Pushpa-Rajah JA, Gillies D, Rathbone J, Variend H, Kalakouti E, et al. Cannabis and schizophrenia. *Cochrane Database Syst Rev*. 2014:CD0048377.
- 9 Paul SE, Hatoum AS, Fine JD, Johnson EC, Hansen I, Karcher NR, et al. Associations between prenatal cannabis exposure and childhood outcomes: results from the ABCD study. *JAMA Psychiatry*. 2021;78:64-76.
- 10 Conselho Federal de Medicina. Resolução CFM nº 2.113/2014. *Diário Oficial da União*, 16 dezembro 2014. [http://www.portalmedico.org.br/resolucoes/CFM/2014/2113\\_2014.pdf](http://www.portalmedico.org.br/resolucoes/CFM/2014/2113_2014.pdf)