Cannabidiol (CBD) is a popular natural remedy used for many common ailments. Better known as CBD, it is one of a number of chemical compounds found in the cannabis or marijuana plant, cannabis sativa. Tetrahydrocannabinol (THC) is the main psychoactive cannabinoid found in cannabis, and causes the sensation of getting “high” that is often associated with marijuana. However, unlike THC, CBD is not psychoactive. This makes CBD an appealing option for those who are looking for relief from pain and other symptoms without any mind-altering effects. CBD oil is made by extracting CBD from the cannabis plant, then diluting it with a carrier oil like coconut or hemp seed oil.

In terms of the legality of CBD products, CBD is in a legal grey area. CBD that is extracted from hemp (which must have an extremely low level of THC) has been legal nationwide only since the Agriculture Improvement Act—better known as the Farm Act—was passed in December 2018. CBD that is extracted from other cannabis plants is still illegal on the federal level, but may be legal under state law. Products based on marijuana, however, are allowed only for medical use under very specific restrictions in Maryland.

While the use of CBD products and CBD oil looks promising as a source for a variety of health benefits, quality control is suspect at this time. Consequently, you have to be mindful of using these products, especially if you are a CDL holder. Remember that, aside from the safety implications of driving an MCPS school bus or truck with THC in one’s system, a positive drug test means never driving a commercial vehicle for MCPS again.

Q. Can consuming a normal dosage of 20–100 mg of CBD oil cause a positive THC result, since many CBD products do contain small amounts of THC?

A. Since the CBD oil purchased from dispensaries or on the Internet is not pharmaceutical grade, and there are diverse approaches to regulating these products in different states, it is possible that...
there could be enough THC in a product to produce a positive test for the drug. The Food and Drug Administration has found widely varying THC content in cannabinoid-related products and has issued warnings to some manufacturers.

**Bottom line:** If you are going to use these products, do some research before buying. Check the ingredients. Learn about the company you are buying from. For further information on CBD-related products, go to www.drugabuse.gov/about-nida/noras-blog/2018/07/fda-approves-first-drug-derived-marijuana

**Caring for the Caregiver**

FEW PEOPLE ARE PREPARED for the responsibilities and tasks involved in caring for loved ones who are ill, elderly, or disabled. The success of the relationship between you and your loved one depends on several factors. One of the most important is how well you take care of yourself, empowering yourself to be there for the person you are caring for. First, let us look at what causes the stress in such a relationship. Then, we will explore some ways to care for yourself as you care for another.

**Sources of Stress**

Caring for someone who is sick or disabled causes tremendous stress from several directions, and each has a different effect on the caregiver. The following are the main sources of such stress:

- **Being far away:** In most families, people are spread out across the country and are not always available to help with caring for a sick or elderly person. This places extra stress on the person who lives nearby, who often must contribute the most in terms of time and money toward the patient’s care. The out-of-towners may not realize how much time and money the person close by is devoting to the care of their family member.

- **Financial stress:** Expenses are inevitable when someone requires extra care. For example:
  
  a. Many caregivers spend their own money to cover expenses that are not covered by insurance or Medicare.
  
  b. The less-involved family members may not realize how expensive certain items are and may even resist helping to pay for them.
  
  c. The primary caregiver may have to work fewer hours or find less-demanding work (which may pay less money). Many caregivers have to stop working completely in order to care for the patient.

- **Cultural expectations:** In some cultures, daughters are expected to care for parents; and in others, it is not acceptable to place relatives in nursing homes.

- **Relationship stress:** In addition to the financial stress, all these factors create enormous stress on the relationships among family members. This can lead to an additional layer of problems if it is not discussed and resolved openly.

- **Physical stress:** Caring for an ailing person can be a physical challenge. Activities like cooking, cleaning, doing laundry, and shopping can be exhausting, especially when they are added to the responsibilities of your own life.

- **Home alterations:** If the patient continues to live at home, you may need to make alterations such as installing building ramps or railings. Everyone in the home will have to adjust.

- **Social stress:** Providing personal care 24 hours a day can cut off the primary caregiver from family and friends. You may be too tired to have an evening out, and you may not have anyone else to take over. This can result in your feeling anger and resentment to your family member.

- **Emotional stress:** It is not unusual to feel a range of emotions, including anger, resentment, anxiety, frustration, sadness, and guilt. These negative emotions may conflict with the love you feel for your family member and the satisfaction you get from contributing to the quality of his or her life.

  With all these kinds of stress, it is not surprising that many caregivers become overwhelmed and begin to feel burned out.

**Caregiver Support Group**

To support our caregivers, MCPS EAP offers a Caregiver Support Group, designed to provide helpful resources and establish connections among the caregivers within our MCPS community. The meetings are held from 4:15–5:30 p.m. at 45 West Gude Drive. Guest speakers present on important topics related to caring for a loved one. All are welcome to attend.

**For More Information or to register, please contact the EAP at 240-314-1040.**
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Caregiver Survival Tips
Find out about resources before you need them. For example, do not delay researching nursing homes until the patient needs to be placed in one. Seek all the support possible. Be on the lookout for groups, individuals, and organizations that provide emotional, social, physical, and financial support.

Ask your family and friends for help. They may be able to provide you with time, knowledge, or money.

- Investigate adult day care facilities. They offer therapeutic, rehabilitative, and support services, such as nursing, social work services, meals, and transportation.
- Consider having meals delivered. Many organizations provide nutritional programs.
- Consider hiring a home health aide. Aides can provide personal care, such as help with eating, dressing, oral hygiene, bathing, administering medication, and light household tasks.
- Find out about homemaker services. These services can assist with shopping, laundry, housecleaning, preparing meals, and taking clients to medical appointments.
- Look into the offerings of hospital and surgical supply services. They rent or sell medical supplies and equipment like hospital beds, canes, walkers, bath chairs, oxygen, and other equipment.
- Check out respite care services. They provide relief to caregivers.
- Look into social day care. They provide recreational activities, social work services, hot meals, transportation, and some health services.
- Find out about transportation services. They provide transportation to and from medical appointments or other care services.
- Find out about skilled nursing services. They offer professional help with specific medical problems.
- Maintain communication with your family and friends. When tensions and misunderstandings develop (and they will), address them quickly.
- Take care of yourself. Eat well, exercise, rest, and take time off.

If you are a caretaker and are in need of support, have questions about our ongoing Caregiver Support Group, or need help finding resources, contact the EAP at 240-314-1040.

Article written by Dolores Coburn, LCSW-C, from the Therapists Newsletter Kit. Printed with permission.

Ask the EAP:
Q. I understand you are a short-term counseling program, but how many times may I see an EAP counselor?
A. For the in-house EAP, you are allowed up to eight no-cost sessions per event; for the EAP partner, Kepro, you are allowed up to six no-cost sessions per event. If it seems like your problem is better served by longer-term counseling, we may suggest a referral rather than seeing you for all allotted sessions. If you need a referral, we will do everything we can to help you find a provider that works with your issue, is not too far away, and takes your insurance.

Do you have a question for the Employee Assistance Program (EAP)? Send your questions to Jeff Becker at Jeffrey_Becker@mcpsmd.org or via the Pony mail.

Signs That a Caregiver Needs Help
How do you know if the stress is becoming too much for you? The following is a list of signs that you need help. Take a moment to identify those that are or may be problems for you.

1. You do not get out much anymore.
2. You argue with the person you care for.
3. You have conflicts with other family members.
4. You abuse drugs, alcohol, or medications.
5. Your appetite has changed.
6. You isolate yourself from others.
7. You behave in a compulsive manner or are overly focused on minor details.
8. You feel listless; you lack energy.
9. You feel more angry, anxious, or worried than usual.
10. You have a difficult time controlling your emotions.
11. You have a hard time concentrating.
12. You have physical symptoms of anxiety, such as an upset stomach, headaches, or a racing heart.
13. You forget things often.
14. You are clumsy or accident-prone.
15. You have self-destructive or suicidal thoughts.
16. You sleep more or less than usual.
17. You never seem to get enough rest.
18. You feel guilty about your situation.
Medications for More Successful Recovery from Addiction

Listed below are medications you may have heard of but do not know what exactly they are or what exactly they do. Nonaddictive medications, such as those listed below, can increase the likelihood of a successful recovery from addiction, when used in conjunction with psychosocial treatment. The goal is to reduce physical discomfort, which can distract from doing the psychological work of recovery.

Three medications to prevent alcohol relapses

1. **Antabuse (disulfiram)** has been used to treat alcohol problems since the 1950s. This medication gives you an additional incentive not to drink because, after it is in your system, drinking alcohol would cause an unpleasant reaction. An important part of successful treatment is separation from alcohol, which residential programs accomplish geographically. Antabuse accomplishes this same goal chemically. When used as the sole treatment element, there is little evidence of effectiveness. However, many patients who use it briefly or for an extended period of time find it highly useful and regard it as a sobriety saver when used as part of a comprehensive recovery plan.

2. **Campral (acamprosate)** has been used in Europe since 1989. It has been found to reduce alcohol relapses, with no significant side effects. It appears to work by reducing preoccupation with alcohol and reducing the power of triggers that ordinarily would set off thoughts of drinking. It purports to reduce the activity of glutamate, an excitatory neurotransmitter that becomes overactive when alcoholic drinking stops.

3. **Naltrexone (Revia, Vivitrol)** has been used for many years to block the action of opioid drugs. More recently, it has been found useful in reducing alcoholic relapses. Naltrexone works by reducing both your cravings for alcohol as well as the pleasurable effect of alcohol, if you do drink.

Two medications that facilitate recovery from opioid addiction

1. **Buprenorphine**, also known as Suboxone, has improved treatment outcomes for opioid addiction significantly. It greatly reduces or eliminates withdrawal symptoms and can eliminate drug cravings. Buprenorphine is an opioid that attaches to the same places in the brain as heroin and pain medications do. Because it activates these sites only partially, it does not make people high when used properly. Also, it prevents people from getting high on other opioids by blocking the effect of these substances. It has been used in Europe to treat addiction since the 1990s. It became available in the United States in 2003.

2. **Naltrexone** is available as a pill and also as an extended-release injection (Vivitrol) that lasts for one month. It is an “opioid antagonist” and works by blocking opioid drugs from attaching to the opioid-receptor sites. If you take an opioid after naltrexone is in your system, you do not feel any rewarding effect. You will get sick only if you take naltrexone while an opioid drug is still in your system. This is called precipitated withdrawal. If the idea of being on an opioid such as buprenorphine is not acceptable to you, naltrexone is an option.

Adapted from an article on the Kolmac Recovery Centers website. Used with permission. For more information on Kolmac, go to [https://www.kolmac.com/](https://www.kolmac.com/)