

S4. Ep4. Can Cannabis Cause Harm?

Kara Ware ([00:00](#)):

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This is Good Medicine *On the Go*.

So far this season, we've talked about the history of cannabis, where our prejudice comes from, the available research on cannabis, and the basics of the endocannabinoid system.

Nathan Morris ([00:52](#)):

We've really covered a lot so far, Kara. And remember, this season, the episodes build upon one another. So if you haven't already... And before you listen to this one, I would even recommend go back and check out these early episodes because it really is this thing where we're going to be talking about things today that really are dependent on episode one, two and three. And cannabis can be a divisive topic. Some think it's a panacea, and others are adamant that it's a gateway drug and cause serious harm. As is the case with most things, we think the truth is somewhere in the middle. Cannabis is not a panacea, but it also isn't the root of all evil.

Kara Ware ([01:29](#)):

It's a plant with potential therapeutic value and also some potential side effects.

Nathan Morris ([01:36](#)):

Right. Cannabis is not going to be appropriate for everyone. It is by no means harmless. Whether the patient is self-medicating or you, the provider, want to recommend cannabis, there are important things to consider, like drug interaction, side effects, sensitive population, and even addiction and withdrawal.

Kara Ware ([01:53](#)):

And patients, we aren't always aware of these risks, Nathan.

Nathan Morris ([02:00](#)):

That's right. And I think, as healthcare providers, we need to know the good and the bad. We need to weigh the risk and the benefits of cannabis in order to guide patients to the best treatment option.

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Kara Ware ([02:12](#)):

Right. So, as you just said, let's cover in this episode possible side effects, sensitive populations, addiction and withdrawal, drug interactions, and legal implications to be aware of.

Hello and welcome. I'm Kara Ware, a national board-certified health coach and business advisor.

Nathan Morris ([02:37](#)):

And I'm Nathan Morris, a medical doctor who is also certified in functional medicine.

Kara Ware ([02:41](#)):

Let's remember that any intervention can have side effects and risks, even the most simple ones. So take for instance, supplemental magnesium, an essential nutrient. The same dosage used to help patients relax and improve low magnesium levels has also the potential to cause sometimes severe loose stools and electrolyte imbalances. And what about a leisurely day at the beach? That isn't without potential side effects. While the perfect way to relax and make vitamin D, large amounts of sun exposure can also increase the risk of certain skin cancers.

Nathan Morris ([03:16](#)):

In addition, pharmaceuticals aren't without their side effects and risk either. Just listen to a pharmaceutical commercial. I think half of it now is dedicated to all the ways it can take your life. So everything has to be balanced. I'm scared to death. I listen to a pharmaceutical commercial. I'm like, "Hell no, I'm not taking that drug." So other drugs can have more serious, sometimes permanent or life-threatening side effects. As healthcare providers, we have to weigh the risk against the benefits and have an honest conversation with our patients. Is this the right treatment for you?

Kara Ware ([03:47](#)):

Right. And honestly, cannabis is no different. Any benefit should be weighed against the potential side effects and sensitive population should be extra careful.

Nathan Morris ([04:01](#)):

That's right, Kara. The thing we should remember and the takeaway is cannabis is not a good fit for everyone.

Kara Ware ([04:07](#)):

All right. So, Nathan, let's talk about the immediate side effects of cannabis.

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Nathan Morris ([04:11](#)):

You've probably already familiar with many of the immediate side effects called by THC. These include things like increased hunger, dizziness, anxiety, impaired thinking, sleepiness, dry mouth, nausea, memory difficulties, and others, like if you're in my generation, you say "Dude" a lot. On the other hand, CBD at least or at lower non-pharmaceutical doses is generally well-tolerated since it doesn't have the same psychoactive effects of GAC. However, it can still cause side effects like dry mouth, diarrhea, reduced appetite, drowsiness, fatigue, and some others.

Kara Ware ([04:46](#)):

And just like any intervention, dose is an important consideration. High doses of THC and CBD are more likely to cause side effects and increase severity. So something we all need to acknowledge and be aware of is the increased potency of cannabis and cannabis-derived products today. According to the University of Mississippi's marijuana potency project, the average THC content of cannabis has increased from less than 3% in the '70s to 4% in the '90s, and now to roughly 13%.

Nathan Morris ([05:21](#)):

Yeah. I'd like to see the people in the '70s smoke a whole doobie.

Kara Ware ([05:27](#)):

Right. Right. And meanwhile, CBD concentrations have decreased on average over the same time period. So the ratio of THC to CBD, for example, in 1995 was 14 to one. And in 2014, it's now approximately 80 to one. It's mind-blowing when we really break it down like that. Both the hybridization of cannabis and improved extraction methodology has created far more potent cannabis strains and products.

Nathan Morris ([06:03](#)):

That's right. Today's cannabis ain't your grandpa's weed that's for sure. It is being hybridized to be much more potent by increasing THC content and decreasing CBD on the recreational side. Let me emphasize that recreational side. Now on the medical side, you can get much higher CBD in those hybrids. So the difference between recreational and medical is pretty big, especially when you look at the products that are available. This hybridization to create high THC can dramatic and increase risk, both the risk and severity of side effects, especially in sensitive populations. I'd also like to mention that preliminary data, actually it's unpublished data that was shared with Nature Outlook found that combining a small amount of CBD with THC resulting in a greater psychoactive effect than either THC alone or THC consumed with a large amount of CBD. So there's just so many things we have to consider here. This is really important because we often think that CBD negates some of the psychoactive effects of THC and it does at higher doses. But according to this research at low doses CBD actually increases the psychoactive effects of THC.

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Kara Ware ([07:13](#)):

Gosh. Yeah. So, it's the combination of high THC and low CBD that we're seeing so often in today's cannabis profiles and products.

Nathan Morris ([07:23](#)):

Yeah. That's a cause for concern, Kara.

Kara Ware ([07:26](#)):

Right.

Nathan Morris ([07:27](#)):

These high potency products are readily available and consumers are unfamiliar with how much THC to consume, or the synergies that TH and CBD can have. This is really a case where the policy legalizing cannabis has outpaced the science. Are high potency products safe really is the question.

Kara Ware ([07:45](#)):

Yeah. Great point, Nathan. So let's talk more about these sensitive patient populations now. So who are these sensitive populations we have to be on the lookout for?

Nathan Morris ([08:00](#)):

Not surprising here. Kara, the three populations that are more sensitive to harm are pregnant women, those predisposed to mental illness and teenagers.

Kara Ware ([08:09](#)):

Okay. So let's start with that first one, pregnant women. This is the classic sensitive patient, even today. A lot of drugs and supplements aren't recommended for pregnant women because we just don't know if they're safe. What we do know is that in observational studies, THC has negative effects and CBD. We don't know yet. We also know pregnancy can be tough for some women. Cannabis might help relieve some of the symptoms associated with pregnancy, but we just don't have the research to recommend this.

Nathan Morris ([08:41](#)):

What's interesting. And I didn't know this Kara is the endocannabinoid system is critical to the entire pregnancy process from sperm implantation to fertilization, to placental implantation, even birth and breastfeeding is endocannabinoid mediated.

Kara Ware ([08:56](#)):

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Let's be clear though, whether or not exogenous cannabinoids from cannabis can help with fertility is still unknown.

Nathan Morris ([09:02](#)):

Yeah, we definitely need more research. So don't go smoking cannabis thinking it will improve your chance of getting pregnant, unless it makes your partner more attractive. I'm just kidding. Kara. Don't do it. In fact, what we do know based on observational studies of recreational cannabis users is that mothers who consume THC during pregnancy have an increased risk of premature birth, low birth weight, and still birth. THC can also affect fetal brain development when consumed during pregnancy. And while breastfeeding with regard to CBD, more research is needed to understand its effect on fetal development pregnancy or breastfeeding, but out of caution. And I agree with this. The FDA does not recommend THC, CBD, or any cannabis derived product be consumed by pregnant or breastfeeding mothers.

Kara Ware ([09:56](#)):

A history or family history of mental illness is another thing to look out for specifically psychotic disorders like schizophrenia or bipolar disorder.

Nathan Morris ([10:08](#)):

So, in 2018, the Canadian government funded an extensive review before they legalized cannabis federally. This review looked at all of the available research. And one of the conclusions they reach was there's a consistent link between cannabis use and mental illnesses involving psychosis. In fact, one study found that high potency THC strains increased the risk of psychotic symptoms by fivefold. There's definitely a link between psychotic symptoms and recreational cannabis use, but it's hard to know the impact and directionality of that relationship.

Kara Ware ([10:41](#)):

Right. It's a chicken or egg kind of situation. Does cannabis induce psychotic symptoms for those predisposed or are those with a tendency for psychotic symptoms drawn to cannabis as a means of self-medicating or maybe it's both Nathan.

Nathan Morris ([10:56](#)):

Yeah. It's really hard to tease out Kara. And especially when you start looking at this research and more research needs to be done to better understand this relationship. Certain genetics may also play a role.

Kara Ware ([11:06](#)):

And so also let's be clear. The research we've been talking about was largely looking at the effects of recreational cannabis. And would a CBD extract have the same risks?

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Nathan Morris ([11:18](#)):

Well, as we know, CBD works on different receptors. It's not psychoactive, and it's not thought to be associated with psychosis. In fact, early research indicates that CBD may be beneficial for patients with psychosis, but again, it's way too early to base clinical recommendations on this research.

Kara Ware ([11:36](#)):

Okay. So, it sounds like it's advisable to guide patients with a history or family history of psychosis to probably avoid THC and maybe even CBD too, at least for the time being.

Nathan Morris ([11:48](#)):

Amen.

Kara Ware ([11:55](#)):

The last sensitive population that we'll talk about is teenagers. The developing minds and bodies of teenagers make them a particularly sensitive population for all kinds of interventions. Cannabis included millions of teenagers use cannabis each year, according to the youth risk behavior survey conducted in 2019, 37% of us high school students reported using cannabis in their lifetime. And 22% reported using it in the last 30 days.

Nathan Morris ([12:28](#)):

What puts teenagers at risk? Some THCs, more serious side effects, and they're still developing a brain, especially the prefrontal cortex. This region of the brain is involved in high level functions, such as decision making, impulse control and even our personalities. And the prefrontal cortex is one of the last to develop. And adolescents and undergoes major remodeling. Neuronal connections are broken, reformed neurotransmitters and neuroreceptors and their expression, they help fluctuate. All of this activity makes a adolescent brain, especially runable. In observational studies on teenagers, heavy use of cannabis affected brain development, grades, relationships, and physical health.

Kara Ware ([13:11](#)):

Cannabis use in teenagers and particular may also increase the risk of impulsivity and memory loss. According to one study, adolescents who use cannabis a few times a week for two to three years, develop memory impairments, similar to adults who reported consuming the drug regularly for at least 20 years.

Nathan Morris ([13:31](#)):

Yeah. Kara, we all know the guy from high school who smoked a butt load of cannabis. My experience has been, he is still the same guy that I knew in high school. He did not develop. The thing is, is that when you're a teenager you don't need more impulsivity. Thank God I didn't smoke weed in high school

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because I was very impulsive anyway. And then when they get into a situation where they actually need to be able to work through a difficult situation or something that they're uncomfortable with, they smoke weed instead. So they never develop the skills to overcome it. And that's how I approach this conversation with my kids.

Nathan Morris ([14:07](#)):

I live in Colorado. I mean, recreational marijuana is very, very available. And I tell them, I said, "This is a choice you have to make." These teen years will affect the rest of your life. And that's what they're saying. Is that this isn't without harm in your teen years. So really make this choice and wait until you're older, if you're going to make this choice. So it's just really important to me. I think this is a group that's under-identified with this legalization of marijuana and what we need to be doing to counsel them.

Kara Ware ([14:38](#)):

So, cannabis clearly has some additional risks when consumed by teenagers?

Nathan Morris ([14:42](#)):

Yeah, that's true. But research tends to be on recreational use of cannabis to bring some balance to it and not on low doses cannabis, misuse, therapeutically, and overseen biomedical authority.

Kara Ware ([14:53](#)):

Yeah. I think that's a really important point to call out here. And so we actually talked to Dr. Codi Peterson, a pediatric PharmD about this, and here's what he had to say.

Dr. Codi Peterson ([15:04](#)):

We've seen gray matter changes in patients as adults who started using cannabis early. And we saw more changes when they started using younger in life. And so that's our biggest concern, but what we have never seen is a patient who's used medical cannabis for a good medical reason and developed these same detriments. There's no evidence that, that's happening. The kid's just not smoking weed, right? When we're therapeutically applying precise dose oral cannabinoids. So I try to always reassure parents because I am a pediatric pharmacist. There are other substances that we give patients all the time that could have these same risks, benzodiazepines as kids isn't good for the brain, go figure, but we don't hesitate to give them when we need that. Same thing with Adderall, don't kid yourself and think that there's no implication on the brain when you give a substance like amphetamine for 12 years. Right? So we accept these risks with other drugs for some reason, because we've seen these bad things in recreational cannabis, we won't accept the reality of risk benefit and reasonably looking at cannabis like, "Okay, this isn't that risky."

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Nathan Morris ([16:11](#)):

Using cannabis in teenagers may make some sense in some circumstances, but overall the research is lacking. And for that reason, we recommend you use caution with this patient demographic. For now let's switch gears and discuss another important topic.

Kara Ware ([16:29](#)):

Nathan, word on the street is that you can get addicted to cannabis. Is that true?

Nathan Morris ([16:36](#)):

That's complete bull. You can definitely get addicted to cannabis. In fact, research estimates that 9% of those who consume cannabis will become addicted. This number jumps to 17% for those who start in their teens and up to 25 to 50% for daily users.

Kara Ware ([16:53](#)):

This is uncommon either. According to the national survey on drug use and health in 2015, 4 million Americans met the diagnostic criteria for cannabis addiction.

Nathan Morris ([17:06](#)):

Yeah. So the criteria for cannabis addiction or marijuana use disorder as it's sometimes called, is having at least two of the falling criteria, taking more than intended. Spending a lot of time using it, craving it, having problems because of it. Using it in high risk situations, getting into trouble because of it. Developing tolerance to it and experiencing withdrawal symptoms from discontinuation. What may be useful for research studies, in practice, I tend to fall back on a much simpler definition proposed by Dr. Peter Grinspoon, an author medical doctor and teacher at Harvard medical school, Dr. Peter Grinspoon define cannabis addiction as quote, "Persistent use, despite negative consequences." If cannabis is negatively affecting things like work, school relationships or encouraging risky behavior, it should be stopped. Or at the very least reevaluated and adjusted.

Kara Ware ([18:01](#)):

Cannabis addiction can be a sneaky thing. Cannabis can provide quick relief for things like pain, sleep or anxiety possibly, but when the cannabis wears off, the symptoms return. And then the case of anxiety and sleep sometimes worse than before. The immediate feel good response can get both teens and adults hooked and lead them on a path towards addiction or at least dependency. So I asked Dr. Codi Peterson, his thoughts on cannabis addiction and withdrawal.

Dr. Codi Peterson ([18:28](#)):

I see this cannabis is addicting and everyone who doesn't like that needs to get over it, right? We know this, we've seen it. Does everyone get addicted to cannabis? No, it's not more addicting than caffeine,

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but for the wrong individual, perhaps genetic precursors play a part, perhaps endocannabinoid system, dysfunction plays a part or maybe all these other factors that I said, because it's a master regulatory system, it's involved with your stress hormones, et cetera. So for whatever reason, whatever someone's circumstance, they can definitely become addicted to cannabis, which usually looks more like an unhealthy relationship people develop with any sort of substance like food, like pornography, even the gym or steroid. They say about one in 10 consumers will eventually develop at one point in their life, an unhealthy relationship with the [inaudible 00:19:23]. Again, cigarettes, it's something like 40% or 60% of people who try cigarettes will develop an addiction to cigarettes.

Dr. Codi Peterson ([19:30](#)):

Alcohol is far more addicting and way more harmful and we accept that. So just because cannabis can be addicting does not mean that it's bad. Now, how do we handle it? Most people can come off cold Turkey. There is withdrawal, people are grumpy, headaches, GI issues, not able to sleep, right? But not dying when you withdraw from benzos, a prescription medication or from alcohol, you can die. It's not, you want to die, which is heroin and opioid withdrawal. And many other prescription medications come with a lot of withdrawal symptoms, SSRIs, mood stabilizers. So many. So, yes, there's some withdrawal, particularly with chronic use, high doses of this concentrated cannabis that is increasingly concentrated. There are concentrates 90 plus percent THC now readily available in legal markets. It does increase risk of abuse and risk of developing problems.

Kara Ware ([20:27](#)):

So whether or not you meet the criteria for addiction, regular use of cannabis, often results and withdrawal symptoms. In fact, according to a 2020 meta analysis published in JAMA, 47% of regular cannabis users, experience withdrawal symptoms, this included symptoms like irritability, anger, or aggression, nervousness, or anxiety, sleep disturbance, appetite, or weight disturbances, restlessness, depress mood, headaches, sweating, nausea, vomiting, or abdominal pain.

Nathan Morris ([20:56](#)):

Whew, geez, Kara. You sounded like that drug commercial I referenced earlier. Withdrawal happens when regular use of cannabis causes the brain to produce less of its own endocannabinoid. It just makes sense. That's what the body does and it makes it dependent on the phytocannabinoids from cannabis while no one's ever died of cannabis withdrawal. It can lead to some uncomfortable symptoms that can last for weeks. Things like cognitive behavioral therapy or certain medications may help in combating withdrawal symptoms. But the best option is the [inaudible 00:21:28] now the dose or frequency, rather than to stop cold turkey whenever possible.

Kara Ware ([21:37](#)):

Okay. Nathan let's recap compared to alcohol, nicotine, cannabis is less addictive, but that's not to say it isn't addictive at all. Cannabis use disorder or marijuana use disorder is a real thing.

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Nathan Morris ([21:50](#)):

Right. Regular use has been shown to down-regulate the endocannabinoid system and lead to symptoms of withdrawal and dependency. If a patient's use of cannabis is unhealthy or addictive, we want to address that. Instead of taking away their cannabis and tell them that it's bad, we should understand why they turn to it in the place and how they feel it is helping. See if there's something else we can do to understand. It's functional medicine at its best. If cannabis isn't a good option for this patient, we may have many other tools in our functional medicine toolbox to help them resolve their symptoms and struggles.

Kara Ware ([22:29](#)):

Cannabis has lots of effects on many systems. And so this brings up the issue of drug interactions. What do we need to be aware of?

Nathan Morris ([22:37](#)):

That's a great question, [drugs.com](#), was probably the best one I found that has a free cannabis interaction checker. And we'll include that link in our show notes. It's a good place to start, but I encourage you to search on PubMed or elsewhere too, if your patient is taking other medication. We also ask Codi his thoughts on this issue.

Dr. Codi Peterson ([22:56](#)):

We need to be very careful with using cannabinoids in patients who are on warfarin, Plavix. These medicines that if... Digoxin even not, not a huge concern regularly, but medications where we need to be very mindful of the levels, then we might want to consider our CBD. And can we consider it with consistent dosing, regular monitoring? Sure, like we manage any other minor, some medium drug interaction, right? But particularly when it comes to heart medicines, I think we should be pretty careful.

Nathan Morris ([23:31](#)):

To add to Codi's comments. I would also be careful of Topamax or Lamictal, which are mood stabilizing prescriptions. If you mess with these levels, it can cause nasty interactions.

Kara Ware ([23:43](#)):

So if you use mindfully cannabis can be combined with most other medications, but double check at [aresourcelikedrugs.com](#) and definitely be cautious with heart medications and blood thinners. And keep in mind that this applies to cannabis derived pharmaceuticals as well as cannabis purchased from a dispensary.

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Nathan Morris ([24:03](#)):

So we've covered some very important medical considerations, but there are also non-medical implications you need to be aware of before recommending cannabis.

Kara Ware ([24:12](#)):

Cannabis has come a long way from common medical tincture to schedule one drug, to cutting edge research topic.

Nathan Morris ([24:20](#)):

Yeah, it has come a long way, man that's for sure. New FBI data shows that marijuana arrests dropped by more than one third in the U.S. last year as both the COVID-19 pandemic and legalization movement spread. Still, there was a cannabis arrest every 90 seconds on average in 2021.

Kara Ware ([24:38](#)):

Wow. And it's dropped since every 90 seconds, goodness. It's important to thoroughly understand the laws in your state regarding cannabis. A great resource to get familiar with is from the marijuana policy project, which we've linked in our show notes, which has numerous medical marijuana resources, including state by state reports on medical marijuana laws.

Nathan Morris ([25:01](#)):

So, that's a great place to start to understand the legal intricacies of cannabis, where you live. We won't be able to cover all of them, but we would like to review a few key restrictions that you should be aware of.

Kara Ware ([25:12](#)):

Right. Something that surprised me when we were researching this, was that currently under the Controlled Substances Act, Americans who possess firearms are not allowed to be an unlawful user of... Or addicted to any controlled substance. So if a patient is going to acquire a medical marijuana card, for example, it could require them to give up their second amendment right depending on the state.

Nathan Morris ([25:36](#)):

Yeah. It really does depend on the state. So you want to understand those laws and a new bill in Congress called the Gun Rights and Marijuana act, or the GRAM act would protect second amendment rights for cannabis consumers, by exempting people in legalized states.

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Kara Ware ([25:52](#)):

This may not be a medical implication but it is important to share the full picture. Good and bad when making any recommendation, especially when partaking can affect other decisions in their lives, like owning a firearm, I was shocked to learn that.

Nathan Morris ([26:09](#)):

Another non-medical consideration is check workplace restrictions. And this is an important one. Pre-employment drug testing began during Reagan's war on drugs, first for federal employees and then private companies. Now with legalization rolling out in various capacities, the rules and regulations are changing rapidly. Private companies are able to set their own rules that they feel that cannabis use could affect your job requirements, like operating heavy machinery.

Kara Ware ([26:35](#)):

The best advice we can give from everything that we learned is that even if cannabis is legal in your state, or if you have a medical marijuana card, be sure that you advise your patients to check the rules at their organization and be careful with over the counter unregulated CBD products, which can be contaminated with THC.

Nathan Morris ([26:55](#)):

Yeah, Kara there's... My story, I've told you in the past was about this great guy who had inflammatory bowel disease, had numerous surgeries was in constant pain. And he was taking what we thought was a good CBD product, which was really, really helpful for him, but they weren't doing the background third party testing for THC. He ended up testing positive. And when he tested positive, he got put in drug

rehab programs and everything else and never had smoked marijuana. And so knowing the product you're recommending is essential, making sure that we have third party tests associated with it. So really do your research. If you're going to recommend CBD and feel confident in the CBD product, that it does not contain THC. And lastly, there are some horror stories out there of people traveling and getting arrested for taking cannabis into a state where it's still illegal. Even if they have a medical marijuana card, other than FDA approved medications do not travel with cannabis or any cannabis derived products.

Kara Ware ([27:58](#)):

Absolutely. Okay. So to answer that question, can cannabis cause harm?

Nathan Morris ([28:06](#)):

I don't know Kara.

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Kara Ware ([28:10](#)):

The answer is of course it can, there are well documented side effects to cannabis ranging from nausea, to impaired thinking and dizziness. The effects of cannabis are exacerbated by the increased potency of cannabis products today. The potency cannabis has increased over 400% in the fat past 50 years.

Nathan Morris ([28:31](#)):

Yeah. And this ain't the same weed they were smoking in the sixties and seventies, for sure. And as practitioners, we need to be aware of this and our patients need to understand their potential risk and implications of using cannabis. When you're using stronger, more potent cannabis, your risk of addiction and withdrawal are going to be greater because you down-regulate your receptors more. And some patient populations may be more at risk or severe side effects.

Kara Ware ([29:00](#)):

And these groups include pregnant or breastfeeding women. Those with a predisposition towards psychotic disorders and teenagers, these demographics may do well to avoid cannabis until more is known about the risks.

Nathan Morris ([29:14](#)):

Cannabis can also interact with other drugs, drugs.com has an interactive database. And as I mentioned, that's a good place to start to understand the implications for each of your patients.

Kara Ware ([29:24](#)):

And then finally cannabis is still an illegal gray area and laws will vary state by state. So check online, check with your employer and don't travel across state lines with it even if you have a medical card.

Nathan Morris ([29:37](#)):

Whether the benefits of cannabis outweigh the risk is still up for debate. The important thing is, is that we as providers are able to weigh those pros and cons with our patients.

Kara Ware ([29:47](#)):

There is no shortage of misinformation. The final takeaway is that chemistry of cannabis is anything but straightforward. And its complexity has only served to fuel more misinformation, but fortunately, we have thought leaders like Dr. Janice Knox, Dr. Kelly Heim and Dr. Codi Peterson to help guide us through this maze of complexity.

Nathan Morris ([30:08](#)):

We'd also like to thank Dr. Chris Spooner, Dr. Allen Shackelford, Kelly Wyman, Jamie Baumgartner and Allie Feeler who have been guiding our learning process.

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Kara Ware ([30:19](#)):

And to follow Dr. Codi Peterson, who you heard from today, you can find him on LinkedIn or Instagram and TikTok at cannabis PharmD and his personal website, pharmdapproved.com. Codi is devoted to share this information with as many people as possible. And he hopes that people hear this and they feel compelled to go read about the endocannabinoid system.

Nathan Morris ([30:42](#)):

Up next. Products and dispensaries, where we discuss topics such as cannabis products and ratios, purity, potency, and what it's like behind dispensary doors.

Kara Ware ([30:52](#)):

So, we'll catch you next week.

Nathan Morris ([30:54](#)):

See you then, Kara.

Kara Ware ([30:56](#)):

Thank you for listening as Nathan and I reimagine the functional medicine journey as we explore how to include cannabis in our functional medicine toolbox. I would like to thank our writing team. Kelsey Stafstrom, Paul Larkin, Isabel Manjeau, and our audio engineer, Isidore. If you would like to support this podcast, please follow us and visit karawarecoaching.com. That's K-A-R-A W-A-R-E coaching.com for cannabis resources and unedited interviews. Plus more podcast seasons, minisodes, nutrigenomics case study events and business coaching.