Cannabis

Harm Reduction Information

Also called marijuana and weed; it can act as a psychedelic in some people but not in everyone, and it is not a classic psychedelic

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Please Read First

This page is educational. It is not medical, legal or professional advice, and I am not a physician or an attorney. This information was gathered from published harm reduction organizations, medical and legal sources, and my own training and experience, and I may have made mistakes. You are responsible for confirming anything here before you act on it, with a qualified medical provider and, for questions of law, an attorney. Laws and knowledge about psychedelics change quickly, and some of what is written here may have changed since the date above. Nothing here encourages anyone to break the law. It exists to reduce harm for people who will make their own choices. I do my best to keep up with current law and research, but I cannot promise that anything here is current or complete.

It is advisable to meet with a psychedelic-informed physician for an assessment before using any psychedelic or related substance.

Where this information came from: The sources listed under References, and my own training and experience.

This document was drafted with the support of Claude, an AI assistant. I reviewed it, and AI and I can both be wrong, so check anything that matters to you before you act on it.

What Cannabis Is

Cannabis can act as a psychedelic in some people, with changes in perception, hallucinations, depersonalization (feeling detached from yourself) and distorted time. It happens most often with strong THC [1][2], with edibles [1][3], and with concentrates [4], and people differ widely in how strongly they respond [2]. It does not do this in everyone, and it is not a classic psychedelic. It is in this library because it runs alongside psychedelic work and circles, and because its contraindications matter in psychedelic work.

Cannabis is the dried flowers and leaves of the plant Cannabis sativa, and the products made from them. The plant holds about 540 chemical substances, and more than 100 of them are cannabinoids [5]. THC (delta-9-tetrahydrocannabinol) is the one mainly responsible for the effects on the mind [5]. CBD (cannabidiol) is the other well-known one, and it may produce psychotic effects or cognitive impairment in people who also use THC regularly [5]. Products run from flower to edibles, concentrates such as hash, kief, wax and

shatter [6], vape cartridges, tinctures, topicals, and delta-8 and hemp-derived products; Forms You May Meet covers them.

Where It Comes From

People have grown cannabis since at least the 3rd millennium BCE, and the oldest archaeological evidence of burning it comes from Romanian burial mounds dated to 3,500 BC [7]. It was used in China before 2800 BC and in India by 1000 BC [7]. Scythian and Thracian shamans burned it to induce trance, and the earliest known sacred references in the Indian subcontinent are in the Atharva Veda [7]. Sufi orders used it as early as the Mamluk period, and the Rastafari movement uses it as a sacrament [7].

Spaniards brought it to the New World between 1530 and 1545, and in 1842 an Irish physician, William Brooke O'Shaughnessy, carried it to Britain after studying it in India [7]. The United States prohibited it with the Marihuana Tax Act of 1937 [7]. Colorado voters approved adult use under Amendment 64 in 2012 [8]. Where the law stands now is under Legal Status.

Potency Then and Now

The cannabis in a 1990s joint and the cannabis in a Colorado dispensary today are different products. The University of Mississippi potency monitoring project tests cannabis seized by the DEA. Its analysis of 38,681 samples found average THC of 3.96 percent in 1995 and 11.84 percent in 2014 [9]. A second analysis of 18,108 samples found 8.9 percent in 2008 and 17.1 percent in 2017 [10]. NIDA reports that THC in seized cannabis quadrupled from 3.96 percent in 1995 to 16.14 percent in 2022 [4]. The 2016 authors attribute the rise mostly to a shift from regular marijuana toward sinsemilla, and samples over 12 percent THC went from 0.64 percent of all samples in 1995 to 41.22 percent in 2014 [9].

CBD fell as THC rose. Average CBD was 0.28 percent in 1995 and 0.15 percent in 2014, so the ratio of THC to CBD went from about 14 to 1 to about 80 to 1 [9]. The later analysis reports a mean ratio of 23 in 2008 and 104 in 2017 [10].

Concentrates climbed faster. Across all the years of the 2016 analysis, hashish averaged 21.78 percent THC and hash oil 34.32 percent, and hash oil passed 50 percent in the last three years of the study [9]. In the later analysis, hash oil (now called cannabis concentrate) grew from 0.5 percent to 4.7 percent of seized samples between 2008 and 2017, and its mean THC rose from 6.7 percent to 55.7 percent [10].

Colorado's own laboratory data show where the legal market sits. In 2020, retail flower averaged 19.2 percent THC and concentrates 67.8 percent, against 18.8 percent and 69.4 percent in 2019 [11]. NIDA notes that flower and concentrates sold in dispensaries can have THC levels above 40 percent [4]. For edibles, the potency question is accuracy: in a study of 75 products from medical dispensaries in Seattle, San Francisco and Los Angeles, 17 percent had THC within 10 percent of the label, 23 percent had more THC than labeled, and 60 percent had less [12].

Why it matters. In a case-control study across 11 sites, daily use carried about three times the odds of a first psychotic disorder (adjusted odds ratio 3.2), and daily use of high-potency cannabis, defined as 10 percent THC or more, about five times (4.8); the authors estimated that high-potency use accounted for 30.3 percent of new cases in London and 50.3 percent in Amsterdam [13]. NIDA links higher THC concentrations to a greater chance that use progresses to cannabis use disorder [4]. Colorado's state health page lists using a higher-THC product than expected among the ways people overconsume, with panic, paranoia, hallucinations and severe vomiting as the results [14].

The old idea that cannabis is mild belongs to the cannabis of the 1990s. The authors of the 2016 analysis concluded that the higher potency poses greater risk, particularly for adolescents [9]. Mild fits a 3.96 percent average better than it fits a concentrate averaging 67.8 percent in Colorado's 2020 data [9][11].

About the Sources

Most of what is known comes from government and academic potency monitoring, surveys of people who use cannabis, case reports and emergency department chart reviews, small laboratory studies in which volunteers were given THC, and reviews by national health agencies. Surveys and emergency department records are not random samples, so they can overstate or understate how common an effect is. Many of the mind studies used injected or smoked THC in small groups, and little research compares cannabis with the classic psychedelics. Some studies I could read only as abstracts or summaries, and the reference list says which. Community wikis, industry pages and law firm summaries are named as such.

What I did not find that bears on your safety or choices. Six gaps follow.

1. How long a smoked or vaporized high lasts is not given in the agency sources I read.

2. No source I read explains how to tell a hard cannabis experience from the start of a psychotic illness, beyond the reality testing line in the diagnostic criteria [15].

3. The sources I read do not separate concentrates from flower when they discuss psychosis, dependence or cannabis hyperemesis syndrome.

4. Interactions with lithium, tricyclic antidepressants, most SSRIs and other medicines rest on case reports or on how the liver enzymes work; ask a pharmacist.

5. Combining cannabis with classic psychedelics rests on two small surveys and no clinical guidance.

6. I found no potency history for edibles, only label accuracy.

What It Feels Like

No one can promise you what a session with cannabis will be. People describe it in very different ways, and the same person can feel warm and easy one day and anxious the next.

This section gives the range people report, so the first time holds fewer surprises. It draws on studies in which volunteers were given THC, surveys of people who use cannabis, emergency department case reports and health agency pages. Industry and community pages are marked as such, and the studies lean toward people who volunteered or came for care. No dosing or timing numbers are given here; those are under How Long It Lasts.

The Body

Health agencies list sleepiness, dizziness, clumsiness, fainting, and a fast or pounding heart among the common effects [16], and cannabis can raise heart rate and blood pressure right after use [17]. The diagnostic criteria for intoxication list red eyes, increased appetite, dry mouth and a fast heart [15]. PsychonautWiki, a community source, describes a warm, heavy body feeling and relaxation [18]. NCCIH adds dizziness on standing, which may raise the risk of falls [5].

When it is too much, an industry site describes nausea or vomiting, dizziness that worsens on standing, a racing heart, sweating and chills, dry mouth and weakness [19].

Mood and Thinking

Good experiences are described as happiness, relaxation and a sense of wellbeing, and the mood shifts with dose, mindset and setting [16]. PsychonautWiki describes wandering thoughts, short-term memory impairment, and emotions amplified in either direction, with anxiety going up or down depending on the person and the situation [18]. The criteria for intoxication list euphoria and anxiety among the changes [15].

Hard feelings are common. In a survey of 999 mostly female university students who use cannabis, mostly by inhaling, about half had felt anxiety after cannabis and about half had felt paranoia; panic attacks, fainting and vomiting were rated the most distressing, and less frequent users reported more of these reactions [20].

Seeing, Hearing and Time

In a study that gave THC through a vein to 16 healthy people with little cannabis history, people described brighter colors, louder noises, trouble filtering out background sound and time passing more slowly, and some asked whether what was happening was real [2]. A review of the research on time found that people often report distorted time, though study methods differ, and about 7 in 10 time estimation studies found that people overestimated how much time had passed [21].

PsychonautWiki says visual effects are inconsistent, with mild closed-eye imagery more likely at high amounts in the dark, and it calls the hallucinations very mild and ill-defined next to the classic hallucinogens; auditory distortion appears only at extremely high amounts [18].

When Cannabis Acts Like a Psychedelic

In the intravenous THC study, about 62 percent (10 of 16) scored 2 or more on a clinical rating of hallucinatory behavior, and every person showed some disorganized thinking, from minimal to severe. Severity varied between people, and some had only mild symptoms [2]. Injection is not like ordinary use, so the figures show what is possible and not how often it happens.

A 2026 pilot study of 4 healthy adults gave high-dose THC, high-dose psilocybin and placebo in the set and setting of a psychedelic therapy session. At the lower THC dose, scores on mystical-experience and altered-state questionnaires looked like psilocybin's, the higher THC dose had a different profile, and one THC form was mistaken for a classic hallucinogen by participants. Adverse events included visual hallucinations and nausea, and effects at the higher distillate dose ran into the next day. The authors say larger studies are needed [22].

In an online survey of 321 people planning a classic psychedelic experience, 39 percent reported cannabis use. A higher self-rated cannabis amount went with higher mystical, visual-alteration and ego-dissolution scores, and challenging experience was lower at low amounts and higher at high amounts. The authors say cannabis is sometimes called an atypical psychedelic and treat any serotonin mechanism as a hypothesis [23]. The design is correlational, with self-rated amounts and small effects.

PsychonautWiki says cannabis can have psychedelic-like effects at very high amounts [18]. The diagnostic criteria include a specifier for intoxication with perceptual disturbances: hallucinations with intact reality testing, or illusions, without delirium [15].

When It Is Hard

Manitoba Health lists what too much can bring: confusion, disorientation, loss of contact with reality, anxiety or panic attacks, and sometimes a short psychotic episode with paranoia or hallucinations. The page says overdoing it is not fatal but very uncomfortable, and that symptoms ease as it wears off [16]. Colorado's state page describes the same picture with a fast heart rate, raised blood pressure and severe nausea and vomiting [14].

Edibles are where many of the harder stories begin. At Denver Health's psychiatric emergency service, five patients in a two-month span in 2014 were all daily smokers who had eaten far above the labeled serving; psychosis resolved in each, and two had earlier had a psychosis with inhaled cannabis. The authors suggest the patients expected the fast onset of smoking and ate more before the delayed peak [3]. A review of edibles adds that cannabis-induced psychosis usually lasts as long as the intoxication, can last several days, and followed edibles in many cases [1].

What Shapes the Experience

The product and the amount matter. Colorado's state page lists mistaking a product for regular food, using a higher-THC product than expected, and eating homemade edibles of

unknown strength as causes of overconsumption [14], and NIDA says dabbing delivers large amounts of THC rapidly [4]. Experience matters too: in the university survey, less frequent users had more adverse reactions [20]. Context may matter. A 2024 meta-analysis of 29 studies found that environment, social group, expectancy and time of day were not significant predictors, though the authors call the evidence weak [24].

The Days After

Hard experiences usually ease as the effects wear off [16]. The cases at Denver Health resolved [3]. Cannabis hyperemesis syndrome, dependence and withdrawal build with repeated use, and they have their own headings.

How It Is Taken

Cannabis is smoked, vaporized, eaten, and used as tinctures and topicals. The route changes how fast it works and how easy it is to take more than you meant to. Each route carries its own risks, and the sections below say what the sources show.

Smoked and Vaporized

Smoked or vaporized cannabis works within seconds to minutes, and the full effect can take up to 30 minutes [6]. Smoke harms the lungs, and vaping carries a risk of its own from additives; both are covered under Lungs and Airways and Testing and Purity.

Forms You May Meet

Flower. The dried plant, smoked or vaporized. Colorado retail flower averaged 19.2 percent THC in 2020 [11].

Concentrates. Hash, kief, wax and shatter are concentrated THC [6]. Dabbing, which is smoking or vaporizing concentrated oils or extracts, can deliver large amounts of THC rapidly and raises the risk of negative side effects [4]. Health Canada advises avoiding extracts if you are new or use only occasionally [6].

Edibles. Effects begin within 30 minutes to 2 hours, and full effects can take up to 4 hours [6]. Colorado's state page says edibles may take up to four hours to peak and that people sometimes eat more because they do not feel it right away [14]. Labels are not always right; see Potency Then and Now. NCCIH reports that THC candies caused more severe symptoms in children than in adults, so keep edibles locked away from children [5].

Delta-8 and other hemp-derived THC. FDA says delta-8 THC is intoxicating and has not been evaluated by the agency, that it is made by chemically converting CBD (sometimes with unsafe household chemicals), and that some products are labeled only as hemp [25]. Federal and Colorado rules for hemp-derived THC are under Legal Status.

CBD products. Over-the-counter CBD products may hold more or less CBD than the label says, and may contain THC and contaminants [5].

Other Routes

Tinctures and topicals. I did not find enough reliable information on how these work or how long they last.

How Long It Lasts

Sources give onset more often than total length. Smoked or vaporized cannabis starts in seconds to minutes, with the full effect up to 30 minutes [6]. Edibles start within 30 minutes to 2 hours, with full effects up to 4 hours [6]; Colorado's page also says up to four hours to peak [14]. In the 2026 pilot study, effects of the higher distillate dose ran into the next day [22]. In the Denver Health edible cases, psychosis resolved within 1 to 2 days [3].

About Cannabis and Its Effects on the Body

How It Works in the Body

THC is the compound mainly responsible for the effects on the mind, and CBD may produce psychotic effects or cognitive impairment in people who also use THC regularly [5]. The liver processes both: THC and CBD pass through the enzyme CYP3A4, and THC also through CYP2C9 [26]. That is where most medicine interactions come from, and they are listed under Medications. Smoked cannabis also speeds up another enzyme, CYP1A2 [26]. THC is stored in body fat and can reach a baby after use stops [27].

Heart and Blood Pressure

Cannabis can make the heart beat faster and raise blood pressure right after use, and the CDC says it could raise the risk of stroke, heart disease and other vascular disease [17]. The American Heart Association statement, as summarized by the American College of Cardiology, says THC raises heart rate, blood pressure and the heart's oxygen demand [28]. The National Academies found limited evidence that smoking cannabis can trigger a heart attack and limited evidence of an association with ischemic stroke [29].

Lungs and Airways

Smoked cannabis, however it is smoked, can harm lung tissue and cause scarring and damage to small blood vessels [17]. The National Academies found substantial evidence of worse respiratory symptoms and more chronic bronchitis with long-term smoking [29]. The cardiology summary says inhaled cannabis is not recommended in asthma or COPD [28].

Vaping brought its own outbreak. As of 2/18/2020 the CDC counted 2,807 hospitalized cases of vaping-associated lung injury and 68 deaths. Vitamin E acetate was found in the lung fluid of 48 of 51 patients and in none of 99 comparison people. Of 2,022 patients with data, 82 percent reported using THC products and 33 percent reported using only THC products. The CDC stopped collecting case data in February 2020 [30].

Vomiting and Cannabis Hyperemesis Syndrome

Cannabis hyperemesis syndrome is repeated, stereotyped vomiting that follows long-term heavy use and resolves when use stops for good. The Rome IV criteria require the pattern over the past 3 months with onset at least 6 months earlier, and treat long hot baths or showers as supportive, not required [31]. An emergency medicine education site, summarizing other studies, reports that hot showers gave relief in 92.3 percent of cases, symptoms resolved with stopping in 92.3 percent, abdominal pain occurred in 85.1 percent, and only complete cessation has been found effective [32].

The complications are low potassium, dehydration and acute kidney injury; rare ones are a torn esophagus and seizures or heart rhythm problems from electrolyte changes. Symptoms can take up to about a month to resolve [32]. The signs that call for care are under Warning Signs.

Toxicity and the Mind

Psychosis and schizophrenia. The National Academies found substantial evidence of a statistical association between cannabis use and schizophrenia or other psychoses, highest in the heaviest users; it is an association and not proof of cause [29]. The CDC says scientists do not fully understand the relationship [17], and NCCIH says frequent use has been linked to a higher risk in people predisposed to psychosis [5]. NIDA links early psychosis onset to use in people with genetic risk [33]. Among people treated for cannabis-induced psychosis, 34 percent later received a schizophrenia diagnosis in a pooled analysis of 6 studies (confidence interval 25 to 46 percent), the highest of the substances compared [34]. The potency figures are under Potency Then and Now.

Intoxication psychosis. Hallucinations and delusions during intoxication usually last as long as the intoxication and can last several days [1]. See When It Is Hard.

Mania and bipolar disorder. The National Academies found moderate evidence of more manic and hypomanic symptoms in people with bipolar disorder who use cannabis [29].

Depression, anxiety and suicide. The National Academies found moderate evidence of a small increased risk of depression, of an association between regular use and social anxiety disorder, and of an association with suicidal thoughts, attempts and death by suicide [29].

Young people. NIDA reports that regular heavy use in adolescence is linked to weaker working memory, slower processing and lower academic functioning, and that starting younger raises the risk of later disorder [33]. The CDC says the risk of cannabis use disorder is higher for people who start in youth [17].

Driving and Impairment

The CDC says cannabis, like alcohol, impairs the skills needed for safe driving, slowing reaction time and decision-making and distorting perception [17]. NCCIH and the National Academies link it to a higher risk of motor vehicle crashes, and the National Academies

call the evidence substantial [5][29]. In a crossover trial of 26 occasional users who inhaled vaporized THC, lane weaving on a driving simulator rose significantly from 40 to 100 minutes afterward and did not differ significantly at 240 to 300 minutes, and the authors say that does not rule out impairment [35]. A federal report to Congress found that THC blood levels correlate poorly with impairment [36].

Legal Status

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Federal

Marijuana remains a Schedule I controlled substance, with one change. Effective 4/28/2026, marijuana, marijuana extract and naturally derived delta-9 THC that are in an FDA-approved drug product or covered by a state medical marijuana license moved to Schedule III. Unlicensed marijuana and synthetic THC such as delta-10 stay in Schedule I [37], and a law firm analysis confirms adult-use marijuana stays in Schedule I [38].

An executive order signed 12/18/2025 directed the Attorney General to finish rescheduling to Schedule III [39]. Broader rescheduling that would reach all marijuana is pending. A DEA hearing ran from 6/29/2026 to 7/15/2026, and on 9/29/2026 the chief administrative law judge paused the proceedings to consider a new report from the Government Accountability Office [40].

Adult use is legal under state law in 24 states and Washington, D.C., and medical use is legal in 40 states, 16 of them for medical use only, as of spring 2026 [41].

Hemp is outside the federal marijuana definition [37]. A November 2025 spending law redefines hemp by total THC, including THCA, at 0.3 percent or less by dry weight, excludes finished products with more than 0.4 mg total THC per container, and excludes cannabinoids the plant cannot make naturally [42]. A bill signed 9/2/2026 delayed most of that change to 12/11/2026, while the ban on cannabinoids the plant cannot make naturally takes effect 11/12/2026 [43].

FDA has approved Epidiolex (cannabidiol), dronabinol (Marinol and Syndros) and nabilone (Cesamet), and says it has not approved cannabis for any disease [44]. Cannabis is illegal on federal land such as national parks and forests [8]. TSA says cannabis and cannabis-infused products are illegal federally unless they are 0.3 percent THC or less by dry weight or FDA-approved, and it refers anything it finds to law enforcement [45].

Colorado

Amendment 64 made adult use legal for people 21 and older, with valid ID required at purchase, and giving or selling to anyone under 21 is a felony. Adults 21 and older may possess up to 2 ounces [8]. Sales go through state-licensed shops [8]. An adult may give up to 2 ounces to another adult 21 or older without payment, but selling is not allowed,

and a free transfer tied to payment for another product or service is a level 1 drug misdemeanor [46].

Home grow is limited to 6 plants per resident 21 or older, no more than 3 flowering at a time, in an enclosed, locked space not open to view, and localities can be stricter; homegrown cannabis cannot be sold [47]. The statute makes it unlawful to grow more than 12 plants per residential property unless local law allows more in a locked space [46].

Using cannabis in public is illegal, including sidewalks, parks, ski areas, concerts, bars and restaurants. Hotels may ban use, and consumption is allowed only where a hospitality license exists [8].

Driving: 5 ng or more of delta-9 THC per mL of whole blood gives rise to a rebuttable inference that a driver is under the influence. It is an inference and not a fixed limit, and medical use is no defense [48].

Retail concentrate purchases are capped at 8 grams a day, and medical patients ages 18 to 20 are limited to 2 grams a day. Concentrate sales must include an educational resource, and concentrate advertising must carry a warning about overconsumption [49]. Retail edibles carry state limits on THC per serving and per package [50].

Hemp products for human use are limited to 1.75 mg of THC per serving with a CBD to THC ratio of at least 15 to 1 under SB23-271, and the Attorney General has brought enforcement actions against intoxicating hemp products [51][52].

Employers may fire an employee for off-duty marijuana use, including medical use, because it remains federally unlawful (Coats v. Dish Network, Colorado Supreme Court, 2015) [53].

Contraindications

This is the part to read slowly. Cannabis meets medicines mainly through the liver enzymes that process THC and CBD, and some of its most serious effects fall on people with psychiatric conditions. Most of the medicine list below comes from review articles and case reports [26][54]. Each line says how strong the evidence is: CASE means published case reports, LABEL means the FDA label of the CBD medicine Epidiolex (which applies to CBD products), and THEORY means expected from how the drug acts, with no cannabis-specific report found. Never stop a prescribed medicine on your own; that is a decision for the person who prescribes it.

Medications

Warfarin. CASE. Reviewed cases include an INR of 4.6, an INR above 10 with bleeding on two occasions, and a person taking CBD who needed about a 30 percent lower warfarin dose. THC, CBD and CBN block CYP2C9 in laboratory tests, and the authors suggest warning people on warfarin against cannabis [55][26].

Tacrolimus. CASE. A report describes a threefold rise in blood level after CBD was added [26].

Clobazam. LABEL. With CBD, the active clobazam metabolite rose about threefold, and sleepiness and sedation were reported in 46 percent of people taking clobazam against 16 percent of those not taking it [56].

Valproate. LABEL. Liver enzyme elevation (ALT above 3 times the upper limit of normal) occurred in 13 percent of people on CBD against 1 percent on placebo, in 30 percent of those also taking valproate and clobazam, in 21 percent with valproate alone, in 4 percent with clobazam alone and in 3 percent with neither [56].

Everolimus. LABEL. Levels rose about 2.5-fold with CBD [56].

Ketoconazole and other strong CYP3A4 blockers; rifampin. Ketoconazole nearly doubled THC and CBD levels in the cannabinoid interaction review [26], and rifampin lowers CBD levels [54][56]. THEORY for the other drugs in these groups.

Fluoxetine, amiodarone and cotrimoxazole. These block CYP2C9 and are expected to raise THC exposure [26]. THEORY.

Theophylline and olanzapine. Smoked cannabis speeds up CYP1A2; theophylline clearance rose 40 percent with regular use, and olanzapine is named in the same review [26]. CBD is a weak CYP1A2 blocker that can affect caffeine, theophylline and tizanidine [56].

Opioids. They add drowsiness and unsteadiness to cannabis [26].

Benzodiazepines and other sedatives. THEORY. Sedation is expected to add up, as it does with opioids [26].

Stimulants and other sympathomimetics. They add to the fast heart rate and high blood pressure that cannabis can bring [26].

Not covered by any source I found. Other SSRIs, SNRIs, tricyclic antidepressants, lithium, antipsychotics other than olanzapine, and THC with valproate. Ask a pharmacist.

Conditions

Psychosis, schizophrenia and a family history of either. See Toxicity and the Mind [29][33][13].

Bipolar disorder, mania or hypomania. See Toxicity and the Mind [29].

Depression and suicide risk. See Toxicity and the Mind [29].

Anxiety and panic disorders. Anxiety and paranoia are common after cannabis [20], and the National Academies link regular use to social anxiety disorder [29].

Heart and blood vessel disease, high blood pressure. Cannabis raises heart rate and blood pressure right after use [17][28].

Asthma, COPD and other lung disease. Inhaled cannabis is not recommended [28].

Cannabis hyperemesis syndrome, past or present. Only complete cessation has been found effective [32].

Liver disease, with CBD products. LABEL. See Valproate above [56].

Pregnancy and breastfeeding. ACOG encourages stopping in pregnancy, calls the lactation data insufficient, and discourages use while breastfeeding; it reports a stillbirth relative risk of 1.74 (1.03 to 2.93), not adjusted for tobacco [57]. The American Academy of Pediatrics advises avoiding it in both, and cites a study that found THC in breast milk up to 6 days after last use [58]. The CDC says cannabis may harm the baby however it is used and advises avoiding all use while breastfeeding [27]. The National Academies found substantial evidence of lower birth weight with maternal smoking [29].

Adolescents and young adults. See Toxicity and the Mind. Colorado law sets adult use at 21 and older [33][8].

Other Substances and Combinations

Combinations of medicines get their own document; below is what matters most with cannabis, beyond the medicines listed above.

Classic psychedelics. In a Colorado festival and concert survey, 63 of 128 people had used cannabis and a psychedelic together. The most common reason was easing anxiety or balancing effects, and others described intensified visual or body effects and an enhanced come-down; 7 reported adverse reactions: anxiety, more intensity, dissociation, confusion, sleepiness and lower mood. The paper suggests planning for the duration and having a sitter [59]. The survey of people planning a psychedelic session is under When Cannabis Acts Like a Psychedelic [23].

Addiction and Misuse

Cannabis use disorder is real. About 3 in 10 people who use cannabis have it, and the figure is rising, with higher risk for people who start young and use often [17]. NIDA links higher THC concentrations to a greater chance that use progresses to cannabis use disorder [4].

Withdrawal follows abrupt stopping: three or more symptoms within about a week, from irritability, anxiety, sleep difficulty, decreased appetite, depressed mood and a physical symptom, peaking around days 2 to 6 and usually lasting up to about 3 weeks. About 90 percent of people with dependence and between 35 and 75 percent of people seeking detox experience it [60].

Addiction means compulsive use that continues despite harm. Misuse is using a substance in ways that raise the risk of harm, whether or not anyone is addicted. For cannabis the evidence is mixed: dependence and withdrawal are documented, and the risk is higher for people who use often and start young [17][60]. Misuse looks like going without screening, taking a strong product or an edible without allowing for its delay, mixing it with medicines on the list above, and driving after use.

Testing and Purity

What Is Really in the Product

Colorado holds a batch until it passes required testing for microbials, water activity, residual solvents, mycotoxins, pesticides and heavy metals (arsenic, cadmium, lead and mercury). Solvent testing applies to solvent-based concentrates, and mycotoxin testing applies in specific circumstances [61]. Labels can be wrong; the edible study under Potency Then and Now found most products off by more than 10 percent [12].

Vape cartridges from the illicit market carried vitamin E acetate in the lung injury outbreak described under Lungs and Airways [30]. For delta-8, FDA received 104 adverse event reports between 12/1/2020 and 2/28/2022; 55 percent needed intervention or hospital admission, and 66 percent followed edibles. Poison centers logged 2,362 exposures between 1/1/2021 and 2/28/2022; 41 percent involved children and 70 percent needed a visit to a health care facility [25]. Over-the-counter CBD products may hold more or less CBD than stated and may contain THC and contaminants [5].

Test Kits

A 2016 trade article described consumer kits: MyDx worked only on flower and its accuracy of up to 80 percent was a company claim, CBScientific kits gave approximate THC and CBD readings, and neither tested for pesticides or heavy metals at the time [62]. A kit tells you little about what a licensed laboratory batch test covers.

Preparation and Integration

No dosing or timing numbers are given here. Those are left to the sources and a medical provider.

Before

Read the Contraindications, and talk with a physician before using if you have any history of psychosis or bipolar disorder, any heart or lung disease, a past episode of cannabis hyperemesis, if you take any medicine listed above, or if you are pregnant or breastfeeding. Read the label for THC and think about the form: Colorado's state page ties overconsumption to a higher-THC product than expected and to edibles whose effects come on slowly [14], and Health Canada advises avoiding extracts if you are new or use only occasionally [6]. Keep edibles away from children [5]. Plan not to drive [17]. If

cannabis will be combined with a psychedelic, have a sitter and plan for the longer duration [59].

Choosing a Facilitator

Ask any facilitator who includes cannabis how they screen for psychosis, bipolar disorder and medicines, who is sober and present, and what happens if someone becomes frightened or confused. In Colorado a facilitator cannot sell cannabis outside a licensed shop, and sharing is lawful only without payment; a free transfer tied to payment for another product or service is a level 1 drug misdemeanor [46].

After

Do not drive until you are clear-headed; see Driving and Impairment. Most hard experiences ease as the effects wear off [16], and the Denver Health cases resolved [3]. If a frightening or confusing state lasts longer, see Warning Signs.

If You Need Help Now

In a medical emergency, call 911. If you are in emotional crisis, you can call or text 988. Fireside Project has trained volunteers who talk with you by phone or text during and after a psychedelic experience, and DanceSafe sells kits for testing what you hold.

Warning Signs

Call 911 for chest pain, a seizure, or fainting that does not clear quickly [16]. Call for confusion that does not clear, hallucinations or delusions, paranoia that does not settle, or loss of contact with reality; psychosis from cannabis usually lasts as long as the intoxication and can last several days [1][16].

Repeated vomiting that does not stop can bring dehydration, low potassium and acute kidney injury [32]. Seek care if you cannot keep fluids down. If a child has eaten an edible, call Poison Help at once; Colorado's state page gives Poison Control as the number to call [14].

For suicidal thoughts or a plan, call or text 988, any hour, free and confidential [63]. Poison Help at 1-800-222-1222 answers around the clock, in over 100 languages [64]. Fireside Project at 62-FIRESIDE (623-473-7433) is a peer support line, open daily from 11 a.m. to 11 p.m. Pacific time, and it is not a crisis or suicide line [65].

Where to Find More Information and Support

Amounts, timing and combinations are best checked against these sources and with a medical provider, because they are updated more often than this sheet. Erowid, TripSit and PsychonautWiki include user reports and community writing, so read them as experience as well as research.

Erowid: https://erowid.org

DanceSafe: https://dancesafe.org

TripSit: https://tripsit.me

PsychonautWiki: https://psychonautwiki.org

Zendo Project: https://zendoproject.org

Fireside Project: https://firesideproject.org

MAPS: https://maps.org

Poison Help: 1-800-222-1222

For Cannabis Questions

Colorado's state cannabis program publishes health and legal information: https://cannabis.colorado.gov

NIDA's cannabis page: https://nida.nih.gov/research-topics/cannabis-marijuana

NCCIH's guide to cannabis and cannabinoids: https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

Mailing Lists

Erowid Monthly, a free email list: https://www.erowid.org/about/about_announcements.shtml

Erowid Extracts, the members' newsletter: https://erowid.org/membership/

MAPS email newsletter: sign up at https://maps.org

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