

CANNABIS & DENTISTRY

Higher Stakes: Evidence, Risk, and the Dental Team

- Today's flower runs ~15x the THC of the 1970s
- Sort the NASEM evidence from the dispensary hype
- Sedation, airway and cardiac risk in the chronic user
- Consent, refusal-to-treat and the medical card

1 CE
AGD PACE

\$49



David Lambert, DDS
OMFS + Pharmacist

Presented by Dr. David Lambert, an oral and maxillofacial surgeon and pharmacist, this hour cuts through the dispensary marketing to what the evidence actually supports. You'll learn to take a cannabis history without flinching, sort the NASEM evidence tiers from the sales claims, and reckon with a modern plant that runs roughly 15 times stronger than the flower of the 1970s. It covers what cannabis does to the mouth, the airway, and the sedated patient, how CBD collides with drugs you already prescribe, and the consent and refusal-to-treat questions that carry real legal exposure. Six chairside scenarios turn it into decisions you can make Monday morning.

Dr. Lambert is a board-certified oral and maxillofacial surgeon and licensed pharmacist practicing as an independent contract surgeon, and the founder of CE Dojo, the continuing-education platform he built for working clinicians. He brings both the surgeon's chair and the pharmacist's bench to a drug most courses see from only one side.



COURSE TITLE: Cannabis & Dentistry

Higher Stakes: Cannabis, Risk, and the Dental Team

COURSE DIRECTOR: David Lambert, DDS

PRESENTER(S): David Lambert, DDS, OMFS and Pharmacist

AUDIENCE: Dentists, Hygienists, and Auxiliary Staff

CONTACT HOURS: 1

MEDIUM: Recorded Program

COURSE OBJECTIVES

1. Distinguish misinformation from disinformation, and explain why “safe, natural, non-addictive” fails as a description of cannabis.
2. Describe how today's cannabis potency compares with the flower of the 1970s, and explain the 0.3% THC threshold that separates hemp from marijuana.
3. Explain the endocannabinoid system (CB1 and CB2), how THC and CBD act differently, and how chronic heavy use downregulates CB1.
4. Rank common patient claims against the NASEM evidence tiers, and recognize the inverse relationship between the size of a dispensary claim and the strength of its evidence.
5. Recognize cannabis use disorder as real, and describe how potency, frequency, and adolescent onset raise the risk of dependence and psychosis.
6. Identify the major delivery formats (edibles, vaping, dabbing, Delta-8 and Delta-10, Spice and K2, kratom) and the specific hazard each carries.
7. Explain why an opioid on top of buprenorphine (Suboxone) mostly fails, and outline multimodal, non-opioid pain management for that patient.
8. Recognize the oral signs of cannabis use: xerostomia-driven caries, periodontal breakdown and staining, mucosal changes, and hyperemesis-related erosion.
9. Apply the “difficulty is diagnostic” principle to sedation, airway, and anesthetic dosing in the chronic cannabis user.
10. Describe the cardiac risk window after cannabis use, including the 2025 data on heart attack risk in young, otherwise-healthy users.
11. Identify the clinically relevant drug interactions: epinephrine, additive CNS depression, and CBD as a CYP450 inhibitor.
12. Distinguish use from impairment, assess capacity to consent, and apply the ethical and legal considerations around medical-card patients, refusal to treat, and impaired staff.

DATES & TIMES

Streamable ON DEMAND

WHAT YOU NEED TO PARTICIPATE

- A Windows or Mac PC, Apple or Android tablet, or smartphone
- A compatible web browser (Google Chrome, Mozilla Firefox, Apple Safari, or MS Edge)
- An internet connection
- Register for the event
- Pay your registration fee

Successful registration includes payment of the \$49 course fee. In order to receive CE credit and certification of participation for re-licensure, you must pay the event fee, attend the course, and successfully complete a cognitive assessment and survey. Full refund within 48 hours of the event.



CE Dojo

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