

NURSE CHARLES • ER INSIGHTS

400x more THC in a
gas-station
gummy than in a
1990s joint

Parents are having the wrong conversation. The substances their kids encounter in 2026 have nothing in common with the D.A.R.E. curriculum they grew up with.

SWIPE TO SEE THE FULL DOSE GAP →

• **ACTIONS DETERMINE OUTCOMES**

By slide 7, you'll know exactly what ER nurses know that parents don't.

- ❶ Why 2,000mg gas-station gummies are a medical emergency — not a strong high
- ❷ What Delta-8 actually does inside an adolescent brain
- ❸ The clinical vocabulary that turns panic into action
- ❹ What the dose-to-outcome chart looks like in the ER

What D.A.R.E. taught you was built for a different substance.

Street cannabis, early 1990s **1-3% THC**



D.A.R.E. program reference point **~2% THC**



Modern dispensary flower, 2026 **20-30% THC**



Gas-station gummy, single package **2,000mg THC**



The therapeutic dose used in clinical studies is 5-10mg. A single 2,000mg package is 200-400 individual therapeutic doses.

1995

• ACTIONS DETERMINE OUTCOMES

What teenagers can buy right now — no ID, no pharmacist, no dose chart.

Gas-station gummy pouches

Available at most convenience chains, no age verification required

2,000mg
per package

Delta-8 vape cartridges

Legal gray zone in many states. No batch testing required. Fentanyl contamination reported.

Delta-8
+
unknown
additives

Instagram marketplace vapes

No regulation. No testing. Fentanyl in vapes is visually indistinguishable from clean ones.

Unknown
no label = no info

2026

When your audience says "600mg is WILD" — that's the clinical gap in real time.

"600 mg is WILD"

Clinical translation: 600mg is 60-120x the therapeutic dose. At that level we're talking sedation, tachycardia, or cannabis hyperemesis.

"2,000 mg? That would be 20 100mg edibles"

They're doing the math — but they still don't know the dose-to-outcome curve. Knowing the number isn't the same as clinical vocabulary.

Parents need to understand dose in the same way nurses do: not as a vibe, but as a physiological event with predictable outcomes.

- **ACTIONS DETERMINE OUTCOMES**

What Emory Healthcare sees every week versus what most families hear about once a year.

PEDIATRIC CLINIC
ENCOUNTER

1-2x

Average annual mentions of cannabis-related symptoms in outpatient pediatric visits

ER — NURSE
CHARLES, WEEKLY

3-5x

Cannabis and unregulated edible cases per week in a single ER. High-potency THC, Delta-8, and contaminated vapes as primary vectors.

This is not about **fear. It's about giving parents the clinical vocabulary to act.**

- Fear freezes parents. Clinical vocabulary moves them. Knowing what 2,000mg means changes the conversation you have with your kid.
- The parents who are prepared are not the ones who avoided the topic. They're the ones who learned the red-flag checklist before they needed it.
- D.A.R.E. gave parents "just say no." The 'Before the ER' Masterclass gives them conversation scripts and a dose-to-outcome framework.

• **ACTIONS DETERMINE OUTCOMES**

NURSE CHARLES

Follow for clinical breakdowns, not scare tactics.

30M+ views. ER nurse. Emory
Healthcare. The education parents
deserved before they needed it.

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ACTIONS DETERMINE OUTCOMES

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