Prenatal cannabis use increased during the pandemic

Pregnant women have reported using cannabis to relieve stress and anxiety, and during the COVID-19 pandemic, the stress and prenatal cannabis use increased, according to a recent research letter published in the *Journal of the American Medical Association*.

Early on in the pandemic, cannabis retailers were considered “essential businesses” in California, and they remained open with record sales in 2020. According to the research letter, “Rates of Prenatal Cannabis Use Among Pregnant Women Before and During the COVID-19 Pandemic,” of 100,005 pregnancies, the rate of prenatal cannabis use was 6.75% before the pandemic. During the pandemic, this rate increased to 8.14% of pregnancies. There were no significant month-to-month trends.

The researchers used data from Kaiser Permanente Northern California; all women were tested during pregnancy.

In general, cannabis use among pregnant women increased from 3.4% in 2002 to 7.0% in 2017. Specific stressors for pregnant women during the pandemic include:

- social isolation,
- financial distress,
- psychosocial distress,
- increased child care burden,
- changes in prenatal care and
- concern about risks of COVID-19.

The women were tested at around eight weeks’ gestation as part of standard prenatal care, and this does not necessarily reflect whether they continued to use cannabis throughout pregnancy. It’s possible that some of the positive tests for cannabis reflect use prior to pregnancy recognition.

Risks of prenatal cannabis use include low birth weight and potential effects on neurodevelopment of the child. The researchers urge clinicians to “educate pregnant women about the harms of prenatal cannabis use, support women to quit, and provide resources for stress reduction.”

The study was funded by the National Institute on Drug Abuse.

Nicotine from page 1

This is not the first time researchers have looked at psilocybin as a treatment for smoking cessation. An open-label pilot study involving 15 participants found that psilocybin in combination with cognitive behavioral therapy (CBT) led to a biologically verified abstinence rate of 67% at 12 months and 60% at two-and-a-half years. An ongoing open-label study involving 44 patients that is comparing psilocybin and the nicotine-replacement therapy (NRT) or smoking-cessation drug they pick up at their local pharmacy.

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Psilocybin could never be conceptualized as a stand-alone treatment that smokers could self-administer in the way they can for the nicotine-replacement therapy (NRT) or smoking-cessation drug they pick up at their local pharmacy. As described in an NIH abstract, blinded study participants at each of the sites will receive either psilocybin or niacin in two sessions that will be scheduled one week apart. The government has identified niacin as the preferred active placebo for psilocybin because it approximates the altered state experienced under the psychedelic. Doses of psilocybin will be 20 mg/70 kg in the first session and 30 mg/70 kg in the second session.

UAB’s Hendricks said that although his clinical research site has not yet hired the individuals who in pairs will be assigned to be present with the participants in the psilocybin sessions, they could be social workers, counselors or psychologists who will be supervised by a doctor-level professional. The setting for these sessions must be carefully controlled, because the psychedelic experience can be overwhelming, even panic-inducing for some. Psilocybin could never be conceptualized as a stand-alone treatment that smokers could self-administer in the way they can for the nicotine-replacement therapy (NRT) or smoking-cessation drug they pick up at their local pharmacy. (Continues on page 8)