



ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 24-27, 2025 | Denver, CO

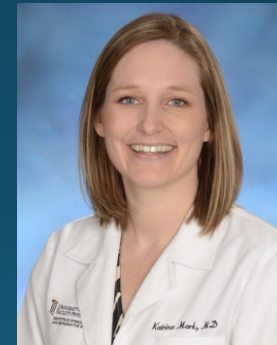
Cannabinoids and Pregnancy: ASAM Physicians, Patients and the Public A Vital Discourse/DEBATE



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PI NIDA ISAM R13 CONFERENCE GRANT



NOTHING ELSE TO DISCLOSE

A close-up photograph of a pregnant woman's belly. Her left hand is resting on her hip, and her right hand is holding a lit cannabis cigarette. A small amount of smoke is visible rising from the cigarette. The woman is wearing a gold ring on her right ring finger. The background is dark.

Effect of Smoking Weed During Pregnancy









Many seek out anecdotal advice from peers and online communities supportive of cannabis when choosing whether to use (or continue to use) cannabis during pregnancy,"

Young-Wolff and colleagues wrote. "Adding to the confusion, many cannabis retailers tout cannabis as a safe, natural, and effective way to manage pregnancy symptoms."

In a **commentary** in *JAMA Network Open* Young-Wolff; Lynn Silver, MD, MPH, of Public Health Institute in Oakland, California; and Qiana Brown, PhD, MPH, LCSW, of Rutgers University, said that data on cannabis use in pregnant women are reason for "substantial concern."

From Prozac to Zoloft to many other dangerous drugs, doctors prescribe pregnant women medicine every day.

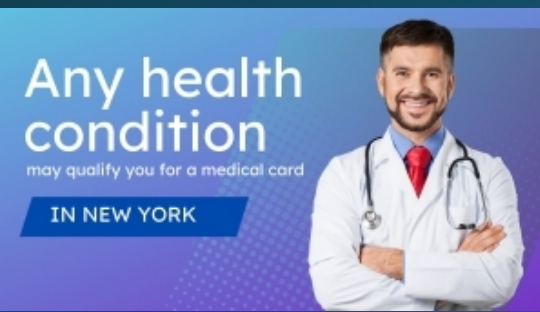
Could cannabis be a safer alternative?

<https://azcannabisnews.com/dcs-pregnancy-protocols-plague-patient-moms/>



At the top of the list of what not to do are tobacco, alcohol and marijuana, which are considered big no-no's that can cause considerable harm to a developing fetus. But should cannabis be lumped in with that group?

Here, we'll discuss the use of medical marijuana during pregnancy and while breastfeeding. We'll touch on both sides of the issue in the hope of giving you some clarity.



<https://www.marijuanadoctors.com/blog/medical-marijuana-use-during-pregnancy-and-breastfeeding/>

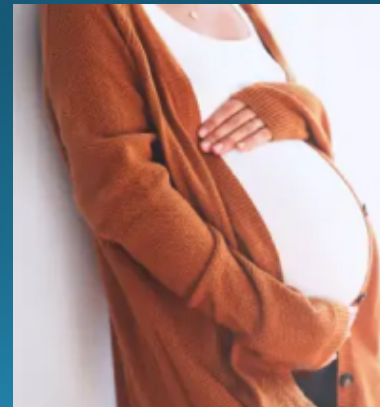
Using Medical Marijuana During Pregnancy



However, for some mothers, marijuana is an essential alternative medicine that they use to stay on top of their debilitating condition.

Cannabis is an all-natural alternative to many mainstream medications. Because it works so effectively with our endocannabinoid system to fight symptoms like pain, nausea, seizures and a slew of others, states across America are legalizing it for medical purposes. Millions of citizens are finding relief from a variety of different conditions.

Although further research is required, cannabis may be the key to treating many intractable illnesses that have hitherto gone untreated. Maybe that's why the use of marijuana among pregnant women has grown from 2.4 percent to almost four percent in recent years.



Although further research is required, cannabis may be the key to treating many intractable illnesses that have hitherto gone untreated.



Evidence Suggesting Medical Marijuana Is Unsafe During Pregnancy

Some of the symptoms in children believed to be associated with prenatal cannabis use include:

- Low birth weight
- Stunted growth
- Impaired executive functions, such as impulse control, attention and visual memory
- Poor verbal and reasoning abilities
- Shorter length of play and poor motor skills
- Risk of childhood cancer

However, there has been no clear tie to link human birth defects with cannabis use.

Evidence Supporting Medical Marijuana's Safety During Pregnancy

Marijuana is an all-natural medication, and unlike alcohol and tobacco, it's not laced with harmful chemicals. and was used for its medical properties for hundreds of years.

A variety of other factors could contribute to the symptoms experienced by the newborns mentioned in these studies, such as:

- Poor healthcare for the mother
- Lack of prenatal care
- Shortage of healthy foods
- Preexisting medical issues

Using Medical Marijuana While Breastfeeding

Much like medical marijuana and pregnancy, there's a lack of information about the effects cannabis can have on a nursing infant. The American College of Obstetricians and Gynecologists has recommended that mothers who breastfeed their babies abstain from marijuana use.

However, this recommendation is based purely on the fact that there's insufficient evidence about any potential effects it can have on infants.

Should a mother's marijuana use prevent her baby from receiving the vital nutrients supplied through breast milk?



Much like medical marijuana and pregnancy, there's a lack of information about the effects cannabis can have on a nursing infant.

What to Consider If You're a Nursing Mother

Although most medical professionals will tell new mothers to stop cannabis use altogether if they're planning on breastfeeding their child, **others advocate a more nuanced approach. experts suggest limiting cannabis use while breastfeeding. As opposed to a complete ban, which could be detrimental to some mothers, the use of cannabis could be minimized instead.**

Before Making a Decision, Speak to Your Doctor

Although most physicians will advocate for these women to completely stop their marijuana use, a growing understanding of the benefits of cannabis is spreading throughout the medical community. Many doctors in states where medical marijuana use is legalized — and even in those where it's not — have researched this topic and gained a fuller understanding.

If you're taking medical marijuana for a serious condition, it may be harmful for you to stop cold turkey. You and your doctor should come up with a plan of action. Tell them your concerns, and they can help you make this important decision.

If you would like the advice of a knowledgeable marijuana doctor in your state, search our database of qualified physicians. They're not only professionals with the training to help you make critical medical decisions, but they also have a broader understanding of the intricacies of marijuana use and its effect on the human body.





"I get worried that if I say something to a doctor or say it to anybody in that profession that they're gonna call CPS on me. And I just didn't want to take that chance."



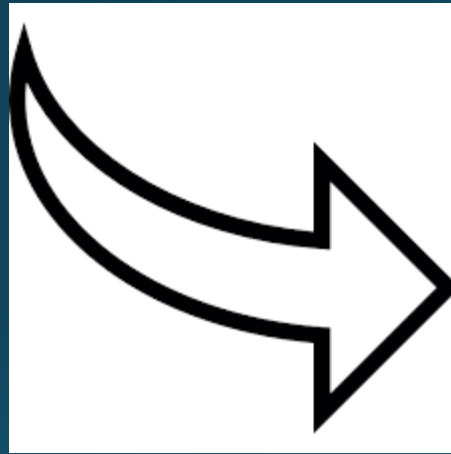
ACOG

American College of Obstetricians and Gynecologists

The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant mothers shouldn't use cannabis because of concerns about impaired neurodevelopment as well as maternal and fetal exposure to smoking.

IMAGE ON ACOG WEBSITE

<https://www.acog.org/>



Marijuana AND Pregnancy

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

Possible Effects on Your Fetus



Disruption of brain development before birth



Smaller size at birth
Higher risk of stillbirth



Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy



Harm from secondhand marijuana smoke
Behavioral problems in childhood and trouble paying attention in school

Possible Effects on You



Permanent lung injury from smoking marijuana



Dizziness, putting you at risk of falls



Impaired judgment, putting you at risk of injury



Lower levels of oxygen in the body, which can lead to breathing problems

DID YOU KNOW?

- Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- There's no evidence that marijuana helps morning sickness (ask your obstetrician-gynecologist [ob-gyn] about safer treatments).
- You also should avoid marijuana before pregnancy and while breastfeeding.

Marijuana and pregnancy don't mix. If you're pregnant or thinking about getting pregnant, don't use marijuana.



If you need help quitting marijuana, talk with your ob-gyn or other health care professional.

Research is limited on the harms of marijuana use for a pregnant woman and her fetus. Because all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana. ACOG believes women who have a marijuana use problem should receive medical care and counseling services to help them quit.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PROFESSIONALS
500 15th Street NW, PO Box 9800
Washington, DC 20006-0000
www.acog.org

PF0812: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it constitute any specific treatment or method of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy. Copyright May 2018 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher. 12345/21098



Adverse Effects of Marijuana on Pregnancy and on the Neonate, Infant, Child, and Adolescent Outcomes During the Neonatal Period

Later Effects During Childhood, Adolescence, and Early Adulthood

Two longitudinal studies (the OPPS and the MHPCD, which have been described in the previous section) have been used to observe cohorts of prenatally exposed individuals from infancy through adolescence and early adulthood, and these provide most of the limited available evidence on the long-term adverse neurodevelopmental effects resulting from prenatal exposure to marijuana. Authors of both studies have assessed long-term outcomes in the areas of executive function, cognition, academic achievement, and behavior.

Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes

Sheryl A. Ryan, MD; Seth D. Ammerman, MD; Mary E. O'Connor, MD;

COMMITTEE ON SUBSTANCE USE AND PREVENTION; SECTION ON BREASTFEEDING;

Pediatrics (2018) 142 (3): e20181889.

<https://doi.org/10.1542/peds.2018-1889>

Additional resources include the AAP Resources on Marijuana (www.aap/marijuana), the AAP Section on Breastfeeding (www.aap.org/breastfeeding), the Academy of Breastfeeding Medicine (www.bfmed.org)

American Academy of Pediatrics

It is important to advise all adolescents and young women that if they become pregnant, marijuana should not be used during pregnancy.

1. Pregnant women who are using marijuana or other cannabinoid-containing products to treat a medical condition or to treat nausea and vomiting during pregnancy should be counseled about the lack of safety data and the possible adverse effects of THC in these products on the developing fetus and referred to their health care provider for alternative treatments that have better pregnancy-specific safety data.

2. Women of reproductive age who are pregnant or planning to become pregnant and are identified through universal screening as using marijuana should be counseled and, as clinically indicated, receive brief intervention and be referred to treatment.

3. Health care providers should emphasize that the purpose of screening is to allow treatment of the woman's substance use, not to punish or prosecute her.

4. Maternal marijuana use while breastfeeding is discouraged.

5. Women who have become abstinent from previous marijuana use should be encouraged to remain abstinent while pregnant and breastfeeding.

6. Further research regarding the use of and effects of marijuana during pregnancy and breastfeeding is needed.

7. Pediatricians are urged to work with their state and/or local health to help with constructive, nonpunitive policy and education for families.

NIDA Research Report

Cannabis (Marijuana) Research Report

Can marijuana use during and after pregnancy harm the baby?



Research has shown that pregnant women who use marijuana have a 2.3 times greater risk of stillbirth.

Human research has shown that some babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased trembling, and a high-pitched cry, which could indicate problems with neurological development.

In school, marijuana-exposed children are more likely to show gaps in problem-solving skills, memory, and the ability to remain attentive.

Prenatal marijuana exposure is also associated with an increased likelihood of a person using marijuana as a young adult, even when other factors that influence drug use are considered.

SAMHSA Health Effects of Marijuana During Pregnancy

No amount of marijuana has been proven safe to use during pregnancy or while breastfeeding.

Studies show that marijuana use during pregnancy may be harmful to a baby's health and cause a variety of problems, including:

Fetal growth restriction (when a baby doesn't gain the appropriate amount of weight before birth).

A greater risk of stillbirth

Preterm birth (being born before 37 weeks of gestation)

Low birth weight

Long-term brain development issues affecting memory, learning, and behavior

Yngvild K. Olsen, M.D., M.P.H.
Director Center for Substance Abuse Treatment (CSAT)

SAMHSA's National Helpline **1-800-662-HELP** **1-800-487-4889,**

References and Relevant Resources

- National Survey on Drug Use and Health | SAMHSA
- Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes | American Academy of Pediatrics
- What You Need to Know About Marijuana Use and Pregnancy | Centers for Disease Control and Prevention
- Drug Facts: Marijuana | NIDA
- Technology Transfer Centers (TTC) Program

<https://www.samhsa.gov/marijuana/marijuana-pregnancy>





**ASAM PUBLIC POLICY
STATEMENTS**

Cannabis

Adoption Date: October 10, 2020

Reaffirmed on December 12, 2024
through December 12, 2025

Cannabis use during pregnancy has increased in recent years including an increase of 41,000 U.S. pregnant persons who used cannabis daily or near daily between 2015 and 2017. There is a paucity of well-designed studies on the effect of prenatal cannabis exposure and the results have been mixed. There is a growing body of research on the role of the endocannabinoid system in brain development. A study of dispensaries in Colorado found that nearly 70% recommended cannabis products to manage nausea in the first trimester despite lack of evidence and the possibility of harms. Even in states where cannabis use is legal, state laws may deem substance use, including cannabis use, during pregnancy to be ipso facto proof of child abuse and require reporting independent of clinical judgment, with potential harms to mother and child that outweigh any benefit of reporting.

**PUBLIC POLICY STATEMENTS
Substance Use and Substance Use Disorder
Among Pregnant and Postpartum People**



**Pregnant Rihanna on giving up pot:
'I can't just go and smoke a joint right
now'**

Thinking about using cannabis before or during pregnancy?

About cannabis

- THC content in cannabis has increased over the past several years.

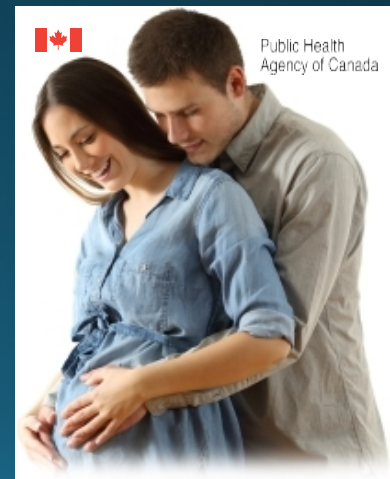
Risks of using cannabis

Using cannabis daily, or almost daily, may have effects that last for several weeks, years, or never fully go away, even after stopping use.

Some people may have a higher risk of:

- Developing a mental health problem
- Having an existing mental health problem worsen
- Having psychotic episodes

More research is needed to clearly understand all the possible health effects of cannabis use.



<https://www.canada.ca/en/health>

During pregnancy

Cannabis is not recommended to treat morning sickness or for medical purposes during pregnancy.

Ask a health care provider about safer options to feel better.

To know more, refer to the web link *Nausea and Vomiting* on page 4.

- ❖ **The more cannabis is taken during pregnancy, the more it affects the baby's developing brain.**
- ❖ **Cannabis use may also affect a mother's health during and after pregnancy.**

<https://www.canada.ca/en/health>



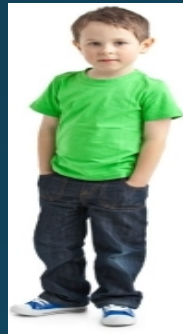
Risks to a child's brain development

Use of cannabis during pregnancy may affect a child's brain development, behaviour and mental health into adolescence and early adulthood. The effects may be permanent. If a mother uses cannabis daily, some of the risks for the child may be:



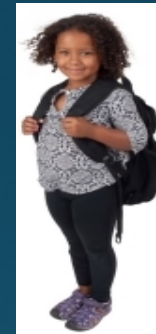
Age 0 - 3 years:

- ❖ Difficulty calming down
- ❖ Exaggerated startles
- ❖ Sleep problems



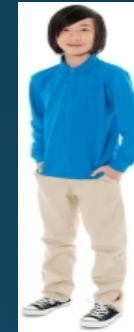
Age 3 - 6 years:

- ❖ Poorer memory
- ❖ More impulsive
- ❖ Less attentive
- ❖ Less able to understand and follow instructions



Age 6 - 10 years:

- ❖ More hyperactive and impulsive
- ❖ More difficulty learning
- ❖ Symptoms of depression and anxiety
- ❖ More difficulty making decisions
- ❖ Less attentive



Age 14 - 18 years:

- ❖ Poorer school performance
- ❖ Delinquency problems
- ❖ May try and/or use cannabis earlier
- ❖ Continue to be hyperactive, impulsive and less attentive



Before baby arrives

Talk to your health care provider about breastfeeding.

Cannabis passes into the breast milk.

It can be stored in your baby's fat cells and brain for weeks.

❖ **If you need help to reduce or to stop cannabis use, ask your health care provider about support and services in your region.**

If you are unable to stop using cannabis completely, try using less, and less often.



Public Health
Agency of Canada

Learn about the effects of cannabis as new information becomes available:

- ❖ Cannabis in Canada. Get the facts www.canada.ca/cannabis
- ❖ Thinking of using cannabis while parenting? www.canada.ca/cannabis
- ❖ Are you pregnant or considering pregnancy? www.pregnancyinfo.ca
- ❖ Nausea and vomiting www.pregnancyinfo.ca/nausea-and-vomiting
- ❖ Canada's Lower-Risk Cannabis Use Guidelines www.camh.ca



<https://www.canada.ca/en/health>



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Proposal for Advocacy:

To Legislate –

Mandatory Well-funded

Public Service Announcements (PSA's)

about the

Adverse Effects of Cannabis Use

During Pregnancy and Breastfeeding

in

States that Legalize the Commercial Sale of Cannabis

These PSA's may be critical for public education.

They would facilitate sound messaging that will reach countless numbers of women of childbearing ages.

And this would have a protective effect from the adverse consequences upon
the developing fetus related to cannabis use during pregnancy and breastfeeding

Attachment 1 ACOG Website Messaging

Attachment 2 AAP Website Messaging

Attachment 3 Public Health Agency of Canada Messaging



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SURVEY QUESTIONS FOR ASAM 2025

**Cannabinoids and Pregnancy:
ASAM Physicians, Patients and the Public
A Vital Discourse/DEBATE**

Join by Web

Pollev.com/gbunt334

(NOT POLLEVERYWHERE!)

Join by Text

Text to **22333**

(That will connect to Polleve)

Username/password required **gbunt334**