Women and Cannabis



Cannabis

- Cannabis (e.g., weed, cannabis, hashish, hash, pot) is produced from the Cannabis sativa plant and can be smoked, inhaled as a vapor, or ingested in foods or drinks.
- Tetrahydrocannabinol (THC) is the chemical in cannabis that makes you feel 'high,' but cannabis also contains more than 400 other chemicals.
- Depending on how much THC is in the cannabis, how you use it and how your body responds, the short-term effects of cannabis can last around 1-4 hours. There are different types of cannabis and the effects depend on the amount of THC it contains.
- Using cannabis can produce feelings of euphoria ("being high") and relaxation, changes in perception and sense of time, and increased appetite. Some people also experience anxiety, panic, and mild paranoia.
- Cannabis affects your short-term memory, attention, and motor skills, and slows your reaction time.

Cannabis and Your Health

- Medical cannabis is prescribed to treat health issues such as nausea and vomiting, chronic pain, and symptoms associated with HIV/AIDS and multiple sclerosis.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and may include sleep disturbance, irritability and loss of appetite.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, is likely to relieve these symptoms.
- Some research suggests that cannabis use can affect ovulation and the length of your menstrual cycle.

Cannabis and Pregnancy

- Using cannabis while pregnant may affect the fetus. Until
 more is known about the short- and long-term effects
 of cannabis on fetuses, babies and young children, it
 is safest to avoid using cannabis while pregnant, while
 breastfeeding, and around children.
- If you are using cannabis for medical reasons, talk to your health care provider about whether the benefits of using cannabis for medical purposes outweigh the potential risks to you and your fetus.
- If you have problems stopping or reducing your recreational cannabis use while pregnant, talk to your health care provider about services in your community that can support you.
- When you are pregnant, whenever possible, avoid being in a room with people who are smoking cannabis.
- Some women are interested in using cannabis during pregnancy to treat nausea or 'morning sickness'. There is some research showing that women who use cannabis report relief from these symptoms; however, more research is needed to understand the potential health risks. Talk to your health care provider if you have questions about this.
- Scientists are still learning about the effects of cannabis
 use during pregnancy on babies, children, and youth.
 Some research shows that babies born to mothers who
 use cannabis during pregnancy are more likely to be born
 smaller than other babies and have low birth weight. Some
 research shows that cannabis use during pregnancy can
 affect children's' behaviour (with attention problems and
 hyperactivity), brain development (problems with memory
 or learning at school), and the likelihood that they will use
 cannabis and other drugs as a teenager.



Until more is known about the short and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.

Cannabis and Breastfeeding

- Scientists are still learning about whether cannabis in breast milk can affect babies in the long-term. It is best not to use cannabis while breastfeeding as it is passed on to babies through breast milk and can be found in their feces (poop).
- Babies who have been exposed to cannabis through breast milk may become drowsy and have a hard time latching properly.

Cannabis and Parenting

- Cannabis use may affect your ability to safely take care of your baby.
- Some types of cannabis can make people feel very sleepy and can make them sleep more deeply.
- Second-hand cannabis smoke can cause some of the same health problems for your children as second-hand tobacco smoke. Smoke away from your children and outside of the house.
- Keep cannabis in a safe place where your children cannot reach it. Cannabis in food products, such as cookies and brownies, can be especially tempting to curious children.
- If your child eats or drinks cannabis by accident, seek medical attention right away. Your child might have problems walking or sitting up and may get very sleepy or act confused. Serious effects of cannabis on children are less common, but can include problems with breathing, seizures and comas.

Canada's Low Risk Cannabis Usage Guidelines

Canada's Lower-Risk Use Guidelines state: "Cannabis use is a personal choice, but it comes with risks to your health and well-being." Some of the recommendations to lower your risk include:

- Identify and choose lower-risk cannabis product
- Don't use synthetic cannabinoids
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnancy

Download the guidelines from www.camh.ca

References

- American College of Obstetricians and Gynecologists. (2015). Marijuana use during pregnancy and lactation. *Committee Opinion No. 637,* 126, 234–238.
- Brown, H. L., & Graves, C. R. (2013). Smoking and Cannabis Use in Pregnancy. *Clinical Obstetrics and Gynecology*, 56(1), 107-113.
- Chabarria, K. C., D. A. Racusin, K. M. Antony, M. Kahr, M. A. Suter, J. M. Mastrobattista and K. M. Aagaard. 2016. "Marijuana use and its effects in pregnancy." *American Journal of Obstetrics & Gynecology*.
- Danovitch, I. (2013). Sorting Through the Science on Cannabis: Facts, Fallacies, and Implications for Legalization. *McGeorge Law Review*, 43(1), 91-108.
- Gunn, J., C. Rosales, K. Center, A. Nuñez, S. Gibson, C. Christ and J. Ehiri. 2016. "Prenatal exposure to cannabis and maternal and child health outcomes: a systematic review and meta-analysis." *BMJ open* 6(4): e009986.
- Hayatbakhsh, M., Flenady, V. J., Gibbons, K. S., Kingsbury, A. M., Hurrion, E., Mamun, A., et al. (2012). Birth outcomes associated with cannabis use before and during pregnancy. *Pediatric Research*, 71(2), 215-219.
- Hill, M., & Reed, K. (2013). Pregnancy, Breast-feeding, and Marijuana: A Review Article. Obstetrical and Gynecological Survey, 68(10), 710-718
- Huizink, A. C. (2014). Prenatal cannabis exposure and infant outcomes: Overview of studies. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 52, 45-52.
- Jacques, S. C., Kingsbury, A. M., Henschke, P., Chomchai, C., Clews, S., Falconer, J., et al. (2014). Cannabis, the pregnant woman and her child: weeding out the myths. *Journal of Perinatology*, 34, 417-424.
- Jukic, A. Z., Weinburg, C. R., Baird, D. D., & Wilcox, A. J. (2007). Life-Style and Reproductive Factors Associated with Follicular Phase Length. *Journal of Women's Health*, 16(9), 1340–1347.
- Mark, K., Desai, A., & Terplan, M. (2015). Marijuana use and pregnancy: prevalence, associated characteristics, and birth outcomes. Archives of Women's Mental Health, DOI: 10.1007/s00737-015-0529-9.
- Metz, T. D., & Stickrath, E. H. (2015). Marijuana Use in Pregnancy and Lactation: A Review of the Evidence. *American Journal of Obstetrics and Gynecology,* doi: 10.1016/j.ajog.2015.05.025.
- National Academies of Sciences Engineering and Medicine. 2017. The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research. Retrieved from Washington, DC.
- Onders, B., Casavant, M. J., Spiller, H. A., Chounthirath, T., & Smith, G. A. (2015).

 Cannabis Exposure Among Children Younger Than Six Years in the United States.

 Clinical Pediatrics. 1-9.
- Ordean, A. 2014. "Marijuana Exposure During Lactation: Is It Safe?" *Pediatrics Research International Journal* 2014: c1-6.
- Porath-Waller, A. J. (2015). Clearing the Smoke on Cannabis: Maternal Cannabis Use during Pregnancy *An Update*. Ottawa: ON: Canadian Centre on Substance Abuse.
- Reece-Stremtan, S., Marinelli, K. A., & The Academy of Breastfeeding Medicine. (2015). ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. *Breastfeeding Medicine*, 10(3), 135-141.
- Roberson, E. K., Patrick, W. K., & Hurwitz, E. L. (2014). Marijuana Use and Maternal Experiences of Severe Nausea During Pregnancy in Hawai'i. *Hawai'i Journal of Medicine and Public Health*, 73(9), 283-287.
- Sharma, R., Biedenharn, K. R., Fedor, J. M., & Agarwal, A. (2013). Lifestyle factors and reproductive health: taking control of your fertility. *Reproductive Biology and Endocrinology*, 11, 66-81.
- Silva, A., & Parsh, B. (2014). Pediatric emergency: Unintended cannabis ingestion. *Nursing*, 44(11), 12-13.
- Teyhan, A., D. Evans and J. Macleod. 2017. "The effect of in utero exposure to alcohol, tobacco and cannabis on educational attainment in adolescence: findings from ALSPAC, a UK cohort study." International Journal for Population Data Science 1(1).
- Warner, T. D., Roussos-Ross, D., & Behnke, M. (2014). It's Not Your Mother's Cannabis: Effects on Maternal-Fetal Health and the Developing Child. *Clinical Perinatalogy*, 41(4), 877-894.
- Westfall, R. E., P. A. Janssen, P. Lucas and R. Capler. 2006. "Survey of medicinal cannabis use among childbearing women: Patterns of its use in pregnancy and retroactive self-assessment of its efficacy against 'morning sickness'." Complementary Therapies in Clinical Practice 12(1): 27-33.
- Whiting, P. F., Wolff, R. F., Deshpande, S., Di Nisio, M., Duffy, S., Hernandez, A. V., et al. (2015). Cannabinoids for Medical Use: A Systematic Review and Meta-analysis. *JAMA*, 313(24), 2456-2473.

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