



Admissions for Cannabis Use Disorder among Pregnant Women in United States Publicly Funded Treatment Facilities from 2000 to 2021

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BACKGROUND

Cannabis use disorder (CUD) among pregnant women, defined as problematic cannabis use causing significant impairment or distress, has risen markedly, with a 5.06-fold increase from 1993 to 2014. Infants born to mothers with CUD during pregnancy have higher odds of being preterm, low birth weight, and mortality.

Despite the potential adverse health outcomes associated with prenatal CUD, the rising rates of CUD during pregnancy and increasing legalization of medicinal and recreational cannabis across the United States (US), intervention and prevention programs for CUD in this population are limited. Data show that only 30% of pregnant women with CUD who were admitted to treatment completed the necessary treatment.

The present study explored CUD admissions among pregnant women in publicly funded treatment facilities in the United States (US) from 2000 to 2021.

METHODS

Data from the Treatment Episode Data Set-Admissions (TEDS-A) included 33,729 admissions of pregnant women with CUD from 2000-2021. The sample was restricted to admissions women who were pregnant when admitted to treatment and were diagnosed with CUD.

Descriptive statistics were conducted to examine the distribution of CUD over time as well as by age, race/ethnicity and co-substance use.

Figure 1. Cannabis use disorder admissions among pregnant women

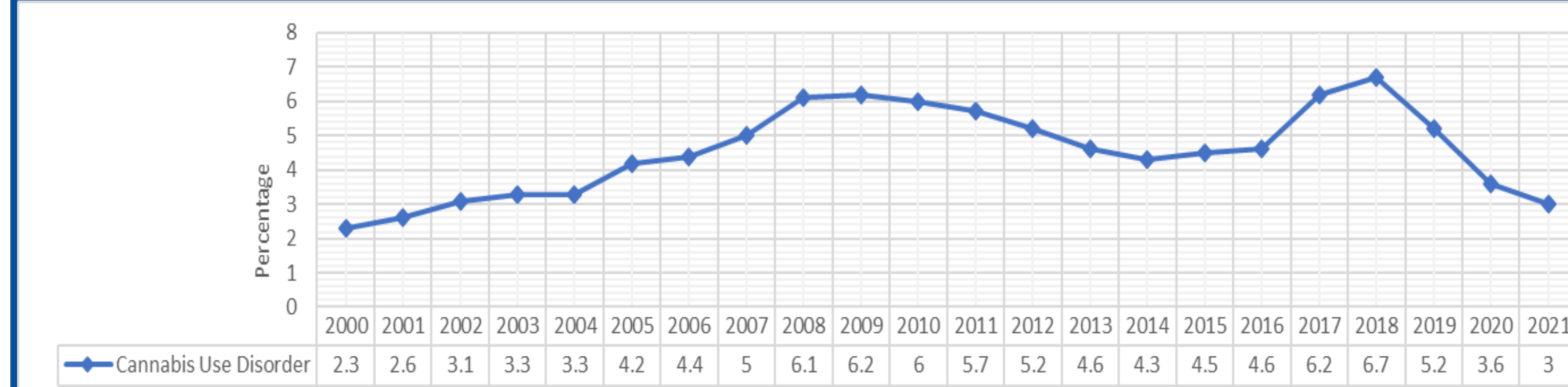


Figure 2a. Cannabis use disorder admissions to treatment among pregnant women by race/ethnicity

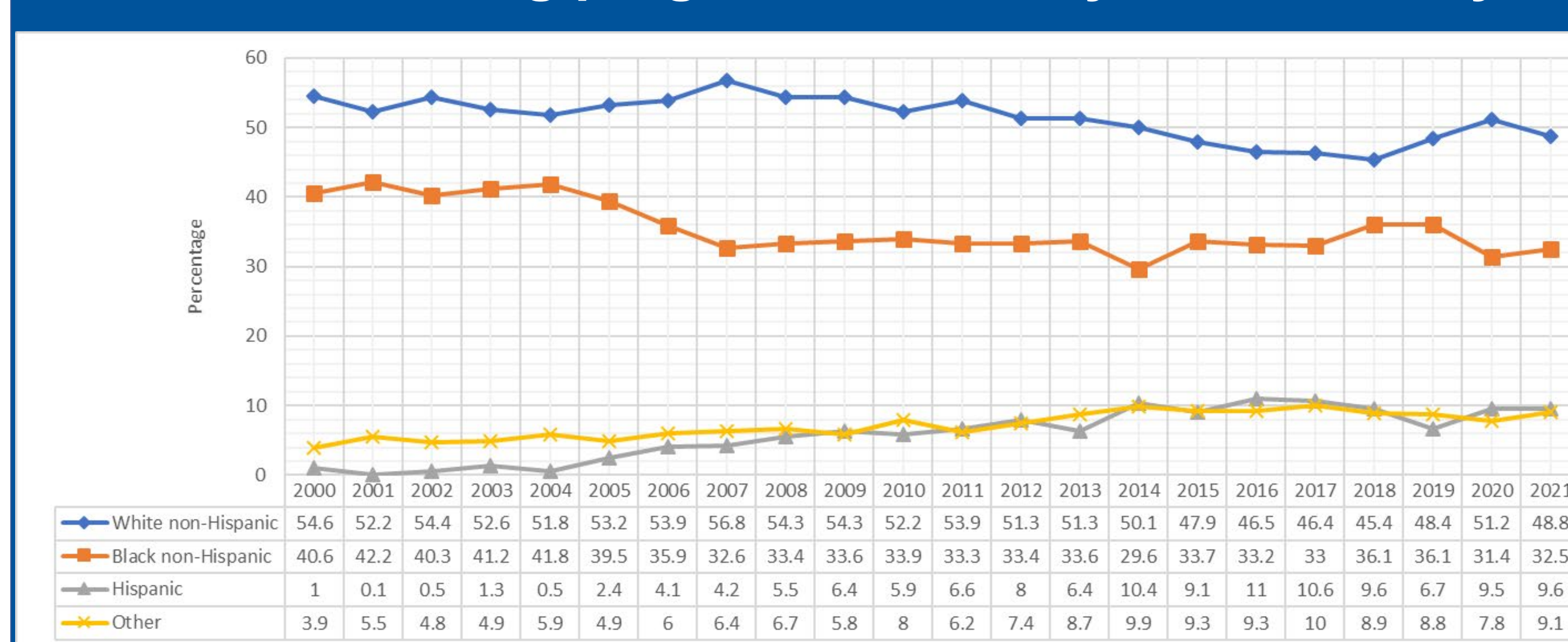
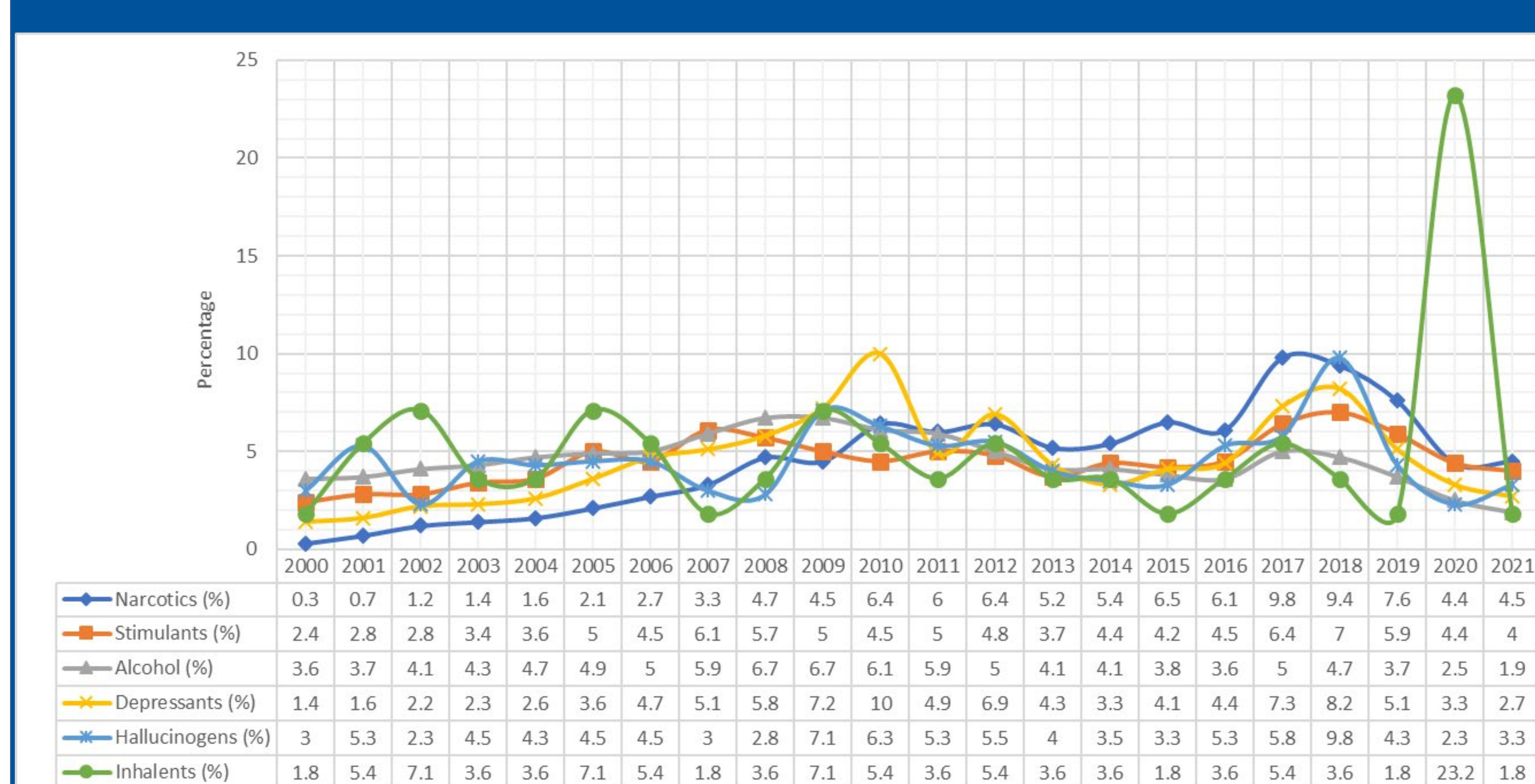


Figure 2b. Cannabis use disorder admissions to treatment among pregnant women treatment by age



Figure 3. Co-substance use among pregnant women with cannabis use disorder upon admission to treatment



RESULTS

- CUD-involved admissions among pregnant women increased 2.7-fold from 2.3% in 2000 to 6.2% in 2009 (Figure 1).
- Significant racial/ethnic disparities were noted in CUD, with higher rates in 2021 among non-Hispanic White (48.8%) and Black (32.5%) women relative to Hispanics (9.6%) and Other (9.1%) (Figure 2a).
- CUD admissions declined among 21-29 y/o from 62.1% in 2018 to 57.2% in 2021, while significantly increasing for women over 30 from 12.2% in 2010 to 28.1% in 2021. Admissions in pregnant women ≤20 y/o have generally declined since 2011 (Figure 2b).
- Co-substance use in CUD-related admissions peaked in 2018 and declined since 2019 except for inhalants which spiked in 2020 (Figure 3).
- Narcotics, stimulants, depressants, and hallucinogens were the most prevalent co-substances among CUD admissions, particularly between 2017 and 2021.

CONCLUSIONS

- These data show changes from 2000 to 2021 in CUD admissions among pregnant women as well as variations across racial/ethnic groups and age.
- The increasing prevalence of CUD admissions in pregnant women 30 and over and patterns of polysubstance use suggest the need for targeted intervention strategies.
- These findings suggest the necessity for tailored intervention strategies and continuous adaptation of treatment services for pregnant women with CUD in US publicly funded facilities.
- Future analytic studies are recommended to examine CUD treatment and the complex needs of this population.