Blazing the Trail in Colorado
Marijuana and Public Health
Tista Ghosh, MD, MPH
History of Medical Marijuana in Colorado

• Amendment 20 - November 2000
  • July 2001 - Registry established
• Ogden Memorandum - 2009
• Commercial production/distribution - 2010
  • HB 10-1284 & SB 10-109

*EEOHT and CHED, CDPHE 2016
Public Health Responsibilities

1. Create a scientific advisory panel to review literature and emerging science
2. Monitor patterns of use
3. Monitor health concerns
4. Prevention and education
5. Consultative role: Contamination limits and laboratory certification, edibles safety, safe disposal of product and byproducts
Retail Marijuana Public Health Advisory Committee

An appointed panel of scientists and health care professionals with expertise in cannabinoid physiology to monitor emerging health effects and other information.

- Systematically review the scientific literature
- Review public health surveillance data
- Recommend public health related policies
- Recommend public health surveillance activities
- Identify research gaps important to public health
Defined Expertise and Representation

- Drug epidemiology
- Surveillance epidemiology
- Medical toxicology
- Pediatric Medicine
- Rocky Mountain Poison and Drug Center
- Psychiatry/Drug Addiction
- Pharmacology
- Pulmonary Medicine
- Obstetrics and Gynecological Health
- Local public health representative
- Colorado School of Public Health representative
<table>
<thead>
<tr>
<th>Topics Covered</th>
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<tr>
<td>Marijuana Use During Pregnancy and Breastfeeding</td>
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<tr>
<td>Potential Neurological and Mental Health Effects</td>
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<td>Potential Health Effects on Youth and Unintentional Poisonings</td>
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<td>Marijuana Dose and Drug Interactions</td>
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<td>Potential Extrapulmonary Effects and Injuries</td>
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<td>Potential Respiratory Effects and Lung Cancer</td>
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CDPHE Goal
Translate Science into Public Health

• Develop consensus statements that convey the quality and quantity of scientific evidence behind a finding

• Translate consensus statements into plain language statements in a standardized way

• Guide the development of evidence-based prevention campaigns
# Findings Summary

**Effects on exposed offspring of maternal marijuana use during pregnancy and breastfeeding**

<table>
<thead>
<tr>
<th>Substantial Evidence</th>
<th>Moderate Evidence</th>
<th>Limited Evidence</th>
<th>Insufficient Evidence</th>
<th>Mixed Evidence</th>
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<tbody>
<tr>
<td>Decreased growth</td>
<td>Stillbirth</td>
<td>Increased depression symptoms</td>
<td>Psychosis symptoms</td>
<td>Preterm delivery</td>
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<td>Decreased IQ scores in young children</td>
<td>SIDS (evidence of no association)</td>
<td>Delinquent behavior</td>
<td>Breastfeeding and SIDS</td>
<td>Low birth weight</td>
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<td>Decreased cognitive function</td>
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<td>Isolated simple ventricular septal defects</td>
<td>Initiation of future marijuana use</td>
<td>Small for gestational age</td>
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<tr>
<td>Attention problems</td>
<td></td>
<td></td>
<td></td>
<td>Decreased birth weight</td>
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<tr>
<td>Decreased academic ability</td>
<td></td>
<td></td>
<td></td>
<td>Newborn behavior issues</td>
</tr>
</tbody>
</table>

- Birth defects, including neural tube defect, gastroschisis
- Frequency of use during adolescence
- Breastfeeding and infant motor development
Weighing & Creating Statements

Evidence Statements

- Scientific/Clinical Language
  - Substantial
  - Moderate
  - Limited
  - Mixed
  - Insufficient

Public Health Statements

10th Grade Language Level

- “is strongly associated with…”
- “is associated with…”
- “may be associated with…”
- “there is conflicting research for whether or not…”
- (No Statements Made)
Public Health Statements

1. There is no known safe amount of marijuana use during pregnancy.
2. THC can pass from mother to the unborn child through the placenta.
3. The unborn child is exposed to THC used by the mother.
4. Maternal use of marijuana during pregnancy is associated with negative effects on exposed offspring, including decreased academic ability, cognitive function, and attention. Effects may not appear until adolescence.
5. THC can be passed from the mother’s breast milk, potentially affecting the baby.
Research Gaps

• Cannabidiol (CBD) and other cannabinoids
• Other methods of use
• Miscarriage
• Potency
• Why pregnant/breastfeeding women use

Breastfeeding
- Effects on infants
- Length of time THC remains in breast milk
- Replication of presence of THC in breast milk, including comparison of amount of THC in breast milk to maternal blood THC levels
- Studies to correlate urine THC levels with presence of THC in breast milk
Jan 2017: New Evidence Review from National Academy of Sciences (formerly IOM)

**CONCLUSIONS FOR PRENATAL, PERINATAL, AND NEONATAL EXPOSURE**

- There is substantial evidence of a statistical association between maternal cannabis smoking and:
  - Lower birth weight of the offspring

- There is limited evidence of a statistical association between maternal cannabis smoking and:
  - Pregnancy complications for the mother
  - Admission of the infant to the neonatal intensive care unit (NICU)

- There is insufficient evidence to support or refute a statistical association between maternal cannabis smoking and:
  - Later outcomes in the offspring (e.g., sudden infant death syndrome, cognition/academic achievement, and later substance use)

- The committee did not identify enough quality literature to comment on associations between breastfeeding and cannabis use
Detailed Report

- Google - “Retail Marijuana Public Health Advisory Committee”
- 2016 report to be released 1/31
CDPHE and Retail Marijuana (C.R.S. 25-1.5-111 & SB-13-283)

Surveillance Role

“Monitor changes in drug use patterns, broken down by county and race and ethnicity, and the emerging science and medical information relevant to the health effects associated with marijuana use.”
Monitoring Patterns of Use

- Who is using?
  - age, gender, ethnicity, county, etc.
- How are they using?
  - Smoking, vaporizing, ingesting, dabbing, etc.
- How often are they using?
- Are they following safe practices when using?
  - Safe storage away from children, not driving while under the influence, etc.

Collecting this type of info and monitoring trends can help focus prevention efforts to the right target populations
Marijuana use during pregnancy and breastfeeding
Figure 3. Colorado women who reported using marijuana before, during, and after pregnancy, 2014.

Produced by: EEOHT, CDPHE 2016
*95% confidence intervals do not overlap.
†Black bars indicate margins of error (95% Confidence Intervals).
#Data Source: Colorado Pregnancy Risk Assessment Monitoring System 2014.
Figure 4. Colorado women who reported using marijuana during pregnancy by intention to become pregnant, 2014.

Did Not Use Marijuana | Used Marijuana
---|---
Intended Pregnancy | 96.0% | 4.0%
Unintended Pregnancy | 90.9% | 9.1%

*95% confidence intervals do not overlap.
†Black bars indicate margins of error (95% Confidence Intervals).
‡Data Source: Colorado Pregnancy Risk Assessment Monitoring System 2014.
Figure 1. Colorado women who reported using substances before pregnancy, 2014.

Produced by: EEOHT, CDPHE 2016
*95% confidence intervals do not overlap.
†Black bars indicate margins of error (95% Confidence Intervals).
#Data Source: Colorado Pregnancy Risk Assessment Monitoring System 2014.
Patterns of Use During Pregnancy in Colorado, 2014

Marijuana use before and during pregnancy was highest among women ages 15-24 years (21.1% and 12.8%, respectively).

However, marijuana use during the three months before and during the last three months of pregnancy was lower than alcohol and cigarette use during the same periods.
Child marijuana exposure
Safe Storage of Marijuana Products

7.4% of parents reported keeping marijuana in or around the home;

Of which 73.8% kept marijuana products in a locked container
Adolescent and adult marijuana use
Adult and Adolescent Use Patterns since Legalization

- Marijuana use, both among adults and among youth, does not appear to be increasing to date.

- No change was observed in past 30-day marijuana use among adults between 2014 (13.6%) and 2015 (13.4%) 

- No statistically significant change in 30-day or lifetime marijuana use among high school students between 2013 (lifetime: 36.9%, 30-day: 19.7%) and 2015 (lifetime: 38.0%, 30-day: 21.2%)

- However, youth perception of risk has decreased, with fewer respondents viewing regular marijuana use as risky in 2013 (54.0%) compared to 2015 (48.0%).
Figure 1. Prevalence of Ever and Current Marijuana Use For High School Students in Colorado Compared to the National Prevalence, 2005-2015.

Produced by: EEOHT, CDPHE 2016
*Black bars indicate margins of error (95% Confidence Intervals).
†Ever Use is defined as marijuana use at least one time during a student’s lifetime and Current Use is defined as marijuana use at least once in the past 30 days.
‡Data Source: Healthy Kids Colorado Survey (HKCS) prevalence estimates for 2005-2015 and Youth Risk Behavioral Survey prevalence estimates for 2005-2015. Note: Data for the year 2007 was not included due to low sample size.
High School Alcohol, Marijuana and Tobacco Use in CO (HKCS)

Prevalence (%)

- Alcohol
  - 2009: 40.8
  - 2011: 36.4
  - 2013: 31.0
  - 2015: 30.2

- Marijuana
  - 2009: 24.8
  - 2011: 22.0
  - 2013: 19.7
  - 2015: 21.2

- Tobacco
  - 2009: 17.7
  - 2011: 15.7
  - 2013: 10.7
  - 2015: 8.6
Current marijuana use among Colorado adults (18+ years) by sex, 2014-2016.

Produced by EEOHT, CDPHE 2017: BRFSS 2014-2016
Current marijuana use among Colorado adults (18+ years) by race and ethnicity, 2014-2016 (years combined).

- Hispanic: 11.4%
- Multiracial, non-Hispanic: 18.6%
- Other, non-Hispanic: 8.9%
- Black, non-Hispanic: 15.7%
- White, non-Hispanic: 14.0%
Daily or near daily marijuana use among Colorado adults (18+ years) by age categories, 2014-2016.

Prevalence (%)

- 26-34 years: 9.9% (2014), 8.4% (2015), 10.8% (2016)
- 35-64 years: 4.7% (2014), 5.8% (2015), 5.8% (2016)
- 65+ years: 0.4% (2014), 1.9% (2015), 1.4% (2016)

Produced by EEOHT, CDPHE 2017: BRFSS 2014-2016
Figure 10. Daily or near daily use of alcohol, tobacco, and marijuana among Colorado adults (18+ years) 2014-2015.

Produced by: EEOHT, CDPHE 2016.
*Black bars indicate margins of error (95% Confidence Intervals).
†Daily or Near Daily Use is defined as using 20-30 days in the past 30 days (marijuana or alcohol) or reporting everyday or someday use (smoking tobacco).
‡Data Source: Colorado Behavioral Risk Factor Surveillance System 2015.
Adult and Adolescent Use Patterns since Legalization

• The highest rates of past 30-day marijuana use were seen among young adults ages 18-25 (26.1%) and high school juniors (26.3%) and seniors (27.8%), with a male preponderance among adult users (16.9% versus 10.0%).

• People of any age who identified as gay, lesbian, or bisexual were much more likely than heterosexuals to use recently (36.9% versus 12.4% in adults; 34.9% versus 19.5% in youth).

• No clear difference in usage by race/ethnicity among adults, except lower among Asians. Among youth, multi-racial students had the highest use (28.0% versus 19.5% among White youth).
Methods of Use

▪ While the majority of adult users indicated smoking it, about half also reported multiple use methods (vaping, edibles, dabbing, etc.).

▪ Among youth, smoking remained the most popular method of use.
Methods of marijuana use among Colorado adults (18+ years) who reported current use, 2015.

- Multiple Methods: 49.9%
- Only Smoked: 40.4%
- Only Vaporized: 5.8%
- Only Ate/Drank: 3.6%
- Only Dabbed: 0.3%
Patterns of Use - Summary

• Data available do not suggest a substantial increase in current marijuana use among Colorado adults and youth
• Higher current use among certain demographics (men, low income, GLBT, lower education levels)
• Methods of use show mostly smoking with co-use of edible products
• Possibility for child exposure through secondhand smoke and edibles
• Concerns about use during pregnancy and breastfeeding
Monitoring Health Concerns

- Adverse events
  - Emergency Department Visits
  - Hospitalizations
  - Calls to poison center
Summary of hospitalization and ED data

- Increase in hospitalizations with marijuana-related codes by 70% between 2013 and 2015.
- ED visits increased 19% between 2013 and 2014, with a disproportionate increase among tourists, but decreased 27% between 2014 and 2015, to a rate lower than in 2013.
- However, overall hospitalization and ED visits related to marijuana remain quite small in comparison to alcohol (five times as many alcohol-related ED visits and nearly three times as many hospitalizations)
- Multiple limitations of this type of data
Out-of-State Residents

B Statewide

ED Visits Related to Cannabis Use (no. per 10,000 visits)

Year

2011 2012 2013 2014

Out-of-state residents
Colorado residents
Substance Related ED Visits in Colorado, 2011-2014: Exposures, Diagnoses, Billing Codes, or Poisonings.

*Rates per 100,000 ED Visits

**EEOHT, CDPHE 2016

†ICD-9-CM codes 305.2, 304.3, 969.6 and E854.1 were used to determine ED visits with possible marijuana exposures, diagnoses, billing codes or poisonings.

‡ED visits involving other substances were identified using ICD-9-CM codes: Alcohol (291[.0-.5, .8, .9], 303[.0, .9], 305.0, 425.5, 571[.0-.6, .8, .9], 790.3, 980[.0-.3, .8, .9], E860[.0-.4, .8]); Prescription Opioid Dependence and Poisoning (304[.0, .7], 305.5, 965[.00, .02, .09], E850[.1, .2]); Heroin Poisoning (E850.0, 965.01); Cocaine Dependence and Poisoning (304.2, 305.6, 970.81, E855.2); Stimulant Dependence and Poisoning (304.4, 305.7, 970.89, E854.2).
Child Marijuana Exposures

Figure 1. Children under 9 years of age; Rates of hospitalizations (HD) and emergency department (ED) visits with poisoning possibly due to marijuana in Colorado

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospitalizations (N)</th>
<th>Emergency Department Visits (Per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>2001-2009</td>
<td>1</td>
<td>N=9.0</td>
</tr>
<tr>
<td>2010-2013</td>
<td>6</td>
<td>N=41</td>
</tr>
<tr>
<td>2014-Sept 2015</td>
<td>9</td>
<td>N=42</td>
</tr>
</tbody>
</table>

*Note: * indicates a statistically significant increase in rates.
Figure 5. Number of marijuana exposure calls to poison center by marijuana type in Colorado, July 2014 to December 2016

- Edible Marijuana: 203
- Smokeable Marijuana: 199
- Other Marijuana: 127
Driving Under the Influence (DUI)

State Patrol data for the first 10 months of 2016 show that DUI’s where marijuana was noted as an impairing substance were 16% higher than the same period in 2014.

Fatalities where the driver tested positive for cannabinoids increased by 80% between 2013 and 2015.

Changes in testing practices might contribute to these increases. Additionally, fatality data do not indicate whether the driver was impaired or at fault.
Health Concerns - Summary

Increases in unintentional poisonings among children Increases in marijuana exposure calls to the poison center
• Relative number small compared to other substances

Increases in emergency department visits and hospitalizations related to marijuana since legalization
• Causes for these increases unclear - casual vs. social change in reporting
• Larger increases for out-of-state residents
• ED and hospitalizations related to marijuana remain a small proportion of all visits (< 2%%)

DUIs
Adult Education Campaign
Youth Prevention Campaign

GOALS. OPPORTUNITES. INDEPENDENCE.

UNDERAGE USE CAN GET IN THE WAY OF WHAT REALLY MATTERS TO YOU

FINANCIAL AID

A LITTLE HELP FROM YOUR FRIENDS.

Financial aid is an amazing tool that can help you achieve your goals. But, marijuana charges can cause you to lose your financial aid for college, even outside Colorado since financial aid is determined at the national (not state) level.

+ Learn Why

DON’T LET GET IN THE WAY OF PRIORITY
Pregnancy and Breastfeeding Campaign

**BREASTFEEDING?**
THC GETS IN BREAST MILK AND MAY AFFECT YOUR BABY

**“PUMPING AND DUMPING” IS A NO-GO WITH MARIJUANA**

**PASSES THROUGH TO BABY.**

**PASSES THROUGH TO BABY.**
Clinical Guidelines

MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE
FOR COLORADO HEALTH CARE PROVIDERS
March 18, 2015

SCREENING QUESTIONS

In addition to asking about alcohol, tobacco, and other drug use (including prescription drugs), now that marijuana is legal in Colorado, we recommend asking all teens and women who could become pregnant about marijuana use.

1. Have you used marijuana in the last year?
   If no: Go to question 2
   If yes: When was the last time you used marijuana? What form of marijuana do you use? How often do you use and how much?

2. If pregnant: Have you used marijuana during your pregnancy?
   If yes or no: It is important to ensure that your home is safe for your child. Make sure that any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.

3. Does anyone use marijuana in your home?
   If yes or no: It is important to ensure that your home is safe for your child. Make sure that any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.

PRENATAL VISITS

It is important to reassess substance use at each visit, because many women continue using substances throughout the pregnancy or may begin or resume using substances during pregnancy.

Discuss importance of cessation of marijuana and other potentially harmful substances during pregnancy and breastfeeding and offer support if needed, found in the resource section.

Discuss patient’s plan for marijuana use after pregnancy. Tell me about whether you intend to use marijuana after delivering your baby.

Discuss breastfeeding and marijuana: Are you planning to breastfeed your child? If yes, see breastfeeding section for more information.

Please inform your patient: Marijuana is legal for adults over 21, but this doesn’t mean it is safe for pregnant women or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.

As a prenatal care provider, if you are concerned about a patient’s substance use, you can recommend testing of mother during prenatal care and/or at delivery or testing of the newborn at birth.

Newborn testing information:

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation.
- Urine testing generally identifies maternal marijuana use after 30 weeks gestation.
- Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.

WELL WOMAN VISITS:

Discuss contraception options. If patient wants to continue recreational or medical marijuana, alcohol or other substance use and/or does not desire pregnancy.

If patient desires a pregnancy, discuss importance of cessation of marijuana and other potentially harmful substances. Consider use of contraception while the patient is working towards cessation of substances.

PEDIATRIC EXPOSURE PREVENTION CLINICAL GUIDANCE
FOR COLORADO HEALTH CARE PROVIDERS
August 21, 2015

SCREENING QUESTIONS:

Now that marijuana is legal in Colorado, we recommend asking all adolescents and young adults about marijuana use. This should be done in addition to asking about alcohol, tobacco and other drug use (including prescription drugs), as well as other safety measures such as seat belt or bike helmet use.

Language for parents: Now that marijuana is legal in Colorado, we would like to talk with you about it to help you keep kids safe.

How do you store substances that may harm a child in your home? Such substances include alcohol, marijuana, tobacco, prescription drugs, over-the-counter medicines, cleaning products or other potentially harmful chemicals.

Does anyone smoke in your home (marijuana or tobacco)?

Does anyone in your home use any other form of marijuana, such as vaping, edibles or tinctures?

Does anyone else who cares for your child use marijuana or have they in their home?

If there is marijuana in the child’s environment, we recommend additional education on avoidance of secondhand smoke and safe storage, if parent/s choose to use marijuana, they need to be educated on responsible marijuana use to protect their children’s health and safety.

CONVERSATION WITH PARENTS:

If child is young, conversation should be age-appropriate.

If child is older, conversation should be fact-based.

If child is adolescent, conversation should be evidence-based.

TIPS FOR USING THIS GUIDANCE:

All information in italics is scripted talking points to share with your patients, written at a middle school reading level.

ANSWERS TO COMMON QUESTIONS ABOUT MARIJUANA

Even though marijuana is natural, natural products can be dangerous or poisonous. Marijuana, like other plants such as tobacco or poisonous berries, can harm people. The chemical in marijuana that makes you feel “high,” tetrahydrocannabinol or THC, can have harmful effects on brain development in youth, including problems with learning, memory and school performance.

Legal does not mean safe. Think about alcohol or cigarettes. Both are legal to use for adults, but can have serious health risks. Marijuana use also has risks, even though it is now legal for adults 21 years and older. Being legal does not make marijuana safe, especially for youth.

Many medicines, including medicinal marijuana, may have harmful side effects. Doctors can recommend medical marijuana for certain medical conditions when they decide the benefit of treatment is greater than the risk for side effects. Discuss treatment choices that have the lowest risks and side effects.
Guideline Development

1. Group of 8-10 medical professionals with expertise in the area
2. Draft guidance based on public health statements
3. Internal and key stakeholder review
4. Refine draft
5. Focus groups with 20-40 related health care providers
6. Last draft of guidelines
7. Pilot test in clinical settings
8. Final version released
Clinical Guidance Documents

Marijuana Pregnancy and Breastfeeding Guidance For Colorado Health Care Providers

Pediatric Exposure Prevention Clinical Guidance For Colorado Health Care Providers For Discussions with Children / Adolescents Ages 9-20

Pediatric Exposure Prevention Clinical Guidance For Colorado Health Care Providers For Discussions with Parents or Guardians of Children / Adolescents Ages 0-20

SCREENING QUESTIONS

In addition to asking about alcohol, tobacco, and other drug use (including prescription drugs), now that marijuana is legal in Colorado, we recommend asking the following questions about marijuana use:

1. Have you used marijuana in the last year?
   - If yes, go to question 2
   - If no, go to question 3
2. When was the last time you used marijuana? How do you use marijuana? What form of marijuana do you use? How often do you use and how much?
   - If yes, have you used marijuana changed since finding out you are pregnant?
3. If concerned about substance abuse, please talk to your provider or see the resources section found in the resource section.
4. Does anyone else use marijuana in your home?
   - If yes or no, it is important to ensure that your home is safe for your (IMM, IBD, and other conditions).

TIPS FOR USING THIS GUIDANCE

- Healthcare providers are skilled at engaging in conversations about substance use and helping to navigate the process of smoking, driving, or other activities.

WELL WOMAN VISITS

Discuss contraception options if patient wants to continue using contraception and medical marijuana, alcohol or other substance use and/or does not desire pregnancy.
CME Credit Available

One hour of Clinical Medical Education credit available through

www.CO.Train.org
Women trust YOUR knowledge

- Healthcare providers and the internet are the most trusted sources for information about marijuana use during pregnancy or while breastfeeding.
What Women Want to Know

- Women are most interested in learning about:

1) Side effects as far as development and growth.

2) Long-term health effects for their babies.

3) How THC is passed/stored in their baby’s body.
Recommendations

• Screen for marijuana use at all well women visits, prenatal visits, delivery and postpartum visits

• Talk about marijuana use and encourage cessation before pregnancy or early in pregnancy

  - Educate patients on potential risks

• Discuss plans for breastfeeding early in pregnancy
Talking with Patients: Effects

- No known safe amount of use during pregnancy

- Associated with negative effects on exposed children:
  - Decreased cognitive function
  - Decreased attention
  - These effects may not appear until adolescence

- Language for patients:
  - Using marijuana while pregnant may harm your baby. It may make it hard for your child to pay attention and
Talking with Patients: Medical Marijuana

The decision to continue medical marijuana use during pregnancy and/or breastfeeding is based on whether the benefits outweigh the potential risks to the baby.

• If using marijuana to treat a medical issue:
  
  - Talk to your patients about safer treatments

• If patient is using marijuana for nausea, anxiety or sleep:
  
  - Talk to your patients about safer ways to deal with these issues
Marijuana is legal for adults over 21—but this doesn’t mean it is safe for pregnant moms or babies

- Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.

- If you are concerned about a patient’s substance use, you can recommend testing of a mother during prenatal care and/or at delivery.

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation. Urine testing generally identifies maternal marijuana use after 32 weeks gestation. Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.
Practice Flow

Marijuana Practice Flow Recommendations

**Safer Alternatives**
- If using for nausea, try:
  - Changing types of food and eating schedules;
  - Multiple forms of ginger and lemon/lime juice;
  - Drink plenty of water, anti-nausea compression bands; acupuncture
- If using for anxiety/depression, try:
  - Meditation; professional talk therapy; yoga; breathing exercises; acupuncture
- If using for sleep, try:
  - Relaxation techniques; aromatherapy; pillows; well-tuned food and exercise; supplements that support sleep

**Treatment**
- SBIRT: Screening, Brief Intervention, Referral to Treatment
- CUDIT-R: Cannabis Use Disorders Identification Test
- Mother’s Connection – Substance Abuse Resources for Pregnant Women
- CRAFFT – Cannabis assessment for youth < age 21
- CO Substance Use Disorder Treatment Referral Line 1-800-244-5373 / 1-866-222-1222 (Spanish)

**Resources**
- CO Child Abuse and Neglect Hotline: 1-844-264-5437
- Poison Control Hotline: 1-800-222-1222
- CO Mandatory Reporters Training
- Motivational Interviewing

**STORAGE**
All marijuana products should be stored in a locked area. Make sure their children cannot reach or see the locked area. Keep marijuana in the child-resistant packaging from the store.
Encourage parents to talk to their child about what to do if they are offered a substance or if their friends are using.

**CAREGIVING**
Marijuana use can affect a person’s ability to care for a baby. It is appropriate to ask about marijuana or other substance use before letting a person care for their baby.
- Some marijuana can make people feel very sleepy when they are high. Marijuana can also make you feel sad. It is not safe for your baby to sleep with you, especially if you are high.
- Eliminate secondhand smoke exposure

**LAWS**
- MJ grows must be in a locked and enclosed space, separate from children C.R.S. § 18-18-406(3)(b)(A&B)
- If pregnant women report their substance use to their prenatal health care provider and/or have a positive drug test during a prenatal care visit, Colorado law prevents that information from being used in criminal prosecution. C.R.S. § 13-25-136
- If baby tests positive at birth for THC, child protective services must be notified. C.R.S. § 19-3-1024
- Illegal to use marijuana in a vehicle—the open container law applies to marijuana too C.R.S. § 42-4-1305.5
- Marijuana is included in the Clean Air Act, which requires nearly all indoor work spaces to be smoke-free C.R.S. § 19-3-102
**Billing**

### MARIJUANA BILLING

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<th>ICD-10 Code</th>
<th>Description</th>
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<tr>
<td>F12.1</td>
<td>CANNABIS ABUSE</td>
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<td>F12.11</td>
<td>Cannabis abuse with intoxication</td>
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<tr>
<td>F12.13</td>
<td>Cannabis abuse with psychotic disorder</td>
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<tr>
<td>F12.18</td>
<td>Cannabis abuse with other cannabis-induced disorder</td>
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<td>F12.2</td>
<td>CANNABIS DEPENDENCE</td>
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<td>F12.22</td>
<td>Cannabis dependence with intoxication</td>
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<td>F12.25</td>
<td>Cannabis dependence with psychotic disorder</td>
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<td>F12.28</td>
<td>Cannabis dependence with other cannabis-induced disorder</td>
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<td>F12.9</td>
<td>CANNABIS USE</td>
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<td>F12.92</td>
<td>Cannabis use, unspecified with intoxication</td>
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<td>F12.95</td>
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<tr>
<td>F12.98</td>
<td>Cannabis use, unspecified with other cannabis-induced disorder</td>
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<th>CPT Code</th>
<th>Type of Counseling</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381</td>
<td>Infant (less than 1)</td>
<td>Preventive Medicine Services: New Patients</td>
</tr>
<tr>
<td>99382</td>
<td>Early Childhood (1-4)</td>
<td>Initial comprehensive preventive medicine: age/gender appropriate history; physical examination; counseling; anticipatory guidance; or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.</td>
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<tr>
<td>99383</td>
<td>Late Childhood (5-11)</td>
<td>Preventive Medicine Services: Established Patients</td>
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<tr>
<td>99384</td>
<td>Adolescent (12-17)</td>
<td>Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual: approximately 15 minutes; Approximately 30 minutes; Approximately 45 minutes; Approximately 60 minutes.</td>
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<td>99985</td>
<td>18+</td>
<td>Preventive Medicine Services: Individual</td>
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<tr>
<td>99401</td>
<td>Alcohol or substance (other than tobacco) abuse</td>
<td>Alcohol or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorder Identification Test [AUDIT], Drug Abuse Screening Test [DAST]), and brief intervention (SBI) services: 15 to 20 minutes.</td>
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Mandatory Reporting

Some hospitals test babies after birth for drugs.
If a baby tests positive for THC at birth, Colorado law says child protective services must be notified.
If you as a health care provider have a suspicion of abuse or neglect, it is your duty as a mandatory reporter to report child abuse or neglect.

Mandatory reporter training:
coloradocwts.com/community training
Colorado Child Abuse and Neglect Hotline
1-844-CO-4-KIDS
SUBSTANCE ABUSE TREATMENT

No Wait, No Judgment, Just The Help Your Patient’s Need -

• If your patient is pregnant or a mother with young children, she is a priority for drug and alcohol treatment. Treatment is available, and her children are welcome, too.

• All treatment is confidential and nonjudgmental.

• These treatment options accept Medicaid or offer a sliding scale.

• Resources available on health dept site, such as Special Connections, a program for pregnant women on Colorado’s Medicaid Program who have alcohol and/or drug abuse problems.
Campaign Objectives

1. Provide educational information about the health effects and risks associated with using retail marijuana during pregnancy and breastfeeding to empower women to make informed decisions.

2. Help encourage conversations between women and their healthcare providers and provide resources to support a positive, open and honest conversation.
Research
Spectrum of Risk

- Salty foods
- Going in a hot tub
- Caffeine
- Lifting heavy items
- Sugar
- Impact sports
- No sleep
- Stress
- Minimal prenatal care
- Poor diet
- Heat
- Marijuana
- Domestic violence
- Tobacco
- Hard drugs
- Alcohol

Low Risk

High Risk
Campaign Materials
When you're expecting a bundle of joy, marijuana brings on a bundle of questions.

While there's still a lot we don't yet know about how marijuana affects pregnancy and breastfeeding, we'll tell you everything we do know so we can help you make the healthiest decisions for you and your baby.

Learn how marijuana can affect pregnancy and breastfeeding
How Marijuana Affects Pregnant & Breastfeeding Women

Here's what you need to know in order to make the healthiest choices for you and your baby.

Health Considerations

Marijuana During Pregnancy

There is no known safe amount of marijuana to use while pregnant. That's because no matter how it's used (smoked, eaten etc.), THC gets passed to your baby and may have a long-
MARIJUANA USE WHILE BREASTFEEDING
Know how marijuana use can affect pregnant or breastfeeding women and their babies.

If THC gets into your breast milk, it can be passed to your baby, and may impact your baby's ability to learn later in life.

Talk to your doctor if you're breastfeeding or pregnant and need help to stop using marijuana. Your treatment will be confidential and nonjudgmental. Learn more at MothersConnection.org or call 1-800-CHILDREN for help.

THIS GETS INTO BABY’S BREAST MILK.

BABY GETS BREAST MILK IN THIS

GOOD TO KNOW
To learn more, talk to your doctor and visit GoodToKnowColorado.com.

STAYS IN YOUR BREAST MILK FOR HOURS.

If you use marijuana at all while breastfeeding, it gets passed to your baby. THC is stored in fat cells, which means it stays in your breast milk much longer than alcohol does, so “pumping and dumping” doesn’t work the same way with marijuana.

If you want to avoid possibly harming your baby, don’t use marijuana in any way (smoking, eating, vaping, etc.) while you’re pregnant or breastfeeding.

STAYS IN YOUR BREAST MILK MUCH LONGER.

GOOD TO KNOW
To learn more, talk to your doctor and visit GoodToKnowColorado.com.

MARIJUANA USE WHILE PREGNANT
Know how marijuana use can affect pregnant or breastfeeding women and their babies.

What you eat or smoke while pregnant can reach your baby. You’re probably aware that eating vegetables can help your baby’s development. And in the same way, using marijuana can harm your baby. It may have a long-term impact on your child’s ability to learn.

If you are pregnant and have been using marijuana, talk to your doctor to get the support you need to make the healthiest choice. Your doctor can help connect you with treatments that are confidential and nonjudgmental.

If you eat or smoke marijuana while pregnant, it will make your baby’s diet a lot worse. It’s also bad for the baby’s brain development.

GOOD TO KNOW
To learn more, talk to your doctor and visit GoodToKnowColorado.com.

BRINGS YOU A BUNDLE OF JOY.

BRINGS ON A BUNDLE OF QUESTIONS.

PASSES THROUGH TO BABY.

PASSES THROUGH TO BABY.

GOOD TO KNOW
To learn more, talk to your doctor and visit GoodToKnowColorado.com.

There is no known safe amount of marijuana use while pregnant. That’s because, no matter how it’s used (smoked, eaten, etc.), THC gets passed to your baby.

Secondhand smoke from marijuana can also be harmful because it has many of the same cancer-causing chemicals as tobacco smoke.
Fact sheets for patients, clients

Fact sheets available in multiple languages

Download at Colorado.gov/marijuana

- Spanish
- Korean
- Vietnamese
- Somali
- Arabic

MARIJUANA AND YOUR BABY

Marijuana is now legal for adults over 21. But this doesn’t mean it is safe for pregnant or breastfeeding moms and babies.

There is no known safe amount of marijuana use during pregnancy.

You should not use marijuana while you are pregnant, just like you should not use alcohol and tobacco.

Tetrahydrocannabinol (THC) is the chemical in marijuana that makes you feel “high.”

Using marijuana while you are pregnant passes THC to your baby.

March 2, 2015
HANDOUTS FOR PRACTICE

• COHealthResources.org

• Order as many as you need. Have them shipped to your practice for free.

• Factsheets are also available in Spanish.
