Prenatal Marijuana and Cocaine Use in Alaska

**Seriousness**

*Healthy People 2010 Targets and National Data*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska 2002</th>
<th>Nation 2002</th>
<th>Healthy People 2010 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of pregnant women who use marijuana</td>
<td>3.5%</td>
<td>2.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Proportion of pregnant women who use cocaine or crack</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0%</td>
</tr>
</tbody>
</table>

- Nearly 1 in 29 Alaskan women used marijuana during their most recent pregnancy and approximately 1 in 300 used cocaine or crack.

- Alaskan women were more likely to report prenatal marijuana use than women in the United States as a whole.

- Prenatal use of cocaine or crack among Alaskan women was the same as the prevalence among pregnant women nationally.

**Severity**

Maternal cocaine use during pregnancy is associated with adverse health effects for both the mother and the infant including intrauterine growth retardation, placental abruption, preterm delivery, congenital anomalies, and cerebral injury and according to research conducted by the Centers for Disease Control and Prevention, mothers who use cocaine early in pregnancy are five times as likely to have a baby with a malformation of the urinary tract as mothers who do not use cocaine.

**Urgency**

**Prenatal Marijuana Use**

- From 1991-2002, there has been no significant decline in the trend for overall prenatal marijuana use in Alaska. However, the overall prevalence for 2002 was the lowest reported since the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) has collected this data. (Figure 1)

**Prenatal Cocaine Use**

- From 1991 - 2000, prenatal cocaine use in Alaska has remained less than 1%.

**Disparities**

**Prenatal Marijuana Use**

Data from Alaska PRAMS indicated that race, maternal age, education, region, and Medicaid status were significantly associated with prenatal marijuana use.

- The prevalence of prenatal marijuana use among Alaska Native mothers has been significantly higher than the overall state prevalence over the last decade – more than twice that of the state average in 2002. (Figure 1)

- The prevalence of prenatal marijuana use was more than 3 times as high among Alaska Native mothers compared to white mothers.

- Alaskan teen mothers had a significantly increased risk of prenatal marijuana use – they reported use at a rate 3.5 to 5 times that of other age groups. (Figure 2)

For further information on this topic, please contact the State of Alaska, Department of Health and Social Services Women’s, Children’s, & Family Health Section at 907-334-2424 or visit our web site at www.epi.hss.state.ak.us/mchepi
Alaskan women that had not completed high school were more than 2.5 times more likely to use marijuana prenatally than those that had completed high school and 4 times more likely than those with at least some college.‡ (Figure 2)

During 1999-2001, women from the Northern region were significantly more likely to report prenatal marijuana use – approximately 2 to 4.5 times that of other regions. The Interior region had the lowest prevalence.‡ (Figure 3)

The prevalence of prenatal marijuana use among Alaskan women that had prenatal care paid by Medicaid was nearly 2.5 times higher than among women that did not use Medicaid to pay for prenatal care.† (Figure 2)

Prenatal Cocaine Use
Alaska PRAMS data for prenatal cocaine use was only analyzed by race-group.

- Alaska Native mothers were nearly 3 times more likely to report prenatal cocaine use than white mothers (0.63% and 0.23%, respectively). †
- Approximately 1 in 150 Alaska Native mothers reported prenatal cocaine use compared to 1 in 430 white mothers.†

Economic Loss
National estimates for medical costs of infants exposed prenatally to cocaine are $504 million a year. The estimated costs per drug-exposed infant for special health care and educational services from birth to age 18 are $750,000.5

Interventions & Recommendations
The American College of Obstetricians and Gynecologists recommends that clinicians take a thorough history of substance use and abuse in all obstetric patients, and remain alert to signs of substance abuse in all women.5

The United States Preventative Services Task Force (USPSTF) recommends that all pregnant women be advised of the potential risks of drug use on the development of the fetus and the potential to transmit drugs to infants through breastfeeding. They further recommend that all pregnant women who abuse drugs should be advised of the importance of regular prenatal care and be referred for treatment.6

Although routine drug testing of urine or other body fluids is not recommended as the primary method of detecting drug use in pregnant women, selective use of urine testing may be appropriate when the possibility of drug use is suggested by clinical signs and symptoms such as growth retardation, inadequate weight gain, and inadequate prenatal care. For women that have used drugs, the USPSTF suggests that periodic testing can help monitor and encourage abstinence.6

Intervention Effectiveness
There are few controlled trials of interventions for pregnant women who use illicit drugs. Women who use crack and other forms of cocaine account for the largest group of pregnancies at risk from illicit drugs, but optimal treatment for cocaine users is uncertain. In a review of research the USPSTF found that risk of low birth weight decreased substantially with increasing number of prenatal visits and that women who reduced use of cocaine during pregnancy, or used cocaine infrequently, had outcomes similar to non-users in several studies.6

The USPSTF also found that use of standardized clinical assessment in all pregnant women can increase the identification of drug use, but found little evidence that routine urine screening in asymptomatic women reduces drug use during pregnancy or results in better perinatal outcomes. Treatment services for pregnant, drug abusing women are often scarce, testing may not identify those pregnancies at highest risk, and positive tests have direct legal and social consequences for the mother and child. There is also concern that in places where clinicians must report drug use in pregnancy, routine testing may lead some women to avoid needed prenatal care.5

Capacity
Propriety
Reducing risk factors associated with poor birth outcomes for Alaskan infants falls within the overall mission of the Women’s, Children’s, and Family Health Section. Prenatal substance use is an important issue among the maternal and child health population – national initiatives have been set forth to address prenatal substance use (HP2010) and the Maternal and Child Health Bureau requires that several indicators of poor birth outcomes that can be associated with prenatal alcohol, smoking, and other substance use (NPM#15, #17; NOM#1-5; and HSCI#1A-2B) are monitored and assessed on a yearly basis.
Economic Feasibility
Economic feasibility was not evaluated.

Acceptability
Reducing illicit drug use among the prenatal population is acceptable in the community.

Resources
Data: Alaska PRAMS can be used to better understand significant risk factors associated with illicit drug use during the prenatal period in Alaska and target prevention measures toward high-risk groups. While marijuana use is still collected by PRAMS, cocaine use is only available until 2003.

Legality
Alaska State Law prohibits marijuana and cocaine use. It was not until March 1991 that Alaska made marijuana illegal. Marijuana was made legal for medicinal purposes in 1999 under Alaska Statute 17.37.010.

References

Data Sources

Notes
For Alaska PRAMS data note that prenatal marijuana and cocaine/crack use is among women that delivered a live-born infant. Marijuana prevalence for blacks (figure 2) may be unreliable as there were at least 30 but less than 60 respondents. No blacks reported this indicator.

National prenatal marijuana and cocaine/crack use is among women ages 15-44 who were pregnant at the time they were surveyed.

Region groupings are based on the six Alaska Department of Labor regions as shown in the map below.