

Synthetic Cannabinoid Detoxification in a Pregnant Woman

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Aims

- Our aim is to further our understanding of synthetic cannabinoid receptor agonist (SCRA) detoxification in pregnancy which is paramount in decreasing SCRA exposure to foetus and its effects on the mother.

Background

- SCRA products are used amongst lower socioeconomic and homeless population in the UK.
- SCRA use is continuing to be monitored for its effect in pregnant women but should be avoided in pregnancy, with concerns around neurobehavioral, socioemotional, physiological, molecular, and epigenetic consequences to baby⁽¹⁾ as well as the likelihood of early parturition, leading to decrease birth weight and preterm birth.⁽²⁾

Study

- 36 week pregnant 27 year old female, G2 P0 was admitted to Chapman Barker Unit (CBU) for two week detoxification from SCRA.
- She has no other concurrent drug use history and no mental health disorder. She had started using SCRA after a miscarriage of her first pregnancy.
- The NEPTUNE guidance⁽³⁾ on the Clinical Management of detox from SCRA was used as the baseline clinical plan.
- The mother was placed on a diazepam reducing regime (**Table 1**) for the SCRA detoxification along with antiemetics (**Box 1**) during her stay due to hyperemesis from detoxification

Day	Diazepam			
	08:00	12:00	18:00	22:00
1	2.5mg	2.5mg	2.5mg	2.5mg
2	2.5mg	x	2.5mg	2.5mg
3	2.5mg	2.5mg	2.5mg	5mg
4	5mg	2.5mg	2.5mg	5mg
5	5mg	2.5mg	2.5mg	5mg
6	5mg	2.5mg	2.5mg	5mg
7	5mg	x	2.5mg	5mg
8	2.5mg	x	2.5mg	5mg
9	2.5mg	x	x	5mg
10	2.5mg	x	x	2.5mg
11	x	x	x	2.5mg

Table 1: Diazepam Regime used for Detoxification of Patient

Box 1. Management of patients Hyperemesis during SCRA Detox

Admission

- Oral Promethazine was commenced on admission



Day 3

- Promethazine did not control nausea so was replaced by Intramuscular (IM) cyclizine TDS
- The Diazepam was also increased to 2.5mg TDS and 5mg nocte

Day 7

- The patient could not tolerate the IM injection so was switched to oral cyclizine 50mg TDS

Result

- The mother was discharged to her planned obstetric unit one day early, due to high risk of going labour. On last contact, mother and baby were doing well in a joint foster placement.

Patient Feedback

"The detox went really well for me. All the doctors and nurses were really nice to me and because it helped that much, I have been clean 6 months now and I am so happy with myself. If I could do it all again I would do. Thank you for helping me get off the stuff. I am doing so much better now. I Just wish things could have been different but at the end of the day I am clean and that is all what matters."

Conclusion

- There is currently little literature available regarding detoxification from SCRA during pregnancy, the evidence developed in those that are not pregnant, advocates the use of diazepam for detoxification.⁽³⁾ This case demonstrates safe use of diazepam for detoxification in pregnancy in an inpatient unit.
- It is also important to consider medications for symptomatic treatment.
- This case also highlights the need for early recognition of SCRA addiction and commencement of appropriate detox in facilities that can manage SCRA withdrawal and pregnancy.

References:

- 1 – Hurd Y. 2019, JAACAP, Developmental consequences of early-life cannabis exposure
- 2 – Sun X. et al 2014, Life Sciences, Synthetic cannabinoids and potential reproductive consequences
- 3 – NEPTUNE, 2015, NEPTUNE Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances.

Poster Presentation - Perinatal Trainees Annual Conference 2021