

# STIMULANTS



## STIMULANTS + PREGNANCY

While all of the risks associated with stimulant use during pregnancy are not entirely clear, we do know that they haven't been communicated accurately. Much of the reporting during the so-called "crack baby epidemic" of the 1980s and 1990s was incorrect, racist, and destructive. These stories were used to justify **disproportionately targeting and criminalizing Black parents** and families and **resulted in the forced separation** of parents and children.<sup>70</sup>

**The risks of using stimulants during pregnancy are now better understood.** And there are some risks.

**Overdosing or overamping** on amphetamines can stress pregnant people's bodies. While it is rare, it is possible to die from cocaine or

methamphetamine use because these drugs can cause stress to the heart.

**The risks associated with stimulant use are greater when they are used in combination with other substances.** Polysubstance use - using more than one substance at a time - greatly increases the risk of overdosing. See [Responding to Stimulant Overamping](#) from the National Harm Reduction Coalition. [↗](#)

Prescribed stimulants include methylphenidate (Ritalin® and Concerta®) and amphetamines (Adderall® and Dexedrine®). Caffeine, cocaine, amphetamines, and methamphetamine are commonly used without a prescription.

**Stimulants may cause decreased blood flow** to the placenta. They can also **increase blood pressure** which may increase the risk of preeclampsia - a dangerous condition in pregnancy which can cause seizures, heart attack, stroke and pulmonary edema (fluid in the lungs).<sup>32, 71-77</sup>

There is currently no direct link between stimulant use and placental insufficiency (lack of a good supply of nutrients and oxygen delivered to baby through the placenta).<sup>32, 71-77</sup>

Stimulants have not been linked to birth defects or placenta previa (when the placenta grows over the opening to the birth canal).<sup>32, 71-73, 75-78,</sup>

Stimulants may cause decreased birthweight, but the evidence is not clear. Other factors such as cigarette smoking and poor diet can also cause low birth weights.<sup>32, 34, 71, 73, 74, 77, 79-82</sup>

Placental abruption (the separation of the placenta from the uterine wall) has not been linked to caffeine or methamphetamine, but there is evidence linking it to cocaine. However, this evidence is of very poor quality and does not adequately control for confounding factors.<sup>83-90</sup> Even with this link, the chance of this happening is low.

**Stimulants can be linked to preterm premature rupture of membranes (PPROM).** PPROM occurs when the sac that contains the amniotic fluid breaks before 37 weeks of pregnancy.<sup>32, 34, 71-73, 76, 77, 79</sup>

There is **no evidence of stimulant withdrawal** in infants with prenatal exposure.

**Long-term outcomes are similar to other children in the same peer group.** One study that followed meth exposure during pregnancy and outcomes in children 7.5 years later found there may be an increased risk of the child having behavior issues, however poverty and negative childhood experiences had significant effects as well.<sup>91</sup>

## HIGH BLOOD PRESSURE

Hypertension during pregnancy is both common and dangerous. It affects up to 10% of pregnant people. Get your blood pressure checked regularly and watch for signs like:

- trouble breathing
- headaches
- swelling
- vision problems
- stomach pain, nausea, vomiting



## STIMULANTS + LACTATION

**Stimulants pass into human milk.** So the safest choice is to not use them.

Cocaine or amphetamine use can decrease the amount of milk you produce, and may cause your milk to dry up.<sup>92, 93, 94</sup>

Up to 200 mg of caffeine per day is considered safe:<sup>83, 94</sup>

- 1 to 2 cups of regular coffee (8 oz)
- 5 cans of soda (12 oz)
- 2 cans of energy drink (250 mL)



It is recommended to discard milk for **24 hours after cocaine use**, and **48 hours after methamphetamine use**. During this time, continue to pump or express milk so that your supply does not decrease.<sup>40, 92, 93</sup>

**Both cocaine and methamphetamine are excreted in the breastmilk.**<sup>92, 93</sup>

There have been reports of severe infant effects.<sup>40</sup>

In some states, parents have been charged with or convicted of child endangerment and manslaughter because it was thought that their infant's death was related to breastfeeding and stimulant use - although there is no definitive evidence to support these charges.

## CAFFEINE PER SERVING



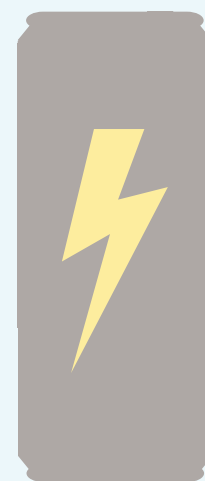
8 oz black tea  
50-70 mg



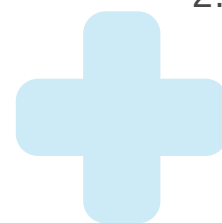
8 oz coffee  
100-200 mg



12 oz soda  
40-100 mg



250 mL  
energy drink  
100+ mg





## What treatment options are available for stimulant use disorder during pregnancy?

Currently, there are **no FDA-approved medications** for the treatment of stimulant use disorder.


However there are some "off-label" uses of medications that may be helpful. **The off-label use of medications is common and is the norm for medication taken during pregnancy and lactation because few drugs are tested on pregnant and lactating people.** Off-label prescribing is when a physician gives you a drug that the U.S. Food and Drug Administration (FDA) has approved to treat a condition different than your condition or a drug that has been approved for your condition - but not when someone is not pregnant or lactating.

Topiramate (Topamax®), modafinil (Provigil®), ondansetron (Zofran®), and prescription stimulants - amphetamine (Adderall® and Dexedrine®), dextroamphetamine and dexedrine (Dexedrine®, Spansule®, ProCentra®, and Zenzedi®), atomoxetine (Strattera®), methylphenidate (Ritalin® and Concerta®) - have been studied in non-pregnant people and have been helpful in some cases but not all.

Some people find that **group or individual therapy** is helpful - especially when done with those who understand substance use and substance use disorders. Others use **12-step or mutual support programs** such as [Cocaine Anonymous \(CA\)](#)  or [Narcotics Anonymous \(NA\)](#) 

but some people who have attended 12-step groups say they can still stigmatize or shame pregnant people.

**Contingency management** (the use of variable rewards for having negative urine toxicology) has been shown as useful in the treatment of people with stimulant use and other substance use disorders.<sup>95</sup>

See [Contingency management for substance use disorders](#) from the Recovery Research Institute. 



## RESOURCES AND TOOLS

### NEXT Distro

NEXT Distro is an online and mail-based harm reduction platform designed to reduce drug overdose death and drug-related health issues in rural and suburban communities.



[www.nextdistro.org/getnext](http://www.nextdistro.org/getnext)

### Here to Help

Find mental health and substance use information you can trust from the BC Partners for Mental Health and Substance Use Information.



[www.heretohelp.bc.ca/methamphetamine](http://www.heretohelp.bc.ca/methamphetamine)

### Stimulant Overamping Basics

Learn about stimulant overamping, what it looks like, how to prevent it, and how to respond from the National Harm Reduction Coalition.



[harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping](http://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping)

## NOTES:

---

---

---

---

---

---

---