Liberalising cannabis legislation in South Africa: cautions to include breastfeeding mothers

To the Editor: I read with great interest the recently published article by Bantjes *et al*.,[1] 'Liberalising cannabis legislation in South Africa: Potential public health consequences for adolescents and pregnant women'. These authors rightly point out that there is a global trend towards liberalising cannabis legislation, creating opportunities to harness the pharmacological benefits of its use. However, they go on to warn about the potentially detrimental public health consequences that such liberalisation of legislation may have, and point out that these could be particularly dire for adolescents and pregnant women. Their argument is well made: that regular cannabis use during adolescence is associated with more severe and persistent negative outcomes than during adulthood, with differential impacts on brain function and cognitive deficits, the endocannabinoid system, substance use disorders and onset of psychosis and other psychopathology. Similarly, the consequences for perinatal cannabis exposure are also highlighted. This is particularly worrisome in South Africa (SA), which has the highest global rates of fetal alcohol spectrum disorders,[2] considering the recent evidence from animal models that prenatal exposure to both cannabinoids and alcohol potentiate the likelihood of alcohol-induced birth defects.[3,4]

I would like to suggest that in addition to the concerns raised by Bantjes *et al*. relating to use of cannabis by adolescents and pregnant women, another potential group of concern is lactating mothers, and the impact of cannabis use on their breastfed infants. Breastfeeding has a multitude of health benefits, and as such we suggested in an article published in 2019[5] that given the persistent health messaging encouraging women to breastfeed their infants, now is the time for clear guidelines regarding alcohol, tobacco and other substance use during breastfeeding. This is particularly relevant in SA following the 2018 decriminalisation of cannabis use for personal consumption. We also suggested that local research should not only explore the nature and extent of cannabis use during breastfeeding, but also study how the qualities of breast milk (such as antibodies) are impacted by cannabis exposure. Bantjes *et al*. rightly conclude that it remains to be seen whether the need for caution as it relates to adolescents and pregnant women will be reflected in SA's revised legal frameworks. I suggest that this need for caution is extended to include breastfeeding mothers.

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