

### **Alcohol-involved rapes: Are they more violent?**

Abbey A; Clinton AM; McAuslan P; Zawacki T; Buck PO. *Psychology of Women Quarterly* 26(2): 99-109, 2002. (44 refs.)

Alcohol's psychological, cognitive, and motor effects contribute to rape. Based on theory and past research, we hypothesized that there would be a curvilinear relationship between the quantity of alcohol consumed by perpetrators and how aggressively they behaved. Moderate levels of intoxication encourage aggressiveness however, extreme levels severely inhibit cognitive and motor capacity. We also hypothesized that victims' alcohol consumption would have a curvilinear relationship to their resistance. These hypotheses were examined with data from 132 college women who had been the victims of attempted or completed rape. Although there was a curvilinear result for perpetrators, the slope of the curve suggested that aggressiveness was worst when no alcohol or the highest levels of alcohol were consumed. There was a negative linear relationship between victims' alcohol consumption and resistance. Difficulties associated with accurately assessing degree of intoxication from survey data are discussed and suggestions are made for improving alcohol measurement in rape research. Copyright 2002, Cambridge University Press.

### **Psychiatric disorders and coronary heart disease in women: A still neglected topic. Review of the literature from 1971 to 2000. (review).**

Bankier B; Littman AB. *Psychotherapy and Psychosomatics* 71(3): 133-140, 2002. (71 refs.)  
Background. Coronary heart disease (CHD) is the leading cause of death in women aged over 40 years in the United States, for whom it conveys a worse prognosis than for men. Recently, psychosocial factors have been understood to represent significant risk factors for developing CHD, as well as having a worse outcome with established CHD. However, these factors are often overlooked, in particular comorbid psychiatric disorders and psychiatric symptoms. To summarize the current knowledge in this interdisciplinary field, the authors conducted a review of CHD in women, taking into account psychosocial aspects, in particular psychiatric disorders. Methods: Medline searches using the keywords 'psychiatric disorder' and 'coronary heart disease' and 'women', and 'psychiatric disorder' and 'cardiac disease' and 'women', were performed, covering the time span from the beginning of the Medline database until January 1, 2001. Results: Quoted items included depression, panic

disorder, generalized anxiety disorder, mitral valve prolapse, chest pain, anorexia nervosa, menopause, alcohol abuse, cocaine use, sleep disorder, sexual dysfunction, hostility and type A behavior, as well as other psychosocial aspects. There is accumulating evidence of significant associations between psychosocial factors, in particular psychiatric disorders and psychiatric symptoms, and the development and recurrence of CHD in women. Conclusions: However, in summary, the topic still seems to be neglected. Future research into psychiatric disorders and psychiatric symptoms and CHD in women is strongly required, and the focus on women exclusively is underlined. Copyright 2002, S. Karger AG, Basel.

### **Benefit-cost analysis of addiction treatment in Arkansas: Specialty and standard residential programs for pregnant and parenting women.**

French MT; McCollister KE; Cacciola J; Durrell J; Stephens RL. *Substance Abuse* 23(1): 31-51, 2002. (62 refs.)

A benefit-cost analysis of specialty residential treatment (Specialty) and standard residential treatment (Standard) was conducted in a sample of pregnant and parenting substance abusers from Arkansas. Economic benefits were derived from client self-reported information at treatment entry and at 6-month postdischarge with the use of an augmented version of the Addiction Severity Index (ASI). The average cost of treatment in Specialty programs was \$8,035 versus \$1,467 for standard residential treatment. Average net benefits (benefit-cost ratios) were estimated to be \$17,144 for Specialty and \$8,090 for Standard. The main policy implication of this research is that investment in Specialty residential treatment for pregnant and parenting substance-abusing women appears to be economically justified, but future evaluations should analyze larger and more comparable samples to improve power and precision in the benefit-cost statistics. Copyright 2002, Association for Medical Education & Research in Substance Abuse.

### **Recent diet and breast cancer risk: The California Teachers Study (USA).**

Horn-Ross PL; Hoggatt KJ; West DW; Krone MR; Stewart SL; Anton-Culver H et al. *Cancer Causes and Control* 13(5): 407-415, 2002. (41 refs.)

Objective: The impact, if any, on breast cancer risk of modifying adult dietary intake is an area of much interest. We take the opportunity to address the relationship between recent adult diet and breast cancer risk during the

first two years of follow-up of the large California Teachers Study cohort. Methods: Of the 111,526 at-risk cohort members who resided in California and completed a baseline dietary assessment, 711 were diagnosed with invasive breast cancer after joining the cohort and before January 1998. Average daily nutrient intake was computed based on a food-frequency questionnaire assessing usual dietary intake and portion size during the year prior to joining the cohort. Incident breast cancers were identified through the California Cancer Registry and follow-up for death and confirmation of continued California residence utilized a variety of data sources. Cox proportional hazards models were used to calculate relative hazards. Results: The following components of recent dietary intake were not associated with breast cancer risk: energy, fat, fiber, antioxidant vitamins, and phytoestrogens. Only recent average alcohol consumption of 20 or more grams per day (approximately two or more glasses of wine) was associated with increased risk (RR = 1.5, 95% CI: 1.2-2.0 compared to non-drinkers;  $p(\text{trend}) = 0.01$  across quintiles). Conclusion: With the exception of alcohol consumption, this study provides no evidence that recent macro- or micronutrient composition of adult diet is likely to have a direct effect on breast cancer risk. Some reduction of alcohol consumption among those consuming more than one drink per day may be beneficial. Copyright 2002, Rapid Communications of Oxford, Ltd.

**Expectations of the effects of drinking on couple relationship functioning: An assessment of women in distressed relationships who consume alcohol at harmful levels.**

Kelly AB; Halford WK; Young RM. *Addictive Behaviors* 27(3): 451-464, 2002. (39 refs.)

Based on a cognitive-social learning model of alcohol use, it was hypothesised that women with both alcohol and relationship problems would endorse more positive expectations of the effects of alcohol consumption on their relationship and would report lower relational efficacy than women without relationship or alcohol problems. Measures of relationship-referent alcohol expectancies and relational efficacy were completed by 174 married women with both alcohol and relationship problems ( $n = 20$ ), alcohol problems alone ( $n = 26$ ), relationship problems alone ( $n = 30$ ), or neither problem ( $n = 98$ ). Women without either alcohol or relationship problems strongly rejected expectations of enhanced relationship functioning (e.g., enhanced intimacy, increased emotional expression) following alcohol consumption, whereas women with both alcohol and relationship problems were ambivalent about these positive expectations. Women with both problems also reported lower relational efficacy than the other groups of women. Negative expectations about the effect

of alcohol consumption on relationships in women with low relational efficacy may inhibit harmful drinking. Copyright 2002, Elsevier Science Ltd.

**Women's alcohol consumption: Emerging patterns, problems and public health implications. (review).**

Roche AM; Deehan A. *Drug and Alcohol Review* 21(2): 169-178, 2002. (58 refs.)

There is growing awareness of changes in the levels and patterns of women's use of alcohol. Australian and international data suggest that patterns of consumption among younger women are beginning to echo that of their male counterparts. Similarly, alcohol consumption among older women is also increasing in some developed countries. This paper provides an overview of available data sources that address changing patterns of consumption among women in Australia, and explanatory models which may account for these changes are discussed. Particular attention is directed to drinking among younger women and indigenous women. External social factors are explored, including the erosion of traditional values associated with women's consumption of alcohol. Finally, the paper examines the evidence for a long speculated 'convergence' of female and male alcohol consumption and assesses the public health implications of the emerging patterns of alcohol consumption by women. The inconsistent findings regarding brief interventions when applied to women, compared to men, are also highlighted in terms of appropriate future public health strategies. Copyright 2002, Australian Medical and Professional Society on Alcohol and Other Drugs.

**Native American women in alcohol and substance abuse treatment.**

Peterson S; Berkowitz G; Cart CU; Brindis C.

*Journal of Health Care for the Poor and Underserved* 13(3): 360-378, 2002. (23 refs.)

Alcohol and other drug use is a serious problem among American Indian and Alaska Native women. However, information about their needs for treatment is lacking. In response, a study was conducted to document the life experiences and perceived recovery needs of American Indian and Alaska Native women at nine treatment centers nationwide. The data show that most of these women have experienced various forms of abuse and neglect from childhood into adulthood and have been exposed to alcohol and other drugs from an early point in their lives. Most of these women have made multiple attempts to recover from their addictions, often for the sake of their children. The information derived from this study can be used as the foundation for further research about the treatment needs of American Indian and Alaska Native women. Copyright

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### **Reduction of primary and secondary smoke exposure for low-income black pregnant women.**

Pletsch PK. *Nursing Clinics of North America* 37(2): 315-viii, 2002. (61 refs.)

Cigarette smoking by women during pregnancy continues to be a substantial contributor to poor perinatal outcomes in the United States. Decreasing tobacco smoke exposure for women and children is a lifestyle change that will improve perinatal health. A study was conducted with a sample of 74 low-income black women to evaluate the effectiveness of the Smoke Free Families intervention in moving pregnant women forward in the stages of change toward becoming a non-smoker and reducing exposure to second-hand smoke. Transtheoretical model variables were measured at intake, postintervention, and during the last month of pregnancy. There were no statistically significant differences between treatment and control group in movement forward in the stages of change. The findings raise questions about the conceptual fit of the transtheoretical model with pregnant women. We discuss additional interventions and suggest types of studies that would provide new insight into tobacco exposure issues for pregnant women. Copyright 2002, W.B. Saunders Co.

### **Alcohol use disorders in primary care: Do gender-specific differences exist? (review).**

Brienza RS; Stein MD. *Journal of General Internal Medicine* 17(5): 387-397, 2002. (142 refs.)

Objective: To describe how alcohol use disorders (AUDs) affect women, focusing on gender-specific Implications for primary care physicians (PCPs). Design: An overview of literature from 1966 to 2000 Identified by a MEDLINE, PsychINFO and HealthSTAR/Ovid Healthstar database search using key words "women," "alcohol" and "alcoholism." Measurements and Main Results: Although the prevalence of AUDs is greater in men than in women, women with AUDs are more likely to seek help, but less likely to be identified by their physicians. Psychiatric comorbidities (especially depression and eating disorders) are more common in women with AUDs than in men with AUDs. A past history of sexual and/or physical abuse places a woman at Increased risk for AUDs. Women have a greater sensitivity to alcohol, have an accelerated progression from alcohol toxicity, and have increased mortality at lower levels of consumption compared to men. Women and men who are light-to-moderate drinkers have lower coronary artery disease mortality than do abstainers or heavy drinkers. Risk of breast cancer is increased in women who drink greater than or equal to 1 drinks daily. Common barriers to treatment include: fear of abandon-

ment by partner; fear of loss of children; and financial dependency. Brief interventions have been shown to be effective in reduction of alcohol consumption in women with at-risk drinking. It is unclear if women-only treatment programs improve outcomes. CONCLUSION: PCPs should be alert to gender-specific differences for women with AUDs. Copyright 2002, Blackwell Science Ltd.

### **Client-service matching in substance abuse treatment for women with children.**

Smith BD; Marsh JC. *Journal of Substance Abuse Treatment* 22(3): 161-168, 2002. (16 refs.)

This article addresses the relation between services matched to client-identified needs and substance abuse treatment outcomes for women with children. The study uses data collected for a program evaluation of an enhanced substance abuse services program for mothers involved with the child welfare system. In-person surveys were conducted with 183 women who were currently attending, or had recently completed substance abuse treatment. Bivariate tests and multivariate logistic regression models were conducted to assess the association between matched client-identified service needs and two treatment outcomes: substance use and satisfaction with treatment. Matched counseling services (domestic violence services, family counseling) were associated with reports of reduced substance use; matched ancillary services (housing, job training, legal services) were associated with clients' satisfaction with treatment. However, the total number of services clients received had a stronger relationship to treatment outcomes than did services matched to client-identified needs. Copyright 2002, Pergamon Press.

### **Early predictors of daily smoking in young women: The National Heart, Lung, and Blood Institute Growth and Health Study.**

Voorhees CC; Schreiber GB; Schumann BC; Biro F; Crawford PB. *Preventive Medicine* 34(6): 616-624, 2002. (39 refs.)

Background. Smoking is highly prevalent in young women and little is known about early multilevel independent risk or protective factors that are predictive of daily smoking in young women. Methods. Multiple logistic regression was conducted on data from NGHS, a 10-year cohort study of Black (1,213) and White (1,166) girls recruited from three clinical centers in the United States, ages 9-10 years on entry to ages 18-19. Results. Compared with never smokers, White girls were at higher risk than Black girls of being daily smokers at ages 18-19. Early predictors of daily smoking at ages 18-19 years included lower parental education, one parent in the household, drinking alcohol at ages 11-12, higher drive for thinness at ages 11-12, lower behavioral conduct at ages 11-12, and lower stress at ages

10-11 and higher stress at ages 12-13. For both Black and White girls weight-related variables were significant. Stress, behavioral conduct, and one-parent household were also important predictors for White girls. Conclusions. There is evidence that childhood and adolescent factors are related to young adult smoking behavior. Body weight concerns as well as family, social environment, and behavioral factors are important issues in determining which girls will become daily smokers. Copyright 2002, Academic Press, Inc.

### **Women's treatment utilization and its relationship to childhood sexual abuse history and lifetime PTSD.**

Simpson TL. *Substance Abuse* 23(1): 17-30, 2002. (40 refs.)

A central issue in the substance abuse literature is whether a history of childhood sexual abuse is a risk factor for poorer treatment outcomes. Although there is a strong belief that childhood sexual abuse is associated with increased substance abuse treatment utilization and relapse among women clients, most empirical evidence does not support this position. This study addresses this conundrum by exploring several possible explanations among a sample of women in substance abuse treatment. Unexpectedly, the results indicate that women with more severe histories of childhood sexual abuse were likely to have received less lifetime substance abuse treatment, although they were likely to have received more mental health treatment. In addition, the expected interaction between posttraumatic stress disorder (PTSD) status and childhood sexual abuse status and increased rates of both types of treatment was not found. However, participants with both PTSD and childhood sexual abuse concentrated on mental health treatment while those with only PTSD focused on substance abuse treatment. Copyright 2002, Association for Medical Education & Research in Substance Abuse.

### **Physician behavior towards male and female problem drinkers: A controlled study using simulated patients.**

Wilson L; Kahan M; Liu E; Brewster JM; Sobell MB; Sobell LC. *Journal of Addictive Diseases* 21(3): 87-99, 2002. (26 refs.)

Background: Evidence suggests that physicians are less likely to identify alcohol problems in females than in males. Purpose: To compare the performance of family medicine residents with male and female simulated patients (SPs) posing as problem drinkers. Methods: Fifty-six family medicine residents completed a baseline survey on knowledge and attitudes towards problem drinkers. Each resident was then visited by one male and female

unannounced SP. The male and female roles were similar with respect to presenting complaint (insomnia or hypertension), age, social class, and drinking history. Results: Residents expressed slightly more positive attitudes towards female than male patients (3.32 vs. 3.09,  $p < .001$ ). Residents scored higher with undetected male than with undetected female SPs on the assessment checklist (5.1 vs. 3.2,  $p < .045$ ), the management checklist (4.4 vs. 3.2,  $p = .032$ ), and an interpersonal rating scale (the Alcohol Skills Rating Form; 5.5 vs. 4.7,  $p = .023$ ). Conclusion: Educational programs should focus on improving physicians' clinical skills in the identification and treatment of alcohol problems in women. Copyright 2002, Haworth Press.

### **Where have all the young girls gone or where do all the men come from? Change and lack of change in demographic characteristics of the Norwegian heroin user population.**

Odegard E; Bretteville-Jensen AL. *European Addiction Research* 8(3): 141-146, 2002. (24 refs.)

A rough estimate indicates that women amount to one third of the heroin user population in Norway. However, among the youngest users females account and have accounted for a larger proportion. Given this greater representation of females in the younger age groups one would expect that the gender difference in the general population of users would be reduced overtime due to a cohort effect. However, the ratio of male to female users has remained stable. The prevailing explanation for this stability is based on the claim that women are more likely to overcome their abuse. This paper addresses both the basis for the assumption of a missing cohort effect and examines an alternative explanation linked to the way into abuse rather than the way out. The study primarily draws upon two distinct data sources. The first body of material consists of interviews carried out in the period 1993-1997 with people attending the only needle exchange service in Oslo. The second data source consists of police records, which provide the number of persons arrested each year in the period 1984-1997 for using, possessing or selling heroin distributed by age and gender. We find that the age of injection debut has increased and that this is especially true for male users. Applying a simple quantitative model, the effect a change in recruitment may have on the male-to-female ratio is analysed. The results indicate that a higher debut age may have contributed to stabilizing the gender gap. The finding suggests that more research is needed on the conditions of recruitment in order to better predict the future population demographics and to avoid hasty and incorrect conclusions. Copyright 2002, S. Karger Publishers..