

Effectiveness of substance abuse treatment programming for women: A review.

Ashley OS; Marsden ME; Brady TM. *American Journal on Addictions* 12(2): 19-53, 2003. (102 refs.)

This is a review of the literature on the extent and effectiveness of substance abuse treatment programming for women and provides an overview of what is known about the components of successful treatment programs for women. 38 studies of the effect on treatment outcomes of substance abuse treatment programming for women are reviewed. Seven were randomized, controlled trials, and 31 were nonrandomized studies. In the review, 6 components of substance abuse treatment programming for women were examined: child care, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming. The studies found positive associations between these 6 components and treatment completion, length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and HIV risk reduction. Findings suggest that to improve the future health and well-being of women and their children, there is a continued need for well-designed studies of substance abuse treatment programming for women. Copyright 2003, American Academy of Psychiatrists in Alcoholism and Addictions.

The relationship among psychological distress, employment, and drug use over time in a sample of female welfare recipients.

Atkinson JS; Montoya ID; Whitsett DD; Bell DC; Nagy CW. *Journal of Community Psychology* 31(3): 223-234, 2003. (29 refs.)

In this study we examined the relationship over time among work experience, psychological distress, and illegal substance use in a sample of 534 women receiving Temporary Assistance for Needy Families. Study participants were interviewed at intake and at 4-month intervals for a period of 2 years. Each interview recorded the number of hours worked in the previous 4 months and the use of powder cocaine, crack cocaine, heroin, or methamphetamines during the same period. To measure the extent of psychological distress, participants were also administered the personal adjustment problems subscales of the Multidimensional Addictions and Personality Profile (MAPP) at intake and

at 1-year intervals. A path model was analyzed to assess the temporal effects of employment, drug use, and emotional and psychological distress. Results suggest a cycle in which employment at one time period can reduce the likelihood of drug use in the following period, which, in turn, can lead to improvement in distress. This improvement can lead to an increase in the number of hours worked and further improvement in distress levels. Copyright 2003, Clinical Psychology Publishing Co.

Factors associated with partner violence among female alcoholic patients and their male partners.

Chase KA; O'Farrell TJ; Murphy CM; Fals-Stewart W; Murphy M. *Journal of Studies on Alcohol* 64(1): 137-149, 2003. (52 refs.)

Objective: This study described the extent of partner violence victimization and perpetration among married or cohabiting female alcoholic patients and the factors associated with it. Method: Male-to-female and female-to-male physical partner violence were examined for 103 female alcoholic patients seeking couples-based outpatient alcoholism treatment. Partner violent (PV) and nonpartner violent (NPV) groups were compared on hypothesized risk factors. Results: In the year before treatment, about two thirds of the women were victimized by their male partners, and a similar proportion engaged in violence toward their male partners. Severe violence also was high, with 22% victimization and 50% perpetration prevalence. Women committed more violent acts overall and were more likely to commit severely violent acts than the men in these couples. Risk factors for PV in both the victimization and perpetration models were as predicted: less education, lower income, greater relationship problems, stronger beliefs in the link between relationship problems and the female patient's drinking, greater cocaine use by the perpetrator of violence and greater emotional distress of the men. Greater alcohol and drug use and more severe alcohol problems also distinguished male perpetrators from their nonviolent counterparts in the female victimization model. Predictions that female patients in the PV group would report greater substance use and problems, childhood violence exposure and emotional distress than their female counterparts in the NPV group were not supported for either victimization or perpetration models. Conclusions: Partner violence is a serious

problem for women in alcoholism treatment. More research is needed to increase understanding of risk factors and explanatory models for such violence. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Screening for substance abuse and psychiatric disorders among women patients in a VA health care system.

Davis TM; Bush KR; Kivlahan RD; Dobie DJ; Bradley KA. *Psychiatric Services* 54(2): 214-218, 2003. (43 refs.)

Screened women Veterans Affairs (VA) health care patients for the prevalence of past-year smoking, hazardous and problem drinking, other drug abuse, and psychiatric disorders. Screening measures included questions about cigarettes, questions from the Alcohol Use Disorders Identification Test about consumption (hazardous drinking), a drug abuse screen, the Patient Health Questionnaire (psychiatric conditions), and the PTSD Checklist. 1,257 patients returned surveys with complete substance use data. Patients reported a relatively high rate of past-year smoking (29.1%) and hazardous drinking, problem drinking, or both (31.1%). The rate of past-year drug use was much lower (4.9%). Younger age was associated with greater substance abuse: 59% of women under age 35 screened positive for smoking, hazardous or problem drinking, or drug abuse. Screening positive for a psychiatric condition (N=504) was also associated with substance abuse: The rate of past-year drug abuse among women screening positive for a psychiatric condition (9.7%) was double the rate for the entire sample. Of the women who screened positive for depression, PTSD, eating disorders, or panic disorders, 57% screened positive for substance abuse (including smoking). Copyright 2003, American Psychiatric Association.

Relationships between cigarette smoking and weight control in young women.

Delnevo CD; Hrywna M; Abatemarco DJ; Lewis MJ. *Family & Community Health* 26(2): 140-146, 2003. (23 refs.)

While multiple risk factors are associated with smoking, body weight concern is a significant risk factor for smoking among young women, including adolescents. This article explores the relationship between frequency of smoking and weight loss strategies among a nationally representative sample of high school females (n = 7,828). Adjusted odds ratios were generated for smoking, weight goals, and weight loss strategies, controlling for demographics. Daily smokers were two

to four times more likely to fast, use pills, and purge to control their weight than nonsmokers. Tobacco control efforts for young women must address the influence of weight concern on smoking in this population. Copyright 2003, Aspen Publishers, Inc.

Pregnancy-related substance use in the United States during 1996-1998.

Ebrahim SH; Gfroerer J. *Obstetrics and Gynecology* 101(2): 374-379, 2003. (24 refs.)

OBJECTIVE: To provide a baseline estimate of the national prevalence of pregnancy-related illicit drug use and abstinence rates. METHODS: We analyzed data collected between 1996 and 1998 from the National Household Survey on Drug Abuse, a nationally representative sample survey of 22,303 noninstitutionalized women aged 18-44 years, of whom 1249 were pregnant. RESULTS: During 1996-1998, 6.4% of nonpregnant women of childbearing age and 2.8% of pregnant women reported that they used illicit drugs. Of the women who used drugs, the relative proportion of women who abstained from illicit drugs after recognition of pregnancy increased from 28% during the first trimester of pregnancy to 93% by the third trimester. However, because of postpregnancy relapse, the net pregnancy-related reduction in illicit drug use at postpartum was only 24%. Marijuana accounted for three-fourths of illicit drug use, and cocaine accounted for one-tenth of illicit drug use. Of those who used illicit drugs, over half of pregnant and two-thirds of nonpregnant women also used cigarettes and alcohol. Among the sociodemographic subgroups, pregnant and nonpregnant women who were young (18-30 years) or unmarried, and pregnant women with less than high school education had the highest rates of illicit drug use. CONCLUSION: The continued burden of illicit drug use during pregnancy calls for policy efforts to enable primary care providers to identify and refer women who use substances to treatment and support services. Prevention of uptake of illicit drug use should be an integral part of public health programs for young women. Copyright 2003, American College of Obstetricians and Gynecologists. Used with permission.

Mothering, crime, and incarceration.

Ferraro KJ; Moe AM. *Journal of Contemporary Ethnography* 32(1): 9-40, 2003. (72 refs.)

This article examines the relationships between mothering, crime, and incarceration through the narratives of thirty women incarcerated in a southwestern county jail. The responsibilities of child care, combined with the burdens of economic marginality and

domestic violence, led some women to choose economic crimes or drug dealing as an alternative to hunger and homelessness. Other women, arrested for drug- or alcohol-related crimes, related their offenses to the psychological pain and despair resulting from loss of custody of their children. Many women were incarcerated for minor probation violations that often related to the conflict between work, child care, and probation requirements. For all women with children, mothering represented both the burdens of an unequal sexual division of labor and opportunities for resistance to marginalization and hopelessness. Copyright 2003, Sage Publications Inc.

Rates and correlates of alcohol use among pregnant women in obstetrics clinics.

Flynn HA; Marcus SM; Barry KL; Blow FC.

Alcoholism: Clinical and Experimental Research 27(1): 81-87, 2003. (45 refs.)

Background: The purpose of this study was to demonstrate feasibility of screening and to identify rates and correlates of alcohol use in a large, demographically representative sample of pregnant women across a number of obstetrics clinics, extending previous studies of single or high-risk settings. Identification of harmful alcohol use during pregnancy and of associated factors is critical for the design and implementation of secondary prevention strategies. Methods: A total of 1131 pregnant women age 18 and older were screened in the waiting areas of eight obstetrics clinics in Southeastern Michigan using a brief (10 min) screening questionnaire. This survey consisted of direct and indirect (TWEAK) measures of alcohol use, as well items assessing demographic characteristics, use of tobacco, and whether participants' physicians discussed alcohol use behavior with them. Women ranged in age from 18 to 46, with a mean age of 28.7 (SD = 5.3). The racial/ethnic distribution of our sample suitably reflects the various racial segments of the Michigan population. Results: We found that 15.1% of the total sample (n = 169) reported any alcohol use during pregnancy, with the majority of those women reporting relatively low levels of alcohol use. One hundred and forty-seven women (13%) scored above the cutoff on the TWEAK (i.e., above a score of 2). Based on multivariate analyses, higher risk alcohol use (defined as binge drinking or greater than one standard drink per week) during pregnancy was predicted by smoking and earlier stage of pregnancy. Caucasian race, smoking, psychological distress, and greater number of drinks during pregnancy predicted scores above a cutoff of 2 on the TWEAK. Conclusion: This study demonstrated that screening in busy obstetrics clinics is feasible and acceptable to women

and that it may be optimal to use both indirect and direct measures of alcohol use. In addition, brief assessments should be conducted throughout pregnancy and may be targeted or intensified for smokers and for women earlier in their pregnancy. Copyright 2003, Research Society on Alcoholism. Used with permission.

Factors influencing treatment enrollment by pregnant substance abusers.

Haller DL; Miles DR; Dawson KS. American

Journal of Drug & Alcohol Abuse 29(1): 117-131, 2003. (18 refs.)

Despite potentially devastating consequences to both mother and child, many pregnant substance abusers refuse treatment. To understand why, the present study compared women who enrolled in (N=102) vs declined (N=23) day treatment. Participants were primarily African American, unemployed, high school graduates with a mean age of 27 years. Although demographic characteristics did not differ between groups, treatment enrollees had greater drug severity and were more likely to identify crack cocaine as their drug of choice. They also manifested more family and psychiatric problems, emotional distress, and Axis II psychopathology. In addition, treatment enrollees had greater legal severity and higher rates of criminal justice system involvement (46% vs 13%). The women who declined perinatal addiction services may have perceived less need for intensive treatment due to lower problem severity and less distress. Development of alternative treatment approaches, such as limited perinatal addiction services provided in conjunction with prenatal care, is warranted. Copyright 2000, Marcel Dekker, Inc. Used with permission.

Perinatal substance abuse and human subjects research: Are privacy protections adequate? (review).

Marshall MF; Menikoff J; Paltrow LM. *Mental Retardation and Developmental Disabilities Research Reviews* 9(1): 54-59, 2003. (9 refs.)

Privacy incursions in the clinical care of substance abusing pregnant women have gained lay and professional attention recently as the result of a high-profile Supreme Court finding in *Ferguson vs City of Charleston* et al. In March, 2001 the Supreme Court determined that nonconsensual drug screening of pregnant women by clinicians in a public hospital violated the women's Fourth Amendment rights to be secure against unreasonable search and seizure. Coercive or punitive policy approaches to perinatal substance abuse are often based on mistaken assumptions about the nature of addiction and the outcomes of punitive

interventions. Much attention has been given to efforts to criminalize pregnancy for drug using women, and civil laws are also coming under increasing scrutiny. Although no state has passed a law criminalizing pregnancy and drug use, an estimated 250 women in more than 30 states have been prosecuted around the country on theories of "fetal abuse." A growing number of states (eighteen to date) have amended their civil child welfare laws to address specifically the subject of a woman's drug use during pregnancy. No one has examined how these laws and social policies could affect research that includes pregnant and parenting women; women (and their families) who stand to lose a great deal should their drug use be brought to the attention of child welfare or criminal justice authorities. We examine the adequacy of current protective mechanisms, such as federal certificates of confidentiality, in protecting research subjects (and investigators) who may be subject to punitive civil or criminal sanctions. We determine that current protective mechanisms may be insufficient to protect research subjects and that investigators and IRB members are often ignorant of the risks imposed by punitive policy approaches to perinatal substance abuse or fall prey to the same mistaken assumptions that inform punitive policies. We conclude that investigators and IRB members have a moral responsibility to understand local, state and national policies and laws governing perinatal substance abuse. Investigators and IRB members should balance the harms of punitive interventions against the protections that may, or may not be afforded to prospective research subjects as well as the prospective benefits, individual and social, of the research. In situations where criminal or punitive policies are in effect, investigators and IRB members should consider whether adequate protections can be achieved. In the context of inadequate protections, potential risks to prospective research subjects and their families may outweigh the individual or social benefits that accrue from the research. Clinical researchers are professionally obligated to work toward amending laws and policies that are not in the best interests of prospective research subjects. Copyright 2003, Wiley Liss, Inc.

Assessing maternal perceptions of harmful effects of drug use during pregnancy.

Perry BL; Jones H; Tuten M; Svikis DS. *Journal of Addictive Diseases* 22(1): 1-9, 2003. (18 refs.)

Research has shown that perceived risk is an important predictor of health behavior change. In turn, drug use risk education is a vital component of many health campaigns. In pregnant women, perceived risk studies have focused primarily on alcohol and tobacco use. Little is known about perceived risks associated with

prenatal exposure to illicit drugs. The present study compared drug use attitude (DUA) in both treatment-seeking and non-treatment-seeking drug-using pregnant women as well as a comparison group of non-drug-using pregnant women. The results suggest that non-treatment-seekers are less knowledgeable about specific potential risks of perinatal substance use. In addition, compared to treatment seekers and non-users, non-treatment-seekers were more likely to endorse cutting down on drug use rather than quitting as a means of reducing harm to the developing child. Results of the present study suggest drug-using women may benefit from additional education about harmful effects of drug use.

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Cigarette, alcohol, and caffeine consumption: Risk factors for spontaneous abortion.

Rasch V. *Acta Obstetrica et Gynecologica Scandinavica* 82(2): 182-188, 2003. (26 refs.)

Objective. To study the association between cigarette, alcohol, and caffeine consumption and the occurrence of spontaneous abortion. Methods. The study population consisted of 330 women with spontaneous abortion and 1168 pregnant women receiving antenatal care. A case-control design was utilized; cases were defined as women with a spontaneous abortion in gestational week 6-16 and controls as women with a live fetus in gestational week 6-16. The variables studied comprise age, parity, occupational situation, cigarette, alcohol, and caffeine consumption. The association between cigarette, alcohol, and caffeine consumption was studied using logistic regression analyzes while controlling for confounding variables. In addition stratified analyzes of the association between caffeine consumption and spontaneous abortion on the basis of cigarette and alcohol consumption were performed. Results. Women who had given birth twice or more previously had increased odds ratio (OR), 1.78 (1.27-2.49), whereas women who were students had decreased OR, 0.55 (0.34-0.91) for having spontaneous abortions. Regarding lifestyle factors, the adjusted ORs among women who consumed 5 units or more alcohol per week or 375 mg or more caffeine per day were 4.84 (2.87-8.16) and 2.21 (1.53-3.18), respectively. Women who smoked 10-19 cigarettes and 20 or more cigarettes per day did not have significantly increased ORs for having spontaneous abortions, after adjusting for other risk factors. Conclusion. Consumption of 5 or more units alcohol per week and 375 mg or more caffeine per day during pregnancy may increase the risk of spontaneous abortion. Copyright 2003, Munksgaard International Publishers, Ltd. Used with permission.