

A critical review of field studies on the link of alcohol and adult sexual assault in women.

Ullman SE. *Aggression and Violent Behavior* 8(5): 471-486, 2003. (59 refs.)

This article reviews field studies examining two central questions regarding the link between alcohol and sexual assault. First, evidence is reviewed to evaluate whether there is a distal relationship between alcohol and risk of sexual assault victimization. Specifically, studies are examined to determine whether drinking may affect the risk of being victimized and how victimization may contribute to subsequent drinking. Second, evidence for a proximal role of drinking prior to a sexual assault victimization incident (by either victim and/or offender) is examined to determine alcohol's role in rape and injury outcomes to victims. Critical theoretical and methodological issues in these two types of studies are discussed with regard to the extant literature. Paralleling the two areas of research reviewed, two theoretical models are proposed to guide future research on (1) the global associations of drinking and sexual assault risk across the life span (macrolevel model) and (2) the role of drinking in the outcomes of actual sexual assault incidents (microlevel model). Suggestions are made for future research and intervention in this area. Copyright 2003, Elsevier Science Ltd.

Elevated risk of tobacco dependence among offspring of mothers who smoked during pregnancy: A 30-year prospective study.

Buka SL; Shenassa ED; Niaura R. *American Journal of Psychiatry* 160(11): 1978-1984, 2003. (26 refs.)

Objective: The authors' goal was to investigate whether maternal smoking during pregnancy is associated with an increased risk of nicotine dependence among adult offspring. Method: Prospective data from two samples of offspring in the National Collaborative Perinatal Project, a long-term prospective investigation from pregnancy through adulthood, were combined (N= 1,248). Maternal smoking during pregnancy was assessed during each prenatal visit. Offspring smoking behavior and lifetime risk of nicotine dependence were obtained by structured interview with the Diagnostic Interview Schedule; the mean age of the offspring at the time of interview was 29 years. Results: Offspring whose mothers reported smoking a pack or more of cigarettes during their pregnancy were significantly more likely to meet DSM criteria for lifetime tobacco dependence than offspring of mothers who reported that they never smoked during pregnancy. The odds of progressing from smoking to nicotine dependence were almost twice as great for offspring whose mothers smoked heavily during pregnancy. These significant differences remained after adjustments for participants' gender and age and maternal socioeconomic status and age at pregnancy. Results were comparable for men and women. The findings were specific for tobacco dependence; odds of marijuana dependence were not significantly elevated

among the offspring of tobacco smokers. Conclusions: Offspring of mothers who smoked a pack or more of cigarettes during pregnancy are at elevated risk of developing nicotine dependence but not marijuana dependence as adults. Maternal smoking during pregnancy is a risk factor for subsequent nicotine dependence among offspring. Copyright 2003, American Psychiatric Association. Used with permission.

One-year outcomes from the CASAWORKS for Families intervention for substance-abusing women on welfare.

McLellan AT; Gutman M; Lynch K; McKay JR; Ketterlinus R; Morgenstern J et al. *Evaluation Review* 27(6): 656-680, 2003. (19 refs.)

Aim: To evaluate the effectiveness of a multiservice intervention designed to move substance abusing women on welfare to sobriety and self-sufficiency by addressing their substance abuse, domestic violence, employment, and basic needs. Design: A field evaluation with repeated measures at 6 and 12 months on an intent-to-treat sample of 529 women conducted in 11 selected sites across the country. There were significant improvements shown in substance use and family and social functioning by the 6-month point, and additional improvements in employment by the 12-month point. By 12 months, more than 46% were abstinent from alcohol and other drugs, and 30% were employed at least part-time. There were only modest improvements shown in the medical and psychiatric status of these women. These preliminary findings suggest that site-level interagency coordination and program-level case management were associated with improvements in the targeted areas as predicted by the model. Future work will require a more closely specified, manual-guided form of the intervention plus the inclusion of control groups and cost measures to fully evaluate the cost benefits from the final form of the intervention. Copyright 2003, Sage Publications, Inc.

Alcohol consumption during pregnancy and the risk of preterm delivery.

Albertsen K; Andersen AMN; Olsen J; Gronbaek M. *American Journal of Epidemiology* 159(2): 155-161, 2004. (24 refs.)

The authors evaluated the association between amount and type of alcohol consumed during pregnancy and the risk of preterm delivery and whether the relation differs among very (<32 completed weeks) and moderate (from 32 to <37 completed weeks) preterm delivery. The study is based on data of 40,892 pregnant women included in the first part of the Danish National Birth Cohort. The women completed a computer-assisted telephone interview between December 12, 1997, and December 31, 2000, and delivered a liveborn singleton. Of these women, 1,880 gave birth preterm. Compared with those who abstained during pregnancy, the relative risks for preterm delivery among women who consumed from four to less than seven drinks and seven or more drinks per week during pregnancy were 1.15 (95% confidence interval: 0.84, 1.57) and 1.77 (95% confidence interval: 0.94, 3.31), respectively. Below these intake levels of

alcohol, no increased risk of preterm delivery was found. Among women who consumed seven or more drinks per week, the relative risk of very preterm delivery was 3.26 (95% confidence interval: 0.80, 13.24) compared with that of nondrinkers. There were no differences in the associations between type of beverage and preterm delivery. Copyright 2004, Oxford University Press, Inc.

Smoking among female prisoners: An ignored public health epidemic.

Cropsey K; Eldridge GD; Ladner T. *Addictive Behaviors* 29(2): 425-431, 2004. (13 refs.)

The Mississippi Department of Corrections (MDOC) surveyed 866 female prisoners about tobacco use and interest in a smoking cessation program. The 27-item questionnaire assessed basic demographic information; type of tobacco used, amounts and frequency of use, triggers for use, health status, family tobacco use and health status, money spent on tobacco products, cessation attempts, motivation and self-efficacy for smoking cessation, and interest in participating in a smoking cessation program. The majority of female inmates (73.9%) were current tobacco users and 71.5% smoked cigarettes, with a mean of 14.6 cigarettes per day (cpd). Approximately 12.5% of current smokers reported a tobacco-related medical problem. Most (60.6%) had made at least one attempt to quit smoking and only 24.5% felt "very confident" that they could quit if they made an attempt. Overall, 64.2% of the smokers reported interest in participating in the smoking cessation program, with heavier smokers (71.4%) reporting the most interest in enrolling in the program. The high percentage of current tobacco users, high level of interest in smoking cessation, and presence of smoking-related health problems indicate a tremendous public and correctional health problem that is being ignored. Copyright 2004, Elsevier Science.

The TWEAK is weak for alcohol screening among female Veterans Affairs outpatients.

Bush KR; Kivlahan DR; Davis TM; Dobie DJ; Sporleder JL; Epler AJ et al. *Alcoholism: Clinical and Experimental Research* 27(12): 1971-1978, 2003. (57 refs.)

Background: The optimal brief questionnaire for alcohol screening among female patients has not yet been identified. This study compared the performance of the TWEAK (tolerance, worried, eye-opener, amnesia, cutdown), the Alcohol Use Disorders Identification Test (AUDIT), and the AUDIT Consumption (AUDIT-C) as self-administered screening tests for hazardous drinking and/or active alcohol abuse or dependence among female Veterans Affairs (VA) outpatients. Methods: Women were included in the study if they received care at VA Puget Sound and completed both a self-administered survey containing the AUDIT and TWEAK screening questionnaires and subsequent in-person interviews with the Alcohol Use Disorders and Associated Disabilities Interview Schedule. Sensitivities, specificities, positive and negative likelihood ratios, and areas under Receiver Operating Characteristic curves were computed for each screening questionnaire compared with two interview-based comparison standards: (1) active DSM-IV alcohol abuse or dependence and (2) hazardous drinking and/or active DSM-IV alcohol abuse or dependence, the more appropriate target for primary care

screening. Results: Of 393 women who completed screening questionnaires and interviews, 39 (9.9%) met diagnostic criteria for alcohol abuse or dependence, and 89 (22.7%) met criteria for hazardous drinking or alcohol abuse or dependence. The TWEAK had relatively low sensitivities (0.62 and 0.44) but adequate specificities (0.86 and 0.89) for both interview-based comparison standards, even at its lowest cut-point (1). The AUDIT and AUDIT-C were superior, with the following areas under the receiver operating characteristic curve for active alcohol abuse or dependence and hazardous drinking and/or active alcohol abuse or dependence, respectively: AUDIT, 0.90 [95% confidence interval (CI), 0.85-0.95] and 0.87 (95% CI, 0.84-0.91); AUDIT-C, 0.91 (95% CI, 0.88-0.95) and 0.91 (95% CI, 0.88-0.94); and TWEAK, 0.76 (95% CI, 0.66-0.86) and 0.67 (95% CI, 0.60-0.74). Conclusions: The TWEAK has low sensitivity as an alcohol-screening questionnaire among female VA outpatients and should be evaluated further before being used in other female primary care populations. The three-item AUDIT-C was the optimal brief alcohol-screening questionnaire in this study. Copyright 2003, Research Society on Alcoholism. Used with permission.

Women's susceptibility to tobacco carcinogens.

Henschke CI; Miettinen OS. *Lung Cancer* 43(1): 1-5, 2004. (7 refs.)

Study objectives: To assess lung cancer risk of smoking women relative to that of equally smoking men. Methods: The study base was constituted by baseline CT screenings for lung cancer on 1202 women and 1288 men, at least 40 years of age and with at least 10 pack-years of cigarette smoking. The prevalence-odds (incidence-density) ratio contrasting women with men was calculated. Confoundings by age and the particulars of smoking history were controlled in logistic regression analysis. Results: For the prevalence-odds ratio contrasting women with men, upon control of age and smoking history, the point estimate was 2.7 and the 95% interval estimate 1.6-4.7. The diagnosed cancers were of equally 'aggressive' types between the two genders. Conclusions: At variance with evidence from cohort studies, this evidence from a screening experience calls for further consideration of the hypothesis that women are more susceptible to tobacco carcinogens than are men. Copyright 2004, Elsevier Science Ireland Ltd.

The role of the bar context and social behaviors on women's risk for aggression.

Buddie AM; Parks KA. *Journal of Interpersonal Violence* 18(2): 1378-1393, 2003. (39 refs.)

The present study is an initial examination of the extent to which the environmental characteristics of bars and social behaviors that women engage in when drinking in this setting are associated with bar-related aggression. As expected, several environmental characteristics (e.g., young patrons, pool playing) and social behaviors (e.g., alcohol consumption, leaving the bar with strangers) were associated with more severe bar-related aggression experienced by women during the past year. These results shed light on the significant problem of bar-related aggression against women and can potentially be used to develop prevention and educational programs. Copyright 2003, Sage Publications, Inc.

The impact of an outpatient program for women with substance use-related disorders on retention.

Zilberman ML; Tavares H; Andrade AG; El-Guebaly N. *Substance Use & Misuse* 38(14): 2109-2124, 2003. (27 refs.)

Meeting the needs of women manifesting substance-use disorders is a goal in developing treatment programs for this population. As retention in treatment is positively related to treatment outcome, the length of stay in outpatient treatment of alcohol- and other drug-dependent women in Brazil was compared between two programs. Data were analyzed from 181 women entering a Mixed-Gender Program from 1986 to 1996 and from 80 women entering a Women-Only Program from 1997 to 1998. A greater 3-month retention rate was observed in the Women-Only as opposed to the Mixed-Gender Program. Moreover, the impact was more significant among the alcohol-dependent women. This finding suggests that the heterogeneity of women with substance-use disorders has to be taken into account when developing appropriate treatment strategies. Copyright 2003, Marcel Dekker, Inc.

An acute post-rape intervention to prevent substance use and abuse.

Acierno R; Resnick HS; Flood A; Holmes M. *Addictive Behaviors* 28(9): 1701-1715, 2003. (35 refs.)

The trauma of rape is routinely associated with extreme acute distress. Such peri-event anxiety increases risk of developing psychopathology and substance use or abuse post-rape, with the degree of initial distress positively predicting future problems. Unfortunately, the nature of post-rape forensic evidence collection procedures may exacerbate initial distress, thereby potentiating post-rape negative emotional sequelae. Consequently, substance use may increase in an effort to ameliorate this distress. To address this, a two-part video intervention was developed for use in acute post-rape time frames to (a) minimize anxiety during forensic rape examinations, thereby reducing risk of future emotional problems, and (b) prevent increased post-rape substance use and abuse. Pilot study data with 124 rape victims indicated that the low-cost, easily administered intervention was effective in reducing risk of marijuana abuse at 6 weeks. Nonstatistically significant trends also were evident for reduced marijuana use. Trends were also noted in favor of the intervention in the subgroup of women who were actively using substances pre-rape (among pre-rape alcohol users, 28% viewers vs. 43% nonviewers met criteria for post-rape alcohol abuse; among pre-rape marijuana users, the rates of post-marijuana use were 17% vs. 43%). Copyright 2003, Elsevier Science.

Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape.

Kahn AS; Jackson J; Kully C; Badger K; Halvorsen J. *Psychology of Women Quarterly* 27(3): 233-242, 2003. (28 refs.)

Past research had found that one-half or more of all women who have had an experience that might meet the definition of rape do not label themselves rape victims. The present study examined the actual rape experiences of 33 women who labeled their assault experience as rape and 56 women who did not label their assault experience as rape through questionnaires and open-ended descriptions of what happened during their assault.

Quantitative findings replicated past research, finding that acknowledged victims, compared to unacknowledged victims, were older, knew their assailant less well, experienced more forceful assaults, and had stronger negative emotional reactions to the experience. Qualitative analysis revealed that women were mostly likely to acknowledge their experience as rape when the assailant was not their boyfriend and they woke up with a man penetrating them or the assailant used force and dominated them to obtain intercourse. Women assaulted as children also acknowledged their experience as rape. However, when the assault involved a boyfriend, or if the woman was severely impaired by alcohol or drugs, or if the act involved oral or digital sex, the women were unlikely to label their situations as constituting rape. Copyright 2003, Cambridge University Press.

Characteristics of substance-abusing women on welfare: Findings from the evaluation of CASAWORKS for families pilot demonstration.

Gutman MA; Ketterlinus RD; McLellan AT. *Evaluation Review* 27(6): 597-628, 2003. (26 refs.)

Aim: To describe and compare the characteristics and needs of substance-abusing women on Temporary Assistance to Needy Families (TANF) who enroll in a multi-service "welfare to work" program (n = 673) with two other relevant groups: (a) women from the general TANF population in the same locales (n = 157) and (b) a sample of substance-abusing women on TANF who entered standard outpatient substance-abuse treatment programs (n = 520). Design: A field study with repeated measures and intent-to-treat sampling. Intervention: The CASAWORKS for Families (CWF) program was delivered in 11 sites in 9 states across the country. The CWF intervention featured integration of substance-abuse treatment and employment-work readiness services, using case management to tailor needed services (parenting, victimization, mental health, physical health, legal, and basic needs). Measurement: The Addiction Severity Index, supplemented with subject-appropriate questions, was used at treatment admission. Findings: The CWF sample exhibited multiple serious problems in the areas of substance abuse, victimization, medical and psychiatric health, and basic needs. The severity of their lifetime problems and their recent service needs were significantly higher in all these areas, except physical health, than were those of the general welfare sample of women in the same locales. Compared with women on TANF from standard addiction-treatment programs, CWF women exhibited similar substance-use problems but generally more severe co-occurring problems. Copyright 2003, Sage Publications, Inc.

Effectiveness of child case management services for offspring of drug-dependent women.

Jansson LM; Svikis DS; Beilenson P. *Substance Use & Misuse* 38(14): 1933-1952, 2003. (34 refs.)

Female drug users and their children have many medical and psychosocial problems, yet they often fail to follow through with prescribed treatments. The present study describes a specialized, case management program for children, birth through age 2, exposed to drugs in utero. Evaluation of program efficacy was examined by comparing 2-year outcomes for women who received different intensities of these child case management

services. Mothers who received higher intensity care were more likely to be abstinent from illicit drugs and to have retained custody of their child(ren) at 2-year follow-up than those with lower intensity services. Study findings support clinical and economic efficacy of this model of care. Copyright 2003, Marcel Dekker, Inc.

Fetus at risk: Prevalence of alcohol consumption during pregnancy estimated with a simple screening method in Swedish antenatal clinics.

Goransson M; Magnusson A; Bergman H; Rydberg U; Heilig M. *Addiction* 98(11): 1513-1520, 2003. (33 refs.)

Aims Maternal alcohol consumption is a major health hazard for the fetus. Sweden has an extensive system of public antenatal care clinics, whose mission is to detect and prevent this type of health hazards. However, very few cases of alcohol consumption during pregnancy are detected. The aim of this study was to examine the prevalence of hazardous or harmful alcohol consumption during pregnancy in a consecutive series of Swedish pregnant females. Design, setting, participants and measurements The Alcohol Use Disorders Identification Test (AUDIT) was used to collect anonymous data from consecutive pregnant subjects admitted during 1 year to an antenatal clinic in Stockholm, and signing up for parental education offered routinely (n = 1327). Data were obtained from 1101 subjects, typically in pregnancy week 30. A complete AUDIT form was filled out referring to alcohol use during the year prior to pregnancy. A separate form with the consumption items from AUDIT was filled out to report behaviour during pregnancy. Findings For the year preceding pregnancy, 17% of subjects reported AUDIT scores of 6 or higher, indicating hazardous or harmful alcohol use in women. Few individuals reported scores of 13 or higher (indicating abuse or dependence), but almost half the subjects (46%) reported binge drinking (six standard drinks on a single occasion) once/month or more often, and 6%, reported binge drinking on every occasion of alcohol consumption. One-third of the subjects (30%) continued regular alcohol use during pregnancy, and 6% reported consumption two to four times/month. In a logistic regression model, AUDIT scores for the year prior to pregnancy and subject age, but not education level were significant predictors of continued alcohol use during pregnancy. Conclusions Alcohol use during pregnancy is more extensive than has been presumed in Sweden. Simple, clinically useful screening methodology detects

hazardous consumption during pregnancy in a manner which regular antenatal care does not. If this methodology can be shown to have similar sensitivity when administered under non-anonymous conditions, it should be made part of routine antenatal care. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

Alcohol use in pregnant low-income women.

O'Connor MJ; Whaley SE. *Journal of Studies on Alcohol* 64(6): 773-783, 2003. (46 refs.)

Objective: The present study had two aims: (1) to examine the prevalence rates of prenatal alcohol consumption in a group of women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Southern California, with special emphasis on Hispanic women, and (2) to identify variables associated with postconception drinking in low-income minority women. Method: The study employed a cross-sectional survey that assessed alcohol use rates, demographic variables, and alcohol risk status. Participants were 826 pregnant women enrolled in the Public Health Foundation Enterprises (PHFE) WIC Program in Los Angeles and Orange counties, California. Pregnant women who enrolled self-administered a specially designed alcohol screener. Results: Findings were that 24% of sample women were consuming alcohol post conception. Of that percentage, approximately two thirds drank prior to pregnancy recognition, and one third continued to drink after pregnancy was confirmed. Approximately 30% of white non-Hispanic, black non-Hispanic and English-speaking Hispanic women were found to drink post conception compared with 15.8% of Spanish-speaking Hispanic women. This finding supported recent research that suggests more acculturated Hispanic women tend to incorporate the drinking patterns of the larger U.S. population to a greater extent than less acculturated Hispanic women. Although a number of demographic variables differentiated women who were abstinent from those who were postconception drinkers, the best predictor of postconception alcohol consumption was the woman's high-risk drinking score as measured by the TWEAK (sensitivity = 70.1%, specificity = 88.5%). Conclusions: Results suggest the importance of screening low-income minority pregnant women in a community setting so that interventions can be initiated to prevent fetal alcohol syndrome and related conditions. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.