

A prospective study of smoking and risk of breast cancer in young adult women.

Al-Delaimy WK; Cho EY; Chen WY; Colditz G; Willet WC. *Cancer Epidemiology, Biomarkers & Prevention* 13(3): 398-404, 2004. (43 refs.)

Objective: To investigate the association between smoking and invasive breast cancers characterized by their estrogen receptor status in a large prospective study of mainly premenopausal women. Method: 112,844 women aged 25-42 years in 1989 were followed 10 years; questionnaire information on medical illnesses and risk factors was collected biennially and information on diet was collected in 1991 and 1995. During this period of follow-up (1,077,536 person-years), 1009 incident breast cancer cases were documented. Results: In the multivariate-adjusted models, smoking status was not significantly related to overall breast cancer risk: compared with never smokers, the relative risks (RRs) were 1.18 [95% confidence interval (CI) 1.02-1.36] for past smokers and 1.12 (95% CI 0.92-1.37) for current smokers. Increasing duration of smoking before the first pregnancy was associated with a greater risk of breast cancer, although little increase was seen in the highest category: compared with never smokers, RRs were 1.42 (95% CI 1.10-1.83) for 15-19 years of smoking and 1.10 (95% CI 0.80-1.52) for greater than or equal to 20 years of smoking (P for trend = 0.01). Smoking was related most strongly to the risk of estrogen receptor-positive breast cancers. For women who had smoked for a 120 years, the RR of estrogen receptor-positive cancer was 1.37 (95% CI 1.07-1.74) and the RR of estrogen receptor-negative cancer was 1.04 (95% CI 0.71-1.53). For smoking before age 15, the RRs were 1.49 (95% CI 1.03-2.17) for estrogen receptor-positive cancer and 1.19 (95% CI 0.69-2.08) for estrogen receptor-negative cancer. Conclusion: Our results suggest that longer duration of smoking may be related to the risk of estrogen receptor-positive breast cancer but possibly less so for estrogen receptor-negative breast cancer. Copyright 2004, American Association of Cancer Research.

Economic costs of residential substance abuse treatment for pregnant and parenting women and their children.

Burgdorf K; Layne M; Roberts T; Miles D; Herrell JM. *Evaluation and Program Planning* 27(2): 233-240, 2004. (9 refs.)

This paper provides basic information about the economic cost of substance abuse treatment provided in 39 demonstration projects funded by the Center for Substance Abuse Treatment, in the Substance Abuse and Mental Health Services Administration, under its Residential Women and Children and Pregnant and Postpartum Women (RWC/PPW) programs. It integrates data assembled in two studies, a study of annual project implementation costs based on the CSAT-developed Substance Abuse Treatment Cost Analysis and Allocation Template (SATCAAT) and a cross-site study of other project

and client characteristics. Findings indicate that the average economic cost of treating a woman and her infants and young children in this type of long-term residential program, in fiscal 1997 dollars, was \$25,744. This cost had three components of roughly equal size: services for clients, services for clients' children, and housing. Clinical services were found to be highly front-loaded, being more intensive in the initial weeks of treatment than in later stabilization phases. Considerable project-to-project variation in average episode cost was observed, linked primarily to project differences in size/occupancy and in average client length of stay. Copyright 2004, Elsevier Science.

Factors associated with retention of drug abusing women in long-term residential treatment.

Chen XW; Burgdorf K; Dowell K; Roberts T; Porowski A; Herrell JM. *Evaluation and Program Planning* 27(2): 205-212, 2004. (33 refs.)

This study examines factors associated with retention at 50 projects funded by the Center for Substance Abuse Treatment, in the Substance Abuse and Mental Health Services Administration, under its Residential Women and Children and Pregnant and Postpartum Women (RWC/PPW) Demonstration Program. These programs provided long-term, intensive residential treatment for pregnant and parenting women and their children. Data for this study were collected from 3265 clients from 24 six-month and 26 twelve-month RWC/PPW projects, admitted to and discharged from treatment between January 1, 1995 and March 31, 2001. Results from an analysis of covariance (ANCOVA) model indicate that, for both 6- and 12-month projects, significant predictors of retention include: bringing children into treatment, age, and coercion (either through CJS or CPS actions). In six-month projects, longer LOS was also associated with frequency of client-counselor contact, as well as with pregnancy status. Taken together, these findings suggest that enabling parenting women to remain together with their children during residential treatment is an important key to achieving the extended period of stay needed to accomplish treatment objectives. Copyright 2004, Elsevier Science Ltd.

Effects of the menstrual cycle of white women on ethanol toxicokinetics.

Correa CL; Oga S. *Journal of Studies on Alcohol* 65(2): 227-231, 2004. (19 refs.)

Objective: The aim of this study was to investigate the existing variations of the kinetics of ethanol in white women during the menstrual and luteal phases to further current understanding of the role of the menstrual cycle in gender differences in ethanol's adverse effects. Method: In a within-subjects design, 10 female white volunteers were administered a moderate dose of ethanol (0.3 g/kg) in the morning after an overnight fast. On each test day, blood samples were collected before ethanol administration

so that hormonal (estrogen, progesterone, luteinizing hormone and follicle stimulating hormone) and biochemical (hepatic and renal functions) analyses could be performed. Blood samples were also drawn from each volunteer to determine BAC and to examine toxicokinetic differences between the two phases using classical and Widmark's measures. Results: The analysis of time-to-peak BAC in the two menstrual phases shows that there was no significant statistical difference when each phase was evaluated and in the interaction of the phase with time. The estimated toxicokinetic parameters did not show significant differences when the two phases were compared. Conclusions: Despite careful experimental design, which considered present debate and discussion in the literature, no significant differences between the two phases studied (menstrual and luteal) were observed. Copyright 2004, Alcohol Resarch Documentation, Inc.

Effect of social support on substance abuse relapse in a residential treatment setting for women.

Ellis B; Bernichon T; Yu P; Roberts T; Herrell JM. *Evaluation and Program Planning* 27(2): 213-221, 2004. (27 refs.)

This study looked at the influence of family functioning, activities of friends, and substance abuse by spouses or significant others on women's substance abuse relapse within 6 months following residential treatment. Data were from the Center for Substance Abuse Treatment's national cross-site evaluation of 6-month residential treatment programs for women with children and pregnant/postpartum women (RWC/PPW). At treatment admission 1758 RWC/PPW clients were interviewed, and 1181 were followed up 6 months after discharge from treatment. Relapse was defined as any use of alcohol or drugs other than nicotine. Positive activities such as families getting along and helping each other during the post-discharge period significantly decreased the likelihood of relapse, while negative activities such as family fights and drug use or criminal activity by friends increased the likelihood of relapse. Post-discharge alcohol and other drug abuse by spouses or significant others also significantly increased the likelihood of relapse. Copyright 2004, Elsevier Science Ltd.

Predicting response to substance abuse treatment among pregnant and postpartum women.

Godley SH; Funk RR; Dennis ML; Oberg D; Passetti L. *Evaluation and Program Planning* 27(2): 223-231, 2004. (38 refs.)

The treatment response of 139 pregnant and postpartum women in gender-specific residential substance abuse treatment was investigated. These women were assessed with the Addiction Severity Index (ASI) at intake and six months after their discharge. A factor analysis performed with these women's ASI composite scores revealed two distinct factors: a substance use severity factor primarily from the alcohol and drug composite scores, and a general life distress factor primarily from the medical, legal, family/social and psychiatric composite scores. A cluster analysis of the pre- and post-ASI factor scores revealed four main subgroups of women (ranging in size from 14 to 41%) that had different patterns of change in response to treatment. Patterns of change could accurately be predicted for 71% of the women based on intake ASI severity composite scores, history

of prior treatment, and service bundle received. Copyright 2004, Elsevier Science Ltd.

What college women do and do not experience as rape.

Kahn AS. *Psychology of Women Quarterly* 28(1): 9-15, 2004. (19 refs.)

College women who did (n = 33) and did not (n = 56) label their sexual assault experience as rape provided written descriptions of their sexual assaults. From these descriptions we identified eight different sexual assault situations. Women who labeled their experience as rape were most likely to have been assaulted forcefully by an acquaintance, awakened to an acquaintance performing sexual acts on them, or experienced the assault as a child. Women were least likely to call their experience rape if they submitted to a whining, begging boyfriend, gave in to a man because of being emotionally needy, were assaulted by a boyfriend, were severely impaired by alcohol or drugs and unable to resist, or were forced to engage in oral or digital sex. Observers who read these descriptions generally agreed with the victims regarding whether or not the experience constituted rape, although they could not agree on whether or not forced oral or digital intercourse or forced intercourse by a boyfriend constituted rape. Copyright 2004, Cambridge University Press.

Patients' characteristics and providers attitudes: Predictors of screening pregnant women for illicit substance use.

Kerker BD; Horwitz SM; Leventhal JM. *Child Abuse and Neglect* 28(2): 209-223, 2004. (29 refs.)

Objective: This study's aim was to determine how patients' and providers' characteristics affect hospital providers' decisions to screen pregnant and postpartum women for illicit substances. Methods: A retrospective design was used. Participants included all low-income women (N = 1,100) who delivered at an urban teaching hospital over a 12-month period and the providers (N = 40) who provided prenatal and delivery care for these women. The medical records of the women were abstracted to obtain demographic, medical, social, and substance use information. Providers were interviewed to obtain data on their attitudes. The outcome was a dichotomous indication of whether patients were screened for illicit substances. Results: Multivariate logistic regression analyses found that women who were single (OR = 7.1), Black (OR 1.9), received prenatal care at the prenatal clinic (OR = 5.6), saw fewer providers (L 1), or had a placental abruption (OR = 15.8), preterm labor (OR = 3.0), inadequate prenatal care (OR = 4.9), a history of involvement with Child Protective Services (OR = 3.9), a high social/Mental Health Risk Factor Score (OR = 1.4), a past or present history of illicit drug use (OR = 6.7), or a present history of tobacco use (OR = 1.7) were more likely to be screened than women without these characteristics. Women whose providers scored medium (OR = 2.5) or high (OR = 2.5) on the Professionalism Scale were more likely to be screened than women whose providers scored low on this scale. Conclusions: Providers' decisions to screen pregnant women for illicit substance use are influenced by both patients' characteristics and providers' personal attitudes. Hospital protocols might help reduce the potentially biased impact of attitudes on screening decisions. Copyright 2004, Elsevier Science Ltd.

Female drug users and the welfare system: A qualitative exploration.

Luck PA; Elifson KW; Sterk CE. *Drugs: Education, Prevention and Policy* 11(2): 113-128, 2004

In the United States, much of the public views welfare recipients negatively, as unmotivated, as lazy, as chronic drug users, and as exploiters of the system. Yet, despite a large body of sociological literature regarding welfare recipients and their stigmatized social position, there exists a dearth of information from the individuals themselves, most notably from those engaged in drug use. That is, the voices of welfare recipients are largely absent from published sociological research. The link between drug use and public assistance is seen frequently as absolute, though the reasons for this relationship are chiefly unknown. In this paper we present a qualitative analysis that allows for new understandings of the welfare system and of the lives of the female drug users who are publicly seen as unworthy of assistance. Our in-depth interviews demonstrate that welfare dependency and drug use are symptoms of the women's societal position, largely resulting from barriers including a lack of education, few job skills, the absence of employment and affordable child care, and restricted geographic mobility. Furthermore, the respondents identify no correlation between their status as welfare recipients and their drug use. By focusing on poverty and drug use as social problems, we negate prevailing narratives while providing concrete suggestions for improving the lives of individuals in need, including those we interviewed. Copyright 2004, Carfax Publishing.

Exploring the relationship between alcohol use, childhood maltreatment, and treatment needs among female prisoners.

Mullings JL; Hartley DJ; Marquart JW. *Substance Use & Misuse* 39(2): 277-305, 2004. (82 refs.)

Objective. This study examined the relationship between child maltreatment and adult alcohol dependency among a sample of newly incarcerated female prisoners. Method. This secondary data analysis utilized information gathered through face-to-face interviews with female inmates at intake (N = 1198) within the Texas prison system from 1998 to 1999. Results. Using DSM-IV criteria we found that, among women who reported drinking at least 10 drinks in the last year, 40% scored as alcohol dependent. Bivariate findings revealed that women who were alcohol dependent were also more likely to have grown up in disorganized family situations, including parental drug and alcohol use-related problems, childhood neglect, and childhood physical and sexual abuse. As adults, these women were far more likely to have utilized mental health services and substance user treatment programs. Supportive of Widom and colleagues (1995), multivariate analyses revealed that childhood neglect (not physical or sexual abuse) was a significant predictor of alcohol dependency. Finally, among the alcohol dependent group, 62% indicated a willingness to participate in substance user treatment programs. Conclusions. These findings emphasize that childhood neglect is related to long-term negative consequences in the form of alcohol use related problems in adulthood. Our findings strongly point to the need for improved screening, assessment procedures, and programming for women prisoners. Copyright 2004, Marcel Dekker, Inc.

Altered sensitivity to alcohol in the late luteal phase among patients with premenstrual dysphoric disorder.

Nyberg S; Wahlstrom G; Backstrom T; Poromaa IS. *Psychoneuroendocrinology* 29(6): 767-777, 2004. (53 refs.)

Background: Affective disorders, and possibly also premenstrual dysphoric disorder (PMDD) are risk factors for alcohol abuse in women. Although the majority of prior studies have indicated that alcohol sensitivity does not differ between menstrual cycle phases, patients with PMDD have thus far not been studied. Methods: We have evaluated the functional sensitivity to a low dose of alcohol in 12 women with and 12 women without PMDD in the mid-follicular and Late Luteal. phases of the menstrual cycle, by comparing the effects of an intravenous alcohol infusion on a number of saccadic eye movement measures, including saccadic eye velocity (SEV), saccade deceleration, and self-rated levels of intoxication. Results: PMDD patients displayed blunted SEV ($p < 0.01$) and saccade deceleration responses ($p < 0.01$) to alcohol infusion in the Late luteal phase compared to the midfollicular phase. Control subjects, on the other hand, did not change their SEV or saccade deceleration responses to alcohol between cycle phases. Conclusion: These findings are compatible with altered saccadic eye movement sensitivity in response to alcohol among PMDD patients, particularly in the late luteal phase of the menstrual cycle. Copyright 2004, Elsevier Science Ltd.

The temporal relationship between college women's alcohol consumption and victimization experiences.

Parks KA; Fals-Stewart W. *Alcoholism: Clinical and Experimental Research* 28(4): 625-629, 2004. (32 refs.)

Background: The primary objective of the study was to assess changes in the conditional probability of sexual and nonsexual victimization on days of any alcohol consumption compared with days of heavy and no alcohol consumption in a sample of college women. Methods: We used the Timeline Followback calendar method to assess daily alcohol consumption and concurrent daily incidents of sexual and nonsexual aggression over a 6-week period. Results: The odds of experiencing sexual aggression were 9 times higher on heavy days and 3 times higher on nonheavy days of alcohol consumption compared with days of no alcohol consumption. The odds of experiencing nonsexual aggression were more than 7 times higher on heavy days and nearly 3 times higher on nonheavy days of alcohol consumption compared with days of no alcohol consumption. Conclusions: These findings provide evidence of a temporal association between college women's alcohol consumption and increased risk for victimization. In addition, use of the TLFB appears to be a reasonable and cost effective means for collecting daily data on alcohol consumption and victimization experiences among college women. Copyright 2004, Research Society on Alcoholism. Used with permission.

Effectiveness and sustainability of residential substance abuse treatment programs for pregnant and parenting women.

Porowski AW; Burgdorf K; Herrell JM. *Evaluation and Program Planning* 27(2): 191-198, 2004. (16 refs.)

This paper summarizes outcome findings from an evaluation of residential treatment projects funded by the Center for Substance

Abuse Treatment (CSAT), in the Substance Abuse and Mental Health Services Administration, under its Residential Women and Children and Pregnant and Postpartum Women demonstration programs. It first examines client-level treatment outcomes as indicated by pre-post changes in drug and alcohol use, criminal involvement, economic well-being, parenting success, and other important outcome dimensions. Post-treatment status was assessed through interviews administered 6 months after discharge to a sample of approximately 1200 former clients from 32 treatment sites. The paper also examines projects' success in obtaining continuation funding after the initial 5-year CSAT grant ended. Project sustainability provides another major indicator of the perceived value and effectiveness of the treatment program's services. Key findings were that a majority of former clients (61%) reported being completely drug- and alcohol-free throughout the follow-up period, large pre-post improvements were noted in other important areas of client and family functioning, and most of the projects begun with CSAT seed-money support (92%) were able to continue operations after the grant support ended. Copyright 2004, Elsevier Science Ltd.

Why tobacco is a women's health issue.

Sarna L; Bialous SA. *Nursing Clinics of North America* 39(1): 165+, 2004. (78 refs.)

Tobacco use is the leading cause of preventable death among women but is under-recognized as a critical women's health issue. This article provides an overview of the current data about women and tobacco use, tobacco industry tactics that have resulted in the increased smoking among women, and gender differences in health effects of tobacco use and exposure to secondhand smoke, and in cessation interventions. Resources for clinicians are provided that specifically focus on women and tobacco. Copyright 2004, W. B. Saunders Co.

Alcohol and ovarian cancer risk: Results from the Netherlands Cohort Study.

Schouten LJ; Zeegers MPA; Goldbohm RA; van den Brandt PA. *Cancer Causes and Control* 15(2): 201-209, 2004. (36 refs.)

Objective: To study alcohol consumption in relation to ovarian cancer risk in a prospective cohort study. Methods: The Netherlands Cohort Study on diet and cancer was initiated in 1986. A self-administered questionnaire on dietary habits and other risk factors for cancer was completed by 62,573 postmenopausal women. Follow-up for cancer was established by annual record linkages with the Netherlands Cancer Registry. After 9.3 years of follow-up, 214 incident invasive epithelial ovarian cancer cases and 2211 subcohort members with complete data on alcohol intake were available for analysis. All incidence rate ratios (RRs) were corrected for age, use of oral contraceptives, parity, height, body mass index, energy intake and current cigarette smoking. Results: The RRs of ovarian cancer for women who consumed up to 5, 15 and >15 g of alcohol per day were 1.13 (95% confidence interval, 95% CI = 0.79-1.63), 0.85 (95% CI = 0.53-1.37) and 0.92 (95% CI = 0.55-

1.54), respectively, compared to non-drinkers. Alcohol consumption in the form of wine, beer or liquor was not associated with ovarian cancer risk. Conclusion: These data do not suggest a major association between alcohol intake and ovarian cancer risk in this population. Copyright 2004, Kluwer Academic Publishing.

Stage of change and decisional balance for women seeking alcohol treatment.

Share D; McCrady B; Epstein E. *Addictive Behaviors* 29(3): 525-535, 2004. (25 refs.)

Stage of change and decisional balance have been used to understand motivation for changes in health behavior. This study examined relationships between these constructs in a sample of 119 alcohol-dependent women presenting for alcohol treatment. Before treatment, participants completed measures of readiness to change and perceived benefits and costs of changing drinking behavior. Results showed that individuals who exhibited greater readiness to change perceived more advantages and fewer disadvantages of changing their drinking behavior. This was true for the scale scores of Precontemplation and Action on the Readiness to Change Questionnaire (RCQ), but Contemplation scale scores were unrelated to decisional balance variables. When analyzed by stage, individuals in Action reported more benefits relative to costs than individuals in Contemplation. Thus, the constructs of stage of change and decisional balance appear to be related and may prove to be useful in enhancing motivation in alcohol-dependent women. Copyright 2004, Elsevier Science.

Gender and other factors associated with the nonmedical use of abusable prescription drugs.

Simoni-Wastila L; Ritter G; Strickler G. *Substance Use & Misuse* 39(1): 1-23, 2004. (47 refs.)

Although there is extensive research on gender differences in the use of alcohol and illicit substances, few studies have examined gender differences in nonmedical prescription drug use. Using data from the 1991 National Household Survey on Drug Abuse (NHSDA), based on a sample of 3185 persons, logistic regression analysis is employed to determine how gender and other factors affect the likelihood of past-year nonmedical prescription drug use. Analysis revealed that women are significantly more likely than men to use any prescription drug, and that this gender difference is primarily driven by women's increased risk for narcotic analgesic and minor tranquilizer nonmedical use. Other factors, such as race, age, health status, and other substance use, also are significant predictors of nonmedical use. Findings from this study will enable researchers, policy makers, and providers to have a greater understanding of nonmedical drug use patterns and support greater gender sensitivity in the prevention, education, and treatment of nonmedical prescription drug use. Copyright 2004, Marcel Dekker, Inc.