

Is alcohol assessment therapeutic? Pretreatment change in drinking among alcohol-dependent women

Epstein EE; Drapkin M; Yusko DA; Cook SM; McCrady BS; Jensen NK. *Journal of Studies on Alcohol* 66(3): 369-378, 2005. (33 refs.)

Objective: Participants in alcohol treatment outcome studies typically undergo extensive assessment protocols to determine eligibility and provide descriptive and predictive data before beginning therapy. Changes in alcohol consumption as a result of reactivity to assessment have generally not been studied; most researchers collapse data across the pretreatment period and compare them with within-treatment and posttreatment periods. Previously we found a reduction in drinking days from 90 days prebaseline to 3-months postbaseline, with no significant additional reduction during the second 3 months of treatment, in a clinical trial of cognitive-behavioral therapy (CBT) for alcohol-dependent women. The current study examined the points at which these participants stopped or reduced their drinking during the pretreatment assessment period. Method: As part of a randomized clinical trial of 6 months of individual or couples CBT for 102 alcoholic women, study participants were assessed briefly via a telephone screen, a 90-minute clinical intake session with their spouses, and then a 3- to 4-hour baseline research interview. Results: Changes in drinking frequency occurred at all four points in the pretreatment assessment process, resulting in 44% of the participants becoming abstinent before the first session of treatment. A decrease in drinking quantity across the assessment period also was found. Participants who significantly reduced drinking prior to Session I demonstrated better drinking outcomes during and 12 months after treatment. Conclusions: Changes in alcohol consumption during the assessment process in treatment outcome studies should be examined in future studies, as implications abound for interpretation of results from clinical trials. Also, implications regarding the active ingredients in brief interventions and mechanisms of the therapeutic impact of alcohol assessment should be further addressed. Copyright 2005, Alcohol Research Documentation Inc.

Effect of nicotine replacement therapy on post-cessation weight gain and nutrient intake: A randomized controlled trial of postmenopausal female smokers.

Allen SS; Hatsukami D; Brintnell DM; Bade T. *Addictive Behaviors* 30(7): 1273-1280, 2005. (30 refs.) This study of 94 postmenopausal female smokers evaluated the effect of nicotine replacement therapy (NRT) and hormone therapy (HT) on change in weight, energy intake, and physical activity during 2 weeks of smoking abstinence. Women, stratified by current use of HT, were randomized to nicotine or placebo patch. After 2 weeks of abstinence, women on nicotine patch had significantly larger increases in total caloric and fat intake than women on placebo patch and a trend toward larger increases in carbohydrates (total and sweet). Conversely, the nicotine group had less weight gain, 0.47 kg, than the placebo group, 1.02 kg ($F=10.31$, $p=0.002$). No effects were observed for hormone therapy. It appears that in short-term smoking abstinence, postmenopausal women on NRT gain less weight than do women on placebo, in spite of consuming more calories. This may be beneficial in the critical first 1-2 weeks of tobacco cessation, especially in light of postmenopausal weight gain. Copyright 2005, Elsevier Science.

Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy.

Coleman PK; Reardon DC; Cogle JR. *British Journal of Health Psychology* 10(Part 2): 255-268, 2005. (54 refs.) Objective. The primary objectives of this study were to explore maternal history of perinatal loss and pregnancy wantedness as correlates of substance use during pregnancy. Method. The research design involved interviewing women who gave birth in Washington DC hospitals during 1992. Interview data included pregnancy history (prior births, induced abortions, miscarriages, and stillbirths), desire for the pregnancy (wanted, not wanted, mistimed), socio-demographic information, timing of onset of prenatal care, and substance use (cigarettes, alcohol, and drugs) during pregnancy. Results. A history of induced abortion was associated with elevated risk for maternal

substance use of various forms; whereas other forms of perinatal loss (miscarriage and stillbirth) were not related to substance use. Unwanted pregnancy was associated with cigarette smoking during pregnancy, but not with any other forms of substance use. Conclusions. Reproductive history information may offer insight to professionals pertaining to the likelihood of women using substances in a later pregnancy. Copyright 2005, British Psychological Association.

A further examination of gender differences in alcohol-related aggression.

Gussler-Burkhardt NL; Giancola PR. *Journal of Studies on Alcohol* 66(3): 413-422, 2005. (64 refs.)

Objective: The purpose of this investigation was to replicate and extend findings from a previous study on the acute effects of alcohol on aggressive behavior in men and women in a laboratory setting. Method: Subjects were 234 (111 men and 123 women) healthy social drinkers between 21 and 35 years-of age. They were randomly assigned to either an alcohol or a placebo group. Aggression was measured using a modified version of the Taylor Aggression Paradigm, in which electric shocks are received from and administered to a fictitious opponent during a supposed competitive interpersonal task. Aggression was operationalized as the intensity and duration of shocks that subjects administered to their "opponent." Results: Provocation was a stronger elicitor of aggression than either gender or alcohol. Overall, alcohol increased aggression for men but not for women. Conclusions: In conjunction with other laboratory investigations on alcohol-related aggression, this study suggests that alcohol increases aggression for men but not for women. This finding may be due to gender-related differences in liability thresholds for aggression as well as discrepancies in how men and women respond to different forms of provocation. Copyright 2005, Alcohol Research Documentation Inc.

Caffeine intake, CYP1A2 polymorphism and the risk of recurrent pregnancy loss.

Sata F; Yamada H; Suzuki K; Saijo Y; Kato EH; Morikawa M et al. *Molecular Human Reproduction* 11(5): 357-360, 2005. (38 refs.)

Some case-control studies have demonstrated that caffeine intake and high CYP1A2 activity increase risks of recurrent pregnancy loss (RPL) but the multifactorial effect is obscure. To investigate whether susceptible women who have more caffeine intake are at high risk of RPL, a case-control study of 58 cases with two or more RPL and fertile 147 controls was

performed. The association between daily caffeine intake together with CYP1A2*1F (AA versus CA and CC) genotype and RPL was assessed. Without consideration of the genotype, there were no significant differences of the RPL risk in proportion to daily caffeine intake [less than 100 mg (reference); 100-299 mg: odds ratio (OR), 1.29; 95% confidence interval (CI), 0.66-2.50; 300 mg or more: OR, 1.82; 95% CI, 0.72-4.58; P for trend, 0.20]. However, the RPL risk significantly increased only among women who had homozygous CYP1A2*1F alleles with a dosage effect of daily caffeine intake [less than 100 mg (reference); 100-299 mg: OR, 1.94; 95% CI, 0.57-6.66; 300 mg or more: OR, 5.23; 95% CI, 1.05-25.9; P for trend, 0.03]. It was demonstrated for the first time that an increase in caffeine intake deteriorates the fecundity among susceptible women. Copyright 2005, European Society for Human Reproduction and Embryology.

The differential impact of risk factors on illicit drug involvement in females.

Agrawal A; Gardner C; Prescott CA; Kendler KS. *Social Psychiatry and Psychiatric Epidemiology* 40(6): 454-466, 2005. (89 refs.)

Initiation of drug use and progression to abuse/dependence involve complex pathways. Potential risk factors may correlate with initiation or progression or both. Are there risk factors that associate with illicit drug use or illicit drug abuse/dependence? Is the magnitude of the association the same for use and abuse/dependence? Does this pattern of association differ across categories of drugs? Methods: We used data from female-female adult twins to assess the association of 26 putative risk factors with use and abuse/dependence of six illicit psychoactive drugs. Drug involvement was represented by independent dichotomous outcomes and by a single ordinal variable. Odds ratios were obtained by logistic regression and a continuation ratio was used to test the magnitude of association. Results: Factors associate in similar patterns with different drug categories. Some associated factors interact only with initiation while others relate with both stages. There is a stronger association of significant socio-demographic factors with drug use while the psychiatric diagnoses are more strongly associated with progression to abuse/dependence. Conclusions: Risk factors may be use-specific, abuse/dependence-specific or common to use and abuse/dependence. The trend of associations is similar across different illicit drugs. This suggests complex, interacting pathways that determine drug habits in individuals. These results are hypothesis-generating and future studies of causal relationships

may draw from the outcomes presented in these analyses. Copyright 2005, DR Dietrich Steinkopff Verlag.

Characteristics of women engaged in treatment for trauma and co-occurring disorders: Findings from a national multisite study.

Becker MA; Noether CD; Larson MJ; Gatz M; Brown V; Heckman JP et al. *Journal of Community Psychology* 33(4): 429-443, 2005. (37 refs.)

Using data from a common cross-site protocol administered at study enrollment, in this article we examine key characteristics of 2,729 participants in the Women, Co-Occurring Disorders and Violence Study (WCDVS), including demographics, physical health, mental health, substance abuse, trauma experiences, parenting status, and past history of service use. These data are important because they represent the first federal initiative that addresses the significant lack of appropriate services for women with co-occurring substance use and mental health disorders who have experienced trauma. Study findings reveal a very vulnerable population with extensive histories of abuse and substantial physical and mental health service needs. Data suggest a pressing need for increased availability of physical and mental health services capable of serving the complex needs of women with co-occurring disorders and histories of interpersonal violence (physical and/or sexual abuse). Equally important are funding strategies to support needed services. Copyright 2005, John Wiley & Sons, Inc.

Naltrexone augments the effects of nicotine replacement therapy in female smokers.

Byars JA; Frost-Pineda K; Jacobs WS; Gold MS. *Journal of Addictive Diseases* 24(2): 49-60, 2005. (49 refs.)

There is increased recognition that gender differences may influence outcomes and may modify vulnerability to tobacco addiction, severity of course and response to different treatments. We hypothesized that naltrexone, which has been used to successfully treat opioid and alcohol dependence, when combined with nicotine replacement therapy (NRT) and psychosocial therapy (PT) may enhance smoking cessation rates in women. Methods. Forty-four adult female smokers meeting DSM-IV criteria for nicotine dependence with expired carbon monoxide content of ≥ 15 ppm were randomly assigned in a double blind placebo controlled clinical trial of naltrexone 50 mg + NRT patch + psychosocial therapy (N + NRT + PT) (N = 12) or placebo + NRT patch + psychosocial therapy (P + N + PT) (N = 12) for 12 weeks. Results. Twelve weeks of treatment was completed by 54.5%. Smoking cessation among females who completed the 12 weeks

for N + NRT + PT was 91.7% (11/12) and for P + NRT + PT was 50% (6/12). Conclusion. Naltrexone combined with NRT and psychosocial therapy appears to have a positive cessation effect on women and may be a new treatment option for recidivist female smokers. Copyright 2005, Haworth Press Inc.

Childhood adversity and poor mothering: Consequences of polydrug abuse use as a moderator.

Newcomb MD; Locke TF. *Addictive Behaviors* 30(5): 1061-1064, 2005. (6 refs.)

Drug abuse consequences have been typically examined as a direct or main effect on various later outcomes. Drug abuse may also serve as a consequence that alters (moderates) critical developmental trajectories. This study examined the relationship between childhood adversity factors (parent alcohol and drug-related problems, childhood maltreatment) and future parenting practices through an analysis of the moderating effects of polydrug problems. Data from a community sample of mothers was divided into two groups based on the median split level of polydrug problems (alcohol, marijuana, cocaine) that they reported (low, N=123; high, N=114). Confirmatory factor models (CFAs) were developed for the two groups and compared with multiple group analyses (MGAs). Results revealed that mothers who had parents with alcohol or drug-related problems were more likely to become poor parents, if they themselves used drugs and had problems related to drug use. Copyright 2005, Elsevier Ltd.

The relationship between non-injection drug use behaviors on progression to AIDS and death in a cohort of HIV seropositive women in the era of highly active antiretroviral therapy use.

Kapadia F; Cook JA; Cohen MH; Sohler N; Kovacs A; Greenblatt RM et al. *Addiction* 100(7): 990-1002, 2005. (48 refs.)

Aims To evaluate the effects of longitudinal patterns and types of non-injection drug use (NIDU) on HIV progression in the highly active antiretroviral therapy (HAART) era. Design Women's Interagency HIV Study (WIHS), a prospective cohort study conducted at six US sites. Methods Data were collected semi-annually from 1994 to 2002 on 1046 HIV+ women. Multivariate Cox proportional hazards modeling was used to estimate relative hazards for developing AIDS and for death by pattern and type of NIDU. Findings During follow-up, 285 AIDS events and 287 deaths, of which 177 were AIDS-related, were reported. At baseline, consistent and former NIDU was associated with CD4(+) counts of < 200 cells/ μ l (43% and

46%, respectively) and viral load > 40 000 copies/ml (53% and 55%, respectively). Consistent NIDU reported less HAART use (53%) compared with other NIDU patterns. Stimulant use was associated with CD4(+) cell counts of < 200 cells/ μ l (53%) and lower HAART initiation (63%) compared with other NIDU types. In multivariate analyses, progression to AIDS was significantly higher among consistent (RH = 2.52), inconsistent (RH = 1.63) and former (RH = 1.56) users compared with never users; and for stimulant (RH = 2.04) and polydrug (RH = 1.65) users compared with non-users. Progression to all-cause death was higher only among former users (RH = 1.48) compared with never users in multivariate analysis. NIDU behaviors were not associated with progression to AIDS-related death. Conclusions In this study, pattern and type of NIDU were associated with HIV progression to AIDS and all-cause mortality. These differences were associated with lower HAART utilization among consistent NIDU and use of stimulants, and poor baseline immunological and virological status among former users. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

Obstacles to employment among mothers of children in foster care.

Wells K; Shafran R. *Child Welfare* 84(1): 67-96, 2005. (57 refs.)

This article reports on a study of obstacles to employment among mothers with children in foster care. The study relies on standardized measures, has a cross-sectional design, and includes a sample of 158 mothers. The analysis shows a high prevalence of obstacles; identifies three co-occurring obstacles, each involving substance abuse, that are related to a low probability of employment ($p \leq .05$); and reveals that employment and access to transportation are related to higher income relative to mothers' needs ($p \leq .05$). Copyright 2005, Child Welfare League of America, Inc.

The level of response to alcohol in daughters of alcoholics and controls.

Eng MY; Schuckit MA; Smith TL. *Drug and Alcohol Dependence* 79(1): 83-93, 2005. (90 refs.)

Background: The low level of response (LR) to alcohol is a genetically influenced characteristic related to the development of alcohol use disorders (AUDs). This phenotype is found in men with a family history (FH) of alcoholism, predicts future AUDs, and has heritabilities as high as 60%. However, despite

evidence of genetic influences for AUDs in both sexes, the majority of studies evaluating differences in LR across high- and low-risk groups have been conducted on males, and it is unclear how generalizable these results are to women. Methods: Twenty-five women who are family history positive (FHP) for alcohol dependence were matched with 25 women with no FH of alcoholism (FHN) on factors that may impact LR. Using an alcohol challenge paradigm, data on the reaction to a moderate dose of alcohol were gathered over a period of 3.5 h. Assessments included breath alcohol concentrations (BrACs), the Subjective High Assessment Scale (SHAS), as well as body sway or static ataxia. Results: Family history positives reported lower subjective intoxication than FHNs. In addition, when body sway scores were corrected for skewness, FHPs had significantly lower scores on alcohol-related changes in lateral sway. These differences remained after considering the effects of drinking history and BrAC values. Conclusions: This study evaluated the LR to alcohol in the largest sample of alcohol challenges in matched FHP and FHN women to date. Overall, the findings are consistent with most data from earlier investigations of smaller sized samples of FHP women. The results suggest that, similar to sons of alcoholics, a low LR to alcohol might also be characteristic of daughters of alcoholics. Copyright 2005, Elsevier Ireland.

A review of gender differences among substance abusers. (review).

Pelissier B; Jones N. *Crime & Delinquency* 51(3): 343-372, 2005. (110 refs.)

This article provides a review of various types of literature on gender differences among substance abusers. The authors begin this literature review by summarizing the literature on the differing treatment needs of men and women. The authors continue with a review of the empirically based literature on gender differences in background characteristics of substance users. They conclude with a review of treatment outcome studies. This review provides a context for identifying the gaps in the literature and identifies a research agenda that will help improve treatment services for women in both community-based and prison settings. Copyright 2005, Sage Publications, Inc.