

### **Childhood abuse history and substance use among men and women receiving detoxification services.**

Brems C; Johnson ME; Neal D; Freemon M. *American Journal of Drug and Alcohol Abuse* 30(4): 799-821, 2004. (28 refs.)

According to data collected from women and adolescents, a strong link exists between childhood abuse history and substance abuse. Using a sample of 274 women and 556 men receiving detoxification services, we explored whether the same pattern emerged across genders and types of abuse. Results revealed 20% of men and more than 50% of women reported childhood physical or sexual abuse. Sexual or physical abuse had negative sequelae, regardless of gender. Individuals with abuse history reported earlier age of onset of drinking, more problems associated with use of alcohol/drugs, more severe psychopathology, and more lifetime arrests, arrests related to substance use, and arrests related to mental health. Prevention and proactive intervention activities are crucial to prevent negative sequelae of childhood victimization. Copyright 2004, Marcel Dekker Inc.

### **African-American women who use crack cocaine: A comparison of mothers who live with and have been separated from their children.**

Lam WKK; Wechsberg W; Zule W. *Child Abuse & Neglect* 28(11): 1229-1247, 2004. (68 refs.)

Objective: This study examined factors that influenced caregiver status for African-American mothers who use crack cocaine but are not receiving drug treatment and participated in an HIV prevention study in North Carolina. Method: Caregiver mothers who were living with at least one of their children at intake (n = 257) were compared with non-Caregivers who were separated from all of their children (n = 378). Bivariate analyses and logistic regression were used to compare these mothers at intake on current drug use, risky sex practices, psychological symptoms, victimization, and aggression. Results: Compared with Caregiver mothers, non-Caregivers reported higher frequencies of drug use, risky sex practices, psychological distress, and victimization experiences. Caregiver mothers were more likely than non-Caregiver mothers to have health insurance, but were less likely to have received drug treatment. Logistic regression found that non-

Caregiver mothers were significantly more likely than Caregiver mothers to be older, to have been physically abused as children, to trade sex more frequently, to be homeless, and to have no health insurance. Recent crack use, psychological symptoms, and victimization were not significantly related to caregiver status. Conclusions: Findings that socio-environmental factors were more strongly associated with caregiver status than crack use underscore the importance of contextual issues such as housing, victimization history, and resources in serving maternal crack users. Community outreach and interventions that engage mothers who use drugs and live with their children may be more effective strategies than formal office-based services to link mothers who use crack and their children to needed drug treatment and family and child services. Copyright 2004, Elsevier Science.

### **Breast cancer risk among women who start smoking as teenagers.**

Gram IT; Braaten T; Terry PD; Sasco AJ; Adami HO; Lund E. *Cancer Epidemiology, Biomarkers & Prevention* 14(1): 61-66, 2005. (37 refs.)

Objective: To examine the effect of smoking on breast cancer risk in a large population-based cohort of women, many of whom started smoking as teenagers. Methods: We followed 102,098 women, ages 30 to 50 years, completing a mailed questionnaire at recruitment to the Norwegian-Swedish Cohort Study in 1991/1992, through December 2000. We used Cox proportional hazard regression models to estimate relative risk (RR) of breast cancer associated with different measures of smoking initiation, duration, and intensity adjusting for confounding variables. We conducted analyses on the entire study population, among women who had smoked for at least 20 years, among nondrinkers, and separately for each country. Results: Altogether, 1,240 women were diagnosed with incident, invasive breast cancer. Compared with never smokers, women who smoked for at least 20 years and who smoked 10 cigarettes or more daily had a RR of 1.34 (95% CI, 1.06-1.70). Likewise, those who initiated smoking prior to their first birth (1.27, 1.00-1.62), before menarche (1.39, 1.03-1.87), or before age 15 (1.48, 1.03-2.13) had an increased risk. In contrast, women who had smoked for at least 20

years, but started after their first birth, did not experience an increased breast cancer risk. The increased RR associated with smoking was observed among nondrinkers of alcohol, women with and without a family history of breast cancer, premenopausal and postmenopausal women, and in both countries.. Conclusion: Our results support the notion that women who start smoking as teenagers and continue to smoke for at least 20 years may increase their breast cancer risk. Copyright 2005, American Association of Cancer Research.

**A pilot study on voucher-based incentives to promote abstinence from cigarette smoking during pregnancy and postpartum.**

Higgins ST; Heil SH; Solomon LJ; Bernstein IM; Lussier JP; Abel RL et al. *Nicotine & Tobacco Research* 6(6): 1015-1020, 2004. (20 refs.)

We report results from a pilot study examining the use of vouchers redeemable for retail items as incentives for smoking cessation during pregnancy and postpartum. Of 100 study-eligible women who were still smoking upon entering prenatal care, 58 were recruited from university-based and community, obstetric practices to participate in a smoking cessation study. Participants were assigned to either contingent or noncontingent voucher conditions. Vouchers were available during pregnancy and for 12 weeks postpartum. In the contingent condition, vouchers were earned for biochemically verified smoking abstinence. In the noncontingent condition, vouchers were earned independent of smoking status. Abstinence monitoring and associated voucher delivery was conducted daily during the initial 5 days of the cessation effort, gradually decreased to every other week antepartum, increased to once weekly during the initial 4 weeks postpartum, and then decreased again to every other week for the remaining 8 weeks of the postpartum intervention period. Contingent vouchers increased 7-day point-prevalence abstinence at the end-of-pregnancy (37% vs. 9%) and 12-week postpartum (33% vs. 0%) assessments. That effect was sustained through the 24-week postpartum assessment (27% vs. 0%), which was 12 weeks after discontinuation of the voucher program. Total mean voucher earnings across antepartum and postpartum were US\$397 (SD = US\$414) and US\$313 (SD = \$142) in the contingent and noncontingent conditions respectively. The magnitude of these treatment effects exceed levels typically observed with pregnant and recently postpartum smokers, and the maintenance of effects through 24 weeks postpartum extends the duration beyond those reported previously. Copyright 2004, Taylor & Francis Ltd.

**Changes in smoking behaviour among young women over life stage transitions.**

McDermott L; Dobson A; Russell A. *Australian and New Zealand Journal of Public Health* 28(4): 330-335, 2004. (33 refs.)

Objective: To examine changes in smoking behaviour among young women over four life stages: leaving home; employment or attending college or university; marriage; and parenthood. Methods: Young women participating in the Australian Longitudinal Study on Women's Health completed postal questionnaires in 1996 and 2000. Results: Unmarried women who moved out of their parents' home between 1996 and 2000 had higher odds of adopting smoking than those who had not lived with their parents at either time (OR 1.8, 95% CI 1.2-2.6). Married women had lower odds of resuming smoking after quitting (OR 0.4, 95% CI 0.2-0.7) than unmarried women. Women who were pregnant in 2000 had higher odds of quitting smoking (OR 3.8, 95% CI 2.5-5.6) and women who were pregnant in 1996 and not in 2000 had higher odds of starting to smoke again (OR 3.2, 95% CI 1.6-6.2) than women who were not pregnant. The odds of being a current smoker or adopting smoking were significantly greater for women who binge drank alcohol or used cannabis and other illicit drugs. Conclusions: Adoption, maintenance and cessation of smoking among young women is strongly related to major life stage transitions, illicit drug use and alcohol consumption. Implications: Life changes such as marriage and actual or contemplated pregnancy provide opportunities for targeted interventions to help women quit smoking and not relapse after having a baby. Legislation to control smoking on licensed premises would reduce the social pressure on women to smoke. Copyright 2004, Public Health Association of Australia Inc.

**Common themes in clinical work with women who are domestically violent.**

Loy E; Machen L; Beaulieu M; Greif GL. *American Journal of Family Therapy* 33(1): 33-44, 2005. (19 refs.)

Scant literature is available that helps identify issues to consider when working with domestically violent women. This article describes themes that emerge among women who attend a group for being violent in an intimate relationship. Conducted at the House of Ruth Maryland, the authors report that these women have experienced a history of trauma, display maladaptive survival skills, lack support systems, lack Internal resources to examine their own behavior, and struggle with substance abuse-related issues. In the group, they appear initially resistant, vie for control of

the group, and consider their children a reason for personal pride and change. Therapeutic considerations are offered that include understanding the broad social as well as the intimate context in which their behavior is displayed. Copyright 2005, Brunner-Routledge.

#### **Women and tobacco dependence.**

Reichert VC; Seltzer V; Efferen LS; Kohn N. *Medical Clinics of North America* 88(6): 1467-+, 2004. (70 refs.)

Millions of American girls and women have been drawn to smoking by an industry that has been clearly and systematically targeting women of all ages and life circumstances. Tobacco marketing strategies skillfully link cigarette use to typical female values. Biologically speaking, women are especially vulnerable to the legion of health problems of tobacco use. Smoking is a critical hazard for women in their reproductive years, particularly when they are pregnant. Copyright 2004, WB Saunders Co.

#### **Women's programs versus mixed-gender day treatment: Results from a randomized study.**

Kaskutas LA; Zhang L; French MT; Witbrodt J. *Addiction* 100(1): 60-69, 2005. (52 refs.)

Aims: To compare outcomes and costs of out-patient women's treatment to mixed-gender programs. Design: Randomized clinical trial. Setting: Northern California (USA). Intervention: Day treatment: one community-based women's program, two mixed-gender community-based programs and one mixed-gender hospital-based program. Participants: Substance-dependent women recruited from the community (n = 122). Measurements: Women were interviewed at baseline, at the end of treatment (94% response rate) and at 6 and 12 months post-treatment (100% response rates). Measures included alcohol and drug use, and psychiatric and social problems. Program costs were estimated using the Drug Abuse Treatment Cost Analysis Program. Findings: No significant differences between the women's program and any of the mixed-gender programs were found for psychiatric problem severity, problems with family and friends or rates of drug use at any of the follow-up points. Rates of alcohol abstinence and total abstinence were similar between the women's program and both of the mixed-gender community programs, but were higher at the mixed-gender hospital program. Only one of these results was replicated in the multivariate analysis, with the odds of total abstinence significantly lower for those randomized to the women's program than the mixed-gender hospital program. However, the average cost of a treatment episode was significantly higher at the hospital program than at the women's program

(\$1212 versus \$543). Conclusions: These findings suggest that female substance abusers may be treated as effectively in mixed-gender programs as in women's programs. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

#### **Description of an early intervention to prevent substance abuse and psychopathology in recent rape victims.**

Resnick H; Acierno R; Kilpatrick DG; Holmes M. *Behavior Modification* 29(1): 156-188, 2005. (53 refs.) Approximately 683,000 adult women are raped each year. Only one in seven of these victims report the assault to police and receive forensic exams and other professional services. For many rape victims, this may be the only professional contact with service providers; however these services are typically limited to evidence collection and prophylactic STD treatment. Yet this exam also presents a unique opportunity for a preventive intervention to help prepare women to cope with potential stress related to rape-exam procedures and to address potential post-rape psychopathology. This article reviews psychological interventions for trauma victims used in the acute post rape time frame and provides data from an ongoing clinical trial that evaluates delivery of a preventive intervention for victims presenting for forensic rape exams. Copyright 2005, Sage Publications.

#### **Association of alcohol and drug use disorders and completed suicide: An empirical review of cohort studies.**

Wilcox HC; Conner KR; Caine ED. *Drug and Alcohol Dependence* 76(Supplement): S11-S19, 2004. (59 refs.)

This study updates and expands upon Harris and Barraclough's empirical review [Harris, E.C., Barraclough, B., 1997. Suicide as an Outcome for mental disorders. A meta-analysis, *Br. J. Psychiatry* 170, 205-228] of retrospective and prospective cohort studies of alcohol and drug use disorders and suicide. Method: Studies presenting data on alcohol and drug use disorders and suicide originally identified by Harris and Barraclough were used in this study. To find additional studies, (1) the location of English language reports on MEDLINE (1994-2002) were identified with the search terms 'substance-disorders' with 'mortality' and 'follow-up', (2) read throughs were conducted of four prominent alcohol and drug specialty journals from 1966 through 2002, and (3) the reference sections of studies that met criteria were searched for additional reports. This strategy yielded 42 new studies meeting eligibility criteria. Results: The estimated standardized mortality ratios (SMR;

95% confidence interval) for suicide were as follows: alcohol use disorder (979; 95% CI 898-1065;  $p < 0.001$ ), opioid use disorder (1351; 95% CI 1047-1715;  $p < 0.001$ ), intravenous drug use (1373; 95% CI 1029-1796;  $p < 0.001$ ), mixed drug use (1685; 95% CI 1473-1920;  $p < 0.001$ ), heavy drinking (351; 95% CI 251-478;  $p < 0.001$ ). SMR estimates stratified by sex were also calculated. Conclusions: Additional studies on the association of suicide and mixed drug use, heavy drinking, and alcohol use disorders in women augmented the findings of Harris and Barraclough, along with a novel estimate for intravenous drug use, a byproduct of intensive research on HIV in the past decade. There is a large empirical literature on alcohol use disorders and suicide and a moderate literature on suicide and opioid use disorders and IV drug use. There remains limited prospective data on the association of suicide and other drug use disorders (e.g., cocaine, cannabis). Copyright 2004, Elsevier Science.

#### **Differences at treatment entry between opioid-dependent and cocaine-dependent males and females.**

Jones HE; Johnson RE; Bigelow GE; Strain EC. *Addictive Disorders and Their Treatment* 3(3): 110-121, 2004. (43 refs.)

Objectives: This study compared the psychosocial characteristics and psychiatric diagnoses of opioid-dependent and cocaine-dependent men and women. Methods: Opioid-dependent patients fulfilled a current opioid but not current cocaine dependence diagnosis ( $n = 115$ ); cocaine-dependent patients fulfilled a current cocaine but not current opioid dependence diagnosis ( $n = 144$ ). All enrolled in a treatment research clinic. Participants completed a demographic questionnaire, the Addiction Severity Index, and the Structured Clinical Interview for the DSM-IV, Axes I and II. Analyses included comparisons between males ( $n = 153$ ) and females ( $n = 106$ ) to examine possible interactive effects of sex with primary drug of abuse. Results: Greater number and problem severity for cocaine versus opioid dependent patients was found across multiple domains, and was especially notable for alcohol problems, family/social difficulties, and psychiatric comorbidity. Women differed from men by having more medical and employment problems, higher rates of lifetime Major Depression, and lower rates of personality disorders. Discussion: There are substantial differences between cocaine and opioid dependent patients, and between females and males

within dependence types. Assessment and treatment planning for patients and resource allocation by substance abuse treatment programs should recognize these differences. Efforts to match substance-abusing patients to treatments can benefit from recognition of differences between cocaine and opioid dependent females and males. Copyright 2004, Lippincott, Williams & Wilkins.

#### **Effectiveness of long-term residential substance abuse treatment for women: Findings from three national studies.**

Greenfield L; Burgdorf K; Chen XW; Porowski A; Roberts T; Herrell J. *American Journal of Drug and Alcohol Abuse* 30(3): 537-550, 2004. (15 refs.)

The effectiveness of residential substance abuse treatment for women was examined using data from the CSAT's Residential Women and Children/Pregnant and Postpartum Women Cross-Site Study and two other recent national studies. Treatment success was defined as posttreatment abstinence from further drug or alcohol use, measured through in-person follow-up interviews conducted 6-12 months after each client's discharge. Despite differences in treatment programs, client profiles, follow-up intervals, data collection methods, and other factors, all three studies found high treatment success rates—ranging narrowly from 68% to 71% abstinent—among women who spent six months or more in treatment. Success rates were lower, and between-study differences were larger, for clients with shorter stays in treatment. Controlling for salient client and treatment project characteristics, strong associations between length of stay in treatment and posttreatment abstinence rate were found in all three studies, suggesting that women's length of stay in residential treatment is a major determinant of treatment effectiveness. In further analysis of data, treatment completion was also found to be an important outcome factor. Among clients who remained in treatment for at least three months, those who achieved their treatment goals in three to five months abstinence outcomes were as good as those for clients who took more than six months to complete their treatment (76%-78% abstinent) and substantially better than those for clients who did not complete treatment (51%-52% abstinent). Notably, however, most of the clients who successfully completed treatment (71%) required six months or more to do so. Copyright 2004, Marcel Dekker.