

### **Alcohol consumption at the time of conception and spontaneous abortion.**

Henriksen TB; Hjollund NH; Jensen TK; Bonde JP; Andersson AM; Kolstad H et al. *American Journal of Epidemiology* 160(7): 661-667, 2004. (31 refs.)

The authors studied the association between female and male alcohol intakes at the time of conception and the risk of spontaneous abortion, including early pregnancy loss detected by urinary human chorionic gonadotropin. After a nationwide mailing to about 50,000 members of four trade unions in Denmark in 1992-1994, 430 couples without previous pregnancy attempts were enrolled when birth control was discontinued, and they were followed until a clinically recognized pregnancy or for six menstrual cycles. Alcohol intake and potential confounding factors were reported in monthly questionnaires. Women collected morning urine for 10 days from the first day of vaginal bleeding in each cycle. The authors detected 186 pregnancies: 131 resulted in childbirth, and 55 resulted in spontaneous abortion (34 detected by urinary human chorionic gonadotropin). Depending on the intake in the cycle of conception and the adjustment factors, female alcohol intake was associated with 2-3 times the adjusted risk of spontaneous abortion compared with no intake, and male alcohol intake was associated with 2-5 times the adjusted risk. Only the adjusted relative risks for 10 or more drinks/week compared with no intake were statistically significant. Both male and female alcohol intakes during the week of conception increased the risk of early pregnancy loss. Copyright 2004, Johns Hopkins University School of Hygiene and Public Health..

### **Alcohol dependence and use of treatment services among women in the community.**

Wu LT; Ringwalt CL. *American Journal of Psychiatry* 161(10): 1790-1797, 2004. (46 refs.)

Objective: This study examined the extent and characteristics of alcohol dependence and the perceived need for and use of alcohol treatment services among women compared with men in a nonclinical sample of adults 18-64 years of age. Method: Data were drawn from the 1999 National Household Survey on Drug Abuse. The authors calculated rates and correlates of alcohol dependence

and treatment among adult alcohol users in this sample. Results: About 3% of the women in the survey met criteria for DSM-IV alcohol dependence in the previous year. About 13% of these women received alcohol treatment services in the same period. Only 8% of the women who did not receive treatment perceived a need for treatment. Younger women—those who were 18-25 years of age—were more likely to be dependent on alcohol but less likely to perceive a need for treatment or to use treatment services. Among alcohol-dependent women who received no treatment, those with a family income of \$75,000 or more, those who had two or more children living with them, and those who were not dependent on psychotherapeutic medications were less likely to perceive a need for help. Conclusions: There were no significant differences between men and women in use of treatment services, location of services received, and perceived need for treatment. However, correlates of treatment service use varied somewhat by gender. These findings suggest that the goal of efforts to reduce barriers to alcohol treatment services should be to change people's attitudes toward alcohol abuse and seeking professional help. Copyright 2004, American Psychiatric Association.

### **Social climate and workplace drinking among women in a male-dominated occupation. [rapid communication].**

Svare GM; Miller L; Ames G. *Addictive Behaviors* 29(8): 1691-1698, 2004. (15 refs.)

Objective: This study applies Gilligan's relational theory to an exploration of the influence of the social climate at work on workplace drinking in a male-dominated occupation. Methods: Data used in this analysis were originally collected from a random sample of employees at a heavy machinery assembly plant (N=984, WOMEN = 121). Because reciprocal relationships between workplace drinking and social climate were hypothesized, the parameters were estimated using simultaneous equation modeling. Results: Women who reported a negative social climate at work also had a greater propensity to drink at work. There was no similar relationship between social climate and workplace drinking for men. Conclusions: Workplace drinking prevention programs

in male-dominated occupations may need to address the social climate at work, particularly for women. Copyright 2004, Elsevier Science Ltd.

**What if they do not want treatment?: Lessons learned from intervention studies of non-treatment-seeking, drug-using pregnant women.**

Jones HE; Svikis D; Rosado J; Tuten M; Kulstad JL. *American Journal on Addictions* 13(4): 342-357, 2004. (32 refs.)

Despite specialized drug treatment, many pregnant drug-using women do not seek admission to such programs. This study examined two types of brief drug use intervention models for attracting and retaining pregnant women in drug abuse treatment. Both models offered motivational interviewing (MI) + behavioral incentives (BI) for drug abstinence. One model had an additional case management (CM) component. The addition of CM resulted in less drug use and fewer psychosocial needs, but similar levels of poor participation in the intervention was observed with both models. The intensity of effort expended to retain participants is discussed. Copyright 2004, American Academy of Psychiatrists in Alcoholism and Addictions.

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with no intake were statistically significant. Both male and female alcohol intakes during the week of conception increased the risk of early pregnancy loss. Copyright 2004, Johns Hopkins University School of Hygiene and Public Health.

**Antenatal risk factors associated with postpartum comorbid alcohol use and depressive symptomatology.**

Homish GG; Cornelius JR; Richardson GA; Day NL. *Alcoholism: Clinical and Experimental Research* 28(8): 1242-1248, 2004. (66 refs.)

Background: High rates of comorbid depression and alcohol use disorders have been reported in epidemiological studies; little work has considered comorbidity in women during the perinatal period. The goal of this work was to identify prenatal factors (at each trimester) that predicted postpartum comorbid depressive symptoms and alcohol use in women. Methods: The data are from an ongoing longitudinal study of pregnancy outcome that is now in its 16th year of follow-up. The first four assessments were used in this study (fourth and seventh prenatal months, delivery, and 8 months after delivery; n = 595). Prenatal variables in five domains (psychological, substance use, social, obstetrical, and demographic) were considered in analyses to predict postpartum comorbid depressive symptoms and alcohol use in women. Results: At each trimester, higher rates of depressive symptoms, binge drinking (four or more drinks per occasion), and tobacco use were significantly associated with comorbidity at the eighth postpartum month. Third-trimester anxiety was also significantly associated with postpartum comorbidity. Prenatal social support, obstetrical complications, and demographic factors were not related to an increased risk for postpartum comorbidity. Conclusions: Women with more depressive symptoms, who binge-drink, or who smoke cigarettes at any time during their pregnancies are at risk for postpartum comorbidity. Women should be screened for depressive symptoms and substance use, and treatment should be initiated when women exhibit the risk factors described. Copyright 2004, Lippincott, Williams & Wilkins.

**Gender and illicit drug use.**

Neale J. *British Journal of Social Work* 34(6): 851 - 870, 2004. (63 refs.)

There has been no recent large-scale systematic UK investigation of differences between male and female drug users seeking treatment. Equally, there has been no debate within the social work field regarding how best to address any gender-specific needs of drug-

using clients. This is despite the fact that social workers frequently work with both drug-dependent individuals and members of their families. This paper examines differences between men and women beginning a new episode of drug treatment in Scotland and considers some of the implications of the findings for social work practice. Data were collected from structured interviews conducted with 1,033 individuals (715 males and 318 females) in a range of treatment settings. Chi-square statistics were computed to investigate sex differences on key categorical variables relating to: (i) patterns of drug use; (ii) education, employment and income; (iii) offending behaviour; (iv) housing circumstances; (v) health status; and (vi) personal relationships. Analyses identified many differences between the men and women interviewed, but also many common difficulties faced by respondents of both sexes. Additionally, the extensive range of problems and stressful life circumstances encountered suggested that the lives of individuals seeking drug treatment were extremely heterogeneous. It is concluded that social workers can employ a range of practical interventions and theoretical approaches when working with both male and female drug-using clients. Copyright 2004, Oxford University Press.

#### **Linking female sex workers with substance abuse treatment.**

Nuttbrock LA; Rosenblum A; Magura S; Villano C; Wallace J. *Journal of Substance Abuse Treatment* 27(3): 233-239, 2004. (29 refs.)

We evaluated mobile street-based outreach as a modality for linking street-walking female sex workers with substance abuse treatment in New York City. Sex workers (N = 179) approaching an existing outreach facility were randomly assigned to receive usually provided services, or to receive an enhanced version of these services. Among the 144 women successfully followed for 6 months, 35.0% were detoxified; 43.1% of the 78 current heroin users received methadone maintenance; and 35.4% of the followed-up clients received some other type of treatment. Intervention group differences in these outcomes were not significant. Detoxification during followup was associated with heroin dependence and lifetime detoxification. Methadone maintenance (among heroin users) was associated with Hispanic ethnicity and legally mandated treatment. Other types of treatments were negatively associated with the degree of involvement in the sex trade. We conclude that a variety of factors affect motivation for substance abuse treatment among female sex workers, and that street-based outreach is a highly effective modality for

linking this population with much needed treatment. Copyright 2004, Elsevier Science.

#### **Meta-analysis of the efficacy of nicotine replacement therapy for smoking cessation: Differences between men and women.**

Cepeda-Benito A; Reynoso JT; Erath S. *Journal of Consulting and Clinical Psychology* 72(4): 712-722, 2004. (60 refs.)

Gender differences in the efficacy of nicotine replacement therapies (NRTs) were examined in a meta-analytical review of 90 effect sizes obtained from a sample of 21 double-blind, placebo-controlled randomized studies. Although NRT was more effective for men than placebo at 3-month, 6-month, and 12-month follow-ups, the benefits of NRT for women were clearly evident only at the 3- and 6-month follow-ups. Giving NRT in conjunction with high-intensity nonpharmacological support was more important for women than men. That is, NRT and low support were efficacious for women at only short-term follow-up, and men benefited from NRT at all the follow-ups regardless of the intensity of the adjunct support. The results suggest that long-term maintenance of NRT treatment gains decrease more rapidly for women than men. Copyright 2004, American Psychological Association.

#### **Parenting knowledge among substance abusing women in treatment.**

Velez ML; Jansson LM; Montoya ID; Schweitzer W; Golden A; Svikis D. *Journal of Substance Abuse Treatment* 27(3): 215-222, 2004. (43 refs.)

The purpose of this study was to assess parenting knowledge and beliefs among drug abusing pregnant and recently postpartum women engaged in a comprehensive substance abuse treatment program. The effects of a parenting skills training program for this population were evaluated. A Parenting Skills Questionnaire was developed and administered to a sample of 73 pregnant and drug-dependent women during their first week of substance abuse treatment and again approximately 7 weeks later, following parenting skills training. The questionnaire was designed to assess whether group and individual parenting sessions changed the subjects' knowledge and beliefs in four parenting domains: newborn care, feeding practices, child development and drug abuse during pregnancy. Pre-intervention scores for all parenting domains were low. Post- vs. pre-intervention comparisons showed significant increases in all domain scores after individual and group parenting skills training. Preliminary results obtained from this clinic-based sample suggest that these substance

abusing mothers lacked important parenting knowledge and that this knowledge improved after comprehensive substance abuse treatment that included parenting training. Copyright 2004, Elsevier.

**Rethinking parenting interventions for drug-dependent mothers: From behavior management to fostering emotional bonds.**

Suchman N; Mayes L; Conti J; Slade A; Rounsaville B. *Journal of Substance Abuse Treatment* 27(3): 179-185, 2004. (38 refs.)

In previous work, Luthar and Suchman (2000, *Development & Psychopathology*, 12, 235) reported results of a randomized clinical trial testing the efficacy of the Relational Psychotherapy Mothers' Group (RPMG) for methadone-maintained mothers. In this extension, we examined maternal interpersonal maladjustment as a predictor of differential response to RPMG versus standard drug counseling (DC). We predicted that RPMG mothers with high levels of interpersonal maladjustment would improve on parent-child relationship indices, whereas DC mothers with high levels of interpersonal maladjustment would show no improvement. Fifty-two mothers enrolled in the study completed baseline, post-treatment and 6-month followup assessments and a subset of 24 "target" children between the ages of 7 and 16 completed measures on mothers' parenting. As predicted, results of hierarchical regression analyses indicated moderate interpersonal maladjustment x treatment interaction effects for all parenting outcomes at post-treatment and for a subset of outcomes at followup. Plotted interactions confirmed predictions that, as maternal interpersonal maladjustment increased, parenting problems improved for RPMG mothers and remained the same or worsened for DC mothers. Results indicate the potential value of interpersonally oriented interventions for substance-abusing mothers and their children. Copyright 2004, Elsevier Science.

**Use of oral contraceptives, alcohol, and risk for invasive breast cancer.**

Dumeaux V; Lund E; Hjartaker A. *Cancer Epidemiology, Biomarkers & Prevention* 13(8): 1302-1307, 2004. (36 refs.)

The aim of our study was to examine how the use of oral contraceptives (OCs) interact with alcohol on breast cancer risk within the large prospective follow-up study, Norwegian Women and Cancer Study. Between 1991 and 1997, women aged 30 to 70 years were drawn at random from the central person register and mailed an invitation. Follow-up information was

collected throughout 2001 by linkage to national registries. Only women (n = 86,948) with complete information on alcohol consumption and duration of OC use were included in the present analysis. A total of 1,130 invasive breast cancers were diagnosed during 618,638 person-years of follow-up. Consumption of greater than or equal to 10.0 g/d alcohol was associated with a breast cancer relative risk (95% confidence interval) of 1.69 (1.32-2.15), consistent with a linear relationship (P for trend < 0.0001). Among alcohol consumers, an excess risk of breast cancer was observed for total duration of OC use only among women who consumed <5 g/d alcohol (P for trend = 0.0009). We observed a negative interaction between duration of OC use and alcohol consumption effects (P for interaction = 0.01). After stratification on menopausal status, the association between high alcohol intake and breast cancer was more prominent among postmenopausal women than among premenopausal women (P for heterogeneity = 0.01). No interaction between alcohol and duration of OC use were significant after stratification on menopausal status. Our findings in conjunction with biological data imply that alcohol and OCs have antagonistic effects on breast cancer risk through a common pathway. Whether the interactive effect differs according to menopausal status remains unclear and needs further investigations. Copyright 2004, Am. Ass. Cancer Res..

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