

Sexual abuse history and treatment outcomes among women undergoing methadone treatment.

Bartholomew NG; Courtney K; Rowan-Szal GA; Simpson DD. *Journal of Substance Abuse Treatment* 29(3): 231-235, 2005. (21 refs.)

Women entering drug abuse treatment programs who report a history of sexual abuse are also likely to report poorer psychosocial functioning, more drug-related problems, and more family-of-origin problems. This study investigates outcome differences at follow-up between women with and those without sexual abuse histories who were treated at an outpatient methadone treatment program. Follow-up interviews were conducted with 98 women, 40% of whom reported prior sexual abuse. Those with a history of sexual abuse who reported problems at intake with psychosocial functioning and family support continued to report such problems at follow-up as compared with the women without a history of sexual abuse. However, no difference was found at follow-up between women with and those without sexual abuse histories in terms of drug use, employment, criminality, or HIV-risky behaviors. The findings suggest that sexual abuse history alone cannot predict treatment outcomes for women in methadone treatment. The implications of these findings are discussed in terms of treatment process and services. Copyright 2005, Elsevier Science Inc.

Out of the Smokescreen: does an anti-smoking advertisement affect young women's perception of smoking in movies and their intention to smoke?

Edwards, CA; Harris, WC; Cook, DR; Bedford, KF; Zuo, Y. *Tobacco Control* 13(3): 277-282, 2004. (33 refs.)

Objective: To evaluate the effect of an anti-smoking advertisement on young women's perceptions of smoking in movies and their intention to smoke. Subjects/setting: 2038 females aged 12 -17 years attending cinemas in New South Wales, Australia. Design/intervention: Quasi-experimental study of patrons, who were surveyed after having viewed a movie at their local cinema. The control group was surveyed during week 1 and the intervention group, during week 2. Before seeing the movie in week 2, a 30 second anti-smoking advertisement was shown,

which featured a well known female actor drawing attention to the prevalence of smoking in movies. Outcomes: Attitude of current smokers and non-smokers to smoking in the movies; intention of current smokers and non-smokers to be smoking in 12 months time. Results: Among non-smokers, 48.2% of the intervention subjects thought that the smoking in the movie they viewed was "not OK" compared with 28.3% of the control subjects ($p < 0.0001$). However, there was no difference among smokers in the intervention (26.4%) and control (16.9%) groups ($p = 0.28$). A higher percentage of current smokers in the intervention group indicated they were unlikely to smoke in 12 months time (47.8%) than smokers in the control condition (31.9%) ($p = 0.03$). For non-smokers, there was no difference in smoking intentions between conditions, with 95% saying they would be unlikely to be smoking in 12 months time. Conclusions: This "real world" study suggests that placing an anti-smoking advertisement before movies containing smoking scenes can help to "immunise" young women against the influences of film stars smoking. Copyright 2004, BMJ Publishing Group.

Toxicological overview of cigarette smoking on angiogenesis. (review).

Ejaz S; Lim CW. *Environmental Toxicology and Pharmacology* 20(2): 335-344, 2005. (116 refs.)

Angiogenesis is the process of generating new capillary blood vessels. It occurs under tight regulation in the female reproductive system, during wound healing and during embryogenesis. Angiogenesis also plays an important role in the pregnancy-associated changes in the reproductive tract. Cigarette smoke inhibits processes that may hinder normal process of angiogenesis resulting in abnormal blood supply to tissues, decreased repair and remodeling. This report summarizes the evidences of the causal association between tobacco smoking and disruption of angiogenesis. Application of small amount of nicotine on day 5 old chorioallantoic membranes (CAMs) did not disrupt the process of angiogenesis, while application of mainstream smokes (MSS) solutions to CAMs caused varying levels of disruption on normal process of angiogenesis and adversely affect capillary plexus formation, diameters of secondary and tertiary

vessels. We have also observed that at equivalent doses, sidestream smoke (SSS) can significantly be more potent than MSS and can alter the normal process of angiogenesis more drastically than MSS. It suggests that SSS either contains a toxicant(s) not present in MSS or that the toxicant(s) that produces these effects is present in higher concentration in SSS than in MSS. Therefore, it is undisputed that smoking can interfere the normal process of angiogenesis, which is a vital process to maintain pregnancy and development of fetus. Smoking during pregnancy is harmful to fetal development and is associated with an increased risk of miscarriage, perinatal death and sudden infant death syndrome. Smoking-cessation programs remain a crucial strategy for preventing poor birth outcomes and decreasing the social and financial costs of smoking during pregnancy. Copyright 2005, Elsevier Science BV.

Recognition and prevention of fetal alcohol syndrome. (editorial).

Floyd RL; O'Connor MJ; Sokol RJ; Bertrand J; Cordero JF. *Obstetrics and Gynecology* 106(5, Part 1): 1059-1064, 2005. (17 refs.)

Alcohol use among women of childbearing age is prevalent in the United States, with approximately 1 in 5 nonpregnant women reporting binge drinking (5 or more drinks on any one occasion) and 1 in 25 pregnant women reporting binge drinking. Alcohol use during pregnancy results in a spectrum of adverse outcomes known as fetal alcohol spectrum disorders. Fetal alcohol syndrome (FAS) is one of these disorders. Fetal alcohol syndrome is characterized by specific facial abnormalities and significant impairments in neurodevelopment and physical growth. Early identification of children with FAS has been shown to enhance their longterm outcomes. In an effort to improve clinical recognition of children with this condition, Centers for Disease Control and Prevention (CDC) was directed by Congress in 2002 to lead the development of uniform diagnostic criteria for FAS and other prenatal alcohol-related conditions. The purpose of this commentary is to provide clinicians a summary of the report released by CDC describing the current diagnostic criteria for FAS. In addition, advancements have been made in screening and brief interventions for alcohol use disorders in women who have the potential to make significant strides in the prevention of FAS spectrum disorders. Knowledge of the diagnostic criteria for FAS can lead to increased identification of the syndrome in infants and children and the provision of appropriate medical and support services. Screening for and intervening with women at risk for an alcohol-exposed pregnancy can prevent

FAS and other fetal alcohol spectrum disorders. Copyright 2005, American College of Obstetricians and Gynecologists.

Should we consider an acceptable drinking level specifically for postmenopausal women?

Preliminary findings from the postmenopausal health disparities study.

Gavaler JS. *Alcohol and Alcoholism* 40(5): 469-473, 2005. (30 refs.)

Aims: There are substantial neuroendocrine differences between postmenopausal (PMP) women and women with cyclic ovarian function; thus there are differences in hormonal responses to 'acceptable' levels of drinking, i.e. 7 total weekly drinks (TWD). The aim is to evaluate whether alcoholic beverage consumption for PMP women should be the same for all women, as is currently the case, or different from that for women with cyclic ovarian function. **Methods:** Carefully collected and cross-checked current drinking data in 318 PMP women from a spectrum of racial and ethnic groups have been analysed to determine if a plateau in estradiol (E2) levels at a particular alcohol consumption level other than 7 TWD can be identified as the drinking level above which no additional benefit in E2 levels occurs. **Results:** Levels of E2 are significantly different among abstainers and among drinkers within all racial and ethnic groups, with the disturbing exception of black PMP women. Although there are significant differences among racial and ethnic groups in the proportions of women who drink, there are no differences in TWD consumed during the previous month. Between ≤ 5 TWD and ≤ 6 TWD, a plateau in the correlation of E2 with increasing drinks/week occurs, and the range of the unstandardized multiple regression coefficient \pm the standard error do not overlap between these same two drinking levels ($P < 0.05$). **Conclusions:** Consideration should be given to lowering the acceptable level of drinking for PMP women 5 TWD. Additional studies in which sample sizes for each minority racial and ethnic are larger need to be performed in the future. Copyright 2005, Oxford University Press.

Preventing alcohol and drug exposed births in Washington State: Intervention findings from three parent-child assistance program sites.

Grant TM; Ernst CC; Streissguth A; Stark K.

American Journal of Drug and Alcohol Abuse 31(3): 471-490, 2005. (53 refs.)

Home visitation interventions show promise for helping at-risk mothers, yet few programs have been developed and evaluated specifically for alcohol and drug-abusing pregnant women. This study examines

outcomes among 216 women enrolled in the Washington State Parent-Child Assistance Program, a three-year intervention program for women who abuse alcohol and drugs during an index pregnancy. Pretest-posttest comparison was made across three sites: the original demonstration (1991 - 1995), and the Seattle and Tacoma replications (1996-2003). In the original demonstration, the client group performed significantly better than controls. Compared to the original demonstration, outcomes at replication sites were maintained (for regular use of contraception and use of reliable method; and number of subsequent deliveries), or improved (for alcohol/drug treatment completed; alcohol/drug abstinence; subsequent delivery unexposed to alcohol/drugs). Improved outcomes at replication sites are not attributable to enrolling lower-risk women. Public policies and programs initiated over the study period may have had a positive effect on outcomes. Study findings suggest that this community-based intervention model is effective over time and across venues. Copyright 2005, Taylor & Francis Inc.

Predictors of alcohol misuse and abuse in older women.

Stevenson JS; Masters JA. *Journal of Nursing Scholarship* 37(4): 329-335, 2005. (42 refs.)

Purpose: To determine the predictive ability of self-report questions, physical measures, and biomarkers to detect alcohol misuse and abuse among older women. Design and Methods: Healthy women volunteers age 60 and older who fit selection criteria were enrolled. The 135 participants were divided into nondrinkers (ND; n = 63) and drinkers (D; n = 72) based on self-reports of quantity and frequency of standard drinks consumed per month. The mean ages for the groups were 69.2 (ND) and 69.6 (D). Findings: The best predictor was a score > 0 on the T-ACE, a four-item instrument to detect alcohol abuse. Other significant predictors were: (a) behaviors: smoking, mixing over-the-counter (OTC) drugs with alcohol, heavy coffee drinking, using alcohol to sleep, and less sleep latency; and (b) biomarkers: higher mean corpuscular volume (MCV), hemoglobin (Hgb), hematocrit (Hct), and high-density lipoprotein cholesterol (HDL). The heaviest drinker subgroup had more physical stigmata, including broken blood vessels in nose and larger liver spans. Conclusions: The "best predictor model" showed that older women who were at risk for alcohol misuse or abuse had T-ACE scores of 1 or higher, used two or more OTC drugs regularly, drank large amounts of coffee, used alcohol to fall asleep, and had less sleep latency. Because positive T-ACE scores have high sensitivity and specificity for alcohol abuse,

scores of 1 or greater should be addressed in clinical settings, e.g., referrals for more definitive diagnoses and relevant treatment. Copyright 2005, Blackwell Publishing.

Misguided retribution: Criminalization of pregnant women who take drugs.

Toscano V. *Social and Legal Studies* 14(3): 359-386, 2005. (45 refs.)

This article addresses the attempts to use criminal punishment to respond to pregnant women who take drugs in the United States. Although many have discussed why this approach is harmful, none have done so by examining the effects of the underlying philosophical justification for punishment appealed to in these cases, that of retribution. I examine explicitly the discourse created by the retributive criminal punishment of pregnant women in a way that has not been done before. I show that this discourse works to promote fetal personhood, individualize's blame for fetal harm, and highlights pregnant women as the primary source of fetal harm. Ultimately, this discourse perpetuates an ideology that forces women to have to bear all of the costs associated with pregnancy and allows the political community, and society as a whole, to ignore any areas of collective responsibility that it may have to promote successful reproduction. Even if criminalization of pregnant drug users fails as a legal remedy, as it mostly has in the USA, or is not even attempted, as is the case in the UK, the discourse about pregnancy perpetuated by retributive punishment of pregnant drug users must be directly challenged as a useful way of understanding the social issue of reproduction. This article is an attempt to lay out that challenge. Copyright 2005, Sage Publications Ltd.

A prospective study of risk and protective factors for substance use among impoverished women living in temporary shelter settings in Los Angeles County.

Tucker JS; D'Amico EJ; Wenzel SL; Golinelli D; Elliott MN; Williamson S. *Drug and Alcohol Dependence* 80(1): 35-43, 2005. (50 refs.)

Alcohol and drug use are significant public health problems facing homeless women, but few prospective studies have examined risk and protective factors for substance use in this population. This 6-month prospective study identified psychosocial, behavioral, and economic predictors of drinking to intoxication, crack use, and marijuana use in a probability sample of 402 women living in temporary shelter settings in Los Angeles County with a simple majority of homeless residents (92% of these women had a history of

homelessness). Engaging in sexual risk behavior and having depressive symptoms were risk factors for more frequent intoxication, marijuana use, and crack use. Drinking to intoxication was additionally predicted by perceived HIV susceptibility, lower social support, more avoidant and less active coping, and lower self-esteem. Additional predictors of marijuana use included partner alcohol misuse and less social support, whereas more frequent crack use was additionally predicted by partner alcohol misuse, lack of economic resources, and more avoidant and less active coping. These findings suggest that effective substance use programs may need an integrative approach that addresses other types of risk behaviors, assists women in strengthening their support networks and learning effective coping skills, and provides access to basic services (e.g., housing, health care). For women in relationships, there may be a further need to address issues of partner substance use. Copyright 2005, Elsevier Ireland Ltd.

Young girls' expectancies about the effects of alcohol, future intentions and patterns of use.

Hipwell AE; White HR; Loeber R; Stouthamer-Loeber M; Chung T; Sembower MA. *Journal of Studies on Alcohol* 66(5): 630-639, 2005. (67 refs.)

Objective: In recent years, rates of alcohol use among young female adolescents have been increasing. Despite such trends, little is known about the precursors of use and intentions to use alcohol among preadolescents. The current prospective study examines the prevalence and correlates of alcohol use, future intentions and alcohol-related expectancies among young girls from ages 8 to 10 years. Method: Alcohol use behaviors and attitudes were assessed annually over a 3-year period in a community sample of 1,161 preadolescent girls. The girls comprised the two oldest cohorts of the ongoing Pittsburgh Girls Study (N = 2,451). Data were collected via separate parent and child interviews conducted in the participants' homes. Results: The prevalence of alcohol use without parental permission was less than 3% in any given year between ages 8 and 10. Most girls reported sipping only, and there was little continuity of use across assessments. Alcohol-related expectancies were predominantly negative during this period but decreased with age. Positive expectancies, however, increased, particularly among white girls. Early alcohol use was predicted by black race and peer use. Intentions to use alcohol were predicted by low levels of negative expectancies and peer use. Conclusions: This study adds to the knowledge of use of alcohol and

the development of positive and negative alcohol-related expectancies in girls of elementary school age. Copyright 2005, Alcohol Research Documentation Inc.

Neuroimaging of gender differences in alcohol dependence: Are women more vulnerable?

Mann K; Ackermann K; Croissant B; Mundle G; Nakovics H; Diehl A. *Alcoholism: Clinical and Experimental Research* 29(5): 896-901, 2005. (32 refs.)

Background: Alcoholic brain damage has been demonstrated in numerous studies using neuropathology and brain imaging techniques. However, gender differences were addressed only in a few studies. Recent research has shown that development, course, and consequences of alcohol dependence may differ between female and male patients. Our investigation was built upon earlier research where we hypothesized that women develop alcoholic brain damage more readily than men do. To further compare the impact of alcohol dependence between men and women, we examined brain atrophy in female and male alcoholics by means of computed tomography (CT). Methods: The study group consisted of a total of 158 subjects (76 women: 42 patients, 34 healthy controls; 82 age-matched men: 34 patients, 48 healthy controls). All patients had a DSM-IV and ICD-10 diagnosis of alcohol dependence. CT with digital volumetry was performed twice in patients (at the beginning and end of the 6-week inpatient treatment program) and once in controls. Results: Patients of both genders had consumed alcohol very heavily. Although the average alcohol consumption in the year before the study was significantly lower in female alcoholics, this gender difference disappeared when controlled for weight. However, women had a significantly shorter duration of alcohol dependence. Despite this fact, both genders developed brain atrophy to a comparable extent. Brain atrophy was reversible in part after 6 weeks of treatment; it did not reach the level in the control groups. Conclusions: Gender-specific differences in the onset of alcohol dependence were confirmed. This is in line with the telescoping effect, where a later onset and a more rapid development of dependence in women were described. Under the assumption of a gradual development of consequential organ damage, brain atrophy seems to develop faster in women. As shown in other organs (i.e., heart, muscle, liver), this may confirm a higher vulnerability to alcohol among women. Copyright 2005, Lippincott, Williams & Wilkins.