

"I thought there was no hope for me": A behavioral intervention for urban mothers with problem drinking.

de Guzman R; Leonard NR; Gwadz MV; Young R; Ritchie AS; Arredondo G et al. *Qualitative Health Research* 16(9): 1252-1266, 2006. (51 refs.)

In this article, the authors evaluate the effects of a behavioral intervention for mothers with problem drinking who were infected with, or at risk for, HIV. They randomly selected 25 mothers from a larger longitudinal randomized controlled intervention trial for a qualitative interview. The authors found that mothers' participation in the program was facilitated by the development of a strong therapeutic alliance with the intervention facilitator and the use of a harm reduction approach toward alcohol and/or drug abuse. Mothers also reported that training in coping skills and the emphasis on parent-adolescent relationships were beneficial for program engagement and behavior change. The authors conclude from these results that treatment approaches that take into account the complexity of urban mothers' lives and substance use patterns can successfully engage and treat these women at high risk for adverse outcomes. Copyright 2006, Sage Publications.

Smoking for weight control: Effect of priming for body image in female restrained eaters.

McKee SA; Nhean S; Hinson RE; Mase T. *Addictive Behaviors* 31(12): 2319-2323, 2006. (12 refs.)

Women are more likely than men to believe that smoking helps to control their weight, and this relationship may be more pronounced in those with eating disturbances, such as eating restraint. Restrained eaters have been shown to be more susceptible to media portrayals of idealized body image, like those used in tobacco advertising. The primary aim of this study was to examine the effect of an implicit prime for body image on expectations that smoking can control weight in restrained and non-restrained eaters. Participants were 40 females, who smoked an average of 7.65 (S.D. = 4.38) cigarettes per day. Participants were presented with a bogus task of rating slides; either participants viewed 30 slides of nature scenes (neutral prime); or viewed 30 slides depicting fashion models (body image prime).

Participants then completed questionnaires that assessed smoking expectancies, smoking history, and eating restraint. As hypothesized, restrained eaters who viewed the slides depicting models had greater likelihood ratings that smoking helps to control appetite and manage weight, in comparison to restrained eaters who viewed the control slides and non-restrained eaters who viewed either type of slides. There were no other group differences across the remaining smoking expectancy factors. Images similar to those used in tobacco advertising targeting women had the ability to elicit stronger beliefs that smoking is beneficial for weight control in a group of women who are at heightened risk for such beliefs. Copyright 2006, Elsevier Science.

Environmental tobacco smoke and risk of spontaneous abortion.

George L; Granath F; Johansson ALV; Anneren G; Cnattingius S. *Epidemiology* 17(5): 500-505, 2006. (25 refs.)

Background: Studies of exposure to environmental tobacco smoke (ETS) and risk of spontaneous abortion are limited to a few studies of self-reported exposure, and the results have been inconsistent. The aim of this study was to investigate risk of early spontaneous abortion related to ETS and active smoking as defined by plasma cotinine levels. Methods: We conducted a population-based case-control study in Uppsala County, Sweden, between January 1996 and December 1998. Cases were 463 women with spontaneous abortion at 6 to 12 completed weeks of gestation, and controls were 864 pregnant women matched to cases according to the week of gestation. Exposure status was defined by plasma cotinine concentrations: nonexposed, < 0.1 ng/mL; ETS-exposed, 0.1-15 ng/mL; and exposed to active smoking, > 15 ng/mL. Multivariable analysis was used to estimate the relative risk of spontaneous abortion associated with exposure to ETS and active smoking. Results: Nineteen percent of controls and 24% of cases were classified as having been exposed to ETS. Compared with nonexposed women, risk of spontaneous abortion was increased among both ETS-exposed women (adjusted odds ratio = 1.67; 95% confidence interval = 1.17-2.38) and active smokers (2.11; 1.36-3.27). We could not show a differential

effect of exposure to ETS or active smoking between normal and abnormal fetal karyotype abortions. Conclusions: Nonsmoking pregnant women exposed to ETS may be at increased risk of spontaneous abortion. Given the high prevalence of ETS exposure, the public health consequences of passive smoking regarding early fetal loss may be substantial. Copyright 2006, Lippincott, Williams & Wilkins.

A gender specific model of substance use.

Husler G; Plancherel B. *Addiction Research & Theory* 14(4): 399-412, 2006. (49 refs.)

This research has tested a structural model of risk and protection factors among 1437 at-risk adolescents in Switzerland. The model was used to identify important gender and age differences. Our research shows that interactions between parents, peers, negative mood, and secure self create a range of risk factors for girls and boys, and for younger and older teens. Negative peer group was a greater risk for young girls than for young boys. Negative mood can serve as an early warning sign for boys, as can negative peer group for girls. Mood for boys was marginally associated with a substance-using peer group and with poor relationships in the family. This suggests that for boys the focus of prevention should be on family relationships and for girls on peer relationships. For older girls, secure self was the greatest protector against substance-using peers, whereas for younger boys and girls, parents continued to offer some protection. The focus on development of secure self in older girls holds promise for secondary prevention. Copyright 2006, Taylor & Francis.

Menstrual cycle phase effects on nicotine withdrawal and cigarette craving: A review. (review).

Carpenter MJ; Upadhyaya HP; LaRowe SD; Saladin ME; Brady KT. *Nicotine & Tobacco Research* 8(5): 627-638, 2006. (55 refs.)

Evidence suggests that women are less likely to quit smoking than are men. This may reflect differences in nicotine dependence and, more specifically perhaps, nicotine withdrawal and craving. However, there is conflicting research on gender differences on the experience of withdrawal and craving. Menstrual cycle effects may moderate this relationship. Given hormonal changes during the menstrual cycle, abstinence-related symptoms such as withdrawal and craving may vary as a function of menstrual phase as well. This qualitative review summarizes the modest but expanding body of research in this area. One of the challenges inherent in interpreting this literature is the difficulty in distinguishing withdrawal symptom-

atology from premenstrual symptomatology. Methodological variation, including limited sample size and possible selection bias, in which several studies finding null effects excluded women with severe premenstrual dysphoric disorder, may explain some of the inconsistent findings across studies. Nonetheless, some of the 13 studies included in this review found heightened experiences of withdrawal or craving within the latter days of the menstrual cycle (i.e., the luteal phase). Further research is necessary to replicate these findings, but they may suggest the need for focused cessation treatment during the luteal phase or quit attempts that are well timed relative to specific menstrual phases. Copyright 2006, Taylor & Francis.

Differences in club drug use between heterosexual and lesbian/bisexual females.

Parsons JT; Kelly BC; Wells BE. *Addictive Behaviors* 31(12): 2344-2349, 2006. (15 refs.)

Although there has been much empirical research documenting current trends in club drug use among gay and bisexual men, little research has addressed the variance among lesbian, bisexual, or heterosexual women. Using data collected through time-space sampling from dance clubs in New York City during 2005 (N = 1104), this study explored sexual identity variance among women in the reported use of six club drugs: methamphetamine, cocaine, MDMA, ketamine, GHB, and LSD. Significant differences were found in that younger women were more likely to be active club drug users. Lesbian and bisexual women reported significantly higher lifetime rates of ecstasy, cocaine, methamphetamine, and LSD use compared to heterosexual women. These data suggest a need to better understand the influence of sexual orientation and sexual culture in relation to club drug use and to tailor health promotion efforts to meet the needs of various groups of club drug using women. Copyright 2006, Elsevier Science.

Postpartum return to smoking: Identifying different groups to tailor interventions.

Thyrian JR; Hannover W; Roske K; Rumpf HJ; John U; Hapke U. *Addictive Behaviors* 31(10): 1785-1796, 2006. (42 refs.)

Objective: (a) To describe a population-based sample of women postpartum who smoked before pregnancy on grounds of the perceived advantages and disadvantages of nonsmoking and the self-efficacy not to smoke. (b) To identify grouping characteristics that can differentiate among those women. This could lead to the development of intervention strategies that are of different efficacy depending on the cluster the woman is member of. Sample: A population-based

sample of 317 women who had smoked at the beginning of pregnancy and who were smoke-free at the time of giving birth. Data: Data about the acquisition stages of change to restart smoking, the perceived advantages of nonsmoking and the self-efficacy to remain smoke free on grounds of the Transtheoretical Model of Behavior Change was assessed. Smoking status was assessed 12 months later. Statistical analysis: A cluster analysis was used to identify different groups; a logistic regression was calculated to assure the external validity of the clusters identified. Results: The acquisition stages of change do not fit the situation of nonsmoking women postpartum in Germany, but four different clusters of ex-smoking women postpartum were identified on grounds of the other TTM-constructs. These are: the protected, the high risk, the premature and the ambivalent group. The clusters are associated with relapse after 12 months, none of the other variables controlled for was statistically significant. Conclusions: The TTM contributes to a better understanding of nonsmoking women postpartum. Further studies have to replicate the clusters found and have to find whether interventions tailored to these clusters are more effective in preventing relapse than other interventions. Copyright 2006, Elsevier Science.

The effect of female tobacco smoking on IVF outcomes.

Wright KP; Trimarchi JR; Allsworth J; Keefe D. *Human Reproduction* 21(11): 2930-2934, 2006. (37 refs.)

BACKGROUND: Cigarette smoking is widely believed to be associated with decreased fecundity in naturally conceiving populations; however, the effect of female smoking on pregnancy outcomes in patients undergoing IVF is unclear. METHODS: A retrospective analysis of 389 consecutive patients undergoing first cycle IVF was performed. Outcomes of peak estradiol (E-2) levels, log mean ovarian volume, number of oocytes retrieved, oocyte maturity in ICSI, fertilization rate, cleavage rate, embryo quality, percentage of high-quality embryos, pregnancy and live birth were assessed in patients reported as never smokers, past smokers and current smokers. Potential confounding variables evaluated included day 3 FSH, number of oocytes retrieved, embryo quality, caffeine and alcohol consumption. The population was also stratified by female age (< 35 and ≥ 35 years). RESULTS: A total of 9.3% of our patients reported current smoking and 12.1% reported a history of smoking. Smoking status did not significantly affect pregnancy outcome, live birth rate or any other indicated outcome. CONCLUSIONS: A

total of 21.4% of IVF patients in this study had past or present exposure to cigarette smoking with no measurable effect on IVF outcome. Copyright 2006, Oxford University Press.

Effectiveness of intensive case management for substance-dependent women receiving temporary assistance for needy families.

Morgenstern J; Blanchard KA; McCrady BS; McVeigh KH; Morgan TJ; Pandina RJ. *American Journal of Public Health* 96(11): 2016-2023, 2006. (34 refs.) Objective. We tested the effectiveness of long-term coordinated care strategy-intensive case management (ICM)-compared with usual care (UC) among a group of substance-dependent women receiving Temporary Assistance for Needy Families (TANF). Methods. Substance-dependent women on TANF (N=302) were recruited from welfare offices. They were assessed and randomly assigned to ICM or UC; follow-up was at 3, 9, and 15 months. UC consisted of a health assessment at the welfare office and a referral to substance abuse treatment and TANF services. ICM clients received ICM services in addition to UC services. Results. ICM clients had significantly higher levels of substance abuse treatment initiation, engagement, and retention compared with UC clients. In some cases, ICM treatment attendance rates were double those of UC rates. Additionally, almost twice as many ICM clients were abstinent at the 15 month follow-up compared with UC clients (P <.0025). Conclusions. ICM is a promising intervention for managing the chronic nature of substance dependence among women receiving TANF. Future research should refine long-term care strategies-such as ICM-that address the chronic nature of substance dependence among low-income populations. Copyright 2006, American Public Health Association.

Childhood and adult violence in the lives of women who misuse substances. (review).

Gutierrez SE; Van Puymbroeck C. *Aggression and Violent Behavior* 11(5): 497-513, 2006. (117 refs.)

A review of the literature found that women substance misusers, more often than men, have been found to have high rates of violent victimization as children and as adults. These victims of childhood sexual and physical abuse exhibit negative psychological outcomes of low self-esteem, depression, and anxiety, and they may turn to substance use as a way to cope with these painful psychological consequences. Once women begin to use substances, their experience in the drug world, coupled with their vulnerable psychological state from childhood trauma puts them

at risk for continued victimization from domestic violence, and from sexual assault. The experience of adult victimization reinforces negative feelings of low self-worth, depression and helplessness for these women which in turn leads to continued misuse and dependence on substances. Clinical implications for treatment of women with substance misuse problems are presented, and suggestions for future research are discussed. Copyright 2006, Elsevier Science

Substance abuse treatment for mothers: Treatment outcomes and the impact of length of stay.

Conners CA; Grant A; Crone CC; Whiteside-Mansell L. *Journal of Substance Abuse Treatment* 31(4): 447-456, 2006. (45 refs.)

This article examines the treatment outcomes of 305 women enrolled in a comprehensive, residential substance abuse treatment program for pregnant and parenting women and their children. The women were assessed at intake and three times in the year after discharge. Analyses focused on change in client functioning over time, and investigating the impact of length of stay in treatment on client outcomes. Comparisons of clients' functioning before and after treatment suggest significant improvements in a number of domains, including substance use, employment, legal involvement, mental health, parenting attitudes, and risky behaviors. For most outcome domains, results suggest that longer treatment stays are associated with more positive outcomes. Copyright 2006, Elsevier Science.

The contextual factors that foster and hinder the process of recovery for alcohol dependent women.

Brewer MK. *Journal of Addictions Nursing* 17(3): 175-180, 2006. (40 refs.)

Alcoholism is a chronic, progressive, potentially fatal disease that crosses gender, race, ethnicity, age, and socioeconomic strata. Much of what is known about the disease of alcoholism has been uncovered studying male alcoholics. A phenomenological study was undertaken to identify those contextual factors that fostered and hindered the process of recovery for alcohol dependent women. Criteria for participation in the study were: women self-identifying as recovering from alcoholism, aged 25 years and older, able to converse and write in English, and abstinent from alcohol use for a minimum of two years. Eleven women (6 Caucasian, 4 African-American, one Native American; 8 heterosexual and 3 lesbians) in recovery for alcohol dependency were recruited by networking and snowball sampling. The women ranged in age from 32 to 76 years of age and had been in recovery

from 2 to 37 years. Data were collected through individual audio tape recorded interviews that lasted 45 minutes. Data were analyzed using the constant comparative method for content analysis. The data revealed the factors that fostered recovery from alcoholism were: working a program of recovery, developing a support system, making amends for past behaviors, recognizing recovery as a life-long process, and helping other alcohol dependent women struggling in recovery. The identified factors that hindered the process of recovery were: everyday stress, feeling stigmatized for being alcoholic, and dealing with painful childhood memories. Copyright 2006, Taylor & Francis

Are US women drinking less (or more)? Historical and aging trends, 1981-2001.

Wilsnack RW; Kristjanson AF; Wilsnack SC; Crosby RD. *Journal of Studies on Alcohol* 67(3): 341-348, 2006. (73 refs.)

Objective: Women's alcohol consumption in the United States has aroused increased public concern, despite a scarcity of evidence of any major increases in women's drinking. To help resolve this apparent inconsistency, we examined patterns of historical and age-related changes in U.S. women's drinking from 1981 to 2001. Method: In national surveys of women in 1981, 1991, and 2001, we measured the prevalence of 12-month and 30-day drinking, heavy episodic drinking (HED; six or more drinks per day), and subjective intoxication. Using these data, we analyzed time and age trends for six 10-year age groups in each survey, taking into account effects of repeated observations and possible covariates (ethnicity, marital status, and education). Results: Women's 12-month drinking did not change significantly between 1981 and 1991, but it became more prevalent in the total samples between 1991 and 2001. Among 12-month drinkers, however, 30-day abstinence increased from 1981 to 2001 (particularly among women drinkers ages 21-30). From 1981 to 2001, HED declined (particularly among women drinkers ages 21-30), but intoxication became more prevalent (particularly among women drinkers ages 21-50). Drinking, HED, and intoxication became consistently less prevalent with increasing age. Conclusions: Among drinkers, increases in 30-day abstinence and declines in HED suggest that recent alarms about women's drinking may have been overstated. The contrast of lower rates of HED but increased reports of intoxication may indicate that women are more alert to alcohol's effects now than in earlier decades. Copyright 2006, Alcohol Research Documentation, Inc.