

A dangerous transition: Women's drinking and related victimization from high school to the first year at college.

Parks KA; Romosz AM; Bradizza CM; Hsieh YP.
Journal of Studies on Alcohol and Drugs 69(1): 65-74, 2008. (61 refs.)

Objective: The current study assessed women's risk for victimization during the first year at college, based on changes in drinking during the transition from high school to college. We were specifically interested in differential risk for victimization based on women's change in drinking status over the transition to college. We compared continued abstainers with women who began drinking ("new" drinkers) and women who continued drinking but either decreased, increased, or did not change their level of weekly drinking. Method: Data were collected using a Web-based survey each fall for the first 2 years at college with one cohort (N = 886) of incoming freshmen women at a large state university in New York. Women reported on their alcohol and other drug use, psychological symptoms, number of sexual partners, and experiences with physical and sexual victimization for the year before entering college (Year 1 survey) and for the first year at college (Year 2 survey). Results: Abstainers were significantly less likely to experience physical or sexual victimization during the first year at college, compared with drinkers. Logistic regression indicated that there were differences in the predictors of physical and sexual victimization during the first year at college. These differences included history of victimization, psychological symptoms, and number of sexual partners, as well as the type of change in drinking over the transition. Conclusions: In comparison with abstainers, having a history of physical victimization, greater psychological symptoms, and being a "new" drinker increased the odds of physical victimization, whereas having a greater number of current psychological symptoms, sexual partners, and increasing weekly drinking increased the odds of sexual victimization during the first year at college. These findings have implications for prevention efforts targeting young women entering college. Copyright 2008, Alcohol Research Documentation Inc.

A new gender-based model for women's recovery from substance abuse: Results of a pilot outcome study.

Najavits LM; Rosier M; Nolan AL; Freeman MC.
American Journal of Drug and Alcohol Abuse 33(1): 5-11, 2007. (13 refs.)

Despite repeated calls for gender-based recovery models for women, there has been a lack of empirical research on this topic. We thus sought to evaluate a women's manual-based substance use disorder recovery model in a pilot study. Participants were opioid-dependent women in a methadone maintenance treatment program who received 12 sessions of the gender-based model in group format over two months. Assessment was conducted before and after the intervention, with results indicating significant improvements in drug use (verified by urinalysis), impulsive-addictive behavior, global improvement, and knowledge of the treatment concepts. Patients' high attendance rate (87% of available sessions) and strong treatment satisfaction additionally support the potential use of this treatment model. Future research would benefit from larger samples and enhanced scientific methodology. Copyright 2007, Taylor & Francis.

Alcohol drinking, consumption patterns and breast cancer among Danish nurses: A cohort study.

Morch LS; Johansen D; Thygesen LC; Tjonneland A; Lokkegaard E; Stahlberg C et al. *European Journal of Public Health* 17(6): 624-629, 2007. (26 refs.)

Background: The aim of this study was to analyse the impact of alcohol intake and drinking pattern on the risk of breast cancer. Methods: A total of 17647 nurses were followed from 1993 until the end of 2001. At baseline participants completed a questionnaire on alcohol intake and other lifestyle-related factors. Data were analysed using Coxs proportional hazard model. Results: During follow-up 457 women were diagnosed with breast cancer. The relative risk of breast cancer was 2.30 [Confidence interval (CI): 1.56-3.39] for alcohol intake of 22-27 drinks per week, compared to 1-3 drinks per week. Among alcohol consumers, weekly alcohol intake increased the risk of breast cancer with 2% for each additional drink consumed. Weekend consumption increased the risk with 4% for

each additional drink consumed Friday through Sunday. Binge drinking of 4-5 drinks the latest weekday increased risk with 55%, compared with consumption of one drink. A possible threshold in risk estimates was found for consumption above 27 drinks per week. Conclusions: For alcohol consumption above the intake most frequently reported, the risk of breast cancer is increased. The risk is minor for moderate levels but increases for each additional drink consumed during the week. Weekend consumption and binge drinking imply an additional increase in breast cancer risk. Copyright 2007, Oxford University Press.

Does sexual victimization predict subsequent alcohol consumption? A prospective study among a community sample of women.

Testa M; Livingston JA; Hoffman JH. *Addictive Behaviors* 32(12): 2926-2939, 2007. (48 refs.)

Although rape and sexual victimization experiences have been hypothesized to contribute to subsequent heavy drinking and alcohol problems among women, little prospective evidence exists. The present prospective study examined whether sexual victimization contributes to subsequent heavy drinking among a community sample of women, 18-30 years of age (n=927). Using three waves of data, 12 months apart, we examined the impact of T1 sexual victimization on T2 heavy drinking, and of T2 sexual victimization on T3 heavy drinking. There were significant bivariate differences between sexually victimized and non-victimized women on heavy drinking both concurrently and prospectively. However, after controlling for prior heavy drinking and demographic variables, most differences disappeared. We also tested the hypothesis that Post-Traumatic Stress Disorder (PTSD) Symptoms would mediate the relationship between T2 sexual victimization and T3 heavy drinking. Although T2 sexual victimization predicted T2 PTSD symptoms, PTSD did not contribute to subsequent heavy drinking. Findings suggest that heavy drinking is relatively stable over time and that sexual victimization does not make a substantial independent contribution to heavy drinking among women in the general population. Copyright 2007, Elsevier Science.

Epidemiology of prenatal smoking and perinatal outcomes.

Salihu HM; Wilson RE. *Early Human Development* 83(11): 713-720, 2007. (58 refs.)

During the previous two decades smoking among pregnant women in the developed world declined by about 60-75%. Nevertheless, prenatal smoking remains a common habit and accounts for a significant

proportion of fetal morbidity and mortality through both a direct (fetal) and an indirect (placental) effect. The most important smoking-induced placental pathology is placental abruption with reported risk estimates ranging from 1.4 to 4.0. It is almost a consensus that prenatal smoking is a causative factor for placental abruption. Although the evidence is less compelling, smoking mothers are at an increased risk for placenta previa and placenta-previa-accreta combination. There is no association between maternal smoking and the syndrome of idiopathic uterine bleeding. The relationship between maternal smoking and fetal growth is causal, and includes significant reduction in growth of head circumference, abdominal circumference and femur length, with the largest reduction in size observed for femur length. Prenatal smoking is associated with a 20-30% higher likelihood for stillbirth, a 40% elevation in the risk for infant mortality and a 2-fold increase in the incidence of SIDS. Conclusion: Despite a temporal decline in maternal smoking, it still accounts for significant fetoinfant morbidity and mortality, and efforts to discourage prenatal smoking need to be intensified. Copyright 2007, Elsevier Science.

The effect of cigarette taxes on smoking among men and women.

Stehr M. *Health Economics* 16(12): 1333-1343, 2007. (20 refs.)

The literature contains numerous studies that estimate the effect of cigarette taxes on smoking across various population groups. Although the conclusions are split, most US studies find that men are more responsive to cigarette taxes than women. This paper shows that these results are due to the failure to control for state-specific gender gaps in smoking rates that are correlated with cigarette taxes. When gender-specific state fixed effects are included to control for these gaps, the results indicate that women are nearly twice as responsive to cigarette taxes as are men. Since the econometric specification controls for variation in the tax response by household income, it is unlikely to be responsible for the difference. Copyright 2007, John Wiley & Sons.

Postpartum and alcohol-related factors associated with the relapse of risky drinking.

Jagodzinski T; Fleming MF. *Journal of Studies on Alcohol and Drugs* 68(6): 879-885, 2007. (26 refs.)

Objective: The purposes of this investigation were (1) to describe postpartum drinking patterns among women who were frequent drinkers before pregnancy and (2) to identify factors correlated with postpartum "risky" drinking among women who were frequent

drinkers before pregnancy Method: Information was gathered through a self-administered questionnaire completed at the postpartum visit and a subsequent face-to-face interview of 381 women, recruited from 35 obstetric/gynecologic clinics throughout Wisconsin, who reported frequent drinking before pregnancy. Multivariate analyses were used to identify correlates of postpartum risky drinking, defined as consuming four or more drinks per occasion (heavy episodic drinking) at least twice in the past 28 days or drinking an average of seven or more drinks per week. Results: Overall, 37.8% (n = 144) of women reported postpartum risky drinking. Eighteen percent reported heavy episodic drinking only, 5% reported frequent drinking only, and 15% reported both behaviors. Postpartum risky drinkers were more likely than other women to have had a partner who engaged in risky drinking (odds ratio [OR] = 2.6, 95% confidence interval [CI 1.5-4.5), to have been unemployed (OR = 3.0, 95% CI 1.2-7.7), to have smoked following pregnancy (OR = 1.9, 95% CI 1.0-3.5), and to have consumed alcohol after the recognition of pregnancy (OR = 4.8, 95% CI 2.2-10.6). Women who breast-fed their child were less likely to report risky drinking (OR = 0.3, 95% CI 0.2-0.5). Conclusions: In the postpartum period, health care providers may want to focus alcohol screening efforts on former frequent drinkers who are smokers, are unemployed, have a partner who is a risky drinker, or are not breast-feeding. Copyright 2007, Alcohol Research Documentation Inc.

Substance abuse treatment staff perceptions of intimate partner victimization among female clients.

Kunins H; Gilbert L; Whyte-Etere A; Meissner P; Zachary M. *Journal of Psychoactive Drugs* 39(3): 251-257, 2007. (22 refs.)

Providing intimate partner violence (IPV)-related services to women enrolled in substance abuse treatment programs has the potential to reach a population disproportionately affected by IPV. Integrating basic IPV services into substance abuse treatment, however, poses challenges to organizations and staff. Using focus groups, the authors examined the experiences and attitudes of substance abuse treatment staff towards clients with IPV victimization experiences in order to elucidate factors that might affect the implementation of IPV services within substance abuse treatment. Seven focus groups were conducted with staff members from substance abuse treatment programs in New York City. Although participants believed that IPV is common and negatively affects client recovery, they felt competing time demands, complex confidentiality issues,

insufficient training and lack of agency leadership would impede their provision of IPV-services. The study suggests that system-level assessment and change is needed to provide IPV-related services in substance abuse treatment settings. Copyright 2007, Haight-Ashbury Publishing.

Altered levels of sex and stress steroid hormones assessed daily over a 28-day cycle in early abstinent cocaine-dependent females.

Fox HC; Hong KA; Paliwal P; Morgan PT; Sinha R. *Psychopharmacology* 195(4): 527-536, 2008. (81 refs.)

Rationale: There is growing evidence of alterations in brain stress and reward circuits associated with cocaine dependence. Sex differences are also documented and sex steroid hormones have been linked to cocaine reinforcement. Objectives The current study therefore assessed daily fluctuations in stress and sex hormones in cocaine-dependent females compared with healthy females. Method Daily salivary samples of cortisol, progesterone, and estradiol were collected at waking across 28 days from 12 cocaine-dependent females receiving inpatient treatment and 10 healthy females. Participants also completed mood-rating scales each week corresponding to four phases of the menstrual cycle and cocaine craving was monitored in cocaine patients at each phase. Results: Cocaine-dependent females in their first month of abstinence demonstrated significantly higher levels of both cortisol and progesterone across the menstrual cycle and significantly lower estradiol/progesterone (E2/P) ratios compared to healthy controls. They also showed significantly increased negative mood compared with controls, but no variation in cocaine craving across the menstrual cycle. Conclusions: Findings indicate altered stress and sex hormones suggestive of an overactive stress system during the first month of cocaine abstinence after chronic cocaine abuse. These increased levels of cortisol and progesterone could impact both abstinence-related symptoms such as negative mood and susceptibility to drug-seeking behavior in cocaine-dependent females. Copyright 2008, Springer.

Treating tobacco dependence in women.

Schnoll RA; Patterson F; Lerman C. *Journal of Women's Health & Gender-based Medicine* 16(8): 1211-1218, 2007. (53 refs.)

Tobacco dependence poses unique health risks for women (e. g., obstetrical and perinatal complications, cervical cancer), and compared with men, the rate of lung cancer among women has been steadily increasing over the past 50 years. However, the rate of

decline in smoking rates in the United States over the past decade has been far slower for women than for men. Unfortunately, less than two thirds of physicians who care exclusively for women provide formal assistance to patients who smoke. Barriers to smoking cessation that are unique to women include concerns about weight gain and negative emotional reactions following cessation. Recent data suggest that timing in the menstrual cycle may influence quitting success. Outcomes may be poorer for women than for men treated with nicotine replacement therapies (NRT), possibly because women experience more severe withdrawal symptoms, report poorer compliance with NRT, and exhibit greater sensitivity to nonnicotine factors, such as the sight, smell, and sensations of smoking, compared with men. There is also evidence suggesting that women have significantly higher rates of nicotine metabolism than men, particularly when using oral contraceptives. In contrast, data suggest that nonnicotine pharmacotherapies, such as bupropion and varenicline, have equivalent efficacy for women and men, and behavioral treatments that focus on postcessation weight reduction and negative mood management may be particularly beneficial for women. Overall, additional research is needed to examine the potential effectiveness and safety of pharmacotherapies for pregnant women who smoke. Greater attention to the unique needs of female smokers may allow healthcare providers to optimize delivery of pharmacotherapy and behavioral counseling to aid their female patients to quit smoking. Copyright 2007, Mary Ann Liebert.

Women-only and mixed-gender drug abuse treatment programs: Service needs, utilization and outcomes.

Niv N; Hser YI. *Drug and Alcohol Dependence* 87(2/3): 194-201, 2007. (31 refs.)

Objectives: This prospective longitudinal study examined service needs, utilization and outcomes for 189 women in women-only (WO) programs and 871 women in mixed-gender (MG) programs. Methods: The Addiction Severity Index was administered at both intake and the 9-month follow-up interview to assess clients' problem severity and outcomes, and the

Treatment Service Review was given at the 3-month interview to measure service utilization. Treatment completion and arrests were based on official records. Results: Compared to women in MG programs, women in WO programs were more likely to be White, less educated, physically abused in the past 30 days and in residential treatment (as opposed to outpatient treatment). Women in WO programs also had greater problem severity in a number of domains including alcohol, drug, family, medical and psychiatric. They utilized more treatment services and had better drug and legal outcomes at follow-up compared to women in MG programs. Program type was not predictive of treatment retention/completion or outcomes in other domains (i.e., alcohol, employment, family, medical and psychiatric). Conclusions: The greater problem severity of women treated in WO programs and their better drug and legal outcomes suggest that these specialized services are filling an important gap in addiction services. Copyright 2007, Elsevier Science.

Is binge eating experienced as an addiction?

Cassin SE; von Ranson KM. *Appetite* 49(3): 687-690, 2007. (19 refs.)

To ascertain to what degree binge eating is experienced as an addiction, this study examined the proportion of women with binge-eating disorder (BED) whose symptoms met criteria for an addiction. Women (N = 79) with current BED completed a structured telephone interview to assess for symptoms of a modified version of DSM-IV substance dependence and Goodman's [(1990). *Addiction: Definition and implications*. *British Journal of Addiction*, 85, 1403-1408] proposed diagnosis of 'addictive disorder'. Most binge eaters (92.4%) met modified DSM-IV criteria for Substance dependence, whereas many fewer (40.5%) met Goodman's more restrictive criteria for addictive disorder. Women meeting criteria for addictive disorder had more frequent eating binges than those who did not. Despite certain observed similarities between binge eating and addictions, we argue that BED should remain classified as an eating disorder. Copyright 2007, Academic Press.