

### **Is peer injecting a form of intimate partner abuse? A qualitative study of the experiences of women drug users.**

Wright NMJ; Tompkins CNE; Sheard L. *Health & Social Care in the Community* 15(5): 417-425, 2007. (39 refs.)

Women are over-represented as the recipients of injections of illicit drugs and are often injected by their intimate partners. This study used qualitative research to explore women drug users' experiences of abuse from intimate partners when being injected with illicit drugs. In-depth interviews were conducted with 45 women drug users in the city of Leeds and the area of North Nottinghamshire, UK. The practice of peer injecting illicit drugs places women recipients at risk of physical, economic and emotional abuse from their male intimate partner injectors. However, this was not a universal feature. In trusting, supportive intimate partner relationships peer injecting took place through reciprocal arrangements. Moving away from peer injecting was technically and emotionally difficult for women and rarely straightforward. The implications of the work are discussed as clinicians and wider drug service staff should be aware of the possibility of abuse and enquire about peer injecting when consulting with women injecting drug users. However, clinicians should avoid working within a simplistic clinical framework that views all peer injecting as intrinsically abusive. More research is needed to provide evidence for best practice. Until then, generic principles of best practice management of intimate partner abuse could apply, including enhancing women's motivation to effect change in an abusive situation. Copyright 2007, Blackwell Publishing.

### **Co-occurrence of eating disorders and alcohol use disorders in women: A meta analysis. (review).**

Gadalla T; Piran N. *Archives of Women's Mental Health* 10(4): 133-140, 2007. (55 refs.)

This meta analysis involved 41 studies published between January of 1985 and May of 2006, which examined the co-occurrence of eating disorders (ED) and alcohol use disorders (AUD) in women. Studies were reviewed and a quantitative synthesis of their results was carried out via the calculation of standardised effect sizes. Direction and strength of the

relationships between AUD and specific disordered eating patterns were examined. Heterogeneity of reported results was also assessed and examined. Only 4 out of 41 studies reported negative associations between ED and AUD. The magnitude of the associations between eating-disordered patterns and AUD ranged from small to medium size and were statistically significant for any ED, bulimia nervosa (BN)/bulimic behavior, purging, binge eating disorder (BED) and eating disorders not otherwise specified (EDNOS). No association was found between anorexia nervosa (AN) and AUD. The magnitude of the association between BN and AUD was the most divergent across studies and those between each of BED and dietary restriction and AUD were the most consistent across studies. Reported associations of different patterns of disordered eating and AUD were generally weakest and most divergent when participants were recruited from clinical settings and strongest and most homogeneous when participants were recruited from student populations. Copyright 2007, Springer Wien.

### **Harassing under the influence: The prevalence of male heavy drinking, the embeddedness of permissive workplace drinking norms, and the gender harassment of female coworkers.**

Bacharach SB; Bamberger PA; McKinney VM. *Journal of Occupational Health Psychology* 12(3): 232-250, 2007. (93 refs.)

Drawing from the literature linking alcohol consumption and aggressive behavior, the authors examine the degree to which the risk of gender harassment toward female workers may be associated with the drinking behaviors and perceived workplace drinking norms of their male coworkers. Using multilevel analyses to examine data from 1,301 workers (including 262 women employed in 58 work units in the manufacturing, service and construction sectors), our findings indicate that, even when controlling for a variety of other demographic and unit-level factors, there is a significant association between the proportion of males in a work unit identified as being heavy or "at-risk" drinkers and the probability of gender harassment toward unit females. Our findings further indicate that this association is

amplified as a function of the embeddedness of permissive workplace drinking norms among males' referent others. Copyright 2007, American Psychological Association.

### **Intrapartum and postpartum analgesia for women maintained on methadone during pregnancy.**

Meyer M; Wagner K; Benvenuto A; Plante D; Howard D. *Obstetrics and Gynecology* 110(2, Part 1): 261-266, 2007. (8 refs.)

**OBJECTIVE:** To determine whether methadone maintenance alters intrapartum or postpartum pain or medication requirements. **METHODS:** Sixty-eight patients treated with methadone for opiate dependence during pregnancy (vaginal n=35; cesarean n=33) were matched retrospectively to control women. Analgesic medication and pain scores (0-10) were extracted from the medical record. The primary endpoint was opiate use postpartum (oxycodone equivalents). The secondary endpoints were pain scores and intrapartum analgesia. **RESULTS:** There were no differences in intrapartum pain or analgesia. After vaginal birth, methadone-maintained women experienced increased pain (methadone, 2.7 [1.9-5.0]; control, 1.4 [0.5-3.0], P=.001) but no increase in opiate use ([mean +/- standard deviation] methadone 12.7 +/- 32.1; control 6.8 +/- 12.7 mg/24 h, P=.33); after cesarean delivery both pain (methadone, 5.3 [4.1-6.0]; control, 3.0 [2.2-3.9], P=.001) and opiate use (methadone, 91.6 +/- 51.8; control, 54.0 +/- 18.6 mg/24 h, P=.001) increased. **CONCLUSION:** Methadone-maintained women have similar analgesic needs and response during labor, but require 70% more opiate analgesic after cesarean delivery. Copyright 2007, Lippincott, Williams & Wilkins.

### **Staying smoke free: An intervention to prevent postpartum relapse.**

French GM; Groner JA; Wewers ME; Ahijevych K. *Nicotine & Tobacco Research* 9(6): 663-670, 2007. (43 refs.)

This pilot study evaluated the effectiveness of a nurse-delivered home-visiting program during the postpartum period that included a low-intensity smoking relapse-prevention intervention. A prospective two-group design was used. Participants were women who had quit smoking during their pregnancy. They were invited to participate during postpartum hospitalization on a university hospital postpartum ward. A brief intervention during postpartum hospitalization, a home visit, and two follow-up phone calls over a 1- to 2-month period were compared with a routine home visit without any prescribed focus on tobacco use. The main outcome

was biochemically verified smoking abstinence at 3 and 6 months postenrollment. Abstinence was defined as a salivary cotinine level of 14 ng/ml or less. At 3 months postenrollment, 26.4% of the intervention group were classified as abstinent, compared with 12.4% of the comparison group (OR= 2.4, 95% CI= 1.16-4.98). At 6 months, the proportion of the intervention group categorized as abstinent was 21.5%, compared with 10.2% of comparison group participants (OR= 2.5, 95% CI= 1.13-5.71). Greater than three times as many in the intervention group remained abstinent at both times (18.2%), compared with the comparison group (5.2%; OR=2.4, 95% CI=1.16-4.93). The effectiveness of this brief, low-cost, and potentially replicable intervention in improving the rate of persistent postpartum smoke-free status for women who quit smoking during pregnancy is encouraging. A randomized trial of the approach is warranted. Copyright 2007, Taylor & Francis.

### **Patterns and average volume of alcohol use among women of childbearing age.**

Tsai J; Floyd RL; Green PP; Boyle CA. *Maternal and Child Health Journal* 11(5): 437-445, 2007. (53 refs.) **Objectives:** Maternal alcohol use is a leading preventable cause of neurobehavioral and developmental abnormalities in children. This study examines the patterns and average volume of alcohol use among U.S. women of childbearing age in order to identify subgroups of high-risk women for selective intervention. **Methods:** A sample of 188,290 women aged 18-44 years participated in the Centers for Disease Controls and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) survey during the period of 2001-2003. Reported alcohol use patterns and average volume were examined for pregnant and nonpregnant women. Efforts were made to evaluate and characterize women who practiced various levels of binge drinking. **Results:** The results showed that approximately 2% of pregnant women and 13% of nonpregnant women in the United States engaged in binge drinking during the period of 2001-2003. Among the estimated average of 6.7 million women of childbearing age overall who engaged in binge drinking during the period, approximately 28.5% women also reported consuming an average of 5 drinks or more on typical drinking days, or about 21.4% women consumed at least 45 drinks on average in a month. Larger proportions of binge drinkers with high usual quantity of consumption were found among women of younger ages (18-24 years) or current smokers. **Conclusions:** Future prevention efforts should include strategies that combine health messages and encourage women of childbearing age, with

particular emphasis on women 18-24 years, to avoid alcohol and tobacco use, and take multivitamins and folic acid daily for better pregnancy outcomes. Other efforts must also include broad-based implementation of screening and brief intervention for alcohol misuse in primary and women's health care settings. Copyright 2007, Springer Publishers.

### **Tailoring of outpatient substance abuse treatment to women, 1995-2005.**

Campbell CI; Wells R; Alexander JA; Lan JA; Nahra TA; Lemak CH. *Medical Care* 45(8): 775-780, 2007. (41 refs.)

Background: Tailoring substance abuse treatment to women often leads to better outcomes. Previous evidence, however, suggests limited availability of such options. Objectives: This investigation sought to depict recent changes in outpatient substance abuse treatment (OSAT) tailoring to women and to identify unit and contextual factors associated with these practices. Research Design: Data were from 2 waves of a national OSAT unit survey (N = 618 in 1995, N = 566 in 2005). Comparisons of weighted means between waves indicate which practices changed over time. Multiple logistic regressions with generalized estimating equations test associations between unit and contextual attributes and tailoring to women. Measures: Tailoring to women was measured as availability of prenatal care, child care, single sex therapy, and same sex therapists, and the percentage of staff trained to meet female clients' needs. Results: Two measures of tailoring to women declined significantly between 1995 and 2005: availability of single sex therapy (from 66% to 44% of units) and percent of staff trained to work with women (from 42% to 32% of units). No aspect of tailoring to women became more common. Proportion of female clients, total number of clients, methadone status, and private and government managed care were associated with higher odds of tailoring to women. For-profit facilities, which became more prevalent during the study period, had lower odds than other units of tailoring treatment to women. Conclusions: Some key aspects of OSAT tailoring to women decreased significantly in the last decade. Managed care contracts may offer mechanism for counteracting these trends. Copyright 2007, Lippincott, Williams & Wilkins.

### **The effect of alcohol on body size discrepancy and self-awareness in young women.**

Wolfe WL; Maisto SA. *Addictive Behaviors* 32(10): 2340-2344, 2007. (11 refs.)

Research has repeatedly verified high co-prevalence rates for bulimia and alcohol abuse. Two heuristics

may help explain this co-occurrence. The self-inflation component of Steele and Josephs' myopia model has been evaluated and results have indicated that alcohol consumption results in decreased self-discrepancy. Research on Hull's self-awareness model also has largely found that alcohol decreases self-awareness among highly self-conscious individuals. Body size discrepancy and high self-awareness are believed to be core features of bulimia. Therefore, evidence that alcohol decreases body size discrepancy and self-awareness might clarify high rates of alcohol use in this population. A placebo-control design was used to examine the effect of alcohol on changes in body size discrepancy and self-awareness among female participants (N = 57). However, results did not show a significant effect of alcohol on body size discrepancy or self-awareness, regardless of bulimic symptom severity. Copyright 2007, Elsevier Science.

### **Correlates of total physical activity among middle-aged and elderly women.**

Orsini N; Bellocco R; Bottai M; Pagano M; Wolk A. *International Journal of Behavioral Nutrition and Physical Activity* 4: article 16, 2007. (31 refs.)

Information on correlates of total physical activity (PA) levels among middle-aged and elderly women is limited. This article aims to investigate whether total daily PA levels are associated with age, body mass index, smoking, drinking status, and sociodemographic factors. In a cross-sectional study of 38,988 women between the ages of 48 and 83 years residing in central Sweden, information on PA, weight, height, smoking, drinking, and sociodemographic factors was collected through a self-administered questionnaire. Total daily PA levels were measured as metabolic equivalents (MET-h/day). Odds ratios (OR) and 95% confidence intervals (CI) were estimated by ordinal logistic regression models. We observed decreasing level of total PA with increasing age (for 5-year increase: OR = 0.87; 95% CI: 0.85 - 0.89) and body mass index (for 5-unit, kg/m<sup>2</sup>, increase: OR = 0.81; 95% CI: 0.79 - 0.84). Multivariable adjusted correlates of total PA level were smoking (current vs. never: OR = 0.83; 95% CI: 0.79 - 0.88), drinking (current vs. never: OR = 0.88; 95% CI: 0.82 - 0.94), educational level (university vs. primary: OR = 0.54; 95% CI: 0.51 - 0.58), employment status (housewife vs. full-work: OR = 2.59; 95% CI: 2.25 - 2.98), and childhood environment (city vs. countryside: OR = 0.62; 95% CI: 0.59 - 0.65). In the present investigation, among middle-aged and elderly women, the likelihood of engaging in higher total daily PA levels decreased with age, body mass index, educational level,

smoking, drinking, and growing up in urban places. Copyright 2007, BioMed Central Ltd.

**Longitudinal predictors of changes to illicit drug use among young Australian women.**

Yorkston E; Russell A; Turner C. *Addiction* 102(11): 1798-1803, 2007. (14 refs.)

**Aim:** Much information regarding predictors of illicit drug initiation and cessation is drawn from cross-sectional data. This paper aims to determine the longitudinal changes in factors associated with initiation and cessation of illicit drugs by young Australian women over a 3-year period. **Participants:** The sample was the cohort of young women moving from their mid- to late 20s, completing the Australian Longitudinal Study on Womens Health (ALSWH) survey in 2000 and 2003, who were either 'new' users or 'quitters' at the 2003 survey. **Measurements:** Crude and multivariate associations between changes in predictor variables and the probability of illicit drug initiation or cessation were evaluated. Variables significant in univariate analyses were used to create multivariable logistic regression models which predicted initiation and cessation of illicit drugs. **Findings:** All categories of smokers, except ex-smokers and those who adopted and quit smoking between surveys, were less likely to cease the use of illicit drugs. Women who became pregnant were more likely to cease illicit drug use. Women who continued to drink at levels described as long-/short-term risk and women who suffered continuing emotional abuse were less likely to cease use of illicit drugs. **Conclusions:** Longitudinal studies that examine factors associated with illicit drug initiation are best conducted in a cohort aged in their late teens to early 20s. Following the current cohort into their late 30s may further explain predictors of illicit drug cessation. Copyright 2007, Society for the Study of Addiction to Alcohol and Other Drugs.

**The Women's Recovery Group Study: A Stage I trial of women-focused group therapy for substance use disorders versus mixed-gender group drug counseling.**

Greenfield SF; Trucco EM; McHugh RK; Lincoln M; Gallop RJ. *Drug and Alcohol Dependence* 90(1): 39-47, 2007. (56 refs.)

The aim of this Stage I Behavioral Development Trial was to develop a manual-based 12-session Womens Recovery Group (WRG) and to pilot test this new treatment in a randomized controlled trial against a mixed-gender Group Drug Counseling (GDC), an

effective manual-based treatment for substance use disorders. After initial manual development, two pre-pilot groups of WRG were conducted to determine feasibility and initial acceptability of the treatment among subjects and therapists. In the pilot stage, women were randomized to either WRG or GDC. No significant differences in substance use outcomes were found between WRG and GDC during the 12-week group treatment. However, during the 6-month post-treatment follow-up, WRG members demonstrated a pattern of continued reductions in substance use while GDC women did not. In addition, pilot WRG women with alcohol dependence had significantly greater reductions in average drinks/drinking day than GDC women 6 months post-treatment ( $p < .03$ , effect size=0.81). While satisfaction with both groups was high, women were significantly more satisfied with WRG than GDC ( $p < .009$ , effect size=1.11). In this study, the newly developed 12-session women-focused WRG was feasible with high satisfaction among participants. It was equally effective as mixed-gender GDC in reducing substance use during the 12-week in-treatment phase, but demonstrated significantly greater improvement in reductions in drug and alcohol use over the post-treatment follow-up phase compared with GDC. A women-focused single-gender group treatment may enhance longer-term clinical outcomes among women with substance use disorders. Copyright 2007, Elsevier Science.

**The association between prenatal exposure to cigarettes and infant and maternal negative affect.**

Schuetze P; Eiden RD. *Infant Behavior & Development* 30(3): 387-398, 2007. (70 refs.)

This study examined the association between prenatal exposure to cigarettes and infant and maternal negative affect. Participants were 115 mother-infant dyads (69 prenatally exposed to cigarettes and 46 nonexposed). Infant and maternal negative affect were both assessed during the neonatal period (2-4 weeks of age) and again at 7 months of infant age. Results indicated that only prenatal exposure to cigarettes predicted infant negative affect. Infants who were prenatally exposed to more cigarettes had higher levels of negative affect at both time points. Furthermore, regression analyses indicated that both infant and maternal negative affect during the neonatal period predicted maternal negative affect at 7 months of age. These results highlight the importance of considering the reciprocal relationship between infant and maternal behavior when examining developmental outcomes among infants prenatally exposed to cigarettes. Copyright 2007, Elsevier Science.