

Patterns of cortisol and craving by menstrual phase in women attempting to quit smoking.

Allen AM; Allen SS; Widenmier J; al'Absi M.

Addictive Behaviors 34(8): 632-635, 2009. (35 refs.)

Research indicates stress, craving and menstrual phase may play a role in relapse to smoking. It remains unknown how these factors may interact during cessation. This study describes the relationship between craving and cortisol concentrations by menstrual phase during ad libitum smoking and investigates the impact of this relationship on time to relapse. Five assessments of cortisol concentrations and craving levels were collected the day before smoking cessation in female smokers (n = 38) during either the follicular (n = 21; F) or luteal (n 17; Q) phase. Craving at wake-up was significantly greater in the F phase than the L phase (2.5 +/- 1.9 vs. 1.1 +/- 1.4; p = 0.018; respectively). Decreased levels of morning cortisol concentrations and a greater decline from morning to the nadir levels in cortisol were associated with increased craving at bedtime in the L (r = -0.68, p = 0.002; r = -0.67, p = 0.003; respectively), but not in the F phase. Craving at wake-up was a significant predictor of time to relapse (p = 0.008). Our results indicate that menstrual phase may play a role in the relationship among craving, cortisol concentrations, and risk for relapse. Copyright 2009, Elsevier Science.

Early initiation of tobacco use in adolescent girls: Key sociostructural influences.

DiNapoli PP. *Applied Nursing Research* 22(2): 126-132, 2009. (14 refs.)

Background: An important developmental task during adolescence is ego development. Millions of adolescents choose to initiate cigarette smoking at a young age as a result of transitional conflicts during this phase of normal developmental progression. Unfortunately, the decision to use tobacco compromises both the short- and long-term health status of smokers as well as the health of those around them. Objective: It was hypothesized that in early adolescence, girls choose to begin smoking cigarettes as a result of sociostructural influences, including media, peers, and family. The purpose of this study

was to investigate what modifiable sociostructural variables will decrease the risk of initiating cigarette smoking before the age of 12 years among adolescent girls. The aim of the study was to develop a risk reduction model that increases the likelihood of healthy behavior choices in girls during early adolescence. Method: Data collected for the New Hampshire Teen Assessment Project survey were used for this secondary data analysis. The original study included a multicomunity sample of 7,648 students from eight school districts enrolled in New Hampshire schools between January 2000 and October 2001. This current analysis focused only on the health behavior of the adolescent girls enrolled in the larger study (n = 3,775). With the use of a socioecological theoretical framework as a guide, this secondary data analysis first identified correlates of the early initiation of tobacco use using Pearson's correlations. Then, the data were explored for variables that decreased the relative risk for the early initiation of cigarette smoking among adolescent girls. The dependent variable of interest (i.e., early initiation of tobacco use) referred to girls who reported having smoked their first cigarette at or before the age of 12 years. Twenty-eight percent of the sample had initiated tobacco use before they were 12 years old. Multiple logistic regression was used to predict the final risk reduction model. Results: The first level of analysis confirmed previously reported evidence that there is a correlation between adolescent girls' initiation of smoking early (n = 1,047) and their engagement in other health risk behaviors such as daily use of alcohol (n = 859), daily use of marijuana (93%), and engaging in unprotected intercourse (15%). Next, logistic regression was used to predict a risk reduction model that demonstrated the importance of community, family, and school variables in decreasing the relative risk for the early initiation of tobacco use. Those sociostructural variables that decrease the relative risk for the initiation of tobacco use were noted in the following: (1) 71% of the girls who feel that it is important to contribute to their community (odds ratio [OR] = 1.71, 95% confidence interval [CI] = 1.31-2.23) are less likely to initiate tobacco use and (2) 54% of the girls are more likely to feel that their community is a good

place to live in (OR = 1.54, 95% CI = 1.201-1.97), are more than twice as likely to have parents who think smoking is wrong (OR = 2.09, 95% CI = 1.77-2.48). are 9% more likely to have parents whom they can talk to when they have personal problems (OR = 1.09, 95% CI = 1.02-1.17), and are 38% more likely to enjoy school. Discussion: The findings of this study may be an important portal for prevention intervention in the area of early adolescent tobacco use. A risk reduction model is presented based on the theory that both the environment and modeling play an important role in the development of health behavior. Copyright 2009, WB Saunders.

A Quick Drinking Screen for identifying women at risk for an alcohol-exposed pregnancy.

Dum M; Sobell LC; Sobell MB; Heinecke N; Voluse A; Johnson K. *Addictive Behaviors* 34(9): 714-716, 2009. (28 refs.)

Two previous studies comparing the Quick Drinking Screen (QDS) with the Timeline Followback (TLFB) found that these two instruments yielded similar reports of alcohol use for clinical and nonclinical populations of problem drinkers. The current study evaluated the correspondence between these two drinking measures with women at risk of an Alcohol-Exposed Pregnancy (AEP). Participants were 355 women who voluntarily participated in a research study during 2005 through 2007 designed to prevent AEPs. All women were screened by phone for eligibility using the QDS and approximately 2 weeks later completed a 3-month TLFB by mail. Results of this study, analyzed in 2008, paralleled previous studies showing that the QDS and the TLFB, two very different drinking measures, collected similar aggregate drinking data for women who drink heavily and are at risk of an AEP. Correspondence between the two drinking measures met acceptable levels of reliability. The present study found that the QDS has demonstrated efficacy for screening women whose level of alcohol use puts them at risk for an AEP. Although the QDS does not yield detailed drinking information, it could be used when it is not possible or necessary to gather daily drinking data. Copyright 2009, Elsevier Science.

Intimate partner violence and alcohol, drug, and mental disorders among American Indian women from southwest tribes in primary care.

Duran B; Oetzel J; Parker T; Malcoe LH; Lucero J; Jiang YZ. *American Indian And Alaska Native Mental Health Research* 16(2): 11-27, 2009. (57 refs.)

The relationship of intimate partner violence (IPV) with mental disorders was investigated among 234

American Indian/Alaska Native female primary care patients. Results indicated that unadjusted prevalence ratios for severe physical or sexual abuse (relative to no IPV) were significant for anxiety, PTSD, mood, and any mental disorder. Adjusted prevalence ratios showed severe physical or sexual IPV to be associated with any mood disorder. Patterns of IPV and mental health have implications for detection and service utilization. Copyright 2009, National Center for American Indian and Alaska Native Mental Health Research.

"You can't handle the truth": Medical paternalism and prenatal alcohol use.

Gavaghan C. *Journal of Medical Ethics* 35(5): 300-303, 2009. (15 refs.)

The publication of the latest contribution to the alcohol-in-pregnancy debate, and the now customary flurry of media attention it generated, have precipitated the renewal of a series of ongoing debates about safe levels of consumption and responsible prenatal conduct. The University College London (UCL) study's finding that low levels of alcohol did not contribute to adverse behavioural outcomes-and may indeed have made a positive contribution in some cases-is unlikely to be the last word on the subject. Proving a negative correlation is notoriously difficult (technically, impossible), and other studies have offered alternative claims. The author is not an epidemiologist, and the purpose of this article is not to evaluate the competing empirical claims. However, the question of what information and advice healthcare practitioners ought to present to pregnant women, or prospectively or potentially pregnant women, in a situation of uncertainty is one to which healthcare ethicists may have a contribution to make. In this article, it is argued that the total abstinence policy advocated by the UK's Department of Health, and even more stridently by the British Medical Association, sits uneasily with recent data and is far from ethically unproblematic. In particular, the "precautionary" approach advocated by these bodies displays both scant regard for the autonomy of pregnant and prospectively pregnant women and a confused grasp of the principles of beneficence and non-maleficence. Copyright 2009, BMJ Publishing Group.

Engagement and retention in outpatient alcoholism treatment for women.

Graff FS; Morgan TJ; Epstein EE; McCrady BS; Cook SM; Jensen NK et al. *American Journal on Addictions* 18(4): 277-288, 2009. (72 refs.)

Reviews of the dropout literature note significant attrition from addiction treatment. However, consistent predictors have not been identified and few studies

have examined factors related to retention and engagement for women in gender-specific treatment. The current study consisted of 102 women and their partners randomized to individual or couples outpatient alcoholism treatment. Women attended more treatment sessions if they were assigned to individual treatment, older, had fewer symptoms of alcohol dependence, had more satisfying marital relationships, had spouses who drank, and had matched preference for treatment condition. Women were more engaged in treatment (ie, completed more assigned homework) if they had fewer children at home, fewer alcohol dependence symptoms, later age of onset of alcohol diagnosis, more satisfying marital relationships, and spouses who accepted or encouraged their drinking. Results highlight important associations of treatment and relationship variables with treatment retention and engagement. Copyright 2009, Taylor & Francis.

What Is "women-focused" treatment for substance use disorders? (editorial).

Greenfield SF; Grella CE. *Psychiatric Services* 60(7): 880-882, 2009. (8 refs.)

Over the past three decades research has highlighted gender differences in substance use disorders and substance abuse treatment participation. Programs devoted to addressing women's treatment needs, broadly encompassed in the term "women-focused treatment," have multiplied. This column examines the rationale for women-focused treatment and describes some of its components. The authors cite the need to evaluate women-focused treatment by developing validated measures of the processes embodied in such treatment and by conducting empirically sound research on clinical outcomes, treatment effectiveness, cost-effectiveness, and the optimal means of providing services to women with substance use disorders. Copyright 2009, American Psychiatric Association.

Relationship violence and frequency of intoxication among low income urban women.

Hill TD; Nielsen AL; Angel RJ. *Substance Use & Misuse* 44(5): 684-701, 2009. (54 refs.)

Using data from the Welfare, Children, and Families project (1999), a probability sample of 2,280 low-income women with children living in low-income neighborhoods in Boston, Chicago, and San Antonio, we examine the effects of relationship violence before age 18 and in the past year on frequency of adult intoxication. Results obtained from a series of ordered logistic regression models suggest that sexual coercion before age 18 and minor and severe physical assault in the past year are independently associated with greater

frequency of intoxication, net of a range of sociodemographic controls. The study's limitations are noted. Copyright 2009, Taylor & Francis.

College women's experiences with physically forced, alcohol- or other drug-enabled, and drug-facilitated sexual assault before and since entering college.

Krebs CP; Lindquist CH; Warner TD; Fisher BS; Martin SL. *Journal of American College Health* 57(6): 639-647, 2009

Objective: Research has shown associations between college women's alcohol and/or drug consumption and the risk of sexual assault, but few studies have measured the various means by which sexual assault is achieved. Participants: The authors' Campus Sexual Assault Study obtained self-report data from a random sample of undergraduate women (N = 5,446). Methods: The authors collected data on sexual assault victimization by using cross-sectional, Web-based survey, and they conducted analyses assessing the role of substance use. The authors also compared victimizations before and during college, and across years of study. Results: Findings indicate that almost 20% of undergraduate women experienced some type of completed sexual assault since entering college. Most sexual assaults occurred after women voluntarily consumed alcohol, whereas few occurred after women had been given a drug without their knowledge or consent. Conclusions: The authors discuss implications for campus sexual assault prevention programs, including the need for integrated substance use and sexual victimization prevention programming. Copyright 2009, Heldref Publications.

Preventing risky drinking in first-year college women: Further validation of a female-specific motivational-enhancement group intervention.

LaBrie JW; Huchting KK; Lac A; Tawalbeh S; Thompson AD; Larimer ME. *Journal of Studies on Alcohol and Drugs Supplement* 16: 77-85, 2009. (33 refs.)

Objective: Female college students have increased their alcohol consumption rates. The current study sought to replicate the effectiveness of a female-specific motivational-enhancement group intervention and extended previous work by adding a 6-month follow-up. The intervention included several motivational-enhancement components delivered in a group setting and included a group discussion of female-specific reasons for drinking. Method: Participants were 285 first-year college women. Data collection consisted of an online pre-intervention questionnaire, 10 weeks of online follow-up

assessment, and a 6-month online follow-up. Using a randomized design, participants chose a group session, blind to treatment status. Held during the first weeks of the first semester. 159 participants received the intervention and 126 participants received an assessment-only control. Results: Using a repeated-measures analysis of covariance, intervention participants consumed significantly less than control participants on drinks per week ($F = 11.86$, 1/252 df, $p < .001$), maximum drinks ($F = 11.90$, 1/252 df, $p < .001$), and heavy episodic drinking events ($F = 20.14$, 1/252 df, $p < .001$) across 10 weeks of follow-up. However, these effects did not persist at the 6-month follow-up. Moderation effects were found for social motives on all drinking variables, such that the intervention was most effective for those women with higher social motives for drinking. Conclusions: Efficacy was found for a female-specific motivational group intervention in creating less risky drinking patterns among first-year women, especially women with social motives for drinking. The effect dissipated by the second semester, suggesting the need for maintenance or booster sessions. Copyright 2009, Alcohol Research Documentation Center.

Alcohol and risk of breast cancer by histologic type and hormone receptor status in postmenopausal women.

Lew JQ; Freedman ND; Leitzmann MF; Brinton LA; Hoover RN; Hollenbeck AR et al. *American Journal of Epidemiology* 170(3): 308-317, 2009. (36 refs.)

Little is known about the association between alcohol and breast cancer by different tumor characteristics. The study consisted of 184,418 postmenopausal women aged 50-71 years in the National Institutes of Health-AARP Diet and Health Study (1995-2003). Alcohol use, diet, and potential risk factors for cancer were assessed with a mailed questionnaire at baseline. The relative risks and 95% confidence intervals were estimated by using Cox proportional hazards regression. Breast cancer cases and estrogen receptor and progesterone receptor status were identified through linkage to state cancer registries. During an average of 7 years of follow-up, 5,461 breast cancer cases were identified. Alcohol was significantly positively associated with total breast cancer: Even a moderate amount of alcohol (> 10 g/day) significantly increased breast cancer risk. In a comparison of > 35 g versus 0 g/day, the multivariate relative risks were 1.35 (95% confidence interval (CI): 1.17, 1.56) for total breast cancer, 1.46 (95% CI: 1.22, 1.75) for ductal tumors, and 1.52 (95% CI: 0.95, 2.44) for lobular tumors. The multivariate relative risks for estrogen receptor-positive/progesterone receptor-

positive, estrogen receptor-positive/progesterone receptor-negative, and estrogen receptor-negative/progesterone receptor-negative tumors were 1.46 (95% CI: 1.12, 1.91) for > 35 g versus 0 g/day, 1.13 (95% CI: 0.73, 1.77) for > 20 g versus 0 g/day, and 1.21 (95% CI: 0.79, 1.84) for > 20 g versus 0 g/day, respectively. Moderate consumption of alcohol was associated with breast cancer, specifically hormone receptor-positive tumors. Copyright 2009, Oxford University Press.

Drug use with parents as a relational strategy for incarcerated female adolescents.

Lopez V; Katsulis Y; Robillard A. *Family Relations* 58(2): 135-147, 2009. (37 refs.)

Problems associated with poor quality, parent-child relationships are compounded for incarcerated girls. Using attachment theory as a framework, the present qualitative study examined how 18 incarcerated adolescent girls made meaning with regard to their parents' drug use. We found that 8 of the 18 girls used drugs with their parents as a relational strategy to be close with them, particularly with their fathers, or as a means to share time together. The unique finding that girls used drugs together with their parents supports the need for relational parenting interventions that, whenever possible, support, encourage, and provide treatment and family strengthening services to parents who use drugs and their children. Copyright 2009, Wiley-Blackwell Publishing.

Mental health and rape history in relation to non-medical use of prescription drugs in a national sample of women.

McCauley JL; Amstadter AB; Danielson CK; Ruggiero KJ; Kilpatrick DG; Resnick HS. *Addictive Behaviors* 34(8): 641-648, 2009. (41 refs.)

The current study examined prevalence and correlates of non-medical use of prescription drugs (NMUPD), with particular emphasis on lifetime history of rape and PTSD as risk associates. Interviews conducted via telephone using Computer-Assisted Telephone Interviewing technology, resulting in a nationally representative sample of 3001 non-institutionalized, civilian, English or Spanish speaking women (aged 18-86 years) residing in households with a telephone. Demographic characteristics, rape history, general health/mental health, and substance abuse variables were assessed. NMUPD was assessed by asking if, in the past year, participants had misused a prescription drug. Multivariable logistic regressions were conducted for each theoretically derived predictor set. Significant predictors from each set then entered into final multivariable logistic regression to determine

significant predictors of past-year NMUPD. NMUPD was endorsed by 5.5% of the sample (n = 164). Final multivariable model showed that Lifetime Posttraumatic Stress Disorder, other forms of substance use/abuse, and a history of drug or alcohol facilitated rape were significantly associated with increased likelihood of NMUPD. Risk reduction efforts targeting non-medical prescription drug use among women who have experienced traumatic events and/or abuse substances are warranted. Trauma-focused interventions for drug or alcohol facilitated rape victims should include treatment or prevention modules that specifically address NMUPD. Copyright 2009, Elsevier Science.

Heavy drinking is associated with deficient response inhibition in women but not in men.

Nederkoorn C; Baltus M; Guerrieri R; Wiers RW. *Pharmacology, Biochemistry and Behavior* 93(3, Special Issue): 331-336, 2009. (58 refs.)

Poor response inhibition has been associated with a wide range of problem behaviours, including addictive behaviours, and could represent a general vulnerability factor. Standard tests of response inhibition have used neutral stimuli. Here we tested whether a deficit in response inhibition in heavy drinkers would be stronger for stimuli related to their problem (alcohol) or not. Response inhibition was assessed with a stop signal task, using four classes of pictures: alcohol-related, soft drinks, erotic (control appetitive categories) and neutral pictures. Participants were 32 heavy and 32 light drinkers. An equal amount of men and women were tested in both drinking groups, in view of recent studies reporting that response disinhibition may be most pronounced in heavy drinking women. Main results were first that no domain-specific differences in response inhibition were found in both groups. Second, heavy drinking females showed stronger response inhibition deficits than other groups. Results are discussed in light of a possible gender difference in response inhibition as a risk factor for addictive behaviours. Copyright 2009, Elsevier Science.

Nicotine pretreatment increases dysphoric effects of alcohol in luteal-phase female volunteers.

Penetar DM; Kouri EM; McCarthy EM; Lilly MM; Peters EN; Juliano TM et al. *International Journal of Environmental Research and Public Health* 6(2): 526-546, 2009. (51 refs.)

The present report shows that nicotine enhances some of alcohol's positive and negative effects in women and that these effects are most pronounced during the luteal phase of the menstrual cycle. Ten low

progesterone and 10 high progesterone/luteal-phase women received nicotine patch pretreatments (placebo or 21 mg) 3 hours before an alcohol challenge (0.4 g/kg). Subjective effects were recorded on mood adjective scales and the Addiction Research Center Inventory (ARCI). Heart rate and skin temperature were recorded. Luteal-phase women reported peak positive (e.g. "stimulated") and peak negative effects (e.g. "clumsy", "dizzy") almost twice as great as low progesterone women. Copyright 2009, Molecular Diversity Preservation.

Psychological and/or educational interventions for reducing alcohol consumption in pregnant women and women planning pregnancy. (review).

Stade BC; Bailey C; Dzenoletas D; Sgro M; Dowswell T; Bennett D. *Cochrane Database of Systemic Reviews* 2009(2): article CD004228, 2009. (91 refs.)

Background: It is estimated that more than 20% of pregnant women worldwide consume alcohol. Current research suggests that alcohol intake of seven or more standard drinks (one standard drink = 13.6 grams of absolute alcohol) per week during pregnancy places the baby at risk of serious, lifelong developmental and cognitive disabilities. Psychological and educational interventions may help women to reduce their alcohol intake during pregnancy. Objectives: To determine the effectiveness of psychological and educational interventions to reduce alcohol consumption during pregnancy in pregnant women or women planning pregnancy. Search strategy: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (August 2008), CENTRAL (The Cochrane Library 2007, Issue 4), MEDLINE (1966 to November 2007), EMBASE (1980 to November 2007), CINAHL (1982 to November 2007), Counsel. Lit (1980 to November 2007), PsycLIT (1974 to November 2007) and PsycINFO (1967 to November 2007) and checked cited references from retrieved articles. Selection criteria: Randomized controlled trials examining the effectiveness of psychological and educational interventions for reducing consumption of alcohol among pregnant women, or women planning for pregnancy. Data collection and analysis At least two review authors independently extracted information from the results sections of the included studies. Main results: Four studies met the inclusion criteria (715 pregnant women), and reported on at least one of the outcomes of interest. We performed no meta-analyses as the interventions and outcomes measured in the studies were not sufficiently similar. For most outcomes there were no significant differences between groups; and results relating to abstaining or

reducing alcohol consumption were mixed. Results from individual studies suggest that interventions may encourage women to abstain from alcohol in pregnancy. There was very little information provided on the effects of interventions on the health of mothers and babies. Authors' conclusions: The evidence from the limited number of studies suggests that psychological and educational interventions may result in increased abstinence from alcohol, and a reduction in alcohol consumption among pregnant women. However, results were not consistent, and the paucity of studies, the number of total participants, the high risk of bias of some of the studies, and the complexity of interventions limits our ability to determine the type of intervention which would be most effective in increasing abstinence from, or reducing the consumption of, alcohol among pregnant women. Copyright 2009, John Wiley & Sons.

Nowhere to go: How stigma limits the options of female drug users after release from jail.

van Olphen J; Eliason MJ; Freudenberg N; Barnes M. *Substance Abuse Treatment, Prevention and Policy* 4(10), 2009. (49 refs.)

Background: Drug and alcohol using women leaving prison or jail face many challenges to successful reintegration in the community and are severely hampered in their efforts by the stigma of drug or alcohol use compounded by the stigma of incarceration. Methods: This qualitative study is based on individual semi-structured interviews and focus groups with 17 women who had recently left jail about the challenges they faced on reentry. Results: Our analysis identified three major themes, which are related by the overarching influence of stigma: survival (jobs and housing), access to treatment services, and family and community reintegration. Conclusion: Stigma based on drug use and incarceration works to increase the needs of women for health and social services and at the same time, restricts their access to these services. These specific forms of stigma may amplify gender and race-based stigma. Punitive drug and social policies related to

employment, housing, education, welfare, and mental health and substance abuse treatment make it extremely difficult for women to succeed. Copyright 2009, BioMed Central.

Did cigarette vouchers increase female smokers in China?

Fang H; Rizzo JA. *American Journal of Preventive Medicine* 37(2, Supplement S): S126-S130, 2009. (25 refs.)

Background: From 1960 to 1980, a voucher was required to purchase cigarettes in China. The Chinese government issued vouchers to ration cigarettes, without informing its citizens that smoking was unhealthy. These vouchers were available to all adults, and allowed them to purchase specified numbers of cigarettes. As a result, a number of nonsmokers started smoking during the voucher period. Methods: This study included 229 female and 1165 male smokers from the China Health and Nutrition Survey 1989-2006, which provides the year in which each respondent began smoking. The percentages of male and female smokers who started smoking during the voucher period were compared using the chi-square test. Logistic regression analysis was used to study the relative risk of smoking initiation by women during the voucher period, while adjusting for confounding variables. Results: During the voucher period, 46% of female smokers and 39% of male smokers started smoking ($p=0.05$). Women who did not have a regular job or were less educated were more likely to start smoking. The relative risk of female smokers to have initiated smoking during the voucher period was 4.75, with a $p<0.01$ in the logistic regression. Conclusions: China's policy of issuing vouchers to ration tobacco consumption had the unintended consequence of encouraging smoking, particularly among women. Issuing cigarette vouchers to every adult, combined with the inexpensive prices of cigarettes, led more women to initiate smoking. Women with low SES were particularly likely to initiate smoking. Copyright 2009, Elsevier Science.