

Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. Covington SS; Burke C; Keaton S; Norcott C. *Journal of Psychoactive Drugs Supplement* 5: 387-398, 2008. (66 refs.)

There is growing recognition of the complex needs of women with dual diagnoses of substance abuse and mental health disorders. Recent research indicates that 55% to 99% of women with co-occurring disorders have experienced trauma from abuse and that abused women tend to engage in self-destructive behaviors. These women often are not well served by the services found in their Communities, which separate substance abuse and mental health programs, despite the fact that research shows that integrated, trauma-informed treatment services will increase the success of their recovery. A recent study examined the use of two gender-responsive, trauma-informed curricula presented in a residential facility for women, 55% of whom had criminal histories. Helping Women Recover and Beyond Trauma are both manualized programs founded on research and clinical practice and are grounded in the theories of addiction, trauma, and women's psychological development. This treatment model is named "Women's Integrated Treatment" (WIT). Women who successfully completed the programs were assessed at several points in time on several scales, including trauma symptomology, depression, and substance use before and after the programs. The findings indicated less substance use, less depression, and fewer trauma symptoms ($p \leq .05$)-including anxiety, sleep disturbances, and dissociation-after participation in the WIT curricula. Copyright 2008, Haight-Ashbury Publishing.

Alcohol abuse risk factors and psychiatric disorders in pregnant women with a history of infertility. Karjane NW; Stovall DW; Berger NG; Svikis DS. *Journal of Women's Health* 17(10): 1623-1627, 2008. (24 refs.)

Objective: To determine if a history of infertility is associated with alcohol abuse risk factors, depression, and other psychiatric disorders. Methods: Pregnant women awaiting their first prenatal visit completed a questionnaire and subsequently participated in an

interview consisting of the Structured Clinical Interview for DSM-III-R and the Family Alcohol and Drug Survey. The data obtained from women with a history of infertility were compared with the data from women without prior infertility. Results: Eighty-nine pregnant women participated in the study, 27 with prior infertility and 62 without. Subjects were demographically similar, except that women with a history of infertility were slightly older than controls (34.7 vs. 31.1 years, $p < 0.001$). Pregnant women with a history of infertility reported needing significantly more drinks to get high, (3.3 vs. 2.7, $p = 0.04$) and were more likely to have clinically elevated tolerance, annoyance, cut-down, and eye-opener (T-ACE) alcohol tolerance scores (83.3% vs. 52.3%, $p < 0.01$) than women without such history. Major depression (lifetime) was diagnosed in 69.2% of infertility subjects compared with 30% of controls ($p < 0.05$). Lifetime simple phobia (23.1% vs. 10%, $p < 0.01$), generalized anxiety disorder (23.1% vs. 3%, $p < 0.01$), panic disorder (15.4% vs. 0%, $p < 0.05$), and bulimia (7.7% vs. 0%, $p < 0.05$) were also more common in women with a history of infertility compared with controls. Conclusions: Pregnant women with a history of infertility are at increased risk for alcohol abuse and are more likely to suffer from other psychiatric disorders than women without such history. Special attention to these issues is warranted when caring for pregnant women who were previously infertile. Copyright 2008, Mary Ann Liebert.

Alcohol use and serious psychological distress among women of childbearing age. Tsai J; Floyd RL; O'Connor MJ; Velasquez MM. *Addictive Behaviors* 34(2): 146-153, 2009. (56 refs.)

Objective: The purpose of this study was to present nationally representative findings on the prevalence and co-occurrence of alcohol use and serious psychological distress among women aged 18-44 years, as well as their access to health care. Methods: A total of 24,900 women aged 18-44 years participated in the National Health Interview Survey (NHIS) during the years 2003-2005. Using data from the cross-sectional survey, we estimated the prevalence and co-occurrence of alcohol use and serious

psychological distress among this population; this association was examined using logistic regression. Health care access among women who used alcohol and had serious psychological distress was characterized by co-occurring status. Results: During the study period, the estimated annual prevalence was 4.1% for heavier alcohol use, 56.0% for non-heavier use, 39.8% for nonuse, and 3.6% for serious psychological distress among women aged 18-44 years. Women who experienced serious psychological distress were at an increased likelihood for alcohol use, particularly heavier use. Alcohol use and serious psychological distress co-occurred among an estimated 1.1 million women of childbearing age in the United States annually. Most women, regardless of their co-occurring status, reported being treated by clinicians in various health care settings during the previous 12 months. Conclusions: Alcohol use is common among women of childbearing age who experience serious psychological distress. The findings of this study provide support for enhancing efforts toward integrated assessment and intervention among women who have such co-occurring risk factors. Copyright 2009, Elsevier Science.

A qualitative exploration of engagement among rural women entering substance user treatment.

Godlaski TM; Butler L; Heron M; Debord S; Cauvin L. *Substance Use & Misuse* 44(1): 62-83, 2009. (57 refs.)

A semistructured interview was administered to a purposive sample of 12 rural women early in substance misuser treatment in a gender specific, intensive outpatient treatment program from March 2001 through March 2003. The interview used open-ended questions about the women's state of mind before entering treatment, the experiences that helped them feel more comfortable with treatment, the experiences that caused them some discomfort in treatment, and any changes they would recommend to the program content or process in an attempt to gain understanding about factors that might facilitate a subjective comfort and engagement with the treatment experience. In approaching treatment, the women almost uniformly expressed a mixture of anxiety about the requirements of treatment and cynicism about its effectiveness. Although aware of the content and structure of the treatment program, the women focused on interpersonal experiences as the critical factors in their level of comfort once in treatment. The most frequently mentioned factors adding to comfort with the treatment experience were the welcoming, accepting, and non-judgmental attitudes of the staff; having their perceptions of their problems taken

seriously by the treatment staff; being with other women who shared much of their experiences; and a respectful and generally positive attitude on the part of both the staff and the patients. The only factor that consistently caused some of the women discomfort in treatment was a difficulty in trusting that some of the other women in treatment would keep the matters discussed in group sessions confidential. The women were not completely satisfied with the program content and structure, but this seemed of very little importance to them in relation to their experience of comfort with their treatment experience. Copyright 2009, Taylor & Francis.

Determinants of continuity and change over 10 years in young women's smoking.

McDermott L; Dobson A; Owen N. *Addiction* 104(3): 478-487, 2009. (62 refs.)

To examine prospectively continuity and change in smoking behaviour and associated attributes over a 10-year period. Participants (initially aged 18-23 years) in the Australian Longitudinal Study on Women's Health completed postal questionnaires in 1996, 2000, 2003 and 2006. The analysis sample was 6840 women who participated in all surveys and provided complete smoking data. Outcome variables were transitions in smoking behaviour between surveys 1 and 2, 2 and 3, 3 and 4 and 1 and 4. Attributes that differentiated continuing smokers from quitters, relapsers from ex-smokers and adopters from never smokers were examined for each survey period. Explanatory variables included previous smoking history, demographic, psychosocial, life-style risk behaviour and life-stage transition factors. Over 10 years, 23% of participants either quit, re-started, adopted or experimented with smoking. Recent illicit drug use and risky or high-risk drinking predicted continued smoking, relapse and smoking adoption. Marriage or being in a committed relationship was associated significantly with quitting, remaining an ex-smoker and not adopting smoking. Living in a rural or remote area and lower educational attainment were associated with continued smoking; moderate and high physical activity levels were associated positively with remaining an ex-smoker. Life-style and life-stage factors are significant determinants of young women's smoking behaviour. Future research needs to examine the inter-relationships between tobacco, alcohol and illicit drug use, and to identify the determinants of continued smoking among women living in rural and remote areas. Cessation strategies could examine the role of physical activity in relapse prevention. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

Factors associated with substance use during pregnancy: Results from a national sample. Havens JR; Simmons LA; Shannon LM; Hausen WF. *Drug and Alcohol Dependence* 99(1-3): 89-95, 2009. (43 refs.)

Objective: To examine the prevalence and correlates of substance use during pregnancy among women in the United States. Methods: We analyzed data from pregnant (n = 1800) and non-pregnant women (n = 37,527) aged 15-44 years who participated in the 2002 or 2003 National Survey on Drug Use and Health, a nationally representative epidemiologic Survey. Study variables included demographics, any Substance use in the prior 30 days, and possible current psychopathology. Data were analyzed using weighted chi-square and multiple logistic regressions that accounted for the complex survey design. Results: The overall prevalence of any past month substance use during pregnancy was 25.8%; the prevalence rates of past month illicit drug, cigarette and alcohol use were 4.7%, 18.9%, and 10%, respectively. Compared to the prevalence of substance use among Women in their first trimester, use was significantly lower among women in their second or third trimesters. Women who reported using Substances during pregnancy were significantly more likely to meet the criteria for possible current psychopathology and be White. Additionally, women who were employed, married, and in their second or third trimester compared to the first were significantly less likely to have used any substance during pregnancy, adjusting for age, ethnicity and income. Conclusions: Although the prevalence of substance use among pregnant women was significantly lower than non-pregnant women, some groups of women remain vulnerable to continued use, including those who are unemployed, unmarried, and experiencing possible current psychopathology. Prevention and intervention programs aimed at high-risk populations are warranted to reduce the deleterious effects of substance use on pregnancy outcomes. Copyright 2009, Elsevier Science.

From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment.

Grella CE. *Journal of Psychoactive Drugs* Supplement 5: 327-343, 2008. (182 refs.)

In the past three decades, there has been increased recognition of the role of gender in influencing the course of substance use and treatment utilization. Concurrently, a substantial body of research on gender-related issues and substance abuse and its treatment has developed. This article reviews (1) policy initiatives that led to the growth of "specialized"

treatment programs and services for women and recent policy changes that influence the provision of substance abuse treatment to women; (2) gender differences in the prevalence of substance use disorders and admissions to treatment; (3) gender differences in treatment needs, utilization, and outcomes, including long-term outcomes following treatment; (4) organizational characteristics of substance abuse treatment providers for women and the types of services provided in these programs; (5) treatment outcome in gender-specific programs for women; and (6) the effectiveness of evidence-based treatment practices that have either been modified, or have the potential to be adapted, to address the treatment needs of women. This body of research is viewed within the context of a series of paradigm shifts from a generic treatment approach to a focus on gender differences and gender specificity and, most recently, to an emergent focus on gender responsiveness. Copyright 2008, Haight-Ashbury Publishing.

Gender differences in predictors of treatment attrition with high dose naltrexone in cocaine and alcohol dependence. Suh JJ; Pettinati HM; Kampman KM; O'Brien CP. *American Journal on Addictions* 17(6): 463-468, 2008. (44 refs.)

Recently, we reported that naltrexone at 150 mg/day significantly decreased cocaine and alcohol use for men but not women with co-occurring cocaine and alcohol dependence. The present study is an exploratory investigation of predictors that explain the different gender responses to naltrexone, with a particular focus on differential predictors of treatment attrition. No significant predictors were associated with treatment discontinuation in men. Women, however, were more likely to discontinue treatment when reporting severe pre-treatment psychiatric problems or nausea while in treatment. Further research on the impact of pre-treatment and in-treatment gender differences with naltrexone is warranted. Copyright 2008, Taylor & Francis.

Influence of phase-related variability in premenstrual symptomatology, mood, smoking withdrawal, and smoking behavior during ad libitum smoking, on smoking cessation outcome.

Allen SS; Allen AM; Pomerleau CS. *Addictive Behaviors* 34(1): 107-111, 2009. (25 refs.)

Emerging evidence suggests that women have a more difficult time quitting smoking than men, possibly due, in part, to sex hormones. The present study characterized mood, premenstrual symptomatology, and smoking withdrawal, as well as smoking behavior, in the follicular and luteal phases during ad libitum

smoking in 25 women intending to quit. We also investigated the possible influence of phase-related variability in these measures on likelihood of study adherence and smoking cessation. We found that premenstrual symptomatology, as well as some measures of mood and smoking withdrawal, were significantly higher during the luteal phase than in the follicular phase. Cigarettes/day did not vary by Menstrual cycle phase. Phase-related variability in premenstrual symptomatology [$F(3, 20) = 2.82, p = 0.0650$] and urge to smoke [$F(2, 21) = 4.85, p = 0.0186$] were associated with relapse. These data support the inference that sex hormones influence smoking cessation outcome. This knowledge may contribute to the development of more rational and effective smoking cessation interventions for women. Copyright 2009, Elsevier Science.

Methadone exposure during lactation. Glatstein MM; Garcia-Bournissen F; Finkelstein Y; Koren G. *Canadian Family Physician* 54(12): 1689-1690, 2008. (16 refs.)

QUESTION One of my patients is currently using methadone for maintenance of opioid dependence. She wants to breastfeed. Is breastfeeding safe for her infant? ANSWER The exposure of infants to methadone through their mothers' breast milk is minimal. Women using methadone for treatment of opioid dependence should not be discouraged from breastfeeding. The benefits of breastfeeding largely outweigh any theoretical minimal risks. Copyright 2008, College of Family Physicians of Canada.

Mortality risk up to 25 years after initiation of treatment among 420 Swedish women with alcohol addiction. Haver B; Gjestad R; Lindberg S; Franck J. *Addiction* 104(3): 413-419, 2009. (34 refs.)

Women treated for alcohol addiction have mortality rates three to five times those of women from the general population (GP). However, these figures may be inflated because socially disadvantaged women with advanced drinking careers are over-represented in previous studies. Our aim was to study the long-term mortality of socially relatively well-functioning patients coming to their first treatment, compared to matched GP controls. The mortality rates and causes of death were compared between patients and their matched GP controls, using data from the Causes of Death Register throughout the follow-up period (0-25 years). A specialized treatment programme for women only, called 'Early treatment for Women with Alcohol Addiction' (EWA) at the Karolinska Hospital, Stockholm, Sweden. Subjects ($n = 420$) receiving their

first treatment at the EWA programme, compared to a group of matched GP women ($n = 2037$). The women patients had significantly higher mortality than matched GP controls throughout the whole follow-up period, with a relative risk of 2.4. However, the younger women had four times higher mortality than their matched controls. The peak of deaths occurred during the first 5 years, and alcohol-related causes of death were highly over-represented, as were uncertain suicides and accidents. First-time-treated women with alcohol addiction have a substantially lower mortality than reported previously from clinical samples, except for the youngest group. Our figures were corrected for confounding factors such as socio-demographic status. We believe our results could apply to broader groups of heavy drinking women, inside or outside specialized treatment settings. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

Mothers' experience of methamphetamine addiction: A case-based analysis of rural, midwestern women. Haight WL; Carter-Black JD; Sheridan K. *Children and Youth Service Review* 31(1): 71-77, 2009. (28 refs.)

Engaging mothers who are abusing methamphetamine in services is an important goal for rural child welfare. Four rural, white, mothers in recovery from methamphetamine addiction described their life experiences through in-depth interviews. Three of the women grew up with parents who abused drugs, and all had experienced trauma as children and used other illegal drugs before methamphetamine. Mothers vividly portrayed the rapid loss of control that can occur with methamphetamine use, as well as the power of the addiction. They became "obsessed" with the drug and nothing was more important to them, not even the children whom they loved. They lost the ability to think "rationally," experienced serious lapses in judgment, lost motivation, and lived in a "fog." They described their illness as impacting their children's physical and psychological well-being including through exposure to domestic violence, adult substance abuse and other anti-social behavior, and loss of important relationships. They expressed concern that their children would abuse drugs. Women described recovery as possible only with significant external support, and they reported lasting physical, psychological and social side effects of their illness. Understanding mothers' experience of methamphetamine addiction can increase our awareness of this illness thereby reducing stigma and suggesting strategies for engaging them in intervention. Copyright 2009, Elsevier Science.