

Adverse events in an integrated trauma-focused intervention for women in community substance abuse treatment.

Killeen T; Hien D; Campbell A; Brown C; Hansen C; Jiang H et al. *Journal of Substance Abuse Treatment* 35(3): 304-311, 2008. (30 refs.)

A substantial number of women who enter substance abuse treatment have a history of trauma and meet criteria for posttraumatic stress disorder (PTSD). Fear regarding the extent to which PTSD treatment can evoke negative consequences remains a research question. This study explored adverse events related to the implementation of an integrated treatment for women with trauma and substance use disorder (Seeking Safety) compared with a nontrauma-focused intervention (Women's Health Education). Three hundred fifty-three women enrolled in community substance abuse treatment were randomized to 1 of the 2 study groups and monitored weekly for adverse events. There were no differences between the two intervention groups in the number of women reporting study-related adverse events (28 [9.6%] for the Seeking Safety group and 21[7.2%] for the Women's Health Education group). Implementing PTSD treatment in substance abuse treatment programs appears to be safe, with minimal impact on intervention-related adverse psychiatric and substance abuse symptoms. More research is needed on the efficacy of such interventions to improve outcomes of PTSD and substance use. Copyright 2008, Elsevier Science.

Interactions between substance use and sexual behaviours for women receiving alcohol and other drugs services.

Kiepek N. *New Zealand Journal of Psychology* 37(1): 49-55, 2008. (22 refs.)

Literature indicates that addressing interactions between substance use and compulsive behaviours can improve outcomes for chemical addiction counselling, mental health and physical health. This paper presents the results of a survey that explored (a) how frequently interactions between problematic sexual behaviour and substance use are presented by women receiving Alcohol and Other Drug (AOD) Services, (b) how sexual behaviour is assessed in AOD Services, and (c)

what treatment options are available. All respondents indicated having observed at least one interaction between substance use and problematic sexual behaviours, though responses were variable. However, there was not a consistent approach to assessment or treatment for interactions of substance use and sexual behaviour. To enhance the therapeutic value of AOD Services, counsellors may benefit from continuing education about the interactions of addictions, and development of a standardised method to address problematic sexual behaviour. Copyright 2008, New Zealand Psychological Society.

The opioid dependent mother and newborn dyad: Nonpharmacologic care. (review)

Velez M; Jansson LM. *Journal of Addiction Medicine* 2(3): 113-120, 2008. (57 refs.)

Opioid dependent pregnant and postpartum women and their infants are a complex and vulnerable population requiring individualized, comprehensive, and multidisciplinary treatment. Though methadone maintenance in the setting of comprehensive service provision during pregnancy significantly improves pregnancy outcomes for opioid dependent women, its use has implications for the infant, most notably the neonatal abstinence syndrome. Neonatal abstinence syndrome is comprised of physiologic signs and behaviors that indicate a dysfunctional regulation of the central and autonomic nervous systems, and is variable in its expression in affected infants. The disorganized rather than adaptive behaviors displayed by each infant undergoing the effects of in utero opioid exposure may impair basic functions such as feeding, sleeping, and the ability to be alert and communicate clear cues to caregivers. Understanding and responding to neurobehavioral dysfunction of the newborn may help to promote the infant's self-organization and self-regulation abilities. However, the substance abusing mother's physical and psychologic wellbeing may be debilitated in the perinatal period, and her ability to recognize and respond to the newborn's cues may be limited. A multitiered comprehensive assessment and intervention of the methadone-maintained mother, her child, and the mother/infant dyad can improve early maternal

nuturing interactions, a crucial component of early infant development, particularly in this vulnerable population. The purpose of this article is to review the contribution of maternal opioid dependency to the difficulties experienced by the mother-infant dyad and their treatment providers in the postnatal period, and the nonpharmacologic treatment of the infants with suggestions for practical measures with emphasis on the treatment of the mother and baby as an integral dyad. Copyright 2008, Lippincott, Williams & Wilkins.

Transitions to regular smoking and to nicotine dependence in women using cannabis. Agrawal A; Madden PAF; Bucholz KK; Heath AC; Lynskey MT. *Drug and Alcohol Dependence* 95(1/2): 107-114, 2008. (37 refs.)

Background: While there is substantial support in the literature for an increased prevalence of cannabis use in cigarette smokers, emerging studies allude to the possibility that cannabis users may, in turn, be at significantly elevated risk for rapid transitions in their cigarette smoking trajectories. If there is evidence in its favor, the increased rates of cigarette smoking in cannabis users may prove to be the most significant public health problem associated with cannabis use. Methods: In a sample of 3787 female twins (age range 18-29 years), we examined, using discrete-time survival analyses, whether women who reported cannabis use were at increased risk for regular cigarette smoking and progression to nicotine dependence. Results: After controlling for a large number of potential covariates, we found that women who used cannabis were at 4.4 and 2.8 increased hazards for transitioning from initiation to regular smoking and from regular smoking to nicotine dependence, respectively. Conclusions: Cannabis use is associated with transitions to more involved stages of cigarette smoking in women. This is a source of public health concern, first due to the high mortality associated with cigarette smoking and second, due to the high prevalence of cannabis use in the general population. Copyright 2008, Elsevier Science.

Accounting for self-selected drinking goals in the assessment of treatment outcome. Al-Otaiba Z; Worden BL; McCrady BS; Epstein EE. *Psychology of Addictive Behaviors* 22(3): 439-443, 2008. (13 refs.)

Many treatment outcome studies are abstinence-based and rely on achieved abstinence as an indicator of success, making the implicit assumption that participants have an abstinence goal. However, it is often the case that participants self-select controlled drinking goals, even in the context of an abstinence-based treatment. The current study explored the use of

an outcome variable, percent weeks meeting goal (PWMG), which takes into account individual goal choice at baseline. The sample consisted of 57 women who participated in a cognitive-behavioral therapy treatment for alcohol dependence and were followed for 18 months after baseline. Twenty-two (39%) women self-selected controlled drinking goals, and 35 (61%) self-selected an abstinence goal at baseline. A repeated measures analysis of variance with the percent weeks meeting goal as the dependent variable revealed that both goal groups were equally successful in meeting their goals during the 6-month treatment period. After treatment, participants with a goal of abstinence had more percent weeks meeting goal than did participants with a self-selected controlled drinking goal, but the difference was significant at a trend level. The two goal groups did not differ in outcome when the authors compared them using more traditional measures of outcome, percent days abstinent and percent heavy drinking days. Copyright 2008, Educational Publishing.

Increased mortality among women who drank alcohol during pregnancy.

Berg JP; Lynch ME; Coles CD. *Alcohol* 42(7): 603-610, 2008. (33 refs.)

Women giving birth to children with fetal alcohol syndrome have a higher risk of early mortality. However, the risk of increased mortality associated with drinking at lower levels during pregnancy has not been evaluated previously. Accordingly, mortality at 20 years post recruitment was examined in a sample (N = 570) of women recruited between 1990 and 1986, who drank more than 1 ounce of absolute alcohol per week during pregnancy and compared to that in abstainers from the same low socioeconomic, African-American population. Using data from archival information and state mortality records, Cox proportional hazards survival models were constructed to determine whether alcohol use, cigarette use, infant birth weight, infant dysmorphia, and alcohol use and abuse by the woman's own mother (family history positive) were associated with increased risk for mortality. At follow-up (in 2003), 9.5% of the sample had died, with the rate for controls being 3.6%, for those alcohol users who stopped during pregnancy, 12.7%, and for the alcohol users who continued drinking throughout pregnancy, 12.5%. Thus, women using alcohol in pregnancy, whether they stopped or continued to use, were significantly ($\chi^2(2) = 12.1, P < .01$) more likely than abstainers to have died before follow-up. Nondrinkers' mortality rate was lower than that of other women from this low-income, high-risk population, whereas the drinkers' rate was

2.7 times higher. In a multivariate analysis, factors contributing to mortality risk included alcohol use and cigarette smoking, but not infant birth weight. Drinking at any level during pregnancy should be regarded as a risk factor for the mother as well as for offspring. Health care professionals working with such women should provide counseling and support for abstinence. Copyright 2008, Elsevier Science.

Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a new standard.

Goler NC; Armstrong MA; Taillac CJ; Osejo VM. *Journal of Perinatology* 28(9): 597-603, 2008. (19 refs.)

Objective: To evaluate the impact of Early Start, an obstetric clinic-based prenatal substance abuse treatment program, on perinatal outcomes. Study Design: Subjects were 49 985 women who completed Prenatal Substance Abuse Screening Questionnaires at obstetric clinics between 1 January 1999 and 30 June 2003, had urine toxicology screening tests and either live births or intrauterine fetal demises (IUFDs). Four groups were compared: women screened/ assessed positive and treated by Early Start ('SAT', n=2073); women screened/ assessed positive without treatment ('SA', n=1203); women screened positive only ('S', n=156); controls who screened negative (n=46 553). Ten neonatal and maternal outcomes were studied. Result: SAT women had either similar or slightly higher rates than the control women on most outcomes but significantly lower rates than S women. SA women generally had intermediate rates to the SAT and S groups. In multivariate analysis, the S group had significantly worse outcomes than the SAT group: preterm delivery (odds ratio (OR) = 2.1, 1.3 to 3.2), placental abruption (OR = 6.8, 3.0 to 15.5) and IUFD (OR = 16.2, 6.0 to 43.8). Conclusion: Substance abuse treatment integrated with prenatal visits was associated with a positive effect on maternal and newborn health. Copyright 2008, Nature Publishing Group.

"Cooks are like gods": Hierarchies in methamphetamine-producing groups.

Jenkot R. *Deviant Behavior* 29(8): 667-689, 2008. (24 refs)

This article uses findings from a qualitative study of female methamphetamine users, dealers, and producers in Missouri and Arkansas. Using in-depth interviews with 31 incarcerated women, the study explores their experiences with methamphetamine, focusing on the experiences of 18 methamphetamine producers, or "cooks." Through their experiences, this study provides an insight into the hierarchies that exist

within methamphetamine-producing groups. The hierarchy moves from "simple users" at the bottom, to "dope ho's," "shoppers," "gas men/juicers," and "cooks" at the top of the methamphetamine hierarchy. Understanding the hierarchy within methamphetamine-producing groups can aid us in understanding how new members are added to the group, existing members leave, and new groups form from the existing group. In-group mobility is also examined with regard to group solidarity and reintegration post confinement. Because all of the participants in this study were women the interaction between status and gender within the methamphetamine-producing group is also discussed. Copyright 2008, Taylor & Francis.

The Healthy Moms study: The efficacy of brief alcohol intervention in postpartum women.

Fleming MF; Lund MR; Wilton G; Landry M; Scheets D. *Alcoholism: Clinical and Experimental Research* 32(9): 1600-1606, 2008. (28 refs.)

Background: The prevention and treatment of alcohol use disorders among women of reproductive age have been well described. However, there is limited information on women specifically during the postpartum period. This period in a woman's life is a time of transition and it provides an ideal opportunity for primary care providers to intervene. Purpose: The goal of this report was to present the results of a brief alcohol intervention conducted in 34 obstetrical practices with women seeking routine postpartum care. Methods: A randomized clinical trial was conducted from 2002 to 2005 in a diverse sample of women located in 15 Wisconsin counties. This report presents 6-month follow-up data. Results: A total of 8,706 women were screened for high-risk alcohol use during routine postpartum care with 997 (12%) of these women testing positive for at-risk drinking. A total of 235 women met inclusion criteria and were randomized to either "usual care" or "brief intervention." The 4-session intervention was delivered by outpatient obstetrical nurses and research staff. The mean age of the women in the sample was 28, 19.3% were from minority groups, 60.8% were married, 53.2% reported current tobacco use, and 17.9% had used marijuana in the previous 30 days. At the 6 month follow-up appointment, there were significant reductions in mean number of total drinks in the previous 28 days ($p < 0.013$), number of drinking days ($p < 0.024$) and heavy drinking days ($p < 0.019$). In addition to a statistical difference between groups, there was a 19% difference in the mean number of drinks and number of drinking days, and a 36% difference in the number of heavy drinking days

in favor of the intervention group. Conclusion: The findings of the Healthy Moms Trial support the implementation of brief alcohol intervention during the postpartum period. Copyright 2008, Research Society on Alcoholism.

Exercise as an adjunct to nicotine gum in treating tobacco dependence among women. Kinnunen T; Leeman RF; Korhonen T; Quiles ZN; Terwal DM; Garvey AJ et al. *Nicotine & Tobacco Research* 10(4): 689-703, 2008. (62 refs.)

This was the first randomized, controlled smoking cessation trial assessing the efficacy of an exercise intervention as an adjunct to nicotine gum therapy in comparison with both equal contact control and standard care control conditions. Sedentary female smokers aged 18-55 years were provided with nicotine gum treatment along with brief behavioral counseling and were randomized into one of these three behavioral adjunct conditions. In the "intent-to-treat" sample (N=182), at end of treatment and at 1-year follow-up, there were clear, but nonsignificant, trends in univariate analyses in which the exercise and equal contact control conditions both had higher rates of abstinence than the standard care control. However, when adjusting for other predictors of relapse in a multiple logistic regression, both exercise and equal contact control showed an advantage over standard care control in avoiding early relapse (i.e., after 1 week). In a multivariate survival model adjusting for other predictors, the equal contact condition had a significantly lower likelihood of relapse compared with the standard care condition and there was a near significant trend in which exercise offered an advantage over standard care as well. While these findings suggest a slightly improved likelihood of abstinence with exercise compared with standard care, exercise did not differ from equal contact control in its efficacy. Potential explanations for these equivalent levels of efficacy and implications for the findings are discussed. Copyright 2008, Taylor & Francis.

Child sexual abuse, dissociation, and alcohol: Implications of chemical dissociation via blackouts among college women.

Klanecky AK; Harrington J; McChargue DE. *American Journal of Drug and Alcohol Abuse* 34(3): 277-284, 2008. (24 refs.)

The present study examined whether childhood sexual trauma moderated the relationships between

dissociation and both problematic college drinking and alcohol-induced blackouts among a sample of college females (N = 156). Cross-sectional data were consistent with the moderation hypotheses. Simple effects showed that the relationship between dissociation and blackout frequency as well as problematic drinking only existed among those with sexual trauma histories ($p < .035$), but not among those reporting no sexual trauma exposure ($p = .333$). Findings implicate the use of alcohol as a possible maladaptive coping mechanism among college females with childhood sexual trauma. Copyright 2008, Marcel Dekker Inc.

Coffee and caffeine intake and the risk of ovarian cancer: the Iowa Women's Health Study.

Lueth NA; Anderson KE; Harnack LJ; Fulkerson JA; Robien K. *Cancer Causes and Control* 19(10): 1365-1372, 2008. (33 refs.)

Laboratory data suggest that caffeine or some components of coffee may cause DNA mutations and inhibit tumor suppressor mechanisms, leading to neoplastic growth. However, coffee consumption has not been clearly implicated in the etiology of human postmenopausal ovarian cancer. This study evaluated the relationship of coffee and caffeine intake with risk of epithelial ovarian cancer in a prospective cohort study of 29,060 postmenopausal women. The participants completed a mailed questionnaire that assessed diet and health history and were followed for ovarian cancer incidence from 1986 to 2004. Age-adjusted and multivariate-adjusted hazard ratios were calculated for four exposure variables: caffeinated coffee, decaffeinated coffee, total coffee, and total caffeine to assess whether or not coffee or caffeine influences the risk of ovarian cancer. An increased risk was observed in the multivariate model for women who reported drinking five or more cups/day of caffeinated coffee compared to women who reported drinking none (HR = 1.81, 95% CI: 1.10-2.95). Decaffeinated coffee, total coffee, and caffeine were not statistically significantly associated with ovarian cancer incidence. Our results suggest that a component of coffee other than caffeine, or in combination with caffeine, may be associated with increased risk of ovarian cancer in postmenopausal women who drink five or more cups of coffee a day. Copyright 2008, Springer.