

### **Drug misuse in pregnancy: Losing sight of the baby?**

McGlone L; Mactier H; Weaver LT. *Archives of Disease In Childhood* 94(9): 708-712, 2009. (66 refs.) Maternal drug misuse can seriously affect the health of the fetus and newborn infant. The association of maternal drug misuse with prematurity, intrauterine growth restriction (IUGR) and neonatal abstinence syndrome (NAS) is well recognised, and there is growing concern about infant visual development and longer-term neuro-developmental outcome. Drug misuse is associated with changes in the visual system as measured by the visual evoked potential (VEP) in adults and animal models. A recent study has shown abnormal VEPs in newborn infants exposed to methadone in utero, consistent with reports of delayed visual development in this population. Since visual abnormalities and neurodevelopmental abnormalities can be predicted by abnormal VEPs in infancy, it is postulated that the VEP may be a valuable tool in the detection of the adverse effects of maternal drug misuse upon the infant. This review summarises the impact of maternal drug misuse upon the health of the fetus and newborn infant, addresses the specific effects of maternal drug misuse upon the developing visual system and discusses the potential role of the VEP in the assessment of these infants. Copyright 2009, BMJ Publishing.

### **Embodying uncertainty? Understanding heightened risk perception of drink 'spiking'.**

Burgess A; Donovan P; Moore SEH. *British Journal of Criminology* 49(6): 848-862, 2009. (51 refs.) There is a stark contrast between heightened perceptions of risk associated with drug facilitated sexual assault (MA) and a lack of evidence that this is a widespread threat. Through surveys and interviews with university students in the United Kingdom and United States, we explore knowledge and beliefs about drink-spiking and the linked threat of sexual assault. University students in both locations are not only widely sensitized to the issue, but substantial segments claim first- or second-hand experience of particular incidents. We explore students' understanding of the MA threat in relationship to their attitudes concerning

alcohol, binge-drinking, and responsibility for personal safety. We suggest that the drink-spiking narrative has a functional appeal in relation to the contemporary experience of young women's public drinking. Copyright 2009, Oxford University Press.

### **Periconceptional binge drinking and acculturation among pregnant Latinas in New Mexico.**

Bakhireva LN; Young BN; Dalen J; Phelan ST; Rayburn WF. *Alcohol* 43(6): 475-481, 2009. (38 refs.) Binge drinking during pregnancy might lead to the development of Fetal Alcohol Spectrum Disorders in the offspring. Latinas are often considered a low-risk group for alcohol abuse, although recent reports indicate that the prevalence of alcohol consumption in this group is increasing due to changing cultural norms. The predictors of alcohol consumption during pregnancy among Latinas are largely unknown. We explored predictors of periconceptional drinking among Latinas (n = 155) recruited into an ongoing cohort study at the University of New Mexico. Women were interviewed by a bilingual trained interviewer about any episodes of binge drinking ( $\geq 4$  drinks/occasion) a month around their last menstrual period (LMP) and were administered a TWEAK questionnaire. Sociodemographic, lifestyle, and reproductive health characteristics were also ascertained. Predictors of binge drinking were identified by Chi-square test and logistic regression in univariate and multivariable analyses, respectively. Backward selection procedure was used to identify covariates that were independently associated with binge drinking in the final model. The mean age of participants was 27.0 +/- 5.8 years and 69% were foreign born. In the entire sample, 17.4% of pregnant Latinas admitted at least one binge-drinking episode in the month around their LMP. Results of multivariate analysis indicate that Latinas born in the United States have a much greater risk of binge drinking in the periconceptional period (odds ratio [OR] = 3.2; 95% confidence interval [CI]: 1.2, 8.9) compared with foreign-born Latinas. Similarly, Latinas who primarily speak English at home were at much greater risk (OR = 3.6; 95% CI: 1.3, 10.5) compared with primarily Spanish-speaking women. No other variables were

identified as significant predictors in multivariable models. Our results indicate that more acculturated Latinas are at much greater risk of binge drinking before conception and in early pregnancy compared with less acculturated Latinas. Culturally sensitive interventions should be developed to address risky alcohol consumption among Latinas of reproductive age. Copyright 2009, Elsevier Science.

**Protecting pregnant women: A guide to successfully challenging criminal child abuse prosecutions of pregnant drug addicts.**

Stone-Manista K. *Journal of Criminal Law and Criminology* 99(3): 823-856, 2009. (19 refs.)

This Comment is intended to enable advocates for pregnant women to challenge the impermissible and unconstitutional prosecutions of pregnant drug users for criminal child abuse and endangerment. The Comment surveys the history of such prosecutions, and considers the policy justifications for them, before turning to an analysis of the frameworks that state appellate and supreme courts have applied in holding that these prosecutions may not proceed under various state laws. In summarizing the various challenges that may be brought to criminal prosecutions of pregnant drug addicts, this Comment illuminates the strategies that have been successful in previous cases, and offers various notes for those challenging future prosecutions. Copyright 2009, Northwestern University.

**Women and tobacco control policies: Social-structural and psychosocial contributions to vulnerability to tobacco use and exposure. (review).**

Greaves L; Hemsing N. *Drug and Alcohol Dependence* 104(Supplement 1): S121-S130, 2009. (88 refs.)

This article explores the psychosocial and social-structural vulnerability in relation to women's tobacco use, smoke exposure and responses to policy, and examines these issues in the context of women's lives and roles, describing forward looking strategies that could improve research and equity in outcomes for women. Various literatures on smoking among women and girls, and how women and sub-populations of women respond to tobacco control policies are reviewed. Specific sub-populations exhibiting more tobacco use and exposure are described, such as Young pregnant and mothering women and low-income women. Emerging evidence also reveals links between smoking and experiences such as childhood sexual abuse, interpersonal violence, post-traumatic stress disorder, mental health issues and alcohol and drug dependence. Varied sub-populations of women respond in different ways to price and taxation, sales

restrictions and location restrictions. However, tobacco control policies have, to date, been fashioned as broad instruments, not taking into account social context, trauma backgrounds, gendered roles such as mothering, unequal power relations affecting women in relationships and workplaces, and differences in access to resources and social support. When these issues are considered, the implications for tobacco policy development include: widening the policy purview, accounting for uneven and differential responses to policies, committing to an ethical framework, extending sex, gender and diversity based analyses, and improving research methods and approaches. Copyright 2009, Elsevier Science.

**Gender differences in factors influencing alcohol use and drinking progression among adolescents. (review).**

Schulte MT; Ramo D; Brown SA. *Clinical Psychology Review* 29(6): 535-547, 2009. (174 refs.)

While prevalence rates for alcohol use and related disorders differ widely between adult men and women, male and female adolescents do not exhibit the same disparity in alcohol consumption. Previous research and reviews do not address the emergence of differences in drinking patterns that occur during late adolescence. Therefore, a developmental perspective is presented for understanding how various risk and protective factors associated with problematic drinking affect diverging alcohol trajectories as youth move into young adulthood. This review examines factors associated with risk for developing an alcohol use disorder in adolescent girls and boys separately. Findings indicate that certain biological (i.e., genetic risk, neurological abnormalities associated with P300 amplitudes) and psychosocial (i.e., impact of positive drinking expectancies, personality characteristics, and deviance proneness) factors appear to impact boys and girls similarly. In contrast, physiological and social changes particular to adolescence appear to differentially affect boys and girls as they transition into adulthood. Specifically, boys begin to manifest a constellation of factors that place them at greater risk for disruptive drinking: low response to alcohol, later maturation in brain structures and executive function, greater estimates of perceived peer alcohol use, and socialization into traditional gender roles. On an individual level, interventions which challenge media-driven stereotypes of gender roles while simultaneously reinforcing personal values are suggested as a way to strengthen adolescent autonomy in terms of healthy drinking decisions. Moreover, parents and schools must improve consistency in rules and consequences regarding teen drinking across gender to

avoid mixed messages about acceptable alcohol use for boys and girls. Copyright 2009, Elsevier Science.

### **Decline in smoking during pregnancy in New York City, 1995-2005.**

Stein CR; Ellis JA; Savitz DA; Vichinsky L; Perl SB. *Public Health Reports* 124(6): 841-849, 2009. (40 refs.)

**Objectives.** The 1998 Master Settlement Agreement (MSA) between 46 states and four major tobacco companies increased tobacco control funding and restricted tobacco marketing. In 2002, New York City (NYC) began a comprehensive tobacco control program that raised the price of cigarettes, banned indoor workplace smoking, and increased access to cessation treatment. We examined the temporal pattern of smoking during pregnancy, including ethnic variation in smoking prevalence, relative to the implementation of the MSA and NYC's comprehensive tobacco control program using birth certificate data. **Methods.** Using multiple logistic regression, we analyzed NYC birth certificate data to examine prenatal smoking during three time periods: 1995-1998 (pre-MSA), 1999-2002 (post-MSA, pre-NYC tobacco control), and 2003-2005 (post-MSA, post-tobacco control). **Results .** Overall, 3.0% of 1,136,437 births included were to smoking mothers. The proportion of smoking mothers declined from 4.5% in 1995-1998 to 1.7% in 2003-2005. Compared with non-Hispanic white women, African American women had 2.46 increased odds (95% confidence interval [CI] 2.36, 2.55) of smoking during 1995-1998, and 3.63 increased odds (95% CI 3.39, 3.88) of smoking during 2003-2005, despite an absolute reduction in smoking from 10.4% to 5.0%. Puerto Rican women also smoked considerably more than non-Hispanic white women. **Conclusions.** These findings document a striking temporal decline in prenatal smoking in NYC concurrent with changing tobacco control policies. Targeted efforts may be required to address the increasing disparity in prenatal smoking between non-Hispanic white and African American and Puerto Rican women. Copyright 2009, Association of Schools of Public Health.

### **Alcohol consumption and women's vulnerability to sexual victimization: Can reducing women's drinking prevent rape? (review).**

Testa M; Livingston JA. *Substance Use & Misuse* 44(9/10, Special Issue): 1349-1376, 2009. (148 refs.) Before effective prevention interventions can be developed, it is necessary to identify the mechanisms that contribute to the targeted negative outcomes. A review of the literature on women's substance use and

sexual victimization points to women's heavy episodic drinking as a proximal risk factor, particularly among college samples. At least half of sexual victimization incidents involve alcohol use and the majority of rapes of college women occur when the victim is too intoxicated to resist ("incapacitated rape"). Despite the importance of women's heavy episodic drinking as being a risk factor, existing rape prevention programs have rarely addressed women's alcohol use and have shown little success in reducing rates of sexual victimization. We argue that given the strength of the association between heavy episodic drinking and sexual victimization among young women, prevention programs targeting drinking may prove more efficacious than programs targeting sexual vulnerability. Applications of existing drinking prevention strategies to reducing women's sexual victimization are discussed. Copyright 2009, Taylor & Francis.

### **Weight gain, related concerns, and treatment outcomes among adolescent smokers enrolled in cessation treatment.**

Thorner-Bantug E; Jaszyna-Gasior M; Schroeder JR; Collins CC; Moolchan ET. *Journal of the National Medical Association* 101(10): 1009-1014, 2009. (20 refs.)

We examined associations of weight concerns and weight gain with adolescent tobacco cessation treatment and whether these effects differed by gender or ethnoracial group. Participants were 115 urban adolescents recruited for a randomized clinical trial of nicotine replacement therapy. Baseline weight gain concerns were assessed using the Eating Disorders module from the Diagnostic Interview for the Child and Adolescent DICA-IV). The average weight gain during the trial was 0.59 +/- 2.85 kg among the 43.5% of participants who completed the treatment study. As indicated by the DICA, baseline weight gain concerns were not associated with weight gain during treatment, study completion, or abstinence from smoking at 3-month posttreatment follow-up; these results did not vary by gender or ethnoracial group. Adolescents who quit smoking gained no more weight during the trial than those who smoked. Copyright 2009, National Medical Association.

### **Two types of classification in female alcoholism.**

Traber R; Wurmle O; Modestin J. *Archives of Women's Mental Health* 12(5): 291-299, 2009. (58 refs.)

Two types of alcoholism with distinct clinical features and mode of inheritance have been identified in male alcoholics. The relevant studies, however, have given

consistent results in men but not in women. The current study tested the hypothesis that the type I and II classification is also valid in women. A sample of 103 hospitalised alcohol-dependent women were given face-to-face structured interviews considering four different classification criteria sets devised for differentiation of alcoholism type I and II and type A and B along with SCID I and II. The two types of classification could be replicated with three of the four criteria sets, 73 women being allocated to the larger cluster C1, and 30 women to a smaller cluster C2. Comparing the patients from both clusters with each other, eight variables were identified which excellently discriminate between the groups. The two types of classification for alcoholism could also be found in a female sample. A type II of female alcohol-dependent patient was identified, characterized by parental alcoholism and paternal and patient's tendency for violent behavior. Type I lacks these characteristics. Early identification of the type II female alcoholic may be clinically important. Copyright 2009, Springer Wien.

#### **The effect of brief alcohol intervention on postpartum depression.**

Wilton G; Moberg DP; Fleming MF. *American Journal of Maternal-Child Nursing* 34(5): 297-302, 2009. (28 refs.)

Purpose: To report on secondary results from the Healthy Moms Study, a clinical trial to test the efficacy of brief intervention on reducing alcohol use and alcohol-related harms in postpartum women. Study Design and Methods: Data from a randomized clinical trial conducted between 2002 and 2005 with a sample of Wisconsin women was analyzed. This report presents comparison data on depressive symptomatology between postpartum women drinking above recommended levels who received a brief alcohol intervention and those who received no intervention. Results: At 6-month follow-up, there was a significant reduction in mean depression scores compared to baseline in the women who received the alcohol intervention ( $p < .001$ ). There was no significant reduction in depressive symptomatology in the control group. Mean level of depression at 6 months was significantly predicted by baseline depression and the alcohol intervention ( $p = .018$ ). Alcohol use at either baseline or follow-up was not a predictive factor in determining mean depressive symptomatology. Clinical Implications: The results of the Healthy Moms Study support the importance of both alcohol and depression screening during the postpartum period. Brief alcohol intervention during this time may also positively affect depressive

symptomatology. Copyright 2009, Lippincott, Williams & Wilkins.

#### **Clinical features of heroin dependence onset in young women.**

Blagov LN. *Heroin Addiction and Related Clinical Problems* 9(3): 21-30, 2007

Important clinical mechanisms leading to opiate (heroin) addiction in young female patients have been investigated using a clinical-psychopathological method. The aim of this study is a better understanding of how integration takes place between the main factors involved in the onset and initial dynamics of general syndromes involving chemical dependence: pattern of intoxication, withdrawal syndrome, craving, personality degradation. Our clinical definitions have focused on describing the symptomatology and analysing which factors count the most in determining dependence. Distinctions have been drawn between the main onset mechanisms of heroin dependence in young females. They have been divided into: inductive, hedonistic, neurotic and mixed inductive-neurotic. Each mechanism is characterized by intrinsic clinical traits and symptoms, which comprise both premorbid personality and environmental factors. Comments are provided on the clinical dynamics of opioid dependence in its early stages, as these emerge in young female patients. Copyright 2007, European Opiate Addiction Treatment Association.

#### **Suicidality, aggression, and other treatment considerations among pregnant, substance-dependent women with posttraumatic stress disorder.**

Eggleston AM; Calhoun PS; Svikis DS; Tuten M; Chisolm MS; Jones HE. *Comprehensive Psychiatry* 50(5): 415-423, 2009. (47 refs.)

Posttraumatic stress disorder (PTSD) and other Axis I comorbidity among women with substance use disorders (SUDs) appear similarly prevalent and are associated with comparable negative clinical profiles and treatment outcomes. The relative contribution of comorbid PTSD vs other Axis I psychiatric disorders to clinical characteristics is largely unexamined, however, despite theory and empirical data indicating that PTSD and SUDs may have a unique relationship that confers specific risk for clinical severity and poor treatment outcome. In a sample of pregnant, opioid- and/or cocaine-dependent women entering substance abuse treatment, women with PTSD (SUD-PTSD;  $n = 23$ ) were compared to those with other Axis I comorbidity (SUD-PSY;  $n = 45$ ) and those without Axis I comorbidity (SUD-only;  $n = 37$ ). Data were collected via face-to-face interviews and urinalysis drug assays. Although the study groups had similar

substance use severity, the SUD-PTSD group was more likely to report suicidality, aggression, and psychosocial impairment than both the SUD-PSY and SUD-only groups. Findings indicate treatment considerations for substance-dependent women with PTSD are broader and more severe than those with other Axis I conditions or substance dependence alone. Copyright 2009, W B Saunders.

### **Prospective effects of sexual victimization on PTSD and problem drinking.**

Najdowski CJ; Ullman SE. *Addictive Behaviors* 34(11): 965-968, 2009. (23 refs.)

(P)osttraumatic stress disorder (PTSD) and problem drinking are common and often co-occurring sequelae experienced by women survivors of adult sexual assault, yet it remains unclear whether survivors drink to cope with PTSD symptoms or whether PTSD symptoms are exacerbated by drinking. Thus, we used a cross-lagged panel design with a large (N=555), ethnically diverse sample of women assault survivors to determine whether PTSD prospectively led to problem drinking or vice versa. We also examined whether cumulative sexual victimization experiences related to greater PTSD and problem drinking. Structural equation modeling revealed that child sexual abuse was associated with greater symptoms of PTSD and problem drinking and intervening sexual victimization was associated with greater symptoms of PTSD and problem drinking 1 year later. We found no evidence, however, that PTSD directly influenced problem drinking over the long term, or vice versa. Rather, experiencing revictimization during the study predicted survivors' prospective PTSD and problem drinking symptoms. Implications and recommendations for future research are discussed. Copyright 2009, Elsevier Science.

### **NSDUH Report: Substance Use among Women During Pregnancy and Following Childbirth. (May 21, 2009).**

Office of Applied Studies, Substance Abuse and Mental Health Administration. The Rockville MD: Substance Abuse and Mental Health Administration, 2009. (6 refs.)

This issue of "The NSDUH Report" examines past month use of alcohol, cigarettes, and marijuana among pregnant and parenting women aged 18 to 44 to shed light on how rapidly use of these substances resumes after childbirth. It differentiates pregnant women by trimester of pregnancy and recent mothers by age of the youngest child in the household. When compared with women in the third trimester of pregnancy, nonpregnant women with children under 3 months old in the household had much higher rates of past month

alcohol use (6.2 vs. 31.9%), binge alcohol use (1.0 vs. 10.0%), cigarette use (13.9 vs. 20.4%, and marijuana use (1.4 vs. 3.8%). Consistent with other research this strongly suggests the resumption of use among mothers in the 3 months after childbirth. The increase in rates of substance use among parenting women tended to level off as the age of the youngest child increased. For alcohol, past month use increased from 31.9% for women with children under 3 months old to 43.9% for those with 3 to 5 month olds and 52.1% for those with 9 to 11 month olds. similar patterns were seen with binge alcohol use was 15.5 percent among women whose youngest children were aged 3 to 5 months and 19.7 percent for those whose youngest children were aged 18 months or older. Cigarette use among parenting women increased to 30.3 percent for those whose youngest children were aged 18 months or older. For marijuana, there was no significant increase in use among women who had children aged 3 months or older. Combined 2002 to 2007 data show that past month alcohol use among women aged 18 to 44 was highest for those who were not pregnant and did not have children living in the household (63.0 percent) but comparatively low for women in the first trimester of pregnancy (19.0 percent), and even lower for those in the second (7.8 percent) or third trimester (6.2 percent); similar patterns were seen with marijuana, cigarette, and binge alcohol use. Public Domain.

### **End-of-treatment smoking cessation among African American female participants in the Breathe Free (TM) for Women Smoking Cessation Program: Results of a pilot study.**

Fernander A; Bush H; Goldsmith-Mason S; White P; Obi B. *Journal of the National Medical Association* 101(10): 1034-1040, 2009. (28 refs.)

Objective: Quitting smoking is particularly imperative for African American women due to their disproportionate rates of smoking-related morbidity and mortality. However, very few smoking cessation interventions have demonstrated successful quit rates for African American women. This study sought to examine the Breathe Free (TM) for Women (BFFW) smoking cessation lifestyle program among African American female smokers. The primary objective of the pilot project was to examine end-of-treatment quit rates, and the secondary objective sought to obtain feedback from African American female participants on the acceptability of the intervention in this population. Methods: A total of 42 African American females were recruited to participate in 1 of 6 intervention cohorts. Each intervention cohort participated in 9 group sessions presented over a

period of 4 weeks. Participants complete on investigator developed survey assessing current smoking status as well as impressions of each intervention session. Results: An end-of-treatment quit rate of 19% was achieved with on average study retention rate of 70%. In addition, participants' feedback indicated that the BFFW intervention offers a highly promising model for enhanced tailoring by incorporating socioculturally relevant methods, materials, and content. Conclusions: Future research must address the critical public health need for socioculturally relevant adaptations of existing and promising smoking cessation programs for African American women. Copyright 2009, National Medical Association.

**Integrated programs for women with substance use issues and their children: A qualitative meta-synthesis of processes and outcomes.**

Sword W; Jack S; Niccols A; Milligan K; Henderson J; Thabane L. *Harm Reduction Journal* 6(1): article 32, 2009. (76 refs.)

Background: There is a need for services that effectively and comprehensively address the complex needs of women with substance use issues and their children. A growing body of literature supports the relevance of integrated treatment programs that offer a wide range of services in centralized settings. Quantitative studies suggest that these programs are associated with positive outcomes. A qualitative meta-synthesis was conducted to provide insight into the processes that contribute to recovery in integrated programs and women's perceptions of benefits for themselves and their children. Methods: A comprehensive search of published and unpublished literature to August 2009 was carried out for narrative reports of women's experiences and perceptions of

integrated treatment programs. Eligibility for inclusion in the meta-synthesis was determined using defined criteria. Quality assessment was then conducted. Qualitative data and interpretations were extracted from studies of adequate quality, and were synthesized using a systematic and iterative process to create themes and overarching concepts. Results: A total of 15 documents were included in the meta-synthesis. Women experienced a number of psychosocial processes during treatment that played a role in their recovery and contributed to favourable outcomes. These included: development of a sense of self; development of personal agency; giving and receiving of social support; engagement with program staff; self-disclosure of challenges, feelings, and past experiences; recognizing patterns of destructive behaviour; and goal setting. A final process, the motivating presence of children, sustained women in their recovery journeys. Perceived outcomes included benefits for maternal and child well-being, and enhanced parenting capacity. Conclusions: A number of distinct but interconnected processes emerged as being important to women's addiction recovery. Women experienced individual growth and transformative learning that led to a higher quality of life and improved interactions with their children. The findings support the need for programs to adopt practices that focus on improving maternal health and social functioning in an environment characterized by empowerment, safety, and connections. Women's relationships with their children require particular attention as positive parenting practices and family relationships can alter predispositions toward substance use later in life, thereby impacting favourably on the cycle of addiction and dysfunctional parenting. Copyright 2009, BioMed Central.