Relevant research studies were compiled to address an array of women’s treatment issues. A thorough search of relevant topics using multiple search engines was conducted and prioritized. The articles are categorized to make it easier to review and locate specific topics of interest. These summaries are particularly helpful in program and grant development, identifying emerging evidence of best practices and better understanding the needs of women with substance use disorders and their families.

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GENDER RESPONSIVE SERVICES ACROSS THE CONTINUUM

Gender Differences


This study of 315 male and 310 female homeless military veterans in a V.A. inpatient program designed to treat substance abusers, many of whom also suffer psychiatric disorders, was designed to examine gender differences in factors associated with the odds of having suicidal thoughts, and of attempting suicide, in comparison to being nonsuicidal. A maximum likelihood estimation multinomial logistic regression showed childhood and current sexual and physical abuses, depression, fearfulness, relationship problems, limited social support, and low self-esteem was more strongly associated with suicidal thoughts and attempts for women than for men veterans. Extent of alcohol and other drug abuse, aggression, resilience, self-efficacy, combat exposure, combat-related PTSD, and work problems were more strongly associated with suicidal thoughts and attempts for men than for women. Implications of these findings for V.A. programs are discussed.


Objectives: Studies on substance use disorders show consistent gender differences. Mainly, research has focused on etiological questions or aspects of comorbidity. Research on gender differences in variables associated with coping capabilities which may be influenced by therapeutic interventions still is scarce. Method: 230 alcohol-dependent patients at an abstinence-oriented inpatient motivational intervention programme were consecutively recruited (28.3% female). A comprehensive, standardized interview included the assessment of severity of dependence, coping-behaviour, temptation to drink and self-efficacy to resist alcohol consumption in high-risk situations. Results: Men reported higher severity of dependence on the physiological component of the dependence syndrome (p< 0.05). When controlling for severity of dependence, male alcohol-dependent individuals reported higher temptation to drink in positive situations, and female alcohol-dependent individuals reported a higher educational level, a higher temptation to drink when faced with withdrawal/urges and more coping-efforts concerning negative thinking. Gender differences in temptation to drink were affected by the severity of dependence. Conclusion: Gender differences in variables associated with alcohol dependence are not merely a result of higher levels of dependence in male subjects. Findings reveal the necessity for differentiating the results on research on addictive disorders according to gender.


Objective: This article investigates the extent to which users of crack, powder cocaine and heroin in Central Harlem participate in various roles involved in distributing these drugs, examining gender differences among distribution roles. Methods: Several strategies were combined to acquire a sample of 655 hard drug users and sellers who self-reported demographics, drug use and other factors in a face-to-face interview. Chi-square analyses were used to examine factors associated with having drug distribution roles. Results: More than two-fifths (N = 269) of all respondents self-reported participation in at least one current distribution role. The most common roles were acting as a middleman, steering buyers, holding drugs or money, and transporting drugs. Distributors were more likely to have HIV, previous drug treatments, and less education, employment or housing, but had higher incomes than users. A higher proportion of
women reported drug distribution roles, but among distributors, men were twice as likely
women to be direct sellers and transporters of drugs, and to perform more distribution
roles. Conclusions: Gender contrasts Support previous research indicating male
dominance of drug distribution roles. Previous studies may underestimate women’s
participation in distribution roles. Drug treatment programs are encouraged to augment
existing relapse prevention activities with distribution prevention efforts. (C) 2004
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BACKGROUND:: Individuals at risk for alcoholism exhibit an enhanced stimulant
response to alcohol. It is not known whether individuals at risk also exhibit a heightened
sensitivity to other drugs with stimulant properties. METHODS: Healthy young men and
women each received, in separate sessions, placebo and 10 mg of d-amphetamine in
counterbalanced order. Stimulant and sedative subjective effects were recorded before
and three times after capsule administration using the Biphasic Alcohol Effects Scale.
The sample comprised 19 family-history-positive (FHP; 58% women) and 53 family-
history-negative (FHN; 51% women) participants. RESULTS: As compared with placebo,
amphetamine increased ratings of stimulation in the sample as a whole. In addition, the
ratings revealed an enhanced, as well as a protracted, stimulant response to
amphetamine among FHP men, as compared with FHN men: for FHP men, ratings of
stimulation made 3 and 6 hr after amphetamine administration were greater than
baseline ratings. Moreover, in FHP men, the effect of amphetamine, as compared with
placebo, was most evident 6 hr after capsule administration. In contrast, despite a dose
x hour interaction in FHN men, post hoc comparisons revealed no differences between
the baseline and any of the postamphetamine measurements or between amphetamine
and placebo ratings at any of the time points. Among women, the drug effect did not
differentiate the family-history groups. CONCLUSIONS: Consistent with previous
research on alcohol, high-risk men exhibited a heightened stimulant response to
amphetamine. Thus, for men, sensitivity to the stimulant properties of drugs may be an
endophenotype for alcoholism. Whereas the present results suggest that women at risk
do not exhibit an enhanced stimulant response to amphetamine, further study is needed,
including evaluation at various points in the menstrual cycle.

outcomes in Chicago PETS." J Subst Abuse Treat 28 Suppl 1: S3-12.

Few long-term follow-up studies of substance abusers have examined gender
differences. In the current study, gender differences were examined at 36 months
following residential or outpatient drug-free treatment among 951 participants in the
Chicago Target Cities Project, the majority of whom were female (62%) and African
American (93%). There were no differences in the proportion of men and women who
reported any alcohol or drug use at the 36-month follow-up, with an overall reduction of
41% from intake. Greater proportions of men were incarcerated or employed, whereas
greater proportions of women had returned to treatment, lived with their children, lived
with a substance user, or had interpersonal problems. Women, as a group, had greater
increases over time in self-help participation, free time spent with family, non-using
family/friends, and employment. Although both men and women showed significant
improvements following treatment, gender differences persisted in several areas of
psychosocial functioning related to recovery.

differences in alcohol-related aggression." Journal of Studies on Alcohol 66(3): 413-422.

Objective: The purpose of this investigation was to replicate and extend findings from a
previous study on the acute effects of alcohol on aggressive behavior in men and
women in a laboratory setting. Method: Subjects were 234 (111 men and 123 women) healthy social drinkers between 21 and 35 years of age. They were randomly assigned to either an alcohol or a placebo group. Aggression was measured using a modified version of the Taylor Aggression Paradigm, in which electric shocks are received from and administered to a fictitious opponent during a supposed competitive interpersonal task. Aggression was operationalized as the intensity and duration of shocks that subjects administered to their "opponent." Results: Provocation was a stronger elicitor of aggression than either gender or alcohol. Overall, alcohol increased aggression for men but not for women. Conclusions: In conjunction with other laboratory investigations on alcohol-related aggression, this study suggests that alcohol increases aggression for men but not for women. This finding may be due to gender-related differences in liability thresholds for aggression as well as discrepancies in how men and women respond to different forms of provocation.

Hyman, S. M., M. Garcia, et al. (2005). "A gender specific psychometric analysis of the early trauma inventory short form in cocaine dependent adults." Addictive Behaviors 30(4): 847-852. This study evaluated the gender specific psychometric properties of the Early Trauma Inventory-Short Form (ETI-SF) in a clinical sample of cocaine dependent men (N=58) and women (N=34). Participants were administered the ETI-SF, the Childhood Trauma Questionnaire Short Form (CTQ-SF), and the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). Tests of internal consistency, convergent validity, and predictive validity were conducted separately by gender. Findings indicated that the ETI-SF demonstrated good internal consistency; Cronbach 's alpha ranged from 0.73 to 0.80 for men and from 0.70 to 0.77 for women. The measure also demonstrated good convergence with the CTQ-SF in both sexes, indicating that reports of child maltreatment are consistent across interview and self-report measures. Further, predictive validity was demonstrated by the ability of various ETI-SF scales to predict the co-occurrence of psychiatric disorders commonly associated with early trauma. These included lifetime diagnosis of PTSD in men and women, the lifetime diagnosis of major depressive disorder in men, and the lifetime diagnoses of alcohol use disorders in women. The findings support the utility of the ETI-SF as a clinical research tool to obtain data on specific types of early trauma in drug abusing samples.

Kawa, I., J. D. Carter, et al. (2005). "Gender differences in bipolar disorder: age of onset, course, comorbidity, and symptom presentation." Bipolar Disorders 7(2): 119-125. Objective: To determine whether men and women with bipolar disorder differ in age of onset, course of illness, number of suicide attempts, comorbidity rates and symptom presentation. Method: Data were collected from 211 (121 women; 90 men) adults using the Diagnostic Interview for Genetic Studies, medical records, and additional information gathered from relatives. Results: Most gender comparisons showed no evidence of differences. Nonetheless, more men than women reported mania at the onset of bipolar I disorder. Men also had higher rates of comorbid alcohol abuse/dependence, cannabis abuse/dependence, pathological gambling and conduct disorder. Men were more likely to report 'behavioural problems' and 'being unable to hold a conversation' during mania. Women reported higher rates of comorbid eating disorders, and weight change, appetite change and middle insomnia during depression. Conclusions: Men and women were generally similar in their symptom presentation, age of onset of bipolar disorder, and in the total number of mood episodes. However, they differed in the type of episode at onset and comorbidity patterns.

INTERVENTION: Day treatment: one community-based women's program, two mixed-gender community-based programs and one mixed-gender hospital-based program. PARTICIPANTS: Substance-dependent women recruited from the community (n = 122). MEASUREMENTS: Women were interviewed at baseline, at the end of treatment (94% response rate) and at 6 and 12 months post-treatment (100% response rates). Measures included alcohol and drug use, and psychiatric and social problems. Program costs were estimated using the Drug Abuse Treatment Cost Analysis Program. FINDINGS: No significant differences between the women's program and any of the mixed-gender programs were found for psychiatric problem severity, problems with family and friends or rates of drug use at any of the follow-up points. Rates of alcohol abstinence and total abstinence were similar between the women's program and both of the mixed-gender community programs, but were higher at the mixed-gender hospital program. Only one of these results was replicated in the multivariate analysis, with the odds of total abstinence significantly lower for those randomized to the women's program than the mixed-gender hospital program. However, the average cost of a treatment episode was significantly higher at the hospital program than at the women's program (1212 US dollars versus 543 US dollars). CONCLUSIONS: These findings suggest that female substance abusers may be treated as effectively in mixed-gender programs as in women's programs.


BACKGROUND: Because stress mediates drug seeking and relapse, and sex differences have been observed in stress and in the development of cocaine addiction, in this study we used functional neuroimaging to examine the effect of sex on stress responses in abstinent cocaine users. METHODS: In a functional magnetic resonance imaging session, 17 male and 10 female cocaine-dependent subjects participated in script-guided imagery of neutral or stress situations. Subjects rated imagery vividness, anxiety, and cocaine craving for each trial. Brain activation during the stress and neutral imagery periods relative to their own baseline was examined in individual subjects. Sex contrast was obtained in second-level group analysis. RESULTS: Female subjects demonstrated more activation, compared with male subjects, in left middle frontal, anterior cingulate, and inferior frontal cortices and insula, and right cingulate cortex during stress imagery. Region of interest analysis showed that the change of activity in left anterior cingulate and right posterior cingulate cortices both correlated inversely with the change of craving rating during stress imagery. CONCLUSIONS: The greater left frontolimbic activity in women suggests that women might use more verbal coping strategies than do men while experiencing stress. The results also suggest a distinct role of the cingulate cortices in modulating stress-induced cocaine craving.


Background: Alcoholic brain damage has been demonstrated in numerous studies using neuropathology and brain imaging techniques. However, gender differences were addressed only in a few studies. Recent research has shown that development, course, and consequences of alcohol dependence may differ between female and male patients. Our investigation was built upon earlier research where we hypothesized that women develop alcoholic brain damage more readily than men do. To further compare the impact of alcohol dependence between men and women, we examined brain atrophy in female and male alcoholics by means of computed tomography (CT). Methods: The study group consisted of a total of 158 subjects (76 women: 42 patients, 34 healthy controls; 82 age-matched men: 34 patients, 48 healthy controls). All patients had a
DSM-IV and ICD-10 diagnosis of alcohol dependence. CT with digital volumetry was performed twice in patients (at the beginning and end of the 6-week inpatient treatment program) and once in controls. Results: Patients of both genders had consumed alcohol very heavily. Although the average alcohol consumption in the year before the study was significantly lower in female alcoholics, this gender difference disappeared when controlled for weight. However, women had a significantly shorter duration of alcohol dependence. Despite this fact, both genders developed brain atrophy to a comparable extent, Brain atrophy was reversible in part after 6 weeks of treatment; it did not reach the level in the control groups. Conclusions: Gender-specific differences in the onset of alcohol dependence were confirmed. This is in line with the telescoping effect, where a later onset and a more rapid development of dependence in women were described. Under the assumption of a gradual development of consequential organ damage, brain atrophy seems to develop faster in women. As shown in other organs (i.e., heart, muscle, liver), this may confirm a higher vulnerability to alcohol among women.


RATIONALE: Use of cocaine, alcohol, and the two drugs simultaneously is common and the risk of morbidity and mortality associated with these drugs is widely reported. This double-blind, placebo-controlled, randomized study examined gender differences in response to administration of these drugs alone and in combination. METHODS: Current users of cocaine and alcohol (n = 17) who met diagnostic criteria (DSM-IV) for cocaine dependence and alcohol abuse or dependence (not physiologically dependent on alcohol) and who were not seeking treatment for substance use disorders gave voluntary, written, informed consent to participate in three drug administration sessions: 1) four doses of intranasal cocaine (1 mg/kg every 30 min) with oral alcohol (1 g/kg following the initial cocaine dose and a second drink at +60 min (120 mg/kg) calculated to maintain a plasma alcohol concentration of approximately 100 mg/dL; 2) four doses of cocaine and alcohol placebo; 3) cocaine placebo and alcohol. Pharmacokinetics were obtained by serial blood sampling, physiological measurements (heart rate and blood pressure) were obtained with automated equipment, and subjective effects were assessed using visual analog scales over 480 min. RESULTS: Responses to cocaine, alcohol, and cocaine-alcohol were equivalent by gender for most measurements. Women had higher heart rates following alcohol administration (p = .02). Women consistently reported higher ratings for "Feel Good:' a measure of overall mental/physical well-being, for all study conditions, reaching statistical significance for cocaine (p = .05) and approaching significance for alcohol administration (p = .1). CONCLUSION: Women showed equivalent responses to drug administration with the exception of perception of well-being, which was significantly increased for women. These findings may have implications for differential risk for acute and chronic toxicity in women.


In this research, we examined the role of alcohol as both substance and symbol at bachelorette parties. The bachelorette party is characterized by ritualized embarrassment of the bride and by sexualized games, both of which are made easier by heavy alcohol consumption. As there are few occasions when it is considered socially acceptable for women to drink, the bachelorette party provides a unique opportunity to explore women’s social drinking and public drunkenness. Based on interviews with 51 women we found that drinking seemed to add to the fun of bachelorette parties and that group alcohol consumption appeared to increase social solidarity as women at bachelorette parties bonded over their shared experience. Finally, women relied on alcohol to lower inhibitions so that they were able to feel justified in engaging in deviant
behavior. Women's use of alcohol in this ritual challenges existing gender norms and conceptions of masculinity and femininity.


Women drink less alcohol and have fewer alcohol-related problems than men. Women appear to be less likely than men to manifest certain risk factors for alcohol use and problems and are more likely to have certain protective factors against these problems: women perceive greater social sanctions for drinking; women are less likely to have characteristics associated with excessive drinking including aggressiveness, drinking to reduce distress, behavioral undercontrol, sensation-seeking and antisociality; and women are more likely to have desirable feminine traits (e.g., nurturance) protective against excessive drinking. In addition, consequences of heavy alcohol use, or alcohol use disorders, appear to be more negative for women than men, at least in some domains: women suffer alcohol-related physical illnesses at lower levels of exposure to alcohol than men, and some studies suggest women suffer more cognitive and motor impairment due to alcohol than men; women may be more likely than men to suffer physical harm and sexual assault when they are using alcohol; heavy alcohol use in women is associated with a range of reproductive problems. Implications of these findings for future research and public health education campaigns are discussed.


This study examines the importance of considering gender in evaluating the effectiveness of homelessness service interventions among solitary adults with severe mental illnesses. The participants received services in one of two types of evidenced-based homelessness intervention programs: a comprehensive housing program or a specialized case management program. Using a quasi-experimental research design with non-random assignment to conditions, we examined changes in housing status, mental health, substance use, quality of life and physical health from baseline to 6 and 12 months afterward. One hundred and fifty-two participants completed the baseline interview and 108 were available for at least one of the follow-up interviews. The results indicated that males had significantly greater reductions in homelessness in the comprehensive housing program than in the specialized case management program whereas females showed a more complex pattern. Women in both programs showed significant reductions in homelessness, but females in the specialized case management program achieved greater stable housing time because women in the comprehensive housing program were more likely to have their time in stable housing reduced by stays in psychiatric hospitals. We conclude that variables such as gender that have been shown to influence the etiology, nature, and course of homelessness should also be considered in evaluating the effectiveness of homeless services interventions.


This study developed and tested a gender-specific intervention for preventing substance abuse among adolescent girls. Delivered on CD-ROM by computer, the program was compared with a conventional substance abuse prevention program delivered live in a group setting. Seventh-grade girls in New York City middle schools completed pretests, and, by school, were randomly assigned to receive either gender-specific computer intervention (GSI) or conventional intervention, and were posttested. Analyses of pretest to posttest gain scores showed GSI girls compared to girls receiving conventional intervention to possess a larger repertoire of stress-reduction methods, to report lower approval of cigarettes, alcohol, and drugs, to identify more unhealthy ways to deal with stress, to report lower likelihood of cigarette use or alcohol consumption if asked to do
so by best friends, and to hold stronger plans to avoid cigarettes, alcohol, and drugs in the next year. These modest findings lend credence to the promise of gender-specific, computerized interventions for substance abuse prevention among adolescent girls.


Background: The aim of this study was to compare women (n = 230) and men (n = 236) who had alcohol use disorders in terms of social context and coping methods and in terms of changes in these indices associated with participation in professional treatment and Alcoholics Anonymous (AA). Methods: Initially untreated problem drinkers were followed up for 8 years. Results: Women and men did not differ in regard to the type of help received, but women had longer professional treatment. At baseline, women had more stressors and fewer resources from family and relied more on avoidance coping and drinking to cope. During the next 8 years, women, more so than men, increased on approach coping and reduced their use of avoidance coping and drinking to cope. When baseline status was controlled, women had better social resource, coping, and drinking outcomes than men did at 1 year and 8 years. A longer duration of professional treatment during year 1 was associated with improved approach coping among men but not women. A longer duration of AA attendance during year 1 and the full 8 years was associated with more resources from friends, more use of approach coping, and less drinking to cope. In turn, more friends resources and approach coping and less drinking to cope were associated with better drinking outcomes. Decreases in avoidance coping and drinking to cope were more strongly associated with better drinking outcomes among men than among women. Conclusions: It may be important to target men for formal services or self-help to increase their use of approach coping in efforts to maintain abstinence. Women's strategies for improving their social context need further explication to be adapted for transfer to male problem drinkers.


AIMS: Sex differences in visuospatial ability as well as episodic memory have been reliably demonstrated, irrespective of alcoholism. Studies in alcoholics have consistently documented cognitive deficits in visuospatial ability, problem solving and memory function. This cross-sectional, population-based study examined if sex differences in cognitive performance could be impacted by alcohol consumption. METHODS: Drinking data were collected from 2224 randomly sampled adults, aged between 35 and 85 years, who participated in the Betula study on memory, health and aging. Participants were classified into non-, light, moderate and heavy drinking subgroups based on sex-adjusted normative values. Cognitive tasks demonstrating clear sex differences, such as episodic memory tasks (favouring women) and spatial visualization tasks (favouring men), were conducted and performance was assessed by sex and the drinking group. RESULTS: After controlling for age and education, overall analyses found expected sex differences in episodic memory and spatial visualization that were apparent across the entire population. When these sex differences were examined by drinking group, visuospatial performance favouring men disappeared for the moderate to heavy drinking groups, but higher performance by women on episodic memory tasks was consistent across all levels of alcohol consumption. Traditional biomarkers of increased alcohol consumption (GGT and MCV) correlated with the reported drinks/day. CONCLUSIONS: These results lend support to the theory that moderate alcohol intake may be beneficial to cognitive function in women, but not necessarily in men.
Prevention


Substance abuse remains a major public health concern, and pediatricians are uniquely positioned to assist their patients and families with its prevention, detection, and treatment. The American Academy of Pediatrics has highlighted the importance of such issues in a variety of ways, including its guidelines for preventive services. The harmful consequences of tobacco, alcohol, and other drug use are a concern of medical professionals who care for infants, children, adolescents, and young adults. Thus, pediatricians should include discussion of substance abuse as a part of routine health care, starting with the prenatal visit, and as part of ongoing anticipatory guidance. Knowledge of the nature and extent of the consequences of tobacco, alcohol, and other drug use as well as the physical, psychological, and social consequences is essential for pediatricians. Pediatricians should incorporate substance-abuse prevention into daily practice, acquire the skills necessary to identify young people at risk of substance abuse, and provide or facilitate assessment, intervention, and treatment as necessary.

Assessment and Intervention

Treatment, Rehabilitation and Recovery – Therapeutic Approaches

*Therapeutic Communities*


Prior research has demonstrated that therapeutic communities (TCs) are effective at improving posttreatment outcomes for substance abusers. However, little is known about the in-treatment experience for clients with different backgrounds, experiences, and needs. The aim of this study is to examine the in-treatment experience for different clients by exploring the relationships between treatment process and client characteristics. A comprehensive measure of treatment process, operationalized as Community Environment and Personal Change and Development and change was administered to 447 adults and 148 adolescents receiving treatment at community-based TC programs in New York, California, and Texas. Data on demographic characteristics, substance use and treatment history, and client risk factors were extracted from intake interviews and analyzed separately for adolescent and adult residents. Multivariate general linear models were used to examine the effect of client variables on treatment process, after controlling for treatment duration and program effects. Within adult programs, clients who were 25 years or older, female, and had a prior drug treatment experience had higher Community Environment scores. Adolescents with one or more arrests within the past 2 years had lower scores on both process dimensions of Community Environment and Personal Development and Change. Our results indicate the need to understand why adult clients who are younger, male, and have no prior treatment history and adolescent clients with recent arrests reported lower ratings of treatment process. Future research should also examine the role of modifiable mediators so that appropriate strategies to enhance therapeutic engagement may be developed as necessary.

This article discusses the use of residential therapeutic communities (TCs) to help addicts recover. The European and American antecedents of the TC and the model's further evolution and dispersion are described. The increasing openness of the TC toward the outside world and its changed attitude toward family involvement have played important roles in the evolution of the TC. In this context, the article also pays attention to the family approach in the early TC and the major family therapeutic schools that influenced the model, specifically contextual therapy. A renewed attention to its humanistic roots can preserve the TC from becoming just another substance abuse treatment modality. However, good functioning of the TC as humanistic organization also requires openness, professionalism, and scientific input. Those elements are as safeguards against destructive charismatic leadership and insularity.

Pharmacotherapy


Despite years of active research, there are still no approved medications for the treatment of cocaine dependence. Modafinil is a glutamate-enhancing agent that blunts cocaine euphoria under controlled conditions, and the current study assessed whether modafinil would improve clinical outcome in cocaine-dependent patients receiving standardized psychosocial treatment. This was a randomized, double-blind, placebo-controlled trial conducted at a university outpatient center (from 2002 to 2003) on a consecutive sample of 62 (predominantly African American) cocaine-dependent patients (aged 25-63) free of significant medical and psychiatric conditions. After screening, eligible patients were randomized to a single morning dose of modafinil (400 mg), or matching placebo tablets, for 8 weeks while receiving manual-guided, twice-weekly cognitive behavioral therapy. The primary efficacy measure was cocaine abstinence based on urine benzoylecgonine levels. Secondary measures were craving, cocaine withdrawal, retention, and adverse events. Modafinil-treated patients provided significantly more BE-negative urine samples (p=0.03) over the 8-week trial when compared to placebos, and were more likely to achieve a protracted period (> or =3 weeks) of cocaine abstinence (p=0.05). There were no serious adverse events, and none of the patients failed to complete the study as a result of adverse events. This study provides preliminary evidence, which should be confirmed by a larger study, that modafinil improves clinical outcome when combined with psychosocial treatment for cocaine dependence.


CONTEXT: Alcohol dependence is a common disorder associated with significant morbidity and mortality. Naltrexone, an opioid antagonist, has been shown to be effective for treatment of alcohol dependence. However, adherence to daily oral pharmacotherapy can be problematic, and clinical acceptance and utility of oral naltrexone have been limited. OBJECTIVE: To determine efficacy and tolerability of a long-acting intramuscular formulation of naltrexone for treatment of alcohol-dependent patients. DESIGN, SETTING, AND PARTICIPANTS: A 6-month, randomized, double-blind, placebo-controlled trial conducted between February 2002 and September 2003 at 24 US public hospitals, private and Veterans Administration clinics, and tertiary care medical centers. Of the 899 individuals screened, 627 who were diagnosed as being actively drinking alcohol-dependent adults were randomized to receive treatment and 624 received at least 1 injection. INTERVENTION: An intramuscular injection of 380 mg of long-acting naltrexone (n = 205) or 190 mg of long-acting naltrexone (n = 210) or a
matching volume of placebo (n = 209) each administered monthly and combined with 12 sessions of low-intensity psychosocial intervention. MAIN OUTCOME MEASURE: The event rate of heavy drinking days in the intent-to-treat population. RESULTS: Compared with placebo, 380 mg of long-acting naltrexone resulted in a 25% decrease in the event rate of heavy drinking days (P = .02) [corrected] and 190 mg of naltrexone resulted in a 17% decrease (P = .07). Sex and pretreatment abstinence each showed significant interaction with the medication group on treatment outcome, with men and those with lead-in abstinence both exhibiting greater treatment effects. Discontinuation due to adverse events occurred in 14.1% in the 380-mg and 6.7% in the 190-mg group and 6.7% in the placebo group. Overall, rate and time to treatment discontinuation were similar among treatment groups. CONCLUSIONS: Long-acting naltrexone was well tolerated and resulted in reductions in heavy drinking among treatment-seeking alcohol-dependent patients during 6 months of therapy. These data indicate that long-acting naltrexone can be of benefit in the treatment of alcohol dependence.


OBJECTIVE: Physicians may prescribe buprenorphine for opioid agonist maintenance treatment outside of narcotic treatment programs, but treatment guidelines for patients with co-occurring cocaine and opioid dependence are not available. This study compares effects of buprenorphine and methadone and evaluates the efficacy of combining contingency management with maintenance treatment for patients with co-occurring cocaine and opioid dependence. METHOD: Subjects with cocaine and opioid dependence (N=162) were provided manual-guided counseling and randomly assigned in a double-blind design to receive daily sublingual buprenorphine (12-16 mg) or methadone (65-85 mg p.o.) and to contingency management or performance feedback. Contingency management subjects received monetary vouchers for opioid- and cocaine-negative urine tests, which were conducted three times a week; voucher value escalated during the first 12 weeks for consecutive drug-free tests and was reduced to a nominal value in weeks 13-24. Performance feedback subjects received slips of paper indicating the urine test results. The primary outcome measures were the maximum number of consecutive weeks abstinent from illicit opioids and cocaine and the proportion of drug-free tests. Analytic models included two-by-two analysis of variance and mixed-model repeated-measures analysis of variance. RESULTS: Methadone-treated subjects remained in treatment significantly longer and achieved significantly longer periods of sustained abstinence and a greater proportion drug-free tests, compared with subjects who received buprenorphine. Subjects receiving contingency management achieved significantly longer periods of abstinence and a greater proportion drug-free tests during the period of escalating voucher value, compared with those who received performance feedback, but there were no significant differences between groups in these variables during the entire 24-week study. CONCLUSIONS: Methadone may be superior to buprenorphine for maintenance treatment of patients with co-occurring cocaine and opioid dependence. Combining methadone or buprenorphine with contingency management may improve treatment outcome.

The A1 allele of the dopamine D2 receptor gene (DRD2) is associated with a reduced number of dopamine binding sites in the brain and with the increased likelihood of substance abuse and addictive behavior. In a study of smokers enrolled in an open-label, randomized effectiveness trial, we investigated whether variants in the DRD2 receptor gene are associated with smoking cessation outcomes following treatment with a combination of bupropion SR and behavioral counseling. Adherence to treatment and
point-prevalent smoking status were assessed at 3 and 12 months, respectively, following a target quit date. Compared to women who carry both A2 alleles, women with at least one A1 allele were more likely to report having stopped taking bupropion due to medication side effects (odds ratio (OR)=1.91, 95% confidence interval (CI)=1.01-3.60; P<0.04) and at 12 months were somewhat more likely to report smoking (OR=0.76, 95% CI=0.56-1.03; P<0.076). Significant associations or trends were not observed in men. In women, individual variability in responsiveness to bupropion-based treatment may be partially due to differences in genetic variants influencing dopamine receptor function.

**Trauma/Violence**

**WCDVS**


Using data from a common cross-site protocol administered at study enrollment, in this article we examine key characteristics of 2,729 participants in the Women, Co-Occurring Disorders and Violence Study (WCDVS), including demographics, physical health, mental health, substance abuse, trauma experiences, parenting status, and past history of service use. These data are important because they represent the first federal initiative that addresses the significant lack of appropriate services for women with co-occurring substance use and mental health disorders who have experienced trauma. Study findings reveal a very vulnerable population with extensive histories of abuse and substantial physical and mental health service needs. Data suggest a pressing need for increased availability of physical and mental health services capable of serving the complex needs of women with co-occurring disorders and histories of interpersonal violence (physical and/or sexual abuse). Equally important are funding strategies to support needed services. (c) 2005 Wiley Periodicals, Inc.


Program-level effects at 6 months are reported from meta-analysis of a nine-site quasi-experimental study of comprehensive, integrated, trauma-informed, and consumer-involved services for women who have mental health problems, substance use disorders, and who have experienced interpersonal violence. The average weighted effect size is significant for the treatment condition for improved post-traumatic symptoms (p < 0.02), drug use problem severity (p < 0.02), and nearly significant for mental health symptoms (p < 0.06). There is significant heterogeneity in effect sizes across sites. Program-level variables were examined in an effort to explain this heterogeneity. The findings indicate that sites which provided significantly more integrated counseling produced more favorable results in mental health symptoms (p < 0.01) and both alcohol (p < 0.001) and drug use problem severity (p < 0.001). The same trend is observable for reductions in post-traumatic stress symptoms, although the difference does not attain statistical significance.


Several aspects of costs related to health care and other service use at 6-month follow-
up are presented for women with co-occurring mental health and substance abuse disorders with histories of physical and/or sexual abuse receiving comprehensive, integrated, trauma-informed and consumer/survivor/recovering person-involved interventions (n = 1023) or usual care (n = 983) in a nine-site quasi-experimental study. Results show that, controlling for pre-baseline use, there are no significant differences in total costs between participants in the intervention condition and those in the usual care comparison condition, either from a governmental (avg. US dollars 13,500) or Medicaid reimbursement perspectives (avg. just over US dollars 10,000). When combined with clinical outcomes analyzed in other works in this issue by Cocozza et al. (2005) and Morrissey et al. (2005), which favored the intervention sites, these cost findings indicate that the treatment intervention services are cost-effective as compared with the usual care received by women at the comparison sites.


In this article, we attempt to bridge the gap between practice (service delivery) and philosophy (trauma theory, empowerment, and relational theory). Specifically, we identify 10 principles that define trauma-informed service, discuss the need for this type of service, and give some characteristics of trauma-informed services in eight different human service areas. The areas include outreach and engagement, screening and assessment, resource coordination and advocacy, crisis intervention, mental health and substance abuse services, trauma-specific services, parenting support, and healthcare. We draw upon the experiences of the nine sites involved in the Substance Abuse and Mental Health Service Administration's (SAMHSA) 5-year grant project, Women, Co-occurring Disorders and Violence Study (WCDVN), and include the recommendation that consumers be integrated into the design and evaluation of services. (c) 2005 Wiley Periodicals, Inc.


In this article, we describe types of physical and sexual abuse that women report and some consequences of these experiences in their lives. Research questions focused on types of abuse, the age at which abuse was experienced, and correlations between abuse and other outcomes. Data were collected from 2,729 participants in the Women, Co-Occurring Disorders and Violence Study. Results showed that two thirds of participants described their sexual and/or physical abuse as beginning before age 18. Earlier onset was related to more severe current mental distress on the Brief Symptom Inventory. In general, reported age of onset for sexual and/or physical abuse was before onset of substance use. The implication for treatment of mental health disorders and substance use disorders is that interventions that account for abuse and its correlates may be more successful than interventions that do not assess for or attend to issues of abuse.


In this article we describe the development and implementation of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) multisite Women, Co-Occurring Disorders and Violence Study (WCDVS), highlighting some of the challenges encountered, decisions made, and lessons learned. Four themes are discussed, first, the unique contributions of the consumer/survivor/recovering (C/S/R) women to the research process are described through instances where their knowledge and advocacy were clearly influential. Second, the solutions chosen to address research design
challenges are recounted, as are the ways in which these choices played out. Third, the procedures for standardizing recruitment, data collection, and data management across sites are described. Finally, the strategies employed by the nine sites to retain contact with this challenging population are reviewed and successful techniques are highlighted. (c) 2005 Wiley Periodicals, Inc.


The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the Women, Co-Occurring Disorders and Violence Study to generate empirical knowledge on how to improve services for women who are trauma survivors and have co-occurring mental health and substance use disorders. We first review the literature on the pervasiveness of trauma among women and the ways in which current service systems fail to address their needs. We then describe the four core principles of the model grantees developed to test in the project. Working through a project Steering Committee, grantees mandated that services be (a) integrated, (b) trauma-informed, (c) consumer-involved, and (d) comprehensive. For each of these principles, we describe the specifications adopted by the committee, the strategies the study sites used to implement the principle in their local settings, and the concrete lessons sites learned concerning how to implement the principle. (c) 2005 Wiley Periodicals, Inc.


This article documents the physical health burdens of participants in a large, federally funded cross-site study of specialized services for women with histories of trauma (physical or sexual abuse) and co-occurring substance abuse and mental health disorders. Nearly half of the 2729 women in the study (48%) reported serious physical illnesses that frequently limited their daily life activities or required them to use special equipment. Nearly half (46%) rated their health status as only fair or poor. Given the prevalence of physical illnesses in this population, behavioral service providers should discuss with clients their overall health and how it might hinder their participation in treatment for trauma, substance abuse, and mental illness, and policymakers should consider this need when designing behavioral health requirements, setting reimbursement rates, and allocating funds.


On the basis of the 9-site, Substance Abuse and Mental Health Services Administration-funded Women, Co-Occurring Disorders, and Violence Study, this article discusses recommendations for implementing trauma-informed mental health, substance abuse, and other support services. These guidelines for best practices represent the consensus of a diverse trauma work group that drew on both cross-site and site-specific qualitative data.


The Women, Co-occurring Disorders, and Violence Study (WCDVS) was a multi-site cooperative study to evaluate new service models for women with co-occurring mental health and substance use disorders and a history of physical and/or sexual abuse. Despite common features in the service interventions and evaluation procedures, diversity across the nine sites plus differences introduced by non-random assignment
led to numerous methodological challenges. This article describes the design, measurement, and analysis decisions behind the WCDVS and lays the foundation for understanding participant-level outcomes and service costs. This article also describes the study population, as recruited and following attrition at the 6-month follow-up, in order to address the threat of selection bias to inferences drawn from this multi-site study.


The Women, Co-occurring Disorders, and Violence Study (WCDVS) was a large (N = 2729) multisite study of the effectiveness of integrated and trauma-informed services for women with substance use and mental health disorders and a history of interpersonal violence (physical or sexual abuse). Study participants’ exposure to lifetime and current traumatic events was assessed at baseline and follow-up via in-person interviews. This article describes the choice of the Life Stressor Checklist-Revised (LSC-R) to assess trauma history to meet the WCDVS's research aims and to respond to consumer input. Quantitative data address the breadth and prevalence of potentially traumatic events in the past and current lives of study participants, the formation and properties of summary measures, and test-retest reliability. Qualitative data address tolerance of the instrument by interviewers and respondents and the generalizability of quantitative findings about trauma prevalence. Finally, recommendations are offered for improvements to the WCDVS version of the LSC-R for use in future research.


Integrating consumer/survivor/recovering (C/S/R) women in the Substance Abuse and Mental Health, Services Administration's Women, Co-Occurring Disorders and Violence Study involved both struggles and growth. The C/S/R women and all of our professional allies, both individually and collectively, greatly enhanced the study by overcoming what earlier seemed to be insurmountable obstacles. Integral to the C/S/R group’s personal and professional growth was the development and expression of their individual and collective voices. Documenting this history and the impact that the collaboration between the C/S/R women and other professional staff had on the study is of vital importance in the field of research and advocacy.


Objective: Women with co-occurring mental health and substance use disorders frequently have a history of interpersonal violence, and past research has suggested that they are not served effectively by the current service system. The goal of the Women, Co-occurring Disorders, and Violence Study was to develop and test the effectiveness of new service approaches specifically designed for these women. Methods: A quasi-experimental treatment outcome study was conducted from 2001 to 2003 at nine sites. Although intervention specifics such as treatment length and modality varied across sites, each site used a comprehensive, integrated, trauma-informed, and consumer-involved approach to treatment. Substance use problem severity, mental health symptoms, and trauma symptoms were measured at baseline, and follow-up data were analyzed with prospective meta-analysis and hierarchical linear modeling. Results: A total of 2,026 women had data at the 12-month follow-up: 1,018 in the intervention group and 1,008 in the usual-care group. For substance use outcomes, no effect was found. The meta-analysis demonstrated small but statistically significant overall improvement in women's trauma and mental health symptoms in the intervention relative
to the usual-care comparison condition. Analysis of key program elements demonstrated that integrating substance abuse, mental health, and trauma-related issues into counseling yielded greater improvement, whereas the delivery of numerous core services yielded less improvement relative to the comparison group. A few person-level characteristics were associated with increases or decreases in the intervention effect. These neither moderated nor supplanted the effects of integrated counseling.

Conclusions: Outcomes for women with co-occurring disorders and a history of violence and trauma may improve with integrated treatment.


Six-month outcomes are evaluated from a 9-site quasi-experimental study of women with mental health and substance use disorders who have experienced physical or sexual abuse who enrolled in either comprehensive, integrated, trauma-informed, and consumer/survivor/recovering person-involved services (N = 1023) or usual care (N = 983). Mental health, post-traumatic stress symptoms, and substance use outcomes are assessed with multilevel regression models, controlling for program and personal characteristics. Person-level variables predict outcomes independent of intervention condition and, to a small extent, moderate intervention and program effects. In sites where the intervention condition provided more integrated counseling than the comparison condition, there are increased effects on mental health and substance use outcomes; these effects are partially mediated by person-level variables. These results encourage further research to identify the longer-term effects of integrated counseling for women with co-occurring disorders and trauma histories.


In 1998 the Substance Abuse and Mental Health Services Administration launched the Women, Co-occurring Disorders, and Violence Study (WCDVS). The WCDVS developed, implemented, and evaluated the outcomes and costs of comprehensive, trauma-informed treatment programs for women with a history of violence and trauma who have substance use and mental health disorders. This article discusses the overall design features of the study, issues related to such a design, results of the outcomes and cost evaluations, and suggestions for future research. The nine WCDVS sites were located across the continental United States, with six sites on the East Coast, two on the West Coast, and one in Colorado. A total of 2,729 women (1,415 in the intervention condition and 1,314 in the comparison condition) were enrolled over the 13.5-month baseline accrual period (January 2001 through February 2002). Follow-up interviews were conducted with all participants at three, six, nine and 12 months post-baseline. Women in the intervention and the comparison groups showed improvement in outcomes in four areas: alcohol use, drug use, mental health, and trauma. At six months women in the intervention group scored modestly better than women in the usual-care group for outcome measures for drug use, trauma, and mental health. At 12 months women in the intervention group maintained their improvement in drug use outcomes and continued to improve in mental health and trauma outcomes. After a start-up period, costs for services were not significantly different between the intervention and comparison groups at both follow-up points. Despite their very modest nature, the WCDVS results are promising.


Provides an overview of the four papers featured in this special section of the Journal of Substance Abuse Treatment that describe the design, population and 6-month outcomes.
(focused on symptom reduction) for the WCDVS.


This analysis examined data from mothers at two of the nine sites participating in SAMHSA's national Women Co-Occurring Disorders and Violence Study (WCDVS). Based on previous literature, it was hypothesized that women in the WCDVS would be at high risk of perpetrating child abuse. This research examined mothers' potential for physical child abuse and assessed the association between child abuse potential, current mental health symptoms, alcohol and drug use severity, and trauma. Results revealed that participants had significant potential for child abuse. Hierarchical regression analyses revealed that current mental health symptoms were the strongest predictor of mothers' scores on the Child Abuse Potential (CAP) Inventory. This study highlights the important relationships between commonly used instruments across the mental health, substance and child welfare fields and the potential dual use of these instruments. Implications for policy and practice are discussed.


In this article a historical overview of the evolution of the Women's Trauma Integrated Services model at the Substance Abuse and Mental Health Services Administration (SAMHSA) is presented. Milestones in women's services policy development at SAMHSA (1992-1998) and in trauma treatment development for four different trauma populations (1960-1998) are discussed. SAMHSAs 5-year Women, Co-Occurring Disorders and Violence Study (1998-2003) is described, and the rationales for a number of basic decisions about the study design are presented. New knowledge application initiatives and plans at SAMHSA to further develop the Women's Trauma Integrated Services Model are outlined.

Childhood Abuse/Sexual Abuse


Women entering drug abuse treatment programs who report a history of sexual abuse are also likely to report poorer psychosocial functioning, more drug-related problems, and more family-of-origin problems. This study investigates outcome differences at follow-up between women with and those without sexual abuse histories who were treated at an outpatient methadone treatment program. Follow-up interviews were conducted with 98 women, 40% of whom reported prior sexual abuse. Those with a history of sexual abuse who reported problems at intake with psychosocial functioning and family support continued to report such problems at follow-up as compared with the women without a history of sexual abuse. However, no difference was found at follow-up between women with and those without sexual abuse histories in terms of drug use, employment, criminality, or HIV-risky behaviors. The findings suggest that sexual abuse history alone cannot predict treatment outcomes for women in methadone treatment. The implications of these findings are discussed in terms of treatment process and services.


This study reports on the effects of having a history of childhood sexual abuse (CSA) on
treatment outcomes among substance abusing men and women (N = 2,434) in a national, multisite study of drug treatment outcomes. A history of CSA was reported by 27.2% of the women and 9.2% of the men. Controlling for gender, compared to patients without CSA, patients reporting CSA were younger at entry into the current drug treatment, were more likely to be White, were more likely to have a comorbid mental disorder, be alcohol or cocaine dependent, had higher levels of criminal activities, had a higher level of problem recognition, and had a more negative peer influence. Controlling for these correlates, a history of abuse was related to a lower likelihood of posttreatment abstinence.


According to data collected from women and adolescents, a strong link exists between childhood abuse history and substance abuse. Using a sample of 274 women and 556 men receiving detoxification services, we explored whether the same pattern emerged across genders and types of abuse. Results revealed 20% of men and more than 50% of women reported childhood physical or sexual abuse. Sexual or physical abuse had negative sequelae, regardless of gender. Individuals with abuse history reported earlier age of onset of drinking, more problems associated with use of alcohol/drugs, more severe psychopathology, and more lifetime arrests, arrests related to substance use, and arrests related to mental health. Prevention and proactive intervention activities are crucial to prevent negative sequelae of childhood victimization.


Two models are proposed to relate maladaptive emotion regulation strategies and alcohol-related problems for women with a history of childhood sexual assault (CSA). The distress coping model suggests only one motive-drinking to cope with negative emotions-mediates the relationship between CSA and alcohol problems. The emotion regulation model suggests two motives mediate the relationship between CSA and alcohol problems: drinking to cope with negative emotions and drinking to enhance positive emotions. These models were tested in a random community sample of 697 women, ranging from 25 to 75 years old. Both motives partially mediated the relationship between CSA and alcohol problems. Effects were small, but reliable.


This article explores relationships among exposure to childhood abuse and traumatic events, adolescent conduct problems and substance abuse, and adult psychological distress and criminal behaviors in a sample of substance-abusing women offenders (N=440). Latent variable structural equation models revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse. Conduct problems predicted more adult criminal behavior, and adolescent substance abuse predicted higher levels of current psychological distress. There were direct relationships between several types of traumatic events and current psychological distress and between traumatic events and specific criminal behaviors. Ethnic differences were also found, suggesting different pathways to criminal behavior. The findings underscore the need to provide trauma-related services for substance-abusing women offenders.

This article explores how the association between sexual violence and substance use and mental health differs by race and life course stage. Analyses are based on data (n = 8,000) from the Violence and Threats of Violence against Women and Men in the United States Survey, 1994-1996 (NVAWS). Although sexual violence does not heighten the risk of problem drinking for White women, minority women victimized in adulthood are significantly more likely to engage in problem drinking and use illicit drugs. This suggests that for minority women the effects of recent victimization experiences result in immediate and potentially long-lasting consequences. The findings with respect to the association between sexual violence and depression are consistent with the child and adolescent development literature. It is Hispanic women who are more likely to suffer depression as a consequence of child sexual assault.


The purpose of this study is to identify predictors of resilience and adult mental disorders in women with a history of childhood sexual abuse. This cross-sectional study was conducted in a family practice center using adult female (age 18-40) patients. Outcome measures assessed the prevalence of major depressive episode, panic disorder, agoraphobia, substance abuse, posttraumatic stress disorder, borderline personality disorder, bulimia, and suicidality. Seventy-six percent of the 90 women with sufficient data met criteria for at least one adult disorder. Mental health was related to high SES, lack of family alcohol abuse, lower frequency of first perpetrator abuse, and few perpetrators. Specifics of the abuse were associated with development of borderline personality disorder, substance abuse, major depressive episode, suicidality, bulimia, agoraphobia, and panic disorder. Maternal violence against the father, substance abuse within the household of origin, and maternal care and overprotection were also important. The specifics about the abuse and the family environment during childhood are important predictors of adult psychopathology.


Most researchers have studied physical and/or sexual abuse, substance use, and mental health problems separately or as a dual diagnosis, and from a theory-driven, empirical perspective. In this study, the authors examined these three phenomena together and from a phenomenological perspective. Thirty women each participated in an individual interview about living with a history of physical and/or sexual abuse, substance use, and mental health problems. Using a hermeneutic approach, a team of researchers analyzed the transcribed interview texts. They identified three themes: (a) being thrown: the cycle of abuse; (b) living life fearfully: a restricted world; and (c) helping: hearing my story. The results are significant, in that they challenge current assumptions underlying health care for women with histories of physical and/or sexual abuse, substance use, and mental health problems.


More than half of substance abusers entering addiction treatment report a history of physical or sexual abuse. It is unclear if such a history impacts treatment outcomes. This one-year follow-up study of 700 substance abusers sought to clarify the relationship between lifetime physical and/or sexual abuse and addiction treatment outcome to help address the specific needs of this population. To achieve this goal, baseline characteristics, no-show for treatment status, post-treatment clinical outcomes, and treatment history were studied for subjects with lifetime history of abuse (47.3%) versus
without. Abused subjects, predominantly women, were significantly more impaired at baseline on clinical dimensions including family/social severity and psychiatric severity as measured by the Addiction Severity Index (ASI), and general level of functioning. The two groups endorsed different drugs as primary, with the abused group less frequently endorsing heroin and cocaine in favor of alcohol and polydrug use. Abused subjects reported more prior medical and psychiatric treatments. Abuse history was not a predictor of no-show for treatment. Over the 1-year follow-up, lifetime physical and/or sexual abuse was significantly associated with worse psychiatric status and more psychiatric hospitalizations and outpatient treatment despite receiving similar intensive addiction treatment.


Questions concerning sexual abuse before and after the age of 16 years were included in a general population survey of a representative sample of 1052 UK women and 975 UK men. In relation to women 12.5% reported experiencing some form of sexual abuse before the age of 16 years. The corresponding figures for men in this category were 11.7%. After the age of 16 the figure for women remained at this level. However the proportion of men reporting these traumatic experiences dropped to 3.2%. Sexual abuse both pre and post age 16 was associated with 'addictive' or 'problem' behaviours such as those associated with eating too much (for women), sexual activity and Internet use (for men).


This analysis examined data from mothers at 2 of the 9 sites participating in Substance Abuse and Mental Health Services Administration's (SAMHSA's) national Women Co-occurring Disorders and Violence Study (WCDVS). According to previous literature, it was hypothesized that women in the WCDVS would be at high risk of perpetrating child abuse. This research examined mothers' potential for physical child abuse and assessed the association between child abuse potential, current mental health symptoms, alcohol and drug use severity, and trauma. Results revealed that participants had significant potential for child abuse. Hierarchical regression analyses revealed that current mental health symptoms were the strongest predictor of mothers' scores on the Child Abuse Potential (CAP) Inventory. This study highlights the important relationships between commonly used instruments across the mental health, substance, and child welfare fields and the potential dual use of these instruments. Implications for policy and practice are discussed.

Intimate Partner Violence/Domestic Violence


OBJECTIVE: We sought to determine what women want from health care interventions for intimate partner violence (IPV) and understand why they found certain interventions useful or not useful. METHODS: We conducted interviews with 21 women who have a past or current history of intimate partner violence. Participants were given cards describing various IPV interventions and asked to perform a pile sort by placing cards into three categories ("definitely yes," "maybe," and "definitely no") indicating whether they would want that resource available. They were then asked to explain their categorizations. RESULTS: The pile sort identified that the majority of participants supported informational interventions and individual counseling. Only 9 of 17, however, felt couple's counseling was a good idea with seven reporting it was definitely not useful.
Half wanted help with substance use and treatment for depression. Interventions not well regarded included "Receiving a follow-up telephone call from the doctor's office/clinic" and "Go stay at shelter" with only 7 and 5 of the 21 women placing these cards in the "definitely yes" pile. "Health provider reporting to police" was the intervention most often placed in the "definitely no" pile, with 9 of 19 women doing so. The women described several elements that affected their likelihood of using particular IPV interventions. One theme related stages of "readiness" for change. Another theme dealt with the complexity of many women's lives. Interventions that could accommodate various stages of "readiness" and helped address concomitant issues were deemed more useful. Characteristics of such interventions included: 1) not requiring disclosure or identification as IPV victims, 2) presenting multiple options, and 3) preserving respect for autonomy.

CONCLUSIONS: Women who had experienced IPV described not only what they wanted from IPV interventions but how they wished to receive these services and why they would chose to use certain resources. They advised providing a variety of options to allow individualizing according to different needs and readiness to seek help. They emphasized interventions that protected safety, privacy, and autonomy.


Debate continues on issues of involuntary treatment for individuals with behavioral healthcare problems. Women with co-occurring disorders and histories of abuse are an especially vulnerable population. This study seeks to increase our knowledge about the experiences of coercion for women in the behavioral healthcare system. Patterns of coercion are explored. This study did not find the predicted relationship between high levels of interpersonal violence and frequent involuntary treatment experiences. The results do offer support for the hypothesis that women are more likely to be currently mandated to treatment if they have been recently arrested, and that being mandated to treatment does not appear to be related to clinical issues such as recidivism and acute symptoms. As expected, women currently required to be in treatment report having less choice in other aspects of their care. Implications for future research in the current climate of increasingly coercive policies are presented.


OBJECTIVES: We examined whether frequent drug use increases the likelihood of subsequent sexual or physical intimate partner violence (IPV) and whether IPV increases the likelihood of subsequent frequent drug use. METHODS: A random sample of 416 women on methadone was assessed at baseline (wave 1) and at 6 months (wave 2), and 12 months (wave 3) following the initial assessment. Propensity score matching and multiple logistic regression were employed. RESULTS: Women who reported frequent crack use at wave 2 were more likely than non-drug using women to report IPV at wave 3 (odds ratio [OR]=4.4; 95% confidence interval [CI]=2.1, 9.1; P<.01), and frequent marijuana users at wave 2 were more likely than non-drug users to report IPV at wave 3 (OR=4.5; 95% CI=2.4, 8.4; P<.01). In addition, women who reported IPV at wave 2 were more likely than women who did not report IPV to indicate frequent heroin use at wave 3 (OR=2.7; 95% CI=1.1, 6.5; P=.04). CONCLUSIONS: Our findings suggest that the relationship between frequent drug use and IPV is bidirectional and varies by type of drug.


In this study, the moderating effects of antisocial personality disorder (ASPD) on the
day-to-day relationship between male partner alcohol consumption and male-to-female intimate partner violence (IPV) for men entering a domestic violence treatment program (n=170) or an alcoholism treatment program (n=169) were examined. For both samples, alcohol consumption was associated with an increased likelihood of nonsevere IPV among men without a diagnosis of ASPD but not among men with ASPD (who tended to engage in nonsevere IPV whether they did or did not drink). Drinking was more strongly associated with a likelihood of severe IPV among men with ASPD compared with those without ASPD who also drank. These results provide partial support for a multiple threshold model of intoxication and aggression.


In this review, the authors examine the research evidence for the prediction of wife assault recidivism, lethal wife assault, and wife assault onset. They also review and present original data on the effect of treatment attendance on wife assault risk. Violence does not always become a stable habit, and variables associated with wife assault onset do not necessarily predict recidivism. General antisociality, psychopathy, substance abuse, and a history of assault and psychological abuse in the relationship are the most promising predictors of recidivism. Formal risk assessments, and victims' predictions, have demonstrated value in predicting recidivism. The authors review existing assessments for wife assault onset and recidivism and explain the relative merits of actuarial tools and structured clinical assessments. Because of statistical and practical limitations to predicting lethal assault, they recommend using an actuarial assessment of wife assault risk, plus attention to the strongest correlates of lethal assault when lethality is a concern.


The most important things learned about violence and trauma in the past 20 years are that interpersonal violence is prevalent, with different forms co-occurring, and that victims' reactions are complex. Researchers are called to consider models that include the ecological context within which victims experience violence and trauma to gain a better understanding of the variation seen in psychological outcomes. Multivariate data-analytic techniques such as structural equation modeling and cluster analysis are suggested as promising ways to explore questions framed by comprehensive models. These recommendations are predicted to provide comprehensive and individualized ways to intervene and prevent interpersonal violence.


In this article, the author highlights her choice of the 10 most important recent findings from the intimate partner violence research literature, which include (a) the creation of the Conflict Tactics Scale; (b) the finding that violent acts are most often perpetrated by intimates; (c) a series of findings that indicate that women also engage in intimate partner violence; (d) the finding that intimate partner violence typically evolves out of relationship dissatisfaction; (e) the finding that there are different subtypes of domestically violent men; (f) physiological measures that have added to our knowledge of intimate partner violence; (g) the evolving intergenerational transmission of violence theory; (h) the finding that verbal abuse, neglect, and psychological abuse need to be studied alongside physical violence; (i) research on leaving abusive relationships that may inform policy about sheltering battered women; and (j) the finding that alcohol plays an important role in the production of intimate partner violence. In the conclusion, the author describes a dyadic cycle of violence that may characterize some abusive couples.

Objective: Few emergency department (ED) studies have described the relationship between family violence and subsequent intimate partner violence (IPV) or accounted for partner alcohol use in IPV victimization. This study sought to identify family history and substance-use factors associated with IPV among women presenting to an urban emergency department. Methods: Case-control study in which cases (women identified as having IPV concerns and an IPV history) and controls (women without IPV) were frequency-matched by age group and race/ethnicity. Logistic regression was performed to calculate adjusted odds ratios (ADR) for any IPV, physical IPV, and sexual IPV. Results: The sample included 182 cases and 147 controls. Living with a partner (not married) and witnessing parental violence were independent risk factors for any IPV (AOR 2.55 and AOR 2.21, respectively). Partner's alcohol use (AOR 1.22 for every five drinks consumed per week) and heavier drinking (AOR 5.07) were also significant risk factors, but not subject's substance-use. The pattern of risk factors varied only slightly for physical IPV and sexual IPV. Conclusion: This study suggests a substantial relationship between partner alcohol use and IPV among women beyond the woman's substance use and confirms previous reports regarding the cycle of violence in women's lives.


Scant literature is available that helps identify issues to consider when working with domestically violent women. This article describes themes that emerge among women who attend a group for being violent in an intimate relationship. Conducted at the House of Ruth Maryland, the authors report that these women have experienced a history of trauma, display maladaptive survival skills, lack support systems, lack internal resources to examine their own behavior, and struggle with substance abuse-related issues. In the group, they appear initially resistant, vie for control of the group, and consider their children a reason for personal pride and change. Therapeutic considerations are offered that include understanding the broad social as well as the intimate context in which their behavior is displayed.


Knowledge about where battered women present for services and the violence, biopsychosocial, and demographic factors associated with their help seeking can provide social workers with guidance in anticipating needs among this portion of their clientele. The authors examined the service contact patterns of a sample of battered women (N = 448) following an incident of partner violence that triggered legal involvement. Significant group differences, tested with t tests and chi squares, between women who sought compared with those who did not seek services were found on partner violence exposure and biopsychosocial factors. Correlations and regression analyses of relationships among partner violence and biopsychosocial and demographic factors with help-seeking indices show how battered women's needs differentially relate across a range of service types. Results show distinctive profiles of needs and resources among battered women who seek violence, legal, health, economic, substance abuse, and religious helping services.


OBJECTIVE: The goal of this study was to examine the longitudinal relationship
between substance use and intimate partner violence (IPV) victimization and perpetration among a sample of young adult women. METHOD: A sample of 509 women who participated in Waves 8 (age 23) and 9 (age 29) of a multiyear panel study and who indicated they were living with a partner or spouse at both time points provided the data for this investigation. Path analysis was used to examine the cross-lagged relationships between women's substance use and IPV victimization and perpetration over the two waves of data. RESULTS: Although strong within- and across-time associations between substance use and IPV victimization and perpetration were found at the bivariate level, substance use did not predict women's subsequent IPV victimization or perpetration in the cross-lagged model. Instead, victims of IPV at age 23 were found to be at an increased risk for later heavy drinking. Perpetrators of IPV at age 23 were less likely than nonperpetrators to report heavy drinking at age 29. CONCLUSIONS: The results suggest that substance use does not increase women's long-term risk of experiencing or perpetrating IPV but that victimization by IPV puts women at risk for subsequent heavy drinking.

McFarlane, J., A. Malecha, et al. (2005). "Intimate partner sexual assault against women and associated victim substance use, suicidality, and risk factors for femicide." 953-67, 2005 Nov. In order to establish the frequency of substance use, following and attributed to sexual assault, and describe the danger for femicide and suicidality for women physically and sexually abused compared to physically-abused only women, a personal interview of 148 African-American, Hispanic, and white English and Spanish-speaking abused women was completed. Women who reported more than one sexual assault were 3.5 (95% CI, 0.9, 13.4) times more likely to report beginning or increasing substance use compared to women who reported only one sexual assault. Sexually assaulted women reported significantly (p=.002) more risk factors for femicide compared to physically-abused only women. Specific to suicide, women reporting sexual assault were 5.3 (95% CI, 1.3, 21.5) times more likely to report threatening or attempted suicide within a 90-day period compared to physically-abused only women. The health assessment and intervention of intimate partner violence must extend beyond injury to include behavior risk sequelae of substance abuse and suicidality.

Quinlivan, J. A. and S. F. Evans (2005). "Impact of domestic violence and drug abuse in pregnancy on maternal attachment and infant temperament in teenage mothers in the setting of best clinical practice." Archives of Women's Mental Health 8(3): 191. We examined whether the prenatal detection of family violence and initiation of a comprehensive prenatal individualised care program could ameliorate the impact of family violence on maternal attachment to her infant at 6-months of age. An assessment of domestic violence was established for each subject at the 1st antenatal visit and women were classified as being exposed to domestic violence in pregnancy (EDV) or as being not exposed to domestic violence. Outcomes were determined 6 months postpartum. Of 173 consecutive women who met the eligibility criteria, consent was obtained from 150 (87% response). Women who had been subjected to domestic violence showed reduced overall attachment scores to their infants. Following multivariate analysis, drug use in pregnancy and domestic violence showed a significant independent effect on maternal attachment. Drug abuse and domestic violence were also associated with an increase in the easy-difficult scale of infant temperament. Thus, despite excellence in prenatal care, drug abuse and domestic violence were associated with poorer maternal attachment and assessment of infant temperament, suggesting that additional interventions are still required.

former romantic partner. It aimed to identify factors that were predictive of such stalking violence. Two hundred and twenty female undergraduates who defined themselves as victims of stalking following the dissolution of a romantic relationship completed a short questionnaire. From their responses, 11 predictor variables were considered. These were self-reported relationship experiences of physical and sexual violence, intentional damage to participant's property, partner jealousy, isolation, monitoring, criticism and insults by the former partner, former partner's drug and alcohol abuse, and specific threats of violence while being stalked. The dependent variable in the study was whether stalking violence occurred; 35.9% (79/220) of participants experienced stalking violence. Logistic regression analysis revealed that there were statistically significant independent associations between threats, partner jealousy, and former partner drug abuse and stalking violence.


As part of a larger study, the authors investigated experiences of recent violence among sexually active, substance-using women. Structured interviews were conducted with 172 women living in shelters and low-income housing, 41 of whom also completed an in-depth interview on their worst violent episode. Structured interviews indicated that rape and self-blame were more common among sheltered women. In-depth interviews suggested that sheltered women were vulnerable to instrumental aggression from a range of perpetrators, whereas housed women tended to experience hostile partner aggression. Intoxication during the violent episodes was more common among sheltered women. Implications for violence prevention and treatment services are discussed.


BACKGROUND: The lifetime prevalence of intimate partner violence (IPV) among women in the United States is reported to be between 18 and 50%. One-third of female homicide victims are killed by an intimate partner and alcohol is often involved. Despite these figures, 77% of women have never been screened for IPV. Substance abuse in male partners is known to place women at risk. We examined the role of female alcohol use on rates of severe IPV. Our hypotheses were: (1) the prevalence of IPV among women seen in trauma centers is greater than that found in national surveys; (2) alcohol problems among abused women and their partners are greater than those among non-abused women; (3) females and their partners alcohol problems are each independently associated with IPV; and (4) female trauma center patients support domestic violence screening. METHODS: An in-person survey was administered to 95 consecutive adult female trauma patients admitted to a Level I Trauma Center. The survey included questions about past-year and lifetime severe IPV, female and male partner alcohol use, and willingness to participate in IPV screening and referral. The multivariate associations of female and partner alcohol use with past-year severe IPV were assessed with logistic regression. RESULTS: Nearly one-half (46.3%) of women reported a lifetime history of severe IPV, with 26% experiencing severe IPV in the past year. Past-year IPV was identified in 59.1% of women screening positive for drinking problems, but in only 12.7% of those screening negative for drinking problems (p = 0.001). Similarly, past-year IPV prevalence was 55.2% when the partner was a problem drinker versus 8.3% when he was not (p = 0.001). Multivariate analysis showed that female problem drinking (odds ratio [OR] = 5.8) and partner problem drinking (OR=8.9) were independent predictors of past-year severe IPV. The majority of women (90.5%) felt that it was appropriate for health care professionals to screen for IPV; 90% of women with a history of IPV thought screening was important and 71% wished a previous healthcare provider had asked them about it. CONCLUSIONS: Female trauma patients demonstrate a higher
prevalence of severe IPV than the general population. IPV rates appear to be related to both female and partner alcohol misuse. Female trauma patients endorsed IPV screening and thus should be screened for alcohol use and IPV in a way that minimizes future violence risk. Further research is needed to elucidate whether intervention for alcohol misuse has an impact on rates of IPV in this population.

Other Trauma


This paper examines an empirical investigation of the lifetime prevalence of trauma (defined as sexual and/or physical abuse) in a cohort of adults enrolled in a federally funded initiative that provides treatment for homeless persons suffering the effects of comorbid substance use and serious mental illness, and considers the impact of this information on clinical programming. Data collected from homeless individuals with co-occurring disorders admitted to the Seeking Treatment and Recovery (STAR) Program during a one year period (n=78) were analyzed for a history of trauma events. Of those individuals evaluated, 79.5% (62/78) acknowledged a history of either physical and/or sexual abuse at some time in their lifetimes. Of this population, 100% of the homeless women (27/27) with co-occurring disorders had experienced a life-altering traumatic event while 68.6% (35/51) of the homeless men also reported trauma histories. We describe the trauma-based interventions made in the STAR Program that have the potential for replication in other initiatives committed to serving homeless individuals with co-occurring disorders.


Epidemiological research indicates that there is substantial comorbidity between posttraumatic stress disorder (PTSD) and substance use disorder (SUD). Moreover, there is growing evidence that having a comorbid PTSD diagnosis is associated with greater substance use problem severity and poorer outcomes from SUD treatment. In an attempt to improve the treatment outcome for individuals with PTSD-SUD, recently developed treatments combine exposure therapy for PTSD with an empirically supported treatment for SUD. This article describes one of the treatments and discusses treatment modifications that have been incorporated when translating this research-based therapy to practice in an inner-city community mental health center.


This study examines the types of religious/spiritual coping used by women trauma survivors with co-occurring mental health and substance use disorders. Analyses based on data from 2 large racially diverse samples indicate that women from the study population rely considerably more on positive, than negative, religious coping, and that their reliance on religious coping, in general, is significantly higher than that of the general population. Numerous significant relationships were also found between the severity of trauma-related and mental health symptoms and more negative religious coping. This study further suggests that more frequent childhood abuse and childhood sexual violence are especially associated with negative religious coping in adulthood. Findings support the importance of spiritual coping for women trauma survivors with co-occurring disorders and suggest the value of increased attention to spirituality in behavioral health services, especially in assessment and therapeutic relationships.
A convenience sample of 100 female jail inmates was interviewed by two female clinical psychologists using measures of trauma exposure, psychopathology, sexual risk behavior, parenting skills, and perceived needs for service. Participants had high rates of lifetime trauma exposure (98%), current mental disorders (36%), and drug/alcohol problems (74%). More than half of the women showed deficits in parenting skills. Participants described their primary problems as being in the areas of substance abuse and family issues, and they endorsed a variety of potential services they would like to be able to access. Unless trauma and victimization experiences, mental health needs, and functional difficulties are taken into account in program development, incarcerated women are unlikely to benefit optimally from in-house and postrelease programs.

This article describes the "relational systems change" model developed by the Institute for Health and Recovery, and the implementation of the model in Massachusetts from 1998-2002 to facilitate systems change to support the delivery of integrated and trauma-informed services for women with co-occurring substance abuse and mental health disorders and histories of violence and empirical evidence of resulting systems changes. The federally funded Women Embracing Life and Living (WELL) Project utilized relational strategies to facilitate systems change within and across 3 systems levels: local treatment providers, community (or region), and state. The WELL Project demonstrates that a highly collaborative, inclusive, and facilitated change process can effect services integration within agencies (intra-agency), strengthen integration within a regional network of agencies (interagency), and foster state support for services integration.

Approximately 683,000 adult women are raped each year. Only one in seven of these victims report the assault to police and receive forensic exams and other professional services. For many rape victims, this may be the only professional contact with service providers; however these services are typically limited to evidence collection and prophylactic STD treatment. Yet this exam also presents a unique opportunity for a preventive intervention to help prepare women to cope with potential stress related to rape-exam procedures and to address potential post rape psycho-pathology. This article reviews psychological interventions for trauma victims used in the acute post rape time frame and provides data from an ongoing clinical trial that evaluates delivery of a preventive intervention for victims presenting for forensic rape exams.

[sample includes both men and women; doesn't mention gender diffs]
Aims: To investigate the relationship of different patterns of alcohol intake to various types of trauma. Methods: We examined the associations of alcohol consumption in a series of 385 consecutive trauma admissions (278 men, 107 women, age range 16-49 years). Patients underwent clinical examinations, structured interviews on the amount and pattern of alcohol intake, and measurements of blood alcohol concentration (BAC). Results: On admission, 51% of the patients had alcohol in their blood. Binge drinking was the predominant (78%) drinking pattern of alcohol intake. Assaults, falls and biking accidents were the most frequent causes of trauma. Dependent alcohol drinking and binge drinking were found to be significantly more common among patients with head
trauma than in those with other types of trauma (77% vs 59%, OR = 2.38; 95% CI 1.50 to 3.77). The OR for sustaining head injury increased sharply with increasing BAC: 1-99 mg/dl (1.24; 95% CI 0.55-2.01), 100-149 mg/dl 1.64; 95% CI 0.71-3.77), 150-199 mg/dl (3.20; 95% CI 1.57-6.53) and > 199 mg/dl (9.23; 95% CI 4.79-17.79). Conclusions: Binge drinking is a major risk factor for head trauma among trauma patients. Assaults, falls and biking accidents are the commonest causes for such injuries. The relative risk for head injury markedly increases with increasing blood alcohol levels. Alcohol control measures should feature in policies aiming at the prevention of trauma-related morbidity and mortality.

Simmons, C. A. and D. K. Granvold (2005). "A Cognitive Model to Explain Gender Differences in Rate of PTSD Diagnosis." Brief Treatment and Crisis Intervention 5(3): 290. [not specific to individuals with SUDs, but may be useful]

Posttraumatic stress disorder (PTSD) is an anxiety disorder that has been estimated to affect between 15% and 24% of individuals who are exposed to traumatic events (e.g., Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski, 1998). It is significant that (a) not all individuals exposed to traumatic events develop PTSD symptoms and (b) women are twice as likely as men to develop PTSD. Other factors play a role in the development of this disorder. In this conceptual article, we outline the problem of PTSD and, using a cognitive model, explain PTSD causal factors with a particular emphasis on the greater risk of women for developing PTSD.


Objective: To compare the 15-year mortality of people with a history of opioid dependence that had achieved stable abstinence, with the mortality associated with continued drug use. Another objective was to study the influence of hospitalization with comorbid psychosis on the 15-year mortality. Method: In 1984, 188 persons (122 men and 66 women) with a history of intravenous narcotics addiction were interviewed about their drug-use pattern. A registry-based follow-up continued through 1999 and mortality was assessed. Three 1984-drug-use categories were formed. In category 1, cohort members had achieved stable abstinence from drug use by 1984. Using Cox multiple regression analysis, we (i) estimated reduced mortality of category 1 drug users, and (ii) studied the influence of hospitalization with comorbid psychosis on mortality. Results: About 32% had died during the 15-year follow-up. The 15-year mortality associated with stable abstinence was reduced by 56% when compared with the perceived worst drug-use pattern. Hospitalization for comorbid psychosis was not independently associated with mortality in this sample. When drug-use categories were compared with mortality expectations for the general population, the standard mortality rates (SMRs) were clearly elevated. Even in the stably abstinent drug-use category (category 1), SMR was significantly elevated by at least seven-fold in both genders. Conclusion: People who had achieved stable abstinence from injecting narcotics use were at lower risk of premature death than people with continued drug use. A residual observed excess mortality in people who had apparently achieved stable abstinence from drug use is consistent with the view of drug addiction as a chronic disease.


Women recover and heal from traumatic violent experiences in many different ways. This study, which is part of the Franklin County Women and Violence Project, explores the healing experiences of 18 women who have histories of violence, substance abuse, and involvement in the mental health and/or substance abuse treatment system. Ethnographic interviews suggest that while professional intervention can be beneficial, it
may not be adequate. In fact, it can be retraumatizing. The means of service delivery and treatment by individuals, service providers and others, may be more important than the actual service. Often women find that caring individuals and a safe environment yield the greatest benefit. It is not so much what people do to help, but how they do it.


**Objective:** Sexual assault history is associated with higher risk of problem drinking in women, yet little is known about mechanisms linking trauma histories to women's problem drinking. This study examined how trauma histories, alcohol-related cognitive mediators and posttraumatic stress disorder (PTSD) relate to past-year problem drinking in adult female sexual assault survivors. **Method:** Data from self-report questionnaires completed by a large, diverse sample (N = 865) of community-residing women who had experienced adult sexual assault were analyzed. Structural equation modeling was used to test a theoretical model examining the relationship between trauma exposure, alcohol-related cognitive mediators, PTSD symptoms and past-year problem drinking. **Results:** These analyses suggested that trauma exposure, drinking to cope with distress and tension-reduction expectancies are the most consistent factors associated with problem drinking, whereas PTSD symptoms are not. Drinking to cope and tension-reduction expectancies were both related to greater PTSD symptoms, consistent with self-medication theory. **Conclusions:** These results suggest that trauma histories, drinking to cope and tension reduction may be important risk factors distinguishing sexually assaulted women who develop problem drinking from those who do not. Screening women for trauma histories even within samples of victims and assessment of women's ways of coping and beliefs about alcohol's effects may help to identify those at greater risk for problem drinking.

**Mental Health and Co-occurring Disorders**

**Eating Disorders**


**Objective:** There has been little research examining the relative importance of the amount of substance consumed versus consequences of substance use in persons with eating disorders. The current study examined the status of both aspects of alcohol use in persons with problematic eating behavior. **Method:** Twenty-one women who reported purging on the National College Health Assessment were identified from a larger (N = 391) sample. A matched group was also created from the larger sample. These groups were compared on alcohol consumption and negative alcohol-related consequences. **Results:** Participants who purged reported both more frequent alcohol use and more negative consequences of alcohol use than the comparison group. Some of the negative consequences were severe. **Discussion:** The current study extends previous research on the association between eating disorders and alcohol use disorders. Because alcohol use and the negative consequences of alcohol use are not identical, they both should be assessed in persons with eating disorders.


**Background:** While the co-prevalence of eating disorders (ED) has been documented in individuals with substance use disorders (SUD), little is known about the co-occurrence of other disorders in this population. Examining this issue is critical for
public health policy and treatment success. OBJECTIVE: To identify and evaluate the co-occurrence of ED and other psychiatric disorders in men and women with SUD. METHODS: The sample consisted of individuals seeking treatment for substance use. Semi-structured interviews and the CAMH Concurrent Disorders Screener were completed to assess DSM-IV psychopathology. RESULTS: Chi-square analyses suggested that more women scored positive for ED than men, EDs were more prevalent in both genders than in the general population, and the co-occurrence of other disorders was higher for clients with both SUD and ED than with SUD. DISCUSSION: Individuals with both SUD and ED appear to have multiple needs that may not be readily assessed by existing addiction treatment programs. Assessment issues, treatment, potential prevention and health promotion implications are addressed.


Women with substance-related disorders are likely to suffer from disordered eating and past traumatic experience, issues that might inhibit the recovery process. The present study determined the prevalence of co-morbidity of disordered eating, trauma, and substance related disorders among 60 women living in one of 15 mutual help substance abuse recovery homes that establish new social networks for residents. Psychological sense of community was also examined to determine whether residents were able to obtain support that may have previously been absent. Results indicated that women with co-existing disordered eating and substance-related disorders, as well as women who have experienced trauma benefit from democratic, independent-living environments. Implications for treatment and future research are discussed.


OBJECTIVE: The current study sought to determine whether there are subtypes of bulimia nervosa (BN) differentiated by comorbid psychiatric disorders. METHOD: Data on comorbid psychiatric diagnoses in female relatives of probands and controls in the Collaborative Study of the Genetics of Alcoholism (COGA) who met criteria for BN (as outlined in the 3rd Rev. ed. of the Diagnostic and Statistical Manual of Mental Disorders) were analyzed using latent class analysis. Resulting latent classes were compared on a variety of variables related to impulsive behaviors and psychological functioning. RESULTS: The best-fitting solution, a two-class model, yielded one class (72%) characterized by substance dependence, depression, antisocial personality disorder (ASPD), and anxiety disorders, and another characterized by depression. The highly comorbid class had more suicidality, more daily smokers, sought help for emotional problems, and had lower Global Assessment of Functioning (GAF) scores compared with those in the comorbid depression only class. DISCUSSION: Latent class findings suggest the existence of two classes of BN differentiated by substance dependence, impulsive behaviors, and poorer psychological functioning.


BACKGROUND: Little is known about substance use disorders (SUDs) in individuals with body dysmorphic disorder (BDD). Although studies have examined SUD comorbidity in BDD, no previous studies have examined clinical correlates of SUD comorbidity. METHOD: We examined rates and clinical correlates of comorbid SUDs in 176 consecutive subjects with DSM-IV BDD (71% female; mean +/- SD age = 32.5 +/- 12.3 years). Comorbidity data were obtained with the Structured Clinical Interview for DSM-IV. BDD severity was assessed with the Yale-Brown Obsessive Compulsive Scale Modified for BDD, and delusionality (insight) was assessed with the Brown Assessment of Beliefs Scale. Quality of life and social/occupational functioning were examined using
the Social Adjustment Scale, Quality of Life Enjoyment and Satisfaction Questionnaire, Medical Outcomes Study 36-Item Short-Form Health Survey, and Range of Impaired Functioning Tool. All variables were compared in BDD subjects with and without lifetime and current SUDs. Data were collected from January 2001 to June 2003. RESULTS: 48.9% of BDD subjects (N = 86) had a lifetime SUD, 29.5% had lifetime substance abuse, and 35.8% had lifetime substance dependence (most commonly, alcohol dependence [29.0%]). 17% (N = 30) had current substance abuse or dependence (9.1% reported current substance abuse, and 9.7% reported current dependence). 68% of subjects with a lifetime SUD reported that BDD contributed to their SUD. There were far more similarities than differences between subjects with a comorbid SUD and those without an SUD, although those with a lifetime SUD had a significantly higher rate of suicide attempts (p = .004). CONCLUSION: These preliminary results suggest that SUDs are very common in individuals with BDD. Subjects with and without a comorbid SUD were similar in most domains that were examined.


The relationship between dieting and binging severity and alcohol use was studied in a sample of women in their first year of college (n = 1384). The study was designed to replicate and extend earlier findings of a graded positive relationship between the dieting and binging severity and the frequency, intensity, and negative consequences of alcohol use in young women, while adjusting for known predictors of alcohol use. Prevalence of past month alcohol use, drinking enough to get high on half or more drinking occasions, and heavy drinking (>or= five drinks in a row) in these women were positively associated with dieting and binging severity in a graded manner across the entire range of these behaviors. Dieting and binging severity was also more closely associated with the frequency and intensity of alcohol use than measures of depression, parents' drinking level, and early age of first drink. Finally, dieting and binging severity was positively associated with the prevalence of negative consequences of alcohol use, such as blackouts and unintended sexual activity. These results suggest that the dysfunctional eating behaviors often associated with dieting could also be associated with dysfunctional alcohol use.


Objectives: To determine the importance of self-injurious behaviour in people with eating disorders (ED) and to analyse the possible differences between ED subtypes. Method: 109 patients with ED (51 anorexia nervosa (AN) and 58 bulimia nervosa (BN)), according to DSM-IV diagnostic criteria, who were consecutively referred to our unit, participated in this study. All cases were female. Assessment: Subjects were assessed by means of a semi-structured clinical interview and self-report questionnaires (Eating Attitudes Test, EAT-40; Eating Disorders Inventory, EDI; Bulimic Investigatory Test Edinburgh, BITE; Body Shape Questionnaire, BSQ; Beck Depression Inventory, BDI; Social Anxiety Scale, SAD). Design: Comparison of cases by considering the factors diagnosis and self-injurious behaviour. Results: The presence of self-injurious behaviour (SIB) (32% of cases) was not associated with the diagnosis (p = 0.28). There was no association between SIB, suicide attempts, alcohol abuse and stealing, but a positive correlation between SIB and drug abuse was found (r = 0.284, p < 0.003). Likewise, patients with SIB showed higher scores on severity of the disorder (EDI, p < 0.04), depressive symptoms (BDI, p < 0.02), social anxiety (SAD, p < 0.02) and body image dissatisfaction (BSQ, p < 0.03). Conclusions: Eating disorders are pathologies in which self-injurious behaviour will be commonly present. SIB is associated with greater depression and anxiety and in general terms with greater severity of the disorder.

OBJECTIVE: The course of anorexia nervosa often includes the emergence of bulimic symptoms and a crossover to the full syndrome of bulimia nervosa. However, clinicians' ability to predict who will develop bulimia nervosa is limited. The converse phenomenon, crossover from bulimia nervosa to anorexia nervosa, has not been investigated as thoroughly. The authors identified factors that are associated with crossover from anorexia nervosa to bulimia nervosa and from bulimia nervosa to anorexia nervosa.

METHOD: All participants were from the International Price Foundation Genetic Study. Two groups were studied. The first comprised 88 individuals with an initial diagnosis of anorexia nervosa, of whom 32 developed bulimia nervosa. The second included 350 individuals with bulimia nervosa, of whom 93 developed anorexia nervosa. Several variables, including DSM-IV axis I and II disorders and personality traits, were evaluated as potential predictors of crossover.

RESULTS: For the majority of affected individuals, crossover occurred by the fifth year of illness. A low level of self-directedness was associated with crossover in both directions. Other factors differed by diagnosis: high parental criticism was associated with crossover from anorexia nervosa to bulimia nervosa, whereas alcohol abuse/dependence and a low level of novelty seeking were associated with crossover from bulimia nervosa to anorexia nervosa.

CONCLUSIONS: Low self-directedness may be associated with diagnostic instability in general, whereas other specific factors are related to the direction of diagnostic crossover. These results indicate that personality and family characteristics may influence the course of eating disorders and may be informative for planning interventions.

Suicide


Objective: Several studies have shown that acute alcohol use is associated with suicidal behavior, but the magnitude and nature of the relationship remain unclear. We report a study on the impact of acute alcohol use on suicide attempts treated in the emergency room (ER) using the case-crossover design. Method: Seven ER studies carried out in the United States, Canada, Mexico and Australia from 1984 to 1996 with probability samples and similar methodology were merged yielding a total of 102 suicide attempters (overall 52% were male and 59% under 30 years of age). Results: Thirty-six patients reported alcohol use within 6 hours prior to the suicide attempt. When usual alcohol consumption during the past 12 months served as the control value, the estimated relative risk (RR) for patients who reported alcohol use within 6 hours prior to the suicide attempt was 9.6 (95% confidence interval: 5.7-16.3). Although the prevalence of alcohol use differed by sex, there was no statistically significant difference in the estimated RRs (RR = 13.6 men and RR = 5.3 women, p = 0.11 for the heterogeneity test). Conclusions: A positive association was found between alcohol use 6 hours prior and suicide attempts in 102 ER cases in four countries. The case-crossover methodology is well suited to studies for which an external control group is not easily obtainable.


Several studies have attempted to understand the link among substance abuse, depression, and suicidal ideation (SI). Assessment of this link is important to develop specific interventions for persons in substance abuse treatment. This association was tested among 990 drug users in and out of treatment with significant criminal justice histories from two National Institute on Drug Abuse studies. The Diagnostic Interview Schedule and Substance Abuse Module assessed DSM-111-R depression, number of depression criteria met, antisocial personality disorder (ASPD), and substance use
disorders. Compared with men, women were twice as likely to report depression (24% vs. 12%), whereas men were nearly twice as likely to report ASPD (42% vs. 24%). High rates of SI were found, with women more likely than men to report thoughts of death (50% vs. 31%), wanting to die (39% vs. 21%), thoughts of committing suicide (4711/0 vs. 33%), or attempting suicide (33% vs. 11%); 63% of women and 47% of men reported at least one of these suicidal thoughts or behaviors. Male and female ideators were more likely than nonideators to report depressed mood and to meet criteria for depression, ASPD, and alcohol use disorders. Male ideators were more likely than male nonideators to meet criteria for cocaine use disorders. Using logistic regression, SI among men was predicted by alcohol use disorder (OR = 1.60), ASPD (OR = 1.59), and number of depression criteria (OR = 9.38 for five criteria). Among women, SI was predicted by older age, marital status, alcohol use disorder (OR = 2.77), and number of depression criteria (OR = 9.12 for five criteria). These original findings point out the need to discuss suicidal thoughts among depressed drug users for early treatment and prevention.


The objective of the study was to explore correlates of suicidal ideation among African Americans in a community-based cohort in Baltimore, Md. Participants had initiated use of heroin, crack, or cocaine by means other than injection in the prior 10 years. An interview-administered questionnaire collected information regarding drug use history, depressive symptoms, drug dependence, and suicidal thoughts and attempts within the past six months. Multiple logistic regression was used to identify factors independently associated with suicidal ideation. Of 148 persons, median age was 27 years, and 60.8% were female. Suicidal ideation was reported by 21.6% of participants. Those reporting suicidal ideation were significantly more likely to be dependent on two or more drugs (adjusted odds ratio=2.93, 95% confidence interval = 1.25, 6.88). Our findings underscore the need to integrate treatment for psychiatric comorbidity and drug dependence and target these services toward young, African-American drug users.


Objectives and methods: Aim of the study was to identify and estimate psychiatric axis I disorders as risk factors for suicide in different age groups using a psychological autopsy study with case-control design. 163 suicides and 396 population-based control persons were assessed with a standardized semi-structured interview including SCID-I (for DSM-IV). Results: Logistic regression analyses revealed significantly elevated odds ratios for alcohol-related disorders in men aged 31 to 45, 46 to 60, and 61 to 75 years (OR = 9.0, OR = 7.5, and OR = 10.7, respectively) and for Major Depression, single episode, in men and women aged 61 to 75 years (OR= 42.7 and OR= 15.9). In males aged 31 to 45 years polysubstance-related disorders (OR= 9.5) and in females aged 61 to 75 years cognitive and mental disorders due to a general medical condition (OR = 12.2) were significantly and independently associated with suicide. Conclusions: Alcohol-related disorders and Major Depression differently contribute to male and female suicide risk in special age groups. These findings imply differentiated prevention strategies.


Background: This study updated and expanded upon Harris and Barraclough's empirical review [Harris, E.C., Barraclough, B., 1997. Suicide as an Outcome for mental disorders. A meta-analysis, Br. J. Psychiatry 170, 205-228] of retrospective and prospective cohort studies of alcohol and drug use disorders and suicide. Method: Studies presenting data on alcohol and drug use disorders and suicide originally identified by Harris and
Barraclough were used in this study. To find additional studies, (1) the location of English language reports on MEDLINE (1994-2002) were identified with the search terms 'substance-disorders' with 'mortality' and 'follow-up', (2) read throughs were conducted of four prominent alcohol and drug specialty journals from 1966 through 2002, and (3) the reference sections of studies that met criteria were searched for additional reports. This strategy yielded 42 new studies meeting eligibility criteria.

Results: The estimated standardized mortality ratios (SMR; 95% confidence interval) for suicide were as follows: alcohol use disorder (979; 95% CI 898-1065; p < 0.001), opioid use disorder (1351; 95% CI 1047-1715; p < 0.001), intravenous drug use (1373; 95% CI 1029-1796; p < 0.001), mixed drug use (1685; 95% CI 1473-1920; p < 0.001), heavy drinking (351; 95% CI 251-478; p < 0.001). SMR estimates stratified by sex were also calculated. Conclusions: Additional studies on the association of suicide and mixed drug use, heavy drinking, and alcohol use disorders in women augmented the findings of Harris and Barraclough, along with a novel estimate for intravenous drug use, a byproduct of intensive research on HIV in the past decade. There is a large empirical literature on alcohol use disorders and suicide and a moderate literature on suicide and opioid use disorders and IV drug use. There remains limited prospective data on the association of suicide and other drug use disorders (e.g., cocaine, cannabis).

Anxiety/Depression


AIMS: To determine the nature of the association between alcohol consumption and symptoms of anxiety and depression in women. DESIGN: Prospective cohort study of women (n = 4527) who received antenatal care at a major public hospital (Mater Misericordiae Hospital) in South Brisbane between 1981 and 1984 and who have follow-up data on alcohol use, depressive and anxiety symptoms over a 14-year period. FINDINGS: At the 5-year follow-up there was a 'J-shaped' association between alcohol consumption and both symptoms of depression and of anxiety. However, at the baseline assessment and the 14-year follow-up alcohol consumption was linearly and positively associated with depressive symptoms with increasing prevalence of symptoms with greater consumption. At the 5-year follow-up the prevalence of depressive and anxiety symptoms among those who were abstainers at both baseline and 5-year follow-up was similar to that among those who had been previous drinkers and then become abstainers (P = 0.67). Similarly, the prevalence of these symptoms was the same at the 14-year follow-up comparing those who had been abstainers at baseline, 5-year and 14-year follow-up to those who had previously consumed alcohol but were then abstainers. CONCLUSIONS: The nature of the association between alcohol consumption and symptoms of depression and anxiety may vary across their life course in women. Previous drinkers who become abstainers do not appear to be at any higher risk of symptoms of depression or anxiety compared to those who always abstained, suggesting that increased symptoms in abstainers at age 30 is not due to 'sick quitters'. The association of high alcohol consumption with symptoms of depression and anxiety may be confounded by low income and smoking.


Objective: Individuals entering treatment for alcoholism have elevated depressive symptoms that in turn may affect response to treatment, including drinking outcomes. The purpose of the study is to examine the impact of depression at treatment entry on drinking over the course of treatment. Method: The Project MATCH (Matching
Alcoholism Treatment to Client Heterogeneity) data set, a randomized, multisite psychosocial treatment trial for alcoholism, was analyzed. The sample consisted of 1,450 subjects, of whom 1,102 (76.0%) were male and 348 (24.0%) were female. Cross-lagged analyses of (1) depression and drinking intensity and (2) depression and drinking frequency were conducted using path analysis. Covariates were age, gender, race, and treatment assignment. Analyses focused on the 3-month active treatment phase of the trial. Results: Depression at treatment entry predicted more intense drinking and more frequent drinking, respectively, in the first month of treatment but showed little association with drinking in Months 2 and 3. Conclusions: Individuals entering treatment for alcoholism with elevated levels of depression may be slower to benefit from treatment. Because the initial phase of treatment may be crucial to successful engagement and retention, the development of interventions to improve early success in treatment among individuals with elevated levels of depression may be beneficial. Future studies should examine the long-term, bidirectional relationship of depression and drinking following treatment.


OBJECTIVE: This study examined the role of depressive symptoms in the context of specific demographic and individual treatment characteristics in predicting drug abstinence at discharge from outpatient substance abuse treatment. METHODS: Data from 827 clients entering a large public funded outpatient substance abuse treatment program were analyzed using logistic regression to assess the effects of depressive symptoms on drug abstinence status at discharge. Analyses on the effects of gender, race, age, education level, frequency of drug use, insurance status, referral source, and length of stay in treatment on drug abstinence status at discharge were also conducted. RESULTS: Higher depressive symptom scores significantly predicted a decreased likelihood of clients' abstinence at discharge even after accounting for other significant demographic and treatment variables such as insurance status, race, age, primary drug of choice, frequency of drug use at admission and length of stay in treatment. CONCLUSION: The findings suggest that depression symptoms are an important factor affecting successful substance abuse treatment outcomes. Treatment approaches that address depressive symptoms are likely to enhance substance abuse treatment outcomes in real world clinical settings.


OBJECTIVE: This study reports the prevalence and comorbidity of depression in two large samples of black and white young adult women. METHOD: Clinical interviews of participants in a follow-up study of the National Heart, Lung, and Blood Institute Growth and Health Study (NGHS-Wave II; N=378) were contrasted with a subsample of the National Comorbidity Survey (NCS; N=3749) to examine the rates and comorbidity of lifetime major depressive disorder in black and white women using methodology described by . The sequencing of disorders was also examined to determine which disorder was primary. Comorbidity and sequencing were examined for alcohol and drug use disorder, panic disorder, specific phobia, social phobia, and post-traumatic stress disorder. RESULTS: Prevalence estimates for depression, alcohol use disorder, and drug use disorder were higher for white women than for black women in both NGHS-Wave II and NCS. Over half of depressed participants in both samples had at least one comorbid disorder and depression was associated with an increased probability of all the investigated disorders. Only one ethnic difference was found in comorbidity, indicating that black women were more likely to have comorbid panic disorder than white women were. Depression was primary to alcohol and substance use disorders, whereas it was secondary to specific phobia and PTSD. CONCLUSIONS: High rates of comorbidity
were found for both black and white women, though few ethnic differences in comorbidity were found. Preventive and treatment interventions are needed to address multiple disorders in young adult women.


This preliminary study examined the relationship between social anxiety and specificity of positive alcohol outcome expectancies (AOE) in a community sample of 62 drinking adults. The sample was divided into subsets of socially anxious (n = 17) and nonsocially anxious (n = 45) men and women. The Drinking Expectancy Questionnaire (DEQ) and Alcohol Expectancies in Social Evaluative Situations Scale (AESES) were used to determine if groups differed in the general positive AOE they hold, or only in AOE specific to social situations. ANOVAs revealed that socially anxious individuals had greater positive AOE specific to social situations (DEQ-Assertion scale and AESES) than nonsocially anxious individuals, with no differences in other positive AOE. Partial correlations controlling for social anxiety revealed that AOE specific to social situations correlated with greater drinking and alcohol dependency levels. Findings indicate that identification of AOE specific to social situations may be useful in classifying socially anxious individuals at risk for alcoholism and as a focus of expectancy challenge strategies for individuals with co-occurring social anxiety and drinking problems.


The study focuses on the relationship between phobic anxiety and depression, alcohol abuse, treatment and drinking outcome in female alcoholics. A structural equation analysis (LISREL) was used to test the strength and direction of predictor variables, enabling the development of models for the process of change taking place following treatment. Participants were patients attending a specific treatment programme for women with alcohol problems at Karolinska Hospital, Stockholm, Sweden. One hundred and twenty female alcoholics consecutively admitted during 1991-1993 were followed up 2 years after treatment. The Alcohol Use Inventory (AUI) and Symptom Check List-90 were used at intake and follow-up. Duration of problem drinking and depression at follow-up affected drinking outcome directly and negatively, whereas duration of treatment affected drinking outcome directly and positively in all our models. Phobic anxiety on the other hand affected drinking outcome negatively and indirectly, via shorter treatment duration and higher depression at follow-up. Using different outcome variables as an end product resulted in only minor changes. Thus, the model presented is viewed as robust and clinically meaningful. The results underscore the importance of phobic anxiety and recurrent or sustained depression - in addition to the pre-treatment duration of problem drinking - for the drinking outcome among female alcoholics.


Bipolar and substance use disorders are known to co-occur frequently, but limited attention has been paid to anxiety disorders that may accompany this dual diagnosis. Therefore, we examined the prevalence and nature of anxiety disorders among treatment-seeking patients diagnosed with current bipolar and substance use disorders, and investigated the association between anxiety disorders and substance use. Among 90 participants diagnosed with bipolar disorder I (n=75, 78%) or II (n=15, 22%), 43 (48%) had a lifetime anxiety disorder, with post-traumatic stress disorder (PTSD) occurring most frequently (n=21, 23%). We found that those with PTSD, but not with the other anxiety disorders assessed, began using drugs at an earlier age and had more
lifetime substance use disorders, particularly cocaine and amphetamine use disorders, than those without PTSD. Further examination revealed that (1) most participants with PTSD were women, (2) sexual abuse was the most frequently reported index trauma, and (3) the mean age of the earliest index trauma occurred before the mean age of initiation of drug use. Our findings point to the importance of further investigating the ramifications of a trauma history among those who are dually diagnosed with bipolar and substance use disorders.


This study utilized data on a treatment cohort from a randomized clinical trial that recruited adolescents with co-occurring major depression and substance use disorder (N = 126). The purpose of this study was to compare adolescents for whom the onset of depression was first versus those for whom the onset of substance use disorder was first or in the same year as depression. Intake clinical evaluations were abstracted to yield common stressors that included childhood abuse, early loss or death, exposure to violence, and attachment problems. Tobacco, alcohol, and cannabis initiation and dependence were compared for the depression first and substance use disorder first groups, and within those groups by gender. Among the substances studied, only cannabis dependence was significantly more prevalent among those with depression first. Comparisons suggest some differences in the developmental path toward comorbid depression and substance use disorders, but remarkable similarity in measures of dependence and severity. Although small samples limited statistical significance, observed differences suggest possible avenues for prevention or intervention.


To better understand residential detoxification use, we assessed the roles of depressive symptoms (DS) and mental health functioning (MHF) on repeat detoxification. A prospective cohort of residential detoxification patients (N = 400) without primary medical care was followed over 2 years at 6-month intervals. Subsequent detoxification admissions were examined using a statewide administrative database and DS (Center for Epidemiologic Studies Depression Scale) and MHF (SF-36 mental component summary subscale) measurements at follow-up. Incidence rate ratios of return to detoxification were estimated using multivariable longitudinal Poisson regression. In separate analyses, greater DS and worse MHF predicted higher detoxification use rates. Clinically significant worsening (10 points) of DS and MHF on objective scales predicted a 20% increased rate of detoxification readmission. Male sex, heroin as a problem substance, and race/ethnicity each predicted detoxification use. These data suggest that identifying individuals with DS or worse MHF after detoxification may provide opportunities for clinical intervention to reduce recurrent residential detoxification.

Other

Corrigan, P. W. and A. C. Watson (2005). "Findings from the National Comorbidity Survey on the frequency of violent behavior in individuals with psychiatric disorders." 153-62, 2005 Sep 15. Previous studies using probability samples have found a noticeable, but small association between violence and psychiatric disorder. In this article, we analyze data from the National Comorbidity Survey (NCS) to further examine this question. Psychiatric diagnosis of survey responses was based on a modified version of the Composite International Diagnostic Interview. The NCS study also included items that
permitted self-report of violent behaviors in the past year. People with 12-month diagnoses of anxiety disorders, dysthymia and major depression were three to four times more likely to admit violent behaviors than those with no disorders. People with bipolar disorder or drug and alcohol abuse were eight times more likely to report violent behaviors. People with co-occurring non-substance and substance abuse disorders were more likely to report violence than those with only non-abuse disorders. Adjusting violence rates by population base rates shows demographics including ethnicity and gender to be a better predictor of violent behavior than psychiatric diagnosis. The NCS findings approximate those in other probability studies and echo the conclusions of the 1996 Consensus Statement by Advocates and Researchers on violence and mental illness; namely, mental illness is only a weak predictor of violent behavior.

Gil-Rivas, V. and C. E. Grella "Addictions Services Treatment Services and Service Delivery Models for Dually Diagnosed Clients: Variations Across Mental Health and Substance Abuse Providers." Community Mental Health Journal 41(3): 251. [abstract doesn’t mention gender, but Grella is author, so likely addresses in article]
This paper reports on a survey of administrators (n= 26) and staff (n= 248) in 10 mental health and 16 substance abuse programs in Los Angeles County providing services to individuals with co-occurring disorders. Although half or more of the administrators and staff reported that their programs had some degree of on-site service integration, there was a lack of agreement within most programs as to the extent of integration. Characteristics of services provided and interactions with other service providers are also examined. Future research is needed regarding the divergent perceptions of administrators and staff and their relationship to treatment outcomes.

This study examines clinical and non-clinical factors associated with treatment compliance problems in 342 patients with substance use disorders (SUD) seen in routine psychiatric practice. Weighted Wald-X-2 and multivariate logistic regression assessed sociodemographic, clinical, treatment, and health plan characteristics associated with treatment compliance problems. Among patients with SUD, 40.5% were reported to currently have treatment compliance problems. Patients with treatment compliance problems were significantly more likely to have personality disorders, lower global assessment of functioning scores, and medication side effects than those without treatment compliance problems. Patients seen by psychiatrists who were reimbursed by discounted rather than undiscounted fee-for-service were five times more likely to be reported to have treatment compliance problems. Both clinical and non-clinical factors appear to be associated with treatment compliance problems. Understanding these factors and targeting treatment interventions may improve treatment compliance and patient outcomes.

Substance abuse treatment organizations are universally faced with the problem of co-occurring psychiatric disorders among the clients they serve. A first step is assessment of such comorbid conditions; however, the time constraints in front-line substance abuse treatment organizations make extensive clinical assessments almost impossible. The development and validation of a brief screening tool for psychiatric disorders in individuals with substance use disorders (SUDs) could have enormous implications for clinical practice. We assessed the performance characteristics of the Psychiatric Diagnostic Screening Questionnaire (PDSQ) and the Conners' Adult ADHD Rating Scale (CAARS) against the Structured Clinical Interview for DSM-IV (SCID-IV) in 120 patients
admitted to SUD treatment. Patients were randomly assigned to receive either the SCID or PDSQ. In general, the PDSQ and CAARS performed well. There were no statistically significant performance differences by order of administration, gender, or drug use in past month. For the GAD subscale, Caucasian patients had higher levels of agreement than non-Caucasian patients.


AIMS: To examine the patterns and correlates of use of specialty substance abuse and mental health services among adults with alcohol or non-alcohol drug abuse or dependence in the community. METHODS: Analyses focused on 5,568 participants with alcohol or non-alcohol drug abuse or dependence drawn from a large representative cross-sectional survey of the US general population—the 2002 US National Survey on Drug Use and Health (NSDUH). RESULTS: Only 9.7% of adults with substance use disorders used specialty substance abuse services in the past year; 22.4% used mental health services. Severity of substance use disorder and less education were associated with using substance abuse services. Whereas psychological distress and impairment in role functioning due to psychological problems were associated with mental health service use. Male gender, black race/ethnicity, and lack of health insurance acted as barriers to using mental health services but not specialty substance abuse services. Past year use of substance abuse services, but not mental health services, was associated with lower likelihood of continued use of substances in the past month. CONCLUSIONS: Individuals with substance use disorders are more likely to use mental health services than specialty substance abuse services. However, only people who use specialty substance abuse services have a lower risk of continued use of substances. Findings highlight the need for integration of substance abuse treatments in the mental health care system and attention to different barriers to the two types of services.


OBJECTIVE: To present nationally representative data on lifetime prevalence and comorbidity of pathological gambling with other psychiatric disorders and to evaluate sex differences in the strength of the comorbid associations. METHOD: Data were derived from a large national sample of the United States. Some 43,093 household and group quarters residents age 18 years and older participated in the 2001-2002 survey. Prevalence and associations of lifetime pathological gambling and other lifetime psychiatric disorders are presented. The diagnostic interview was the National Institute on Alcohol Abuse and Alcoholism Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version. Fifteen symptom items operationalized the 10 pathological gambling criteria. RESULTS: The lifetime prevalence rate of pathological gambling was 0.42%. Almost three quarters (73.2%) of pathological gamblers had an alcohol use disorder, 38.1% had a drug use disorder, 60.4% had nicotine dependence, 49.6% had a mood disorder, 41.3% had an anxiety disorder, and 60.8% had a personality disorder. A large majority of the associations between pathological gambling and substance use, mood, anxiety, and personality disorders were overwhelmingly positive and significant (p < .05), even after controlling for sociodemographic and socioeconomic characteristics. Male sex, black race, divorced/separated/widowed marital status, middle age, and living in the West and Midwest were associated with increased risk for pathological gambling. Further, associations between alcohol dependence, any drug use disorder, drug abuse, nicotine dependence, major depressive episode, and generalized anxiety disorder and pathological gambling were stronger among women than men (p > .05). CONCLUSION: Pathological gambling is highly
comorbid with substance use, mood, anxiety, and personality disorders, suggesting that treatment for one condition should involve assessment and possible concomitant treatment for comorbid conditions.

Salloum, I. M., J. R. Cornelius, et al. (2005). "Efficacy of valproate maintenance in patients with bipolar disorder and alcoholism: a double-blind placebo-controlled study." Arch Gen Psychiatry 62(1): 37-45. [doesn't say what % of population was women, but may be useful findings to know]

BACKGROUND: More than half of all individuals with bipolar disorder have a substance abuse problem at some point in their lifetime. Patients with comorbid substance abuse disorders often are excluded from clinical trials. Thus, treatments targeting this high-risk clinical population are lacking. OBJECTIVE: To evaluate the efficacy of divalproex sodium (hereafter referred to as valproate) in decreasing alcohol use and stabilizing mood symptoms in acutely ill patients with bipolar disorder and alcoholism. DESIGN: A 24-week, double-blind, placebo-controlled, randomized parallel-group trial. SETTING: A university hospital serving as a primary catchment-area hospital and tertiary-care facility. PARTICIPANTS: Fifty-nine subjects with diagnoses of bipolar I disorder and alcohol dependence. Intervention: All study subjects received treatment as usual, including lithium carbonate and psychosocial interventions, and were randomized to receive valproate or placebo. MAIN OUTCOME MEASURES: Primary alcohol use outcomes included changes in alcohol use as indicated by changes in proportion of heavy drinking days and number of drinks per heavy drinking day. Other alcohol use outcomes included proportion of any drinking days, number of drinks per drinking day, and relapse to sustained heavy drinking. Mood outcomes included changes in depressive and manic symptoms. We used the mixed model to analyze longitudinal data. The first model used time of assessment, bipolar subtype (mixed, manic, or depressed), and treatment group (placebo or valproate) as covariates. The second nested model included the additional covariate of medication adherence. RESULTS: The valproate group had a significantly lower proportion of heavy drinking days (P = .02) and a trend toward fewer drinks per heavy drinking day (P = .055) than the placebo group. When medication adherence was added as covariate, the valproate group had significantly fewer drinks per heavy drinking day (P = .02) and fewer drinks per drinking day (P = .02). Higher valproate serum concentration significantly correlated with improved alcohol use outcomes. Manic and depressive symptoms improved equally in both groups. Level of gamma-glutamyl transpeptidase was significantly higher in the placebo group compared with the valproate group. CONCLUSIONS: Valproate therapy decreases heavy drinking in patients with comorbid bipolar disorder and alcohol dependence. The results of this study indicate the potential clinical utility of the anticonvulsant mood stabilizer, valproate, in bipolar disorder with co-occurring alcohol dependence.


With the growing awareness of the prevalence of anxiety disorders among alcohol abusers there is a need for effective cognitive--behavioral treatments (CBTs). This study is a pilot investigation comparing two treatments for concurrent alcohol dependence and panic disorder with agoraphobia. A 10-session behavioral treatment (BT), consisting of five sessions treating alcohol dependence and five sessions treating panic disorder with agoraphobia, was compared to a 10-session cognitive treatment (CT) that addressed the dysfunctional cognitions mediating the alcohol problem and anxiety symptoms. There were no group differences in frequency or quantity of alcohol consumption or in anxiety symptoms posttreatment or at a 1-year follow-up in a sample of 14 subjects who completed the study. Both groups showed within-group improvements on measures of both alcohol and anxiety symptomatology. Approximately one-third of the subjects made
clinically relevant gains on both alcohol and anxiety symptoms. A brief BT for concurrent alcohol dependence and agoraphobia appears encouraging.


The epidemic of drug and alcohol abuse in our nation impacts millions of women, mothers, and children. Addicted mothers with complex problems and numerous co-morbidities present unique treatment challenges. This intergenerational cycle of abuse and addiction is difficult to stop. Arkansas CARES (Center for Addictions Research Education and Services, referred to in this article as CARES) initially was created to treat addicted pregnant and postpartum women and their infants. CARES evolved into a residential treatment program for dually diagnosed mothers with their children. This paper is a synopsis of a presentation delivered at the North American Society for Psychosocial Obstetrics and Gynecology. It shares a glimpse inside the treatment program and lessons learned along the way in an effort to assist others who are interested in building treatment programs for addicted women with their children.

**Treatment Retention & Relapse Prevention**


AIMS: This prospective study investigated predictors for relapse 3 years after completion of an intensive outpatient treatment programme for alcoholism. DESIGN:: As previous studies mainly revealed that severity of alcohol dependence, and comorbid psychopathology were predictive for subsequent relapses, the impact of these and other pre-treatment variables on the 36-month outcome was evaluated in a logistic regression analysis. A structured interview was used to assess the variables. Patients were personally interviewed at entry to, and the end of, an outpatient treatment programme, and 6, 12, 24 and 36 months after the end of treatment. One hundred and three alcohol-dependent participants who were taking part in an outpatient treatment were consecutively recruited. RESULTS:: Seventy-four patients completed the treatment programme. At the follow-up after 36 months, 2 patients had died (after heavy alcohol relapse) and 88 (88%) of the remaining patients could be located and personally re-interviewed. Forty-four (43%) patients were abstinent, 46 (45%) had relapsed and 12 (12%) were classified as improved for the total follow-up period according to the classification proposed by Feuerlein and Kufner. Based on a logistic regression analysis, significant variables for prediction of relapse were treatment drop-outs, female sex and sum of positive life events prior to treatment (relapsers had significantly fewer positive life events). CONCLUSIONS:: In contrast to previous studies we could not confirm the importance of determinants known as risk factors for relapse like severity of alcohol dependence. The strongest predictor for relapsing after treatment is treatment drop-out. Since women were at an increased risk for relapse gender-specific treatment approaches should be considered. In summary, the effectiveness of the studied intensive outpatient treatment programme, with an abstinence rate of 43% for the total follow-up period of 3 years, is favourable although selection criteria of must be taken into account.


This study examined individual and system characteristics associated with retention in methadone maintenance treatment among Medicaid-eligible adults in treatment for opiate use in Oregon and Washington. Logistic regression was used to examine the
contributions of predisposing, need, and enabling characteristics on 365-day retention in methadone maintenance treatment. Older patients, patients with a history of methadone maintenance treatment, and persons with stable Medicaid eligibility had higher rates of retention than did patients with disabilities, polysubstance users, and those with an arrest record. In Oregon, which delivers methadone maintenance treatment through managed care, retention rose sharply from 28% to 51% between 1994 and 1998 and then leveled off. During the same time period, retention in Washington State grew from 28% to 34%. The higher rates of retention in Oregon, in part, can be explained by differences in service delivery influenced by financing. Faced with long waiting lists, Washington providers were more than twice as likely to administratively discharge patients for rule violations as their Oregon counterparts. Given the importance of retention, policies and practices that influence retention should be carefully considered. Because Medicaid eligibility has a dramatic impact on retention, policies that help extend eligibility or stabilize eligibility among individuals actively engaged in treatment should be carefully considered.


Objective: Complex relationships among trauma, substance abuse, and mental disorders raise significant questions for the study of long-term recovery. The purpose of this qualitative study was to examine key themes in sustaining recovery among women with co-occurring disorders who had survived trauma. Methods: In semistructured interviews conducted at one of the nine sites of the Women, Co-occurring Disorders, and Violence Study, 27 female trauma survivors described the influences they considered most important in sustaining and hindering their recovery, with an emphasis on recovery from substance abuse. Recurring themes in the interviews were identified. Results: Seven themes emerged from this analysis. Four of these themes supported recovery: connection, self-awareness, a sense of purpose and meaning, and spirituality. Three others served as obstacles to recovery: battles with depression and despair, destructive habits and patterns, and lack of personal control. The women in this study reported that, although caring relationships provided important supports for sustained recovery, some of these same relationships increased emotional stress and conflict and thus may impede recovery. Conclusions: It is important for women and clinicians to place a high priority on the development of boundary management and other relationship skills. In addition, clinicians need to attend to negative feelings such as boredom and loneliness and to help women develop a range of meaningful activities that are consistent with a strong sense of identity. Individual relapse prevention skills by themselves seem insufficient to sustained abstinence.


Admissions to 20 publicly funded alcohol and drug detoxification centers in Massachusetts were examined to identify program and patient variables that influenced length of stay. The last admission during fiscal year 1996 was abstracted for patients 18 years of age and older seeking alcohol, cocaine, or heroin detoxification (n=21,311; 29% women). A hierarchical generalized linear model examined the effects of patient and program characteristics on variation in length of stay and tested case-mix adjustments. Program size had the most influence on mean adjusted length of stay; stays were more than 40% longer in detoxification centers with 35 or more beds (7.69 days) than in centers with less than 35 beds (5.42 days). The study highlights the contribution of program size to treatment processes and suggests the need for more attention to program attributes in studies of patient outcomes and treatment processes.

The goal of this paper is to describe the social support networks of women with co-occurring substance abuse and mental health problems who are survivors of interpersonal abuse using baseline interview data from two sites (n=644) from the national Women Co-Occurring Disorders and Violence Study (WCDVS). The size and composition of women's networks, the tangible and socio-emotional support available, as well as the stance of the support network towards substance use, treatment and trauma are described. Family members are described by women as offering less emotional support and less encouragement for healing from trauma than friends. Analyses demonstrated only modest support in either sample for the hypothesis that support network characteristics moderate the effects of traumatic stress on mental health and trauma symptoms among these samples of very burdened and poor women. The results point to the need for using caution in relying on women's existing social support network to help them heal.


For many individuals, substance use leads to a chronic cycle of relapse, treatment reentry, and recovery, often lasting for decades. This study replicates earlier work, documents the transition patterns within the cycle during a 3-year period, and identifies variables that predict these transitions. Data are from 1,326 adults recruited from sequential admissions to 12 substance abuse treatment facilities in Chicago, IL, between 1996 and 1998. Participants were predominantly female (60%) and African American (88%) adults. Participants were interviewed at intake, and at 6, 24, and 36 months post-intake follow-up rates ranged from 94% to 98% per wave. At each observation, participants' current status in the cycle was classified as (1) in the community using, (2) incarcerated, (3) in treatment, or (4) in the community not using. The transitional probabilities and correlates of pathways between these states were estimated. Over 83% of the participants transitioned from one point in the cycle to another during the 3 years (including 36% two times, 14% three times). For the people in the community, about half remained in the same status (either using or abstinent) and just under half transitioned. The majority of people whose beginning status was incarceration or in-treatment also transitioned by the end of the observation period. While there was some overlap, predictors typically varied by pathway and direction (e.g., using to not using vs. not using to using). These results help demonstrate the need to adopt a chronic vs. acute care model for substance use. While exploratory and observational, several of the predictors are time-dependent and identify promising targets for interventions designed to shorten the cycle and increase the long-term effectiveness of treatment.

After Care & Community Support


Research shows that people with dual disorders (i.e., a co-occurring mental illness and substance use disorder) are successful in supported employment programs and that employment can be a crucial step in their recovery. Based on experience observing supported employment services for 15 years, we propose practice guidelines for people with dual disorders. Successful programs share several approaches: 1) encourage employment, 2) understand substance abuse as part of the vocational profile, 3) find a job that supports recovery, 4) help with money management, and 5) use a team approach to integrate mental health, substance abuse, and vocational services.

This study examined social support and its association with employment, income, and drug use in a sample of 534 low-income women. Functional support was defined as the perceived quality of one's interactions with others. Structural support was defined as the number of individuals within five particular types of networks: social, employment, drug, close, and emergency. Over the two-year study period, significant increases were observed in hours worked, income from work, income from other sources, and total income. There was also a significant decrease in welfare income. Results suggest that the perceived quality of support received is an important factor in achieving positive employment outcomes.


Studies show that residents of disadvantaged neighborhoods drink more heavily than residents of more affluent neighborhoods. However, explanations for this association are not well developed. Using data collected from a sample of low-income women with children from Boston, Chicago, and San Antonio, we explore the possibility that perceptions of neighborhood disorder encourage heavy drinking. Drawing on Conger's (Q. J. Stud. Alcohol 17 (1956) 296) tension reduction hypothesis, we propose that the stress of living in a neighborhood characterized by problems with drugs, crime, teen pregnancy, unemployment, idle youth, abandoned houses, and unresponsive police can be psychologically distressing and lead some people to consume alcohol as a means of palliative escape, to regulate feelings of anxiety and depression. In support of the tension reduction hypothesis, we find that the positive association between neighborhood disorder and heavy drinking is largely mediated by anxiety and depression.


An outcome evaluation of a substance abuse aftercare program for homeless women with children was conducted using confounding variable-control evaluation design. The confounding variables are chosen from pre-treatment and other contextual variables of the clients that are known to have significant influence on the program outcome, but those that could not have been influenced a priori by the client involvement in in-treatment program activity at Transition House (TH). The latter is the independent variable of this evaluation design. The pre-treatment variables are measured by severity of alcohol and other drug (ACID) problems of the clients, their mental health status, age, and their job status before enrollment in the program. The contextual confounding variables are composed of family and social support available to the clients before and during recovery. While applying multiple regression analysis, we were able to explain 50.8% of the total variance in program outcome by four pre-treatment variables. By adding two contextual variables of family and social support, the total variance in program outcome explained is increased to 64.1%. Finally, by adding the degree of client involvement in in-treatment program activity, we were able to augment the total variance of the program outcome to 69.7%. By estimating the changed variance of program outcome by the in-treatment program activity during the final step, controlling for all other variables previously entered, we were able to establish that client involvement in in-treatment program had unique and positive impact on the program outcome distinct from those explained by the confounding variables. The additional variance uniquely added by in-treatment program activity is 5.6% (p < .001). It has been determined that the degree of client involvement in in-treatment program had positive and systematic impact on the program outcome.
The crack epidemic was devastating to poor American communities in part because of the destruction wrought by the system of exchanging sex for drugs, which was a key feature of the crack-use culture. Sex-for-drugs exchanges were often conducted under unsafe circumstances and were linked to the spread of AIDS and other STDs as well as unplanned pregnancies. The existence of this alternative system of sexual relationships threatened the economic viability of established commercial sex work and undermined the status and power of women. Narcotics Anonymous (NA) meetings helped men and women recover from crack addiction through a well-described 12-step process. Described as "the rooms," these time- and space-specific encounters helped people become sober in the context of neighborhoods that were centers of the drug trade. Because of the key role of sex in the crack culture, transformation of sexual relationships was essential to establishing and maintaining sobriety. The manner in which the rooms of NA influence the sexuality and lifeworld of addicted people is explored using Barker's theory of ecological psychology.

This article focuses on family social networks and the community of caregivers of neglected children. If neglect is part of family functioning, who watches over the children? Using a case study approach, this study researched 12 children and their parents. Several concepts, such as multiple caregiving and kin keepers, revealed that study children were cared for by many people. Social network mapping used in this study indicated that families were not isolated from the larger community, had various forms of negative and positive social support, were low income, and were involved in substance abuse and domestic violence. Understanding the patterns that emerge from the complex web of family, friends, social service agencies, and the larger social community in which neglected children live can result in better community building.

Drug abstinence is difficult to achieve and maintain, especially when clients return to their pretreatment environment. Forging ties with the natural helping networks in the community, such as religious organizations, may reinforce abstinent behaviors established during treatment. This study evaluated Bridges to the Community, a supplemental component to an intensive residential treatment program. Bridges uses members of African-American churches as mentors for recovering women. This demonstration project included 118 female participants with primary cocaine dependence who received either standard treatment or Bridges plus standard treatment. Participants in both groups reduced substance use, risk-taking behaviors, depression, and increased self-esteem. Participants who received Bridges had greater treatment retention, reported 100% cocaine abstinence at follow-up, and were more satisfied with their treatment.

Policymakers have responded to the increase in the prevalence of methamphetamine (MA) use and the associated social costs (such as crime and child abuse and neglect) by mandating a growing number of MA users to substance abuse treatment via the
criminal justice system (CJS) and/or child protective service (CPS) agencies. However, empirical evidence remains sparse about treatment outcomes specifically for MA users who report that their treatment admission occurred under such pressures. This analysis uses natural history interview data from 350 clients treated for MA use in Los Angeles County to examine clients' self-reported CJS/CPS pressure to enter treatment, comparing background and treatment characteristics and selected treatment outcomes across groups defined by existence of such perceived pressure and source of pressure. Approximately half the clients reported legal pressure to enter the index (used for sampling) treatment episode. Those reporting pressure were younger, less likely to have received residential treatment, and had longer treatment episodes than those not reporting pressure. Outcomes (treatment completion, relapse within 6 months, time to relapse, and percentage of days with MA use in 24 months following treatment) did not differ significantly in simple comparisons between the pressured and nonpressured groups; however, when client and treatment characteristics were controlled, the short term outcome of relapse within 6 months was worse for those reporting legal pressure. Outcomes did not differ by source of pressure.

Brodie, J. D., E. Figueroa, et al. (2005). "Safety and efficacy of gamma-vinyl GABA (GVG) for the treatment of methamphetamine and/or cocaine addiction." Synapse 55(2): 122-5. [would need full article to see if women included in the study]

This study examined the safety and efficacy of gamma vinyl-GABA (GVG, vigabatrin) for the treatment of methamphetamine and/or cocaine addiction. A total of 30 subjects, who met DSM-IV criteria for methamphetamine and/or cocaine dependence, were enrolled in an open label 9-week safety study. The protocol was specifically designed to include extensive visual field monitoring as well as outcome measures of therapeutic efficacy. Patients were screened twice weekly for the presence of urinary cocaine, methamphetamine, heroin, alcohol, and marijuana. In total, 18/30 subjects completed the study and 16/18 tested negative for methamphetamine and cocaine during the last 6 weeks of the trial. GVG did not produce any visual field defects or alterations in visual acuity. Furthermore, it did not produce changes in vital signs even with continued use of methamphetamine and cocaine. Thus, under conditions that appear to be appropriate for the successful treatment of methamphetamine and/or cocaine addiction, GVG is safe.


This report describes the impact of parent methamphetamine abuse on the development and wellbeing of school-aged children, and considers implications for culturally appropriate child welfare services. Thirty-five adult informants from several, adjacent rural Midwestern counties in the United States were interviewed as part of a larger ethnographic study. These child welfare workers, other community professionals (educators, counselors, law enforcement personnel, and substance abuse treatment providers), and foster caregivers described their experiences with families involved with methamphetamine. Overall, informants described that children are brought by their methamphetamine-abusing parents into a rural drug culture characterized by distinct, antisocial beliefs and practices. Children's experience of this culture includes environmental danger, chaos, neglect, abuse, loss, and isolation. Informants believed that children develop antisocial beliefs and practices such as lying, stealing, drug use, and violence through direct teaching by their parents and, indirectly, through observing parents' own antisocial behavior. Informants described children as displaying psychological, social, and educational disturbances. They also described individual variation in functioning across children that they attributed, in part, to individual (e.g., temperament, intelligence), familial (e.g., extended family), and community (e.g., school) characteristics. Informants noted a need for effective child mental health services in the area, and for ensuring a positive environment for children's future development through
education of the children, foster parents and other community members. (c) 2005 Elsevier Ltd. All rights reserved.


Ten percent of admissions to addiction treatment programs were for meth in 2004, a record high. Of these patients, 38% were women, 50% were under age 25, and the average age of first use was 20.4 years. Metro area hospital emergency rooms reported 874 meth cases in 2004. There were 20 metro area deaths. Meth accounted for 2.7% of drug cases prosecuted in Ramsey County in 1999, compared with 29% in 2004.

**Substance Use and Other Health Issues**

**Sexually Transmitted Diseases**


OBJECTIVE/GOAL: The objective of this study was to conduct a systematic review of published literature on the association between problematic alcohol consumption and sexually transmitted diseases (STDs). DESIGN: Using a MEDLINE search (1995-2003) and article references, we identified articles that described measures of alcohol consumption and STDs and presented data on their association. For each eligible study, we classified the alcohol consumption measure as specific (problem drinking) or general, and examined study designs, study populations, STD measures, and results. RESULTS: Of 42 eligible studies, 11 included specific measures of problem drinking, of which 8 found a significant association between alcohol consumption and at least 1 STD. The relationship did not appear to vary according to gender or pattern of alcohol consumption assessed. CONCLUSIONS: The literature supports an overall association between problematic alcohol consumption and STDs, although their causal relationship cannot be determined with certainty from these observational studies. The findings have implications for prevention planners, clinicians, and individual patients at risk of STDs.


Sexually transmitted diseases (STDs) can be spread between female sex partners, probably through the exchange of cervicovaginal fluid and direct mucosal contact. Additionally, lesbians have a high prevalence of bacterial vaginosis, which may represent an STD in this population. Safer-sex messages aimed at lesbian and bisexual women should emphasize the plausibility of STD transmission between women, personal responsibility and care for partners' well-being; should target common sexual practices; and should promote healthy sexuality.

**Alcohol-Related Health Risks**


We examined changes in the prevalence of selected chronic disease-related indicators among women aged 18 - 44 years using the Behavioral Risk Factor Surveillance System (BRFSS) data for two time periods, 1991 - 1992 and 2000 - 2001. We examined alcohol use, cigarette smoking, leisure time physical activity, body mass index (BMI), having had
Pap smear screening, and having been diagnosed with hypertension, diabetes, high cholesterol, and asthma. We created a multicondition index by combining multiple chronic disease-related conditions. Younger women, < 25 years of age, reported a higher prevalence of cigarette smoking and binge drinking. Black women and women with lower educational levels had a higher prevalence of obesity, and higher proportions were diagnosed with hypertension and diabetes. About 35% of the women had been diagnosed with at least one chronic disease-related condition. More than 10% of black women reported being diagnosed with two chronic disease-related conditions, compared with 7% in white women and 8% in Hispanic women. The BRFSS data can be used for monitoring the prevalence of multiple chronic disease-related behaviors and conditions.


BACKGROUND: Although alcohol intake has been positively associated with breast cancer risk in epidemiologic studies, the mechanisms mediating this association are speculative. OBJECTIVE: The Postmenopausal Women's Alcohol Study was designed to explore the effects of moderate alcohol consumption on potential risk factors for breast cancer. In the present analysis, we evaluated the relationship of alcohol consumption with antioxidant nutrients and a biomarker of oxidative stress. DESIGN: Participants (n=53) consumed a controlled diet plus each of three treatments (15 or 30 g alcohol/day or a no-alcohol placebo beverage), during three 8-week periods in random order. We measured the antioxidants, vitamin E (alpha (alpha)- and gamma (gamma)-tocopherols), selenium, and vitamin C in fasting blood samples which were collected at the end of diet periods, treated and frozen for assay at the end of the study. We also measured 15-F(2t)-IsoP isoprostane, produced by lipid peroxidation, which serves as an indicator of oxidative stress and may serve as a biomarker for conditions favorable to carcinogenesis. RESULTS: After adjusting for BMI (all models) and total serum cholesterol (tocopherol and isoprostane models) we observed a significant 4.6% decrease (P=0.02) in alpha-tocopherol and a marginally significant 4.9% increase (P=0.07) in isoprostane levels when women consumed 30 g alcohol/day (P=0.06 and 0.05 for overall effect of alcohol on alpha-tocopherol and isoprostanes, respectively). The other antioxidants were not significantly modified by the alcohol treatment. CONCLUSIONS: These results suggest that moderate alcohol consumption increases some biomarkers of oxidative stress in postmenopausal women.


OBJECTIVE: To test the hypothesis that alcohol consumption is positively related to heart rate variability (HRV) in women with coronary heart disease (CHD) and therefore that cardiac autonomic activity is potentially implicated in the mediation of the favourable effects of moderate drinking. DESIGN, SETTINGS, AND PATIENTS: Cross sectional study of female patients who survived hospitalisation for acute myocardial infarction or underwent a revascularisation procedure, percutaneous transluminal coronary angioplasty, or coronary artery bypass grafting. MAIN OUTCOME MEASURES: Ambulatory 24 hour ECG was recorded during normal activities. The mean of the standard deviations of all normal to normal intervals for all five minute segments of the entire recording (SDNNI) and the following frequency domain parameters were assessed: total power, high frequency power, low frequency power, and very low frequency power. A standardized questionnaire evaluated self reported consumption of individual alcoholic beverage types: beer, wine, and spirits. Other clinical characteristics, such as age, body mass index, smoking habits, history of diabetes mellitus, menopausal status, educational status, and treatment, were also assessed. RESULTS: Wine intake
was associated with increased HRV in both time and frequency domains independently of other clinical covariates (for example, ln SDNNI was 3.89 among wine drinkers v 3.59 among wine non-drinkers in the multivariate model; p = 0.014). In contrast, consumption of beer and spirits and the total amount of alcohol consumed did not relate significantly to any of the HRV parameters. CONCLUSION: Intake of wine, but not of spirits or beer, is positively and independently associated with HRV in women with CHD. These results may contribute to the understanding of the complex relation between alcohol consumption and CHD.


Studies evaluating the association of ovarian cancer with alcohol intake are inconsistent, and few have evaluated this association in the context of folate consumption. Dietary folate and alcohol intakes and lifestyle and medical information were collected with self-administered questionnaires in 1986 from postmenopausal women aged 55-69 followed prospectively for 15 years for risk of epithelial ovarian cancer in the Iowa Women's Health Study. Among 27,205 eligible women free of baseline cancer, 147 incident epithelial ovarian cancer cases were identified by linkage to a cancer registry. Compared to the lowest quartile of total folate (food plus supplement) intake, the multivariable risk ratios (RR) for increasing quartiles were 1.0 (referent), 1.59, 1.24, 1.73 (95% confidence interval [CI], 0.90-3.33; p for trend, 0.20). Compared to non-drinkers, the RRs for increasing alcohol intake were 1.0 (referent), 0.78 for 0.01-3.9 g/d: 0.75 for 4.0-9.9 g/d and 0.58 for greater than or equal to 10 g/d (95% CI, 0.30-1.11; p for trend, 0.08). Among women with alcohol intake greater than or equal to 4 g/d compared to <4 g/d, the apparent risk reduction was limited to those with total folate intake greater than or equal to 331 mug/d (RR: 0.52; 95% CI, 0.22-1.19; p for interaction, 0.04) although this estimate was based on only seven cases. The association did not change appreciably when we excluded tumors of mucinous histology. These findings suggest that alcohol consumption is inversely related to postmenopausal ovarian cancer, and that the association of folate with ovarian cancer may vary by the amount of alcohol consumed.


BACKGROUND: The relation between iron status and atherosclerosis has long been a topic of debate. OBJECTIVE: We examined associations of cardiovascular disease (CVD) mortality with dietary intakes of iron (a possible prooxidant), zinc (a possible antioxidant), and alcohol (a disruptor of iron homeostasis). DESIGN: Postmenopausal women (n = 34 492) aged 55-69 y at baseline, who completed a food-frequency questionnaire, were followed for CVD mortality over 15 y. RESULTS: Among women who consumed >/=10 g alcohol/d, after adjustment for CVD risk factors in a model that contained dietary heme iron, nonheme iron, and zinc intakes, dietary heme iron showed a positive association, dietary nonheme iron showed a U-shaped association, and dietary zinc showed an inverse association with CVD mortality. For example, the relative risks (RRs) for categories of dietary heme iron were 1.0, 1.46, 1.52, 1.73, and 2.47 (P for trend = 0.04); corresponding RRs for dietary nonheme iron were 1.0, 0.93, 0.63, 0.83, and 1.20 (P for quadratic term = 0.02). The corresponding RRs for dietary zinc were 1.0, 0.61, 0.59, 0.57, and 0.37 (P for trend = 0.07). In an analysis restricted to those who consumed >/=30 g alcohol/d, the risk gradients strengthened. CONCLUSIONS: Our results suggest that a higher intake of heme iron might be harmful, whereas a higher intake of zinc might be beneficial in relation to CVD mortality in the presence of a trigger that can disturb iron homeostasis, such as alcohol consumption.

Background: Studies suggest that moderate drinkers have lower cardiovascular disease (CVD) mortality than nondrinkers and heavy drinkers, but there have been no randomized trials on this topic. Although most observational studies control for major cardiac risk factors, CVD is independently associated with other factors that could explain the CVD benefits ascribed to moderate drinking. Methods: Data from the 2003 Behavioral Risk Factor Surveillance System, a population-based telephone survey of U.S. adults, was used to assess the prevalence of CVD risk factors and potential confounders among moderate drinkers and nondrinkers. Moderate drinkers were defined as men who drank an average of two drinks per day or fewer, or women who drank one drink or fewer per day. Results: After adjusting for age and gender, nondrinkers were more likely to have characteristics associated with increased CVD mortality in terms of demographic factors, social factors, behavioral factors, access to health care, and health-related conditions. Of the 30 CVD-associated factors or groups of factors that we assessed, 27 (90%) were significantly more prevalent among nondrinkers. Among factors with multiple categories (e.g., body weight), those in higher-risk groups were progressively more likely to be nondrinkers. Removing those with poor health status or a history of CVD did not affect the results. Conclusions: These findings suggest that some or all of the apparent protective effect of moderate alcohol consumption on CVD may be due to residual or unmeasured confounding. Given their limitations, nonrandomized studies about the health effects of moderate drinking should be interpreted with caution, particularly since excessive alcohol consumption is a leading health hazard in the United States.


Background. Subjects at high risk of alcohol-related diseases may benefit from alcohol cessation. However, drinkers have a lower risk of acute myocardial infarction (AMI) than abstainers, and there is very scanty information on how the risk changes after stopping drinking. Methods. Between 1995 and 1999, we administered a structured questionnaire to 507 cases (378 men, 129 women) with a first episode of nonfatal AMI and 478 control patients (297 men, 181 women) admitted to the same network of hospitals in the greater Milan area for acute conditions. Results. Compared to lifelong abstainers, the odds ratio (OR) adjusted for age, sex, and several AMI risk factors was 0.56 (95% confidence interval [CI] 0.41-0.84) for current and 0.65 (95% CI 0.37-1.15) for former drinkers (48 cases and 44 controls). The OR was 2.10 (0.40-11.1) for having stopped since 1 year, 0.64 (95% CI 0.19-2.16) for 2-4 years, 0.46 (95% CI 0.18-1.20) for 5-14 years, and 0.78 (95% CI 0.27-2.27) for ≥ 15 years. Conclusions. Although our data are too limited to draw any definite conclusion, they suggest that the protection of alcohol drinking against AMI may persist, at least in part, for several years after stopping.


Objectives. The objective of this study was to examine the relationship between self-rated health and episodic heavy drinking in a representative sample of American adults. We also sought to determine ethnic and gender differences in the association between self-rated health and episodic heavy drinking. Methods. Data (n=4649) from the Third US National Health and Nutrition Examination Survey were utilized for this investigation. Episodic heavy drinking was defined as the consumption of five or more and four or more alcoholic beverages on one occasion for men and women, respectively. Poor health was defined as answering fair or poor to the question: 'Would you say your health in general is excellent, very good, good, fair or poor?' Odds ratio from the logistic linear
regression analysis was used to estimate the risk for poor health that was associated with episodic heavy drinking. Statistical adjustments were made for age, hypertension, diabetes, current smoking, body mass index and race/ethnicity. Results. Overall, episodic heavy drinking was associated with increased odds of poor self-rated health in men and women. In men, episodic heavy drinking was independently associated with 1.28 (95% CI: 1.07-1.82) increased odds of poor health. The corresponding value in women was 1.86 (95% CI: 1.05-2.28). In men, being Black was associated with similar to two-fold (OR=1.96; 95% CI: 1.33, 2.89), and being Hispanic was associated with similar to four-fold (OR=3.59; 95% CI: 2.50, 5.14) increased odds of poor self-rated health relative to being White. The corresponding odds ratios in women were 2.97 (95% CI: 1.90, 4.64) and 5.18 (95% CI: 3.23, 8.30). Associations were greater among blacks (adjusted OR=2.41; 95% CI: 1.81-3.22) and Hispanics (adjusted OR=4.15; 95% CI: 3.12-5.52) than among whites. Conclusions. Poor health is associated with episodic heavy alcohol consumption. Public health strategies to curb alcohol abuse may improve self-reported health status in these at-risk populations.


BACKGROUND: Moderate alcohol consumption has been shown to protect against cardiovascular disease. Aortic stiffness can be regarded as a marker of cardiovascular disease risk. Previously we have shown an inverse to J-shaped association between alcohol intake and aortic stiffness in middle-aged and elderly men and postmenopausal women. OBJECTIVE: In the present study we examined whether a relation between alcohol intake and aortic stiffness is already present at a younger age. DESIGN: Cross-sectional data of a cohort study in men and women aged 28 years were analysed stratified by gender (240 men and 283 women). MEASUREMENTS: Alcohol intake was derived from a questionnaire and aortic stiffness was assessed by pulse-wave velocity measurement. RESULTS: In women an alcoholic beverage intake of >/=1 glass/day is associated with a 0.36 m/s (95% confidence interval, -0.58 to -0.14) lower pulse-wave velocity compared with non-drinkers. In men alcohol intake is also inversely related to pulse-wave velocity, but this was not significant. These findings were independent of age, blood pressure and heart rate. CONCLUSIONS: These findings suggest that moderate intake of alcohol may affect vascular stiffness at an early age, notably in women. These findings may be viewed as compatible with a vascular protective effect of alcohol that expresses well before the occurrence of symptomatic cardiovascular disease.


METHODS: Between 1995 and 2001, we evaluated cognitive function in 12,480 participants in the Nurses' Health Study who were 70 to 81 years old, with follow-up assessments in 11,102 two years later. The level of alcohol consumption was ascertained regularly beginning in 1980. We calculated multivariate-adjusted mean cognitive scores and multivariate-adjusted risks of cognitive impairment (defined as the lowest 10 percent of the scores) and a substantial decline in cognitive function over time (defined as a change that was in the worst 10 percent of the distribution of the decline). We also stratified analyses according to the apolipoprotein E genotype in a subgroup of women. RESULTS: After multivariate adjustment, moderate drinkers (those who consumed less than 15.0 g of alcohol per day [about one drink]) had better mean cognitive scores than nondrinkers. Among moderate drinkers, as compared with nondrinkers, the relative risk of impairment was 0.77 on our test of general cognition (95 percent confidence interval, 0.67 to 0.88) and 0.81 on the basis of a global cognitive score combining the results of all tests (95 percent confidence interval, 0.70 to 0.93).
The results for cognitive decline were similar; for example, on our test of general cognition, the relative risk of a substantial decline in performance over a two-year period was 0.85 (95 percent confidence interval, 0.74 to 0.98) among moderate drinkers, as compared with nondrinkers. There were no significant associations between higher levels of drinking (15.0 to 30.0 g per day) and the risk of cognitive impairment or decline. There were no significant differences in risks according to the beverage (e.g., wine or beer) and no interaction with the apolipoprotein E genotype. CONCLUSIONS: Our data suggest that in women, up to one drink per day does not impair cognitive function and may actually decrease the risk of cognitive decline. Copyright 2005 Massachusetts Medical Society.


We examined whether the relation of alcohol consumption to prevalence of verbal memory impairment was modified by education among 4,804 elderly subjects in the Third National Health and Nutrition Examination Survey. Verbal memory was assessed using delayed recall, with impairment defined as a combined score <4. Alcohol consumption over the previous month prior to the interview was assessed using a food frequency questionnaire. Prevalence of verbal memory impairment decreased from 11.3 to 7.2, 5.7, 5.1 and 4.4% in increasing categories of alcohol consumption (none, 1-4, 5-14, 15-30 and >30 drinks per month) in men, and from 7.2 to 3.5 and 2.8% (for none, 1-14, and >14 per month) in women, respectively. Adjusting for age, race, and other factors, prevalence ratios of verbal memory impairment decreased with each increasing alcohol category, but the effect was attenuated when further adjusted for education. There was a much stronger protection from alcohol among subjects with more education: prevalence ratios were reduced from 1.0 to 0.2 to 0.1 for non-drinkers, 1-14, and >14 drinks/month, respectively (p for trend = 0.007). Our results suggest that alcohol intake is associated with a greater decrease in the prevalence of verbal memory impairment among more educated subjects than among those with less education, possibly related to differences in drinking patterns.

Hepatitis C


Hepatitis C virus (HCV) infection is both prevalent and undertreated. To identify barriers to HCV treatment in primary care practice. Cross-sectional study. A cohort of 208 HCV-infected patients under the care of a primary care physician (PCP) between December 2001 and April 2004 at a single academically affiliated community health center. Data were collected from the electronic medical record (EMR), the hospital clinical data repository, and interviews with PCPs. Our cohort consisted of 208 viremic patients with HCV infection. The mean age was 47.6 (plus or minus 9.7) years, 56% were male, and 79% were white. Fifty-seven patients (27.4% of the cohort) had undergone HCV treatment. Independent predictors of not being treated included: unmarried status (adjusted odds ratio [aOR] for treatment 0.36, P = .02), female gender (aOR 0.31, P = .01), current alcohol abuse (aOR 0.08, P = .0008), and a higher ratio of no-shows to total visits (aOR 0.005 per change of 1.0 in the ratio of no-shows to total visits, P = .002). The major PCP-identified reasons not to treat included: substance abuse (22.5%), patient preference (16%), psychiatric comorbidity (15%), and a delay in specialist input (12%). For 13% of the untreated patients, no reason was identified. HCV treatment was infrequent in our cohort of outpatients. Barriers to treatment included patient factors (patient preference, alcohol use, missed appointments), provider factors (reluctance to
Multimodal interventions may be required to increase HCV treatment rates.

SPECIAL POPULATIONS OF WOMEN & FAMILIES

Cultural Competency/Ethnicity/Race


Little attention has been given to racial/ethnic differences in studies of co-occurring disorders among women. In this article, we present findings from analyses conducted on the influence of racial/ethnic differences on the demographic and clinical profiles of 2,534 women in the Substance Abuse and Mental Health Services Administration-sponsored Women, Co-Occurring Disorders and Violence Study. Black anti Hispanic women demonstrated more disadvantaged economic and social life conditions than White women. After controlling for socioeconomic differences, Hispanic women experienced more criminal justice involvement than others did, and both Black and Hispanic women were more likely to be exposed to community violence although they did not demonstrate more severe clinical symptoms than White women. In the design and delivery of services racial/ethnic differences should be considered, and research questions regarding underlying explanatory factors raised. (c) 2005 Wiley Periodicals, Inc.


This study focuses on diverse ethnic differences among adolescent substance use, utilizing selected items from the Substance Abuse Subtle Screening Inventory-Adolescent version (SASSI-A). Data were gathered from a large-scale, cross-sequential study of adolescents during the 1993-1996 school years. Exploratory analyses were conducted for 3,711 students on the basis of their responses to a self-administered survey. Results indicated significant ethnic and gender differences for specific SASSI-A items and factor scores, with Hawaiian, "Other," and Caucasian students reporting higher scores than Japanese students and greater scores for female than male students. These findings suggest the need to develop culturally sensitive substance use prevention and treatment strategies that should also take gender differences into consideration for adolescents in Hawai‘i. (c) 2005 APA


Objective: To explore factors contributing to disparities in posttraumatic stress disorder (PTSD) diagnosis between African Americans and White Americans, while controlling for gender and class by using a data set limited to poor women. Design: A cross-sectional epidemiological secondary analysis. Setting: Michigan Medicaid fee-for-service claims data from 1994 through 1997. Sample: A total of 20,298 African American and White American adolescents and adult women, including 2,996 with PTSD diagnosis. Main outcome measures: Victimization, PTSD diagnosis, psychiatric and somatic comorbidities, and PTSD treatment. Results: African American women were under-represented in the group diagnosed with PTSD (12% versus 31% in the comparison group), despite having equal rates of hospitalization for rape and battering. They were less likely to be diagnosed with comorbidities associated with complex PTSD, such as dissociative disorder (OR = 0.259, p < .001) or borderline personality disorder (OR =
0.178, p < .001), but were equally likely to be diagnosed with conduct disorder, schizophrenia, or substance abuse. African American women were 40% less likely to have continuous insurance coverage. Conclusions: Patient, provider, and system factors appear to interact to create disparities in PTSD diagnosis and treatment. Attention to case finding and provider or system bias may help reduce disparities.


Parents, referral sources, and even therapists wonder whether the gender and racial match between therapists and patients contributes to poorer alliances and treatment dropout. Six hundred adolescent substance abusers and their therapists from a large randomized clinical trial were grouped according to matches and mismatches on both gender and race, and alliance ratings were collected from both patients and therapists. Results revealed that gender-matched dyads reported higher alliances and were more likely to complete treatment. Racial matching predicted greater retention but not patient-rated alliance. However, therapists in mismatched dyads rated significantly lower alliances. Results suggest that, although multicultural training remains critical, training emphasis should also be placed on understanding how gender and racial differences affect therapeutic processes.

Women and Substance Abuse – Other Special Populations

LBGT/Sexual Orientation


Objectives: To examine associations between sexual orientation and breast cancer risk factors, cardiovascular disease (CVD) risk factors, mental health status, and health-related functioning. Methods: We compared participants in the Nurses' Health Study II (NHSII) reporting a lesbian or bisexual orientation with those reporting a heterosexual orientation, with heterosexuals serving as the reference group for all comparisons. Prevalence of health behaviors and conditions was adjusted for differences in the distribution of age, ancestry, and region of residence by standardizing to the distribution of the overall cohort. Multivariate prevalence ratios were calculated to compare lesbians and bisexuals with heterosexuals using binomial regression with the log link function. Means of health conditions were measured using continuous scales standardized to the distribution of the overall cohort. Differences in means comparing lesbians and bisexuals with heterosexuals were tested by multivariate linear regression. All comparisons were adjusted for age, ancestry, and region of residence. Results: Based on information from 90,823 women aged 32-51 in 1995, those reporting a sexual orientation of lesbian (n = 694) had a higher prevalence of risk factors for breast cancer, including nulliparity and high daily alcohol intake, compared with heterosexual women. Lesbians also had a higher prevalence of several risk factors for CVD, including higher body mass index (BMI) and elevated prevalence of current smoking. Lesbians were more likely to report depression and the use of antidepressants. Key results for health risk factors were similar for lesbians and bisexual women (n = 317). Conclusions: Lesbian and bisexual women were found to have a higher prevalence of several important risk factors for breast cancer, CVD, and poor mental health and functioning outcomes. Most of these risk factors are modifiable, and appropriate interventions could play an important role in improving the health status of lesbian and bisexual women.

**OBJECTIVE:** Few population-based studies have explored differences in alcohol consumption by sexual orientation. This study examined the prevalence of abstinence, drinking, heavier drinking, alcohol-related problems, alcohol dependence and help-seeking among homosexual and bisexual women and men compared with heterosexuals. **METHOD:** Data are from the 2000 National Alcohol Survey, a national population-based survey of adults (N = 7,612), a Random Digit Dialing telephone survey of all 50 states of the United States and Washington, DC. Four categories of sexual orientation were created using questions on both sexual orientation self-identification and behavior: homosexual identified, bisexual identified, heterosexual identified with same sex partners and exclusively heterosexual. Five alcohol measures (past year) were used in the analyses: (1) mean number of drinks, (2) days consuming five or more drinks on a single occasion, (3) drunkenness, (4) negative social consequences (2 or more) and (5) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, alcohol dependence. A lifetime measure of help-seeking for an alcohol problem was also analyzed. **RESULTS:** Few significant differences were found among men by sexual orientation. By contrast, both lesbians and bisexual women had lower abstention rates and significantly greater odds of reporting alcohol-related social consequences, alcohol dependence and past help-seeking for an alcohol problem. **CONCLUSIONS:** These findings suggest that alcohol dependence and alcohol-related consequences differ by sexual orientation, particularly among women. These findings also emphasize the need for the inclusion of sexual-orientation items in population-based surveys so that prevalence rates within these subgroups can be effectively monitored.


Although lesbians are believed to be at heightened risk for alcohol abuse and alcohol dependency, the reliability and validity of currently available screening measures have yet to be explored in this population group. In this paper, we report the psychometric properties of the CAGE in a diverse sample of 63 lesbians and comparisons with a control group of 57 heterosexual women. Data were collected in Chicago during 1997-1998 using face-to-face interviews. Findings suggest that the CAGE has good reliability and concurrent validity among lesbians. One CAGE item, concerned with drinking in the morning, however, was found to be only weakly associated with the other items among lesbians. Although this pilot study is limited by the nonprobability sample, we conclude that evaluating the appropriateness of other alcohol and drug abuse measures in high-risk populations, such as lesbians, should be a research priority.


Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco. The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community. Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment.
We examined the prevalence and correlates of HIV-related sexual risk and substance use behaviors among Asian Pacific Islander (API) male-to-female (MTF) transgendered individuals, referred to here as API transgendered women. As part of a larger study on HIV risk among transgendered women of color (Nemoto, Operario, Keatley, Han, & Soma, 2004), a sample of 110 API transgendered women in San Francisco completed individual interviews, of which 13% reported being HIV-positive. In the past 30 days, one fifth of the sample engaged in unprotected receptive anal intercourse (URAI) with any male partner, nearly one half had sex while under the influence of substances, and over half used illicit drugs. In multivariate models, URAI was associated with commercial sex work (odds ratio [OR] = 4.23, 95% confidence interval [CI] = 1.10,16.25) and previous attempted suicide (OR = 5.83, 95% CI = 1.02, 33.44). Sex under the influence of substances was associated with commercial sex work (OR = 3.35, 95% CI = 1.11, 10.13) and having a college degree (OR = 5.32, 95% CI = 1.34, 21.18). Illicit drug use was associated with commercial sex work (OR = 7.15, 95% = 2.26, 22.63). Findings suggest that API MTF transgenders are on the front line of HIV risk for the API community, and provide insight into factors within this group that might contribute to unsafe sex and substance use.


OBJECTIVE: Extensive use of specific social contexts (bars and parties, for instance) by homosexuals and bisexuals is thought to be a factor in the higher rates of drinking among these groups. However, much of the empirical evidence behind these assumptions has been based on studies with methodological or sampling shortcomings. This article examines the epidemiological patterns of alcohol contexts in relation to sexual identity, using a large, national, probability population survey. METHOD: We used the 2000 National Alcohol Survey for these analyses. The prevalence of spending leisure time in each of two social contexts (bars and parties) that are associated with heavier drinking is examined by sexual orientation (heterosexual, homosexual, bisexual and self-identified heterosexuals with same sex partners). In addition, we compare levels of drinking within these contexts by sexual orientation within these groups. RESULTS: Exclusively heterosexual women spent less time in these two contexts relative to all other groups of women. Gay men spent considerably more time in bars compared with the other groups of men. Heterosexual women who reported same sex partners drink more at bars, and bisexual women drink more alcohol at both bars and parties than exclusively heterosexual women. For men, there were no significant differences for average consumption in any of these contexts. Entry of background and demographic variables into logistic regression analyses did little to modify these associations. CONCLUSIONS: There is empirical evidence that some groups of homosexual and bisexual women and men spend more time than heterosexual individuals in heavier drinking contexts. The frequency of being in these two social contexts does not appear to be associated with heavier drinking within these contexts for men, but it may be related to heavier drinking in those places among some groups of women.

**Female Veterans**


Brief primary care interventions for alcohol use should be tailored to patients' readiness to change; however, validated measures of readiness to change are too lengthy to be
practical in most primary care settings. We compared a readiness to change drinking algorithm (RTC Algorithm) based on three standardized questions to a validated 12-item readiness to change questionnaire (Rollnick RTCQ) in 85 hazardous drinking female Veterans Affairs (VA) patients. Results from comparisons of mean Rollnick RTCQ scale scores across RTC Algorithm categories suggest good concurrent validity. Regular assessment using the RTC Algorithm questions may help primary care providers tailor alcohol-related discussions with hazardous drinking patients.


Objective: To review the importance of screening for tobacco, alcohol, recreational drug, and prescription drug abuse in women veterans. Methods: A review of the literature was conducted by searching the MEDLINE database (1966 2004) using the keywords "women," "veterans," tobacco," "alcohol," and "substance abuse." A search of national guidelines was also performed using the National Guideline Clearinghouse Web site. Results: The prevalence of substance abuse of all types is higher in women veterans than in civilian women. Women veterans are frequently underdiagnosed for substance abuse problems. Those that are referred for treatment are less likely to complete treatment than male veterans. Because of the complicated nature of substance abuse in women veterans (ie, high rates of associated medical, psychological, and social problems), substance abuse treatment programs for this population need to be more comprehensive. The U.S. Preventive Services Task Force has established guidelines for screening and counseling for tobacco and alcohol abuse in all adults. Women veterans should also be screened for abuse of prescription and recreational drugs. Conclusion: Primary care providers should screen women veterans for tobacco, alcohol, recreational drug, and prescription drug abuse. By understanding the complexities of substance abuse in women veterans, providers can help ensure that this population will be more successfully diagnosed and treated.

Homelessness


OBJECTIVES: Housing typically is not provided to homeless persons during drug abuse treatment. We examined how treatment outcomes were affected under 3 different housing provision conditions. METHODS: We studied 196 cocaine-dependent participants who received day treatment and no housing (NH), housing contingent on drug abstinence (ACH), or housing not contingent on abstinence (NACH). Drug use was monitored with urine testing. RESULTS: The ACH group had a higher prevalence of drug abstinence than the NACH group (after control for treatment attendance), which in turn had a higher prevalence than the NH group. All 3 groups showed significant improvement in maintaining employment and housing. CONCLUSIONS: The results of this and previous trials indicate that providing abstinence-contingent housing to homeless substance abusers in treatment is an efficacious, effective, and practical intervention. Programs to provide such housing should be considered in policy initiatives.

Nyamathi, A., D. Longshore, et al. (2004). "Motivation to stop substance use and psychological and environmental characteristics of homeless women." Addictive Behaviors 29(9): 1839-1843. Characteristics associated with wanting to permanently quit their alcohol, cocaine or heroine use were examined in 748 homeless women. Only a third of Latinas wanted to stop using alcohol; they were also at relatively high risk for continued heroine use. Recognition that their substance use was an extremely serious problem was a consistent predictor of wanting to quit substance use. Other important predictors of
desiring to quit two substances included not hanging out with other drug users, lifetime hospitalization for drug use and recent substance use treatment. Findings from this study may be helpful for selecting relative good candidates for the limited number of substance abuse treatment slots available for homeless women and providing supplementary assistance to those already in treatment.

**American Indian/Native American**


The relationship of social networks and social support to the psychosocial functioning (self-efficacy, self-esteem, anxiety, depression, and hostility) of 159 American Indian women undergoing residential substance abuse treatment at Native American Connections was assessed. Social support and active participation by clients’ families during treatment were found to be significantly related to improved psychosocial functioning. No relationship was found between positive social networks and psychosocial improvement. Interventions for substance abuse should aim to include family and friends in clients’ treatment.


According to the Indian Health Service, substance abuse and Type 2 diabetes are serious problems among Native Americans. To assess substance use in a medical setting, valid screening tests are needed so the Alcohol Use Disorders Identification Test (AUDIT), a simple brief screen for excessive drinking, and the CAGE-adapted to Include Drugs (CAGE-AID) for identifying primary care patients with alcohol and drug disorders were given 50 Northern Plains American Indians with diabetes. Both are short, easy to administer, have good sensitivity and specificity, and can be easily incorporated into a medical history protocol or intake procedure. Reliability coefficients were above .90 and appeared to have sufficient concurrent and divergent validity indicated by moderate correlations with the General Well-being Schedule (rs = -.39 and -.36), the Family-Adaptation, Partnership, Growth, Affection, & Resolve (r = -.47 and -.36), and the Beck Depression Inventory-II (r = .36 and .29).


Violence has become a critical public health issue in the United States. It has had a particularly devastating impact on the health and well being of Native American women and children. The relationship between aggression and substance use is an intrinsic one: Native women often bear the brunt of violence in drinking situations, which places them and their children at extremely high risk for physical and sexual abuse. In urban environments, many Native American women find themselves in adult relationships that mirror the abuse they experienced and witnessed as children or adolescents. Not only does violence often occur while substances are being used, but conversely, substance use is a frequent consequence of sexual abuse. Clearly, the mental health repercussions of physical or sexual abuse are often severe. Trauma is associated not only with psychological distress, but also with risky behavior and social role impairment. Traumatized women engaging in substance abuse and unsafe sex are at high risk for contracting HIV/AIDS. This article explores the intersection of substance abuse, sexual and physical abuse, and increased HIV risk among urban Native American women in the San Francisco Bay Area.

Debilitating mental illness is treatable if found. There is no validated self-administered mental illness evaluation tool for immigrant Hispanic farm workers with variable literacy levels. This study tested sensitivity and specificity of an audiotaped survey developed for low literacy levels compared with standard interview instruments. Subjects from 11 migrant camps completed a self-administered audiotaped survey in Spanish to diagnose major depression, substance abuse, panic and generalized anxiety, and domestic violence. Primary care clinics assisted in finding camps and provided follow-up treatment. For 154 men and 156 women, the audio tool was most sensitive for major depression and specific for anxiety disorder, alcohol abuse, and domestic violence. Seventy percent of those diagnosed with major depression received appropriate treatment. This study validated an inexpensive, self-administered audio tool to evaluate the mental health of immigrant Hispanic farm workers with a wide range of literacy levels.


BACKGROUND:: Due to changing cultural norms, Latinas of childbearing age residing in the U.S. may be at increasing risk of drinking harmful levels of alcohol during pregnancy, and may also be unaware of the risks for Fetal Alcohol Spectrum Disorders associated with this behavior. We assessed the prevalence of alcohol consumption in a sample of low-income pregnant Latinas and examined risk factors for alcohol use in the periconceptional period. METHODS:: As part of a larger intervention trial, a cross-sectional in-home interview study was conducted among a sample of 100 pregnant low-income Latinas receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in San Diego County, California. RESULTS:: Fifty-seven percent of respondents indicated they were either life-time abstainers or had not consumed any alcohol in the periconceptional period. Forty-three percent reported some alcohol use in the three months prior to recognition of the current pregnancy, and 20% reported at least one binge episode of four or more standard drinks during that time frame. Five percent reported drinking seven or more drinks per week, and 8% continued drinking alcohol after recognition of pregnancy. Significant predictors of any alcohol use in the periconceptional period included English language/higher level of acculturation, younger maternal age, lower parity, higher level of education, younger age at first drink, and having ever smoked. Women who were aware of alcohol warning messages and /or had more knowledge of the Fetal Alcohol Syndrome (FAS) were significantly more likely to have consumed alcohol in the periconceptional period. Frequency of periconceptional use of alcohol did not differ between women who planned or did not plan the pregnancy. CONCLUSION:: The prevalence and pattern of early pregnancy alcohol consumption in this sample of Latinas is similar to patterns noted in other race/ethnic groups in the U.S. Level of knowledge about FAS and awareness of warning messages was not protective for early pregnancy alcohol consumption, suggesting that specific knowledge was insufficient to prevent exposure or that other factors reinforce maintenance of alcohol consumption in early pregnancy. Selective interventions in low-income Latinas are warranted, and should be focused on women of reproductive age who are binge or frequent drinkers and who are at risk of becoming pregnant.
Adolescents/Young Adults/Older Adults

Adolescents


Objective: This article is a systematic review identifying effective family-based interventions for adolescent substance use problems. Method: A substantive review of each intervention is conducted using guidelines for effective treatment for substance use problems. Additionally, a methodological review of each study is done using criteria for empirically validated treatments. Results: Treatment components of five interventions—Brief Strategic Family Therapy (BSFT), Family Behavior Therapy, Functional Family Therapy, Multidimensional Family Therapy (MDFT), and Multisystemic Treatment—were consistent with a majority of guidelines for effective treatment. Notable exceptions include no aftercare and poor treatment retention. MDFT and BSFT met criteria of probably efficacious treatment, whereas the other interventions represented promising treatments. Moreover, MDFT demonstrated clinically significant changes in substance use and large effect sizes at posttreatment and follow-up. Conclusion: To increase provision of effective adolescent substance abuse treatment, social workers should use these research findings to guide implementation.


Dextromethorphan (DM) is a popular over-the-counter antitussive medication. Although adverse effects from appropriate use are rare, a specific toxidrome with significant psychomimetic effects occurs with ingestions in excess of those recommended. Both DM and its active metabolite, dextrorphan (DOR), share pharmacologic and neurobehavioral properties similar to opiates and phencyclidine (PCP). As such, cases of recreational DM abuse and, rarely, dependence have been reported, and some data suggest that such abuse is on the rise. DM may be considered by substance abusers, especially adolescents, to be a dissociative agent devoid of financial concerns, legal limitations, negative stigma, problems with access or adverse health consequences. However, DM's popularity among adolescent substance abusers is generally not matched by adequate health care provider awareness, pharmacological understanding or epidemiological characterization. In this review, we summarize the current understanding of DM's addiction medicine based.


This study examined the link between childhood sexual abuse and adolescent substance use among girls, and evaluated depressive self-concept and behavioral under-control (BUC) as pathways to substance use for sexually abused girls. Participants (n = 150) were drawn from a longitudinal study of the impact of domestic violence on the lives of women and children. Structural equation modeling revealed that girls' childhood sexual abuse was associated prospectively with their later substance use. This relationship persisted when age, co-occurring forms of child abuse (physical, exposure to domestic violence), childhood depression and aggression, family income, maternal substance use, and parenting practices were controlled. Behavioral under-control mediated the relationship between childhood sexual abuse and later substance use, but depressive self-concept did not. Implications, limitations, and directions for future research are discussed.

OBJECTIVE: The Internet contains an extraordinary amount of information on the recreational use of psychoactive substances. We investigated the effect of the Internet on the drug-use knowledge, attitudes, and behaviors of adolescents. METHODS: Cross-sectional survey of adolescents being managed for substance abuse. RESULTS: Of 12 patients (9 male, 3 female) who had used the Internet to learn about psychoactive substances, 100% reported that Internet-based information had affected the ways in which they had used psychoactive substances. Of the 12 respondents, 8 described adopting behaviors intended to minimize the risks associated with psychoactive substance use. Respondents also reported changes in the use of a wide variety of illicit substances as well as over-the-counter and prescription pharmaceuticals. Examiners assessed whether quotations demonstrated that respondents' knowledge, attitudes, and behaviors toward psychoactive substance use were affected by Internet information. Despite the subjective nature of the research question, there was a highly significant agreement between coders. CONCLUSIONS: Web-based data on psychoactive substances seem to influence a broad range of drug-use behaviors in adolescents. Information on the ways that the Internet is being used by this vulnerable population should be considered in the design of Web sites to prevent the initiation and use of psychoactive substances.


The authors compared rates and predictors of sexual aggression for women attending college with those of women from the same population who were not attending college. Because it has been suggested that less parental monitoring at college may be associated with risky behaviors that contribute to sexual aggression, they also compared rates and predictors of sexual aggression for those living with parents versus not living with parents. The results showed that women living away from parents reported significantly higher rates of sexual aggression than women living with parents, regardless of student status. Logistic regression analyses showed that for student and nonstudent women, heavy episodic drinking and number of sex partners predicted past-year rape and/or attempted rape. The current results do not provide evidence that college is a uniquely risky environment for experiencing sexual aggression. Rather, the behaviors in which young women engage are associated with sexual aggression during this time period.

Caldwell, L. C., A. D. Schweinsburg, et al. (2005). "Gender and adolescent alcohol use disorders on bold (blood oxygen level dependent) response to spatial working memory." Alcohol and Alcoholism 40(3): 194-200. Aims: To determine how alcohol use differentially affects brain functioning in male and female adolescents. Methods: Adolescents with alcohol use disorders (AUDs; 7 female, 11 male) and control adolescents without AUDs (9 female, 12 male), aged 14-17 years, performed spatial working memory and vigilance tasks during functional magnetic resonance imaging. Results: Gender, AUD and their interaction were significantly associated with brain activation patterns to the tasks. There were interactions in the superior frontal, superior temporal, cingulate and fusiform regions, in which female and male adolescents with AUDs showed a different brain response from each other and control subjects. Female adolescents with AUDs showed a greater departure from normal activation patterns than male adolescents with AUD. Conclusions: Adolescent alcohol involvement may affect male and female brains differently, and adolescent females may be somewhat more vulnerable to adverse alcohol effects. With continued drinking, these adolescents may be at an increased risk for behavioural deficits.

This study examines the initial effects of the Massachusetts Mental Health and Substance Abuse Program on 24-hour care for children and adolescents. Analysis of Medicaid claims shows that under managed care, access to 24-hour services, the number of service users, and admissions increased, while length of stay and expenditures decreased. The decomposition of the savings indicated that although the increase in admissions would have added an additional $2.7 million to expenditures without managed care, the carve-out saved $9.1 million in the first year through changes in length of stay, service settings, and price per day. The managed care variable was not significant in the regression models examining rapid readmission.


Research indicates that parenting has important effects on adolescent substance use. However, the indirect effect of parenting on adolescent substance use via self-control is less understood. Gottfredson and Hirschi's General Theory of Crime has been extensively tested by researchers in the field of criminology, but the theory rarely has been used to predict adolescent substance use. Although Gottfredson and Hirschi clearly assume that self-control is predicated on parenting, its mediating effect is rarely assessed. We find direct effects of self-control and maternal marijuana use on substance use and also find that self-control mediates the relationship between other parenting variables and adolescent substance use.


The influence of neighborhoods on adolescent behaviors has received increasing research attention. In the present study, we use structural equation models to specify pathways from neighborhoods to adolescent cigarette and alcohol use through parental closeness, parental monitoring, parent substance use, and peer substance use. We use a national sample with 959 adolescents 12 to 14 years of age whose residential addresses were matched with 1990 Census tracts to provide neighborhood characteristics. We found that for adolescent cigarette use low socioeconomic status (SES) neighborhoods were associated with increased parental monitoring, which was further associated with decreased adolescent cigarette use. For adolescent alcohol use, high SES neighborhoods were associated with increased parent drinking, which was further associated with increased adolescent alcohol use. Low SES neighborhoods were associated with increased parental monitoring and increased peer drinking, which were in turn associated with decreased and increased adolescent alcohol use, respectively.


OBJECTIVE: To compare the ability of 3 brief alcohol screens (Alcohol Use Disorders Identification Test [AUDIT], CRAFFT, and CAGE) to identify adolescents and young adults with a current alcohol use disorder (AUD) and to determine whether there are gender-based or race-based differences in screening performance. DESIGN, PARTICIPANTS AND SETTING: Cross-sectional study of 358 young persons (55% males; 49% blacks; age range, 15-24 years; mean age, 20.6 years) who were attending an urban clinic for sexually transmitted diseases and reported alcohol use during the past year. Performance of screens did not differ by gender. The AUDIT performed
slightly better in whites than blacks, but no race-based differences were observed for the CAGE or CRAFFT. CONCLUSIONS: Clinicians should use the AUDIT or CRAFFT, rather than the CAGE, to screen young persons for AUDs. The AUDIT performs best, but its length may limit its utility in this setting. The CRAFFT is a suitable alternative, with excellent sensitivity and no gender-based or race-based differences.


We reviewed 71 United States-based MacAndrew Alcoholism Scale (MAC), as revised (MAC-R) studies totaling almost 32,000 Ss, with adolescent and adult substance abusers, from studies published since the last MAC reviews (1989) through 2001. Results suggest that the MAC, and to some extent, the MAC-R, significantly correlates with measures of alcohol and substance abuse in both male and female adolescents and adults, across a diverse spectrum of the use-abuse continuum. Nonclinical groups (100%) scored below the clinical ranges on the MAC/MAC-R, while 79% of adolescent substance abusing groups scored > R 23, indicative of problems with substance abuse. Persons who abused alcohol, drugs, and polydrugs had mean MAC/MAC-R scores > 23, which ranged from 77% to 100% of the cases. The MAC/MAC-R does well in discriminating persons who abuse substances compared to nonclinical, nonabusing groups, but appears to lose diagnostic efficiency with psychiatric patients, and especially with medical patients with seizure disorders. Using R > 25 seems to improve diagnostic accuracy with this population. Meaning of false positives and false negatives were explored and discussed.


The present researchers used a multi-wave Delphi methodology to determine what 14 knowledgeable substance abuse professionals believe are the most appropriate smoking prevention practices for female adolescents. While there was some agreement with the emerging literature, particularly on weight control issues and parental involvement, there was also endorsement of items that appear to be equally salient for both males and females. While the panelists generally acknowledged differential risk factors for females, and the need for prevention programming around these risk factors, more research on gender specific programming is needed before prevention experts are ready to agree on clear and specific practices for adolescent females.


OBJECTIVES: We compared trends in and correlates of marijuana use, cocaine use, and heavy alcohol use for adolescents of Mexican American, Puerto Rican, Cuban American, and other Latin American heritage in the United States. METHODS: We used/examined data from nationally representative samples of eighth-grade Hispanic students who participated in the Monitoring the Future study during the years 1991-2002 (n=24235). RESULTS: Drug use was significantly higher among boys and adolescents of almost all Hispanic ethnicities who did not live with both parents. In addition, drug use differed considerably according to ethnic group on language first spoken, parental education, urbanicity, and region. CONCLUSIONS: A better understanding of the homogeneity and heterogeneity of drug use patterns within and between Hispanic groups should assist in the development of prevention programs.

Timeline follow back (TLFB) methodology was used to assess the daily use of cigarettes, alcohol, and marijuana in adolescent cigarette smokers and nonsmokers over the prior 30 days. Adolescent smokers reported more frequent daily use of both alcohol and marijuana than nonsmokers did. Of those smokers and nonsmokers who drank alcohol and used marijuana, smokers reported more frequent daily use of alcohol, but not marijuana. In examining daily use patterns, there were very few instances when adolescent smokers used alcohol but did not smoke cigarettes, and smokers used marijuana alone on more days than alcohol alone. One-fifth of the adolescent smokers used all three substances on the same day in the past month. There were no significant differences in the patterns of alcohol and marijuana use between female and male smokers, regardless of age. Implications for clinical interventions and future research are discussed.


There is evidence of higher prevalence rates for alcohol use among rural adolescents relative to urban adolescents. Strategies aimed at preventing adolescent alcohol use typically include the development of social skills to resist peer pressure; among the social skills frequently targeted is assertiveness. Self-report data were collected from a sample of rural adolescents (N = 470) participating in a longitudinal preventive intervention study. Five hypothesized dimensions of assertiveness were validated with Confirmatory Factor Analysis: Specific Substance Refusal, Individual Rights, Transaction, Justice, and Social Approach. Using gender as a between-subjects factor, plus time and assertiveness as within-subjects factors to predict an alcohol use composite index, repeated measures analyses revealed a number of significant findings. Several assertiveness dimensions were found to have significant effects on the alcohol use index, and significant two-way and three-way interaction effects (gender x time x assertiveness dimension) also were found. Findings support the idea of including multidimensional assertiveness skill development as a component of preventive interventions, particularly for rural adolescents.


Objective: To describe an innovative treatment for adolescent marijuana abuse and provide initial information about its feasibility, acceptability, and potential efficacy. Method: Provided an intervention composed of (1) a clinic-administered, abstinence-based incentive program; (2) parent-directed contingency management targeting substance use and conduct problems; (3) a clinic-administered incentive program for parent participation; and (4) individual cognitive-behavioral therapy for adolescents. Data are presented for 19 adolescents, age 15-18 years. Measures of substance use, psychopathology, and parenting were collected before and after the 14-week treatment. Substance use measures were also collected 1 month post-treatment. Substance use was monitored by twice-weekly urine and breath testing. An intent-to-treat model was used. Results: Adolescents and parents attended an average of 10.3 and 10.6 of 14 sessions, respectively. Substance use, externalizing behaviors, and negative parenting behaviors decreased by treatment end. Urine testing indicated that abstinence increased from 37% at intake to 74% at treatment end (z value = 2.28, p = .02) and that 53% of adolescents were abstinent 30 days post-treatment. Conclusions: Preliminary data provide support for the feasibility and acceptability of a family-based, contingency management model to treat adolescent substance use and conduct problems. Controlled efficacy studies with larger samples are needed.

The purpose of this study was to determine differences in reported alcohol use and depressive symptomatology among a sample of 524 African-American and Caucasian adolescents. Of specific interest was determining if ethnicity, gender, and age predicted severity of scores obtained on the Reynolds Adolescent Depression Scale (RADS) and Adolescent Drinking Index (ADI). Extreme groups were formed using upper (> 75%) and lower (< 25%) quartiles. Three other groups were formed using each instrument’s normatively derived cutoff scores: depressed only (RADS > 7.7), heavy drinking (ADI > 16) and mixed (RADS > 7.7, ADI > 16). Several results were obtained. First, Caucasians obtained significantly higher scores on the ADI than African-Americans, although no differences were obtained for the RADS. Females scored higher on the RADS but lower on the ADI than males. In terms of extreme scores, females were less likely to belong to the severe depression group, while older adolescents in general and African-Americans in particular had a greater probability of belonging to the heavy-drinking group. Finally, using RADS and ADI cutoff scores, females were less likely than males to belong to the depression-only group as were African-Americans. Older adolescents, in general, and African-Americans in particular had a greater probability of belonging to the mixed group than did their counterparts.


This study explored body image as measured by perceptions of weight and appearance and its impact on adolescent drug use among predominately Mexican American middle school students in the southwest. Outcomes analyzed included lifetime and recent alcohol, cigarette, and marijuana use and antidrug norms. Disliking one's looks was more of a risk factor for boys, whereas negative weight perceptions were more of a risk factor for girls. Relative to more acculturated (English-dominant) Latinos (N = 903), non-Latino Whites (N = 121), and other non-Latino youth (N = 107), less acculturated (Spanish-dominant) Latino youth (N = 212) reported the poorest body image. However, more acculturated Latino youth with poor body image had the greatest risk of substance use. More acculturated Latino boys who disliked their looks reported relatively greater amounts of recent alcohol use, and those who rated their bodies as too thin reported higher lifetime cigarette use, a greater amount and frequency of recent cigarette use, and weaker antidrug norms. More acculturated Latina girls who thought they were too fat reported a greater amount and frequency of recent cigarette use. These findings suggest that low levels of acculturation may protect some Latino youth with poor body image from coping via substance use. In addition, they suggest that poor body image among some Latinos may result less from adoption of American thinness ideals but rather from attitudes and behaviors that devalue the characteristics of Latino appearance.


The relationship between depressive symptoms and cigarette use was examined in a sample of 623 African Americans during adolescence and transition to adulthood by using hierarchical linear modeling. Participants in the study were interviewed across 6 occasions over 8 years. Results indicate that depressive symptoms tend to decrease over time, whereas cigarette use tends to increase for both female and male adolescents. The results also suggest that depressive symptoms predict later cigarette use. Male adolescents who reported more depressive symptoms were more likely than female adolescents to use cigarettes as a way to cope with their mood. These results suggest that depressive symptoms may be important to consider when developing
smoking cessation interventions for African American youth.


In this study we examined self-reported suicide attempts and their relationship to other health risk factors in a community sample of 16,644 adolescents. Fifteen percent endorsed suicide attempts (10% single; 5% multiple attempts). We hypothesized that multiple attempters would show higher prevalence of comorbid health risks than single or non-attempters. The three groups showed significant differences in ten health risk domains, on factors such as depressed mood, sexual assault, weight problems, and drug and alcohol use (ORs: 3.26-13.57). Repeated suicide attempts appear to be related to increased vulnerability and likelihood of harm in multiple domains of health risk.


This study examines the association of risk and protective factors with substance use among 77 early adolescents (11-15 years old) with an HIV-infected parent who were interviewed in 2000-2001 in the South Bronx, a HIV high-prevalence area of New York City. The subjects were 49% female, 53% African American, and 30% Hispanic; mean age was 13 years old. A face-to-face interview was used to administer a battery of instruments representing community, family, peer and resiliency factors. Forty percent reported ever using tobacco, alcohol or drugs; 71% were aware of their parent's HIV seropositivity. An age-adjusted path analytic model was constructed which showed: 1) family functioning predicted resiliency (a composite measure of psychological adjustment and personal competencies); 2) positive community factors and resiliency predicted less affiliation with deviant peers; and 3) poorer family functioning and affiliation with deviant peers predicted substance use. These results underscore the need for interventions that address social influence factors among vulnerable early adolescents with HIV-positive parents.

Sher, L. and G. Zalsman (2005). "Alcohol and adolescent suicide." 197-203, 2005 Jul-Sep. Adolescent suicide is a major public health problem. In this review, the authors discuss different aspects of the relation between alcohol abuse and suicidal behavior in adolescents, including epidemiology, role of family history, comorbidity, gender differences, neurobiology, treatment, and prevention. In the general population, about 2,000 adolescents in the United States die by suicide each year. Suicide continually ranks as the second or third leading cause of death of persons between the ages of 15 and 34 years old. The suicide rate in young people has more than doubled during the period from 1956 to 1993. This increasing suicide rate has been blamed on the increase of adolescent alcohol abuse. Availability of alcohol and guns at home may contribute to suicide risk in adolescents. Comorbid psychopathology, which is common among adolescent alcohol abusers, substantially increases risk for suicide completions and attempts. Depressed adolescents may use alcohol to self-medicate depressive symptoms. Alcohol abuse and suicidal behavior in adolescents and in adults has been found to have biochemical, genetic, and psychological correlates. Ideally, treatment of adolescents who receive a diagnosis of an alcohol use disorder and co-occurring suicidality should follow an integrated protocol that addresses both conditions. Future studies of psychological and neurobiological mechanisms of suicidality in adolescents with alcohol and/or substance abuse are merited.

BACKGROUND: Marijuana use during adolescence has various adverse psychological and health outcomes. It is poorly understood whether the same risk factors influence different stages in the development of marijuana involvement. OBJECTIVE: To establish which risk factors best explain different stages of marijuana involvement. DESIGN: Data were collected at 2 points using computer-assisted personal interview (wave 1 and wave 2 were separated by 1 year). Twenty-one well-established risk factors of adolescent substance use/abuse were used to predict 5 stages of marijuana involvement: (1) initiation of experimental use, (2) initiation of regular use, (3) progression to regular use, (4) failure to discontinue experimental use, and (5) failure to discontinue regular use. Data were analyzed using logistic regression analysis. PARTICIPANTS: Middle school and high school students (N = 13 718, aged 11-21 years) participating in the National Longitudinal Study of Adolescent Health (Add Health). RESULTS: Three risk factors (own and peer involvement with substances, delinquency, and school problems) were the strongest predictors of all stages. Their combined presence greatly increased risk of initiation of experimental (odds ratio, 20) and regular (odds ratio, 87) marijuana use over the next year. Personality, family, religious, and pastime factors exerted stage-specific, sex-specific, and age-specific influences. CONCLUSIONS: Assessment of substance, school, and delinquency factors is important in identifying individuals at high risk for continued involvement with marijuana. Prevention and/or intervention efforts should focus on these areas of risk.


PURPOSE: To identify prevalence and correlates, including substance use and exposure to violence, of feeling stigmatized by being pregnant as an adolescent. METHODS: A total of 925 low-income African-American, Mexican-American, and Caucasian pregnant adolescents aged <= 18 years were interviewed on the postpartum ward of a university hospital within 48 hours of delivery. Correlates of stigma were identified among self-reported behaviors such as substance use, exposure to violence, family support and criticism, as well as reproductive and sociodemographic characteristics. RESULTS: Two out of five adolescents (39.1%) reported feeling stigmatized by their pregnancy. As compared with their nonstigmatized peers, stigmatized adolescents were more likely to report having seriously considered abortion, being afraid to tell parents about pregnancy, feeling that parents/teachers thought pregnancy a mistake, and feeling abandoned by the fathers of their babies. Stepwise logistic regression revealed the following correlates independently associated with feeling stigmatized: white race/ethnicity, not being legally/common-law married or engaged to the baby's father, feelings of social isolation, aspirations to complete college, experiencing verbal abuse or being fearful of being hurt by other teenagers, and experiencing family criticism. In contrast, greater self-esteem and having dropped out of school before conception were protective of reporting feelings of stigma. CONCLUSIONS: Significant proportions of pregnant adolescents feel stigmatized by pregnancy and are at increased risk of social isolation and abuse. These young women may need special attention during and after pregnancy to develop concrete strategies to care for themselves and their children to complete their education and avoid becoming clinically depressed.

Young Adults/College-Age


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The authors investigated the efficacy of an interactive Web site, MyStudentBody.com: Alcohol (MSB:Alcohol) that offers a brief, tailored intervention to help heavy drinking college students reduce their alcohol use. They conducted a randomized, controlled clinical trial to compare the intervention with an alcohol education Web site at baseline, postintervention, and 3-month follow-up. Students were assessed on various drinking measures and their readiness to change their drinking habits. The intervention was especially effective for women and persistent binge drinkers. Compared with women who used the control Web site, women who used the intervention significantly reduced their peak and total consumption during special occasions and also reported significantly fewer negative consequences related to drinking. In addition, persistent heavy binge drinkers in the experimental group experienced a more rapid decrease in average consumption and peak consumption compared with those in the control group. The authors judged MSB:Alcohol a useful intervention for reaching important subgroups of college binge drinkers.


Past research suggests that congregating delinquent youth increases their likelihood of problem behavior. We test for analogous peer effects in the drug use and sexual behavior of male (n = 279) and female (n = 435) college students, using data on the characteristics of first-year roommates to whom they were randomly assigned. We find that males who reported binge drinking in high school drink much more in college if assigned a roommate who also binge drank in high school than if assigned a nonbinge-drinking roommate. No such multiplier effect is observed for females, nor are multiplier effects observed for marijuana use or sexual behavior for either males or females. Students who did not engage in these behaviors in high school do not appear to be affected by their roommate’s high school behavior.


Several studies have shown that disturbances in the parent-child relationship in childhood are related to patterns of alcohol abuse in adolescence and young adulthood. Recently some researchers, however, argue that whether poor parenting is detrimental depends on specific child characteristics. Hence, instead of examining overall effects of parenting, it might be more appropriate to search for specific child-environment effects that lead to problematic drinking patterns. In this paper, we investigate the interplay between child characteristics (lack of self-control and aggression) and parenting on problematic alcohol use in young adulthood. Data were used from a longitudinal study that followed 301 children and their parents for a period of 10 years. Both parents and their children were interviewed on parenting practices and child characteristics when the child was a young adolescent (mean age of 12 years at time 1) and extensive information on problematic alcohol use was gathered when the participants were young adults (mean age was 22 at time 3). Findings showed strong effects of childhood aggression (men only) and poor family functioning on enhanced levels of problem drinking in young adulthood. Further, the combination of high levels of aggression and low levels of family functioning were related to problem drinking in men, whereas the combination of low parental control and low levels of affection expression were related to problem drinking in women.


F. K. Del Boca, J. Darkes, P. E. Greenbaum, and M. S. Goldman (2004) examined temporal variations in drinking during the freshmen college year and the relationship of
several risk factors to these variations. Here, using the same data, the authors investigate whether a single growth curve adequately characterizes the variability in individual drinking trajectories. Latent growth mixture modeling identified 5 drinking trajectory classes: light-stable, light-stable plus high holiday, medium-increasing, high decreasing, and heavy-stable. In multivariate predictor analyses, gender (i.e., more women) and lower alcohol expectancies distinguished the light-stable class from other trajectories; only expectancies differentiated the high-decreasing from the heavy-stable and medium-increasing classes. These findings allow for improved identification of individuals at risk for developing problematic trajectories and for development of interventions tailored to specific drinker classes.


The authors investigated illicit use of stimulant medications at a midwestern university. They used a questionnaire to (a) examine the extent to which university students illicitly used stimulant medications prescribed for attention-deficit hyperactivity disorder; (b) determine why college students abused such drugs; and (c) identify the factors that predicted illicit use of prescribed stimulant medication. Findings revealed that 17% of 179 surveyed men and 11% of 202 women reported illicit use of prescribed stimulant medication. Forty-four percent of surveyed students stated that they knew students who used stimulant medication illicitly for both academic and recreational reasons. Students reported they experienced time pressures associated with college life and that stimulants were said to increase alertness and energy. Regression analysis revealed that the factor that predicted men's use was knowing where to get easily acquired stimulant medication, whereas the main predictor for women was whether another student had offered the prescribed stimulants.


The short allelic variant of the serotonin transporter protein promoter polymorphism (5HTTLPR) appears to influence binge drinking in college students. Both monoamine oxidase type A (MAOA) and the serotonin transporter protein are involved in the processing of serotonin, and allelic variants are both associated with differences in the efficiency of expression. We hypothesized that a significant gene x gene interaction would further stratify the risk of binge drinking in this population. Participants were college students (n = 412) who completed the College Alcohol Study, used to measure binge drinking behaviors. Genomic DNA was extracted from saliva for PCR based genotyping. The risk function for binge drinking was modeled using logistic regression, with final model fit P < 0.0005. This model was valid only for Caucasian females (n = 223), but the power to detect sex and ethnic effects was small. Young Caucasian women carrying higher expression MAOA VNTR alleles homozygous for the short allelic variant of the 5HTTLPR demonstrated the highest rate of binge drinking by self-report, odds ratio (genotype odds: population odds) and 95% confidence intervals, 3.11 (1.14-18.10). Individuals carrying higher expression MAOA VNTR alleles carrying at least one long 5HTTLPR allelic variant had the lowest risk of binge drinking 0.46 (0.28-0.71). These results support the hypothesis that binge drinking behavior in young adulthood may be influenced by neurobiological differences in serotonergic function conferred by functional polymorphisms in genes involved in serotonin processing.


We examined relationships among personality (i.e., negative affectivity and
conscientiousness), and use of licit and illicit substances in a sample of 421 college-aged social drinkers (52.7% women, 47.3% men). Results indicated significant relationships between personality and substance use as well as gender differences. Negative affectivity was related to greater illicit substance use, but not alcohol use or smoking. Conscientiousness was related to less alcohol use and smoking, which fully mediated relationships between conscientiousness and with less use of marijuana and other illicit substances. For women, conscientiousness was associated with less alcohol and smoking, compared to men. For men, alcohol use and smoking were more likely to lead to marijuana use, compared to women. Our findings support differential pathways from personality to substance use, and gender appears to be an important moderating factor.


This study evaluated perceptions of same-sex and opposite-sex gender-specific versus gender-nonspecific drinking norms among college students (115 men, 111 women). This research is consistent with previous findings that college students overestimate the quantity and frequency of drinking among their gender-nonspecific peers and demonstrates that both men and women overestimate the quantity and frequency of the drinking of their same-sex peers. The findings suggest that perceived same-sex norms are more strongly associated with problematic drinking than are gender-nonspecific norms and that perceived same-sex drinking norms are stronger predictors of alcohol consumption for women than for men. Results suggest that interventions incorporating normative feedback should be framed differently for women than for men.


The current paper highlights the college years as a risk period for development, continuation, and escalation of illicit substance use and substance use disorders and reviews the literature related to the prevention and treatment of these disorders in college populations. Despite widespread implementation of college drug prevention programs, a review of the literature reveals few controlled trials targeting this population. However, alcohol prevention has been extensively studied, and many efficacious interventions for college drinking share theoretical and methodological underpinnings with interventions shown to be efficacious in drug prevention and treatment with other populations (i.e., school-based prevention, adolescent and adult drug treatment). These interventions could be adapted to target drug prevention on college campuses. Barriers to implementation and evaluation of these interventions on campus are discussed, and suggestions are made for future research and programmatic directions.


Objective: The present research examines the associations between three distinct dimensions of sexual orientation and substance use in a random sample of undergraduate students. Method: A Web based survey was administered to students attending a large, midwestern research university in the spring of 2003. The sample consisted of 9,161 undergraduate students: 56% female, 68% white, 13% Asian, 6% black, 4% Hispanic and 9% other racial categories. Using multivariate logistic regression analyses, several measures of alcohol and other drug use were compared across three dimensions of sexual orientation: sexual identity, sexual attraction and sexual behavior. Results: All three dimensions of sexual orientation were associated with substance use, including heavy episodic drinking, cigarette smoking and illicit drug use. Consistent with
results of several other recent studies, "nonheterosexual" identity, attraction or behavior was associated with a more pronounced and consistent risk of substance use in women than in men. Conclusions: Study findings suggest substantial variability in substance use across the three dimensions of sexual orientation and reinforce the importance of stratifying by gender and using multiple measures to assess sexual orientation. Study results have implications for future research and for interventions aimed at reducing substance use among college students.


**AIMS:** To examine how membership in fraternities and sororities relates to the prevalence and patterns of substance use in a national sample of full-time US college students.

**DESIGN:** Nationally representative probability samples of US high school seniors (modal age 18 years) were followed longitudinally across two follow-up waves during college (modal ages 19/20 and 21/22).

**SETTING:** Data were collected via self-administered questionnaires from US high school seniors and college students.

**PARTICIPANTS:** The longitudinal sample consisted of 10 cohorts (senior years of 1988-97) made up of 5883 full-time undergraduate students, of whom 58% were women and 17% were active members of fraternities or sororities.

**FINDINGS:** Active members of fraternities and sororities had higher levels of heavy episodic drinking, annual marijuana use and current cigarette smoking than non-members at all three waves. Although members of fraternities reported higher levels than non-members of annual illicit drug use other than marijuana, no such differences existed between sorority members and non-members. Heavy episodic drinking and annual marijuana use increased significantly with age among members of fraternities or sororities relative to non-members, but there were no such differential changes for current cigarette use or annual illicit drug use other than marijuana.

**CONCLUSIONS:** The present study provides strong evidence that higher rates of substance use among US college students who join fraternities and sororities predate their college attendance, and that membership in a fraternity or sorority is associated with considerably greater than average increases in heavy episodic drinking and annual marijuana use during college. These findings have important implications for prevention and intervention efforts aimed toward college students, especially members of fraternities and sororities.


This study identifies the prevalence, correlates, and sources associated with the illicit use of prescription pain medication among undergraduate college students. A cross-sectional, web-based survey was self-administered by a large random sample of 9,161 undergraduate students attending a large Midwestern university in the United States. Although undergraduate women were more likely to be prescribed pain medication, men were more likely to be approached to divert their prescription pain medication and report illicit use of prescription pain medication. Multivariate analyses indicated past year illicit use of prescription pain medication was higher among undergraduate students who were: previously prescribed pain medication, living in a house or apartment, and earning lower grade point averages. The majority of students obtained prescription pain medication for illicit use from peers and the second leading source was family members. There were several gender differences in the risk factors and sources of illicit use of prescription pain medication. Based on qualitative data, illicit use included recreational use for the purposes of intoxication and self-medication for pain episodes. Illicit users, who obtained prescription pain medication from peers, reported significantly higher rates of other substance use while those who obtained prescription medications from family members did not. These findings suggest that the illicit use of prescription pain
medications may represent a problem among undergraduate students and effective prevention efforts are needed that account for gender differences.

This article explores the prevalence of drug and alcohol use and related risks by attendees at electronic music dance events (EMDEs) in club settings. From six events located on the East and West Coasts, anonymous data were collected via self-report questionnaires, drug bioassays, and alcohol breath tests prior to entry (N = 240) and upon exit from the venues (N = 219). EMDEs were locations for identifying young adults who were aged 18 to 25 (70%), not college students (54%), and at risk for substance use. Nearly half of the sample (45%) were positive for drug use, and 60% were positive for alcohol use at entrance. Slightly more than one third (38%) were positive for drug use, and 59% were positive for alcohol use at exit. Only a small percentage of the sample converted from no use to drug use on premises (5.4%). Future investigations need to explore targeted substance use prevention strategies within this context.

This study examined the impact of alcohol use and alcohol-related problems on several domains of life satisfaction (LS) in a sample of 353 college students. Alcohol use was associated with lower general satisfaction and anticipated future satisfaction among women. Female abstainers reported higher general and anticipated future satisfaction than did female heavy drinkers. Female students' alcohol use was unrelated to their academic, family, dating, or social satisfaction. Drinking among men showed a positive, curvilinear relation to social satisfaction but was unrelated to other domains of LS. Alcohol-related problems were associated with decreased LS among both men and women. These findings suggest that alcohol use by young adults is associated with both positive and negative outcomes that may be gender specific.

In the present study, a typological approach was used to identify patterns of alcohol use in a sample of 533 college freshmen students (<21 years old; 342 women; 191 men), on the basis of quantity and frequency of consumption, and alcohol-related problems. Personality (sensitivity to reward, SR; sensitivity to punishment, SP) and reasons for drinking were examined as correlates of drinking patterns through a mediational model. Analyses were done separately by gender. Latent profile analyses suggested 5 drinking patterns for both genders, including 3 problematic groups. SR was only associated with the problematic drinking patterns, and enhancement, coping, and social reasons for drinking mediated this relationship. These findings demonstrate the utility of latent profile analysis for identifying a drinking typology and for integrating personality and drinking motives to distinguish drinking patterns.

To examine the influence of alcohol consumption, gender, and psychological risk and protective factors on college students ’ experiences of negative and positive consequences, the present study of 181 students assessed frequency and quantity of alcohol consumption, negative and positive consequences of alcohol use, positive alcohol expectancies, constructive thinking, and positive and negative affect. Results
indicated that men and women differed in their experience of some consequences and that while alcohol consumption was generally more strongly related to consequences for women than for men, it was unrelated to most consequences. Further, when controlling for alcohol consumption, positive alcohol expectancies and negative affect were positively related to experiencing positive and negative consequences while constructive thinking was related to fewer positive and fewer negative consequences. Results indicate that consequences are much more strongly related to psychological risk and protective factors than to alcohol consumption. The article concludes with a discussion of implications for intervention efforts.


Background: Heavy/binge drinking among college students has become a major public health problem. There is consistent evidence suggesting that young adults in college are drinking more than their non-college-attending peers, but it is still not clear whether they are more likely to suffer from clinically significant alcohol use disorders. Objective: To compare the prevalence of alcohol use disorders and alcohol use disorder symptoms in college-attending young adults with their non-college-attending peers within the same study in a large and representative US national sample. Design: Cross-sectional survey. Setting: Civilian, noninstitutionalized US population. Participants: Young adults (n=6352) from the 2001 National Household Survey on Drug Abuse (19-21 years of age, 51% female, 66% white, 14% African American, 14% Hispanic). Main Outcome Measures: Lifetime, past-year, and past-month drinking, past-year and past-month weekly drinking, past-month weekly binge drinking, past-month daily drinking, typical quantity consumed in the past month, and past-year DSM-IV alcohol dependence and abuse diagnoses. Results: Eighteen percent of US college students (24% of men, 13% of women) suffered from clinically significant alcohol-related problem's in the past year, compared with 15% of their non-college-attending peers (22% of men, 9% of women; overall odds ratio = 1.32). The association between past-year alcohol use disorder and college attendance was stronger among women (odds ratio = 1.70) than men (odds ratio = 1.14). College students were more likely to receive a diagnosis of DSM-IV alcohol abuse than their peers not attending college; despite the fact that those in college were drinking more, they were not more likely to receive a diagnosis of DSM-IV alcohol dependence. Conclusions: College students suffer from some clinically significant consequences of their heavy/binge drinking, but they do not appear to be at greater risk than their non-college-attending peers for the more pervasive syndrome of problems that is characteristic of alcohol dependence.


This study examines transitions in alcohol, cigarette, and marijuana use and alcohol- and marijuana-related problems from late adolescence through young adulthood. Men and women who attend college are compared to their peers who do not to determine if the situational/socialization effects of college are unique during this developmental period. Prospective data from a community sample were collected at ages 18, 21, and 30 years. ANOVAs revealed that 18 year olds who transition out of high school, regardless of college status, reported higher levels of substance use than their peers who were still in high school. In addition, nonstudents compared to college students reported higher levels of cigarette and marijuana use in adolescence, emerging adulthood, and young adulthood and higher levels, of alcohol- and marijuana-related problems in adolescence and young adulthood. Latent growth curve analyses revealed that college status was related to lower levels of alcohol and marijuana problems at age
18, greater increases from ages, 18 to 21, and greater decreases from ages 21 to 30 even after controlling for level and growth in use. Overall, the findings suggest that nonstudents may be a more important target group than college students for drug use prevention efforts during emerging adulthood.


**Aims** To test whether an expectancy challenge (EC) changes implicit and explicit alcohol-related cognitions and binge drinking in young heavy drinkers. This is important for theoretical and practical reasons: the EC presents a critical test for the hypothesized mediational role of alcohol cognitions and the EC has been presented as a promising intervention to counter alcohol problems in heavy drinking youth. Setting, participants and intervention Ninety-two heavy drinking college and university students (half women) were assigned randomly to the EC or control condition (a sham alcohol experiment in the same bar-laboratory). Measurements Explicit alcohol cognitions and alcohol use were assessed with paper-and-pencil measures. Alcohol use was assessed prior to the experiment and during a 1-month follow-up. Implicit alcohol-related cognitions were assessed with two versions of the Implicit Association Test (IAT), adapted to assess implicit valence and arousal associations with alcohol. Findings and conclusions The EC resulted in decreased explicit positive arousal expectancies in men and women alike. There was some evidence for a differential reduction in implicit arousal associations, but findings depended on the version of the IAT and on the scoring-algorithm used. In men (but not in women) there was a short-lived differential reduction in prospective alcohol use (significant in week 3 of the follow-up), and this reduction was partially mediated by the decrease in explicit positive arousal expectancies. These findings suggest that an EC successfully changes explicit alcohol cognitions and that this may have short-lived beneficial effects in heavy drinking young men.


**Objectives:** This study examined the prevalence and correlates of substance abuse service use among uninsured young adults aged 18 to 34 years (N = 24,282). Methods: Data were drawn from the 1999 National Household Survey on Drug Abuse. Logistic regression was used to identify correlates of substance abuse service use among persons who met DSM-IV criteria for dependence. Results: Among uninsured young adults (N = 5,067), 66 percent lacked any health care coverage for at least one year. In this uninsured group, 72 percent were past-year users of alcohol or drugs (N = 2,335). Among past-year alcohol users (N = 2,273), 12 percent met criteria for alcohol dependence; among past-year drug users (N = 864), 21 percent met dependence criteria. Eighty-seven percent of the uninsured young adults with alcohol or drug dependence did not receive any substance abuse treatment services in the previous year. In the uninsured substance-dependent group, women, blacks, and Hispanics were less likely than men and whites to use substance abuse services. Among those with substance dependence, uninsured persons were more likely than privately insured persons to receive substance abuse services from the self-help or human service (nonmedical) sector. Conclusions: Racial, ethnic, and gender disparities in the use of substance abuse services are notable among young adults who lack health insurance.


The purpose of this exploratory study was to examine why there has been an increase in frequent binge drinking among the most recent generation of female undergraduate students. Specifically, we examined whether female undergraduate women associated being able to "drink like a guy" (e.g., drink large amounts of alcohol, drinking
competitively) with gender equality. Focus groups were conducted in March of 2003 with 42 female undergraduate women who consumed alcohol. Participants were recruited from respondents of a random sample survey of undergraduate students attending a large, public university and reflected the demographic characteristics of this population: traditional-age college students (i.e., attending college between 18 and 22 years of age), who were primarily white from middle or upper middle class families and living on or near the college campus. Focus groups were based on drinking trajectories during college (Stable High, Stable Low, Decreasers,Increasers) and sorority status. While women of all drinking levels reported feeling pressure to drink "heavily" because of the favorable impression they could make on their male peers, primarily women who were frequent binge drinkers throughout college felt that "drinking like a guy" described their own drinking behaviors. While women reported that being able to "drink like a guy" provided them with a sense of equality with their male peers, analysis of the transcripts suggests that "drinking like a guy" had less to do with gender equality and more to do with emphasizing women's (hetero)sexuality. Findings are discussed in terms of how "heavy alcohol consumption" affords college women positive attention from their male peers, but likely increases their vulnerability to sexual assault and alcohol use related health problems.


Purpose: The purpose of this study was to test whether subjective evaluations of alcohol expectancies mediate the association between perceived drinking expectancies and participation in drinking games (DGs). Participation in DGs facilitates heavy drinking; therefore, we also examined the association between DG participation and alcohol-related problems. Methods: This cross-sectional study included 187 female athletes from an all-women's college in the Northeastern United States. Respondents completed self-report questionnaires in small groups who reported on their alcohol use, drinking expectancies, and number of DGs played with their teammates during the semester. Results: A mediation effect emerged for subjective evaluation of liquid courage expectancy but not for increased sociability and cognitive/behavioral impairment expectancies. Although perceived expectancies of cognitive/behavioral impairment were associated negatively with DG participation, positive subjective evaluations of this expectancy were related positively with DG participation. Finally, participation in DG was associated positively with alcohol-related problems. Conclusions: Findings are consistent with notions of social learning and utility theories and sheds light on the link between alcohol expectancies and participation in DGs among female student athletes. Results also highlight the health risks associated with DG involvement. Intervention programs aimed at decreasing the prevalence of DG participation might consider addressing students' perceptions about the desirability of liquid courage expectancies.

Older Adults


OBJECTIVE: The number of older people with substance abuse problems is expected to increase over the next decade. Given the expected growth in the number of elderly clients needing substance abuse treatment, the authors provide a description of admissions of patients age 55 years and over to facilities receiving some public funds. METHODS: The Treatment Episode Data Set (TEDS), a public-use data-set, contained information on 58,073 admissions to substance treatment (age 55+) and 1,043,910 admissions age 30-54 years. RESULTS: Older admissions listed only one substance-daily use of alcohol. Admission record notations indicated that these admissions were
more frequently associated with income, insurance, and marriage or divorce than younger admissions. As in younger admissions, criminal justice was a major source of referral to treatment. Older patients' admissions records indicated fewer previous treatment experiences. Older male and female admissions were similar in many regards, but differed in their treatment history. The current treatment admission was more often the first for female admissions. Older female admissions were likely to be more educated than their male counterparts, with a later age at onset. CONCLUSIONS: Older admissions to substance abuse treatment differed in important ways from younger adult admissions. The older admissions tended to come from a more stable environment (income, insurance, marriage). Despite their very high frequency and amount of drinking, few of these admissions were referred to treatment by healthcare workers.


Objective: The author asked whether older nursing home residents with alcohol use disorders differ from demographically-matched residents without alcohol use disorders on functioning, admission characteristics, and health services use. Method: National Nursing Home Survey data were used to compare nursing home residents with alcohol use disorders (N = 216) with demographically-matched residents without alcohol use disorders (N = 216) on functioning, admission characteristics, and health services use. Results: Residents with alcohol use disorders functioned somewhat better than did residents in the demographically-matched sample group, as indicated by performance of basic activities of daily living. However, they were significantly more likely to have lived alone before admission and to have obtained mental health and social services. There was a significant group x gender interaction on length of stay: men with alcohol use disorders had shorter lengths of stay than did men without alcohol use disorders; women with alcohol use disorders had longer lengths of stay than did women without such disorders. Conclusions: Having fewer social resources may contribute to elevated admission risk and need for mental health and social services among older nursing home residents who have alcohol use disorders. Duration and severity of alcohol problems may help explain gender differences in length of stay among these residents.


Aims: Most older adults report having recently experienced pain, and many older adults have late-life drinking problems. However, to our knowledge, the intersection of pain and alcohol misuse by older adults has not been studied. This research focuses on the implications of pain for older individuals who have problems with alcohol. Design Longitudinal survey. Setting, participants and measurement: Older community-residing adults (n = 401) were classified as problem and non-problem drinkers. At baseline and 3 years later they were asked to provide information about their pain, use of alcohol to manage pain, drinking behavior, chronic health problems and recent serious injury. Findings At baseline, older problem drinkers reported more severe pain, more disruption of daily activities due to pain and more frequent use of alcohol to manage pain than did older non-problem drinkers. More pain was associated with more use of alcohol to manage pain; this relationship was stronger among older adults with drinking problems than among those without drinking problems. Among older men, more baseline drinking problems interacted with use of alcohol to manage pain to predict more health problems and serious injury 3 years later. Among older women, more baseline drinking problems interacted with use of alcohol to manage pain to predict more drinking problems 3 years later. Conclusions: The results highlight the importance of monitoring the drinking behavior of older patients who present with pain complaints, especially patients who
have pre-existing problems with alcohol.


Background: Alcohol abuse is associated with menstrual irregularities related to the inhibition of progesterone secretion involved in regulation of the menstrual cycle. Reduced progesterone metabolites, including pregnanolone isomers (PIs), are efficient neuromodulators. The authors attempted to evaluate whether levels of PIs reflect impairment in progesterone biosynthesis in premenopausal women treated for alcohol addiction and whether alcohol detoxification therapy contributes to the restoration of their reproductive functions and psychosomatic stability by influencing steroid biosynthesis.

Methods: Serum allopregnanolone (3 alpha-hydroxy-5 alpha-pregnan-20-one; P3 alpha 5 alpha), pregnanolone (P3 alpha 5 beta), isopregnanolone (P3 beta 5 alpha), epipregnanolone (P3 beta 5 beta), progesterone, pregnanolone sulfate (PregS), pregnanolone, and estradiol were measured in 20 women during therapy (at start, three days, 14 days, one month, and four months) by gas chromatography-mass spectrometry or radioimmunoassay. The results were evaluated by a linear mixed model for longitudinal data, with stage of the treatment and subject as categorical factors, phase of the menstrual cycle as a time-varying covariate, and age of the subject as a covariate and by regression in individual stages of the menstrual cycle. Results: During detoxification treatment, progesterone increased in the luteal phase. P3 alpha 5 alpha, P3 beta 5 alpha, and P3 beta 5 beta rose in both phases of the menstrual cycle.

Discussion: Given the similar mechanism in the effects of alcohol and steroids in activating gamma-aminobutyric acid A receptors, the restoration of progesterone and PIs during therapy could be explained by an adaptation to increasing requests for gamma-aminobutyric acid (A)-receptor activating substances owing to the cessation of alcohol intake or by the regeneration of progesterone formation. In conclusion, the reinstatement of progesterone, P3 alpha 5 alpha, and P3 beta 5 beta serum levels demonstrates the favorable effect of detoxification therapy on both reproductive functions and the psychosomatic stability of premenopausal women treated for alcohol addiction.


Studies evaluating the association of ovarian cancer with alcohol intake are inconsistent, and few have evaluated this association in the context of folate consumption. Dietary folate and alcohol intakes and lifestyle and medical information were collected with self-administered questionnaires in 1986 from postmenopausal women aged 55-69 followed prospectively for 15 years for risk of epithelial ovarian cancer in the Iowa Women's Health Study. Among 27,205 eligible women free of baseline cancer, 147 incident epithelial ovarian cancer cases were identified by linkage to a cancer registry. Compared to the lowest quartile of total folate (food plus supplement) intake, the multivariable risk ratios (RR) for increasing quartiles were 1.0 (referent), 1.59, 1.24, 1.73 (95% confidence interval [CI], 0.90-3.33; p for trend, 0.20). Compared to non-drinkers, the RRs for increasing alcohol intake were 1.0 (referent), 0.78 for 0.01-3.9 g/d: 0.75 for 4.0-9.9 g/d and 0.58 for greater than or equal to10 g/d (95% CI, 0.30-1.11; p for trend, 0.08). Among women with alcohol intake greater than or equal to4 g/d compared to <4 g/d, the apparent risk reduction was limited to those with total folate intake greater than or equal to331 mug/d (RR: 0.52; 95% CI, 0.22-1.19; p for interaction, 0.04) although this estimate was based on only seven cases. The association did not change appreciably when we excluded tumors of mucinous histology. These findings suggest that alcohol consumption is inversely related to postmenopausal ovarian cancer, and that the association of folate with ovarian cancer may vary by the amount of alcohol consumed.

This study focused on the prospective associations between older adults' health-related problems and their late-life alcohol consumption and drinking problems. A sample of 1,291 late-middle-aged community residents (55-65 years old at baseline) participated in a survey of health and alcohol consumption, and was followed one year, four years, and 10 years later. Health-related problems increased and alcohol consumption and drinking problems declined over the 10-year interval. Medical conditions, physical symptoms, medication use, and acute health events predicted a higher likelihood of abstinence and less frequent and lower alcohol consumption. However, overall health burden predicted more subsequent drinking problems, even after controlling for alcohol consumption and a history of heavy drinking and increased drinking in response to stressors. Among older adults, increased health problems predict reduced alcohol consumption but more drinking problems. Older adults with several health problems who consume more alcohol are at elevated risk for drinking problems and should be targeted for brief interventions to help them curtail their drinking.


Objective: This study examined the effects of gender, ethnicity, and medical illness on cessation of alcohol consumption in late life by analyzing characteristics that distinguish current drinkers from former drinkers. Method: Participants were 211 medical patients aged 55 to 91 years, recruited from four urban public sector primary care clinics. Respondents completed the Short Michigan Alcohol Screening Test and provided health and demographic data. A subset (n = 139) reported drinking history. Of these participants, 40% reported cessation of alcohol consumption at least 1 year prior to their participation in the study. Results: Older age, hypertension, and heart problems were associated with drinking cessation among women but not among men. In a logistic regression model, drinking cessation was predicted by being unmarried, being a member of an ethnic minority group, heart problems, and diabetes. Discussion: Physical illnesses may contribute to drinking cessation, especially in older women. Results have implications for alcohol interventions with older adults.

HIV/AIDS


Nurses at the Well-Being Institute, a community-based nursing outreach clinic in Detroit, Michigan, located 75 women living with HIV, mental illness, and substance abuse who were lost to follow-up at their HIV medical clinic as part of a nursing research study. Women who had been scheduled for an appointment in the last 4 months but who had missed that appointment were considered "lost to follow-up" in the HIV clinic. The purpose was to study factors related to health care access in women not participating in regular health care for their HIV infection. Women were randomly assigned to two study groups. Women assigned to "care as usual" study group (n = 37) received no additional services beyond study interviews for 1 year. Women assigned to the "nursing intervention" group (n = 38) were provided with nursing services designed to facilitate their return to and continued connection with their HIV clinic. Findings showed that factors related to the women's vulnerability, such as mental illness and drug use, were more related to their use of expensive health care services such as hospital emergency departments or hospital inpatient admissions than was assignment to either the "nursing intervention" or "care as usual" study groups. Two case studies describing the cost of care for 2 of the multiply diagnosed women in the study is presented. Women differed on whether they had stable housing and were accessing care for their mental illness.

Alcohol and other drug (AOD) use plays a major role in the acquisition and spread of HIV, and the majority of women living with HIV are either active or recovering drug users. Forty-six percent of women’s cases of HIV infection have been attributed to injection-drug use and 18% to women's heterosexual contacts with injection-drug users. Substance abuse often contributes to noncompliance with HIV treatment. Individuals with multiple diagnoses, such as those with HIV and substance abuse, may not be able to withstand the burden of integrating the different clinical approaches used to treat their substance abuse and other comorbid disorders such as HIV. This article reports the results of an intervention pilot study testing a peer counseling intervention for substance abuse in rural women with HIV. Thirteen women completed the intervention. Although limited by sample size, results suggest that this intervention was effective in helping women to acknowledge problems with their alcohol and drug abuse and to begin taking steps to achieve sobriety.


PURPOSE: This study examines the co-occurrence of sexual risk with violence, victimization, risky substance use, and drug-related problems among young adults.

METHODS: Data were collected from 3392 young adults drawn from California and Oregon as youth, as part of the RAND adolescent panel study. Logistic regression analyses were used to test differences in psychosocial health problems for participants at high, moderate, and low sexual risk, overall, and by gender.

RESULTS: Nearly 80% of young adults exhibited some degree of sexual risk. Both moderate (56%) and high (22%) HIV risks were associated with multiple forms of drug use, drug-related problems, violence and victimization. Males and females had similar relative risk profiles, but females reported higher rates of victimization in the form of partner abuse and sexual coercion. Over 80% of those at high sexual risk exhibited psychosocial health problems in at least 2 other areas.

CONCLUSIONS: Sexual risk-taking is widespread among young adults and typically co-occurs with other psychosocial health problems. Interventions designed for young adults at high sexual risk should take into account their additional psychosocial problems; broad media campaigns may be useful for those at moderate risk.


Background: Being a parent, especially a custodial parent, living with HIV was anticipated to increase psychological distress and challenges to self-care. Methods: Mental health symptoms, substance use, and health care utilization were assessed among 3818 HIV-infected adults, including custodial parents, noncustodial parents, and nonparents, in 4 AIDS epicenters. Results: Custodial parents demonstrated significantly poorer medication adherence and attendance at medical appointments but were similar to nonparents and noncustodial parents in mental health symptoms and treatment utilization for mental health and substance use problems. Noncustodial parents demonstrated the highest levels of recent substance use and substance abuse treatment. Other markers of risk, such as African American ethnicity, lack of current employment income, and injection drug use moderated many of the apparent psychosocial disadvantages exhibited by parents. Conclusions: Interventions specific to the psychosocial stressors facing families living with HIV are needed.

PURPOSE: We examined the demographic and risk characteristics of persons with HIV using traditional AIDS case reporting and the more recent system that includes HIV diagnoses without AIDS. METHODS: Using data from 25 states with HIV reporting of HIV/AIDS cases diagnosed from 1994 through 2001, we calculated percentage distributions, annual diagnosis rates, and estimated annual percent change (EAPC) for persons with HIV (all HIV diagnoses with or without AIDS) and persons with AIDS. RESULTS: The age at diagnosis of persons with all stages of HIV tended to be younger than that of the subset of persons with AIDS. Annual diagnosis rates decreased more among AIDS cases (men: EAPC, - 9.76; 95% CI, - 12.00, - 7.45; women: EAPC, - 3.40; 95% CI - 5.72, - 1.02) than for persons with HIV (men: EAPC, - 6.14; 95% CI, - 7.66, - 4.60; women: EAPC, - 2.99; 95% CI, - 4.15, - 1.82), except among women and black non-Hispanics, for whom the difference in the decreases in rates for both disease groups were small. Injection drug use was a more common mode of exposure for women with AIDS than for women with HIV. CONCLUSIONS: The epidemiology of HIV differs for certain key population groups from that of AIDS.


HIV prevention and risk reduction are especially salient and timely issues for women, particularly among those who are drug-involved or who exchange sex for drugs or money. Studies suggest that HIV-prevention measures can be effective with highly vulnerable women, and have the potential to produce significant reductions in risk behaviours among both HIV-negative and HIV-positive women. Within this context, this paper examines risk behaviours and HIV serostatus among 407 drug-involved women sex workers in Miami, Florida, and investigates the effects of participation in HIV testing, counselling, and a risk-reduction intervention on subsequent behavioural change among this population. Overall, at follow-up, the HIV-positive women were 2.4 times more likely than the HIV-negative women to have entered residential treatment for drug abuse, 2.2 times more likely to have decreased the number of their sex partners, 1.9 times more likely to have decreased the frequency of unprotected sex, 1.9 times more likely to have reduced their levels of alcohol use, and 2.3 times more likely to have decreased their crack use. These data support the importance of HIV testing and risk-reduction programmes for drug-involved women sex workers.

Kuo, W. H., T. E. Wilson, et al. (2004). "Initiation of regular marijuana use among a cohort of women infected with or at risk for HIV in the women's interagency HIV study (WIHS)." Aids Patient Care and Stds 18(12): 702-713.

Our study sought to determine the incidence of weekly marijuana use among HIV-infected and uninfected women, to identify correlates of weekly marijuana use, and to test its association with stage of HIV disease and type of HIV treatment received. A total of 2059 HIV-positive and 569 HIV-negative women from 6 sites were recruited between 1994 and 1995 and followed through 2000. After excluding women who reported weekly marijuana use at baseline, 2050 women were included in the analysis. The incidence rate for initiating marijuana was calculated and survival analysis was performed to determine the correlates of initiating weekly marijuana use. Three hundred and three women initiated weekly marijuana use within 5.5 years of the baseline visit, yielding a cumulative incidence (CI) of 14.8%. There was no significant difference in weekly marijuana use initiation between HIV-infected (CI = 14.5%) and HIV-uninfected women (CI = 16.0%). Younger age and having more sex partners was associated with incident weekly marijuana use among both infected and uninfected women. While undetectable viral load was associated with lower incidence rate (p < 0.001, RH = 0.44) and wasting syndrome with higher incidence (p < 0.01, relative hazard [RH] = 3.1), CD4 count was
not. Compared to receiving no AIDS treatment at all, women who received basic combination antiretroviral therapy had significantly higher incidence of weekly marijuana use \((p < 0.001, RH = 1.93)\), while highly active antiretroviral therapy (HAART) receivers had significantly lower incidence \((p < 0.001, RH = 0.24)\). In summary, among HIV-infected women, the incidence of weekly marijuana use was associated with only one marker of HIV disease stage and HAART was associated with lower initiation rate of weekly marijuana use.


OBJECTIVE:: To examine the association of HIV infection, drug use, and psychosocial stressors with type and frequency of menopause symptoms. DESIGN:: In a cross-sectional study, HIV-infected and HIV-uninfected midlife women underwent standardized interviews on menopause status and symptoms, demographic characteristics, depressive symptoms, negative life events, and substance abuse. Body mass index (BMI), HIV serostatus, and CD4 count were measured. Associations between study variables and menopause symptoms were assessed using generalized estimating equations. RESULTS:: Of 536 women not on hormone therapy, 48% were black, 42% were Hispanic, 54% were HIV positive, and 30% recently had used illicit drugs. The mean age was 45 +/- 5 years; 48% of the women were identified as premenopausal, and 37% were perimenopausal. Psychological symptoms were most prevalent (89%), followed by arthralgias (63%) and vasomotor symptoms (61%). Perimenopausal women reported significantly more menopause symptoms than premenopausal women (ORadj 1.34, 95% CI, 1.09-1.65). HIV-infected women were more likely to report menopause symptoms than uninfected women (ORadj 1.24, 95% CI, 1.02-1.51). Among HIV-infected women not on highly active antiretroviral therapy, symptoms decreased as the CD4 count declined. Increased menopause symptoms were significantly associated with depressive symptoms (i.e., Center for Epidemiologic Studies Depression scale score > 23, ORadj 1.82, 95% CI, 1.46-2.28), and with experiencing more than three negative life events (ORadj 2.08, 95% CI, 1.54-2.81). Increasing BMI (per kg/m) was also associated with more menopause symptoms (ORadj 1.03, 95% CI, 1.02-1.05).

CONCLUSION:: HIV-infected women reported more menopause symptoms than HIV-uninfected women, but symptoms were less frequent in women with more advanced HIV disease. Depressive symptoms and negative life events were also highly associated with symptoms. Further study of menopause symptoms and HIV-related factors is warranted. Mental health interventions may also have a role in ameliorating menopause symptoms.


The purposes of this pilot study were (a) to assess the feasibility of a community-based, small group HIV risk reduction intervention with adolescent girls, and (b) to obtain preliminary evidence of the efficacy of this theoretically-guided intervention using a controlled design. The feasibility of the intervention was demonstrated by successfully implementing it with 33 sexually-active, single girls. Preliminary evidence of the efficacy of the intervention was obtained using a randomized trial with 62 sexually-active, single girls. Data obtained at a 3-month follow-up assessment showed that girls who received the HIV-related intervention improved their HIV-related knowledge and enhanced their motivation for risk reduction compared to girls who received a control (health promotion) intervention. Effect sizes suggest that the HIV intervention also reduced several risk behaviors (e.g., vaginal sex without a condom, giving oral sex, and alcohol and drug use before sex). Challenges to implementation and suggestions for intervention enhancement are discussed.

Latinas have unique cultural factors that can contribute to their health, including recent immigration, documentation status, and language barriers. Additional stressors and experiencing traumatic events can further compromise their psychological adjustment and substance use. This study tests the differential contribution of adult trauma and other life stressors to psychological adjustment and substance use among Latinas who differ in their HIV status and level of acculturation. Baseline and 1-year follow-up data on a community sample of 113 (79 HIV-positive and 34 HIV-negative) 1 to 50 year old Latinas were examined with path analyses to estimate the influence of acculturation, HIV status, and adult trauma, including intimate partner violence (IPV) and sexual assault, on subsequent changes in psychological adjustment (depression) and substance use 1 year later. Age, education, and relationship status were controlled and further analyses examined the interactive influence of HIV status and acculturation and trauma on the outcomes. Findings indicate that both acculturation and HIV status were related to the outcome variables, but did not influence these over time, emphasizing the developmental stability of these processes. Education was the most prominent variable in protecting these women from HIV, depression, and intimate partner violence (IPV), but placed them at greater risk for illicit drug use. The primary predictors of change in the outcome variables were domestic and sexual trauma were exacerbated by HIV positive status. Implications for future research and culturally relevant prevention and intervention programs are discussed.


"The paper" by H.L. Surratt and colleagues "focuses on the role of substance abuse and the socially and culturally based gender issues that influence risk and vulnerability to HIV in this setting. Two hundred fifty-four chronically drug-or alcohol-involved men and women were recruited and interviewed using targeted sampling strategies. Crack use was overwhelmingly reported by females when compared to males (84.7% vs. 48.8%).


A constellation of factors contributes to Black women's health including stressors and traumatic experiences. Their psychological adjustment and substance use can further affect their health status. The purpose of this study was to examine patterns of substance abuse and barriers to health care among HIV-positive Black women with histories of childhood sexual abuse (CSA). Baseline data on a community sample of 75 Black HIV-positive women were analyzed to assess and identify drug use, alcohol use, participation in an alcohol or drug treatment program, and communication skills with providers, all of which may act as barriers to health care. Findings indicate that substance use is a significant health problem, with 83% of the participants having used at least one substance regularly and 28% having engaged in regular injection drug use. Barriers to health care included confidentiality issues, poor financial resources, difficulty getting an appointment, excessive waiting to see a health care provider and obligation to care for others. Contrary to past research, poor communication between the participants and the providers did not seem to be a barrier to health care utilization for these women. Early traumatic experiences, including CSA, regardless of whether incidents involved penetration, may exacerbate the problems faced by HIV-positive Black women. Implications for future research and culturally relevant prevention and intervention programs are discussed.
OBJECTIVE: Alcohol influences the intake and metabolism of several nutrients including long-chain polyunsaturated fatty acids (LC-PUFAs). The LC-PUFAs docosahexaenoic acid (DHA) and arachidonic acid (AA) are particularly crucial for intrauterine growth and brain development. We hypothesized that alcohol consumption adversely affects LC-PUFA levels in pregnant women and their newborn infants. METHODS: Pregnant black women (N = 208) presenting at a core city antenatal clinic were screened and recruited. Shortly before delivery, maternal plasma was collected. After delivery, umbilical arteries and veins were dissected from the cords, total lipids were extracted from the vessel tissues and maternal plasma, and fatty acid levels were assayed by gas chromatography. For statistical analysis, subjects were categorized according to absolute alcohol intake per day (AAD) and absolute alcohol intake per drinking day (AADD) around the time of conception, with smoking and other potential confounders included in the analyses. RESULTS: Significant differences in fatty acid composition of total lipid extracts were detected in umbilical cord vessels among the AADD groups: abstainers (AADD = 0), moderate drinkers (AADD < 130 g), and heavy drinkers (AADD > or = 130 g). DHA and AA content in the arterial umbilical vessel wall was approximately 14% and approximately 10% higher in the moderate (n = 127) and heavy (n = 32) alcohol groups, respectively, than in abstainers (n = 49). A small, nonsignificant increase (approximately 3%) was seen in the umbilical vein for AA but not for DHA. Alcohol intake was positively correlated to both DHA and AA concentrations in the arterial vessel wall but to neither in the venous wall nor maternal plasma. Maternal plasma DHA was positively correlated with both umbilical arteries and vein DHA, but there were no significant correlations for AA between maternal plasma and either umbilical vessel. CONCLUSIONS: Our findings indicate that alcohol intake during pregnancy is associated with altered DHA and AA status in fetal tissues. Although differences may be due to either metabolism and/or distribution, it is most likely a result of a direct influence of alcohol on fetal metabolism.

Behnke, M., F. D. Eyler, et al. (2005). "Outcome from a Prospective, Longitudinal Study of Prenatal Cocaine Use: Preschool Development at 3 Years of Age." J Pediatr Psychol. Objective: To determine the effects of prenatal cocaine exposure on child development. Methods This prospective, longitudinal study recruited 154 pregnant cocaine users who were matched on race, parity, socioeconomic status, and perinatal risk to 154 noncocaine users. Drug use status was determined by maternal history and urine screening. At 3 years of age, the child subjects were assessed by an evaluator blinded to maternal drug use history. During a home visit at age 3, caregiver, family, and home assessments were administered. Results Structural equation modeling showed a direct effect of the amount of prenatal cocaine exposure on the adjusted birth head circumference which in turn directly affected preschool development. Conclusions We could not demonstrate a direct effect of prenatal cocaine exposure on preschool development, a result that is consistent with that of earlier work and now extending findings to age 3. However, cocaine continued to exert an indirect effect on development through its direct effect on the head circumference at birth.

**BACKGROUND:** A broad range of attentional and neuropsychological impairments have been demonstrated in children with fetal alcohol exposure. This study was designed to investigate which specific aspects of attentional function are most directly affected by moderate to heavy doses of prenatal alcohol exposure. **METHODS:** A total of 337 black children who were aged 7.5 years and recruited prospectively to over represent prenatal alcohol exposure at moderate to heavy levels were assessed on a diverse battery of neuropsychological tests. Principal components analyses were used to replicate and extend Mirsky et al.'s (1991) four-component model of attention. The relation of prenatal alcohol exposure to empirically derived attentional constructs was examined. **RESULTS:** Both the replicated and the extended attentional models produced solutions similar to the original Mirsky et al. model, reflecting elements of encode (working memory), shift, and focused and sustained attention, as well as a distinct component reflecting impulsivity. Adverse effects of maternal drinking across pregnancy were found primarily for working memory, and these effects were exacerbated when mothers were aged 30 or older at the time of the child's birth. **CONCLUSIONS:** These data confirm previous studies using diverse methods that suggest that working memory may be the most important aspect of attention that is adversely affected by prenatal alcohol exposure.


**OBJECTIVE:** To test the effectiveness of a brief intervention in the reduction of prenatal alcohol consumption by women when a partner is included. **METHODS:** Randomized trial of a single session brief intervention given by the study nurse or principal investigator for 304 pregnant women and their partners. The women had positive T-ACE (Tolerance, Annoyed, Cut down, Eye-opener, an alcohol screening test) results and were at risk for alcohol consumption while pregnant. All completed initial diagnostic and postpartum interviews. **RESULTS:** Fewer than 20% of participants (median 11.5 weeks of gestation) were abstinent at study enrollment, averaging more than 1.5 drinks per episode. Nearly 30% had 2 or more drinks at a time while pregnant. Prenatal alcohol use declined in both the treatment and control groups after study enrollment, based on a 95% follow-up rate. Factors associated with increased prenatal alcohol use after randomization included more years of education, extent of previous alcohol consumption, and temptation to drink in social situations. Brief interventions for prenatal alcohol reduced subsequent consumption most significantly for the women with the highest consumption initially (regression coefficient, $b = -0.163$, standard error ($b$) = 0.063, $P < .01$). Moreover, the effects of the brief intervention were significantly enhanced when a partner participated ($b = -0.932$, standard error ($b$) = 0.468), $P < .05$). **CONCLUSION:** Pregnant women with the highest levels of alcohol use reduced their drinking most after a brief intervention that included their partners. Recommendations include consistent screening for prenatal alcohol use followed by diagnostic assessment when indicated, and if confirmed by other studies, a patient-partner brief intervention for the heaviest drinkers. **LEVEL OF EVIDENCE:** I.


**BACKGROUND:** Among individuals who use alcohol and tobacco products, pregnant women represent a unique subpopulation that generates a greater concern because of the toxic effects of alcohol and nicotine (from cigarettes and tobacco products) on the health of both the pregnant woman and her fetus. Therefore, it is imperative to understand the interactive effects of these two substances on the fetus. Previously, we found that concurrent exposure to alcohol and nicotine did not result in the loss of
greater numbers of Purkinje cells compared with each drug treatment alone, possibly as a result of a nicotine-mediated decline in peak blood alcohol concentration (BAC). The present study tested the validity of this hypothesis. METHODS: On postnatal day (PD) 4, Sprague-Dawley rat pups were assigned to five groups, GC (no alcohol [ALC], no nicotine [NIC]), ALC (4 g/kg/day), NIC (6 mg/kg/day), ALC/NIC (ALC and NIC given concurrently), or ALC-NIC (NIC administered 6 hr after ALC exposure). These rat pups were reared in an artificial-rearing apparatus from PDs 4 to 9, and the cerebellar tissues were obtained on PD 10. The total number of cerebellar Purkinje cells in the vermis was estimated using stereological methods. RESULTS: The results showed that alcohol significantly reduced Purkinje cell numbers. The coexposure of alcohol and nicotine did not lead to further reduction in Purkinje cell number regardless of administration method, concurrent or sequential. However, alcohol and nicotine administered concurrently but not sequentially significantly lowered the BAC. CONCLUSION: These findings suggest that the lack of increased Purkinje cell loss after the coexposure of alcohol and nicotine is independent of nicotine's ability to lower the BAC. An alternative hypothesis might be that alcohol and nicotine target the same subpopulation of Purkinje cells; therefore, no additional Purkinje cells were lost from the coexposure of these two drugs.


Cocaine use is common among pregnant women with a history of substance abuse, and has been shown to cause abnormalities in the heart during fetal and postnatal development. However, mechanisms underlying the detrimental effects of cocaine on the developing heart are not fully understood. In this issue, Bae and Zhang show that prenatal cocaine exposure increases the susceptibility of the postnatal heart to ischemia and reperfusion injury. Their results suggest that myocardial apoptosis induced by cocaine during fetal development may represent one of the mechanisms by which prenatal cocaine exposure exerts its long-term, deleterious consequences on postnatal cardiac function.


Background: Since chronic alcohol use suppresses the adult immune system, we tested the hypothesis that maternal alcohol ingestion increases the risk of infection in term newborns.* Methods: Analysis of a large case-control study of birth weight for gestational age was performed focusing on maternal alcohol ingestion and the development of infection in term newborns >= 36 weeks gestation. After delivery, mothers were asked about alcohol and tobacco use in the 3 months prior to conception, the 1(st), 2(nd), and 3(rd) trimester of pregnancy. Results: Eight hundred and seventy-two singleton newborns (872) 36 weeks gestation were identified for analysis. A total of 51 (5.8%) had newborn infections. Gestational age, sex, and small for gestational age (SGA) were similar in the newborns with and without infection (p = NS). Infants whose mothers reported alcohol use, excessive drinking or smoking in pregnancy were more likely to have a newborn diagnosed with an infection than were mothers who reported abstaining from alcohol or cigarettes (p < 0.05). When controlling for race and smoking, SGA infants whose mothers used any alcohol had a 2.5-fold increase risk of infection, while excessive alcohol use increased the risk 3-4-fold. In a multivariable logistic regression analysis controlling for low maternal income, smoking, and SGA, excessive alcohol use during the 2(nd) trimester increased the risk of newborn infection (OR 3.7 [1.1,12.8], p < 0.05). Conclusions: Excessive maternal alcohol use is associated with an increased risk of newborn infection in this patient sample. Increased awareness and further clinical investigations are warranted to address the detrimental effects of fetal alcohol exposure on the developing immune system. Key Words: Fetal Alcohol, Infection, Newborn.

Home visitation interventions show promise for helping at-risk mothers, yet few programs have been developed and evaluated specifically for alcohol and drug-abusing pregnant women. This study examines outcomes among 216 women enrolled in the Washington State Parent-Child Assistance Program, a three-year intervention program for women who abuse alcohol and drugs during an index pregnancy. Pretest-posttest comparison was made across three sites: the original demonstration (1991-1995), and the Seattle and Tacoma replications (1996-2003). In the original demonstration, the client group performed significantly better than controls. Compared to the original demonstration, outcomes at replication sites were maintained (for regular use of contraception and use of reliable method; and number of subsequent deliveries), or improved (for alcohol/drug treatment completed; alcohol/drug abstinence; subsequent delivery unexposed to alcohol/drugs). Improved outcomes at replication sites are not attributable to enrolling lower-risk women. Public policies and programs initiated over the study period may have had a positive effect on outcomes. Study findings suggest that this community-based intervention model is effective over time and across venues.


Aims: To determine the factors that affect why some infants receive higher exposures relative to the mother's body burden than do others. Methods: A total of 159 mother-infant pairs from a cohort of women receiving prenatal care at Magee-Womens Hospital in Pittsburgh, PA from 1992 to 1995 provided blood samples at delivery for lead determination. The difference between cord and maternal blood lead concentration (PbB) and a dichotomous variable indicator of higher cord than maternal PbB, were examined as indicators of relative transfer. Women were interviewed twice during the pregnancy about lifestyle, medical history, calcium nutrition, and physical activity. Results: Higher blood pressure was associated with relatively greater cord compared with maternal PbB, as was maternal alcohol use. Sickle cell trait and higher haemoglobin were associated with a lower cord relative to maternal blood lead PbB. No association was seen with smoking, physical exertion, or calcium consumption. Conclusion: While reduction in maternal exposure will reduce fetal exposure, it may also be possible to mitigate infant lead exposure by reducing transfer from the pregnant woman. Interventions aimed at reducing blood pressure and alcohol consumption during pregnancy may be useful in this regard.


Maternal alcohol consumption during pregnancy may delay the development of spontaneous fetal startle behaviour. Previous study indicated that fetuses exposed to alcohol exhibited a significantly higher incidence of spontaneous startles compared to fetuses not exposed at 20 weeks gestation. This study examined startle behaviour longitudinally from 20 to 35 weeks gestation to determine whether the previous results were due to 'developmental delay' or a 'permanent effect'. The number of spontaneous startles exhibited by fetuses of mothers who drank during pregnancy and fetuses whose mothers did not drink was recorded at 20, 25, 30 and 35 weeks gestation during a 45-min observation. The results indicate that exposure to alcohol during pregnancy significantly increases the exhibition of spontaneous startles by the fetus but across gestation there is significant catch-up in startle behaviour. The results suggest exposure to alcohol delays the natural maturation of spontaneous startle behaviour of the fetus but
also has a smaller 'permanent' effect. It is suggested that these effects are mediated by alcohol exerting an effect on the inhibitory pathways controlling startle behaviour.


Marijuana (Cannabis sativa) is the most commonly used illicit drug by pregnant women, but information is limited about the effects of prenatal cannabis exposure on fetal development. The present study evaluated the influence of early maternal marijuana use on fetal growth. Women electing voluntary saline-induced abortions were recruited at a mid-gestational stage of pregnancy (weeks 17-22), and detailed drug use and medical histories were obtained. Toxicological assays (maternal urine and fetal meconium) were used in conjunction with the maternal report to assign groups. Subjects with documented cocaine and opiate use were excluded. Main developmental outcome variables were fetal weight, foot length, body length, and head circumference; ponderal index was also examined. Analyses were adjusted for maternal alcohol and cigarette use. Marijuana (n=44) - and nonmarijuana (n=95) - exposed fetuses had similar rates of growth with increased age. However, there was a 0.08-cm (95% CI -0.15 to -0.01) and 14.53-g (95% CI -28.21 to 0.86) significant reduction of foot length and body weight, respectively, for marijuana-exposed fetuses. Moreover, fetal foot length development was negatively correlated with the amount and frequency of marijuana use reported by the mothers. These findings provide evidence of a negative impact of prenatal marijuana exposure on the mid-gestational fetal growth even when adjusting for maternal use of other substances well known to impair fetal development.


BACKGROUND: Trauma is the number one cause of maternal death during pregnancy, but incidence of fetal loss exceeds maternal loss by more than 3 to 1. We hypothesized that we could identify women at risk for injury during pregnancy and focus our prevention efforts. STUDY DESIGN: Women of childbearing age in the American College of Surgeon's National Trauma Data Bank served as the study population. Pregnant patients were compared with nonpregnant patients with respect to age, race, mechanism of injury, injury patterns and severity, risk-taking behaviors, and outcomes. Multivariate logistic regression analysis was used to identify risk factors for loss of pregnancy in mothers who survived their trauma. RESULTS: Pregnant trauma patients (n = 1,195) were younger, less severely injured, and more likely to be African American or Hispanic as compared with the nonpregnant cohort (n = 76,126). Twenty percent of injured pregnant patients tested positive for drugs or alcohol, and approximately one-third of those involved in motor vehicle crashes were not using seatbelts. Independent risk factors for fetal loss after trauma included Injury Severity Score > 15; Adjusted Injury Score > or = 3 in the head, abdomen, thorax, or lower extremities; and Glasgow Coma Score < or = 8. CONCLUSIONS: Young, African-American, and Hispanic pregnant women are at higher risk for trauma in pregnancy and are most likely to benefit from primary trauma prevention efforts. Those with severe head, abdominal, thoracic, or lower extremity injuries are at high risk for pregnancy loss. Reduction of secondary insults and early recognition of fetal distress may improve outcomes for both the mother and fetus in this high-risk group.


Most drugs are not labelled for use in pregnancy. Consequently, large numbers of women expose their fetus to potential risks, either because they do not know that they are pregnant or because they require treatment for gestational pathologies. The present
review focuses on drug classes for which the risk:benefit ratio during pregnancy has been discussed recently based on human data. Selective serotonin reuptake inhibitors have gained wide acceptance in the treatment of depression and data on their risk for neonatal adaptation after late exposure are reviewed. Angiotensin converting enzyme inhibitors and angiotensin II receptors antagonists interact with the renin-angiotensin system, although with different mechanisms, and might cause severe fetal tubular dysgenesis. Non-steroidal anti-inflammatory and antiviral drugs and recreational drugs are also presented.


Objective: The purpose of this study was to investigate the effect of methadone on fetal neurobehavioral functions and maternal physiologic indicators. Study design: Forty women attending a substance abuse treatment facility with otherwise uncomplicated pregnancies were evaluated at peak and trough methadone levels. Fetal measures included heart rate, variability, periodic accelerations/decelerations, motor activity, and fetal movement-heart rate coupling. Maternal measures included maternal heart period, variability, electrodermal skin conductance, respiration, and respiratory sinus arrhythmia (RSA). Repeated measure analysis of variance was used to evaluate within-subject changes. Results: At peak methadone, fetal heart rate was slower, less variable, and displayed fewer accelerations. Fetuses displayed less motor activity, and the integration between heart rate and motor activity was attenuated. Maternal heart rate and skin conductance were unchanged, but methadone administration was associated with lower respiratory rate and RSA, an indicator of parasympathetic tone. Conclusion: Maternal methadone administration has significant effects on fetal behavioral functions that are independent of maternal effects.


OBJECTIVE: To motivate prenatal care staff in public and private settings to universally screen for risk of alcohol and drug use and to conduct a brief intervention with follow-up referral when appropriate during a routine office visit. METHODS: The ASAP Project methods were engagement of site staff; staff training; self-administered questionnaires embedded with a relational and broad catch screening tool; a brief intervention protocol; unique clinical decision tree/protocols for each site; identification of treatment and referral resources; and ongoing technical assistance and consultation. Sites were located in four regions of the state and included four community health centers, a network of multi-specialty private practices and a teaching hospital. RESULTS: Across 16 sites, 118 prenatal staff were trained on use of the screening tool and 175 staff on the brief intervention. The ASAP Project resulted in 95% of pregnant women being screened for alcohol use and 77% of those screening positive for at least one risk factor receiving a brief intervention during a routine office visit. CONCLUSIONS: Screening and brief interventions for alcohol use can be delivered effectively within a routine prenatal care visit by prenatal staff by utilizing and building on existing office systems with practice staff, screening for any use not only at risk use, providing training with skills building sessions and information delivered by physicians, offering easy-to-access community treatment resources, and providing ongoing technical assistance.


BACKGROUND: Women who are homeless during pregnancy may be exposed to poor nutrition, violence and substance use, yet the health status of their newborn infants has
not been systematically evaluated. We undertook a study to provide preliminary estimates of the risk of adverse perinatal outcomes among Canadian women who are homeless or marginally housed during pregnancy, and the effect of concomitant substance use. METHODS: We conducted a retrospective cohort study at a single downtown hospital from October 2002 to December 2004, involving women who, during pregnancy, were homeless or underhoused (n = 80), substance users (n = 59) or neither (n = 3756). We noted neonatal measures such as birth weight and gestational age; the main study outcomes were preterm birth before 37 weeks' gestation, birth weight less than 2000 g and small for gestational age at birth. RESULTS: Homelessness or inadequate housing was associated with an odds ratio (adjusted for maternal age, gravidity and being a current smoker of tobacco) of 2.9 (95% confidence interval [CI] 1.4-6.1) for preterm delivery, 6.9 (95% CI 2.4-20.0) for infant birth weight under 2000 g and 3.3 (95% CI 1.1-10.3) for delivery of a newborn small for gestational age. Adjusted odds ratios for substance use during pregnancy were similar. In the combined presence of an underhoused or homeless state and maternal substance use, the adjusted risk estimates were 5.9 (95% CI 1.9-18.5), 16.6 (95% CI 3.5-79.3) and 5.6 (95% CI 1.1-28.7), respectively. INTERPRETATION: Homelessness and maternal substance use may reduce neonatal well-being through prematurity and low birth weight.


Objective: To determine the obstetric and perinatal outcomes of women using illicit drugs during pregnancy by substance group. Method: A retrospective audit of obstetric and perinatal outcomes in women who used opiates or amphetamines during their pregnancy and delivered at King Edward Memorial Hospital (KEMH), Perth, Australia between December 1997 and April 2000 was performed. Maternal, fetal and neonatal parameters were assessed. These were compared with obstetric and perinatal data recorded by the Health Department of Western Australia (HDWA) for the 25 291 deliveries of 25 677 infants in 1998. Results: Between December 1997 and April 2000 91 opiate-using and 50 amphetamine-using women were identified and included in the analysis. Both groups of drug-using women were younger (opiates P = 0.001, amphetamines P = 0.001) than the general population. There was a higher incidence of aboriginality (P = 0.001) in the amphetamine group. In the opiate-using group multiparity (P = 0.0001) and anaemia (P = 0.0001) were higher. Illicit drug-using women had a higher incidence of hepatitis C (opiates P = 0.001, amphetamines P = 0.003), and a greater need for pharmacological analgesia for labour and delivery (opiates P = 0.007, amphetamines P = 0.042). Their infants were significantly more likely to deliver at less than 37 weeks' gestation (opiates P = 0.0001, amphetamines P = 0.001), to have a birthweight of less than 2.5 kg (P = 0.0001), be small for gestational age and require admission to the special care nursery (P = 0.0001). Infants born to women in them amphetamine group were more likely to have an Apgar score < 7 (P = 0.0001) recorded. Infants of women in the opiate group required more resuscitation (P = 0.05). Conclusion: Women who use illicit drugs are more likely to experience adverse obstetric and perinatal outcomes than women in the general population. Differences are seen depending on the type of illicit drug used. These findings need to be replicated in a larger prospective cohort to highlight management requirements of these women and their infants. Further information is required about the effects of amphetamines in pregnancy.


Fetal alcohol syndrome (FAS) is a major cause of learning and sensory deficits in
children. The visual system in particular is markedly affected, with an elevated prevalence of poor visual perceptual skills. Developmental problems involving the neocortex are likely to make a major contribution to some of these abnormalities. Neuronal selectivity to stimulus orientation, a functional property thought to be crucial for normal vision, may be especially vulnerable to alcohol exposure because it starts developing even before eye opening. To address this issue, we examined the effects of early alcohol exposure on development of cortical neuron orientation selectivity and organization of cortical orientation columns. Ferrets were exposed to ethanol starting at postnatal day (P) 10, when the functional properties and connectivity of neocortical neurons start to develop. Alcohol exposure ended at P30, just before eye opening at P32. Following a prolonged alcohol-free period (15-35 days), long-term effects of early alcohol exposure on cortical orientation selectivity were examined at P48-P65, when orientation selectivity in normal ferret cortex has reached a mature state. Optical imaging of intrinsic signals revealed decreased contrast of orientation maps in alcohol- but not saline-treated animals. Moreover, single-unit recordings revealed that early alcohol treatment weakened neuronal orientation selectivity while preserving robust visual responses. These findings indicate that alcohol exposure during a brief period of development disrupts cortical processing of sensory information at a later age and suggest a neurobiological substrate for some types of sensory deficits in FAS.

Mennella, J. A., M. Y. Pepino, et al. (2005). "Acute alcohol consumption disrupts the hormonal milieu of lactating women." Journal of Clinical Endocrinology and Metabolism 90(4): 1979-1985. Despite the lack of scientific evidence to support the claim that alcohol is a galactagogue, lactating women have been advised to drink alcohol as an aid to lactation for centuries. To test the hypothesis that alcohol consumption affects the hormonal response in lactating women, we conducted a within-subjects design study in which 17 women consumed a 0.4 g/kg dose of alcohol in orange juice during one test session and an equal volume of orange juice during the other. Changes in plasma prolactin, oxytocin, and cortisol levels during and after breast stimulation, lactational performance, and mood states were compared under the two experimental conditions. Oxytocin levels significantly decreased, whereas prolactin levels and measures of sedation, dysphoria, and drunkenness significantly increased, during the immediate hours after alcohol consumption. Changes in oxytocin were related to measures of lactational performance such as milk yield and ejection latencies, whereas changes in prolactin were related to self-reported measures of drunkenness. Although alcohol consumption resulted in significantly higher cortisol when compared with the control condition, cortisol levels were not significantly correlated with any of the indices of lactational performance or self-reported drug effects. Moreover, cortisol levels steadily decreased on the control day, indicating that the procedures were not stressful to the subjects. In conclusion, recommending alcohol as an aid to lactation may be counterproductive. In the short term, mothers may be more relaxed, but the hormonal milieu underlying lactational performance is disrupted, and, in turn, the infant's milk supply is diminished.

Miller-Loncar, C., B. M. Lester, et al. (2005). "Predictors of motor development in children prenatally exposed to cocaine." Neurotoxicol Teratol 27(2): 213-20. The current study examined the pattern of motor development across the first 18 months of life in infants with in utero exposure to cocaine to determine how prenatal drug effects and level of exposure relates to motor development. Motor development was examined at 1, 4, 12, and 18 months of age (corrected for prematurity). Infants were divided into cocaine exposed (n=392) and comparison (n=776) groups. Exposure status was determined by meconium assay and maternal self-report with alcohol, marijuana, tobacco, and opiates present in both groups. Motor skills were assessed at 1 month using the NICU Network Neurobehavioral Scale (NNNS), at 4 months using the posture and fine motor assessment of infants (PFMAI), at 12 months using the Bayley Scales of Development.
Infant Development—Second Edition (BSID-II), and at 18 months using the Peabody Developmental Motor Scales (PDMS). Examiners masked to exposure status performed all assessments. Motor scores were converted to standard (z) scores, and hierarchical linear modeling (HLM) was used to examine the change in motor skills from 1 to 18 months of age. Infants with exposure to cocaine showed low motor skills at their initial status of 1 month but displayed significant increases over time. Both higher and lower levels of tobacco use related to poorer motor performance on average. Heavy cocaine use related to poorer motor performance as compared to no use, but there were no effects of level of cocaine use on change in motor skills.


The effects of prenatal cocaine use on quality of maternal-infant interactions were evaluated using the Nursing Child Assessment Feeding Scale (NCAFS). A total of 341 (155 cocaine using; 186 non-cocaine using) low socioeconomic, primarily African-American dyads were evaluated longitudinally at birth, 6.5, and 12 months. Group differences over time were examined, controlling for covariates, using a mixed-model linear approach. Women who used cocaine during pregnancy were less sensitive to their infants than non-cocaine-using women at 6.5 and 12 months. At 6.5 months, heavier prenatal cocaine users were less responsive to their infants than lighter users. In infants, prenatal cocaine exposure was related to poorer clarity of cues. There were no significant cocaine effects on maternal social-emotional growth fostering, cognitive growth fostering, or infant responsiveness to mother. Controlling for covariates, concentration of cocaine metabolites predicted maternal sensitivity to infant cues and infant clarity of cues at 1 year. Maternal cocaine use during pregnancy and other prenatal and postnatal factors adversely affect maternal-infant interactions during the first year of life.


Deficits in sustained attention and impulsivity have previously been demonstrated in preschoolers prenatally exposed to cocaine. We assessed an additional component of attention, selective attention, in a large, poly-substance cocaine-exposed cohort of 4 year olds and their at-risk comparison group. Employing postpartum maternal report and biological assay, we assigned children to overlapping exposed and complementary control groups for maternal use of cocaine, alcohol, marijuana, and cigarettes. Maternal pregnancy use of cocaine and use of cigarettes were both associated with increased commission errors, indicative of inferior selective attention. Severity of maternal use of marijuana during pregnancy was positively correlated with omission errors, suggesting impaired sustained attention. Substance exposure effects were independent of maternal postpartum psychological distress, birth mother cognitive functioning, current caregiver functioning, other substance exposures and child concurrent verbal IQ.


OBJECTIVE: To estimate the association between term-gestation low birth weight (term-LBW) rates and increasing numbers of health-compromising behaviors during pregnancy. METHODS: Retrospective cohort study of 78,397 term live births in Kansas City, Missouri, 1990-2002. Information on maternal and newborn characteristics was obtained from birth certificate records. Health-compromising behavior, specifically, smoking, alcohol, and drug use, was classified by the numbers and combinations of behaviors engaged in during pregnancy. Covariates included race, age, interconception interval, education, Medicaid status, medical risk factors, adequacy of prenatal care, and
marital status. RESULTS: The cohort was 61% white, 16% less than 20 years of age, 45% on Medicaid, 24% with medical risk factor, and 45% single pregnant women. Overall term-LBW rate was 3.3%, and it increased with numbers of health-compromising behaviors: 2.6% (none), 5.5% (1), 10.8% (2), and 18.5% (3), P < .001. Unadjusted odds ratio (OR) for term-LBW increased with increasing numbers of behaviors (OR 1.0 [none]; 2.3, 95% confidence interval 2.0-2.4 [smoking]; 0.9, 0.6-1.4 [alcohol]; 2.1, 1.5-3.0 [drugs]; 4.6, 3.6-5.8 [smoking + alcohol]; 4.4, 3.6-5.4 [smoking + drugs]; 4.2, 1.5-11.9 [drugs + alcohol]; 8.4, 6.2-11.5 [smoking + alcohol + drugs]). However, on adjusting for covariates, smoking, alone (OR 2.3, 2.0-2.5) or in combinations with other behaviors (OR 4.4, 3.4-5.7 [smoking + alcohol]; 2.0, 1.6-2.6 [smoking + drugs]; and 3.3, 2.2-4.7 [smoking + alcohol + drugs]) remained the major risk factor for term-LBW.

CONCLUSION: Smoking alone or in combination with alcohol and/or drug use is associated with term-LBW among women who engage in health-compromising behaviors. The effect is especially pronounced when smoking is combined with alcohol consumption.


OBJECTIVE: We evaluated morbidity and mortality during the first 2 years of life among children born to human immunodeficiency virus-(HIV) type 1-infected women enrolled in the Women and Infants Transmission Study (WITS) during an 11-year period (1990-2001). DESIGN AND METHODS: As part of WITS, evaluations were performed at birth and at 1, 2, 4, 6, 9, 12, 18 and 24 months of age. Growth, hospitalization and the incidence of clinical disease were assessed regularly. RESULTS: Data regarding 1118 children born to HIV-infected women (955 HIV-uninfected children and 163 HIV-infected children) were analyzed. Fewer changes in the caretaker of the child and fewer in utero exposures to drugs, tobacco and alcohol occurred in the latter periods of the study (all P values for time trend analyses <0.01). The percentages of HIV-uninfected children with poor weight gain (44 of 767; 5.7%), short stature (32 of 703; 4.5%) and wasting (27 of 792; 3.4%) were higher than expected for the general population. Two or more changes in caretaker were associated with all growth deficiencies except wasting, and fetal exposure to tobacco was associated with height abnormalities. Anemia was common and was associated with receipt of zidovudine prophylaxis. Morbidity and mortality decreased during the study period. For the uninfected children, a decrease in class A events (Kaplan-Meier rates: group 1, 22.3%; group 2, 6.8%; group 3, 4.2%; P < 0.001) and class C events and death (Kaplan-Meier event rates: group 1, 2.0%; group 2, 1.7%; group 3, 0.2%; P = 0.062) during the first 2 years of life account for the differences in the curves over time. CONCLUSIONS: During an 11-year period, morbidity and mortality during the first 24 months of life decreased substantially for children born to HIV-infected women.


The present study investigated whether maternal cigarette smoking and marijuana use during pregnancy were associated with an increased risk of initiation and daily/regular use of such substances among one hundred fifty-two 16- to 21-year-old adolescent offspring. The participants were from a low risk, predominately middle-class sample participating in an ongoing, longitudinal study. Findings indicated that offspring whose mothers reported smoking cigarettes during their pregnancy were more than twice as likely to have initiated cigarette smoking during adolescence than offspring of mothers who reported no smoking while pregnant. Offspring of mothers who reported using marijuana during pregnancy were at increased risk for both subsequent initiation of cigarette smoking (OR=2.58) and marijuana use (OR=2.76), as well as daily cigarette
smoking (OR=2.36), as compared to offspring of whose mothers did not report using marijuana while pregnant. There was also evidence indicating that dose-response relationships existed between prenatal exposure to marijuana and offspring's use of cigarettes and marijuana. These associations were found to be more pronounced for males than females, and remained after consideration of potential confounds. Such results suggest that maternal cigarette smoking and marijuana use during pregnancy are risk factors for later smoking and marijuana use among adolescent offspring, and add to the weight of evidence that can be used in support of programs aimed at drug use prevention and cessation among women during pregnancy.


Fetal alcohol spectrum disorders constitute a major public health problem. This article presents an overview of important issues that surround these disorders and emphasizes the structural and neurobehavioral consequences associated with prenatal exposure to alcohol. Diagnostic criteria are discussed, and possible moderating factors for the range of outcomes are mentioned. In addition, the prevalence of fetal alcohol spectrum disorders is described, and estimates of the financial impact of these disorders are given. Heavy prenatal alcohol exposure can severely affect the physical and neurobehavioral development of a child. Autopsy and brain imaging studies indicate reductions and abnormalities in overall brain size and shape, specifically in structures such as the cerebellum, basal ganglia, and corpus callosum. A wide range of neuropsychological deficits have been found in children prenatally exposed to alcohol, including deficits in visuospatial functioning, verbal and nonverbal learning, attention, and executive functioning. These children also exhibit a variety of behavioral problems that can further affect their daily functioning. Children exposed to alcohol prenatally, with and without the physical features of fetal alcohol syndrome, display qualitatively similar deficits. Determining the behavioral phenotypes that result from heavy prenatal alcohol exposure is critical, because the identification of these children is crucial for early interventions. In addition, knowing which brain areas are involved might enable the development of better intervention strategies. However, intervention needs to go beyond the affected individual to prevent future cases. As evidenced by the staggering financial impact these disorders have on society, prevention efforts need to be aimed at high-risk groups, and this issue needs to be made a high priority in terms of public health.


This study examined the relative reinforcing potency of vouchers and cash in drug-dependent pregnant women (N = 48) across voucher values (US 10 dollars, US 50 dollars, and US 100 dollars) by use of a series of choices to understand how exchange-delay features of voucher reinforcers influence their reinforcing potency compared with cash. The study also examined a no delay vs. 2-day delay of the cash alternative. Generally, cash was selected at 80%-90% of voucher face values. Vouchers were also discounted less when a 2-day delay was imposed on the cash option compared to the immediately available cash. These results suggest that voucher discounting does occur among patients in drug treatment. However, vouchers retain 80%-90% of their cash value and thus remain relatively potent reinforcers.


OBJECTIVE: Dependence on alcohol, nicotine, or illicit drugs during pregnancy continues to be a problem of major medical, social, and fetal consequences. The purpose of this systematic review was to summarize current experience that pertains to pharmacotherapy for pregnant women with specific chemical additions. STUDY
DESIGN: Studies were identified through Medline and HealthSTAR (1979-2003) that linked specific pharmacotherapy with pregnancy. This article reviews the English language literature for clinical studies that link the 2 conditions. In addition, reference lists of all articles that were obtained were evaluated for other potential citations.

RESULTS: Pregnant women are excluded systematically from almost all drug trials. Most knowledge about the fetal effects from maternal substance and medication use comes from animal data and from case reports and small clinical series. With the exception of methadone and nicotine replacement, clinical experience with antiaddictive medications in pregnant women is either very limited (alcohol, stimulants) or nonexistent (cannabis, hallucinogens). CONCLUSION: Antiaddiction medications are important in the treatment of pregnant women with opioid and nicotine dependence and are of growing importance in the treatment of alcohol and stimulant dependence. Future directions will be toward increasing knowledge about current drug therapy and in developing new antiaddiction medications.


Maternal cocaine use during pregnancy continues to be of great concern for health care professionals. Research in this area has increased as investigators examine the effects of prenatal cocaine exposure in the infant/young child. This paper will critically review the literature, identify the primary care needs of infants and young children with a known history of prenatal cocaine exposure, and present guidelines for the primary care practitioner to monitor the infant's physiologic and developmental sequelae during the first 3 years of life. Findings in the literature demonstrate inconsistencies in regard to the physiologic and developmental outcomes of infants/young children prenatally exposed to cocaine. Further research is warranted, as it is evident from studies that not all investigators are controlling for confounding variables such as poly-drug use, which is necessary in isolating cocaine's effects. Subtle effects, however, have been reported from well-controlled studies and, thus, particular attention needs to be paid to early identification and interventions by primary care practitioners to prevent negative health outcomes. The guidelines proposed assist the practitioner with a thorough and focused approach to assessing the physiologic and developmental effects that are currently known to occur in the infant/young child prenatally exposed to cocaine.


Violence has been associated with adverse pregnancy outcome, which led us to determine whether patients who deliver preterm, experience more domestic violence than those who deliver at term. Two groups of patients were assessed, a preterm labour group and a low-risk group. A total of 229 patients were interviewed: 99 in the low-risk (LR) group and 130 in the preterm labour (PTL) group. The PTL group experienced significantly more violence throughout their lives than the LR group. Experiences of violence within the last year or during the pregnancy were also higher for the PTL group. This group smoked significantly more cigarettes per day, used more alcohol, and had a higher incidence of syphilis than the LR group. Violence alone does not seem to cause PTL directly, but is part of a low socioeconomic lifestyle. The fact that alcohol-use is so high among these women needs to be addressed and the need for education on values and respect, family planning use, and low-risk sexual behaviour is once again challenged.


There is increasing evidence suggesting that the intrauterine environment may influence long-term bone health and the risk of developing osteoporosis in later life. Alcohol
(ethanol) is one factor whose presence in the prenatal environment has long-term consequences for the offspring, including permanent growth retardation. Moreover, prenatal ethanol exposure retards both fetal and postnatal bone development. It is unknown if ethanol’s effects on skeletal development result from generalized growth retardation or effects specific to skeletal development. Furthermore, the level of ethanol exposure required to produce skeletal effects is unknown. The objectives of this study were to determine (1) if ethanol exerts specific effects on fetal skeletal development that are independent from its effects on general growth, and (2) the level of prenatal ethanol exposure required to affect fetal growth and skeletal ossification. Rats were fed isocaloric diets with ethanol (15%, 25%, or 36% ethanol-derived calories (EDC), approximating low, moderate, and high exposure levels), or without ethanol (pair-fed, PF, or control, C groups), prior to and throughout 21 days of gestation. The degree of E-induced delay in development was determined by comparison of E fetuses on d21 gestation to C fetuses on d17-d21 gestation. Prenatal ethanol exposure at 36% EDC decreased fetal body weight, length, and skeletal ossification compared with PF and C fetuses on d21 gestation. Importantly, effects on ossification, but not body weight or length, were also seen at the more moderate dose of 25% EDC, and the number of bones affected and the severity of effects on ossification tended to increase with dose of ethanol. Comparison of E fetuses on d21 gestation with C fetuses from d17 to 21 gestation indicated that the ethanol-induced delay in development differed for weight and skeletal ossification, and was not uniform among skeletal sites. Taken together, these data suggest that prenatal ethanol exposure has effects on fetal skeletal development that are independent of those on overall fetal growth, and that these effects occur even at moderate levels of maternal drinking. Effects of prenatal ethanol exposure on fetal skeletal development could potentially increase the offspring’s risk of osteoporosis later in life.


Background: African American women and socioeconomically challenged women are at risk of compromised folate status and, thus, of folate-related birth defects. Data are limited on circulating folate concentrations in pregnant African American women after folic acid fortification of the food supply was implemented. Objective: The objective was to determine the influence of smoking and alcohol consumption on plasma 5-methyltetrahydrofolic acid (5-MTHFA) concentrations in pregnant African American women. Design: Alcohol consumption, smoking exposure, and other characteristics of pregnant African American women reporting to an inner-city antenatal clinic were assessed. At 24 wk of gestation, blood samples and food-frequency intake data were collected. Plasma 5-MTHFA concentrations were determined by liquid chromatography-mass spectrometry for 116 subjects and examined in a correlational study design. Results: Dietary folate and markers of alcohol consumption were positively associated, whereas exposure to smoke was negatively associated with plasma 5-MTHFA. More than one-half of the participants in this population failed to meet the recommended dietary allowance for dietary folate equivalents of 600 µg/d during pregnancy. Conclusions: Most inner-city African American women are not meeting the recommended dietary allowance for dietary folate during pregnancy, and smoking may further compromise their folate status. Programs to reduce smoking and raise awareness about the importance of folate and multivitamin supplementation during pregnancy need to target this population.

An innovative program developed to work with families in which substance use during pregnancy leads to Child Protective Services involvement is introduced in this article. The Vulnerable Infants Program of Rhode Island (VIP-RI) was established to facilitate permanency planning for substance-exposed infants by focusing on the interface of social service systems with one another and with the families affected by perinatal substance use. Permanent placement within the time frame mandated by federal legislation places increased pressures on parents and the social service systems designed to provide them with assistance. The Vulnerable Infants Program of Rhode Island promotes collaboration, coordination, and communication among social service systems engaged with families of substance-exposed infants. The Vulnerable Infants Program of Rhode Island works to increase the efficacy of social service systems in order to optimize the resources that are available to a family in their attempts at reunification with their infant. Case examples illustrate the complexities of the families of substance-exposed infants, the breadth of social service systems that become involved with these families, and the vastly different placement outcomes that substance-exposed infants may experience.

Uhlhorn, S. B., D. S. Messinger, et al. (2005). "Cocaine exposure and mother-toddler social play." Infant Behavior & Development 28(1): 62-73. This study compared the play interactions of 18-month-old cocaine-exposed toddlers and their mothers (n = 48) to non-cocaine-exposed comparison toddlers and their mothers (n = 77). Coders blind to drug-exposure status reliably coded the interactions for maternal directiveness, positivity, and sensitivity; child social initiative and positivity; and dyadic responsiveness. There were no cocaine exposure group differences on any of the measures, with or without statistical controls for birth weight, SES, maternal age, and prenatal exposure to alcohol, marijuana, and cigarettes. Irrespective of cocaine exposure, low birth weight was associated with fewer maternal positive vocalizations and lower levels of maternal sensitivity. In higher SES dyads, children were more likely to respond to mother requests. The absence of cocaine exposure differences in social interactive behaviors during mother-child play in a relatively large sample of mothers and their children, is discussed with respect to the existing literature.

Wang, X. Y., D. Dow-Edwards, et al. (2004). "In utero marijuana exposure associated with abnormal amygdala dopamine D-2 gene expression in the human fetus." Biological Psychiatry 56(12): 909-915. Background: (Cannabis sativa) is the illicit drug most used by pregnant women, and behavioral and cognitive impairments have been documented in cannabis-exposed offspring. Despite the extensive use of marijuana, very limited information exists as to the consequences of prenatal cannabis exposure on the developing human brain. Methods: We optimized an in situ hybridization histochemistry technique to visualize mRNA expression in midgestation (weeks 18-22) human fetal specimens from mothers with and without documented evidence of cannabis use during pregnancy. The cannabinoid receptor type I (CB1) and major dopamine receptor subtypes, D-1 and D-2, were examined in the striatum and mesocorticolimbic structures (amygdala and hippocampus). Results: Adjusting for various covariates, we found a specific reduction, particularly in male fetuses, of the D-2 mRNA expression levels in the amygdala basal nucleus in association with maternal marijuana use. The reduction was positively correlated with the amount of maternal marijuana intake during pregnancy. No significant cannabis-related alterations were detected in the hippocampus or caudal striatum for the D-2 ,D-1, and CB1 mRNA levels, although alcohol showed significant contribution to striatal D-1/D-2 expression. Conclusions: These human fetal findings suggest that in utero cannabis exposure may impair distinct mesocorticolimbic neural systems that regulate emotional behavior.
Fetal alcohol spectrum disorders (FASD) are caused by the effects of maternal alcohol consumption during pregnancy. Fetal alcohol syndrome is the most clinically recognizable form of FASD and is characterized by a pattern of minor facial anomalies, prenatal and postnatal growth retardation, and functional or structural central nervous system abnormalities. Wattendorf and Muenke offers a detailed discussion of the disorder.

**Children's Services/COSAs**


Intrauterine illicit drug exposure may lead to a variety of adverse neurobehavioral and neurodevelopmental outcomes. Providing early intervention to reduce the impact of maternal substance abuse on the developing fetus may have significant benefits for the child and family. In this article, we report on 3 promising intervention programs designed to improve the well-being of parents with drug dependence and their children. The initiation of these programs spans from pregnancy through early childhood. All 3 programs are community-based, using comprehensive culturally relevant developmental models. The first program was developed to provide comprehensive care for pregnant women with drug dependence and their newborns. Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education) provided substance abuse treatment, intensive center- and home-based social work, and parent education onsite at a high-risk obstetric and pediatric clinic. The second program, the Early Infant Transition Center, enrolled newborns with a history of neonatal abstinence syndrome and their mothers. Based in a renovated rowhouse in East Baltimore, one block away from a major urban hospital, the Early Infant Transition Center provided 24-hour nursing care, oncall physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents during their infant's recovery. The third program, Home-U-Go Safely, used community-based nurses to give home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence.


Objective: This paper discusses the ways in which existing microeconomic theories of partner abuse, intra-family bargaining, and distribution of resources within families may contribute to our current understanding of physical child abuse. The empirical implications of this discussion are then tested on data from the 1985 National Family Violence Survey (NFVS) in order to estimate the effects of income, family characteristics, and state characteristics on physical violence toward children.

Methodology: The sample consists of 2,760 families with children from the NFVS. Probit and ordered probit models are used to explore relationships between income, family characteristics, state characteristics, and physical violence toward children among single-parent and two-parent families. Results: In both single-parent and two-parent families, depression, maternal alcohol consumption, and history of family violence affect children's probabilities of being abused. Additionally, income is significantly related to violence toward children in single-parent families. Conclusions: These results reinforce earlier findings that demographic characteristics, maternal depression, maternal alcohol use, and intra-family patterns of violence may largely contribute to child abuse. This research also suggests that income may play a substantially more important role in regard to parental violence in single-parent families than in two-parent families.

Childhood risks for adolescent substance involvement include parental substance use disorders (SUDs), psychological dysregulation and early tobacco and alcohol experimentation. This study was designed to identify childhood risk categories predicting accelerated adolescent substance involvement across drug types and stages. The index subjects were 560 children recruited from high risk (n = 266) or low risk (n = 294) families based on fathers' SUDs. Assessments were conducted at approximately ages 11 (baseline), 13, 16, and 19 years. Childhood predictors included parent SUDs, early tobacco or alcohol use (i.e., substance use), and neurobehavior disinhibition (ND) as determined by indicators of cognitive, affective and behavioral disinhibition. A cluster analysis defined five risk categories based on baseline characteristics as follows: (1) High (n = 31; 100% had both parents with SUDs, 100% had early substance use, and the mean ND score = 58.9); (2) Intermediate-High (n = 76; 45% had one parent with SUD, 100% early substance use and ND = 51.9); (3) Intermediate (n = 76; 100% both parents with SUDs, 0% early substance use and ND = 51.4); (4) Intermediate-Low (n = 161; 100% with one SUD parent; 0% early substance use and ND = 49.9) and; (5) Low (n = 216; no parental SUD, no early substance use and ND = 47.5). Compared with all other groups, children in the High risk group had significantly accelerated substance involvement across all substance types and stages. The ordering of risk categories from low to high was also consistent for all substance involvement outcomes. The findings indicate that these five risk categories constitute general liability classes for adolescent substance involvement, and may identify homogeneous groups of children requiring distinct preventive interventions.


BACKGROUND: Childhood sexual abuse (CSA) is a worldwide problem. Although most studies on the long-term consequences of CSA have focused on women, sexual abuse of both boys and girls is common. Thus, a comparison of the long-term effects of CSA by gender of the victim will provide perspective on the need for future research, prevention activities, and treatment of survivors. METHODS: A retrospective cohort study was conducted from 1995 to 1997 among 17,337 adult HMO members in San Diego, California. Participants completed a survey about abuse or household dysfunction during childhood, and multiple other health-related issues. Multivariate logistic regression was used to examine the relationships between severity of CSA (intercourse vs no intercourse) and long-term health and social problems (substance use and abuse, mental illness, and current problems with marriage and family) by gender of victim. Models controlled for exposure to other forms of adverse childhood experiences that co-occur with CSA. Among men, the relationship between the gender of the CSA perpetrator to the outcomes was also examined. RESULTS: Contact CSA was reported by 16% of males and 25% of females. Men reported female perpetration of CSA nearly 40% of the time, and women reported female perpetration of CSA 6% of the time. CSA significantly increased the risk of the outcomes. The magnitude of the increase was similar for men and women. For example, compared to reporting no sexual abuse, a history of suicide attempt was more than twice as likely among both men and women who experienced CSA (p<0.05). Compared with those who did not report CSA, men and women exposed to CSA were at a 40% increased risk of marrying an alcoholic, and a 40% to 50% increased risk of reporting current problems with their marriage (p<0.05). CONCLUSIONS: In this cohort of adult HMO members, experiencing CSA was common among both men and women. The long-term impact of CSA on multiple health and social problems was similar for both men and women. These findings strongly indicate that boys and girls are vulnerable to this form of childhood maltreatment; the similarity in the likelihood for multiple behavioral, mental, and social outcomes among men and
women suggests the need to identify and treat all adults affected by CSA.


**Background:** The low level of response (LR) to alcohol is a genetically influenced characteristic related to the development of alcohol use disorders (AUDs). This phenotype is found in men with a family history (FH) of alcoholism, predicts future AUDs, and has heritabilities as high as 60%. However, despite evidence of genetic influences for AUDs in both sexes, the majority of studies evaluating differences in LR across high- and low-risk groups have been conducted on males, and it is unclear how generalizable these results are to women. Methods: Twenty-five women who are family history positive (FHP) for alcohol dependence were matched with 25 women with no FH of alcoholism (FHN) on factors that may impact LR. Using an alcohol challenge paradigm, data on the reaction to a moderate dose of alcohol were gathered over a period of 3.5 h. Assessments included breath alcohol concentrations (BrACs), the Subjective High Assessment Scale (SHAS), as well as body sway or static ataxia. Results: Family history positives reported lower subjective intoxication than FHNs. In addition, when body sway scores were corrected for skewness, FHPs had significantly lower scores on alcohol-related changes in lateral sway. These differences remained after considering the effects of drinking history and BrAC values. Conclusions: This study evaluated the LR to alcohol in the largest sample of alcohol challenges in matched FHP and FHN women to date. Overall, the findings are consistent with most data from earlier investigations of smaller sized samples of FHP women. The results suggest that, similar to sons of alcoholics, a low LR to alcohol might also be characteristic of daughters of alcoholics.


**Historically,** children of parents with co-occurring substance abuse and mental health disorders and histories of violence/trauma have been overlooked in behavioral health treatment systems. The Women, Co-occurring Disorders and Violence Study (WCDVS) was a 5-year initiative funded by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that included a Children's Study that explored the treatment needs of children of women with these multiple disorders. This article describes the development of the Children's Study intervention that included clinical assessment, group intervention, and resource coordination/advocacy for children aged 5-10 to build resilience through increasing coping skills, improving interpersonal relationships, and helping coalesce positive identity and self-esteem. Innovative procedures, including the participation of consumer/survivor/recovering women and mothers, in the planning, implementation, and administrative applications of this intervention and study are also highlighted. It is recommended that programs begin to implement family-focused integrated treatment approaches that can potentially increase protective factors for children affected by parental mental illness, substance abuse, and violence.


**OBJECTIVE:** To test the hypotheses that both violence and traumatic stress symptoms are associated with negative health status among poor preschool children. **STUDY DESIGN:** This cross-sectional analysis of a Head Start preschool age cohort (n = 160) studied health outcomes parallel to those assessed in the 2001 National Health Interview Survey of child health (asthma, allergy, attention deficit hyperactivity disorder, global appraisal) as well as two stress-related somatic complaints, gastrointestinal...
problems and headache. Risk factors include sociodemographics, mothers' health factors, extent of exposure to violence and maltreatment, and mother- and teacher-reported traumatic stress symptoms. RESULTS: Compared with poor children in the National Health Interview Survey and their Head Start peers, children exposed to violence and those with high levels of traumatic stress had significantly worse outcomes, in a dose-response relation. Being abused, exposed to domestic violence, and having a mother using substances were associated with a higher number of health problems. The hierarchical model established the mother’s own poor physical health and the child's level of traumatic stress as the strongest predictors of poor child health. CONCLUSIONS: These two risk factors are amenable to intervention by health care providers who treat children.


This is a preliminary report on the characteristics, experiences, and behavior of 88 adolescent, primarily African-American, children of incarcerated urban addict mothers that examines the association of age, gender, and risk factor profiles with the child's adjustment status defined in terms of self-reported questionnaire information and selected personality/behavioral assessment inventories. In spite of the existence of adverse circumstances in their lives, including the incarceration of their substance-abusing mothers, results revealed that the majority of these children were neither especially deviant nor maladjusted, all but a small percentage having successfully avoided substance abuse and the adoption of a deviant lifestyle at this point in their development. In most cases, mother surrogates (usually a grandmother or other family member) had for many years functioned as primary caregivers of the children prior to the incarceration of their birth mothers, which may have attenuated the negative impact ordinarily associated with a mother's absence from the home. However, there was a general indication of problematic school behavior and vulnerability to deviant peer influences that should be addressed in efforts aimed at preventing the escalation of deviant activity in such children. Also, in almost all cases, there was a readily observable need for the provision of caseworker support services to the current caregivers of the children.


It is unclear whether intensive services for women using drugs during pregnancy can reduce child maltreatment. Within-subjects, dose-response analyses can be conducted using Child Protective Services (CPS) reports. Dose of services received can indicate either engagement or higher need for services. Using data from an intensive intervention program for mothers of drug-exposed infants, the authors examined associations between CPS reports and (a) dose of services received and (b) a termination status variable combining dose of services received with duration of service involvement and progress on treatment plan goals. Cox regression revealed no association between dose of services and follow-up CPS reports. The termination status variable was strongly related to follow-up CPS reports, such that higher ratings were associated with significantly lower risk of re-report, even after controlling for baseline motivation. Findings suggest that program effects may be detectable using a treatment process-based index that combines dose, duration, and quality of program involvement.

In this pilot study, the interactive skills of infants with their high-risk, substance-
dependent mothers were explored in residential treatment from pregnancy until the infant was 6 months of age. Fourteen mother-infant pairs were videotaped in feeding and free play situations at 6 months after birth. A comparison, low-risk group consisted of 12 ordinary Finnish mother-infant pairs with minimal clinical risks. The findings show significantly higher levels of dyadic interactive deficiencies among the high-risk mother-infant pairs compared to the low-risk pairs, displayed especially in the feeding situation as lack of mutuality and flat, empty, constricted affective tone of interaction. Also, more interactive deficiencies were found among the high-risk infants compared to the low-risk infants, but the differences were not significant. In this study, this finding might reflect the reduced amount of somatic complications and the benefits of treatment, the impacts of which were not explored. The differences between the high- and low-risk infants were displayed as more withdrawal, depressed mood and avoiding behavior and as less alertness and attentional abilities, robustness and focus on parent’s emotional state among the high-risk group.


Children exposed to parental substance abuse, mental illness, and violence face profound challenges, including increased risk for emotional and behavioral problems, substance abuse, and victimization. In this article, we describe the characteristics of a sample of children of women entering treatment. These children had been exposed to domestic violence, frequent child welfare involvement, and residential instability. Parental entry into treatment affords treatment providers an opportunity to intervene early with these children, enabling them to offer supportive and preventive services and to help children build skills to avoid problems later. Treatment providers are encouraged to offer assessment and services to children of parents entering treatment, capitalizing on the opportunity to intervene early with a group of children who are at risk for problems with significant individual and social consequences.


Young children who have been removed from their biological families and placed in foster care are at significant risk for poor developmental outcomes. Their vulnerability is often the result of adverse biological and psychosocial influences: prenatal exposure to alcohol and other drugs, premature birth, abuse and neglect leading to foster placement, and failure to form adequate attachments to their primary caregivers. Children younger than 6 years form the largest group entering foster care, and remain longest in care. Meeting the complex needs of this vulnerable group of young children and their families presents extensive challenges for early intervention service systems. The purpose of the following discussion is to describe the foster care population and the kinds of medical conditions, mental health problems, and developmental disabilities experienced by young children in foster care, and to explore implications for intervention. By increasing their understanding of risk factors, vulnerabilities, and complex service needs, early childhood professionals can become effective advocates and provide services that ameliorate risk and optimize outcomes for these children and their families.

**Partners/Fathers/Other Family Members**


Despite overrepresentation of fathers as Perpetrators in cases of severe physical child abuse and neglect, the role they play in shaping, risk for physical child abuse and neglect is not yet well understood. This article reviews the possible father pathways that may contribute to physical child abuse and neglect risk and their existing empirical
support. The present empirical base implicates a set of sociodemographic factors in physical maltreatment risk, including fathers' absence, age, employment status, and income they provide to the family. As well, paternal psychosocial factors implicated in physical child maltreatment risk include fathers' abuse of substances, their own childhood experiences of maltreatment, the nature of fathers' relationships with mothers, and the direct care they provide to the child. However, the empirical base presently suffers from significant methodological limitations, preventing more definitive identification of risk factors or causal processes. Given this, the Present article offers questions and recommendations for future research and prevention.

Hatfield, A. B. and H. P. Lefley "Future Involvement of Siblings in the Lives of Persons with Mental Illness." Community Mental Health Journal 41(3): 327. [mental health-specific, but could have implications for family involvement in AOD]

Siblings are considered logical replacements for aging parental caregivers of persons with severe mental illness. For workshops on future planning conducted with 400 elderly parents, 60 siblings answered a survey regarding their future caregiving expectations, anticipated difficulties, and need for help. Nearly all expected to be involved, but were more likely to provide social and emotional support than the instrumental support offered by their parents. Nearly half indicated that the consumer's hostility and lack of cooperation were major barriers to effective care. It was suggested that siblings need education and help from professionals in assessing behaviors, interacting appropriately, and conferring control of their own lives to their ill relatives. For consumers, social skills and self-esteem training in psychiatric rehabilitation programs should address the area of sibling relationships and reciprocity. Such issues should be dealt with early, rather than later in the course of illness.

Haugland, B. S. M. "Recurrent Disruptions of Rituals and Routines in Families With Paternal Alcohol Abuse." Family Relations 54(2): 225.

Changes in rituals and routines between drinking and sobriety were examined in families in treatment due to paternal alcohol abuse. Information was gathered through a semistructured family interview. Recurrent disruptions of rituals and routines were found between different phases in the drinking cycle. Disruptions were found typically with regard to the fathers' participation in rituals and routines, the parental roles and responsibility, the affective quality of the rituals, and the general family, climate. Four categories of families were distinguished based on amount and type of disruptions in family rituals and routines (i.e., protecting, emotional disruptive, exposing, and chaotic families). Implications for intervention are described. Key words: children of alcoholics, family disruption, family rituals and routines, paternal alcohol abuse, unpredictability.


Historically, much attention has been given to the multifaceted problems experienced by drug abusers. Recently, greater attention has been given to the family members of drug abusers, but unfortunately, most of this attention has focused on family relationships and has overlooked the problems experienced by family members of drug users (DUs). To date, there is no psychometrically sound, multidimensional assessment tool available to systematically assess the economic, behavioral, and psychological problems encountered by these family members. This study presents the findings associated with the initial measurement development phase of such an assessment tool. The initial results are promising, suggesting that the Significant Other Checklist (a) has reasonable initial subscale reliability estimates, (b) assesses problem domains that are relevant to family members of DUs, and (c) is able to identify important group similarities and differences among family members of DUs.

Positive, abstinence-oriented, social support is associated with good substance abuse treatment outcome but few interventions are designed to help patients improve their social supports. This article reports on a behavioral intervention designed to encourage opioid-dependent patients receiving methadone to include drug-free family members or friends in treatment and to use these individuals to facilitate development of a supportive, non-drug-using social network. This report uses data from a quality assurance program review of the treatment response of 59 opioid-dependent outpatients who identified a drug-free significant other to participate in their treatment. Fifty-five (93.2%) brought a significant other (most often the patient's mother, 29%) to both the initial evaluation session and at least one joint session. Social support activities were family-(33%), church-(28%), and self-help group-related (30%). Approximately 78% of patients who participated in the social support intervention achieved at least four consecutive weeks of abstinence. Women responded better than men. We conclude that methadone-maintained patients can and will include non-drug-using family members and friends in treatment, and these individuals can be mobilized to help patients improve their recovery.


This study examined the relationship of relationship quality and partner's drug use on treatment outcomes for women in outpatient drug treatment. The sample consisted of predominately heterosexual couples where the female partner was in drug treatment. Both the partners' perception of relationship quality and the interaction of female client and her partner's perception of relationship quality were significant predictors of one of the outcome variables-the client's posttest report of days of drug use during the previous 30 days. Interestingly, clients reported more days of drug use when their partners reported higher relationship quality. A similar pattern was found with the ASI Drug composite score as the dependent variable except that the interaction term was not significant in that analysis. In addition, partners' relationship quality scores were associated with female clients' treatment completion. A higher proportion of women whose partners reported higher relationship quality failed to complete treatment. Partners' reports of pretest and posttest drug use were not related to women's treatment outcomes.


This survey of individuals seeking methadone maintenance treatment was pursued to document the parenting status of drug-dependent men and clarify ways their status as parents differs from that of drug-dependent women. Data concerning demographic characteristics, drug abuse history, and parenting status were systematically coded from the medical records of 362 men and 162 women seeking methadone maintenance treatment during a 12-month period. Analysis of parenting status by gender indicated that, although a greater proportion of women were the parent of at least one biological child, there were actually more fathers than mothers within the cohort. Among the parents, fathers were more likely to have been abusing opioids when they first became a parent, and they were more likely to be living away from their children. There were no significant gender differences in the number of children or the average age of children. The results suggested that fathering may be an important, but largely neglected, treatment issue for drug-abusing men.
Raitasalo, K. and M. E. Holmila (2005). "The role of the spouse in regulating one's drinking." Addiction Research & Theory 13(2): 137-144. [not U.S.-based population, but useful information in this area where lack info]

This article examines the relationship between experiences of external influence from spouses and partners to influence one's drinking and one's own concern over drinking; whether spouse's control attempts and concern over one's own drinking are in congruence; how the level of drinking and the frequency of drinking to intoxication and the estimate of the spouse's level of drinking are related, for women and men belonging to different sociodemographic groups. Using data from the 2000 Finnish Drinking Habit Survey (n = 1337), our results show that (1) drinking habits - especially drinking large quantities on a single occasion - are strongly related to both external control from the spouse and one's own concern about drinking and (2) there are significant differences between genders in the level of control from the spouse and concern over one's own drinking habit. These results are important when planning treatment and prevention for drinkers and their families.


Women (N=171), distressed from their partners' untreated alcoholism, received either coping skills training (CST), 12-step facilitation (TSF), or delayed treatment (DTC). CST and TSF resulted in lower depression levels than DTC but did not differ from one another. Skill acquisition mediated the treatment effects of CST; Al-Anon attendance did not mediate the TSF effect. Lower depression levels were maintained at 12 months with no differences between groups. Partner drinking decreased from pretreatment to follow-up in the CST and TSF conditions. However, for partners with a history of relationship violence, drinking improved across follow-up in the CST condition but worsened in the TSF condition. Partner relationship violence was less in the CST condition. CST may be particularly useful for women experiencing physical violence from a partner with alcoholism.


Young fathers (N = 143) ages 16-33 participated in an assessment of risk behaviors, service needs, and mental health issues upon entering a fatherhood program. Almost 70% were unemployed, 39% were school dropouts, 47% used alcohol, 40% had problems with the law, and 42% had been in jail. The most frequently reported mental health issues were problems related to relationships, neighborhood, family, tobacco use, police, and being a parent. Fathers also identified feeling states of anger, sadness/depression, nervousness/tension, helplessness, and aggression. Although risk behaviors and mental health issues were identified, fathers did not request services to address them; rather, their most frequently requested service needs were related to jobs and vocational training. The article suggests that an assessment of mental health issues that focuses on a strengths perspective might yield a better evaluation of both mental health issues and service needs. The article addresses ways that program planners could enhance realistic participation.

PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS

Prevalence/Statistics/Documentation of Need

Risk and Protective Factors Project (AI-SUPERPFP) estimated the mental health burden and associated help-seeking in select American Indian reservation communities.

**OBJECTIVE:** To determine the lifetime and 12-month prevalence of common DSM-IV disorders, their demographic correlates, and patterns of help-seeking in 2 culturally distinct American Indian reservation communities in the Southwest and Northern Plains.

**DESIGN:** Completed between 1997 and 2000, a cross-sectional probability sample survey.

**SETTING:** General community.

**PARTICIPANTS:** Three thousand eighty-four (Southwest = 1446 and Northern Plains = 1638) members, aged 15-54 years, of 2 tribal groups living on or near their home reservations were randomly sampled from the tribal rolls. Response rates were 73.7% and 76.8% for the Southwest and Northern Plains tribes, respectively.

**Main Outcomes Measures** The AI-SUPERPFP Composite International Diagnostic Interview, a culturally adapted version of the University of Michigan version of the Composite International Diagnostic Interview, to assess DSM-IV diagnoses and help-seeking.

**RESULTS:** Overall lifetime prevalence of AI-SUPERPFP DSM-IV disorders ranged from 35.7% for Southwest women to near 50% for both groups of men. Alcohol abuse and dependence were the most common disorders for men, with posttraumatic stress disorder most prevalent for women. Many of those with lifetime alcohol problems or posttraumatic stress disorder no longer met criteria for 12-month diagnoses. Significant levels of comorbidity were found between those with depressive and/or anxiety and substance disorders. Demographic correlates other than tribe, sex, and age were generally unrelated to disorder status. A majority of participants with lifetime disorders had sought help from mental health professionals, other medical personnel, or culturally traditional sources.

**CONCLUSIONS:** Alcohol disorders and posttraumatic stress disorder were more common in these American Indian populations than in other populations using comparable methods. Substantial comorbidity between depressive and/or anxiety and substance disorders suggests the need for greater coordination of treatment for comorbid disorders.


In this paper, we present new estimates for the risk of becoming cocaine dependent within 24 months after first use of the drug, and study subgroup variation in this risk. The study estimates are based on the National Household Survey on Drug Abuse conducted during 2000-2001, with a representative sample of US residents aged 12 years and older (n=114 241). A total of 1081 respondents were found to have used cocaine for the first time within 24 months prior to assessment. Between 5 and 6% of these recent-onset users had become cocaine dependent since onset of use. Excess risk of recent cocaine dependence soon after onset of cocaine use was found for female subjects, young adults aged 21-25 years, and non-Hispanic Black/African-Americans. Use of crack-cocaine and taking cocaine by injection were associated with having become cocaine dependent soon after onset of use. These epidemiologic findings help to quantify the continuing public health burden associated with new onsets of cocaine use in the 21st century.


Objective: This study estimates the prevalence of male abusive behavior reported by men and their female partners and identifies characteristics of abusive men. Design: Baseline survey from a population based cohort study of general health. Setting: A rural county in Iowa, USA. Subjects: 572 men and their cohabitating female partners. Main outcome measures: Male-to-female physical, emotional, and sexual abuse reported by either partner. Results: In this cohort, 13.6% of men had performed at least one act of physical abuse and 34.9% emotional abuse. More than 45% of abusive men reported their own behaviors. Alcohol problems, antisocial personality characteristics, depressive
symptoms, and financial stress were all positively associated with both physical and emotional abuse, but suicidal thoughts were less likely among abusers. Conclusion: Identification of common characteristics of abusive men may predict proclivity towards partner violence and barriers to behavior modification.


To assess the prevalence and motives for illicit use of prescription stimulants and alcohol and other drugs (AODs), associated with these motives, the authors distributed a self-administered Web survey to a random sample of 9,161 undergraduate college students. Of the study participants, 8.1% reported lifetime and 5.4% reported past-year illicit use of prescription stimulants. The most prevalent motives given for illicit use of prescription stimulants were to (1) help with concentration, (2) increase alertness, and (3) provide a high. Although men were more likely than women were to report illicit use of prescription stimulants, the authors found no gender differences in motives. Regardless of motive, illicit use of prescription stimulants was associated with elevated rates of AOD use, and number of motives endorsed and AOD use were positively related. Students appear to be using these prescription drugs non-medically, mainly to enhance performance or get high.


**OBJECTIVE:** Only a few small descriptive studies have examined the prevalence and correlates of tobacco use among bipolar patients. We predicted that poorly controlled manic, depressed and mixed states, and the presence of psychotic symptoms, would be associated with a greater prevalence of smoking among patients with bipolar disorder. **METHOD:** We examined the prevalence of smoking in a cross-sectional sample of 1904 patients with bipolar disorder enrolled in the National Institute of Mental Health's Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) database. We also examined the relationship between smoking and other factors including: bipolar subtype, current clinical status, illness severity (e.g., number of prior mood episodes), age of bipolar onset, gender, education, socioeconomic status, and concurrent substance use. **RESULTS:** At STEP-BD program entry, 31.2% of patients reported that they were smokers. Patients who were male, less educated, and/or had lower income were more likely to be smokers (P<.01). Additionally, patients with rapid cycling, comorbid psychiatric disorders, and/or substance abuse, and those experiencing a current episode of illness were more likely to be smokers (P<.0001). More lifetime depressive and manic episodes as well as greater severity of depressive and manic symptoms were associated with smoking (P<.001). Use of atypical antipsychotic medications was more prevalent among smokers (P=.04). **CONCLUSIONS:** Clinical and demographic variables are associated with smoking in this sample of bipolar patients. Longitudinal analyses are needed to determine how mood and bipolar symptoms interact with smoking over the episodic course of bipolar disorder. Additional studies should focus on whether controlling bipolar symptoms is associated with cessation of smoking.

Health Disparities and Gaps in Health Services


Background: Preference-based utility ratings for health conditions are important components of cost-utility analyses and population burden of disease estimates. However, utility ratings for alcohol problems have not been determined. Objectives: The objectives of this study were to directly measure utility ratings for a spectrum of alcohol-related health states and to compare different methods of utility measurement. Design, Setting, and Subjects: The authors conducted a cross-sectional interview of 200 adults from a clinic and community sample. Methods: Subjects completed computerized visual analog scale (VAS), time tradeoff (TTO), and standard gamble (SG) utility measurement exercises for their current health, a blindness scenario, and for 6 alcohol-related health state scenarios presented in random order. The main outcome measures were the utility ratings, scaled from 0 to 1, and anchored by death (0) and perfect health (1). Results: The 200 subjects were middle-aged (mean, 41 ± 14 years), 61% women, and racially diverse (48% black, 43% white). Utility ratings decreased as the severity of the alcohol-related health state increased, but differed significantly among the VAS, TTO, and SG methods within each health state. Adjusted mean (95% confidence interval) utility ratings for alcohol dependence (VAS, 0.38 [0.34-0.41]; TTO, 0.54 [0.48-0.60]; SG, 0.68 [0.63-0.73]) and alcohol abuse (VAS, 0.53 [0.49-0.56]; TTO, 0.71 [0.65-0.77]; SG, 0.76 [0.71-0.81]) were significantly lower than utility ratings for nondrinking, moderate drinking, at-risk drinking, current health, and blindness. Conclusions: Utility ratings for alcohol-related health states decrease as the severity of alcohol use increases. The low utility ratings for alcohol abuse and alcohol dependence are similar to those reported for other severe chronic medical conditions.


This paper documents the physical health burdens of participants in a large, federally funded cross-site study of specialized services for women with histories of trauma (physical or sexual abuse) and co-occurring substance abuse and mental health disorders. Nearly one half of the 2,729 women in the study (48%) reported serious physical illnesses and these physical illnesses frequently limited daily life activities or required use of special equipment. Nearly one-half (46%) rated their health status as only fair or poor. Given the prevalence of physical illnesses in this population, behavioral service providers should discuss with clients their overall health and how it might hinder their participation in treatment for trauma, substance abuse, and mental illness and policy-makers should consider this need when designing behavioral health requirements, setting reimbursement rates, and allocating funds.


Background: The study examined the effect of individual characteristics on longitudinal patterns of health care utilization and cost among individuals entering chemical dependency (CD) treatment. Method: Structured interviews and computerized administrative databases were linked to obtain severity, utilization and cost data. Total medical costs and their components were examined for the 6 months prior to intake through 5 years post-intake. Statistical analyses were conducted using the hierarchical linear modeling framework. Results: Age was positively correlated with total medical costs. Women had higher inpatient utilization and higher inpatient, primary care and total cost at baseline (p <.05). However, they had steeper decline in primary care costs. While
age was not related to inpatient and ER use at baseline (after controlling for psychiatric and medical severity), older individuals had smaller declines in hospital days and inpatient cost over time. Individuals with high medical and psychiatric severity had higher utilization and costs (p < .01). Those who were abstinent had higher costs. Conclusions: There are important differences in patient characteristics and treatment outcomes that influence utilization and cost trajectories. The relationship between medical severity at intake and primary care cost pre-intake among patients with drug and alcohol problems suggests an opportunity to identify and treat drug and alcohol problems in primary care settings. It also suggests that medical evaluations and treatment should not be overlooked during CD treatment. The positive association between abstinence and trajectories of primary care and total medical costs suggests that maintaining abstinence over a long term requires some kind of continuing care either in primary care settings or via additional contacts with specialty CD departments.


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Workforce Issues


This article raises questions about how social workers can be more responsive to the needs and wants of women who struggle with mental, emotional, and behavioral disorders. Specifically, the article examines the history and theoretical context of mental health services for women, reviews lessons learned from women's own descriptions of their lived experiences with mental illness, and summarizes needed responses to the treatment needs of women. Recommendations are offered in areas of the general structure of the service delivery system, psychosocial and psychotherapeutic interventions, and psychopharmacology. [PUBLICATION ABSTRACT] KEY WORDS: clinical practice; mental health; psychopharmacology; women


This study surveyed addictions counselors to determine factors that predict affirmative attitudes and behaviors with all clients and with gay, lesbian, and bisexual clients (GLB) in particular. Three factors were predictive with regard to all clients, and 5 factors were predictive with regard to GLB clients. Nonheterosexist organizational climate was the only factor predictive in both situations. The implications of these results are discussed with regard to practice, research, and training. [PUBLICATION ABSTRACT]


Social workers experience alcohol and other drug (AOD) problems, yet little is known about how they deal with these issues. To begin to address this gap in knowledge, this
study presents data from a sample of NASW members and describes how frequently social workers seek support for AOD problems, the kinds of assistance they typically obtain, how helpful they find the assistance, the barriers that discourage them from seeking help, and the relationship between help seeking and impairment. The data suggest that social workers do not frequently seek help, even when they are high-risk AOD users. Respondents reported a number of personal reasons for not obtaining assistance, but when they sought help, they found both peer support and formal treatment beneficial. Help seeking was also related to a variety of professional impairments. Implications for practice and research are discussed.

Cross Systems Support/Collaboration


The United States is facing an epidemic of the use of methamphetamine drugs. Child welfare has not yet addressed the needs of the children living in so-called "meth homes." These children are endangered not only from the chemicals involved, but also from parental abuse and neglect. Communities are recognizing the need for interagency collaboration to address the consequences of this epidemic. Spokane, Washington, has created a Drug-Endangered Children Project, whose mission is to implement a collaborative response among law enforcement, prosecutorial, medical, and social service professionals to the needs of drug-endangered children. This article presents the findings from the evaluation of the first year of the project, including a baseline assessment of the needs of drug-endangered children and the extent of community-based collaboration achieved. This article makes recommendations for future community-based partnerships to improve the well-being of drug-endangered children.

Kerwin, M. E. (2005). "Collaboration between child welfare and substance-abuse fields: Combined treatment programs for mothers." Journal of Pediatric Psychology 30(7): 581-597. Objective To review collaboration between child welfare and drug-abuse fields in providing treatment to mothers who abuse drugs and maltreat their children. Methods Literature review of studies examining effects of maternal drug abuse on parenting skills and outcomes of interventions for both maternal drug abuse and parenting skills. Results Parenting skills differ between mothers who do and do not abuse drugs, but these studies are primarily limited to mothers of infants and preschoolers. The evidence base for interventions to address both substance use and parenting in these mothers is growing, but more well-controlled studies are needed. Opportunities for improved collaboration between fields are presented. Conclusion Progress has been made toward collaboration to address drug abuse and parenting skills of mothers who abuse drugs, but more integrated strategies are needed, especially for mothers who use drugs and maltreat their children.

Markoff, L. S., N. Finkelstein, et al. "Relational Systems Change: Implementing a Model of Change in Integrating Services for Women With Substance Abuse and Mental Health Disorders and Histories of Trauma." The Journal of Behavioral Health Services & Research 32(2): 227. This paper describes the "relational systems change" model developed by the Institute for Health and Recovery, its implementation in Massachusetts from 1998-2002 to facilitate systems change to support the delivery of integrated and trauma-informed services for women with co-occurring substance abuse and mental health disorders and histories of violence and empirical evidence of resulting systems changes. The federally funded WELL Project utilized relational strategies to facilitate systems change within and across three systems levels: local treatment providers, community (or region), and state. The WELL Project demonstrates that a highly collaborative, inclusive, and facilitated
change process can effect services integration within agencies (intra-agency), strengthen integration within a regional network of agencies (interagency), and foster state support for services integration.

This article discusses the National Center on Addiction and Substance Abuse's CASA Safe Haven(sm), an evidence-based, community-driven intervention program for children and families in child welfare whose lives have been adversely affected by substance abuse, and for staff in the agencies that work with them. CASA Safe Haven(sm) builds collaborative relationships that feature a blend of multidisciplinary teams that share responsibility for helping families; family group conferencing, in which families are equal and welcome participants in designing and driving a service plan; and the influence of family court to hold families and service providers accountable for progress. CASA Safe Haven(sm) is a framework for collaboration.

Child Welfare/Dependency Courts

In the United States, a trope of "deservingness" shapes policy related to public aid and substance abuse. In recent decades, poor people with substance use problems have increasingly been seen as "undeserving." Federal welfare reform, passed in the mid-1990s, is an important exemplar of this trend. Welfare reform empowered line workers to directly and indirectly withhold aid from people with substance use problems. This paper uses in-depth interviews with workers to explore their views of these new policies. Workers generally applauded welfare reform's renewed attention to deservingness, including program emphases on client self-sufficiency and personal accountability and policies that time-limited cash aid and mandated working. They felt that these changes allowed them to stop "enabling" substance abuse and to encourage clients with alcohol and drug problems to bootstrap their way into jobs. Workers' embrace of these policy changes appears likely to shape how substance abuse problems are addressed within the welfare system.

This study reports results from interviews with 157 research participants who were interviewed 3 years after randomization into treatment and control conditions in the evaluation of the Baltimore City Drug Treatment Court. The interviews asked about crime, substance use, welfare, employment, education, mental and physical health, and family and social relationships. Program participants reported less crime and substance use than did controls. Few differences between groups were observed on other outcomes, although treatment cases were less likely than controls to be on the welfare rolls at the time of the interview. Effects differed substantially according to the originating court.

In 2002, the Bush Administration directed the Department of Justice to include faith-based organizations in its distribution of funds earmarked for programs targeting the prevention and treatment of juvenile delinquency and substance abuse. Among the initiatives most likely to be affected by this new policy are reentry court programs that endeavor to reintegrate juvenile delinquents into their communities by placing them
within local neighborhood-based programs. However, reentry court personnel and leaders of faith-based organizations are likely to encounter numerous challenges as they try to establish appropriate programming. In this article, we discuss the current understanding of First Amendment jurisprudence governing the federal funding of faith-based organizations and summarize key issues identified by a National Council of Juvenile and Family Court Judges' workgroup on faith-based programming that are necessary for including faith-based organizations within a reentry court's continuum of care. We also discuss several concerns that reentry court personnel and faith-based organizations should consider as they seek to maximize the impact of their programs.

This article examined the extent to which methadone maintenance (MM) is considered a treatment alternative for drug-dependent parents, as reflected in the social work and child welfare literature and in child welfare policies. Findings were derived from a review of 15 social work journals published from 1996 through 2002 and from a review of child welfare policies in 27 states in regard to treatment recommendations for substance-abusing parents. These reviews found that 23 articles focused on child welfare-substance abuse issues; no article specifically discussed MM as a treatment option for heroin-using parents; and of the 27 states, only three included methadone as a treatment option in their child welfare policy recommendations. Practice and policy recommendations are discussed.

Substance abuse treatment in parents of young children is an important element of child welfare services. This study compares the predictive factors of post-treatment drug use in organizational, service and individual characteristics between parents and non-parents, mothers and fathers. The analysis sample is derived from the National Treatment Improvement Evaluation Study (NTIES), a longitudinal study designed to evaluate the implementation and effectiveness of the specialty substance abuse service system. The results show that treatment duration and the frequency of counseling available in treatment facilities are the most predictive factors for parents when other factors are controlled. Further, treatment duration, onsite service availability, and frequency of counseling available are significant factors in predicting post-treatment drug use for fathers, but not for mothers. These findings have implications for improving substance abuse treatment services for parents in child welfare settings.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) changed the nature, purpose, and financing of public aid. Researchers, administrators, and policymakers expressed special concern about the act's impact on low-income mothers with substance use disorders. Before PRWORA's passage, however, little was known about the true prevalence of these disorders among welfare recipients or about the likely effectiveness of substance abuse treatment interventions for welfare recipients. Subsequent research documented that substance abuse disorders are less widespread among welfare recipients than was originally thought and are less common than other serious barriers to self-sufficiency. This research also showed significant administrative barriers to the screening, assessment, and referral of drug-dependent welfare recipients. This article summarizes current research findings and examines implications for welfare reform reauthorization.

There is an increasing number of children placed in foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering, reaching an estimated $24 billion. One program in Northern California that has been created to assist parents is dependency drug court. This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from this dependency drug court (n = 50) and what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reuniting with their children. Two main themes emerged from select interviews with former drug court recipients who were functioning as "mentor moms" (n = 4). Common barriers contributed to stress during recovery, and specific strategies promoted reunification and program success. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.


In recent years communities across the United States have instituted specialized criminal courts for defendants with substance abuse disorders and mental illness. These specialized courts seek to prevent incarceration and facilitate community-based treatment for offenders, while at the same time protecting public safety. The authors describe two types of specialized courts: drug courts and mental health courts. They critically examine the strengths and weaknesses of these courts and conclude with implications for social work education, practice, research, and advocacy.


This article reports on a study of obstacles to employment among mothers with children in foster care, relying on standardized measures, has a cross-sectional design, and includes a sample of 158 mothers. The analysis shows a high prevalence of obstacles; identifies three co-occurring obstacles, each involving substance abuse, that are related to a low probability of employment (p d .05); and reveals that employment and access to transportation are related to higher income relative to mothers' needs (p d .05).

Criminal Justice


This study of 300 women and 300 men graduates of a boot camp finds that there are noteworthy gender differences in predictors of tenure in the community without criminal recidivism in a 5-year follow-up. The Cox proportional hazards models show that urban residence, childhood and recent abuses, living with a criminal partner, selling drugs, stress, depression, fearfulness, and suicidal thoughts are stronger positive predictors of recidivism for women than for men. Men are more likely to return to prison because of criminal peer associations, carrying weapons, alcohol abuse, and aggressive feelings. Job satisfaction and education lengthen time in the community more for men than women, whereas the number of children and relationships are more important to tenure in the community for women. The implications for the findings for theory are discussed.

We describe behavioral health diagnoses and community release patterns among adult male and female inmates in New Jersey prisons and assess their implications for correctional health care and community reentry. We used clinical and classification data on a census of "special needs" inmates (those with behavioral health disorders) in New Jersey (n=3189) and a census of all special needs inmates released to New Jersey communities over a 12-month period (n=974). Virtually all adult inmates with special needs had at least 1 Axis I mental disorder, and 68% of these had at least 1 additional Axis I mental disorder, a personality disorder, or addiction problem (67% of all male and 75% of all female special needs inmates). Of those special needs inmates released, 25% returned to the most disadvantaged counties in New Jersey (27% of all male and 18% of all female special needs inmates). Two types of clustering were found: gender-specific clustering of disorders among inmates and spatial clustering of ex-offenders in impoverished communities. These findings suggest a need for gendered treatment strategies within correctional settings and need for successful reentry strategies.


The number of female prisoners continues to grow in the United States, yet most examinations of how to increase reintegration and reduce recidivation focus on the needs of the predominantly male prisoner population. As a result, prison education programs and post-release environments often leave women unprepared and facing special risks. This study reviews the experience of one post-release program, Project PROVE, which focuses on the needs and special circumstances of female ex-inmates, how those circumstances may be barriers to successful reintegration and continued education, and reviews what is needed to promote employment as a critical factor for successful reintegration post release. These include family concerns, parenting issues and employment discrimination as well as more personal barriers such as illness and substance use. Successful social integration is further exacerbated by limited agency funding sources in a social environment that is increasingly unsympathetic to the needs of the post-prison population.


Based on availability of case management services, drug involved women offenders entered either a probation case management (PCM) intervention (n = 65) or standard probation (n = 44). Participants were placed in the case management condition until all slots were filled, then placed in standard probation until case management slots opened. Participants were interviewed at program entry and at 6 and 12 month follow up using measures of substance abuse, psychiatric symptoms, and social support. Results showed modest change over time in both conditions, but PCM did not result in more services or treatment, or better outcomes than standard probation. These findings are discussed in the context of study limitations and in the context of state initiatives like those in Arizona and California designed to apply treatment as an alternative to incarceration.


Each year, more than 10 million people enter US jails, most returning home within a few weeks. Because jails concentrate people with infectious and chronic diseases, substance abuse, and mental health problems, and reentry policies often exacerbate these problems, the experiences of people leaving jail may contribute to health inequities in the low-income communities to which they return. Our study of the experiences in the
year after release of 491 adolescent males and 476 adult women returning home from New York City jails shows that both populations have low employment rates and incomes and high rearrest rates. Few received services in jail. However, overall drug use and illegal activity declined significantly in the year after release. Postrelease employment and health insurance were associated with lower rearrest rates and drug use. Public policies on employment, drug treatment, housing, and health care often blocked successful reentry into society from jail, suggesting the need for new policies that support successful reentry into society.


Outpatient interviews to collect criminal history data were conducted with 55 women and 77 men who had the dual diagnosis of rapid-cycling bipolar disorder with co-morbid substance abuse disorders (DD-RCBD), to ascertain gender-related similarities and differences. Fifty-three percent of women and 79 percent of men reported that they had been charged with a crime, and nearly half of those charged had been incarcerated. Men with DD-RCBD were more likely to have committed a felony and had a trend of committing more misdemeanors. Although women with DD-RCBD were less likely to have a criminal history than their male counterparts, they were far more likely to have a criminal history than were women in the general population. Implications from this pilot study include the need for earlier identification of bipolar disorder and for the increased availability of psychiatric and substance abuse services within correctional facilities.


This article explores relationships among exposure to childhood abuse and traumatic events, adolescent conduct problems and substance abuse, and adult psychological distress and criminal behaviors in a sample of substance-abusing women offenders (N=440). Latent variable structural equation models revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse. Conduct problems predicted more adult criminal behavior, and adolescent substance abuse predicted higher levels of current psychological distress. There were direct relationships between several types of traumatic events and current psychological distress and between traumatic events and specific criminal behaviors. Ethnic differences were also found, suggesting different pathways to criminal behavior. The findings underscore the need to provide trauma-related services for substance-abusing women offenders. Copyright (c) 2005 APA, all rights reserved.


Although the number of mothers with histories of drug addiction who are incarcerated has grown substantially in recent years, there is little information on their unique characteristics and vulnerability. Undertaken to address this issue, this study examined data on 167 incarcerated drug-abusing mothers from Baltimore City who had volunteered for a parenting program offered at a Maryland correctional facility. Prior to entering this program, mothers who consented to participate completed a battery of assessment measures, which included an extensive interview covering their early developmental and current experiences, along with standardized instruments measuring psychological adjustment and parenting satisfaction. Analyses of these data focused on the link between risk/protective factor information drawn from the early development experiences of the mothers and their current adjustment status. Results revealed significant relationships between higher risk levels and less favorable current
adjustment. Implications of the findings of the study for both prevention and clinical intervention efforts targeting both mothers and their children are discussed.


Dramatically increasing incarceration rates in the United States have led to large concentrations of formerly imprisoned people in poverty-stricken urban areas. Therefore, identifying ways to help inmates who exhibit multiple, serious problems and who are at great risk of experiencing poor postrelease outcomes is especially important to urban communities, as well as to service providers and policymakers concerned about these communities. Our research provides evidence about the effectiveness of one strategy, called Health Link, which recruited adult women and adolescent men while they were incarcerated in a New York City jail and offered case management services during the especially challenging first year after release. About 1,400 participants who enrolled during a 3-year period were randomly assigned either to a group that was eligible for intensive discharge planning services and community-based case management services or to a group eligible for less-intensive discharge planning and no community-based services. We investigated whether the availability of these services reduced rates of drug use, HIV risk, and rearrest. Using data from interviews and hair analysis to measure impacts during a 1-year follow-up period after clients release from jail, we detected increased participation in drug treatment programs and weak evidence for reduced drug use. However, we did not observe reductions in rearrest rates or in activities with high risk of HIV infection. We conclude that a well-executed case management program can make modest differences in a few short-term outcomes of former inmates. However, the intervention did not lead to the hoped-for changes across a range of outcomes that would clearly indicate greater success in community reintegration or improved health.


OBJECTIVE: We identified gender differences in psychiatric disorders among youths at probation intake. METHODS: We measured disorders with the Voice Diagnostic Interview Schedule for Children among 991 randomly selected youths (200 girls) at probation intake in 8 Texas counties. Logistic regression analyses predicted diagnostic clusters by gender, adjusting for demographics and offense characteristics. RESULTS: Demographic and offense characteristics explained small but interpretable and specific variance in diagnostic profile. Girls' rates of anxiety and affective disorders were higher than boys' (odds ratios = 0.59 and 0.32, respectively). Girls with violent offenses, compared with other groups, were 3 to 5 times as likely to report anxiety disorders. CONCLUSIONS: Among youths with conduct problems, girls demonstrated an elevated risk for co-occurring anxiety or affective disorder.

California


OBJECTIVE: The objective of this study was to examine correlates of sexual risk among injection drug users (IDUs). STUDY: A total of 1445 IDUs were recruited from California syringe exchange programs. RESULTS: Consistent condom use was independently related to being HIV-positive, having multiple sex partners, not having a steady partner, not sharing syringes, and not injecting amphetamines for men; and engaging in sex work, not sharing syringes, and not having a steady partner for women. Having multiple recent sexual partnerships that included a steady partner was related to engaging in sex
work, speedball injection, and amphetamine use among men; and younger age, having had a sexually transmitted disease (STD), engaging in sex work, and using alcohol among women. Having heterosexual anal sex was related to having had an STD, having multiple sexual partners, using amphetamines, and syringe-sharing for men; and younger age and amphetamine use for women. CONCLUSIONS: Comprehensive prevention interventions addressing multiple sexual and injection risk behaviors are needed for IDUs.


BACKGROUND: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use.

METHODS: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior.

RESULTS: Overall, homosexually experienced women are more likely than exclusively heterosexually experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption.

DISCUSSION: Findings underscore the importance of considering within-group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use.


This prospective longitudinal study examined treatment outcomes among 1,073 methamphetamine-abusing patients (567 women, 506 men) from 32 community-based outpatient and residential programs in 13 California counties. Data were collected at intake and at 3 months and 9 months after admission. With one exception, improvements from baseline to follow-up were observed in all areas measured by the Addiction Severity Index for both women and men in either modality. Compared to men, women demonstrated greater improvement in family relationships and medical problems, and similar improvement in all other areas, despite the fact that more women were unemployed, had childcare responsibilities, were living with someone who also used alcohol or drugs, had been physically or sexually abused, and reported more psychiatric symptoms. Implications for service improvement are discussed.


OBJECTIVE: To analyze the relationship between perinatal drug/alcohol use and maternal, fetal, neonatal, and postneonatal mortality. STUDY DESIGN: Linked California discharge, birth and death certificate data from 1991-1998 were used to identify drug/alcohol-diagnosed births. Mortality relative risk (RR) ratios were calculated and logistic models were generated for mortality outcomes.

RESULTS: Among 4,536,701 birth records, 1.20% contained drug/alcohol discharge diagnostic codes (n=54,290). The unadjusted RRs for maternal (RR=2.7), fetal (RR=1.3), neonatal (RR=2.4), and postneonatal (RR=4.3) mortality were increased for drug/alcohol-diagnosed births. After controlling for potential confounding, the odds of maternal death for cocaine use (OR=2.15) remained significant as did amphetamine (OR=1.77), cocaine (OR=1.43),
polydrug (OR=2.01) and other drug/alcohol use (OR=1.79) for postneonatal mortality.

**CONCLUSIONS:** The association of cocaine use with maternal mortality and any drug/alcohol use with postneonatal mortality supports screening and identifying women using illicit drugs and alcohol during pregnancy. Increased collaboration with drug treatment programs and closer follow-up for drug-using women and their children may improve mortality outcomes.

**Substance Abuse Policies/Legislation**


Berger reviews several books, including From Witches to Crack Moms: Women, Drug Law, and Policy by Susan Boyd; Using Women: Gender, Drug Policy, and Social Justice by Nancy Campbell; Drug Misuse and Motherhood edited by Hillary Klee, Marcia Jackson, and Suzan Lewis.


Objective. To evaluate how a sample of outpatient substance abuse treatment units respond to organizational and environmental influences by adopting and implementing treatment services for women. Data Sources. The National Drug Abuse Treatment System Survey from 1995 and 2000, a national survey of outpatient substance abuse treatment units. Study Design. Health services for women are the dependent variables. The predictors include organizational and environmental factors that represent resource dependence and institutional pressures for the treatment unit. Logistic regression and Heckman selection models were used to test hypotheses. Data Collection. Program directors and clinical supervisors at each treatment unit were interviewed by telephone in 1995 and 2000. Principal Findings. Units that depended on specific funding for women's programs and that depended on government funds were more likely to adopt, but not necessarily implement, women's services. Methadone units and units that train more staff to work with women were more likely to adopt as well as implement women's services. Private not-for-profit units were more likely to adopt some services, while for-profit units were less so. However, in general, neither for-profit nor not-for-profit units significantly implemented services. There was evidence that the odds of adopting services were greater in 2000 than 1995 for two services, but were otherwise stable. Conclusions. There is considerable variation in the adoption and implementation of women's services. In addition, not all adopted services were significantly implemented, which could reflect limited organizational resources and/or conflicting expectations. This also suggests that referral mechanisms to these services, and therefore access, may not be adequate. Government funds and specific funds for women's programs are important resources for the provision of these services. Women's services appear more available in methadone units, suggesting that regulation has been influential and that the recent methadone accreditation system should be evaluated. Staff training may be one strategy to encourage implementation of these services. For the most part, the adoption of services for women did not change between 1995 and 2000.


The call for practice improvement in substance abuse treatment is motivated by the ultimate goal of achieving consistently positive post-treatment outcomes. A central hypothesis of the empirical investigation in this study is that consumer-level outcomes are affected either directly or indirectly through clinical practice, by factors originating at the policy and organizational level. Four broad categories of policy and program
administration (funding, service technology and delivery, organizational structure, and leadership) that facilitate or hinder the implementation of practice improvements are investigated. Models hypothesizing that the effects of policy and program administration will vary according to the treatment goals and corresponding measurement of outcomes are tested. Using newly available data that link program- and consumer-level measures, the empirical analysis shows statistically significant direct effects of program and policy factors on outcomes as well as effects of these variables on treatment practices that have significant implications for treatment outcomes.

Vimpani, G. (2005). "Getting the mix right: family, community and social policy interventions to improve outcomes for young people at risk of substance misuse." 111-25, 2005 Mar. [Societal responses to the existence of substance misuse fluctuate between harm minimisation and prohibition. Both approaches are predominantly downstream reactions to substance misuse that focus on the supply of harmful substances and the containment of misuse through treatment, rehabilitation or punishment. Until recently, little attention has been paid to the upstream individual, family, relationship, community or societal antecedents of substance misuse (which often overlap with those for other adverse life outcomes, such as unemployment, antisocial personality disorder and mental health problems) that have operated during earlier life. A growing body of evidence highlights the overlapping biological and experiential antecedents for substance abuse and other poor outcomes as well as the trajectory-changing protective factors that can prevent risks being translated into destiny. Risk minimisation and protection enhancement embedded in family and social systems are the essential building blocks of a set of early intervention strategies that begin antenatally and continue through the developing years of childhood, adolescence and young adult life, that have been shown to be effective in improving many outcomes in development, health and well-being. Much remains to be done to enable the promise of effective universal and targeted early intervention to be translated into policies, programs and practices that could be life-changing for citizens bogged in the mire of substance misuse and their children. Realistic, timely investment, influenced by the best scientific evidence indicating what works, for whom, under what circumstances, an increased degree of collaboration within and between governments and their agencies to enable "whole of government" responses in partnership with community-based initiatives are essential along with investments in multidisciplinary program evaluation research that will enable evidence-informed policy decisions to be tailored to the needs of individual countries.

Research/Evaluation


Objective: The present article reviews the literature to date dealing with quality of life (QoL) as it relates to drinking behavior, alcohol use disorders and treatment outcome. Method: Articles using the term "quality of life" to describe a status or outcome construct for individuals diagnosed with or being treated for alcohol use disorders or that used one or more instruments considered to reflect patients' QoL were identified primarily through Psychological Abstracts, MEDLINE and the National Institute on Alcohol Abuse and Alcoholism's ETOH archival database. Results: Thirty six studies, published between 1993 and 2004, met these criteria. Twelve different QoL measures were used. Frequent heavy drinking or episodic heavy drinking (e.g., five or more drinks per occasion) patterns were associated with reduced QoL. Alcoholics had lower levels of QoL compared with general population norms or with other chronic health conditions. This relationship appears to be moderated by a number of sociodemographic and client characteristics, such as age, education, gender and co occurring psychiatric disorders. Alcohol dependent individuals experience improvements in QoL across treatment and
with both short term and long term abstinence. Despite these improvements, many alcoholic individuals' QoL is unlikely to equal or exceed that of normative groups. Also, among hazardous and harmful drinkers, achieving and maintaining a marked reduction in drinking, even without complete abstinence, is associated with significant increases in QoL. Conclusions: QoL represents an important area to consider in assessing individuals with alcohol use disorders and in evaluating alcoholism treatment outcome.


This paper reports on the perspectives of substance abuse treatment providers and administrators who participated in a collaborative project to implement a statewide outcome monitoring system, the California Treatment Outcome Project (CalTOP). Program providers and county administrators were invited to discuss their perceptions regarding the relationship of research to treatment practice following completion of the project. Themes identified from this research-practice meeting were augmented by observations from program site visits and focus groups conducted with project participants during start-up. Participants articulated a range of actual and potential applications for using outcome data to improve treatment practice and to inform policy development, stressed several ways in which they could build upon the data-collection infrastructure developed for the project, and identified potential areas for continued program and staff development based on outcome findings. Future steps include identifying the organizational and workforce characteristics related to a program’s readiness to incorporate research-based practices.

SUBSTANCE ABUSE AND OTHER

Tobacco/Nicotine/Smoking


Objective: Factors correlated with cigarette smoking in young people have yet to be documented in most developing countries. This study assesses the correlates of smoking in Mexican young people. Methods: School-based, cross-sectional study in the central Mexican state of Morelos during the 1998-1999 school year of 13,293 public school students aged 11 to 24 years. Multinomial logistic regression models were constructed with smoking as the dependent variable. Results: Regular smoking (one or more cigarettes daily) prevalence was 13.1% (95% confidence interval [CI] = 12.2-13.9) in males, and 6.1% (95% CI=5.6-6.6) in females. Frequent alcohol intoxication was strongly associated with regular smoking (females, odds ratio [OR] = 68.5, 95% CI=37.6-125.2; males OR=34.5, 95% CI=22.6-52.7). Regular smoking was associated with illegal drug use and smoking by both parents in females, and with illegal drug use in males (males, OR=4.9, 95% CI=3.7-6.5). Also associated with tobacco smoking were high socioeconomic status, low academic achievement, illegal drug use by peers, marijuana use by parents, and depression in adolescents. Conclusions: This study documents a strong correlation between tobacco smoking and other health risk behaviors, especially alcohol and drug abuse. In young women especially, the risk of tobacco use increased with alcohol abuse and higher socioeconomic status. School-based interventions are needed that focus on preventing smoking and also take into account other unhealthy behaviors. (C) 2005 American Journal of Preventive Medicine.


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There is increased recognition that gender differences may influence outcomes and may modify vulnerability to tobacco addiction, severity of course and response to different treatments. We hypothesized that naltrexone, which has been used to successfully treat opioid and alcohol dependence, when combined with nicotine replacement therapy (NRT) and psychosocial therapy (PT) may enhance smoking cessation rates in women. Methods. Forty-four adult female smokers meeting DSM-IV criteria for nicotine dependence with expired carbon monoxide content of >= 15 ppm were randomly assigned in a double blind placebo controlled clinical trial of naltrexone 50 mg + NRT patch + psychosocial therapy (N + NRT + PT) (N = 12) or placebo + NRT patch + psychosocial therapy (P + N + PT) (N = 12) for 12 weeks. Results. Twelve weeks of treatment was completed by 54.5%. Smoking cessation among females who completed the 12 weeks for N + NRT + PT was 91.7% (11/12) and for P + NRT + PT was 50% (6/12). Conclusion. Naltrexone combined with NRT and psychosocial therapy appears to have a positive cessation effect on women and may be a new treatment option for recidivist female smokers.


Context: A major criterion to validate diagnoses is stability over time. Objective: To examine the stability of several classification systems for lifetime diagnosis of alcohol dependence, to identify characteristics predicting stability of alcoholism, and to study stability of lifetime assessments of habitual smoking (1 pack per day for at least 6 months) and other drug dependence. Design: Participants in the Collaborative Study on the Genetics of Alcoholism were interviewed using the Semi-Structured Assessment for the Genetics of Alcoholism and reevaluated 5 years later. Initial and follow-up interviews were available for 1728 individuals (641 index cases, 800 siblings, 287 controls) with lifetime diagnoses of alcohol dependence, other substance dependence (marijuana, cocaine, other stimulants, sedatives, opioids), or habitual smoking at first interview. The likelihood that an individual with a lifetime history of substance dependence or habitual smoking at the first interview retained this classification after 5 years was examined to assess stability of diagnosis. Results: Stability of a lifetime diagnosis of alcohol dependence varied among the subject groups of index cases, siblings, and community-based controls. Alcohol dependence as defined by DSM-III-R criteria was highly stable in the index cases (90.5% women, 94.7% men) but much less stable in the community-based controls (27.5% women, 64.7% men). The most important characteristic associated with stability of diagnosis of alcohol dependence was severity, defined by the number of alcohol-related symptoms. Other DSM-III-R substance dependence disorders varied in the stability of diagnosis over a 5-year period. Lifetime history of habitual smoking was highly stable in all subject groups (96.0% overall). Conclusions: Stability of lifetime assessment of alcohol dependence varies depending on severity of illness. Severe cases of alcohol dependence are more likely to be stable, whereas general population cases of alcohol dependence are less likely to have stable diagnoses. The stability of diagnosis for other substance dependence varies from substance to substance.


OBJECTIVE: To examine the effect of smoking on breast cancer risk in a large population-based cohort of women, many of whom started smoking as teenagers. METHODS: We followed 102,098 women, ages 30 to 50 years, completing a mailed questionnaire at recruitment to the Norwegian-Swedish Cohort Study in 1991/1992, through December 2000. We used Cox proportional hazard regression models to
estimate relative risk (RR) of breast cancer associated with different measures of smoking initiation, duration, and intensity adjusting for confounding variables. We conducted analyses on the entire study population, among women who had smoked for at least 20 years, among nondrinkers, and separately for each country. RESULTS: Altogether, 1,240 women were diagnosed with incident, invasive breast cancer. Compared with never smokers, women who smoked for at least 20 years and who smoked 10 cigarettes or more daily had a RR of 1.34 (95% CI, 1.06-1.70). Likewise, those who initiated smoking prior to their first birth (1.27, 1.00-1.62), before menarche (1.39, 1.03-1.87), or before age 15 (1.48, 1.03-2.13) had an increased risk. In contrast, women who had smoked for at least 20 years, but started after their first birth, did not experience an increased breast cancer risk. The increased RR associated with smoking was observed among nondrinkers of alcohol, women with and without a family history of breast cancer, premenopausal and postmenopausal women, and in both countries. CONCLUSION: Our results support the notion that women who start smoking as teenagers and continue to smoke for at least 20 years may increase their breast cancer risk.


Objectives. We describe the prevalence and correlates of cigarette smoking in 2 American Indian tribal groups. Methods. We performed multinomial logistic regression on epidemiological data from a population-based, cross-sectional study of Southwest and Northern Plains American Indians aged 15 to 54 years. Results. We found that 19% of Southwest men, 10% of Southwest women, 49% of Northern Plains men, and 51% of Northern Plains women were current smokers. Male gender and younger age were associated with higher odds of smoking in the Southwest tribe, whereas current or former marriage and having spent less time on a reservation were associated with higher odds of smoking in the Northern Plains population. Alcohol consumption was strongly associated with higher odds of smoking in both groups. Conclusions. Cigarette smoking is a major public health concern among American Indians. Because correlates and smoking patterns vary among different tribal groups, each group's unique characteristics should be considered when designing and implementing comprehensive, culturally appropriate interventions in American Indian communities.


We examined multiple ecological factors (individual, family, peer, school, and community) associated with female adolescent former smokers (FS), current smokers (CS), and never smokers (NS) in a sample of 2029 seventh to twelfth grade girls living in a rural area of Virginia. We were particularly interesting in examining variables related to FS. Compared to CS, FS reported lower levels of delinquency, less coping by taking drugs, less availability of cigarettes, and less alcohol and marijuana use. They also reported less depression, fewer suicidal thoughts, and fewer suicide attempts than CS. FS reported spending more time in community clubs, had higher self-esteem, obtained higher grades, had more parental monitoring, more parent attachment, and more school attachment than CS. Logistical regression analysis predicting current or former smoking status revealed significant effects on coping by taking drugs, alcohol use, depression, grades, parental monitoring, and perceived availability of cigarettes. The findings have implications for smoking intervention programs with adolescent girls in rural areas.


To investigate the possible impact of treatment of alcohol dependence on smoking, we
studied 144 smokers in an alcohol treatment center for whom 6-month data were available. Of those, 18 reported not smoking at 6 months. No significant differences in age, gender, or race were observed between quitters and continuing smokers. Quitters at 6 months were significantly more likely to be low dependent smokers than were continuing smokers and were significantly more likely to report no drinking during the past 28 days at the end of 1 month's treatment (93%) than continuing smokers (62%). These findings suggest that quitting smoking may be associated with low levels of nicotine dependence and favorable alcohol treatment response in alcoholic smokers.


Objective: To examine changes in smoking behaviour among young women over four life stages: leaving home; employment or attending college or university; marriage; and parenthood. Methods: Young women participating in the Australian Longitudinal Study on Women's Health completed postal questionnaires in 1996 and 2000. Results: Unmarried women who moved out of their parents' home between 1996 and 2000 had higher odds of adopting smoking than those who had not lived with their parents at either time (OR 1.8, 95% CI 1.2-2.6). Married women had lower odds of resuming smoking after quitting (OR 0.4, 95% CI 0.2-0.7) than unmarried women. Women who were pregnant in 2000 had higher odds of quitting smoking (OR 3.8, 95% CI 2.5-5.6) and women who were pregnant in 1996 and not in 2000 had higher odds of starting to smoke again (OR 3.2, 95% CI 1.6-6.2) than women who were not pregnant. The odds of being a current smoker or adopting smoking were significantly greater for women who binge drank alcohol or used cannabis and other illicit drugs. Conclusions: Adoption, maintenance and cessation of smoking among young women is strongly related to major life stage transitions, illicit drug use and alcohol consumption. Implications: Life changes such as marriage and actual or contemplated pregnancy provide opportunities for targeted interventions to help women quit smoking and not relapse after having a baby. Legislation to control smoking on licensed premises would reduce the social pressure on women to smoke.


Participants were women (N = 16) living with their children in a residential substance abuse treatment facility. In this within-subjects repeated measures study, a 1-week baseline was followed by a 4-week intervention and a 2-week follow-up (same as the baseline). The intervention consisted of exposure to an educational video and a smoking cessation workbook, brief individual support meetings, and an escalating schedule of voucher-based reinforcement of abstinence. Throughout the study, three daily breath samples (8 a.m., noon, and 4 p.m.) were collected Monday through Friday to determine carbon monoxide (CO) concentration. In addition, urine cotinine (COT) was assessed on Monday mornings to monitor weekend tobacco use. Participants received vouchers of escalating value for CO-negative breath and COT-negative urine samples. Positive samples reset the voucher value. Significantly more negative tests were submitted during the intervention than during baseline and follow-up. The intensive behavioral intervention evaluated in this study produced a substantial reduction in cigarette smoking, and 25% of participants remained abstinent 2 weeks after the intervention was suspended. Nevertheless, the percentage of CO-negative samples submitted during the follow-up returned to baseline levels. While retaining many real-world characteristics, residential treatment facilities provide important opportunities for smoking cessation treatment and research.
Smoking and substance abuse co-occur at high rates and substance abusers are less likely to quit smoking than are smokers in general. Therefore, more information about the beliefs substance abusers have about the role of smoking in substance use and in recovery would be useful when designing interventions to impact smoking among substance abusing patients. The present study developed a Nicotine and Other Substance Interaction Expectancies Questionnaire (NOSIE) to investigate the expectancies held by substance abusers in treatment about the effects of smoking on substance use, the effects of substance use on smoking, smoking to cope with recovery, and receptivity to smoking cessation during substance abuse treatment. The 29 items were Likert-rated by 160 substance dependent patients in an inner-city residential substance abuse treatment program and participating in a larger study of smoking at this site. Four components were derived and reduced to a 20-item measure with good reliability. No differences by gender or age were found. On average, the patients reported that substance use almost always increases their smoking or urges to smoke but that smoking only increased substance use or urges about half of the time, that they use smoking to cope with urges to use substances about half of the time, and that they generally agreed that smoking cessation or treatment should be tried during substance abuse treatment and would not harm recovery efforts. Three of the scales correlated with smoking dependence while one scale correlated with drug use severity and heavy drinking days. The scale of receptivity to smoking cessation correlated significantly with measures of motivation and barriers and predicted 1-month smoking cessation outcomes. However, scale scores on smoking to cope with recovery did not significantly predict 3-month relapse to substance use. Implications for theory and clinical interventions with substance abusers who smoke were discussed.

Biology & Substance Use


BACKGROUND: Cognitive impairments are frequently observed in clients who enter treatment programs for substance abuse. The potential for early recovery of cognitive abilities is suggested by previous research; however, the extent of improvement and risk factors that may help predict individual differences in rates of recovery remain unclear. This study is a 6-week follow-up and retest of an original sample of 197 men and women who had received a broad neuropsychological assessment at addiction treatment entry. The aim was to examine the potential clinical significance of changes in cognitive functioning and the extent to which differential recovery was predictable from client background information. METHODS: Fifteen neuropsychological tests were readministered to 169 of 197 clients 6 weeks after treatment entry. Structural equation modeling was used to estimate separately the practice effects and recovery in four cognitive domains: executive function, memory, information processing speed, and verbal ability. Client background information included age, sex, education, substance use and consequences, psychopathology, medical problems, familial alcoholism history, and childhood behavior problems. RESULTS: A four-factor model of latent neuropsychological ability that was previously identified at treatment entry was replicated at follow-up. Statistically significant increases in the means of the four latent abilities were found. Memory showed a medium effect size improvement. Executive function, verbal ability, and information processing speed, however, showed only small effect size improvements, suggesting limited clinical significance. Substance use between treatment entry and follow-up, antisocial personality disorder, negative use consequences, less education, and medical problems were modestly predictive of less
recovery. CONCLUSION: Cognitive recovery in the first 6 weeks of treatment is possible, but, with the possible exception of memory, improvement may be minor in terms of clinical relevance.


The goals of this study were to measure if chronic active heavy drinking is associated with brain volume loss in non-treatment seeking men and women, and to assess the effect of positive family history of problem drinking on brain structure in heavy drinkers. Automated image processing was used to analyze high-resolution T1-weighted magnetic resonance images from 49 active heavy drinkers and 49 age- and sex-matched light drinkers, yielding gray matter, white matter and cerebrospinal fluid (CSF) volumes within the frontal, temporal, parietal and occipital lobes. Regional brain volume measures were compared as a function of group, sex and their interaction. Within heavy drinkers, volumes were correlated with measures of alcohol consumption and compared as a function of family history of problem drinking. Deformation morphometry explored localized patterns of atrophy associated with heavy drinking or severity of drinking. We found significant gray matter volume losses, but no white matter losses, in active heavy drinkers compared with light drinkers. Women had greater gray matter and smaller white matter and CSF volumes as a percentage of intracranial vault than men. Within heavy drinkers, smaller gray matter volumes were associated with higher current levels of drinking and older age, while a positive family history of problem drinking was associated with smaller CSF volumes. Community-dwelling heavy drinkers who are not in alcoholism treatment have dose-related gray matter volume losses, and family history of problem drinking ameliorates some structural consequences of heavy drinking.


Some, but not all, observational studies have suggested that moderate levels of alcohol intake may be associated with improved cognitive function and reduced risk of cognitive decline and dementia. The authors of this 1996-2002 study used data from the Women's Health Initiative Memory Study of postmenopausal combination hormone therapy to assess cross-sectional and prospective associations of self-reported alcohol intake with cognitive function. Across 39 US academic medical centers, 4,461 community-dwelling women aged 65-79 years were followed an average of 4.2 years with annual Modified Mini-Mental State Examinations and standardized protocols for detecting mild cognitive impairment and probable dementia. Compared with no intake, intake of > or =1 drink per day was associated with higher baseline Modified Mini-Mental State Examination scores (p < 0.001) and a covariate-adjusted odds ratio of 0.40 (95% confidence interval: 0.28, 0.99) for significant declines in cognitive function. Associations with incident probable dementia and mild cognitive impairment were of similar magnitude but were not statistically significant after covariate adjustment. Associations with intakes of <1 drink per day were intermediate. Moderate levels of alcohol intake may be associated with better cognition and reduced risk of significant cognitive decline; however, confounding associations with unmeasured factors cannot be ruled out.


Ethanol withdrawal (EW) produces substantial neurotoxic effects, whereas estrogen is neuroprotective. Given observations that both human and nonhuman female subjects often show less impairment following EW, it is reasonable to hypothesize that estrogens may protect females from the neurotoxic effects of ethanol. This article is based on the assumption that the behavioral deficits seen following EW are produced in part by
neuronal death triggered by oxidative insults produced by EW. The EW leads to activation of protein kinase C, especially PKCepsilon, which subsequently triggers apoptotic downstream events such as phosphorylation of nuclear factor-kappaB (NFkappaB) complex. On phosphorylation, active NFkappaB translocates to the nucleus, binds to DNA, and activates caspases, which trigger DNA fragmentation and apoptosis. In contrast, estrogens are antioxidant, inhibit overexpression of PKCepsilon, and suppress expression of NFkappaB and caspases. Estrogen treatment reduces the behavioral deficits seen during EW and attenuates molecular signals of apoptosis. The effects of ethanol and estrogen on each step in the signaling cascade from ethanol exposure to apoptosis are reviewed, and potential mechanisms by which estrogen could produce neuronal protection against the neurotoxicity produced by EW are identified. These studies serve as a guide for continuing research into the mechanisms of the neuroprotective effects of estrogen during EW and for the development of potential estrogen-based treatments for male and female alcoholics.


The Semi-structured Assessment for Drug Dependence and Alcoholism (SSADDA) is a diagnostic instrument developed for studies of the genetics of substance use and associated disorders. The SSADDA provides more detailed coverage of specific drug use disorders, particularly cocaine and opioid dependence, than existing psychiatric diagnostic instruments. A computerized version of the SSADDA was developed to permit direct entry of subject responses by the interviewer. This study examines the diagnostic reliability of the SSADDA for substance use disorders and for other DSM-IV disorders that are commonly associated with substance use disorders. METHODS:: Two hundred and ninety-three subjects (mean age=39yr, 52.2% women) were interviewed twice over a 2-week period in two sub-studies examining the inter-rater (n=173) or test-retest reliability (n=120) of the SSADDA. The kappa statistic and Yule's Y were used to measure reliability. RESULTS:: The reliability of most substance dependence diagnoses was good to excellent, although the reliability of substance abuse diagnoses was substantially lower. The reliability of the associated psychiatric diagnoses varied from fair to excellent. CONCLUSIONS: The SSADDA yields reliable diagnoses for a variety of psychiatric disorders, including alcohol and drug dependence. Although developed for use in genetic studies, its broad and detailed coverage of disorders and computer-assisted format will allow it to be used in a variety of applications requiring careful diagnostic assessment.


Genetic contributions to the liability to develop alcoholism in males of Northern and Western European ancestry are well-established. However, questions remain concerning the role of genetic variation in the etiology of alcoholism among non-white populations, among women, and the possibility of etiological heterogeneity in subtypes of alcoholism. The answers to these questions are needed to help define phenotypes for molecular genetic studies searching for QTLs for alcoholism. Twins from 295 pairs were consecutively ascertained at inpatient and outpatient psychiatric and alcohol treatment facilities in St. Louis, MO in 1981-1986. Probands and willing cotwins were evaluated by structured psychiatric interviews, psychometric assessment, and lifetime treatment records. One hundred fifty-four probands met criteria for alcohol abuse/dependence (AAD), including twins from 45 MZ, 50 same-sex DZ, and 59 opposite-sex pairs. Twin-pair resemblance was evaluated for AAD and alcohol dependence (AD), as well as for subsets defined by gender, patterns of comorbidity, ethnic background, and clinical features. Among males, heritability of AAD and AD was substantial, with little evidence for common environmental contributions to family resemblance. Pair resemblance
among females was also substantial, but similar for MZ and DZ pairs, yielding near-zero heritability estimates. However, based on these sample sizes, the sex differences were not statistically significant. The results confirm prior studies of strong genetic influences on alcoholism in males, but suggest lower genetic influence in females. Power to test other sources of heterogeneity was limited, but the results suggest no evidence for higher heritability for male early onset alcoholism or for alcoholism with comorbid antisocial personality.

**Miscellaneous**


The effect of acute alcohol use on injury risk is well documented, but the relationship between drinking history and fatal injury has not been adequately studied. The authors performed a case-control analysis to explore the association between drinking history and specific causes of fatal injury. Cases (n=5549) were persons who died from injury, selected from the 1993 National Mortality Followback Survey (NMFS); controls (n=42,698) were a representative sample of the general population, selected from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES). Current drinkers comprised 59% of the cases compared with 44% of the controls. After adjustment for age, sex, race/ethnicity, education, marital status, employment, and drug use, the odds ratio (OR) of dying from drowning for current drinkers was 3.48 (95% confidence interval (CI)=1.94, 6.25), the highest among all causes of injury studied. The lowest adjusted odds ratio associated with current drinking was for falls (OR=1.38; 95% CI=1.05, 1.82). Being a current drinker increased the risk of dying from suicide more for females (OR=4.04; 95% CI=1.64, 9.93) than for males (OR=1.45; 95% CI=1.20, 1.74). The authors conclude that drinking history is associated with a significantly increased risk of all types of fatal injury.


BACKGROUND: Heavy alcohol use is associated with health costs and medical problems. There has been a growing consensus that primary care patients should be screened for alcohol problems. OBJECTIVES: We examined rates at which patients were asked about alcohol or drug use and problems, extending research in this area by using a standardized problem drinking instrument with a large national sample, examining community level variables, and assessing the extent to which patients who were identified received follow-up. SUBJECTS: A subsample of 7371 persons from the 1998 Healthcare for Communities survey who reported visiting a general medical provider (GMP) in the past year. MEASURES: Participants completed questionnaires on demographics, mental and physical health, alcohol, drug use and problems, enrollment in a managed health care plan, whether their medical provider asked about alcohol or drug use, and whether they received advice, counseling, or referral. RESULTS: Being asked about alcohol and drug use was associated with being male, young, highly educated, more health problems, mental health diagnosis, and being classified as a problem drinker. Only 48% of problem drinkers received any follow-up, with most being told to "stop drinking" by their GMP. CONCLUSIONS: Few people are queried about alcohol or drug use when they visit a GMP. When problem use is identified, most patients do not receive appropriate follow-up and aftercare. The quality of primary care could improve if GMPs were educated about providing brief advice/counseling and were given information concerning resources in their community to make appropriate referrals for patients.
Repeated measurements and mixed-effects models were used to analyze the effects of an intensive long-term street-level police intervention on syringe exchange program use. Utilization data for 9 months before and after the beginning of the intervention were analyzed. Use fell across all categories and time periods studied, with significant declines in use among total participants, male participants, and Black participants. Declines in use among Black and male participants were much more pronounced than decreases among White and female participants.

The co-occurrence of attention-deficit hyperactivity disorder (ADHD) and substance use disorders has received considerable attention in recent clinical and scientific investigations. These two disorders are linked to one another in a variety of ways. The core symptoms of ADHD may be mimicked by the effects of psychoactive substance use, making it difficult to diagnose one disorder in the presence of the other. Individuals with ADHD may demonstrate earlier onset of the substance abuse and a pattern of more frequent or intense use. ADHD symptoms were explored as possible antecedents of opioid dependence. A total of 109 adult opioid-dependent, treatment-seeking male and female outpatients were investigated with an extended clinical semistructured interview to collect sociodemographic, drug-related, and clinical data. The results indicate that ADHD alone does not predispose the development of opioid dependence in our sample. Childhood ADHD symptoms may nevertheless be found more frequently related to school performance problems and difficulties in social adaptation, which was identified in more than half of our population. Patients with ADHD history seemed to experience a drug abuse career with more complications which need to be recognized with focused attention in order to start earlier treatment strategies.
useful tool for illustrating the broad range of risk of AUDs associated with exceeding recommendations.

Epstein, J. F., L. L. Hourani, et al. (2004). "Predictors of treatment receipt among adults with a drug use disorder." American Journal of Drug and Alcohol Abuse 30(4): 841-869. This study used data from the 2000 and 2001 National Household Surveys on Drug Abuse to examine factors that contribute to the receipt of specialty substance abuse treatment, which is defined as treatment in rehabilitation facilities, hospitals, or mental health centers designed to help stop or reduce drug use. The population examined was a nationally representative sample of 3291 adults aged 18 or older with a drug use disorder in the past 12 months. Data were collected by computer-assisted interviews using a combination of computer-assisted personal interviews conducted by the interviewer and audio computer-assisted self-interviewing guided by the computer and respondent. Using descriptive analyses and multivariate logistic regression models, this study compared sociodemographic, substance abuse, and psychosocial characteristics of those receiving treatment with those not receiving treatment; it also examined the factors that influenced treatment receipt while controlling for potential confounders. Characteristics significantly contributing to treatment receipt among adults with a drug use disorder included the following: a woman without social support; a high school graduate with no college education; those receiving insurance through Medicaid or a state Children's Health Insurance Program; those on probation, parole, or supervised release in the past year; a daily smoker of cigarettes; those meeting at least three criteria for drug dependence; those having past year dependence on or abuse of alcohol; and those receiving any mental health treatment or counseling in the past year. Adults associated with the criminal justice system had a different pattern of treatment predictors from those who were not involved with the criminal justice system.

Griffin, M. L., M. Amodeo, et al. (2005). "Mediating factors for the long-term effects of parental alcoholism in women: the contribution of other childhood stresses and resources." Am J Addict 14(1): 18-34. The primary aim of this study was to identify the stresses and resources in childhood that mediate the relationship between parental alcoholism and adult outcomes in women. Adult outcomes included alcohol problems and measures of psychosocial adjustment. Standardized measures and a face-to-face interview were used to collect data on 290 community-dwelling women, with siblings as collateral informants. Mediation analysis showed that the effect of parental alcoholism on several adult outcomes was indirect, mediated by the other stresses and resources examined. Contextual models such as those presented here are helpful in understanding the long-term effects of childhood environment on women.