California Women, Children & Families Technical Assistance Project (CalWCF)

Published Research Addressing Women’s Substance Use Disorders
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Children and Family Futures
4940 Irvine Blvd., Ste. 202
Irvine, CA 92620
(714) 505-3525
Fax: (714) 505-3626
www.cffutures.org
Table of Contents

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.

I. GENDER RESPONSIVE SERVICES ACROSS THE CONTINUUM

Gender and Gender Differences.................................................................................. 4
Treatment, Rehabilitation and Recovery – Therapeutic Approaches...................... 5
Trauma and Violence ................................................................................................. 5
Mental Health and Co-occurring Disorders............................................................. 7
Substance Use and Other Health Issues ................................................................. 9

II. SPECIAL POPULATIONS OF WOMEN AND FAMILIES

Cultural Competency, Ethnicity and Race ............................................................... 10
Adolescents, Young Adults and Older Adults......................................................... 10
Incarcerated Women & Criminal Justice Populations.............................................. 12
HIV/AIDS .................................................................................................................. 13

III. PERINATAL AND FAMILY SERVICES

Pregnancy, Prenatal Exposure and Perinatal Services ........................................... 15
Children’s Services and Children of Substance Abusers (COSAs) ....................... 19

IV. PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS

Prevalence, Statistics and Documentation of Need................................................ 22
Health Disparities and Gaps in Health Services ..................................................... 22
I. GENDER RESPONSIVE SERVICES ACROSS THE CONTINUUM

Gender & Gender Differences


This paper examines the impact of three adult roles-spouse, parent, and worker-on psychological distress and drinking among a national sample of 10,193 women in the United States, using the 1992 National Household Survey on Drug Abuse (NHSDA). We found that the spouse and worker roles are negatively associated with the level of psychological distress, and the parent role is positively correlated with it. Controlling for level of psychological distress, those workers generally are more likely to be drinkers, but, among drinkers, they do not consume alcoholic beverages more than non-workers. The family roles do not affect a woman's likelihood of being a drinker. However, among the drinkers, being a spouse or a parent is negatively related with level of alcohol consumption. Separating three aspects of drinking behavior-whether a woman drinks at all and, if she drinks, her levels of alcohol consumption and problem drinking-our findings suggest that drinking is not a unidimensional construct. A woman's roles influence various dimensions of her drinking differently.


This study examined similarities and differences in social support and self-efficacy for abstinence between women and men recovering from substance addiction. The sample consisted of 87 residents of Oxford House (OH) self-run, community-based recovery homes. Analyses revealed similarities between women and men in terms of the composition and utilization of support networks and abstinence self-efficacy. Also, for both sexes, length of residency in OH was significantly related to decreased social support for alcohol and drug use and increased self-efficacy for abstinence. However, multiple-group SEM analyses demonstrated that social support for alcohol/drug use fully mediated the link between length of residency and abstinence self-efficacy for women, but not for men. Findings suggest that the process of gaining self-efficacy to remain abstinent is distinct for women and men, and that social support plays a different role in women's recovery than it does in men's.


This review explores gender differences in relapse and characteristics of relapse events in alcohol and substance use. For alcohol, relapse rates were similar across gender. Although negative mood, childhood sexual abuse, alcohol-related self-efficacy, and poorer coping strategies predicted alcohol relapse, gender did not moderate these effects. Gender did moderate the association between marriage and alcohol relapse. For women, marriage and marital stress were risk factors for alcohol relapse; among men, marriage lowered relapse risk. This gender difference in the role of marriage in relapse may be a result of partner differences in problem drinking. Alcoholic women are more likely to be married to heavy drinking partners than are alcoholic men; thus, alcoholic women may be at risk of relapse by marriage and alcoholic men may be protected by marriage. There are fewer studies documenting gender differences in substance abuse relapse so conclusions are limited and tentative. In contrast to the lack of gender differences in alcohol relapse rates, women appear less likely to experience relapse to substance use, relative to men. Women relapsing to substance use appear to be more sensitive to negative affect and interpersonal problems. Men, in contrast, may be more likely to have positive experiences prior to relapse.


There is extensive research on factors related to substance use treatment retention and completion but less is known about factors related to treatment initiation, particularly for women. This paper examines factors associated with a lifetime history of substance abuse treatment among women with drug abuse or dependence. Baseline interview data, using the Addiction Severity Index (ASI) that obtained during a randomized clinical trial was analyzed comparing women with no history of drug treatment with women with a history at least one drug treatment episode. Of the 153 women, 47.4% had a lifetime history of drug treatment compared to 52.6% who have never enrolled in drug treatment. After multiple logistic regression, craving drugs at least 15 days in the past month, using cocaine at least 15 days in the past month, ASI alcohol composite score, perceived seriousness of legal problems, history of at least 3 pregnancies, and history of physical abuse by a known person, were independently associated with drug treatment. (c) 2005 Elsevier Ltd.

**CONTEXT:** In animals, methamphetamine is known to have a neurotoxic effect on serotonin neurons, which have been implicated in the regulation of mood, anxiety, and aggression. It remains unknown whether methamphetamine damages serotonin neurons in humans. **OBJECTIVE:** To investigate the status of brain serotonin neurons and their possible relationship with clinical characteristics in currently abstinent methamphetamine abusers. **DESIGN:** Case-control analysis. **SETTING:** A hospital research center. **PARTICIPANTS:** Twelve currently abstinent former methamphetamine abusers (5 women and 7 men) and 12 age-, sex-, and education-matched control subjects recruited from the community. **INTERVENTIONS:** The brain regional density of the serotonin transporter, a structural component of serotonin neurons, was estimated using positron emission tomography and trans-1,2,3,5,6,10-beta-hexahydro-6-[4-(methylthio)phenyl]pyrrolo-[2,1-a]isoquinoline ([(11)C](+)McN-5652). Estimates were derived from region-of-interest and statistical parametric mapping methods, followed by within-case analysis using the measures of clinical variables. **MAIN OUTCOME MEASURES:** The duration of methamphetamine use, the magnitude of aggression and depressive symptoms, and changes in serotonin transporter density represented by the [(11)C](+)McN-5652 distribution volume. **RESULTS:** Methamphetamine abusers showed increased levels of aggression compared with controls. Region-of-interest and statistical parametric mapping analyses revealed that the serotonin transporter density in global brain regions (eg, the midbrain, thalamus, caudate, putamen, cerebral cortex, and cerebellum) was significantly lower in methamphetamine abusers than in control subjects, and this reduction was significantly inversely correlated with the duration of methamphetamine use. Furthermore, statistical parametric mapping analyses indicated that the density in the orbitofrontal, temporal, and anterior cingulate areas was closely associated with the magnitude of aggression in methamphetamine abusers. **CONCLUSIONS:** Protracted abuse of methamphetamine may reduce the density of the serotonin transporter in the brain, leading to elevated aggression, even in currently abstinent abusers.


This study examined program factors related to women's substance abuse treatment outcomes. Although substance abuse research is traditionally focused on men, some more recent studies target women. A systematic review of 35 empirical studies that included solely women subjects or that analyzed female subjects separately from male subjects revealed five elements related to women's substance abuse treatment effectiveness; these are (1) single-versus mixed-sex programs, (2) treatment intensity, (3) provision for child care, (4) case management and the "one-stop shopping" model, and (5) supportive staff plus the offering of individual counseling. Although all 35 studies contribute to the knowledge base, critiques of six areas of design weakness in the studies were included to provide directions for future studies; these are (1) lack of a randomized controlled design, (2) nondisentanglement of multiple conditions, (3) lack of a consistent definition for treatment factors and outcomes, (4) small sample size, (5) lack of thorough program description, and (6) lack of thorough statistical analyses. (c) 2006 Elsevier Inc. All rights reserved.


**Objective:** This study assessed the effect of cognitive-behavioral therapy on a range of problems associated with complex trauma in a sample of women with comorbid substance use disorders and posttraumatic stress disorder (PTSD). **Methods:** A total of 107 women with current or subthreshold PTSD and a current substance use disorder from an urban, low-income area were recruited from both community and clinical populations. Participants were recruited between 1997 and 2000. A quasi-experimental design was used, and participants who received cognitive-behavioral therapy (N=75) were compared with those in a control group who received no active study treatment (N=32). All participants were given the same list of community treatment resources and told that they could pursue services while participating in the study if they wished. **Results:** At the end of treatment (three months post-baseline), compared with participants in the control group, those in the active treatment group showed significant reductions in symptoms of PTSD and alcohol use disorders, with a trend toward reductions in symptoms of drug use disorders. No significant differences were found between the groups on depression, dissociation, and social and sexual functioning outcomes. **Conclusions:** These findings
underscore the challenge and necessity of addressing the unique and wide-ranging needs of women with substance use disorder who have been exposed to early and multiple interpersonal traumas.


Posttraumatic stress disorder (PTSD) is common among victims of intimate partner violence (IPV) as is comorbid depression. Comorbid depression may exacerbate PTSD severity and chronicity. This study sampled female IPV victims from an urban emergency department to assess the relationship between PTSD symptomatology in the previous 12 months and current depressive symptomatology and to evaluate independent predictors of PTSD symptomatology. Half of respondents had symptoms consistent with PTSD. Those with PTSD symptomatology had significantly higher mean total depression scores and mean scores on 3 of 4 depression subscales than those without PTSD. Depressive symptomatology, being married, sexual IPV, severity of physical IPV, and partner's consumption of 5 or more alcoholic drinks per occasion at least once a month independently predicted PTSD symptomatology. Our findings underscore the important roles these factors play in IPV-related PTSD and the need for prompt identification and intervention of those at risk.

Partner Violence


This study examined gender-specific correlates of past 6-month physical assault victimization among 468 men and 229 women at-risk drinkers recruited from both urban and rural settings. Both alcohol dependence and depression were associated with physical assault, but there were differences for women and men in the pattern of significant correlates. Specifically, for women the presence of alcohol dependence, depression or their comorbidity all were associated with physical assault. For men, depression by itself was not associated with physical assault, but alcohol dependence and especially alcohol dependence comorbid with depression were significant predictors. Further, there were stronger relationships between demographics and physical assault for men. The results have implications regarding identification of risk factors for physical assault victimization among at-risk drinkers. Overall, the results of this study suggest that screening and prevention interventions for physical assault among at-risk drinkers should target both alcohol use disorders and depression.


Background: Many medical settings have conducted screenings for domestic violence, but no study has assessed the prevalence and frequency of intimate partner violence (IPV) within the acute psychiatric inpatient population. Method: This descriptive, cross-sectional study was conducted in adult inpatient acute care units at a psychiatric hospital. Participants completed questionnaire-based assessments of recent and lifetime history of IPV, family functioning, and alcohol use. Recruited patients were aged between 18 and 65 years, were English-fluent and literate, had suicidal ideation, and had been living with an intimate partner for at least the past 6 months. Acutely psychotic patients and patients who were too agitated to complete the questionnaires were excluded. 110 patients completed the assessments. Interpersonal violence was assessed using the Revised Conflict Tactics Scale (CTS2), family functioning was measured using the Family Assessment Device, and alcohol use was assessed with the Alcohol Use Disorders Identification Test. Data were gathered from August 2004 through February 2005. Results: Over 90% of suicidal inpatients reported IPV perpetration and victimization in their relationships in the past year, with the overwhelming majority reporting severe IPV. Male and female patients did not differ significantly on any CTS2 violence perpetration or victimization subscale (all p values >.05). Poor family functioning predicted physical violence victimization in both male and female suicidal inpatients, even after controlling for alcohol use and demographic characteristics. Conclusion: Psychiatric inpatients with suicidal ideation or intent would benefit from screening for IPV. Information about IPV and treatment options should be made available to psychiatric inpatients with suicidal intent. Attention to the family functioning of these patients is recommended.


This study examines the positive aspects of intimate relationships perceived by drug-involved women victims
of intimate partner violence (IPV). The article examines the association of psychological distress, childhood abuse, and severity of IPV with the different positive aspects the women indicated. Most analyses were conducted on a subsample of 149 women in methadone maintenance treatment who intended to continue their relationship with their abusive partner. The women most frequently valued fulfillment of the role of an intimate partner such as “he takes care of me, loves me, makes me laugh” (29.7%). Fewer than one tenth of the women valued their partners’ role as economic provider; however, these women reported more physical IPV. Women intending to continue the relationship (more than two thirds of the participants) reported less physical or sexual IPV and experienced less psychological distress. Policy and practice implications are discussed.

This study examined the prevalence of psychopathology among women arrested for violence and whether the experience of intimate partner violence (IPV) was associated with Axis I psychopathology. Women who were arrested for domestic violence perpetration and court referred to violence intervention programs (N= 103) completed measures of IPV victimization, perpetration, and psychopathology. Results revealed high rates of posttraumatic stress disorder (PTSD), depression, generalized anxiety disorder (GAD), panic disorder, substance use disorders, borderline personality disorder, and antisocial personality disorder. Violence victimization was significantly associated with symptoms of psychopathology. Logistic regression analyses showed that sexual and psychological abuse by partners were associated with the presence of PTSD, depression, and GAD diagnoses. Results highlight the potential importance of the role of violence victimization in psychopathology. Results suggest that Axis I and Axis II psychopathology should routinely be assessed as part of violence intervention programs for women and that intervention programs could be improved by offering adjunct or integrated mental health treatment.

Alcohol use increases the risk of intimate partner violence (IPV), yet little research has examined its role in victimization outcomes (e.g., physical injury, police reporting). This study examined the roles of perpetrator and victim incident-specific alcohol use in IPV outcomes. The sample included 501 men and 1,756 women who had experienced an IPV physical assault. Logistic regression analyses showed that after controlling for relevant covariates, women whose partners had been drinking were significantly more likely to be injured than were women whose partners had not been drinking. A woman's own alcohol use was unrelated to victimization outcomes. Men were significantly more likely to report the incident if their partners had been drinking but were marginally less likely to report if they had been drinking. Findings suggest that perpetrators' incident-specific alcohol use is important in understanding which victims are most likely to be injured and report the incident to the police.

Mental Health and Co-occurring Disorders

Suicide
Background Problems relating to alcohol use are very common among deliberate self-harm (DSH) patients, and alcohol abuse increases the risk of both DSH and suicide. In the UK, per capita consumption of alcohol has risen by 50% since 1970. The proportion of women (but not men) drinking in excess of government-recommended limits has also increased. We investigate trends, by gender and age group, in alcohol problems and usage among DSH patients. Method Data collected by the Oxford Monitoring System for Attempted Suicide were used to examine trends in alcohol disorders and alcohol consumption shortly before, or at, the time of self-harm by patients aged 15 years or over between 1989 and 2002. Results Data were available on 10,414 patients who were involved in 17,511 episodes of DSH. The annual numbers of both male and female DSH patients rose progressively over the study period. Although rates of alcohol disorders and consumption remained higher in males than females, substantial increases were seen in females of all ages in rates of alcohol problems, excessive drinking and consumption of alcohol within 6 h of DSH and as part of the act of DSH. Rates for males largely remained unchanged. Conclusions There has been a significant increase in excessive drinking and consumption of alcohol around the time of DSH by females but not males. These changes may relate to increases in the affordability and availability of alcohol and to social changes in drinking patterns. They have implications for services for DSH patients and may have an impact on future patterns of suicidal behaviour.
Depression/Anxiety/Bipolar//Other Mood Disorders


OBJECTIVE: To examine the association of alcohol consumption with symptoms, illness course, and health care utilization among non-alcoholic patients with bipolar disorder. METHOD: Subjects were 148 patients with bipolar I or II disorder enrolled in a longitudinal study of cognitive-behavioral therapy versus psychoeducation. Subjects were 18 to 60 years old, in full or partial remission, and non-heavy drinkers with no history of substance use disorders. At least 4 weeks of consistent naturalistic treatment with mood stabilizer was required for enrollment. Measures included the Structured Clinical Interview for DSM-IV, the Hamilton Rating Scale for Depression, the Clinician-Administered Rating Scale for Mania, and the Khavari Alcohol Test. Data were gathered from July 2002 to December 2004. RESULTS: Mean weekly alcoholic beverage consumption was minimal among both men (3.8 standard drinks, SD = 8.9) and women (1.2 standard drinks, SD = 1.9). Nonetheless, total alcohol consumption among men was associated with lifetime manic episodes (F = 10.2, df = 1, p = .003) and emergency department visits (F = 4.3, df = 1, p = .046). Spirits consumption among men was strongly associated with lifetime manic episodes (F = 81.8, df = 1, p < .001) and emergency department visits (F = 14.0, df = 1, p < .001). Among women, the frequency of alcohol consumption was associated with lifetime episodes of depression (F = 15.5, df = 1, p < .001) and hypomania (F = 4.8, df = 1, p < .03). Wine consumption among women was associated with lifetime hypomanic episodes (F = 13.6, df = 1, p < .001) and current manic symptoms (F = 4.0, df = 1, p < .05). CONCLUSION: Despite low volumes of consumption, alcohol was associated with measures of illness severity in bipolar disorder among both men and women.


Abnormalities in the hypothalamic-pituitary-adrenal (HPA) axis are well documented in men using illicit drugs and/or infected with HIV; however, less is known about HPA function, or the health consequence of HPA dysfunction, in their female counterparts. People with depression exhibit hypercortisolemia, and depression is common in people with HIV or substance use problems. The current study investigated cortisol secretion in 209 demographically matched men and women, stratified by their HIV and drug use status. Self-reported depressive symptoms were evaluated using a standardized, validated questionnaire (CES-D). Women reported more depressive symptoms than men (p=.01). Male and female drug users exhibited higher cortisol concentrations (p=.03), and were more likely to report depressive symptoms (p=.04), than non-users. Depression was related to elevated cortisol concentrations for the study population (p=.03), and women with elevated cortisol concentrations were significantly more depressed than all other participants (p=.05). While it is unknown whether high cortisol concentrations precede depressive symptoms or vice versa, these data indicate that higher cortisol concentrations are associated with depressive symptoms in heroin and cocaine users, and that this association is more pronounced in women than men. HIV status did not act in an additive or synergistic way with drug use for either cortisol or CES-D measures in the current study. Unique therapies to treat the endocrine and mental health consequences of illicit drug use in men and women deserve consideration as depressive symptoms, and high cortisol concentrations associated with depressive symptoms, differ by gender.

Eating Disorders


OBJECTIVE: The current study examined risk factors in women with binge eating disorder (BED) who began binging before dieting (binge-first [BF]) compared with women with BED who began dieting before binging (diet-first [DF]). It further aimed to replicate findings regarding eating disorder and general psychopathology among BF versus DF subtypes. METHOD: One hundred fifty-five women with BED completed the Oxford Risk Factor Interview to retrospectively assess risk factors occurring before eating disturbance onset. Clinical interview assessed eating disorder and general psychopathology. RESULTS: Overall, no significant differences in risk factors emerged between the groups. The BF group had a significantly earlier onset of BED than the DF group. In contradistinction to previous studies, the DF group endorsed more eating disorder psychopathology and lifetime diagnosis of any substance use disorder. CONCLUSION: Limited support was seen for different risk factors in BF versus DF women, suggesting similar etiologic pathways in both subtypes.
OBJECTIVES: To examine associations between discrete eating disordered behaviors as well as clusters of eating disordered behaviors in relation to the use and abuse of a wide spectrum of substance classes, both licit and illicit, in a female university sample. METHODS: Women with particular types of eating disordered behaviors were selected from a pool of 526 students who completed the Women's Health Survey. Analyses compared the frequencies of lifetime engagement in a wide range of licit and illicit substances between each of the eating disorder groups and the normal control group. RESULTS: Associations were found between severe levels of alcohol consumption and binge eating, dieting with purging and the use of central nervous stimulants, and bingeing with dieting and tobacco use and the abuse of prescription medications. CONCLUSION: Examining a broad range of substance classes, with differing physiological properties and effects, in relation to specific disordered eating behaviors, could contribute to theory development regarding the functions of the specific co-occurring behaviors.

Other Miscellaneous Co-Occurring

Curtis, S., A. Copeland, et al. (2006). "The ecological relationship between deprivation, social isolation and rates of hospital admission for acute psychiatric care: a comparison of London and New York City." Health Place 12(1): 19-37. We report on comparative analyses of small area variation in rates of acute hospital admissions for psychiatric conditions in Greater London around the year 1998 and in New York City (NYC) in 2000. Based on a theoretical model of the factors likely to influence psychiatric admission rates, and using data from the most recent population censuses and other sources, we examine the association with area indicators designed to measure access to hospital beds, socio-economic deprivation, social fragmentation and ethnic/racial composition. We report results on admissions for men and women aged 15-64 for all psychiatric conditions (excluding self-harm), drug-related substance abuse/addiction, schizophrenia and affective disorders. The units of analysis in NYC were 165 five-digit Zip Code Areas and, in London, 760 electoral wards as defined in 1998. The analysis controls for age and sex composition and, as a proxy for access to care, spatial proximity to hospitals with psychiatric beds. Poisson regression modeling incorporating random effects was used to control for both overdispersion in the counts of admissions and for the effects of spatial autocorrelation. The results for NYC and London showed that local admission rates for all types of condition were positively and significantly associated with deprivation and the association is independent of demographic composition or 'access' to beds. In NYC, social fragmentation showed a significant association with admissions for schizophrenia and for drug dependency among females. Racial minority concentration was significantly and positively associated with admissions for schizophrenia. In London, social fragmentation was associated positively with admissions for men and women due to schizophrenia and affective disorders. The variable measuring racial/ethnic minority concentration for London wards showed a negative association with admission rates for drug dependency and for affective disorders. We discuss the interpretation of these results and the issues they raise in terms of the potential and limitations of international comparison.

Substance Use and Other Health Issues

Felde, A.B., Westermeyer, J. & Thuras. P. (2006). Co-morbid traumatic brain injury and substance use disorder: childhood predictors and adult correlates. Brain Inj. 20(1):41-9. PRIMARY OBJECTIVE: To examine demographic factors, childhood experiences and behaviour problems and adult psychopathology associated with a history of adult traumatic brain injury (TBI) with unconsciousness in patients with substance use disorders (SUD). DESIGN AND METHODS: Voluntary patients (n = 550) undergoing treatment for SUD were compared for clinical and demographic variables based on report of TBI. RESULTS: Among the 218 (40%) patients reporting TBI, 61% were men. Childhood conduct problems and loss of a parent were strongly associated with adult TBI. Patients with TBI had more severe SUD and higher rates of depressive and anxiety symptoms, somatic concerns, physical trauma, attempted suicide and Antisocial Personality Disorder. CONCLUSIONS: Men have a higher rate of TBI than women, but women with SUD have an increased relative risk of TBI compared to women in the general population. Childhood conduct problems and loss of a parent in childhood may predict adult risk-taking behaviour that leads to TBI in patients with SUD. TBI is associated with higher rates of psychopathology in patients with SUD.

sources, and methods Systematic review of relevant studies without language restrictions identified through Medline, Embase, PsycINFO, Cochrane Library, SCISEARCH, conference papers, and bibliographies of retrieved primary and review articles. Two reviewers independently extracted data on study characteristics, quality, and results. Exposure to risk factors was compared between women with and without pelvic pain. Results were pooled within subgroups defined by type of pain and risk factors. RESULTS: There were 122 studies (in 111 articles) of which 63 (in 64 286 women) evaluated 54 risk factors for dysmenorrhoea, 19 (in 18 601 women) evaluated 14 risk factors for dyspareunia, and 40 (in 12 040 women) evaluated 48 factors for non-cyclical pelvic pain. Age <30 years, low body mass index, smoking, earlier menarche (<12 years), longer cycles, heavy menstrual flow, nulliparity, premenstrual syndrome, sterilisation, clinically suspected pelvic inflammatory disease, sexual abuse, and psychological symptoms were associated with dysmenorrhoea. Younger age at first childbirth, exercise, and oral contraceptives were negatively associated with dysmenorrhoea. Menopause, pelvic inflammatory disease, sexual abuse, anxiety, and depression were associated with dyspareunia. Drug or alcohol abuse, miscarriage, heavy menstrual flow, pelvic inflammatory disease, previous caesarean section, pelvic pathology, abuse, and psychological comorbidity were associated with an increased risk of non-cyclical pelvic pain. CONCLUSION: Several gynaecological and psychosocial factors are strongly associated with chronic pelvic pain. Randomised controlled trials of interventions targeting these potentially modifiable factors are needed to assess their clinical relevance in chronic pelvic pain.


Researchers have recently become aware of the importance of including women in research, including drug abuse research. With this increased awareness has come an increased scientific interest in the potential influence of menstrual cycle phase on responses to drugs. In this review, we discuss recent studies that have examined subjective and physiological responses to drugs of abuse in relation to menstrual cycle phase. With most of the drugs reviewed, including alcohol, benzodiazepines, caffeine, marijuana, nicotine and opioids, responses to the drugs were not different were inconsistent across cycle phases. However, with psychomotor stimulant drugs, such as amphetamine and cocaine, responses to the drugs were greater during the follicular, compared to the luteal, phase of the cycle. These findings suggest that, consistent with certain pre-clinical findings, circulating levels of ovarian hormones influence the central effects of stimulant drugs in women. With other drugs, the evidence to date suggests that ovarian hormones have modest, if any, effects on responses to abused drugs. We discuss methodological issues relating to inclusion of women with regular menstrual cycles.

II. SPECIAL POPULATIONS OF WOMEN AND FAMILIES

Cultural Competency, Ethnicity and Race

See additional articles in Pregnancy and Family Issues.

American Indians


Objective: The detrimental effects of alcohol misuse an dependence are well documented as an important public-health issue among American Indian adults. This preponderance of problem-centered research, however, has eclipsed some important resilience factors associated with life course patterns of American Indian alcohol use. In this study, we investigate the influence of enculturation, and each of the three component dimensions (traditional practices, traditional spirituality, and cultural identity) to provide a stringent evaluation of the specific mechanisms through which traditional culture affects alcohol cessation among American Indians. Method: These data were collected as part of a 3-year lagged sequential study currently underway on four American Indian reservations in the upper Midwest and five Canadian First Nation reserves. The sample consisted of 980 Native American adults, with 71% women and 29% men who are parents or guardians of youth ages 10-12 years old. Logistic regression was used to assess the unique contribution of the indicators of alcohol cessation. Excluding adults who had no lifetime alcohol use, the total sample size for present analysis is 732 adult respondents. Results: The findings show that older adults, women, and married adults were more likely to have quit using alcohol. When we examined the individual components of enculturation, two of the three components (participation in traditional activities and traditional spirituality) had significantly positive effects on alcohol cessation. Conclusions: Although our findings provide
empirical evidence that traditional practices and traditional spirituality play an important role in alcohol cessation, the data are cross-sectional and therefore do not indicate direction of effects. Longitudinal studies are warranted, in light of the work that concludes that cultural/spiritual issues may be more important in maintaining sobriety once it is established rather than initiating it.

Adolescents, Young Adults and Older Adults

Adolescents


This paper presents lifetime and 12-month prevalence rates and comorbidity data for substance abuse disorders among homeless and runaway adolescents. Data are from baseline interviews of a longitudinal diagnostic study of 428 (187 males and 241 females) homeless and runaway adolescents aged 16 to 19 years (mean age = 17.4 year, SD = 1.05). The data were collected by full-time interviewers on the streets and in shelters in eight Midwestern cities of various populations. About two thirds (60.5%) of the runaways met lifetime criteria for at least one of three substance disorders (alcohol abuse, alcohol dependence, drug abuse), and nearly one half (48.1%) met 12-month criteria for at least one of the disorders. Nearly all of the adolescents (93%) who met criteria for a substance disorder met criteria for at least one other mental disorder. Those factors most predictive of meeting lifetime criteria include parenting practices, experience of abuse, and association with deviant peers.


PURPOSE: Analyses were conducted to identify personality, attitudinal and behavioral correlates of binge drinking and smoking among adolescent girls and young women, a population whose substance use attitudes and behaviors have received only limited attention in the literature. METHODS: A nationally representative sample of girls and young women (n = 929) from three age cohorts completed a telephone interview assessing various personality, attitudinal, and behavioral characteristics. Respondents were categorized into four groups based on self-reported binge drinking and smoking (binge drinker/nonsmoker, smoker/non-binge drinker, binge drinker/smoker, or non-binge drinker/nonsmoker) and were assessed on a number of variables, including self-monitoring, depressive symptoms, coping style, religiosity/spirituality, popularity, dieting behavior, and smoking- and alcohol-related expectations. Univariate and multiple regression analyses were conducted to identify characteristics that best describe each of these types of substance users. RESULTS: Risk profiles varied across the groups. Girls and young women who binge drank but did not smoke were more likely to be high self-monitors, to engage in disordered dieting, and to believe drinking provided an excuse to act with less inhibition. Those who smoked but did not binge drink were more likely to report depressive symptoms. Those who binge drank and smoked were more likely to be popular and to report depressive symptoms. Certain forms of avoidant coping and low religiosity were associated with all three types of substance use. CONCLUSION: Understanding the risk profiles of girls and young women who engage in specific forms of substance use can facilitate the identification of those at risk and the development of more targeted and effective prevention programs and interventions.


Research regarding prevention strategies for Hispanic youth stress the importance of family interventions because of the particular importance of family as a protective factor within the Hispanic community. Starting in 1995, the Center for Substance Abuse Prevention conducted the National Cross-Site Evaluation of High Risk Youth Programs, a 5-year drug and alcohol prevention study with a sample of approximately 10,500 youth, including nearly 3,000 Hispanic youth. Youth were surveyed regarding their alcohol use patterns and risk and protective factors, with several measures of family relationships, including family connectedness, family supervision, and parental attitudes toward their child's alcohol use. Analyses indicate that family factors are highly linked to alcohol use among Hispanics, particularly among Hispanic females. Longitudinal growth curve analyses indicate that improving the connections that young Hispanic females have to their parents can have positive long-term effects on delaying or reducing their alcohol use.


OBJECTIVES: This study aimed to compare 1,442 women with distinct developmental trajectories of smoking from ages 13-23 on important young adult outcomes at age 29 (e.g., education, income, mental and physical health, arrest history, drug and alcohol abuse), as well as early transitions to sexual intercourse, parenthood,
and marriage. METHODS: Women were classified as Abstainers or into 1 of 5 trajectory classes for which they had the highest probability of membership: Stable Highs, Early Increasers, Late Increasers, Triers, and Decreasers. Regression analysis was used to model outcomes as a function of trajectory class membership. RESULTS: Abstainers and Triers generally had more favorable outcomes than Stable Highs and Early Increasers. Decreasers were more likely to graduate from college than Stable Highs and Early Increasers and had a lower arrest rate than Stable Highs. Women who increased their smoking from initial low levels (Late Increasers) generally had poorer young adult outcomes compared to Triers and Abstainers, but lower risk for early sex and early parenthood compared to Stable Highs and Early Increasers. CONCLUSIONS: Women with certain patterns of smoking from age 13-23 are at heightened risk for early transitions to sexual activity and parenthood, as well as health, behavioral, and socioeconomic problems during young adulthood.

Older Adults


Objective: The purpose of this study was to evaluate evidence of orderly symptom progression in alcohol use disorders (disease progression model). Method: A sample of community residing older problem drinkers provided information about their life history of drinking, including the age at which they had experienced alcohol related symptoms that correspond to criteria for alcohol abuse and dependence. Symptom sets and possible sequences were formulated separately for women and men, based on the average number of years from drinking initiation to symptom onset and on symptom prevalence. We assessed how well the ordering of symptoms experienced by individual respondents matched the sequences derived with these group level measures; we also assessed whether individuals progress from alcohol abuse to dependence as is implied in some conceptualizations of alcohol use disorders. Results: Half or more of these older adults experienced symptom onset in an order that was inconsistent with the possible symptom sequences derived from group level analysis (e.g., reversals from the expected order or concurrent onset of symptoms expected to occur sequentially). Similarly, alcohol abuse did not appear to be a precursor to the development of alcohol dependence in individual patterns of symptom onset. Conclusions: Although group level results based on the number of years from drinking initiation to symptom onset or on symptom prevalence may seem to point to orderly progression in the development of alcohol related symptoms, these group level results do not capture individual experiences very well. In this community residing sample of problem drinkers, most of whom had never sought treatment, there was marked variability in the course of symptom development, which raises questions about the utility of a disease progression model. (J Stud. Alcohol 66: 756 765, 2005)

Incarcerated Women & Criminal Justice Populations


The purpose of this study was to examine differences between men and women entering prison-based therapeutic community (TC) treatment and to explore the relationship of those differences to posttreatment Outcomes (i.e., aftercare participation and reincarceration rates). Extensive treatment-intake interview data for 4,386 women and 4,164 men from 16 prison-based TCs Ill California were compared using chi-square analyses and t-tests. Logistic regression analyses were then conducted separately for men and women to identify gender-specific factors associated with post-treatment Outcomes. Prison intake data and treatment participation data come from a 5-year process and Outcome evaluation of the California Department of Corrections’ (CDC) Prison Treatment Expansion Initiative. The return-to-custody data came from the CDC's Offender Based Information System. Bivariate results showed that women were at a substantial disadvantage compared with their male counterparts with regard to histories of employment, substance abuse, psychological functioning, and sexual and physical abuse prior to incarceration. In contrast, men had more serious criminal justice involvement than women prior to incarceration. After controlling for these and other factors related to Outcomes, regression findings showed that there were both similarities and differences with regard to gender-specific predictors of posttreatment outcomes. Time in treatment and motivation for treatment were similar predictors of aftercare participation for men and women. Psychological impairment was the strongest predictor of recidivism for both men and women. Substantial differences in background characteristics and the limited number of predictors related to posttreatment outcomes for women suggests the plausibility of gender-specific paths in the recovery process.


This study compared sex differences in theoretically relevant cognitive-behavioral treatment concepts in a
sample of 1,189 male and 300 female offenders participating in a prison-based substance abuse treatment program. Multivariate analysis of variance was used to examine the differences between men and women in the areas of motivation, self-efficacy, and coping styles. The results show that the women reported a greater recognition of having a substance use problem, less self-efficacy to remain abstinent in high-risk situations, and greater reliance on the coping strategies of seeking support, accepting responsibility, and escaping as compared with the men. The recognition of potential sex differences in the context of a theoretically driven treatment for substance users is discussed.


When applied to the study of changes in an individual's offending, general strain theory posits that individuals will be more likely to offend during periods of high strain. Using 36 months of retrospective data collected from female inmates, we explore the relationship between intra-individual changes in strain and changes in offending and drug use. We also examine how different dimensions of strain-recent composite strain, duration, clustering and accumulation, contribute to the explanation of offending. We find that changes in strain are associated with changes in violence, drug use, and property crime and that these relationships remain after the addition of control variables. Moreover, the strain-crime relationship holds when the correct causal order is specified. When modeling offending, taking various dimensions of strain into account does increase the amount of variation explained for some outcomes, but other dimensions are highly correlated. We conclude that conceptualizing the interaction between strain and crime as a dynamic process is constructive and that general strain theory will be improved if criminologists move beyond static conceptions of strain.

HIV/AIDS


Background  The evidence that drug treatment programs are associated with changes in sexual behavior and, thus, have prevention benefits beyond addiction is inconclusive. We examined whether entry into drug treatment was associated with subsequent alterations in sexual behavior among a group of drug-using women. Methods  Data were collected semiannually via structured interviews over 8 years. Generalized estimating equations evaluated the relationship between self-reported drug treatment at each visit and sexual abstinence and consistent condom use in the subsequent 6-month period. Results  In this sample (N = 1,658; mean age, 37.3 years; 57.5% African American; 80.3% HIV positive; 49.6% crack/cocaine users), 40% reported being in a variety of drug treatment programs. Those undergoing drug treatment (vs. those not) were less likely to become sexually active (adjusted odds ratio [AOR], 0.83; 95% confidence interval [CI], 0.76-0.91); this association was unchanged when the frequency of attendance and number of different drug treatment programs were evaluated. Drug treatment was not associated with subsequent consistent condom, regardless of frequency of attendance, but involvement in at least three treatment programs was (AOR, 1.40; 95% CI, 1.00-1.97). Conclusions: Additional efforts are needed to integrate effective sexual risk reduction programs into drug treatment settings; expanding access to different types of drug treatment modalities may be indicated.


Substance abuse increases the risks for infections and impairs medication adherence among HIV/AIDS patients. However, little is known about the characteristics of substance abuse and its impact on medication adherence among HIV-positive women with a history of child sexual abuse (CSA). In the present study, 148 HIV-positive women with a history of CSA completed a structured interview assessing CSA severity, psychological status, substance abuse, medication adherence, and sexual decision-making. Severity of CSA was significantly associated with substance use but not with adherence. Participants who had used hard drugs and who had lower self-esteem and adherence self-efficacy reported significantly lower levels of adherence. Additional research on how CSA experiences impact health behaviors is needed to help develop culturally congruent interventions to reduce risk behaviors and facilitate better medication adherence for this vulnerable population.


The number of women aged 45 years and older infected with the HIV virus continues to increase. This study
sought to identify, from the voices of midlife and older women living with HIV, the factors in their lives that put them at risk for HIV, so as to improve HIV-prevention efforts for women of this age group. In this qualitative study, we conducted in-depth interviews with 24 HIV-positive women, aged 45 to 71 years, regarding their exposure to HIV. From these narratives, we identified five individual factors or themes that put women at risk for HIV: drug and alcohol abuse; not knowing the HIV-risk histories of male sexual partners; mental health issues, including physical or sexual abuse and life crises; taking risks for the sake of relationships; and lack of HIV-prevention information. These individual factors and sociocultural factors related to gender, age, and race and ethnicity were organized into a model of HIV-risk factors for midlife and older women. This model identifies themes to be addressed in HIV-prevention policy, practice, and research in order to reduce the number of new cases of HIV infection among midlife and older women.


BACKGROUND: Young multiethnic college women (YMCW) are at risk for STDs and HIV secondary to high-risk sexual behaviors that are related to developmental issues such as invincibility, low perceived risk, and substance use. METHOD: One hundred YMCW on a southern California university campus completed surveys that examined variables that impacted their sexual risk. RESULTS: The study yielded many significantly correlated variables. Women with low perceived risk, lower use of drugs and alcohol, and who had parental involvement had lower sexual behavior risk. Women that were sexually assertive, had intentions to use condoms, and did not use substances used condoms more often. Older students in advanced grades who had steady partners used substances less and had decreased sexual risk, however, they experienced partner resistance to condoms, which canceled out any reduced risk. In a multiple regression analysis, condom use intention and substance use predicted condom use, perceived risk and substance use predicted sexual behavior risk. White women had significantly higher substance use, perceived sexual risk, and sexual behavior risk than did Latinas and African Americans. CONCLUSIONS: Despite their assertiveness and intentions, many participants had multiple sexual partners, and 64% of the YMCW were inconsistent condom users. Despite knowing the elevated risks, 52% used drugs and alcohol during sex. Negative attitudes (61%) about condoms were also demonstrated as a key factor in the lack of condom use.


Objective: To assess the impact of street drug use and HIV infection on reproductive hormones in 82 women aged 28 - 56 and 15 HIV-uninfected, regularly cycling premenopausal historical controls. Methods: Prospective, pilot cohort study. Baseline blood samples were assayed for follicle-stimulating hormone (FSH), human chorionic gonadotropin (hCG), prolactin (PRL), thyroid-stimulating hormone (TSH), and estradiol (E-2). Menopausal status was defined as premenopause: age < 40, not amenorrheic; perimenopause: age < 40, not amenorrheic; menopause: age >= 40, with >= 12 months' amenorrhea. Kruskal-Wallis testing was used to compare groups of women sorted by menopausal status and separated by drug use and HIV serostatus. Controls were regularly cycling premenopausal women. Results: Thirty-eight of the 82 women (46%) reported substance abuse, and 47 of the 82 (57%) were HIV infected. TSH did not differ by HIV serostatus or drug use. PRL was elevated in drug users compared with nonusers and healthy volunteers (10.3, 5.9 vs. 6.2 ng/ml, respectively, p = 0.002), with no effect of HIV serostatus. FSH was reduced in each menstrual category related to drug use and in postmenopausal women associated with positive HIV serostatus. Highly active antiretroviral therapy (HAART) use was not related to PRL or E2 but was associated with higher FSH. FSH was greater in cohort participants compared with controls. Conclusions: Drug use, not HIV, relates to increased PRL. Both drug use and HIV infection are associated with decreased FSH. Women in this socioeconomic stratum at high risk for HIV may be at risk for early menopause. Increased PRL may falsely reduce FSH, necessitating a more careful hormonal characterization of menopausal status in this sample of women.


To study the relationship of HIV infection and drug use with the onset of natural menopause. Our analyses used the World Health Organization's definition of menopause (i.e., the date of the last menstrual period is confirmed after 12 months of amenorrhea) and baseline data from a prospective study. Semiannual interviews were conducted. Levels of HIV antibody and CD4^sup +^ cell counts were obtained. Menopause was identified at baseline or during 12 months of follow-up. Women ingesting reproductive hormones were excluded. Logistic regression analyses were used to assess factors associated with menopause. Of 571 women, 53% were HIV infected, and 52% had used heroin or cocaine in the previous 5 years. The median age was 43 years (interquartile range [IQR], 40-46 years); 48.9% of the women were black, 40.4% were
Hispanic, and 10.7% were white. The median body mass index was 29.1 kg/m^2, and 90.4% of participants were current or former cigarette smokers. Menopause was identified in 102 women: 62 HIV-infected women (median age, 46 years; interquartile range [IQR], 39-49 years) and 40 uninfected women (median age, 47 years; IQR, 44.5-48 years). Factors independently associated with menopause included HIV infection (adjusted odds ratio [OR], 1.73; 95% confidence interval [CI], 1.075-2.795), drug use (adjusted OR, 2.633; 95% CI, 1.610-4.308), and physical activity (adjusted OR, 0.895; 95% CI, 0.844-0.950). Among HIV-infected women, factors independently associated with menopause included CD4^+ cell counts of >500 cells/mm^3 (adjusted OR, 0.191; 95% CI, 0.076-0.4848) and 200-500 cells/mm^3 (adjusted OR, 0.356; 95% CI, 0.147-0.813). Our study shows that HIV infection and immunosuppression are associated with an earlier age at the onset of menopause. Whether early onset of menopause in HIV-infected women increases their risk of osteoporosis and heart disease requires further study.


The main objectives of this paper are to examine the prevalence of criminal involvement among a sample of African American female drug users and to identify factors associated with that criminal involvement, where criminal involvement is defined as having been in jail or prison. Data were collected in Atlanta from 333 adult women at two points in time, namely during baseline assessments conducted prior to their enrollment in an HIV risk reduction intervention and at follow-up assessments conducted 6 months after completion of the intervention. The prevalence and period prevalence of criminal involvement were relatively high. At baseline, 86.8% of the women indicated criminal involvement at some point in their lives and over one-third (37.2%) were involved in the year prior to enrolling into the study. During follow-up interviews, 31.5% reported criminal involvement during the 6 months since enrollment. The findings revealed that victimization/abuse and drug use setting might be salient risk factors for criminal involvement. The unique needs of women such as those in this sample must be taken into account when designing intervention and prevention programs, both within and outside the criminal justice system.


OBJECTIVE: To evaluate the acceptance of counseling and rapid HIV testing and to determine the associated risk factors for HIV infection in pregnant women in Baja California, Mexico. METHODS: Pregnant women attending Tijuana General Hospital who consented to participate in the study had blood drawn for a rapid HIV test (Determine HIV-1/2; Abbott Diagnostics, North Chicago, IL). A confirmatory enzyme immunoassay and Western blot were performed and demographic and risk factor data were obtained. RESULTS: From March to November 2003, 1529 (92.5%) of 1653 women who sought prenatal care and 1068 (95.2%) of 1122 women in labor consented to participate. HIV seroprevalence was significantly higher among women screened during labor (12/1068, 1.12%) compared with those seeking prenatal care (5/1529, 0.33%). HIV-infected women were significantly more likely to use injection drugs (12% vs. 1%, P = 0.02), "other" drugs, including methamphetamine, marijuana, and cocaine (65% vs. 6%, P < 0.001), to have more sex partners (3.6 vs. 2.6, P = 0.0002), to not have received prenatal care (41% vs. 13%, P = 0.03), and to have a spouse/partner who used injection drugs (36% vs. 4%, P < 0.001) or "other" drugs (73% vs. 23%, P < 0.001). In multivariate regression analysis, use of methamphetamine (adjusted odds ratio, 17.8, 95% CI, 5.6-56) was independently associated with the risk of HIV infection. CONCLUSIONS: These findings indicate a wide acceptance of HIV counseling and testing and document a higher HIV seroprevalence among pregnant women delivering at Tijuana General Hospital than current established estimates in Mexico.

III. PERINATAL AND FAMILY SERVICES

Pregnancy, Prenatal Exposure and Perinatal Services


Objectives: Methamphetamine use is a continuing problem in several regions of the United States and yet few studies have focused on prenatal methamphetamine exposure. The purpose of this study was to estimate the prevalence and correlates of alcohol, tobacco, and other substance use-including methamphetamine-during pregnancy. Methods: The sample consisted of the first 1632 eligible mothers who consented to participate in a large-scale multisite study focused on prenatal methamphetamine exposure. This unscreened screening sample included both users and nonusers of alcohol, tobacco, methamphetamine, and other drugs.
Substance use was determined by maternal self-report and/or GC/MS confirmation of a positive meconium screen. Results: Overall, 5.2% of women used methamphetamine at some point during their pregnancy. One quarter of the sample smoked tobacco, 22.8% drank alcohol, 6.0% used marijuana, and 1.3% used barbiturates prenatally. Less than 1% of the sample used heroin, benzodiazipenes, and hallucinogens. Multivariate modeling results showed that tobacco smokers and illicit drug users were more likely to be single and less educated, have attended less than 11 prenatal visits, and utilize public financial assistance. Conclusions: This is the first large-scale investigation to report the prevalence of methamphetamine use during pregnancy in areas of the United States where methamphetamine is a notable concern. Follow-up research is ongoing to investigate the outcomes associated with prenatal methamphetamine exposure. Given that this research extends and confirms previous findings showing that high-risk groups of pregnant women can be identified on the basis of basic demographic characteristics, targeted interventions are greatly needed to reduce serious adverse outcomes associated with prenatal alcohol and tobacco use.


Objective: The impact of a couple's knowledge about healthy pregnancy habits involving alcohol and substance use was assessed in the context of other factors previously identified to predict prenatal alcohol consumption in a sample of 254 pregnant women and their male partners. Method: Couples were asked to assess independently a series of statements (true or false) describing the consequences of prenatal substance exposure, while also providing information about their own drinking. Results: Although the couples demonstrated good knowledge of healthy habits during pregnancy, they did not agree when the element of chance was considered. Median household income was more highly predictive of a pregnant woman's knowledge score than her partner's score. In turn, the subject's knowledge of healthy pregnancy habits as manifested in the assessment score had only a weak relationship with prenatal alcohol consumption. Previous alcohol use by the pregnant woman was the strongest predictor of prenatal alcohol use. Conclusions: Because previous alcohol consumption use by the pregnant woman was the strongest predictor of prenatal alcohol use, the importance of its accurate identification is emphasized. Although pending further investigation, knowledge about healthy pregnancy behaviors may exert greater impact if it is shared by a pregnant woman and her partner.

Dawley, K. and R. Beam (2005). ""My nurse taught me how to have a healthy baby and be a good mother" nurse home visiting with pregnant women 1888 to 2005." Nursing Clinics of North America 40(4): 803-+

Nurse home visiting with pregnant women and new mothers in the early decades of the twentieth century was designed to improve birth and newborn outcomes, hasten Americanization of immigrant mothers, and improve their parenting skills. Today the Nurse Family Partnership home visitation program improves newborn and child outcomes by positively influencing maternal role attainment and significantly decreasing maternal smoking and other substance abuse, child abuse and neglect, mid children's emergency room visits. It also improves life possibilities for vulnerable young women by decreasing the interval and frequency of subsequent pregnancies and reduces dependence oil welfare by increasing workforce participation. This article reviews the history of home visits by nurses to pregnant women and demonstrates the benefits achieved by these programs today.


Prenatal substance abuse is an ongoing concern with significant impact on neonatal health and development across socioeconomic lines. Meconium, passed by neonates during their first post-natal bowel movements, is a matrix unique to the developing fetus and contains a long history of prenatal metabolism. Over the last two decades, the use of meconium as a matrix for assessing prenatal exposure to drugs of abuse has yielded methods exhibiting higher sensitivity, easier collection, and a larger window of detection than traditional matrices. Recently, a method has been developed for the analysis of fatty acid ethyl esters in meconium as a biomarker of fetal alcohol exposure, potentially facilitating the future diagnosis of Fetal Alcohol Spectrum Disorder in situations where gestational alcohol consumption history is unknown. Screening for prenatal exposure to illicit and abused licit drugs in meconium is possible by use of a variety of immunoassay methods with conformational analysis usually occurring by GCMS or LCMS. In spite of increased sample preparation time relative to blood and urine, the long metabolic history, coupled with the ease and wide window of collection of meconium make it the ideal matrix for determining fetal drug exposure.


Objective: To determine the associations between sociodemographic, psychosocial, and spiritual factors to health risk behaviors during pregnancy in African American and White low-income women. Design: Descriptive, using prenatal interviews and medical record review as data sources. Setting: An urban prenatal
Background: When antenatal care is provided, identification and management of challenging problems, such as depression, domestic violence, child abuse, and substance abuse, are absent from traditional midwifery and medical training. The main objective of this project was to provide an alternative to psychosocial risk screening in pregnancy by offering a training program (ANEW) in advanced communication skills and common psychosocial issues to midwives and doctors, with the aim of improving identification and support of women with psychosocial issues in pregnancy. Methods: ANEW used a before-and-after survey design to evaluate the effects of a 6-month educational intervention for health professionals. The setting for the project was the Mercy Hospital for Women in Melbourne, Australia. Surveys covered issues, such as perceived competency and comfort in dealing with specific psychosocial issues, self-rated communication skills, and open-ended questions about participants’ experience of the educational program. Results: Educational program participants (n = 22/27) completed both surveys. After the educational intervention, participants were more likely to ask directly about domestic violence (p = 0.05), past sexual abuse (p = 0.05), and concerns about caring for the baby (p = 0.03). They were less likely to report that psychosocial issues made them feel overwhelmed (p = 0.01), and they reported significant gains in knowledge of psychosocial issues, and competence in dealing with them. Participants were highly positive about the experience of participating in the program. Conclusions: The program increased the self-reported comfort and competency of health professionals to identify and care for women with psychosocial issues. (BIRTH 33:1 March 2006).

Objective: To examine the prevalence of depressive symptoms in mid-pregnancy and their relation to life circumstances across the life course in a community-based sample. Methods: The Pregnancy Outcomes and Community Health (POUCH) Study enrolled women at 16-26 weeks' gestation from 52 clinics in five Michigan communities. At enrollment women completed a screening instrument for depressive symptoms (CES-D) and questions about life circumstances covering three “periods,” i.e. previous 6 months, adulthood, and childhood. Questions were grouped into sub-constructs (e.g., abuse, economic, substance use, loss, and legal) for each “period” and evaluated in relation to CES-D scores. Analyses included 1321 POUCH participants divided into three subgroups: teens; women >/=20 years insured by Medicaid (disadvantaged); and women >/=20 years not insured by Medicaid (advantaged). Results: A positive CES-D screen (>/=16) was more common in teens (46%) and disadvantaged women (47%) than in advantaged women (23%). Recent problems (previous 6 months) with abuse, economics, and substance use in someone close were each associated with higher adjusted mean CES-D scores (2.3-7.5 increase) in the three subgroups of women. In life course analyses, abuse and substance use in teens, and abuse and economic problems in disadvantaged and advantaged women were strongly linked to higher adjusted mean CES-D scores when these problems occurred both in childhood and adulthood (range 2.2-7.1 increase), whereas the associations were more modest when problems were confined to childhood. Conclusions: Strategies for addressing the public health problem of depressive symptoms in mid-pregnancy will benefit from a life course perspective.

Objective: To determine whether providers' medical history-taking of substance use varies with their patients' race or ethnicity. Design/Setting/Participants: The medical records of 1083 low-income women who delivered at an urban teaching hospital over a 12-month period were reviewed and data were abstracted. The
frequency with which the presence or absence of substance use was documented was compared among Black, Hispanic, and White women. Multivariate models predicting documentation of data on substance use were also built. Results: Information on substance use was more often documented in the medical records of Black and Hispanic women than in those of White women. For example, 74% of Black women, 78% of Hispanic women, and 60% of White women had data on cocaine use documented in their medical records (P=.0001). Multivariate analyses found that, after controlling for other factors, Black (odds ratio [OR] 4.1) and Hispanic (OR 5.3) non-clinic patients were more likely than White non-clinic patients to have documented data on substance use history in their medical records. No racial/ethnic disparities were found among clinic patients. Among White women, clinic patients were more likely than non-clinic patients to have documented data on substance use. Among other races and ethnicities, no disparities were found between places of care. Conclusions: The differential collection of information on women's medical histories may be influenced by organizational factors and/or provider factors. The standard implementation of history-taking protocols would reduce the influence of institutional and personal biases on the care provided to pregnant women and enable all patients to receive appropriate referrals to treatment.


Background: Lack of social support during pregnancy may be associated with the prenatal use of alcohol. The purpose of this study is to evaluate the degree, predictors, and consequences of social support in a cohort of 200 pregnant women who scored 2 or more on the T-ACE, a 4-item screening questionnaire for prenatal drinking. Methods: The pregnant women completed the Maternal Social Support Index (MSSI). Their partners completed the same measure, which was modified to reflect their status as the biological fathers. Results: Despite having similar overall MSSI scores, there was only slight to fair agreement on the level of support received by the pregnant women for most daily tasks when their responses were compared with their partners. Predictors of increased maternal social support included the woman's being married and having more education and a more prestigious job than her partner. Social support was not predictive of either subsequent prenatal alcohol use or newborn birth weight. Conclusions: Regardless of social support, previous, prepregnancy, and early pregnancy drinking were the most predictive factors for subsequent prenatal alcohol consumption in this sample, underscoring the importance of screening pregnant women for drinking.


Objective: This study examined the extent to which pregnant women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) were counseled by their health care providers to stop drinking alcohol during pregnancy. A second purpose was to identify characteristics associated with alcohol consumption postrecognition of pregnancy. Method: The sample consisted of 279 women who continued to drink alcohol after learning that they were pregnant. Measures of provider advice on alcohol consumption, demographic characteristics (age, race, income, education, marital status, and employment), preventive behaviors (e.g., use of contraception, prenatal care, and smoking), and the Center for Epidemiological Studies Depression Scale (CES-D) were collected. Results: Fifty-two percent of women had significantly high TWEAK scores, and 60% scored within the clinical range for depression (CES-D >= 16). Sixty percent of sample women had been advised by their care providers not to drink alcohol during pregnancy. Women who were most likely to receive advice were black non-Hispanic and Hispanic, were Spanish speaking, were less educated, were on public assistance, and had a higher number of alcohol-related risk behaviors. Advanced age, public assistance, caffeine use, smoking, and elevated TWEAK and CES-D scores predicted elevations in alcohol consumption rates. Conclusions: Although advice to stop drinking during pregnancy was provided to 60% of this sample, women continued to drink following pregnancy recognition, with alcohol consumption rates highly associated with sociodemographic and psychological factors, namely maternal depression. Because elevations in alcohol consumption during pregnancy are associated with poorer developmental outcomes for children,

OBJECTIVE: To examine the association between maternal cocaine use during pregnancy and physiological measures of regulation, which included heart rate (HR) and respiratory sinus arrhythmia (RSA). METHODS: Potential mediators and moderators of this association were explored. Participants were 141 mother-infant dyads (77 cocaine exposed and 64 nonexposed) recruited at birth. Average infant HR and RSA was assessed at 4-8 weeks of age during a 15 minute period of sleep. RESULTS: Results indicated a dose-dependent effect of prenatal exposure to cocaine on RSA. There was no evidence that fetal growth or other prenatal exposure to substances mediated this association or that fetal growth or maternal age moderated this association. Regression analyses also indicated that birth weight (BW), but not birthlength (BL), head circumference (HC) or other substance use, mediated the association between prenatal exposure to cocaine and heart rate. CONCLUSIONS: These results suggest that cocaine exposure is associated with physiological regulation at 4-8 weeks of age and highlight the importance of considering level of exposure when assessing infant outcomes.


The purpose of the study was to examine whether caffeine dependence and a family history of alcoholism are associated with continued use of caffeine during pregnancy. Forty-four women seeking obstetrical care in an office-based practice completed questionnaires and provided saliva samples at three prenatal visits occurring 2-3, 3-4, and 7 months post conception. On visit 1, the patients received the physician's instructions to stop using caffeine. Structured interviews were used to assign a diagnosis of caffeine dependence (lifetime) and to identify family history of alcoholism. Outcome measures included self-reported levels of caffeine use and saliva caffeine levels at the three prenatal visits. Although most women eliminated or substantially reduced their caffeine consumption between pregnancy awareness and prenatal visit 1, those with a lifetime diagnosis of caffeine dependence and a family history of alcoholism had higher levels of caffeine use and lower rates of abstinence throughout pregnancy. Saliva caffeine levels confirmed these effects. Withdrawal symptoms, functional impairment, and craving were cited as reasons they failed to eliminate or cut back on caffeine use. Fifty percent of the women with both a lifetime diagnosis of caffeine dependence and a family history of alcoholism continued to use caffeine in amounts (>300 mg/day) greater than those considered safe during pregnancy, compared to none of the women without caffeine dependence and a family history of alcoholism. Women with a lifetime diagnosis of caffeine dependence and a family history of alcoholism also reported higher rates of past cigarette smoking and problematic alcohol use. Caffeine-dependent women with a family history of alcoholism were not able to follow their physician's advice to reduce or eliminate caffeine consumption during pregnancy, despite their wanting to do so. This subgroup may require more intensive intervention to ensure caffeine abstinence and may be at greater risk for abuse of or dependence on other drugs.


This study examined the prevalence of exposure to violence among drug-dependent pregnant women attending a multidisciplinary perinatal substance abuse treatment program. Participants (N = 715) completed the Violence Exposure Questionnaire within 7 days after their admission to the program. Their rates of lifetime abuse ranged from 72.7% for physical abuse to 71.3% for emotional abuse to 44.5% for sexual abuse. Their rates of abuse remained high during their current pregnancy, ranging from 40.9% for emotional abuse to 20.0% for physical abuse to 7.1% for sexual abuse. Nearly one third of the women reported having physical fights with their current partner (lifetime), and 25% of these women reported that children were present during those physical fights. A total of 30% of the women perceived a need for counseling regarding exposure to violence for themselves and 15% perceived a need for counseling for their children. Study findings confirm previous reports of high rates of abuse and violence exposure among substance-abusing pregnant women and their strong need for counseling for psychosocial sequelae. This study affirmed the value of routine screening for violence exposure in this at-risk population as well as the need to train therapists in specific strategies for helping such women address this complex array of problems.

Children’s Services and Children of Substance Abusers (COSAs)


Policy and programmatic initiatives of the last decade have focused on increased coordination of services and expansion of prompt substance abuse treatment for mothers initially involved with child welfare services (CWS). Yet, little evidence has been amassed concerning the implications of this approach on the recurrent need for CWS. Data are from a large national probability sample of children and their caregivers involved with CWS following an allegation of maltreatment. Data include the recurrence of maltreatment reports for this group of children who remain at home. Selected from 1,101 caregivers with an indicated substance abuse problem, a group of 224 clients who did not receive services were compared with 224 treated clients. Event history analyses showed that clients who received substance abuse treatment were nearly twice as likely to have another child abuse report within 18 months. Reasons why participation in substance abuse treatment may result in greater involvement with CWS are posited.


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.


The health care use patterns, suspected maltreatment, and growth trajectories of siblings of infants with prenatal drug exposure were examined. Ninety-three siblings of drug-exposed infants were matched with patients from the same primary care clinic. The case patients were found to have significantly fewer health care contacts, more deficient immunizations, and more reports of suspected child maltreatment. Although they did not differ in birth weight, growth curve modeling found that case patients had lower weight gain trajectories. When drug-exposed infants are identified, nursing personnel are in a unique position to assist the siblings of those identified infants obtain needed medical care and services.


This study investigates whether parents' child care demand and resources, their capacity to provide adequate supervision, and their understanding of the supervision problem predict chronic supervisory neglect. A case-comparison design was used to compare families who had one isolated incident of supervisory neglect, who were involved with child protective services (CPS) because of a persistent supervision problem (2 years or less), and who were involved with CPS because of a chronic supervision problem (more than 2 years). When the mother's partner was not the father of her children or had a drug, alcohol, or mental health challenge, and when no one understood that there was a supervision problem or took responsibility for it, the problem was more likely to persist or become chronic. Therefore, when predicting whether a family will continue to provide inadequate supervision, it is important to also assess the mother's partner.


Throughout US history, US society has been characterized by its high degree of residential mobility. Previous data suggest a relationship between mobility and increased health risk, but this relationship might be confounded by unmeasured adverse childhood experiences (ACEs). To examine the relationship of childhood residential mobility to health problems during adolescence and adulthood and to determine how much these apparent relationships may result from underlying ACEs. Retrospective cohort study of 816 adults who completed a survey that included childhood residential mobility, ACEs (childhood abuse, childhood neglect, and household dysfunction), and multiple health problems. Number of childhood residential moves and
number of ACEs (ACE score) were assessed for relationships to depressed affect, attempted suicide, alcoholism, smoking, early sexual initiation, and teenaged pregnancy. After adjustment for demographic variables, the risk of high residential mobility during childhood (≥8 moves) was 1.7- to 3.1-fold for each ACE, and increased with the number of ACEs. Compared with respondents who never moved, the odds of health risk for respondents with high mobility during childhood ranged from 1.3 (for smoking) to 2.5 (for suicide). However, when the number of ACEs was entered into multivariate models, the relationship between mobility and health problems was greatly reduced. Adverse childhood experiences are strongly associated with frequent residential mobility. Moreover, the apparent relationship between childhood mobility and various health risks is largely explained by ACEs. Thus, previous studies showing a relationship between residential mobility and negative outcomes were likely confounded by unmeasured ACEs.


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.


Problem: Greater awareness of the role of parental substance abuse in child maltreatment makes it imperative that the substance abuse treatment and child welfare systems coordinate services for these parents. Yet little is known about the characteristics of child-welfare involved parents (primarily mothers) who enter into substance abuse treatment. This paper compares the characteristics of mothers in substance abuse treatment who were and were not involved with child welfare services, and discusses the treatment implications of these differences. Method: Data were obtained from a statewide treatment outcome monitoring project in California. Clients were assessed at treatment admission using the Addiction Severity Index. Bivariate analyses and multivariate logistic regression were conducted comparing mothers who were (N = 1,939) and were not (N = 2,217) involved with child welfare. Results: Mothers who were involved with child welfare were younger, had more children, and had more economic problems. They were more likely to be referred by the criminal justice system or other service providers, to have a history of physical abuse, and to be treated in outpatient programs. They had lower levels of alcohol severity, but did not differ with regard to psychiatric severity or criminal involvement. Primary users of methamphetamine were disproportionately represented among this group and had a distinct profile from primary alcohol- and opiate-users. Conclusion: Study findings suggest that mothers involved with child welfare enter substance abuse treatment through different avenues and present a clinical profile of treatment needs related to exposure to physical abuse, economic instability, and criminal justice involvement.


OBJECTIVE: To study the relations among parental substance use, violence exposure and psychopathology in a nationally representative sample of adolescents. METHOD: Random digit dialing methodology was used to obtain a nationally representative sample of 4023 adolescents, ages 12-17. Telephone surveys, conducted in 1995, assessed demographics, parental substance use, violence exposure, and three psychiatric disorders: major depressive disorder (MDE), posttraumatic stress disorder (PTSD), and substance abuse/dependence (SA/D). RESULTS: Obtained prevalence rates included: 8.2% for sexual assault, 22.5%
for physical assault, and 39.7% for witnessing violence at home or in the community. Substance use by a family member was reported by 18.4% (n=721) of adolescents, with 50.6% reporting parental alcohol use and 19.1% (n=38) reporting parental drug use. Consistent with hypotheses, violence exposure and parental substance use, particularly parental alcohol abuse, were independently associated with outcomes. Additionally, parental substance use emerged as a moderator for MDE, PTSD, and SA/D; however, the moderating relations varied according to the outcome variable investigated. CONCLUSIONS: Violence-exposed adolescents reporting parental alcohol or drug use had the highest rates of psychiatric diagnoses.


OBJECTIVE: The purpose of this longitudinal study was to determine whether there were differences in child abuse potential among mothers who were nonusers, drug users who accepted treatment, and drug users who rejected offers of treatment, over the first 2 years of their children's lives. METHOD: Participants were mothers of 140 infants, classified into Nonuser (n=48), Treatment (n=72), or Refuser (n=20) groups. The Child Abuse Potential (CAP) Inventory [Milner, J. S. 1980. The Child Abuse Potential Inventory: Manual. Webster, NC: Psytec Corporation] was administered when infants were 4, 9, 12, 18, and 24 months. RESULTS: Results of mixed-model analyses of variances showed no group differences on CAP Inventory abuse scale scores. There were significant group differences in lie scale scores on the CAP Inventory, such that lie scale scores for the Nonuser group were significantly higher than lie scale scores for the Treatment group. CONCLUSIONS: Overall, results support the position that low-income women with many risk factors in their lives are at high risk for potential child abuse, but that their drug use status and drug treatment status does not differentiate them from their nonuser peers from a similar social and demographic background.


We examined postreunification variables regarding parent characteristics, child characteristics, parent service utilization, child service utilization, family environment, and neighborhood environment as they relate to reunification failure. The sample for the study included foster children who, at reunification with their birth parents, ranged in age from 4-7 years. All participants were reunified with at least one parent. Among the variables found to significantly differentiate between failed and successful reunifications were parental utilization of substance abuse treatment, child utilization of special educational services, child utilization of individual, family, or group therapy, overall parenting skill level, appropriate use of discipline, and quality of neighborhood. We discuss the implications of these results for policies aimed at increasing the success rate of reunifications following foster care.


According to Joseph A. Califano Jr, Chairman and Pres of the National Center on Addiction and Substance Abuse (CASA), the road to a drug-free America is through the children and the greatest influence on them is their families. To explore the link between substance abuse and US's families, CASA hosted a conference--Family Matters: Substance Abuse and the American Family--in April 2004 to examine key issues, including situations and characteristic that influence children's risks of abusing substances and what parents can do to reduce their children's risk of substance abuse. Accounts highlighting the findings of the conference are discussed.

IV. PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS

Prevalence, Statistics and Documentation of Need

No specific articles during this reporting period.

Health Disparities and Gaps in Health Services


The purpose of this study was to identify factors associated with 4 clusters of obstacles (self-reliance, privacy issues, quality of care, and communication and trust) to mental health and substance abuse treatment in 3 treatment sectors for residents of 3 reservations in the United States. Participants (N = 3,084) disclosed whether they had sought treatment for emotional, drug, or alcohol problems in the past year and, if so, whether they had faced obstacles in obtaining care from Indian Health Services, tribal services, and other public or private systems. Correlates of these obstacles included negative social support, instrumental social
support, utility of counselors, utility of family doctors, treatment sector, treatment type, diagnosis of an anxiety disorder, and tribe.


Despite the serious health and economic consequences of drug and alcohol abuse and dependence, few studies have prospectively examined the etiology of this problem in non-clinical populations. This longitudinal study examines childhood and adolescent antecedents of drug and alcohol problems in adulthood among an African American cohort (n=1242; 51% female) from Woodlawn, a neighborhood in Chicago. The participants were followed from age 6 to 32 years, and data were collected in first grade, adolescence, and adulthood. Structural equation modeling showed that, for both males and females, educational attainment was directly associated with a reduced risk for substance use problems. For males, first grade shyness was directly associated with a reduced risk of substance use problems, and adolescent substance use was directly associated with an increased risk. First grade aggression, low family socioeconomic status (SES), and low school bonds were indirectly associated with use problems for both males and females. For males, first grade underachievement had an indirect effect, and, for females, first grade shyness and strong parental supervision had indirect effects. This study is among the first to identify life course trajectories to substance use problems among an African American, community-based population. These results help to identify the targets and timing of interventions that may help to reduce the risk of drug and alcohol problems in adulthood.


This paper reports findings on 334 out-of-treatment drug users in Puerto Rico and 617 in New York City, at the 6-month follow-up interview of a Longitudinal Survey. Main outcomes were health care and drug treatment utilization since baseline, assessed by asking participants if they had received physical or mental health services (including HIV medications), and if they had been in methadone maintenance, inpatient or outpatient drug treatment, or drug treatment while incarcerated. Chi-square tests were used to evaluate associations between gender and the various correlates. Logistic regression was used to calculate the contribution of each variable in predicting use of drug treatment. The analysis suggests that women in both sites were likely to suffer from disparities in both health care and drug treatment utilization when compared with men, albeit women in New York utilized more drug treatment resources and were more embedded in the immediate family than their female peers in Puerto Rico. Further research to specify the impact of contextual factors at the organizational and community levels, among members of the same ethnic group residing in different sites, may prove valuable in identifying the health needs and the factors that impede or facilitate drug-using women in obtaining the most appropriate treatment. Findings from these studies can help in developing appropriate public health policy and science-based drug treatment programs to eliminate disparities such as the ones detected in this study. (c) 2005 Elsevier Ireland Ltd. All rights reserved.

Workforce Issues


INTRODUCTION: Physicians in all specialties commonly encounter patients who abuse alcohol or illegal drugs. Working with these patient populations can be challenging and potentially engender negative attitudes. This study is designed to identify the progression of attitudinal shifts over time of physicians-in-training toward caring for substance abusing patients. METHODS AND MATERIALS: A 31-item survey was designed to capture demographic information of participants, attitudes toward treating patients with substance abuse diagnoses, previous participant education, experience in and comfort with diagnosing and treating substance abuse, and satisfaction achieved in working with this patient population. Medical students in their third and fourth years of education as well as residents in training, years one through four, were surveyed. Responses to the survey's attitudinal items were analyzed across years of training, looking for changes associated with time and experience. RESULTS: Fifty-seven percent of eligible participants anonymously completed the survey. There was general agreement across all years of training that health care professionals should be allowed continued employment in their professions when in recovery from alcohol abuse (P = 0.424) and drug abuse (P = 0.409). Across years of training there was agreement that patients can recuperate and provide meaningful contributions to society when recovering from alcohol (P = 0.847) and drug (P = 0.859) abuse. From medical school years through residency there were enhanced beliefs that alcohol-abusing patients (P = 0.027) and drug-abusing patients (P = 0.009) overutilize health care resources. Most trainees, despite year of education, believe patients who abuse alcohol (P = 0.521) and illegal drugs (P = 0.356) have challenging medical and social issues from which they can learn. There was consistency across years in the perception that providing care to alcohol-abusing patients (P = 0.679) and drug-abusing patients (P = 0.090) is repetitive
and detracts from the care of others. All felt their training was adequate to care for alcohol (P = 0.628) and drug-abusing patients (P = 0.484). Satisfaction achieved in caring for alcohol (P = 0.017) and illegal drug-abusing patients (P = 0.015) consistently diminishes over years in training. CONCLUSIONS: There are positive as well as negative aspects for physicians-in-training to caring for patients with alcohol and illegal drug abuse problems. Combining effective education strategies with the needs of physicians at specific points in their education may be effective in reversing the negative trends seen in attitudes toward caring for patients with substance abuse problems.


Objectives: This research assessed home visitor effectiveness in communicating about and responding to poor mental health, domestic violence, and Substance abuse among pregnant and parenting women home visited as part of a comprehensive family support strategy in seven urban communities. Methods: Cross-sectional studies were conducted with mothers (n = 189) actively engaged in home visitation programs and home visitors (n = 45). Maternal interviews assessed need for and receipt of mental health, domestic violence, and substance abuse services, and home visitor discussion of these risk areas. Home visitor surveys assessed perceived adequacy of training and personal effectiveness in addressing these risk areas. Results: Over half of mothers needed mental health, domestic violence, or substance abuse services; however, only 27% of mothers in need of service received services. Most mothers reported having communicated with their home visitor about the three risk areas, but there were no differences in communication frequency based on whether services were received. Most home visitors perceived themselves as effective in communicating about and responding to these risk factors but rated the training they had received in these areas as less than adequate. Conclusions: Home visitors could benefit from more intensive training in the formal assessment of risks and the protocols for communication about those risks with their clients. Home visitors could also receive support from and work in collaboration with professionals in addressing client risks, Further research on home visit content is needed to determine which strategies facilitate home visitors’ ability to effectively communicate about and address client risks.

Cross Systems Support and Collaboration

TANF


The 1996 welfare reform made extended welfare stays more difficult. One of the most notable provisions was the 60-month lifetime limit on cash benefits through the Temporary Assistance to Needy Families (TANF) program. This study investigated the personal characteristics associated with accumulating more months on TANF. Using four waves of data from the Women's Employment Study, we examined factors surrounding receipt at varying levels: low (less than 20 months), medium (20 to 39 months), and high (40 to 60 months). Medium and high accumulation groups had many factors in common relative to the low group. However, demographic variables, such as the presence of a partner and number of children, mattered more in determining whether someone would accumulate a relatively low as opposed to medium amount of time on TANF. For the high accumulation group, the presence of human capital problems, as well as persistent personal and family challenges, such as child and maternal health problems and domestic violence, greatly increased the likelihood of a longer stay.

Child Welfare and Dependency Courts: no specific articles this quarter.

Criminal Justice


OBJECTIVES: This study examined whether women with behavioral health needs are more likely to receive treatment for these problems in prison or in the community and to what extent prison disrupts or establishes involvement in treatment for these women. METHODS: Data were collected in August 2004 as part of a population survey of female inmates in the only state correctional facility for women in New Jersey. RESULTS: A total of 908 women were surveyed. Fifty-six percent of the women surveyed reported needing behavioral health treatment before incarceration, but only 62 percent of this group reported receiving such
treatment in the community. The rate at which treatment matched need within this population before incarceration varied by type of treatment needed: it was the highest (58 percent) for women who needed treatment for mental health problems, lower (52 percent) for those who needed substance abuse treatment, and lowest (44 percent) for those who needed treatment for comorbid mental health and substance abuse problems. In comparison, the rate of match between need for and receipt of treatment in prison was higher for all three types of behavioral health treatment (78 percent, 57 percent, and 65 percent, respectively).

Additionally, the findings suggest that prison did not disrupt the type of behavioral health treatment that inmates had previously received in the community. CONCLUSIONS: At least in New Jersey, prison appears to improve access to behavioral health treatment among female inmates. Although this conclusion is consistent with the rehabilitation goals of incarceration, it also suggests that some women may have been able to avoid prison if treatment had been provided in the community, especially for substance-related problems.


Aims To review studies of the prevalence of substance abuse and dependence in prisoners on reception into custody. Design and method A systematic review of studies measuring the prevalence of drug and alcohol abuse and dependence in male and female prisoners on reception into prison was conducted. Only studies using standardized diagnostic criteria were included. Relevant information, such as mean age, gender and type of prisoner, was recorded for eligible studies. The prevalence estimates were compared with those from large cross-sectional studies of prevalence in prison populations. Findings Thirteen studies with a total of 7563 prisoners met the review criteria. There was substantial heterogeneity among the studies. The estimates of prevalence for alcohol abuse and dependence in male prisoners ranged from 18 to 30% and 10 to 24% in female prisoners. The prevalence estimates of drug abuse and dependence varied from 10 to 48% in male prisoners and 30 to 60% in female prisoners. Conclusions The prevalence of substance abuse and dependence, although highly variable, is typically many orders of magnitude higher in prisoners than the general population, particularly for women with drug problems. This highlights the need for screening for substance abuse and dependence at reception into prison, effective treatment while in custody, and follow-up on release. Specialist addiction services for prisoners have the potential to make a considerable impact.


Background. Previous reports on the outcome of services for offenders with developmental disabilities have found recidivism rates of between 40% and 70% with an elevated prevalence of sex offending, fire-raising, and aggression. Studies have also reported that female offending rates in the intellectual disability population are broadly similar to those found in mainstream populations. All reports have been conducted on in-patient or prison samples. The present report is of a community forensic intellectual disability service. Method. Two male cohorts of sex offenders (N = 121) and other types of offenders (N = 105) and female offenders (N = 21) are studied and compared. Data is reported on characteristics of the cohort, problems identified at referral, criminal justice disposal trends, index offences at time of referral, reoffending rates of up to 12 years after index offence, patterns of referral in the first 6 and second 6 years of the study period and the extent of harm reduction. Results. There were no differences between the groups on IQ and the sex offender cohort tended to be older. Female offenders had higher rates of mental illness although rates for the male cohorts were generally high at around 32%. The sex offending cohort had fewer problems with anger and aggression and alcohol abuse but a higher level of daily living problems and relationship problems. Female offenders had high rates of all problems studied except daily living problems. Unlike certain previous studies, sex offences predominated in the sex offender cohort while other types of offences predominated in the other two cohorts. Average age was lower for more recent referrals. Among recidivists only, a considerable amount of harm reduction was recorded. Conclusions. Fire raising and offences against children are not overly represented when compared with mainstream offenders. When compared with previous studies, it appears that a community forensic intellectual disability service may have an impact in reducing the number of offences committed over a 12 year follow up period.


The present study examined whether there were program differences with respect to post-release outcomes in 20 federal in-prison substance abuse programs which used a cognitive-behavioral treatment approach. Recidivism and post-release drug use were examined for a sample of 1,343 individuals-1,065 men and 278 women. Discrete time proportional hazards regression models showed that, after controlling for individual characteristics, no differences were detected among the 16 programs for men. In contrast, one of the four
female programs had significantly higher drug use rates and one had significantly lower recidivism rates. Our results suggest that implementation of a treatment approach which has been shown to be effective cognitive-behavioral treatment-can result in comparable outcomes across programs, despite differences in program implementation. However, specific types of variation in program implementation may affect outcomes.