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

Published Research Addressing Women’s Substance Use Disorders
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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 .................................................. 2
   Gender Differences ............................................................................................................... 2
   Prevention ............................................................................................................................. 3
   Screening, Assessment and Engagement ........................................................................... 4
   Treatment, Rehabilitation and Recovery – Therapeutic Approaches ................................. 5
   Gender specific ................................................................................................................... 5
   Other treatment, rehabilitation and recovery ...................................................................... 6
   Relapse and Recovery Support .......................................................................................... 9
   Trauma, Violence and PTSD ............................................................................................. 9
   PTSD ................................................................................................................................... 9
   Childhood Abuse/Trauma/Domestic Violence .................................................................... 9
   Mental Health and Co-occurring Disorders ....................................................................... 13
   General ............................................................................................................................... 13
   Suicide ................................................................................................................................. 16
   Depression/Anxiety/BiPolar/Other Mood Disorders ............................................................ 17
   Eating Disorders ................................................................................................................ 20
   Substance Use, HIV and Other Health Problems ............................................................... 21
   HIV and STDs ..................................................................................................................... 21
II. SPECIAL POPULATIONS OF WOMEN AND FAMILIES .................................................... 23
   Cultural Competency, Racial/Ethnic Subpopulations ......................................................... 23
   Lesbian, Gay, Bisexual and Transsexual ............................................................................. 27
   Adolescents and Young Adults .......................................................................................... 27
   College Age/Young Adults ............................................................................................... 30
   Older/Mature Women ........................................................................................................ 36
   Homeless ............................................................................................................................ 36
   Criminal Justice .................................................................................................................. 37
   Adults ................................................................................................................................... 37
   Juveniles/Youth ................................................................................................................... 38
   Military ................................................................................................................................. 39
III. PERINATAL AND FAMILY SERVICES ............................................................................. 39
   Pregnant and Parenting Women ........................................................................................ 39
   Prenatal Exposure and Effect on Children .......................................................................... 41
   Children’s Services and Children of Substance Abusers (COSAs) ................................... 43
   Family Treatment & Related Issues .................................................................................. 43
IV. PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS ............................................. 44
   Prevalence, Systems Planning ............................................................................................ 44
   Substance Abuse and Child Welfare .................................................................................. 44
   Substance Abuse and Welfare/Employment Issues ........................................................... 45
   Workforce Issues ................................................................................................................ 45
   Research and Evaluation ................................................................................................. 45
I. GENDER RESPONSIVE SERVICES ACROSS THE CONTINUUM

**Gender Differences**

Afifi, T. O., Cox, B. J., & Katz, L. Y. (2007). The associations between health risk behaviours and suicidal ideation and attempts in a nationally representative sample of young adolescents. *Canadian Journal of Psychiatry, 52*(10), 666-674. [not a U.S.-based population study, but results may still be of interest; not substance abuse specific, but still may be of interest; gender differences addressed; see abstract under Mental Health and Co-occurring Disorders - Suicide]


There is growing evidence of alterations in brain stress and reward circuits associated with cocaine dependence. Sex differences are also documented and sex steroid hormones have been linked to cocaine reinforcement. The current study therefore assessed daily fluctuations in stress and sex hormones in cocaine-dependent females compared with healthy females. Daily salivary samples of cortisol, progesterone, and estradiol were collected at waking across 28 days from 12 cocaine-dependent females receiving inpatient treatment and 10 healthy females. Participants also completed mood-rating scales each week corresponding to four phases of the menstrual cycle and cocaine craving was monitored in cocaine patients at each phase. Cocaine-dependent females in their first month of abstinence demonstrated significantly higher levels of both cortisol and progesterone across the menstrual cycle and significantly lower estradiol/progesterone (E2/P) ratios compared to healthy controls. They also showed significantly increased negative mood compared with controls, but no variation in cocaine craving across the menstrual cycle. Findings indicate altered stress and sex hormones suggestive of an overactive stress system during the first month of cocaine abstinence after chronic cocaine abuse. These increased levels of cortisol and progesterone could impact both abstinence-related symptoms such as negative mood and susceptibility to drug-seeking behavior in cocaine-dependent females.


Harrell, Z. A. T., & Karim, N. M. (2008). Is gender relevant only for problem alcohol behaviors? An examination of correlates of alcohol use among college students. *Addictive Behaviors, 33*(2), 359-365. [population > 50% female; see abstract under Adolescents and Young Adults – College Age/Young Adults; gender differences addressed]


This study examined the gender-specific effects of childhood trauma on cocaine relapse outcomes in an inpatient sample of treatment engaged cocaine dependent adults. Cocaine dependent men (n =70) and women (n =54) participating in inpatient treatment for cocaine dependence were assessed on severity of childhood trauma and followed for 90 days after discharge from treatment. Greater severity of childhood emotional abuse was associated with an increased risk of relapse in women. Severity of emotional abuse, sexual abuse, and overall...
childhood trauma was associated with the number of days cocaine was used during follow-up in women, as was the association of severity of physical abuse and overall childhood trauma with the average amount of cocaine used per occasion. No associations between childhood trauma and cocaine relapse outcomes were found in men. These findings demonstrate that childhood trauma increases the likelihood of cocaine relapse and drug use escalation after initial relapse in women but not in men. Comprehensive assessments of childhood trauma and specialized treatments that address trauma-related pathophysiology could be of benefit in improving cocaine treatment outcomes in women.

Needham, B. L. (2007). Gender differences in trajectories of depressive symptomatology and substance use during the transition from adolescence to young adulthood. *Social Science & Medicine, 65*(6), 1166-1179. [gender differences addressed; see abstract under Adolescents and Young Adults]


AIMS: Gender differences exist regarding alcohol and illicit drug use disorders in the United States. Little is known about the gender-related factors associated with non-medical use of prescription opioids. DESIGN: Using data from the 2003 National Survey on Drug Use and Health, we examined risk factors for past-year non-medical use of prescription opioids stratified by gender. SETTING: Non-institutionalized US residences. PARTICIPANTS: Civilian, non-institutionalized US citizens aged 12 years and older. MEASUREMENTS: Self-reported alcohol and drug use, focusing specifically on past-year non-medical use of prescription opioids. FINDINGS: Among 55,023 respondents, 4.8% reported past-year, non-medical use of prescription opioids. For both women and men, alcohol abuse/dependence and marijuana, hallucinogen, cocaine, non-medical stimulant and sedative/tranquilizer use were associated with past-year non-medical use of prescription opioids. Among women but not men, first use of illicit drugs beginning at 24 years or older [adjusted odds ratios (AOR) 1.90, 95% CI 1.05–3.44], serious mental illness (AOR 1.67, 95% CI 1.29–2.17) and cigarette smoking (AOR 1.33, 95% CI 1.05–1.68) were associated with past-year non-medical use of prescription opioids. Among men but not women, past-year inhalant use (AOR 1.93, 95% CI 1.28–2.92) was associated with the outcome. CONCLUSIONS: For both women and men, illicit drug use is associated with the non-medical use of prescription opioids. Additionally, certain factors associated with the non-medical use of prescription opioids are notably gender-specific. Clinicians should recognize that patients with a history of illicit substance use or misuse of other prescription medications are at increased risk for non-medical use of prescription opioids, and that gender-specific factors can help to identify individuals at greatest risk.


In the early years of NIDA-supported drug abuse research, much of the research on women was treatment related and conducted out of concern for their pregnancy status. Since then, drug abuse research on women has expanded to include females of all ages, including infants, children, and adolescents, both human and animal. This expansion has also extended to the study of male-female differences. In the early years of the expansion, National Institutes of Health study sections demanded a heavy burden of proof from drug abuse researchers who proposed to study male-female differences. The need for such research appeared not to have face validity. The tide has now changed with the growing body of literature attesting to its scientific and clinical validity. This change is often reflected in concerns expressed in study sections reviewing drug abuse grant applications that an applicant does not propose to analyze the data for sex-gender differences when in fact the literature suggests that such differences would be observed. Although the change has been slow, it suggests that the burden of proof is shifting from having to defend why sex-gender differences should be studied to having to defend why they should not.

**Prevention**

The B.R.A.D. Birthday Card initiative was started on the campus of Michigan State University (MSU) in April 1999. MSU administrators send the safe-drinking 21st birthday card (B.R.A.D.) and laminated wallet card to students shortly before their 21st birthday. OBJECTIVE: To evaluate the effectiveness of the 21st birthday card, MSU and B.R.A.D., Inc, applied for and were awarded a 2-year US Department of Education grant in 2001. PARTICIPANTS: The authors surveyed 1,731 students within 2 weeks of their 21st birthday. METHODS: Of all students turning 21 years old during the study, the authors randomly selected students for each group. A control group received no card. All others received the standard B.R.A.D. card or a gender-tailored message card. RESULTS: Key findings include: 74% of students saved part of the card, 65% shared the card with family or friends, 22% reported thinking about the card during their celebration, 12% reported drinking less because of the card, 15% reported learning something new about alcohol poisoning, and 98% believed that MSU and B.R.A.D. should continue sending cards to students. CONCLUSIONS: Receiving, reading, and recalling the content of the B.R.A.D. card appears to reduce the total number of drinks a celebrant consumes.


Screening, Assessment and Engagement


AIMS: To describe the development and evaluation of the Substances and Choices Scale (SACS), an adolescent alcohol and other drug (AOD) self-report instrument designed in a similar format to the Strengths and Difficulties Questionnaire (SDQ). DESIGN: A literature review, extensive consultation and discriminant analysis on a pilot sample (n = 61) of adolescents informed the development of the SACS. The psychometric properties of the SACS were then tested in a larger community and clinical sample. SETTING: Three youth out-patient AOD treatment services and three secondary schools in Auckland, New Zealand. Participants 13–18-year-old males and females attending the services (n = 120) or schools (n = 531). MEASUREMENTS: The SACS was administered with the CRAFFT, the Problem Oriented Screening Instrument for Teenagers (POSIT) and the Strengths and Difficulties Questionnaire (SDQ). FINDINGS: Reliability of the SACS was sound, with coefficient alpha 0.91 and 3-week test–retest correlation 0.88. Congruent validity coefficients of the SACS versus the CRAFFT and the POSIT were 0.79 and 0.91, respectively. A ROC curve demonstrated the SACS as having a predictive value of 92%. Repeat SACS scores in a treatment sample indicated that the SACS had utility in measuring change. Feedback from participants indicated that the SACS was highly acceptable. CONCLUSIONS: The SACS is a simple AOD instrument that is reliable, valid and acceptable to young people. It has utility in screening and measuring outcome and should enhance the identification and treatment of AOD difficulties in adolescents across a range of health settings.


Underage drinkers typically have not developed regular patterns of drinking and so are likely to exhibit situational variation in alcohol intake, including binge drinking. Information about such variation is not well captured by quantity/frequency (QF) measures, which require that drinkers blend information over time to derive a representative estimate of “typical” drinking. The Timeline Followback (TLFB) method is designed to retrospectively capture situational variations in drinking during a specific period of time. We compared our newly-developed Self-administered TLFB (STLFB) measure to a QF measure for reporting alcohol intake. Our sample of 429 (men=204;
women = 225) underage (i.e., age 18–20 years) drinkers completed the two drinking measures and reported on alcohol problems. The STLFB and QF measures converged in assessing typical daily intake, but the STLFB provided more information about situational variations in alcohol use and better identification of regular versus intermittent binge drinkers. Regular binge drinkers reported more alcohol problems. The STLFB is an easy-to-administer measure of variations in alcohol intake, which can be useful for understanding drinking behavior.


The only specific screening tool for substance misuse by people with severe mental health problems is the Dartmouth Assessment of Lifestyle Instrument (DALI), which was not developed for use amongst community-based people. Here, Ley et al use the DALI to develop a brief community screen to detect the possibility of harmful substance use (N= 216 people with psychosis). They conclude that because of its brevity and simplicity, Simple Use Substance Scale (SUSS) would be a useful screen for use in routine community mental health practice.

Treatment, Rehabilitation and Recovery – Therapeutic Approaches

Gender specific


This study compared women (n = 22) with alcohol dependence in an in-patient rehabilitation program at three weeks abstinence with student controls on mood scales and affect variability measured with a visual analogue scale. Patients also completed a measure of attention variability using a Continuous Performance Test. Fourteen of the patients met criteria for a bipolar spectrum disorder. Patients scored higher on mood scales and affect variability measures than controls. High and scared affect variability correlated with attention variability. This suggests that mood/cognitive dysregulation may be a component of alcohol dependence in women.


Eleven female drug-court participants looked at current and past experiences to assess their program and envision future program innovations. From these women’s perspective, the strongest component of drug court was being surrounded by staff dedicated to their progress and recovery. Graduated supervision and accurate drug testing were appreciated rather than resented when the participants were not humiliated and were treated with respect. Wraparound services, resources, and referral; treatment facilities that accepted children; and individualized treatment plans and therapy with offenders who are ex-addicts, and preferably females, allowed for greater involvement and active participation in recovery. Progressing through three phases, acquiring skills, a job, and visitation rights to see their children or regaining custody, increased these women’s sense of self-efficacy perception and confidence in their ability to lead a drug-free, meaningful life. Findings show the importance of qualitative criteria in evaluating drug-court participants’ progress and the process of recovery.


This study explores the influence of gender on changes in recovery status among participants in a longitudinal study. The study sample (N = 1,202; 60% female) is recruited on referral to
treatment, and annual interviews are conducted from Years 2 to 6 following intake. At each
annual observation, participants are classified into one of four statuses (recovery, treatment,
incarcerated, and using), and the transitional probabilities and correlates of transitioning from one
status to another are estimated. About 80% of the participants changed status at least once over
the follow-up period. Women are one third less likely to transition from recovery to using; the
predictors of transitioning to different statuses vary by gender. The implications of gender as a
moderator of the recovery process are discussed.

staff perceptions of intimate partner victimization among female clients. Journal of Psychoactive Drugs,
39(3), 251-257. [gender specific; see abstract under Trauma, Violence and PTSD – Childhood
Abuse/Trauma/Domestic Violence]

Sacks, J. Y., McKendrick, K., & Banks, S. (2008). The impact of early trauma and abuse on residential
[gender specific; see abstract under Trauma, Violence and PTSD - Childhood
Abuse/Trauma/Domestic Violence]

Stecker, T., Xiaotong Han, Curran, G. M., & Booth, B. M. (2007). Characteristics of women seeking
intensive outpatient substance use treatment in the VA. Journal of Women’s Health, 16(10), 1478-1484.
[gender differences addressed; see abstract under Military]

[gender specific]

Few studies have systematically evaluated whether contextual variables differ in their ability to
explain the use of different drugs in the same sample. Our objective was to examine correlates of
use for different illicit drugs at the individual and neighborhood level in a tri-ethnic sample of low-
income women, an underrepresented sample in drug research. Women 18-31 were recruited
from a low-cost family planning clinic in southeast Texas from December 2001 to May 2003.
Neighborhood level indicators of disadvantage, family structure, and nativity status from U.S.
Census 2000 were linked with individual survey data. Multilevel logistic regression was used to
examine the effect of individual and neighborhood level measures on lifetime use of marijuana
only and of other illicit drugs in 594 women. Only individual level variables (younger age, non-
Hispanic White ethnicity, not being married, greater peer acceptance of substance use) increased
odds of exclusive marijuana use, controlling for neighborhood level factors. However, both
neighborhood and individual level variables significantly predicted other illicit drug use. Residence
in less disadvantaged neighborhoods, non-Hispanic White ethnicity, higher levels of education,
greater acceptance of substance use by peers, and a larger number of perceived neighborhood
problems increased odds of illicit drug use. Use of other illicit drugs with or without marijuana may
be more closely tied to area level factors whereas factors driving exclusive marijuana use may
not rely on localized structures to the same extent. Thus, community-level interventions may need
to customize their approaches according to the type of drug use targeted. The implication of using
neighborhood level variables in substance use research is also discussed.

Other treatment, rehabilitation and recovery

characteristics between opioid-dependent individuals admitted to a community-based treatment setting
and those enrolled in a research-based treatment setting. Journal of Substance Abuse Treatment, 33(4),
355-361. [not gender specific but gender is addressed]

This study compared the demographic characteristics, drug use and psychosocial problem
severity levels, and personality traits of opioid-dependent individuals seeking help in a community
setting (n = 502) with those of opioid-dependent individuals in a primarily research-based drug
abuse treatment setting (n = 459); both settings offered a similar set of treatment services (opioid
agonist medication and counseling). Although the overall findings revealed numerous similarities
between the groups, differences were also observed. Most notably, there were significantly fewer
women in the research sample than in the community-based treatment sample. Other differences
included a modest but statistically significant increase in psychosocial problem severity levels in
the community-based treatment sample and higher drug use problem severity levels in the research sample. Interestingly, many of these differences were strongest in women as compared with men.


Substance use relapse rates are often high in the first months after discharge from inpatient substance abuse treatment, and patient adherence to aftercare plans is often low. Four residential addiction treatment centers participated in a feasibility study designed to estimate the efficacy of a post-discharge telephone intervention intended to encourage compliance with aftercare. A total of 282 participants (100 women, 182 men) with substance use disorders were included in this secondary analysis. The findings revealed that women were more likely than men to attend aftercare. This "gender effect" persisted after adjustment for a number of potential mediators.


The Center for Substance Abuse Treatment funded the Metamphetamine Treatment Project to evaluate and compare treatment approaches for methamphetamine users. As part of this study, drug use patterns, history of physical or sexual abuse, history of suicidality, and psychopathology were assessed in 1,016 methamphetamine-dependent outpatients entering treatment between 1999 and 2001 at eight sites across the western United States. The sample was predominately female and racially diverse. The mean age of the participants was 32.8 years. Most were methamphetamine smokers, but there were marked regional variations. Suicidality and physical or sexual abuse were common and measures of current psychopathology were high. These clinical issues were associated with more frequent use of methamphetamine and, more strongly, with concurrent use of other drugs. Therefore, the relationship between polydrug use and psychopathology in methamphetamine users warrants further investigation.


The article reports that contingency management (CM) housing interventions in combination with day treatment (DT) produced higher abstinence prevalence than did drug treatment without CM. This was the conclusion of the researchers at the University of Alabama, led by Joseph E. Schumacher, after conducting a meta-analysis of CM trials among homeless persons with cocaine disorders. Discussion on the results of the study and other significant information are presented. The article reports that contingency management (CM) housing interventions in combination with day treatment (DT) produced higher abstinence prevalence than did drug treatment without CM. This was the conclusion of the researchers at the University of Alabama, led by Joseph E. Schumacher, after conducting a meta-analysis of CM trials among homeless persons with cocaine disorders. Discussion on the results of the study and other significant information are presented.


OBJECTIVE: Despite significant advances in psychosocial treatments for substance use disorders, the relative success of these approaches has not been well documented. In this meta-analysis, the authors provide effect sizes for various types of psychosocial treatments, as well as abstinence and treatment-retention rates for cannabis, cocaine, opiate, and polysubstance abuse and dependence treatment trials. METHOD: With a comprehensive series of literature searches,
the authors identified a total of 34 well-controlled treatment conditions—five for cannabis, nine for cocaine, seven for opiate, and 13 for polysubstance users—representing the treatment of 2,340 patients. Psychosocial treatments evaluated included contingency management, relapse prevention, general cognitive behavior therapy, and treatments combining cognitive behavior therapy and contingency management. RESULTS: Overall, controlled trial data suggest that psychosocial treatments provide benefits reflecting a moderate effect size according to Cohen’s standards. These interventions were most efficacious for cannabis use and least efficacious for polysubstance use. The strongest effect was found for contingency management interventions. Approximately one-third of participants across all psychosocial treatments dropped out before treatment completion compared to 44.6% for the control conditions. CONCLUSIONS: Effect sizes for psychosocial treatments for illicit drugs ranged from the low-moderate to high-moderate range, depending on the substance disorder and treatment under study. Given the long-term social, emotional, and cognitive impairments associated with substance use disorders, these effect sizes are noteworthy and comparable to those for other efficacious treatments in psychiatry.


BACKGROUND: The acute care hospital provides a context for engaging difficult to reach patients in substance abuse treatment (SAT); however, little is known regarding the effects of such engagement on subsequent health services utilization. We examined whether a structured day hospital (DH) intervention integrating SAT and medical care during an acute medical hospitalization would reduce subsequent emergency department (ED) use and rehospitalization compared with a control group receiving usual medical care and referral to intensive outpatient SAT. METHODS: Between October 2001 and June 2002, we enrolled 390 hospitalized substance using patients in a nonrandomized clinical trial. Once stabilized, patients were assigned to either the DH intervention (n = 63) or usual care control group (n = 327). Baseline interview and chart review collected data on demographics, substance use, and acute and chronic medical conditions. Subsequent chart review collected data on ED, hospital and ambulatory care utilization in the 6 months pre-enrollment and 6 months postdischarge. Univariate and multiple logistic regression methods were used to assess the independent effects of the DH intervention on postdischarge health care utilization. RESULTS: Overall 25%, 48%, and 42% reported > or =3 ED episodes, > or =1 rehospitalization, and > or =1 ambulatory care visit during the postdischarge period. Subjects who completed the DH intervention were significantly less likely to have > or =3 ED episodes (AOR = 0.27; 95% CI, 0.08-0.89) and more likely to have > or =1 ambulatory care visit (AOR = 4.05; 95% CI, 1.44-11.37) than the usual care group. No similarly beneficial effects were seen for patients who initiated but did not complete the DH intervention. CONCLUSIONS: A DH model that engages acutely ill substance using patients in integrated medical and substance abuse treatment can positively influence subsequent health care seeking behavior.

Purcell, D. W., Latka, M. H., Metsch, L. R., Latkin, C. A., Gómez, C. A., Mizuno, Y., et al. (2007). Results from a randomized controlled trial of a peer-mentoring intervention to reduce HIV transmission and increase access to care and adherence to HIV medications among HIV-seropositive injection drug users. JAIDS: Journal of Acquired Immune Deficiency Syndromes, 46, S35-S47. [see abstract under Substance Use, HIV and Other Health Problems – HIV and STDs]


The article highlights the study that evaluates whether the efficacy of office-based buprenorphine maintenance treatment (BMT) is improved by the addition of individual drug counseling and abstinence-contingent take-home doses of buprenorphine. The researchers conclude that office-based BMT has improved with take-home buprenorphine. Discussion on the results of the study and other significant information are presented. The article highlights the study that evaluates whether the efficacy of office-based buprenorphine maintenance treatment (BMT) is improved by the addition of individual drug counseling and abstinence-contingent take-home doses of buprenorphine. The researchers conclude that office-based BMT has improved with take-home buprenorphine. Discussion on the results of the study and other significant information are presented.


Methamphetamine is a stimulant commonly abused in many parts of the United States. Most methamphetamine users are white men 18 to 25 years of age, but the highest usage rates have been found in native Hawaiians, persons of more than one race, Native Americans, and men who have sex with men. Methamphetamine use produces a rapid, pleasurable rush followed by euphoria, heightened attention, and increased energy. Possible adverse effects include myocardial infarction, stroke, seizures, rhabdomyolysis, cardiomyopathy, psychosis, and death. Chronic methamphetamine use is associated with neurologic and psychiatric symptoms and changes in physical appearance. High-risk sexual activity and transmission of human immunodeficiency virus are also associated with methamphetamine use. Use of methamphetamine in women who are pregnant can cause placental abruption, intrauterine growth retardation, and preterm birth, and there can be adverse consequences in children exposed to the drug. Treatment of methamphetamine intoxication is primarily supportive. Treatment of methamphetamine abuse is behavioral; cognitive behavior therapy, contingency management, and the Matrix Model may be effective. Pharmacologic treatments are under investigation.

**Relapse and Recovery Support**


**Trauma, Violence and PTSD**

*PTSD*


Although rape and sexual victimization experiences have been hypothesized to contribute to subsequent heavy drinking and alcohol problems among women, little prospective evidence exists. The present prospective study examined whether sexual victimization contributes to subsequent heavy drinking among a community sample of women, 18–30 years of age (n = 927). Using three waves of data, 12 months apart, we examined the impact of T1 sexual victimization on T2 heavy drinking, and of T2 sexual victimization on T3 heavy drinking. There were significant bivariate differences between sexually victimized and non-victimized women on heavy drinking both concurrently and prospectively. However, after controlling for prior heavy drinking and demographic variables, most differences disappeared. We also tested the hypothesis that Post-Traumatic Stress Disorder (PTSD) Symptoms would mediate the relationship between T2 sexual victimization and T3 heavy drinking. Although T2 sexual victimization predicted T2 PTSD symptoms, PTSD did not contribute to subsequent heavy drinking. Findings suggest that heavy drinking is relatively stable over time and that sexual victimization does not make a substantial independent contribution to heavy drinking among women in the general population.

**Childhood Abuse/Trauma/Domestic Violence**


This study examined the comorbidity of child neglect and domestic violence (DV) in a sample of public child welfare cases. All cases investigated for child neglect in 1999 (N = 2,350 families) from a single county in Kentucky were included in the analysis. Findings indicate that DV was comorbid in approximately 29% of the cases and, although cases were more likely to be opened when child neglect was substantiated, they were less likely to be opened when DV was also present. A secondary random subsample of 100 cases were reviewed to examine the impact of this comorbidity on the child welfare workers' assessment of risk and problems in children's functioning, the relationship between DV and risk factors contained on the risk assessment, and the workers' response to DV through legal actions and incorporation of DV into the case plan. The results showed that child welfare workers rate families at significantly greater risk, particularly when there was previously unreported DV, and identified more problems in children's interpersonal functioning when DV was present. DV was significantly correlated with more severe neglect and a limited social support network for the family. Although workers took a number of legal actions in response to DV, DV was addressed in only 35% of child welfare case plans.


In this exploratory study, a convenience sample of 125 mostly low-income women of color who were in treatment for problems associated with misusing substances responded to standardized measures and researcher-developed questions about their use of substances and experiences with partner abuse. Most of the women stated that their substance problems began after their first incident of partner abuse and that their misuse of substances occurred before and after specific incidents of partner abuse. The women also described various strengths they had used to cope. Screening for substance problems and partner abuse in all settings, as well as the use of women's strengths in treatment, is suggested.


This study considers the characteristics associated with mothers and fathers who maltreat their child and each other in comparison to parents who only maltreat their child. One hundred and sixty-two parents who had allegations of child maltreatment made against them were considered. The sample consisted of 43 fathers (Paternal Family--PF) and 23 mothers (Maternal Family--MF) who perpetrated both partner and child maltreatment, together with 23 fathers (Paternal Child--PC) and 26 mothers (Maternal Child--MC) who perpetrated child maltreatment only. In addition, 2 fathers (Paternal Victim--PV) and 23 mothers (Maternal Victim--MV) were victims of intimate partner maltreatment and perpetrators of child maltreatment and 7 fathers (Paternal Non-abusive Carer--PNC) and 15 mothers (Maternal Non-abusive Carer--MNC) did not maltreat the child but lived with an individual who did. Within their family unit, 40.7% of parents perpetrated both
intimate partner and child maltreatment. However, fathers were significantly more likely to maltreat both their partner and child than mothers and mothers were significantly more likely to be victims of intimate partner violence than fathers. PF fathers conducted the highest amount of physical and/or sexual child maltreatment while MC and MV mothers perpetrated the highest amount of child neglect. Few significant differences between mothers were found. PF fathers had significantly more factors associated with development of a criminogenic lifestyle than PC fathers. Marked sex differences were demonstrated with PF fathers demonstrating significantly more antisocial characteristics, less mental health problems and fewer feelings of isolation than MF mothers. MC mothers had significantly more childhood abuse, mental health problems, parenting risk factors and were significantly more likely to be biologically related to the child than PC fathers. This study suggests that violent families should be assessed and treated in a holistic manner, considering the effects of partner violence upon all family members, rather than exclusively intervening with the violent man.


Hooper, L. M. (2007). Expanding the discussion regarding parentification and its varied outcomes: Implications for mental health research and practice. *Journal of Mental Health Counseling, 29*(4): 322. [not specific to substance abuse, but indirectly related and may be of interest]

Studies have demonstrated that parentification, a potential form of child maltreatment, is a ubiquitous phenomenon that most community counselors as well as other mental health care providers (e.g., school and family counselors, social workers) face. Although these studies have pointed to a relationship between parentification and later psychopathology, the potential for divergent outcomes is rarely discussed. This article advances an often-absent balanced discussion of the extent to which varied outcomes are evidenced in adulthood after one has been parentified in childhood. For example, varied outcomes such as psychopathology and posttraumatic growth may be feasible in adulthood after parentification in childhood. Suggestions related to research and practice efforts are put forth for mental health counselors.


Providing intimate partner violence (IPV)-related services to women enrolled in substance abuse treatment programs has the potential to reach a population disproportionately affected by IPV. Integrating basic IPV services into substance abuse treatment, however, poses challenges to organizations and staff. Using focus groups, the authors examined the experiences and attitudes of substance abuse treatment staff towards clients with IPV victimization experiences in order to elucidate factors that might affect the implementation of IPV services within substance abuse treatment. Seven focus groups were conducted with staff members from substance abuse treatment programs in New York City. Although participants believed that IPV is common and negatively affects client recovery, they felt competing time demands, complex confidentiality issues, insufficient training and lack of agency leadership would impede their provision of IPV-services. The study suggests that system-level assessment and change is needed to provide IPV-related services in substance abuse treatment settings.


psychopathology and personality dysfunction among inpatient abuse survivors. *Violence and Victims,* 22(5): 577. **[abstract does not mention gender, but findings may be of interest]**

The current study explored the role of early family environment and adult attachment style in explaining long-term outcomes among child abuse survivors. Adult patients (N = 80) in a trauma treatment program were assessed for clinical diagnosis and administered a multiscale questionnaire. Hierarchical regression analyses were significant for dissociative identity disorder (DID), substance abuse, anxiety disorder, posttraumatic stress, somatization, and six personality disorder dimensions. Adult attachment styles were significant predictors of most outcome variables. Of particular note was the strong contribution of attachment avoidance to DID. Five family environment scales (Independence, Organization, Control, Conflict, Expressiveness) also contributed to various psychopathological outcomes. Evidence emerged supporting a mediating role for attachment style in the link between family independence and five personality disorder dimensions.


Risk for adult mental health problems associated with child sexual, physical, or emotional abuse and multiple types of child abuse was examined. Logistic regression analyses were used to test study hypotheses in a population-based sample of women (N = 3,936). As expected, child sexual, physical, and emotional abuse were independently associated with increased risk for mental health problems. History of multiple types of child abuse was also associated with elevated risk for mental health problems. In particular, exposure to all three types of child abuse was linked to a 23-fold increase in risk for probable posttraumatic stress disorder (PTSD). Findings underscore relations between child emotional abuse and adult mental health problems and highlight the need for mental health services for survivors of multiple types of child abuse.


This article examines the separate but sometimes overlapping foci of domestic violence (DV) and child protection services. When these sectors interact, the resulting tension becomes part of a complex dialectic and multiple opposing propositions that are explored here with respect for how they affect practice. A review of 30 years of DV discourse leads to systematic examinations of the DV literature for battered women, mental health, children, and offenders. The article proposes a radical shift by pairing a harm reduction approach with an evidence-based practice model when DV and child protection intersect. The implications of Stage of Change theory are considered in relationship to the harm reduction approach.


This study examines the impact of early abuse on the functioning and the 12-month treatment outcomes of 146 homeless addicted women who entered residential substance abuse treatment. Sixty-nine percent of the women reported exposure to childhood physical, sexual, or emotional abuse; the majority reported multiple forms of abuse. Comparisons of abused and nonabused women revealed significant differences in childhood, adolescent, and adult functioning, indicative of the pervasive detrimental effects of early abuse. Female survivors of childhood abuse did not improve in treatment as much as their nonabused peers in psychological functioning (p < .001), substance abuse (p < .01), or continuing trauma exposure (p < .01). The findings suggest the importance of adapting models of residential substance abuse treatment to address concurrent issues related to trauma history. Additional research is needed to identify effective integrated treatment approaches for this population and to explore the independent and interconnected pathways linking trauma history and outcome.


This study examined the relationship between a self-reported history of child physical and sexual abuse and chronic pain among women (N = 3381) in a province wide community sample. Chronic pain was significantly associated with physical abuse, education, and age of the respondents and
was unrelated to child sexual abuse alone or in combination with physical abuse, mental disorder (anxiety, depression, or substance abuse), or low income. Number of health problems and mental health disorders did not mediate the relationship between physical abuse and chronic pain. Despite considerable evidence from the clinical literature linking exposure to child maltreatment and chronic pain in adulthood, this may well be the first population-based study to investigate this relationship for child physical and sexual abuse independently. The significant association between childhood history of physical abuse and pain in adulthood calls for a greater awareness of the potential for chronic pain problems associated with this type of maltreatment. Further research is needed to understand the mechanism for this complex relationship.

### Mental Health and Co-occurring Disorders

#### General


Dually diagnosed patients with chemical dependency and a comorbid psychiatric disorder typically show poor compliance with aftercare treatment, which may result in costly and pervasive individual and societal problems. In this study, the authors investigated the effect of adding motivational interviewing in a group format to standard treatment for dually diagnosed psychiatric inpatients. The patients (n = 101) all received standard care and in addition were assigned to either group motivational interviewing (GMI) or a therapist attention activity control group (TAAC). Of patients who attended aftercare and who used alcohol or drugs, those who participated in GMI attended significantly more aftercare treatment sessions, consumed less alcohol, and engaged in less binge drinking at follow-up compared with those in TAAC. Differences between conditions in the overall percentage of participants who achieved complete abstinence or who attended aftercare treatment were not significant, possibly because of a lack of power. These results provide preliminary evidence for the efficacy of GMI when added at the outset to an inpatient program.


OBJECTIVE: Co-occurring substance use and mental health disorders are highly prevalent among young people attending services, yet few studies have examined the effect of such comorbidity among those referred for treatment. The aim of the current study was to examine the impact of co-occurring substance use disorders (SUDs) on 6 month outcomes for young people seeking mental health treatment. METHOD: One hundred and six young people (aged 15-24 years) with a non-psychotic DSM-IV Axis I disorder were assessed following referral to a specialist youth public mental health service. Participants were given a structured interview, as well as questionnaires assessing drug use, psychopathology, psychosocial functioning and self-esteem at baseline and 6 month follow up. RESULTS: At baseline, 23 participants met criteria for a co-occurring SUD and 83 had a non-psychotic Axis I disorder. Both the non-SUD and the co-occurring SUD groups had high levels of psychopathology, serious impairments in functioning and moderate levels of suicidal ideation, although those with co-occurring SUD had significantly poorer levels of functioning. At 6 month follow up the co-occurring SUD group continued to experience substantial problems with symptoms and functioning whereas the non-SUD group had significant improvement in both of these domains. CONCLUSIONS: The present findings are consistent with studies examining the impact of co-occurring substance use and mental health issues across different treatment settings, and reinforce recommendations that young people with co-occurring disorders require more intensive and integrated interventions. The present findings
also highlight the need for routine assessment and management of substance use issues within youth mental health settings.

Clark, R. E., Samnaliev, M., et al. (2007). Treatment for co-occurring mental and substance use disorders in five state Medicaid programs. *Psychiatric Services, 58*(7): 942. [abstract does not mention gender, but findings may be of interest]

Objectives: This study described the locations and patterns of psychiatric and substance abuse treatment for Medicaid beneficiaries with co-occurring mental and substance use disorders in five states. Methods: Medicaid beneficiaries aged 21 to 65 with psychiatric or substance use disorders were identified with claims and encounter records. Groups were further divided into those with and those without a diagnosed substance use disorder. Adjusted odds of treatment in community-based settings, inpatient facilities, emergency departments, and hospital outpatient departments were calculated. Results: A total of 92,355 persons had a psychiatric disorder, 34,158 had a substance use disorder, and 14,256 had co-occurring psychiatric and substance use disorders. In all five states, beneficiaries with severe mental illness (schizophrenia, bipolar disorder, or major depression) and a substance use disorder had higher odds of inpatient, emergency department, and hospital-based outpatient psychiatric treatment, compared with those with severe mental illness alone. In four of five states, both severe and less severe mental illness and a co-occurring substance use disorder were associated with lower odds of community-based treatment compared with those with the respective mental illness alone. Compared with those with less severe mental illness alone, individuals with less severe psychiatric disorders and a co-occurring substance use disorder had higher odds of inpatient treatment in all states and of emergency department use in three of five states. Odds of inpatient and outpatient hospital use and emergency department use for substance abuse treatment were higher for persons with severe mental illness and a co-occurring substance use disorder in most states, compared with odds for those with a substance use disorder alone. Conclusions: Heavy inpatient and emergency department use by Medicaid beneficiaries with co-occurring substance use disorders is a consistent cross-state problem. Co-occurring disorders may decrease the likelihood of community-based treatment for those with less severe mental disorders and for those with severe mental illness, suggesting that policies focusing only on these settings may miss a significant proportion of people with these co-occurring disorders.


This column discusses the experiences of the original cohort of seven states participating in the first two years of a national demonstration project known as the Co-occurring State Incentive Grant (COSIG) initiative. COSIG was designed to help state mental health and substance abuse authorities develop innovative strategies to better integrate or coordinate services for persons with co-occurring mental and substance use disorders. Powerful factors of early project success included careful planning, which was based on experience with anticipating and planning around bureaucratic barriers, and gaining early consensus from a few key stakeholders. The column describes the implementation successes and challenges of these states and the lessons learned from these experiences so that states in the planning phases of similar projects or other infrastructure improvement projects may benefit.


This study examined the convergent validity of the Timeline Followback (TLFB) for individuals

Although empirical research has examined factors associated with increased violence risk among individuals with severe mental illness (SMI) and among veterans without SMI, less attention has been devoted to identifying violence risk factors among veterans with SMI. Using multivariable analysis of a large pooled sample of individuals with SMI, this study examines violence risk factors of N = 278 veterans with SMI. In multivariate modeling, violence by veterans with SMI was associated with head injury, posttraumatic stress disorder (PTSD), substance abuse, and homelessness. Results support the view clinicians assessing violence risk among veterans with SMI should consider a combination of characteristics empirically related to violence by non-veterans with SMI (e.g., homelessness) and veterans without SMI (e.g., PTSD).


OBJECTIVES: The excessive prevalence of comorbid substance abuse among persons with severe mental illness has been well established and identified as the source of numerous negative outcomes. An overlooked aspect of illicit drug use in this population is its illegality and the potentially dire criminal sanctions. This study examined the prevalence of drug arrests in a cohort of persons receiving services from a state mental health agency who were followed for roughly ten years. METHODS: Data on arrest spanning from 1991 to 2000 were obtained for all individuals receiving inpatient, case management, or residential services from July 1991 to June 1992 (N=13,816). Reports of prevalence were based on the number with at least one drug-related arrest in the observation period. RESULTS: Five percent of individuals in the cohort experienced at least one drug-related arrest (N=720). These included simple possession as well as manufacturing and distribution. The prevalence was much higher (15%) among persons aged 18 to 25 years than in other age groups. Roughly 95% of persons with a drug arrest also had an arrest for another type of offense. This pattern is similar to that observed among persons with a drug-related arrest in the general population. CONCLUSIONS: Convictions on drug charges can void access to Section Eight housing and other benefits and are associated with other patterns of offending that also carry significant criminal sanctions. State mental health agencies may wish to target interventions toward youthful clientele by focusing specifically on the risks associated with involvement with illicit drugs.


**Suicide**

Afifi, T. O., Cox, B. J., & Katz, L. Y. (2007). The associations between health risk behaviours and suicidal ideation and attempts in a nationally representative sample of young adolescents. *Canadian Journal of Psychiatry, 52*(10), 666-674. [not a U.S.-based population study, but results may still be of interest; not substance abuse specific, but still may be of interest; gender differences addressed]

Objective: To examine associations between health risk behaviours and suicidal ideation and attempts in Canadian adolescents aged 12 to 13 years. Young adolescents think about and attempt suicide. However, most existing research on suicide has been conducted on individuals aged 15 years and older. Method: The present study examined a nationally representative Canadian sample of adolescents aged 12 to 13 years (n = 2090). Health risk behaviours included disruptive (shoplifting, physical fighting, damaging property, fighting with a weapon, carrying a knife, and gambling), sexual (petting below the waist and sexual intercourse), and substance use behaviours (smoking cigarettes, consuming alcohol, marijuana or hash, and glue or solvents). Unadjusted and adjusted (for all significant health risk behaviour and psychiatric symptoms) models were tested. Results: All health risk behaviours were common among male and female adolescents. In unadjusted models, almost all health risk behaviours were associated with suicidal ideation and attempts among adolescent boys. In adjusted models, only damaging property, sexual intercourse, and smoking cigarettes remained statistically associated with suicidal ideation, while smoking cigarettes and using marijuana or hash remained statistically associated with suicide attempts among adolescent boys. All health risk behaviours were statistically associated with suicidal ideation and attempts among female adolescents in unadjusted models. In adjusted models, only carrying a knife remained statistically associated with suicidal ideation, while shoplifting and gambling remained statistically associated with suicide attempts among adolescent girls. Conclusions: Health risk behaviours among young adolescents are associated with suicidal ideation and attempts among young adolescents. Recognizing health risk behaviours among young adolescents may be one means of understanding who among them is at increased risk of suicidality.


OBJECTIVE: To examine psychological correlates of suicidality and violent behaviour in hospitalized adolescents and the extent to which these associations may be affected by their sex. METHOD: A sample of 487 psychiatric inpatients (207 male, 280 female), aged 12 to 19 years, completed a battery of psychometrically sound self-report measures of psychological functioning, substance abuse, suicidality, and violent behaviour. We conducted multiple regression analyses to determine the joint and independent predictors of suicide risk and violence risk. In subsequent analyses, we examined these associations separately by sex. RESULTS: Multiple regression analysis revealed that 9 variables (sex, age, hopelessness, self-esteem, depression, impulsivity, alcohol abuse, drug abuse, and violence risk) jointly predicted suicide risk and that an analogous model predicted violence risk. However, we found several differences with respect to which
variables made significant independent contributions to these 2 predictive models. Female sex, low self-esteem, depression, drug abuse, and violence risk made independent contributions to suicide risk. Male sex, younger age, hopelessness, impulsivity, drug abuse, and suicide risk made independent contributions to violence risk. We observed a few additional differences when we considered male and female subjects separately. CONCLUSIONS: We found overlapping but distinctive patterns of prediction for suicide risk and violence risk, as well as some differences between male and female subjects. These results may reflect distinct psychological and behavioural pathways for suicidality and violence in adolescent psychiatric patients and differing risk factors for each sex. Such differences have potential implications for prevention and treatment programs.


BACKGROUND: This study provides a descriptive profile of substance use behavior and the prevalence of suicide indicators (thought about, considered, and planned) among rural middle school students and examines the association between substance use and suicidal indicators among middle school students participating in the Coordinated School Health Program in a rural state. METHODS: During April and May 2004, 10,273 middle school students completed the middle school Youth Risk Behavior Survey. RESULTS: This study found that a large percentage of students had initiated substance use behavior, with the greatest number of students having tried cigarettes (40.9% females and 42.7% males), followed by alcohol use (37.2% females and 41.3% males). Additionally, suicidal ideation and behavior were prevalent. Significant associations were found between substance use and suicidal ideation and behavior among middle school students. CONCLUSIONS: Prevention programs for adolescent suicide should be implemented during the middle school years and should focus on preventing substance use given its relationship to suicide.


OBJECTIVE: We examined the cross-sectional associations between reports of an early age of alcohol use initiation and suicidal ideation, suicide attempts, and peer and dating violence victimization and perpetration among high-risk adolescents. METHOD: Data were obtained from the Youth Violence Survey conducted in 2004 and administered to all public school students enrolled in grades 7, 9, and 11/12 (N = 4131) in a high-risk school district in the United States. Our analyses were limited to seventh-grade students who either began drinking before the age of 13 or were nondrinkers, with complete information on all covariates (n = 856). Cross-sectional logistic and multinomial logistic regression analyses were conducted to determine the associations between early alcohol use and each of the 6 outcome behaviors (dating violence victimization and perpetration, peer violence victimization and perpetration, suicidal ideation, and suicide attempts) while controlling for demographic characteristics and other potential confounders (ie, heavy episodic drinking, substance use, peer drinking, depression, impulsivity, peer delinquency, and parental monitoring). RESULTS: In our study, 35% of students reported alcohol use initiation before 13 years of age (preteen alcohol use initiators). Students who reported preteen alcohol use initiation reported involvement in significantly more types of violent behaviors (mean: 2.8 behaviors), compared with nondrinkers (mean: 1.8 behaviors). Preteen alcohol use initiation was associated significantly with suicide attempts, relative to nondrinkers, controlling for demographic characteristics and all other potential confounders. CONCLUSIONS: Early alcohol use is an important risk factor for involvement in violent behaviors and suicide attempts among youths. Increased efforts to delay and to reduce early alcohol use among youths are needed and may reduce both violence and suicide attempts.


Factors associated with suicidal ideation and attempts were examined among a national probability sample of adolescents. Sample prevalences of suicidal ideation and attempts were 24.3% and 3.3%, respectively, yielding weighted population prevalence estimates of 23.3% and
3.1%. Suicidal ideation was positively associated with female gender, age, family alcohol and drug problems, violence exposure, lifetime depression, and posttraumatic stress disorder (PTSD). Suicide attempts were associated with female gender, age, sexual and physical assault, lifetime substance abuse or dependence, PTSD, and depression. Implications for intervention and prevention are discussed.

Depression/Anxiety/BiPolar/Other Mood Disorders


OBJECTIVES: Uncertainty exists regarding whether comorbid substance use disorders (SUDs) in bipolar I disorder are more prevalent among persons with versus without comorbid anxiety disorders. Moreover, the independent contribution of these comorbidities to the burden of bipolar disorder (BD) is unclear. METHODS: The 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions was used to identify respondents with lifetime BD (n = 1,411). Illness severity was compared across four groups based on the presence of lifetime anxiety disorders, lifetime SUDs, neither, or both. Variables included lifetime prevalence of mixed mania, prolonged mood episodes, BD-related health service utilization, and forensic history, 12-month prevalence of mania and depression, and current general mental health functioning. Diagnoses were generated using the National Institute on Alcohol Abuse and Alcoholism Alcohol Use Disorder and Associated Disabilities Interview Schedule, DSM-IV Version. Analyses were computed separately for males and females. RESULTS: For females only, the lifetime prevalence of SUDs was significantly greater among those with lifetime anxiety disorders [odds ratio (OR) = 1.41, 95% confidence interval (CI) = 1.08–1.86]; this was not found among males (OR = 1.15, 95% CI = 0.79–1.68). In multiple logistic regression analyses among both males and females, anxiety disorders were significantly associated with mixed episodes, prolonged depressive episodes, 12-month prevalence of depression, BD-related health service utilization, and poorer current mental health functioning. SUDs were significantly associated with mixed episodes among females, 12-month prevalence of depression among males, and with forensic history among both males and females. CONCLUSIONS: Whereas comorbid anxiety disorders appear to confer increased liability towards poor mental health functioning and greater BD-related health service utilization, comorbid SUDs are associated with positive forensic history. Early identification and treatment of these comorbid conditions are of paramount importance. Further representative prospective studies are needed.


BACKGROUND: This study examined the associations of (combinations of) social roles (employee, partner and parent) with the prevalence of anxiety and depressive disorders and whether social roles contribute to the explanation of the female preponderance in these disorders. METHOD: This was a cross-sectional study using data from 3,857 respondents aged 25–55 of NEMESIS (Netherlands Mental Health Survey and Incidence Study). Depression and anxiety disorders were measured using the CIDI 1.1. RESULTS: The OR of depressive disorders and anxiety disorders among women compared to men was 1.71 (95% CI: 1.40–2.10). Among both genders, the partner role was associated with decreased risks of depression and anxiety and the parent role was not. The work role was a significant protective factor of depression and anxiety for men (OR=0.40; 95% CI: 0.24–0.69) but not for women (OR=0.86; 95% CI: 0.66–1.12). The effect of the work role was positive among women without children (OR=0.28; 95% CI: 0.14–0.54), but not among those with children (OR=1.01; 95% CI: 0.75–1.35). The gender risk for depression and anxiety decreased significantly by adding the work role variables into the model. LIMITATIONS: This was a cross-sectional study. This study did not give insight into the quality of social roles. CONCLUSION: The work role contributed to the explanation of the female preponderance in depression and anxiety disorders. Considering depression and anxiety among women, a focus upon quality and meaning of the work role, and barriers in combining the work role and parent role may be essential.

The article reviews models that attempt to explain the high comorbidity between substance use disorders and personality disorders and analyze the evidence supporting and disputing each model. The primary substance use model suggests that the use of substance contributes to the development of personality disorders by three possible mechanisms. The primary personality disorder model suggests that the presence of personality pathology contributes to the development of substance use.


OBJECTIVES: This study aims to characterize patterns of mental health service utilization within a sample of bipolar youth. Demographic variables, youth bipolar characteristics, youth comorbid conditions, and parental psychopathology were examined as predictors of treatment utilization across different levels of care. METHODS: A total of 293 bipolar youth (aged 7–17 years) and their parents completed a diagnostic interview, family psychiatric history measures, and an assessment of mental health service utilization. Demographic and clinical variables were measured at baseline and mental health service use was measured at the six-month follow-up. RESULTS: Approximately 80% of bipolar youth attended psychosocial treatment services over the span of 6 months. Of those who attended treatment, 67% attended only outpatient services, 22% received inpatient/partial hospitalization, and 12% received residential/therapeutic school-based services. Using multinomial logistic regression, older age, female gender, and bipolar characteristics, including greater symptom severity and rapid cycling, were found to predict higher levels of care. Youth suicidal and non-suicidal self-injurious behavior, comorbid conduct disorder, and parental substance use disorders also predicted use of more restrictive treatment settings. CONCLUSIONS: Results underscore the importance of assessing for and addressing suicidality, comorbid conduct disorder.

Roberts, R. E., Roberts, C. R., & Xing, Y. (2007). Rates of DSM-IV psychiatric disorders among adolescents in a large metropolitan area. Journal of Psychiatric Research, 41(11), 959-967. [not gender specific but gender is addressed; see abstract under Adolescents and Young Adults]


This article examines the effectiveness of quarterly Recovery Management Checkups (RMCs) for people with substance disorders by level of co-occurring mental disorders (34% none, 27% internalizing disorders, and 39% internalizing and externalizing) across two randomized experiments with 92% to 97% follow-up. The 865 participants are 82% African American, 53% female, and age 37 on average. RMC involves identification of those in need of treatment, motivational interviews, and treatment linkage assistance. It is effective in linking participants in need to treatment, with equal or better outcomes among those with more mental disorders. The data support the utility of monitoring and re-intervention for clients with co-occurring disorders.


INTRODUCTION: Although depression is common among HIV-positive injection drug users (IDUs), little is known about differences between male and female HIV-positive IDUs. METHODS: We used baseline data for 1126 HIV-positive IDUs from a behavioral intervention trial from 2001 through 2005 in 4 US cities. Using the Brief Symptom Inventory-18, scores indicating high risk for depression were calculated separately for men and women based on raw scores of 9 for women and 7 for men. We did separate logistic regressions for men and women to evaluate correlates of depression in 4 domains: sociodemographic, psychosocial, substance use, and sexual behaviors/attitudes. RESULTS: Approximately one third of women and men met the criteria for being at high risk of depression. Women reported significantly more depressive symptoms than
men. Correlates linked with depression for both genders included perceived functional limitation, greater negative feelings regarding condom use, lower social support, and lower sense of empowerment. Being physically abused as adults and being Hispanic were correlates specific to men. No unique correlate was identified for women. DISCUSSION: Because of the high prevalence of depression among HIV-positive IDUs, caregivers should screen HIV-positive IDUs for depression and consider treatment for depression. Because of the similarities in correlates of depression among men and women, case finding and interventions for depression are likely to be similar for male and female HIV-positive IDUs.

**Eating Disorders**

Ata, R. N., Ludden, A. B., et al. (2007). The effects of gender and family, friend, and media influences on eating behaviors and body image during adolescence. *Journal of Youth and Adolescence, 36*(8): 1024. [not gender specific, but findings may be of interest]

The current study expands upon body image research to examine how gender, self-esteem, social support, teasing, and family, friend, and media pressures relate to body image and eating-related attitudes and behaviors among male and female adolescents (N = 177). Results indicated that adolescents were dissatisfied with their current bodies: males were concerned with increasing their upper body, whereas females wanted to decrease the overall size of their body. Low self-esteem and social support, weight-related teasing, and greater pressures to lose weight were associated with adolescents' negative body esteem, body image, and eating attitudes. Females displayed more high risk eating behaviors—which were associated with more psychosocial risk factors—than males, whose high risk attitudes and behaviors were only associated with low parental support and greater pressure to be muscular. Reducing adolescents' perceptions of appearance-related pressure from family and friends may be key for enhancing body image and decreasing links between low self-esteem and negative eating behaviors and weight-related perceptions.


**OBJECTIVE:** Previous research has shown an association between bulimia (BN) and drug use disorders (DUD). The purpose of the present study was to investigate possible influences on the comorbidity between BN and DUD. METHOD: Participants included 490 monozygotic and 354 dizygotic female twins and 930 females from opposite sex pairs. Multiple logistic regression analyses were used to test shared correlates and mediators. Bivariate twin analyses were used to investigate the contribution of genes and environment to the correlation between BN and DUD. RESULTS: Depression, neuroticism, and childhood sexual abuse (CSA) mediated the association between BN and DUD regardless of which disorder was used as the dependent variable. Analyses also indicated genetic and nonshared environmental overlap between BN and DUD. CONCLUSION: The association between BN and DUD is due mostly to overlapping genetic influences with a smaller contribution from nonshared environment. Depression, neuroticism, and CSA are likely important shared correlates.


The study investigated the adverse consequences on varied life domains of dieting, bingeing, vomiting and laxative use and compared them to the adverse consequences of alcohol drinking, tobacco smoking, and marijuana use. Results showed that the percentages of women who reported adverse consequences related to eating disordered behaviors were often comparable, if not higher, than the percentages of women who reported adverse consequences related to their substance use. This is the first study to compare the adverse consequences of disordered eating patterns and substance use behaviors. Results suggest the importance of recognizing the adverse consequences of disordered eating patterns.

OBJECTIVE: Substance abuse has been shown to predict poor outcome in eating disorder (ED) samples, and prior cross-sectional data on personality subtypes of EDs suggest that substance abuse is associated with dysregulated and possibly avoidant-insecure subtypes. This study investigates longitudinal associations between personality and substance use. METHOD: Personality pathology and substance use were assessed in 213 individuals with anorexia nervosa and bulimia nervosa at baseline; substance use was assessed at regular follow-up intervals over a 9-year period. RESULTS: Of the five personality factors identified, the obsessional-sensitive and high-functioning types were negatively associated with substance abuse at baseline, while the behaviorally dysregulated type was positively associated with substance abuse at baseline. Longitudinal associations were observed, suggesting that obsessional-sensitive personality type was protective against the development of substance abuse. Longitudinal associations between the other personality types and substance abuse were nonsignificant after baseline substance abuse history was included as a covariate in the model. CONCLUSION: Substance use demonstrates cross-sectional associations with personality style, but substance abuse history appears to be the most important predictor of future substance abuse in women with eating disorders.

Substance Use, HIV and Other Health Problems

HIV and STDs

Women in substance abuse treatment often have co-occurring mental health disorders and a history of trauma; they are also at high risk for HIV infection and other sexually transmitted diseases via unprotected sex. A quasi-experimental study evaluated the effectiveness of trauma-enhanced substance abuse treatment combined with HIV/AIDS prevention (N = 122) on reducing sexual risk behaviors compared to treatment with services-as-usual (N = 110). Participants in the services-as-usual condition were 2.8 times more likely to engage in unprotected sex at the 6-month follow-up and 4.5 times more likely to do so at the 12-month follow-up than those in the intervention program.

Using cross-sectional analysis we examined residential status and associated differences in HIV risk behaviors among 3,266 young IDUs enrolled in an HIV prevention trial. A three-level outcome (homeless (37%), equivocally housed (17%), housed (46%)) was defined based on responses to two questions assessing subjective and objective criteria for homelessness: "equivocally housed" participants were discordant on these measures. In multivariate analysis, antecedents of homelessness were having lived in an out-of-home placement, been thrown out of the home or in juvenile detention, and experienced childhood abuse; while correlates included receiving income from other and illegal sources, drinking alcohol or using methamphetamine at least daily, using shooting galleries, backloading, and sex work. A subset of these variables was associated with being equivalently housed. HIV risk varies by housing status, with homeless IDUs at highest risk. Programs for IDUs should utilize a more specific definition of residential status to target IDUs needing intervention.

Intimate partner violence (IPV) against women is a serious public health and social problem and is associated with a host of adverse health outcomes and behaviors, HIV risk behaviors included, among women who are victimized. Historically, research has focused on correlates of IPV victimization among women; thus, there is less information on the role of men in perpetrating IPV, particularly among men at risk for transmitting HIV to their female partners. We assessed the self-
reported prevalence and correlates of perpetration and threat of perpetration of physical and/or sexual IPV against a main female partner among 317 HIV-positive men who were current injection drug users (IDUs). More than 40% of men reported perpetrating physical (39%) and/or sexual (4%) violence against their main female partners in the past year. Multivariate analyses revealed that low education, homelessness, psychologic distress, and unprotected sex with main and nonmain HIV-negative female partners were positively associated with IPV perpetration against main female partners. These findings reveal that IPV perpetration is prevalent among HIV-positive male IDUs and associated with sexual HIV transmission risk behaviors. IPV assessment and treatment among HIV-positive men in HIV care is recommended as a way to prevent IPV perpetration and victimization and to reduce potential HIV transmission.


Most theoretical models of HIV risk behavior have not considered the role of personality factors, and few studies have examined mechanisms accounting for dispositional influences on sexual risk taking. This study elaborated on a conceptual model emphasizing sexual sensation seeking, alcohol expectancies, and drinking before sex as key predictors of HIV risk (S. C. Kalichman, L. Tannenbaum, & D. Nachimson, 1998). Multiple groups structural equation modeling was used to determine whether gender moderated relationships among these variables in a sample of 611 heterosexual, young adult drinkers (49% women, 76% Caucasian, mean age = 25 years). The model provided an excellent fit to the data, and gender differences were not substantiated. Sexual sensation seeking predicted HIV risk directly as well as indirectly via sex-related alcohol expectancies and drinking in sexual contexts. Findings suggest that expectancies and drinking before sex represent proximal mechanisms through which dispositional factors influence sexual risk outcomes. Moreover, these relationships appear to be similar in men and women. Interventions could benefit from targeting alcohol expectancies and drinking before sex in individuals with a dispositional tendency toward sexual risk taking.


Among HIV-positive injection drug users (IDUs), we examined the correlates of lending needles/syringes with HIV-negative and unknown status injection partners. HIV-positive IDUs (N=738) from 4 cities in the United States who reported injection drug use with other IDUs in the past 3 months participated in an audio computer-assisted self-administered interview. Eighteen percent of study participants self-reported having lent their needles to HIV-negative or unknown status injection partners. Multivariate analyses showed that 6 variables were significantly associated with this high-risk injecting practice. Older IDUs, high school graduates, and those reporting more supportive peer norms for safer drug use were less likely to lend needles/syringes. Admission to a hospital for drug treatment in the past 6 months, having injected with >1 person in the past 3 months, and having more psychiatric symptoms were all associated with more risk. These findings underscore the need for a continued prevention focus on HIV-positive IDUs that recognizes the combination of drug use, mental health factors, and social factors that might affect this high-risk injecting practice, which could be associated with HIV and hepatitis C transmission.


HIV-positive injection drug users (IDUs) are at risk for transmitting HIV to their sex and injection partners, and compared with non-IDUs, they have poorer access to medical care and adherence to antiretroviral therapies. Social support has been linked with decreased injection and sexual risk behaviors and slower disease progression. In this qualitative process evaluation, we explored emotional support (ie, caring, empathy), informational support (ie, information, guidance, feedback), and appraisal support (ie, information for self-evaluation or understanding) received by participants in the Interventions for Seropositive Injectors-Research and Evaluation (INSPIRE) project, a multisite secondary prevention intervention for HIV-positive IDUs. Participants in the
intervention and control conditions (N=40) described similar experiences in terms of type, source, and perceived benefits of social support received from the program. Emotional support was received from program staff, other participants, and elements of the intervention. Participants also mentioned social support received from the INSPIRE project in relation to changes they had made in their lives during and after their involvement in the intervention, such as changes in their drug use, sexual practices, and health care utilization.

Purcell, D. W., Latka, M. H., Metsch, L. R., Latkin, C. A., Gómez, C. A., Mizuno, Y., et al. (2007). Results from a randomized controlled trial of a peer-mentoring intervention to reduce HIV transmission and increase access to care and adherence to HIV medications among HIV-seropositive injection drug users. JAIDS: Journal of Acquired Immune Deficiency Syndromes, 46, S35-S47. [abstract does not mention gender, but findings may be of interest]

BACKGROUND: There is a lack of effective behavioral interventions for HIV-positive injection drug users (IDUs). We sought to evaluate the efficacy of an intervention to reduce sexual and injection transmission risk behaviors and to increase utilization of medical care and adherence to HIV medications among this population. METHODS: HIV-positive IDUs (n=966) recruited in 4 US cities were randomly assigned to a 10-session peer mentoring intervention or to an 8-session video discussion intervention (control condition). Participants completed audio computer-assisted self-interviews and had their blood drawn to measure CD4 cell count and viral load at baseline and at 3-month (no blood), 6-month, and 12-month follow-ups. RESULTS: Overall retention rates for randomized participants were 87%, 83%, and 85% at 3, 6, and 12 months, respectively. Participants in both conditions reported significant reductions from baseline in injection and sexual transmission risk behaviors, but there were no significant differences between conditions. Participants in both conditions reported no change in medical care and adherence, and there were no significant differences between conditions. CONCLUSIONS: Both interventions led to decreases in risk behaviors but no changes in medical outcomes. The characteristics of the trial that may have contributed to these results are examined, and directions for future research are identified.


Study: Drug and HIV risk reduction counseling with take-home buprenorphine.(2008). DATA: The Brown University Digest of Addiction Theory & Application, 27(2), 8-8. [abstract does not mention gender, but findings may be of interest; see abstract under Treatment, Rehabilitation and Recovery – Therapeutic Approaches – Other treatment, rehabilitation and recovery]


II. SPECIAL POPULATIONS OF WOMEN AND FAMILIES

Cultural Competency, Racial/Ethnic Subpopulations


BACKGROUND: Acculturation has been linked to an increased prevalence of alcohol-related problems. However, most of the research has been conducted with Hispanic populations in metropolitan areas of the United States, none of which is on the U.S.–Mexico border. This study
examines the association between acculturation, heavy episodic drinking, and DSM-IV alcohol abuse and dependence among Hispanics in the Texas–Mexico border. METHODS: The study used data from a survey conducted (2002 to 2003) along the Texas–Mexico border and included 472 male and 484 female Hispanic adults from El Paso, the Rio Grande Valley, and colonias. Based on the Acculturation Rating Scale for Mexican Americans-II scale, respondents were coded into 4 acculturation categories: "very Mexican oriented,""Mexican bicultural,""Anglo bicultural," or "very Anglo/Anglicized.". RESULTS: Acculturation was related to lower rates of alcohol use disorders among men and a higher frequency of heavy episodic drinking among women. Multivariate analyses indicate that men who report heavy episodic drinking and those who are "very Mexican,""bicultural Mexican," or "bicultural Anglo" are more at higher risk for alcohol abuse and/or dependence compared with "very Anglo/Anglicized" men. For women, acculturation level did not predict alcohol disorders. Statistical analyses included testing for bivariate associations and multivariate logistic regression predicting heavy episodic drinking alcohol abuse or dependence. CONCLUSIONS: This study suggests that acculturation has different effects on drinking for men and women. This finding needs some attention as literature also indicates that women drink more and may develop more alcohol-related problems as they acculturate. This increase in women’s drinking is probably because of U.S. society’s more liberal norms governing female drinking. The "bimodal" distribution of risk, in which only men in "very Anglo" group are at a lower risk than the others, may be unique to the Border. The association between acculturation and alcohol use disorders does not appear to be linear and the effect of acculturation is not uniform on individuals’ drinking behavior.


This paper examines longitudinal associations between drinking, alcohol problems and male-to-female (MFPV) and female-to-male partner violence (FMPV) in a national sample of White and Hispanic couples in the United States. The study uses general population household survey longitudinal data collected in 1995 and in 2000. Subjects (18 years or older) constitute a random sample of married and cohabiting couples in the 48 contiguous United States. In 1995, a total of 1,635 couples completed the interview for a response rate of 85%. In 2000, face-to-face interviews were completed with 1,392 couples in their homes. The present analyses include 406 White and 387 Hispanic couples, who remained intact at the follow-up. Alcohol volume, alcohol problems, MFPV and FMPV in 1995 significantly predicted these same behaviors 5 years later. For White couples, female alcohol problems predicted FMPV in 1995. For Hispanics, female alcohol problems predicted FMPV only in 2000. The relationships between the three alcohol variables and MFPV and FMPV are not static, changing across ethnic groups over time. Findings suggest that once a behavior is present, it tends to be a strong predictor of that same behavior in the future.


The increasing size of the Latino immigrant population in the United States underscores the need for a more complete understanding of the role that social context plays in influencing the health of immigrants and their children. This analysis explores the possibility that residential location influences the health-risk behaviors of Latino youth in Los Angeles County, California. The data come from the Los Angeles Family and Neighborhood Survey. We apply multivariate, multilevel Rasch models to two scales of adolescent health-risk behaviors (substance use and delinquency). The findings suggest that residence in Census tracts characterized by above-county-average levels of Latinos and above-county-average levels of poverty is associated with increased odds of health-risk behaviors for Latino adolescents, particularly for those born in the United States. The findings lend support to the contention, put forth in the segmented assimilation
literature, that disadvantaged urban contexts increase the risk that U.S.-born children of immigrants will experience downward assimilation.


Cannabis is the most widely used illicit substance in the United States, and rates of cannabis use disorders in some Native American samples have been reported to be higher than in the general U.S. population. However, little is known about factors which are associated with remission from cannabis dependence in any ethnicity. Using the SSAGA, this study examined variables associated with complete remission (defined as no symptoms of dependence for 6 months or more) from DSM-III-R cannabis dependence in 159 Southwest California Indians living on contiguous reservations. Female gender, employment, having more cannabis-induced symptoms, and a shorter duration of dependence were all associated with an increased likelihood of remission. Attention to factors associated with remission from cannabis dependence may be important in designing more effective treatment and intervention programs in this high-risk population.


**BACKGROUND:** Mexican Americans comprise one of the most rapidly growing populations in the U.S. However, information on the co-morbidity of alcohol dependence with other psychiatric disorders in Mexican Americans is sparse. **METHODS:** Demographic information, DSM-III-R diagnoses, and information differentiating independent from substance-induced anxiety and affective disorders were obtained from 240 Mexican American young adults residing in select areas of San Diego. **RESULTS:** A high prevalence of alcohol dependence was found in this population. There was significant co-morbidity between alcohol dependence and anxiety, affective, conduct/antisocial, and other substance dependence disorders: Eight percent of the anxiety disorders and 26% of the affective disorders were found to be substance-induced. **CONCLUSION:** High rates and substantial co-morbidity of alcohol dependence with psychiatric and other substance use disorders were found in this population. These data may help in designing prevention and intervention programs for this high-risk population.


This study compares the prevalence of risky sexual behavior between unmarried Hispanic and non-Hispanic students in southern Florida and assesses the role of substance use in risky sexual behavior. Among 815 unmarried respondents, approximately 35% had two or more sexual partners within the past 12 months. Compared with non-Hispanic White students, Hispanic students were less likely to engage in unprotected sex under the influence of alcohol (25% vs. 16%) but also less likely to have been tested for HIV infection (55% vs. 43%). The percentage of students using a condom during their last sexual encounter was 8% (oral), 35% (anal), and 50% (vaginal). For both Hispanic and non-Hispanic students, condom use was low regardless of smoking, heavy alcohol consumption, and marijuana use. From the problem behavior theory perspective, condom use and substance use may have different behavioral origins. These findings can help target and guide the development of prevention programs in university settings.

Paxton, R., Valois, R., & Drane, J. (2007). Is there a relationship between family structure and substance use among public middle school students? *Journal of Child & Family Studies, 16*(5), 593-605. **[not gender specific, but gender is addressed; see abstract under Adolescents and Young Adults]**

Prussing, E. (2007). Reconfiguring the empty center: Drinking, sobriety, and identity in Native American women’s narratives. *Culture, Medicine & Psychiatry, 31*(4), 499-526. **[gender specific; specific to Native American population, but findings may be of interest]**

Although anthropologists have paid little attention to popular American psychological discourse about addiction and recovery, the cultural politics of its engagement by Native North American communities warrant closer examination. By ethnographically contextualizing personal narratives,
this paper describes how addiction/recovery discourse has been selectively engaged by younger generations of women in a Northern Plains reservation community. Sobriety is not only a therapeutic transformation but also a socially negotiated identity change in this community and, therefore, engages ongoing local identity politics. Many community members evaluate the legitimacy of claims to Native identity by essentializing boundaries between Native and non-Native, as well as between past and present—a discursive convention that O’Nell has called “the rhetoric of the empty center” (Disciplined Hearts: History, Identity and Depression in an American Indian Community. Berkeley: University of California Press, 1996, p. 55). Yet by selectively appropriating elements of addiction/recovery discourse, younger women in the 1990s increasingly positioned emotional experience and expression as central arbiters of the legitimacy of Native identity. In so doing, they reconfigured the rhetoric of the empty center, eliciting both controversy and support from the larger community. This analysis highlights new dimensions of the social life of addiction/recovery discourse in contemporary Native North America, and calls for increased ethnographic attention to how localized cultural politics can orient the ways in which communities engage therapeutic discourses.

OBJECTIVE: Given the composition of the mental health and substance abuse workforce in the United States, Hispanic immigrants are often assigned to non-Hispanic, English-speaking clinicians. This produces challenges in communication and in understanding linguistic and cultural nuances and greatly impacts the accuracy of diagnoses and the delivery of appropriate services. With the inclusion of objective criteria in diagnostic categories, clinician-to-clinician agreement ought not to be impacted by the ethnicity of the client or the clinician. Both practice and research, however, suggest that this is not the case, particularly when diagnosing co-occurring mental health and substance abuse disorders. We explored the degree to which Hispanic and non-Hispanic clinicians agreed with each other and with the Structured Clinical Interview for DSM-IV-TR, Research Version (SCID) when diagnosing co-occurring substance-related disorders. METHOD: Using a naturalistic design, 88 adult clients were videotaped in diagnostic intake interviews (utilizing the DSM-IV-TR) with Hispanic or non-Hispanic clinicians. Videotapes were then viewed and rated by clinicians who were ethnically cross-matched to those on tape. Clients were also administered the SCID. Data were collected from September 15, 2003, through February 7, 2005. RESULTS: Non-Hispanic clinicians diagnosed significantly more substance-related disorders than Hispanic clinicians, and both Hispanic and non-Hispanic clinicians significantly under-diagnosed substance-related diagnoses compared to the SCID. Clinicians had very low diagnostic reliability with each other and with the SCID. Implications for the assessment, diagnosis, and treatment of co-occurring substance-related disorders are discussed. CONCLUSION: Findings seem to concur with past research suggesting that clinicians may be influenced by factors other than the diagnostic criteria (e.g., cultural and social biases) when diagnosing, and that they may make erroneous attributions of pathology when diagnosing across cultures.

This study sought to identify demographic and psychosocial correlates of cigarette smoking among low-income U.S. Black females. A total of 263 women provided demographic information and completed measures of perceived stress, anger, and alcohol and tobacco use. The analyses examined smoking using two variables: (a) smoking status category (nonsmokers [0 cigarettes/day], light smokers [1-10 cigarettes/day], moderate smokers [11-19 cigarettes/day], and heavy smokers [≥20 cigarettes/day]) and (b) a continuous measure of cigarettes smoked daily. Multinomial logistic (MLR) and hierarchical multiple regression (HMR) analyses were used to model demographic, psychological, and alcohol use correlates of smoking. Results indicated that 30% of the sample were nonsmokers, 44% reported light smoking, 6% were moderate smokers, and 20% were heavy smokers. Both regression models explained a significant proportion of the variance in smoking, accounting for 57% and 31%, respectively. Across smoking categories, the odds of smoking were greater for older women who had less education, lower income, greater perceived stress, and more frequent heavy alcohol use. Number of cigarettes
smoked daily was associated with similar factors, including less education and income, and older age. Heavy smoking was predicted by having fewer children. Current drinking was associated with light and heavy smoking, and with the extent of daily smoking. Anger was not a predictor of smoking in either model. A more complete understanding of the demographic and psychosocial factors associated with smoking among Black women can inform prevention and cessation strategies aimed at this population.

**Lesbian, Gay, Bisexual and Transsexual**

Cochran, S.D., Mays, V.M., Alegria, M., Ortega A.N., Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*(5):785-94. [not gender specific but gender is addressed] Growing evidence suggests that lesbian, gay, and bisexual adults may be at elevated risk for mental health and substance use disorders, possibly due to anti-gay stigma. Little of this work has examined putative excess morbidity among ethnic/racial minorities resulting from the experience of multiple sources of discrimination. The authors report findings from the National Latino and Asian American Survey (NLAAS), a national household probability psychiatric survey of 4,488 Latino and Asian American adults. Approximately 4.8% of persons interviewed identified as lesbian, gay, bisexual, and/or reported recent same-gender sexual experiences. Although few sexual orientation-related differences were observed, among men, gay/bisexual men were more likely than heterosexual men to report a recent suicide attempt. Among women, lesbian/bisexual women were more likely than heterosexual women to evidence positive 1-year and lifetime histories of depressive disorders. These findings suggest a small elevation in psychiatric morbidity risk among Latino and Asian American individuals with a minority sexual orientation. However, the level of morbidity among sexual orientation minorities in the NLAAS appears similar to or lower than that observed in population-based studies of lesbian, gay, and bisexual adults.

Susa, L. A., Keatley, J., & Operario, D. (2007). Perceived risks and benefits of sex work among transgender women of color in San Francisco. *Archives of Sexual Behavior, 36*(6), 768-777. [not substance abuse-specific, but still may be of interest] Prior research has shown that male-to-female (MTF) transgender women of color in the United States have a high rate of HIV infection and often engage in sex work for economic survival. With the exception of studies on HIV prevalence and behavioral risk, little research exists to elucidate the social context and determinants of sex work and related health risks among these women. Through a qualitative analysis of seven focus groups with 48 transgender women of color, we examined why and how participants became involved in sex work, documented risks associated with sex work, and explored what motivated participants to remain in sex work. Participants reported on how social networks and cultural norms, immigration issues, and experiences of racism, sexism, and transphobia influenced their decisions to enter and the risks encountered in sex work. Findings revealed that transgender women of color who engage in sex work have unique needs and experiences that must be addressed through structural and social network-based interventions to minimize their vulnerability to social and public health harms.

**Adolescents and Young Adults**

Note: Many of the abstracts regarding adolescents do not provide gender-specific differences, but findings still may be of interest.

**Adolescents**


Working from a life course perspective, this study examined the paradoxical association between academic status and drinking across the transition to young adulthood with multilevel modeling and a nationally representative sample of young people from the Add Health data project (n = 6,308). Taking academically advanced courses in high school was associated with lower rates of current drinking and binge drinking during high school (grades 9-12) but higher rates of both after high school (age range: 20-26). This positive longitudinal association between academic status and drinking was explained partly, but not completely, by educational, family, and work circumstances in young adulthood. The association was less likely to occur among students who attended high schools in which high achievement was the norm. Thus, the association between academic status and drinking behavior reverses across the transition to young adulthood, especially in certain types of peer environments within the educational system.


Using a snowball technique, in-depth interviews were conducted with 108 girls emanating from seven demographically dissimilar social networks. Girls were asked to classify 58 items as either a risk or protective factor for smoking initiation and then to assign an importance weighting to each. All items except one (worries about her weight) were clearly categorized as risk or protective; mean levels of agreement were 80.8% for perceived risk items and 92.6% for perceived protective items. Principal components analysis (PCA) of the weights given to the perceived risk items found that 28 items loaded on seven factors (social, affect, access, media, offers, family, and image) and explained 71.26% of the variance. PCA of 25 protective items revealed four factors (health, family, looks, and barriers) that explained 73.35% of the variance. Significant group differences on the importance weights were found, primarily by school (public or private), age (12-14 years or 15-16 years), having a friend who smokes (yes or no), and having tried smoking (yes or no). These group differences support the idea of having a broader array of antismoking messages for adolescent girls so that important subgroups can be targeted. Additional results support the position of developing antismoking messages with positive, affirming themes.

Eating family dinner may reduce girls' alcohol consumption. (2007). *Nursing Standard, 22*(10), 17-17. **[not gender specific, but gender is addressed]**

The article reports on a study about the possible precursors of initiation of alcohol use and binge drinking among U.S. adolescents. It relates that older age or maturation, smoking, adults drinking in the home, underage siblings and peer drinking and possession of or willingness to use promotional items were associated with increased likelihood of initiation. It also mentions that girls who ate family dinner everyday were less likely to begin drinking alcohol than those who do not.

Elkins, I.J., McGue, M., Iacono, W.G. (2007). Prospective effects of attention-deficit/hyperactivity disorder, conduct disorder, and sex on adolescent substance use and abuse. *Archives of General Psychiatry, 64*(10):1145-52. **[population > 50% female; abstract does not mention gender differences, but findings may be of interest]**

**CONTEXT:** Attention-deficit/hyperactivity disorder (ADHD), an early manifestation of externalizing behavior, may identify children at high risk for later substance abuse. However, the ADHD-substance abuse relationship often disappears when co-occurring conduct disorder (CD) is considered. **OBJECTIVE:** To determine whether there is a prospective relationship between ADHD and the initiation of substance use and disorders, and whether this relationship depends on the ADHD subtype (hyperactive/impulsive or inattentive), CD, or sex. **DESIGN, SETTING, AND PARTICIPANTS:** Dimensional and categorical measures of ADHD and CD were examined via logistic regression analyses in relation to subsequent initiation of tobacco, alcohol, and illicit drug use by 14 years of age and onset of substance use disorders by 18 years of age in a population-based sample of 11-year-old twins (760 female and 752 male twins) from the Minnesota Twin Family Study. **MAIN OUTCOME MEASURES:** Structured interviews were administered to adolescents and their mothers regarding substance use and to generate diagnoses. **RESULTS:** For boys and girls, hyperactivity/impulsivity predicted initiation of all types of substance use, nicotine dependence, and cannabis abuse/dependence (for all, P <.05), even when controlling for CD at 2 time points. By contrast, relationships between inattention and
substance outcomes disappeared when hyperactivity/impulsivity and CD were controlled for, with the possible exception of nicotine dependence. A categorical diagnosis of ADHD significantly predicted tobacco and illicit drug use only (adjusted odds ratios, 2.01 and 2.82, respectively). A diagnosis of CD between 11 and 14 years of age was a powerful predictor of substance disorders by 18 years of age (all odds ratios, > 4.27). CONCLUSIONS: Hyperactivity/impulsivity predicts later substance problems, even after growth in later-emerging CD is considered, whereas inattention alone poses less risk. Even a single symptom of ADHD or CD is associated with increased risk. Failure in previous research to consistently observe relationships between ADHD and substance use and abuse outcomes could be due to reliance on less-sensitive categorical diagnoses.

Fisher, L.B., Miles, I.W., Austin, S.B., Camargo, C.A., Jr, Colditz, G.A. (2007). Predictors of initiation of alcohol use among US adolescents: findings from a prospective cohort study. *Archives of Pediatrics & Adolescent Medicine, 161*(10):959-66. [gender differences addressed] OBJECTIVE: To identify precursors of adolescent alcohol initiation and binge drinking. DESIGN: Prospective cohort study. SETTING: Self-report questionnaires. PARTICIPANTS: A total of 5511 Growing Up Today Study participants aged 11 to 18 years in 1998. Main Exposures Individual, family, and social factors. MAIN OUTCOME MEASURES: First whole drink of alcohol and binge drinking. RESULTS: Between 1998 and 1999, 611 girls (19%) and 384 boys (17%) initiated alcohol use. Older age, later maturational stage, smoking, adults drinking in the home, underage sibling drinking, peer drinking, possession of or willingness to use alcohol promotional items, and positive attitudes toward alcohol were associated with an increased likelihood of alcohol initiation. Girls who ate family dinner at home every day were less likely to initiate alcohol use than girls who ate family dinner only on some days or never (odds ratio, 0.66; 95% confidence interval, 0.50-0.87). Girls with higher social self-esteem and boys with higher athletic self-esteem were more likely to initiate alcohol use than those with lower self-esteem. Among teens who initiated alcohol use, 149 girls (24%) and 112 boys (29%) further engaged in binge drinking. Among girls, positive attitudes toward alcohol, underage sibling drinking, and possession of or willingness to use alcohol promotional items were associated with binge drinking; among boys, positive attitudes toward alcohol and older age were associated with binge drinking. CONCLUSIONS: Eating family dinner at home every day may delay alcohol uptake among some adolescents. Alcohol promotional items appear to encourage underage alcohol initiation and binge drinking; this may warrant marketing restrictions on the alcohol industry.


Griswold, K. S., Aronoff, H., Kernan, J. B., & Kahn, L. S. (2008). Adolescent substance use and abuse: Recognition and management. *American Family Physician, 77*(3), 331-336. [abstract does not mention gender, but findings may be of interest] Substance abuse in adolescents is undertreated in the United States. Family physicians are well positioned to recognize substance use in their patients and to take steps to address the issue before use escalates. Comorbid mental disorders among adolescents with substance abuse include depression, anxiety, conduct disorder, and attention-deficit/hyperactivity disorder. Office-, home-, and school-based drug testing is not routinely recommended. Screening tools for adolescent substance abuse include the CRAFFT questionnaire. Family therapy is crucial in the management of adolescent substance use disorders. Although family physicians may be able to treat adolescents with substance use disorders in the office setting, it is often necessary and prudent to refer patients to one or more appropriate consultants who specialize specifically in substance use disorders, psychology, or psychiatry. Treatment options include anticipatory guidance, brief therapeutic counseling, school-based drug-counseling programs, outpatient substance abuse clinics, day treatment programs, and inpatient and residential programs. Working within community and family contexts, family physicians can activate and oversee the
system of professionals and treatment components necessary for optimal management of
substance misuse in adolescents.

birthday card program targeting high-risk drinking. *Journal of American College Health, 56*(3), 325-332. [see abstract under Prevention]

regarding the effects of early delinquency on adolescent psychosocial functioning and substance
involvement. *Journal of Abnormal Child Psychology, 35*(5), 831-843. [population > 50% female; abstract does not mention gender differences, but findings may be of interest]

This study compared alternative hypotheses (from general deviance, life course, and
developmental psychopathology perspectives) regarding the effects of early adolescent
delinquency on psychosocial functioning in family, school, and peer contexts, and on alcohol use.
Analyses also examined parent-child negative affective quality, prosocial school orientation, and
peer substance use as possible direct predictors of problem substance use. Participants in this
longitudinal study, extending from age 11 to age 18, were 429 rural teens (222 girls) and their
families. Path model comparisons supported the tenability of a partial mediation model that
included mediating pathways and a direct effect of delinquency on alcohol use, as hypothesized
by developmental psychopathology. A supplemental analysis controlling for the stability of the
family, school, and peer variables revealed that delinquency had less pervasive direct effects on,
and a nonsignificant indirect effect through, changes in the mediators over time. Results also
showed that peer substance use was a direct positive predictor of problem use.

brief intervention targeting alcohol use and physical activity among adolescents. *Journal of Drug
Education, 37*(4), 401-416. [gender differences addressed; see abstract under Research and
Evaluation]

substance abuse-specific, but still may be of interest]

This article explores the relationship between online and offline forms of interpersonal
victimization, with depressive symptomatology, delinquency, and substance use. In a national
sample of 1,501 youth Internet users (ages 10-17 years), 57% reported some form of offline
interpersonal victimization (e.g., bullying, sexual abuse), and 23% reported an online interpersonal
victimization (i.e., sexual solicitation and harassment) in the past year. Nearly three fourths (73%)
of youth reporting an online victimization also reported offline victimization. Virtually all types of
online and offline victimization were independently related to depressive symptomatology,
delinquent behavior, and substance use. Even after adjusting for the total number of different
offline victimizations, youth with online sexual solicitation were still almost 2 times more likely to
report depressive symptomatology and high substance use. Findings reiterate the importance of
screening for a variety of different types of victimization in mental health settings, including both
online and offline forms.

relationship outcomes among adolescent mothers and their partners. *Journal of Clinical Child &
Adolescent Psychology, 36*(4), 541-556. [not substance abuse-specific, but still may be of interest; see abstract under Pregnant and Parenting Women]

Needham, B. L. (2007). Gender differences in trajectories of depressive symptomatology and substance
use during the transition from adolescence to young adulthood. *Social Science & Medicine, 65*(6), 1166-1179. [gender differences addressed]

Abstract: This study examines gender differences in the association between symptoms of
depression and substance use during the transition from adolescence to young adulthood. Data
are from three waves of the US-based National Longitudinal Study of Adolescent Health
(n=10,828). Results from latent growth curve analysis demonstrate that the association between
depressive symptomatology and substance use is bi-directional. Adolescents who are initially
more depressed begin the study period with substantially higher levels of substance use than
their better-adjusted peers, yet they are less vulnerable to increases in smoking (girls only), binge drinking (girls and boys), and illicit drug use (girls only) across the transition to young adulthood. Also, adolescents who start out with higher than average cigarette, alcohol, and illicit drug use experience a faster rate of decline in symptoms of depression over time compared to those who start out with lower levels of substance use. This association appears to be more pronounced for girls than for boys. Despite their faster rate of decline in depressive symptoms, girls and boys who have higher initial levels of substance use report higher levels of depressive symptomatology at all three time points.


In this study, the relationship between family structure and substance use was investigated using a sample of 2,138 public middle school students in a southern state. The CDC Middle School Youth Risk Behavior Survey was utilized and adjusted logistic regression models were created separately for four race/gender categories (African American females/males, and Caucasian females/males) to examine associations among selected drug use variables (tobacco, alcohol, marijuana and inhalants). Analyses were adjusted for social economic status. Results suggested differences (p ≤ .05) among race/gender groups for the protective effect of living in an intact family (both mother and father, real or adoptive) regarding substance use among middle school students. In addition, family structure appeared to have a stronger relationship with substance use for Caucasians as opposed to African American adolescents. Caucasian adolescents living in cohabitated family households were more likely to report substance use, when compared to those living in intact two-parent households. Adolescents who are undergoing parental divorce may need special attention as they transition into new family structures.

Rizzo, C. J., Esposito-Smythers, C., Swenson, L., Birmaher, B., Ryan, N., Strober, M., et al. (2007). Factors associated with mental health service utilization among bipolar youth. Bipolar Disorders, 9(8), 839-850. [not substance abuse-specific, but still may be of interest; see abstract under M; see abstract under Mental Health and Co-occurring Disorders – Depression/Anxiety/BiPolar/Other Mood Disorders]


This study presents prevalence data for adolescents in a large metropolitan area in the US and the association of DSM-IV diagnoses to functional impairment and selected demographic correlates. We sampled 4,175 youths aged 11–17 years from households enrolled in large health maintenance organizations. Data were collected using questionnaires and the Diagnostic Interview Schedule for Children, Version IV (DISC-IV). Impairment was measured using the Child Global Assessment Scale and diagnostic specific impairment in the DISC-IV. 17.1% of the sample met DSM-IV criteria for one or more disorders in the past year; 11% when only DISC impairment was considered and 5.3% only using the CGAS. The most prevalent disorders were anxiety (6.9%), disruptive (6.5%), and substance use (5.3%) disorders. The most prevalent specific disorders were agoraphobia, conduct and marijuana abuse/dependence, then alcohol use and oppositional defiant disorder. Younger youths and females had lower odds for any disorder, as did youths from two parent homes. There were increased odds associated with lower family income. Females had greater odds of mood and anxiety disorders, males of disruptive and substance use disorders. There were greater odds of mood and disruptive disorders for older youths. Prevalences were highly comparable to recent studies using similar methods in diverse non-metropolitan populations. We found associations with age, gender, and to a lesser extent, socioeconomic status reported in previous studies. The inclusion of both diagnosis-specific impairment and global impairment reduced prevalence rates significantly. Our results suggest commonality of prevalences and associated factors in diverse study settings, including urban and rural areas.

Pediatrics, 121(2), 297-305. [abstract does not mention gender, but findings may be of interest; see abstract under Mental Health and Co-occurring Disorders - Suicide]


The purpose of this study was to document whether adolescents make inferences regarding male and female vignette characters in terms of the characters' sexuality, social skills, impairment, and aggressiveness when the characters consume alcohol. A Web-based survey of 1,691 middle and high school students (grades 6-11) from diverse socioeconomic and ethnic backgrounds was conducted. The Dating Vignette and Subjective Perception Form (George, Gournic, & McAfee, 1988) were modified for use with an adolescent sample and embedded within the Web-based survey. There were significant interaction effects between the male and female characters' alcohol consumption in terms of the respondents' perception of the female character for all of the subscales examined (i.e., sexual disinhibition, social skills, impairment, and aggressiveness). In contrast, there were no significant interactions between the characters' drinking and the respondents' perception of the male character. Collectively, these findings suggest that adolescents' perceptions of girls are based not only on the girls' own drinking behaviors, but also their male partners' drinking behaviors.


OBJECTIVE: The purpose of this study was to document the prevalence and describe the characteristics of alcohol-related sexual assault among middle and high school students. METHOD: A Web-based, self-administered survey was used to collect data on 7th-through 12th-grade students (n = 1,037) in a large metropolitan area in the Midwest. A modified version of the Sexual Experiences Survey was used to ask students about their sexual victimization experiences so as to examine the involvement of alcohol within specific assault events. The sample was equally distributed by biological gender and ethnicity (white vs. black) and was, on average (SD), 14 (2) years of age. RESULTS: Findings from the study indicate that alcohol was involved in approximately 12%-20% of the assault cases, depending on age and gender of the respondent. For females, the presence of alcohol during assault differed significantly based on the location at which the assault occurred, ranging from 6% (at the survivor's home) to 29% (at parties or someone else's home). Furthermore, alcohol-related assault among females was more likely to involve physical force than non-alcohol-related assault. CONCLUSIONS: Results are discussed in light of the risk factors of alcohol-related assault among adolescents as well as the nature of social contexts that fosters alcohol-related sexual assault among both adolescents and college students.

College Age/Young Adults


OBJECTIVE: The authors aimed to further describe the relationship of alcohol use by college athletes to variables, such as sport participation, time of year, and level of competition. PARTICIPANTS: There were 720 participants from Divisions I, II, and III who participated in either a team sport or an individual sport. METHODS: The authors measured characteristics of alcohol use by college athletes at 9 colleges and universities. RESULTS: Participants reported a high rate of consuming 5 or more drinks per occasion in the past 2 weeks. There were greater percentages of team sport athletes reporting this behavior than athletes of individual sports, and there were significant differences according to level of competition. CONCLUSIONS: The college
athletes in this study reported high-risk alcohol use at percentages much higher than previously reported. The findings and practical application of the results are discussed.


This study examines drug use, including alcohol, as a factor in risky sexual behavior while considering patterns across sex and race. Both factors have been given insufficient attention in prior research. The data for this study come from a survey of 1,052 college students from a Midwestern state. Findings indicate that drug use is associated with increases in risky sexual behavior, but this is more true for females than for males. The use of drugs other than marijuana and alcohol has a different pattern of association for the four race-sex groups. There is no association between risky sex and other drug use for the young men, and a different pattern of association for the young women. For black females, other drug use is negatively or not at all associated with risky sex, whereas it is positively associated with risky sex for the white females. Implications of these findings are discussed.


This study examined correlates of alcohol use: substance-use coping, drinking to “feel high,” and depressive symptoms as related to drinking behaviors in males and females. A sample of 266 female and 140 male college students from a private and public college were surveyed. Males reported more frequent alcohol use, alcohol-related problems, binge drinking, substance-use coping, and drinking to “feel high.” There were no gender differences in self-reported depressive symptoms. Alcohol-use frequency and binge drinking were both accounted for by substance-use coping and drinking to “feel high” among males and females. However, alcohol-related problems were accounted for by males' frequency of alcohol use and drinking to “feel high,” whereas females' problems were accounted for by frequency of alcohol use and depressive symptoms. Findings indicate that motivation for drinking is a more robust correlate of alcohol-related problems among males, while depressive symptomatology is a more relevant correlate of alcohol-related problems among females.


OBJECTIVE: The authors' goal was to show how risk perceptions regarding unplanned sexual activity following alcohol use are prospectively related to subsequent alcohol consumption.

PARTICIPANTS: Undergraduate students (N = 380) completed questionnaires at 2 time points during their freshman year. METHODS: In the middle of the academic year (T1), students estimated their risk of engaging in unplanned sex and reported their alcohol use during the previous term. Four months later (T2), they again reported alcohol use and indicated whether they had engaged in unplanned sex since T1. RESULTS: Students who consumed more alcohol at T1 rated their risk of unplanned sex more highly, suggesting relative accuracy. Those with higher risk perceptions consumed more alcohol at T2 (controlling for T1 use), suggesting that they maintained the high-risk behavior. Last, those who were unrealistically optimistic (ie, estimated low risk at T1 yet had unplanned sex by T2) reported greater alcohol use at T2. CONCLUSIONS: These findings highlight the role that risk perceptions regarding sexual activity may play in college students' alcohol use.

OBJECTIVE: The current study assessed women's risk for victimization during the first year at college, based on changes in drinking during the transition from high school to college, with a specific interest in differential risk for victimization based on women's change in drinking status over the transition to college. Continued abstainers were compared with women who began drinking (“new” drinkers) and women who continued drinking but either decreased, increased, or did not change their level of weekly drinking. METHOD: Data were collected using a Web-based survey each fall for the first 2 years at college with one cohort (N = 886) of incoming freshmen women at a large state university in New York. Women reported on their alcohol and other drug use, psychological symptoms, number of sexual partners, and experiences with physical and sexual victimization for the year before entering college (Year 1 survey) and for the first year at college (Year 2 survey). RESULTS: Abstainers were significantly less likely to experience physical or sexual victimization during the first year at college, compared with drinkers. Logistic regression indicated that there were differences in the predictors of physical and sexual victimization during the first year at college. These differences included history of victimization, psychological symptoms, and number of sexual partners, as well as the type of change in drinking over the transition. CONCLUSIONS: In comparison with abstainers, having a history of physical victimization, greater psychological symptoms, and being a “new” drinker increased the odds of physical victimization, whereas having a greater number of current psychological symptoms, sexual partners, and increasing weekly drinking increased the odds of sexual victimization during the first year at college. These findings have implications for prevention efforts targeting young women entering college.


Mediational links between parenting styles (authoritative, authoritarian, permissive), parental bond (positive, negative), depression, alcohol use and abuse were tested. A 2-group, multiple-indicator, multiple-cause structural equation model with 441 (216 female, 225 male) college students was examined. In general, a poor parental bond with one’s father was highly predictive of depression, a well-known predictor of alcohol abuse and related problems for both genders. In contrast, a positive parental bond with one’s father significantly mediated the positive effects of authoritative fathering on depression, which then decreased alcohol use problems for both genders. For women, a negative parental bond with one’s father significantly mediated the effect of having an authoritarian father on depression, which increased alcohol use problems. These findings suggest that parental influences on pathways to alcohol abuse through depression (primarily through fathers for both genders) are distinct from pathways stemming from poor impulse control (with influences primarily from the same-sex parents for both genders).


OBJECTIVE: The authors examined the phenomenon known to college students as prepartying, which is the consumption of alcohol prior to attending an event or activity (e.g., party, bar, concert) at which more alcohol may be consumed. PARTICIPANTS: To explore the extent of this behavior, the authors surveyed 227 college students about each drinking event over a 1-month period. RESULTS: Principal results revealed that 64% of participants engaged in prepartying 75% of drinkers) and that prepartying is involved in approximately 45% of all drinking events. Prepartying was predictive of more drinking throughout the day of the drinking event and alcohol-related negative consequences. Men and women engaged in this behavior at similar rates, and prepartying was most related to social reasons for drinking. CONCLUSION: Because prepartying is well-known among students, the authors suggest that clinicians and researchers target it to better understand college drinking and to help students understand the associated dangers.

OBJECTIVE: The authors examined perceived norms and drinking among college students who attended high schools in rural and urban communities. PARTICIPANTS AND METHODS: Undergraduates (99 men and 85 women) who attended high schools in communities with populations ranging from less than 100 to more than 400,000 completed surveys assessing perceived norms and alcohol consumption. RESULTS: Analyses revealed that students from smaller towns and in smaller high school graduating classes reported heavier drinking and that perceived norms were positively associated with drinking. Perceived norms were unrelated to population variables, and the relationship between perceived norms and drinking did not vary as a function of population variables. Results suggest that differences in drinking as a function of coming from more rural areas contribute to drinking behavior in college independently of perceived norms. CONCLUSIONS: College students may adjust to campus drinking norms relatively quickly, and longitudinal research would be useful in understanding this transition.


OBJECTIVE: This study examined levels of internalizing and externalizing problems over the full spectrum of alcohol consumption in young adults and identified whether social factors account for the associations of alcohol consumption with internalizing and externalizing problems. METHOD: This study was a cross-sectional random sample study among 2,258 young adult men and women from the general population of southwest Netherlands. Five groups were distinguished: (1) nondrinkers; (2) occasional drinkers (monthly or less); and regular drinkers (two or more times monthly) who were further classified into (3) low-level drinkers (one to two drinks per occasion), (4) higher-level drinkers (three to four drinks per occasion), or (5) excessive drinkers (five or more drinks per occasion). Internalizing problems and externalizing problems, social support, and negative social exchange were measured with standardized questionnaires. RESULTS: U-shaped associations were found between alcohol consumption and various internalizing problems. Low social support accounted for higher rates of internalizing problems in nondrinkers and negative social exchange accounted for higher rates of internalizing problems in excessive drinkers. Also, excessive drinking was associated with various externalizing problems. A J-shaped association was found between alcohol consumption and aggressive behavior, with higher rates for occasional and excessive drinkers compared with low-level drinkers. Negative social exchange partly accounted for associations between alcohol consumption and externalizing problems. CONCLUSIONS: Nondrinkers and excessive drinkers differ from low-level drinkers in risk factors for poor mental health, and these factors may contribute to their elevated rates of mental health problems. Interventions that address the experience of negative social exchange may produce both mental health benefits and a reduction of excessive drinking.

Ward, B. W., & Gryczynski, J. (2007). Alcohol use and participation in organized recreational sports among university undergraduates. Journal of American College Health, 56(3), 273-280. [abstract does not mention gender differences, but findings may be of interest]

OBJECTIVE: The authors examined alcohol use among students involved in recreational sports. To the authors' knowledge, this is the first study of alcohol use in which researchers separate recreational sports participants from intercollegiate athletes and examine them as a separate group of interest. PARTICIPANTS: The authors generated a random sample of 494 students from the undergraduate population at a 4-year university. METHODS: They used a Web-based survey to collect data and stratified and weighted the sample by residence status to more accurately reflect the population. RESULTS: Students who participated in recreational sports used alcohol at a greater frequency and intensity than did those who were not involved in recreational sports across a variety of measures, even alongside other variables, including race, sex, and Greek membership. CONCLUSIONS: On the basis of these findings, alcohol consumption among those participating in recreational sports appears to be an area worthy of consideration in future research.
Older/Mature Women


The issue of prescription drug abuse among the elderly population is multifaceted. Such abuse has implications for the individual's health and his or her family relationships, and has other ecological dimensions. In this in-depth, qualitative case study, one family's experience with prescription drug abuse is examined using human ecological theory as a guiding framework. Findings include the powerful role played by the medical community, influence of societal biases, and family conflict. Implications for training physicians, developing clinical assessments, family treatment, and future research are discussed.

Homeless


A brief motivational intervention with 117 homeless adolescents was evaluated using a randomized design and 3-month follow-up. The intervention was designed to raise youths' concerns about their substance use, support harm reduction, and encourage greater service utilization at a collaborating agency. The study was designed to strengthen initial promising results of an earlier study (P. L. Peterson, J. S. Baer, E. A. Wells, J. A. Ginzler, & S. B. Garrett, 2006). Several modifications in the clinical protocol were included to enhance engagement with the intervention. Analyses revealed no significant benefits for intervention participants when homeless youths' substance use rates were compared with those of control participants. Service utilization during the intervention period increased for those receiving the intervention but returned to baseline levels at follow-up. Participants reported overall reductions in substance use over time. Differences between sampling methods for the current and previous study are discussed, as are the limitations of brief interventions with this population. Future research needs to elucidate mechanisms of change and service engagement for highly vulnerable youth.


Although the dramatic rise of methamphetamine use in the general population has been well-documented, little is known about methamphetamine use in the homeless population. This study examines self-reported methamphetamine use and its correlates among a sample of 664 urban homeless adults in Los Angeles. Over one-quarter of the overall sample, and 60% of whites, disclosed lifetime methamphetamine use. Less than 10% of African-Americans reported ever using methamphetamine. Approximately one-tenth of respondents reported current methamphetamine use; almost 90% of current users shared straws to snort methamphetamine and half used it daily. Logistic regression analysis in younger (18-39) and older (40+) respondents revealed that white ethnicity, polydrug use and binge drinking were independently associated with lifetime methamphetamine use, regardless of age. Injection drug use (IDU) was also an important correlate of methamphetamine use for older African-Americans. IDU was not important for the younger group. Findings suggest that there is need for greater surveillance of methamphetamine use among homeless whites and Hispanics, and methamphetamine-use prevention and reduction targeted to younger, polydrug-using, alcohol-binging homeless adults.


We applied the Gelberg-Andersen Behavioral Model for Vulnerable Populations to predict health services utilization (HSU) in 875 homeless US women. Structural models assessed the impact of predisposing (demographics, psychological distress, alcohol/drug problems, homelessness severity), enabling (health insurance, source of care, barriers) and need (illness) variables on
HSU (preventive care, outpatient visits, hospitalizations). Homelessness severity predicted illness, barriers and less insurance. Distress predicted more barriers, illness and less outpatient HSU. Drug problems predicted hospitalizations. Barriers predicted more illness and less outpatient HSU. Health and homelessness indicators were worse for White women. Better housing, access to care and insurance would encourage appropriate HSU.

**Criminal Justice**

**Adults**


New Mexico’s approach to providing a balanced system for female offenders in their transition from incarceration to community-based services has become a priority for not only corrections secretary Joe R. Williams, who established the position of deputy director of Female Offender Services in May 2003, but also for Gov. Bill Richardson. Topics significant to a women's well-being and necessary to moving forward include safety in relationships, building trust, coping skills, understanding trauma and domestic violence, self-esteem, and setting physical and emotional boundaries.


In other cases, in hopes of benefiting the fetuses, judges have used incarceration as a way to prevent drug use by pregnant addicts. Judges have also used incarceration, detention, orders of hospital confinement, and threats thereof, to compel pregnant women to access prenatal care or to submit to their physicians’ directions regarding medical treatment for the benefit of fetal health, even when such medical care is contrary to the pregnant woman’s deeply held religious beliefs. In every case, detention of the pregnant woman is predicated on some version of fetal rights and is meant to influence the pregnant woman's decision regarding the course of her pregnancy. Judges and legislatures have used the deprivation of physical liberty, and threats thereof, as a way to prevent drug use by pregnant addicts, to compel pregnant women to access prenatal care, or to force women to submit to their physicians’ directions regarding medical treatment for the benefit of fetal health.


OBJECTIVES: We compared health and social needs by gender, age, and race/ethnicity of people leaving New York City jails and assessed the implication of these differences for the development of jail reentry programs. METHODS: Surveys were completed with 1,946 individuals (536 men, 704 women, and 706 adolescent males) between 1997 and 2004. Structured questionnaires captured data on demographic, criminal justice, substance use, and health characteristics. Bivariate comparisons were performed to determine variations between men and women, men and male adolescents, and non-Latino black and Hispanic/Latino respondents. RESULTS: The majority of participants were black and Hispanic/Latino, reported high levels of substance use, had high rates of recidivism, and experienced difficult living circumstances. Compared with men, women were more likely to be homeless, use illicit drugs, report drug charges at index arrest, have health problems, and be parents. Adolescent males were more likely than men to rely on illegal activities for income and to have used marijuana and alcohol recently, and were less likely to report homelessness or health problems. Ethnic/racial differences between black and Hispanic/Latino respondents within gender and age groups were smaller than differences among these groups. CONCLUSIONS: Jails concentrate individuals with multifaceted
health and social problems, providing opportunities to engage at-risk populations in comprehensive reentry programs. Gender, age, and ethnic/racial differences among incarcerated populations require that interventions be tailored to the specific needs of these different groups.


There is a paucity of research examining substance abuse issues among women prisoners. This study explored relationships between perceived stress, impulsivity, and beliefs in the efficacy of drugs as these variables pertain to self-reported drug use severity. Women prisoners (N = 100) participated in structured face-to-face interviews based on established research instruments. Although there was no significant correlation between demographic characteristics and substance use severity, positive relationships were found between substance use severity, perceived stress, impulsivity, and beliefs. A multiple linear model was estimated regressing drug use severity on beliefs, impulsivity, and perceived stress. Only the measures of beliefs and impulsivity were significant correlates of drug use severity. Implications are discussed for prison substance abuse programming and future research.


Methamphetamine (meth) users with felony convictions may be important vectors in the HIV/AIDS pandemic because of their drug and sexual risk histories. This study gathered personal, psychosocial, and behavioral data from 450 HIV-negative, heterosexually identified, meth-using men and women. Significant differences were found between felons and non-felons in meth use patterns, contexts and reasons for use, involvement of social networks in meth use, and certain psychosocial and sexual risk variables. Our findings suggest that targeting meth use patterns and motivations, social networks, and sexual risk behaviors of meth-using felons may help to reduce HIV/AIDS transmission in and outside the prison system.


Non-medical use of prescription medications is on the rise across the U.S., particularly in rural areas. In this study of 233 prisoners and probationers in southwestern Virginia, we add to an emerging profile of individuals abusing prescription medications. In this retrospective review of 2000-2004 augmented Addiction Severity Index data, those abusing prescription medications reported increased illicit drug and alcohol abuse, poly-drug abuse, psychiatric problems, and arrests for property crimes. Forty percent reported abuse of OxyContin®, a drug implicated in a number of deaths in this region. Compared to non-users, OxyContin® users were younger, more likely to be female, and more likely to abuse benzodiazepines, methadone, cocaine, and heroin. Longevity of abuse of these other drugs belies suggestions that OxyContin® was acting as a “gateway” drug leading naïve users into addiction and risk of death.

**Juveniles/Youth**


Recent research indicates that adjudicated female youth have higher rates of mental health problems and histories of trauma exposure and abuse relative to adjudicated male youth. These differences are important for gender-specific assessment, intervention, and management strategies. We replicated a subtyping strategy for adjudicated female youth based on mental health screening data from the Massachusetts Youth Screening Instrument-2 (MAYSI-2) by investigating subtype differences on trauma symptoms, abuse history, and other background variables. Cluster analysis of the standard MAYSI-2 scales revealed a three cluster solution replicating results from a prior study. Additionally, results indicated expected differences between female youth with mental health problems compared to those without mental health problems with co-occurring female youth (i.e., self-reported mental health and substance abuse problems) having have greater mental health problems and more extensive abuse histories compared to
other subtypes.


### Military

Elbogen, E. B., Beckham, J. C., Butterfield, M. I., Swartz, M., & Swanson, J. (2008). Assessing risk of violent behavior among veterans with severe mental illness. *Journal of Traumatic Stress, 21*(1), 113-117. [not substance abuse-specific, but still may be of interest given relationship between SUDs and PTSD; see abstract under Mental Health and Co-occurring Disorders]


BACKGROUND: This study reports on the feasibility of using validated mental health screening instruments for deployed Operation Iraqi Freedom military personnel. METHODS: For a 3-month period in 2005, all service members (N = 296) who initially presented to the U.S. Military Hospital Kuwait mental health clinic completed an intake questionnaire that gathered demographic information. Additional validated instruments to screen for mental disorders and functional impairment. RESULTS: A total of 19% of the sample subjects screened positive for post-traumatic stress disorder-related symptoms, 35% for a major depressive disorder, and 11% for severe misuse of alcohol. Significant levels of distress and functional impairment were reported by 58% of the sample. Women represented a disproportionately high percentage of those presenting for care (27%). CONCLUSIONS: Screening instruments were well accepted and useful in detecting psychopathological conditions and functional impairment. Female service members might represent a high-risk group. These results are useful for those caring for service members during or after deployment.


OBJECTIVES: To investigate gender differences among veterans receiving intensive outpatient (IOP) substance use treatment in a national VA sample and to compare women attending IOP with women with substance use disorders in VA primary care. METHODS: VA national databases were used to identify all veterans receiving intensive IOP substance use treatment in 1999 along with a matched cohort of individuals with substance use disorders attending primary care but not in treatment. RESULTS: Few women (2.8%) were treated in IOP at the VA. Among the women who did receive treatment, substantial clinical differences were found compared with men in IOP treatment. Women with substance use disorders were younger, more likely to have cocaine abuse or dependence disorders, and more likely to have extensive psychiatric and medical comorbidities than men with substance use disorders in the VA. Women in treatment were also found to be significantly different from women with substance use disorders not in treatment. CONCLUSIONS: Outreach and new programming for women veterans with substance use disorders in the VA is critical in order to treat these issues early and potentially prevent multiple, severe comorbid illnesses.

### III. PERINATAL AND FAMILY SERVICES

### Pregnant and Parenting Women


The goal of this study was to examine the effects of early and adverse experiences with sex and alcohol on adolescent drinking the year before and during pregnancy. Pregnant adolescents, recruited at an outpatient prenatal clinic, were interviewed about their substance use. A subsample was asked about their first sexual experiences. Associations among early experiences with alcohol and sex and drinking before and during pregnancy were examined. Early age at first alcoholic drink predicted problem alcohol use before pregnancy and drinking during pregnancy. Coercive first coitus was not associated with alcohol use, but drinking during first coitus predicted problem alcohol use before pregnancy as well as drinking during the first trimester of pregnancy. In sum, early use of alcohol and use of alcohol during first coitus may be risk factors for problematic alcohol use before pregnancy and during pregnancy among childbearing teenagers. Implications for the health of adolescent mothers and their offspring are discussed.


Most counselors working with substance-abusing clients recognize the importance of addressing parenting issues within the context of treatment. This exploratory study describes a researcher-agency partnership aimed at improving the parenting skills of agency clients. "Partners in Parenting" (PIP) is based upon client-centered, Adlerian, and behavioral approaches and addresses topics such as developmental expectations, communication, guidance and discipline, and problem-solving. Preparation materials, including scripted lesson plans and handouts, are provided within a comprehensive manual. Two exploratory studies were conducted with women in different treatment modalities: residential (N=24) and outpatient (N=22). Preliminary results suggest that clients in PIP reported improved attitudes toward parenting strategies and reduced family conflict. Anecdotally, counselors considered it effective in engaging clients, and clients stated that sessions were worthwhile and that they felt more positive about their role as parent.


This study was designed to identify predictors of relationship outcomes among 179 young (ages 14-24) coparenting couples during the transition to parenthood, with a particular focus on interpersonal process and psychopathology. Findings indicated that couples identified as hostile during the prenatal assessment were more likely to report relationship violence at follow-up (2 years postbirth). Couples identified as warm were more likely to remain together as coparents even if their romantic relationship dissolved. Couples in which the female partner was highly controlling were less likely to be cohabiting at follow-up. Mothers with a history of substance abuse and fathers with a history of conduct disorder were also more likely to engage in interpartner violence. Latino couples were more likely than Caucasian and African American couples to be warmly engaged and to remain romantically involved across the transition to parenthood.


AIMS To investigate the possible linkages between deliveries, abortions and subsequent nicotine dependence, alcohol problems and use of cannabis and other illegal drugs from the ages of 15–27 years. METHODS Data were gathered as part of the Young in Norway Longitudinal Study, an 11-year follow-up of a representative sample of Norwegian adolescents and young adults. Design, setting and participants Information was obtained on (i) the history of childbirths and induced abortions for the participants between the ages of 15–27 years; (ii) measures of nicotine dependence, alcohol problems and use of cannabis and other illegal drugs; and (iii) socio-demographic, family and individual confounding factors. RESULTS Those who had had an abortion had elevated rates of substance use and problems. Those who gave birth to a child had reduced rates of alcohol problems and cannabis use. These associations persisted after control
for confounders. However, those women who still lived with the father of the aborted fetus were not at increased risk. **CONCLUSIONS** Abortion in women may, under some circumstances, be associated with increased risk of nicotine dependence, alcohol problems and use of cannabis and other illegal drugs. The birth of a child may reduce the use of some substances.


The role fathers play in families affected by perinatal substance use largely has been unexamined. It is difficult to reconcile this peripheral role assigned to the fathers of substance-exposed infants as the importance of fathers in the lives of children and of partners in the lives of substance-using women has become better appreciated. In this article, case presentations of families in which both parents were substance users illustrate the complexities and diverse trajectories of relationships between perinatal substance users and their children's fathers. An examination of families' lives can be used to better understand the challenges they face, stimulate further discussion about how partners of perinatal substance users can be conceptualized as fathers, and consider the impact they have in the lives of their children and their children’s mothers. Discussion of case studies can yield increased knowledge about the role of fathers in the lives of families affected by perinatal substance abuse. This will lead to better-informed treatment interventions, research, and public policy.

**Prenatal Exposure and Effect on Children**


The goals were to determine whether prenatal alcohol exposure is associated with an increased incidence of iron-deficiency anemia in infancy and to compare effects of fetal alcohol exposure and iron-deficiency anemia on infant growth. We also tested whether effects of fetal alcohol exposure on growth are mediated or moderated by iron-deficiency anemia. A total of 96 infants born to mothers from the Coloured (mixed ancestry) community in Cape Town, South Africa, were recruited prenatally: 42 mothers drank heavily during pregnancy, and 54 abstained or drank small amounts of alcohol. Growth was assessed at birth and 6.5 and 12 months, and iron-deficiency anemia was assessed at 6.5 or 12 months. Infants whose mothers binge drank during pregnancy (e4 drinks per occasion) were 3.6 times more likely to be diagnosed with iron-deficiency anemia at 12 months than were infants whose mothers did not binge drink. Prenatal alcohol exposure was associated with reduced weight at birth, 6.5 months, and 12 months and with shorter length at 6.5 and 12 months. Iron-deficiency anemia was related to reduced 12-month weight and head circumference and to slower growth velocity between 6 and 12 months. The effects of prenatal alcohol on weight were not mediated by iron-deficiency anemia; however, they were seen primarily in infants with iron-deficiency anemia. The association of maternal binge drinking with an increased incidence of iron-deficiency anemia may reflect disruption of accumulation of fetal iron stores or postnatal deficiencies in iron uptake, absorption, or intake. Moreover, iron deficiency seems to exacerbate the prenatal alcohol effects on growth.


Existing research on the neurobehavioral consequences of prenatal alcohol exposure (PAE) has not adequately accounted for genetic and environmental confounds. This study combines information from the National Longitudinal Survey of Youth and the Children of the National Longitudinal Survey of Youth. The analyses statistically controlled for measured characteristics of the mothers and families and exposure to other prenatal psychoactive substances. In the primary analyses, siblings differentially exposed to prenatal alcohol were compared. Women were recruited from the community using a stratified and clustered probability sample and were followed longitudinally. The sample included 8,621 offspring of 4,912 mothers. Maternal report of conduct problems (CPs) and attention/impulsivity problems (AIPs) during childhood (ages 4-11 years) using standardized assessments related to psychiatric diagnoses. There was an association between PAE and offspring CPs that was independent of confounded genetic and fixed environmental effects and the measured covariates. The CPs in children of mothers who
drank daily during pregnancy were 0.35 SD greater than those in children whose mothers never drank during pregnancy. Although AIPs were associated with PAE when comparing unrelated offspring, children whose mothers drank more frequently during pregnancy did not have more AIPs than siblings who were less exposed to alcohol in utero. Additional subsample analyses suggested that maternal polysubstance use during pregnancy may account for the associations between PAE and AIPs. These results are consistent with PAE exerting an environmentally mediated causal effect on childhood CPs, but the relation between PAE and AIPs is more likely to be caused by other factors correlated with maternal drinking during pregnancy.


In recent years, the evaluation of in utero exposure to drugs of abuse has been achieved by testing biological matrices coming from the fetus or newborn (eg, meconium, fetal hair, cord blood, neonatal urine), the pregnant or nursing mother (eg, hair, blood, oral fluid, sweat, urine, breast milk), or from both the fetus and the mother (placenta, amniotic fluid). Overall, these matrices have the advantage of noninvasive collection (with the exception of amniotic fluid) and early detection of exposure from different gestational periods. Matrices such as amniotic fluid, meconium, fetal hair, and maternal hair provide a long historical record of prenatal exposure to certain drugs and can account for different periods of gestation: amniotic fluid from the early pregnancy, meconium for the second and third trimester of gestation, fetal hair for the third, and finally maternal hair (when long enough) for the whole pregnancy. Placenta may reveal the passage of a substance from the mother to the fetus. Cord blood and neonatal urine are useful for determining acute exposure to drugs of abuse in the period immediately previous to delivery. Drug detection in maternal blood, oral fluid, and sweat accounts only for acute consumption that occurred in the hours previous to collection and gives poor information concerning fetal exposure. Different immunoassays were used as screening methods for drug testing in the above-reported matrices or as unique analytical investigation tools when chromatographic techniques coupled to mass spectrometry were not commonly available. However, in the last decade, both liquid and gas chromatography-mass spectrometric methodologies have been routinely applied after appropriate extraction of drugs and their metabolites from these biological matrices.


BACKGROUND: Fetal alcohol syndrome (FAS) is a preventable cause of developmental delay and growth failure. OBJECTIVE: This article discusses the clinical features of fetal alcohol spectrum disorders (FASD) and the role of the general practitioner in prevention and management. DISCUSSION: Early diagnosis of and intervention for problems associated with FAS reduce adverse long term outcomes. Most health professionals have limited knowledge of FASD and lack confidence in the diagnosis and management of children with FASD. General practitioners have an important role in identifying women and children at risk of harm from alcohol and arranging referral for assessment and management when necessary. Educational materials for health professionals are currently under development.


There has been a limited amount of research on the long-term effects of prenatal cocaine exposure on growth of the infant, and there has been no use of longitudinal growth models. We investigated the effects of prenatal cocaine exposure on offspring growth from 1 through 10 years of age by using a repeated-measures growth-curve model. Women were enrolled from a prenatal clinic and interviewed at the end of each trimester of pregnancy about their cocaine, crack, alcohol, marijuana, tobacco, and other drug use. Fifty percent of the women were white, and 50% were black. Follow-up assessments occurred at 1, 3, 7, and 10 years of age. Cross-sectional analyses showed that children exposed to cocaine during the first trimester (n = 99) were smaller on all growth parameters at 7 and 10 years, but not at 1 or 3 years, than the children who were not exposed to cocaine during the first trimester (n = 125). The longitudinal analyses indicated that the growth curves for the 2 groups diverged over time: children who were prenatally exposed to cocaine grew at a slower rate than children who were not exposed. These analyses controlled for other factors associated with child growth. To our knowledge, this is the first study of the long-term effects of prenatal cocaine exposure to conduct longitudinal growth-curve analyses using 4
time points in childhood. Children who were exposed to cocaine during the first trimester grew at a slower rate than those who were not exposed. These findings indicate that prenatal cocaine exposure has a lasting effect on child development.

Watson, S. M. R., Westby, C. E., et al. (2007). A framework for addressing the needs of students prenatally exposed to alcohol and other drugs. Preventing School Failure, 52(1): 25. [not gender specific, but discussion may be of interest]

In this article, the authors review learning and behavioral problems of children exposed prenatally to alcohol and other drugs, focusing on executive-function deficits such as difficulty shifting tasks, maintaining attention, and manipulating information in working memory. They discuss various risk factors associated with prenatal drug exposure so that educators can better understand the nature of the disorder and choose more effective classroom interventions that address the deficits of these students.

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


The study explores the role of race and differences in coping among 290 white women and black women with and without alcoholic parents, addressing two questions: (1) Does coping vary by parental alcoholism or race? and (2) How is coping in adulthood affected by childhood stressors and resources and by adulthood resources? Standardized self-administered questionnaires (Coping Responses Inventory and the Children of Alcoholics Screening Test) measuring approach and avoidant coping methods were used. Collateral information was obtained from siblings who completed questionnaires focused on parental drinking, parental psychiatric history, and key childhood events. Women with alcoholic parents and black women more often reported avoidant coping. Women with negative childhood family environments and a lack of adolescent social support more often reported avoidant coping responses. Self-esteem was associated with a higher score on active cognitive coping and a lower score on avoidant coping. Findings of greater use of avoidant coping by women with alcoholic parents contrast with other studies showing no differences in coping, or very small group differences. The fact that all women in this sample lived with two parents in childhood may be one explanation.


Supervised visitation programs allow parents who may be a risk to their children or to another parent to experience parent-child contact while in the presence of an appropriate third party. Use of a "neutral third party" to oversee such contact has long been recognized as essential in child maltreatment cases in which the child has been removed from the home. This paper presents the results of an exploratory study of the structural and functional characteristics of 47 supervised visitation programs in Florida. Findings indicated that programs are typically operated on small budgets, with the related challenges of limited hours of operation, delayed or denied services to families in need, small and/or unpaid staff, and inadequate security measures. Recommendations for stable and sufficient funding as well as statutory legitimization are provided.


Family Treatment & Related Issues


Parents were taught positive family management practices (including monitoring, limit setting, and using positive and negative consequences for socially appropriate and antisocial behavior), how to communicate more effectively with their children, how to hold family meetings to increase
children's involvement in family tasks and activities, how to teach children problem-solving and drug refusal skills, and strategies to help their children succeed in school. Given the importance of evidence-based practice in social work (Jenson, 2005; Whittaker et al., 2006), this article describes an instrument specifically designed to measure parenting skills among substance-abusing parents and reports results from a field experiment using this instrument to assess the efficacy of a family-based program for the parents receiving methadone treatment.


Objective: Although custodial grandchildren are believed to be at greater risk of emotional and behavioral problems than children in general, scant research has examined this important public health issue. Methods: This study involves data from 733 custodial grandmothers participating in a study funded by the National Institute of Mental Health on custodial grandparenting and 9,878 caregivers from the 2001 National Health Interview Survey (NHIS) who completed the Strengths and Difficulties Questionnaire (SDQ) in reference to target children between ages four and 17. These two data sets were used to determine if custodial grandmothers report greater emotional and behavioral difficulties, as measured by the SDQ, for custodial grandchildren than do caregivers of children from the NHIS normative sample. Results: Custodial grandchildren fared worse than children from the NHIS sample across all domains measured by the SDQ subscales, regardless of the child's gender and whether reporters were recruited by population-based or convenience sampling methods. Comparisons within the sample of 733 custodial grandmothers showed that higher levels of difficulties were reported when grandmothers were caring for boys, were recruited by convenience versus population-based sampling, and were white. Comparisons of the banded scores computed for each SDQ subscale suggested that custodial grandchildren have different cutoff points than children in the general population for a likely diagnosis of a psychiatric disorder. Conclusions: Similar to other children in kinship care arrangements, custodial grandchildren are reported by their caregivers to have higher levels of behavioral and emotional disturbances than children in the overall U.S. population.

IV. PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS

Prevalence, Systems Planning


Substance Abuse and Child Welfare


This study examines permanency outcomes of families with children in foster care who participated in a comprehensive service-delivery program designed to assist families and communities in dealing with alcohol and other drug (AOD) problems. Survival analysis is used to measure the impact of program participation on family reunification and re-entry of children into foster care. The results of this study are that, contrary to initial expectations, participants move more slowly to reunification, although the group differences are not statistically significantly different, and re-entry rates are significantly higher among those children whose parents participate in this service. AOD abuse recovery is a long-term process. More intensive service interventions may not automatically produce better permanency outcomes.
Freisthler, B., & Weiss, R. E. (2008). Using Bayesian space-time models to understand the substance use environment and risk for being referred to child protective services. *Substance use & Misuse, 43*(2), 239-251. [not gender specific, but findings may be of interest]

Parental substance misuse has often been cited as a cause of children being referred for investigation of child abuse and neglect. Research on how the substance use environment might affect this relationship is still in its infancy with primarily only cross-sectional studies finding a positive relationship of alcohol outlet density at the level of neighborhoods and alcohol prices at level of states and maltreatment. A longitudinal study shows that increasing female drug-related arrests are related to increasing rates of maltreatment in rural and urban counties. The current study incorporates three aspects of the substance use environment in a panel study of 58 California counties over 4 years (n = 232) to study this relationship for referrals to child protective services (CPS) for child abuse and neglect. We use conditionally autoregressive (CAR) Bayesian models to model the spatial and temporal structure in the data. We find that use of welfare benefits, the number of outliers per population, and the number of drug-related arrests per population are positively related to referrals while unemployment and admissions to publicly funded alcohol and drug user treatment programs are negatively correlated to referrals. Significant spatial structure and space-time relationships are also found. The findings indicate that supply of alcohol and drugs (as measured by number of alcohol outlets and arrests for drug use and sales) may increase risk for being referred to CPS, but treatment for substance use does not increase the risk for referral.


Child maltreatment occurs at significantly higher rates among those living in poverty. Children in foster care usually come to the attention of child welfare officials because they are neglected by parents who struggle with conditions associated with poverty: homelessness, history of incarceration, HIV seropositivity, and substance abuse. This article reports the disadvantages experienced by young children in foster care (aged 36 months and younger) via a study of records documenting the multiple risks to their health and development. Low birth weight, prenatal substance exposure, and prematurity were commonly encountered risks. Additionally, the child welfare agency had a low rate of documented screening for early intervention (11% of records surveyed) despite multiple risks and mandates for screening. Implications for nurses are offered.

**Substance Abuse and Welfare/Employment Issues**


The parity policy in the Federal Employees Health Benefits program began on Jan. 1, 2001, and offers comprehensive insurance coverage for mental disorders, including substance use disorders, on terms that are identical to the coverage of general medical conditions when the treatment is provided by in-network providers.

**Workforce Issues**

*No specific articles this quarter*

**Research and Evaluation**

The Approach and Avoidance of Alcohol Questionnaire (AAAQ; McEvoy et al. in Addiction 99:482–497,) was administered to a clinical sample of 138 alcohol dependent men and women. An exploratory factor analysis was used to determine the AAAQ factor structure and a confirmatory analysis run on a second administration of the AAAQ. Convergent validity was examined by conducting an alcohol cue reactivity test and by administering the Timeline Follow-Back (TLFB), a retrospective calendar method for assessing alcohol consumption, and several measures of alcohol-related problems. The factor analysis supported a two-factor solution representing approach and avoidance dimensions. Regressions predicting measures of alcohol cue reactivity, alcohol consumption, and other alcohol-related constructs with the AAAQ provide support for its convergent validity. The results suggest that alcohol craving may be viewed as a multi-dimensional construct that includes both approach and avoidance inclinations which may vary depending on the population under examination.

BACKGROUND: Studies of the association between substance use and condom use in specific sexual encounters often do not separate the effects of alcohol and different types of drugs. Because the pharmacological effects and social settings of various substances differ, their effects on unprotected intercourse may vary as well. GOAL: This study examined the relationship between alcohol and drug use and the use of condoms in sexual encounters with casual partners in a high-risk population of drug offenders. DESIGN: Participants in court-ordered drug diversion programs (n =536; 26% female) completed a questionnaire in which they reported on the circumstances of their most recent sexual encounter with a casual partner. RESULTS: In multivariate logistic models, alcohol use in conjunction with sex was not related to decreased condom use in either men or women. Amphetamines (smoked or injected) were associated with decreased condom use, while cocaine, marijuana, and orally-administered amphetamines were not significantly associated with condom use. CONCLUSIONS: In this high-risk sample, links between substance use and unprotected sex differ with type of drug used.

The purpose of the study was to evaluate the immediate impact of two new versions of the Project SPORT program, a brief one-on-one tailored consult addressing alcohol use and physical activity for adolescents. One new version was a brief interactive CD-ROM (Study one) and a second was a brief small group consultation (Study two). In study one, high school students were exposed to either an interactive CD-ROM consultation or a non-interactive computer program. In study two, students either participated in a small group consultation or health booklet control. These studies suggest both interventions were highly acceptable to participants; however, the new CD-ROM version of Project SPORT had a greater positive effective on females than males. Suggestions to make the CD-ROM more acceptable and effective for males are presented. The small group version of Project SPORT was largely acceptable and potentially efficacious for both male and female adolescents, with the largest impact seen on participants’ images, beliefs, and commitment related to physical activity.

The aims of this study were twofold: first, to identify the characteristics that distinguish neglected children from other children reported to youth protection services; and second, to assess the relative importance of each of these characteristics in the differentiation of such children. Researchers analyzed data from the Quebec Incidence Study (QIS), which documented all reports retained for in-depth assessment out of 4,774 reports filed with youth protection services over a 3-month period. Univariate and multivariate regression analyses examined variables on different levels to establish which of the factors linked to the phenomenon of neglect were most significant. Results indicate that neglected children tend to be younger than other reported children, and have a greater frequency of prior referrals and a greater number of learning and development problems; their parents have a greater tendency to have personal, economic, and social problems and childhood histories of maltreatment.
AIMS The present study examined the associations between early onset of non-medical use of prescription drugs (NMUPD) (i.e. sedatives, tranquilizers, opioids, stimulants) and the development of prescription drug abuse and dependence in the United States. DESIGN Data were collected from structured diagnostic interviews using the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Use Disorder and Associated Disabilities Interview Schedule: Diagnostic and Statistical Manual version IV (DSM-IV). SETTING National prevalence estimates were derived from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC, n = 43 093). PARTICIPANTS A nationally representative cross-sectional sample of civilian non-institutionalized adults aged 18 years or older in the United States, of whom 52% were women, 71% white, 12% Hispanic, 11% African American, 4% Asian and 2% Native American or of other racial background. FINDINGS A higher percentage of individuals who began using prescription drugs non-medically at or before 13 years of age were found to have developed prescription drug abuse and dependence versus those individuals who began using at or after 21 years of age. Multivariate logistic regression analyses indicated that the odds of developing any life-time prescription drug abuse among non-medical users was reduced by approximately 5% with each year non-medical use was delayed [adjusted odds ratio (AOR) = 0.95, 95% CI = 0.94, 0.97], and that the odds of developing any life-time prescription drug dependence were reduced by about 2% with each year onset was delayed (AOR = 0.98, 95% CI = 0.96, 1.00) when controlling for relevant covariates. CONCLUSIONS The results of this study indicate that early onset of NMUPD was a significant predictor of prescription drug abuse and dependence. These findings reinforce the importance of developing prevention efforts to reduce NMUPD and diversion of prescription drugs among children.