



Alcohol
and **Substance Abuse**
in Women and **Children**

Barry Stimmel, MD
Editor

**Alcohol and
Substance Abuse
in Women and Children**

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CONTENTS

EDITORIAL: Factors Associated With Alcohol and Substance Abuse in Women and Children	1
<i>Barry Stimmel</i>	
Retrospective Analysis of Lifetime Changes in Women's Drinking Behavior	9
<i>Richard W. Wilsnack</i>	
<i>Albert D. Klassen</i>	
<i>Sharon C. Wilsnack</i>	
Substance Use Among Females in New York State: Catching Up With the Males	29
<i>Elisabeth Kaestner</i>	
<i>Blanche Frank</i>	
<i>Rozanne Marel</i>	
<i>James Schmeidler</i>	
The Effect of Multiple Family Therapy on Addict Family Functioning: A Pilot Study	51
<i>Thomas R. Kosten</i>	
<i>Izola Hogan</i>	
<i>Behnaz Jalali</i>	
<i>John Steidl</i>	
<i>Herbert D. Kleber</i>	

Adolescents' Substance Use: Impact of Ethnicity, Income, and Availability	63
<i>Ebrahim Maddahian</i> <i>Michael D. Newcomb</i> <i>P. M. Bentler</i>	
Factors Associated With the Initiation of "Smoking" in Nine Year Old Children	79
<i>Tian P.S. Oei</i> <i>Annette M. Egan</i> <i>Phil A. Silva</i>	
Onset of Adolescent Drinking: A Longitudinal Study of Intrapersonal and Interpersonal Antecedents	91
<i>Judith S. Brook</i> <i>Martin Whiteman</i> <i>Ann Scovell Gordon</i> <i>Carolyn Nomura</i> <i>David W. Brook</i>	
Pathways to Heroin Abstinence: A Longitudinal Study of Urban Black Youth	111
<i>Ann F. Brunswick</i> <i>Peter A. Messeri</i>	
SELECTIVE GUIDE TO CURRENT REFERENCE SOURCES ON TOPICS DISCUSSED IN THIS ISSUE	
Alcohol and Substance Use and Abuse in Women and Children	137
<i>Lynn Kasner Morgan</i> <i>James E. Raper, Jr.</i>	

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**Alcohol and
Substance Abuse
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EDITORIAL



Factors Associated With Alcohol and Substance Abuse in Women and Children

Although substance abuse in adolescents has always been of considerable concern, until recently the abuse of drugs by women and younger children has been somewhat neglected. Surveys of the use of psychotropic drugs have consistently documented proportionately more women to use both prescription and illicit, nonopiate drugs than men, with the use of psychotropes by women almost twice that of men for each class of drugs as well as for any given agent.^{1,2} Unlike drug use, alcohol abuse by women has been a matter of concern for more than a decade. Since the 1970s, the prevalence of women's drinking has remained fairly stable. Recent data by Wilsnack et al. suggest that, in general, women remain predominantly light drinkers, with abstinence common over the age of 50 and heavy drinking most often seen between the ages of 35 and 49.³

Hypotheses abound to explain current alcohol and substance abuse in women and children. These include the increasing stress placed on women to compete in the marketplace, the lack of parental supervision due to the economic

necessity of two wage earners in the family, and the general “permissive” nature of our society condoning experimentation with substances viewed as harmless, such as marijuana.^{2,4} The factors related to alcohol and substance abuse in women and children and the role of the family unit in fostering their use have been infrequently assessed. This issue of *Advances* focuses on substance abuse in women and children, with particular emphasis on the modifying role played by the family unit.

The demographics of alcohol use by women have been studied by Wilsnack et al.³ In general, women at the lowest economic and educational strata drink less than others, with 9% with college degrees and 15% with household incomes of \$50,000 or more drinking heavily as compared to a 6% overall prevalence of heavy drinking. Religion was an important factor in decreasing drinking patterns, with heavier drinking most common among women with no religious preference. Ethnicity was also related to drinking patterns, with 45% of black women abstaining compared to 38% of white women.

Of particular interest was the role of the family in women’s drinking patterns. Women who had never married were found to drink at a significantly higher level between the ages of 21 and 34. Among single women working full-time, 49% were moderate to heavy drinkers—more than twice that seen among married women. Women in a common-law relationship drank significantly more than women who were married, with none of these women abstainers and 20% heavy drinkers. These findings suggest that a stable family relationship within the confines of marriage appears to be associated with decreasing alcohol consumption.

This is not true, however, with respect to the prevalence of drinking problems in women who are married to drinking spouses. For each level of spouse consumption of alcohol, women were found to drink in a manner similar to their husbands, with the exception of wives of husbands who were clearly problem drinkers. These women, perhaps aware of the hazards of excessive alcohol consumption, were significantly less likely to consume alcohol than wives of frequent drinkers.

In this issue of *Advances*, Wilsnack et al. extend their study in an attempt to relate negative life experiences to patterns of alcohol consumption.⁵ Of their stratified sample of 917

women, weighted to include a cohort of 500 moderate to heavy drinkers, 24% of all women had a depressive episode of two weeks or more in duration, 23% were regular users of tranquilizers, 7% were users of marijuana and between 7% and 28% had adverse reproductive experiences, ranging from infertility to births of infants with severe defects. In studying the relationships of these adverse events to drinking patterns, it appeared that these traumatic events usually occurred prior to the onset of heavy drinking. The hazards of alcohol consumption in one prone to depressive episodes are emphasized by their findings of suicide attempts in 25% of women drinking more than twenty-four drinks per week as compared to 3% of women drinking less than this amount. Severe, depressive reactions were seen in 53% as compared to 10% of the light drinkers. These data suggest that, in those women susceptible to alcohol abuse, adverse life experiences will result in an increase in alcohol consumption. However, it appears unlikely that women will become drinkers in middle or old age if drinking patterns were nonexistent in their youth.

The use of illicit drugs, nonmedical use of prescription drugs and medical use of psychoactive substances by women, as demonstrated by Kaestner et al. in this issue, continue to increase.⁶ These investigators document a dramatic increase of use in women between the ages of 18 and 34, with the use of medically prescribed psychoactive substances seen in 30% of married women as compared to men. Similar to alcohol use, single women employed full time have considerably higher rates of use of both illicit substances and prescription drugs when compared to housewives. This increase in use by women in the marketplace compared to housewives may vary between two-fold to more than fivefold, depending on the specific group of drugs. This is most dramatically demonstrated by Mittleman and Wetli in a review of deaths associated with recreational cocaine use.⁷ These authors noted that whereas prior to 1978 the typical cocaine overdose occurred in a 26-year old Caucasian male, at present, the average age has increased to 29 years, with 42% women.

Since a strong family unit appears to discourage substance abuse, it would be expected that family therapy would be helpful in attempting to rehabilitate the substance abuser. Several studies involving substance abuse have indeed demon-

strated the effectiveness of family therapy in supporting the abstinent state even when only one family member was consistently involved in therapy.⁸ This latter finding is particularly helpful as, not infrequently, many members of a family unit are either unable or unwilling to engage in therapy. In this issue Kosten et al., through a pilot project involving eight addicts and their families, systematically compare family functioning before and after family therapy.⁹ A significant improvement at the conclusion of therapy is demonstrated, with only one of the eight patients relapsing during a ten-month follow-up. Although these results are quite encouraging, clearly further controlled studies are in order to determine the benefits that may be obtained from family therapy in narcotic dependence.

The use of alcohol and other drugs by the young remains a matter of concern. A recent study by Johnston et al. provides some cause for satisfaction.¹⁰ Based on samplings from 125 to 140 public and private high schools across the country, it appears that the decline in overall illicit drug use, which began in the early 1980s, continues, with the prevalence of adolescents reporting drug use dropping from 54% to 49%. Most impressive is the decline in marijuana use from 37% in 1979 to 27% in 1983. Amphetamines, methaqualone, LSD, barbiturates, tranquilizers and also PCP have similarly continued to decline. However, the use of inhalers, heroin and other opiates remains unchanged. Cocaine use appears to have leveled off after more than doubling between 1975 and 1979, with a current prevalence of 11%. However, those in the field have noted a dramatic increase in cocaine use among adults. In addition, in specific areas of the nation, notably the cities, drug use by children remains considerable. There is, therefore, little cause for complacency.

With respect to alcohol and tobacco use, although indicators do not document an increased consumption, their use is considerable. By the end of the senior year in high school, nearly 93% of students have tried alcohol, with 69% having drunk in the preceding month and 11% having consumed five or more consecutive drinks at least once in the preceding week. Overall drug use in high school remains considerable. Nearly two-thirds of students have used an illicit drug before they finish high school, with 40% using drugs other than marijuana.

Daily smoking occurred in 20% of the students, with 31% having smoked in the preceding month. Lest one think that smoking should be viewed as neither an addictive nor an abusing substance, it is important to emphasize that nicotine is indeed addicting, with dependency most often beginning in adolescence.^{11,12} In fact, smoking is responsible for more deaths annually than alcohol and drug abuse combined. It is the single largest preventable cause of disease and death in this country.¹³

Although one might assume that with increasing education and maturity among an upwardly mobile population drug abuse would decrease, recent findings by Friend and Koushki demonstrate that this might not be true.¹⁴ In a study of 459 college students, 81% of entering freshmen drank and 34% used drugs. After remaining in college for a year, approximately 16% of male abstainers began to drink and 18% to use drugs ($p < 0.01$). These rates remained stable throughout the remainder of college. Women showed a similar pattern with respect to alcohol; however, they did experience a subsequent rise in drug use.

Much greater efforts are needed to determine the factors responsible for children initiating drug use, as well as implementing measures that will be effective in diminishing this use. Factors that one would predict to be related to such use include ethnicity, family constellation, availability and gender. Maddahian et al. in this issue review the relationships between ethnicity, income and availability and substance abuse in adolescents.¹⁵ These authors convincingly demonstrate consistent, significant differences in patterns and types of substances abused by ethnicity. Income, also an important predictor, loses its predictive value when availability increases. These observations are of critical importance in developing treatment strategies emphasizing the importance of community-based treatment programs.

Oei et al. in this issue review factors associated with the initiation of smoking in nine year olds.¹⁶ Of the 800 children surveyed, 30% had tried smoking at some time. Smokers were more likely to have: (1) both parents smoke; (2) friends who smoked; (3) also tried alcohol; (4) developed behavioral or emotional problems; and (5) performed less well at school. For reasons which remain less than clear, a significant association between the home environment and a tendency to have tried