
NIDA NOTES

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Recovery Harder for Addicts Who Start Young

A NIDA-funded study has demonstrated that the relapse rate for heroin addicts increases with time and that the probability of long-run abstinence depends on the age of first drug use. Those who start daily heroin use at a younger age are more likely to relapse than those who start later.

The study, conducted by Dr. Marnik G. Dekimpe of the Catholic University Leuven in Belgium and his colleagues in Belgium and at the University of California, Los Angeles, examined the treatment histories of 846 patients at methadone clinics in central and southern California. The researchers looked at males and females, whites and Chicanos, most of whom started using heroin between the ages of 17 and 25. Subjects were interviewed over a 4-year period during and after treatment to determine the probability of their relapse to heroin use.

The finding that relapse is connected to time suggests the need for long-term periodic monitoring of a former heroin user's abstinence, Dr. Dekimpe says. The researchers also found drug relapse odds were significantly different across the sociodemographic groups studied, suggesting that prevention resources could be directed to groups at higher risk. No significant differences in relapse probability were associated with either gender or education.

UCLA Study Looks at Women in Treatment

Women in women-only drug abuse treatment programs were more than twice as likely to complete treatment as women in mixed-gender programs, according to a NIDA-funded study conducted by Dr. Christine E. Grella of the University of California, Los Angeles. The study also found that, on average, pregnant women had used their primary drug for less time than nonpregnant women; and pregnant women in women-only drug abuse treatment programs averaged more days in treatment than did those in mixed-gender programs, 87.4 days vs. 74 days. Overall, pregnant women spent about 15 percent less time in treatment than nonpregnant women.

Dr. Grella's study compared the characteristics of 4,117 women through data reported from 1987 to 1994 by all publicly funded drug abuse treatment programs in Los Angeles County. The statistical analyses of the treatment program data by pregnancy status and gender composition support the premise that women in drug abuse treatment programs have different needs than men in treatment, and a successful program for women often depends on meeting those different needs, Dr. Grella says.

Female Rats Progress Quickly to Drug Abuse

In a study conducted by Dr. Wendy Lynch and Dr. Marilyn Carroll of the University of Minnesota in Minneapolis, female rats gave themselves more cocaine and heroin sooner than male rats, a finding consistent with human studies suggesting that women progress faster than men to drug addiction.

The experiment consisted of a series of 6-hour sessions in which rats could administer the drugs to themselves freely by pushing a lever. Seventy percent of the females, but only 30 percent of the males, progressed to a predetermined level of cocaine use. For heroin, 90 percent of the females and 91.7 percent of the males reached that level.

The female rats reached the predetermined level of cocaine use in a mean of 7.57 sessions compared to 16.67 sessions for males. They reached the level for heroin use in a mean of 8.7 sessions compared to 13 sessions for males. Among the rats that reached that level of use, both cocaine and heroin use were higher in females than in males, and cocaine use was significantly higher.

PTSD and Drug Disorders

Posttraumatic stress disorder (PTSD) signaled an increased risk of drug abuse and addiction in a 5-year study of adults aged 21 to 30, according to research by Dr. Howard D. Chilcoat and Dr. Naomi Breslau of the Henry Ford Health Sciences Center in Detroit. The study was funded by NIDA and the National Institute of Mental Health.

PTSD is diagnosed in individuals who have experienced a traumatic event, such as combat, torture, childhood abuse, rape, or natural disaster, and have symptoms related to the event—for example, re-experiencing the trauma in flashbacks, avoiding reminders of the event, and exaggerated responses to stimuli such as noise.

The study's 1,007 adults, randomly selected members of a large HMO in southeast Michigan, were initially assessed in 1989; followup interviews were conducted in 1992 and again in 1994. Results showed an increased risk of drug abuse and addiction among participants diagnosed with PTSD, but not among participants who had experienced trauma without developing PTSD. The evidence did not suggest that drug abuse predisposed participants to experiencing traumatic events or to developing PTSD after trauma.

The researchers found that prescribed psychoactive agents such as sedatives and pain-killers were the most commonly abused drugs, suggesting that drug abuse by persons with PTSD could reflect efforts to self-medicate for relief of symptoms. However, the authors caution that the possibility of shared vulnerability to PTSD and drug use disorders cannot be ruled out.

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