

Bringing a trauma- and gender-informed lens to methamphetamine responses

Webinar series: Applying a sex, gender, trauma & equity lens to substance use

March 14th, 2023

**Stimulating
Conversations**



centre of excellence
for women's health



Land Acknowledgement

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Financial contribution for this project is provided by Health Canada's Substance Use and Addiction Program. The views expressed herein do not necessarily represent the views of Health Canada.

Community of Inquiry:

Thank you to the substance use system planners and service providers from BC, AB, SK, MB, ON, NB, NS & PEI who collaborated with us



Agenda



1. Project overview
2. Environmental scan
3. Scoping review
4. Resources for substance use service providers

1. Project Overview

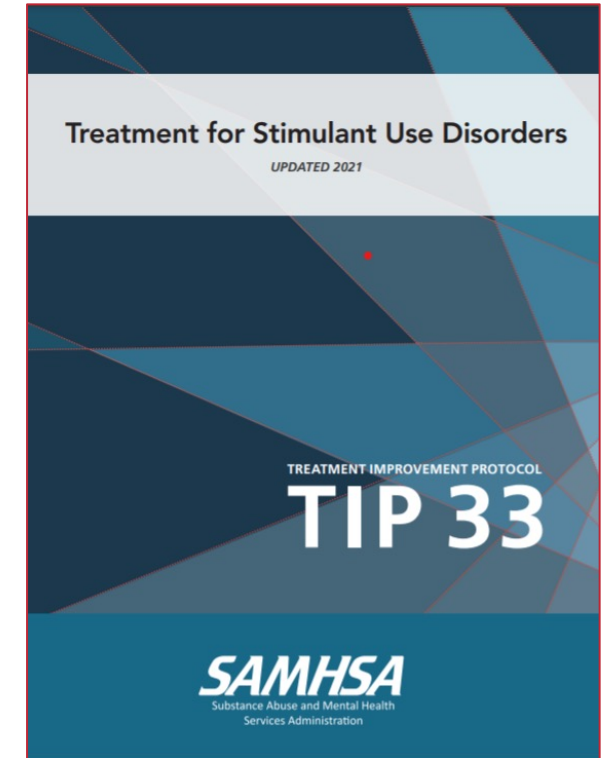
The substance use field is responding to the needs of specific populations of methamphetamine users, specifically MSM. However, there is an opportunity to integrate sex and gender factors into methamphetamine responses, as well as trauma, equity, and culture-informed approaches.

About Stimulating Conversations

- The aim of this project was to advance knowledge on sex, gender, equity, trauma and methamphetamine use by synthesizing evidence & directly engaging with substance use treatment specialists from across Canada to implement and evaluate sex-, gender-, trauma-, and equity-informed practices in various levels of care.
- The findings informed the development of five resources for substance use providers/systems planners to facilitate the implementation of gender responsive and trauma informed substance use treatment and harm reduction responses to methamphetamine use for all genders.

Useful Treatment Improvement Protocol from SAMHSA

- Need to take into account both neurobiology & social and environmental influences
- Important to understand and quickly act on the medical complications of stimulant use
- Variety of psychosocial interventions have evidence (ex. CM, CBT, MI, mindfulness)
- Focus on maximizing access, addressing ambivalence, offering respectful, person-centred, well-thought-out, and tailored treatment plans
- Take into account gender, race and other social determinants of health (homelessness, rural location) and concurrent disorders
- Trauma informed approaches discussed largely in relation to “special populations”



Sex and gender matter in substance use

- **Mechanisms** – differences in genetic predispositions, and biological responses to substances and medications
- **Consequences and Impacts** – socioeconomic and legal consequences of mental health and substance use problems: employment, poverty, homelessness, gang activities, trafficking, sexual assault, experiences of violence, stigma
- **Prevention Issues** – differences in pathways, risk and protective factors, progression, transition and maintenance
- **Treatment Issues** – differences in readiness, access and outcomes
- **Reproduction/ Fertility / Parenting** – different roles, biological concerns, social stigma, child custody

Considerations when planning interventions for/with women from TIP 33

- **Sex factors:** telescoping – females begin earlier, progress to dependence more quickly
- **Sex/gender factors:** women with MA more likely to be facing depression, anxiety and PTSD
- **Gender roles:** influence of caregiving (and depression) on help seeking, more likely to use MA to assist with weight loss and enhanced energy, self stigma, shame and guilt
- **Gender relations:** women more likely to be influenced to use by partners, higher risk of intimate partner violence and sexual assault
- **Institutionalized gender:** Socioeconomic disenfranchisement, survival sex

Yet women have longer treatment retention and better treatment outcomes



Sex, gender and methamphetamines

- Compared to men, women dependent on methamphetamines have reported greater: psychological burden, use of emotional-coping strategies, and childhood emotional and sexual trauma.
- Although methamphetamine use is often associated with unprotected sex and STBBIs among females, qualitative findings suggest that women focus on desire, pleasure, disinhibition and the feelings of power and agency related to sexual behaviors while under the effects of methamphetamine.
- Both men and women report methamphetamine use for sexual enhancement
- Transgender people are more likely to use methamphetamine than non-trans people
- Among men who have sex with men (MSM), the co-occurrence of trauma and stimulant use has negative implications for HIV/AIDS prevention.

Sex, Gender and Methamphetamines



Sex and gender impact the initiation of methamphetamine use, patterns of use, responses to use, access to care, and treatment outcomes. Women tend to begin methamphetamine use at an earlier age and are more dependent, but demonstrate a decreased level of toxicity, are more likely to request treatment,^[1] and report better treatment outcomes compared to men.^[2]

DEFINITIONS

Sex-related factors affect how your body reacts to substances, including how substances are metabolized, what effects they may have on your brain, and the development of tolerance and dependence. Female and male bodies have different genetic and physiological characteristics that affect these processes.

Gender-related factors affect your risks for use, exposure to marketing or exploitation, access to care and services, and the societal response to problematic use. Men, women, and gender diverse individuals experience these elements differently. In part, this is based on social roles and expectations that are dependent upon cultural context.

Data from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) show that approximately 0.2% of Canadians reported methamphetamine use during the last year,^[6] with similar reported rates of methamphetamine use among women and men in countries like the USA and a higher three-year prevalence among men in the past three years.^[7]

Key Sex-Related Factors

- Men's and women's brain structures are affected differently by methamphetamine use. The sex-specific brain alterations in female methamphetamine users are also associated with greater behavioral impulsivity.^[8]
- In a sample of non-dependent women and men, methamphetamine administration affected women's behavior, producing faster reaction times in women but no effect in men. Both men and women reported subjective effects when methamphetamine was administered and greater ratings of vigor and reduced sedation in women as compared with men.^[9]
- While men are more likely to report work problems and high blood pressure due to methamphetamine use, women are more likely to report skin problems.^[10]
- In a sample of methamphetamine dependent participants screening for a pharmacotherapy clinical trial, women reported significantly more days with methamphetamine use in the 30 days before treatment than men. Pretreatment days of methamphetamine use is an important predictor of behavioural therapy and pharmacotherapy treatment outcomes.^[11]

Key Gender-Related Factors

- Compared to men, women dependent on methamphetamines reported greater: psychological burden, use of emotional-coping strategies, and childhood emotional and sexual trauma.^[12]
- Although methamphetamine use is often associated with unprotected sex and sexually transmitted and blood borne infections among female users,^[13,14] qualitative findings suggest that women focus on desire, pleasure, disinhibition and the feelings of power and agency related to sexual behaviors while under the effects of methamphetamine.^[15]

Trauma Informed Practice

- Trauma informed approaches take into account how common the experiences and enduring effects of trauma can be
- Trauma-informed practice (TIP) is a paradigm for providing support, structuring learning environments, and creating organizational culture change
- TIP is based on principles that include creating safety, promoting choice and building skills

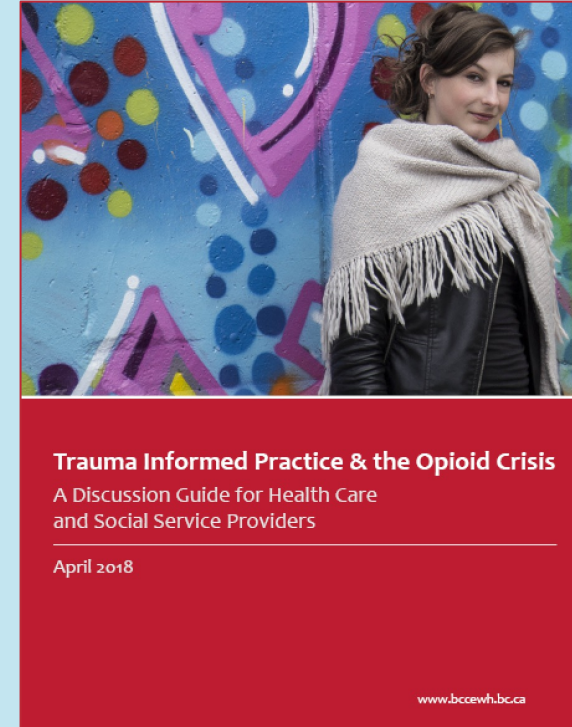
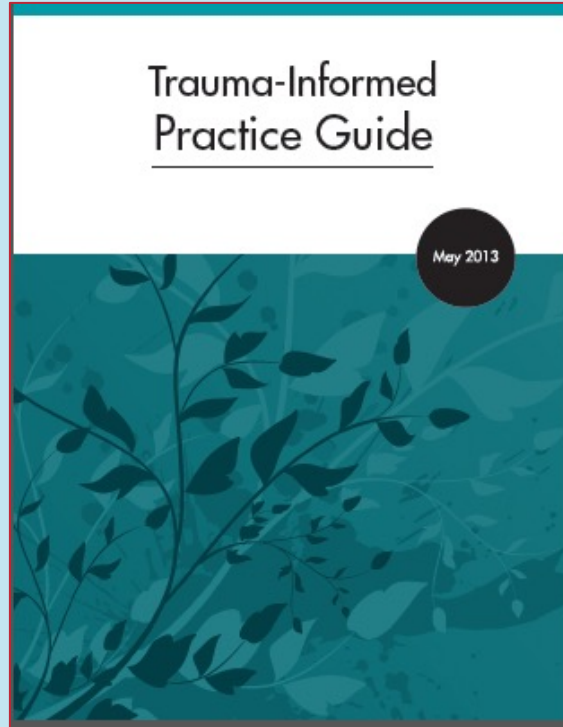
Awareness

Safety &
Trustworthiness

Choice,
Control,
Collaboration
Empowerment

Strengths-
based, Focus
on Skill-
building

Some examples of guidance on trauma informed practice we have created for/with the addictions field in Canada



All three are available from www.cewh.ca

It is important for us to “multitask” as we work on substance use issues, integrating all these approaches. In this webinar we are focussing on trauma informed and gender informed & transformative approaches to working with people who use methamphetamine

Gender informed and transformative

Considers gendered context, pressures, and goals, as well as biological factors, when delivering care. Improves gender equity at the same time as improving health.

Harm Reducing

Addresses immediate health and social goals, and supports consideration of options for change in substance use, from reducing use to recovery.

Trauma Informed

Recognizes that substance use may be related to past and current experiences of violence and trauma. Create safety and collaboration.

Principles for Practice and Policy related to Substance Use

Culturally safe, equity & wellness oriented

Offers cultural safety and humility. Recognizes how social inequalities affect vulnerability to substance use problems and capacity for change. Assists with overcoming barriers and wellness.

2. Environmental Scan

Identifying trends and service developments related to methamphetamine in Canada

What Methamphetamine Services are Being Offered in Canada?

We conducted an environmental scan in 2022 of existing available methamphetamine treatment services, and the sex, gender, trauma, and equity considerations embedded within the programs.

The scan identified 14 programs offered in British Columbia, Alberta, Manitoba, Ontario, and New Brunswick in different settings and using different treatment modalities, including:

- Rapid Access Addiction Medicine (RAAM) Clinics
- Outpatient Counselling and Contingency Management
- Outreach
- Withdrawal management
- Live-In Treatment
- Drug Courts
- Traditional Indigenous and Land-Based Approaches

Select Examples in Canada

- **Outpatient Counselling:** In Edmonton, the *Queer and Trans Health Collective* offers the Peer N Peer Substance Use Program which was designed to support 2S/LGBTQ+ people with safer substance use and sex education, free 4 – 6 session one-on-one counselling and support, and access to harm reduction services.
- **Withdrawal management:** *Klinic Community Health* (Winnipeg, MB) is expanding their mobile service to include additional wraparound care during and following their 30-day detoxification program. The expansion will focus on underserved populations including Indigenous people, youth, and men who will benefit from continued care that is trauma-informed.
- **Traditional Indigenous and Land-Based:** The *Thunderbird Partnership Foundation* leads national efforts to disseminate culturally relevant resources about methamphetamine that highlight the importance of teachings from Elders, land-based programming, and healing circles, to support First Nations communities in addressing the harms of methamphetamine use.

3. Scoping Review

What evidence on sex, gender, trauma, equity and methamphetamine interventions has been identified in the academic literature?

Scoping Review

What evidence on sex, gender, trauma, equity and methamphetamine interventions has been identified in the academic literature?

Papers published between 2015-2021

For papers to be included, they had to be either a single sex/gender study or disaggregate results by sex/gender

- $n = 2736$ returns
- $n = 25$ included

Summary of Findings

- Pharmacotherapy and psychosocial interventions were found.
- Psychosocial interventions & approaches included: harm reduction, positive affect interventions, motivational interviewing, cognitive-behavioural therapy, residential rehabilitation, contingency management
- Many interventions were targeted to men who have sex with men & included HIV-risk reduction components
 - Technology-based interventions may be effective for this group
 - There is evidence for the effectiveness of motivational interviewing for this group
- Women may benefit from methamphetamine-specific relapse prevention.
- Treating depression, through pharmacotherapy and/or psychosocial treatment, may also reduce methamphetamine use for all genders.

Example: One size does not fit all

- Evaluated the efficacy of an intervention designed to reduce depression, methamphetamine use, & condomless sex, and to examine gender as a moderator of efficacy (n=432)
- Men in the intervention arm reported greater reductions in meth use relative to those in the comparison group; reduced meth use was associated with reduced condomless sex, but not depression.
- Women in the intervention condition did not differ from women in the comparison condition in any of the three outcome variables.
- Interventions targeting heterosexual women & men who use meth must be gender-specific & take into account the unique vulnerabilities and experiences of women, including the perceived positive aspects of using meth, gendered power dynamics, higher depression, & experiences of violence.



AIDS and Behavior (2018) 22:2815–2829
<https://doi.org/10.1007/s10461-018-2147-9>

ORIGINAL PAPER



Mood, Meth, Condom Use, and Gender: Latent Growth Curve Modeling Results from a Randomized Trial

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Published online: 12 May 2018
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Abstract

Methamphetamine use poses increased risk for HIV and other sexually transmitted infections. There is robust evidence that methamphetamine use increases sexual risk behavior, like condomless sex, primarily among men who have sex with men but also among heterosexual women and men. Gender differences have been found among women and men who use meth, and there is a high degree of interconnectedness between meth use, depression, and condomless sex. The aims of the current study are to evaluate the efficacy of a theory-based, tri-focal intervention designed to reduce depression, meth use, and condomless sex among women and men, and to examine gender as a moderator of efficacy. A total of 432 HIV-negative women and men who use meth participated in a two-arm randomized controlled trial and completed baseline and follow-up assessments at 4, 8, and 12 months. We used latent growth curve modeling techniques to analyze the data. Results showed that while all participants exhibited reductions in depression, meth use, and condomless sex, the intervention and comparison groups did not differ in changes over time. However, we did find a significant gender moderation effect, such that among men, those in the intervention arm reported greater reductions in meth use relative to those in the comparison group; reduced meth use was associated with reduced condomless sex, but not depression. In contrast, women in the intervention condition did not differ from women in the comparison condition in changes in any of the three outcome variables. Interventions targeting heterosexual women and men who use meth must be gender-specific, and take into account the unique vulnerabilities and experiences of women, including the perceived positive aspects of using meth, gendered power dynamics, higher depression, and violence.

Keywords HIV/AIDS · Meth · Depression · Condom use · Gender · RCT · Intervention · Latent growth curve modeling

Resumen

El uso de metanfetaminas incrementa el riesgo de VIH y otras enfermedades de transmisión sexual. Existe evidencia robusta que el uso de metanfetaminas incrementa las conductas sexuales de riesgo, como las relaciones sexuales sin condón, principalmente entre los hombres que tienen sexo con hombres, pero también entre las mujeres y hombres heterosexuales. Se han encontrado diferencias de géneros entre los las mujeres y hombres que usan metanfetaminas, y existe un alto grado de interconexión entre el uso de metanfetaminas, la depresión, y las relaciones sexuales sin condón. Los objetivos del presente estudio son: 1) Evaluar la eficacia de una intervención tri-focal basada en teoría diseñada para reducir la depresión, el uso de metanfetaminas, y las relaciones sexuales sin condón entre mujeres y hombres, y 2) examinar el género como un moderador de la eficacia. Un total de 432 mujeres y hombres sin VIH que utilizan metanfetaminas participaron en un ensayo aleatorizado controlado de dos brazos y completaron evaluaciones al inicio del estudio y a las 4, 8, y 12 meses. Utilizamos un modelo de curvas latentes de crecimiento para analizar los datos. Los resultados demostraron que mientras todos los participantes exhibieron reducciones en la depresión, uso de metanfetaminas, y relaciones sexuales sin condón, no hubo cambios a través del tiempo entre el grupo de intervención y el de comparación. Sin embargo, encontramos un efecto de moderación de género significativa, tal que los hombres en el grupo de intervención reportaron una reducción mayor en el uso de metanfetaminas

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Re-Wired and Re-Wired 2.0 Treatment and peer support for MSM who use methamphetamine

55 MSM were assessed for the Re-Wired program between 2012 and 2015. Over two-thirds of participants (n = 32) finished the 6-week program.

Program evaluation demonstrated modest improvements in participant psychological distress, personal well-being and stage of change and reductions in methamphetamine use post intervention.

The intervention:

1. A free, 6-week group treatment program for MSM to build skills and strategies to better manage their methamphetamine use and general health and wellbeing.
 - topics include: relapse prevention, methamphetamine and the brain, sleep and nutrition, HIV, sex, pleasure, mental health and mindfulness.
 - facilitators of the program are also members of the MSM community
2. Post-treatment peer support group is open ended

Children Affected by Methamphetamine Program

12 Family Tx Courts, serving many families with methamphetamine involvement and offering a range of additional supports that are child, adult, and family focussed, such as:

- Parenting education
- Interventions to improve parent-child functioning and address child trauma
- Trauma focused adult interventions such as Seeking Safety and Helping Women Recover and Helping Men Recover were integrated

Rodi et al. (2015) *New approaches for working with children and families involved in family treatment drug courts: Findings from the children affected by methamphetamine program*

Children and Family Futures website: www.cffutures.org

Parents reduce substance use and extend their treatment participation when children are engaged in services. Shift from *parent recovery* to *child and family wellbeing*. New way of doing business that recognizes:

- Improved family functioning and relationships is a part of recovery
- Matching service to need involves a thoughtful and coordinated process
- Providing recovery support is a key engagement and retention strategy – use of peer mentors, recovery mentors.
- Partnerships and interagency collaboration

4. Creating resources to inspire practice improvement

Intended to support discussion among practitioners and planners about what is already being done, and what changes might be made to better serve people needing treatment/support on methamphetamine use.

Conversation Starters for Substance Use Treatment Providers

Evidence-Based Approaches to Methamphetamine Treatment

A conversation starter for substance use service providers



Methamphetamine use is affected by both neurobiology & social and environmental influences. There are health and medical consequences and complications of methamphetamine that are important to understand and quickly act upon. Taking into account these factors, interventions should focus on:

- » Maximizing access to treatment
- » Offering respectful, person-centered care
- » Addressing ambivalence in the person using methamphetamine
- » Taking into account sex, gender, race/ethnicity and other social determinants of health
- » Having treatment plans that can be enacted quickly

Along with medical care, there are well-documented **psychosocial interventions** that address these factors. This sheet provides an overview of these approaches, and how they can be used in practice.

Contingency management (CM) is used to reinforce positive behaviours by providing incentives.

Cognitive behavioural therapy (CBT) focuses on coping mechanisms (i.e., dealing with cravings), resilience, and problem-solving skills (i.e., assertiveness in refusing substances). CBT is often used in conjunction with motivational interviewing techniques.

Project Tech Support has used a variety of text message-based CBT and MI programming, including text messages from Peer Health Educators and automated text messages that are adaptive to individual needs and focused on health promotion and referrals, and have found promising results in reduced methamphetamine use [1].

Mindfulness practices focus on helping people reduce methamphetamine use and improving overall health and well-being. They involve meditative practice, awareness, and staying in the present moment.

Physical exercise can be a successful approach as an intervention for methamphetamine and stimulant use in general, as growing evidence suggests [2].

PnP & Me at Health Initiative for Men (HIM) in Vancouver is a 16-week group counselling program with a contingency management structure for gay, bi, queer men, and gender diverse people who use meth. The program offers a monetary incentive for attendance at each group counselling session, and additional vouchers that can be used for prizes or monetary rewards for achieving personal health goals.

Motivational interviewing (MI) involves identifying motivations that would facilitate a person to make change. This technique addresses ambivalence and builds on a person's strengths.

Community reinforcement approaches address strengthening the determinants of health, such as employment, housing, family, and social networks.

Thorne Harbour Health in Australia offers therapeutic programs for LGBTI community members living with HIV including **Re-Wired**, an 8-week program for men who have sex with men, that incorporates mindfulness with nutrition programming, relapse prevention, and education about methamphetamine and the brain.

Methamphetamine Use & Trauma Informed Approaches

A conversation starter for substance use service providers



KEY PRINCIPLES OF TIP

Trauma informed practice takes into account the common experience and enduring effects of trauma, and focuses on relational approaches. TIP is not an individual counselling technique, but rather a paradigm for providing support, structuring learning environments, and creating organizational culture change. TIP is not based on disclosing trauma. Instead, it can be seen as a "universal precaution" offered when working in substance use services that protects everyone. TIP is based on principles that include creating safety, promoting choice and building skills in a collaborative manner. A number of trauma informed practice guides have been created in Canada on trauma informed approaches in substance use and related fields (see [Trauma Informed Practice Guides](#)).

In addition there are info sheets about trauma informed approaches in the [aftercare](#) context and in [primary care](#) with a view to enacting the principles at the organizational as well as the service user level.

This guidance recommends using a principle-based approach to enacting trauma informed approaches, including:

Principle	Description	Applying TIP principles in work with people who use methamphetamine
Awareness	Understanding trauma and its impacts on the lives and behaviours of service users	This means learning about trauma, trauma informed approaches and the effects and issues facing methamphetamine users, for example from TIP 33 .
Safety and trustworthiness	Creating safe and trustworthy environments for service delivery	This means considering how methamphetamine use, associated cravings and withdrawal symptoms affect how people engage with services, and the importance of being calm, respectful and empathic.
Choice, collaboration, connection	Creating service environments that provide opportunities for choice, collaboration and connection	This means creating positive environments with structure and support for change in methamphetamine use, anxiety, sexual health, etc.
Strengths and skills enhancement	Creating service environments that use strengths based approaches and supports a culture of learning	This means educating about and practicing management of withdrawal symptoms, identifying cues and triggers, skills for self-regulation, stress management skills, refusal skills, finding new social connections, etc.

Methamphetamine Use & Sex and Gender Informed Approaches

A conversation starter for substance use service providers



SEX, GENDER AND METHAMPHETAMINE USE

Many aspects of methamphetamine use are affected by sex and gender-related factors, including the initiation and patterns of use. Sex and gender influence the social consequences and health effects of methamphetamine use, access to care and treatment outcomes (See [CEWH 2020](#)).

Sex and gender influences are important to consider when designing treatment programs to address methamphetamine use. For example, a U.S. randomized controlled trial of an intervention to reduce methamphetamine use, depression, and condomless sex found that men benefited from the treatment, but women did not [1]. These results exemplify how one size does not fit all and how interventions should be tailored to address the unique experiences and vulnerabilities of women, men, and gender diverse people.

Sex and gender related factors to consider when addressing methamphetamine use

Sex factors <ul style="list-style-type: none">• Men who use methamphetamine have reported experiencing high blood pressure, whereas women have reported experiencing skin issues• Women progress to dependence more quickly than men• Females who use methamphetamine often have unmet health needs including chronic health problems	Sex/gender interactions <ul style="list-style-type: none">• Women are more likely to live with depression, anxiety, and PTSD, along with methamphetamine use• Women, men who have sex with men (MSM), and gender diverse people may use methamphetamine to enhance sexual pleasure making them vulnerable to risky sexual practices
Gender roles <ul style="list-style-type: none">• Women's reproductive and caregiving responsibilities may prevent help seeking• Expectations of masculinity may influence help seeking patterns among men• Women may use methamphetamine to help manage alertness in unsafe environments, or for weight loss	Gender relations <ul style="list-style-type: none">• Women's use is often influenced by partners• Women who use methamphetamine are at high risk of experiencing intimate partner violence and sexual assault• Women may avoid accessing harm reduction programs if they are male-dominated and feel unsafe
Institutionalized gender <ul style="list-style-type: none">• Socioeconomic deprivation may influence women's methamphetamine use and help seeking• Women, MSM, and gender diverse people who use methamphetamine are at a higher risk of engaging in survival sex• Gender diverse people may experience structural barriers to accessing care	
Sources: <ul style="list-style-type: none">• TIP 33: Treatment for Stimulant Use Disorders• Brecht, M.L., et al., Methamphetamine use behaviors and gender differences. <i>Addictive Behaviors</i>, 2004, 29(1): p. 89-106.• Harris, M.T.H., et al., Gender dynamics in substance use and treatment: A women's focused approach. <i>The Medical Clinics of North America</i>, 2022, 106(1): 219.• Pawelson, E., et al., Unmet healthcare need among women who use methamphetamine in San Francisco. <i>Subst Use Misuse</i>, 2014, 49(3): p. 243-52.	

Mindfulness Approaches for Addressing Substance Use Concerns



A conversation starter for substance use service providers

WHY MINDFULNESS?

Mindfulness approaches can support reducing substance use and compulsive behaviours, managing cravings, preventing relapse, improving mood, and increasing engagement in treatment among people with substance use concerns [1]. There is evidence that mindfulness interventions address the neurobiological underpinnings of addiction and reward processing [2].

Mindfulness is a trauma informed approach that has evidence-based effects in the brain similar to those of methamphetamine addiction. Similar brain regions and circuits are involved in both addiction and mindfulness. One is the top-down pathway associated with self-regulation of thoughts, emotions, and behaviors controlled by the prefrontal cortex, and includes inhibitory control and working memory. Another is the bottom-up pathway which directly controls stimulation and emotion. Mindfulness causes a decrease in the activity of brain regions involved in both stimulation and emotion (amygdala and posterior putamen) [3].

Mindfulness-based approaches have been supported by research

Here are three examples of mindfulness-based interventions that have been helpful for people who use stimulants. There are many opportunities to integrate and adapt aspects of these interventions into your treatment context.

1. **Mindfulness-Based Relapse Prevention (MBRP)** is rooted in self-compassion and harm reduction. MBRP has been found effective in reducing cravings and helping those with substance use disorders manage withdrawal [4] through creating awareness, non-judgmental acceptance of experiences such as cravings, and reinforcing that the uncomfortable sensations and urges will eventually pass on their own without taking a substance. MBRP has been applied along with other treatment programs, such as contingency management [5] or ketamine infusion [6], or offered as part of aftercare. It has been found to be useful for a range of populations, including women with a history of incarceration in live-in treatment [7, 8] and people with stimulant dependence who also have a mood or anxiety disorder [5].

To learn more, listen to [a podcast](#) with Dr. Sarah Bowen, a leading researcher of MBRP.

2. **Mindfulness-Oriented Recovery Enhancement (MORE)** combines concepts from mindfulness, cognitive behavioural therapy, and positive psychology to simultaneously address substance use disorders, chronic pain, and stress. Its core components are the reappraisal of stressful life events (making meaning) and savouring (focusing attention on pleasant sensations and positive emotions).

To learn more, listen to [a podcast](#) with Dr. Eric Garland who developed MORE.

3. **Acceptance and Commitment Therapy (ACT)** aims to enhance connection to the present moment, identify values, and move to committed action in accordance with one's values. The intervention focuses on 6 key elements: diffusion, acceptance, presence, self, values, and commitment to action [8]. ACT has been found to reduce aggressiveness among men with methamphetamine use disorder and its corresponding psychosis [9].

Click here for a detailed, session-by-session outline of evidence-based manualized mindfulness programs for substance use disorders, along with their outcomes.

8 Strategies for being trauma informed at the organizational level



1 Leading and communicating about being trauma informed

There are many ways of signalling that a service is trauma informed: in written materials for clients, families and service partners, in office signage, through speeches by leadership. The language in policies, intake questions, forms, reports and other documentation can be supportive, recovery-oriented and strengths based through less emphasis on rules, consequences and strict expectations, and more emphasis on flexibility, hope and success in growth and healing.

2 Engaging service users and their families/ supporting people in service planning

Service users can provide advice on how/if their experience of the service feels health promoting and non-traumatizing, and how their experience could be improved. It can be helpful to offer training for service users on trauma informed practice and about taking up leadership in program development and evaluation, reviewing policies, etc.

3 Training all staff members

Ongoing training about the effects of trauma and on trauma informed approaches can be made available to clinical and non-clinical staff via in person sessions, e-learning, ongoing coaching, and supervision (including coaching by credible peers).

4 Creating a physically, emotionally, and culturally safe environment

Many organizations have found that a more welcoming physical environment (e.g., comfortable, welcoming reception area) makes a key difference to being a trauma-informed service.

Emotional safety can be created in each interaction through emphasis on choice and collaboration, and in the creation of space for co-practice of self regulation skills.

Cultural safety is grounded in respectful engagement and results in a non-discriminatory environment where people feel safe when receiving support.

5 Preventing secondary traumatic stress in staff

The health and safety needs of all staff are a key component of trauma-informed organizations. Provision of support to manage work stress that may result in vicarious trauma, burnout, and compassion fatigue is important. Opportunities for collective debriefing, social learning, and health promoting practices such as yoga and mindfulness practice can be implemented.

6 Supporting a healthy workforce

There are many ways to support a healthy workforce: access to counselling, professional training, trauma informed supervision, involvement in decision making, wellness initiatives, opportunities for self-care, resilience training, paid leave.

7 Providing or linking to trauma specific treatments

Clients with trauma histories may not be ready for discussion of their history or for treatment of PTSD. It is important for trauma informed services to signal to clients that trauma counselling may be something they want to do later, and that trauma specific programming or services are available.

8 Engaging referral sources and partner organizations, and participating in cross sectoral initiatives

Many organizations and communities have formed networks to build awareness of trauma informed approaches and ensure that clients will receive trauma informed services when accessing help in any system of care including mental health, education, victim services, police, and child welfare. Collaborating with other organizations and sectors can create a foundation for systemic change.



Methamphetamine & Sex and Gender Informed Approaches

This information sheet:

- Describes sex and gender factors (including sex and gender roles, sex/gender interactions, gender relations, and institutionalized gender) to consider when addressing methamphetamine use
- Offers key sex and gender informed approaches
- Describes intersectional and gender transformative approaches
- Invites reflection on sex and gender informed approaches

<https://cewh.ca/wp-content/uploads/2022/09/Methamphetamine-Use-and-Sex-and-Gender-Informed-Approaches.pdf>

Methamphetamine Use & Sex and Gender Informed Approaches



A conversation starter for substance use service providers

SEX, GENDER AND METHAMPHETAMINE USE

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Sex and gender influences are important to consider when designing treatment programs to address methamphetamine use. For example, a U.S. randomized controlled trial of an intervention to reduce methamphetamine use, depression, and condomless sex found that men benefited from the treatment, but women did not [1]. These results exemplify how one size does not fit all and how interventions should be tailored to address the unique experiences and vulnerabilities of women, men, and gender diverse people.

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Gender roles <ul style="list-style-type: none">• Women's reproductive and caregiving responsibilities may prevent help seeking• Expectations of masculinity may influence help seeking patterns among men• Women may use methamphetamine to help manage alertness in unsafe environments, or for weight loss	Gender relations <ul style="list-style-type: none">• Women's use is often influenced by partners• Women who use methamphetamine are at high risk of experiencing intimate partner violence and sexual assault• Women may avoid accessing harm reduction programs if they are male-dominated and feel unsafe
Institutionalized gender <ul style="list-style-type: none">• Socioeconomic deprivation may influence women's methamphetamine use and help seeking• Women, MSM, and gender diverse people who use methamphetamine are at a higher risk of engaging in survival sex• Gender diverse people may experience structural barriers to accessing care	

Sources:

- TIP 33: Treatment for Stimulant Use Disorders
- Brecht, M.L., et al., Methamphetamine use behaviors and gender differences. Addictive Behaviors, 2004, 29(1): p. 89-106.
- Harris, M. T. H., et al. Gender dynamics in substance use and treatment: A women's focused approach. The Medical Clinics of North America, 2022, 106(1), 219.
- Powelson, E., et al., Unmet healthcare need among women who use methamphetamine in San Francisco. Subst Use Misuse, 2014, 49(3): p. 243-52.

Sex factors

- Men who use methamphetamine have reported experiencing high blood pressure, whereas women have reported experiencing skin issues
- Women progress to dependence more quickly than men
- Females who use methamphetamine often have unmet health needs including chronic health problems

Gender roles

- Women's reproductive and caregiving responsibilities may prevent help seeking
- Expectations of masculinity may influence help seeking patterns among men
- Women may use methamphetamine to help manage alertness in unsafe environments, or for weight loss

Institutionalized gender

- Socioeconomic deprivation may influence women's methamphetamine use and help seeking
- Women, MSM, and gender diverse people who use methamphetamine are at a higher risk of engaging in survival sex
- Gender diverse people may experience structural barriers to accessing care

Sources:

- [TIP 33: Treatment for Stimulant Use Disorders](#)
- Brecht, M.L., et al., *Methamphetamine use behaviors and gender differences*. Addictive Behaviors, 2004. **29**(1): p. 89-106.
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Sex/gender interactions

- Women are more likely to live with depression, anxiety, and PTSD, along with methamphetamine use
- Women, men who have sex with men (MSM), and gender diverse people may use methamphetamine to enhance sexual pleasure making them vulnerable to risky sexual practices

Gender relations

- Women's use is often influenced by partners
- Women who use methamphetamine are at high risk of experiencing intimate partner violence and sexual assault
- Women may avoid accessing harm reduction programs if they are male-dominated and feel unsafe

Methamphetamine & Trauma Informed Approaches

This planning sheet:

- Introduces the key principles of trauma-informed practice (TIP): awareness; safety & trustworthiness; choice, collaboration & connection; and strengths and skills enhancement
- Offers ideas for trauma-informed strategies for service users who use methamphetamines
- Asks key questions about how to bring trauma-informed approaches into service delivery

<https://cewh.ca/wp-content/uploads/2022/09/Methamphetamine-use-and-trauma-informed-approaches.pdf>

Methamphetamine Use & Trauma Informed Approaches



A conversation starter for substance use service providers

KEY PRINCIPLES OF TIP



Trauma informed practice takes into account the common experience and enduring effects of trauma, and focuses on relational approaches. TIP is not an individual counselling technique, but rather a paradigm for providing support, structuring learning environments, and creating organizational culture change. TIP is not based on disclosing trauma. Instead, it can be seen as a "universal precaution" offered when working in substance use services that protects everyone. TIP is based on principles that include creating safety, promoting choice and building skills in a collaborative manner. A number of trauma informed practice guides have been created in Canada on trauma informed approaches in substance use and related fields (see [Trauma Informed Practice Guides](#)).

In addition there are info sheets about trauma informed approaches in the [aftercare](#) context and in [primary care](#) with a view to enacting the principles at the organizational as well as the service user level.

This guidance recommends using a principle-based approach to enacting trauma informed approaches, including:

Principle	Description	Applying TIP principles in work with people who use methamphetamine
Awareness	Understanding trauma and its impacts on the lives and behaviours of service users	This means learning about trauma, trauma informed approaches and the effects and issues facing methamphetamine users, for example from TIP 33 .
Safety and trustworthiness	Creating safe and trustworthy environments for service delivery	This means considering how methamphetamine use, associated cravings and withdrawal symptoms affect how people engage with services, and the importance of being calm, respectful and empathic.
Choice, collaboration, connection	Creating service environments that provide opportunities for choice, collaboration and connection	This means creating positive environments with structure and support for change in methamphetamine use, anxiety, sexual health, etc.
Strengths and skills enhancement	Creating service environments that use strengths based approaches and supports a culture of learning	This means educating about and practicing management of withdrawal symptoms, identifying cues and triggers, skills for self-regulation, stress management skills, refusal skills, finding new social connections, etc.

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Strategy	How it may be addressed
<p>Responding to ‘in the moment’ trauma responses</p>	<p>Notice when service users are overwhelmed and experiencing fight, flight or freeze responses. Stop to offer a drink of water, co-practice box breathing, or mental, physical or self-soothing and grounding. Ask service users about what self-regulation skills work best for them ahead of time, or offer to teach in the moment.</p>
<p>Enhancing coping skills</p> 	<p>Positive affect interventions can assist service users in coping with stimulant withdrawal and sensitize them to natural rewards and positive re-appraisal coping [1, 2]. The <i>Seeking Safety</i> manual offers session outlines for single or group interventions for people with PTSD and addiction concerns. Info sheets and posters of ideas for coping skills are also available from Seeking Safety.</p>
<p>Doing trauma informed urine drug screening</p> 	<p>This info sheet can be used to inform the UDS procedure, with the goal of resisting re-traumatization and facilitating participants safety. Included in this tip sheet are guiding considerations, and examples offered by service users and experts in the field of substance use treatment. Trauma Informed Urine Drug Screenings.</p>

Mindfulness Approaches for Addressing Substance Use Concerns

This information sheet:

- Describes mindfulness programs for recovery from substance use concerns that are supported by research
- Provides examples of mindfulness interventions that have considered specific populations, such as women, adolescents, or Indigenous people
- Provides resources, such as guided meditations and handouts, highlighting resources specific to methamphetamine when possible

<https://cewh.ca/wp-content/uploads/2023/02/Mindfulness-Approaches-for-Addressing-Substance-Use-Concerns.pdf>

Mindfulness Approaches for Addressing Substance Use Concerns



A conversation starter for substance use service providers

WHY MINDFULNESS?

Mindfulness approaches can support reducing substance use and compulsive behaviours, managing cravings, preventing relapse, improving mood, and increasing engagement in treatment among people with substance use concerns [1]. There is evidence that mindfulness interventions address the neurobiological underpinnings of addiction and reward processing [2].

Mindfulness is a trauma informed approach that has evidence-based effects in the brain similar to those of methamphetamine addiction. Similar brain regions and circuits are involved in both addiction and mindfulness. One is the top-down pathway associated with self-regulation of thoughts, emotions, and behaviors controlled by the prefrontal cortex, and includes inhibitory control and working memory. Another is the bottom-up pathway which directly controls stimulation and emotion. Mindfulness causes a decrease in the activity of brain regions involved in both stimulation and emotion (amygdala and posterior putamen) [3].

Mindfulness-based approaches have been supported by research

Here are three examples of mindfulness-based interventions that have been helpful for people who use stimulants. There are many opportunities to integrate and adapt aspects of these interventions into your treatment context.

1. **Mindfulness-Based Relapse Prevention (MBRP)** is rooted in self-compassion and harm reduction. MBRP has been found effective in reducing cravings and helping those with substance use disorders manage withdrawal [4] through creating awareness, non-judgmental acceptance of experiences such as cravings, and reinforcing that the uncomfortable sensations and urges will eventually pass on their own without taking a substance. MBRP has been applied along with other treatment programs, such as contingency management [5] or ketamine infusion [6], or offered as part of aftercare. It has been found to be useful for a range of populations, including women with a history of incarceration in live-in treatment [7, 8] and people with stimulant dependence who also have a mood or anxiety disorder [5].

To learn more, listen to a [podcast](#) with Dr. Sarah Bowen, a leading researcher of MBRP.

2. **Mindfulness-Oriented Recovery Enhancement (MORE)** combines concepts from mindfulness, cognitive behavioural therapy, and positive psychology to simultaneously address substance use disorders, chronic pain, and stress. Its core components are the reappraisal of stressful life events (making meaning) and savouring (focusing attention on pleasant sensations and positive emotions).

To learn more, listen to a [podcast](#) with Dr. Eric Garland who developed MORE.

3. **Acceptance and Commitment Therapy (ACT)** aims to enhance connection to the present moment, identify values, and move to committed action in accordance with one's values. The intervention focuses on 6 key elements: diffusion, acceptance, presence, self, values, and commitment to action [8]. ACT has been found to reduce aggressiveness among men with methamphetamine use disorder and its corresponding psychosis [9].

[Click here](#) for a detailed, session-by-session outline of evidence-based manualized mindfulness programs for substance use disorders, along with their outcomes.

WHAT ARE SOME CONSIDERATIONS FOR WORKING WITH SPECIFIC POPULATIONS?

There are many approaches that incorporate mindfulness techniques. However, what may work for one person may not be suitable for the next. Offering choices and working together with service users to develop a tailored approach provides an opportunity to think about how factors such as sex, gender, age, race/ethnicity, and experiences of trauma might be considered. For example, researchers have theorized that MORE may be beneficial for mothers who use(d) opioids during pregnancy to improve mother and child wellbeing [10].

Mindfulness approaches that have been created with specific populations in mind:



Moment-by-Moment in Women's Recovery: A Mindfulness-Based Approach to Relapse Prevention – This program manual describes a group intervention that is tailored for women in substance use treatment, who may also have a history of trauma and be experiencing mental health concerns. The manual includes guided meditations, exercises, poems, and other helpful resources that could be used and adapted in your work. The research findings point to improved retention in live-in treatment as well as improved psychological wellbeing among women who mostly used amphetamine/methamphetamine and had a history of incarceration [11].



Mindfulness-Based Substance Abuse Treatment for Adolescents: A 12-Session Curriculum – This group mindfulness intervention was created for young people with substance use concerns. Among boys age 18-21 with a methamphetamine use disorder, the intervention was associated with improvements in functions associated with craving, including response inhibition, risky decision-making, working memory, and cognitive functions [12]. The Center for Adolescent Studies offers a [free course](#) to learn how to teach mindfulness to teens.

Dr. Michael Yellow Bird has highlighted how mindfulness, as both a traditional and contemporary Indigenous practice, can support wellness and be a powerful tool in dealing with racism, loss of land, culture, language, and poverty. He offers activities that promote mindfulness which may be helpful when working with Indigenous people who use methamphetamines. All responses should be guided by the Peoples and communities who are accessing treatment.



HOW CAN MINDFULNESS BE INTEGRATED INTO YOUR PRACTICE?

There are many options for integrating mindfulness into your practice. The interventions listed above are programs that could be adapted to your treatment setting. However, mindfulness practices can also be integrated into treatment you already offer, or be offered to service users as part of aftercare and treatment maintenance.

Practical Handouts:

Handouts can be useful when working with service users.

- [Mindfulness-Based Relapse Prevention handouts](#)
- [Worksheets for people who use methamphetamine from Australia's Drug Aware program](#)

These handouts are specific to methamphetamine use and have mindfulness concepts embedded in their tips and prompts.

- Check out the managing withdrawal section in this resource from New Zealand (NZ): [Te Hikuwai resources for wellbeing: Methamphetamine use/ Tioata whakaiti](#)
- Also from NZ, [P'd Off](#) provides an example of mindfulness concepts integrated into tips for dealing with craving, and a guide to relaxation.

Guided meditations:

Many guided meditations can be found online. Here are some that are designed for people with substance use concerns:

- [Practice Mindfulness-Based Relapse Prevention](#)
- [Practice Mindfulness-Oriented Recovery Enhancement](#)
- [Practice Acceptance and Commitment Therapy](#)
- [Tara Brach: Working with Desire, Attachment and Addictions](#)

Formal mindfulness practice: meditation & other guided exercises (e.g., body scan) [13].

Informal mindfulness practice: bringing awareness, acceptance, & compassion into everyday activities & challenging situations [13].

Virtual Reality Meditation for Addiction



Formal mindfulness practice: meditation & other guided exercises (e.g., body scan) [13].

Informal mindfulness practice: bringing awareness, acceptance, & compassion into everyday activities & challenging situations [13].

Reflection questions:

- » What are the opportunities for incorporating or enhancing mindfulness approaches into your work?
- » How can mindfulness practices be tailored for specific populations in your treatment setting?



P'd off

A guide for people trying to reduce or stop using methamphetamine

8 strategies for being trauma informed at the organizational level

This infographic:

- Describes 8 strategies for incorporating the TIP principles at the organizational level, including training, communication, involving people with lived and living experience, and creating safer spaces.
- Signals further reading and practical resources to support organizational change.



8 Strategies for being trauma informed at the organizational level



- 1 Leading and communicating about being trauma informed**

There are many ways of signalling that a service is trauma informed: in written materials for clients, families and service partners, in office signage, and through speeches by leadership. The language in policies, intake questions, forms, reports and other documentation can be supportive, recovery-oriented and strengths based through less emphasis on rules, consequences and strict expectations, and more emphasis on flexibility, hope and success towards growth and healing.
- 2 Engaging service users and supporting participation in service planning**

Service users can provide advice on how/if their experience of the service feels health promoting and non-traumatizing, and how their experience could be improved. It can be helpful to offer training for service users on trauma informed practice and taking up leadership in program development and evaluation, reviewing policies, etc.
- 3 Training all staff members**

Ongoing training about the effects of trauma and on trauma informed approaches can be made available to clinical and non-clinical staff via in person sessions, e-learning, ongoing coaching, and supervision (including coaching by credible peers).

There are many opportunities for developing more tailored responses to methamphetamine use, and we hope the resources developed in this project help to spark conversations and are supportive of practice.



Thank You

Get In Touch

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**Stimulating
Conversations** 



centre of excellence
for women's health

Gender unequal

Perpetuates gender inequality

Gender blind

Claims to be fair by treating everyone equally

Gender sensitive

Considers & acknowledges gender issues

Gender specific

Intentionally targets & benefits a specific group

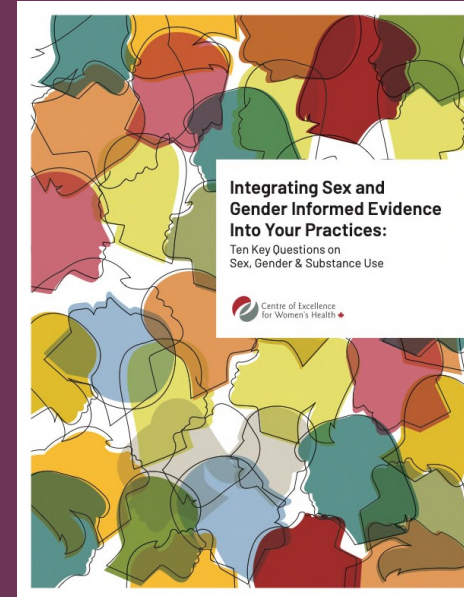
Gender transformative

Includes ways to transform harmful gender roles & relations

Exploit

Accommodate

Transform



www.cewh.ca/wp-content/uploads/2020/05/CEWH-02-IGH-Handbook-Web.pdf

