

How sex and gender matter in cannabis use

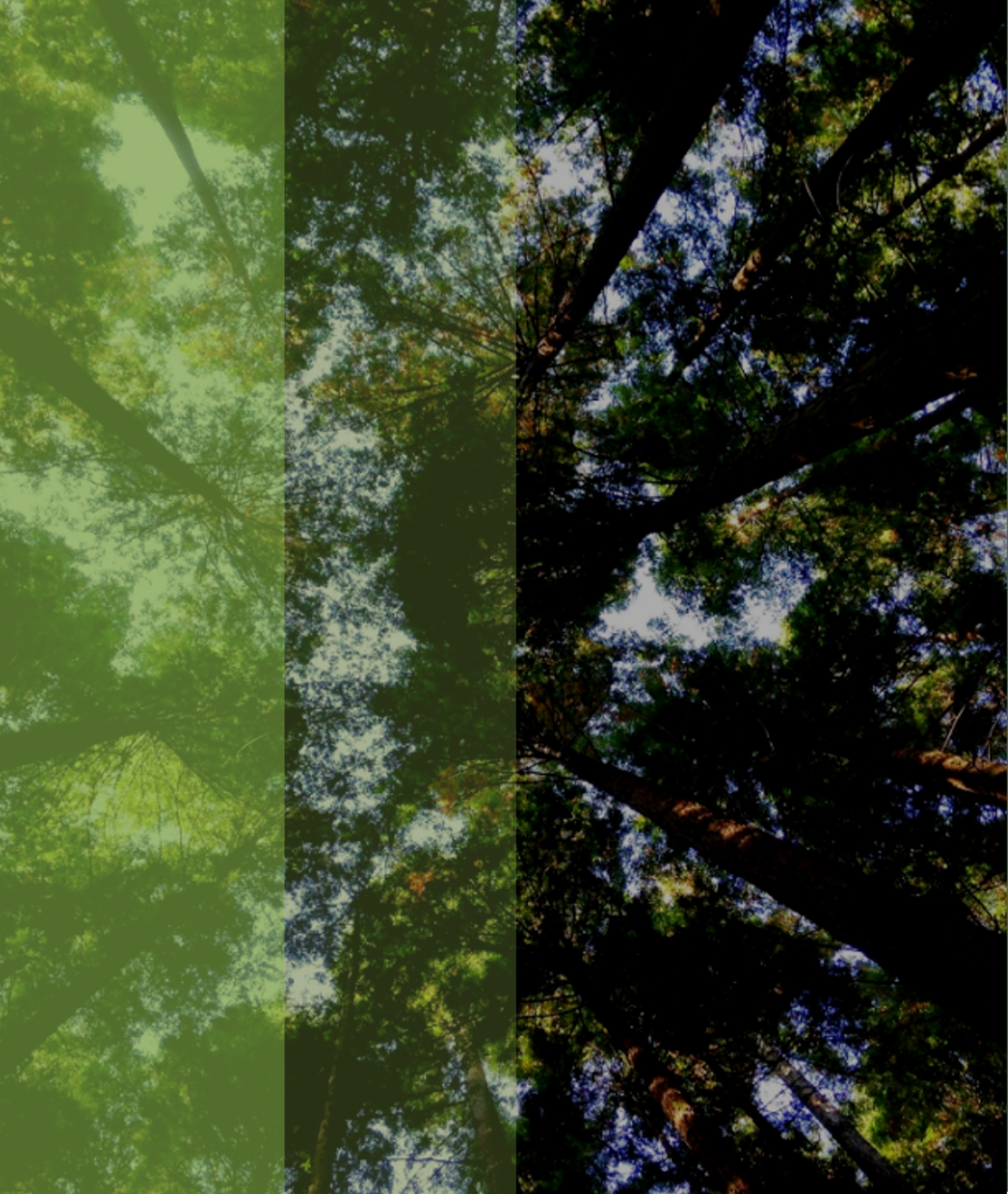


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Land Acknowledgement



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Webinar Overview

- Sex, gender, and cannabis use
- Sex and gender-based analysis (SGBA+) of survey data
- Creating sex and gender informed resources
- Engaging with a multidisciplinary hub
- Q&A



Sex, Gender and Cannabis Use



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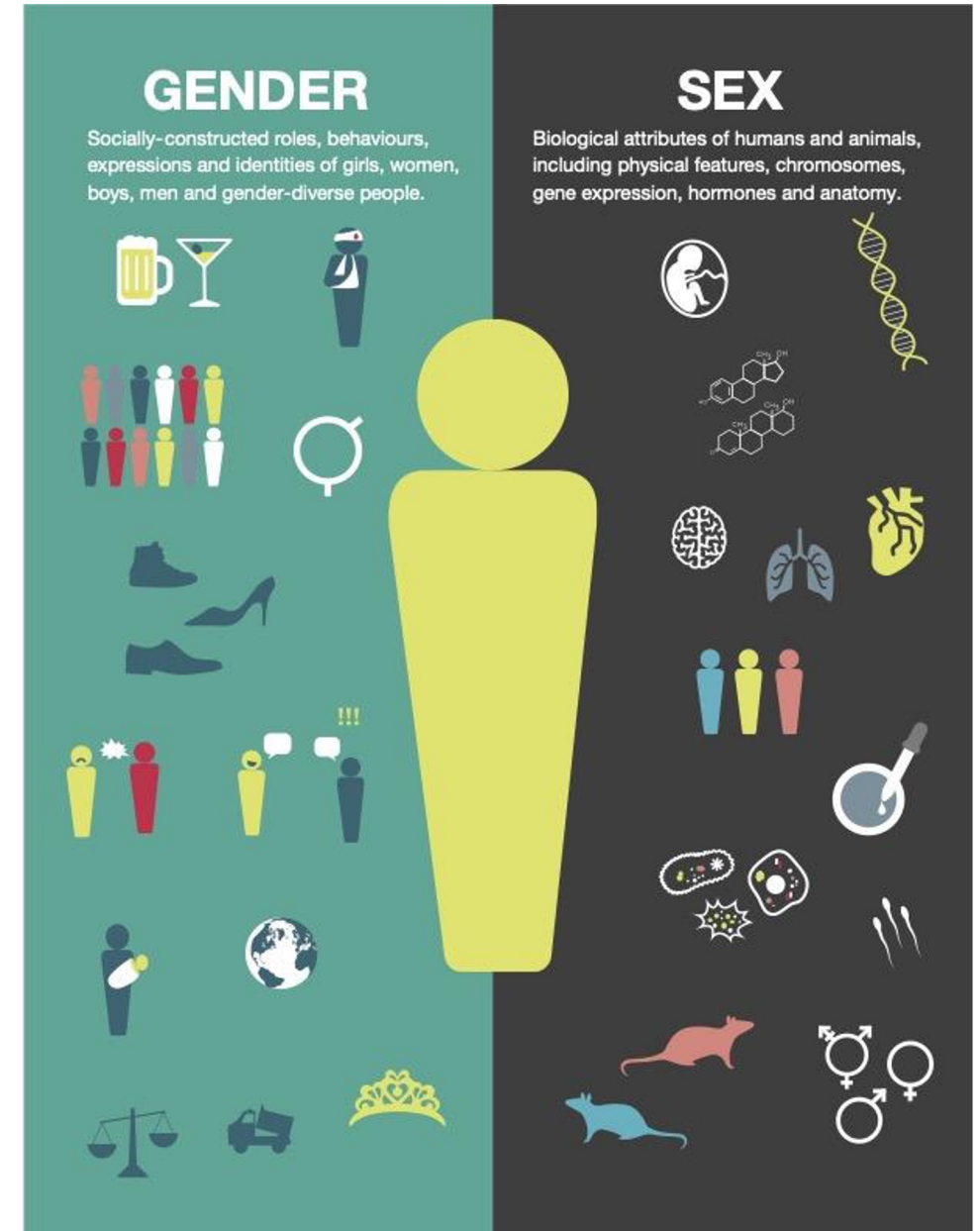
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- Sex and gender are among the most influential of the determinants of physical and mental health
- They interact with other characteristics and factors such as race, age and ability to affect overarching health, including substance use



Sex-related factors include biological, physiological, anatomical features, such as hormones, size, weight, metabolism, body parts, genetics, chromosomes, etc.

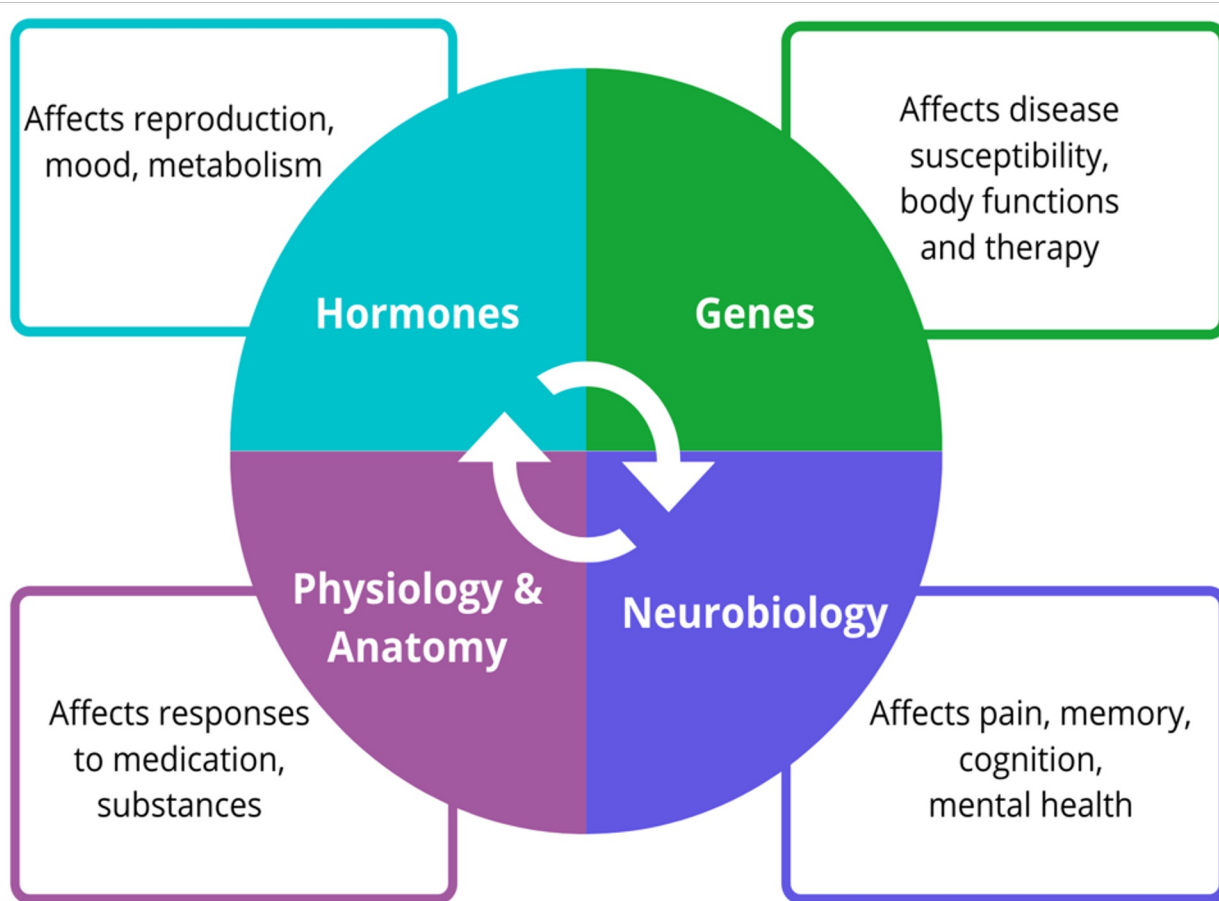
Gender-related factors include roles, relationships, norms, power imbalances & identities that affect individuals' experiences and access to resources



How do sex, gender and equity matter in the substance use field?

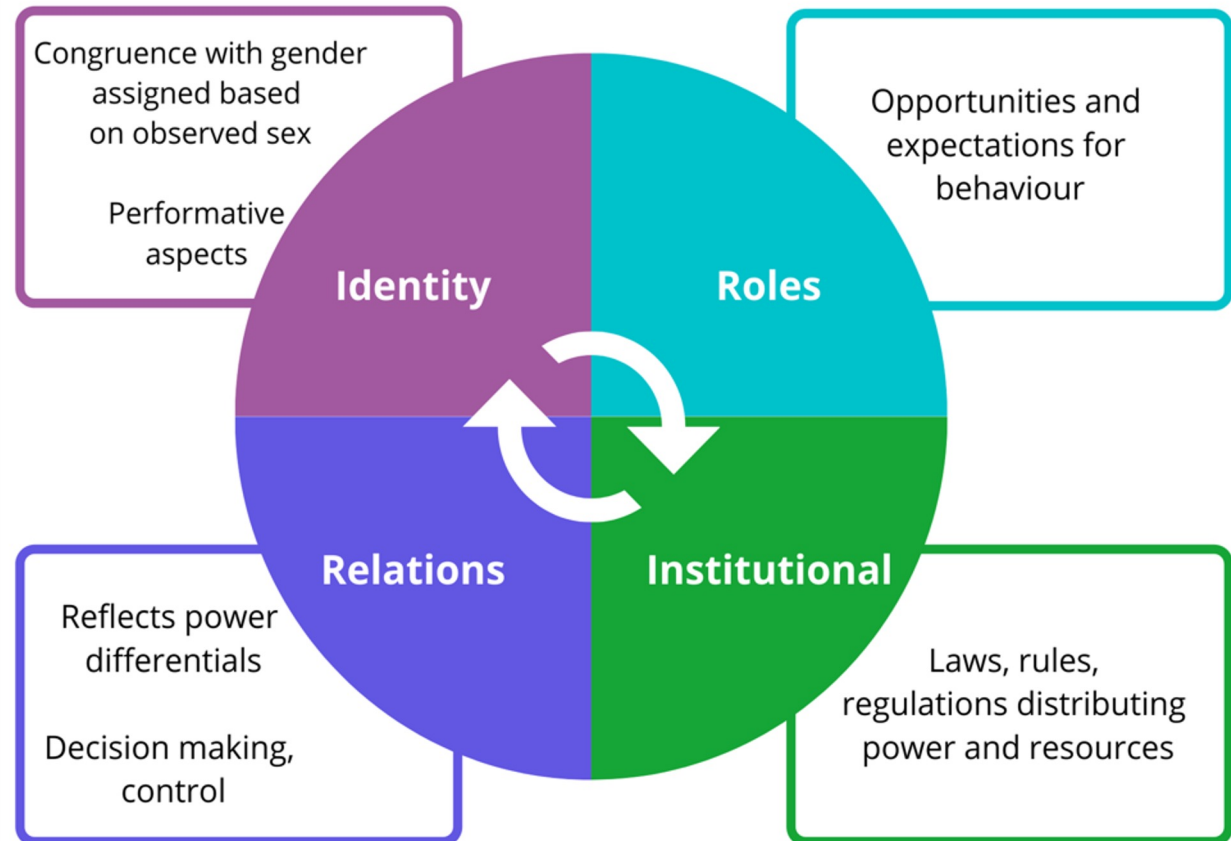
Mechanisms	Differences in biological responses to drugs
Consequences and impacts	Socioeconomic, legal, and relational consequences of substance use, employment, poverty, homelessness, domestic violence, etc.
Prevention issues	Differences in pathways, risk and protective factors, progression, transition and maintenance
Treatment issues	Differences in access, readiness, retention and outcomes
Reproduction, fertility and parenting	Different roles, biological concerns, social stigma, child custody

Sex and gender are multi-faceted



Sex-related factors shift with developmental stages – and interact with gendered environments

Gender is cultural and temporal and intersects and interacts with sexual orientation, race, ethnicity, religion, culture, age, SES, nationality, ability, etc.



Sex and cannabis, emerging evidence

Males

- May experience more cognitive and memory impacts, but evidence is mixed (decision making, sequencing, psychomotor skills)


Females

- May telescope faster to dependence
- Experience greater subjective effects (feeling 'high') even at low doses



Gender and cannabis

- Qualitative studies reveal girls and young women may use cannabis as a way of resisting **or** exhibiting dominant feminine ideals: rolling joints, buying cannabis, handling a high, **or** being discreet, using edibles vs smoking.
- Simultaneous use of alcohol and cannabis is higher in young men and associated with substantial risks such as: greater impairment; heavier alcohol use; driving while impaired; and greater likelihood of comorbid substance use and mental health issues.



Sex, Gender & Cannabis

Introduction

The cannabis policy landscape is rapidly changing. In Canada, cannabis was legalized on October 17, 2018, and medical use of cannabis has been available since 2001. In the USA, thirty-three states have legalized medical cannabis use, and eleven states have legalized recreational cannabis use. In 2019, reports of vaping related lung injuries and deaths emerged, and some of these cases have been linked to vaping cannabis products [1]. In this context, there is need for continued research on sex, gender and the patterns, mechanisms, and effects of cannabis use, and how women and men and girls and boys are differentially impacted by policies.

Key SEX Related Factors


There is emerging evidence that sex related factors impact: cannabis metabolism, subjective and cognitive effects, transition to dependence, and reproductive health:

- In animal research, female rats metabolized THC alone more rapidly [2] although this may be reversed when CBD is present [3].
- In a study measuring cognitive effects of cannabis use among young adults, males had a more pronounced negative effect in regards to psychomotor speed/sequencing ability [4].
- Females transition from initiation to regular use faster than males (similar to other substances), also referred to as "telescoping" [5, 6].
- There is some evidence of higher sensitivity to the subjective effects of cannabis in females compared to males, particularly at low doses [7-9].
- The evidence regarding the effects of cannabis use during preconception and pregnancy is mixed; while some evidence suggests use is less harmful than tobacco or alcohol, other evidence suggests negative effects on sperm health, markers of female fertility, and fetal health [10].

Basic science research on cannabis continues to focus on the male sex, typically including only male animals in pre-clinical research and male subjects in clinical research; and studies that do include females often fail to conduct a sex-based analysis [31].

Sex-related factors affect how your body reacts to substances, including how substances are metabolized, what effects they may have on you, 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.



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Sex, Gender & Cannabis Hub

- Fill a crucial gap in Canada on the latest evidence on sex, gender and cannabis.
- Provide reliable and up-to-date information on sex and gender related factors affecting cannabis use to guide service provision, research, policy, and individual health decisions.



Why a Sex, Gender & Cannabis Hub?



RELIABLE & UP-TO-DATE
DATA



PARTNERSHIP ACROSS
COMMUNITY, SERVICE,
RESEARCH & POLICY



EQUITY-ORIENTED
APPROACHES



CROSS-SECTOR
COLLABORATIVE
RESOURCES

Three components form the basis of this project:

- 1) literature reviews
- 2) survey analyses (International Cannabis Policy Study)
- 3) input from community advocates, service providers, researchers, and policymakers gathered in virtual communities

SGBA+ of Survey Data



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What is SGBA+?

- **Sex- and Gender-Based Analysis+ (SGBA+)** is an analytical process used to assess how diverse groups of women, men, girls, boys and gender-diverse people may be differentially impacted by a product or policy.

Sex, Gender and Equity Analyses

Key Messages

- CCSA is committed to integrating sex-, gender- and diversity-based analysis (SGBA+) in all its work, as substance use is affected by sex, gender and equity issues.
- Sex-related factors (biology) affect how people respond to substances, and how fast they become intoxicated or dependent.
- Gender relations, norms and roles affect how people access and use substances, and gender identity and sexual orientation can affect patterns of use.
- Sex and gender intersect with a range of other factors such as income, age and ability to affect the effectiveness of prevention, treatment or policy.
- Many funders now require sex and gender to be considered in research, programs and policy, which highlights the need to produce more evidence on factors related to sex and gender.
- It is important to consider sex, gender and equity so that responses to substance use can be effectively tailored with a view to increasing overall health and wellness.

CCSA is committed to integrating sex-, gender- and diversity-based analysis (SGBA+) in all its work, as substance use is affected by factors related to sex and gender. Considering sex- and gender-related factors, and how they interact with equity issues will contribute to more useful evidence, guidance on tailoring actions and policy for different groups of Canadians.

This document describes the importance of SGBA+ to the substance use and addiction field and offers guidance about how to integrate it into research, knowledge mobilization and policy-related activities. It provides some examples of SGBA+ in action and offers additional sources of information and training for researchers, knowledge brokers, policy makers, funders and program planners. A glossary defining the key terms associated with SGBA+ appears at the end of this resource.

What Is SGBA+?

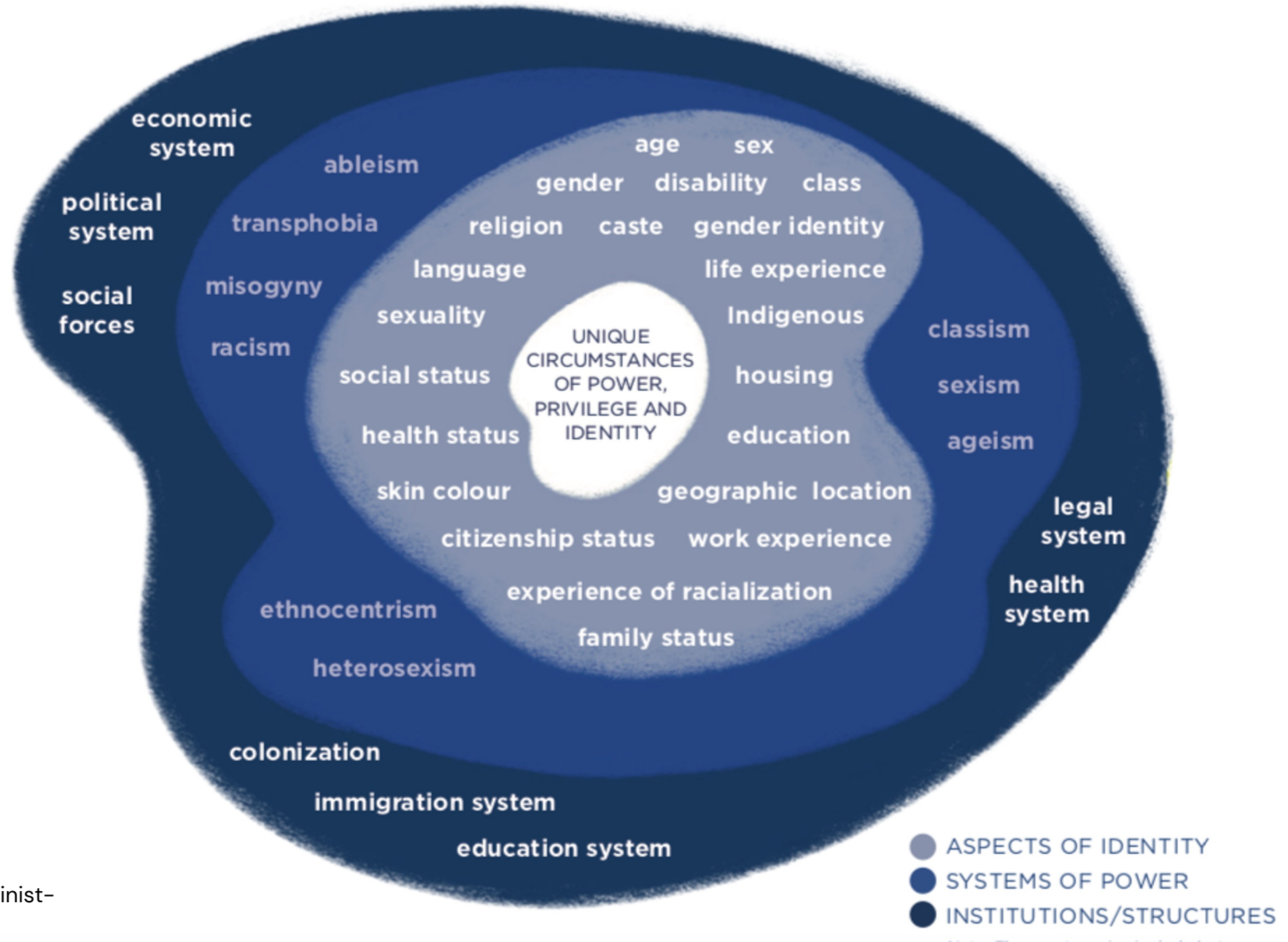
Sex-, gender- and diversity-based analysis is an ongoing process that:

- **Analyzes** research, lived and living experience, and perspectives of individuals and groups who differ by sex, gender, sexual orientation, gender identity, culture, age, race, ethnicity, ability and socioeconomic status;



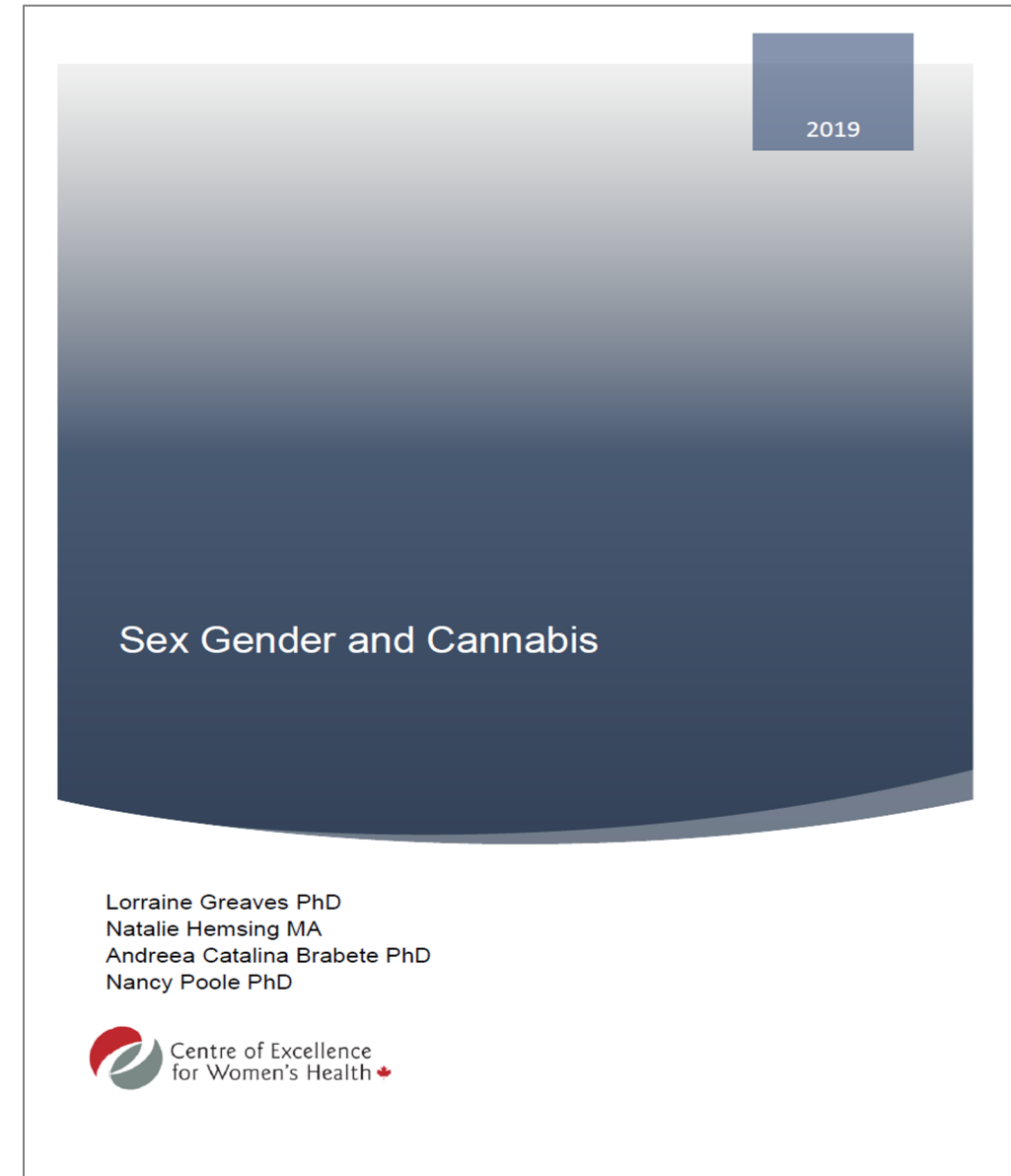
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Intersecting
with a wide
range of
characteristics
and processes



Sex, gender & cannabis surveys

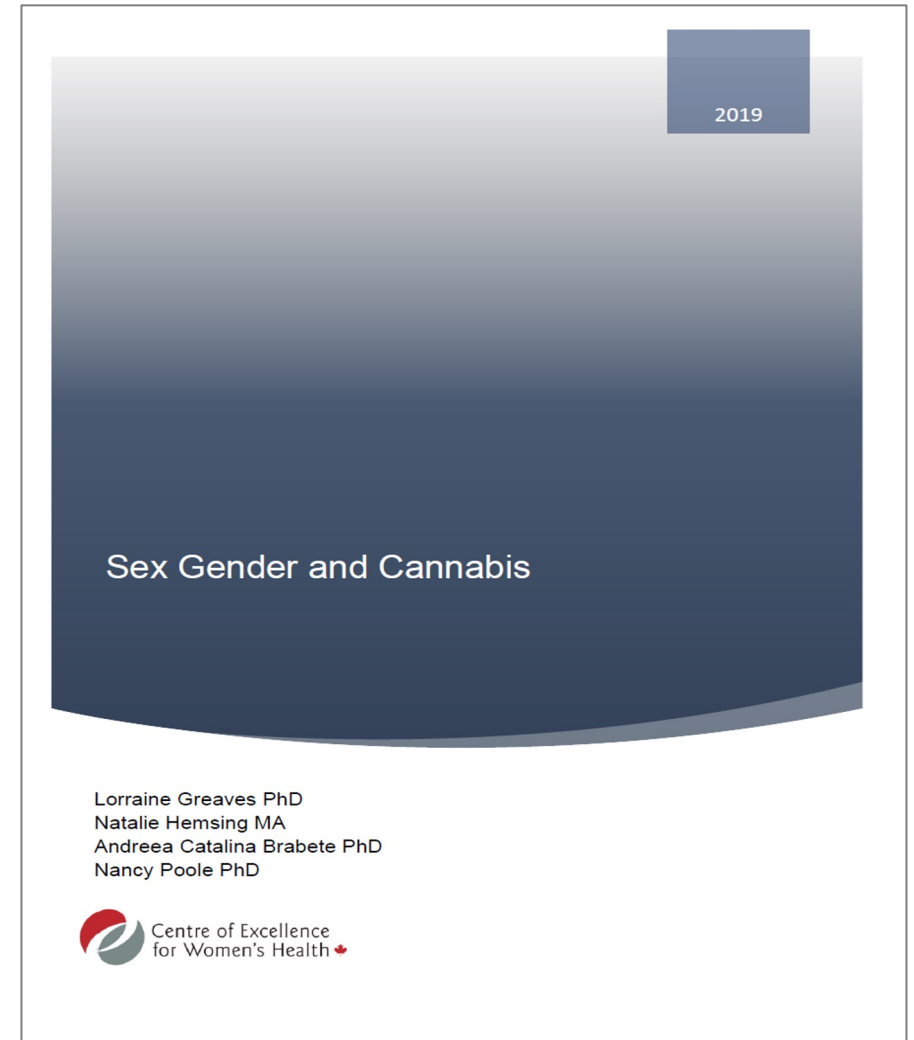
- Surveys are not designed to include these aspects, so we need additional variables that more fully measure sex and/or gender (and additional characteristics) to understand patterns and prevalence of cannabis use for knowledge mobilization purposes
- Sex is asked based on male/female categories
- Gender is often just about gender ID and asked as: men, women, gender diverse, non-binary, trans, refuse to answer, don't know
- Gender roles, identity, relations, norms etc. can be broken down and measured using validated indices but surveys don't often do this
- Secondary analyses of these surveys or databases are highly relevant for SGBA+ work and cannabis research and surveys could include more aspects.



Improving survey questions

Inclusion of new variables and questions:

- Addition of sociodemographic variables such as sexual orientation, cultural background or immigration status, and time spent in Canada to Health Canada surveys when possible
- Introduction of questions related to general health, mental health, depression, anxiety, etc.
- Addition of questions regarding characteristics that have been linked with cannabis use such as use among family and friends



International Cannabis Policy Survey (ICPS)

Bulletins 1–4

We analyzed several ICPS cannabis use variables so far:

- **Cannabis use status:** never used; used more than 12 months ago (but not more recently); within past 12-months (but not more recent use); monthly (but not more frequent users); weekly (but not more frequent use); daily/almost daily users
- **Age of initiation**
- **Province** and Past 12-month use (including daily, weekly, monthly use)
- **Sexual Orientation** and Past 12-month use (including daily, weekly, monthly use)
- **Race/ethnicity** and Past 12-month use (including daily, weekly, monthly use)
- **Sex/gender and race/ethnicity** and Past 12-month use (including daily, weekly, monthly use)

International Cannabis Policy Survey (ICPS)

Bulletins 5–7

We analyzed several ICPS cannabis use variables so far:

- **Driving a vehicle within 2 hours of using cannabis**
- **Being a passenger in a vehicle driven by someone within 2 hours of using cannabis**
- **ROAs used in past 12 months**
- **Using cannabis for pain relief instead of opioids or prescription pain medication**
- **Cannabis use to improve or manage mental health symptoms**
- **Cannabis use to improve or manage medical health symptoms**

BULLETIN 1

How do men and women report patterns of use?

May 2021

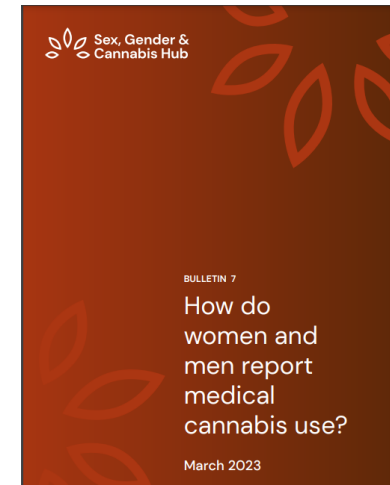
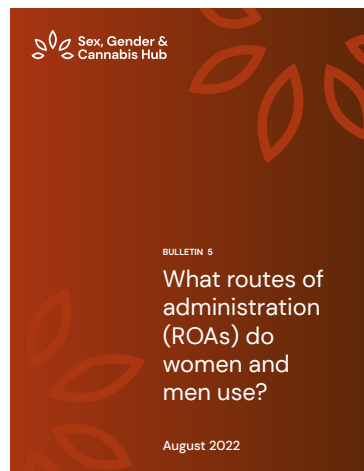
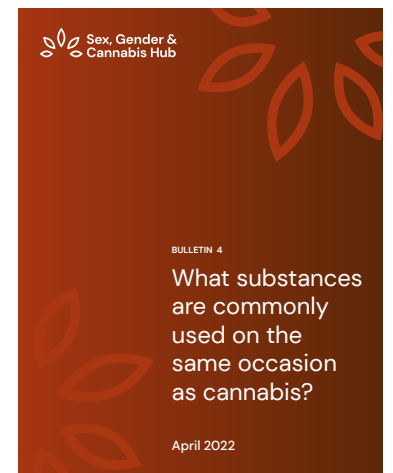
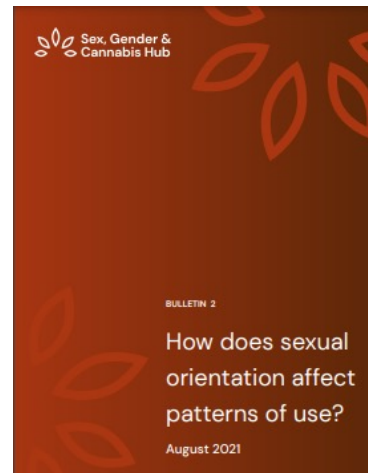
International Cannabis Policy Survey Wave 1

- **SEX AND GENDER IN WAVE 1 OF THE ICPS**
- Respondents were asked their sex (*Female, Male*) and In Wave 1, gender identity, using the following responses *Female, Male, Transgender, Do not identify as female, male or transgender, Other, Don't know, Refuse to answer*).

International Cannabis Policy Survey Wave 2 – 4

- **SEX AND GENDER IN WAVES 2-4 OF THE ICPS**
- Respondents were asked their sex (*Female, Male, Intersex and unstated*) and gender identity, using the following responses: *Woman, Man, Other, and Unstated*.

What we found



Patterns of Use: men use more, more women never use...

- More men than women reported using cannabis and used it more often.
- More than 4 in 10 respondents reported never using cannabis, with more women reporting never use than men.
- Men were more often weekly or monthly cannabis users compared to women.
- Women initiated cannabis use at a slightly older age than men.
- 9% of respondents reported daily or almost daily cannabis use, with no significant difference between women and men.
- Men from Ontario, Quebec and Nova Scotia reported significantly higher rates of cannabis use than women in the past year.

Patterns of use: different routes of administration, more women use for medical conditions...

- More women than men prefer edibles/foods, cannabis oils or liquids taken orally, and topical ointments (e.g., skin lotions or bath products).
- More men than women prefer dried herb (smoked or vaped, including pre-rolled joints), concentrates (e.g., wax, shatter, budder), hash or kief, and drinks
- More women than men reported having used cannabis for both medical conditions and mental health conditions.
- More women than men reported having used cannabis for pain relief, instead of opioids or prescription pain medication.

Challenges in doing secondary analyses of surveys using SGBA+

- Language and terminology
 - Survey findings can be difficult to compare due to inconsistencies in the definitions and questions regarding sex, gender identity, sexual orientation, racial/ethnic groups and categories used
- Narrow interpretations of gender
 - Ignoring norms, relations and institutional gender and focusing only on gender identity
- Sampling of small groups is difficult – e.g.,
 - Gender Identity –very few non-binary, gender diverse and trans people in survey (heightened by provision of many categories in some surveys)
 - Sexual Orientation – many options create similar small cells
- Sampling race/ethnicity– race & ethnicity have often been conflated, and current suggestions from CIHI may help organize this in Canada.
- Difficult to measure intersections– small samples require emerging quantitative analytic processes, and can benefit from mixed methods

What can we learn?

- As with most substances, men used cannabis more than women regardless of sexual orientation and racial/ethnic groups and start at a younger age.
- Women use for medical and mental health conditions.
- Men and women prefer different ROAs.
- Trends in use by sex or gender are important to examine and follow over time and post legalization.
- Further research and more precise methods on sexual orientation and race/ethnicity and sex/gender will lead to a deeper understanding of differences and will help tailor interventions and strengthen health promotion initiatives by sex, gender, race and sexual orientation.



Creating Sex and Gender-Informed Resources



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Beliefs and Perceptions Research Summary

- Perceptions and beliefs about cannabis vary by gender, with men less likely to perceive adverse risks of cannabis use for a range of health issues and activities.
- Perceptions of cannabis messaging vary by gender as well as user status, with young women more in favour of including calls to action in warning labels.
- It is important that health care providers effectively convey information about risks and benefits of cannabis use, especially regarding pregnancy and reproductive health.
- The literature on gendered beliefs and perceptions surrounding cannabis use, benefits, and harms published since 2018 is limited, with most of the literature examining the perceptions of young adults or perceptions of cannabis use on various health conditions.



Anxiety and Depression Research Summary

- The literature on sex, gender, cannabis, and anxiety and depression primarily reports on adolescents and young men and women. Few studies report on the associations in adult populations.
- Cannabis use may increase men's risk of developing depressive **symptoms**, while among women, the evidence indicates an association between cannabis and anxiety and depression **diagnoses**.
- More research is needed on the relationship between cannabis use and women's anxiety and depression symptoms during pregnancy.

Depression and Anxiety

Research Summary



 Sex, Gender &
Cannabis Hub

Why women use cannabis

► Women use cannabis for many reasons. The information included on this sheet is based on literature about women's use of cannabis published between 2018 – 2022. Research methods and other materials are posted on the [Sex, Gender and Cannabis Hub](https://www.sexgendercannabishub.ca).

1

Women may use cannabis to manage pain

Women experience more chronic pain and are more sensitive to pain, compared to men. Some women find cannabis to be the most effective in managing pain and inflammation, improving sleep, and reducing nausea, vomiting, and cancer-related symptoms. For others, cannabis may help with multiple conditions including migraines, endometriosis, polycystic ovary syndrome, epilepsy, and headaches.

4

Women may use cannabis instead of medications

Some women perceive cannabis as safer and having fewer side effects than prescription medications. Some report discontinuing medications such as opioids and narcotics, anti-depressants, and benzodiazepines in managing pain and other health conditions.

2

Women may use cannabis to cope

Some women may use cannabis as a way to relax and address challenges in their life, including day-to-day stress, depression, anxiety, adverse life events, or trauma and violence.



3

Women may use cannabis to relax and socialize

Some women are introduced to cannabis by partners, family, or friends and use cannabis as a way to socialize, relax and have fun.

6

Women may use cannabis to manage pregnancy-related symptoms

Women want more information about the potential harms associated with perinatal cannabis use. Though research is limited on the benefits and harms associated with perinatal cannabis use, many women believe that cannabis is safer than other medications used to manage nausea, depression, or anxiety in pregnancy.



5

Women may use cannabis to enhance sexual pleasure

Some women use cannabis to decrease inhibitions, improve sexual function, increase satisfaction and desire, and to feel comfortable, at ease, and close with their sexual partners.

Reducing Harms

Whatever the reason for use, there are ways to reduce harms of cannabis.

- » use smaller amounts and/or use cannabis less frequently
- » use cannabis with a lower amount of THC
- » use safest methods of consuming cannabis
- » avoid synthetic cannabis products (such as K2 and Spice) as they are often stronger and more dangerous than natural cannabis products

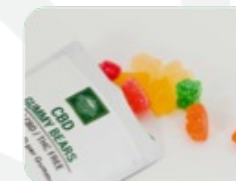
To learn more about different ways women consume cannabis, and alternatives to using cannabis to cope with stress, see our other information sheets on the [Sex, Gender and Cannabis Hub](https://www.sexgendercannabishub.ca).



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The ways women use cannabis



70%
smoke (e.g., a joint, bong, pipe, blunt)

Smoking

- » Smoking cannabis can be harmful to the respiratory system and can negatively affect lung and heart health.
- » Females who are dependent on cannabis are more likely than males to experience withdrawal symptoms (i.e., feel nauseous, nervous, restless, sweaty).
- » Smoking cannabis when pregnant may increase risk of lower birth weight in newborns.



8%
use a non-portable vaporizer

27%
use a vape pen or e-cigarette

Vaping

- » Vaping has been linked to stronger 'highs', anxiety and nervousness, restlessness, and heart racing in females, compared to males.
- » Females have reported significantly higher rates of dry mouth and irritated throat when using vaporized CBD, compared to males.



23%
use cannabis oil for oral use (e.g., in a dropper/syringe, softgel/capsules, spray bottle)

Oils and Tinctures

- » Vaping oils may contain harmful additives compared to dried cannabis flower.

The green circles indicate the % of girls and women who use this method, from the Canadian Cannabis Survey 2021



58%
use edibles (e.g., brownies, cakes, cookies or candy)

Edibles

- » Edibles can take longer to have an effect compared to vaping or smoking, which can result in a longer and more intense high than expected.
- » Women are more likely to use edibles for managing pain, compared to men.
- » Teenage girls who have not used cannabis yet have reported they would be more interested in using edibles over vaping, compared to teenage boys.

- » When oils are heated in a vaping device they pose a risk of burns as well as heart and lung issues compared to cannabis oils or tinctures from a dropper.
- » Consuming cannabis oil in food can delay the 'high' compared to taking it under the tongue, where it enters more quickly through the bloodstream.

- » Using oil on the skin is a less direct route for cannabis to enter the body, and may create fewer health risks.
- » Women with endometriosis have reported hemp/CBD oil as one of the most effective strategies for pain management.



15%
consume cannabis-infused drinks (e.g., sparkling water, tea, dissolvable powder)

Drinks

- » Like edibles, it can take longer to feel the 'high' effects of cannabis in drinks, which can make it easy to take more than recommended or desired.
- » Females may feel greater effects at lower doses because of factors like metabolism, so monitoring pace and dose i.e., 'start low and go slow' is important for managing intake.



11%
apply cannabis to skin (e.g., salves, creams, topicals)

Creams

- » Skin creams have lower levels of cannabis and are a less direct route for cannabis to enter the body, so overall risks are low compared to other forms of use. But there is little research on this way of consuming cannabis.
- » People with arthritis report using creams, and women have used cannabis creams for managing reproductive health-related pain, but effectiveness is mixed.

REFLECTION QUESTIONS

- » How do you use cannabis (smoking, vaping, edibles...)? What are the benefits and harms you experience?
- » After learning about the different methods of using cannabis listed here, will you make any changes in your use?



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Some alternatives to using cannabis to cope with stress

- Women often report using cannabis as a way to cope with stress, depression, anxiety, adverse life events, or trauma and violence.

Here are some alternatives to cope with trauma and other stressors, and to stay healthy and resilient.

1 Grounding skills

Grounding exercises are practical activities that help you relax, stay present or re-connect with what is happening around you. Grounding skills can be used as a coping skill or as part of a safety plan when you are feeling overwhelmed or triggered. Here are some examples of grounding exercises:

- » **Breathe** in to a count of four. Pause your breath for a count of four. Breathe out to a count of four. Pause your breath for a count of four. Repeat several times.
- » **Carry a grounding object** such as a stone in your pocket. Touch it for comfort when you need to.
- » **Visualize** your fear dissolving like a melting ice cube.
- » **Talk yourself through** what you are experiencing. "My heart is pounding". "These feelings will pass". "I will get through this".



For more examples of grounding activities see:

- » **Grounding Activities and Trauma-Informed Practice** Centre of Excellence for Women's Health
- » Chapter 18 in **Finding your Best Self** by Lisa M Najavits gives examples of mental grounding, physical grounding, and soothing grounding, and encourages you to find which methods you like best.

2 Mindfulness Practice

Instead of numbing or escaping feelings as people often try to do by using cannabis and/or other substances, mindfulness practice encourages you to pay attention to your feelings. Mindfulness is about looking at thoughts and emotions with kindness and compassion for yourself. You can bring awareness to feelings and sensations in the body, observing them as they come and go. Being curious about yourself and recognizing the impermanence of feelings and thoughts can be very empowering. There are many apps, videos and books that can guide you in practicing mindfulness.



Examples of books about women and mindfulness:

- » **The Mindful Woman: Gentle Practices for Restoring Calm, Finding Balance, and Opening Your Heart** Sue Patton Thoele
- » **Real Change: Mindfulness to Heal Ourselves and the World** Sharon Salzberg
- » **Moment-by-Moment in Women's Recovery: A Mindfulness-Based Approach to Relapse Prevention** Hortensia Amaro and Zayda Vallejo

3 Walking

Walking can help improve mental and physical health. Walking in nature can be especially helpful for decompressing, clearing your mind and focusing your intention. Walking can also be a social activity, a way to connect with **culture and the land**, or to "find your inner warrior".

4 Recognizing social pain, avoiding dependence

It is very common for experiences of trauma to be connected to isolation, injustice, gaslighting, coercion, racism and sexism. It is important to recognize these experiences of social pain and not expect substances to cure them. When cannabis or other substances are used "to cope" it may increase your vulnerability to addiction.

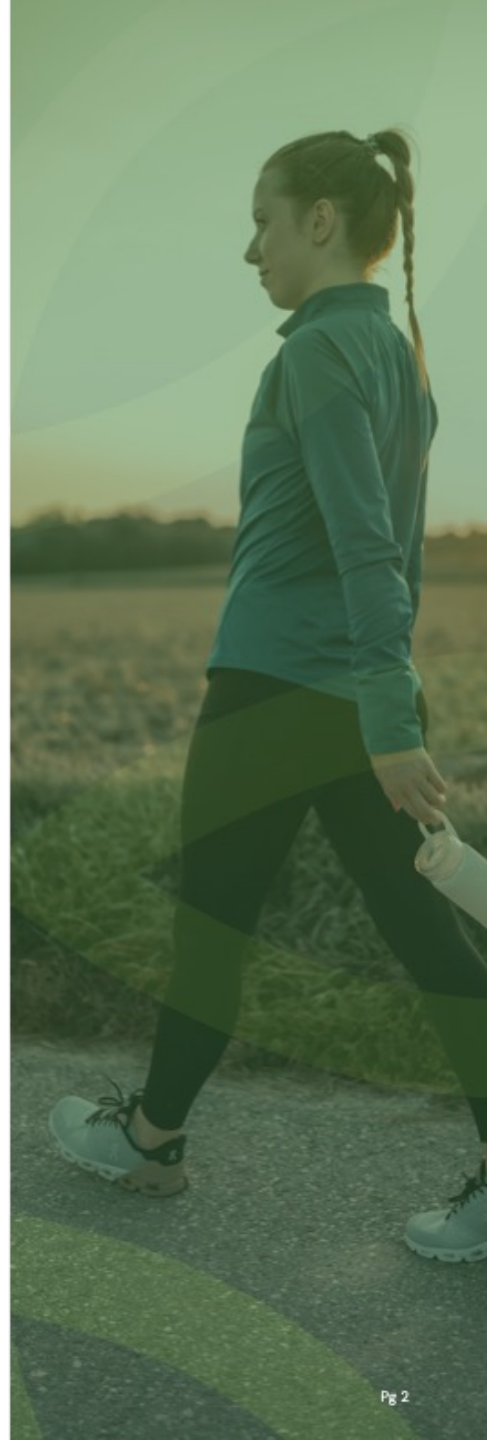


All the activities captured on this sheet can help with social pain. Naming your trauma and discrimination and finding personal, healthy, positive activities are important. Some resources that may inspire:

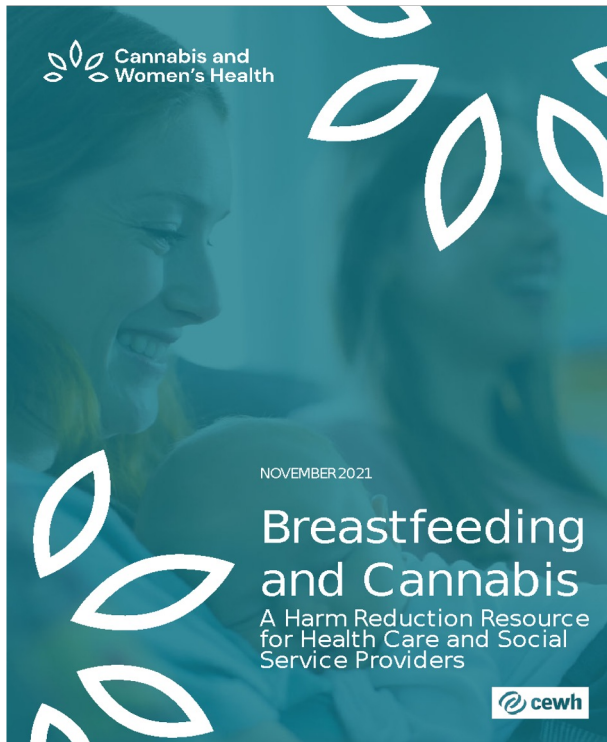
- » **Finding your Best Self: Recovery from Addiction, Trauma or Both** Lisa M Najavits
- » **Empowering Girls**, a program offered by the Canadian Women's Foundation
- » **Powering Up: Trauma-Informed Leadership. From Self to Community**, a workbook by YWCA Toronto, United Way Greater Toronto & Centre of Excellence for Women's Health



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Breastfeeding and Cannabis



THIS RESOURCE INCLUDES:



Information about what is known about breastfeeding and cannabis use



Perspectives and decision-making experiences of women who participated in a study on vaping cannabis or nicotine in the perinatal period



Examples of how to reduce the potential harm of using cannabis while breastfeeding



Strategies for advocating for families with substance use concerns and child welfare involvement

Having Open and Supportive Conversations



Ask Questions

Creating space for discussion and reflection can be more helpful than giving advice. You can ask:

- *How does substance use fit into your life right now?*
- *Do you have any questions for me about cannabis?*
- *What do you think would work for you?*



Be Curious

Choosing to breastfeed or use formula can be a very personal decision. As well, people have many different reasons for using cannabis. You can ask:

- *What are your breastfeeding goals, if any?*
- *Why are you thinking about using cannabis at this time?*
- *Can you tell me more about that?*



Be Trustworthy

Provide balanced and accurate information about the potential risks of cannabis. "Scare tactics" make it harder for people to ask for information or help. It can also influence whether someone chooses to breastfeed or continues to breastfeed. You can say:

- *I appreciate that you're willing to talk with me about your cannabis use.*
- *What information do you need?*
- *How can I help?*



Be Respectful

Many women and individuals who breastfeed will have already considered the benefits and risks of cannabis use before they come to see you. They may also have looked for information online or through friends and family and be familiar with existing guidelines and research. You can ask:

- *Can you tell me more about what you have been learning?*
- *It can be confusing when there's so little information out there – what do you think about it?*
- *What options have you already considered?*

Taking Care

THIS RESOURCE INCLUDES:



Information about what is known about breastfeeding and substance use



Examples of how to reduce the potential harm of using substances while breastfeeding



Activities to help you think about your breastfeeding plans, hopes, goals, and fears and your relationship with substance use as a parent

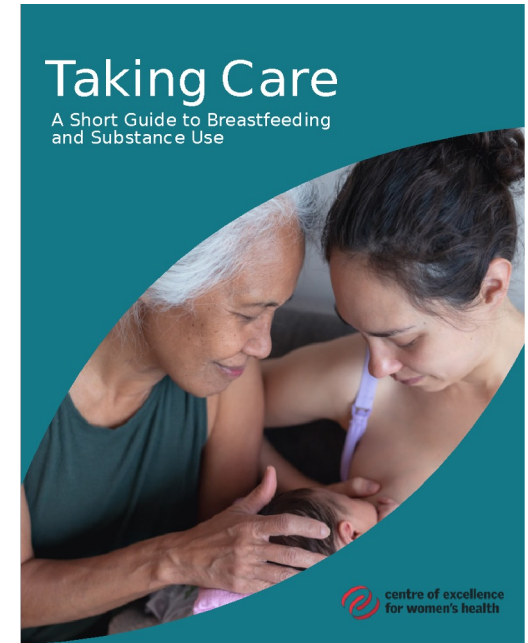
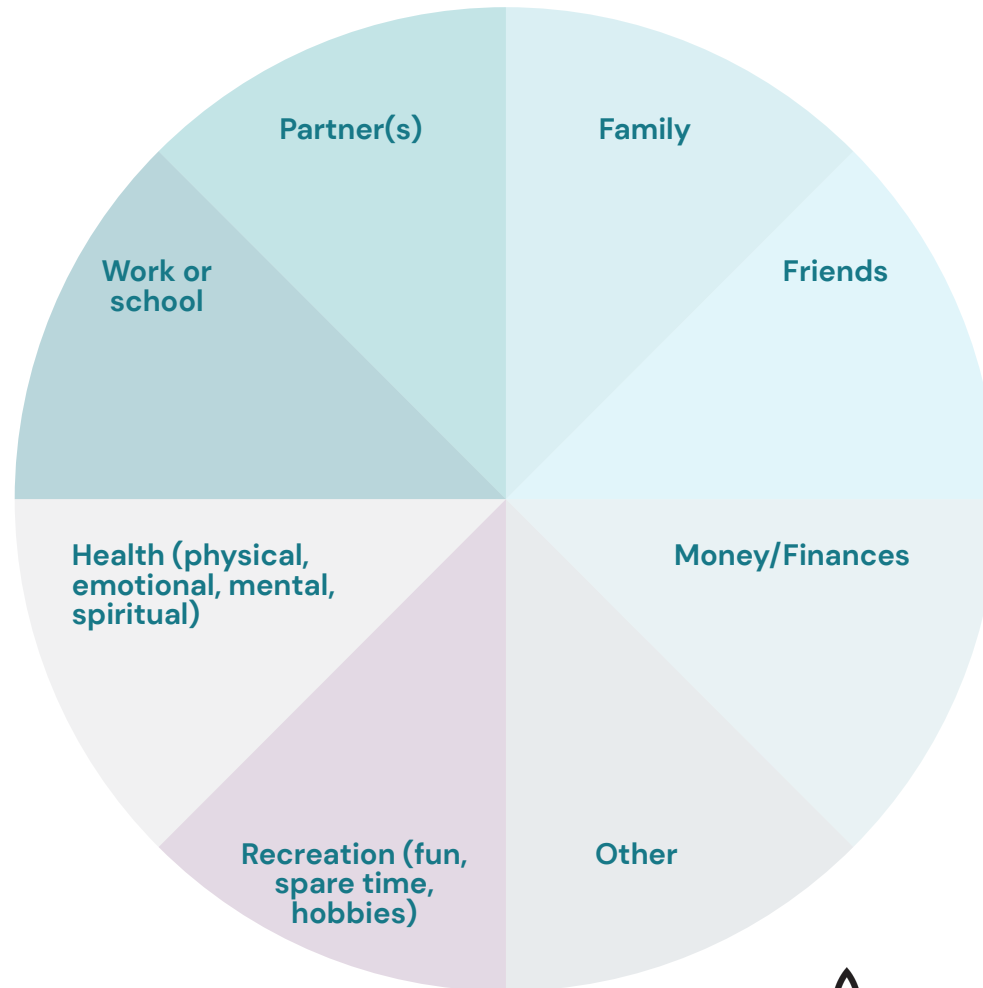


Ideas of what to ask your trusted care provider when making decisions about breastfeeding and substance use



Information about how experiences of trauma can affect both breastfeeding and substance use

Activity: Substance Use and Parenting



Engaging with a Multi-Disciplinary Hub



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Cannabis and
Women's Health

**SEX
& GENDER**



**PATTERNS
OF USE**



**BELIEFS
& ATTITUDES**



**REPRODUCTIVE
HEALTH**



**HARM REDUCTION
& TREATMENT**



**TOOLS
& INFORMATION**



Sex & Gender

Overview

The social and cultural aspects of gender – such as norms, roles, identities and relations – and the biological factors associated with sex – such as hormones, reproduction, anatomy, metabolism and genetics – interact to influence everyone's health. In a changing landscape of cannabis policy in Canada, it is very important to understand how sex and gender intersect with a range of other characteristics to influence cannabis use, and we strive to analyze data on all genders if available. In order to make empowered health decisions for ourselves, and to guide service provision, research, and policy, it is vital to use a sex, gender and equity analysis of cannabis use in policy and practice responses.



Resources

Key Terms	ACCESS THIS RESOURCE
Sex, Gender and Equity Analyses	ACCESS THIS RESOURCE
Sex, Gender and Cannabis Fact Sheet	ACCESS THIS RESOURCE
Sex Gender and Cannabis Report	ACCESS THIS RESOURCE

Beliefs & Attitudes

Overview

There are different levels of knowledge about cannabis, and both long held and emerging beliefs & attitudes about how it affects our health. Knowledge, attitudes and beliefs are affected by age, education, culture and gender. Further, gender related factors and culture influence all gender groups in determining how cannabis is used and perceived. These include gendered perceptions of cannabis use and which routes of administration are preferred, as well as beliefs about how cannabis affects individuals differently (or the same), dependent on their sex or gender. The resources below dive into what beliefs and attitudes influence cannabis use.



Resources

Beliefs and Perceptions Research Summary (English)	ACCESS THIS RESOURCE
Croyances et perceptions résumé de recherche (Français)	ACCESS THIS RESOURCE
Research Summary Methodology (English)	ACCESS THIS RESOURCE
Méthodologie du Sommaire de Recherche (Français)	ACCESS THIS RESOURCE

Patterns of Use

Overview

We have applied a sex, gender and equity based analysis to many of the surveys that capture prevalence and patterns of cannabis use. In order to tailor health promotion, prevention, support, treatment and policies on cannabis, it is important to understand prevalence and patterns of use disaggregated by sex and gender, at minimum. Analyzing use by various sub-populations (age, culture, race, sexuality, gender identity, location, income, etc.) is also important for tailoring responses that support safe use, prevention or treatment. Take a look at the resources below to learn about sex, gender and patterns of use.



Resources

Bulletins	↓
Patterns of Use	↓
Routes of Administration	↓

Reproductive Health


Overview

Reproductive health is a key example of a sex and gender related health issue affected by cannabis use or exposure. Cannabis use before, during, and after pregnancy may influence maternal and/or fetal/infant/child health. Cannabis use can also affect fertility for males and females and have harm reduction implications for partners as well. Recognizing both social and biological factors associated with cannabis use and reproductive health offers an opportunity to understand and act on topics such as fertility, breastfeeding, conception and parenting. Read through some of our resources below to learn more.




Resources

Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting

 [ACCESS THIS RESOURCE](#)
(2019 PDF)

What We Know About Cannabis Use in the Reproductive Years: Webinar Recording

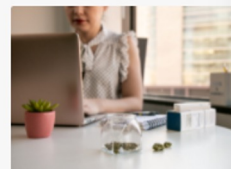
 [ACCESS THIS RESOURCE](#)
(14782 PDF)

Tools & Information

Overview


The Sex, Gender & Cannabis Hub is designed to provide reliable and up-to-date tools and information that guide empowered health decisions, service provision, research, and policy. This includes reports, infographics, journal articles, fact sheets, and more. Take a look through our resources below to find information on a variety of topics related to sex, gender, equity and cannabis.

You can also subscribe to our newsletter to stay up-to-date on the latest releases. [Click here](#) to join the mailing list.




Resources


Sex, Gender and Equity Analyses

 [ACCESS THIS RESOURCE](#)
(2019 PDF)


Sex Gender and Cannabis Report

 [ACCESS THIS RESOURCE](#)
(1084 PDF)

Integrating Sex and Gender Informed Evidence into Your Practices

 [ACCESS THIS RESOURCE](#)
(1183 PDF)

Cannabis Routes of Administration Toolkit

 [ACCESS THIS RESOURCE](#)
(1882 PDF)

Harm Reduction & Treatment

Overview

Understanding sex, gender and equity related influences is integral to understanding the impacts on health of various routes of administration, safe use and cannabis use as harm reduction. It is also key to developing tailored support and treatment for a range of groups. Explore some of the resources below to learn more about effective approaches to support health and wellness, reduce harm & offer treatments that examine sex and gender related factors and incorporate them into models of support.



Resources

[Guides & Toolkits](#)



[Treatment for Problematic Cannabis Use](#)



[Understanding Benefits and Reducing Harm](#)



Thank you! Questions?



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