

Men, Boys, Trauma and Substance use

Trauma, Gender and Substance Use Webinar Series

Trauma/ Gender/ Substance Use TGS Project

- To guide the further integration of trauma informed, gender informed and gender transformative practices into substance use prevention, health promotion, treatment, harm reduction and policy in Canada

Financial assistance for this project and the production of this presentation has been provided by Health Canada. The views herein do not necessarily represent the views of Health Canada



John Ollife
UBC



Joan Bottorff
UBC



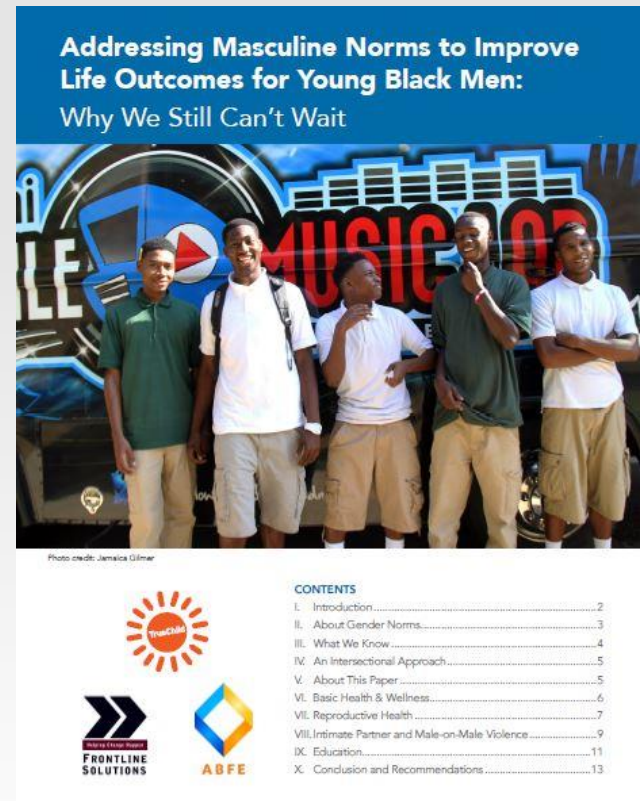
Nancy Poole
Director, CEWH



Lorraine Greaves
Sr. Investigator, CEWH

What is wrong with the status quo?

- Health promotion, harm reduction and treatment have not well integrated gender, despite gender being a well-known determinant of health
- When gender has been addressed, it is common for women and girls to be the focus
- Often interventions are based in individualistic approaches to changing behaviour and do not identify structural, gendered factors affecting health and power
- Men have often been ignored as victims and survivors, less so as perpetrators



Sex and gender matter to health

- Sex and gender are among the most influential of the determinants of health
- But the substance use and addiction fields have taken limited action on sex and gender related factors



How do sex and gender matter?

- **Sex-related factors** include biological, physiological, anatomical features, such as hormones, metabolism, genetics etc., that affect the impact of substances and treatment
- **Gender-related factors** include roles, relationships, attitudes, power imbalances & identities that affect individuals' experiences and ability to access appropriate care

| How sex and gender matter | Examples for men |
|---|--|
| <p>Mechanisms – differences in biological responses to drugs</p> | <p>Opioids - Men show greater loss of mental faculties relating to executive function and memory than women, and these effects persist even after abstinence</p> <p>Cannabis - Male cannabis users demonstrate poorer performance on visuospatial and psychomotor tasks than female users.</p> |
| <p>Consequences and Impacts – socioeconomic and legal consequences of drug problems</p> | <p>Work-related stress is strongly associated with heavy drinking in men</p> |
| <p>Prevention Issues – differences in pathways, risk and protective factors, progression, transition and maintenance</p> | <p>Men are ore likely to report beginning substance use for social reasons or sensation seeking.</p> |
| <p>Treatment Issues – differences in access, readiness, retention, and outcomes</p> | <p>Gender influences on help seeking – acknowledging a problem contradicts societal messages about masculinity</p> |
| <p>Reproduction/ Fertility / Parenting – different roles, biological concerns, social stigma, child custody</p> | <p>Many men with substance use problems need to learn nurturing skills in their roles as husbands and fathers.</p> |

Selected evidence about boys

- High rates of binge drinking have been reported among boys and young men who play multiple team sports (Veliz et al 2016)
- Boys who are gay or bisexual are more likely to report illicit substance use and misuse of prescription drugs (compared to heterosexual boys) (Corliss et al 2010)
- Males who use cannabis and cocaine may experience changes in hormone levels that can affect sperm movement and lead to infertility (Fronczak, et al 2012)
- A peer network counselling and motivational interviewing intervention reported a significant impact on improving the capacity of boys to refuse offers to use alcohol from friends. This effect was not observed for girls (Mason et al 2015)

Programing Examples



Trauma
Gender
Substance Use

Involving men in programming design

Gender-responsive policies and programming for (wo)men do not fall from the sky. They are anchored in "Nothing about us without us" principles with systematic inclusion of (wo)men drug users in the design, planning, implementation, monitoring, and evaluation of policies, strategies, and programmes.

Hankins C. Sex, drugs, and gender? High time for lived experience to inform action. *International Journal of Drug Policy*. 2008;19(2):95-6

Trauma informed, gender responsive work with men



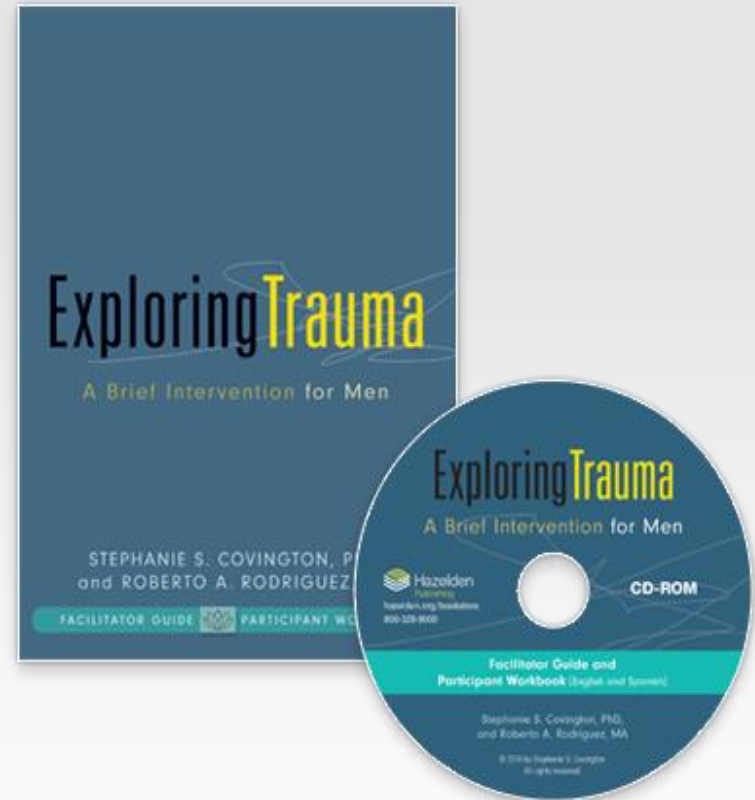
Fallot, R., & Bebout, R. (2012). Acknowledging and Embracing "the Boy inside the Man": Trauma-informed Work with Men. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed* (pp. 165-174). Toronto, ON: Centre for Addiction and Mental Health

- **Safety and trustworthiness** - Empathize with the 'disconnection dilemma', i.e. the conflict between their identity as men and their experience of powerlessness
- **Skill building** - A key trauma recovery skill for men is developing a broader range of options for expressing emotions
- **Collaboration and connection** – Men who have been sensitized to abuse of power in relationships may need to hear offers of collaboration repeatedly.
- **Strengths based** – Acknowledgement of relational strengths may be 'water in the desert' for male survivors

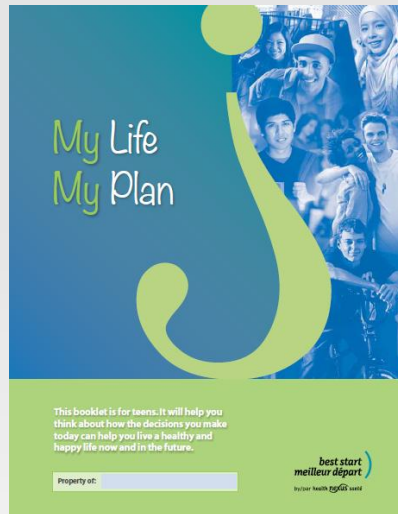
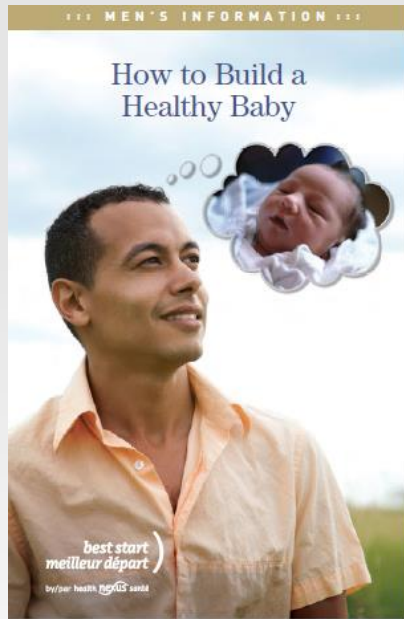
Gender Specific + Trauma-informed treatment- Men

Exploring Trauma: A Brief Intervention for Men (USA)

- Specific issues related to men's trauma
- Piloted in variety of settings including SU treatment
- Participants enjoyed: opportunity to be open, learning of their similarity to other men, and talking about their traumatic experiences (Frisman et al 2016)



Supporting caregiving and roles as fathers



How to build a healthy baby

<http://en.beststart.org/resources-and-research/preconception>

best start
meilleur départ

health
nexus
santé

by/par health **nexus** santé

HOME ABOUT US SERVICES RESOURCES FOR PARENTS

Login | View Cart/Checkout | Your Account | Purchase History | Logout

PRECONCEPTION HEALTH

Best Start Resources: [Order Now](#) [Download Only](#) [Français](#)


[Links and resources](#) | [Best Start Displays](#) | [Give Feedback](#)

Improving health before conception is important for women and men

Many couples don't know they're pregnant in the first critical weeks. Paying attention before pregnancy can contribute to healthier babies.

Preconception health is important because it:

- helps identify and address risk factors such as smoking or drinking
- can safeguard fertility
- provides health information and advice
- builds awareness and knowledge
- helps develop skills, increase motivation and support behaviour change





ALCOHOL, PREGNANCY AND PREVENTION OF FETAL ALCOHOL SPECTRUM DISORDER WHAT MEN CAN DO TO HELP

Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of developmental disability. FASD is the result of exposure to alcohol in utero and is believed to affect 4% of

<https://canfasd.ca/>

1 Take a 'pregnant pause'. If your partner,

This is why
I supported her not to drink

Alcohol during pregnancy can harm a developing baby

substance prevention institute
our goal is healthy children

WWW.HOWTOHELP.CA

<http://skprevention.ca/>



Fatherhood is Forever: A resource booklet about fathering for First Nations and Métis parents in BC
www.fnha.ca | www.nccah-ccnsa.ca

For more info



Facts from evidence posted at the CCSA IoS 2017 workshop



Gender Informed Resources: Substance Use Field



Addressing the Specific Needs of Women: A Treatment Improvement Protocol Tip 51 (2009)

This TIP provides clinical and administrative information to assist counselors, clinical supervisors, program administrators, and others working with female clients with substance use disorders on how they can best respond to the specific treatment needs of women. 380 pages.

<https://www.ncbi.nlm.nih.gov/books/NBK83252/>



Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services (2016)

This *Practical Guide* is intended for existing harm reduction service providers, managers, health-care workers and outreach workers, as well as those planning to work directly with women who inject drugs. It is designed to: assist harm reduction service providers to expand access for women who inject drugs, to gender-sensitive and gender-specific services. Includes a section on why focusing on women is a critical priority for service providers. 78 pages

http://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf.



Applying a Sex/Gender/Diversity-based Analysis within the Nat'l Framework for Action (2009)

This worksheet was created to support the activities of those working on the National Framework priorities. It includes: an introduction to what is meant by sex and gender; key questions and 13 points to illustrate and guide the application of a sex/gender/diversity-based analysis; evidence of the need to increase understanding of sex and gender differences in substance use and addictions for each of the National Framework priority areas; and suggested resources for further reference.

<http://www.ccsa.ca/Eng/focus/national/Pages/default.aspx>



Asking the Right Questions 2 (2007)

This resource helps service providers create an environment where all clients feel comfortable talking about their sexual orientation and gender identity. It includes interview items that can be used to facilitate discussion during assessment or early in treatment; an assessment form and guide to be used with a standard substance use, mental health, or other service assessment; background information and a glossary of concepts and terms

http://www.camhx.ca/Publications/Resources_for_Professionals/ARQ2/



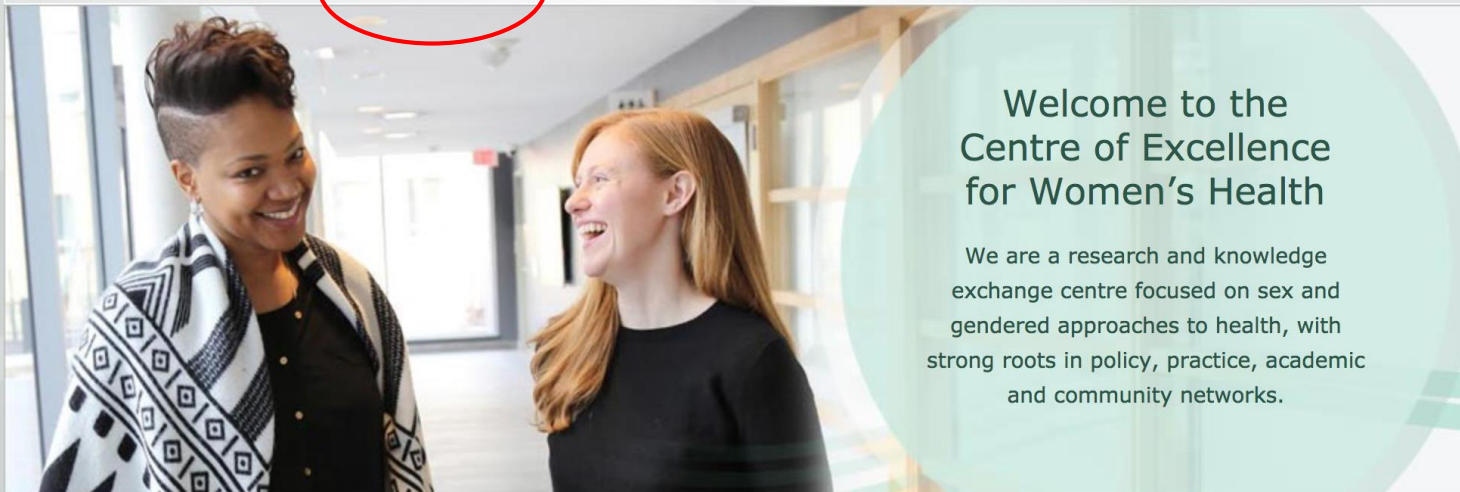
Canadian Addiction Survey - Focus on Gender (2008)

This report is one in a series of follow-up reports from the Canadian Addiction Survey (2004), which presents an analysis of alcohol and illicit drug use with respect to gender. This report presents the CAS data disaggregated by sex and to provides some gender-based analysis of it.

https://www.researchgate.net/publication/235747421_Canadian_Addiction_Survey_CAS_Focus_on_Gender

Downloadable sheet from
<http://bccewh.bc.ca/>





Welcome to the Centre of Excellence for Women's Health

We are a research and knowledge exchange centre focused on sex and gendered approaches to health, with strong roots in policy, practice, academic and community networks.



bccewh.bc.ca

Gender-informed Approaches to Substance Use

Focusing on Men and Boys

John L. Oliffe

Joan L.

Bottorff

John.Oliffe@ubc.ca



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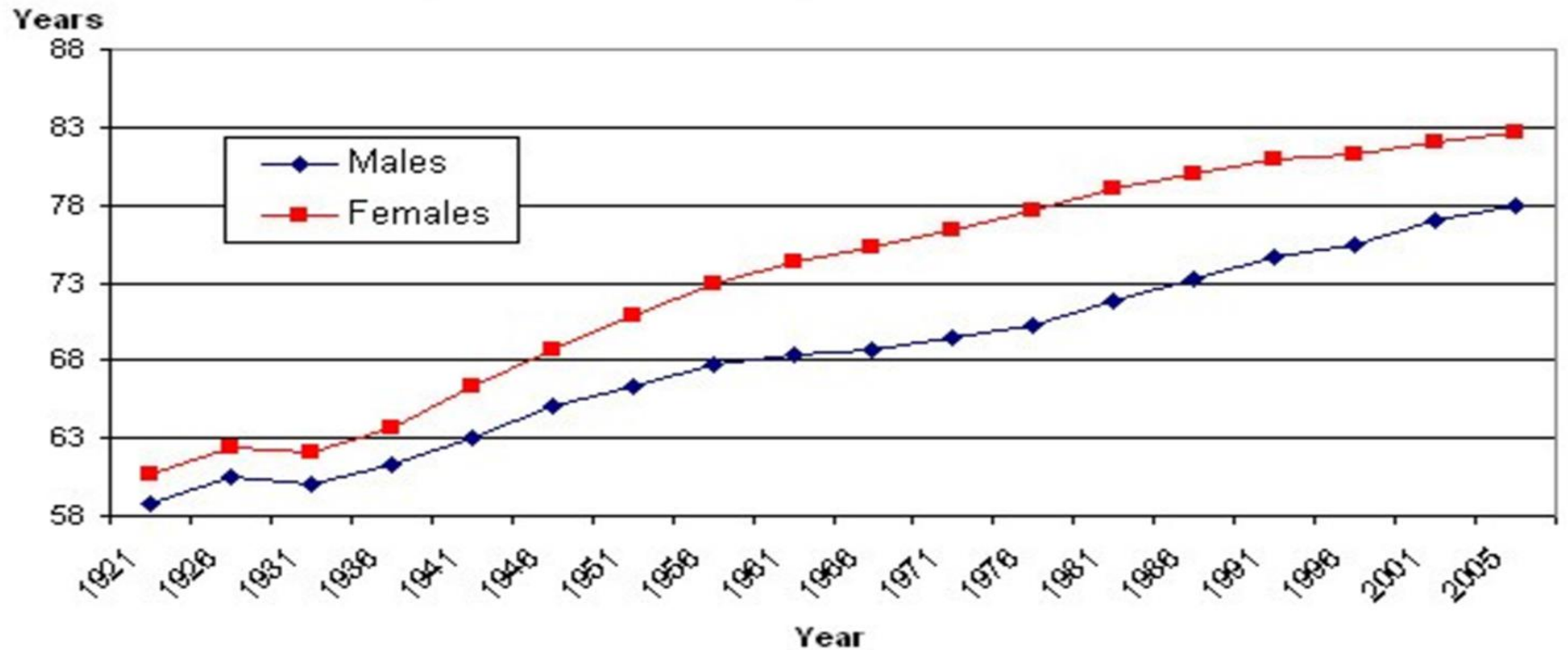
Joan.Bottorff@ubc.ca

Men's Health: @ 35,000 feet

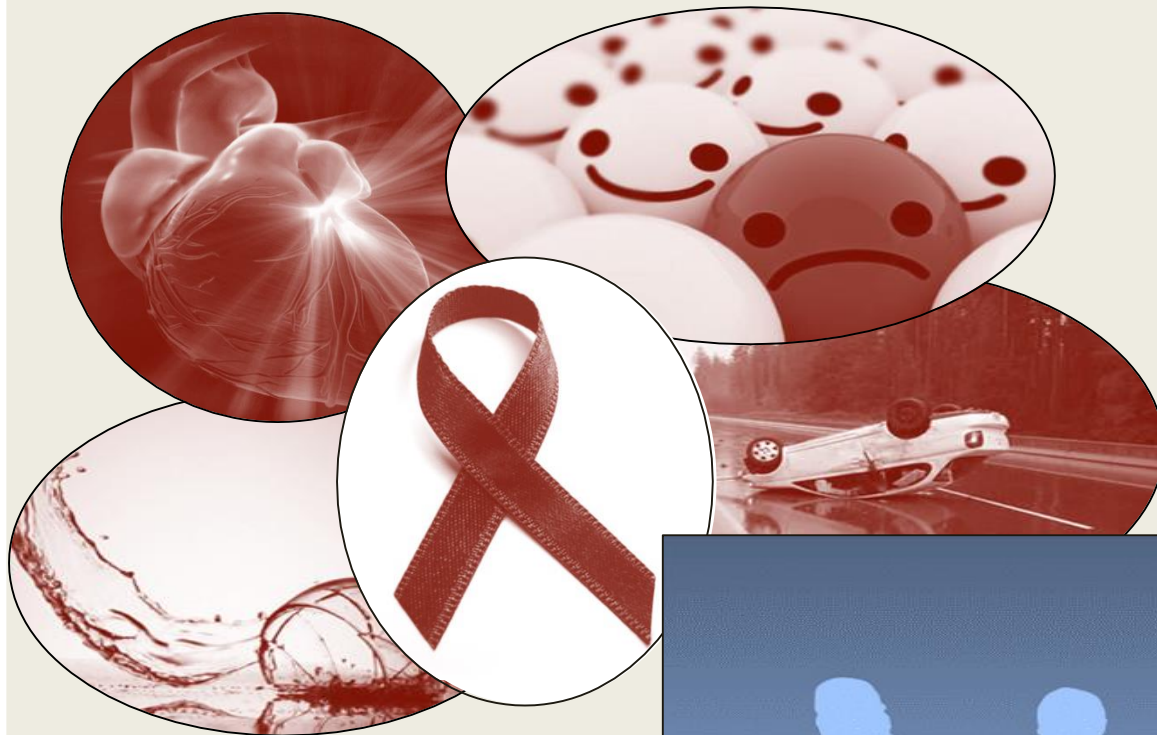
- 1. Men don't live as long as women**
- 2. Men don't go to the doctor**

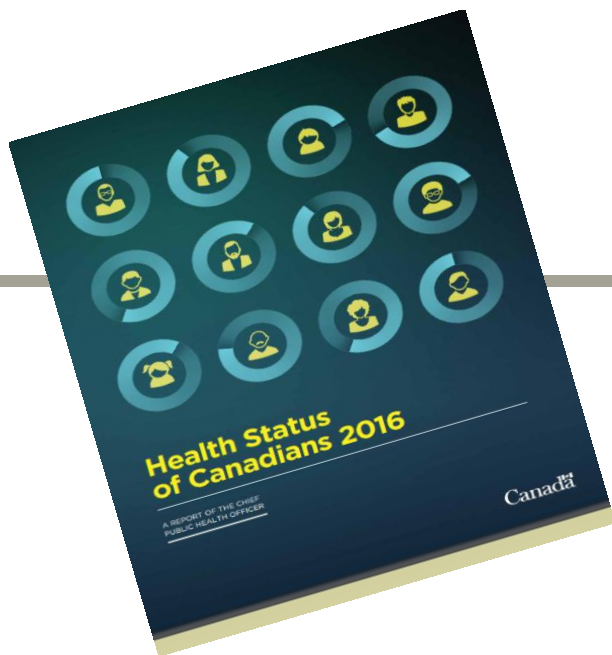
1. Men don't live as long as women

Life expectancy at birth, by sex, Canada, 1956 to 2005











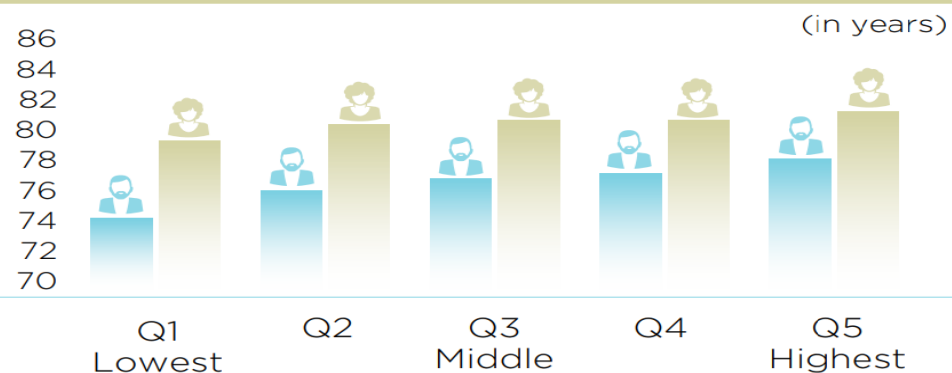
What groups of men are at risk?

LIFE EXPECTANCY AT BIRTH, PROJECTIONS FOR 2017¹¹

(in years)

| |  |  |
|----------------|---|---|
| First Nations | 73 | 78 |
| Métis | 74 | 80 |
| Inuit | 64 | 73 |
| Canada (total) | 79 | 83 |

LIFE EXPECTANCY AT BIRTH BY SEX AND NEIGHBOURHOOD INCOME, 2005-2007⁹

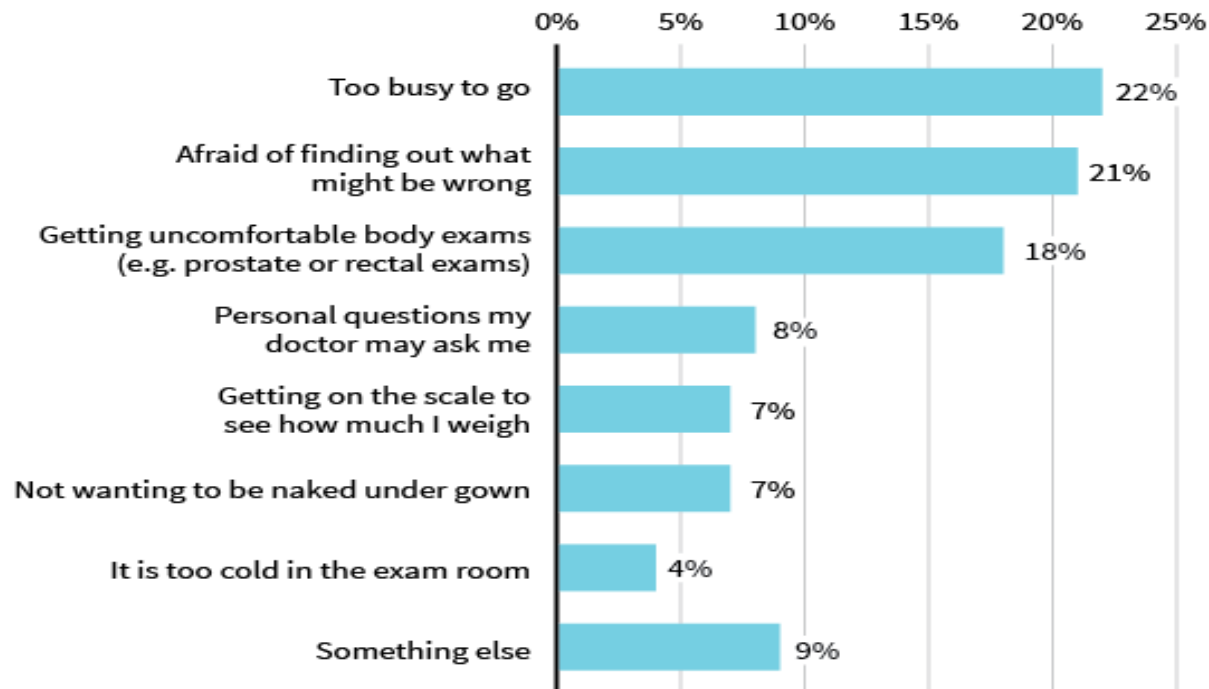


Quintiles (Q) are calculated by dividing the Canadian population into five groups of equal size (quintiles) based on neighbourhood income.

2. Men don't go to the doctor

Why Men Don't Go To The Doctor

Reasons men gave for not setting up an annual appointment with a primary care physician



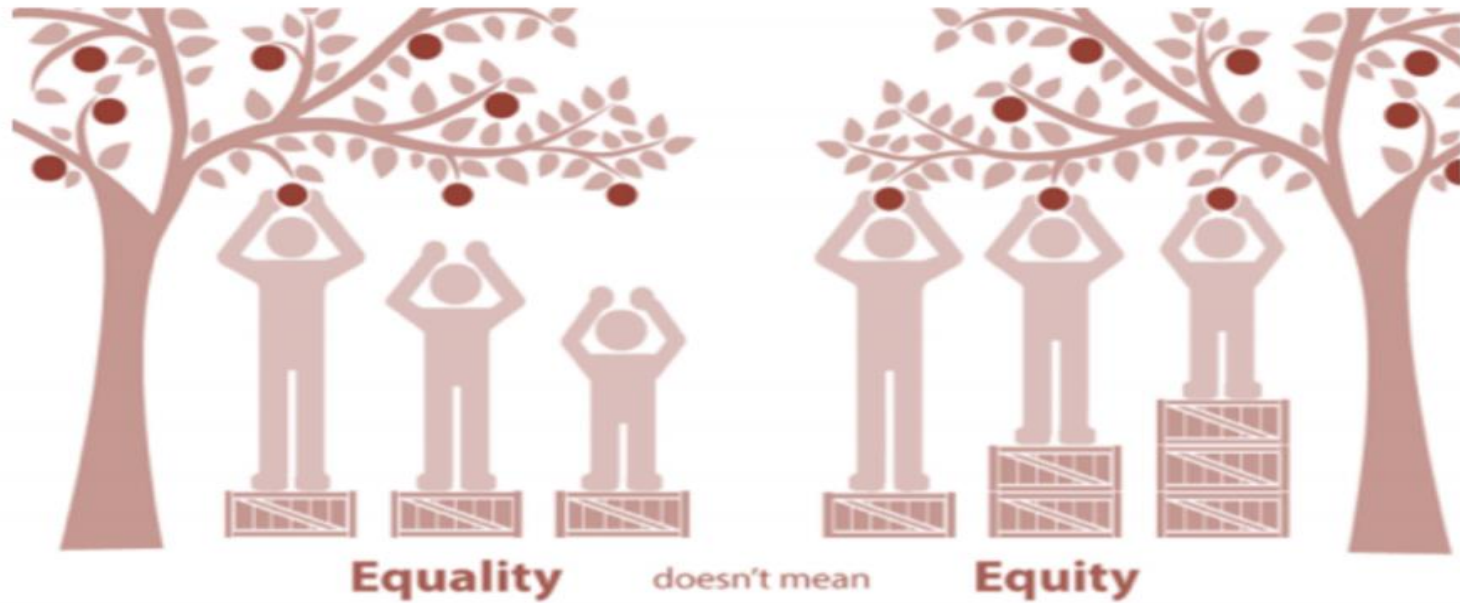
Note: Respondents could pick more than one reason. 52 percent of male respondents said nothing would keep them from making an appointment.
Source: MediaSourceTV poll

The Huffington Post

**Population with a regular medical doctor, by age group and sex
(Percent)**

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|
| | percent | | | | |
| Total, 12 years and over | 84.8 | 84.7 | 85.1 | 84.5 | 85.1 |
| Males | 80.6 | 80.6 | 81.1 | 80.6 | 81.6 |
| Females | 88.9 | 88.8 | 89.0 | 88.3 | 88.5 |
| 12 to 19 years | 84.9 | 85.2 | 84.8 | 86.0 | 85.6 |
| Males | 82.9 | 84.3 | 83.5 | 84.5 | 84.6 |
| Females | 87.0 | 86.0 | 86.1 | 87.5 | 86.6 |
| 20 to 34 years | 72.6 | 73.1 | 72.9 | 71.9 | 73.5 |
| Males | 64.5 | 65.4 | 64.7 | 65.0 | 67.4 |
| Females | 80.7 | 81.1 | 81.1 | 79.1 | 79.7 |
| 35 to 44 years | 82.0 | 82.3 | 83.4 | 81.8 | 82.9 |
| Males | 76.2 | 77.5 | 77.2 | 76.7 | 77.7 |
| Females | 87.8 | 87.0 | 89.6 | 86.7 | 88.0 |
| 45 to 64 years | 89.9 | 88.9 | 89.9 | 88.9 | 89.0 |
| Males | 87.7 | 85.5 | 87.9 | 85.9 | 86.3 |
| Females | 92.1 | 92.3 | 91.8 | 91.8 | 91.6 |
| 65 years and over | 95.0 | 95.4 | 95.1 | 95.4 | 94.8 |
| Males | 93.9 | 95.0 | 94.6 | 95.1 | 94.5 |
| Females | 95.8 | 95.7 | 95.6 | 95.7 | 95.0 |

HEALTH EQUITY



The Challenge – Cultures of Masculinity

- Men we work with are typically described best as ‘traditionally’ socialized
 - Sometimes also called **hypermasculine** or as expressing **hegemonic masculinities**

Masculine norms and ideals

- Toughness
- Intensity
- Strength
- Competition
- Discipline
- Courage
- Sacrifice
- Aggressiveness





ORIGINAL ARTICLE

Men's depression and suicide literacy: a nationally representative Canadian survey

John L. Oliffe¹, Madeline N. Hannan-Leith², John S. Ogrodniczuk³, Nick Black⁴, Corey S. Mackenzie⁵, Maria Lohan⁶, and Genevieve Creighton⁷

¹School of Nursing, University of British Columbia, Vancouver, BC, Canada, ²Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, BC, Canada, ³Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada, ⁴Intensions Consulting, Vancouver, BC, Canada, ⁵Department of Psychology, University of Manitoba, Winnipeg, MB, Canada, ⁶School of Nursing and Midwifery, Queen's University, Belfast, Ireland, and ⁷Department of Pediatrics, University of British Columbia, Vancouver, BC, Canada

Community Ment Health J (2016) 52:302-310
DOI 10.1007/s10597-015-9986-x



CrossMark

ORIGINAL PAPER

Stigma in Male Depression and Suicide: A Canadian Sex Comparison Study

John L. Oliffe¹ · John S. Ogrodniczuk² · Susan J. Gordon³ · Genevieve Creighton⁴ · Mary T. Kelly⁴ · Nick Black⁵ · Corey Mackenzie⁶

Injury
Interiority
Isolation



Injury



I think it's kind of what happened to me – for a while it kind of feels like, yeah, 'you're useful, you're doing good', and then its just – eventually you might just end up being abandoned, you're going to be abandoned.

Interiority



This is a combination lock and it really shows a physical example of how you can get locked down, locked into your thoughts...thinking that there's never any light at the end of the tunnel or things aren't going to get better and then when that lock gets closed that's when you know you're very likely to commit suicide. When the lock is still open you can see that there's hope then you're less likely to commit suicide so...if you don't know the combination then you don't know how to get out of the depression and the suicide but if you know the combination you're able to unlock.

Isolation



It brings out really negative feelings when the sun sets, and I'm in my car and I'm about to go home...it feels like everyone's separated from the world and you're just all by yourself like an island. When I was feeling suicidal, that's my darkest time - when it gets dark, when it's light and starts getting dark and nobody's outside. It feels like you're the only person on earth...it's a feeling that's so unbearable that you just want to get rid of the feeling forever.



Mental Health & Wellbeing

Injury, Interiority, and Isolation in Men's Suicidality

**John L. Oliffe, PhD¹, Genevieve Creighton, PhD¹,
Steve Robertson, PhD², Alex Broom, PhD³,
Emily K. Jenkins, PhD¹, John S. Ogrodniczuk, PhD¹,
and Olivier Ferlatte, PhD¹**

American Journal of Men's Health
2017, Vol. 11(4) 888–899
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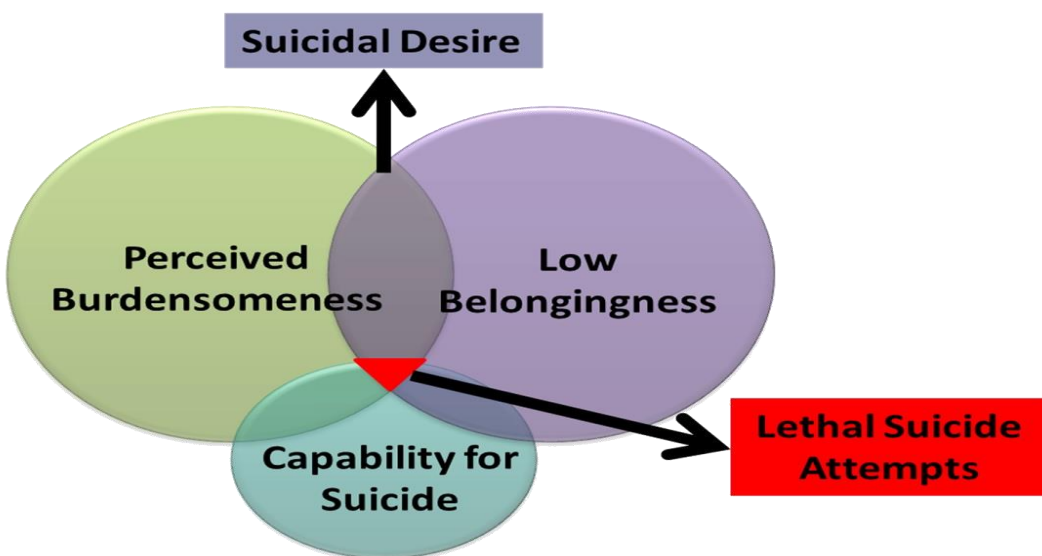



Interpersonal factors in men's suicide

Those with a marked risk for suicide are likely to experience:

- (i) a perceived sense of burdensomeness
- (ii) a marked sense of isolation and disconnection from others thwarted belongingness

In the event of a suicide attempt, these factors are theorised to interact with a learned ability to enact lethal self-harm (i.e. overcoming the human instinct for self-preservation).



Interpersonal theory of suicide (Joiner et al., 2009)

What do you see?

Want occasional Vimeo emails with product updates and cool offers?
Don't worry, you can change your preferences at any time!

Heck Yeah!

x

vimeo

Manage videos ▾

Watch ▾

On Demand ▾

Upgrade

Search videos, people, and more 🔍



Upload

Images and Narratives

Shared by men with suicidality

From the Man-Up Against Suicide and Still Here Projects

🔒 Man-Up Against Suicide & Still Here - Slideshow - Men with Suicidality

2 weeks ago



Men's Health Research

PLUS

+ Follow

Depression and Men

Masculine Ideals

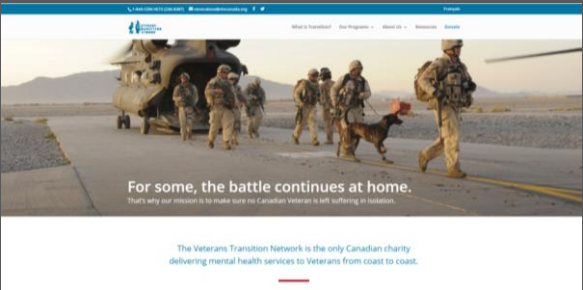
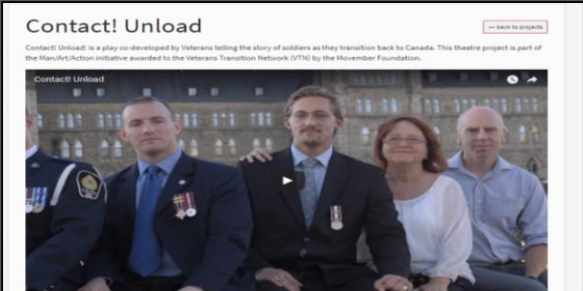
- mastery over environment
- rationale thoughts
- emotional restraint
- mastery over body

Depression

- ➡ helplessness
- ➡ hopelessness
- ➡ emotional hijacking
- ➡ hypo/hyperarousal

Problems and Tx

1. Problem: Masculinities and mental illness, substance use, violence
2. Solution: Gender sensitive design
 - Strengths based approaches to establish cultural safety in making adjustments



10 concluding words...

- Discord
- Difference
- Diversity

- Shame
- Stigma
- Social Isolation

- Injury
- Interiority
- Isolation
- Inequities

Gender-informed Approaches to Substance Use

Focusing on Men and Boys

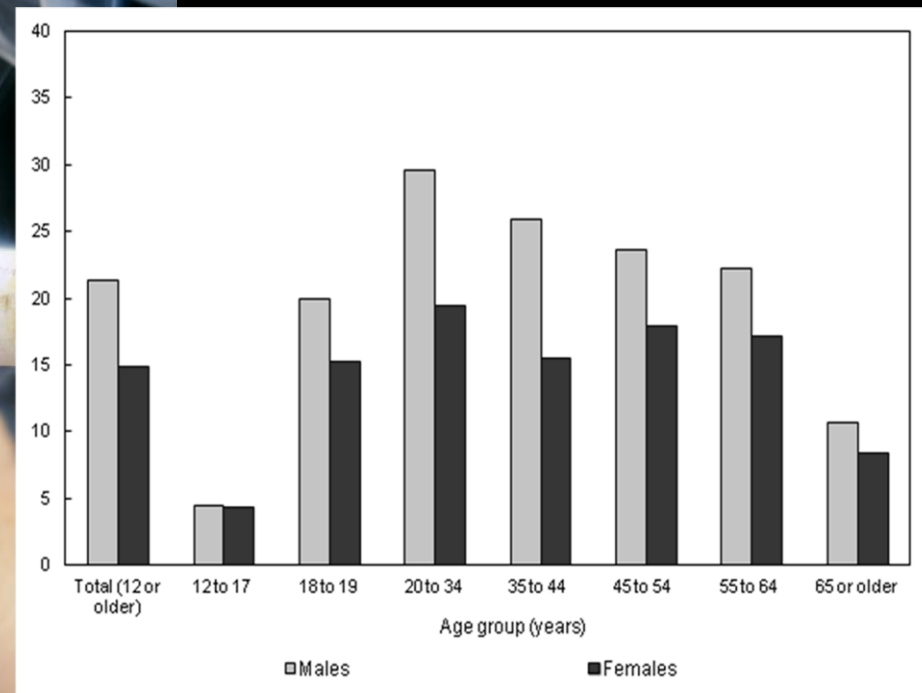
Examples from the field of smoking cessation



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Percentage who smoke daily or occasionally
by age group and sex, household
population aged 12 or older, Canada



Gender-related Factors and Tobacco Use

Gender roles/responsibilities → who smokes, where, & when

Gender identities → smoking as “masculine cool” or “feminine rebellion”

Gender relations → how gendered interactions influence smoking patterns

Institutional gender → how tobacco industry influences construction of gender & tobacco use

Marketing Masculinity



Few Men-specific Quit Smoking Programs

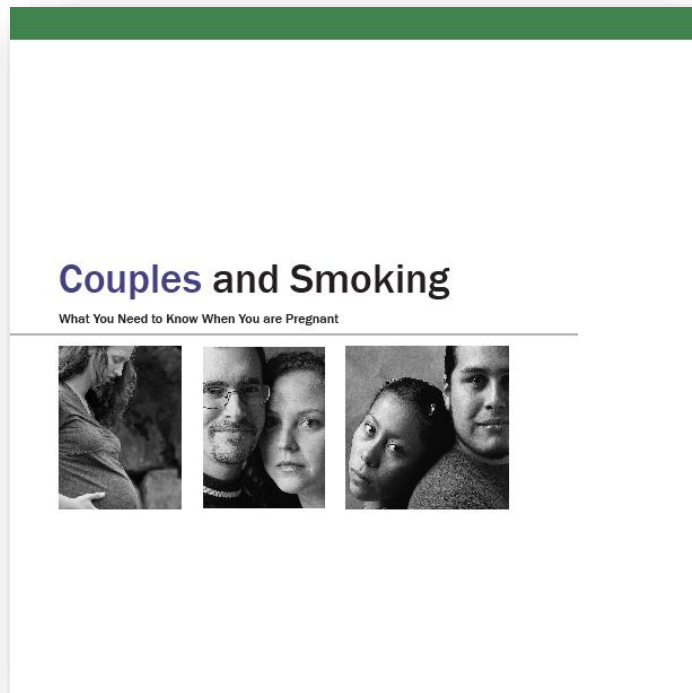
11 intervention studies targeting men (Okoli et al. 2011)

- *Only 2 -> treatment components specifically for men (expectant fathers/gay men)*
- *Others delivered in settings serving men*



Couples and Smoking

What You Need to Know When You are Pregnant



www.facet.ubc.ca

FACET and Fathers



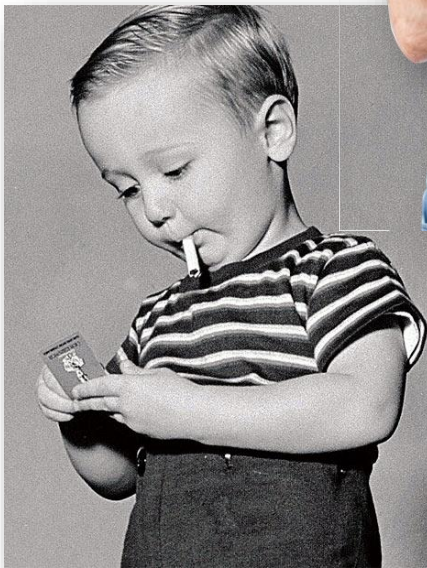
- ❖ *Few men reduce during partner's pregnancy*
- ❖ *15% of households report daily exposure to a smoker*



Shifting Masculinities



The “Good” Dad

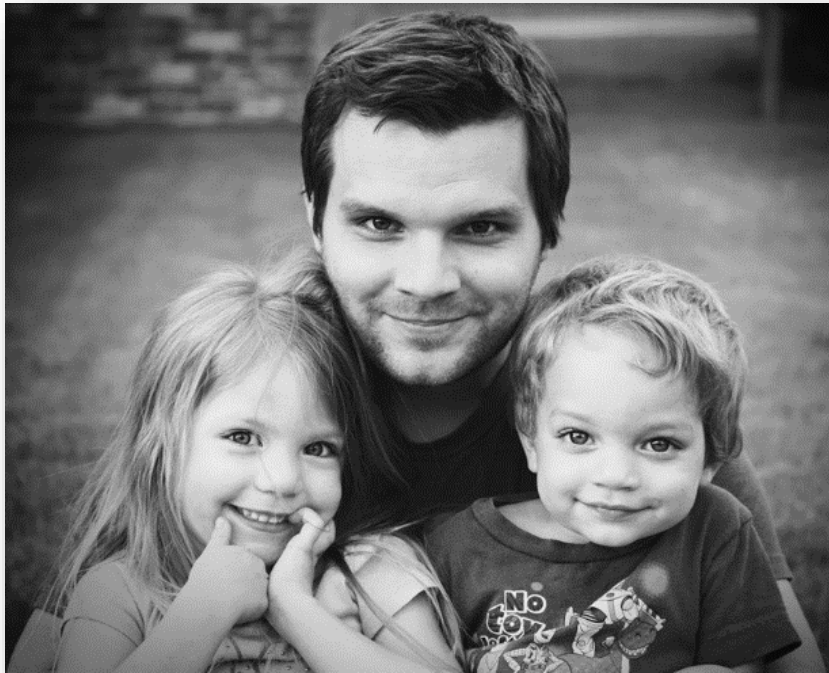


DAVID

Talks About
Quitting
Smoking

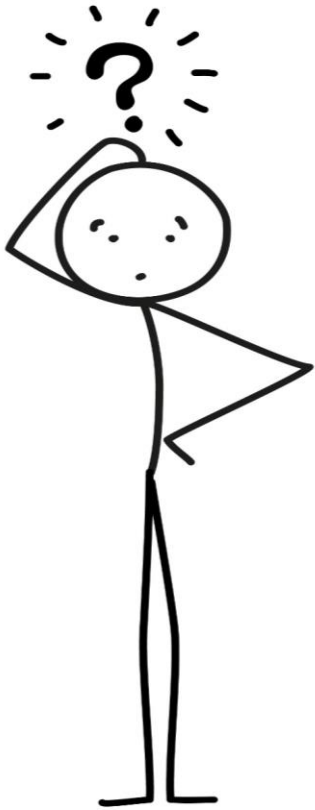


Father's Cessation



- ✓ *supports women's efforts to reduce and quit*
- ✓ *Supports men's health*
- ✓ *creates smoke-free homes for children*

HOW DO WE SUPPORT NEW FATHERS WHO WANT TO QUIT?



Gender-sensitive approach

Respect?

Autonomy?

Creating Design Space for Gender-Sensitive Approaches

Consultations with Potential Users

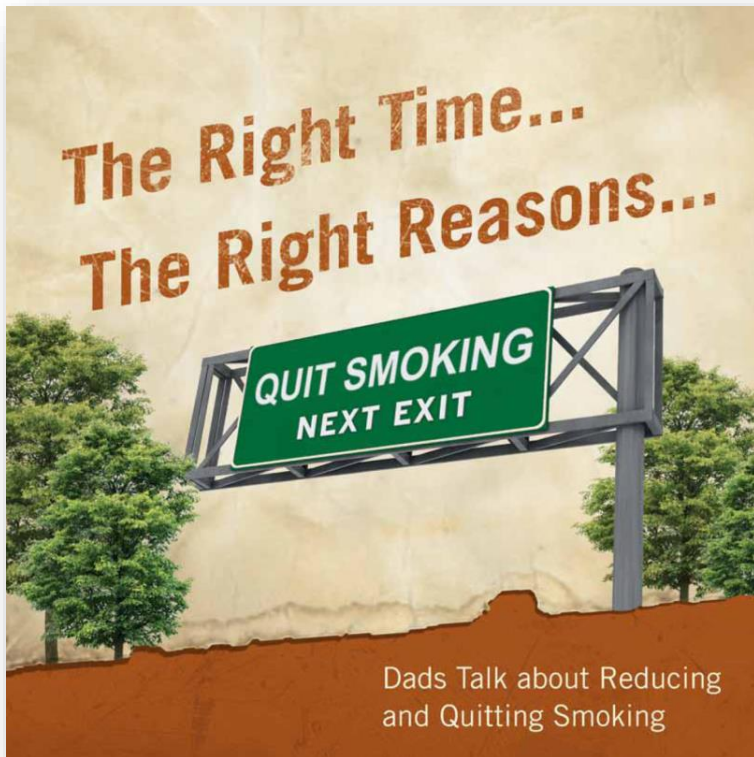
- Users positioned as experts/insiders with orientation toward user generated solutions
- Puzzles: Sharing key findings in novel ways to provide platform for creative thinking
- Strategies to promote active engagement
- Activities to promote interaction and stimulate ideas to create new approaches

Finding the Pieces that Fit ... to Quit





Strengthening Motivation...

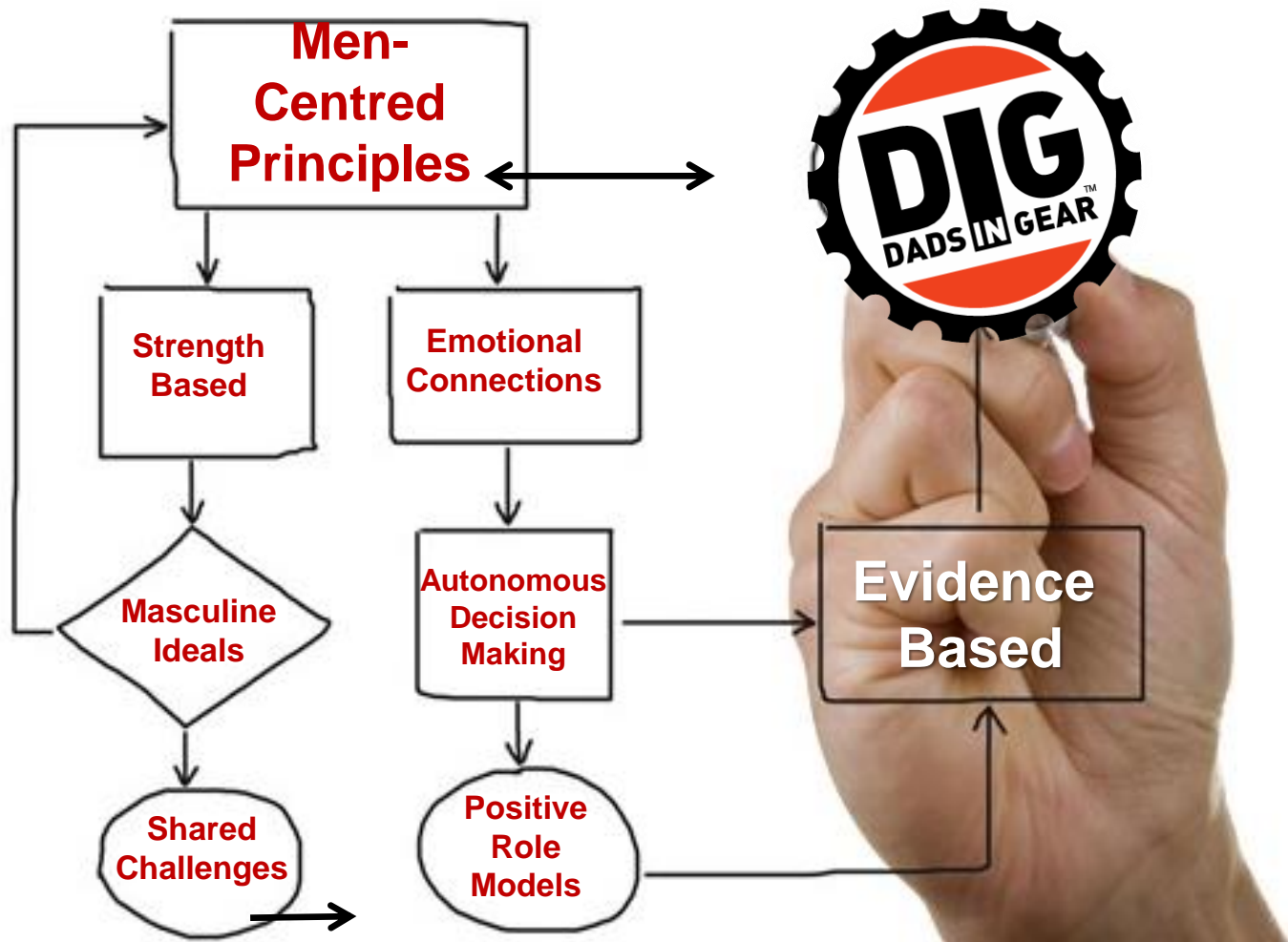


- ✓ *Support shifts in masculine roles*
- ✓ *Strength-based + messages to support change*
- ✓ *Testimonials to reflect shared challenges & peer support*
- ✓ *Masculine look/feel*



DADS IN GEAR







Fathering +

Physical Activity +

Smoking Cessation

Bottorff et al (2017). Assessing the feasibility, acceptability and potential effectiveness of an integrated approach to smoking cessation for new and expectant fathers: The Dads in Gear study protocol. Contemporary Clinical Trials 54: 77-83

8 SESSION THEMES

1. Puck in the Net
2. Full House
3. Fishing for Answers
4. Games People Play
5. Let's Walk . . . Let's Eat!
6. Where the Wild Things Are
7. Bases are Loaded
8. Kids are Worth It



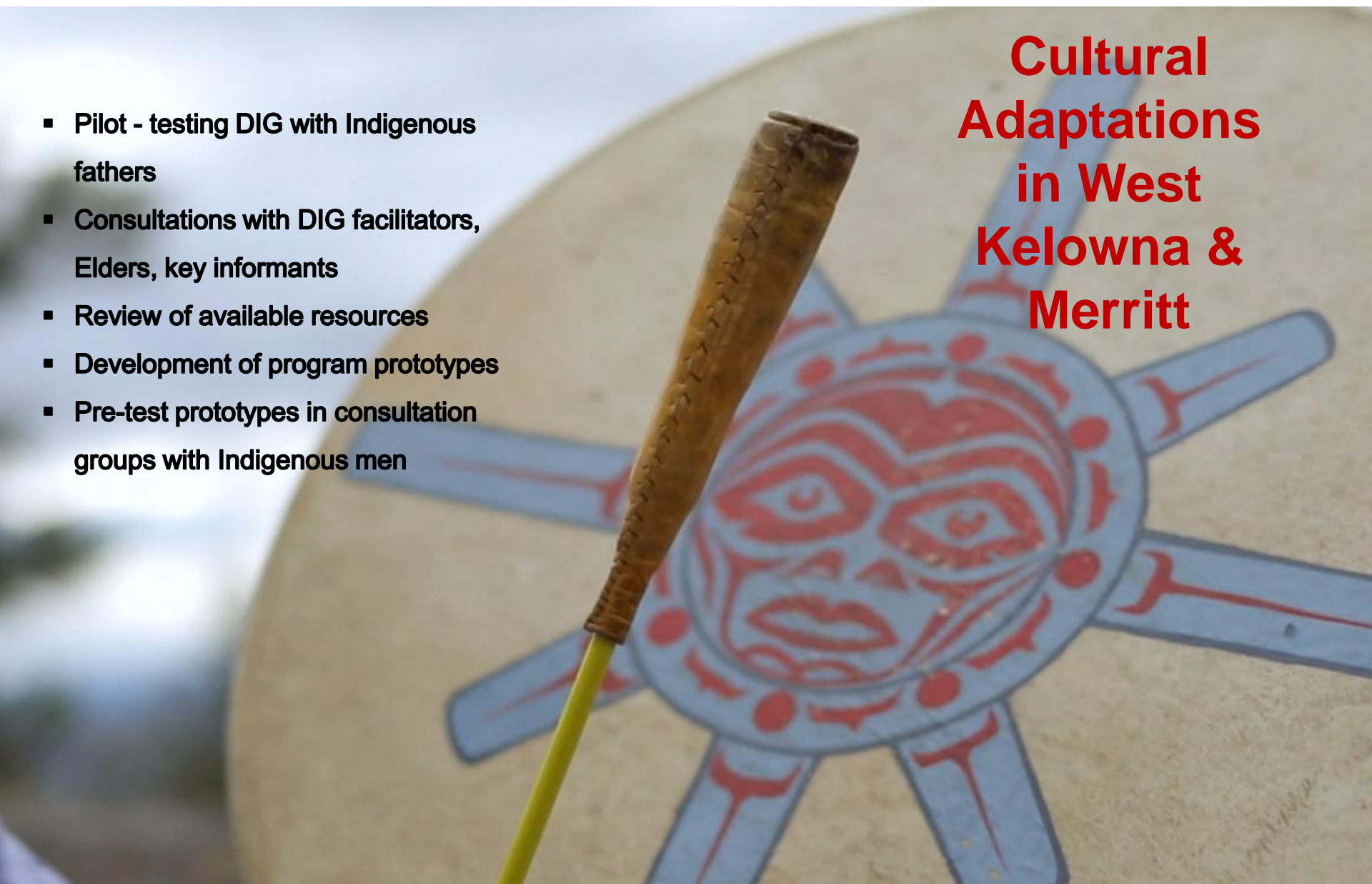


Scott

Talks About
Dads in Gear

- Pilot - testing DIG with Indigenous fathers
- Consultations with DIG facilitators, Elders, key informants
- Review of available resources
- Development of program prototypes
- Pre-test prototypes in consultation groups with Indigenous men

Cultural Adaptations in West Kelowna & Merritt





DADS IN GEAR INDIGENOUS

A PROGRAM for MEN who want
to be **INVOLVED**, **HEALTHY** and
SMOKE FREE DADS

1st In the World

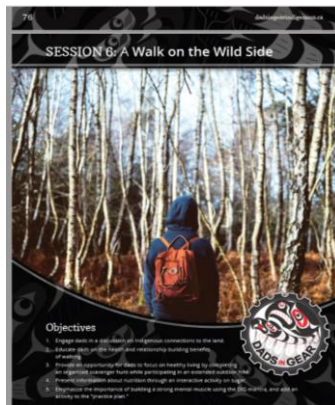
Session 1 – The Gathering

Session 2 - Puck in the Net

Session 3 - Full House

**Session 4 - Fishing for
Answers**

Session 5 – Game On!



**Session 6 – A Walk on the Wild
Side**

Session 7 – Open Minds

Session 8 – Kids are Worth It

Session 9 – Kick-off

Session 10 – Eagles Soar



10 Themed Sessions



Featured Video

ONE DRUM: CONNECTING STRENGTH AND CELEBRATION

Play this video from the Dads in Gear Indigenous website.
www.dadsingearindigenous.ca

While the men are watching this video, ask them to consider what David Archie's most important messages are for dads. After watching the video, discuss the following questions with dads:

- What traditions do you and your family practice and why?
- Describe your experiences using tobacco in ceremonies.
- What traditions would you like to pass down to your family?
- What are David Archie's most important messages for dads.



<https://www.dadsingearindigenous.ca/video>

<https://www.dadsingearindigenous.ca/videos>

Welcome to smokefreeMEN.com

We are a team of researchers and community partners who care about supporting men to live healthy and smokefree lives. We create new game-changing approaches to quitting smoking.



HOW MUCH CASH AM I BLOWING ON SMOKING?



Smoking Calculator >

From the projects tab, check out the publications on each project page for the research behind Smokefree Men.



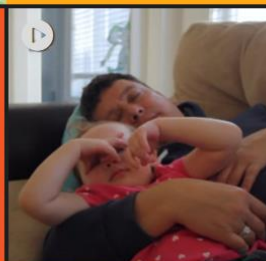
Dads in Gear (DIG) is a unique program for expectant & new dads who want to reduce and quit smoking.

Developed from the *inspiration, insight and imagination* of men who want to quit smoking.



DR. JOHN L. OLIFFE

Dr. Oliffe is a professor in the School of Nursing at the University of British Columbia.

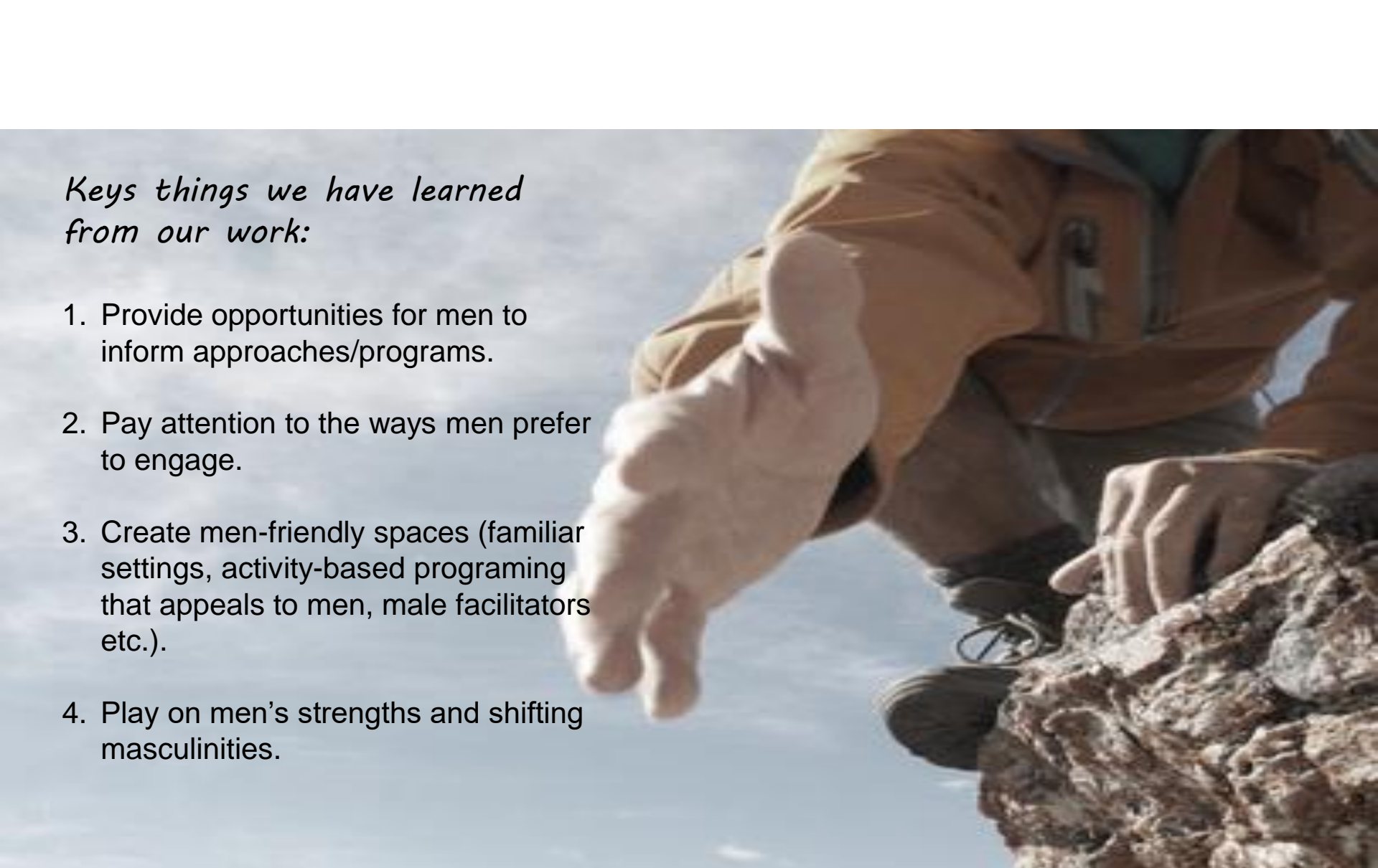


QuitNow Men

Right Time...

We would love to



A photograph of a person wearing a brown jacket, reaching out with their right hand towards the viewer. The person is positioned on a dark, rocky ledge, and their left hand is visible, resting on the rock. The background is a clear blue sky. The image is used as a background for the text on the left side of the slide.

*Keys things we have learned
from our work:*

1. Provide opportunities for men to inform approaches/programs.
2. Pay attention to the ways men prefer to engage.
3. Create men-friendly spaces (familiar settings, activity-based programming that appeals to men, male facilitators etc.).
4. Play on men's strengths and shifting masculinities.

Reaching Out to Men

Thank-you



Acknowledgements

Investigative Team Members
Community Partners

Funding:
Canadian Cancer Society
CIHR

Project websites:

www.facet.ca

www.dadsingear.ca

www.dadsingearindigenous.ca

www.smokefreemen.ca

www.itag.ubc.ca



@dadsingear

@joanbottorff

@MensHealthUBC

Questions?



Trauma
Gender
Substance Use



John Ollife
UBC



Joan Bottorff
UBC



Nancy Poole
Director, CEWH



Lorraine Greaves
Sr. Investigator, CEWH