

AN UPDATE ON GENDER INFORMED PRACTICE

Trauma, Gender and Substance Use
Webinar Series

March 14, 2017



AGENDA

1. The Trauma/Gender/Substance Use project
2. Review of key gender concepts
3. Sex/gender and specific substances
→ Questions and discussion
4. Examples of gender informed approaches
5. Gender transformative approaches
→ Questions and discussion

PROJECT GOAL

- 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

THE TRAUMA, GENDER, SUBSTANCE USE TGS PROJECT

- 2 year process of knowledge exchange
- Funded by Health Canada
 - Engage with key leaders in substance use sector across Canada to collaboratively develop:
 - Evidence based guidance
 - Training
 - Public health messages
 - Knowledge products (fact sheets, resource lists etc.)
- Gender informed and transformative principles will be merged with Trauma Informed Practice to address various equity issues in Canada's population
 - This project is on the forefront of merging these approaches in expanding the evidence base, developing materials and conducting pilot testing and knowledge transfer



PROJECT ACTIVITIES

- National Roundtable with provincial leadership (Nov 25, 2016)
- Webinar Series (ongoing)
- Pilot sites
 - Creating training, messaging, materials and/or policy shifts and evaluating the outcomes in four sites across Canada
- Development of materials for service providers across Canada
 - Evidence summaries
 - Evidence based guidance
 - Fact sheets
 - Posters
- Communities of Inquiry (COI)
 - Topic 1- April 2017
- Workshop at Issues of Substance, CCSA Conference (Nov 2017)



THE TGS WEBINAR SERIES

Webinars....

- 1. Trauma Informed Approaches (completed)**
- 2. Gender Informed Approaches (today)**

- **Upcoming topics:**

- Trauma-informed policy analysis
- Working with trans and non binary populations
- Gender and trauma informed approaches with men
- Trauma informed leadership and human resources -or a webinar with leadership
- Combining gender and trauma informed practice
- The transformations of TIP (success stories)
- **Suggestions?**



TODAY'S OBJECTIVES

- Identify the importance of sex and gender with respect to various substances and their treatments
- Describe the choices for integrating sex/gender in research and practice
- Illustrate the practice applications, including preferred gender transformative practices

CORE CONCEPTS

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.
- Gender-related factors include roles, relationships, attitudes, power imbalances & identities affect individuals' experiences of, and ability to access appropriate care
- Still a lot of research required to accumulate enough sex and gender related evidence on health effects, treatment and messages

HOW DO SEX AND GENDER MATTER IN SUBSTANCE USE?

- I. Mechanisms – differences in biological responses to drugs
- II. Consequences and Impacts – socioeconomic and legal consequences of drug problems: employment, poverty, homelessness, gang activities, drug trafficking, sexual assault, domestic violence
- III. Prevention Issues – differences in pathways, risk and protective factors, progression, transition and maintenance
- IV. Treatment Issues – differences in access, readiness, retention, and outcomes
- V. Reproduction/ Fertility / Parenting – different roles, biological concerns, social stigma, child custody

<http://grants1.nih.gov/grants/guide/pa-files/PA-03-139.html>



SEX AND GENDER MATTERS ACROSS ALL ACTIVITIES

- Research: training manuals, funding requirements, regulations
- Health promotion: populations, techniques
- Prevention: messages, campaigns
- Treatment: program design
- Policy: processes, audits



Sex And Gender

Why and how do sex and gender matter for addictions research and treatment? IMPART mentors explain the importance of these variables and how their analysis can create better research and treatment.



Intersections of Mental Health Perspectives in
Addictions Research Training

From <http://addictionsresearchtraining.ca/video-gallery/>



SEX, GENDER AND SPECIFIC SUBSTANCES

EXAMPLE #1: SEX AFFECTS ALCOHOL USE

- Research indicates that there are more adverse effects in women vs men with equal alcohol intake (metabolism, weight, pharmacokinetics, genetics) [1]
- In 2012, the first sex specific guidelines in Canada were the result:
 - Women: 2 drinks/day, 10 /week, 4/sitting
 - Men: 3 drinks/day, 14 /week, 5/sitting

Educ'alcool's poster highlighting

**Canada's Sex-Specific
Low Risk Drinking
Guidelines**



EXAMPLE #2 – SEX and GENDER and PRESCRIPTION OPIOIDS

The screenshot shows the CDC Vital Signs webpage for July 2013. The main title is "Prescription Painkiller Overdoses" with the subtitle "A growing epidemic, especially among women". The page features three key statistics: 48,000 women died from prescription painkiller overdoses between 1999 and 2010; deaths among women increased by 400% since 1999, compared to a 265% increase among men; and for every woman who dies of a prescription painkiller overdose, 30 go to the emergency department for painkiller misuse or abuse. A sidebar on the left includes navigation links for Vital Signs, About Vital Signs, and Social Media. A "Related Links" section offers a downloadable factsheet and links to the MMWR and Science Clips. An "On this Page" section lists links for Introduction, Problem, What Can Be Done, Science Behind this Issue, Related Links, Social Media, and Read Associated MMWR.

- Deaths from opioid pain relievers increased fivefold between 1999 and 2010 for women and 3.6 times for men
- More men die from drug overdoses than women, but the % increase in deaths since 1999 is greater among women.
- Factors increasing women's vulnerability:
 - impact of female hormones on pain processing
 - longer life expectancies
 - smaller therapeutic window
 - more frequent health care visits
 - gender differences in prescribing practices
 - gendered trauma and violence

Vital Signs: Overdoses of Prescription Opioid Pain Relievers and Other Drugs Among Women — United States, 1999–2010 *Weekly* July 5, 2013 / 62(26);537-542

SUMMARIZING RISKS TO WOMEN

Women and Prescription Pain Medications

Use and misuse of prescription pain medication among Canadians remains a growing concern.

Five Canadians use opioid pain relievers

Canada has the **second highest** prescription pain reliever use in the world* (after only the United States)

PHARMACEUTICALS are a type of pain reliever, mainly prescribed for acute and chronic pain.

Examples include acetaminophen and hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin), tramadol, morphine and heroin.

In Canada, 84% of users of opioids are women and 58% are men.

Why are women vulnerable to prescription pain medication misuse?

- Different patterns of health care use.**
Women tend to visit health care providers more often, are more likely to use prescription drugs, and are more likely to be prescribed opioids and other anxiety medications.
- Historical experience with trauma.**
Many women have past or current experiences of violence and trauma. They may not have received adequate treatment or are using opioids to self-medicate.
- Differing experiences with chronic pain.**
Women can be more sensitive to certain types of pain due to differences in sex hormones and genetics, as well as how their bodies absorb, distribute, and metabolize opioid medications.

LEARN MORE (U.S. Center of Disease Control and Prevention's Health) | www.cdc.gov

<http://bccewh.bc.ca/category/post/trauma-violence-mental-health/>

EXAMPLE #3 – SEX AND GENDER AND CANNABIS USE

- Prevalence is double among males compared to females (13.9% vs. 7.4%)
- Women and men metabolize cannabis differently due to differences in muscle mass and fat distribution
- Females transition from initiation to regular use faster than in males (similar to other substances)
- Men who use cannabis are more likely to report dependence on cannabis than women
- Depressive symptoms are related to cannabis use among boys but not girls
- Male and female users report differences in forms of ingestion, effects and withdrawal symptoms

National Academies of Sciences, E., and Medicine., *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. 2017, The National Academies Press: Washington, DC.
Cuttler, C., L.K. Mischley, and M. Sexton, *Sex Differences in Cannabis Use and Effects: A Cross-Sectional Survey of Cannabis Users*. *Cannabis and Cannabinoid Research*, 2016. **1**(1): p. 166-175.



CANNABIS AND REPRODUCTION: UNCHARTED TERRITORY

- Soon to be published resource by Best Start/Health Nexus in Ontario advises caution

BE CAUTIOUS:

Cannabis and Fertility,
Pregnancy, Breastfeeding and Parenting

EXAMPLE #4: TOBACCO USE AFFECTED BY SEX AND GENDER

Sex

- Smoking-related disease risk higher among females compared to males: because of hormonal differences, women's smaller airways and lung volumes [2,3]
- Men who smoke may be more prone to emphysema, and women a chronic bronchitis type of COPD [4]
- Greater bone mass loss associated with smoking in men compared to women [5]

Gender:

- Women more likely than men to smoke to control negative mood and emotions [6]
- Tobacco use among men as an expression of masculine identity [7]
- Tobacco industry links smoking with empowerment and beauty among women, and independence and mystery among men [8, 9]
- Functions of smoking for women- organizing social relationships, creating an image, controlling emotions, exercising dependency and creating identity [7]



GENDER RELATIONS AND TOBACCO USE DURING PREGNANCY

Couples and Smoking

What You Need to Know When You are Pregnant



- Identifies typical couple dynamics related to the issue of tobacco reduction during pregnancy and post partum
- Highlights heterosexual gender relations and power imbalances
- Empowers pregnant women to identify these patterns, react safely, and gain power

FACET group, UBC, CIHR, 2007



What stands out for you?

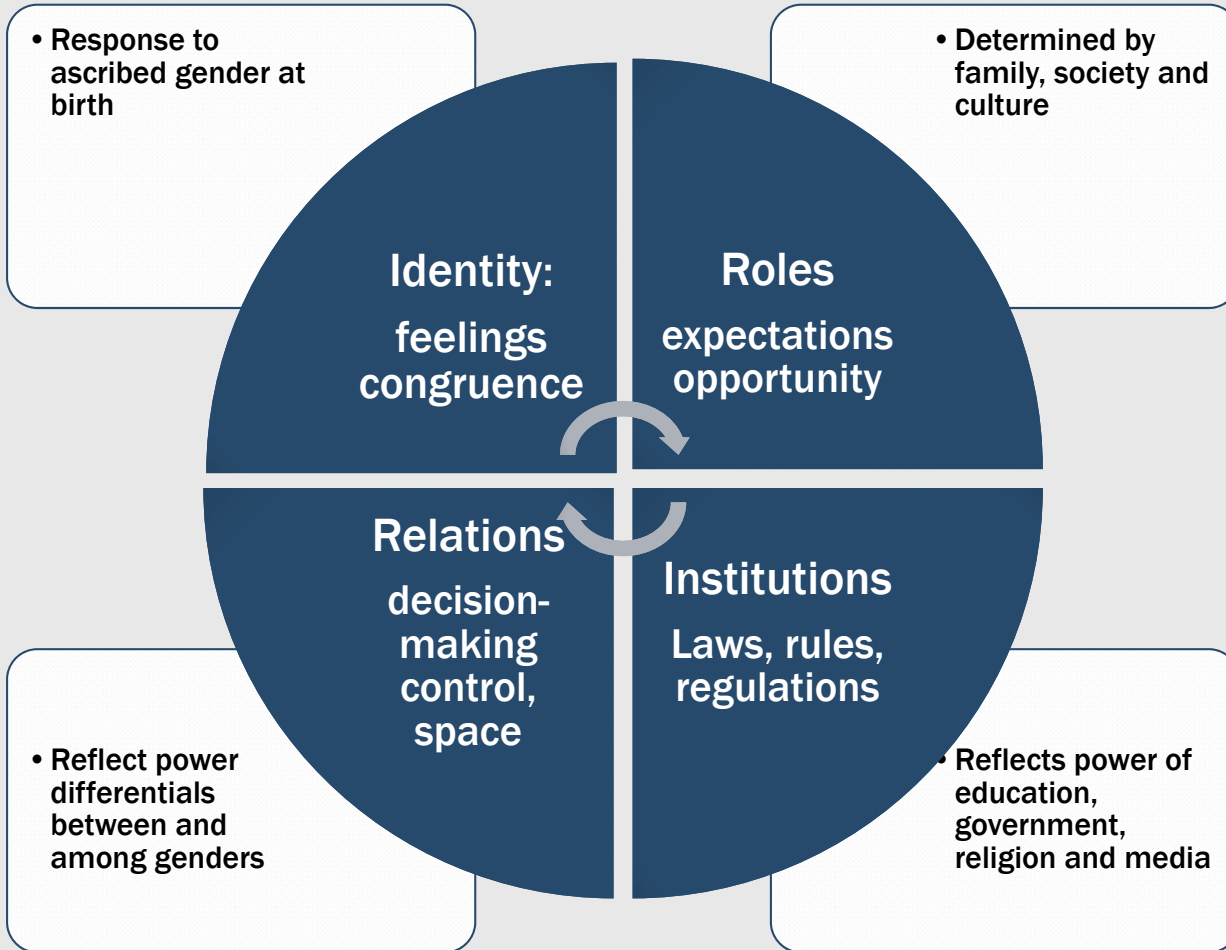
**Comments, Questions,
Discussion**

**TYPE YOUR
QUESTIONS**

**In the Q&A
box in the
bottom right
hand corner**



MORE ON SEX AND GENDER



GENDER HAS MANY COMPONENTS

INTERSECTING AND INTERACTING WITH SEXUAL ORIENTATION, RACE, ETHNICITY, CULTURE, SES...

- The gender binary is increasingly questioned, rejected or expanded
- Implications for research, treatment and prevention

SEX AND
GENDER
ARE FLUID
CATEGORIES

- **Cultural definitions of gender**
 - Two-spirited people
 - Hjira
 - Gender questioning
- **Transitioning**
 - Self initiated
 - Surgical or hormonal
 - Social, legal, biological
- **Attitudes to LGBTQ**
 - Shift over time in some cultures

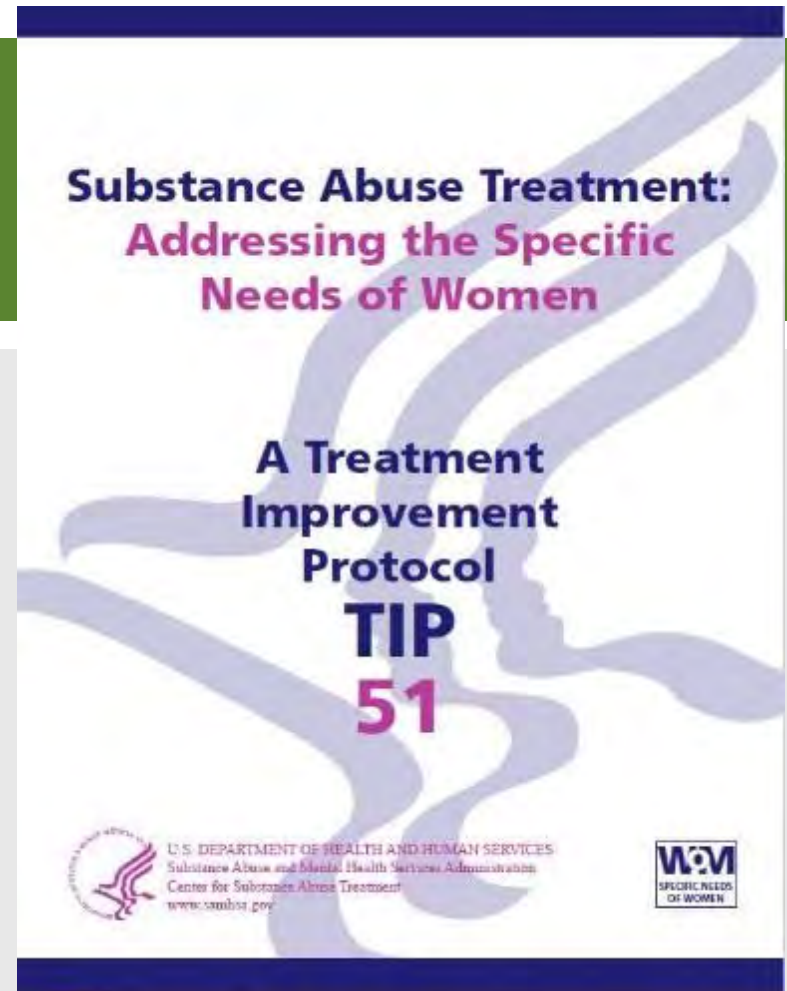
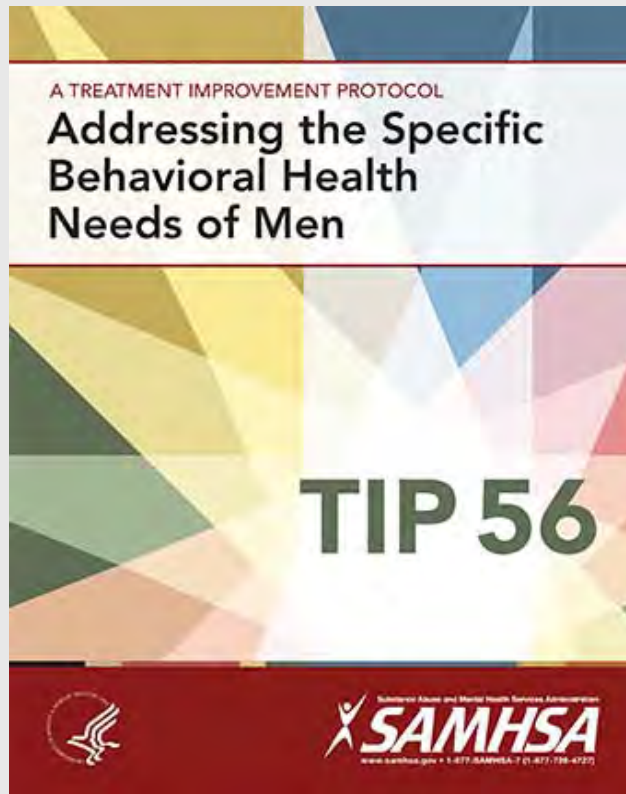
SEX AND
GENDER
ARE
CULTURAL
AND
TEMPORAL

- **Treatment settings**
 - How to serve all genders?
- **Prevention messages**
 - How to reach all genders?
- **Harm reduction**
 - Are approaches gender and population-specific?
- **Research**
 - How to generate the best evidence?

IMPLICATIONS

EXAMPLES OF GENDER INFORMED APPROACHES

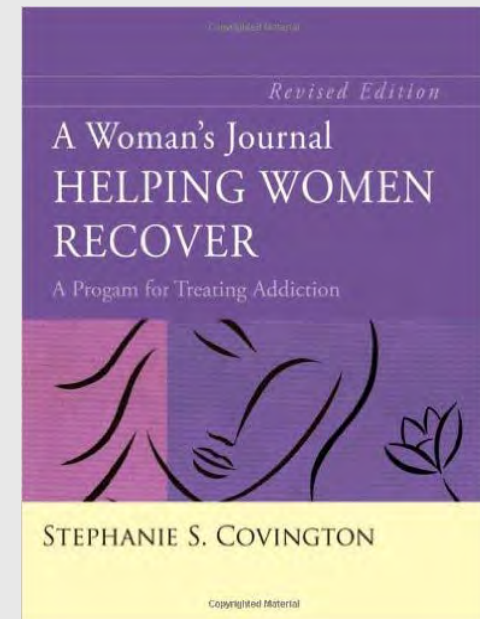
1. TREATMENT



GENDER INFORMED TREATMENT - WOMEN

Helping Women Recover & Beyond Trauma (USA)

- Women offenders in drug court treatment programs (Messina et al 2014) or incarcerated women (Saxena et al 2014)
- Receive either gender responsive or standard mixed gender treatment
- more positive perception of treatment and reduced PTSD (Messina et al 2014)
- reduced odds of depression & lowered rates of # of substances used (Saxena et al 2014)



GUIDING PRINCIPLES FOR GENDER RESPONSIVE TREATMENT FOR WOMEN - 2004

- **Environment** – create an environment based on safety, respect and dignity
- **Relationships** – develop policies, practices and programmes that are relational and promote health connections to children, family, significant others and community
- **Services** – Address the issues of substance abuse, trauma and mental health through comprehensive, integrated, culturally relevant services
- **Economic and social status** – provide women with opportunities to improve their socio-economic conditions
- **Community** - Establish as system of community care with comprehensive collaborative services



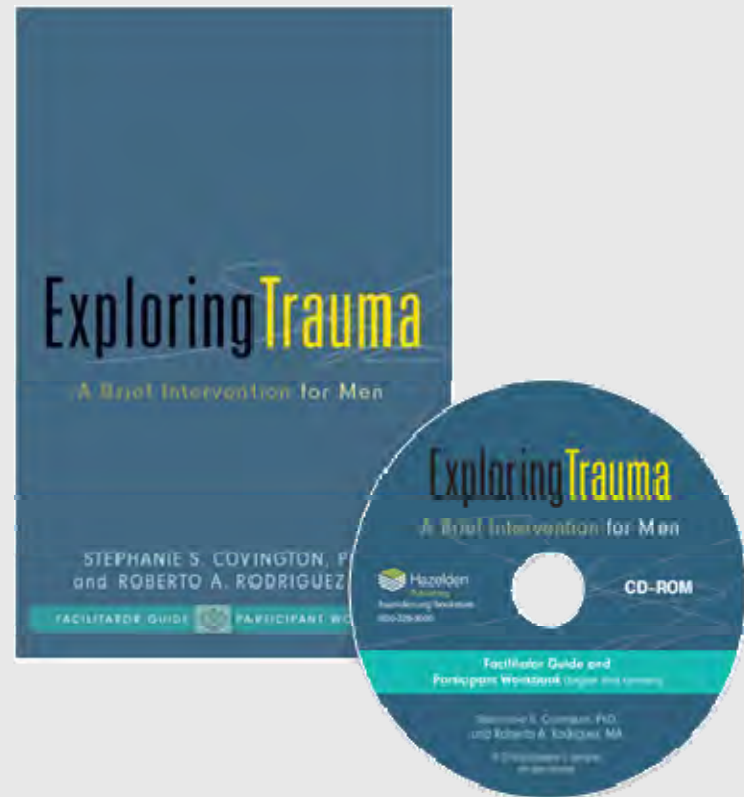
United Nations Office
on Drugs and Crime.
(August 2004).
*Substance abuse
treatment and care for
women: Case studies
and lessons learned.*
[www.unodc.org/pdf/re
port_2004-08-
30_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_1.pdf)



GENDER 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: sharing/opportunity to be open, learning of their similarity to other men; and talking about their traumatic experiences (Frisman et al 2016)



HEALING IN INDIGENOUS SETTINGS

The role of the treatment provider in Aboriginal women's healing from illicit drug abuse

In 2005, a community-based collaborative research project was initiated by the National Native Addictions Partnership Foundation, the Canadian Centre on Substance Abuse and the University of Saskatchewan. The project examined the role that identity and stigma have in the healing journeys of criminalized Aboriginal women in treatment for illicit drug abuse at National Native Alcohol and Drug Abuse Program centres across the country.



- RE-CLAIM**
- Empathy**
 - Relay *empathy* for the struggles that women face due to their problematic substance use (for example, loss of custody of their children).
 - Acceptance / Having a non-judgmental attitude**
 - Be *accepting and non-judgmental* about women's past behaviours (for example, women's involvement in prostitution for survival).
 - Inspiration**
 - Provide *inspiration* by acting as a role model (for example, when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and meaningful employment).
 - Recognition**
 - *Recognize* the impact of trauma in women's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women).
 - Communication**
 - *Open lines of communication* for two-way, hierarchical dialogue with the women.
 - Care**
 - *Show care* for the women and passion for your role as a treatment provider.
 - Link to spirituality**
 - *Support the link to spirituality* in women's healing through Aboriginal culture as well as other traditions and teachings with which women identify.
 - Momentum**
 - *Promote momentum* in the women's healing journeys; that is, assist the women in *moving toward the future* after acknowledging (and promoting accountability). For example, the women in developing healthier relationships and parenting skills. Fostering the women to their communities will help break generational cycles.

Funded with an operating grant from the Canadian Institutes of Health Research.

Indigenous Wellness Framework





We all belong

Trans. Cross Dresser.
Transgender. FtM.
MtF. Genderqueer.
Transsexual.

prism
ALCOHOL + DRUG SERVICES

PH: 604 658 1214
www.vch.ca/prism

Canada
The Government of British Columbia
Vancouver Coastal Health
Providing excellent. Reuniting care.

Prism is Vancouver Coastal Health's clinical, education, information and referral service for the lesbian, gay, bisexual, trans, queer and Two Spirit (LGBTQ2S) communities.



VANCOUVER SERVICES RESPOND TO GENDER(S)

■ Day Treatment Programs

Intensive day/evening/weekend treatment in non-residential setting. Programs vary from 4-6 weeks to 18-20 weeks. We welcome members of the LGBT2Q+ communities in all our programs.

■ Daytox Program (All Genders)

604-658-1278 377 East 2nd Ave

■ Sisters Together Active in Recovery (STAR)

(All self-identified women)

604-266-6124 220-1200 West 73rd Ave (west wing)

■ Vancouver Addiction Matrix Program (VAMP)

604-714-3480 301-1290 Hornby St
Two program streams: All genders & Gay/bi men

■ Residential Treatment

Provides intensive therapy programs that may include group, individual and family counselling. A cost may apply.

■ Heartwood Centre for Women (All self-identified women)

1-888-300-3088 Ext 2032

90 days. Heartwood@cw.bc.ca
BC Women's Hospital & Health Centre 4500 Oak St

■ Pacifca (All Genders)

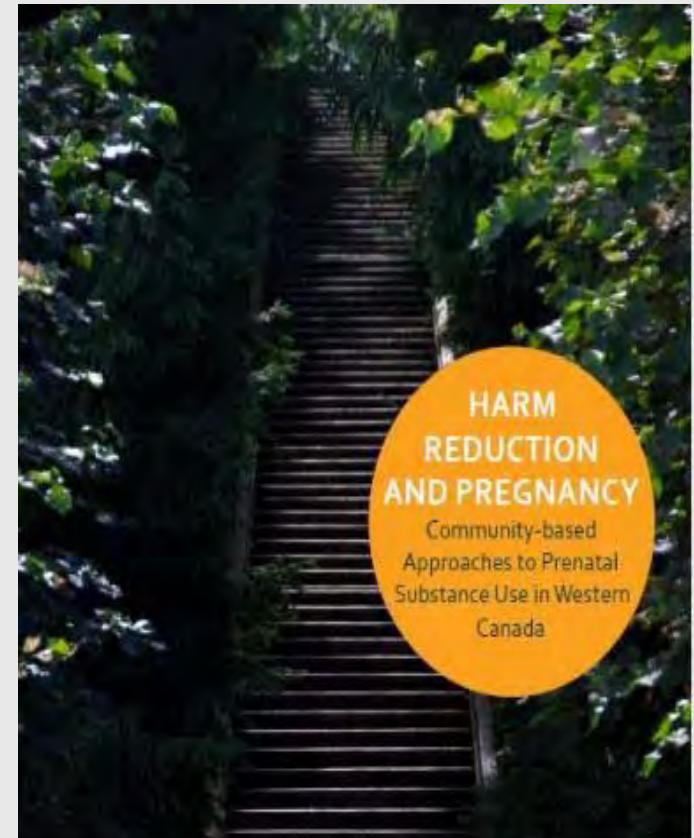
604-872-5517 1755 East 11th Ave 12 weeks. www.pacificatreatment.ca

<https://vch.eduhealth.ca/PDFs/DB/DB.590.V36.pdf>



2. HARM REDUCTION

- Qualitative study in Downtown Eastside with women with addictions
- Women identified core needs: structure and normalization, social connection and safety.
- Components: connection, counselling and therapy, multidisciplinary service provision, spirituality focus, opportunities for learning and work, safe and flexible



3. PREVENTION

HealthWise (South Africa) (Motamedi et al 2016)

- Targets leisure to prevent substance use initiation
- Teaches how to manage and negotiate constraints on leisure time, including gender norms and stereotypes
- More effective for girls than boys in reducing likelihood of tobacco & alcohol initiation

RealTeen (USA) (Schwinn et al 2016)

- Web-based drug prevention program
- Address gender-specific risk factors: depressed mood, low self-esteem
- Describes program development & gender-specific tailoring

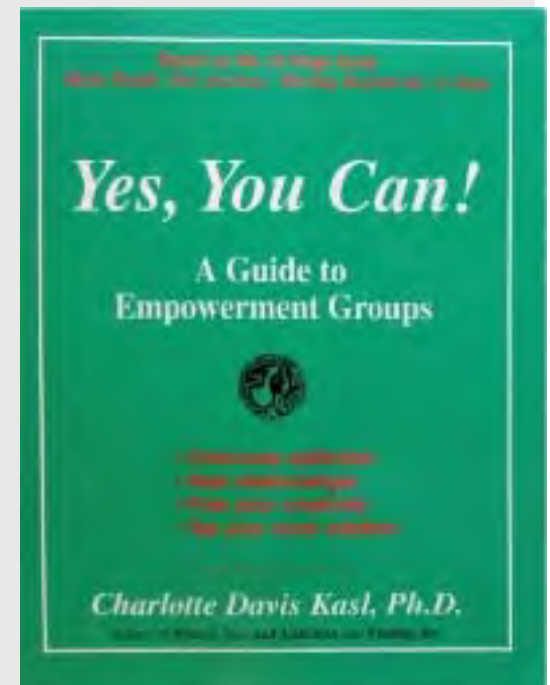
Stroömbäck et al. 2013 (Sweden)

- body-based, gender-sensitive stress management group intervention, girls 17-25
- Addressed: gendered norms, body ideals, dieting, pressures of perfection
- Participants' reported: 'finding a social oasis to challenge gendered expectations', 'being bodily empowered', and 'altering gendered positions and stance to life'
- decreased stress-related symptoms: anxiousness, restlessness, muscle tension, aches and pains, fatigue, and impaired sleep.



4. PEER SUPPORT

- **16 Steps for Recovery and Empowerment, Kasl**
<https://www.youtube.com/watch?v=06-2yA0mDC0>
- **VANDU, Vancouver**
- **A Woman's Way through the 12 Steps, Covington**
- **A Man's Way through the 12 Steps, Griffin**



RAISING THE BAR: GENDER TRANSFORMATIVE APPROACHES

GENDER TRANSFORMATIVE: A PREFERRED APPROACH

- Gender transformative approaches have dual goals
 - Improving gender equity at the same time as achieving health
-
- Often focus on
 - engaging men and boys
 - changing negative gender norms
 - empowering women and girls at multi levels

SUBSTANCE USE RESPONSES OFTEN IGNORE GENDER AND EQUITY



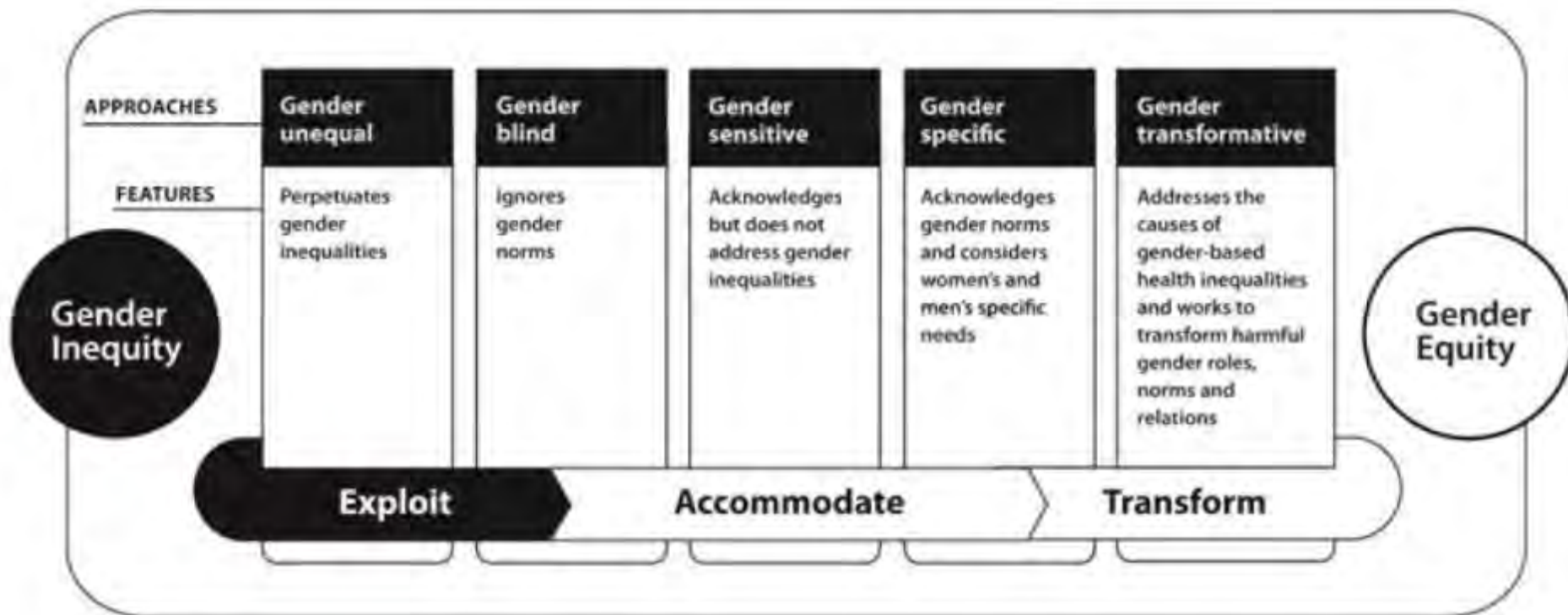
- The generic problem: directed to “youth” or “participants” or “patients” without attending to sex and gender related factors
- Example: lack of women-only detox ignores impact of gender based violence on women’s addiction
- The root issues and root solutions problem: ignoring context, SDOH, and how to improve gender equity

Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalances of power as a means of reaching health as well as gender equity objectives.

Source: E. Rottach, S.R. Schuler, and K. Hardee, Gender Perspectives Improve Reproductive Health Outcomes: New Evidence (Washington, DC: IGWG, 2009).

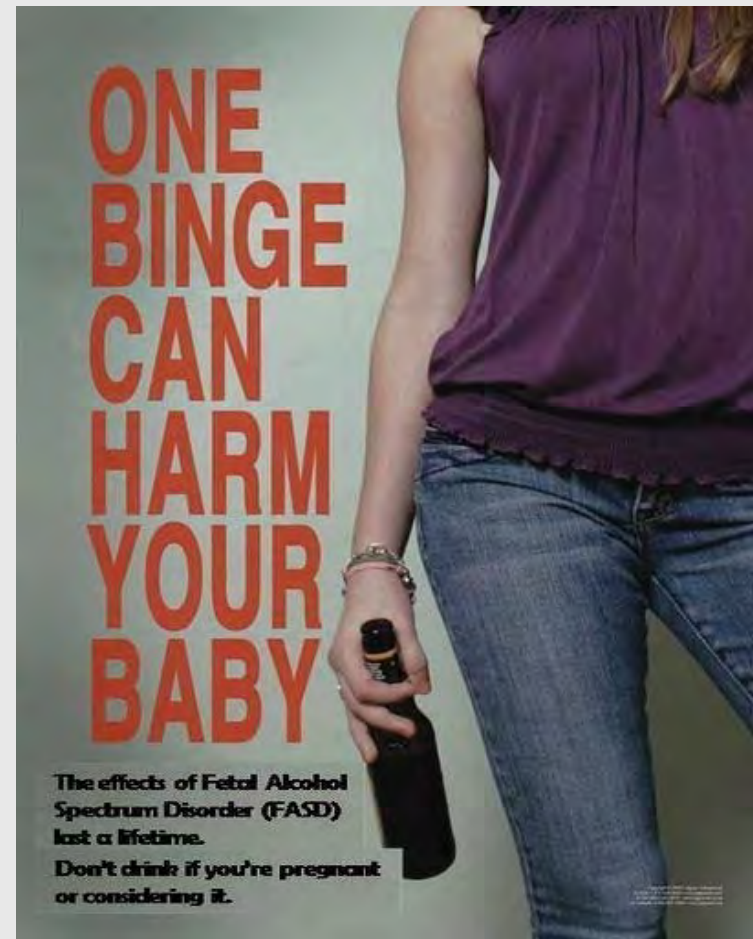
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Source: Making it Better: Gender Transformative Health Promotion Greaves, Pederson, Poole (2014) page 22

EXPLOITING GENDER



ACCOMMODATING GENDER: BUT REINFORCING GENDER STEREOTYPES

You wouldn't go to a job interview wasted, would you?



Everything has its limits.
When you drink, think 

#BlueVermont... Moderation is always in good taste. Facebook.com/inkandroot

You wouldn't show up drunk on a first date, would you?



Everything has its limits.
When you drink, think 

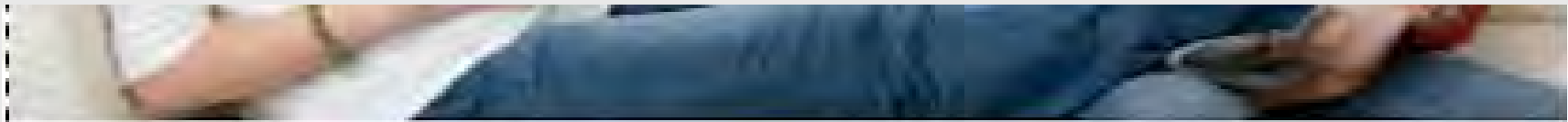
#BlueVermont... Moderation is always in good taste. Facebook.com/inkandroot

GENDER TRANSFORMATIVE: ADDRESSING GENDER RELATIONS

- Acknowledges different norms and roles for women and men, but engages men in change
- Includes images and advice on how to transform harmful gender norms, roles and relations



ADDRESSING GENDER ROLES: DISPERSING RESPONSIBILITY FOR FASD PREVENTION



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 1% of the population. While men's alcohol use is not a direct contributor to FASD, there are many ways that

1 Take a 'pregnant pause'. If your partner, friend, sister, co-worker or another woman you know is pregnant, you may want to consider taking a 'pause' from drinking as a way of showing support. Whether it's for a month, three months or the entire pregnancy, remaining alcohol-free can be helpful and encouraging for many women.

2 Be a good host. When entertaining friends or family or having a night out, offer non-alcoholic beverages and avoid pressuring women to drink (pregnant or not). Some women continue to drink alcohol during pregnancy because they have a hard



SHARING RESPONSIBILITY AND ENGAGING COMMUNITIES

- Shares the weight of change between young men and women
- Links the outcome to broader community health.



Friends help friends choose a healthy lifestyle. Please don't drink alcohol during pregnancy.

For information on Fetal Alcohol Syndrome talk to your health care provider or contact:

1-888-235-5277
www.bornwith.ca

© 2010 Health Canada
The Best Start Program

**Healthy pregnancy.
Healthy baby. Healthy Nation.**

Gender Substance Use

GENDER AFFECTS ALL OF US

- We don't often talk about men being imprisoned by gender stereotypes but I can see that that they are and that when they are free, things will change for women as a natural consequence.
- Both men and women should feel free to be sensitive. Both men and women should feel free to be strong... It is time that we all perceive gender on a spectrum not as two opposing sets of ideals.



Emma Watson HeforShe Speech at
the United Nations 2014
www.HeForShe.org

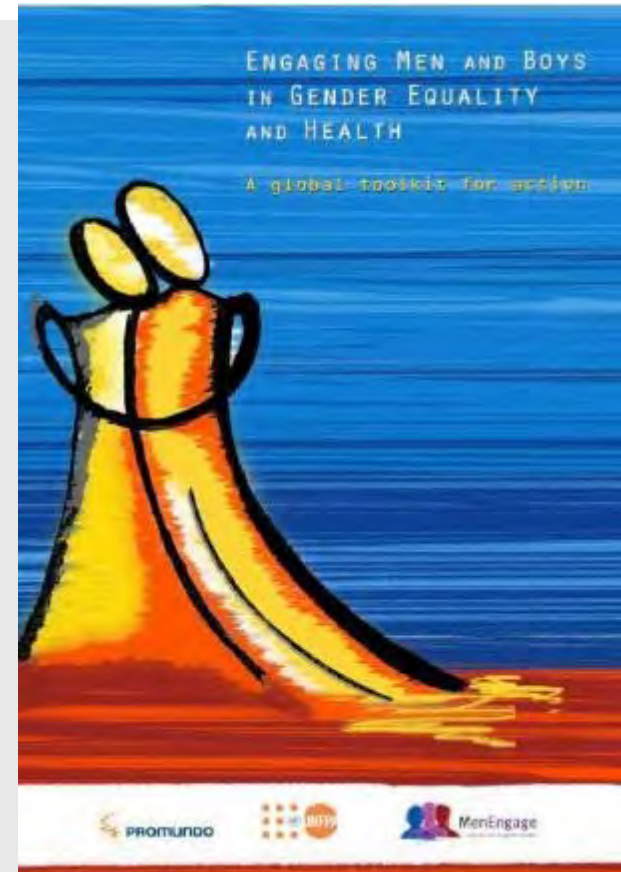
GENDER TRANSFORMATIVE PROGRAMMING FOR MEN



Programming for men that addresses:

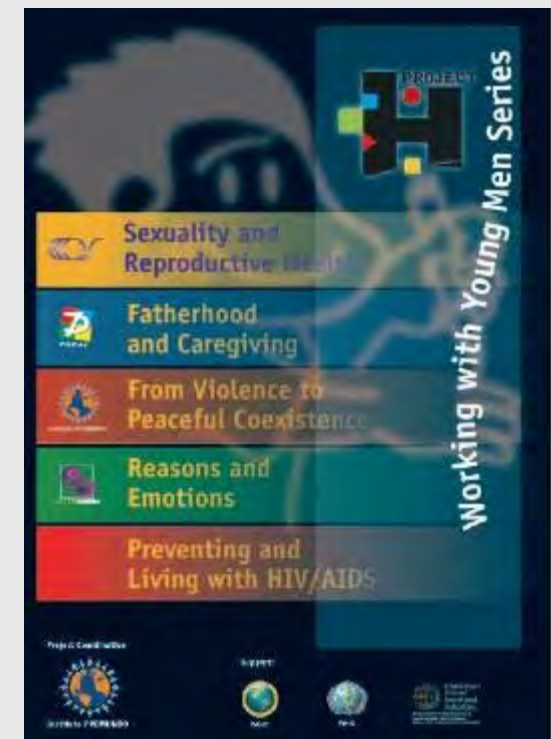
- Fatherhood and caregiving
- Sexual health and living with HIV
- Emotional health and substance use
- Gender based violence

Several academic publications: For example, Kato-Wallace, J., Barker, G., Eads, M., & Levto, R. (2014). Global pathways to men's caregiving: mixed methods findings from the International Men and Gender Equality Survey and the Men Who Care study. *Global Public Health*, 9(6), 706-722.



GENDER SYNCHRONIZED: PROGRAMMING FOR MEN, WOMEN, LGBTQ

- **Program H|M|D** have been adapted for use in more than **20 countries**
 - **Program H** (homens) – For young men (ages 15 to 24) on gender, sexuality, reproductive health, fatherhood and caregiving, violence prevention, emotional health, drug use, and preventing and living with HIV and AIDS.
 - **Program M** (mujeres) – For young women on gender inequities, rights, and health.
 - **Program D** - Promotes respect for sexual diversity by inviting youth to reflect on questions, and potential fears and prejudices, related to homosexuality
- **Program H and Program M** are carried out at the same time (“gender synchronization”)



<http://promundoglobal.org>



TRUE CHILD, USA

Addressing Masculine Norms to Improve
Life Outcomes for Young Black Men:
Why We Still Can't Wait



Photo credit: Janelle Gilmer



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- The huge impact of gender norms play in the lives of men—and specifically Black men and boys.
- Too many programs, and policies completely ignore the impact of rigid codes of masculinity and the deep need many young men of any race have to live up to and embody | expectations of manhood.

www.truechild.org



Trauma
Gender
Substance Use

Take a minute to think about your stance.

Is it gender *and* equity sensitive?

Does it aim to improve both health and equity?

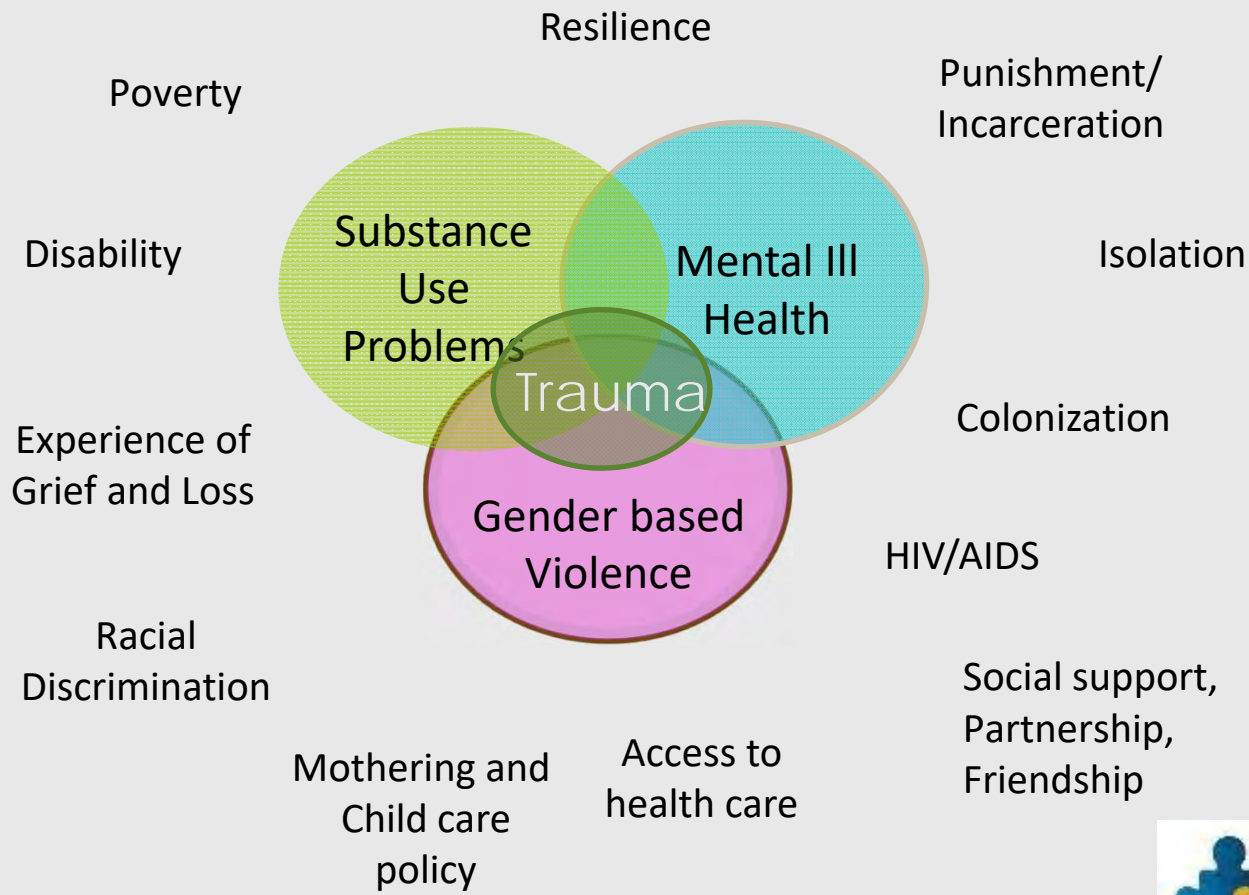
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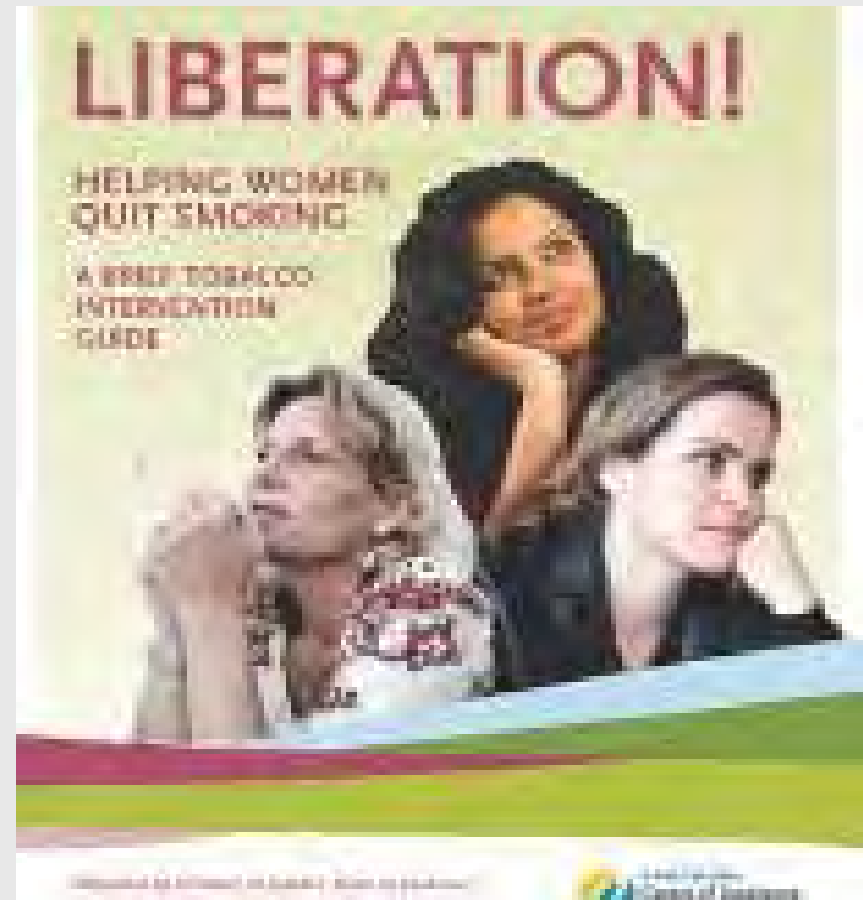
MOVING FORWARD

MERGING GENDER AND TRAUMA INFORMED APPROACHES



CHANGING THE PRACTICE: EMPOWERING WOMEN THROUGH TREATMENT

- *Liberation!* guide
- Individualized response
- Harm reducing
- Women centred
- Integrate social justice issues



CREATING OPPORTUNITIES FOR MEN: TRAUMA INFORMED, GENDER RESPONSIVE STANCE



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



FACT SHEETS: WWW.ADDICTIONSRESEARCHTRAINING.CA

1. Transdisciplinarity & Addiction
2. Sex Related Factors in Substance Use
3. Bringing Gender into Addiction
4. Gender Informed Prevention and Harm Reduction for Substance Use
5. Gender, Trauma & Substance Use
6. Youth, Gender and Substance Use

 Intersections of Mental Health Perspectives
in Addictions Research Training



Sex Related Factors in Substance Use & Addiction

Sex related factors are observed in almost every aspect of addiction, yet most existing biological research employs generic approaches, using males as the norm. Increased inclusion of both male and female research subjects is reducing this disparity, and accumulating evidence reinforces the need for the inclusion of sex (and gender) in research.¹ The examination of sex in addiction research means better science and is critically important when translating research findings to inform treatment and health policy.

Sex is a multidimensional construct that encompasses anatomy, physiology, genes, and hormones that together create a human "package" that affects how we are labelled. Common conceptualizations of sex usually employ the female/male binary; however, in reality, individuals' sex characteristics exist on a continuum that reflects variations in anatomy, physiology, genes and hormones. All of these differences can affect the way that bodies respond to alcohol, drugs and therapeutics. It is important to note that while sex differs from gender it intersects with it and ideally, both concepts are considered in research.

Additional resources
Test your knowledge of sex in the following online courses:
Diff Sex and gender in substance research
Gender Inequality: Sex and gender inequality for research

DID YOU KNOW?
Differences in behaviors relating to addiction are partly due to sex related factors in the reward pathway, and include increased risk-taking and poor impulse control among males, whereas females exhibit increased use of drugs to self-medicate, reactivity to drug-related cues, and propensity for relapse. Several neurochemical systems in addition to dopamine (e.g., norepinephrine, opioids, acetylcholine) are key to mediating the effects of drugs and risk for addiction, yet very little research exists on sex related influences in these systems, and their implications for addiction.

Sex related factors influencing substance use:
Neurobiology. We are learning more about the neurobiology underlying addiction. The neural circuitry mediating positive reinforcing effects (e.g., reward) of addictive drugs has been relatively preserved across evolution and species.^{1,2} Dopamine function in the 'reward pathway' is implicated in essential behaviors, such as eating, reproduction, and social play; all of which differ in important ways between sexes.¹ Following drug use, greater dopamine release and inhibition of dopamine reuptake is observed in female compared to male rats.¹ In males, basal dopamine tone remains relatively stable, whereas females experience fluctuations based on their hormonal context and are more sensitive to drug-related decreases.²

ce Use

Equity remains elusive in contemporary global society. Gendered inequities abound and persist but are typically overlooked in our responses to difficult problems such as climate change, poverty, or economic crisis. Despite this blind spot, gender matters more than ever for achieving social and economic progress. *Gender Unchained* is a revelatory and tightly argued book that offers two ways forward. First, that we embrace the unmaking of the gender binary and second, that we develop gender transformative approaches to solving the larger issues of our time. Inspirational and informational in equal measure, *Gender Unchained* is a well-reasoned call to action that examines many facets of gender inequity and offers real-world solutions for tackling it at the root.

"This is a must-read tour de force for women and men in all walks of life. It brings together, in a slim volume, a forensically argued case for justice and equity among genders. It not only provides 21st-century reminders of the causes and costs of gender inequity across the globe, but provides us with the shared principles and tools for transformative action."

—Dr. Bobbie Jacobson OBE, Institute of Health Equity, University College, London, UK

"This book is brimming with provocative clarity on the big problems of the 21st Century. It offers compelling evidence of egregious gendered inequities in all regions of the world, that call out to our collective responsibilities as leaders, global citizens, students, politicians and advocates."

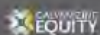
—Marion McPhee CM, Senator and human rights lawyer, Canada

Lorraine Greaves PhD is an award winning writer, researcher, and speaker and has worked across academic, health, government, education, and NGO sectors as a force for progressive change. An inspiring leader and thinker, this is her 10th book. Among many honors she has received an Honorary Doctorate, University of Ottawa; Woman of Distinction Award, Vancouver YWCA; the Augusta Stowe Gullen Award and the Laura Jamieson Award.

Nancy Poole PhD is a superb catalyst for bringing knowledge to practice to make social change. A leader in facilitating virtual collaborations, she has created online research networks, virtual communities, and web-based co-liberations; she has worked in governments, hospitals and NGOs offering creative thinking on wicked problems. Dedicated to connecting across distance and sectors, she is a maven of ideas and a respected change agent.

Greaves and Poole are the founders of Galvanizing Equity, a company devoted to advancing equity and creating a fairer world. Galvanizing Equity finds, generates and curates evidence, and translates it into practical advice, policies and programmes.

www.galvanizingequity.com



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GENDER UNCHAINED

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— NOTES FROM THE EQUITY FRONTIER —



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www.genderunchained.com

<http://promotinghealthinwomen.ca/>

Gender Equity through Health Promotion

Home About Online Course Resources Book



Gender transformative health promotion aims to redefine harmful gender norms, challenge gender stereotypes and develop more equitable gender roles and relationships.

Resources for Promoting Health in Women

- **This website offers** practical tools, online training, and information about gender transformative health promotion.
- **These resources have been developed** for a range of health and social service professionals, as well as students, researchers, program managers, policy makers, and anyone concerned with improving health promotion.
- **Using the resources** on this website will help in developing the skills to design, plan and evaluate a wide range of health promotion activities that also aim to reduce gender inequities.

Find out more

Gender transformative health promotion focuses on improving

Book

Making It Better: Gender Transformative Health Promotion for Women



Online Course

This course provides an introduction to the key principles and ideas underlying gender transformative health promotion and is designed for a

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

<http://bccewh.bc.ca/>

**Comments, Questions,
Discussion**

**What additional learning and
resources are needed?**

**TYPE YOUR
QUESTIONS**

**In the Q&A
box in the
bottom right
hand corner**



Let us know via the post-webinar evaluation survey if you want to:

- Present on your work in future webinars
- Join a community of inquiry
- Be part of developing a new resource

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