



# New Terrain

Tools to Integrate Trauma and  
Gender Informed Responses into  
Substance Use Practice and  
Policy

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Centre of Excellence  
for Women's Health 

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and Policy

## Outline

1. What are Trauma, Gender, and Sex Informed (TGS) Approaches?
2. TGS Informed Approaches in Practice
3. TGS Based Analysis
4. Evidence Summaries



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# Trauma, Gender, and Sex Informed (TGS) Approaches

# The Trauma/Gender/Substance Use Project

- Over 2 years CEWH engaged with leaders from across Canada to:
  - Further integrate trauma-informed, gender and sex informed and gender transformative approaches into practice and policy aimed at addressing substance use and addiction
- Project highlighted and fused these approaches in collaboratively developing knowledge exchange materials and resources

The 'Trauma/ Gender/ Substance Use' project has received financial assistance from Health Canada. The views herein do not necessarily represent those of Health Canada.

# 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

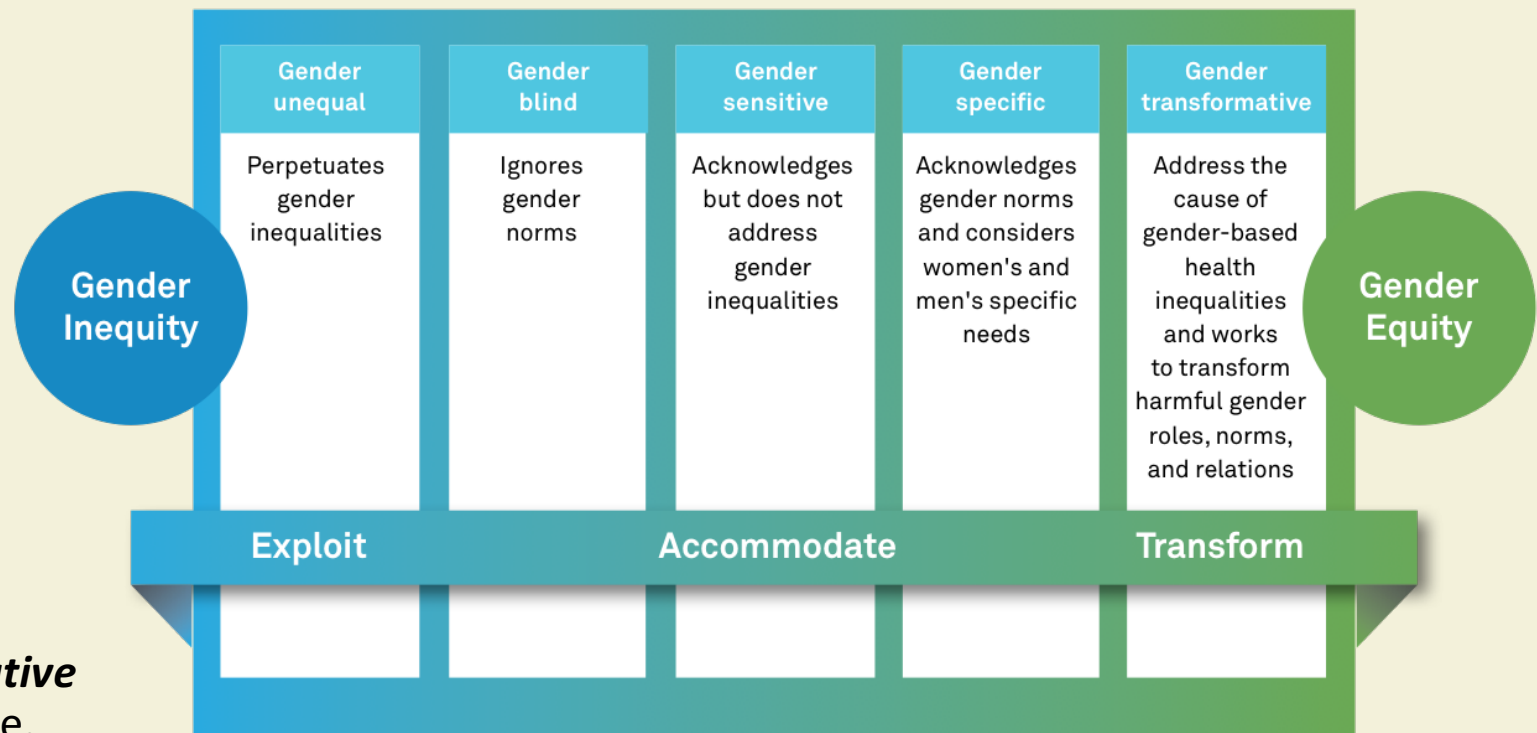
# How do sex and gender matter?

- **Sex** biological attributes including physical and physiological features (e.g., chromosomes, gene expression, hormone levels, anatomy, and bodily functions such as metabolism, reproductive and sexual anatomy)
  - Affect reactions to substances, the development of tolerance and dependence and our responses to treatments and medication
- **Gender** social roles, relations, opportunities, identity, and institutional policy and societal expectations. Influence how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.
  - Affect experiences of substance use, ability to access support, and treatment preferences

# How do Sex and Gender matter in substance use?

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





***Gender transformative*** approaches examine, question, and change rigid gender norms and imbalances of power to reach health *and* gender equity objectives.

# What do we mean by trauma informed practice (TIP)?

- Trauma-informed policy and practice involves integrating an understanding of experiences of violence and trauma into all aspects of service delivery
- The goal of trauma-informed services and systems is to:
  - Avoid re-traumatizing individuals; and
  - Support safety, choice, and control in order to promote health and healing.

## Trauma Awareness

Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).

## Safety and Trustworthiness

Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.

## Choice, Collaboration And Connection

Trauma informed services encourage opportunities for working collaboratively with children, youth and families. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.

## Strengths Based and Skill Building


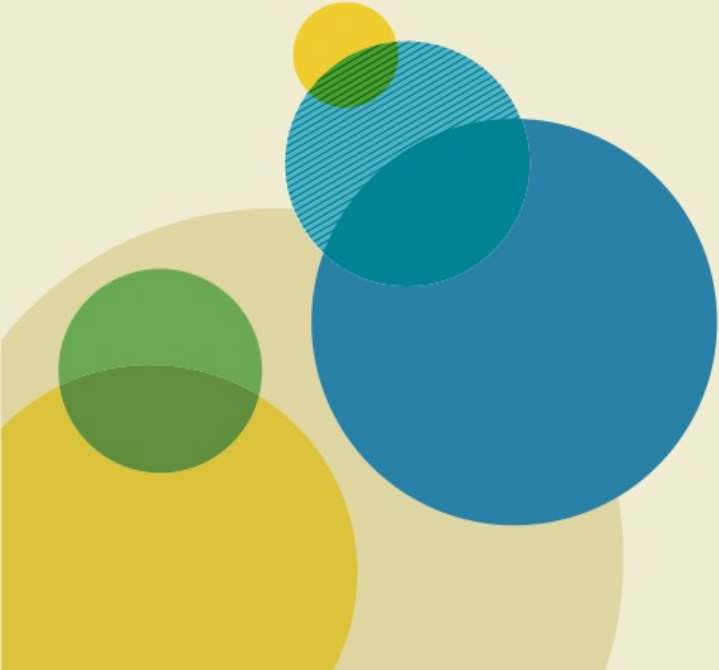
Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy. A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of 'emotional learning' and 'social learning.'

# Why a merged approach?

- Types, experiences of and responses to trauma and violence are gendered
  - E.g. Women and girls experience disproportionate economic and social inequities such as domestic violence and sexual assault and harassment; Boys and men are more likely to experience physical assault and accidents
- Factors like sex, gender and experiences of trauma (as well as sexual orientation, race, culture, age, ability, income and education level etc.) affect substance use rates, the impact of substance use and access to resources

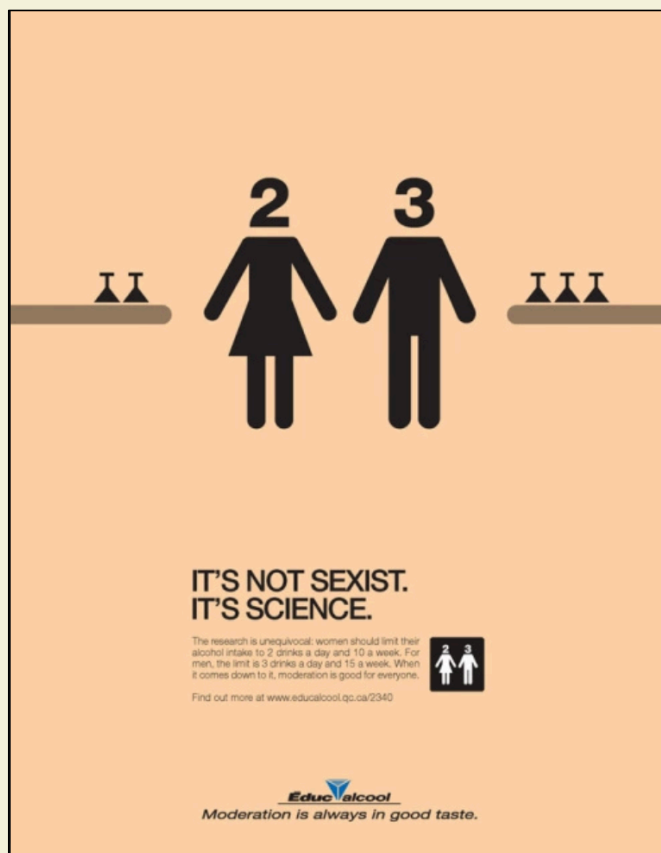
# What are the Benefits of Integrating TGS in Substance Use Practice and Policy?

1. Improved treatment outcomes
2. Improved staff retention and higher satisfaction with employment
3. Programs and services that reflect the needs, concerns, and preferences of diverse groups who often have specific substance use issues
4. Improved access to services
5. Improved system and program planning
6. Improved gender and health equity
7. Programs and services that address sex-specific differences
8. Programs and policies that are gender transformative



# Trauma, Gender and Sex Informed Approaches in Practice

# Sex Specific Alcohol Guidelines



- Canada's Low Risk Drinking Guidelines (LRDG) were among the first sex specific guidelines
- Based on research showing that women are generally more vulnerable to the effects of alcohol because:
  - Lower weight, less water= reach higher blood alcohol levels faster
  - More adipose tissue (fat)= alcohol is absorbed more slowly, and the effects of alcohol take longer to wear off
  - Lower levels of the enzymes that break down alcohol= alcohol remains in system longer.

# Services for pregnant women and new mothers: The Mothering Project (Manito Ikwe Kagiikwe)

- Trauma-Informed community based services for pregnant women and mothers
  - Addiction support, prenatal care, parenting and child development support, group programming, advocacy, nutritious food
  - Long term support (children up to 5)
- Cultural safety
  - Culturally informed trauma counselling
  - Indigenous programming- drug circle, smudging
- Harm reduction/ low threshold intake





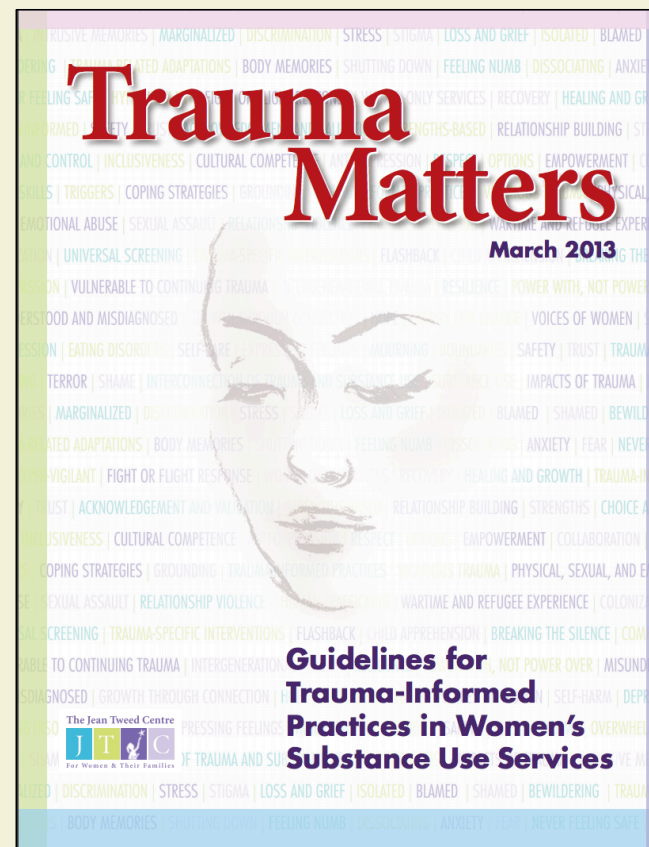
# Improving gender equity: Alcohol and Pregnancy Awareness Campaigns


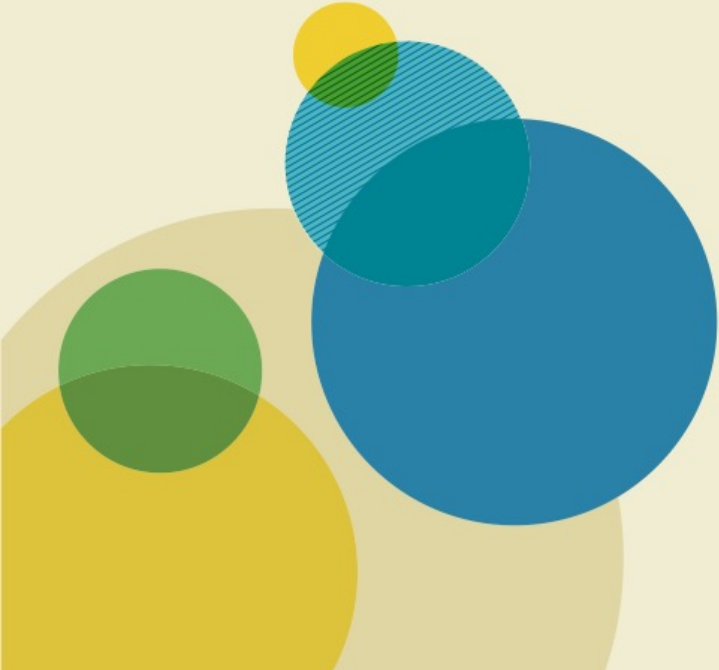


- Women's substance use, both before and during pregnancy, is strongly influenced by partners, friends, and family
- Gender transformative = challenge traditional caregiving roles of men and women and share responsibility for reproduction and child care
- Increasingly represent diverse families and ways of parenting and caregiving

# Trauma informed women's services: Jean Tweed Centre

- Informed by an understanding that gender and other social determinants of health impact substance use
  - E.g., fully licensed therapeutic child development centre on site
- All services are trauma-informed and offered in a safe and caring manner
- Continue to develop services to better serve transgender people
  - E.g., inclusion policy, staff training on access for trans women, creating private non-gendered washrooms, and reviewing language and program curricula





# Trauma, Sex and Gender Based Analysis

Tools for Program  
and Policy Developers

- Fusing TIP with sex and gender based analysis key challenge to move policy and program design forward
- Tool built on existing sex and gender based analysis tools and resources on trauma-informed practice and policy
  - Presented in the guide as separate processes
  - However, intended to fuse these approaches in practice and policy development

STEP	GATHER EVIDENCE
1	

STEP	IDENTIFY POPULATION(S) TO BE REACHED
2	

STEP	APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES
3	

Worksheet

# Step 1: Gather Evidence

## **TIP, e.g.**

- Do you have evidence available on how trauma and violence is related to this substance use issue to inform your decisions?
- Are the knowledge and experiences of the population(s) affected by the policy/program (including Indigenous knowledge) a part of this evidence?
- Who has previously developed policy or programming on this issue that takes a trauma informed approach, and what might you learn from this?

## **Gender and Sex Analysis e.g.**

- What evidence and research is available that describe sex, gender and equity factors related to this issue?
- What data are missing? Who might be consulted to add to an understanding of the sex, gender and equity considerations in developing and evaluating the program or policy?
- What are the sex specific biological characteristics that could impact this substance use issue?

# Step 2: Identify Population(s) to be Reached

## **TIP e.g.**

- What groups may experience the impacts of trauma differently related to this issue? For example, have SES, race, sexual orientation, culture, age, and ability been taken into consideration when considering the impact of trauma on the issue?
- Does this policy/program address (or reinforce) historical inequities and trauma experienced by Indigenous people?
- How do structural conditions and processes such as sexism, racism, homophobia, poverty, homelessness, discrimination and incarceration impact this issue?

## **Gender and Sex Analysis e.g.**

- Is the issue being addressed by the new policy and/or program clearly defined in terms of the differences (e.g. health effects, social context, prevalence, consequences etc.) for different gender groups?
- Have sexual orientation, age, culture, race, experience of violence/trauma, ability and education level been taken into account when considering sex and gender influences on the issue?

# Step 3: Apply a TGS Lens on Outcomes

## **TIP e.g.**

- Have trauma informed practice principles been considered in setting the goals and outcomes of this policy/programming?
  - Awareness – Are there ongoing opportunities for the program providers to build on their understanding of the causes of trauma and possible effects?
  - Safety – What provisions are built in for ensuring safety of those affected by the program/policy?
  - Choice/collaboration/ control – Have options been incorporated for meaningful choice by participants/those affected?
  - Strengths and skill building – are opportunities for critical thinking and learning/applying emotional regulation built in?

## **Gender and Sex Analysis e.g.**

- What are the expected outcomes of this policy/ program for different gender groups?
- Are the anticipated outcomes equitable? If not, how can this be corrected?
- Will outcomes improve any currently inequitable situations for women, men and/or gender-diverse groups?
- What might be the outcomes and consequences of adopting or not adopting a sex and gender inclusive, specific or transformative options?

*We provide an example of working with the tool on page 28, using planning for aftercare programming for women as the programming to be developed*

Worksheet

<b>STEP</b>	<b>GATHER EVIDENCE</b>
1	

<b>STEP</b>	<b>IDENTIFY POPULATION(S) TO BE REACHED</b>
2	

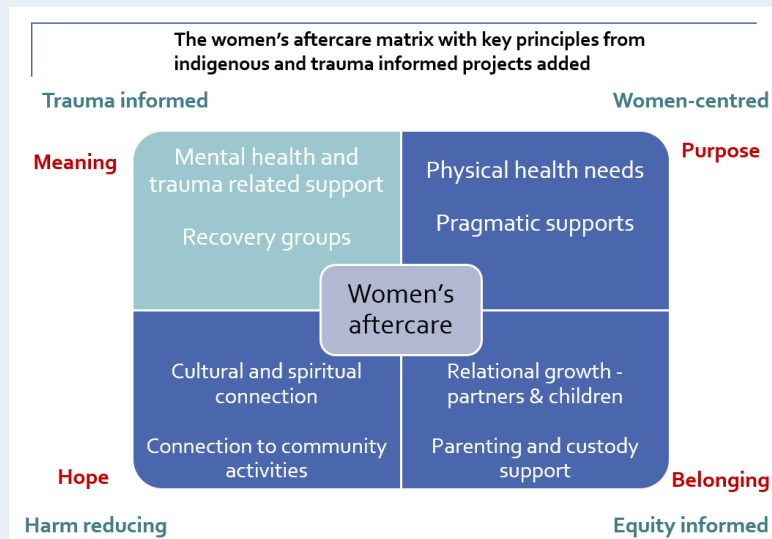
  

<b>STEP</b>	<b>APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES</b>
3	

### Building a Trauma Informed Aftercare Network in Saskatchewan - Supporting Women and Children Who Participate in Treatment at the Family Treatment Centre in Prince Albert




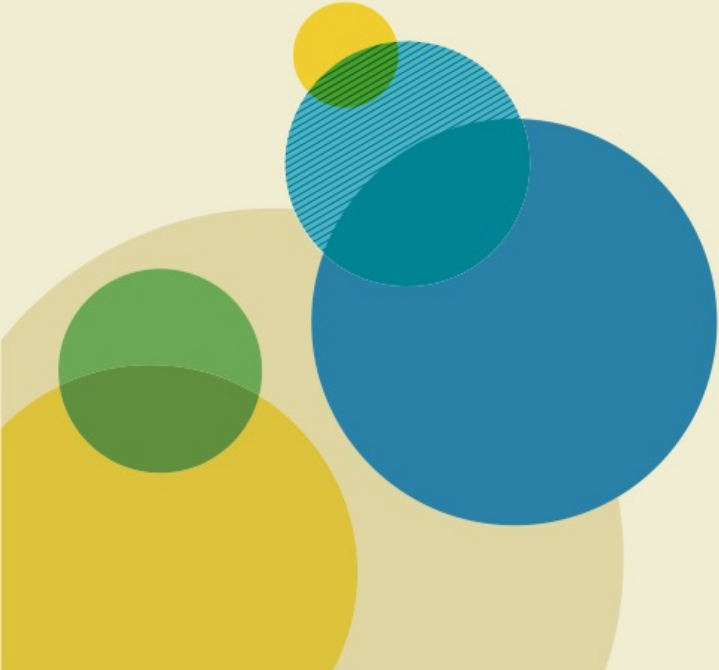
Between May and November 2017, service providers in Saskatchewan met four times in combined web-based and face-to-face meetings at the Family Treatment Centre in Prince Albert to discuss what we know about aftercare for women who have completed treatment for substance use problems, and what opportunities exist for enhancing aftercare in a trauma-informed way, for women leaving the Family Treatment Centre.



[http://bccewh.bc.ca/wp-content/uploads/2018/04/SK-Aftercare-Summary\\_Jan-26-2018.pdf](http://bccewh.bc.ca/wp-content/uploads/2018/04/SK-Aftercare-Summary_Jan-26-2018.pdf)







# Evidence Summaries

# Evidence Summaries

- A. How gender influences pathways to substance use, including risk and protective factors
- B. How sex and biological differences affect substance use
- C. How gender and sex influence the consequences and health impacts of substance use
- D. How gender and sex affect substance use treatment and prevention outcomes
- E. How gender and sex intersect with trauma- informed approaches

# Gender influences pathways to substance use

- Girls are more likely than boys to use alcohol and other substances to manage negative emotions
- Having an intimate partner who uses substances increases the risk of substance use more for girls than boys

## Implications for policy & practice:

- Promising substance use prevention approaches for girls address: relationships and communication, stress, depression, social interactions, peer refusal skills

Kuhn, C., Emergence of sex differences in the development of substance use and abuse during adolescence. *Pharmacology & Therapeutics*, 2015. 153: p. 55-78.

Kumpfer, K.L., P. Smith, and J.F. Summerhays, A wakeup call to the prevention field: Are prevention programs for substance use effective for girls? *Substance Use & Misuse*, 2008. 43(8-9): p. 978-1001.

# How sex and biological differences affect substance use

- Women are biologically more vulnerable to smoking-related health risks including breast cancer and lung diseases, and harmful effects of alcohol

## Implications for policy & practice:

- Health promotion campaigns addressing sex-specific risks, such as links between secondhand smoke and breast cancer in young women
- Sex-specific low risk drinking guidelines

Tuchman, E., Women and addiction: the importance of gender issues in substance abuse research. *Journal of Addictive Diseases*, 2010. 29(2): p. 127-138.

Bottorff, Joan L., et al. "A social media approach to inform youth about breast cancer and smoking: An exploratory descriptive study." *Collegian* 21.2 (2014): 159-168.

# How gender and sex influence the consequences and health impacts of substance use

- Men are more likely to:
  - escalate their opioid medication doses
  - use alone
  - ingest opioid medications non-orally
  - use non-prescribed or illegally obtained opioids (e.g. fentanyl)
  - die from an opioid overdose

## Implications for policy & practice:

- Increase availability of safe consumption sites

# How gender and sex affect substance use treatment and prevention outcomes

- Trans people experience increased levels of discrimination
- Discrimination, stigma and cultural incompetence among staff can negatively affect treatment retention and outcomes

## Implications for policy & practice:

### ➤ Services can become more transgender inclusive by:

- creating welcoming and inclusive physical environments
- developing trans specific programming with input from community members
- ensuring transgender people know they are welcome in programs

Glynn, T.R. and J.J. van den Berg, A Systematic Review of Interventions to Reduce Problematic Substance Use Among Transgender Individuals: A Call to Action. *Transgender Health*, 2017. 2(1): p. 45-59.

Mottet, L. and J. Tanis, *Opening the Door to the Inclusion of Transgender People*. 2008, New York, NY: National Gay and Lesbian Task Force Policy Institute and the National Center for Transgender Equality.

# How gender and sex intersect with trauma-informed approaches

- Boys who use substances are at a greater risk for exposure to physical abuse, or witnessing violence in later adolescence
- Boys who are victims of physical abuse or who have witnessed violence are more likely to engage in substance use

## Implications for policy & practice:

- Increasing awareness of the links between violence, trauma and substance use among both service providers and boys accessing services

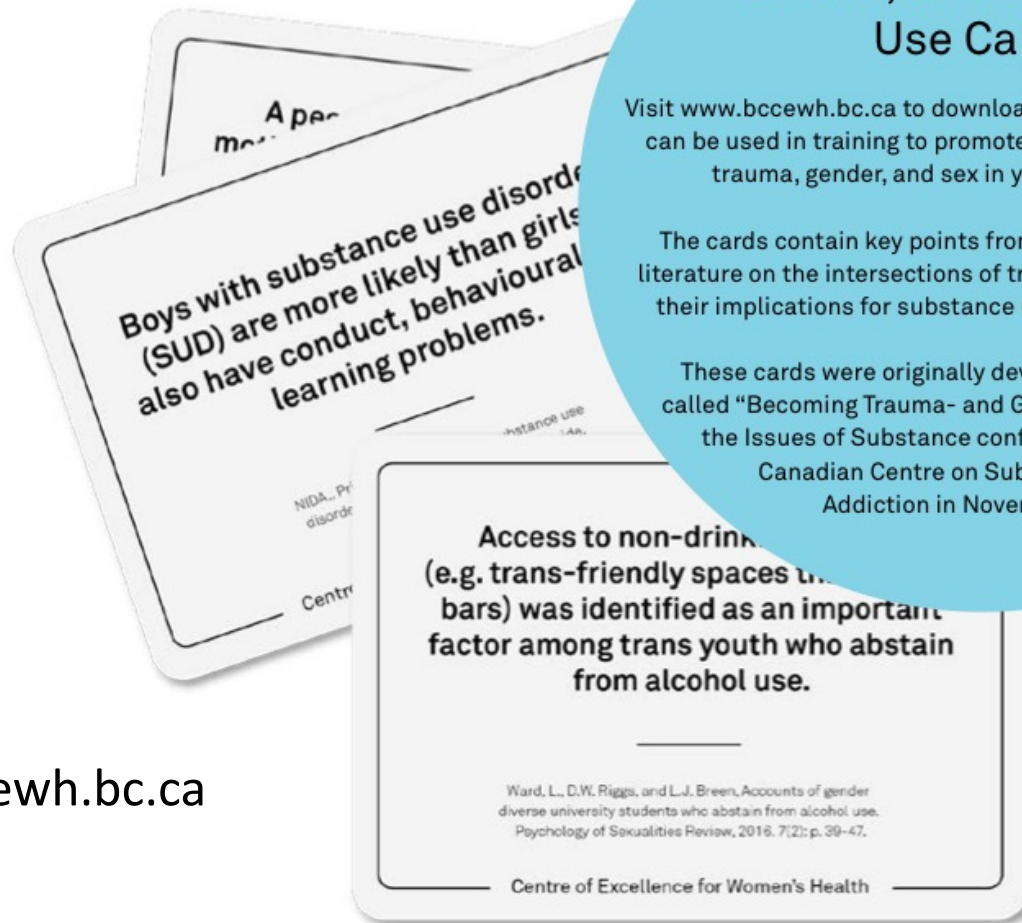


## Trauma, Gender, and Substance Use Cards

Visit [www.bccewh.bc.ca](http://www.bccewh.bc.ca) to download 50 cut-out fact cards that can be used in training to promote discussion on integrating trauma, gender, and sex in your field of practice.

The cards contain key points from the academic research literature on the intersections of trauma, gender, and sex and their implications for substance use services and policies.

These cards were originally developed for a workshop called “Becoming Trauma- and Gender-Informed” held at the Issues of Substance conference hosted by the Canadian Centre on Substance Use and Addiction in November 2017.



Available at: [bccewh.bc.ca](http://bccewh.bc.ca)

Trauma Informed  
Development Education  
Project (TIDE)

Trauma/Gender/Substance  
Use Project

► [TGS Resources](#)

TGS Webinar Series

Dialogue to Action on  
Discussing Alcohol with  
Women Project

Integrating and  
Measuring the Effect of  
Sex, Gender and  
Gender-Transformative  
Approaches to  
Substance Use

Trauma Informed  
Development Education  
Project (TIDE)

Trauma/Gender/Substance  
Use Project

Dialogue to Action on  
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the Effect of Sex, Gender and  
Gender-Transformative  
Approaches to Substance Use

[TGS Resources](#)

TGS Webinar Series

gender-, and  
approaches in all  
the field, including  
harm reduction,  
research. Trauma-



Trauma  
Gender  
Substance Use

Trauma-informed practice (TIP) is a critically important approach to improving substance use services, programming, policy and health promotion initiatives. Further, unless we integrate a gender transformative approach into TIP, issues of equity can easily be ignored, or perpetuated.

These resources are provided as an aid to integrating the TGS approach.

**Guides**

[Trauma Informed Practice & the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers](#)

[Women and Opioids: Media](#)

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# Thank You!

*New Terrain* and other resources  
on the TGS approach are  
available online:  
[bccewh.bc.ca](http://bccewh.bc.ca)