

Methamphetamine Use & Sex and Gender Informed Approaches



A conversation starter for substance use service providers

SEX, GENDER AND METHAMPHETAMINE USE

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

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

Sex and gender related factors to consider when addressing methamphetamine use

Sex factors <ul style="list-style-type: none">• Men who use methamphetamine have reported experiencing high blood pressure, whereas women have reported experiencing skin issues• Women progress to dependence more quickly than men• Females who use methamphetamine often have unmet health needs including chronic health problems	Sex/gender interactions <ul style="list-style-type: none">• Women are more likely to live with depression, anxiety, and PTSD, along with methamphetamine use• Women, men who have sex with men (MSM), and gender diverse people may use methamphetamine to enhance sexual pleasure making them vulnerable to risky sexual practices
Gender roles <ul style="list-style-type: none">• Women's reproductive and caregiving responsibilities may prevent help seeking• Expectations of masculinity may influence help seeking patterns among men• Women may use methamphetamine to help manage alertness in unsafe environments, or for weight loss	Gender relations <ul style="list-style-type: none">• Women's use is often influenced by partners• Women who use methamphetamine are at high risk of experiencing intimate partner violence and sexual assault• Women may avoid accessing harm reduction programs if they are male-dominated and feel unsafe
Institutionalized gender <ul style="list-style-type: none">• Socioeconomic deprivation may influence women's methamphetamine use and help seeking• Women, MSM, and gender diverse people who use methamphetamine are at a higher risk of engaging in survival sex• Gender diverse people may experience structural barriers to accessing care	

Sources:

- [TIP 33: Treatment for Stimulant Use Disorders](#)
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- Harris, M. T. H., et al. *Gender dynamics in substance use and treatment: A women's focused approach*. The Medical Clinics of North America, 2022. **106**(1), 219.
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KEY SEX/GENDER INFORMED APPROACHES FOR PEOPLE WHO USE METHAMPHETAMINE

Gender specific approaches

Women

Some promising practices have been identified for treating women who use stimulants or have substance use concerns, including relational approaches and treatment programs that address a range of women's needs, such as:

- Child care and programming that supports connections to the health of children as well as mothers
- Support and skills to improve socioeconomic self-sufficiency
- Linkages to reproductive health care and perinatal care
- Relapse prevention focused on addressing depression
- Food security, nutrition support and links to treatment for eating disorders (See [CEWH, 2018](#))

Some specific interventions that have been found to be effective for women who use stimulants include:

- [Moment-by-Moment in Women's Recovery: A Mindfulness-Based Approach to Relapse Prevention](#) [2]
- Peer support (See [Nettleton, 2010](#))
- Intensive motivational interviewing (9 sessions instead of 3) for women with methamphetamine dependence and co-occurring alcohol problems [3]
- [Seeking Safety](#), a manualized cognitive-behavioural intervention tailored to women with PTSD and substance use disorders [4]

Men

Promising practices for men address aspects of masculinity, such as risk taking, aggressiveness, and help seeking. Interventions tailored for men who have sex with men (MSM) who use methamphetamine have considered the unique patterns of use, co-occurring health issues, and stigma in this population.

- Mindfulness-based interventions have been found helpful in improving executive functions involved in craving and relapse, including risky decision-making, in men and boys who use methamphetamine [5].
- Acceptance and Commitment Therapy (ACT), an intervention focused on connecting with emotions and values has been found to improve health and decrease aggressiveness among men who are methamphetamine-dependent and have psychosis. Specifically, physical aggressiveness, verbal aggressiveness, anger, and hostility were all decreased [6].
- Motivational interviewing approaches focused on linking men to treatment have been found to be effective [7].

Interventions tailored to MSM: There is a range of interventions tailored for MSM who use methamphetamine including sexual risk reduction counselling [8], group treatment [9], harm reduction [10], affect regulation with contingency management [11-13], and behavioural skills training for interpersonal communication and managing HIV medication adherence [14]. Many successful interventions incorporate peer support, either in person or via text messages [15]. MSM also have unique needs related to past experiences of stigma and trauma, and thus welcoming, warm, non-judgemental staff responses are important.

Gender diverse people

There is some evidence that methamphetamine may be used to cope with stress related to gender identity or other emotions (See [The Crystal Methamphetamine Project, 2020](#)). Creating safe environments and offering education to staff about transgender and non-binary issues that affect the care of gender diverse people have been recommended by the American Psychological Association. See [Trans Care BC's reflection tool](#) to consider how to create safe care for gender diverse people.



Addressing intersectional factors and social determinants:

There are many social factors that affect health, such as race/ethnicity, age, education, income, disability, sexual orientation, and housing. These factors interact with each other and with sex and gender factors. It is important to understand social determinants and include people affected in the design process, when designing interventions.

For example, a Canadian study found that mothers with substance use problems benefitted from programs that addressed social determinants of health by offering multiple services and supports that were trauma-informed, relationship-based, women-centred, culturally-grounded, and harm-reducing. Through creating meaningful cross-sector partnerships, programs could offer a range of services, such as child welfare services, prenatal and postnatal services, specialized health services, addictions and mental health services, housing services, detox, Indigenous wellness services, infant development, income assistance, probation services, and legal services (See [Rutman et al., 2021](#)).

Gender transformative (GT) approaches simultaneously focus on improving both health outcomes and gender equity. Using GT approaches, interventions can challenge gender stereotypes, norms, and power dynamics. Our workbook [Integrating Sex and Gender Informed Evidence Into Your Practices: Ten Key Questions on Sex, Gender & Substance Use](#) can be used to prompt discussion and action on designing gender transformative substance use treatment responses.

Reflection questions:

These evidence-based, sex/gender informed approaches for methamphetamine use offer a snapshot of the possibilities for incorporating sex and gender into practice. We invite you to reflect on your practice and consider what your organization is doing to consider sex and gender factors, and where there are areas for growth.

- » What are some sex and gender-related factors that impact the delivery of the services you offer?
- » How are you addressing these impacts?
- » How might your practice become more sex and gender informed?

References:

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