

Women's Chronic Pain & Prescription Opioids

March 20, 2024



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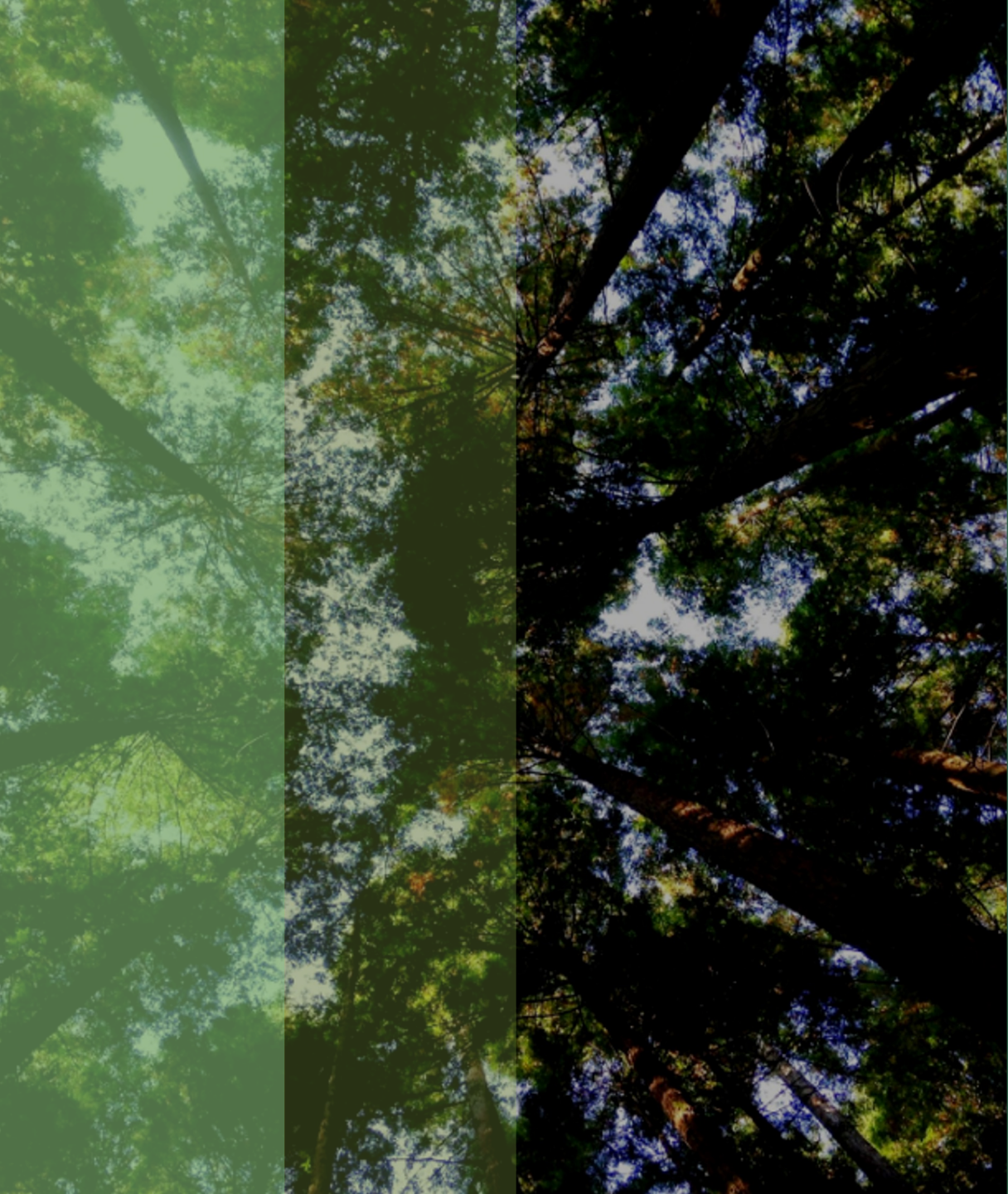
Women's Chronic Pain and Prescription Opioids: Webinar Agenda



1. Acknowledgement of the people and the land
2. Project aims and key findings
3. Resources to support your practice
4. Q&A



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Land Acknowledgement

About the Centre of Excellence for Women's Health

Our work is guided by three approaches that together help build tailored services and personalized health care for all women:

1. We encourage and contribute to the building of **sex and gender science** to improve or redress gaps in understanding women's health and the many under-researched conditions, issues or diseases that impact female bodies.
2. We use sex and gender-based analysis+ (**SGBA+**) to identify the differential impacts of gendered norms, identities and stereotypes on the health and well-being of women, girls, men, boys and all gender groups.
3. We aim for **gender transformative solutions** that increase gender specific knowledge, undermine gender stereotyping, and reduce gender blindness in health programs and policies.



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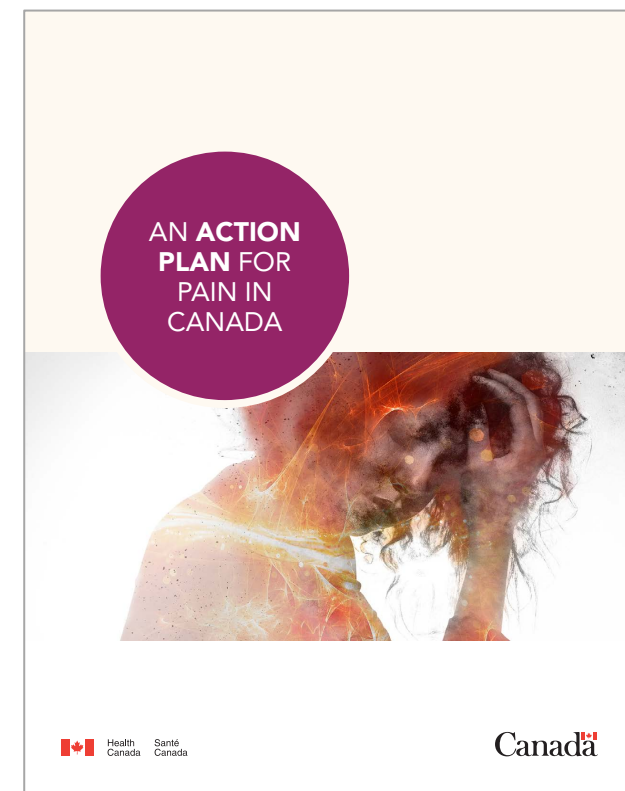
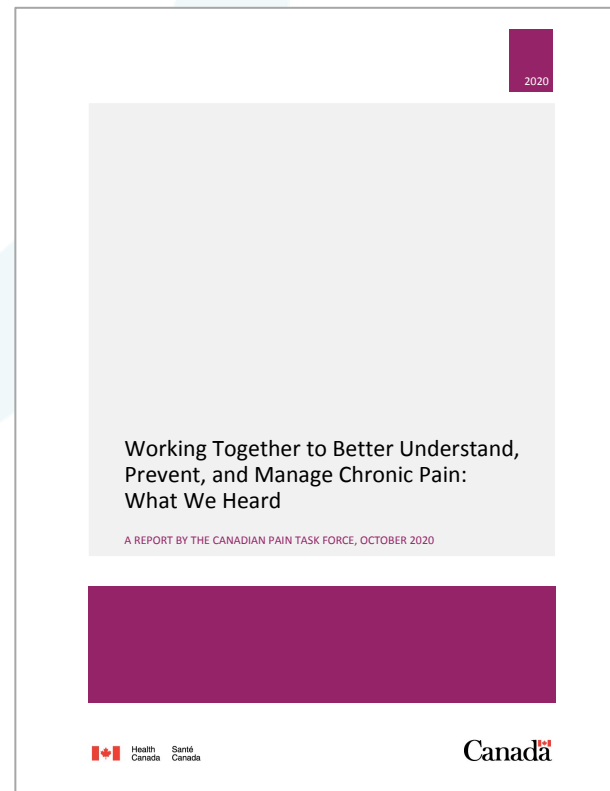
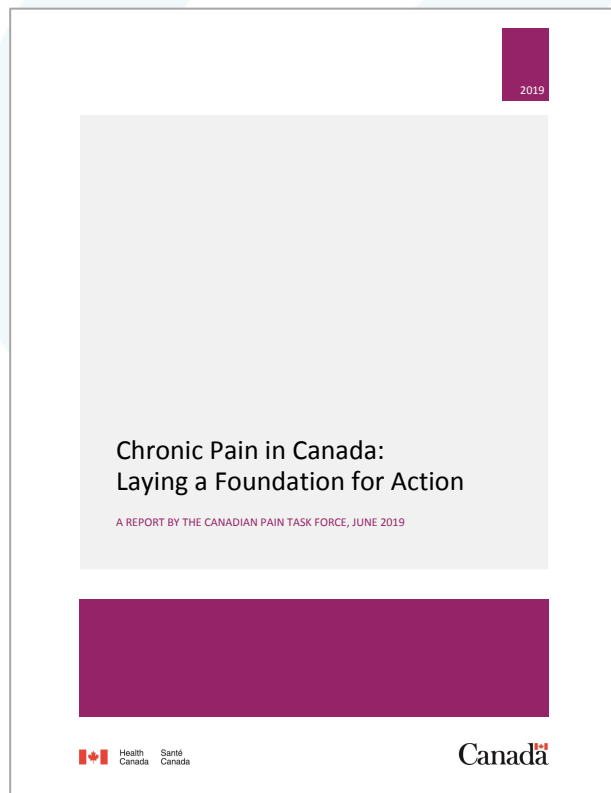
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The State of Chronic Pain in Canada

- Pain is one of the most common reasons for Canadians to seek healthcare.
- 1 in 5 Canadians live with chronic pain



Women's Chronic Pain and Prescription Opioid Use

- Women report more chronic pain than men and are more likely to be prescribed, and rely on prescribed rather than illicit opioids, to help address chronic pain.
- Women are prescribed opioids at higher doses and at longer-term intervals
- There are combined sex and gender related factors that emphasize the differing impacts for women with chronic pain *and* the need for specific approaches for women with chronic pain

Sex, Gender and Opioids



Given the current health crisis, and evidence on the impact of sex, gender and trauma on risk factors and patterns of use, there is an urgent need for the development and testing of sex and gender-tailored, trauma-informed approaches to screening, monitoring, prevention, harm reduction, treatment and policy.

DEFINITIONS

Sex-related factors affect how your body reacts to substances, including how substances are metabolized, what effects they may have on your brain, and the development of tolerance and dependence. Female and male bodies have different genetic and physiological characteristics that affect these processes.

Gender-related factors affect your risks for use, exposure to marketing or exploitation, access to care and services, and the societal response to problematic use. Men, women, and gender diverse individuals experience these elements differently. In part, this is based on social roles and expectations that are dependent upon cultural context.

Canada is in the midst of an opioid crisis. Opioid overdoses are particularly high in British Columbia, yet opioid misuse and related fatalities are evident across the country. There is growing evidence on the need for sex- and gender-informed approaches to prevention, treatment and harm reduction to address opioid misuse.

Key Sex-Related Factors

- The impact of female hormones on pain processing may increase women's vulnerability to opioid use and misuse; fluctuations in estrogen during the menstrual cycle and menopausal transition can increase pain sensitivity, and susceptibility to the side effects of opioids.^[1,2]
- Various opioids are metabolized by males and females differently.^[1] Evidence suggests the effects of fentanyl may be lower in females, and the effects of codeine may be lower in males.^[1]
- Since opioids dissolve in fats, body weight and body fat have an effect on the blood concentration level of opioids.^[1] As females tend to have a higher body fat percentage compared to males, fixed doses, as opposed to doses adjusted according to body weight, can result in higher blood concentration levels for women.^[1]
- Compared to men, women more frequently report higher dose and longer term prescription opioid use as a result of having more chronic pain.^[3,4]
- Women with opioid use disorder have higher rates of simultaneous mental health issues such as depression or anxiety.^[6-8]
- Recent research may suggest that high levels of estradiol and progesterone levels during the reproductive cycle may help to hinder the development or maintenance of problematic opioid use.^[1]

Key Findings

Women's Chronic Pain and Prescription Opioid Use Project

A Key Project Aim:

To create sex, gender, trauma, violence, equity, culturally informed and harm reduction-oriented resources that reflect women's lived and living experiences with chronic pain and prescribed opioids.



Scoping Review & Interviews

Research Question:

- What are women's experiences with prescribed opioids for chronic pain?
- $n = 49$ articles described the perspectives, opinions, and experiences of women with chronic pain who use prescribed opioids for pain management

Experiences of Women Living with Chronic Pain in Accessing Prescribed Opioids

Scoping Review Executive Summary

Date 2023



Interviews

22

Women Interviewed

- 13 from BC
- 4 from NWT
- 5 from Yukon

24

Longest span of a woman reported using opioids for chronic pain management

31

Primary conditions that prompted prescription of opioid(s) for pain management

9

Women still using prescribed opioids for their pain management at the time of interview

Balancing Benefits & Harms

- Benefits:
 - Improved mental health
 - Increased QoL
 - Pain relief
- Harms:
 - Dependency
 - Constipation
 - Drowsiness
 - Memory loss
 - Adverse mental health
 - Stigma

“ I think I shed a tear when I got some actual pain relief. Any time I have a really good pain relief from something, it’s usually emotional but in a good way. And I just felt like I could do things. I felt a little high or drunk if you will... but I was, 'Oh, wait. I can do things. I can go and run some errands and not be hating every second of this.' But I also, 'Oh, this is good pain relief.'”

- Participant #19, fibromyalgia, age 25, BC

Stigma

“And what I find interesting within myself is that I am loathe to say exactly what it is I’m taking. Because – not just because of the stigma. But I’ve had a bad result in thinking I could confide in a couple of friends – this is years ago – and it’s ‘oh my god, you’re gonna turn into an addict’ and basically them pulling back.”

– Participant #2, nerve damage, under 80,
BC

The Complexities of Women’s Lives

- Women reported differential access and receipt of care based on race, sexual orientation, age, education, ability, and pregnancy and parenting status.

Interaction with the Healthcare System

- Women described positive and challenging interactions with the healthcare system, but a lack of awareness from their physicians regarding prescription opioids and pain management plans
- Many pain patients understood physicians' apprehension around prescription opioids, but still maintained that a standardized approach harms those who have their consumption controlled
- Women experienced more trust in their healthcare team and success in their pain reduction with a diverse care plan that was inclusive of things like physiotherapy, acupuncture, chiropractors, massage therapy, steroid injections, heat therapy, meditation, surgery, etc.
- Self-advocacy was an important strategy, not all patients had the skills or resources to do so
- Women highlighted the importance of:
 - Collaborative, non-stigmatizing, and trusting relationships
 - Their pain being properly investigated
 - Recognizing how every patient is different
 - Discussing varied, and comprehensive pain management strategies

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BMC Family Practice

RESEARCH ARTICLE

Open Access

Exploring the experience of chronic pain among female Survival Sex Workers: a qualitative study



Caroline Allen¹, Alka Murphy¹, Sheri Kiselbach¹, Stephanie Vandenberg^{3*} and Ellen Wiebe²

Abstract

Background: The prevalence of self-identified chronic pain in Canadian adults is approximately one in five people. Marginalization and addictions have been shown to complicate chronic pain in vulnerable populations. This study aimed to understand the experience of chronic pain among female Survival Sex Workers in Vancouver's downtown eastside (DTEES).

Methods: This study used an exploratory qualitative analysis with in-depth, semi-structured interviews. Members of PACE Society who self-identified as a current or former Survival Sex Worker and who had a chronic pain experience known to PACE support workers were invited to participate. Interviews were conducted, audio recorded and transcribed. The investigators met to read the transcripts and discuss emerging themes. The process continued until no new themes were observed.

Results: Participants ranged in age from 42 to 56 years old and all self-identified as females and Survival Sex Workers. Eleven of thirteen interviews were analyzed for themes. Drug use for pain management, both prescribed and illicit, was the most important theme. Poverty, the need to continue working and the lack of stable housing were barriers to adequately addressing the source of chronic pain. Participants felt judged for living in the downtown eastside, being a drug user and/or being Aboriginal and only two participants had been referred to a pain specialist. All participants were involved in support networks made up of other Sex Workers and all spoke of a sense of community and survival.

Conclusions: Our study emphasizes the complex nature of chronic pain and addictions among a uniquely marginalized population. The study is unique in that it contributes the perspectives of a traditionally "hard-to-reach" population and demonstrates that Sex Workers should not only participate in but should lead development and implementation of research and programs for managing chronic pain in the setting of addiction.

Keywords: Sex worker, Chronic pain, Drug use, Pain management

Background

The prevalence of self-identified chronic pain in Canadian adults, operationally defined as intense pain that is experienced several times per week for more than six months, has been estimated to be 18.9 % [1]. Chronic pain has many implications for individuals and the larger community, manifested by physical functional

impairment, psychological stress, workplace absenteeism, and decreased community engagement resulting in an overall decrease in quality of life. Chronic pain carries with it a significant expense, costing the Canadian healthcare system over 6 billion dollars per year in direct medical costs and lost workplace productivity [2–4]. Past paradigms of chronic pain have understood chronic pain to be a symptom of an injury or disease, concluding that treatment of the cause should cure the pain. New understandings of chronic pain now challenge us to conceptualize chronic pain as a sum that is greater than

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Desire for Alternatives

- Allied Health
 - Massage therapy, physiotherapy, chiropractic care, acupuncture, etc.
- Land-based healing
- Invasive/non-invasive medical
- Lifestyle Strategies
 - Diet, exercise, supplementation, etc.
 - Heat therapy, TENS machines, etc.
- Other substance use
 - Cannabis, alcohol
 - Illicit use
 - Gabapentin, Cymbalta, OTCs, etc.

Information Needs

Women indicated the need for more information about:

- how to safely use opioids
- side effects
- risk of dependency
- additional pain management strategies and better access to treatment and diagnoses

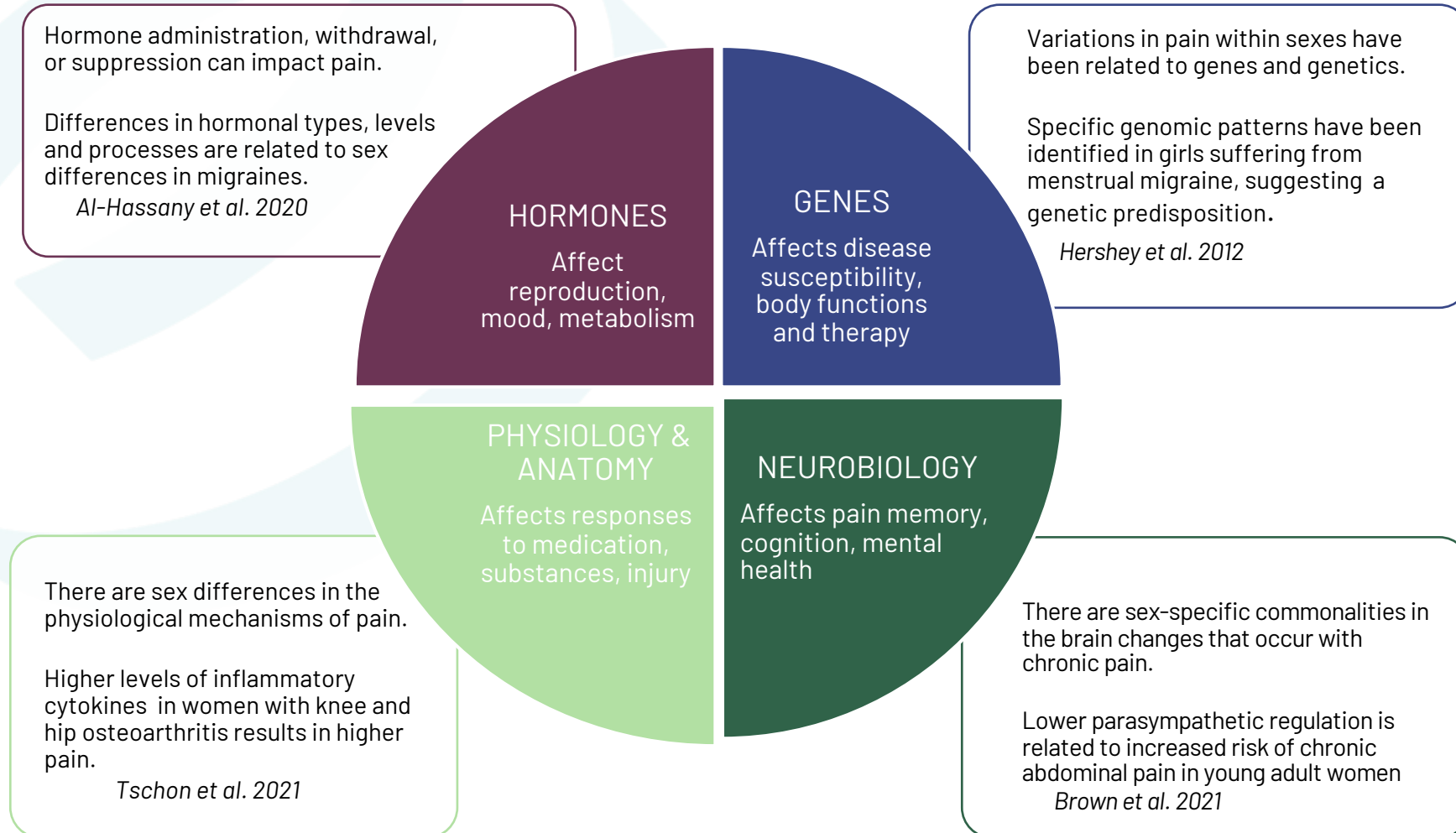
Additional Research Questions

1. What are the sex and gender factors affecting chronic pain?
2. How do sex and gender factors impact the efficacy of chronic pain interventions for women?

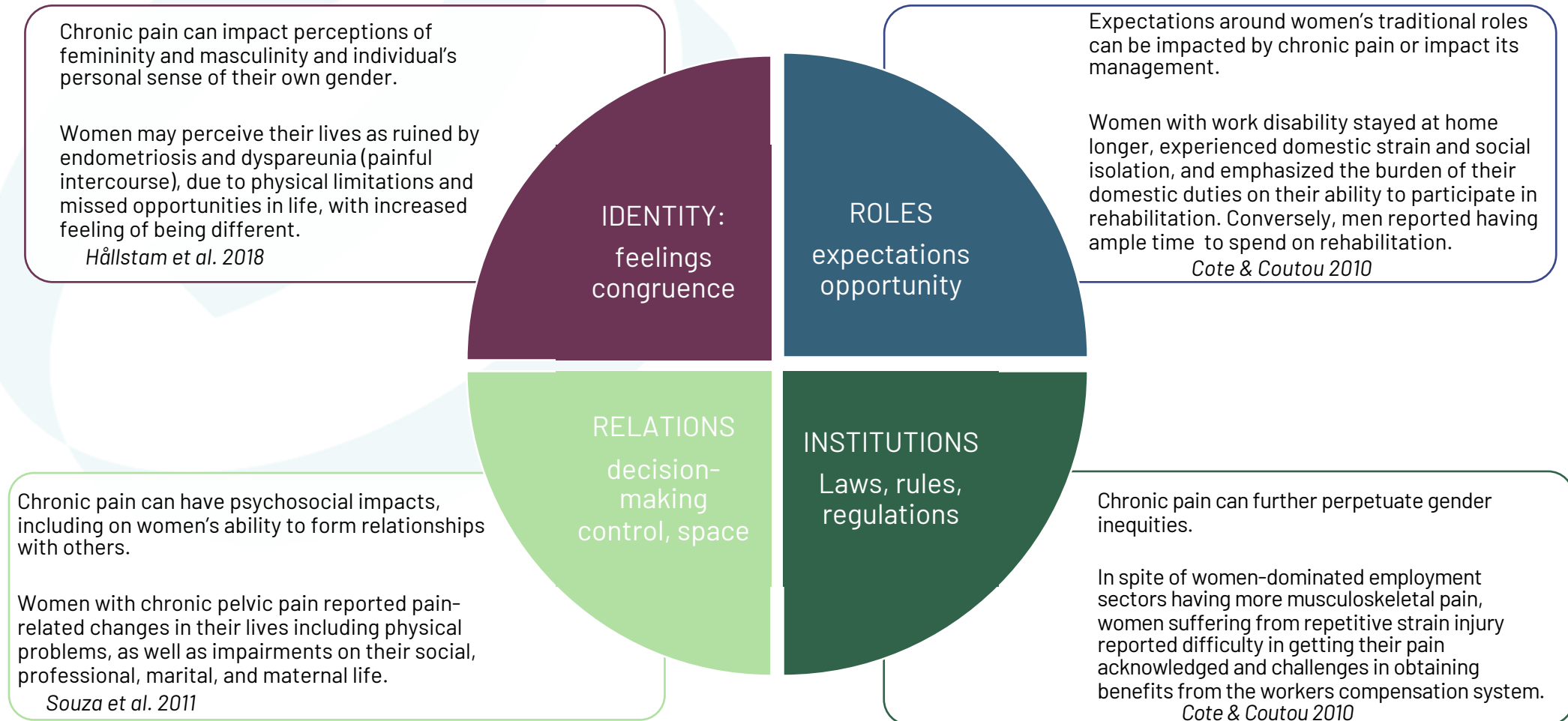
Sex refers to the biological aspects of our bodies, such as the anatomy, physiology, genetics, and hormones, which affect how our pain is experienced and the development of sex-specific chronic pain conditions.

Gender refers to the socially constructed norms, roles, relations, and identities that influence individual and group experiences and responses, all of which shape our experiences and perceptions of pain.

Examples of Sex-Related Factors Affecting Chronic Pain in Females



Examples of Gender-Related Factors Affecting Chronic Pain in Women



Resources to Support Your Practice

8 Key Facts & Ideas for Action

1 **Women report higher rates of chronic pain than men**
Women consistently report higher rates of chronic pain compared to men. Given its profound impact on women's lives, the investigation and treatment of women's chronic pain requires more research and attention.

2 **Biology affects chronic pain**
Biological factors and mechanisms affect the experience of chronic pain. Female anatomy, physiology, and hormones contribute to women being more susceptible to migraines, chronic pelvic pain, vulvodynia, endometriosis, TMJ disorder, osteoarthritis, and rheumatoid arthritis.

3 **Societal expectations of women affect experiences of chronic pain**
Chronic pain affects many women's ability to parent and work. It also impacts their relationships. For example, women living with endometriosis, vulvodynia, and chronic pelvic pain may struggle in their romantic partnerships with intimacy or with their identity as a woman.

4 **Women's chronic pain is often dismissed**
Chronic pain in women may be dismissed based on gender stereotypes, such as falsely attributing it to higher sensitivity in women compared to men. As a result, women's chronic pain frequently goes untreated for extended periods.

5 **Involve women in decisions about treatment**
Women want to be actively involved in their pain management. They want to know more about pain management strategies, including medications and lifestyle considerations, that may work for them.

6 **Know that women feel Prescription Opioids have a role**
Women report that prescription opioids for pain management enable them to engage in daily activities, fulfill familial responsibilities, pursue exercise routines, and enhance their overall well-being.

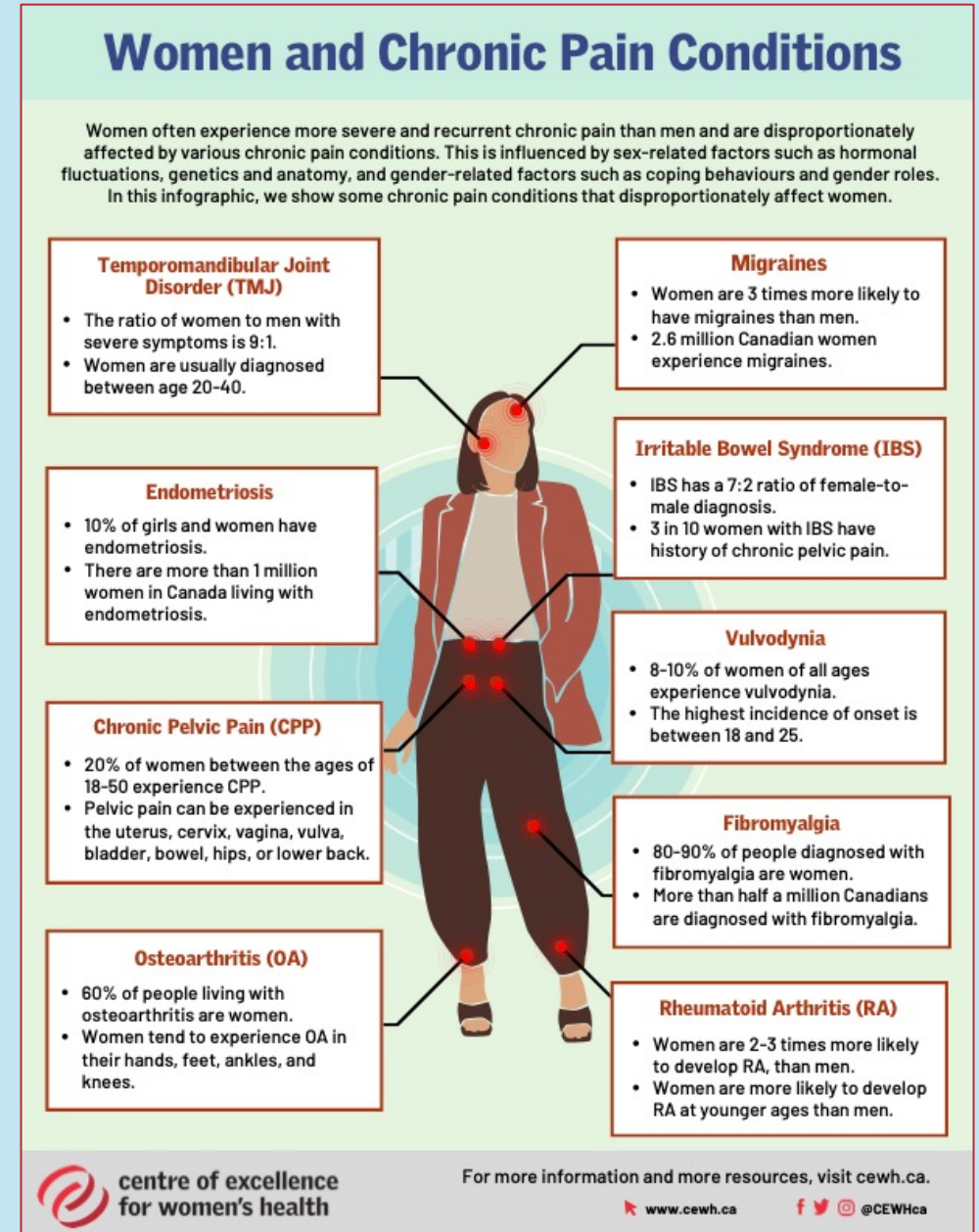
7 **Provide more information about Prescription Opioids**
Women often report receiving minimal or inadequate information about the medications they have been prescribed. They desire more information regarding the medication class, associated benefits and risks, and the long-term effects of medication.

8 **Hold empowering conversations about comprehensive options**
Women emphasized their desire to receive guidance from providers on the diverse and comprehensive treatment options to manage pain and how to access these resources in their area.



Women & Chronic Pain Conditions Infographic

- Infographic that highlights 9 chronic pain conditions that disproportionately affect women
- Can be used by a educators, health and social service providers, policy makers, and people with lived and living experience
- Can be found as a stand-alone infographic and will be embedded in other resources



Women, Chronic Pain & Prescription Opioids Information Sheet

- Two-page sheet for health and social service providers that can be used with women
- Includes information on:
 - Prescription Opioids
 - Women & Chronic Pain
 - Prescription Opioids & Women's Health
 - Prescription Opioids for Chronic Pain Management
 - Comprehensive Pain Management for Women

Women, Chronic Pain & Prescription Opioids

Prescription Opioids

- Opioids are a type of medication prescribed to treat acute and chronic pain.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioids are depressant drugs, which means they have a depressant effect on the central nervous system. This results in the slowing down of the part of the brain that controls breathing.
- Some common opioid medications include: morphine, codeine, oxycodone (e.g., Oxycontin®, Percodan® or Percocet®), hydrocodone (e.g., Hycodan®, Tussionex®), hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.

Women & Chronic Pain

- Chronic pain is persistent or recurrent pain that lasts for longer than three months. Chronic pain is impacted by complex biological, psychological, emotional, social, and environmental factors.
- Women are more likely to experience more severe and recurrent chronic pain than men and are more likely to be prescribed and rely on prescription opioids to manage chronic pain.
- Sex-related factors, such as hormonal fluctuations, genetics, and physiological factors affect pain experiences and responses to opioids.
- Gender-related factors, including gendered coping responses, contribute to women's experiences of pain and medication use.
- Women are more likely to experience multiple chronic pain conditions simultaneously.

Women disproportionately experience chronic pain and chronic pain conditions, including: Fibromyalgia, Migraines, Irritable Bowel Syndrome, Rheumatoid Arthritis, osteoarthritis, Temporomandibular Joint Disorder, Vulvodynia, Endometriosis and Chronic Pelvic Pain.

For more information, visit our website at www.cewh.ca.

Prescription Opioids & Women's Health

- Prescription opioids affect people differently. Some opioids are processed more efficiently by females, and others by males, due to differences in hormones, body weight, fat distribution and liver enzyme activity.
- Despite pain relieving qualities, women also report side effects of using opioids including sedation (feeling drowsy or sleepy), nausea, vomiting, constipation, depressive symptoms, increased suicidal ideation, and memory loss. Further side effects include decreased libido and impacts on daily functioning, including driving, working, and ability to socialize.
- Adverse effects of prescription opioids may be exacerbated by menstrual cycles, age, mental health conditions and use of other substances (e.g., alcohol, tobacco, cannabis).
- At higher doses, the sedative and depressant effects of opioid medications can be dangerous, leading to drowsiness and the slowing of the breath, which can cause coma and death.
- Prescription opioids are most effective when used short-term. The body builds up tolerance when they are used long-term, which causes a need for increasing dosage to feel pain relief.
- Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety, and depression. Changes in your hormones may affect your period and libido.
- Long-term, frequent use of opioids to treat headaches can also result in "medication overuse headache", a headache caused by overuse of headache relief medications.
- Prescription opioid medications can be dangerous when taken in large quantities or misused. Indicators of misuse may include:
 - Using opioids with alcohol, benzodiazepines (e.g. clonazepam and lorazepam), or other medications with sedative effects
 - Taking more medication than prescribed or taking medication that was not prescribed for you
 - Changing how your medication is taken (e.g. changing the route of administration)



Most Evidenced Treatments Infographic

- Infographic highlighting the most frequently cited interventions for effectively managing women's chronic pain
- For health and social service providers and women with lived and living experience

8 Most Evidenced Treatments for Women's Chronic Pain

This infographic presents findings from a comprehensive literature review aimed at understanding effective pain management treatments for women's experiences of chronic pain. The eight treatments showcased here emerged as the most frequently cited interventions for effectively managing women's chronic pain and associated symptoms. Our goal in creating this infographic is to empower you to make informed decisions about evidence-based treatments that may offer relief for your chronic pain.

Interdisciplinary Pain Programs

Interdisciplinary pain management combines strategies from different healthcare disciplines to address the comprehensive needs of both the physical and psychological aspects of chronic pain for personalized relief.

helpful for:

- Developing coping skills
- Improving mental health & mood
- Improving functionality & mobility
- Reducing pain



Prescription Medications

Prescription medications, such as opioids, anticonvulsants, and antidepressants help to alleviate or control pain. The choice of medication depends on the nature and intensity of the pain, as well as individual health considerations.

helpful for:

- Reducing pain
- Addressing nerve pain
- Managing symptoms



The benefits and harms range depending on the medication. Speak with your physician.

Mindfulness

Mindfulness is the practice of maintaining awareness and attention to the present moment, fostering a non-judgmental and accepting attitude towards one's thoughts, feelings, and bodily sensations (including pain).

helpful for:

- Reducing pain
- Reducing pain-related distress
- Relaxing
- Developing coping skills



Cognitive-Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a structured, goal-oriented, and solutions-focused type of psychotherapy that focuses on identifying and changing thoughts, behaviours, and beliefs.

helpful for:

- Reducing pain
- Developing coping skills
- Improving sleep
- Managing symptoms



Exercise

Exercise can be any form of activity that engages the body in movement. Examples include cardio (walking, running, swimming, etc.), strength training, and yoga.

helpful for:

- Improving mental health & mood
- Improving mobility & strength
- Longevity
- Reducing pain



Physical Therapy

Physical therapy, or physiotherapy, is a healthcare profession that uses exercises and therapeutic interventions to enhance physical function, mobility, and overall well-being for injuries, chronic pain, and disabilities.

helpful for:

- Improving mental health & mood
- Improving functionality & mobility
- Reducing pain
- Managing symptoms



Muscular Injections

Muscular injections deliver medications directly to painful or inflamed muscles or trigger point areas. The injection (such as morphine or botox) aims to reduce inflammation, provide temporary pain relief, or alleviate muscle spasms.

helpful for:

- Reducing pain
- Managing symptoms
- Tapering off medication



Time

The passage of time can contribute to a natural reduction in pain intensity in women's chronic pain conditions. This could be as a result of healing, pain coping, pain acceptance, and other self-management strategies.

helpful for:


- Pain acceptance
- Lifestyle accommodations
- Building coping mechanisms
- Healing



Financial Assistance has been provided by Health Canada, Substance Use and Addiction Program. The views herein do not necessarily represent those of Health Canada.

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Pain Management Strategies Information Sheet

- Three-page information sheet for health and social service providers and women with lived and living experience
- Considers the multifaceted nature of pain and pain management
- Offers a description of the strategy, examples of how it's been applied for pain management, and what it is helpful for

Pain Management Strategies for Women with Chronic Pain

Women's chronic pain is most effectively managed when it attends to the multifaceted nature of pain. This goes beyond treating the physical symptoms, to also consider the psychological and social factors that impact their pain. The pain management strategies described below were identified from a larger study on women's chronic pain and prescription opioid use. Many of the strategies can be used in tandem to cater to the unique needs, experiences, and chronic pain that women experience.



Medical Interventions

Medical, surgical, physician-led interventions for chronic pain that include a range of procedures and treatments administered by healthcare professionals to alleviate or manage persistent pain.

Examples may include:

- Botox
- Spinal Cord Stimulation
- Surgery
- Trigger Point Therapy

helpful for:

- ➔ Improving functionality & mobility
- ➔ Improving sleep
- ➔ Reducing pain
- ➔ Managing symptoms
- ➔ Tapering off medication

Lifestyle Interventions

Habits and self-management techniques that contribute to overall well-being and help alleviate or cope with chronic pain. Lifestyle strategies will be unique to each individual based on affordability, interests/preferences, efficacy, mobility, etc.

Examples may include:

- Exercise (e.g., yoga, strength-training)
- Diet
- Stretching
- Meditation

helpful for:

- ➔ Improving mental health & mood
- ➔ Improving mobility & strength
- ➔ Reducing pain
- ➔ Longevity



Pharmaceuticals

Prescribed and non-prescribed medications that are advised healthcare professionals to help manage acute or chronic pain. The choice of medication will depend on the nature and intensity of the pain, as well as individual health considerations.

Examples may include:

- Anticonvulsants
- Anti-depressants
- Opioids
- NSAIDs
- Hormonal Therapies
- Triptans

helpful for:

- ➔ Reducing pain
- ➔ Addressing nerve pain
- ➔ Managing symptoms



Physical & Manual Therapies

Physical and manual therapies use exercise and therapeutic interventions to enhance physical function, mobility, and overall well-being for people with chronic pain conditions.

Examples may include:

- Chiropractor
- Massage Therapy
- Physical Therapy
- Trigger point therapy
- TENS

helpful for:

- ➔ Improving sleep
- ➔ Improving mental health & mood
- ➔ Improving functionality & mobility
- ➔ Reducing pain
- ➔ Managing symptoms

Interdisciplinary Pain Programs

Interdisciplinary pain programs combine strategies from different healthcare disciplines to address the biopsychosocial nature of pain.

Examples may include:

- Integrative pain team
- Interdisciplinary pain management
- Multidisciplinary rehabilitation
- Multidisciplinary programs

helpful for:

- ➔ Reducing pain
- ➔ Improving sleep
- ➔ Developing coping skills
- ➔ Improving mental health & mood
- ➔ Improving functionality & mobility

Cultural Practices

Cultural practices recognize the cultural influences and understandings of pain, and culturally appropriate approaches to managing chronic pain that support women's overall health and wellbeing.

Examples may include:

- Acupuncture
- Traditional Chinese Medicine (TCM)
- Land-based healing
- Smudging

helpful for:

- ➔ Increasing quality of life
- ➔ Improving mental health & mood
- ➔ Reducing pain
- ➔ Connecting to culture and self



Psychological Supports

Psychological supports use therapeutic approaches to address the emotional and cognitive aspects that may be related to, or emerge from living with chronic pain.

Examples may include:

- Cognitive Behavioural Therapy (CBT)
- Pain Coping Skills
- Mindfulness
- Psychotherapy

helpful for:

- ➔ Reducing pain
- ➔ Reducing pain-related distress
- ➔ Relaxing
- ➔ Developing coping skills
- ➔ Improving sleep
- ➔ Managing symptoms



Other

Additional pain strategies and innovative approaches offer alternate avenues for individuals seeking relief from pain and related symptoms.

Examples may include:

- Cannabis
- Time

helpful for:

- ➔ Improving sleep
- ➔ Improving mental health & mood
- ➔ Reducing pain
- ➔ Developing coping skills
- ➔ Improving sleep
- ➔ Managing symptoms

Information Package For Women

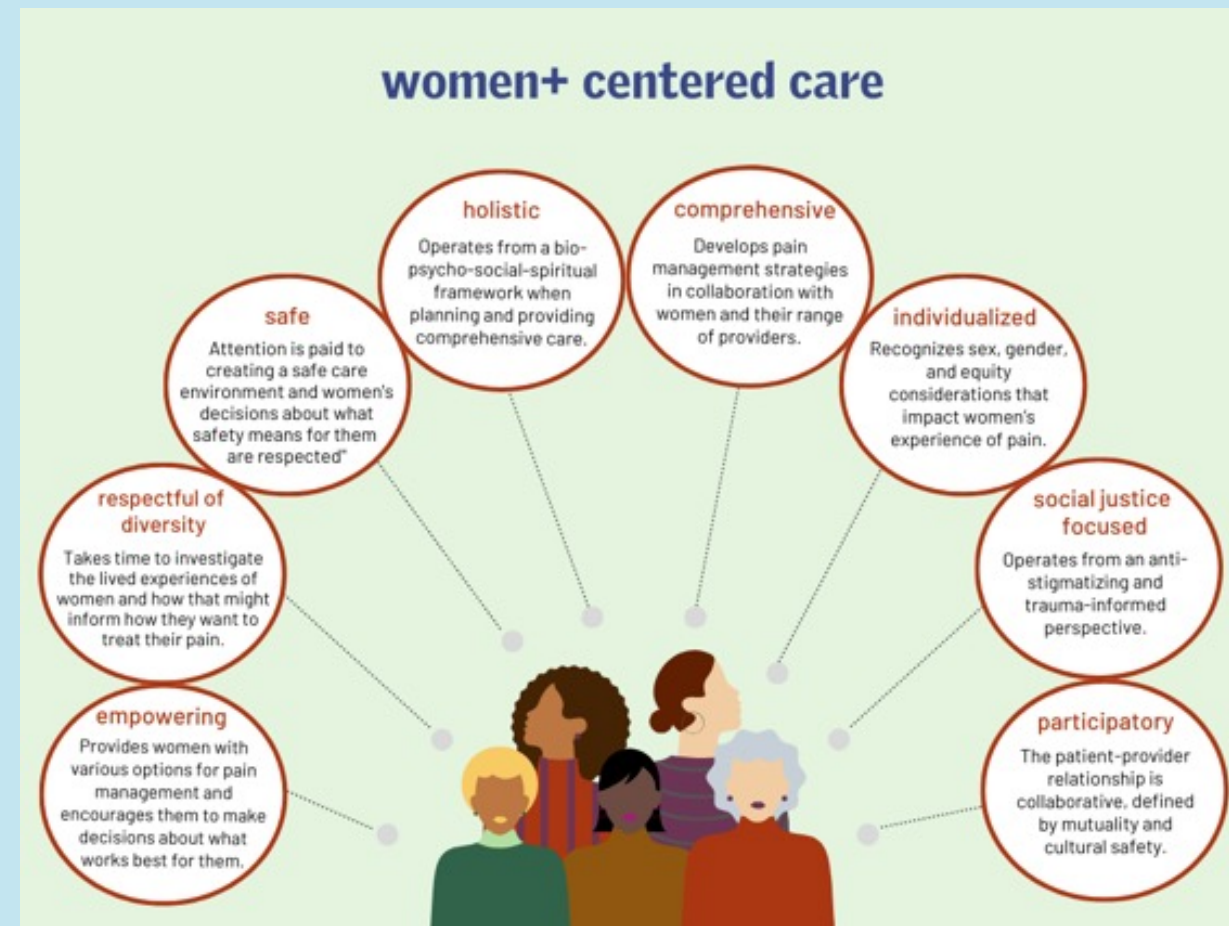
1. What is chronic pain?
2. Why do more women experience chronic pain?
3. What are opioids?
4. What are evidence-based pain management strategies?

Information Package for Service Providers

1. Women and chronic pain
2. Women, chronic pain, and prescription opioids
3. Creating comprehensive women-centered pain management
4. Effective treatments for women's pain management

Online Educational Guide

- Free, soon available on our website
- Learning objectives are to:
 1. Understand the sex and gender-related factors that impact women's chronic pain.
 2. Reflect on women's experiences of using prescription opioids for chronic pain and practice implications.
 3. Identify opportunities to offer comprehensive pain management for women in your practice and reflect how they might be put into practice.



SGBA+ and Pain Action Plan

- We use sex and gender-based analysis+ (**SGBA+**) to identify the differential impacts of gendered norms, identities and stereotypes on the health and well-being of women, girls, men, boys and all gender groups.

Sex, Gender and Equity Analyses

Key Messages

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

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

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

What Is SGBA+?

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

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



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Pain Action Plan Goals

1. Pain is recognized as a public health priority.
2. People have equitable and consistent access to a continuum of timely, evidence-informed, and person-centred pain care and supports.
3. People living with pain and health professionals have the knowledge, skills, and educational supports to appropriately assess and manage pain based on population needs.
4. Pain research and related infrastructure enables discovery, catalyzes innovation, and results in the translation of knowledge into real world impact.
5. Data enables effective monitoring of pain and facilitates improvement of health system quality.
6. There is improved and equitable access to services for populations disproportionately impacted by pain.

Improving the Response to Pain



In this resource, we apply a sex and gender based analysis plus (SGBA+) to women's chronic pain, provide examples of female-specific pain issues, and women's experiences of pain, treatment, and care.

Sex- and Gender-Based Analysis+ (SGBA+) is a well-established analytical process used to assess how groups of women, men, girls, boys, and gender-diverse people may be impacted by an experience, program, or policy. In Canada, federal programs and policies are required to undertake SGBA+.

There are good reasons for applying this approach to the management of pain:

- **Sex and gender related factors** are key determinants of physical and mental health. They interact with other characteristics and factors to affect health and well-being, and access to equitable care.
- **Sex-related** factors include metabolic, anatomical, genetic and neurobiological features, all of which affect pain responses and therapies. **Gender-related** factors include roles, relationships, power imbalances & identities that affect experiences of pain and the likelihood of finding tailored and appropriate resources, care and pain management.
- **Sex and gender interact** with each other, and intersect with race/ethnicity, dis/ability, age, income, education, and other determinants of health, within a social structure of racism, sexism, ageism, and other processes that generate additional inequities, differential treatments, and policies.

Sex and gender matter. All of these factors and processes directly affect individual experiences of pain, the provision of health care, and underpin the call for more precise research and data management. Precision medicine, and personalized health care depend on integrating both sex and gender, along with age, race/ethnicity, and other factors into pain management care, treatment, and planning. SGBA+ will improve care for all groups, including males and men, but this resource highlights our findings on improving the response to females and women, who continue to be under-researched and under-treated.

Better care with sex and gender

Improve access to timely, equitable and person-centered pain care.

Sex-related factors and pain

Certain pain producing conditions are sex specific or more common in one sex. 18% of women have chronic migraines compared to 6% of men. Sixty percent of these women have migraines only with their periods. [1]

Healthcare providers need to take into consideration sex differences, such as hormonal patterns, in assessing pain conditions and responses to medications.

Gender-related factors and pain

Gendered assumptions affect pain care. Women are more often under-diagnosed for chronic pain conditions, compared to men. Women are less likely than men to be referred to radiography and physiotherapy for similar conditions. [2] Physicians often rely on gender stereotypes when treating back pain. [3]

Gender biases can create inequities in care based on assumptions about co-occurring mental health concerns, work-related pain, pain tolerance, or a need for comprehensive pain management plans.

Equity-related influences on pain

Some populations require tailored analysis and research. Estrogen administration in transgender women has been linked to the development and worsening of headache. [4]

Better care for sexual and gender minorities requires specific knowledge of both sex and gender-related factors in pain, management, and potential trajectories.



Q&A

Thank You

Get In Touch

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