New Terrain

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

This resource was developed by the Centre of Excellence for Women's Health (CEWH) in 2018. The CEWH collaborates on multidisciplinary and action-oriented research on girls' and women's health and promotes the introduction of gender into health research, with particular attention to research that will improve the health status of those who face health inequities. The CEWH is hosted by BC Women's Hospital + Health Centre, an agency of the Provincial Health Services Authority.

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

For more information and additional resources visit: www.bccewh.bc.ca

Centre of Excellence for Women's Health

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About This Resource

There is growing evidence of the effectiveness of trauma, gender, and sex (TGS) informed approaches in all areas of the substance use field, including prevention, education, harm reduction, treatment, policy, and research. Trauma-informed practice (TIP) is an important approach to improving substance use services, programming, policy and health promotion initiatives. Equally important is the integration of sex and gender based evidence into the substance use response system. Ultimately, creating gender transformative approaches to substance use can help to reduce gender and health inequities.

The Trauma/Gender/Substance Use project has been funded by Health Canada. During the project, The Centre of Excellence for Women's Health (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. This project has highlighted and fused these approaches in developing knowledge exchange materials and resources in collaboration with many committed champions in regions across Canada.

Many individuals working in the substance use field are very interested in trauma, gender, and sex informed programs, initiatives, and projects and in building further support for these approaches within their program and organization. This toolkit provides information about these approaches to share in staff training, program planning and evaluation, and to assist in organizational development. It also includes specific tools to support practice and policy change.

This field is constantly changing, with scientific and social understandings of trauma, gender and sex continuing to evolve. This toolkit is intended to contribute to the ongoing growth and sophistication of substance use responses in Canada.

Part 1

Part 1 includes information about, and justification for TGS approaches, as well as suggestions for how to discuss these approaches with substance use practitioners, program managers and leadership. It includes two information sheets for sharing with others in substance use organizations and ideas on how to connect TGS approaches to current initiatives and models of care.

Part 2

Part 2 provides a range of examples where trauma, gender, and sex informed approaches are being integrated into health promotion, harm reduction and substance use treatment settings across Canada.

Part 3

Part 3 includes tools for program and policy development to support the integration of TGS approaches into your work in the substance use field.

Part 4

Part 4 provides the *Gender Integration Continuum* to guide assessment of your program or policy, and offers examples of how programs can promote gender equity in the course of their work on substance use issues to achieve both health and gender equity goals. The section also provides examples of gender transformative approaches for prevention, harm reduction, and treatment.

Glossary

A Glossary of key terms is at the end of Part 4.

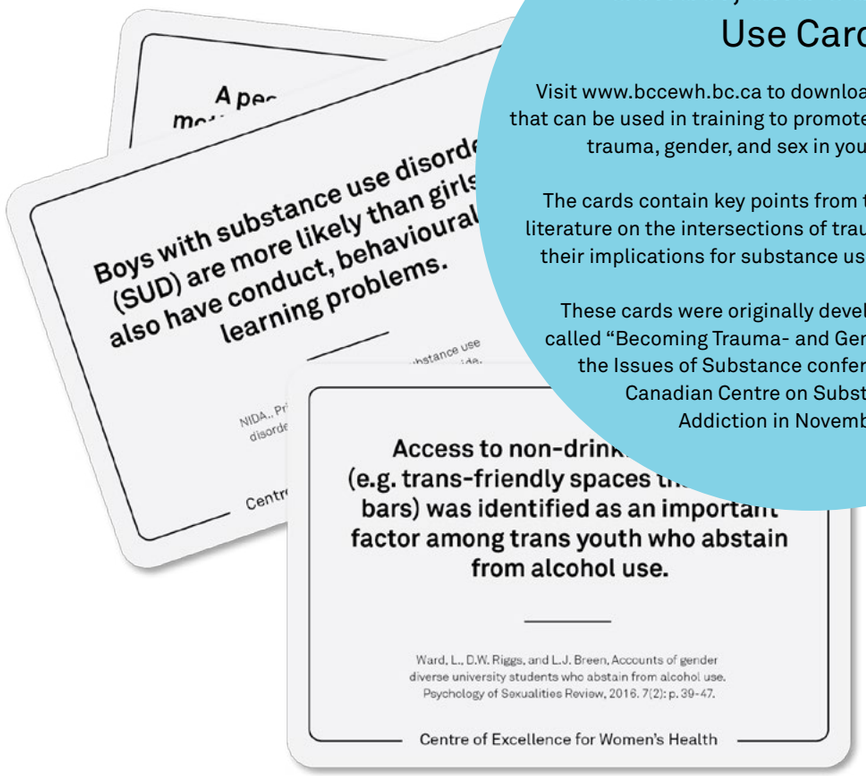
Appendices

The Appendices include:

1 / a summary of the four principles of trauma-informed practice

2 / blank copies of the *Trauma and Gender Analysis Worksheet* found in Part 3.

3 / summaries of research evidence on the intersections between substance use, trauma, gender, and sex and the implications for substance use services and policy with women, girls, men, boys, and transgender and gender-diverse individuals. These evidence summaries can support program and policy planning.



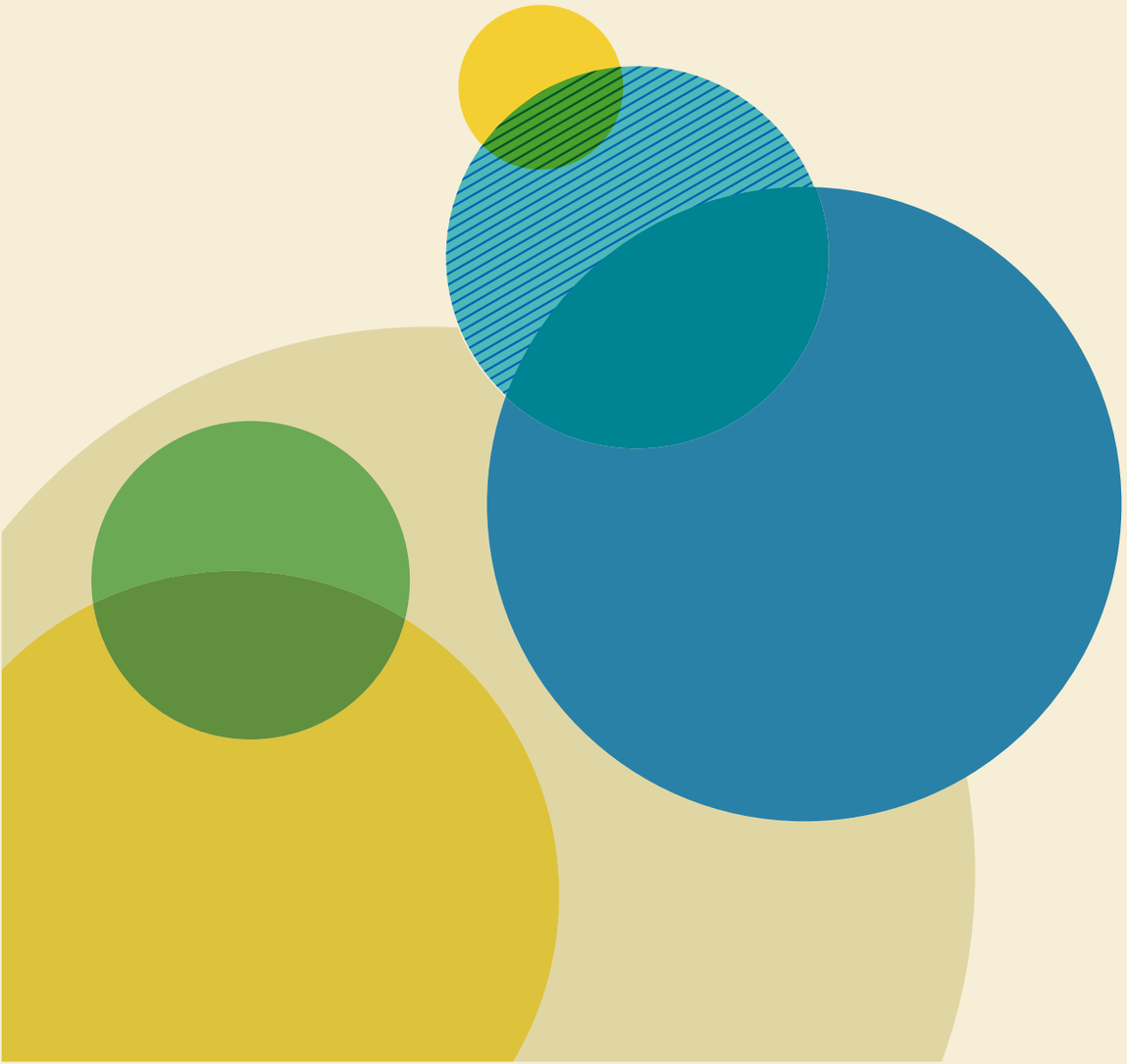
Trauma, Gender, and Substance Use Cards

Visit 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.

Part 1
Getting Started



What Do We Mean by Trauma, Gender and Sex?

Trauma describes the effects of experiences that overwhelm a person's capacity to cope. These experiences may be early life events of abuse, neglect, and witnessing violence, or later life events such as sexual assault, partner violence, natural disaster, war, accidents, sudden unexpected loss, forced disconnection from home or culture. People who experience trauma can have a wide range of responses, effects and adaptations to cope with trauma. It is well established that people with problematic substance use often have trauma in their lives, and that the number of adverse childhood experiences (ACEs) is closely and positively correlated with tobacco use, alcohol and drug use, and addiction [1].

Gender is a well-known determinant of health and is important to consider when we are exploring matters related to trauma and substance use. Quite often when the issue of gender is addressed the focus is on women and girls. In fact, we all have gender, and it is important to understand the continuum of gender identity and expression and how gender is linked to trauma and substance use. Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender-diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.

Gender is usually conceptualized as a binary (girl/woman and boy/man), yet there is considerable diversity in how individuals and groups understand, experience, and express gender. It is also important to remember that gender is not only fluid, but complex, and includes gender relations, roles, and institutional practices and laws, as well as gender identity. Gender-related factors - including roles, relationships, attitudes, power imbalances and identities- affect individuals' experiences of, and ability to access appropriate care. Gender is sometimes used incorrectly to refer to sex.

Sex refers to a set of biological attributes in humans and animals, including physical and physiological features such as chromosomes, gene expression, hormone levels, anatomy, and bodily functions such as metabolism, as well as reproductive and sexual anatomy. Sex is usually conceptualized as male or female, but there are variations in biological attributes that comprise sex and how they are expressed. For example, although men on average are taller than women, this does not mean that all men are taller than all women. Also, some people are born with a combination of male and female biological characteristics, such as chromosomes or genitals, which is referred to as intersex. Sex-related factors affect reactions to substances, the development of tolerance and dependence and our responses to treatments and medication.

Transgender is a term used to describe people whose gender identity differs from the sex and gender that they were assigned at birth. Gender identity is a person's internal, personal sense of being a man or a woman (or boy or girl). For some people, their gender identity does not fit into those two categories. Just as sex and gender are often confused, so are transgender identity and sexual orientation. Sexual orientation describes a person's sexual, romantic, and/or emotional attraction to another person (for example: heterosexual, gay, lesbian, bisexual, queer). An individual in any gender group can have any sexual orientation, or can move between different sexual orientations over the course of their life.

What are Trauma, Gender, and Sex Informed (TGS) Approaches?

Trauma-informed policy and practice involves integrating an understanding of experiences of violence and trauma into all aspects of service delivery, so that any service user feels safe and able to benefit from the services offered. The goal of trauma-informed services and systems is to avoid re-traumatizing individuals and to support safety, choice, and control on the part of all service users.

Gender and sex informed policy and practice involves developing substance use programs and policies that are effective and appropriate for everyone. Sex informed approaches consider how biological characteristics such as anatomy, physiology, genes, hormones and neurobiology affect the ways that bodies respond to various substances and influence treatment outcomes. Gender informed approaches consider how social factors such as gender relations, roles, norms, gender identity and gendered policies affect individual experiences of substance use, the effectiveness of treatment, and a person's ability to access care and treatment.

Gender transformative approaches concurrently integrate health outcomes and improvements in gender equity. In the substance use field, there is great potential to use gender transformative approaches to actively examine, question, and change negative gender stereotypes and norms and to redress imbalances of power. This can reduce gender inequities in the responses to substance use and addiction that exist in society.

What are the Benefits of Integrating Trauma, Gender, and Sex in Substance Use Practice and Policy?

Improved treatment outcomes for patients/clients e.g., reduced substance use, lower relapse rates, higher retention rates in services, increased satisfaction with services [2-8].

Improved staff retention and higher satisfaction with employment e.g., less burnout or compassion fatigue, less vicarious or secondary trauma [9-11].

Programs and services that reflect the needs, concerns, and preferences of diverse groups who often have specific substance use issues, e.g., pregnant women, genderqueer youth, refugees, veterans [12-14].

Improved access to services e.g., earlier help-seeking, readiness for change, higher rates of completing treatment, increased engagement in preventative services [3, 4, 7].

Improved system and program planning e.g., ability to respond to trends in substance use such as young women's high rates of heavy drinking, and men's greater use of cannabis [15].

Improved gender and health equity, e.g., reduced differences in health outcomes between different population groups related to gender, age, social class, race, ethnicity, and other socially determined circumstances [16, 17].

Programs and services that address sex-specific differences e.g. address biological differences in substance use uptake, addictions and treatment outcomes [18, 19].

Programs and policies that are gender transformative e.g. advocate for change in gender roles and relations along with reductions in substance use [20].

Fusing

Trauma	Gender	Sex
Past and current experiences of violence and trauma are common for individuals with substance use concerns	Social roles, relations, opportunities, identity, and institutional policy and societal expectations all affect experiences of substance use, ability to access support, and treatment preferences	Anatomy, physiology, genes, hormones, metabolism and neurobiology affect how our bodies respond to substances and treatment approaches

In Substance Use Practice and Policy

TRAUMA INFORMED SERVICES	GENDER INFORMED SERVICES	SEX INFORMED SERVICES
• Provide welcoming spaces • Offer choice, voice, and control to all who access services • Work to create physical, emotional, and cultural safety for everyone • Offer opportunities to learn key coping skills • Identify and build on people's strengths	• Reduce gendered barriers to care such as lack of childcare or stigma about asking for help • Provide specialized supports and programming for different groups • Use inclusive and/or specific language	• Consider how body size, genes, hormones and other factors affect the response to drugs, alcohol and tobacco • Account for the sex specific effects of medication, dosage, and side effects • Understand how stress, coping, and resilience can be related to biological factors

Leads to

- **Enhanced access to services**
- **Better quality of care and treatment outcomes**
- **Higher staff retention and wellbeing**
- **Reduced gender and health inequity**
- **Improved family and community involvement in care**

Gender Transformative Approaches to Substance Use Services and Policy

Initiatives to improve gender and health equity can be incorporated into prevention, education, harm reduction, treatment, policy planning and addictions research.

CHALLENGE GENDER STEREOTYPES	EXAMPLE
Challenge and avoid reinforcing gender stereotypes and harmful attitudes in health promotion and education materials.	Actively critique the use of gender stereotypes to market tobacco, such as messages linking women's attractiveness to smoking, or suggestions that "real men" smoke.
SUPPORT EMPOWERMENT	**EXAMPLE**
Support women, men, and gender-diverse individuals to influence the factors that determine their health. Use approaches that address the root causes of disempowerment such as poverty, lack of affordable housing, and systemic violence.	Include empowerment approaches like life skills, community engagement, and educational and employment opportunities in substance use programs. Advocate for gender equitable social policies.
SUPPORT EQUITABLE RELATIONSHIPS	**EXAMPLE**
Individual substance use is strongly influenced by friends and family. Help shift attitudes about personal responsibility, expectations, the meaning of consent and ways of caring for others in interventions.	Focus campaigns on developing equitable relationships to reduce gendered assumptions and positively influence outcomes. Encourage shared responsibility for not drinking alcohol during pregnancy between a woman and her partner.
STRIVE FOR GENDER TRANSFORMATION	**EXAMPLE**
Include a lens of gender transformation when analyzing and developing programs and policies. Recognize that negative gender roles, norms, and stereotypes need to be examined, questioned, and changed and that the imbalances of power can be addressed to improve health *and* gender equity.	Use tools like the *Gender Transformative Continuum*[1] to examine how programs and policies can also improve gender relations, power and equity.
IMPROVE QUALITY OF EVIDENCE	**EXAMPLE**
Include sex and gender in your reporting, evaluation, quality improvement and research attached to your programs and policies.	Use training tools like the SGBA+[2] to improve your skills, or tools like Part 3 of *New Terrain* to improve your planning. Use *Better Science with Sex and Gender*[3] to improve your research design, data collection and analysis.

Who Benefits from a TGS Approach?

Everyone will benefit when we improve our response to substance use by using a TGS approach. All service users benefit from a trauma-informed approach to service or policy. Trauma-informed practice (TIP) is a 'universal' practice, meaning that its benefits do not depend on whether or not a client has experienced trauma, but rather are available to all service users. TIP does not depend upon disclosure of trauma to create a welcoming, accessible atmosphere for all who may have trauma experiences.

The types of traumas, violence or adverse childhood experiences, and the responses to trauma differ among groups of clients or service users. For example, the sex, gender and sexual orientation of a person has an effect on the type and frequency of sexual assault and gender-based violence, or the negative effects of sexism, homophobia or transphobia. Women and girls experience disproportionate economic and social inequities such as domestic violence and sexual assault and harassment. Transgender and non-binary people experience ongoing social inequalities that include high rates of violence and sexual assault and unequal access to resources. Racism, ableism, colonization and other forms of discrimination reflected in norms and attitudes set by the majority deepen these negative experiences for many people.

As substance use service providers and policy makers we are challenged to understand how factors like sex, gender, sexual orientation, race, culture, age, ability, income and education level are complexly interwoven, and all affect substance use rates, the impact of substance use and access to resources. For example, lesbian, gay and bisexual adults report higher rates of substance use than heterosexual men and women. While generally, men have higher rates of substance use, lesbian and bisexual women have the greatest likelihood of lifetime substance use disorders when compared with heterosexual men and women and gay men [21]. Although lesbian and bisexual women report higher rates of lifetime victimization, higher odds of hazardous drinking among lesbian and bisexual women persist even after controlling for victimization [22].

Among First Nations people in British Columbia rates of opioid overdose are five times higher than among non-First Nations people. Although men are more likely to overdose in the general population, among First Nations people the rate of overdose events is almost even between men (52%) and women (48%) [23]. Indeed, First Nations women experience eight times more overdose events and five times more deaths from overdose than non-First Nations women. It is necessary to recognize, respect and address the diverse identities of clients in ways that promote accessibility, and improve prevention and treatment, all while simultaneously improving equity.

1. Greaves, L., Pederson, A., & Poole, N., (2014). Making it Better: Gender- Transformative Health Promotion. Toronto, ON: Canadian Scholars' Press.
2. www.swc-cfc.gc.ca/gba-acs/index-en.html
3. Johnson, J. L., Greaves, L., & Repta, R. (2009). Better Science with Sex and Gender: A Primer for Health Research. Vancouver, BC: Women's Health Research Network.

Building Support for Trauma, Gender, and Sex Informed Approaches in Your Organization

As you can see, there are many reasons for shifting to TGS approaches in responding to substance use, but often organizations need champions and leaders to support such changes. Evidence of the need and effectiveness for TGS is available, but sometimes practical examples are required. Here are some tips and talking points to consider when discussing TGS approaches with others in your organization.

Focus on how TGS approaches can improve your program area or solve a practice problem.

Is there an area of practice that is challenging for your program or organization? E.g., retention of clients in treatment programs; meeting the unique needs of boys and young men; making a safe gender specific space so vulnerable girls are able to access services; understanding "difficult" or "non-compliant" patients; preventing staff burnout and compassion fatigue; or destigmatizing treatment for pregnant women in your community.

Give an example of a successful initiative at an organization similar to yours, which resulted in a shift towards integrating trauma, gender, and sex informed approaches into practice or policy.

For example, you could discuss an organization that began offering a support group for LGBTQ2+ youth within their residential addiction treatment program; a community based service that provides an introduction to trauma-informed practice for all staff during orientation; an inner-city harm reduction program that adapted its practices to better reach pregnant women; or a hospital that implemented policies to reduce the use of seclusion and restraints.

Describe how TGS approaches are an important component of frameworks, strategic plans, and other local, provincial, and national initiatives relevant to your program and organization.

For example

- In British Columbia, trauma-informed practice guidelines have been developed and promoted by the Ministry of Children and Family Development (2018) and BC Mental Health and Substance Use Services (2013) [24, 25].

- Cultural competency and cultural safety are integrated into trauma-informed practice and training in cultural competency for all health professionals is included in the Calls-to-Action of the Truth and Reconciliation Commission.

- Canada's Low-Risk Alcohol Drinking Guidelines are sex-specific and are supported by all provincial and territorial ministers, as well as organizations such as the Canadian Medical Association and the Canadian Centre on Substance Use and Addiction.

- Health Canada and the Public Health Agency of Canada require the use of sex- and gender-based analysis (SGBA+) in developing proposals, programs and policies.

Emphasize that many TGS approaches do not require new resources or funds.

At an organizational level, integrating TGS can occur as part of existing training programs, performance reviews, and evaluation. At a practice level, TGS often requires changes in procedures that may lead to changes in resource allocation, but not necessarily increased costs.

Consider making a case for one or both approaches.

Often, organizations that begin with integrating trauma-informed approaches into their work will then consider sex and gender issues or vice versa. And, when integrating sex and gender informed approaches, the gendered nature of trauma and violence becomes apparent and requires a response.

Highlight how TGS approaches build on other evidence-informed approaches you may already use.

Trauma, gender, and sex informed practices share principles and practices with many other evidence-informed approaches to supporting people with substance use concerns.

APPROACH	PRINCIPLES AND PRACTICES
Trauma-Informed	Physical, emotional and cultural safety Choice and collaboration with client (i.e., client identifies needs and goals) and service systems to prevent re-traumatization Trustworthiness Strengths based
Gender and Sex Informed (including gender transformative approaches)	Considers different roles, responsibilities, needs of gender groups Recognizes gender fluidity Challenges gendered power imbalances and negative stereotypes Includes sex specific approaches Improves gender equity

The table below includes key phrases and principles from these approaches to illustrate some of the commonalities and differences.

APPROACH	KEY PRINCIPLES
Client (Person) Centred	Start where client 'is at' Collaborate with client Client identifies needs and goals Strengths based
Harm Reduction	Prioritize immediate goals and maximize options User involvement Cross system collaboration Human rights/self-determination Improve other determinants of health Strengths based
Recovery Orientation	Self-determination Collaborate on recovery goals & partnerships to support skills for recovery Promote culture of hope Strengths based
Cultural Safety	Critical reflection Challenge power imbalances between client and practitioner Trust, respect and safety Equity/access to health care for all

While many of the values and principles underlying TGS informed approaches are consistent with those underlying other key approaches, TGS informed approaches bring an additional focus on:

- Enhancing the capacity of service providers to develop programs and services that will improve access and retention
- Recognizing how sex and other biological differences affect coping and stress responses, and the effect of substance use and medications, and treatment needs, preferences and outcomes
- How trauma and gender interact with other determinants of health to affect substance use across different populations, and their implications for treatment and support

Part 2

Trauma, Gender and Sex Informed Approaches in Practice

Trauma, Gender and Sex Informed Approaches in Practice

This section provides five examples of how trauma, gender, and sex informed approaches are being integrated into health promotion, harm reduction and substance use treatment settings across Canada.

Canada's Low-Risk Drinking Guidelines

Released in 2011, Canada's Low-Risk Drinking Guidelines were developed to provide adults with recommendations for alcohol consumption to reduce the harms and safety risks associated with drinking. These Guidelines were among the first sex-specific low-risk drinking guidelines in the world.

To reduce the risk of injury and harm, the Guidelines recommend that:

- Women consume no more than three drinks on any single occasion and stay within weekly limits; and
- Men consume no more than four drinks on any single occasion and stay within weekly limits.

To reduce long-term health risks, the guidelines also recommend:

- Women consume no more than 10 drinks a week and no more than two drinks a day most days; and
- Men consume no more than 15 drinks a week and no more than three drinks a day most days.

Source: Moderation by the Numbers, ©Éduc'alcool (2016)

The guidelines also include information about pregnancy and breastfeeding.

The guidelines are based on research showing that women are generally more vulnerable to the effects of alcohol because:

- On average, women weigh less and therefore reach higher blood alcohol levels compared to people who weigh more.
- Women have more adipose tissue (fat), causing alcohol to be absorbed more slowly and the effects of alcohol to take longer to wear off.
- Women have less water in their bodies to dilute alcohol. If a woman and a man of the same weight drink an equal amount of alcohol, a woman's blood alcohol concentration will be higher.
- Women have lower levels of the enzymes that break down alcohol. This lower level of enzymes means that alcohol remains in a woman's system longer.

Canada's Low-Risk Alcohol Drinking Guidelines are a key component of the National Alcohol Strategy. They have received the support of many organizations, including: Canadian Association of Chiefs of Police, Canadian Centre on Substance Use and Addiction, Canadian Medical Association, Canadian Paediatric Society, Canadian Public Health Association, Centre for Addictions Research of British Columbia, Centre for Addiction and Mental Health, College of Family Physicians of Canada, Educ'alcool, MADD Canada, and Society of Obstetricians and Gynaecologists of Canada. Since their release, many provincial and territorial governments and health organizations have developed awareness campaigns and training for health professionals to support their implementation.

Source: Let's Be Aware/ Ujjiqsuqta, Nunavut Liquor Commission (2017)

LINKS

Canada's Low Risk Drinking Guidelines
www.ccsa.ca

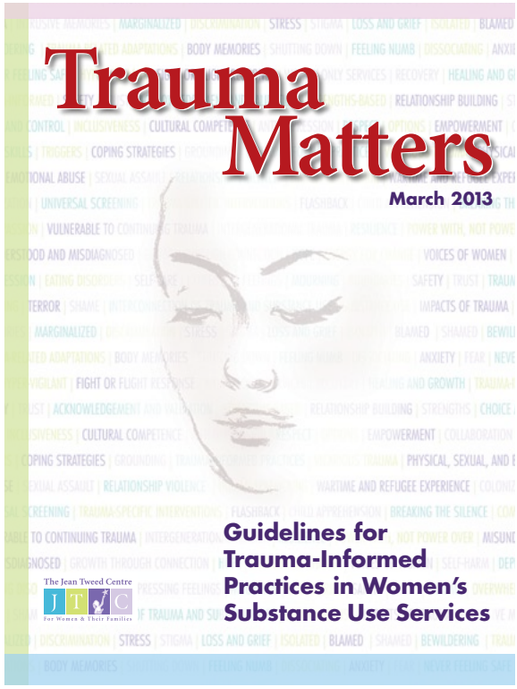
Moderation by the Numbers Campaign
www.educalcool.qc.ca

"Let's Be Aware" Campaign
www.responsiblenunavut.ca

Women and Alcohol: A Women's Health Resource
http://bccewh.bc.ca/wp-content/uploads/2014/07/WomenAndAlcoholResource2014.pdf

Trauma informed women's services: Jean Tweed Centre

The Jean Tweed Centre was established in 1983 and provides substance use, mental health and problem gambling services for women and their families across Ontario. The Centre's work is informed by an understanding of how substance use is influenced by gender and other social determinants of health. The Centre recognizes that many women who struggle with substance use or problem gambling have experienced some type of trauma in their lives and that substance use and gambling are often coping mechanisms in these situations. All services at the Centre are trauma-informed which means that an understanding of the role of trauma of women's lives is considered in all programming and that services are offered in a safe and caring manner.



Source: Jean Tweed Centre (2013)

The Centre offers residential and day programming, out-patient programming including family and trauma counseling, individualized counselling and continuing care. Outreach services are available for pregnant and parenting women as well as women who have concurrent mental health and substance use problems and involvement in the criminal justice system. In keeping with their focus on women, parenting and children, the Centre offers a fully licensed therapeutic child development centre on site. In 2013, the Centre released Trauma Matters, a set of guidelines on trauma-informed practice in women's substance use services.

Recently, the Jean Tweed Centre has continued to develop their services to better serve transgender people. These initiatives have included the development of an inclusion policy, staff training on access for trans women, creating private non-gendered washrooms, and reviewing language and program curricula.

LINKS

Jean Tweed Centre for Women and Their Families
www.jeantweed.com

Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services
www.jeantweed.com

Gender Informed Approaches to Substance Use Treatment (webinar recording)
www.bccewh.bc.ca/webinars

Services for LGBTQ2+: Pieces to Pathways Program, Breakaway Addiction Services

Breakaway Addiction Services in Toronto provides a range of addiction services, including a youth and family outpatient clinic, supportive housing, a methadone program, and street and community outreach. All programs are based on principles of harm reduction. The organization has developed gender-specific programming for women, including transgender women, as a part of their opiate support programming.

Breakaway also offers a Pieces to Pathways program, a peer-led substance use support program for LGBTTQQSIA youth ages 16-29 years. This program recognizes the services for the LGBTQ2+ population must be:

- Available – There is clear evidence that LGBTQ2+ youth face barriers to accessing substance use services and are often uncomfortable in mainstream services. There is a need for LGBTQ2+ specific services, not just general services with accommodation.
- Accessible – Barriers to services must be minimal, e.g., location, how youth make first contact with staff, using correct pronouns. Programs must also consider whether other clients will be accommodating.
- Acceptable – Staff should incorporate significant numbers of peers, and all staff need to be genuinely supportive. Programs should be co-developed with clients and be flexible in responding to specific population needs.

Source: Breakaway Addiction Services (2016)

LINKS

Breakaway Addiction Services
www.breakawayaddictions.ca

Pieces to Pathways Facebook
www.facebook.com/PiecestoPathways/

Gender Informed Approaches to Substance Use Treatment (webinar recording)
www.bccewh.bc.ca/webinars

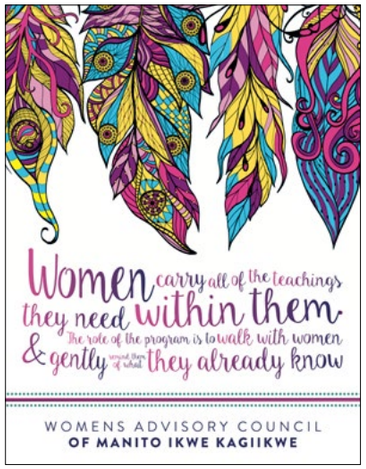
Pieces to Pathways offers three weekly drop-ins, case management, and group counseling. The drop-ins are an opportunity for LGBTQ2+ youth to connect with others, access support, play games, attend workshops, watch movies, and go on group outings. Each of the weekly drop-ins offer a different focus - an abstinence drop-in on Mondays, a drop-in for racialized youth on Tuesdays, and a harm reduction drop-in on Thursdays. Case management support includes identifying and pursuing a range of goals: substance use, housing, employment, and mental health. The program provides general counseling, one on one sessions in office or in the community, and phone and text message support. The program partners with the Academic Family Health Team at Saint Michael's Hospital, allowing participants expedited access to LGBTQ2+-positive primary care services.

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

Manito Ikwe Kagiikwe (The Mothering Project), located at Mount Carmel Clinic (MCC) in Winnipeg's North End, provides prenatal care, parenting and child development support, group programming, advocacy, and addiction support for vulnerable pregnant women and new mothers. It is a trauma- and gender-informed program that focuses on harm reduction services and relationship-based support, with a focus on culture. The Mothering Project was given the Spirit Name "Manito Ikwe Kagiikwe", an Ojibwe word which means "spirit woman teachings."

The program works with families over the long-term until children reach the age of five and support women who are parenting full-time, part-time, or who have their children in foster care or living with extended family. The Infant Daycare Centre at MCC has 16 infant spaces for program participants, which has allowed several mothers to keep their children out of care.

The program provides addictions counselling and support, culturally informed trauma counselling, and support with navigating the Child and Family Services system. Many of the women in the program have been disconnected from their Indigenous heritage. As women are ready and interested, they are able to participate in opportunities to learn about culture and Indigenous identity through activities such as smudging and a drumming circle, and group programming that incorporates the 7 Sacred Teachings and Indigenous ways of knowing.



Source: The Mothering Project (2015)

LINKS

"Meeting Women Where They Are At: Community Making a Difference" (video)
www.fasdcoalition.ca

Braiding Together Indigenous Wellness, Trauma and Gender Informed Approaches in the Substance Use Field (webinar recording)
www.bccewh.bc.ca/webinars

Improving gender equity: Alcohol and Pregnancy Awareness Campaigns

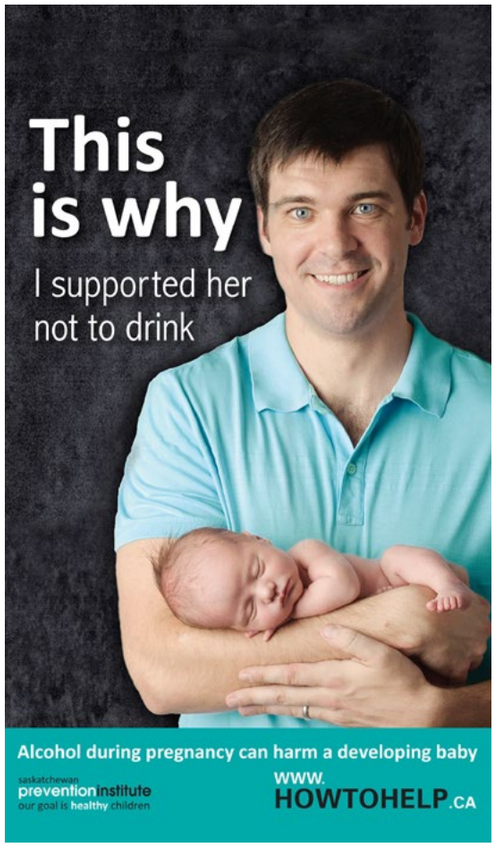
In recent years, many communities and organizations have developed new approaches to alcohol and pregnancy awareness campaigns. Many traditional approaches to FASD prevention were entirely aimed at women, and used fear-based messaging (e.g., "One drink can harm your baby") or have suggested that women who drink alcohol during pregnancy are uncaring or irresponsible (e.g., messages such as "When you drink during pregnancy so does your baby" or "Hey, I'm in here!").

Recent campaigns are recognizing that fear based campaigns can lead to feelings of additional shame and stigma for women who have difficulties stopping their alcohol use during pregnancy, and have limited effectiveness for women who are able to stop drinking once learning they are pregnant. They also create barriers to accessing care for women struggling with addiction.

Some campaigns are using gender transformative approaches that improve health outcomes along with gender equity. One way that substance use programming can be gender transformative is to challenge traditional caregiving roles of men and women and to share responsibility for reproduction and child care. Promoting the involvement of men is featured in several campaigns that recognize that women's substance use, both before and during pregnancy, is strongly influenced by partners, friends, and family. These campaigns are engaging men by role modelling equitable and healthy relationships and supporting men as fathers and care-givers before, during, and after pregnancy. They provide an opportunity to shift gendered attitudes about personal responsibility, expectations of men and women, and ways of caring for others.

In addition to challenging traditional norms about the roles of women and men in pregnancy and parenting, health promotion campaigns are increasingly representing diverse families and ways of parenting and caregiving. Moving forward, this could include showing pregnancy and substance use in single parents, adoptive families, lesbian couples, pregnant transgender men and other diverse communities. Not only will this help campaigns to reach all members of society, it also recognizes how gender intersects with other factors such race and ability and that improving gender equity requires attention to other inequities in society.

Source: BC Liquor Stores & BC Women's Hospital + Health Centre (2013)



Source: Saskatchewan Prevention Institute (2015)

LINKS

Girls, Women, Alcohol and Pregnancy (blog)
www.fasdprevention.wordpress.com

"This is Why I Support Her Not to Drink" Campaign
www.skprevention.ca

"Alcohol and Pregnancy Don't Mix" Campaign
www.bcldb.com

Alcohol, Pregnancy and Prevention of FASD: What Men Can Do To Help (info sheet)
http://bccewh.bc.ca/wp-content/uploads/2014/05/what-men-can-do-_final-feb-2014.pdf

Thomas, G. and Poole, N. (2014). Alcohol and Pregnancy: Warning Signage Information Kit for Local Governments in BC. Victoria, BC: Ministry of Health.
http://bccewh.bc.ca/wp-content/uploads/2014/09/FASD_WarningSignageInfoKit_Booklet_web.pdf

Part 3

Trauma, Sex and Gender Based Analysis: Tools for Program and Policy Developers

Trauma, Sex and Gender Based Analysis: Tools for Program and Policy Developers

Fusing trauma-informed practice with sex and gender based analysis is a key challenge that will move policy and program design forward. Below are some tools for program and policy development that can help you consider how to integrate trauma, gender, and sex into programs and policies in the substance use field. The creation of these tools was built on existing sex and gender based analysis tools [26-29], as well as resources on trauma-informed practice and policy [25, 30]. Hence, they are presented as separate processes. However, the challenge going forward is in fusing these approaches in your practice and policy development as demonstrated in Section C.

Sections A is a three-step tool for applying a trauma lens to your work.

Section B is a tool for including sex and gender in your work.

In Appendix 2 there are blank worksheets that focus on the intersections between all three approaches for you to fill out on your own.

A. Tool for Trauma-Informed Practice

STEP 1 — GATHER EVIDENCE

- Do you have evidence available on how trauma and violence is related to this 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?
- What data are missing? Who might be consulted to add to an understanding of trauma-informed considerations in developing and evaluating the program or policy?

STEP 2 — IDENTIFY POPULATION(S) TO BE REACHED

- 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 those who have experienced trauma and violence?
- What groups may experience the impacts of trauma differently related to this issue? For example, have socioeconomic status, race, sexual orientation, culture, age, ability, gender 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 such as poverty, homelessness, discrimination, incarceration impact this issue?

STEP 3 — APPLY A TRAUMA LENS: OUTCOMES

- How 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?
  - *Trustworthiness* – How is consent handled?
  - *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?
- What might be the outcomes and consequences of adopting trauma-informed options?
- What might be the outcomes and consequences of not adopting trauma-informed options?

B. Tool for Considering Sex and Gender

STEP 1 — GATHER EVIDENCE

- What evidence and research is available that describe sex, gender and equity factors related to this issue?
- Is the knowledge and experience of the population(s) affected by the policy/program (including Indigenous knowledge) part of this evidence?
- Who has previously developed policy or programming on this issue that takes sex, gender and equity into account, and what might you learn from this?
- 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

- 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:
  - Women and girls (both cisgender and transgender)
  - Men and boys (both cisgender and transgender)
  - Non-binary or other gender-diverse individuals
- 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?
- How do structural conditions and processes such as sexism, racism, homophobia, poverty, homelessness, discrimination, income, or incarceration impact this issue?

STEP 3 — APPLY A GENDER ANALYSIS: OUTCOMES

- Have sex and gender been considered in setting the goals for this programming/ policy?
- What are the expected outcomes of this policy/ program for:
  - Women and girls (both cisgender and transgender)
  - Men and boys (both cisgender and transgender)
  - Non-binary or other gender-diverse individuals
- 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 sex and gender inclusive, specific or transformative options?
- What might be the outcomes and consequences of not adopting gender inclusive, specific or transformative options?

Trauma and Gender Analysis Example

This example below is based on developing aftercare supports and services for parents, especially mothers, and pregnant women leaving residential substance use treatment programs.

When doing this exercise, there are often many kinds of evidence and approaches to consider. It may help to brainstorm in a team meeting, or a working group to cover all the elements that matter to your program, policy or protocol design.

STEP 1 GATHER EVIDENCE

From academic and grey literature:

- Barriers to accessing aftercare and other substance use supports – shame and guilt about substance use, lack of childcare, limited financial resources, lack of transportation, limited family or social support, and fear of child welfare involvement.
- Gender-based violence- many women, gender-diverse and non-binary people do not feel safe in some treatment and program settings; many have other types of traumatic experiences.
- Physical health issues- chronic health issues, anxiety and depression indicate a need for access to primary care and specialists.
- Aftercare access- childcare and parenting supports may be required; advocacy on child welfare involvement; outreach efforts; destigmatizing practitioner attitudes
- Indigenous people- cultural support and "interventions" – e.g. Thunderbird Partnership Foundation has a guide on cultural aftercare.

STEP 2 IDENTIFY POPULATION(S) TO BE REACHED

- Women are more likely than men to be primary caregivers.
- Women experience significant stigma for using substances during pregnancy and parenting; may be amplified for Indigenous women.
- Mothers or single parents with young children– support with basic living needs such as food, shelter, finances are needed.
- Support for whole family– engaging men and partners; support related to custody; considering safety concerns.
- Trans masculine and non-binary people may be pregnant and require safe access to services.

STEP 3 APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES

- Safety- Specific drop-ins for pregnant women and parents may increase access.
- Choice and control- staged and paced programming so people can choose level and timing of participation that is right for them.
- Increased continuity of care– addictions outpatient counsellors to help support and maintain changes related to substance use and to access holistic community based supports that are respectful of their growth, changes and needs.
- Improved parenting– support parenting, there may be need to work with child welfare service before and at the time of leaving treatment program, and help to make links to community programs for parents and children.
- Physical health– opportunities to develop wellness skills and be connected to supportive health care providers.
- Trauma-informed– when and if ready, connections to trauma-specific services are made possible.
- Cultural support is offered, community engagement is encouraged.
- Consequences of not being trauma informed- women who are most at risk do not feel safe to seek support for mental health, physical health, relational and parenting support and/or cultural and spiritual connection.
- Consequences of not being gender informed- services are not accessible and accommodating for people who are primary caregivers of young children.

Part 4

Gender Transformative Programs and Policies

Gender Transformative Programs and Policies

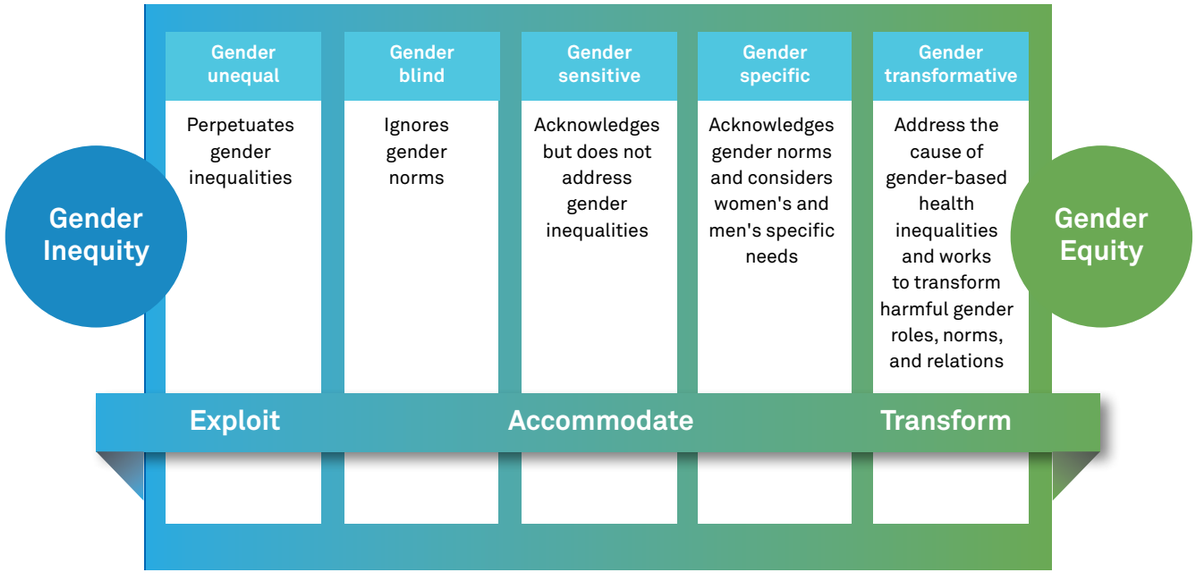
Gender transformative approaches are a new frontier in Canadian program and policy design. They are particularly relevant to substance use where issues of health and gender inequity have a huge impact on the effectiveness of prevention, treatment, health promotion, programs and policies. Gender transformative approaches recognize that negative gender roles, norms, relations and stereotypes need to be examined, questioned, and changed and that imbalances of power have to be improved to improve health and gender equity [31].

In the context of substance use responses, gender transformative initiatives seek to not only address the issue of substance use, but to also improve gender relations, rebalance power and strive for equity. The chart and table on the next page can be used to help individuals and organizations assess their current programs and activities, and to consider how these dual objectives can be reached when planning or redesigning initiatives. Following this are some examples of gender transformative approaches in prevention, health promotion, treatment and harm reduction initiatives.

Gender Responsive Continuum

Assessment Questions

1. What existing projects and activities are you currently involved with? How would you classify them along the gender continuum?
2. What are the intended outcomes of the program? What could be the unintended outcomes, positive or negative?
3. Are there innovative indicators that could be used to evaluate changes?
4. How can these initiatives be further developed to become more "gender transformative"?
5. What more can be done to address this particular issue in this context?



Gender Unequal

Perpetuates gender inequality by reinforcing unbalanced gender norms, roles and relations

Gender Blind

Ignores gender norms, roles and relations and may reinforce gender based discrimination, biases and stereotypes

Gender Sensitive

Consider differences in gender norms, roles and relations but does not involve action to address gender inequalities

Gender Specific

Acknowledging differences in gender norms, roles and relations and may work to accomodate these differences without working to address or change them

Gender Transformative

Acknowledging differences in gender norms, roles, and relations and works to address the cause of gender-based health inequity

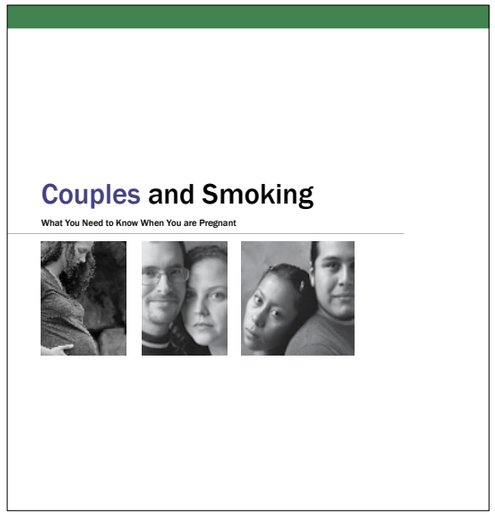
Gender Responsive Continuum. Making It Better: Gender Transformative Health Promotion (Greaves, Pederson & Poole, 2014)

Gender Transformative Approaches in Practice

This section provides examples of how gender transformative approaches can be integrated into health prevention, harm reduction, and substance use treatment settings.

Prevention

Gender transformative approaches to substance use are perhaps most well developed in the area of health promotion and prevention [26]. In prevention efforts, we can promote changes in gender norms and relations by encouraging people to critically analyze issues of gender inequity and provide opportunities to challenge harmful relations, stereotypes, institutional practices and norms. One example involves shifting our approach to pregnant and mothering women by directing prevention efforts to both men and women. For example, *Couples and Smoking – What you need to know when you are pregnant* promotes the active involvement of men in supporting their pregnant partners around tobacco use. This resource is based on research with heterosexual couples, and for this population, shared responsibility for health in pregnancy and parenting between women and men can be achieved by promoting the active involvement of men in partner support and joint caregiving of children.



Source: Centre of Excellence for Women's Health (2014)

LINKS

Couples and Smoking – What you need to know when you are pregnant
http://bccewh.bc.ca/wp-content/uploads/2014/09/Couples-and-Smoking.pdf

Gender-transformation Health Promotion (free online course)
https://promotinghealthinwomen.ca

Making it Better: Gender Transformative Health Promotion
https://womenspress.canadianscholars.ca/books/making-it-better

The other levels of the substance use system of care also have opportunities for moving along the continuum to gender transformation. Although some harm reduction, and treatment services have tailored their services specifically for women or men, and a small minority to transgender or gender-diverse people, these often accommodate gender norms without addressing or changing these norms. For example, programs that provide child-minding for women may be gender-specific, but not necessarily gender-transformative if they fail to challenge why women are primarily responsible for the care of children. Gender specific programs and services are an essential part of the substance use response and their development should be expanded. The examples that follow may inspire program designers and policy makers to consider how they could work to address gender-based inequities.

Harm Reduction

Gender transformative overdose prevention and safe consumption sites could reduce the impact of negative gendered relations. For example, we can work to prevent women being 'second on the needle' or forced into sex work to maintain a drug supply for men. This could include empowerment approaches such as life skills, community engagement, and educational, housing and employment opportunities. We can contribute by increasing women's empowerment by providing more safety and distance from coercive or negative relationships, supporting a critique of gendered relations in the context of harm reduction, and supporting the building of peer relationships and support networks.

Treatment

Within treatment, critical thinking can be encouraged about power, and how our ability to navigate systems of power interacts with our health, substance use, relationships, work, and community involvement. Such a model invites reflection on personal experience, as is commonly done in treatment, and can also empower individuals to move towards action that promotes gender equity and changes oppressive systems. Rather than positioning girls, women, boys, men, gender-diverse people as passive patients in need of treatment, they are encouraged to see themselves positively as agents of change, affecting the conditions of their lives.

Glossary

Cisgender refers to people whose gender conforms to social norms related to their biological sex.

Gender equity means ensuring, often by different treatment, fair or even opportunities for all genders, and rights and benefits for all.

Gender expression refers to how a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Gender identity is a person's felt, inherent sense of gender independent of their ascribed sex or gender. Since gender identity is internal, it is not necessarily visible to others.

Gender informed refers to strategies that take all aspects of gender related factors (roles, norms, relations, identities, expression, institutional) into account.

Gender norms refers to societal rules and expectations that dictate the behaviors considered appropriate or desirable for people based on their gender.

Gender-related factors include roles, relations, norms, opportunities, power imbalances & identities that affect experiences of, and ability to access appropriate care.

Gender relations refer to the interactions between genders that reflect gendered norms and affect health, behaviour and roles.

Gender-sensitive programs acknowledge and accommodate gender norms, roles and inequities, but do not necessarily involve action to address them.

Gender-specific programs acknowledge that gender norms, roles and relations exist and respond with specific programs or polices for men, women, boys or girls, or specific groups of trans or gender-diverse people.

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

Institutional gender refers to laws, regulations and policies that implicitly or explicitly distinguish and possibly discriminate by genders.

Sex-related factors include biological, physiological and anatomical features, including hormones, metabolism, genetics, body size, weight, adipose tissue etc.

Sexual orientation refers to a person's sexual and/or emotional attraction to another person such as heterosexual, gay, lesbian, bisexual, asexual, queer, pansexual.

Transgender and gender-diverse are used to describe individuals whose gender identity is often different from the sex and gender they were assigned at birth. Transgender people may identify as male or female, or masculine or feminine, or neither. Gender-diverse, fluid and non-binary people may identify as both male and female, neither male nor female, not identify themselves as having a fixed gender, or as another gender recognized by Indigenous or other cultural groups.

Trauma describes the effects of experiences that overwhelm a person's capacity to cope. These experiences may be early life events of abuse, neglect, and witnessing violence, or later live events such as sexual assault, partner violence, natural disaster, war, accidents, sudden unexpected loss, forced disconnection from home or culture, etc.

Trauma-informed practice prioritizes safety, choice, and control in service delivery and policy by creating a culture of learning, collaboration and nonviolence.

Appendices

Appendix 1: Trauma-Informed Practice Principles

Trauma-informed practice means integrating an understanding of past and current 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 healing.

Trauma Awareness	Safety and Trustworthiness
Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means understanding the high prevalence of trauma in society, the wide range of responses and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).	Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building trustworthy relationships, positive service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, and/or vicarious trauma experienced by service providers, and support for self-care for all staff in an organization.
Choice, Collaboration and Connection	**Strengths Based and Skill Building**
Trauma-informed services encourage opportunities for working collaboratively with program participants of all ages. They emphasize creating opportunities for service user choice within the parameters of services provided. They make relational connection central to program delivery. This experience of choice, collaboration, and connection often involves the formation of service user advisory councils that provide advice on service design and evaluation, as well as service users' rights.	Promoting resiliency and coping skills helps everyone manage triggers related to past experiences of trauma and supports health, 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 intelligence' and 'social learning.'

Worksheet

STEP 1 GATHER EVIDENCE

STEP 2 IDENTIFY POPULATION(S) TO BE REACHED

STEP 3 APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES

Trauma and Gender Analysis Worksheets

Worksheet

STEP 1 GATHER EVIDENCE

STEP 2 IDENTIFY POPULATION(S) TO BE REACHED

STEP 3 APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES

Trauma and Gender Analysis Worksheets

Worksheet

STEP 1 GATHER EVIDENCE

STEP 2 IDENTIFY POPULATION(S) TO BE REACHED

STEP 3 APPLY A TRAUMA LENS AND GENDER ANALYSIS: OUTCOMES

Appendix 3: Evidence Summaries

The following evidence summaries draw from a variety of academic literature sources, including a 2011-2016 search of academic evidence on gender-informed and trauma-informed approaches to substance use prevention, treatment, and harm reduction and a 2007-2017 systematic search on sex, gender and substance use.

These summaries are designed to help individuals and organizations explore the intersections among trauma, gender and sex, and substance use. Research knowledge, combined with experiential knowledge and input from staff, providers and the populations your organization serves can be the building blocks for developing a tailored TGS approach specific to your program, area of concern, and population(s).

The information in this section is organized according to five broad gendered populations (women, girls, men, boys, and transgender and gender-diverse individuals), with evidence regarding sexual orientation integrated throughout the categories. The evidence was summarized from literature on general populations of (cisgender) women, girls, men and boys, reflecting people whose sex and gender coincide. The limited literature related to trans women, trans men and gender non-binary people's experiences of substance use, and the effectiveness of prevention and treatment is reported in the transgender row. However, biological mechanisms identified in the other rows may still apply to transgender people, congruent with unchanged aspects of their sex at birth, and/or with gender affirming hormonal or surgical changes.

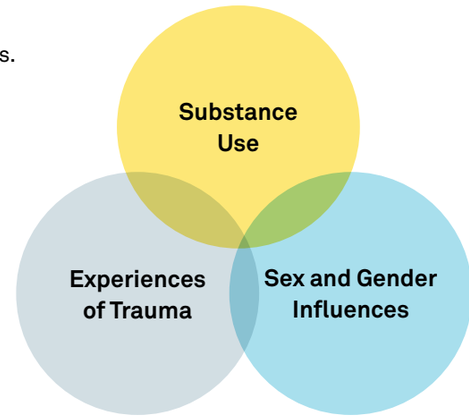
How sex and gender matter in the substance use field

1. Mechanisms. Differences in biological responses to drugs.
2. Consequences and Impacts. Socio-economic and legal consequences of drug problems, including employment, poverty, homelessness, gang activities, drug trafficking, sexual assault, gender-based violence
3. Prevention. Differences in pathways, protective and risk factors, progression, transition and maintenance
4. Treatment. Differences in access, readiness, retention, and outcomes
5. Reproduction/Fertility/Parenting. Differing roles, biological concerns, social stigma, child custody

SUMMARIES

The summaries examine the following intersecting areas of research and emerging knowledge:

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



A. Evidence Summary: Gender and Substance Use–Influences and Pathways

WOMEN

Many women report using substances to cope with negative feelings [32-36].

Social relationships often influence women's substance use, e.g., women are more likely to have a partner who misuses substances [37] or to start using with a partner or group of female friends [38].

Women who use opioids are more likely to have a prescription [39] and use them as intended [40].

Lesbian and bisexual women have the greatest likelihood of lifetime substance use disorders when compared with heterosexual men and women and gay men [21].

GIRLS

Girls tend to report greater substance use in early adolescence [41] and are more likely to use alcohol and other substances to manage negative emotions [42, 43].

Having a romantic partner who uses substances increases the risk of substance use more for girls than boys [44].

Childhood sexual abuse is associated with greater risk for polysubstance use among girls, compared to boys [45].

Lesbian and bisexual girls are more likely to report: illicit substance use, misuse of prescription drugs, binge drinking tobacco and alcohol use and poorer mental health compared to heterosexual girls [46, 47].

MEN

Traditional perceptions of masculinity have been associated with motivation to consume alcohol, and alcohol related problems [48].

Work-related stress [49], and low income and adverse working conditions [50] are associated with greater substance use in men.

New fathers experience smoking related stigma as it is perceived as conflicting with their role as protectors/ providers [51].

BOYS

Substance use is more socially acceptable and culturally appropriate for boys and men [52, 53].

Boys who live in disadvantaged neighbourhoods are more likely to engage in substance use [54, 55].

Teen boys report a poor understanding of how substance use negatively impacts fertility [56].

Male college students are less accepting of harm reduction strategies such as limiting number of drinks, alternating non-alcoholic with alcoholic drinks, and having a designated driver [57].

Boys who are gay or bisexual are more likely to report illicit substance use and misuse of prescription drugs, compared to heterosexual boys [46].

TRANSGENDER

Trans populations experience high rates of physical and sexual violence, discrimination, stigma, poverty, homelessness and unemployment [58-63] and substance use may be a means to cope with these stressors [64, 65].

Trans people who experience gender- related discrimination have increased odds of drug use, excessive alcohol use among transgender men and cannabis use among transgender women [66].

Substance use may be used by transgender youth to conform to gender roles within the context of negotiating gender identity [62].

Similar to cisgender populations, in general transgender men report higher levels of substance use than transgender women [66]. Trans men's use of alcohol may be influenced by the societal belief that excessive drinking is associated with masculinity [67].

B. Evidence Summary: Sex Influences on Substance Use- Mechanisms

WOMEN

Women require smaller amounts of alcohol to become intoxicated due to lower levels of body water and differences in the gastric enzyme alcohol dehydrogenase [37].

Estrogen can increase pain sensitivity in women which may make them more vulnerable to opioid misuse [68].

Estrogen can also affect nicotine metabolism which is faster in women, especially for women taking birth control pills or who are pregnant [69].

During times of stress, estrogen interacts with dopamine and can increase the rewarding effects of substances [70, 71].

GIRLS

Girls and young women are biologically more vulnerable to smoking-related health risks including breast cancer and lung diseases [72], and more neurologically vulnerable to the effects of alcohol [73, 74].

Hormonal changes in females during puberty may influence progression to dependence of substance use [39].

MEN

Men metabolize nicotine more slowly than women, and are more likely to smoke for the reinforcing effects of nicotine [34].

Men who use cocaine have been shown to have different biological mechanisms associated with craving and addiction than women [75, 76].

Men report fewer negative effects with MDMA (ecstasy) use than women including dizziness, depression, psychotic symptoms and sedation, in part due to quicker synthesis and larger reserves of serotonin [77].

BOYS

As boys have higher levels of body water and the enzyme alcohol dehydrogenase, they are less affected by the same amount of alcohol compared to most girls [78]. They also appear to be less sensitive to the neurotoxic effects of alcohol [74].

Boys who use cannabis and cocaine may experience changes in hormone levels that can affect sperm movement and lead to infertility [79]

TRANSGENDER

There is limited information on biological responses to substances among transgender populations, and there is great heterogeneity among the trans population [80] .

Hormone therapy may impact the mechanisms of drugs and alcohol, and substance use treatment, but this requires further research.

C. Evidence Summary: Gender and Sex–Consequences and Health Impacts

WOMEN

Women tend to begin using substance at lower doses, but progress more rapidly to addiction (telescoping) [81-83].

Medical side effects from substance use tend to develop more quickly among women including cancer, liver disease, osteoporosis [84, 85], chronic obstructive pulmonary disease (COPD) [86] and coronary artery disease [87].

Women with substance use issues experience a higher risk for infertility, repeat miscarriages, and premature delivery [37].

Maternal substance use is associated with poor maternal and fetal health, and birth and child development outcomes. [88-90].

GIRLS

Girls age 10-19 in Canada have higher rates for hospitalizations caused by alcohol than boys [91].

Intoxication can make young women and girls more vulnerable to date rape, sexual assault, unprotected sex and sexually transmitted infections [92].

Substance use is associated with high rates of unplanned pregnancy among adolescents [93].

MEN

Alcohol and substance misuse is associated with increased violence among men against intimate partners as well as strangers [94-96].

Men who use cannabis are more likely to report dependence or severe dependence on cannabis than women [97].

Men are more likely than women to use synthetic cannabinoids, which are associated with more adverse health effects [98].

Men are more likely to use illegal sources of opioids, and die from an opioid overdose [99].

Substance use negatively impacts sperm health, testicular structure, and male fertility [79].

BOYS

Early substance use [100] and binge drinking [101] is predictive of later substance use and binge drinking in males.

Boys who engage in high risk behaviours, including substance use, are at a greater risk for exposure to physical abuse, or witnessing violence in later adolescence; and boys who are victims of physical abuse or who have witnessed violence are more likely to engage in high risk behaviours [102]

TRANSGENDER

Substance use has been associated with high-risk sexual behaviour and HIV infection in studies with trans populations [64, 103].

Trans women report higher rates of intravenous drug use (34%) compared with of trans men (18%), and rates of sharing needles is high among some samples of trans women [104, 105].

D. Evidence Summary: Gender and Sex Influences on Substance Use Treatment

WOMEN– INFLUENCES ON SUBSTANCE USE TREATMENT

Access, Retention, Readiness and Outcomes	Implications for Treatment, Prevention & Harm Reduction
Women report less social support for engaging in treatment, as compared to men, and greater barriers including: pregnancy, a lack of childcare, fear of child removal, unsupportive or controlling partners, not having enough information about available services, waiting lists at addictions treatment agencies, co-morbid psychiatric disorders, social stigma, and discrimination [37, 106]. Women with co-occurring mental health issues and substance use disorders report greater readiness to change their substance use than men [107]. Research suggests that in general, among men and women who complete treatment, gender does not predict treatment outcomes [108-111]. However, women-only substance use treatment services tend to result in better retention and outcomes for women compared to mixed-gender treatment [3-6]. While lesbian and bisexual women report high rates of substance use disorders, they are equally or more likely to access substance use treatment compared to heterosexual women [112] and gay, bisexual and heterosexual men [113].	There is substantial evidence supporting the need for trauma-informed approaches for women with substance use issues [114-116]. Women's Integrated Treatment (WIT) (including the curriculum Helping Women Recover and Beyond Trauma) [2], and the Women, Co-occurring Disorders, and Violence Study (WCDVS) [117] developed and tested gender-responsive and trauma-informed or trauma-specific substance use services. These approaches have demonstrated favourable mental health and substance use outcomes [2], better retention in treatment and improvements in coping skills and trauma symptoms [118, 119]. Women centred treatment [120, 121]: acknowledges gender differences; ensures an environment of safety and respect; is relational; values the importance of women's health in and of itself; prioritizes empowerment, safety and social justice; engages women as decision makers; includes integrated and culturally sensitive approaches to trauma and substance use; includes opportunities to improve socioeconomic status; collaborates with community services to create a comprehensive system of care. Mothers treated in substance use services with wrap-around services (e.g. childcare, parenting support, and employment skills) demonstrate better outcomes including improved pregnancy outcomes, increased psychological well-being, reduced HIV risk and improved substance use outcomes [108, 122]. Substance use services that include specific groups for gay, lesbian and bisexual clients are associated with greater satisfaction, retention and improvement in substance use outcomes.

GIRLS – INFLUENCES ON SUBSTANCE USE TREATMENT

Access, Retention, Readiness and Outcomes

Young women aged 15 to 24 are more likely to report an unmet service need related to their mental health or substance use than young men (27.6% vs. 17.5%) [123].

Gender inequality, stigma, and poverty may be barriers to accessing health care, education and employment opportunities for young women with alcohol or substance use issues [124].

Girls who are of immigrant background or ethnic minority background may encounter additional barriers when accessing substance use treatment services, such as language barriers, or treatment that is incompatible with religious or spiritual practices [125, 126].

Treatment is most effective for girls when they take an active part in their treatment planning, when goals are achievable and made clear, and when they receive constructive feedback on their progress in treatment [125, 126].

Girls entering treatment for substance use disorders often have multiple psychological, health, and social issues. Girls entering substance use treatment report more psychosocial problems than boys, including more mental health issues, homelessness, self-injury and suicide attempts [127, 128]. The complexity of problems girls typically bring to treatment for substance use disorders underscores the need for approaches and treatments that address a broad range of mental health and psychosocial problems beyond the treatment of the substance use disorder [125, 129].

Implications for Treatment, Prevention & Harm Reduction

The most effective or promising substance use prevention approaches for girls address: family relationships and communication, stress, depression, social interactions and body image [130, 131].

Girls in their reproductive years, may need family planning and maternal health care as a part of treatment for substance use disorders [125]. Girls may also need support in defining what healthy relationships are and how to minimize the likelihood of emotional, physical, and/or sexual abuse [125].

Interventions to delay the onset of drinking alcohol and prevent binge drinking among girls are important [132]. In a study conducted with adolescent girls on Facebook, problem solving skills, refusal skills, coping skills, and positive self-esteem and body image were identified as factors protective against substance use (alcohol, cigarette and other substance use) [133].

Girls' participation in the development of prevention programs has been associated with greater engagement, perceived relevance and satisfaction [126, 134].

MEN – INFLUENCES ON SUBSTANCE USE TREATMENT

Access, Retention, Readiness and Outcomes

Men are more likely to have received alcohol use disorder treatment [152], but less likely to receive treatment for prescription medication misuse than women [153].

Several studies have reported no gender differences in treatment retention in: women and men attending alcohol treatment programs [109]; and women and men receiving treatment for opioid dependence [40, 110, 111].

Some studies report differences in treatment outcomes for men. Men have better outcomes in response to nicotine replacement therapy (NRT) than women who smoke [154, 155]. Men require fewer attempts at cessation compared to women, and fewer forms of support to achieve cessation [156]. However, the use of naltrexone for alcohol use [157], and methadone maintenance therapy for heroin use [158] have been associated with poorer outcomes for men.

Gay and bisexual men report lower abstinence from substance use and lower levels of treatment completion compared to lesbian and bisexual women or heterosexual women and men [159].

Implications for Treatment, Prevention & Harm Reduction

Overall, gender informed approaches to substance use treatment for men are lacking in the academic literature. One example is Exploring Trauma, a 6-session group trauma intervention addressing issues specific to men's trauma (male socialization, risk of victims becoming abusers, men's shame and fear regarding trauma) which has been piloted in a variety of settings including substance use treatment [160]. Preliminary findings suggest that men enjoyed: sharing/ the opportunity to be open; learning of their similarity to other men; and talking about their traumatic experiences.

Substance use treatment approaches are needed for men that address [161]: parenting skills; partner support and healthy relationships (relationship and communication skill-building, individual and couples counseling); peer/ friend support (focusing on healthy friendships with non-substance using friends); the impact of trauma on substance use [162-167].

Gay and bisexual men who receive programs that included specific groups for gay and bisexual clients reported greater reduction in substance use compared to men who received traditional substance use treatment programs [159].

BOYS – INFLUENCES ON SUBSTANCE USE TREATMENT

Access, Retention, Readiness and Outcomes

Boys have higher rates of substance use treatment compared to girls [53, 135]. Ethnic minority boys experience unique social and environmental characteristics that may influence drug use and treatment such as stigma, discrimination, and sparse community resources [135].

Both boys and girls seeing a therapist for substance use issues report higher alliance and better treatment retention when gender-matched with a service provider [136].

A study evaluating the effectiveness of the Adolescent Community Reinforcement Approach (which focuses on building family support, social support, education/ employment as reinforcers of substance use recovery) found that boys and girls reported similar rates of abstinence, but boys reported greater treatment satisfaction [137].

Several evaluations of motivational interviewing approaches have reported a reduction in alcohol use [138, 139], and capacity to refuse alcohol [140] among boys, but not girls.

Implications for Treatment, Prevention & Harm Reduction

While substance use treatment interventions tailored to boys are lacking in the academic literature, the need for programs that address the distinct needs of adolescent boys (as well as programs tailored to adolescent girls) has been identified as a key priority for adolescent substance use treatment [141].

Risk factors for substance use among boys include: masculine gender norms [142], lack of parental monitoring [52], depression, anxiety and externalizing behaviours [143-145], and peer pressure by same gender peers [44, 146, 147]. In addition, the risk of substance use is heightened for boys of immigrant background, ethnic minority and of lower income [52], and boys who are gay or bisexual [46].

Some family level factors that may protect against substance use include: strong parent-child communication [148], knowledge of adolescent activities [149], family cohesion [150], and emotional closeness with mothers [151].

TRANSGENDER – INFLUENCES ON SUBSTANCE USE TREATMENT

Access, Retention, Readiness and Outcomes

Despite higher prevalence rates of substance use among transgender populations, there are clear disparities in their access to treatment [168]. Transgender people experience significant barriers to accessing and engaging in treatment programs [169, 170]. Trans individuals may avoid healthcare and/or not disclose their gender to providers out of fear of discrimination, victimization, institutional biases and stigmatized beliefs among service providers [59, 169, 171, 172]. Approximately half of transgender people with a substance use problem report being discouraged from seeking treatment because of expected stigma [169].

Trans people who hold multiple marginalized identities experience increased levels of discrimination [168]. Discrimination, stigma as well as cultural incompetence among staff and administrators can negatively affect treatment outcomes [103, 170]. Harassment, discrimination and violence can result in a trans person leaving treatment early [170].

Although services designed for sexual minorities (e.g. LGBTQ2+ services) may be perceived as providing a safe environment for trans people, there is evidence that trans people may still face significant barriers to accessing these services [104], and despite the “T” in their name they may not authentically integrate transgender people and experiences into the organization [173].

Implications for Treatment, Prevention & Harm Reduction

Trans people can be accommodated in women and men's substance use services according to their self-defined needs and gender identity [174]. It is essential to not require trans people to “pass” as cisgender to access gendered substance use services, as this may not be desired or possible for all trans people [51]. Service providers should be informed on appropriate cultural competence for working with transgender people [51].

Involving transgender peers in treatment and promoting a positive identification with the transgender community has been demonstrated to improve retention [103]. The Transgender Recovery Program, a residential substance use treatment program for transgender women that involves peers as “big sisters,” found an 81% retention rate, compared with retention in the general population program of 60% [103].

The management of transgender minority stress may be beneficial for the prevention of substance use among transgender youth [66].

Transgender identity pride and acceptance may increase wellbeing and act as a buffer to the negative effects of minority stress. Social support can be fostered through social media, support groups, and involvement in community organizations [64].

LGBTQ2+ services can become more transgender inclusive by: working toward full integration at every level including staff, board and volunteers; creating welcoming and inclusive physical environments, intake forms, promotional materials etc.; developing trans specific programing with input from community members; and ensuring transgender people know they are welcome at all programs [173].

E. Evidence Summary: Gender and Sex Implications for Trauma Informed Practice

Using the four key practice principles of trauma-informed practice, the following tables summarize how trauma-informed practice can be tailored to specific populations. (See Appendix 1 for a summary of the four practice principles).

WOMEN– IMPLICATIONS FOR TRAUMA INFORMED PRACTICE

Trauma Awareness	Safety and Trustworthiness
Women receiving treatment for substance use have high rates of trauma [114]. There is evidence that trauma is predictive of substance use [175] and women often use substances to manage negative emotional states [32-36]. Service providers should be educated on the impact of gender based violence and trauma and links with substance use to understand the context of substance use and needs of many women accessing their services.	Many women experience guilt and shame regarding their substance use problems, particularly during pregnancy and parenting [37]. Approaches that aim to ameliorate guilt and shame, and build safety are important for women receiving substance use services, and pregnant and parenting women in particular.
Choice, Collaboration and Connection	**Strengths Based and Skill Building**
Women are more likely than men to report relational concerns and social isolation as reasons for substance use [37]. Women have a right to safety and choice in treatment environments, and may request gender specific programs and spaces. Providing women with opportunities to connect with other women and with service providers, and engaging women as decision makers in their own treatment, is empowering for women and strengthens social support.	Given the interconnections of trauma, substance use and mental health issues in women, skill-building to improve mental health and cope with trauma may improve substance use and emotional health outcomes. For example, mindfulness meditation can be effective for reducing anxiety and withdrawal symptoms in women [176]. Approaches that are empowerment-based and build emotional regulation skills are particularly important for women [177].

GIRLS– IMPLICATIONS FOR TRAUMA INFORMED PRACTICE

Trauma Awareness	Safety and Trustworthiness
Girls often use substances, such as alcohol and tobacco, to cope with stress and/or difficult life circumstances [106, 178]. Support needs to be built on an understanding of these links between gendered stressors, experiences of trauma and substance use among girls. It is helpful if substance use service providers respect girls' efforts, listen to their concerns, and support the development of additional ways of coping.	Programs should recognize that mixing girls and boys within a program can put girls at risk, as they may be harassed, may feel less comfortable to talk openly about issues, and may feel less safe physically and emotionally in their treatment environment [125].
Choice, Collaboration and Connection	**Strengths Based and Skill Building**
Treatment is most effective for girls when they take an active part in their treatment planning, when goals are clear, in achievable steps, and when girls receive constructive feedback on their progress in treatment [125, 126]. Collaboration can help connect girls to the issues and realities affecting their lives through community involvement, events, volunteering and activism- helping girls to see the 'bigger picture' [106, 179].	As girls can be prone to self-critique, strengths-based and skill building approaches build confidence. The inclusion of development of life and communication skills, such as negotiation, conflict resolution and self-assertion are key to a trauma-informed practice when working with girls [180]. Interventions can focus on developing these skills through real-world interactions, such as critiquing sexist messages in mass media and advertising [106].

MEN– IMPLICATIONS FOR TRAUMA INFORMED PRACTICE

Trauma Awareness

While women tend to have higher rates of trauma, the severity of trauma-related symptoms for women and men in substance use treatment is similar [114]. In particular, childhood abuse is associated with substance use disorders in men [162, 163]. In addition, men who have experienced trauma are at greater risk of perpetrating violence [177]. Substance use treatment with men has often neglected to adequately explore the social and environmental factors associated with substance use [37]. Therefore, it is important to improve understanding among service providers and clients regarding the high rates of trauma in men, and links with substance use and violence.

Safety and Trustworthiness

Men are less likely to report positive interactions with substance use service providers [181], and cite a belief that treatment will be ineffective as a key barrier to treatment [182]. Dominant perceptions of masculinity also prevent men from seeking out support [183]. Providing non-judgmental and safe service interactions may build trust with service providers and encourage support seeking.

Choice, Collaboration and Connection

Men who have experienced trauma tend to cope via externalizing mechanisms (violence, substance misuse, crime). Thus addressing feelings, relationships and empathy with men who have experienced trauma can be helpful [177]. Providing opportunities for relationship-building in men's services may help foster healthier connections and responses to trauma.

Strengths Based and Skill Building

Skill building to support men to identify emotions and deal more effectively with anger, guilt and shame [177] may improve men's resilience to the effects of trauma.
Given the links between work related stress, and employment and substance use [49, 50], supporting vocational goals and training needs may also be helpful.

BOYS– IMPLICATIONS FOR TRAUMA INFORMED PRACTICE

Trauma Awareness

Boys who use substances are at a greater risk for exposure to physical abuse, or witnessing violence in later adolescence; in addition, boys who are victims of physical abuse or who have witnessed violence are more likely to engage in substance use [102]. Increasing awareness of the links between violence, trauma and substance use among both service providers and boys accessing services, is essential.

Safety and Trustworthiness

Boys are more likely to be abused/ victimized outside of their home, in institutional or extra-familial settings [184]. Due to this abuse of trust and safety, trauma informed approaches are needed that ensure safety and trust within the service setting and with substance use service providers.

Choice, Collaboration and Connection

Collaboration with youth to identify priority areas has been identified as a promising approach to prevent polysubstance use and problematic substance use [146].
Stereotypical masculinity and gender norms have been identified as risk factors for substance use [142]; establishing healthy relationships between boys, and with service providers, may challenge traditional ideas of masculinity that promote substance use.

Strengths Based and Skill Building

Programs working with ethnic minority and immigrant boys should provide tools and skills to reduce stress associated with the acculturation processes that boys may face during their developmental period, when they are at heightened risk for substance use. This could include analyzing media stereotypes and including multi-cultural learning [146].

TRANSGENDER– IMPLICATIONS FOR TRAUMA INFORMED PRACTICE	
Trauma Awareness	**Safety and Trustworthiness**
Transgender populations experience very high rates of gender-based discrimination, harassment and physical and sexual violence, and trans women are at heightened risk. Almost all (98%) transgender people in a US study reported one or more traumatic event in their lifetime, compared with 56% of cisgender women and men from the general population [66].	Due to previous experiences of discrimination, transgender people may not feel safe in health and social services. Using inclusive language (including a range of gender identities on intake forms), having gender neutral washrooms and displaying transgender positive resources in waiting areas demonstrates respect and can increase feelings of trust [58, 171, 173, 174].
Choice, Collaboration and Connection	**Strengths Based and Skill Building**
The language we use is important and not using a person's name or pronoun that matches their gender identity is a form of discrimination [58, 173, 185]. Transgender people should be able to choose to access services and be referred in a way that is consistent with their gender expression or stated preference [174, 186]. If the preference is not known, respectfully ask [174].	Even though there are negative impacts of stigma and transphobia, it is important to not view transgender people as victims [173]. Many trans people develop unique resilience and resistance to the negative effects of minority stress, and identifying and supporting existing resilience can be a source of strength to deal with challenges [187].

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