

Sex, gender and harm reduction responses to cannabis, tobacco and opioids

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Outline

- Sex, gender & harm reduction- applying an SGBA+
- Overview of a project in progress
- Examples of harm reduction and:
 - Electronic nicotine delivery systems (ENDS)
 - Opioids
 - Cannabis
- Gender transformative harm reduction?
- Implications

Harm Reduction, Sex & Gender

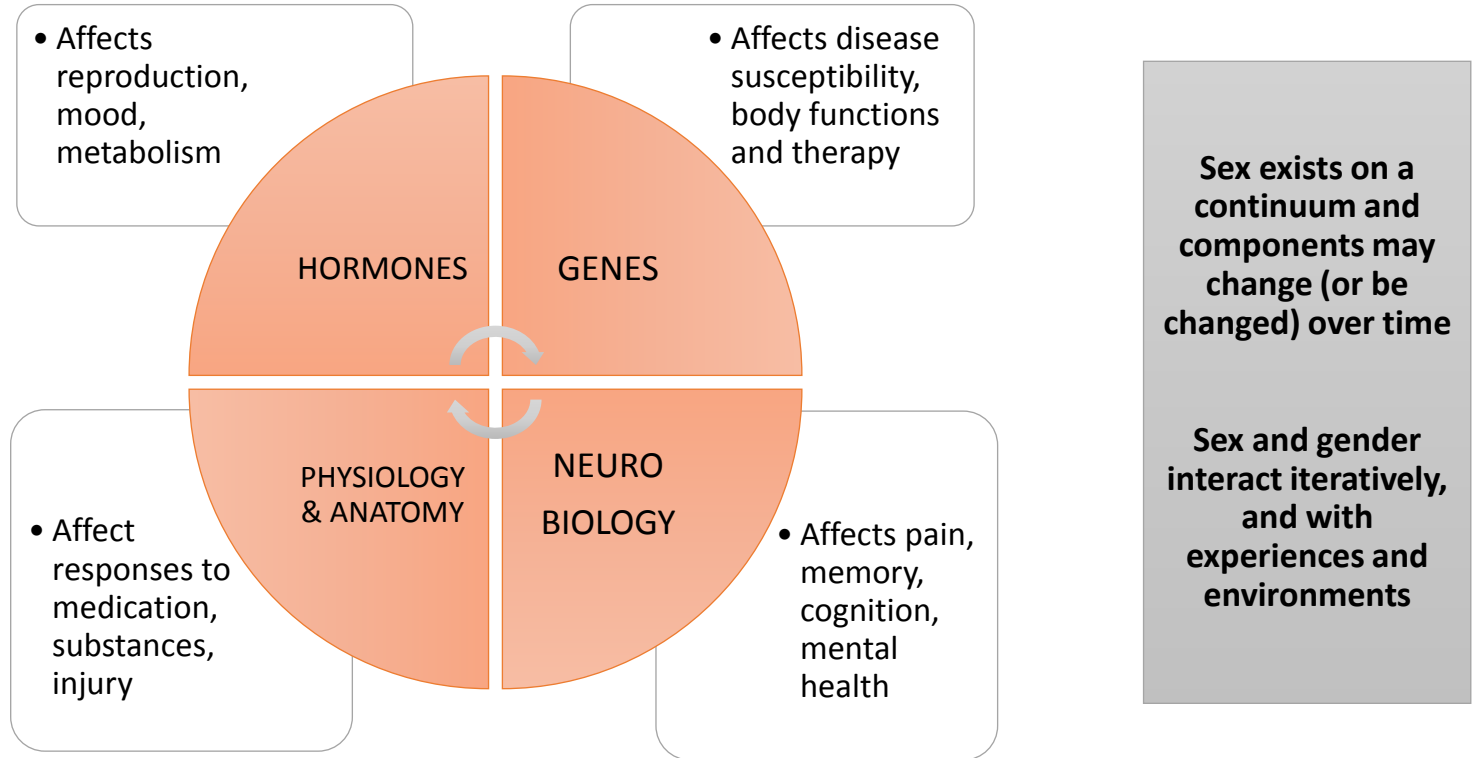
- Harm reduction is acknowledged as a critically important part of a continuum of responses to substance use
- **Historically**, the substance use field has focused on risks and individual behavior change, and
- Substance use field has been **gender blind**, and lacking analysis of the impact of culture and other social determinants of health on harm reduction

Taking sex and gender into account

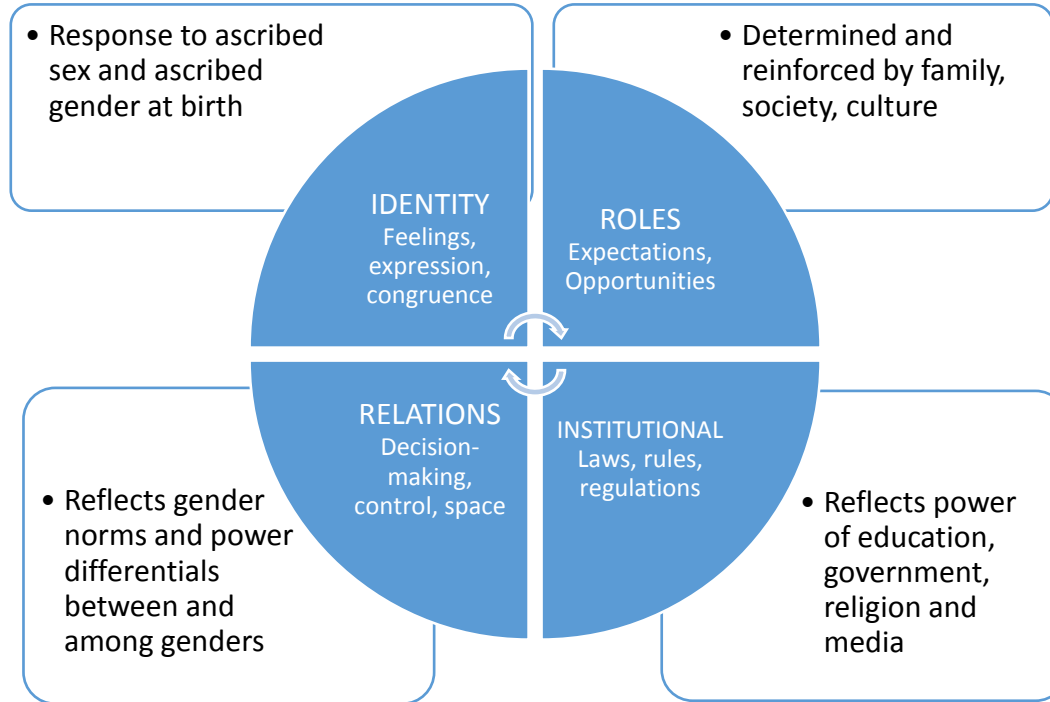
How do Sex and Gender matter in substance use?

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

Sex-related factors determine the effects of substances, dependence, intoxication....



Gender-related factors affect patterns of substance use, responses and access to treatment...



Gender exists on a continuum & is cultural and temporal

It has components that intersect and interact with sexual orientation, race, ethnicity, religion, culture, age, SES, nationality...

Scoping & Systematic Review Questions

Q1) *How* do sex and gender related factors impact:

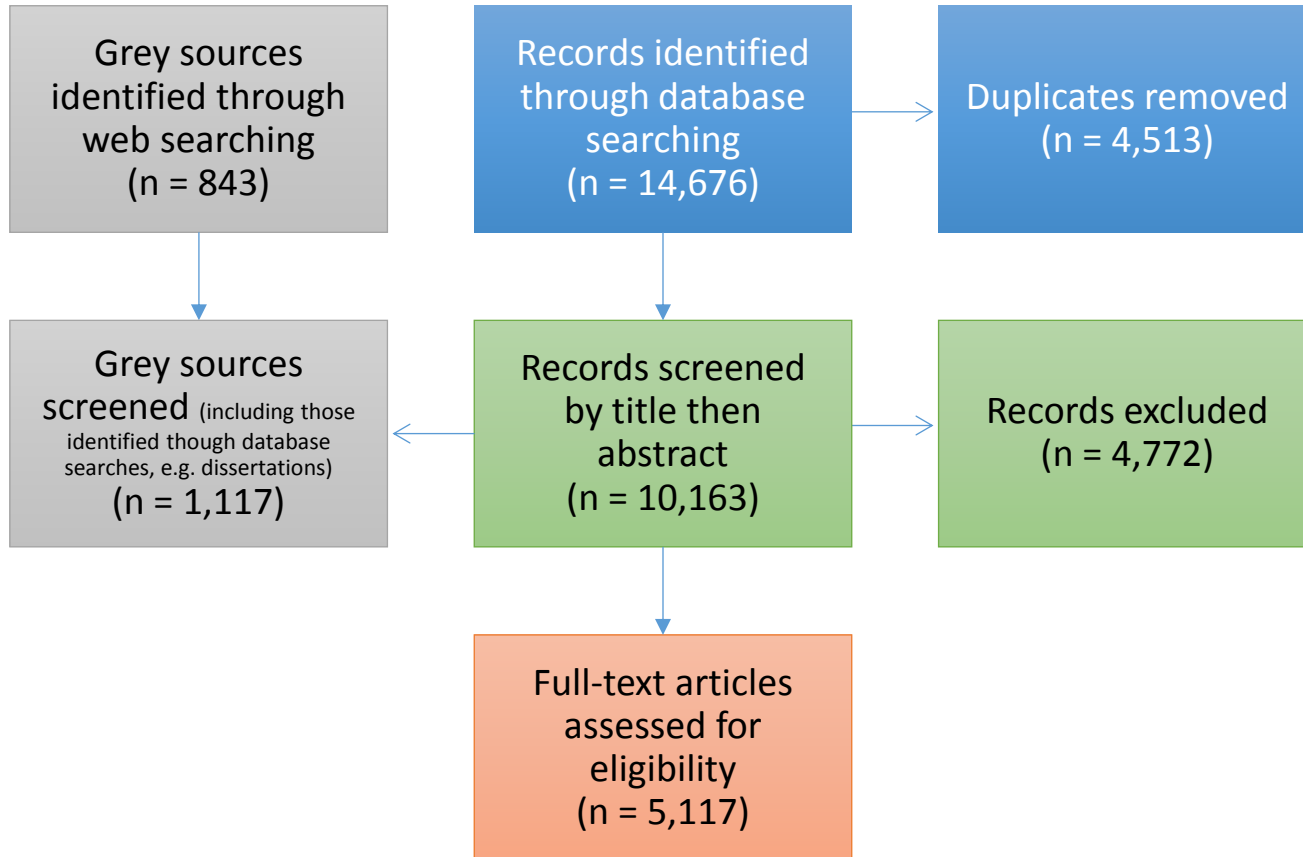
a) patterns of use;

b) health effects of;

c) and prevention/ treatment/ or harm reduction outcomes for opioid, alcohol, tobacco (including e-cigarette use) and cannabis use?

Q2) *What* harm reduction, health promotion/ prevention and treatment interventions and programs are available *that include sex, gender and gender transformative elements* and how effective are these in addressing opioid, alcohol, tobacco and cannabis use?

Review: flow diagram



Articles found to date on harm reduction for cannabis, opioids and tobacco/ ENDS

Number of articles for all review questions and levels of intervention (prevention, harm reduction & treatment):

- Cannabis n= 142
- Tobacco n= 867
- Opioids n= 253

Q1C: *How do sex and gender related factors impact harm reduction outcomes?*

- Cannabis n= 1
- Tobacco n= 27
- Opioids n= 2

Q2: Harm reduction interventions *that include sex, gender and/or gender transformative elements*

- Cannabis n= 0
- Tobacco n= 5
- Opioids n= 4

Many deficiencies in sex & gender measurement, analysis & reporting

1. Does not:
 1. measure
 2. report
 3. analyze sex/gender
2. Indicates sex or gender of sample, but does not report results by gender group
3. Provides minimal data about sex and gender differences
 1. one table without significant analysis
 2. one line in the discussion, etc.
4. Conflates sex and gender
5. Conflates sexual orientation and gender

Next steps

- Complete full paper screening
- Screen new searches
- Data extraction
- Quality assessment (Q2 only)
- Feminist quality appraisal (Q2 only)
- Narrative synthesis

Morgan, T., Williams, L. A., & Gott, M. (2017). A Feminist Quality Appraisal Tool: exposing gender bias and gender inequities in health research. *Critical Public Health*, 27(2), 263-274.

Table 1. Feminist Quality Appraisal Tool.

Author and year

Stated purpose/aim of paper

Study design

Consider how the study has conceptualised gender. What definition of gender is used, if at all? What is informing the use of gender?

Data collection and analysis

Consider whether the methodology and methods employed to collect and analysis data have taken into account the social context of the data collected and the efficacy of these methods in capturing gendered considerations. Consider also the subjectivity of the researcher collecting the data.

How is gender contextualised in study's discussion?

Awareness of how gendered behaviours stem from norms embedded in particular societies. These norms can be conformed to and contested within individuals' experiences. These norms may also intersect with other identity-forming features e.g. age and race.

Effective recommendations for change?

Effective prescriptions are made to challenge and change disparities on an individual and direct, as well as on a societal level.

Q....

Sex and gender differentiated?

Different genders in study?

Gendered power dynamics considered?

Femininity and masculinity considered?

Structural conditions considered?

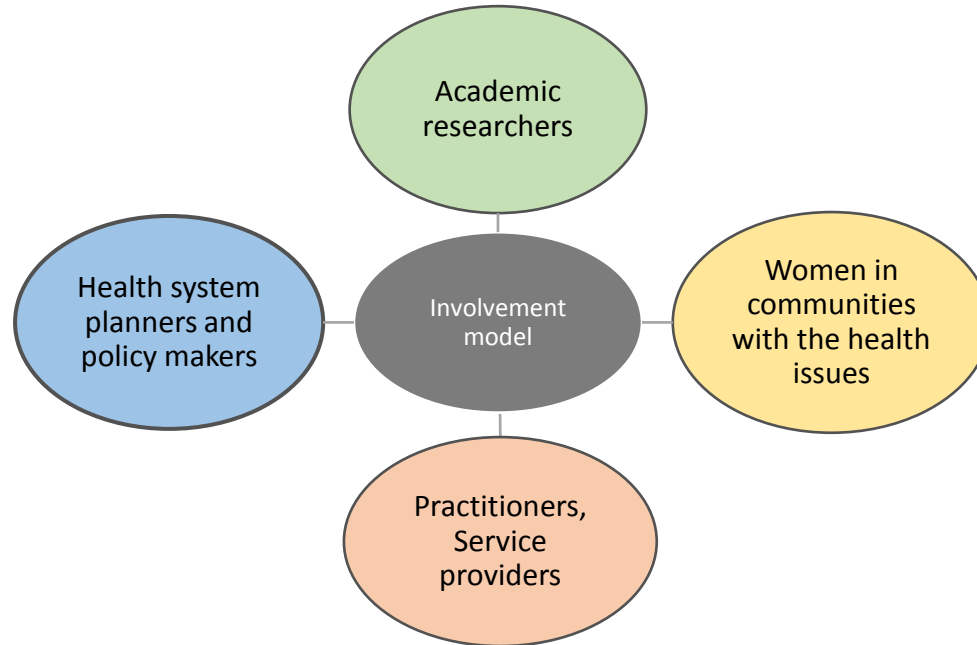
Other identity forming factors considered?

Have women been consulted on the problem?

Solution changes the existing order?....

- Has the reason for focusing on gender
- Has a working definition of gender been provided?
- Has 'gender' and 'sex' been successfully distinguished?
- If gender is mediated through another factor, how does it interact with gender ideals?
- Have multiple genders, e.g. women/men, been considered?
- If not, is the reason sufficient for not considering them?
- Are there any other major theories or frameworks that inform or undermine gender within the study?
- *Collection*
- Has the data collection process taken into consideration the socio/cultural and particular gendered contexts of the participants' surroundings?
- In quantitative, qualitative and mixed-method studies, has the author been self-reflexive about how their own gender and ideas of gender may have impacted their methodology?
- Has the author taken into consideration different genders tendencies to respond and disclosure differently?
- Has the study been written in a way that demonstrates awareness of the gendered power dynamics that exist between interviewer and interviewee and have the researchers considered how to accommodate this?
- Have other non-identity factors that are socially attached to gender identity been included in order to acknowledge the complexity of gender?
- *Analysis*
- Has gender been used as a category of analysis or has gender simply been one variable that has been analysed?
- Have qualitative methods allowed for the participants to communicate the complexity of their gendered experiences?
- If multiple genders have been included in the sample, has data been sex-desegregated?
- Have multi-level models been employed to see whether societal factors have an important role in causing differences?
- Have relevant subset analyses been applied?
- Have sensitivity analysis and heterogeneity been considered?
- Has gender been characterised as a social construct?
- Have gender norms been acknowledged as a feature of the structural conditions of a particular society?
- Have any particular formations of femininity and masculinity in the context of the study been identified?
- Have normative ideas of gender been acknowledged as unstable, and with the potential to change over time?
- Have other identity-forming factors that contribute to how people perceive themselves and are perceived in society considered, such as race, ethnicity, sexuality, age, physical ability?
- Who is the target (both direct and indirect) of the proposed policy, program or project? Who will benefit? Who will lose?
- Have women been consulted on the 'problem' the intervention is to solve? How have they been involved in development of the 'solution'?
- Does the intervention challenge the existing gender division of labour, tasks, responsibilities and opportunities?
- Have specific ways been proposed for encouraging and enabling women to participate in the policy/program/project, despite their traditionally more domestic location and subordinate position?
- Has the long-term impact in regard to women's increased ability to take charge of their own lives, and to take collective action to solve problems, been considered?

Centre of Excellence for Women's Health Involvement Model: 1997- present



Tobacco harm reduction using Electronic Nicotine Delivery Systems (ENDS)

Gender & patterns of use: e-cigarettes

<p>Kong et al 2017 <i>(review of 652 studies/ 2.5% reported gender)</i></p>	<p>Men and boys report higher rates of e-cigarette use compared to women and girls [1] Boys purchase on line; girls acquire via social sources Girls less likely to know the nicotine content of their e-cigarettes Need sub group analysis: SES, sexual minority groups, ethno/racial groups</p>
<p>Dai et al 2017; Emory et al 2015; Johnson et al 2016</p>	<p>Lesbian and bisexual girls and women report higher use of e-cigarettes (and other tobacco products) than heterosexual girls, women and men, and gay and bisexual men [2-4]</p>
<p>Lanza et al 2017</p>	<p>Both men and women engaging in risky alcohol use and cigarette smoking had a higher likelihood of endorsing e-cigarette use [5] 1/3 e-cig users were not tobacco users</p>
<p>Bauhoff et al 2017</p>	<p>Women who are current smokers were more likely than former smokers, to have learned about e-cigarettes from advertising, and believe that e-cigarettes help smokers quit [6]</p>

Sex related factors: e-cigarettes and tobacco cessation

Dawkins et al 2012	Both nicotine and placebo e-cigarettes reduced the desire to smoke and withdrawal symptoms in males but not females [7]
Grace et al 2015	Females rated e-cigarettes more highly than males; satisfaction predicted later reductions in smoking; potential for effective NRT delivery, especially for women [8]
Piñeiro et al 2016	Men more likely to report initiating e-cigarette use to quit smoking due to health concerns; women more likely to report initiation based on recommendations from family and friends Men report greater use of e-cigarette use related to positive reinforcement (enjoyment); women reported continued use for negative reinforcement (to manage stress, negative mood) [9]
Pang et al 2017	“Affective PMS” associated with greater number of smoking cessation aids used in past quit attempts, including increased use of e-cigarettes; reflects difficulty of cessation during luteal phase and amidst acute PMS [10]

E-cigarettes & pregnancy: controversial

smoking in pregnancy
challenge group

Use of electronic cigarettes in pregnancy

A guide for midwives and
other healthcare professionals



- Coalition of UK health organizations endorsed use of ENDS as a substitute for smoking in pregnancy
- (WHO 2016): "the evidence is sufficient to warn children and adolescents, pregnant women, and women of reproductive age against ENDS use and nicotine"
 - "Foetal and adolescent nicotine exposure may have long-term consequences for brain development, potentially leading to learning and anxiety disorders"
- US study: 13% of pregnant women reported ever use of e-cigarettes
 - older, more likely a current smoker, and perceived e-cigs as less harmful, more fashionable and helpful for cessation [11]
 - identified interest in e-cigarettes as a harm reduction strategy, but reported postpartum relapse to traditional cigarettes [12]

Harm reduction: Opioids

Gender & Opioids

- Men are more likely to [13]:
 - escalate their opioid medication doses & ingest non-orally
 - use non-prescribed or illegally obtained opioids (e.g. fentanyl)
 - use alone & die from opioid overdose
- Women are more likely to [14]:
 - begin prescription opioid misuse via a prescription
 - report greater pain despite chronic opioid therapy
 - use prescription opioids to cope with trauma & negative emotions
- In a US study, n= 155 transgender adults, 23.9% reported non-medical prescription painkiller use [15]

Opioids: gender and stigma & harm reduction services

Cooper et al 2017	Australian sample in treatment for prescription opioid dependence: women report greater perceived stigma [16]
Kerr et al 2017	Sample of people who inject drugs in London, Canada, women expressed less interest in the use of supervised injection sites; women may experience greater stigma and more barriers to services [17]
Smye et al 2011	Women receiving MMT in Vancouver, BC frequently cited challenges linked to the “intersectionality of disadvantages” including impact of gendered stigma in accessing MMT [18]
Earnshaw et al 2013	US study - women accessing MMT identified unique experiences of stigma, including: being perceived as a prostitute, or as a “poor mother” [19]

Harm reduction: Cannabis

Cannabis & sex and gender-related factors

- Men who use cannabis are more likely to report dependence or severe dependence on cannabis than women [20]
- Boys use cannabis at higher rates, but gender gap among youth may be narrowing [21]
- Women who are pregnant or who are mothers and use cannabis report experiencing stigma, fear of judgment [22]

Cannabis, pregnancy & parenting: harm reduction issues

- Some women report using cannabis as a substitute for more harmful substances during pregnancy & parenting
- Qualitative study: parental cannabis use, perceptions of benefits and harm, and harm reduction strategies [23]
 - Parents reported no adverse impacts on parenting
 - Yet, children's awareness of use and access occurred earlier than parents thought
 - Harm reduction strategies parents used: being discreet, using less potent strains, prioritizing family & work, not mixing with tobacco

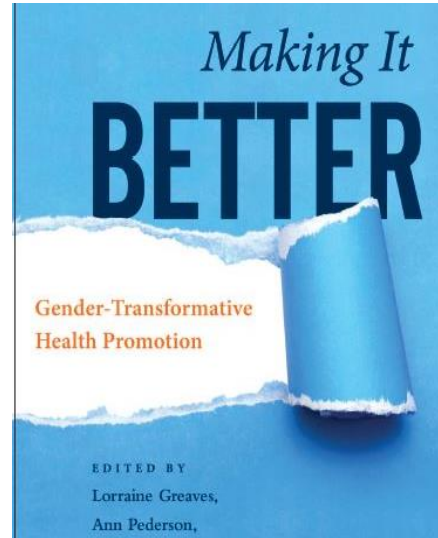
Harm reduction: gender and routes of administration (ROA)

- Russell et al (2018) scoping review on ROA & health effects [24]:
 - Greatest harm: smoking cannabis, vaping cannabis concentrates (“dabbing”)
 - Least harm: vaping natural cannabis (plant material), edibles
- Vaping, smoking, using cannabis concentrates more common among males [25-27]
- Edible use more common among females [27, 28]

Raising the bar in harm reduction initiatives: Gender transformative approaches

What would gender transformative harm reduction look like?

Improves health *and* reduces gender inequity at the same time



Principles for practitioners doing tobacco reduction with women in the reproductive years

Described in the 2014 *Tobacco Free Futures Guidelines*. Alberta Health Services



Sisterspace, Vancouver

- Women-only harm reduction for women who inject drugs
 - Welcomes trans women, genderqueer women, & non binary femme-identified people
- Staff and peer-supported injection room
- Safe opportunity for health education, access to treatment, health services, housing support, legal advocacy...social networks



Gender Exploitative

Perpetuates gender inequalities

(eg. exploits stereotypes such as beauty or responsibility for others to encourage cessation)

Gender Accommodating

Acknowledges but does not address or try to change gender inequalities

(eg. provides gender-specific programming to provide safety or child care)

Gender Transformative

Addresses causes of gender based inequalities & works to transform harmful gender roles, norms, relations

(eg. focus on empowerment of women and others exposed to GBV- exploited by pimps, drug dealers, street doctors etc)



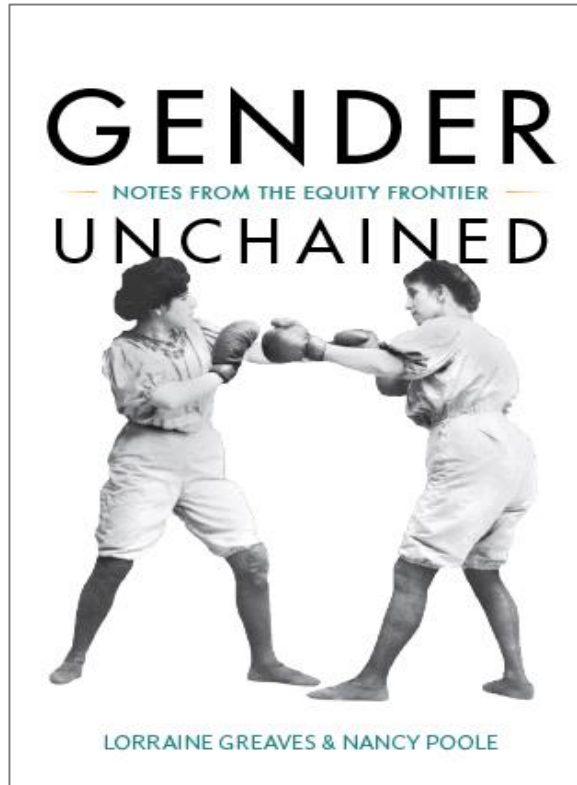
**GOAL=
GENDER
EQUITY**

Current opportunities for considering gender

- **Opioid Strategy** needs to address:
 - Pregnancy, parenting, child welfare and access to treatment
 - Stigma reduction, (higher for women and mothers)
 - Higher use of opioids and other drugs by men: link to masculinities
- **New Tobacco and Vaping Products Act** (received Royal Assent May, 2018)
 - Assess sex and gender differences in effectiveness of e-cigarettes in tobacco reduction and cessation
 - Assess gendered issues in prevention of uptake of vaping
 - Long term studies of impact of vaping on sex specific patterns of lung disease
- **Cannabis regulatory frameworks** (municipal, provincial, federal)
 - Prevention messages for youth and advice for parents need gendering
 - Impaired driving campaigns and gender
 - Reproduction, fertility and pregnancy (for males *and* females)

Summary & Conclusions

- Lack of sex/ gender lens in harm reduction intervention literature
- ENDS
 - framed as harm reduction for tobacco
 - lack of sex/ gender lens
- Opioids
 - examples of gender informed harm reduction responses but lack of evaluation in academic literature
 - gender differences and stigma in accessing and responding to treatment
- Cannabis
 - lack of gender informed harm reduction approaches in academic literature
 - route of administration (ROA) as harm reduction; need to consider gendered patterns of use
- *Gender transformative harm reduction approaches are needed for all substances*



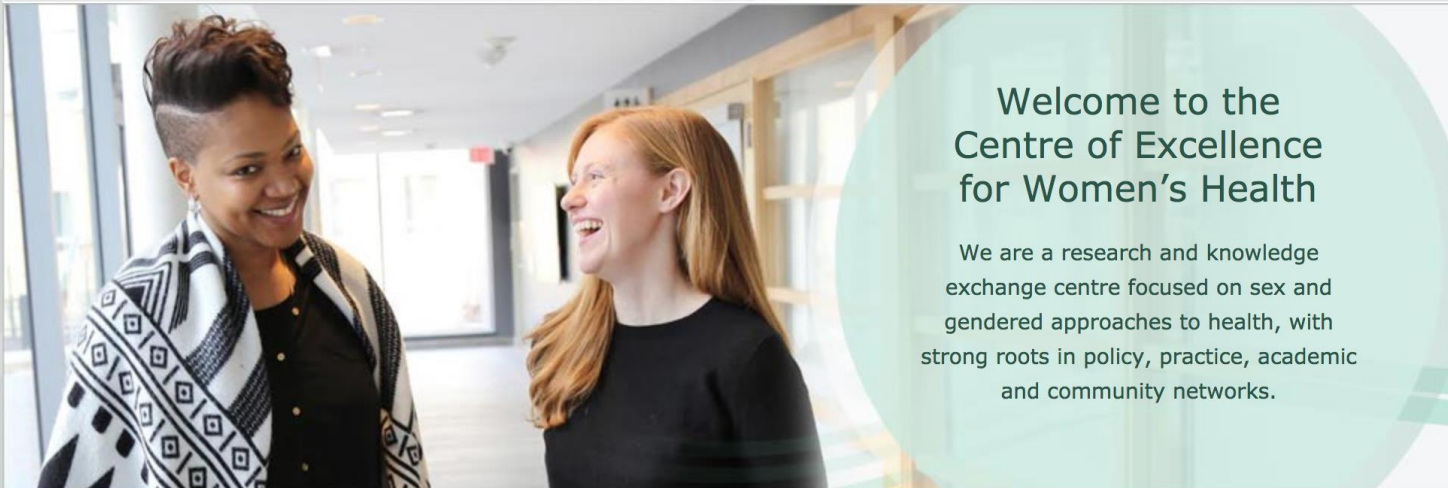
Available at www.genderunchained.com , the FriesenPress bookstore, Amazon, Chapters|Indigo, Barnes & Noble, and most major online retailers (\$20)

Sex and Gender Health Canada-CIHR Initiative on Cannabis

- **Signature Initiative (CLRB and CPAB): Applying a Gender-based Lens to Cannabis Risk Perceptions, Public Education and Awareness**
- Raising awareness of the risks and harms of cannabis use is critical to the effective implementation of a new legislative and regulatory framework for the legalization and regulation of cannabis. The Government of Canada is committed to ensuring the integration of a sex and gender-based perspective in developing and delivering an evidence-informed cannabis public education and awareness campaign. Early work has been undertaken to assess available data and public opinion research to better understand gender differences in cannabis use and risk perceptions among Canadians.
- CLRB and CPAB will be able to draw on the expertise of an external research expert to advance work on the adoption of a gender-based lens in developing, testing and delivering cannabis public education and awareness activities, and in formulating targeted, gender-sensitive messages for key population sub-groups such as pregnant women and LGBTQ2 individuals that may require special focus. The research expert will also help interpret results from the Canadian Cannabis Survey, from a sex and gender-based lens.

SGBA initiative - vaping

- **Healthy Environments and Consumer Safety Branch (HECSB)**
- Signature Initiative: Implementing a New Framework for Vaping Products in Canada. Canadian vaping data are currently being collected via the 2017 Canadian Tobacco, Alcohol and Drugs Survey and the 2016-17 Canadian Student Tobacco, Alcohol and Drugs Survey. All results will be reported by sex and age group. New and expanded vaping indicators are under development and will be aligned with international best practices, including the inclusion of the newly developed questions on both sex and gender being implemented by Statistics Canada.
- The newly created Health Canada Science Advisory Board on Vaping Products includes a member from the scientific community with expertise in sex and gender issues to ensure these are considered when evaluating scientific evidence.



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