



Gender Informed and Gender Transformative Approaches to the Opioid Crisis: Implications for messages, practice and policy

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I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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The Trauma/Gender/Substance Use Project

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



Gender, Trauma and Opioid Use

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Gender and Opioids

Women are more likely to:

- Begin prescription opioid misuse from prescription
- Report greater pain despite chronic opioid therapy
- Use prescription opioids to cope with trauma & negative emotions

Men are more likely to:

- Escalate their opioid medication doses
- Use alone
- Ingest opioid medications non-orally
- Use non-prescribed or illegally obtained opioids (e.g. fentanyl)
- Die from an opioid overdose

Gladstone, E. J., Smolina, K. & Morgan, S. (2015). Trends and sex differences in prescription opioid deaths in British Columbia, Canada. *Injury prevention*.

Hachey, L. M., Gregg, J., Pavlik-Maus, T. & Jones, J. (2017). Health implications and management of women with opioid use disorder. *Journal of Nursing Education and Practice*, 7(8), 57.

Hemsing, N., Greaves, L., Poole, N. & Schmidt, R. (2016). Misuse of prescription opioid medication among women: a scoping review. *Pain Research and Management*.

Trends in Gender and Opioid Use in Canada

- **Past-year use of opioid pain relievers:** 13.9% for women and 12.1% for men (2015 CTADS)
 - Unlike illicit drugs, women use prescription drugs at equal or higher rates than men
- **Patterns of health care:** Women are more likely to use prescription drugs, and are more likely to be prescribed opioids and anti-anxiety medications
 - 1 in 5 opioid poisoning hospitalizations also involve benzodiazepines. Twice as many women (14% compared to 7%) are prescribed medications such as Valium and Ativan.

Rotermann, M., et al., (2014). Prescription medication use by Canadians aged 6 to 79. *Health Rep*, 25(6), 3-9.

Morgan, S.G., et al., (2016). Sex differences in the risk of receiving potentially inappropriate prescriptions among older adults. *Age Ageing*, 45(4), 535-42.

Thompson, A.E., et al., (2017). The influence of gender and other patient characteristics on health care-seeking behaviour: a QUALICOPC study. *BMC Fam Pract*, 17, 38.

Gomes, T., et al., (2017). *Behind the Prescriptions: A snapshot of opioid use across all Ontarians*. Ontario Drug Policy Research Network.

Opioid Use in Transgender Populations

- While research on opioid misuse among transgender people is limited, the prevalence of non-medical prescription opioid use among transgender populations is high
 - Higher rates of non-medical prescription pain medication use have been reported among transgender youth, compared to cisgender youth
- Transgender populations experience very high rates of gender-based discrimination, harassment and physical and sexual violence.
 - 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

Trauma, Gender and Opioids

- Compared to other types of substance use, women and men addicted to prescription opioids are more likely to report:
 - A traumatic event
 - Childhood trauma, including: childhood abuse or neglect, or having witnessed violence
- People who have 5+ ACEs are:
 - 3X more likely to misuse prescription pain medication
 - 5X more likely injection drug use
- Intergenerational trauma is a key reason for First Nations in BC being more likely to experience an overdose event.
 - In 2015-2016:
 - Among First Nations people the ratio of overdose events was almost even between men (52%) and women (48%).
 - First Nations women experienced 8x more overdose events and 5x more deaths from overdose than non-First Nations women.

Lawson, K.M., et al., (2013) A comparison of trauma profiles among individuals with prescription opioid, nicotine, or cocaine dependence. *The American Journal on Addictions*, 22(2), 127-131

Quinn, K., et al., (2016). The relationships of childhood trauma and adulthood prescription pain reliever misuse and injection drug use. *Drug Alcohol Depend*, 169, 190-198

First Nations Health Authority (2017). *Overdose Data and First Nations in BC: Preliminary Findings*. West Vancouver, BC: First Nations Health Authority.

Trauma and Gender Informed Approaches to Addressing Opioid Use

Practice Area	Examples
Prescribing Practices	E.g. Sex-specific dosages, discussing links with trauma and gender-based violence
Adverse Childhood Experiences	E.g. Home visiting programs, parenting support, initiatives related to family and community resilience
Gender-based Violence	E.g. Discussing safety, coping and pain in services reaching people experiencing violence and trauma
Indigenous Wellness	E.g. Cultural interventions linked with other interventions and supports, cultural safety training for health care providers
Harm Reduction and Addiction Treatment	E.g. Single-gender overdose, outreach and treatment programs, family-based treatment programs, addiction treatment that is trauma informed
Maternity Care	E.g. Promoting rooming-in and breastfeeding to reduce symptoms of opioid withdrawal in newborns, parenting support with a focus on support for mother+child

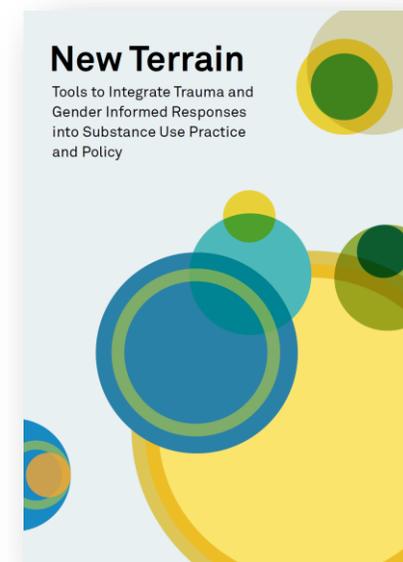
Gender Transformative Approaches



Gender transformative approaches have dual goals: Improving gender equity at the same time as achieving health outcomes

Gender transformative approaches involve multi-tasking:

- Setting dual or multiple goals in your program
- Creating materials and elements that engage all genders
- Measuring additional or new indicators to assess your initiative
- Focusing on root solutions and root causes in communicating about your initiative



It is clear from the gendered patterns and experiences related to opioid use, that there are important opportunities for taking up gender transformative approaches in our response to the opioid crisis.



2 New Guidance Documents

related to Trauma, Gender and Opioids

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British Columbia- Two Guides on Opioids

- CEWH partnered with:
 - Mental Health & Substance Use Branch, BC Ministry of Health
 - BC Mental Health & Substance Use Services
 - Canadian Centre on Substance Use and Addiction
 - School of Nursing, University of Victoria
 - Island Health Authority



Trauma Informed Practice & the Opioid Crisis

A Discussion Guide for Health Care
and Social Service Providers

May 2018

www.bccewh.bc.ca



WOMEN AND OPIOIDS

Media Guide

Canada is in the midst of a serious and growing opioid crisis. Nearly 30% of Canadians report using some form of opioids, such as oxycodone, morphine, codeine, and methadone, in the past five years and 1 in 8 Canadians (nearly 3.5 million) say they have a close friend or family member who has become dependent on opioids.

The Centre of Excellence for Women's Health conducts multidisciplinary and action-oriented research on women's health. This backgrounder on women and opioids is based on research showing that many women are affected differently than men by the opioid crisis and that approaches to preventing and addressing opioid misuse and addiction require attention to these differences. It includes a checklist of suggestions for better reporting on women and opioids as well as a brief overview of research and trends in Canada.

It's important to reduce stigma associated with opioid misuse and addiction, encourage women to access treatment and support, and increase awareness of opioid-related trends and issues unique to women. By broadening the focus of reporting on opioids, media can help highlight opportunities for prevention and early intervention, support innovative approaches to treatment, and help shift policy responses and public opinion.

1

Available at:
bccewh.bc.ca

Discussion guide for service providers

Backgrounder for media



Messaging in gender informed ways

Recommendations

4. Show stories of women and their children receiving support and care together.

How this helps

Fear of being separated from their children or having their children removed from their care is one of the top reasons pregnant women and mothers do not access substance use treatment and care.



Suggestions for Reporting on Women and Opioids

Recommendations

How This Helps

- | | | |
|----------|---|---|
| 1 | Use "person-first" language that refers to the person before their condition or behaviour, e.g., person with an opioid use disorder. (Avoid terms like "addict" and "junkie"). | Substance use remains highly stigmatized and prevents people from accessing care. Person-first language recognizes that a person's condition, illness, or behaviour is only one aspect of who they are and not a defining characteristic. |
| 2 | Avoid words and phrases such as "suffering from" and "victim of." Instead, phrases like "has a history of", "working to recover from", "living with", or "experiences" emphasize people's strengths and capacity for change. | This type of language conveys optimism, supports recovery, and provides hope for healing. |
| 3 | Talk to a diversity of women with lived experience, frontline workers, and academic experts to better understand trends and the context of women's opioid use. | Numbers don't always reflect how women are being affected by broader trends in opioid use. Certain groups of women may have unique needs and experiences and require specialized support and services and many issues are underreported or studied (e.g., the number of women who use substances during pregnancy). |
| 4 | Show stories of women and their children receiving support and care together. | Fear of being separated from their children or having their children removed from their care is one of the top reasons pregnant women and mothers do not access substance use /addiction treatment and care. Avoid using partial images of pregnant women with naked bellies or that otherwise focus on the fetus only. |
| 5 | Use accurate language to describe the effects of opioids on newborns and women. E.g., babies may be "born experiencing withdrawal symptoms" or "have been exposed to substances in utero." (Avoid phrases like "born addicted to heroin" or "addicted babies"). | Babies can be born physically dependent on opioids but do not have any other symptoms of addiction. Most babies who experience withdrawal will have no long-term effects on their health and development. Inaccurate labels like "addict" can "follow" women and babies, increase stigma, and deter positive change. |
| 6 | When possible, include up-to-date local/national resources where readers/viewers can find support, treatment, and information. | Many women are isolated and unsure of where to find help. Friends and family also need information on how to support their loved ones. |
| 7 | Avoid regularly or repeatedly using triggering images such as photos of people who have overdosed or sick babies. | Avoid regularly or repeatedly using triggering images such as photos of people who have overdosed or sick babies (e.g., infants in hospital environments surrounded by wires and monitors). |

Offering services in trauma and gender informed ways

Discussion guide is organized into four sections:

- Brief overview of four principles of trauma informed practice and relevance to opioid use
 1. Trauma Awareness
 2. Safety and Trustworthiness
 3. Choice, Collaboration and Connection
 4. Strengths Based and Skill Building

Each section includes:

- *Strategies for Individual Service Providers* and *Strategies for Organizations*
- Discussion questions to help service providers consider “What are we doing well? What else can we be doing?”



Trauma Informed Practice & the Opioid Crisis
A Discussion Guide for Health Care and Social Service Providers

May 2018

Strategies for Service Providers

1. Recognize past and current experiences of trauma and violence as a potential risk factor for opioid misuse and that substance use can be a form of coping with the effects of trauma, sometimes differently for women, men, trans and gender-diverse people.

2. Be able to recognize the effects of trauma in patients/clients and also in staff, and how it may look for different people.

3. Assume “universal precautions”. Most of the time, there is no need to ask patients/clients about the details of past or current experiences of trauma. Adapt procedures, practices, and services to reflect an understanding that trauma is common and assume that any or all patients/clients may have experiences of trauma.

4. Learn about local programs and services that provide trauma specific treatment for women, men, trans and gender-diverse people who may be interested in a referral. Also consider integrated, interdisciplinary, multimodal, or holistic concerns chronic p

5. There z use opioid or other the effect normalize interests of

6. Offer information about the relationship between pain, trauma, and opioid use to patients/clients. This increased understanding of how past experiences of trauma affects their physical well-being can create understanding and self-compassion. If people are interested, service providers can promote mind-body interventions that they might find helpful such as mindfulness meditation, yoga, trauma-focused cognitive therapy, self-management resources such as smartphone apps. Recognize and reinforce that these interventions may not have immediate benefits and that developing new skills related to coping with trauma and physical pain take time to develop.

Strategies for Organizations

1. Provide all staff, at all levels, with basic foundational training on trauma, its effects, and how trauma affects service engagements.

2. Develop policies or procedures to minimize the possibility of re-traumatization, e.g. de-escalation strategies, “trauma-informed” best practices for delivery of procedures such as



**CHOICE,
COLLABORATION,
AND CONNECTION**

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Practice Example- Gender specific overdose prevention site

- Many women have difficulties accessing mixed-gender programs because of their experiences of violence and their need to avoid men who have or may hurt them
- SisterSpace- First women's only overdose prevention program in Canada provides women a safe and secure indoor environment



Summary

- Despite gendered factors affecting use, there is inadequate consideration of these factors in media or public health messages, harm reduction and treatment services and policy specific to opioid use in Canada.
- The guides are intended to improve capacity to work in trauma-informed, gender informed and gender transformative ways by increasing understanding of the impact of sex, gender and trauma on opioid use/ misuse and providing ideas for improving reporting, messaging, and providing brief support, harm reduction and treatment interventions while promoting gender equity.

Trauma Informed
Development Education
Project (TIDE)

Trauma/Gender/Substance
Use Project

► **TGS Resources**

TGS Webinar Series

Dialogue to Action on
Discussing Alcohol with
Women Project

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

Trauma Informed
Development Education
Project (TIDE)

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Use Project

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

TGS Resources

TGS Webinar Series

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**Trauma
Gender
Substance Use**

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

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

Guides

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

[Social Service Providers](#)

[Women and Opioids: Media](#)



Thank you!

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