

Canadian Public Health Association June 2017

Fusing trauma and gender informed responses to substance use

Introductions

Who we are

- Lorraine Greaves
- Nancy Poole
- Natalie Hemsing
- Rose Schmidt
- Holly Murphy

Who the audience is

1. Policy?
2. Health promotion practice?
3. Clinicians?
4. Research?
5. Administrators?

Objectives

- Describe basic principles of:
 - Trauma informed practice;
 - Gender informed practice; and
 - Gender-transformative approaches
- Apply techniques to fuse these approaches
- Explain the benefits and challenges in fusing these approaches

Agenda

1. Gender informed and transformative approaches

- Discussion - Placing ourselves on the gender informed action continuum

2. Trauma informed principles and practices

- Discussion - Incorporating TI , GI and GT approaches in cannabis policy, opioid prescribing, tobacco strategy . . .

3. Fusing these approaches

- Q&A

Trauma/Gender/Substance Use (TGS) Project

- Goal - To guide the further integration of trauma informed, gender informed and gender transformative practices into substance use prevention, health promotion, treatment, harm reduction and policy in Canada
- Funding - 2 year - financial support from Health Canada
- Actions - Wide range of knowledge translation activities - webinars, pilots, virtual communities . . .

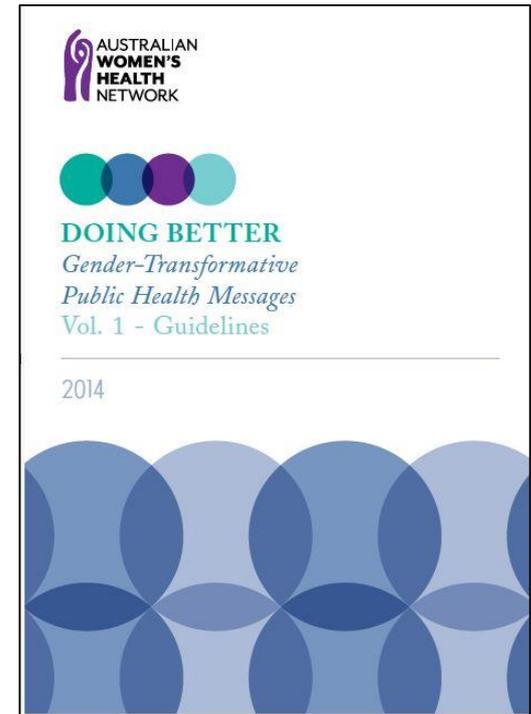
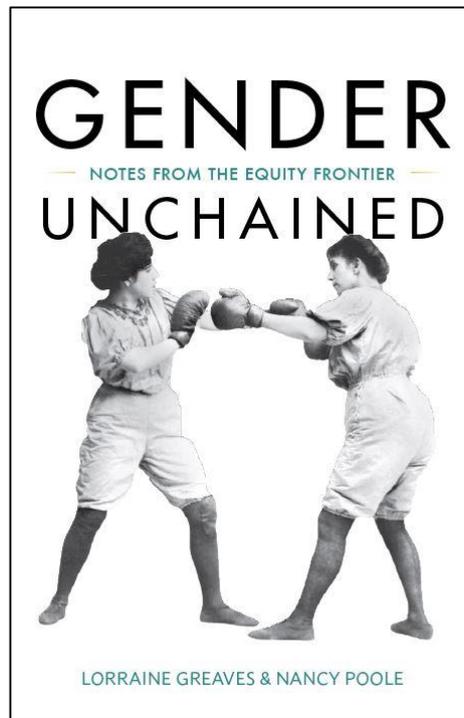
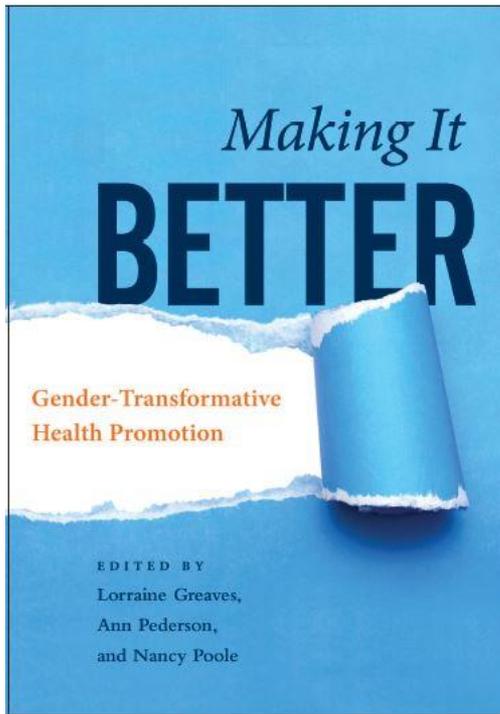


[About Us](#)[Featured Projects](#)[Research in Action](#)[Webinars and Media](#)[Publications](#)

Welcome to the Centre of Excellence for Women's Health

We are a research and knowledge exchange centre focused on sex and gendered approaches to health, with strong roots in policy, practice, academic and community networks.

bccewh.bc.ca



Gender Equity through Health Promotion

Home About Online Course Resources Book

Resources for Promoting Health in Women

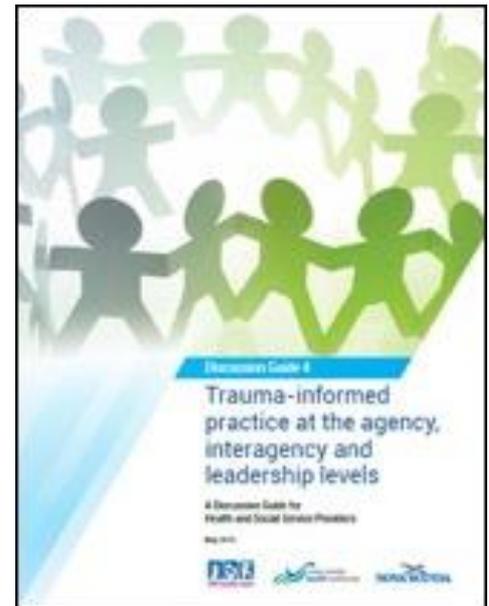
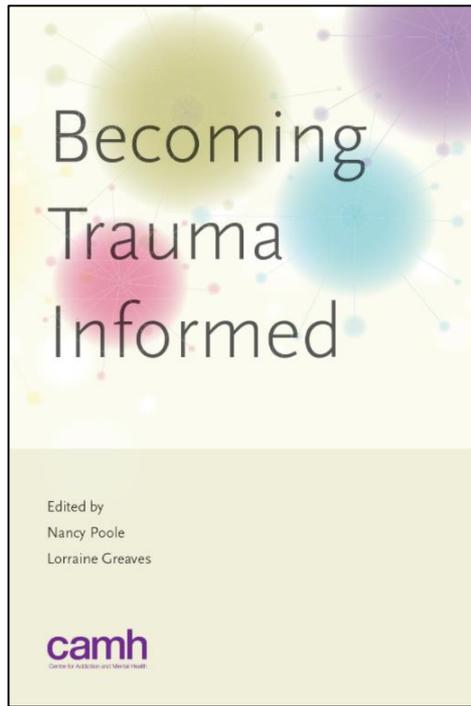
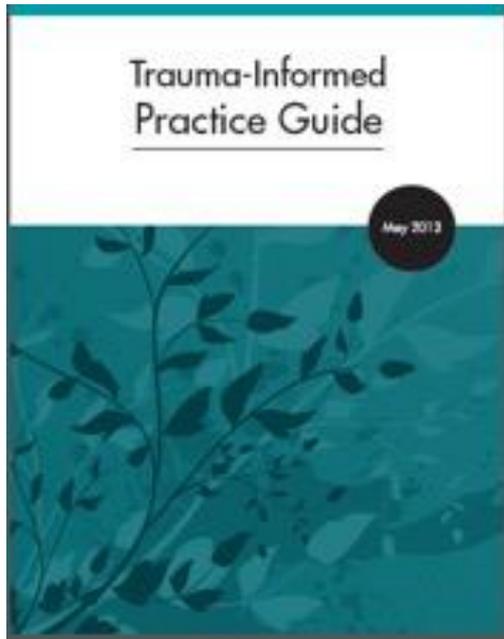
- This website offers practical tools, online training, and information about gender transformative health promotion.
- These resources have been developed for a range of health and social service professionals, as well as students, researchers, program managers, policy makers, and anyone concerned with improving health promotion.
- Using the resources on this website will help in developing the skills to design, plan and evaluate a wide range of health promotion activities that also aim to reduce gender inequities.

Gender transformative health promotion aims to redefine harmful gender norms, challenge gender stereotypes and develop more equitable gender roles and relationships.

Find out more
Gender transformative health promotion focuses on improving

Book
Making It Better: Gender Transformative Health Promotion for Women

Online Course
This course provides an introduction to the key principles and ideas underpinning gender transformative health promotion and is designed for



**Gender
Informed
and**

**Gender
Transformative
Approaches**

Sex and gender matter to health

- Sex-related factors include biological, physiological, anatomical features, such as hormones, metabolism, genetics etc.
- Gender-related factors include roles, relationships, attitudes, power imbalances & identities affect individuals' experiences of, and ability to access appropriate care
- Still a lot of research required to accumulate enough sex and gender related evidence on health effects, treatment and messages

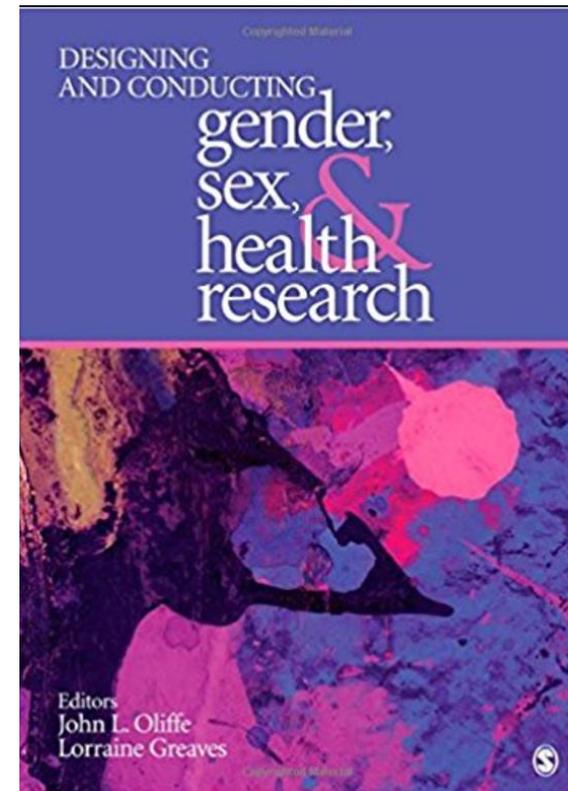


How do sex and gender matter in substance use?

- 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

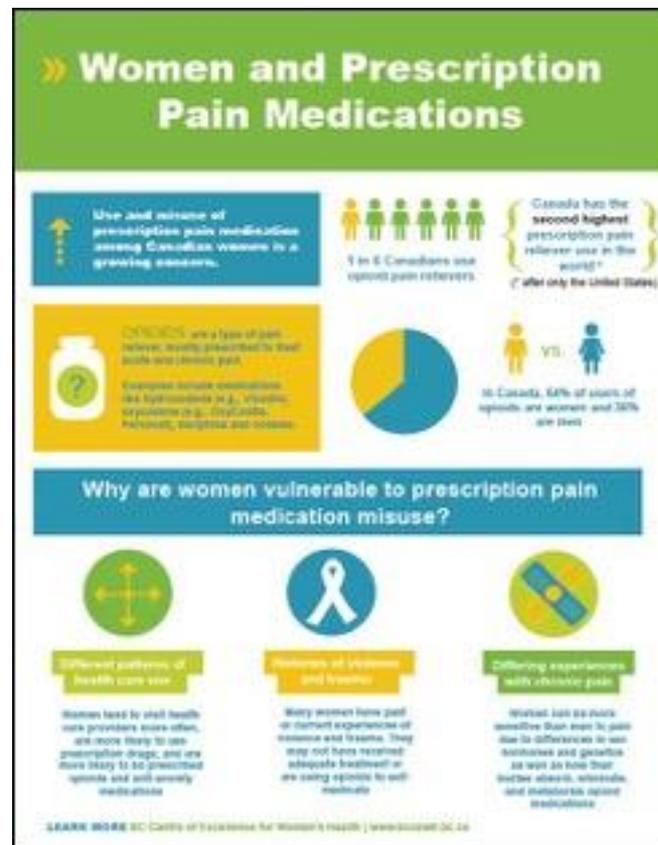
Sex and gender matters across all activities

- Research: training manuals, funding requirements, regulations
- Health promotion: populations, techniques
- Prevention: messages, campaigns
- Treatment: program design
- Policy: processes, audits



Sex, Gender and Opioids

- Canada, past-year opioid pain reliever use: 14% for females, 12% for males (CTADS 2015)
- Men more likely to die from prescription opioid overdoses (Gladstone et al 2016).
- Men 2 X more likely to escalate their doses (Kaplovitch et al 2015)
- Men are more likely to ingest non-orally; less likely to receive treatment (Gasior et al 2016)
- Ontario study: 52% of women, 38% of men, report first exposure to opioids through a medical prescription (Bawor et al 2015).



Sex, Gender and Alcohol

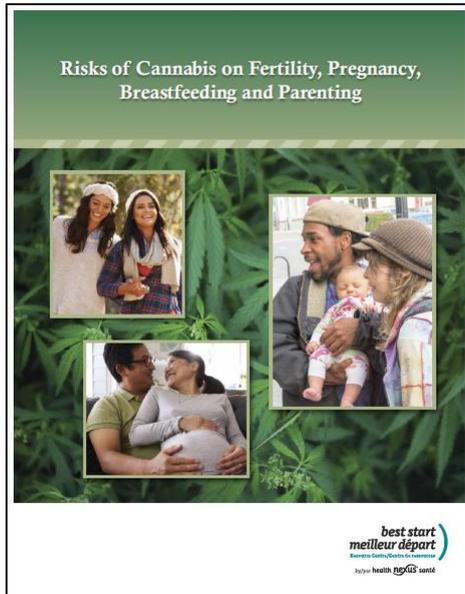
- There are more adverse effects in women vs men with equal alcohol intake (metabolism, weight, pharmacokinetics, genetics)
- In 2012, the first sex specific guidelines in Canada were the result:
 - Women: 2 drinks/day, 10 /week, 4/sitting
 - Men: 3 drinks/day, 14 /week, 5/sitting
- Binge drinking rates similar grades 7-12 (23.7% males; 23.6% females)
- Girls more often binge drink at a younger age



Educ'alcool's poster highlighting Low Risk Drinking Guidelines

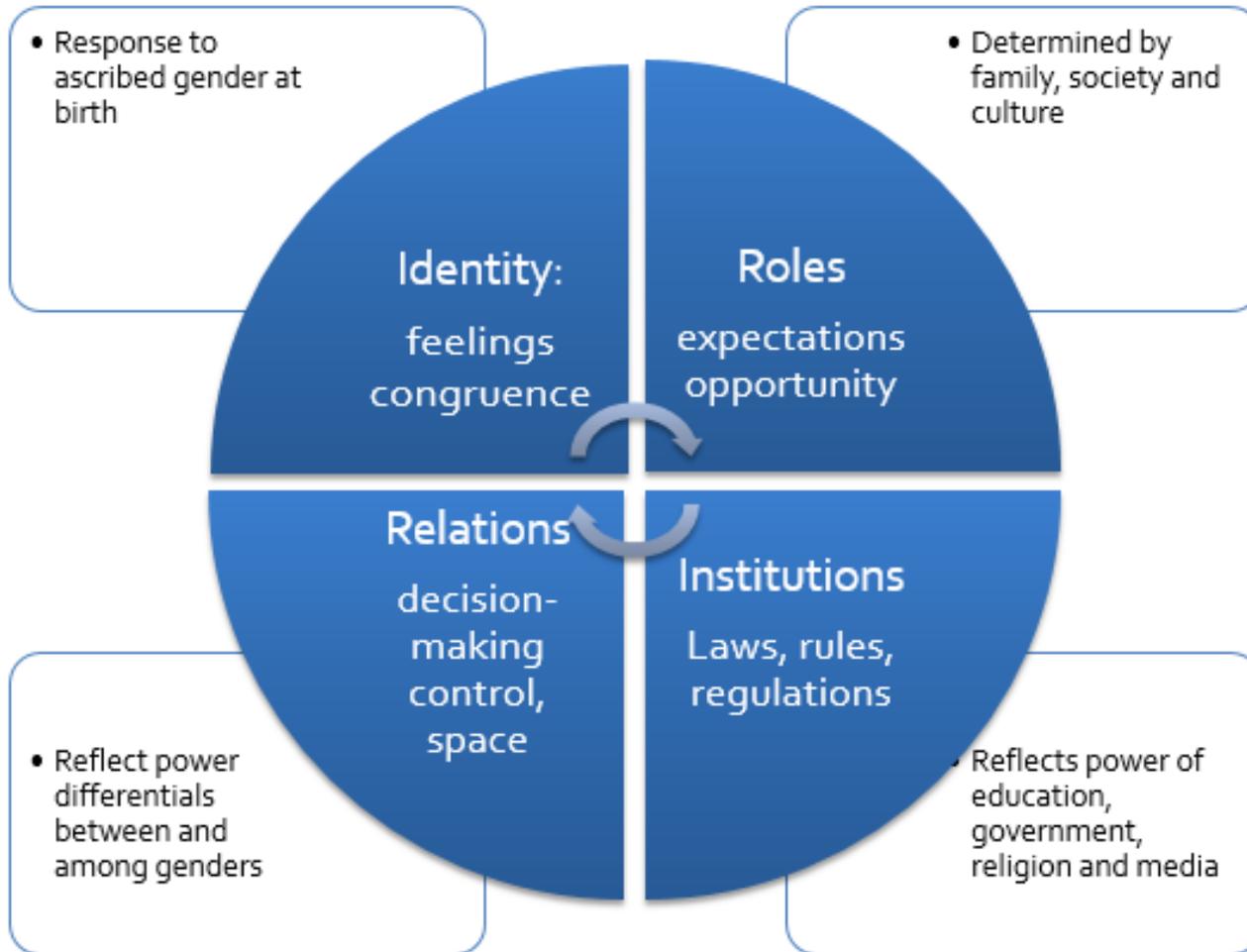
Canadian Student Tobacco, Alcohol and Drugs Survey 2014-2015. Health Canada: Ottawa, ON. Smith, A., et al., *From Hastings Street to Haida Gwaii: Provincial results of the 2013 BC Adolescent Health Survey*. 2014, McCreary Centre Society: Vancouver, BC.

Sex, Gender and Cannabis



www.beststart.org

- There are sex differences in the metabolism of cannabis, due to differences in muscle mass and fat distribution
- Male and female users report differences in forms of ingestion, effects and withdrawal symptoms
- Men who use cannabis are more likely to report dependence than women
- The evidence regarding cannabis use and mental health is mixed; some studies report that depressive symptoms are greater among males, while other studies report an association with depression and anxiety only for females.
- Cannabis use has been associated with decreased pain sensitivity in men, but not in women
- The evidence regarding the effects of cannabis use during preconception, pregnancy and parenting is mixed



Gender has many components

intersecting and interacting with sex, sexual orientation, race, ethnicity, culture, SES...

Gender affects all of us

- We don't often talk about men being imprisoned by gender stereotypes but I can see that that they are and that when they are free, things will change for women as a natural consequence.
- Both men and women should feel free to be sensitive. Both men and women should feel free to be strong... It is time that we all perceive gender on a spectrum not as two opposing sets of ideals.



Emma Watson HeForShe Speech at the United Nations 2014
www.HeForShe.org

The gender binary is increasingly being questioned

Implications

- Treatment settings
 - How to serve all genders?
- Prevention messages
 - How to reach all genders?
- Harm reduction
 - Are approaches gender and population-specific?
- Research
 - How to generate the best evidence?

For Men, Women, Transgender

- What are the sex differences in the experience of substance use and how are we communicating these?
- What are the key issues affecting substance use and addiction for each gender? What are the implications for treatment, harm reduction, prevention, health promotion?
- How can we develop services for different subgroups of women, men, boys, girls and transgender people?
- What specific interventions or organizational arrangements are need to mitigate any gender differential impacts of program/service delivery?
- How are men, women, transgender individuals involved in leadership/program development?

We all belong

Trans. Cross Dresser.
Transgender. FtM.
MtF. Genderqueer.
Transsexual.

prism
ALCOHOL + DRUG SERVICES

PH: 604 658 1214
www.vch.ca/prism

Canada
Government of British Columbia

Vancouver Coastal Health
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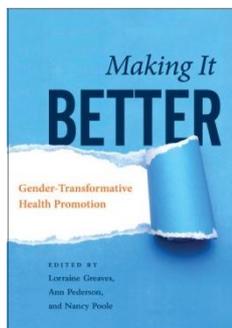
Prism is Vancouver Coastal Health's clinical, education, information and referral service for the lesbian, gay, bisexual, trans, queer and Two Spirit (LGBTQ2S) communities.

Gender transformative: a preferred approach

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

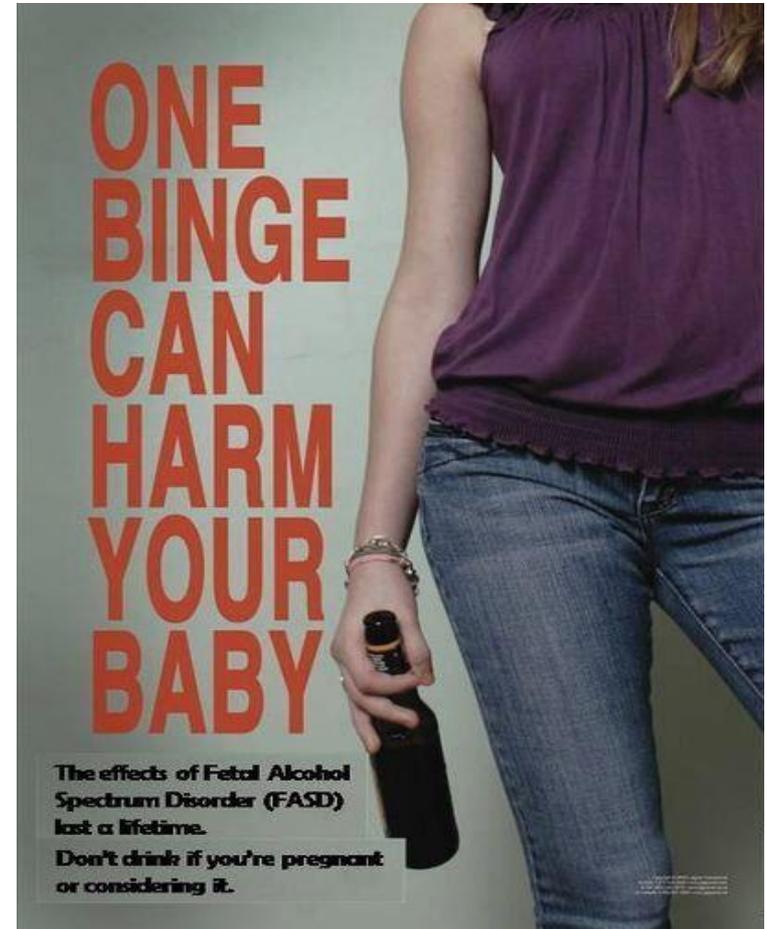
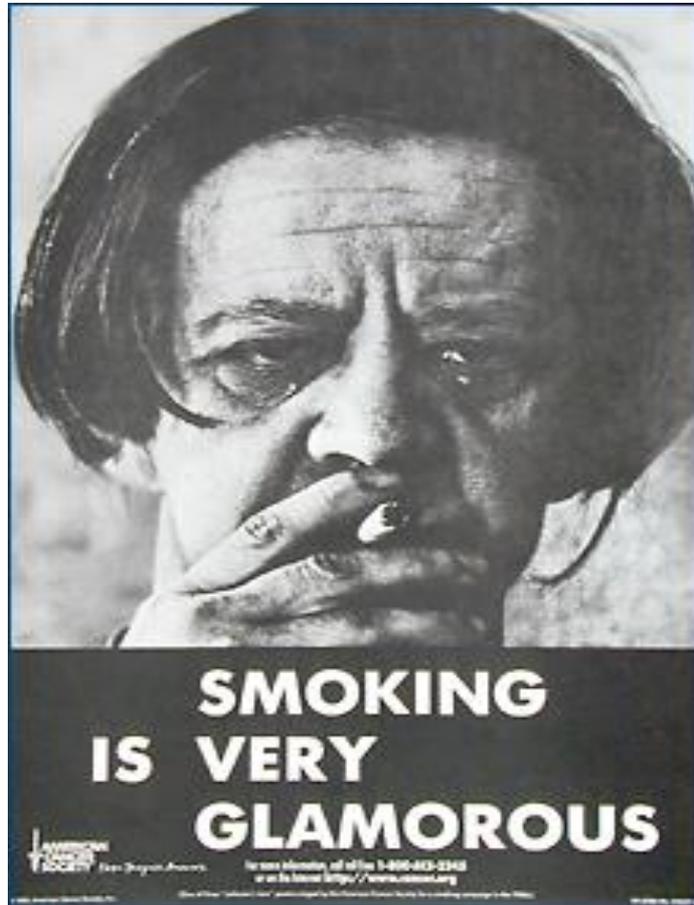
- Often focus on
 - engaging men and boys
 - changing negative gender norms
 - empowering women and girls at multi levels

A Continuum of Approaches to Action on Gender and Health



Greaves, L., Pederson, A., & Poole, N. (Eds.). (2014). *Making it Better: Gender -Transformative Health Promotion*. Toronto, ON: Canadian Scholars Press. p.22

Exploiting gender



In our work we are often gender blind or accommodate gender

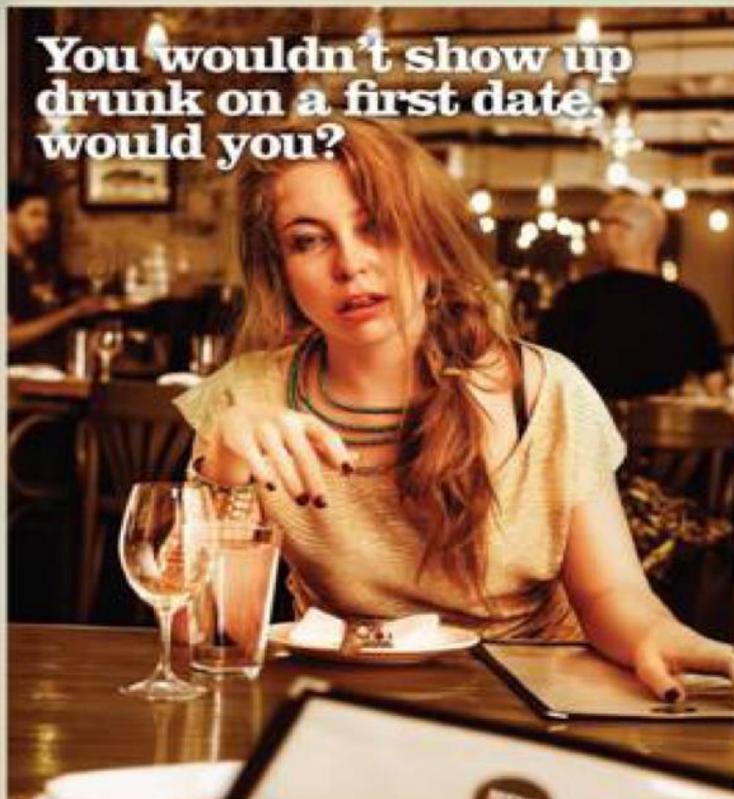
You wouldn't go to a job interview wasted, would you?



Everything has its limits.
When you drink, think 

#BlueBottle #Moderationisalwaysatgoodbottle facebook.com/bluebottle

You wouldn't show up drunk on a first date, would you?

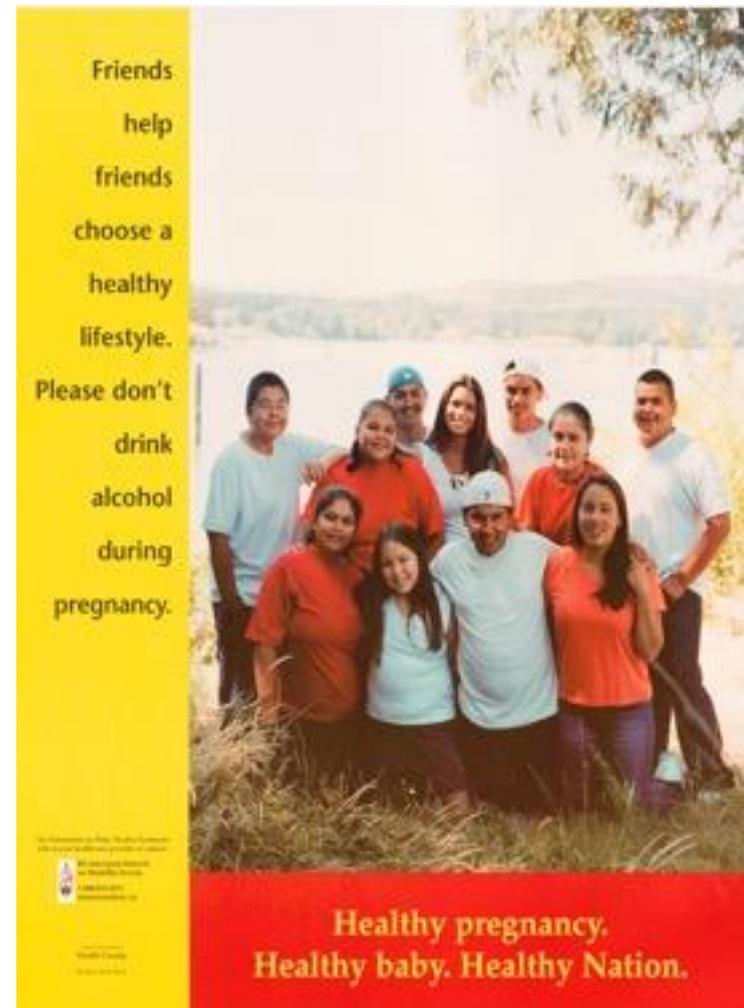


Everything has its limits.
When you drink, think 

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Sharing responsibility and Engaging Communities

- Shares the weight of change between young men and women
- Links the outcome to broader community health.



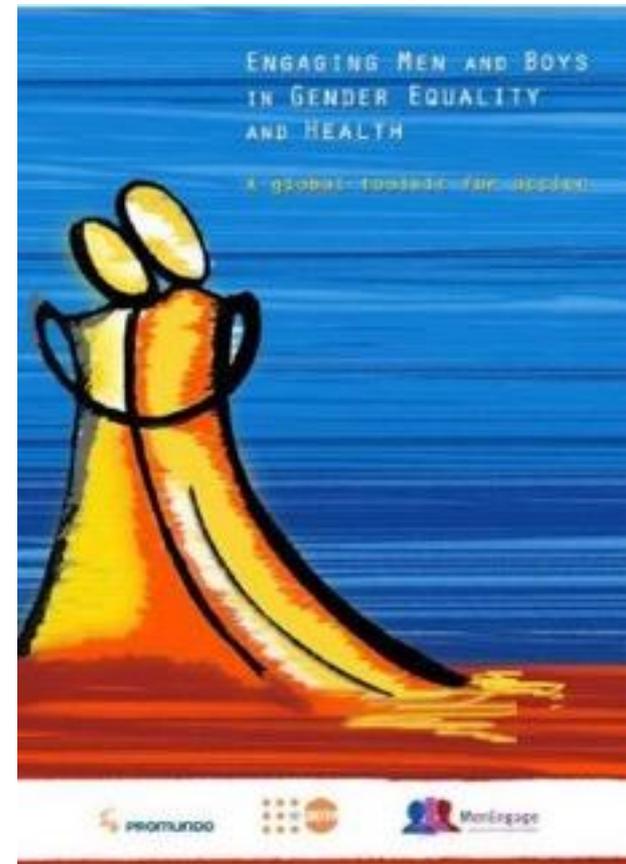
Gender transformative Programming for men



Programming for men that addresses:

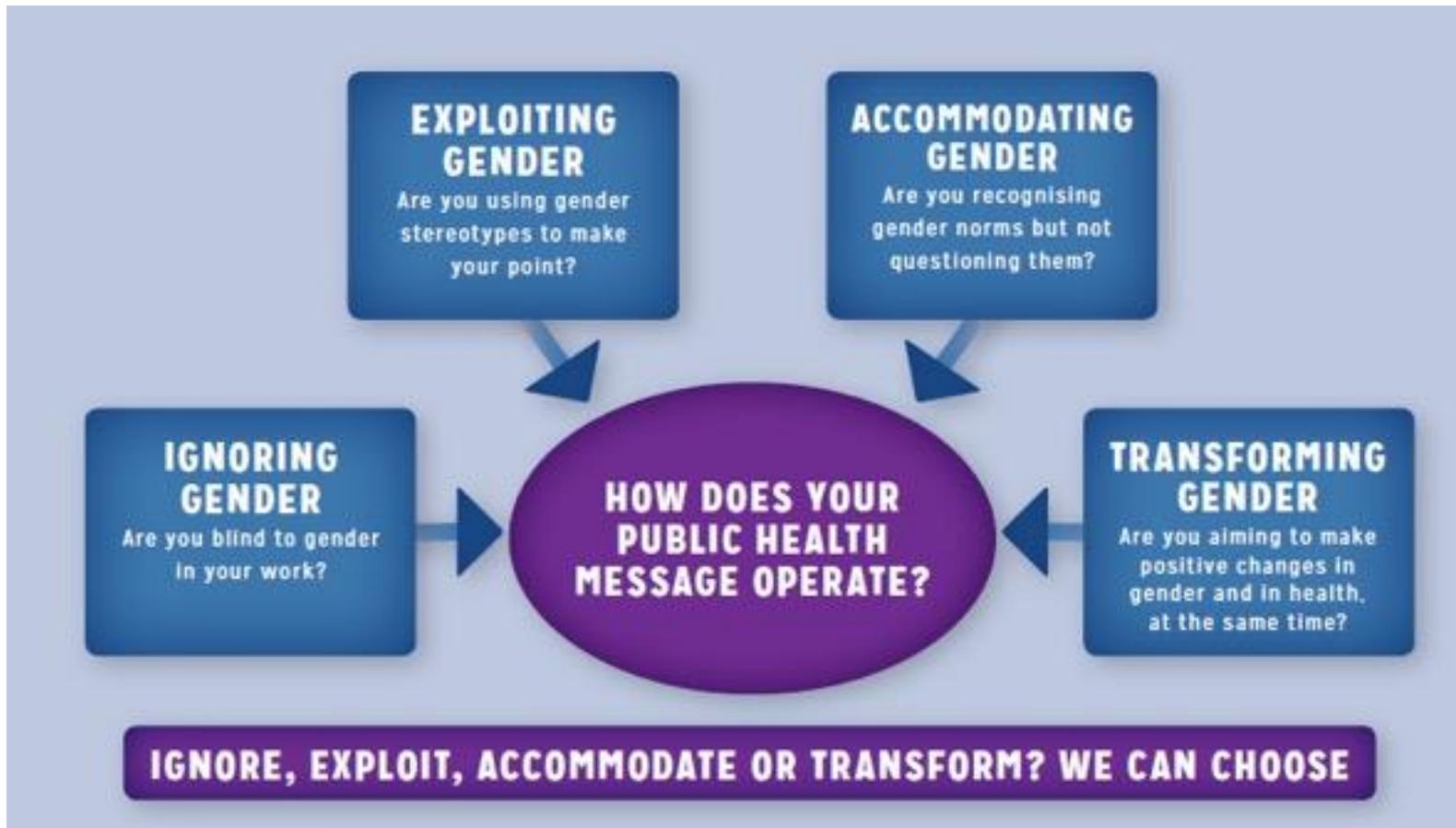
- Fatherhood and caregiving
- Sexual health and living with HIV
- Emotional health and substance use
- Gender based violence

Several academic publications: For example, Kato-Wallace, J., Barker, G., Eads, M., & Levtoy, R. (2014). Global pathways to men's caregiving: mixed methods findings from the International Men and Gender Equality Survey and the Men Who Care study. *Global Public Health*, 9(6), 706-722.



Discussion

- Think about your projects, policy, communication
- Place yourself on the gender continuum
- How can you cross the Gender Transformative frontier?



Trauma informed approaches

A reminder

Trauma-Informed

- Universally-applied framework, outlines an approach to delivering all support and services
- Focus on understanding the impacts of trauma and creating safety
- Does NOT require disclosure of trauma experiences

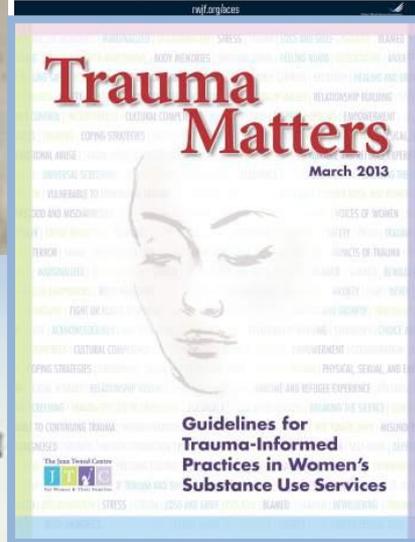
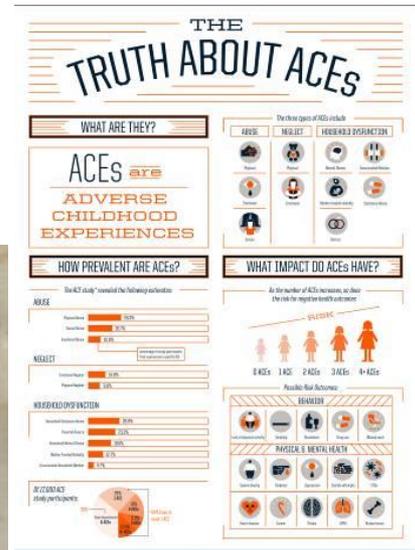
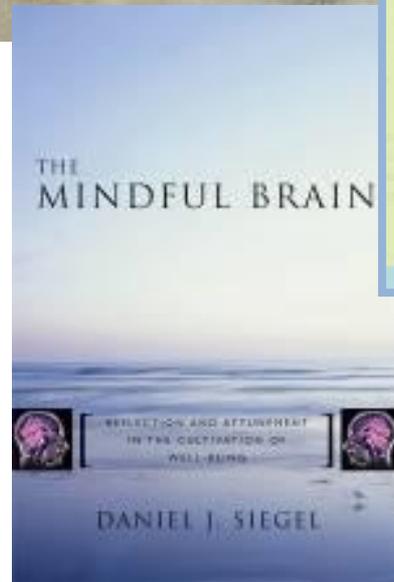
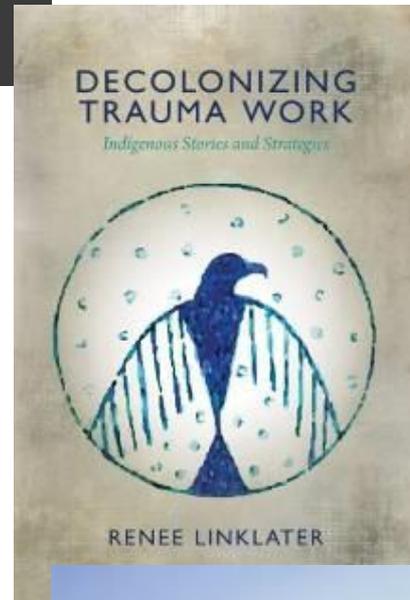
VS.

Trauma-Therapy

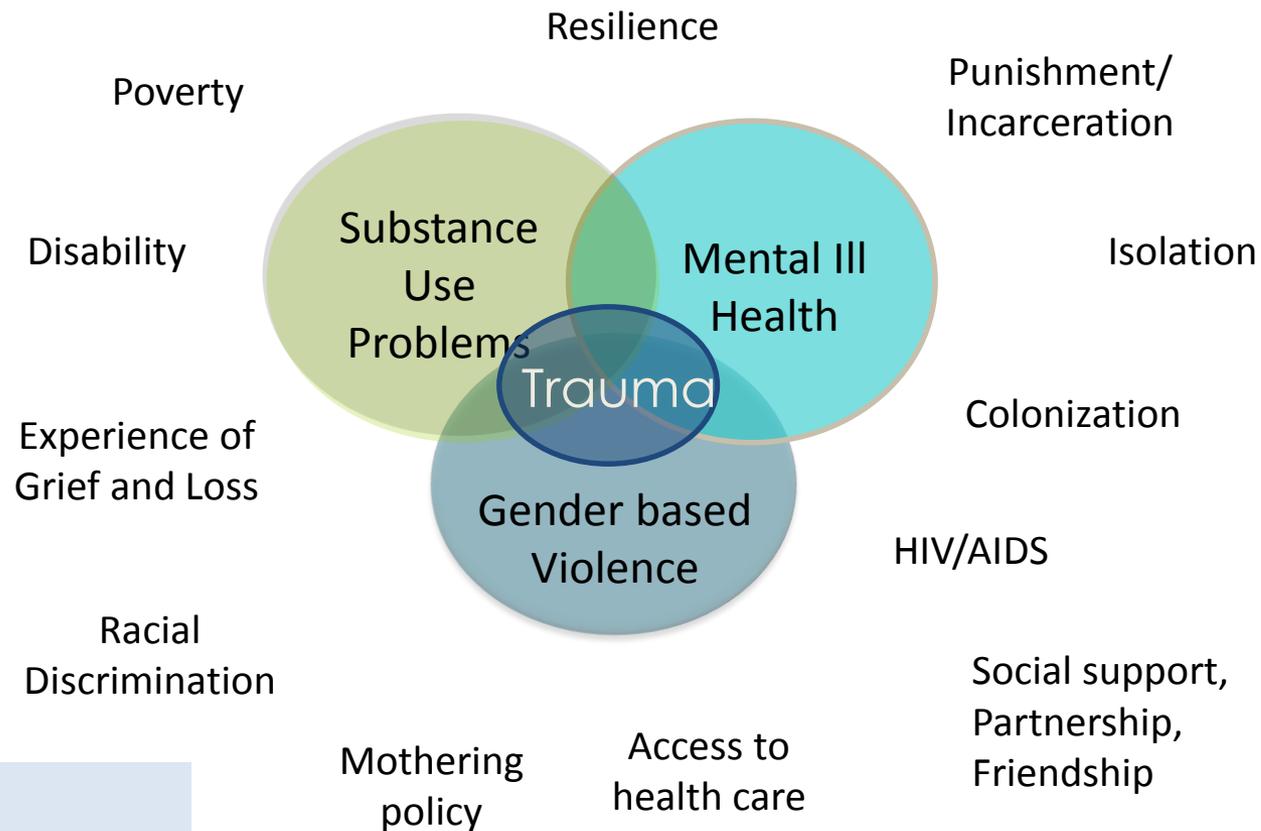
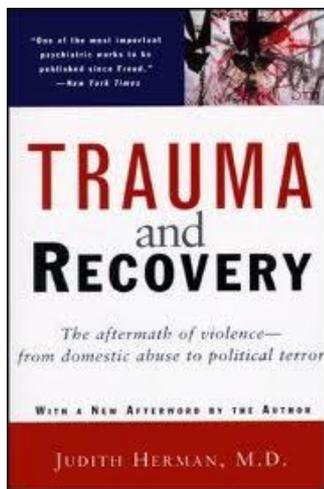
- Delivered by practitioners who have extensive training and skills in trauma treatment.
- Focuses directly on the trauma experience and on trauma recovery.
- Explores specific experiences of trauma

4 SOURCES OF UNDERSTANDING

- From public health – e.g. Adverse Childhood Experiences Study
- From women’s health advocates and those working on social determinants of health
- From indigenous scholars, community advocates and survivors
- From neurobiology – neurobiological explanations and interventions



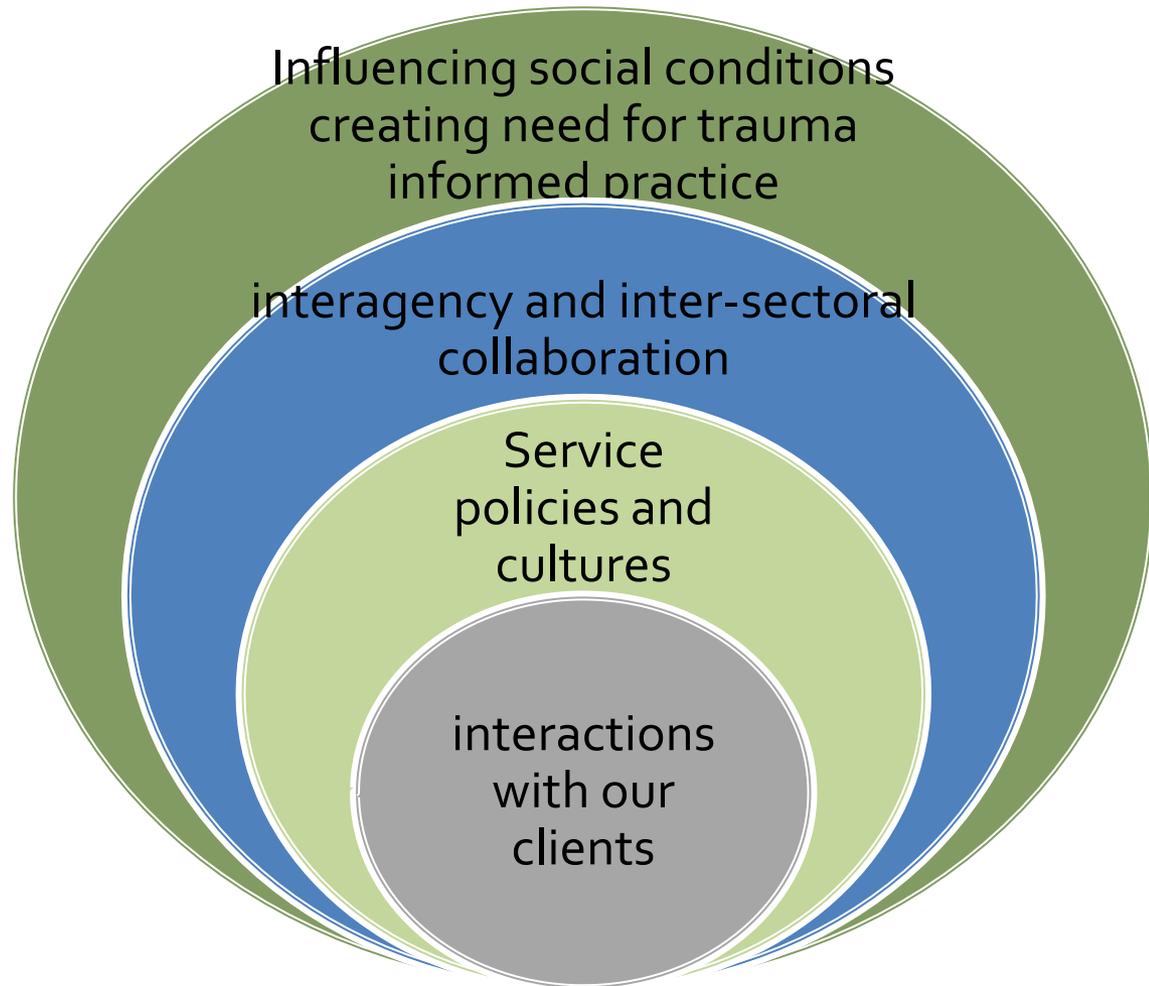
From women's health advocates and those addressing on social determinants of health



Paradigm shift

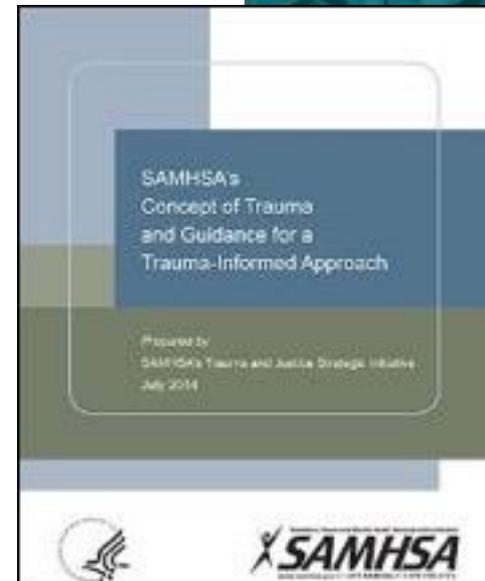
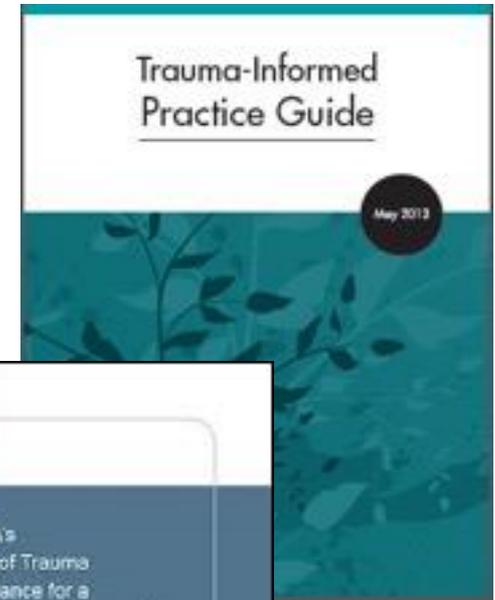
- To see safety as a key stage of healing
- To see trauma as central to many other health concerns

Important to focus on trauma informed practice and policy at all these levels



Trauma Informed Principles

1. Awareness
 2. Safety, trustworthiness and transparency
 3. Collaboration, mutuality, choice
 4. Strengths based, empowering and skill building
- Grounded in Peer Support and addressing
 - Cultural, Historical, and Gender Issues



Trauma Informed Care at the IWK Health Centre

VISION

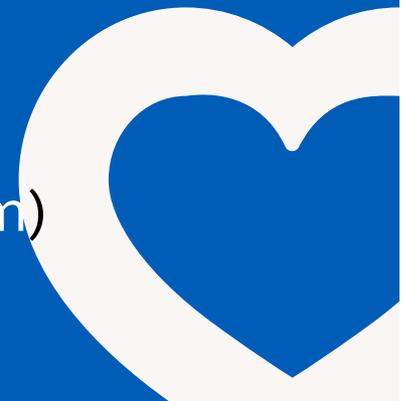
A culture that understands trauma and actively creates safe physical and psychological spaces that improve everyone's experiences

MISSION

To embed safety and trustworthiness into everyday interactions, policies and practices. To acknowledge and understand the effects of trauma on people.



- Trauma informed care education sessions (Community Connections)
 - KICK OFF EVENT held in Feb 2016. Attended by 1100 internal and external partners.
 - Additional 500 individuals trained
 - Facilitator Training (June, 2016)
 - Embedded in General Orientation and MHA Orientation
- Consults
 - Trauma Informed Environmental Checklist
 - Identify 3 priorities for the year
- Champions
- Communication- emails, posters, Website (yourexperiencesmatter.com)



Building our culture together

- Case Consultation/ Supervision
- Addressing psychological health and safety at the individual, professional and organizational level
 - (debriefing, resources, compassion fatigue)
- Partnering with clients, families, community and systems

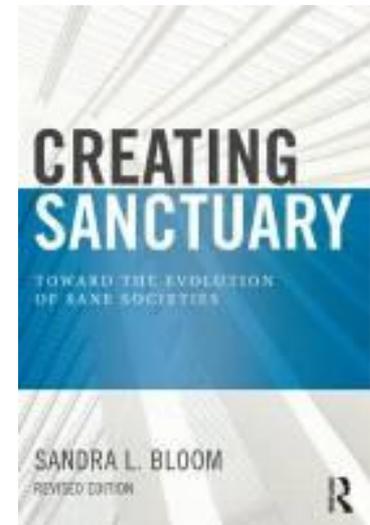


Healthy organizations are emotionally well regulated

Organizational TIP is "an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole"

Blooms 7 qualities of TI Organizational culture

1. Culture of non-violence
2. Culture of emotional intelligence
3. Culture of inquiry and social learning
4. Culture of democracy
5. Culture of open communication
6. Culture of social responsibility
7. Culture of growth and change



Manito Ikwe Kagiikwe, The Mothering Project, Winnipeg

- Peer driven program development – Women’s Advisory Committee - Valuing of experiential wisdom - Dedication to participant engagement and consent to share information.
- Drum Group and opportunities for healing related to the drum
- TIP tools – Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- Low Threshold Intake process
- System navigation and interdisciplinary collaboration



“Oriented towards kindness”

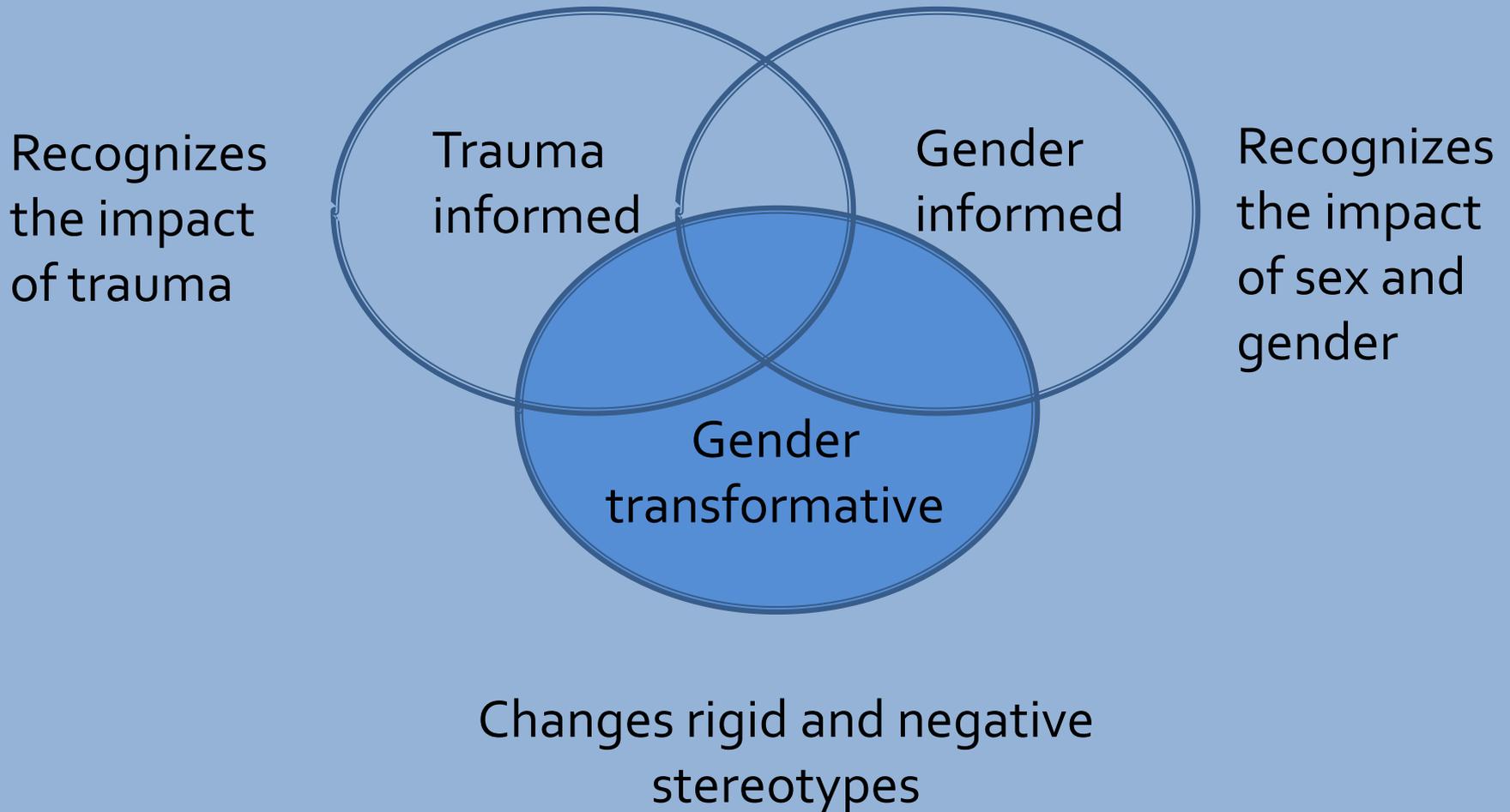
Trauma informed, gender responsive work with men



Fallot, R., & Bebout, R. (2012). Acknowledging and Embracing "the Boy inside the Man": Trauma-informed Work with Men. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed* (pp. 165-174). Toronto, ON: Centre for Addiction and Mental Health

- **Safety and trustworthiness** - Empathize with the 'disconnection dilemma', i.e. the conflict between their identity as men and their experience of powerlessness
- **Skill building** - A key trauma recovery skill for men is developing a broader range of options for expressing emotions
- **Collaboration and connection** – Men who have been sensitized to abuse of power in relationships may need to **hear offers of collaboration repeatedly**.
- **Strengths based** – acknowledgement of relational strengths may be 'water in the desert' for male survivors

Fusing these approaches – principles



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 systems is to avoid re-traumatizing individuals and support safety, control in order to promote healing.

Trauma Awareness

Trauma awareness is the foundation for trauma-informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).

Safety and Trustworthiness

Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. A necessary first step for building strong, trustworthy relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.

Choice, Collaboration And Connection

Trauma-informed services encourage opportunities for working collaboratively with children, youth and families. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.

Strengths Based and Building

Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing 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 learning' and 'social learning.'

Bringing Gender and Diversity Analysis to our Work A Checklist

Sex, Gender and Diversity-based Analysis (SGDBA) is an iterative process that aims to integrate biological, social, economic and cultural equity into public health policy and practice, including into substance use initiatives for Canada's population (Status of Women Canada, 2001; CCSA, 2009). It is essential to the development of effective health policies and initiatives, as research shows that differences in sex, gender and diversity contribute to differences in health risks, service use, system interactions and outcomes.

The purpose of this tool is both to encourage and provide guidance for taking the initial steps towards applying SGDBA to activities undertaken by the substance abuse workforce. The checklist was developed based on recommendations from:

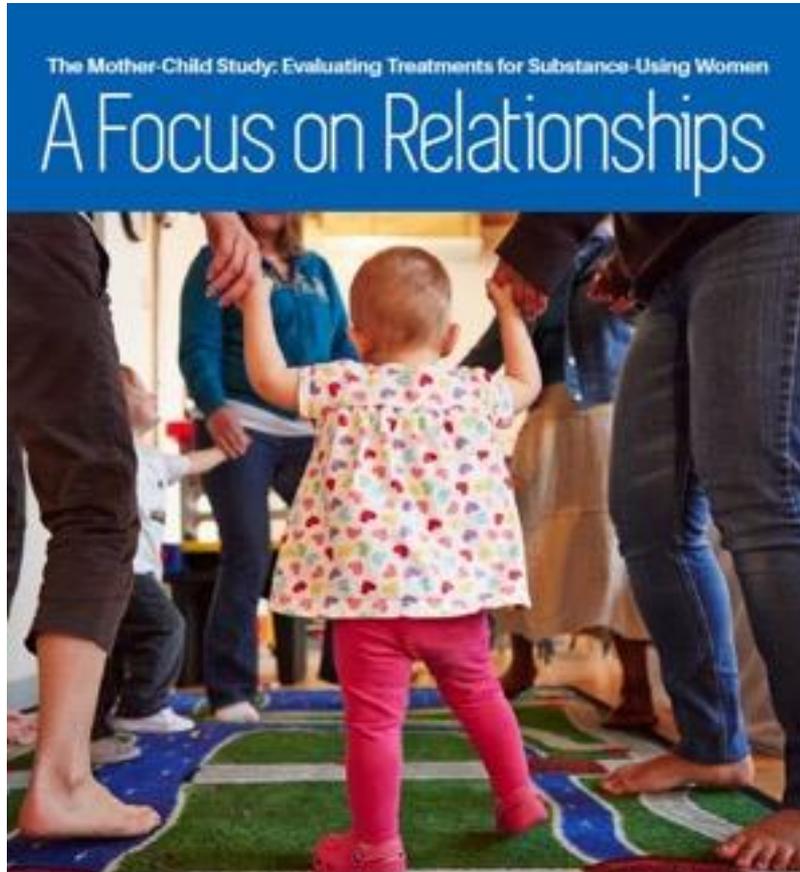
- a workbook developed by Status of Women Canada (2004);
- reports by CCSA (2009), three Canadian Centres of Excellence for Women's Health (Clow et al., 2009), the European Commission (2003), Health Canada (2003), the Prairie Women's Health Centre of Excellence (2000), the UK Equality and Human Rights Commission (2007), and the World Bank; and
- discussions from a Virtual Community of Practice on Girls, Women and Substance Use held between February and July 2009.

The approach outlined in this document is introductory. It summarises the processes of applying a sex, gender and diversity lens when developing initiatives including providing a helpful checklist to guide you through the first steps. This simplified process lays the groundwork for future and more comprehensive Sex, Gender and Diversity-based Analysis as resources become available.

INTRODUCTION TO SEX, GENDER AND DIVERSITY-BASED ANALYSIS

Using SGDBA can help achieve a comprehensive understanding of equity issues and therefore ensure that human rights are considered and respected. To be optimally effective, SGDBA should be applied throughout the entire project or policy cycle, from initial planning (how we define our problem) to implementation (whom are we treating?) and evaluation (how do we know?).

Explicitly trauma informed and gender sensitive



Given the impact of trauma on relational capacity, agencies working with mothers and children have found that perceived support from service providers, and children's and mothers' ability to feel secure with others, is related to improved outcomes for mothers and children.



Breaking the Cycle, Toronto

Addressing gender roles: dispersing responsibility for FASD prevention



ALCOHOL, PREGNANCY AND PREVENTION OF FETAL ALCOHOL SPECTRUM DISORDER WHAT MEN CAN DO TO HELP

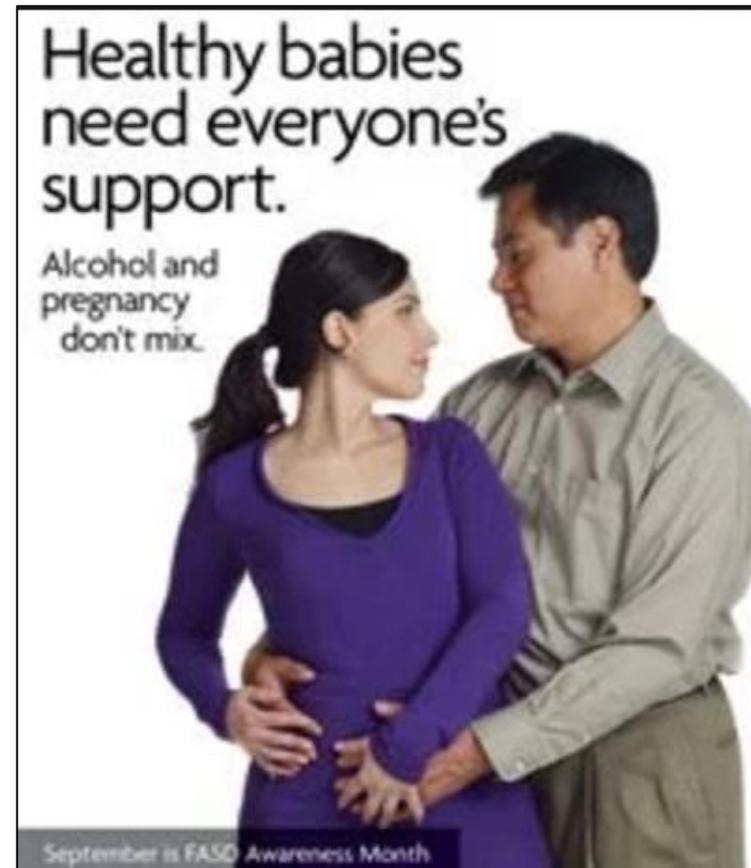
Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of developmental disability. FASD is the result of exposure to alcohol in utero and is believed to affect 1% of the population. While men's alcohol use is not a direct contributor to FASD, there are many ways that men can help to prevent FASD.

1 Take a 'pregnant pause'. If your partner, friend, sister, co-worker or another woman you know is pregnant, you may want to consider taking a 'pause' from drinking as a way of showing support. Whether it's for a month, three months or the entire pregnancy, remaining alcohol-free can be helpful and encouraging for many women.

2 Be a good host. When entertaining friends or family or having a night out, offer non-alcoholic beverages and avoid pressuring women to drink (pregnant or not). Some women continue to drink alcohol during pregnancy because they have a hard

Gender transformative: addressing gender relations

- Acknowledges different norms and roles for women and men, but engages men in change
- Includes images and advice on how to transform harmful gender norms, roles and relations



Gender
transformative:

Addressing gender
relations in tobacco

Couples and Smoking

What You Need to Know When You are Pregnant



Discussion

- How can we incorporate TI , GI and GT approaches in our work to develop cannabis policy, opioid prescribing, tobacco strategy . . .



Welcome to the Centre of Excellence for Women's Health

We are a research and knowledge exchange centre focused on sex and gendered approaches to health, with strong roots in policy, practice, academic and community networks.

bccewh.bc.ca



YOUR EXPERIENCES MATTER

Trauma is common; how people respond to it is unique. Understanding your experiences and meeting your needs is important to us.

ABOUT →

LEARNING →

NEWS & EVENTS →

RESOURCES →



UPCOMING EVENTS: IWK Trauma Informed Care webinars and presentations now available.