



Canada is in the midst of an opioid crisis. Opioid poisonings are particularly high in British Columbia, yet opioid misuse and related fatalities are evident across the country. There is growing evidence on the need for gendered and trauma informed approaches to prevention, treatment and harm reduction to address opioid misuse for women, men and transgender people.

Opioid-related poisonings and deaths tend to be higher among men. In 2016–2017, the rate of hospitalization due to opioid poisoning in Canada was higher among males than females^[1]. Over the past three years, the hospitalization rate increase has been higher among males (24%) than females (10%)^[1]. In British Columbia in 2017, 82.8% of illicit drug overdoses were among males; the proportion of deaths in which fentanyl was detected was 61%^[2]. The greater risk of opioid poisonings and deaths may be, in part, due to riskier forms of substance use by men. For example, men are more likely to: escalate their opioid medication doses^[3]; ingest opioid medications non-orally^[4,5]; and obtain prescription opioids via an illegitimate source (71% of men vs. 46% of women)^[5,6].

In contrast, among women the greatest risk for opioid addiction is receiving a prescription for an opioid medication^[7,8]. Women are also more likely than men to: hoard unused prescriptions^[4]; report dependence on and craving of opioids^[4]; and report greater pain despite chronic opioid therapy for pain relief^[9]. The impact of female hormones on pain processing may increase women's vulnerability to opioid use and misuse; fluctuations in estrogen during the menstrual cycle and menopausal transition can increase pain sensitivity^[10]. During pregnancy, opioid misuse can negatively affect the health of women and increase the risk

for neonatal abstinence syndrome (NAS) in their infants^[11]. In addition, older adults and seniors are increasingly being hospitalized for opioid poisonings^[12]; elderly women may be particularly vulnerable due to relatively longer life expectancies, prescribing practices, and social isolation^[13].

Trauma is linked to opioid use among women, men and transgender people. Compared to other types of substance use, both women and men who are addicted to prescription opioids are more likely to report a traumatic event, and also report higher rates of childhood trauma^[14]. Trauma and violence are associated with high rates of chronic physical pain among women^[15]. There is also evidence that women are more likely to use prescription opioids to manage negative emotions^[5]. Among Indigenous women and men, intergenerational trauma is closely linked with substance use, including opioid misuse, and is a key barrier to accessing support services^[16].

Transgender populations experience very high rates of gender-based discrimination, harassment and violence^[17]. While research on opioid misuse among transgender people is lacking, the prevalence of non-medical prescription opioid use among transgender adults is high^[18]. Higher rates of non-medical prescription pain medication use have also been reported among transgender youth, compared to cisgender youth^[19].

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

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