50 Trauma, Gender, and Substance Use Cards

These cut-out cards contain key points from the academic research literature on the intersections of trauma, gender, and sex and its role in substance use services and policies. They were 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.

These cards can be printed and cut out and used in training and learning events, in staff meetings, or posted on bulletin boards as a way to initiate discussion on integrating trauma, gender, and sex informed approaches into substance use services and policy.

<table>
<thead>
<tr>
<th>Boys with substance use disorders (SUD) are more likely than girls to also have conduct, behavioural, and learning problems.</th>
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<td>Centre of Excellence for Women’s Health</td>
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<tr>
<th>Men are more likely to use illegal sources of opioids, and die from an illicit or prescription opioid overdose.</th>
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<th>Lesbian and bisexual girls are more likely to report: illicit substance use and misuse of prescription drugs, binge drinking, tobacco and alcohol use and poorer mental health, compared to heterosexual girls.</th>
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<tr>
<td>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.</td>
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<th>Men who use cannabis are more likely to report dependence or severe dependence on cannabis than women.</th>
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<th>Women are more likely than men to have first obtained opioids by a legitimate prescription and to administer using the intended method.</th>
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<th>Indigenous boys are more likely to have initiated nicotine, cannabis and alcohol use before age 8, compared to Indigenous girls.</th>
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Having a father or a sibling who smokes predicted smoking initiation in girls, but not boys.


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Involving transgender peers in treatment and promoting a positive identification with the transgender community has been demonstrated to improve retention.


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Alcohol use and cocaine use are associated with increased risk of intimate partner violence among women.


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While overall rates of alcohol use are decreasing among men, these rates are not decreasing as quickly for women.


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


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Problem solving skills, refusal skills, coping skills, and positive self-esteem and body image are protective against substance use among girls.


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Problem drinking is more common among boys from lower socioeconomic status groups.


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Family rejection was associated with increased odds of using drugs or alcohol to cope with transgender-related discrimination.


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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.


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Trans people reporting experiences of gender-related discrimination have increased odds of drug use. Gender minority stressors have been associated with excessive alcohol use among trans men and cannabis use among trans women.


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Intoxication can make young women and girls more vulnerable to date rape, sexual assault, and unprotected sex and increase their vulnerability to HIV and sexually transmitted infections.


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Positive coping skills, self-regulation skills, partner support, and financial independence are associated with a lower likelihood of substance use among women.


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Women may be less likely to receive a referral for residential treatment, and more likely to seek help for substance use issues through general health care or a mental health service.


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Rates of cannabis use are higher among boys than girls; dependence on cannabis is also greater among boys compared to girls.


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Girls with low self-esteem are more likely to initiate smoking than girls with higher self-esteem.


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Men have better outcomes in response to nicotine replacement therapy (NRT) than women who smoke. Men require fewer attempts at cessation compared to women, and fewer forms of support to achieve cessation.


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High religiosity has been found to be protective against substance use and hazardous alcohol use among both heterosexual and sexual minority women.


Girls entering substance use treatment report more psychosocial problems than boys, including more mental health issues, homelessness, self-injury and suicide attempts.


Masculine norms (measured as: a desire for multiple sexual partners, emotional control, a drive to win at all costs, concern with appearing heterosexual, and engaging in risky behaviour) are associated with alcohol use among boys.


Women report lower quit rates with nicotine replacement therapy, and mixed effectiveness with pharmacological supports, yet the use of any medication increases women’s likelihood of cessation.


Socioeconomic status, trauma, violence and abuse are consistently associated with substance use among Aboriginal women.


Women are more likely than men to report stress as a reason for substance use relapse.


In general, transgender men report higher levels of substance use than transgender women.


Boys that experience early puberty are more likely to have more severe substance use experiences than on-time or late maturing adolescents. Boys who mature early report a higher frequency of substance use (specifically cigarettes and alcohol) and are more likely to be polysubstance users.

Girls and young women are biologically more vulnerable to smoking related health risks including breast cancer and lung diseases.


Transgender identity pride and acceptance and social support may increase wellbeing and act as a buffer to the negative effects of minority stress.


Depressive symptoms have been related to cannabis use among boys, but not girls.


Women who smoke cigarettes are more vulnerable to COPD with lower levels of cigarette exposure; this is due in part to smaller lungs, airways, and the influence of sex hormones.


High rates of binge drinking have been reported among boys and young men who play multiple team sports.


Although women with substance use disorders are less likely to enter treatment, once in treatment, gender is not associated with retention or completion of treatment.


Women receiving outpatient treatment for substance use have higher rates of trauma than men.


Women who smoke cigarettes are more vulnerable to COPD with lower levels of cigarette exposure; this is due in part to smaller lungs, airways, and the influence of sex hormones.


Tobacco use during pregnancy is much higher among young women and adolescent girls than among older women.

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


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Boys are less affected by the same amount of alcohol compared to most girls. Boys tend to have more water in their bodies to dilute the alcohol, and have more of the enzyme alcohol dehydrogenase, which breaks down alcohol in the stomach.

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Girls with attention-deficit/hyperactivity disorder (ADHD) are at greater risk of substance use compared to boys with ADHD.


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Access to non-drinking spaces (e.g. trans-friendly spaces that are not bars) was identified as an important factor among trans youth who abstain from alcohol use.


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Among a cohort of young Indigenous people who use illicit drugs in British Columbia, young women had the highest mortality rate.


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Women who smoke during pregnancy experience stigma and shaming, which may impact access to treatment.


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A peer network counselling and motivational interviewing intervention reported a significant impact on improving the capacity of boys to refuse offers to use alcohol from friends. This effect was not observed for girls.


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Despite higher prevalence rates of substance use among transgender populations, research has shown that there are clear disparities in their access to treatment.


Centre of Excellence for Women's Health
Girls age 10-19 in Canada have higher rates for hospitalizations caused by alcohol than boys.

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Canadian Institute for Health Information, Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. 2017, CIHI: Ottawa, ON.

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Trans individuals may avoid healthcare and/or not disclose their gender to providers out of fear of discrimination, victimization from service providers or other clients, institutional biases and stigmatized beliefs among service providers.

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Male adolescents report a poor understanding of how substance use negatively impacts fertility.

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Trans people who hold multiple marginalized identities experience increased levels of discrimination. Trans people of color reported higher rates of discrimination within a drug treatment program than white transgender people.

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