Bringing Gender into Substance Use & Addiction

Gender-based factors contribute to the pathways leading to, the physical and social consequences of, and the preferred types of treatment for substance use.

Gender: the socially constructed roles, behaviours, expressions and identities typically ascribed to binary notions of biological sex. Gender influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.

Gender identity: how people see and identify their own gender. Although gender is often thought of as binary (e.g. masculine or feminine), there is great diversity in gender identities and it is important to refer to people with the term they prefer.

> **Cisgender**: people whose gender conforms to social norms based on their biological sex.
> **Trans (transgender, transitioned) or gender-nonconforming**: people who, though potentially quite different from each other, share the common experience of knowing themselves to be a gender that is not congruent with the biological sex they were assigned at birth.
> **Genderqueer (Non-binary, gender-fluid, agender):** people whose gender identity is not exclusively masculine or feminine or outside of normative binary concepts of gender.
> **Two-spirited:** people of Indigenous heritage who have both a masculine and a feminine spirit, and is used by some Indigenous peoples to describe their sexual, gender and/or spiritual identity. As an umbrella term it may encompass same-sex attraction and a wide variety of gender variance.

Gender relations: how we interact with, or are treated by people based on our ascribed or expressed gender. Gender relations reflect differences in power, roles and access to resources, and interact with age, race, ethnicity, ability, sexuality, class and other identities to either constrict or generate opportunity.

Institutional gender: how power in society is often distributed based on gender categories that permeate political, educational, religious, media, medical and social institutions. These central and powerful institutions often reinforce and help to shape unequal gender norms that justify.

Key facts and or figures

Until recently, research on addiction has ignored gender diversity. When gender has been included it is often conflated with sex, and has typically been defined only in binary terms. In the US, 0.5-2% of adults are transgender (0.1-0.5% take steps toward transitioning their gender).[1] Trans individuals who use drugs are commonly excluded from addiction research or grouped with sexual minority groups.[2] As a result, treatment experiences among trans persons have not been well documented and addiction treatment policies and practices may not be as appropriate or effective for trans individuals.

Additional Resources & Online Courses

Sex, Gender and Health Research Guide: A Tool for CIHR Applicants. 2015 Available from: http://www.cihr-irsc.gc.ca/e/32019.html.
What a Difference Sex and Gender Make: A Gender, Sex and Health Research Casebook. 2012. http://www.cihr-irsc.gc.ca/e/44734.html.
Canadian Women's Health Network. Sex and Gender-Based Analysis. 2012 http://www.cwhn.ca/en/node/41845.
Johnson, J.L., L. Greaves, and R. Repta, Better Science with Sex and Gender: A Primer for Health Research. 2007 http://bccewh.bc.ca/wp-content/uploads/2012/05/2007_BetterSciencewithSexandGenderPrimerforHealthResearch.pdf
Oliffe, J.L., and L. Greaves (Eds.), Designing and Conducting Gender, Sex, and Health Research. 2011, Thousand Oaks, CA: Sage Publications.
SGBA e-Learning Resource: Rising to the Challenge N.D.; Available from: http://sgba-resource.ca/en/.
CIHR. Sex and Gender in Biomedical Research. 2012; Available from: http://www.cihr-irsc-igh-isfh.ca/.

Research indicates that gender impacts substance use and addiction:

• Although women have historically used alcohol and illicit drugs at lower rates than men, they experience significant health and social impacts, in some cases greater than for men. [3]

• There are higher rates of substance use disorders among trans individuals compared with cisgender individuals. [4]

• Women often have multiple roles including family and childcare responsibilities and experience greater levels of poverty compared with men, which can differentially affect women's ability to access treatment. [5] Women are less likely to attend treatment, and stigma may lead to underreporting of substance use by women. [3,6] Barriers to accessing support and treatment are even greater for pregnant and parenting women. [3]

• Men who conform to masculinity norms (beliefs and expectations of what it means to be a man) report higher rates of drinking to intoxication and experience greater alcohol related consequences. [7,8]

• Histories of trauma or victimization significantly impact pathways to substance use, and women are more likely than men to use substances to cope with emotional problems. [3,9]

• The majority of trans people have experienced violence [10,] and experiences of sexual assault and verbal threats are associated with greater risky drinking among transgendered people. [11]

• Gendered relations of power significantly affect experiences with substance use, e.g.: women are more likely to be introduced to a substance by a partner, and are more likely to continue to use substances in order to maintain a relationship than are men. [12,13]

Implications for:

Research: Gender should be incorporated into the design of all studies, in all data analysis and in reporting, including considerations of gender identity. Multi- and transdisciplinary perspectives should be used to investigate: gender influences on addiction to promote insight into novel therapeutic targets; knowledge gaps concerning the level, type and impact of substance use and the adequacy of programs to reach gender diverse groups including vulnerable subgroups of women and trans people (e.g. Aboriginal, poor, homeless, sexual minority, living in rural areas); the efficacy of gender-sensitive treatment programs in comparison to standard gender-neutral interventions.

Treatment: Treatment should be tailored to men and women, and trans persons individually, and gender-sensitive treatment should be accessible across various geographic jurisdictions. For example, treatment for women needs to accommodate gendered care giving roles, such as family responsibilities, and include provision of childcare.

Health Policy: Gender-sensitive policies aim to take into account the different social gender roles that lead to people having different needs. Although gender-blind policies may appear to be unbiased or neutral, they often assume everyone affected by policies have the same needs and interests as men. Policy makers should consider how all policies or program differentially affect women and men, boys and girls, and trans people.

References :

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