

Gender-Informed Prevention & Harm Reduction for Substance Use

Effective prevention strategies must respond to the diverse and often intersecting needs of people who are at risk for problematic substance use, such as mental health concerns, poverty, and experiences of trauma and violence. These programs can be even more effective when they take into account the gender-based factors that contribute to the pathways leading to, the physical and social consequences of, and the preferred types of treatment for substance use.

Gender describes 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 is highly influential in shaping personal experiences of substance use and related risks.

Harm reduction programs seek to reduce the adverse consequences of substance use, without requiring or expecting abstinence, and have made important gains in promoting better health and safety outcomes for people who use substances by offering non-judgmental, low-barrier services.

Gender-Informed Prevention & Harm Reduction Programs

Gender-specific risk and protective factors for substance use have been found for men, women, and LGBTQ people.^{1,2} Yet few substance use prevention or harm reduction programs have specifically examined gender differences in outcomes, or developed gender-specific approaches.

Gender-informed programs attend to the effects of gender socialization and norms, while also addressing gender-specific pathways, motivations and experiences of substance use.¹ This factsheet identifies examples of gender-informed prevention and harm reduction programs for women and girls, as well as emerging evidence on interventions for LGBTQ youth and adults.

Additional Resources

BC Centre of Excellence for Women's Health: <http://bccewh.bc.ca/publicationsresources/publications/>

Coalescing on Women & Substance Use: <http://bccewh.bc.ca/research-in-action/coalescing-on-women-substance-use/>

Gender and Sexual Health Initiative: <http://www.gshi.cfenet.ubc.ca/>

Rising to the Challenge: Sex and Gender-Based Analysis for Health Planning, Policy and Research in Canada:

<http://www.pwhce.ca/pdf/RisingToTheChallenge.pdf>

SAMHSA: LGBTQ: <http://www.samhsa.gov/behavioral-health-equity/lgbt>

Family Acceptance Project: <http://familyproject.sfsu.edu/>

TransPulse Project: <http://transpulseproject.ca/>

SAMHSA Practice Brief: Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit: <http://www.samhsa.gov/sites/default/files/lgbtqi2-s-practice-brief.pdf>

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals: <https://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf>

Girls & Women

Currently, very few prevention programs are specifically designed for girls, and the effectiveness of gender-specific interventions is still being explored. Program elements that appear particularly effective for girls include a focus on life and social skills development, connections to family and school, improving self-image and self-efficacy, and addressing mental health concerns or trauma (e.g., depression, eating disorders, sexual abuse).^{1,2} Strength-based programs that focus on fostering leadership skills and improving family functioning have also shown promising outcomes for girls.³ Gender-informed interventions developed for adult women focus on populations that are particularly vulnerable to substance use-related harms, including women involved in street drug use and/or sex work. These groups of women face significant threats to their safety and wellbeing and are often disconnected from needed health and social services. Effective interventions offer collaborative, non-judgemental, and empowerment-centered care to women, and attend to intersecting determinants of their health (e.g., poverty, racism, parenting, HIV status).^{4,5} Examples of successful, women-centered harm reduction programs include: peer-led mobile outreach services for women involved in street-level sex work, which provide education, harm reduction materials and support services⁶, and specialized maternity programs that provide parenting and child development support, access to basic necessities (e.g., food, housing, transportation), and counselling and treatment referrals for substance using women and their children.⁷

LGBTQ Youth & Adults

Research indicates that Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) youth and adults exhibit significantly higher rates of substance use and poor health outcomes, including mental health problems, HIV risk, and suicide, compared to heterosexual populations.^{8,2} Greater substance use within this population is also linked to social stressors, including victimization, harassment, and family rejection.² Studies highlight the positive effects of interventions that promote social support for LGBTQ youth, such as school-based, anti-homophobia interventions⁹, and family acceptance education¹⁰, in reducing substance use and other risk behaviours. Tailored prevention and harm reduction programs for gay men and men who have sex with men focus on reducing intersecting substance use and HIV risk behaviours, including brief counselling interventions, and mobile and peer-based outreach.¹¹ By comparison, few studies of gender-specific models for lesbian, bisexual, or transgender women have been developed², although there is evidence that gender-sensitive substance use and HIV education programs are effective in engaging transgender women.¹³ In addition to tailored programs, there is a strong call to enhance the cultural competency of mainstream services to better meet the specific substance use prevention needs of LGBTQ clients, and address programmatic and systemic barriers within existing gender-specific services.^{2,12}

Implications for:

Research: More research on the outcomes of universal, mixed-gender, and tailored prevention programs is needed in order to understand their effectiveness for specific populations. Future research should also focus on identifying gender-specific influences and pathways for substance use for women, men, and LGBTQ people, and examine risk and protective factors over different developmental phases.

Practice: Prevention and harm reduction programs for substance use should adopt gender-informed and culturally competent practices to make services more accessible, welcoming and relevant for diverse populations of women, men and youth. Interventions should also work to address underlying risk factors for substance use, such as mental health concerns or experiences of violence or trauma.

Policy: Gender-informed healthcare policy that accounts for the broader social, economic, and political health determinants is needed to ensure the fit, effectiveness, and sustainability of substance use prevention and harm reduction programs for diverse populations of women, men, girls and boys.



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