



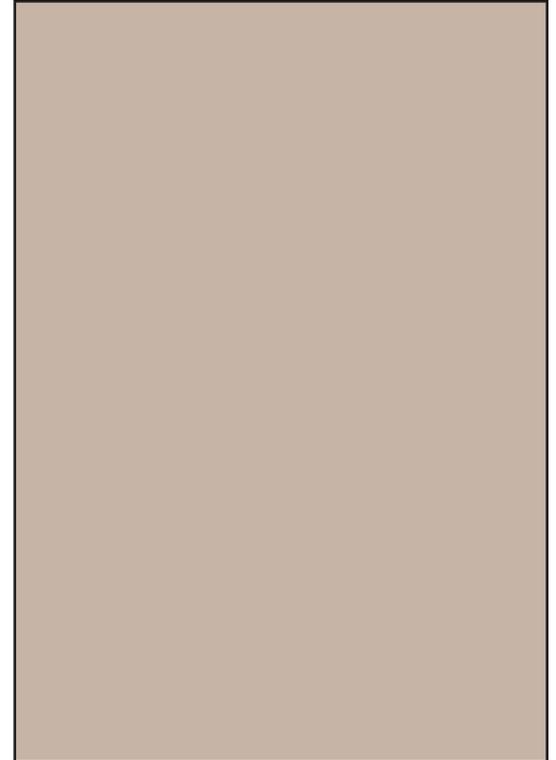
Girl-Centred Approaches to Prevention, Harm Reduction, and Treatment

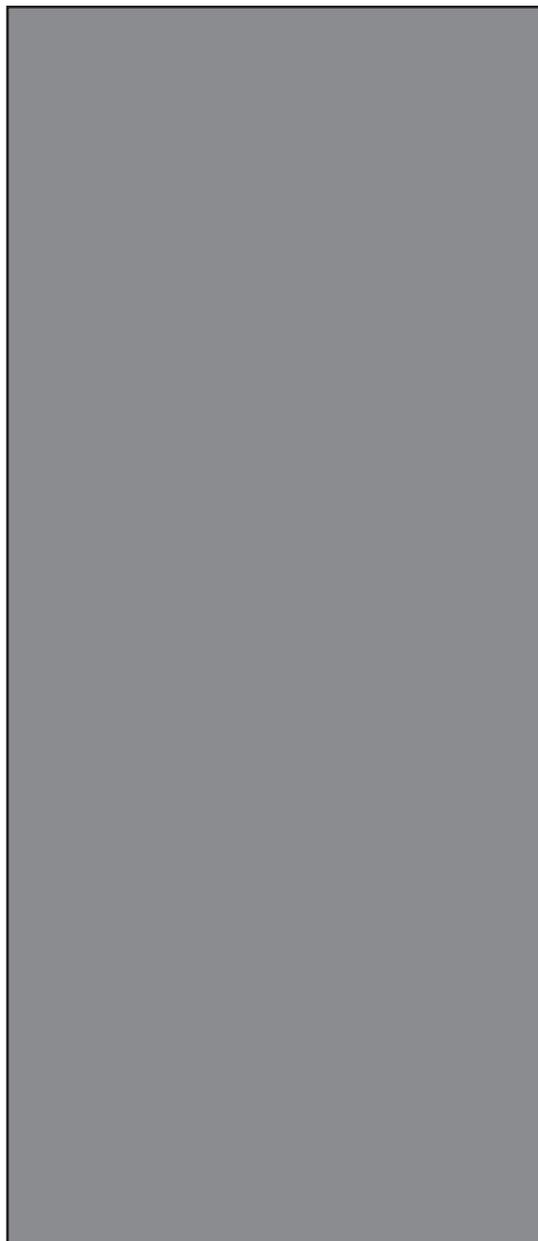
In 2009 a national virtual Community of Practice (vCoP) provided the opportunity for a “virtual discussion” of issues, research, and programming related to girls’ and women’s substance use in Canada. The goal of the vCoP was to serve as a mechanism for “gendering” the *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada*. Participants included planners, decision-makers, direct service providers, educators, NGO leaders, policy analysts, researchers, and interested women. The project was sponsored by the British Columbia Centre of Excellence for Women’s Health (BCCEWH) in partnership with the Canadian Centre on Substance Abuse (CCSA) and the Universities of Saskatchewan and South Australia.

This discussion guide highlights one of the topics explored in the vCoP. Its purpose is to stimulate further conversation on gendered approaches to youth prevention, harm reduction, and treatment.



Gendering the National Framework





Background

Increasing attention is being brought to the issue of substance use by girls and young women, and the associated health and social consequences of heavy drinking, smoking cigarettes, as well as the use of both licit and illicit substances. Historically young men have been more likely than young women to drink alcohol, smoke cigarettes, and use illicit substances, but local, national, and international data now show that this gender gap in substance use is closing.[1]

Participants in the virtual Community of Practice (vCoP) discussed four topics related to young women's substance use: 1) patterns and trends in young women's use, 2) sex differences in the health consequences of use, 3) gendered influences on substance use, and 4) examples of gender-informed and gender-specific programming. An overview of these four topics is presented here, followed by a list of questions that emerged from this information. Reviewing and reflecting on this list of questions may facilitate the application of a gender-based analysis to addictions prevention, harm reduction and treatment programming and policy.

Patterns and trends in young women's substance use

Alcohol – According to the 2004 Canadian Addiction Survey, over 85% of the alcohol consumption reported by females aged 15–24 is consumed in excess of Canadian guidelines. In this survey, 15% of young women aged 18–19, and 11% of women aged 20–24 reported heavy, frequent drinking.[2] Additionally, there are subgroups of girls and young women at higher risk, for example the 1992, 1998, and 2003 BC Adolescent Health Surveys show that “compared to heterosexual youth the same age ... bisexual females were two times more likely to report binge-drinking.”[3]

Cannabis – Approximately 10% of Canadian women report cannabis use in the past year.[4] Use by young women is much higher than this average: Twenty-seven per cent (27%) of young women in the 15–17 age group, 43% in the 18–19 age group, and 30% in the 20–24 age group report using cannabis in the past year. While young men use cannabis at higher rates than young women, the age group with the least difference in rate of use is the 15–17 age group where 31% of boys report use compared to 27% of girls.

Tobacco – Historically, men have always smoked more than women. However, now a higher proportion of young women aged 18–19 smoke (24.4%) compared to young men (22.2%).[5] Women are also starting to smoke at a younger age.[6] Tobacco use rates for the Aboriginal population over 20 years are more than double the Canadian average.[7] Smoking among Aboriginal girls in BC is higher than Aboriginal boys [8] and the age of smoking initiation is youngest for Aboriginal girls (age 10).[9]

Licit drugs – Women have always been prescribed mood altering medications at higher rates than men.[10] A recent study by the Centre for Addiction and Mental Health found young women aged 16–24 who were entering treatment in their Youth Addiction and Concurrent Disorders Service were prescribed or taking benzodiazepines at an alarming rate: 43% of young women versus 12.5% of young men.[11]

Health impacts of young women's substance use

Women are at risk for accelerated development of long-term health problems associated with heavy substance use, such as liver disease, cardiac problems, cancers, gastrointestinal problems, brain damage, and addiction.[12, 13] As well as setting the stage for these long-term impacts, substance use during adolescence has certain gender-specific risks. For example, substance use can negatively affect puberty and disrupt normal sexual reproductive functioning.[14] A key sex difference for young women of child bearing age who consume alcohol and use other substances is the risk of unwanted, unplanned, or unintended pregnancy due to unprotected and unplanned sex. Intoxication can make young women more vulnerable to date rape, sexual assault, and unprotected sex, [15, 16] and increase their vulnerability to HIV and sexually transmitted infections.[17] We are in the early stage of applying a sex, gender, and diversity lens to research on the health impacts of substance use, but unquestionably sex differences in health consequences of substance use are significant.

Gendered influences

As yet, there is not a large literature on influences and pathways to substance use by girls. In 2003, The National Centre on Addiction and Substance Abuse published *The Formative Years* report,[18] a groundbreaking study on the pathways to substance use for girls and young women. This study identified key influences on girls' and young women's substance use that can be categorized into four domains: personal attributes, attitudes, and childhood experiences; peer and school influences; family, culture, and community; and societal influences, such as media advertising. Four recent (2008–9) studies are described here to illustrate key gendered influences and pathways as well as key protective factors for girls and young women:

Depression, obesity, and alcohol use

A recent study on the longitudinal associations among depression, obesity, and alcohol use disorders in young adulthood identified links among all three in young women. [19] The study found that, "women with an alcohol disorder at age 24 were more than three times as likely to be obese when they were 27. Women who are obese at 27 were more than twice as likely to be depressed when they were 30. And women who are depressed at 27 were at an increased risk for alcohol disorders at 30." [20] The researchers suggest that the connection between alcohol use and obesity may be due to increased caloric intake with drinking alcohol or substituting food for alcohol. Alcohol abuse is noted to be common among women with bulimia [21] and research shows that monthly

binge drinkers on average have waistlines half an inch larger than those who drink the same amount of alcohol over the course of a week.[22]

Violence and victimization

In describing trauma-informed approaches in addiction treatment, Covington [23] identifies that in childhood, boys and girls are at equal risk of physical and sexual abuse by family members and people known to them, however, this risk shifts in adolescence. The age of greatest risk for sexual assault for girls is fourteen; for boys it is five. In adolescents, boys are more likely to be harmed by enemies or strangers, experience violence based on race, sexual orientation, or gang affiliation. Girls, on the other hand, are at greatest risk of harm by those closest to them, with whom they are in relationship with, care for, and love. This pattern continues into adulthood. Covington suggests these differences, particularly the likelihood to be harmed by someone you know or care about, may account for greater mental health problems for women, and underscores the necessity for interconnected, gender-responsive substance use services.[23]

Peer influences

LaBrie and colleagues [24] used a web-based survey to examine how much heterosexual female college students believe their male peers want them to drink, compared to how much the male students actually prefer them to drink. The study found that the females significantly overestimated (nearly double) the actual amount of alcohol males prefer them to drink, and that this misperception is associated with women drinking at risky levels. Rather than drinking to be equal to men, the study suggests that women are drinking to be liked by men; therefore sharing normative feedback may be a promising intervention.

Key protective factors

To better understand gender-specific risk and protective factors for substance use, Schinke and colleagues [25] surveyed adolescent girls and their mothers about substance use and related concerns. From their study, they identified the following key gender-specific protective factors:

- Going home after school
- Positive body image
- Mother's knowledge of daughter's whereabouts and companions
- Girl's ability to always contact her mother
- Family rules against substance use and parent encouragement to abstain

Similarly, the protective role of parental attitudes and fear of consequences were noted in a recent report on youth and alcohol use in Nova Scotia.[26]



Examples of gender-informed prevention & treatment for girls and young women

Although information on gender-informed prevention and treatment for girls and young women is limited, some promising programming is available for treatment service providers, prevention workers, and health system planners to draw upon. Provided below are five examples of promising directions in gender-informed programming for girls and young women. These examples highlight programming that addresses key influences and known protective factors for girls and young women in a range of contexts.

Peer support

CAMH, Validity Project – What young girls want you to know about depression

(www.camh.net/Publications/Resources_for_Professionals/Validity/validity_reframing.html)

This project is an example of reframing prevention through the voices of girls and young women. It was created for-youth by-youth in response to the reality that in early adolescence depression becomes more prevalent for girls than boys, and this discrepancy is even more pronounced in later adolescence. The project empowers young women to move beyond a purely medical understanding of their depression, and encourages them to share their knowledge and insights about risk and protective factors.

For the young women in the project, support is a key source of prevention connecting with each other and connecting with caring adults who listen. With this understanding, a number of prevention programs have evolved from the Validity Project, including Girls Talk, a facilitated, peer support group for girls. The goals of the program are to support safety and connection, and to strengthen protective factors such as healthy coping skills and positive body image.

Virtual empowerment

Girls Inc.

(www.girlsinc-online.org)

Girls Inc. is a non-profit organization that empowers girls to be strong, smart, and bold through education, advocacy, and research-based programs. The organization started in the United States and there are now programs in Alberta and Ontario. Girls Inc. has a strong virtual component that encourages girls to explore different topics such as exercising the mind, knowing one's body, and planning for the future. A Girls' Bill of Rights and recent public education campaign messages are also posted on the website. It is free for girls to become members and participate in the various activities.

Family connection

Computer-delivered substance use prevention program for adolescent girls and their mothers

Developed by Schinke and colleagues [27] this program seeks to affect risk and protective factors for substance use by strengthening mother-daughter interactions. On a weekly basis, mothers and daughters work together to complete a 45 minute computer-based session focused on topics such as building communication skills, self-image, and setting rules around substance use. Each session is computer-delivered and uses voice-over narration, animation, and interactive exercises.

In a randomized study of the program, benefits were noted at the two year follow-up for both daughters and mothers. Compared to the control arm dyads, girls who received the computer-based intervention reported lower risk factors and higher protective factors, and their mothers reported lower weekly rates of alcohol consumption.

Community connection

Communities That Care

(www.ctcsquamish.com)

Communities That Care (CTC) is an evidence-based prevention project that engages all areas of the community in promoting the positive development of youth. The comprehensive, community-wide approach reflects an understanding that one's broader social context plays a role in the experience of substance use. The goal of this approach is to reduce risk, increase protective factors for children and youth, and strengthen related environments including home, school, peer groups, and the community.

Youth are encouraged to take an active role in community efforts. In this type of approach there is the potential to support leadership by young women and to have an effect on multiple gender-specific influences on girls' and young women's substance use.

Priorities and programming vary depending on each community's needs. For example, the Squamish CTC project has identified five areas for prevention: substance abuse, delinquency, unintended teenage pregnancy, academic difficulty, and violence and depression. The Squamish community has worked on initiatives that address prevention needs in these areas, including offering the *Strengthening Families* program to parents and their children.

Gender-specific treatment

Youth Solvent Addiction Committee

(www.ccsa.ca/eng/partnerships/ysac/Pages/default.aspx)

In the mid 1990's media attention raised concern about widespread solvent use on First Nations Reserves across Canada. As a result, Health Canada established six First Nations youth treatment centres. Not all centres started out with gender-specific programming, but the outcomes quickly highlighted the benefits of taking this approach. The centres with gender-specific treatment recorded lower incidents, better retention, faster engagement with the program, and increased participant satisfaction and therapeutic alliance.

Gender-specific approaches are now evident at all levels of treatment in the Aboriginal Youth Solvent Abuse Treatment Centres, including data collection, programming, and staffing. Data that has been analyzed by gender has helped to shape policy and program decisions. For example, noting that girls and young women were reporting higher rates of trauma, the girls' services are trauma-informed and led by women. The services emphasize an empowerment approach, single gender group sharing, and specific traditional teachings.

Discussion questions

The following questions are intended to support direct-service providers, program leaders, and system planners in reflection on their current practices, policies, and procedures.

What we know...	What needs to be considered...
Overall, substance use is increasing for girls and young women, and in some cases surpassing rates for boys.	How does this fit with your experience? Why is it important to know this type of information?
Pathways to substance use differ for girls and boys, and girls face distinct challenges, such as higher rates of depression and trauma, poor body image, risk of pregnancy, and so forth.	How might this influence universal prevention campaigns and messaging? What are some ideas of how to make messaging more gender-specific? How might you reach girls and young women at different levels of development, risk, etc?
Tobacco and alcohol advertisers target girls and young women through concerns about appearance and a desire to connect with others.	What can be done in your service or program to reduce media influence and strengthen protective factors for girls and young women?
Positive connections with adults and healthy peer support are protective factors for girls and young women.	How are these connections currently being fostered? How might this influence programming and policy?
Research shows that girls overestimate the amount of alcohol that boys want them to drink, and the amount of alcohol their peers drink.	Why is this information important? How would you use this information to help tailor programming for girls? What would be an essential component to include in programming?
Mental ill health, substance use, and experiences of violence and trauma are closely connected for girls and young women.	How are these interconnections addressed and supported in your program, service, and policies? How might the response be improved?
Not only is it important to strengthen individual protective factors, but also to strengthen the environments that influence girls and young women including home, school, peer and community.	What prevention initiatives are happening in your community? Do they take a gender-informed approach? What is working? What are areas that could be developed? How are youth involved in community prevention efforts?

Summary

This discussion guide was prepared to assist individuals and agencies working on the *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances* with the application of gender-based analysis. Hopefully it will be a useful resource in the development of “gender-informed” prevention programming, harm reduction initiatives and treatment directed to young people, by those working on the Framework, and by others interested in improving policy and practice related to substance use and addiction in Canada.

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