

SEX AND GENDER DIVERSITY AND SUBSTANCE USE DURING COVID-19

The Bottom Line

Substance use and an individual's gender and sexual identities can create compounding difficulties during COVID-19. Knowledge of these unique difficulties may inform substance use policy and treatment plans during and after COVID-19.

Factors associated with increased substance use during COVID-19 are: increased anxiety, depression, and overall perceived mental health; increased isolation and loneliness; increased rates of stress and worry within families; the stockpiling of alcohol; and lack of daily structure.

Substance Use, COVID-19, and Females

The Centre of Excellence for Women's Health recorded in a 2015 report that females accounted for 64% of opioid users in Canada. From January to June 2020, 33% of accidental opioid toxicity deaths among females in Canada involved at least one pharmaceutical opioid. A contributing factor is the increased social stigma and lack of understanding around substance use and females. As a result, many females will not seek treatment or receive adequate treatment.

Females have been statistically more likely to have a lower income than males. This widens the potential for COVID-19 to place them in a situation where they become food or housing insecure. In addition to financial resources, the closure of many services means females may resort to risky behaviours to obtain substances. This puts females at risk for unplanned pregnancies, Sexually Transmitted Infections (STIs), and abuse.

Females in heterosexual relationships disproportionately dominate in caregiving, frontline work, and social care roles. This increases a female's experience with stress, particularly during COVID-19. Females are also more likely to use substances as a way to cope with trauma; COVID-19 may act as a trigger and contribute to this trauma.

Females aged 15-24 are statistically more likely to be the victim of gender-based violence and domestic abuse. Substance use in males with whom they live is often a contributor to the violence females experience. The risk of experiencing gender-based violence increases for females during times of stress, isolation, and financial difficulties, all of which are associated with the social effects of COVID-19.

Possible Responses

- Develop a safety plan or harm reduction strategy specific to the unique needs of females. This may include a way to escape violence or forced substance consumption provoked by a male substance user.
- Advocate for appropriate drug treatment programs and safe spaces that are sensitive to the unique needs of females, including gender-based counseling and coping mechanisms.

Substance Use, COVID-19, and LGBTQ2S+

Transgendered men have a high prevalence of substance use, often starting as a way to show masculinity and feel validated. Non-binary and Two-Spirit people ages 15-24 experience high rates of gender-based violence, which is often exacerbated by the substance use of those they know or live with.

LGBTQ2S+ individuals may have experienced rejection from caregivers because of their identity, or may be 'out' to their peers but not their family. During COVID-19, they may need to hide, come out to their family, or find a new place to live, putting them at additional risk. LGBTQ2S+ individuals are also statistically more likely to be lower-income. Exacerbated by COVID-19, these traumatic and economic factors may lead to food insecurity, homelessness, and increased substance use.

LGBTQ2S+ individuals have been historically less likely to seek medical treatment due to negative experiences with healthcare systems. During COVID-19, transgendered individuals have decreased access to services, which may include transitioning hormone medication. LGBTQ2S+ individuals are additionally more likely to use substances as a way to cope with trauma. The role COVID-19 plays in re-triggering trauma and amplifying these existing inequalities may lead to increased substance use.



Possible Responses

- Create safe spaces to discuss trauma and unique experiences of LGBTQ2S+ individuals (e.g., understand and comply with special requests such as allowing a safe friend to sit in on counselling sessions, provide safety to disclose feelings and experiences without judgement, use stigma-free and non-heteronormative language, provide options that are not binary, provide vocal and visual acknowledgment that the setting is a safe space).
- Acknowledge the unique trauma LGBTQ2S+ individuals may experience. Provide supportive treatments that aid in the result of reduced substance use (e.g., support for suicidal ideation, trauma from abandonment and rejection, feelings of not belonging or being accepted in the space).

Substance Use, COVID-19, and Males

Males may be less likely to seek addiction, mental health, or medical treatment, as asking for help is not seen as 'masculine' behaviour. As a result, males are 4 times more likely to die by suicide, but 50% less likely to be diagnosed with depression. From January to June 2020, males accounted for the majority of accidental opioid toxicity deaths (77%) in Canada. Many men – especially in rural areas – will suffer in silence because of this stigma, leading to substance use as a coping mechanism.

Males may feel emasculated during COVID-19 due to financial insecurity and lack of control. Paired with substance use, this stress may turn into violent and destructive behaviours towards themselves and those with whom they live.

Possible Responses

- Treat and reduce the stigma of males seeking mental health support and of substance use being associated with masculine behaviour.
- Educate on healthy communication to reduce violent behaviours associated with substance use, particularly gender-based violence.

For original sources and documents, please visit: www.childtraumaresearch.ca

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