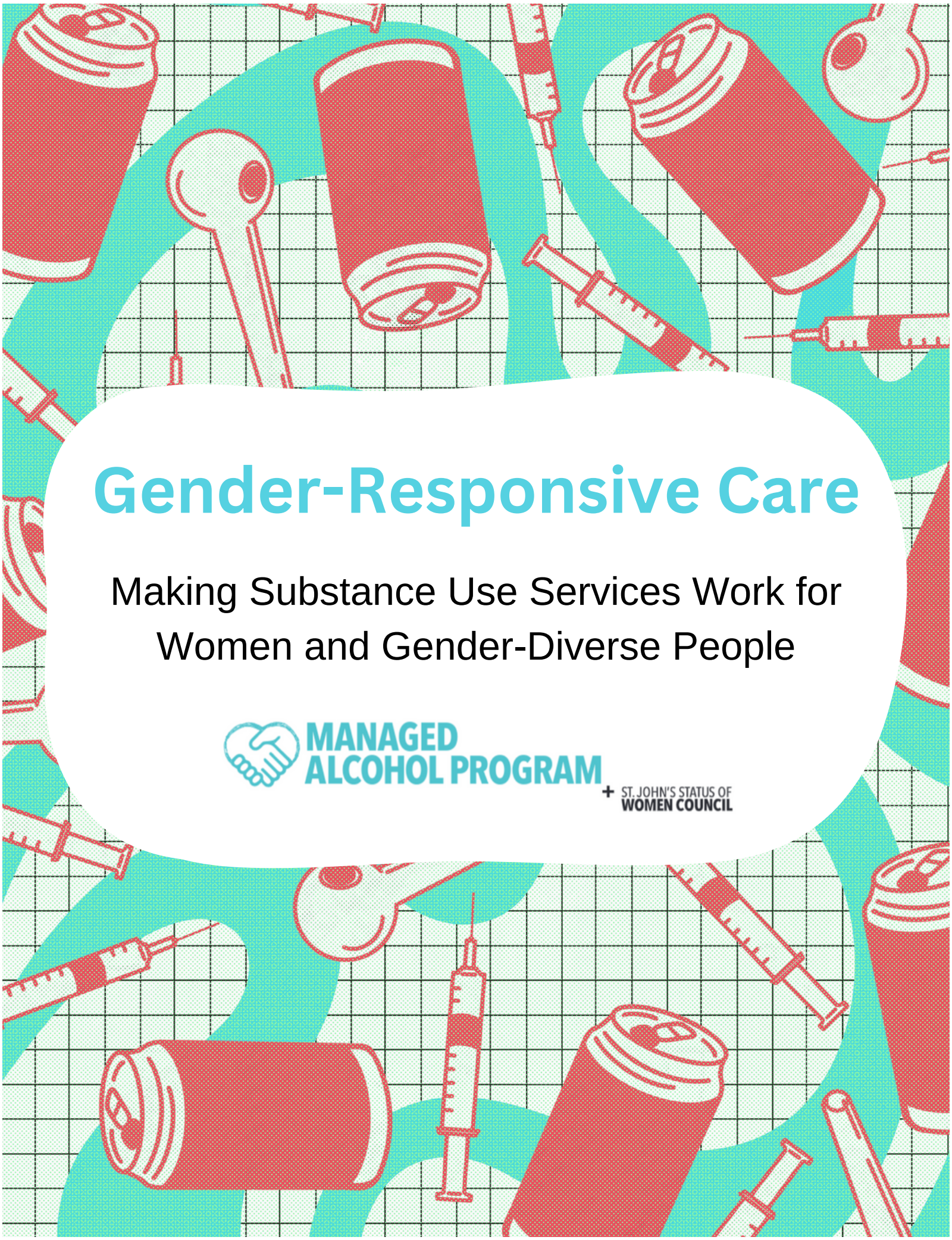

Gender-Responsive Care

Making Substance Use Services Work for Women and Gender-Diverse People

MANAGED ALCOHOL PROGRAM + ST. JOHN'S STATUS OF WOMEN COUNCIL

Gender-Responsive Care

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ST. JOHN'S STATUS OF WOMEN COUNCIL

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Acknowledgement

We recognize that advocating for gender-responsive services cannot be separated from the call for anti-colonialism and anti-racism, in service delivery and more broadly in our social world. Individual experiences of gender are shaped and mediated by social location factors such as race, ethnicity and Indigeneity, class, disability, and sexuality – with discrimination often amplified for those experiencing multiple forms of marginalization.

Forms of oppression associated with substance use, including stigmatization, over-policing and incarceration, lack of access to healthcare, surveillance, and increased risk of death are amplified for those who experience additional forms of marginalization.

The systems of oppression which create the subjugation of women are closely linked to those which enact oppression across other marginalized social groups. Advocating for changes for one social group must occur hand in hand with advocating for all groups experiencing oppression.

We call for all gender-responsive services to be intersectional in nature, recognizing that women and gender-diverse people are not a homogenous group with the same needs. Gender-responsive care must operate from an anti-colonial and anti-racist perspective, and effortfully remove barriers to access across all social groups.

None of us are free until we are all free.

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Our gender identity shapes every aspect of how we move through the world, yet we do not often see this reality acknowledged in the social and health services we engage with.

Historically, society has positioned certain groups in more powerful positions than others. A prominent example of this is the patriarchy, a defining structure of western society which has historically placed men in positions of power and control, and women and other gender groups in subjugated positions. Over time, the privileging of men over women has created long-standing inequalities in access to power, resources, and opportunities. The impacts of patriarchy are wide-ranging, one of which being its influence on our social, political, and cultural systems.

Research in areas including health have historically focused on the experiences of white, cisgender men. This focus has dictated which issues we focus on and contributed to our definition of what is "normal." Further, in this practice, men have become the norm against which all other individuals' experiences are considered, and occurs largely without considering how gender also influences men's experiences. The experiences of white, cisgender men are established as an unmarked and centered category.

The perspectives of those in power have long-lasting influence on how we now understand social norms and how we operate many of our social and health systems. Often, medical assessments and understandings of "medical issues" are based on the symptoms and experiences of this white, cisgender male population – when in reality, individuals have vastly different life experiences and needs based on their social location, including gender, race, class, and other factors.

Without particular attention to how gender as a social location factor shapes our experiences, social and medical systems unintentionally reproduce systems of oppression. Few areas show this discrepancy as prominently as substance use services, where diagnosis of clinical substance use disorders and many care services are based on models of male experience. As a result, women and gender-diverse people may find substance use services inappropriate or harmful, or may not have their needs recognized[1].

There is an urgent need for services supporting women and gender-diverse people who use substances to be informed about and responsive to the gender-specific needs, experiences, and risks of harm within these groups. We are seeing an increase in the number of women diagnosed with substance use disorders, and women and gender-diverse people continue to experience disproportionate levels of harm associated with substance use[2].
Gender-responsive substance use services are necessary so that all people have access to services that appropriately meet their needs.

This report will provide an overview of gender-specific contexts and impacts of substance use among women and gender-diverse people, with the purpose of **informing the development of further harm reduction services in NL.** Further, barriers to accessing traditional substance use services are identified. The characteristics and benefits of gender-responsive care and harm reduction are identified and applied to the substance use context. Gender-responsive care will be connected to broader advocacy movements and situated in a context of challenging systems of oppression. A case study of the Managed Alcohol Program operated by the St. John's Status of Women Council (SJSWC) is included, reflecting the components of gender-responsive care in practice and the benefits of such programs (Appendix A). **Starting recommendations are summarized at the end of the report.**

Organizational Description

The SJSWC is a feminist organization working to achieve equality and justice, based in St. John's, Newfoundland and Labrador. Through political activism and community collaboration, the SJSWC aims to create a safe and inclusive space for all women and gender-diverse people.

For over fifty years, the SJSWC has built supportive programs and advocacy on issues including social isolation, mental health, violence, marginalization, poverty, housing, trauma and system navigation, realities which are fundamentally shaped by gender identity and gender-based oppression. The SJSWC's programs and services aim to provide opportunities for personal growth, empowerment, and social connection. All programs are free of charge, low barrier, and harm reduction focused.

In 2021, SJSWC began operating the first Managed Alcohol Program (MAP) in Newfoundland and Labrador. MAP is a harm reduction approach to supporting people who experience harm from their use of alcohol. The program aims to help people make their lives safer by providing an individualized, stable supply of alcohol and wraparound health and social support. MAP often supports people chronically underserved by the system, helping participants identify and overcome barriers to safety and independence. MAP is an outreach-based program that meets people where they are and assists participants in meeting their goals related to substance use, harm reduction, and overall well being.

SJSWC operates the only known MAP that solely serves women and gender-diverse people. The organization is attuned to the gender inequalities which shape individuals' experiences of substance use and has created gender-responsive services to better address the needs of women and gender-diverse people who experience harm from alcohol use (Appendix A).

Substance Use in NL

There are many ways people use substances, and many motivations for use. To avoid stigmatization of "illicit" substance use, all sources of psychoactive substance use (i.e. prescribed or recreational) will be discussed without distinction.

In 2019, 77.4% of Newfoundland and Labrador residents reported alcohol use in the past year[3]. In the same period, a national survey found that 21% of Canadians aged 15 and above have used cannabis, and 14% used opioids in the past year[4].

Since the beginning of the COVID-19 pandemic, substance use rates in Canada have increased, a trend that is also seen in this province. Concurrently, overdose deaths in Newfoundland and Labrador are increasing, reflecting the ongoing epidemic nationally. In 2023, at least 57 deaths in the province were associated with accidental overdose, up from 37 in 2022 (Appendix B)[5]. The rise in overdose deaths is due in part to toxic drug supply as well as compounding factors increasing the risk of overdose, such as economic hardship and structural oppression[6].

The financial burden associated with substance use is primarily driven by reactive costs such as criminal justice and emergency services. **The financial costs of substance use can be lessened by proactively targeting sources of harm**, such as social conditions which contribute to problematic relationships with substance use, and **financing harm reduction programs which reduce harmful effects of substance use**[7].

Definition of Key Concepts

Gender and Sex

Gender refers to a complex concept, incorporating one's internal sense of gender identity as well as their social expressions and behaviors. Gender is socially constructed, meaning that gendered expectations and roles are based on a well-established social agreement. Gender includes our individual sense of self, behaviours, and expression, and is also grounded in our social relationships. While gender is socially constructed, it is real in its consequences, including differences between gender groups in health outcomes, distribution of power and resources, and the impacts of systems of violence and oppression[8].

Often, gender is represented as a binary between "men" and "women," but gender exists on a continuum, including nonbinary and gender-diverse identities. Under patriarchy, any gender identities outside of cisgender men experience social and structural oppression based on their gender. In this report, trans and cisgender women, Two-Spirit, nonbinary and gender-diverse people, and transgender men are recognized to experience gender-based oppression, and are collectively referred to as **women and gender diverse people**.

The focus on gender as a modulating factor in substance use does not imply that all women have the same experiences. Gender is examined as a pervasive social structure that affects all aspects of our lives and creates unequal outcomes for many. Systems of oppression based on gender also overlap with other forms of oppression to create unique experiences for women and gender-diverse people from different social groups; the gender factors associated with substance use may affect people in different ways based on their social location[9].

There is limited research available specifically focusing on gender-diverse and transgender people in the context of gendered effects on substance use.

Often, transgender, nonbinary, Two-Spirit and/or gender-diverse populations are discussed interchangeably with women in data analysis. The experiences and needs of transgender men may not be adequately represented in such research, despite their experiences of gender-based oppression. While it is recognized in this report that gender-diverse people also experience oppression under patriarchy, **gender-diverse populations are distinct from and have distinct lived experiences from women.** As such, issues specific to transgender and gender-diverse populations will be discussed separately where possible.

Gender is distinct from **biological sex**, which most commonly refers to the **sex assigned at birth** based on a medical assessment of physiology (i.e. female, male, or intersex). In this report, findings related to biological sex will be identified as such, as sex-related factors related to bodies assigned female at birth do not reflect all individuals with the social role of women (i.e. transgender and cisgender women)[10].

Substance Use, Harm, and Harm Reduction

The definition of substance use-related harms used in this report will be grounded in both medical and subjective definitions. Substance use disorder is clinically defined by compulsive and/or continuous use of substances despite the presence of negative impacts. Other criteria of substance use disorder include preoccupation with substance use, increasing tolerance, and withdrawal[11].

Not all harms experienced by individuals who use substances are reflected in the medical "addiction" based model; harm can be experienced at any level of substance use and is not dependent on physiological addiction. For the purposes of this report, **harm** refers to any negative health, social, or legal consequences associated with substance use[12].

Language surrounding substance use is often stigmatizing and deficit focused. This report will discuss substance use in terms that avoid stigmatizing the individual or substance use behaviours. Terms such as "substance use which causes harm" and "harmful relationship with substance use" will be used to move away from stigmatizing and reductionist depictions of substance use. This report takes the position that substance use is not inherently harmful but may be linked to harms, and that harms related to substance use are not exclusive to physiological dependence or "addiction" [13].

Using language that resists stigmatization is grounded in a harm reduction framework. Harm reduction is a pragmatic approach that is accepting of substance use and promotes dignity and support for people who use substances. While most often used in the context of safer substance use practices, harm reduction can address any source of negative physical, mental, or legal outcomes for an individual – for instance, providing access to housing, food security, or safety from violence are elements of harm reduction.

Broadly, **harm reduction** approaches to substance use aim to reduce harmful consequences of substance use where possible without stigmatizing the individual or prioritizing abstinence. Harm reduction is grounded in the unique lived experience of the individual, recognizing that harm from substance use is subjective and influenced by the individual's social location and systems of power[14].

Gender Differences in Substance Use

Gender is a social location factor that affects all elements of our lives. Gender factors influence how we interact with others, our access to resources, and how we are affected by structural systems of power. Gender is one of many social location factors that interact with social structures to create our experiences of privilege or oppression, and the barriers we may face as we move through the world. The lives of women and gender-diverse people are shaped by oppressive, patriarchal structures which concentrate power in the hands of cisgender, heterosexual men. While gender is socially constructed, real outcomes of gender dynamics include imbalanced gender expectations, gender-based discrimination, increased levels of violence, differential health outcomes, and unequal access to resources[15].

Gender plays a significant role in all aspects of substance use. There are known differences in rates of substance use, motivations for use, and use behaviors between men and women. **An important effect of gender on substance use is the differential harms experienced by women and gender-diverse people than those observed in men who use substances.** Gender-specific harms exist across physical, social, and structural domains, and are often amplified for individuals who experience multiple forms of oppression[16].

Sex-Related Impacts of Substance Use

Substance use has physiological effects on the body, which may differ based on biological sex-related characteristics. Many of the factors that influence how substances are absorbed and processed by the body are individual (e.g. genetic differences), but there are some documented differences in substance use effects between bodies assigned female and male at birth.

Individuals who are assigned female at birth may develop physical health consequences in a shorter time from initial substance use and with less total consumption than those assigned male at birth. People assigned female at birth may consequently experience more severe and longer-lasting physical health impacts from substance use[17].

There is an observed pattern known as **telescoping** where individuals assigned female at birth may experience a more rapid onset of dependence or clinical substance use disorder from the initial use of substances than those assigned male at birth[18].

Gender Differences in Substance Use Patterns

Women and gender-diverse people often exhibit different patterns of use and motivations for using substances than men. While more men than women are diagnosed with substance use disorder(s), the gender gap is narrowing as more women are exhibiting harmful relationships with substance use[19].

Women and gender-diverse people are more likely to use substances and develop dependence on substances if they are experiencing a comorbid mental health condition such as depression, anxiety, and/or post-traumatic stress disorder (PTSD). Experiencing physical disabilities may also be associated with an increased risk of substance use compared to the non-disabled population. Using substances in a way that causes harm for women and gender-diverse people with disabilities may be less acknowledged due to the marginalization faced by this population.

Substance use may also be used as a method of self-medication, using the physiological and psychoactive effects of substances to manage negative emotions, physical pain, stress, or PTSD symptoms[20].

Further, substance use in women is often associated with historical and ongoing trauma and violence. There is a relationship between experiences of childhood trauma, abuse, or intimate partner violence and an increased vulnerability to developing a harmful relationship with substance use. Substance use may also be used to cope with experiences of violence or trauma. There is a reciprocal relationship between substance use and intimate partner violence, as substance-using women are also at a higher risk to experience further violence[21].

Substance use for women is often associated with significant relationships in their lives. Women may engage in substance use within intimate partner relationships, and women are more likely to be introduced to substance use by their partners than men. Substance use may be initiated or maintained to seek connection with others. Further, a lack of healthy, supportive relationships is often a factor in substance use becoming harmful for the individual[22].

Gender-Based Stigma and Substance Use

Possibly the most significant difference categorizing substance use for women and gender-diverse people is increased stigma in comparison to men who use substances. There are socially ingrained expectations of how women (and men) are supposed to behave, and consequences for those who do not align with our expectations. Existing social structures also contribute to the expectations placed on women, such as differential childcare expectations. There is a gendered double standard where women who use substances face more stigma than men engaging in the same behaviour[23].

Stigma is a complex social phenomenon that often manifests as negative attitudes towards individuals who engage in a certain behaviour or who belong to a certain social group. Stigma is often well-entrenched in society and serves to cast the target as “othered,” or belonging outside of society. Stigma operates on the individual and structural level. Individually, stigma manifests as negative attitudes or buying into stereotypes about substance use.

Structural conditions such as criminalization of substance use and lack of financial support for harm reduction reflect the pervasiveness of stigma against substance use. Stigmatization of substance use creates conditions of extreme marginalization for people who use substances; they are effectively "pushed to the margins" of society and receive little attention, compassion, or support. Stigma is distinct from **discrimination**, which refers to negative or harmful actions undertaken based on a negative attitude held towards the target. Discrimination against individuals who use substances can include denial of social or medical services[24] .

Expectations for women's behaviour intersect with stigma against substance use to create specific, gender-based stigmatization of women who use substances. Substance use is seen to conflict with expectations of feminine behaviour and women's expected gender roles. Women are often expected to fulfill caregiving roles for others, and those who use substances may be seen as "selfish" for beginning or continuing to use substances. There is further stigmatization against women and gender-diverse people who parent, as substance use is positioned as antithetical to the ability to parent safely and effectively. Stigma against substance use constructs all substance use as dangerous and always incompatible with parenting[25].

Additionally, women who use substances are often subject to negative assessments of their character associated with pervasive social misogyny – such as the assumption that women who use substances are sexually deviant or exchanging sexual favours to acquire substances. While there is stigma against substance use overall, cisgender, heterosexual men who use substances are often not subject to the same scrutiny of their ability to parent or their sexual behavior as experienced by women – reflecting the unequal stigma against women who use substances[26].

Importantly, the stigmatization of women and gender-diverse people who use substances is amplified by the intersection of other forms of oppression, such as racism or classism. Gender interacts with other social location factors to create unique and often more severe experiences of stigma and discrimination. Indigenous, Black, or racialized women and low-income women are particularly subject to substance use stigma.

Structural Oppression, Violence, and Surveillance

Closely related to the stigmatization of women and gender-diverse people who use substances are institutional harms. **Structural violence** refers to the ways in which social institutions enact harm on individuals, and how such systems "perpetuate and normalize inequalities and resulting harms"[27]. Our social structures, which unequally distribute power and resources to some groups above others, leave women and gender-diverse people highly vulnerable to institutional harm.

Women experience justice-related harms from substance use differently than men, particularly women who are pregnant or have children. Parenting women face a high degree of stigma and are more likely to be criminalized for their substance use. A particular concern for parenting women who use substances is child protective services (CPS) involvement and/or child apprehension[28].

Social narratives about substance use, particularly its perceived inherent danger and incompatibility with parenting, lead to a high degree of surveillance of parenting women by social services, including CPS. Surveillance is heightened for racialized, Indigenous, and low-income women. Social services often do not account for social-structural forces impacting parenting capacity, instead conflating substance use as a mark of personal failure or an unfit parent. There is little consideration of the profound suffering that can be impacted on families through institutional involvement.

The fear of external consequences, including criminalization or CPS investigation, influence the way that women engage in substance use. Women may feel pressured to hide their substance use and/or use alone, which increases the risk for negative health outcomes including overdose[29].

Impacts for Trans and Gender-Diverse People

Transgender and gender-diverse people experience significant social marginalization, shaping the context in which substance use occurs for this population.

Transphobic stigma and discrimination are associated with high rates of physical and sexual violence, homelessness, and poverty affecting trans and gender-diverse people.
Transgender women experience particularly high rates of victimization and violence.

Belonging to a gender- or sexuality-marginalized group may be associated with a higher risk of substance use which causes harm to the individual. In the context of pervasive social inequality and discrimination, substance use may be used to cope with stressors and negative emotions.

Transgender and gender-diverse people may be more likely to experience criminalization for substance use, particularly those who experience multiple forms of marginalization[30].

Gender-Specific Barriers to Substance Use Services

Beyond the gender-specific forms of harm associated with substance use, women and gender-diverse people experience unique barriers to accessing substance use services. Substance use services here refers to harm reduction services such as supervised consumption sites and overdose prevention sites, supportive services, healthcare, and substance use management services, otherwise known as "treatment."

Women and gender-diverse people face unique barriers to accessing services grounded in their gendered life experiences. Over time, the patriarchal social structure of our society has led to lasting social inequalities between gender groups. Patterns of differential resource access, opportunities, and outcomes are linked to such power structures, which privilege cisgender, heterosexual men over other genders. Many barriers to accessing services for substance use-related harm are gender-specific or exacerbated for women and gender-diverse people.

Individual Barriers

Women and gender-diverse people who access services for substance use frequently present with more complex clinical profiles than men. Compounding challenges experienced by women may delay or prevent help-seeking for harms experienced by substance use[31].

Substance use and mental health issues commonly co-occur in women, often in "complex, ... mutually reinforcing ways"[32]. Experiencing mental illness, psychiatric disorder, or distress can be a significant barrier to help-seeking. Unmanaged mental illness can affect individual motivation to address harms, or present real or perceived barriers to accessing services. As substance use is often used to self-medicate symptoms of mental illness, changing substance use practices may be unrealistic to individuals with compounding concerns.

In addition to comorbid mental health issues, women are more likely than men to present with concerns related to low income or unemployment, housing needs, child and family stress, unhealthy relationships or intimate partner violence, and experiences of trauma.

Women are less likely than men to receive support from partners to seek help for substance use-related harms. Substance use for women is often in the context of intimate relationships, and the disproportionate rate at which women are affected by IPV and GBV may act as a barrier to addressing substance use-related harms. Individuals experiencing gender-based violence may be pressured by partners to continue using substances in a way that causes harm for the individual. Access to substances may also be used as a tool of abuse, presenting barriers for individuals who may wish to make changes to their substance use[33].

Many women experience significant shame and guilt related to their substance use. When individuals come to believe that negative stereotypes about substance use are true, for example believing that there is "something wrong with them" for engaging in substance use, this is known as **internalized stigma**.

Stigma against substance use creates a dominant narrative that blames individuals for harms they experience related to substance use, rather than acknowledging the role of social-structural factors. When stigma is internalized, women and gender-diverse people may fear seeking help due to feelings of self-blame and embarrassment. Internalized stigma may also cause individuals to feel they deserve the harms they experience or the discrimination they face from social systems[34].

Organizational Barriers

Unintentional barriers to women and gender-diverse people's participation in substance use services may form at various levels of an organization, including a lack of appropriate services, staff competency, or policy. Without specific attention to gender differences, existing systems of oppression are often reproduced in service delivery[35].

Substance use treatment models and research have historically been based on the experiences of cisgender, white males, meaning the "standard" approaches to substance use issues may not reflect the realities of women and gender-diverse people. Consequently, staff and care providers in substance use services may be less aware of how to recognize or respond to women's substance use[36].

Most substance use services operate in what is ostensibly a "gender neutral" manner. However, without considering the unique needs of women and gender-diverse people, services unintentionally reproduce patriarchal dynamics. Without questioning prevailing power systems, social services will continue to cater best to white male clients and create negative or potentially harmful experiences for those outside of this group.

As women and gender-diverse people seeking substance use services often have complex needs, a pervasive concern is the "siloing" of substance use services from other necessary services. There is a critical lack of holistic service provision for individuals experiencing harms from substance use, meaning that individuals often must connect with multiple service providers to address complex needs.

Comorbid mental illness and trauma are associated with poorer outcomes in substance use service utilization. Despite the complexities caused by comorbid conditions, substance use services often do not assess comorbidity or attempt to manage both concerns. Unmet needs in other areas, such as housing, social, or criminal justice issues, serve as barriers to accessing substance use services which are unable to support the complex, interwoven conditions of participants' lives. The expectation that individuals can connect across multiple services and integrate knowledge creates an unnecessary barrier to accessing services[37].

Women and gender-diverse people may also experience logistical barriers to accessing services, such as accessing transportation and financial concerns. Hours of service operation may conflict with childcare responsibilities, creating a barrier that more often impacts women[38].

Abstinence-Based Services

Requiring individuals to sustain abstinence from substance use is a barrier to service access for many people. For a variety of reasons, complete cessation of all substance use is not possible for many people who may benefit from such services. This requirement leaves many people completely unable to access necessary or life-saving services.

Abstinence-based programming has long been considered the "gold standard" for substance use interventions. Expecting all people to maintain abstinence is ignorant of how social-structural conditions shape the harms experienced from substance use[39].

Programs which enforce abstinence reinforce the dominant social narrative positioning substance use as immoral or a personal failure, furthering stigmatization of substance use. Often relying on a medical model of addiction, such services position themselves as "neutral" or "objective," while **furthering a social and political construction of substance use as inherently harmful.**

Structural Barriers

Women and gender-diverse people who use substances experience a high degree of structural violence and surveillance. A significant barrier for women's engagement with substance use services is the fear of justice system and/or CPS involvement. Many forms of substance use remain criminalized, leading many individuals to avoid necessary health or social services due to fear of arrest or criminal punishment[40].

For parents, criminalization of substance use and the stigmatization of substance use as inherently dangerous leads to the risk of CPS involvement and/or risk of child removal. A significant number of CPS reports against women and gender-diverse parents are filed by service providers. Fear of punishment may act as a barrier for parents to accessing necessary services; women are more likely than men to avoid substance use services due to fear of child protection involvement.

While substance use alone is not considered a specific causal reason for child apprehension, stigma surrounding substance use continues to influence decision-making and outcomes in this area. For instance, the *Children, Youth, and Families Act* in Newfoundland and Labrador lists "living in a situation where a parent is an abuser of alcohol or drugs" (10.3f) as a consideration factor for children in need of protective intervention[41].

Pervasive narratives about substance use and gender-based stigma experienced by women who use substances have created the belief that women who use substances are unfit to parent.
Despite the reality that many individuals who use substances maintain positive care and relationships with their children, substance use remains "inaccurately conflated with child abuse and neglect"[42].

The risk of criminalization is not felt equally by all women who use substances. The social regulation of substance use is felt more strongly by families already affected by structural violence, systemic racism, and poverty. Indigenous, Black and racialized, and low-income women are more likely to face surveillance, criminalization, and CPS involvement for their substance use.

People who are or can become pregnant face significant regulation and social control in anticipation of substance use effects on a developing fetus. Pervasive stigma against people who use substances while pregnant leads many people to avoid seeking healthcare services for fear of judgement or punishment. Pregnant people may also under-report or hide their substance use from care providers, which can additionally lead to a lack of necessary care and contribute to negative health outcomes[43].

Barriers for Trans and Gender-Diverse People

While transgender and gender-diverse people may also be affected by the gender-specific barriers affecting women, there are specific additional barriers to service access faced by this population.

There is a clear disparity in access to substance use services for trans and gender-diverse people, which is in striking contrast to this population's increased likelihood to experience harm from substance use.

Trans and gender-diverse people report many barriers to accessing services, including the fear of transphobic stigma, discrimination, and violence. Concerns exist if care providers will be informed about trans issues and if the service will be affirming of the individual's gender identity. Experiences of harassment and discrimination often lead to trans and gender-diverse people leaving services, and cultural incompetence from staff poses a significant barrier to service outcomes.

Substance use services may not have appropriate or safe spaces for transgender or gender-diverse clients, placing individuals at an increased risk of victimization. Stigma and discriminatory behaviours from staff may include misgendering (accidental or purposeful use of the wrong gendered language) or requiring individuals to use spaces associated with their sex assigned at birth rather than aligned with their gender identity. Discrimination may be especially pronounced for individuals who do not visibly align with the gender expression stereotypically expected of their gender identity[44].

Gender-Responsive Services

Long-standing differences in substance use impacts, barriers to service use, and outcomes between gender groups require us to pay attention to the role of gender in substance use and services that address it. Identifying and addressing the impacts of gender are essential to ensuring all people have access to services which meet their needs.

Defining Gender-Responsive Services

Gender-responsive refers to services designed to meet the specific needs of women or another gender group[45]. Addressing gendered needs requires acknowledgement of the ways gender shapes our experiences and can lead to differential outcomes. Also known as **gender-specific services**, such approaches consider the influence gender roles, expectations, and relationships have on the lives of women and gender-diverse people. Further, gender-responsive care considers how these factors can be accommodated and accounted for in service delivery.

Gender-responsive services differ fundamentally from many “traditional” approaches to substance use, which are often delivered without consideration of gender differences. While the “gender neutral" approach to service delivery is intended to be the same for all participants, these approaches do not account for the differences in life experiences and needs between gender groups. Essentially, without recognition of differential gendered needs, services unintentionally reproduce the power imbalances existing in society. Services without attention to gendered needs may fail to address the specific needs or harms experienced by women and gender-diverse people or may cause harm themselves.

Gender-responsive approaches are rooted in evidence-based practice and reflect a fundamental shift in how we approach substance use services for women. Effective care requires paying attention to the realities and complexities of women’s lives as a part of service provision or clinical services.

A holistic approach to care for women and gender-diverse people who use substances requires attention to more than the physical aspects of health. Emotional, psychological, and social-structural aspects of wellness must also be considered. Care must incorporate the whole person, including their parental and relationship roles and responsibilities.

Creating gender-responsive services requires ensuring the theoretical and practical elements of programs reflect an understanding of the lived experiences of women and gender-diverse people, the gender-based barriers and harms they may experience, as well as their strengths. Implementation requires attention to multiple levels of service development and delivery, including site selection, staff training and competency, and program content or intervention model[46].

Characteristics of Gender-Responsive Services

The characteristics of gender-responsive care are grounded in the realities and gendered life experiences of women and gender-diverse people. Fundamentally, gender responsive services acknowledge that substance use is situated in the larger context of an individual's life. Gender-responsive care recognizes the factors that may influence the development of harmful relationships with substance use and addresses key harms which may be experienced by women and gender-diverse people who use substances.

Gender-Specific and Wraparound Services

Improving services for women and gender-diverse people may start with acknowledging elements which make treatment inappropriate or unavailable for the needs of this population. Among these concerns are the lack of holistic services, meaning those which address compounding issues in addition to substance use, and lack of services that recognize gender-specific needs[47].

Women and gender-diverse people often present to substance use services with complex needs, including socio-psychological concerns that may exacerbate or reinforce harms associated with substance use. Addressing concurrent needs is inseparable from addressing the harms associated with substance use, as substance use is always situated within the broader context of one's life – including social, economic, and cultural factors.

Holistic and wrap-around services **provide additional support beyond solely focusing on the fact of substance use.** Supplemental services may include addressing housing, employment, or financial concerns, and supporting participants in connecting with other necessary social and health services. Women and gender-diverse people may also benefit from access to reproductive healthcare and safer sex supplies.

Pregnancy is also a significant area of focus for gender-responsive care. Experiences of stigma are amplified for individuals who use substances while pregnant, which often leads to an avoidance of healthcare providers and negative health impacts. Providing pregnancy-specific services can reduce harm and increase the health of future intended pregnancies. Pregnancy-specific care may include nutrition support, supporting access to healthcare, or access to information on the impacts of substance use on a developing fetus.

Gender-responsive care also implements program elements addressing the specific experiences and harms faced by women and gender-diverse people. There is a high coincidence of experiences of intimate partner violence, victimization, and trauma among women who experience harmful relationships with substance use. Responding to the prevalence of abuse and trauma in women and gender-diverse people seeking support for substance use may include psychosocial education and skill-building components, developing coping skills, regulating anxiety, and building self-esteem and assertiveness[48].

Further, substance use in women and gender-diverse people often overlaps with comorbid mental health issues. Harmful impacts of substance use are often associated with the use of substances to self-medicate for symptoms of PTSD or manage negative emotional states. Integrated approaches to service provision recognize that substance use is not an isolated concern and is closely linked to mental and physical health.

Addressing harms from substance use may require targeting mental health concerns, such as anxiety, PTSD, and depression. Supporting participants to identify factors affecting their substance use or potential triggers for their mental health symptoms may be beneficial in navigating harmful relationships with substance use[49].

In recognition of the complexity of women and gender-diverse people's needs and experiences, care planning is beneficial within gender-responsive services. Such approaches involve creating individual care plans for participants to guide their involvement with services, and are often known as "case management," although this language can be stigmatizing for individuals and should be avoided. Individualized, flexible services may more effectively meet the needs of participants[50]. Regular check-ins from staff may help participants stay focused on their goals and provide vital support to individuals. Staff may also provide personalized education on harm reduction strategies, and advocate for participants' access to necessary services. The care planning model can more effectively address multi-level elements of wellbeing and provide participants with improved continuity of care within a trusted helping relationship.

Removing Barriers to Access

Gender-responsive care also requires addressing the common barriers to women and gender-diverse people's access to and engagement with substance use services. Considerations such as providing transportation or extending hours of operation may make services more accessible to women and gender-diverse populations[51].

A significant barrier for women and gender-diverse parents, who may be more likely to parent alone or be primary caregivers, is the incompatibility of accessing traditional substance use services and childcare responsibilities. Gender-responsive care requires acknowledgement and integration of participants' roles as parents; as such, substance use services must be accommodating of mothers and gender-diverse parents. Non-judgemental environments should be created for parents, and provision of childcare spaces may make services more accessible for participants with children. Pregnant individuals also have unique needs and may require additional forms of support[52].

Creating services available only for women and gender-diverse people is highly recommended to increase access to substance use services and promote participant safety. Women and gender-diverse people experience a higher risk for gender-based violence, a risk which may follow them into all-gender substance use services. Many women and gender-diverse people may avoid substance use services due to the risk of encountering men who have victimized them or the increased risk of harm in such spaces.

Spaces or hours of operation reserved for women and gender-diverse people may increase feelings of safety and improve accessibility of services for this population. Gender-based groups or programs may create safer spaces for women and gender-diverse people to discuss their experiences with substance use, potentially reducing fears of judgement while among others with similar lived experiences[53].

Trauma-Informed Care

Experiences of trauma have wide-ranging effects on individuals' lives, including physical and mental health impacts and increased risk of substance use in a way that causes harm to the individual. Trauma-informed care recognizes the prevalence of trauma in individuals who may access social or health services, and the multitude of ways the effects of trauma may manifest for an individual. History of and ongoing experiences of trauma can affect the ways an individual engages with service providers. If services are not attuned to the needs of individuals who have experienced trauma, they may be ineffective or actively harmful to this population[54].

For women and gender-diverse people, substance use is often situated in a complex, reinforcing relationship with experiences of trauma. Traditional substance use services may not recognize the complexity of substance use for individuals, and often operate in a manner which is disempowering and retraumatizing. Implementing trauma-informed care is an evidence-based approach to substance use services and serves as a key theoretical background for gender-responsive care[55].

Trauma-informed care emphasizes empowerment and self-determination for participants. Many individuals who have experienced trauma have historically experienced a lack of control and have not had their voices heard. Participant empowerment may be fostered in substance use services by allowing individuals to choose the degree to which they are involved with the service and allowing participants to determine their own goals for participation. Individualized, flexible services are a key component of trauma-informed services, as this approach allows for maximum participant self-determination.

Strengths-based approaches further promote participant empowerment. Participant strengths are identified and built upon, rather than the care provider solely focusing on "fixing" deficits.

Strengths-based approaches may include skill-building; participants can be empowered, and build motivation and self-reliance by learning techniques to manage harms from substance use and respond to challenges[56].

Collaboration and transparency are used by service providers in trauma-informed care to develop trusting relationships with participants and support participant safety. Including participants in decision-making and meaningfully considering the unique needs and wants of participants reduces the power hierarchy between the service provider and participant. Reducing the unequal power distribution traditionally seen in the helping relationship contributes to a sense of safety and support for participants; care providers are shown to value and care for the participant's wellbeing through collaborative decision-making. Further, transparency on the part of service providers on what participants can expect from the professional relationship and the program expectations increases participants' sense of safety. Transparency about the professional relationship allows care providers to be consistent in interactions with participants, which is also a key element in building safety and security for participants.

It is essential for trauma-informed services to be non-punitive for individuals who use substances. The criminalization of substance use is associated with potential trauma for many individuals, including criminal justice involvement and/or child separation. To avoid re-traumatization, participants should not be punished for their continued use of substances while accessing services. Voluntary participation is emphasized in trauma-informed services, as prescriptive or coercive approaches to service provision remove control from the individual and present a high risk for re-traumatization.

Trauma-informed care is closely tied to the principles of harm reduction, which emphasizes individual decision-making and compassionate, non-stigmatizing approaches to addressing harms from substance use. Harm reduction emphasizes that individuals must be engaged "where they are," with flexibility and compassion required to provide individuals with the care they need while staying attuned to the realities of their lives. As substance use is grounded in the social, political, and cultural context of individuals' lives, effective care requires recognition and acceptance of the complex ways individuals use substances and its interconnectedness with their lived experiences[57].

Relational Approach

Relationships and supportive connections with others are key elements in the lives of many women and gender-diverse people and are closely related to substance use in this population. Dysfunctional relationships and lack of a support system often contribute to harmful relationships with substance use. As such, a focus on relationship-building and modelling healthy relationships is an effective component of gender-responsive care[58].

A relational approach to service provision requires acknowledging significant relationships in the lives of individuals. Significant personal relationships may include children, partners, family, friends, or communities. Holistic responses to harms caused by substance use must incorporate an individual's role in relation to others[59].

Building a trusting and supportive relationship with a care provider is critical to the quality of care experienced by women and gender-diverse people. A relational approach to service provision recognizes that the desire for connection is a primary motivating factor for women and gender-diverse people, and supportive connections can also be a source of growth for individuals. Supportive relationships can be built through transparency and collaboration, rather than authoritative or controlling exchanges with participants. Care providers may model supportive and healthy relationships for participants[60].

Gender-responsive environments can also respond to the significance of relationships in participant wellness by building supportive, nurturing environments between participants—for example, through peer support programs. Creating an environment where participants can build mutual relationships can be an important factor in moving away from dysfunctional relationships and building new connections. Participants may also benefit from skill-building to recognize, repair, or leave unhealthy relationships.

Gender-Responsive Services for Trans and Gender-Diverse People

Transgender and gender-diverse people may benefit from many of the same elements of gender-responsive care which benefit women, but also require additional attention to the unique needs and experiences of this population.

Substance use services, especially those targeted towards women, must ensure that potential transgender clients know they are welcome. Displaying inclusive signage such as trans pride flags and use of language that is inclusive of trans women and gender-diverse people shows the organization is safe for trans clients. Improving staff competence in understanding and responding to trans issues may also reduce barriers to access for trans clients. Services should also incorporate anti-harassment policies and specifically protect against transphobic discrimination.

Transgender and gender-diverse people must be allowed to access services and seek referrals in alignment with their gender identity and/or their preferences for their individual safety. Safety for trans clients can also be improved by not requiring participants to "out" themselves as trans, due to the high risk of violence against trans and gender-diverse people. Use of gender-neutral language and providing gender-neutral bathrooms and/or private accommodations may also help trans and gender-diverse participants feel safe. Offering services specific to transgender, gender-diverse and/or 2SLGBTQIA+ clients may increase feelings of comfort and belonging among gender and sexuality minority participants[61].

Benefits of Gender-Responsive Services

Evidence suggests that substance use services which address gender-specific issues may be **more beneficial** for women and gender-diverse people than traditional or "gender neutral" services.

Specialized services to address the needs of women and gender-diverse people **improve outcomes and have significant benefits** for this population[62].

Due to the complex clinical profiles of women and gender-diverse people accessing substance use services, the holistic, integrated approach to care in gender-responsive services is highly beneficial. Gender-responsive services can address concerns raised in relation to substance use while also accounting for the entire picture of individuals' lives. Participants may stay connected with services longer when gender-responsive approaches are used, and gender-responsive services are better able to address the complexity of challenges in participants' lives. As women and gender-diverse people may experience delays in help-seeking due to the complexity of their needs, holistic, gender-responsive services may allow for earlier access to services. Earlier interventions to address harms from substance use may be less intensive and less costly for institutions[63].

Gender-responsive services are attuned to the safety needs of women and gender-diverse people, increasing their ability to participate in services and improving service outcomes. Gender-specific services such as women-only support groups may make participants feel more comfortable sharing personal information or discussing sensitive topics, and increase feelings of support. Increased safety and non-judgemental services are particularly beneficial for parenting and pregnant participants, which in turn may improve pregnancy outcomes[64].

While some research has found that gender-responsive services may be associated with improved substance use outcomes, the greatest benefit from such services is found in secondary areas. Access to gender-responsive services is associated with **improved psychosocial and physical well-being**, improved coping skills and self-care, lower mortality rates and lower risk of HIV. Further, elements of trauma-informed care are also associated with **reduction in the severity of substance use and negative mental health symptoms**[65].

Gender-responsive services are shown to be preferable to participants compared to traditional services. Participants are more likely to participate in continued or follow-up care with gender-responsive services and are less likely to drop out of or discontinue such services.

Harm reduction services, which offer participants the choice in how to engage with the program, may be more likely to be successful compared to standardized treatment programs. Offering options for engagement and teaching harm reduction skills can lead to improvements in skill-building and coping skills. Recognizing that one does not have to completely abstain from substance use to address harms in their lives can be very beneficial for participants. Harm reduction programs such as Managed Alcohol Programs have been proven successful in both reducing harmful effects of substance use and improving participants' life circumstances[66].

Toward Gender-Transformative Services

Gender-responsive services have significant benefits for women and gender-diverse people compared to traditional services without attention to gender, but these approaches offer us only a "Band-Aid" solution to social inequalities. Individual-level forms of intervention are limited in their ability to improve individuals' social conditions in the face of pervasive systems of oppression and structural violence. **Beyond creating and providing gender-responsive services, we must also challenge the systems which create the unequal harms experienced by women and other marginalized gender groups.**

Gender-transformative refers to services which address substance use and aim to improve gender equity at the same time[67].
Gender-transformative approaches address the differential health impacts across gender groups and work to challenge harmful gender expectations and power relationships which lead to these outcomes.
In harm reduction and substance use services, we must actively question and challenge gender norms and imbalances of power and resources – we cannot simply respond to them.

At the individual level, gender-transformative program elements may include encouraging participants to examine and question the social narratives they have been subject to about substance use and/or women's behaviour. Empowerment and skill-building in substance use programming are used to assist participants in navigating oppression and power imbalances in interpersonal relationships.

Participants may also be encouraged to reflect on systems of power. Illuminating how our health, social location, and life experiences affect our access to social power is a critical first step in challenging such systems and recognizing oneself as an agent of change.

Building relationships and support networks is essential to gender-transformative substance use services. Through education and peer support, participants are given the opportunity to build new understandings of relationships and see themselves as agents of change both individually and collectively. Reflecting on personal experiences can empower individuals to take action to challenge oppressive systems[68].

Gender-transformative approaches have many elements in common with decolonial, Indigenous approaches to holistic care. Decolonizing gender recognizes that patriarchal gender roles are a consequence of settler colonialism. Many Indigenous approaches to harms caused by substance use focus on the value of collective relationships and reimagining gender relations as equally respected.

A commitment to challenging systems of oppression also requires us to meaningfully engage with members of the target community. People with lived and living experience of substance use should give meaningful input and guidance in the development and operation of harm reduction services. Where possible, individuals with lived experience should fulfill support provider roles in the organization[69].

As practitioners, applying a gender-transformative approach requires us to consider gender issues in an intersectional way, recognizing that systems of oppression are interconnected and have differential impacts on people from different social locations. We must consider inequalities on both the individual and structural level; responding to gender inequalities must be a multi-level approach.

Decriminalization of substance use is essential to gender equity as it overlaps with substance use, as we see that the criminalization of substance use has unequal impacts by gender.

Punitive drug laws have been ineffective in their purported goal of "stopping substance use," and have led to severe harms across our communities. Criminalization of substance use has contributed to poverty and homelessness, incarceration and criminal justice harms, family separations, and innumerable cases of preventable illness and death. Enforcement of drug laws is costly; funds should be redistributed to our communities to address social conditions which contribute to harmful relationships with substance use.

The continued criminalization of substance use impedes valuable components of gender-responsive harm reduction, including but not limited to supervised consumption sites and safe supply programs.

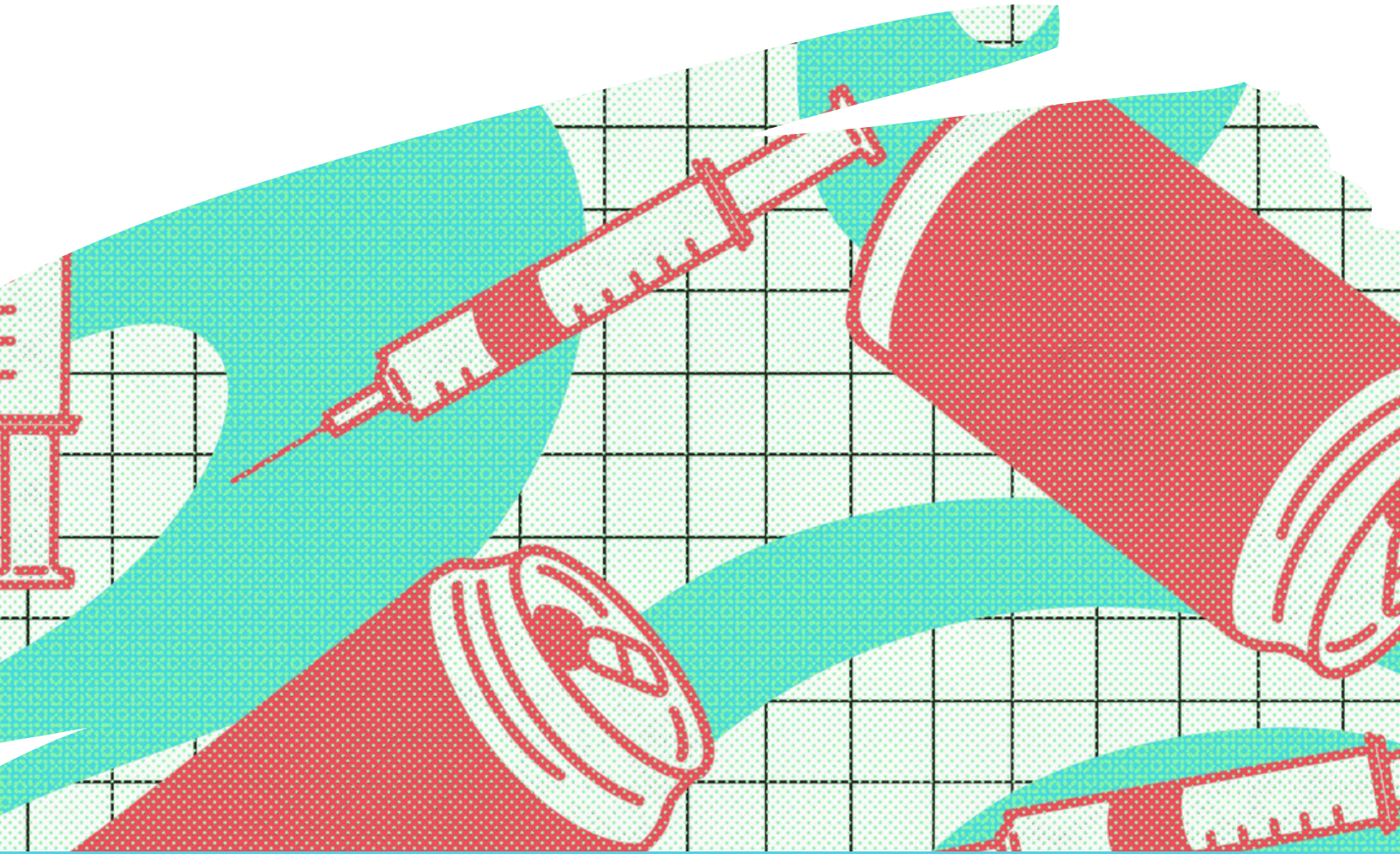
Criminalization of substance use is based in a history of racism, colonialism, and sexism, and **continues to disproportionately harm members of marginalized groups**[70].

Criminalization of substance use and the associated stigma have disproportionate impacts on women and people of other marginalized genders, due in part to the inaccurate conflation of substance use with child abuse and neglect. Sanctions against substance use impact women and gender-diverse parents more than cisgender men, due to their increased likelihood to be primary caregivers and/or single parents of children. Further, criminal sanctions are used to reinforce oppression, punishing women for engaging in "selfish" behavior or diverting from gendered expectations by engaging in substance use.

The effects of drug criminalization are more severe for those who experience multiple forms of oppression, including women and gender-diverse people who are Black, Indigenous, or racialized, living in poverty, and gender-diverse people broadly.

Ultimately, addressing the gender-specific harms of substance use requires us to call for the decriminalization of substance use.

We must move beyond responding to harms as they arise, and turn our attention to **advocating for the removal of systems which continue to create and reinforce conditions of oppression.**



Recommendations

1. Create and support harm reduction services that are specifically for women and gender-diverse people.

2. Integrate trauma-informed principles and best practices into all aspects of program development, service delivery and client care.

3. Incorporate holistic and wraparound approaches to care. Substance use can’t be addressed in isolation.

4. Prioritize trans inclusion in all gender-responsive services.

5. Challenge harmful systems that disproportionately impact gender diverse people and those who use substances.

6. Decriminalize substance use.

Appendix A: Gender Responsive Care in Action
SJSWC Managed Alcohol Program

Program Desctiption

The Managed Alcohol Program (MAP) operated by SJSWC is a harm reduction program delivered to people who use alcohol in a way that causes them harm. MAP helps people make their lives safer by providing a safe, stable supply of alcohol and wrap-around services as necessary to address health and social harms.

Participants are supported by an interdisciplinary team, including social support through MAP and healthcare partnerships. Based on their needs, participants may be provided regulated amounts of alcohol tailored to their needs, based on a care plan developed by the participant and their team. In addition to alcohol provision, MAP also assists individuals who have been chronically underserved by the system, working to identify and overcome barriers that have prevented them from successfully maintaining safety and independence in the community.
MAP outcomes are achieved through the development of individualized care plans which allow individuals to identify needs, strengths, and actions to achieve their self-identified goals.

MAP is mainly an outreach-based program offered to women and gender-diverse people living in the St. John's area. MAP participants identify what is harmful to them and are supported in achieving their goals for harm reduction and overall well being.

MAP is low-barrier and flexible, with services tailored to ensure that participants can continually meet their needs in recognition of their complex life circumstances. Participants' level of participation is based on their specific needs and capacity. Participation in MAP is voluntary, with the agreement that participants will engage with their team to meet goals.

Gender-Responsive Program Elements

MAP is attuned to the ways that participants' experiences of substance use are shaped by their gendered life experiences, including factors which contribute to and sustain their substance use, the unique forms of harm experienced by marginalized genders, and the barriers faced by those who have been chronically underserved by the system.

MAP aims to increase participant safety by providing services specifically for women and gender-diverse people. Individuals from marginalized gender groups experience significant stigmatization for their substance use, and may also be at risk of victimization from men who access many community and substance use-specific services. Further, women and gender-diverse people experience increased vulnerability to gender-based violence and intimate partner violence in their relationships. The stability provided by MAP increases participant safety, allowing them to distance themselves from violent others, who they may otherwise rely on for access to alcohol.

MAP provides services to gender-diverse populations, who may be at increased risk of gender-based violence and transphobic discrimination. Many social services are not appropriately accommodating of gender-diverse people, such as only providing "men's" and "women's" housing or not adequately addressing gender-based violence. Gender-diverse individuals often fall through the gaps in service mandates, with few opportunities to get their needs met in an affirming way. The wrap-around services provided by MAP are essential for this population, filling an essential role in the community.

The risk of discrimination and violence has led many participants to avoid traditional substance use services, including healthcare. MAP recognizes that gender-specific services are essential to increasing participant safety and capacity to engage in services to address harms in their lives.

MAP staff seek to understand the full picture of participants' lives, as substance use is inseparable from the broader context of individuals' lives. For instance, MAP intake considers mental health symptoms, history of or ongoing homelessness, history of violence and criminal justice involvement, and social support networks for the individual.

Acknowledging contributing factors in the individual's life beyond the fact of substance use is essential to understanding the harms faced by the individual as well as protective factors.

Through the support of the MAP Care Plan Facilitator and outreach staff, participants can receive services to meet their needs beyond alcohol provision – our participants' experiences of harm related to substance use cannot all be solved by providing a safe supply of alcohol. MAP staff provide food security support by providing participants snacks with each alcohol dispensing interaction, as well as through supporting participants in grocery shopping and budgeting skill development. MAP staff provide wrap-around services where possible, helping participants connect with health and social services to address harms such as housing insecurity, experiences of violence, and involvement with the criminal justice system.

The program further seeks to eliminate barriers to access that may make accessing substance use services difficult or impossible for participants. Staggered shifts and weekend operation allow for the program to operate outside of standard "9 to 5" hours, which often make services inaccessible during evenings and weekends. MAP is better able to meet participants' needs and reduce barriers to access through its operating schedule. Further, MAP operates on an outreach basis, meaning that MAP staff go to where participants are located to deliver services rather than expecting participants to travel to a centralized location. The outreach model is effective in reducing barriers to access; for example, participants may face physical challenges, lack of access to transportation, or fear stigmatization for presenting in public to receive substance use services.

Trauma-Informed Care

MAP operates from a trauma-informed practice lens, recognizing the significant overlap of experiences of trauma and harmful relationships with substance use for women and gender-diverse people who use alcohol. Participant self-determination is emphasized at all stages of MAP services: participation in the program is voluntary, as MAP seeks to empower individuals to manage harms in their own lives, rather than impose treatment onto an individual. MAP participants set their own goals for engagement, and have control over how services are delivered to them (i.e. customized alcohol dispensing schedule).

The outreach model of MAP also aligns with a trauma-informed approach to practice. Many individuals who use substances in a way that causes them harm have had negative experiences with social systems, including but not limited to substance use services. Outreach services allow individuals to meet staff in a more comfortable environment and lessens the risk of re-traumatizing the individual or barriers to accessing services based on past traumatic experiences.
MAP services are non-punitive, recognizing the risks of re-traumatization and harm to the individual should they receive punishment or face discrimination for continued substance use and/or returning to previous patterns of use. Where possible, participant disputes and barriers to participation will be addressed in a way that does not require the denial of alcohol provision, as MAP provides a resource that meets daily needs for participants.

MAP is a harm reduction program which does not require individuals to be abstinent or seek to reduce their substance use to access services. Harm reduction recognizes that individuals can address harms in their lives at any level of substance use, and requiring abstinence is antithetical to participant self-determination and non-judgmental services.

Relational Approach

In recognition of the value of relationship building to women and gender-diverse people seeking substance use services, MAP staff aim to develop trusting and supportive relationships with participants. The small number of program participants allows for each participant to receive a high level of supportive care which is tailored to their specific needs. Recognizing the complete picture of individuals' lives as well as the unique needs of each participant contributes to the development of meaningful and trusting relationships between staff and participants.

The program also offers peer support sessions for women, Two-Spirit, and nonbinary people with lived and living experience of substance use, including individuals not currently receiving other support from MAP. Peer support programs allow participants to build supportive connections with one another and discuss their experiences with substance use in a safe, non-judgmental environment. Gender-specific services increase participant comfort to discuss their substance use journey among others with similar lived experiences.

Appendix B: Accidental Drug Deaths in NL 2021 - 2023

26720 – Accidental Deaths in Metro 2021-2023 06-MAR-2024

Table 1: Accidental Drug Toxicity Deaths in NL and St. John's Metro by Sex and Year, 2021-2023*

Year	Accidental Deaths NL	St. John's Metro+	Male#	Female#
2021	39	16	*Suppressed%*	*Suppressed%*
2022	37	16	11	5
2023*	58	33	20	13

Source: Compiled by Data and Information Services, Digital Health, NLHS using data from the Office of the Chief Medical Examiner for the Province of Newfoundland and Labrador on March 6, 2024

Technical Notes:

1. * This report uses data from closed cases only. 2023 is considered an open year as investigation of cases are ongoing at the time of this report. Numbers are subject to change as new information becomes available.
2. + St. John's Metro area includes the communities: St. John's, Mount Pearl, Torbay, Paradise, Conception Bay South, Portugal Cove- St. Phillip's, Goulds, Witless Bay, and Holyrood.
3. # Biological binary sex (or 'sex at birth') is the only sex-and-gender-based variable available at this time.
4. % Due to privacy and confidentiality protocol, any cell counts less than 5 will be suppressed (<5). A value of 0 will be given if the possibility of back calculating another cell is not possible.
5. Data is collected by identification of appropriate cases, and data abstraction from physical paper charts at the Office of the Chief Medical Examiner (OCME), St. John's, NL.

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