

WOMEN AND OPIOIDS

Media Guide

Canada is in the midst of a serious and growing opioid crisis. Nearly 30% of Canadians report using some form of opioids, such as oxycodone, morphine, codeine, and methadone, in the past five years and 1 in 8 Canadians (nearly 3.5 million) say they have a close friend or family member who has become dependent on opioids.

The Centre of Excellence for Women's Health conducts multidisciplinary and action-oriented research on women's health. This background report on women and opioids is based on research showing that many women are affected differently than men by the opioid crisis and that approaches to preventing and addressing opioid misuse and addiction require attention to these differences. It includes a checklist of suggestions for better reporting on women and opioids as well as a brief overview of research and trends in Canada.

It's important to reduce stigma associated with opioid misuse and addiction, encourage women to access treatment and support, and increase awareness of opioid-related trends and issues unique to women. By broadening the focus of reporting on opioids, media can help highlight opportunities for prevention and early intervention, support innovative approaches to treatment, and help shift policy responses and public opinion.

Suggestions for Reporting on Women and Opioids

Recommendations

How This Helps

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| 1 | Use "person-first" language that refers to the person before their condition or behaviour, e.g., person with an opioid use disorder. (Avoid terms like "addict" and "junkie"). | Substance use remains highly stigmatized and prevents people from accessing care. Person-first language recognizes that a person's condition, illness, or behaviour is only one aspect of who they are and not a defining characteristic. |
| 2 | Avoid words and phrases such as "suffering from" and "victim of." Instead, phrases like "has a history of", "working to recover from", "living with", or "experiences" emphasize people's strengths and capacity for change. | This type of language conveys optimism, supports recovery, and provides hope for healing. |
| 3 | Talk to a diversity of women with lived experience, frontline workers, and academic experts to better understand trends and the context of women's opioid use. | Numbers don't always reflect how women are being affected by broader trends in opioid use. Certain groups of women may have unique needs and experiences and require specialized support and services and many issues are underreported or studied (e.g., the number of women who use substances during pregnancy). |
| 4 | Show stories of women and their children receiving support and care together. | Fear of being separated from their children or having their children removed from their care is one of the top reasons pregnant women and mothers do not access substance use /addiction treatment and care. Avoid using partial images of pregnant women with naked bellies or that otherwise focus on the fetus only. |
| 5 | Use accurate language to describe the effects of opioids on newborns and women. E.g., babies may be "born experiencing withdrawal symptoms" or "have been exposed to substances in utero." (Avoid phrases like "born addicted to heroin" or "addicted babies"). | Babies can be born physically dependent on opioids but do not have any other symptoms of addiction. Most babies who experience withdrawal will have no long-term effects on their health and development. Inaccurate labels like "addict" can "follow" women and babies, increase stigma, and deter positive change. |
| 6 | When possible, include up-to-date local/national resources where readers/viewers can find support, treatment, and information. | Many women are isolated and unsure of where to find help. Friends and family also need information on how to support their loved ones. |
| 7 | Avoid regularly or repeatedly using triggering images such as photos of people who have overdosed or sick babies. | Avoid regularly or repeatedly using triggering images such as photos of people who have overdosed or sick babies (e.g., infants in hospital environments surrounded by wires and monitors). |

Backgrounder For Media

Quick Facts: Women and Opioids

- OPIOIDS are a type of pain reliever, mostly prescribed to treat acute and chronic pain. Examples include medications like hydrocodone, oxycodone, fentanyl, morphine, methadone, and codeine and illegal drugs like heroin.
- 13% of women used prescription opioids in the past year. Unlike illegal drugs, women use prescription drugs at equal or higher rates than men and the harms associated with this use are often overlooked.
- Serious harms from prescription and illegal opioids include addiction, overdose, and death. Long term effects for women include chronic headaches, infertility, hormone changes, and anxiety and depression.
- Opioid misuse includes: (1) Using medications together with alcohol or other medications that have a sedative effect (2) Taking more medication than recommended (3) Changing how the medication is taken (e.g., snorting or injecting) (4) Taking someone else's medication.

Why are Women Vulnerable to Opioid Misuse?

Different patterns of health care

Women visit health care providers more often, are more likely to use prescription drugs, and are more likely to be prescribed opioids and anti-anxiety medications.

Histories of Trauma and Violence

Many women have past or current experiences of violence and trauma. They may not have received adequate treatment or are using opioids to self-medicate.

Differing experiences with chronic pain

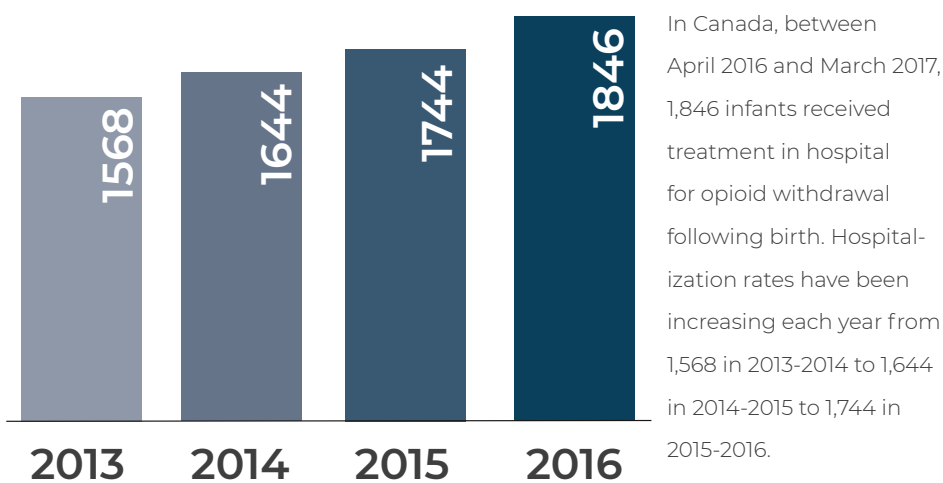
Women report more pain than men which may be related to differences in sex hormones and genetics as well as how their bodies absorb, eliminate, and metabolize opioid medications.

Looking Deeper: Pregnancy And Opioids

- Many women are prescribed opioids before they become pregnant and will use opioids during pregnancy.
- Opioid use can increase the chance that a baby will be born prematurely or experience symptoms of withdrawal.
- Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.
- Pregnant women with an opioid addiction should gradually reduce their substance use as acute, severe opioid withdrawal can result in miscarriage and premature labour. Women should seek medical assistance rather than stopping taking opioids on their own or going “cold turkey.”
- Prescribed medications such as methadone, buprenorphine and buprenorphine/naloxone (“opioid agonists”) can help pregnant women who are addicted to opioids (such as heroin, codeine, and oxycodone) manage withdrawal and be a part of addiction treatment and recovery.

Neonatal Abstinence Syndrome

Now often being more accurately referred to as Neonatal Opiate Withdrawal



Looking Deeper: Older Women, Benzodiazepines and Opioids

Opioid poisonings result in more than 13 hospitalizations a day in Canada. Seniors (age 65+) account for 25% of all hospitalizations even though they represent 16% of the Canadian population.

OPIOID HOSPITALIZATIONS INVOLVING BENZODIAZEPINES



1 in 5 opioid poisoning hospitalizations also involved benzodiazepines. Benzodiazepines such as Valium and Ativan are often prescribed for anxiety and insomnia.

PAST YEAR USE OF PRESCRIPTION SEDATIVES (%)



In Canada, about 10% of the population uses prescription sedatives, including benzodiazepines. Rates are highest in women (14% compared to 7% in men) and in seniors (16%).

In addition to increasing the risk of an opioid overdose, benzodiazepines increase the risk of falls, hip fractures and motor vehicle accidents in seniors. They can also interfere with cognition and contribute to fatigue and depression.

Women and Opioids: From Prevention to Treatment

Opioid misuse and addiction is a complex issue. When speaking or writing about it, we can increase awareness of the continuum of interventions required to address opioid use in women, including prevention of opioid misuse, changes in prescribing practices, enhanced pain care management, treatment of co-existing trauma, the importance of Indigenous wellness and comprehensive addiction treatment. These approaches support and complement the tremendous work by harm reduction services responding to overdose deaths and the opioid poisoning crisis and that provide support for individuals who use drugs. Below, are some examples of programs, services and approaches from across Canada that are tackling issues related to women and opioid misuse.

PRACTICE AREA	EXAMPLES	ACTION
Prescribing Practices	Sex-Specific Dosages	Better prescribing practices such as fewer prescriptions and lower doses help prevent opioid misuse. Physicians and nurse practitioners also need to consider that women have a lower body weight and that their bodies metabolize medications differently.
Adverse Childhood Experiences	Building Family Resilience	Early-life experiences such as childhood abuse and witnessing violence dramatically increase risk for opioid misuse later in life. Home visiting programs, parenting support, and strong community connections can help promote resilience.
Gender Based Violence	Shelters and Transition Houses	Women who have experienced violence and abuse often use opioids and other substances to cope with or numb the pain. Anti-violence programs and services can support women in finding safety and new ways of coping when they are ready.
Harm Reduction	Overdose Prevention Sites	Overdose prevention sites are one of the main strategies to address the opioid poisoning crisis. At SisterSpace, a women-only space run by Atira Women's Resource Society in Vancouver, women can find a safe space to access harm reduction support.
Indigenous Wellness	Parenting and Intergenerational Trauma	The Mothering Project (Manito Ikwe Kagiikwe) in Winnipeg provides prenatal care, parenting support, and addiction treatment for vulnerable pregnant women and their children with a focus on relationships and Indigenous culture.
Addiction Treatment	Family-Centred Treatment	Lack of child care and reluctance to be separated from their children prevents many women from seeking addiction treatment. The Family Treatment Centre in Prince Albert, Saskatchewan provides an integrated addiction treatment program for women and their children.
Maternity Services	Newborn Care	At Fir Square, a unit at BC Women's Hospital that provides care for women who use opioids and other substances during pregnancy, babies are cared for in the same room as their mothers. Rooming-in, as well as skin-to-skin contact, and breastfeeding have been found to reduce symptoms of withdrawal newborns who are substance exposed.

Resources on Women and Opioids

Canadian Institute for Health Information

Data on Neonatal Abstinence Syndrome, hospitalization rates, and other harms related to opioid misuse

www.cihi.ca

Women and Prescription Opioids (information Sheet)

<http://bccewh.bc.ca>

Harm Reduction and Pregnancy: Community-based Approached to Prenatal Substance Use in Western Canada (booklet)

<http://bccewh.bc.ca>

“Meeting Women Where They Are At: Community Making a Difference” (video about The Mothering Project program)

www.fasdcoalition.ca

Mothers and Methadone (video, Health PEI)

<https://youtu.be/LjT8WvuaFUE>

Opioids and Neonatal Abstinence Syndrome (infographics)

<http://www.nationalperinatal.org/Infographics>

Canadian Centre on Substance Use and Addiction

Trends in prescription drugs and opioid use, national initiatives responding to prescription drug-related harms

www.ccdus.ca

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