



## Sex, Gender and Equity Analyses

### Key Messages

- CCSA is committed to integrating sex-, gender- and diversity-based analysis (SGBA+) in all its work, as substance use is affected by sex, gender and equity issues.
- Sex-related factors (biology) affect how people respond to substances, and how fast they become intoxicated or dependent.
- Gender relations, norms and roles affect how people access and use substances, and gender identity and sexual orientation can affect patterns of use.
- Sex and gender intersect with a range of other factors such as income, age and ability to affect the effectiveness of prevention, treatment or policy.
- Many funders now require sex and gender to be considered in research, programs and policy, which highlights the need to produce more evidence on factors related to sex and gender.
- It is important to consider sex, gender and equity so that responses to substance use can be effectively tailored with a view to increasing overall health and wellness.

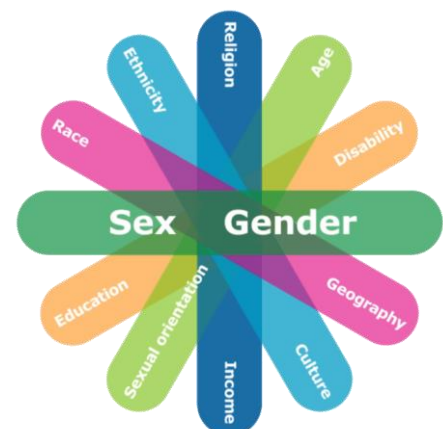
CCSA is committed to integrating sex-, gender- and diversity-based analysis (SGBA+) in all its work, as substance use is affected by factors related to sex and gender. Considering sex- and gender-related factors, and how they interact with equity issues will contribute to more useful evidence, guidance on tailoring actions and policy for different groups of Canadians.

This document describes the importance of SGBA+ to the substance use and addiction field and offers guidance about how to integrate it into research, knowledge mobilization and policy-related activities. It provides some examples of SGBA+ in action and offers additional sources of information and training for researchers, knowledge brokers, policy makers, funders and program planners. A glossary defining the key terms associated with SGBA+ appears at the end of this resource.

### What Is SGBA+?

Sex-, gender- and diversity-based analysis is an ongoing process that:

- **Analyzes** research, lived and living experience, and perspectives of individuals and groups who differ by sex, gender, sexual orientation, gender identity, culture, age, race, ethnicity, ability and socioeconomic status;



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- **Applies** this understanding in a systematic way to developing and tailoring policy and programs; and
- **Achieves** equity rather than equal treatment, as treating everyone the same will not produce equitable results.

SGBA+ is a way of working and is an ongoing and iterative process for you and your team. It requires critical thinking skills and a commitment to change. It is useful at every stage of a project or initiative: in conceptualizing, implementing, evaluating and replicating your project. It raises questions, fosters speculation, develops critical thinking and helps to identify areas for more research. Lessons learned can be incorporated into subsequent initiatives.

### Some Results of SGBA+

- **It's not sexism, it's science!** *Canada's Low-risk Alcohol Drinking Guidelines* recommend that females should consume less alcohol on any single occasion, per day and per week. This is because of female metabolism, the amount and ratio of adipose tissue and water in female bodies, and lower levels of enzymes that break down alcohol. (See, for example, Cederbaum, 2012.)
- **Help seeking is gendered!** Overdose deaths due to opioid use are more common for men. This could be explained by gender, as masculine norms may drive men to take more risks, use drugs alone and not seek support for substance use problems. (See, for example, Kaplovitch et al., 2015.)
- **Intersections matter!** Groups such as bisexual girls, Indigenous men, transgender people and people who have experienced trauma have much higher rates of substance use than the general population. (See, for example, Scheim, Bauer, & Shokoohi, 2017.) These examples demonstrate that the factors accounting for substance use, as well as the influences and consequences of substance use, are **made visible** by undertaking sex, gender and diversity analyses.

Often the substance use field has been **gender blind**, which has meant that inequalities and different health risks are hidden, and programs, policies or treatments tailored to specific sub-populations are not designed or implemented and therefore not responding to need.

The Government of Canada now **requires** that those undertaking research, projects and education on substance use consider how sex, gender and diversity affect the issues, and to apply SGBA+ to their work.

## How To Do SGBA+

The process of doing SGBA+ is iterative, meaning that each stage builds on the last in an ongoing fashion. It involves defining the issue, describing the populations, assembling the evidence, analyzing the implications and structuring recommendations. To help you perform SGBA+, the following sections include questions you might ask at each stage, recognizing that these stages all build on each other.



## 1. Defining the Issue

- What evidence exists about the sex- and gender-related factors that affect the substance use issue you want to examine or for which you want to develop messages, policy or programming?
- Is there practical wisdom or information from those involved or affected, including those with lived or living experience, that could inform your project?

## 2. Describing the Populations

Often we use gender blind categories like “youth” when, in fact, we would get more useful direction if we had information about, in this instance, young men or women. For example, gender-specific language helps us to understand and describe cannabis use by young men and young women of different ages, sexual orientations, gender identities, rural or urban locations. Using more precise language to describe groups will help us understand how factors associated with sex and gender influence substance use and help us identify other key factors that affect health and well-being.

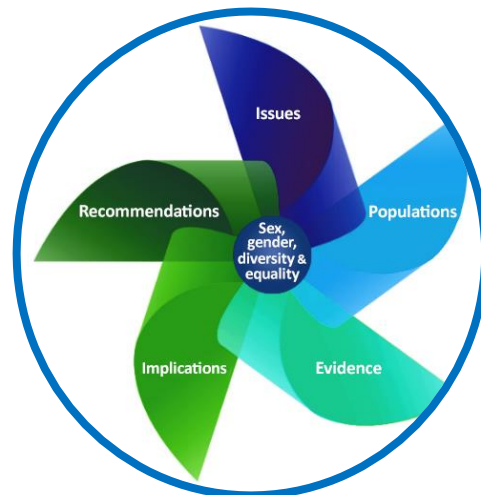
We need to ask:

- Which populations are important to learn about and describe? It is justifiable to focus on one sub-population, such as transgender men, Indigenous women in rural areas, or young men, as long as you describe the population and justify the need.
- What sex, gender and health issues are experienced by the populations with which you are concerned? What might be important in tailoring a response for these populations to the substance use issues they experience?
- What comparisons might you be interested in making? For example, women who need substance use treatment and have children might need different programs than those who do not have children; or bisexual girls might need different prevention messages than heterosexual girls.

## 3. Assembling the Evidence

To perform SGBA+, we need evidence:

- How will data disaggregated by sex, gender, sexual orientation, age, ethnic and socioeconomic status, and other relevant factors be collected and analyzed during your initiative? You might need to expand search protocols with specific language to capture evidence on cross-cutting populations.
- There are some sex and gender influences that are best captured through qualitative data to help understand why they exist, as well as what they are.



Adapted from Clow, Pederson, Haworth-Brockman, & Bernier, 2009.



## 4. Analyzing the Implications

The actual analysis can be the difficult part of SGBA+. You might find data that says boys and men use cannabis more often than girls and women, but it is important to analyze and describe the implications of such differences:

- Is it just the level or frequency of use of a substance that matters, or also the impact and health effects of the use?
- Does it matter which sub-groups of boys and girls are implicated in the analysis, what mental health impacts result, or how quickly they advance to dependency?
- Does the social or legal impact or the settings that affect how people get involved in drug use in the first place matter?

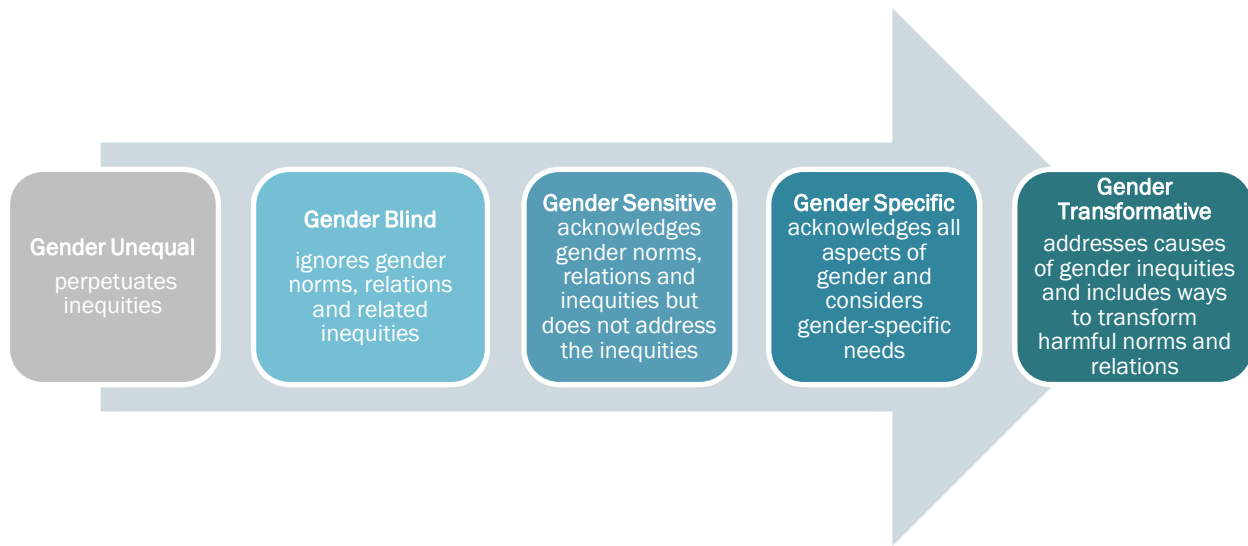
These questions and others illustrate why it is important to look at what is already known about sex and gender factors, influences and consequences, and build on them to frame your findings.

Your efforts in defining the issues, identifying and engaging populations, and assembling evidence could serve you well here. Analyzing all of these inputs can take you in unexpected directions and demands thoughtfulness, critical thinking and speculation about impacts and responses. For example, you might find that while girls use less cannabis, girls may need less to become dependent, may have different experiences of being high or may see cannabis as a way of resisting gendered roles. If any of these conditions are valid, they would require you to develop different recommendations for action.

## 5. Structuring the Recommendations

Making recommendations for changes in your future research, treatment program, policy, prevention campaign or health promotion initiatives based on the results of SGBA+ is important. The ultimate goal is to move your project from not considering gender (gender blind), to gender accommodating (recognizing that gender matters) to **gender transformative** (addressing gender inequities in the course of your work). These are all positive moves and take the field in the right direction. Framing your recommendations on this continuum requires conscious choice. See the figure on the following page to assess where you are now and where you might want to go in your work.

To achieve health **and** gender equity, we need to go to the furthest point and commit to doing gender transformative work. This means that we would not, for example, hinge a smoking cessation campaign aimed at young women on the premise that smoking might make them unattractive to boys. Doing so would not only reinforce negative gender stereotypes and heterosexist assumptions but would also ignore the much better goal of improving girls' health.



Adapted from Greaves, Pederson, & Poole, 2014.

It is important to consider differences in experience **among** women and **among** men, or **among** Indigenous women or urban men, and create tailored, meaningful responses to these varied situations. Indeed, it is worth thinking about how your work in the substance use field not only responds to sex and gender but could also contribute to improving gender and health equity by suggesting messages or programs that reduce gender stereotyping and inequality. These aspirational goals, in addition to responding to substance use, will help us address root causes and achieve more equity and wellness in our lives.

## A Final Check

- Have you designed your initiative with sex and gender in mind?
- Have you searched for the evidence on sex and gender related factors?
- Have you sought out data on lived or living experience from relevant gender and diversity groups?
- Have you analyzed your results by applying sex-related factors, such as metabolism, body size, genetics and so on?
- Have you analyzed your results by applying gender-related factors, such as gender roles, norms, relations and identity?
- Have you considered the impact of relevant factors such as age, sexual orientation, culture, geography, income or Indigenous status?
- Have you reported on the SGBA+ results in your publication, program or policy?
- Have you made recommendations with both gender and health equity in mind?
- Have you committed to ongoing critical thinking in building your SGBA+ skills?

Considering sex- and gender-related factors, and how they interact with equity issues will contribute to more useful evidence, guidance on tailoring actions and policy for different groups of Canadians, and ultimately better overall health and wellness.



## Glossary

The definitions that follow were adapted from the websites of the Canadian Institutes of Health Research, [Institute for Gender and Health](#), HealthLinkBC, [Sexual Orientation](#), and the Centre of Excellence for Women's Health [gender and trauma training module](#).

**Sex** refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive and sexual anatomy. Sex is usually categorized as female or male, but there is some variation in the biological attributes that comprise sex and how they are expressed.

**Gender** refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people. It includes our roles and relations with others, the norms we follow and how people perceive themselves and each other, as well as the distribution of power and resources in society. Gender is often conceptualized as a binary (girl/woman and boy/man) yet there is diversity in how individuals and groups understand, experience and express it.

**Sex- and Gender-Based Analysis (SGBA+)** is an approach that systematically examines sex-based (biological) and gender-based (socio-cultural) differences between men, women, boys, girls and gender-diverse people. The purpose of SGBA+ is to promote more rigour in our work by considering sex and gender and numerous intersecting factors such as age, ability, culture and income, thereby expanding our understanding of health determinants for all people.

**Equity** refers to just and fair solutions that distribute resources or tailor programs or policies according to different needs and aim to create more level playing fields, as opposed to aiming for equal distribution of resources, regardless of need.

**Sexual orientation** describes patterns of emotional, romantic or sexual attraction. Sexual orientation can include attraction to the same gender (homosexuality), a gender different from your own (heterosexuality), both men and women (bisexuality), all genders (pansexual) or none (asexuality).

**Gender identity** is one's internal sense of yourself as a woman, a man, both, in between or neither (woman, man, transgender, non-binary or gender nonconforming).

**Gender transformative** approaches strive to examine, question and change rigid gender norms and imbalances of power as a means of reaching health as well as gender equity objectives.

## Additional Resources and Online Training Opportunities

- Canadian Institutes of Health Research, online training modules on sex and gender in health research: <http://www.cihr-irsc.gc.ca/e/49347.html>
- Status of Women Canada, online course on GBA+: <https://cfc-swc.gc.ca/gba-acs/course-cours-en.html>
- Centre of Excellence for Women's Health, online course on gender transformative health promotion: [http://bccewh.bc.ca/wp-content/uploads/2018/06/Girls-HP-Webinar\\_June-18-2018.pdf](http://bccewh.bc.ca/wp-content/uploads/2018/06/Girls-HP-Webinar_June-18-2018.pdf)
- Centre of Excellence for Women's Health, *New Terrain: Tools to Integrate Trauma and Gender Informed Responses into Substance Use Practice and Policy*: [http://bccewh.bc.ca/wp-content/uploads/2018/05/New-Terrain-Webinar-Slides\\_May-22-2018.pdf](http://bccewh.bc.ca/wp-content/uploads/2018/05/New-Terrain-Webinar-Slides_May-22-2018.pdf)





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