



BACKGROUND

HERstory of Hope: Shining a Light on Women and Addiction

The Issue

2021 marks the deadliest year on record for overdose deaths of females in the province of British Columbia with 484 women dying of overdose. This is a 45% increase over 2020. These rising numbers are extremely concerning since healthy women are central to our families, communities and essential services - and critical to the wellbeing of society.

Still, women in Vancouver who are seeking treatment for addiction face longer wait times than men seeking the same treatment. This additional wait time means more women slip back into addiction.

What's more, women struggle with unique barriers to access recovery supports such as: childcare needs, complex family histories, abuse including trauma from violence or exploitation, past involvement in survival sex work, and other safety concerns - all of which require special support. Further, women from marginalized or vulnerable groups, such as Indigenous women (who are vastly overrepresented on Vancouver's downtown Eastside) face additional, intersecting issues.

For far too long, women's needs have been overlooked and this needs to be changed.

Key Messages

1. For too long, women's needs have been overlooked. Now is the time to shine a spotlight on the unique issues and challenges facing women with addiction - and to come together to solve this problem.
2. In Vancouver, availability and accessibility of treatment options for women are extremely limited and virtually inaccessible - leaving women with little to no options for recovery.
3. If you are a woman seeking treatment for addiction in Vancouver, you will face longer wait times than a man seeking the same treatment. This is not acceptable because this additional waiting time means more women slip back into addiction.
4. Women struggle with unique barriers to access recovery supports such as: childcare needs, complex family histories, abuse including trauma from violence or exploitation, past involvement in survival sex work, and other safety concerns - all of which require special support.
5. Women in marginalized and vulnerable groups, including Indigenous women (who are over-represented on the Downtown Eastside) face additional multiple and complex vulnerabilities.



6. Housed in The Salvation Army's new Vancouver Harbour Light Centre, The DIANE HARWOOD Centre for Women, designed specifically for women, offers a much-needed solution by providing the safety and support women need to rebuild their lives - without discrimination.

The Solution

The Salvation Army's Diane Harwood Centre for Women In the largest investment the The Salvation Army has ever made in Canada, they will break ground on a new \$100M, nine-story Vancouver Harbour Light facility this spring. Located on the third floor, in the heart of the building, is the Diane Harwood Centre for Women. Designed specifically for women, this program will offer a much-needed solution by providing the safety and support women need to rebuild their lives - without discrimination.

Who We Are: The Salvation Army, B.C. Division

The Salvation Army in British Columbia has provided compassionate support and practical assistance to the public for more than 100 years. By meeting needs of people - where they are and without prejudice - and giving people hope, we are transforming lives of deserving individuals in over 52 communities across the province.

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About The Salvation Army:

The Salvation Army is an international Christian organization that began its work in Canada in 1882 and has grown to become the largest non-governmental direct provider of social services in the country.

The Salvation Army gives hope and support to vulnerable people today and every day in 400 communities across Canada and more than 130 countries around the world.

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HERstory OF HOPE.

FREQUENTLY ASKED QUESTIONS



Why is this campaign important?

For too long, women's needs have been overlooked. In Vancouver, availability and accessibility of treatment options for women are extremely limited and virtually inaccessible—leaving women with little to no options for recovery. Now is the time to shine a spotlight on the unique issues and challenges facing women with addiction, and to come together to solve this problem. It is important to reduce the shame and stigma many women feel when talking about addiction issues so that more women come forward to get the help they need.

Why now?

Since 2011, 2,271 women have died of overdose in British Columbia. Sadly, 2021 marks the deadliest year yet - with 484 women dying of overdose, setting a new record for the province. This number represents an increase of 45% over 2020 deaths. The time is now. Availability and affordability of treatment is limited and often inaccessible for women struggling with poverty, mental illness and or homelessness.

Do women with addiction face different issues than men?

The challenges and traumas experienced by women differ significantly from men and can present more complex barriers to recovery. Trauma from violence or exploitation, past involvement in sex survival work, and complex family structures and histories all require specialized support.

Do women wait longer for treatment than men?

Yes, if you are a woman seeking treatment for addiction in Vancouver, you will face longer wait times than a man seeking the exact same treatment. This is not acceptable because this additional waiting time means more women slip back into addiction.

Why is the wait time longer for women?

Simply put, there is an excess in demand and limited beds/spaces available for women. There are currently 3,083 publicly funded substance use treatment beds throughout BC; 56 beds are for women and their children (BC Ministry of Mental Health and Addictions)

What factors impact the ability for women with addiction to seek treatment?

Women struggle with unique barriers to access recovery supports such as: childcare needs, complex family histories, abuse including trauma from violence or exploitation, past involvement in survival sex work, and other safety concerns - all of which require special support.

What makes addiction different for women?

According to the National Institute for Drug Abuse (NIDA), women often use substances differently than men, such as using smaller amounts of certain drugs for less time before they become addicted. Women's substance use tends to progress more quickly from first use to addiction, and women respond to substances differently. For example, they may have more drug cravings and may be more likely to relapse after treatment.

Are there physical differences between men and women that impact addiction?

Yes. Sex hormones can make women more sensitive than men to the effects of some drugs. Women who use drugs may also experience more physical effects on their heart and blood vessels, and brain changes in women who use drugs can be different from those in men. Women may be more likely to go to the emergency room or die from overdose or other effects of certain substances.

How has the COVID-19 pandemic impacted addiction rates?

The COVID-19 pandemic has only exacerbated the inequities faced by women including bearing the brunt of additional and unpaid work at home, resulting in both mental and physical health issues for women. Sadly, since the declaration of a public health emergency in 2016, 1,842 women have died of overdose deaths which is concerning since healthy women are central to our families, communities and essential services - and critical to the wellbeing of society.

Is there a particular demographic that struggles with addiction?

Addiction does not discriminate. Women from a variety of financial, ethnic, geographic, age, income and education levels struggle with addiction.

How does addiction impact women from marginalized or vulnerable groups, including Indigenous women?

Women struggle with unique barriers to access recovery supports such as: childcare needs, complex family histories, abuse including trauma from violence or exploitation, past involvement in survival sex work, and other safety concerns - all of which require special support. Additionally, women from marginalized or vulnerable groups, such as Indigenous women (who are vastly overrepresented on Vancouver's Downtown Eastside) face additional, intersecting issues.

How do we solve this issue?

More funding and spaces specifically for women must be made available in order to make treatment options accessible. The Salvation Army's new Vancouver Harbour Light Centre, the Diane Harwood Centre for Women, designed specifically for women, offers a much needed solution by providing the safety and support women need to rebuild their lives—without discrimination.



ABOUT THE SALVATION ARMY

The Salvation Army is an international Christian organization that began its work in Canada in 1882 and has grown to become the largest non-governmental direct provider of social services in the country. The Salvation Army gives hope and support to vulnerable people today and every day in 400 communities across Canada and more than 130 countries around the world.

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FACT SHEET: MARCH 1, 2022

HERstory of Hope: Shining a Light on Women and Addiction

Women and Addiction

- Since 2011, 2,271 women have died of overdose in British Columbia (BC Coroners Service, 2022)
- 2021 marks the deadliest year yet - with 484 women dying of overdose, setting a new record for BC (BC Coroners Service, 2022)
- Women seeking treatment for addiction in Vancouver will face longer wait times than men seeking the exact same treatment.
- There are currently 3,083 publicly funded substance use treatment beds throughout B.C.; 56 beds are for women and their children (BC Ministry of Mental Health and Addictions)
- It is estimated that 3% of BC's population have severe addictions and/or mental health conditions requiring specialized treatment services (Patterson et al., 2008). This represents approximately 138,000 people in the province.
- The Heartwood Centre for Women identified post-traumatic stress disorder as the most common concurrent disorder of residents in their treatment program, followed by depression, anxiety and bipolar disorder.
- According to the BC Ministry of Health, women benefit most from participating in women-only residential treatment programs that have been designed to meet the specific needs of women.
- According to the BC Ministry of Health, evidence indicates that more women present with concurrent mental health problems than do men. Such problems are frequently related to personal histories of childhood trauma and abuse; therefore, treatment for women should be trauma-informed.

According to the National Institute for Drug Abuse (NIDA):

- Women themselves describe unique reasons for using drugs, including controlling weight, fighting exhaustion, coping with pain, and attempts to self-treat mental health problems.
- Women often use substances differently than men, such as using smaller amounts of certain drugs for less time before they become addicted.
- Women can respond to substances differently. For example, they may have more drug cravings and may be more likely to relapse after treatment.
- Sex hormones can make women more sensitive than men to the effects of some drugs.
- Women who use drugs may also experience more physical effects on their heart and blood vessels. Brain changes in women who use drugs can be different from those in men.
- Women may be more likely to go to the emergency room or die from overdose.



- Despite the many differences between men and women, for many years most animal and human research has traditionally used male participants. This was often based on two notions: (1) that women are more biologically complicated than men; and (2) as primary caregivers of young children, women have too many competing time demands to participate in research studies.

Addiction and Abuse

- Women struggling with addiction are often fleeing dangerous situations where their safety has been compromised. According to Stats Canada, the majority of residential facilities for victims of abuse are women (60.3%) and their children (39.6%).
- According to a Statistics Canada report, on the snapshot day of Apr. 18, 2018, a total of 3,565 women, 3,137 accompanying children, and 8 men were residing in residential facilities for reasons of abuse.
- Statistics Canada reports that Aboriginal (First Nations, Métis and Inuit) women and children are overrepresented in residential facilities for victims of abuse. Representation of Aboriginal women and children was respectively 5 and 3 times higher in these facilities compared to their representation in the Canadian population.
- Women who are victims of domestic violence are at increased risk of substance use (NIDA).
- Divorce, loss of child custody, or the death of a partner or child can trigger women's substance use or other mental health disorders (NIDA)

Addiction and Survival Sex Work

- 65% of women in the sex trade report a dependency on drugs and alcohol (Vancouver Rape Relief & Women's Shelter).
- Women report being targeted by men in mixed-sex treatment centres and in AA/NA groups (Vancouver Rape Relief & Women's Shelter).

Motherhood and Addiction

- Women shoulder burdens of childcare, adding to the complexities of taking time away to seek treatment, which often means an extended stay in a treatment facility.
- Women also face unique challenges including childcare consideration, complex family histories, abuse, and safety concerns.
- Research out of the University of British Columbia found a direct link between women who have a child removed from their custody and the increased likelihood those mothers will experience an unintentional overdose — especially if they are Indigenous.
- A 2021 UBC study shows mothers of children removed from their care are more likely to accidentally overdose, study shows; Among almost 700 mothers studied, losing custody of a child was directly



associated with a 55 per cent increase in the odds of an unintended non-fatal overdose, said co-author and UBC clinical assistant nursing professor Meaghan Thuman.

- According to the BC Ministry of Health, individuals with problematic substance use issues who are parents of young children face particular barriers to accessing treatment. Social stigma and the fear of losing their children may discourage parents from getting help.

COVID-19 and Addiction

- The COVID-19 pandemic has only exacerbated the inequities faced by women including bearing the brunt of additional and unpaid work at home, resulting in both mental and physical health issues for women.
- Since the declaration of a public health emergency due to opioid deaths in April 2016, 1,842 women have died of overdose deaths.
- Healthy women are central to our families, communities and essential services - and critical to the wellbeing of society.
- As overdose crisis rages on, wait lists grow in recovery programs for women with children (CBC News).

Indigenous Women and Addiction

- Indigenous women are vastly overrepresented on Vancouver's Downtown Eastside and make up a disproportionate percentage of the population.
- According to the BC Ministry of Health, Indigenous people tend to have a higher rate of treatment success when they participate in culturally-specific programs, designed and operated by and for Indigenous people.

Women, Addiction & Vancouver's Downtown Eastside (DTES)

- According to the City of Vancouver, the Downtown Eastside has a much higher proportion of Indigenous people (10%) than the city as a whole (2%). Forty per cent of the DTES population is women.
- According to the BC Ministry of Health, women in the Downtown Eastside face significant health and shelter-related challenges.

The DIANE HARWOOD Centre for Women

- In what will be the single largest investment the The Salvation Army has ever made, this summer, the organization will break ground on a new \$100M, nine-story Vancouver Harbour Light facility.



- Located in the heart of the building, is the Diane Harwood Centre for Women.
- Designed specifically for women, this program will offer a much-needed solution by providing the safety and support women need to rebuild their lives - without discrimination.

The new program will feature:

- Controlled access to increase security and privacy.
- 18 single day rooms with private washrooms for phase one (90 day) and phase two (60 day).
- Four fully self-contained rooms for women in phase three (7 months plus).
- Seven accessible units for mobility needs.
- Dedicated counselors and 24-hour on-site staffing supports.
- Private green space and lounge, specifically for women.
- Wrap-around services will include group and individual counseling, arts, recreational activities, education and vocational training.

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