Knowledge Synthesis: COVID-19 Mental Health and Substance Use

DRAFT: August 2020 Version

Synthesis Title: Digital Health Solutions to Support Women with Addiction During COVID-19: Applying a Gender- and Trauma-Informed Lens

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Background and Rationale

Even prior to the declaration of the COVID-19 pandemic, evidence suggested that substance use and associated harms have been increasing in women. For example, alcohol and cannabis use have increased in women over the past decade (1), and most recent estimates suggest that 10% of women in Canada report dependence to illicit drugs (2). Substance use in women is strongly linked to mental health and physical health concerns (3-6). Societal costs associated with substance use in women are widespread, illustrated by growing hospitalizations due to substance use (7) and escalating loss in productivity, now estimated to be >$15 billion (8).

Despite these trends, women are generally underrepresented in treatment settings (9-10). Research has demonstrated that women experience specific barriers to care, from psychological barriers such as stigma and discrimination to practical barriers linked to caregiving roles and responsibilities, relationship abuse and violence, and more. Best practice guidelines have therefore supported gender- and trauma-informed treatment of addiction in women. Gender-informed practices include integrated approaches addressing a wide range of women's needs and are associated with improved recovery, parenting skills, and emotional health (11). Trauma-informed practices follow principles of trauma awareness/ acknowledgment and are also associated with improved user experiences and clinical outcomes (12).

Notably, the gender- and trauma-informed practices that are most appropriate to women with substance use difficulties comprise integrated psychosocial interventions – a format of care that is limited during the COVID-19 pandemic. Similar to other healthcare settings, clinical settings serving women are increasingly turning to digital health solutions to provide support while physical distancing measures are in place. Digital health solutions may overcome several barriers to care experienced by women (13), and effectiveness studies have demonstrated greater engagement of women in digital health compared to in-person services (14).

In response to clinical promise and need, digital health solutions have been implemented rapidly since the onset of the COVID-19 pandemic. To date, most settings have yet to integrate digital health resources to facilitate the provision of gender- and trauma-informed care. Yet, digital health resources for women with addiction have been developed (15-16), and have been effective due to their unique ability to attend to gender-specific issues (17-18). Other resources appear promising and may be readily adapted to include gender- and trauma-informed content. As recently highlighted (19), there is no one digital health resource that is best for those seeking support – rather, the best resources are those that are best matched to specific settings, clinicians, patients, and their needs. The current synthesis therefore aimed to produce the following:

(1) A scoping review of digital health resources for addiction in Canada, including their efficacy in adults who endorse substance use risk/harms, and who identify as women and/or disclose a history of trauma

(2) A rating of digital health resources for addiction in Canada, including the degree to which they incorporate principles of gender- and trauma-informed care

(3) A series of recommendations for service development and implementation

Approach

This synthesis consisted of two components:

1. **Scoping Review:** The Scoping Review was conducted according to the recommendations of Arksey & O'Malley (2005; 20). More specifically, we conducted this Scoping Review by implementing the following steps:

a) Identifying research question(s)

The present review examined the evidence for the following research questions:

1. What is the efficacy or effectiveness of web-based interventions for substance misuse (excluding caffeine and nicotine) for adults who identify as a female or woman?
2. What is the efficacy or effectiveness of web-based interventions for substance misuse (excluding caffeine and nicotine) for adults who report a history of trauma?

b) Identifying relevant studies

The present review identified records from five databases: Medline, PsycINFO, Embase, Cochrane Central, and CINAHL. The search strategy captured substance use, risk, harms, and disorders; interventions; digital technology; females or women; and trauma or violence. The search strategy for Medline can be found in Appendix A; search strategies for other databases were modeled on this content and approach.

A grey literature search was also conducted, wherein government agencies and funding agencies in Canada and the US were consulted between the dates of July 21 and August 5, 2020. More detailed search strategies including a detailed Tracking Sheet (https://library.nshealth.ca/GreyLit/Tips) is available upon request.

The present review identified records with the following design features:

1. Publication Language: English
2. Publication Date: January 1, 2014 to present (date of extraction June 30, 2020)
3. Publication Type: Original research only
   NOT dissertation, commentary, conference proceeding, letter, editorial
4. Study Sample:
   a. Adults ≥ 18 years of age or older
   b. Risky or harmful substance use (except nicotine or caffeine)
   c. Minimum 20% identify as female and/or woman OR
   d. Minimum 20% report a trauma history
5. Intervention format: Web- or mobile-based; All durations and approaches included
6. Intervention target: Substance use or substance use disorder symptoms
   NOT telephone, video, or text-based psychosocial intervention with health professional or peer
   NOT social networking/platform (e.g., discussion boards)
7. Comparison/control: A comparison or control group was not required.
8. Setting: All (e.g., healthcare, forensic, educational)
9. Design: All prospective designs (e.g., single vs. multiple arms; augmentation vs. stand-alone intervention)
10. Outcomes: Substance use or substance use disorder symptoms

c) *Study selection*

Following the identification of all records from databases, two independent team members screened titles and abstracts of all unique records. Two independent team members then also conducted full text reviews for all remaining records. The number of records reviewed at each stage of this process, and reasons for exclusion at the full text review stage can be found in a PRISMA flow diagram in Appendix B.

d) Data charting

The following data were extracted by two independent team members:

- Target addiction (e.g., substance category)
- Sample features (e.g., age, sex, nature)
- Design features (e.g., setting)
- Intervention (e.g., name of intervention, nature of intervention/control, duration)
- Outcomes (e.g., intervention effective, sex/gender-based analyses conducted)

Future Directions: To further increase the rigor of this review, this Scoping Review will continue to be expanded to include estimates of inter-rater reliability at each stage of the screening process, and to include ratings of study risk of bias.

2. Resource Rating: The rating of digital health resources was conducted following a series of steps.

a) Resource Identification

Research team members identified digital health resources from the following resources:

- Scoping Review
- Hospital websites (e.g., www.camh.ca)
- Professional, not-for-profit, other websites (e.g., www.cmha.ca, www.otn.ca, www.amho.ca)
- Government websites
- Curated app libraries
- Other resources (e.g., see 21)

Digital health resources were required to meet the following criteria:

- Web- or mobile-based
- Available in Canada
- Comprise 2 or more psychological and educational components including:
    - Self-assessment
    - Monitoring
    - Psychoeducation
    - Personalized Feedback
    - Motivational enhancement
    - Goal setting
    - Cognitive interventions
    - Behavioural interventions

Note: Stand-alone psychoeducational materials with no active engagement or interactivity (e.g., information sheets, infographics, videos) were not rated at this time.

b) Rating Scale Development

Research Team members identified an initial pool of 36 questions to assess whether digital health resources were characterized by the following principles of gender- and trauma-informed care:

Gender Informed Care Principles

- Consider different roles, responsibilities, and needs of gender groups
- Recognize gender fluidity
- Incorporate intersectionality
- Challenge gender power imbalances and negative stereotypes
- Include sex-informed and gender-specific information and approaches
- Support empowerment
- Improve gender equity

Trauma Informed Care Principles

- Trauma awareness and acknowledgement
- Safety & trustworthiness
- Choice, control, & collaboration
- Strengths-based and skills-building care & empowerment
- Cultural, historical, and gender issues

These questions were revised and reduced to 11 questions, each of which were rated according to Likert scale from "not at all present" to "strongly or very much present/characteristic." A detailed scoring key was developed to optimize inter-rater reliability, and ratings are illustrated below according to a 'stop-light' scheme to facilitate review and interpretation.

c) Rating Scale Implementation

Two independent research team members responded to rating questions, and rated each resource; discrepancies were resolved by consensus.

Future Directions: To increase the rigor of this review, this review will be expanded to include estimates of inter-rater reliability and the clinical components of the resources; the rating scheme itself will also be independently reviewed. All resources will receive overall ratings for the presence of evidence of effectiveness or efficacy in adults who identify as female or woman, or who endorse a history of trauma (as identified by the Scoping Review), and consistency with principles of gender- and trauma-informed care. The Knowledge User Needs Assessment feedback will inform the knowledge user products communicating the qualitative and quantitative components of this review.

Interim Findings

1. **Scoping Review**

- The Scoping Review identified 121 articles.
- See Appendix C for figures summarizing Scoping Review Interim Findings.
- Study Features:
    - The majority of studies were conducted in the US (62%); however, a substantial proportion was also conducted in the EU and UK. Only four studies were conducted in Canada.
    - The majority of studies focused upon alcohol use, risk, and/or harms (64%); however, a substantial proportion included a multi-substance focus, or a focus on cannabis.
    - Studies included a range of sample types, including clinical or patient samples, community samples, and student samples. Veteran, forensic, and other sample types were less common.
- Intervention Features:

  - Digital health resources for addiction identified in the academic literature were in one of three formats: mobile applications, web-based or mobile screening and brief interventions, and web-based multimedia and multi-module intervention platforms.
  - The majority of interventions were in the English language (79%); although a range of other languages were present as well. Only one intervention was in the French language.
- The majority of interventions were efficacious or effective (80%), or demonstrated the anticipated benefits to clinical outcomes such as substance use or harms.
  - The majority of studies did not conduct sex or gender-based analyses (78%) and therefore a large majority of studies did not report specifically if interventions were effective for those who identify as female or women
  - Few investigations (10) incorporated participants who reported a history of trauma or posttraumatic stress symptoms.
- In conclusion, empirical investigations including adults who identified as female or women generally revealed positive effects. Specifically, mobile applications and web-based platforms consistently demonstrated therapeutic benefits; more mixed results were found for the efficacy of web-based or mobile-based brief interventions.
- As a substantial proportion of investigations did not conduct sex- or gender-based analyses, evidence for efficacy or effectiveness of interventions in females or women specifically is weak.
- Some promising interventions were designed specifically for women, although these have not been evaluated in Canada.

2. Resource Rating

- See Appendix D for Resource Rating Interim Findings.
- A total of 24 digital health resources for substance use concerns available in Canada were identified.
- The majority of digital health resources for addiction identified in Canadian resources reflected the same formats.
- Interim resource ratings suggested that substantial proportion of resources provide sex or gender specific information, and support empowerment at least to some degree; however, the majority of the principles of gender-informed care are not evident in these resources, particularly gender roles/needs, gender fluidity, gender equity, and intersectionality.
- Interim resource ratings suggested that the majority of resources uphold several principles of trauma informed care – specifically those relevant to safety and trustworthiness, choice, control, and collaboration, and strength-based and skills-building care and empowerment. However, other principles of trauma-informed care were less robustly represented, particularly cultural, historical, and gender issues.

Conclusion

The current project represents a rapid synthesis of available evidence for digital health resources for women with addiction in Canada. This synthesis simultaneously provides promising initial support for the therapeutic benefit of digital health resources for addiction in adults who identify as female or woman, while also highlighting the following critical clinical and research priorities:

(1) Increased sex- and gender-based analysis in empirical investigations of digital health resources
(2) Further research on the efficacy and effectiveness of digital health resources for addiction in women in Canada specifically
(3) Innovative digital health solutions incorporating the principles of gender- and trauma-informed care that are not represented in currently available resources

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Appendix A: Search Strategy for Medline

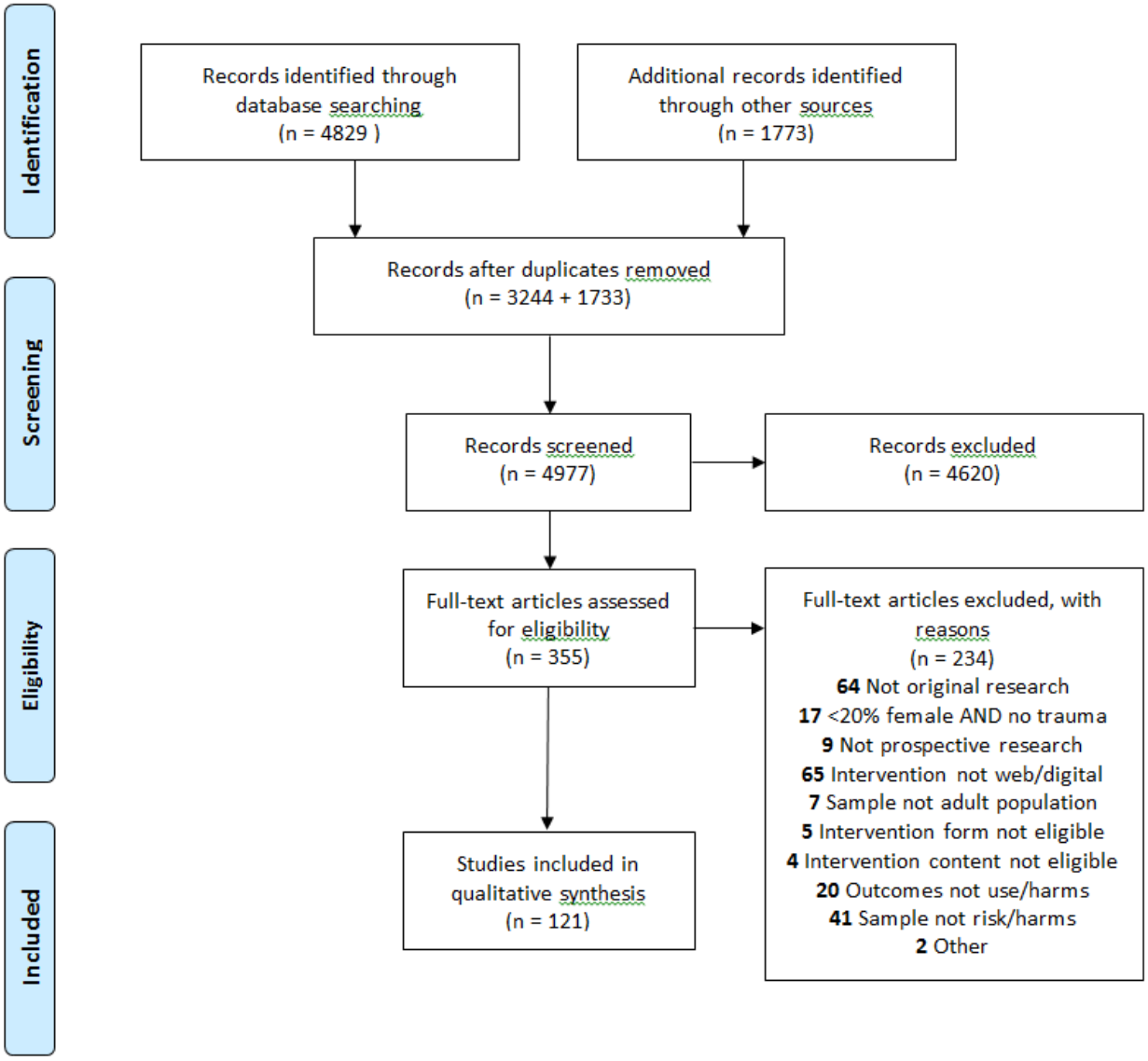
Database: Ovid MEDLINE(R) ALL <1946 to June 29, 2020>

Search Strategy:

1. exp Substance-Related Disorders/
2. ((drug* or substance*) adj2 (abus* or addict* or depend* or misus* or "use" or dependen* or disorder*)).mp.
3. ((alcohol* adj2 (abus* or addict* or depend* or misus* or "use" or dependen* or disorder*)) or alcoholic* or alcoholism).mp.
4. exp Cannabis/
5. exp Hallucinogens/
6. exp Phencyclidine/
7. exp Analgesics, Opioid/
8. exp "Hypnotics and Sedatives"/
9. exp Central Nervous System Stimulants/
10. exp Amphetamine/
11. exp Anti-Anxiety Agents/
12. exp Illicit Drugs/
13. exp Cocaine/
14. (abus* or addict* or depend* or disorder* or harm* or problem$ or misus* or "use").mp.
15. (((alcohol* or drug$ or cannab* or marijuana$ or marihuana$ or bhang$ or ganja$ or hashish$ or hemp$ or hallucinogen* or inhal* or phencyclidine$ or opioid$ or opiate$ or hypnotic$ or sedativ* or anxiolytic$ or (anti-anxiet* adj (drug$ or agent$)) or depressant$ or stimulant$ or amphetamine$ or cocaine$ or analgesic* or heroin) adj2 (abus* or addict* or depend* or disorder* or harm* or problem* or misus* or non-medical* or nonmedical* or "use")) or (((street drug$ or heroin or IV) adj3 drug$) or (intravenous adj3 drug$)) or (illicit drug$ or "recreational drug" or "recreational drugs" or benzo$)).mp.
16. or/1-3 [i) substance use disorders]
17. ((or/4-13) and 14) or 15 [ii) substance use disorders]
18. exp Internet/
19. Mobile Applications/
20. Technology/
21. Internet-Based Intervention/
22. Computers/
23. exp Computers, Handheld/
24. user-computer interface/
25. Online Systems/
26. Self Care/

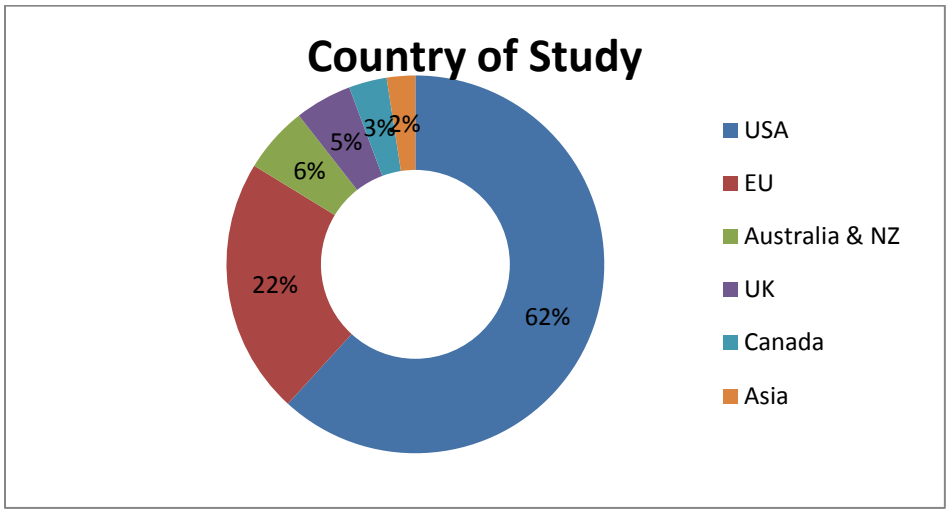
27. (intervention$ or self-help* or selfhelp* or self-car* or selfcar* or platform$ or psychiatr* or pscyhos?s$ or psychotherap* or psycho-educat* or psychoeducat* or treatment$ or mhealth or m-health or (mobile adj health)).mp.
28. (((app or apps or computer* or digital* or ehealth or e-health or electronic or internet* or Mhealth or "m health" or mobile or online or on-line or smartphone or smart-phone or technology or web* or virtual*) adj3 (intervention$ or module* or self-help* or selfhelp* or self-car* or selfcar* or platform$ or program* or psychiatr* or pscyhos?s$ or psycho-educat* or psychoeducat* or resource$ or treatment$)) or (mhealth or m-health or (mobile adj health))).mp.
29. ((or/18-25) and (or/26-27)) or 28 [digital health interventions]
30. Female/ and (exp Adult/ or adult$.mp.)
31. female$.mp. and (exp Adult/ or adult$.mp.)
32. Women/
33. battered women/
34. pregnant women/
35. Mothers/
36. (wom?n$ or mother* or maternal* or pregnan*).mp.
37. exp "Trauma and Stressor Related Disorders"/
38. exp Violence/
39. exp Sex Offenses/
40. (trauma* or abus* or assault* or post-trauma* or postrauma* or PTSD or rape or raped or violen* or crime$).mp.
41. exp crime victims/
42. exp Survivors/
43. (sufferer$ or surviv* or victim$).mp.
44. or/30-36 [women]
45. or/37-40 [trauma concept]
46. or/41-43 [survivor concept]
47. 45 and 46 [trauma survivors]
48. or/16-17 [substance use disorders]
49. 29 [digital health interventions]
50. 44 or 47 [women or trauma survivors]
51. 48 and 49 and 50
52. (comment or editorial or interview or news or newspaper article).pt.
53. 51 not 52
54. limit 53 to yr="2014 -Current"

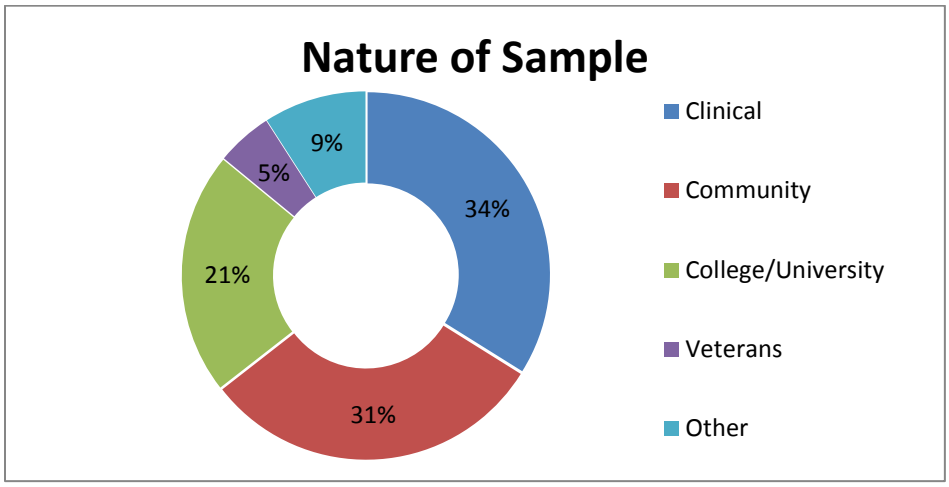
Appendix B: PRISMA 2009 Flow Diagram

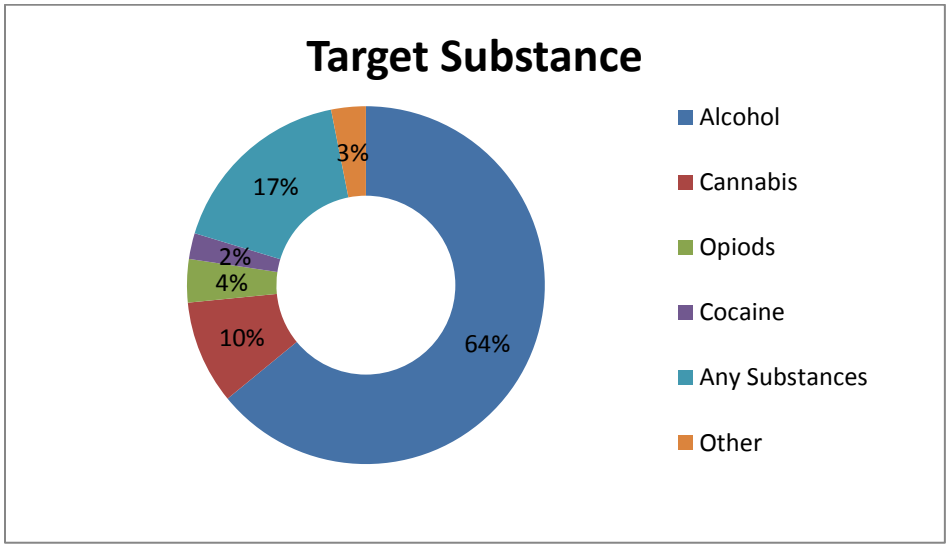


Appendix C: Scoping Review Interim Results

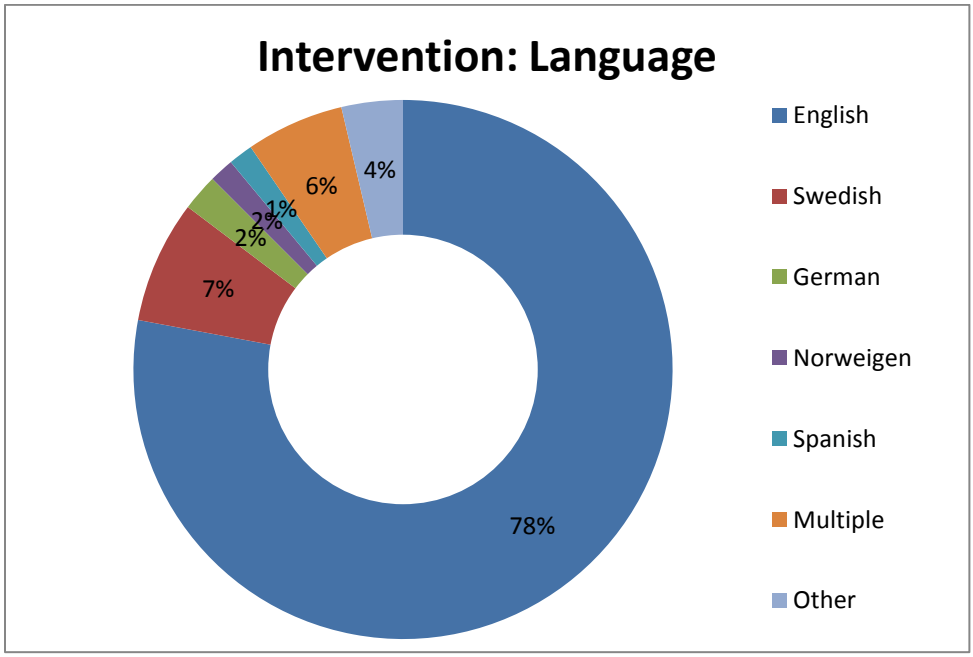
a) Study Origin & Design

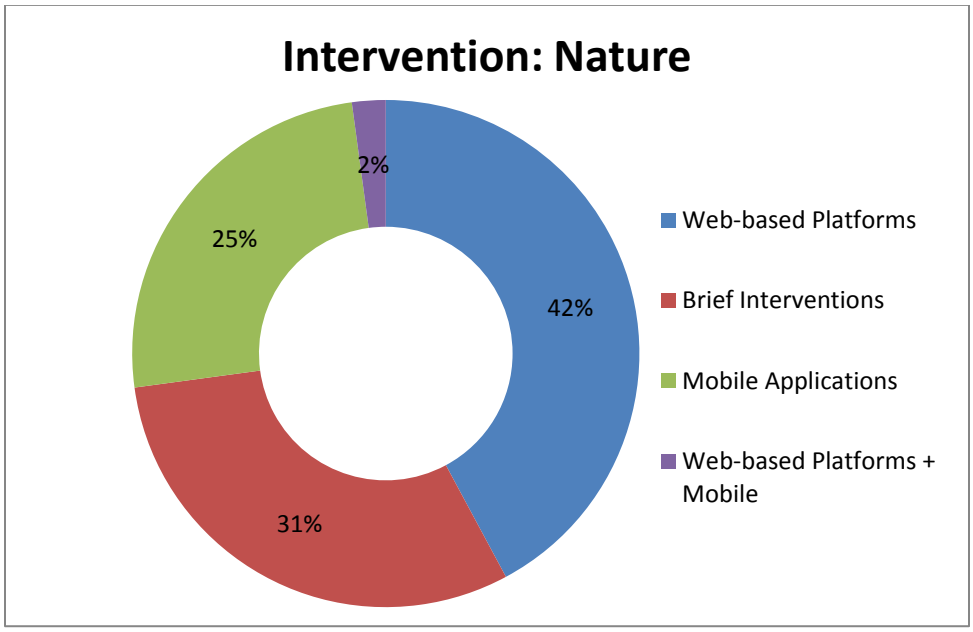




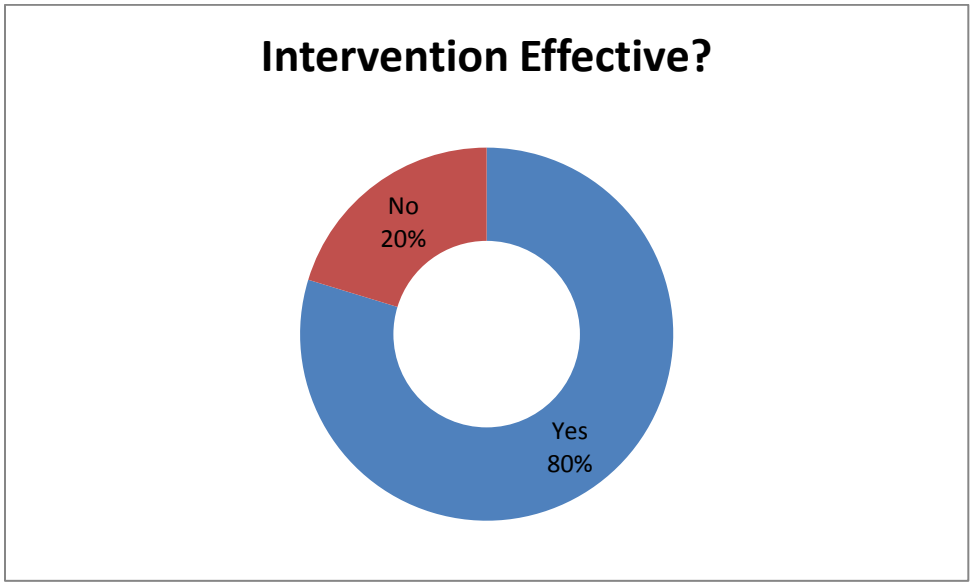


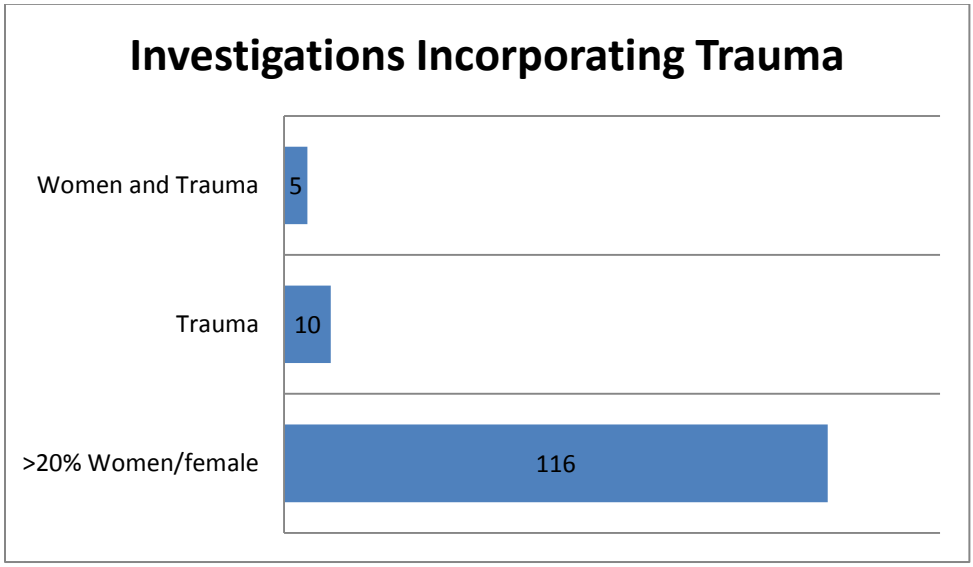
(b) Intervention Features

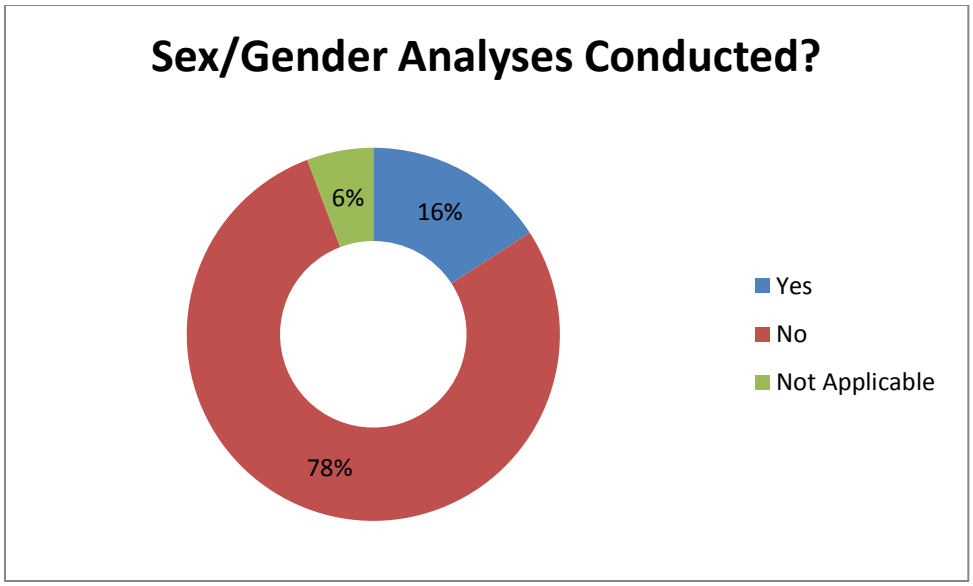


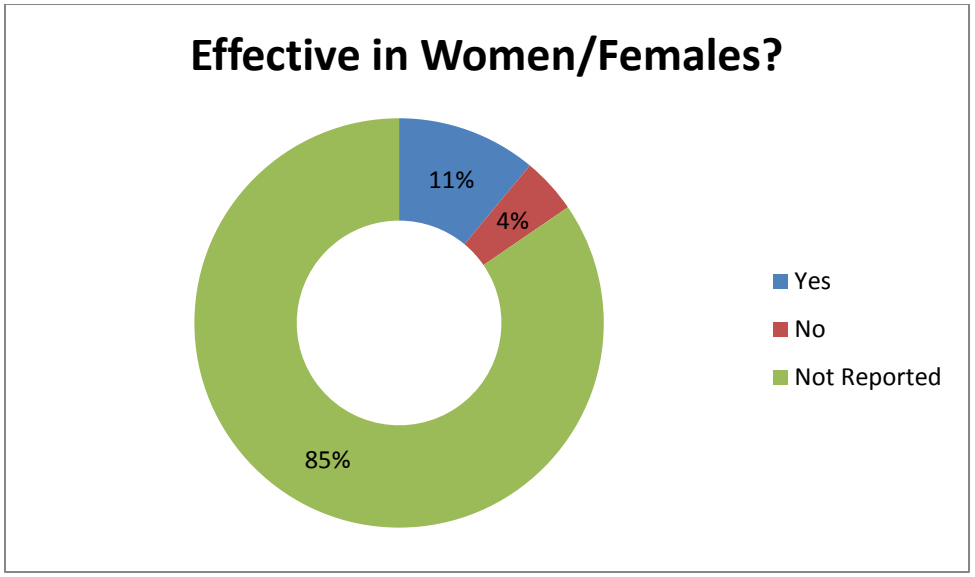


c)


Intervention Effective?
No
20%
Yes
80%


Investigations Incorporating Trauma
Women and Trauma
5
Trauma
10
>20% Women/female
116


Sex/Gender Analyses Conducted?
6%
16%
78%
Yes
No
Not Applicable


Effective in Women/Females?
11%
4%
85%
Yes
No
Not Reported

Appendix D: Interim Resource Rating Results

Gender Informed-Care Principles:

Intervention	Consider roles, responsibilities & needs of gender groups	Recognize gender fluidity	Challenge gender imbalances & stereotypes	Include sex- & gender-specific information & approaches	Support empowerment	Improve gender equity	Incorporate Intersectionality	Overall GIC Rating
BFO	🟠	🟡	🟡	🔴	🟡	🟠	🟠	🟠
CBT4CBT	🟢	🟠	🟢	🟢	🟠	🟠	🟡	🟡
E-CHUG	🟠	🔴	🟠	🟢	🟢	🟠	🟠	🟡
E-TOKE	🟠	🔴	🟠	🔴	🟢	🟠	🟠	🟠
CheckUp & Choices	🟠	🟠	🟠	🟡	🟢	🟠	🔴	🟠
VetChange	🟡	🔴	🟠	🟠	🟢	🟠	🔴	🟡
Daybreak	🟠	🟡	🟡	🟡	🟢	🟠	🟠	🟡
SoberTool	🟠	🔴	🟠	🔴	🟡	🔴	🔴	🟠
Down Your Drink	🟠	🟠	🟠	🟠	🟡	🟠	🔴	🟠
Sober Grid	🔴	🔴	🟠	🔴	🟠	🟠	🔴	🟠
Step Away	🟠	🟠	🟠	🟠	🟠	🟠	🟡	🟠
Alcooquiz	🟠	🟠	🟠	🟢	🔴	🟠	🔴	🟠
Alcohol 101 Plus™	🟠	🟠	🟢	🟠	🟠	🟡	🟡	🟡
Alcohol-Wise	🟠	🟠	🟠	🟠	🟠	🟠	🔴	🟠
ALC-EBP	🟠	🟠	🟠	🟠	🟠	🟠	🟡	🟠
Saying When	🟠	🟠	🟡	🟠	🟡	🟠	🔴	🟠
Breakingtheice	🔴	🔴	🟠	🔴	🟠	🔴	🟠	🟠
recoveryBOX	🔴	🔴	🔴	🔴	🟠	🔴	🔴	🔴

I Am Sober	🔴	🔴	🟠	🔴	🟡	🔴	🔴	🔴
DrinkControl – Drink Tracker	🟠	🔴	🟠	🟠	🔴	🔴	🔴	🔴
AlcoDroid Alcohol Tracker	🔴	🔴	🟠	🔴	🔴	🟠	🔴	🔴
First Nations Health Authority	🟠	🟠	🟡	🟡	🟡	🟠	🟡	🟡
Nomo – Sobriety Clocks	🟠	🔴	🟠	🔴	🟡	🟠	🔴	🟠
Evolution Health	🟠	🟡	🟠	🟡	🟡	🟠	🔴	🟠

Trauma Informed-Care Principles:

Intervention	Trauma awareness & acknowledgement	Safety & trustworthiness	Choice, control & collaboration	Strengths-based & skills-building care & empowerment	Cultural, historical & gender issues	Overall TIC Rating
BFO	🔴	🟢	🟠	🟢	🟠	🟡
CBT4CBT	🟡	🟡	🔴	🟢	🟡	🟡
E-CHUG	🟡	🟠	🟡	🟢	🟠	🟡
E-TOKE	🟡	🟠	🟡	🟢	🟠	🟡
CheckUp & Choices	🟡	🟢	🟢	🟢	🔴	🟢
VetChange	🟢	🟡	🟡	🟠	🔴	🟡
Daybreak	🔴	🟢	🟢	🟢	🟠	🟢
SoberTool	🔴	🟠	🟠	🟡	🔴	🟠
Down Your Drink	🔴	🟠	🔴	🟡	🔴	🟠

Sober Grid	🔴	🟢	🟢	🟡	🔴	🟡
Step Away	🔴	🟡	🟡	🟢	🟠	🟡
Alcooquiz	🟡	🟠	🔴	🔴	🔴	🟠
Alcohol 101 Plus™	🟡	🔴	🔴	🟠	🟡	🟠
Alcohol-Wise	🔴	🔴	🔴	🟠	🔴	🔴
ALC-EBP	🟡	🟢	🟡	🟠	🟠	🟡
Saying When	🔴	🟢	🟢	🟢	🔴	🟡
Breakingtheice	🔴	🟢	🟡	🟢	🔴	🟡
recoveryBOX	🔴	🟡	🟡	🔴	🔴	🟠
I Am Sober	🔴	🟢	🟡	🟡	🔴	🟡
DrinkControl – Drink Tracker	🔴	🟠	🟡	🔴	🔴	🟠
AlcoDroid Alcohol Tracker	🔴	🔴	🟠	🔴	🔴	🔴
First Nations Health Authority	🔴	🟢	🟡	🟠	🟢	🟡
Nomo – Sobriety Clocks	🔴	🟡	🟡	🟠	🔴	🟠
Evolution Health	🟡	🟢	🟢	🟢	🔴	🟢

Rating Scale:

Very Strong	Strong	Somewhat strong	Not very strong	Not strong at all	N/A
🟢	🟢	🟡	🟠	🔴	⚫

BFO – Breaking Free Online
CBT4CBT – Computer Based Training for Cognitive Behavioural Therapy
E-CHUG – Alcohol eCheckUp To Go
E- TOKE – Electronic THC Online Knowledge Experience
GIC – Gender Informed-Care
TIC – Trauma Informed-Care

N/A – Not applicable: Omit GIC/TIC Principles from Brief Interventions and Monitoring Interventions: