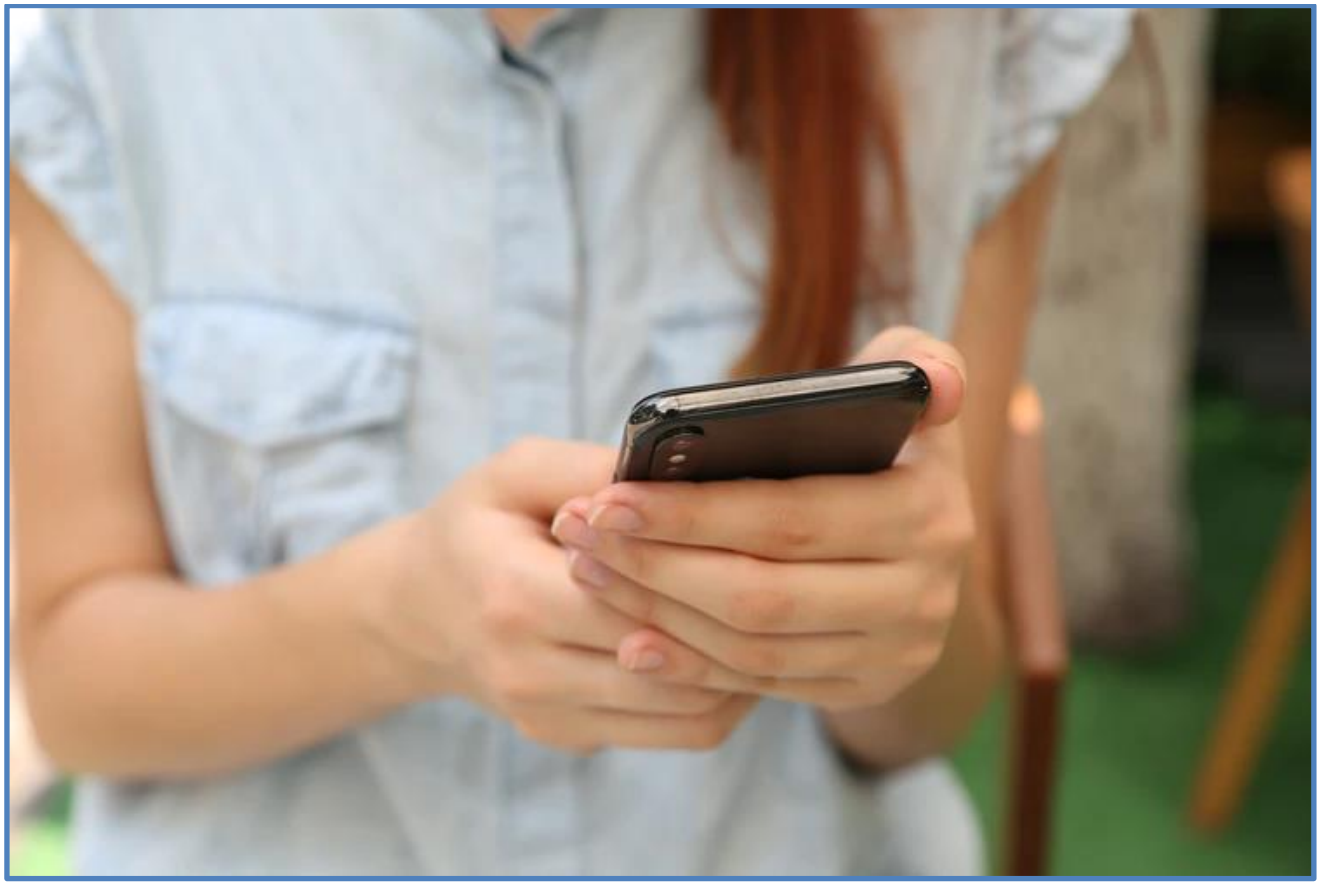

Digital Health Solutions to Support Women with Addiction During COVID-19: Applying a Gender- and Trauma-Informed Lens

Knowledge Synthesis Final Report

November 2020

Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

camh mental health is health

The Jean Tweed Centre JTC For Women & Their Families

Support House

Centre for Innovation in Peer Support

CIHR IRSC Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

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Project Team & Funders

Project Team

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Project Funders

This research was funded by the Canadian Institutes of Health Research (CIHR).

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Acknowledgements

The research team is indebted to the knowledge users and stakeholders who contributed their knowledge and insights to support the development and dissemination of this work.

Suggested Citation

Quilty, L. C., Buckley, L., Coombs, M., Kristy, B., Agic, B., Shakespeare, J., Spafford, A., et al. (2020). Digital Health Solutions to Support Women with Addiction During COVID-19: Applying a Gender- and Trauma-Informed Lens.

This research and supporting materials can be located at:
https://www.eenet.ca/initiative/digital-health-solutions-support-women-addictions#about

Please note that wherever possible, these materials represent living documents, to be updated as additional information becomes available.

Executive Summary

Background:

- The COVID-19 global pandemic has had extensive impacts on the mental health and substance use of Canadians.
- The healthcare system has rapidly adapted current models of care to accommodate physical distancing requirements, with an emphasis on digital health platforms and supports. Digital health resources for women with substance use difficulties are critical during this time.
- The majority of treatment settings have yet to integrate digital health supports to facilitate the provision of gender- and trauma-informed care, however.

Objectives:

The objective of the current synthesis was to produce the following:

1. A scoping review of digital health resources for addiction, 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

Key Findings:

- A scoping review revealed that digital health resources for substance use concerns in those who identify as female or women, or endorse trauma, range from mobile education and monitoring applications, web-based screening and brief interventions, and web-based multimedia and multi-module intervention platforms.
- Overall, empirical investigations including adults who identified as female or women generally revealed positive effects. Multi-session mobile and web-based platforms demonstrated therapeutic benefits more consistently than brief interventions.
- Empirical evaluations rarely assessed gender identity or conducted sex- or gender-based analyses; evidence for females or women specifically is therefore weak.
- Resource evaluations revealed that many resources available in Canada provided sex or gender specific information, and support empowerment; however, most other principles of gender-informed care were not evident.
- Resource evaluations further identified that most resources upheld several principles of trauma informed care (e.g., strengths-based care); however, others were less represented.

Background

Supporting women with substance use concerns during COVID-19

Even prior to 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 research suggests that 10% of women in Canada report dependence to an illicit drug (2). Substance use in women is strongly linked to both mental health and physical health concerns (3-6). Societal costs associated with substance use in women are widespread, illustrated by growing hospitalizations (7) and loss in workplace productivity (8) due to substance use.

Yet, only a minority of women experiencing difficulties with substance use access specialized services (9-10). Research has demonstrated multiple gender-specific barriers to care, ranging from psychological barriers such as stigma and discrimination, to practical barriers linked to caregiving responsibilities, intimate partner violence, and more. Gender- and trauma-informed treatment of substance use concerns in women are responsive to these realities. Gender-informed practices provide gender-specific information, support resilience, and highlight systemic sources of disempowerment, and have been linked with positive clinical outcomes (11). Trauma-informed practices provide information regarding the links between trauma and substance use and emphasize safety, choice, and strengths, and are similarly linked with improved treatment experiences and outcomes (12).

Similar to other healthcare settings, clinical settings supporting women with substance use concerns during COVID-19 are limited in their capacity to provide these integrated in-person psychosocial approaches, and are turning to digital health solutions to provide support during this time of crisis. Incorporating digital health resources may help to overcome numerous barriers to care experienced by women and holds considerable promise in this context (13-14).

Digital health resources may overcome gender-specific barriers to care

To date, most settings have yet to integrate digital health resources to facilitate the provision of gender- and trauma-informed care during COVID-19. Yet, digital health resources for women with substance use concerns 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 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 purpose of this initiative was therefore to synthesize knowledge related to digital health resources for substance use concerns that can be mobilized to support women during and after COVID-19. This knowledge will include strengths and weaknesses of the research evidence as well as clinical features, and will yield insights to inform current digital health resource utilization as well as future digital health resource development, implementation, and evaluation.

Approach

The current knowledge synthesis consists of the following components:

1. A scoping review of digital health resources for substance use concerns available worldwide, specifically their efficacy or effectiveness 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 substance use concerns available in Canada, including the degree to which they incorporate principles of gender- and trauma-informed care
3. A series of recommendations for resource development and implementation, based on (1) and (2) above as well as knowledge user consultation.

Scoping Review

In line with the recommendations of Arksey & O'Malley (2005; 20), we conducted our Scoping Review according to the following steps:

1. Identifying research question(s)

The present review examined the evidence for the following questions:

1. What is the efficacy or effectiveness of web-based interventions for substance use concerns (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 use concerns (excluding caffeine and nicotine) for adults who report a history of trauma?

2. 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 full search strategy is available upon request, and will be included in the scholarly publication reporting these results (currently under review).

A grey literature search was also conducted, wherein a web search of government agencies and funding agencies in Canada and the US was conducted 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), are 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
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
6. Intervention target: Substance use or substance use disorder symptoms

NOT telephone, video, or text-based psychosocial interventions with clinician or peer NOT social networking/platform

7. Comparison/control: A comparison or control group was not required.
8. Setting: All
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

3. 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. Substantial agreement was demonstrated at both stages of screening; discrepancies were resolved by consensus. A PRISMA flow diagram strategy is available upon request, and will be included in the scholarly publication reporting these results (currently under review).

4. Data charting

The following data were extracted by two independent team members:

- Target addiction (e.g., substance category)
- Sample features (e.g., age, % female/women, nature)
- Intervention (e.g., duration, name of intervention)
- Outcomes (e.g., intervention effective, sex/gender-based analyses conducted)
- Bias, as assessed using the Cochrane Risk of Bias Tool

Resource Rating

The rating of digital health resources was conducted following a series of steps.

1. 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 two 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.

2. Rating Scale Development

Research Team members identified an initial pool of 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 permit the rating of each domain according to a Likert scale from "not at all present" to "strongly or very much present." A detailed scoring key was developed to optimize inter-rater reliability, Substantial agreement was demonstrated; discrepancies were resolved by consensus. and ratings are illustrated below according to a 'stop-light' scheme to facilitate review and interpretation.

3. Rating Scale Implementation

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

Findings

Scoping Review

Of 4977 identified records, a total of 121 records were eligible, reflecting 96 distinct studies and 85 distinct digital health interventions. See Appendix A for figures displaying the findings discussed below.

Study Features

- The majority of studies were conducted in the USA (61%); however, a substantial proportion was also conducted in the EU and UK. Only four studies were conducted in Canada.
- The majority of studies randomized participants to condition (74%), including control conditions such as standard care, assessment only, or waitlist. Other active or control conditions were used in accordance with the research question.
- 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.
- Sample size ranged widely (13 to 4165), reflecting pilot studies of feasibility and therapeutic benefits, randomized controlled trials of efficacy, and more naturalistic designs of effectiveness and implementation.

Intervention Features

- Digital health resources for substance use concerns identified were generally in one of two formats: online or mobile multi-session interventions (70%) or brief interventions (30%). A small number included both online multi-session interventions and associated mobile application supports.
- 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 focused upon alcohol use, risk, and/or harms (64%); however, again, a substantial proportion included a multi-substance focus, or a focus on cannabis.
- Intervention duration ranged widely from one session to 12 months; similarly, follow-up assessments were conducted from 2 weeks to 2 years later
- Approximately half (53%) of studies exhibited some concerns associated with bias, most commonly associated with assessor blinding, or a failure to conduct or report intent-to-treat analyses, protocol deviations, or pre-registered or planned analyses.
- The majority of interventions were efficacious or effective (80%), demonstrating the anticipated benefits to primary clinical outcomes such as substance use or harms.
    - The majority of studies did not assess gender (96%)
    - The majority of studies did not conduct sex or gender-based analyses (78%)

    - 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. Both online and mobile interventions consistently demonstrated therapeutic benefits; more mixed results were found for the brief interventions.
- The vast majority of studies did not conduct sex- or gender-based analyses; thus, evidence for efficacy or effectiveness of interventions in females or women specifically is weak.
- Few investigations assessed gender or trauma, highlighting a critical gap in the literature

Resource Rating

Of 38 identified resources, a total of 23 digital health resources for substance use concerns available in Canada were eligible for rating. See Appendix B for a table outlining the resources located and their evaluations according to gender- and trauma-informed principles.

- The majority of digital health resources for addiction identified in Canadian resources reflected the same formats identified in the Scoping Review.
- A total of 8 digital health resources rated were also included in the Scoping Review
    - Two single interventions, Alcooquizz and e-CHUG, demonstrated mixed evidence for efficacy in their primary outcome across one and three studies respectively. In contrast, Down Your Drink demonstrated positive outcomes in two studies, although sex or gender-based analyses were not conducted.
    - Two multi-session mobile interventions, Daybreak and Alcooquizz, were found to be efficacious in general and in females.
    - Four multi-session online interventions – Breaking Free Online (four studies), Breakingtheice (one study), CBT4CBT (four studies), and Vetchange (two studies) – were all found to be efficacious or effective in general. Breaking Free Online also conducted sex-based analyses in one study, which confirmed effectiveness in females specifically.
- 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.
- 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

Conclusion

The current project represents a synthesis of available evidence for efficacy or effectiveness of digital health resources for women with substance use concerns, as well as for the consistency of those resources available in Canada with the principles of gender- and trauma-informed care. Digital health resources identified in the scoping review demonstrated promise overall; however, the empirical evidence for their efficacy or effectiveness in females or women was weak. Despite not being developed for this specific purpose or priority population, digital health resources identified in the resource rating demonstrated some features of trauma-informed care, and few features of gender-informed care. Yet, key features relevant to social determinants of health, trauma, and violence were rarely represented.

Recommendations & Next Steps

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. Development of innovative digital health solutions and/or associated implementation materials incorporating the principles of gender- and trauma-informed care that are not represented in currently available resources. In line with our resource evaluation, we would specifically recommend the inclusion of the following:
    a. Representation across the gender continuum and recognition of gender fluidity
    b. Content related to gender-specific barriers, facilitators, approaches, and supports
    c. Content related to social determinants of health and intersectionality
    d. Content related to trauma, abuse, and violence, and links to substance use
2. Increased assessment of gender, trauma, and social determinants of health in both digital health resources for substance use concerns as well as efficacy research
3. Increased reporting of sex- and gender-based analyses in empirical investigations of digital health resources for substance use concerns
4. Further research on the efficacy and effectiveness of digital health resources for substance use concerns in Canada specifically, including consideration of lived experience perspectives, integration within the current health system, including economic and implementation factors important to scalable and sustainable solutions

Project Outputs

These research findings are available online at https://www.eenet.ca/initiative/digital-health-solutions-support-women-addictions#about, with a series of additional knowledge translation products informed by knowledge user consultation, including:

- Project Webinar video & slides
- Research Snapshot
- Gender- and Trauma-Informed Care Checklists
- Digital Health Resource Directory

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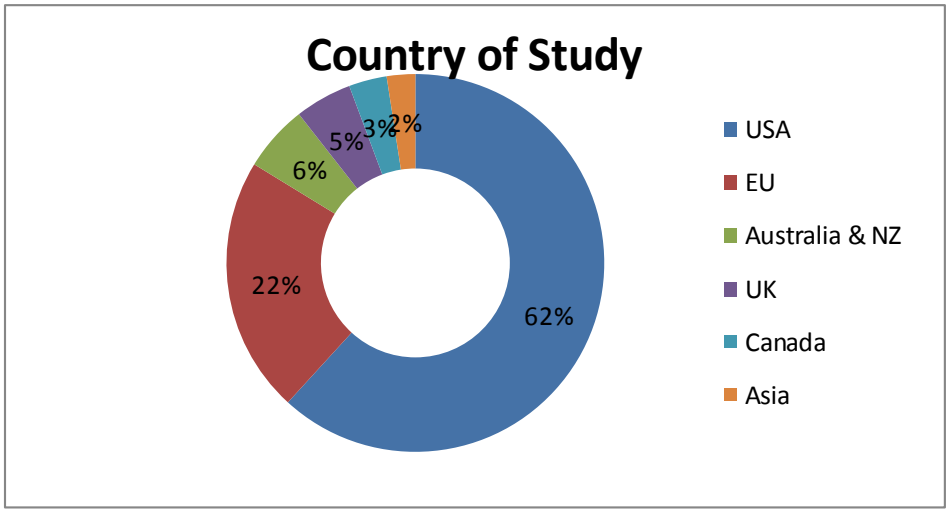
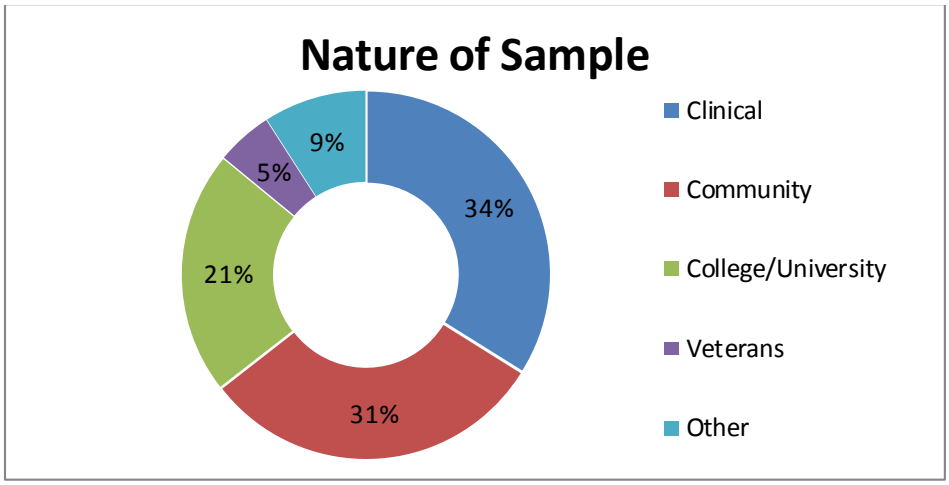
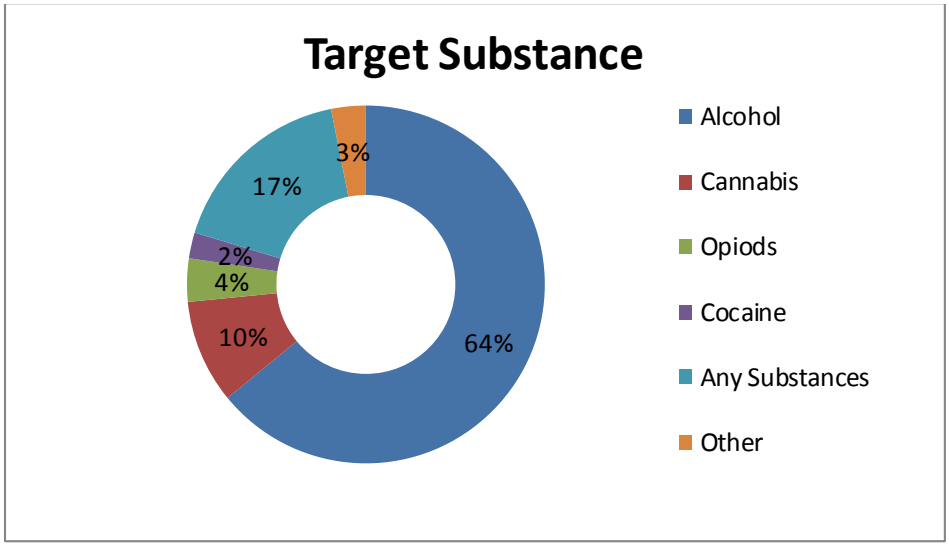
Appendix A: Scoping Review Findings

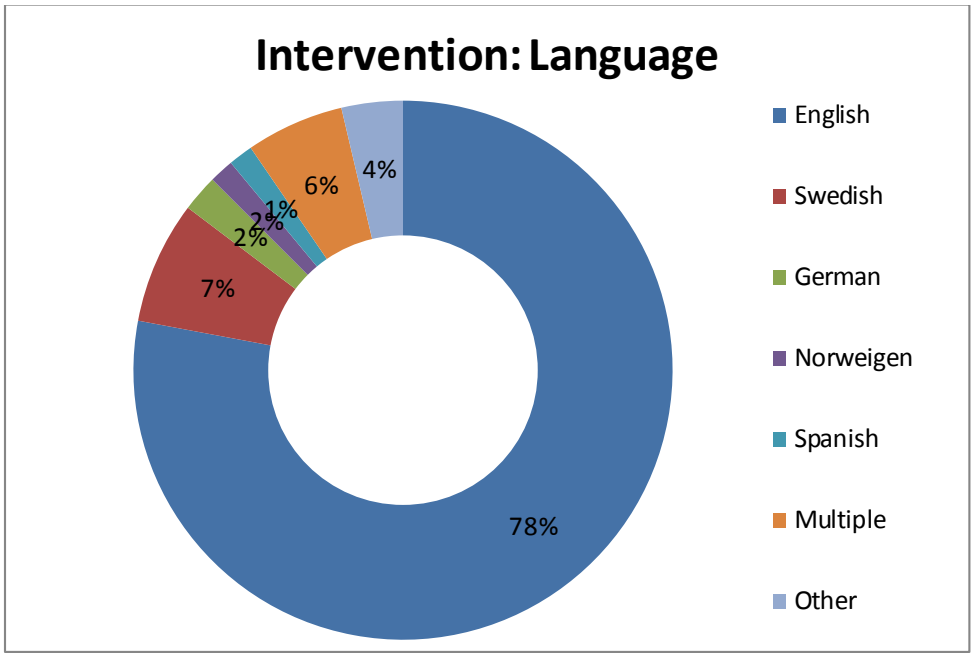
a) Study Origin & Design

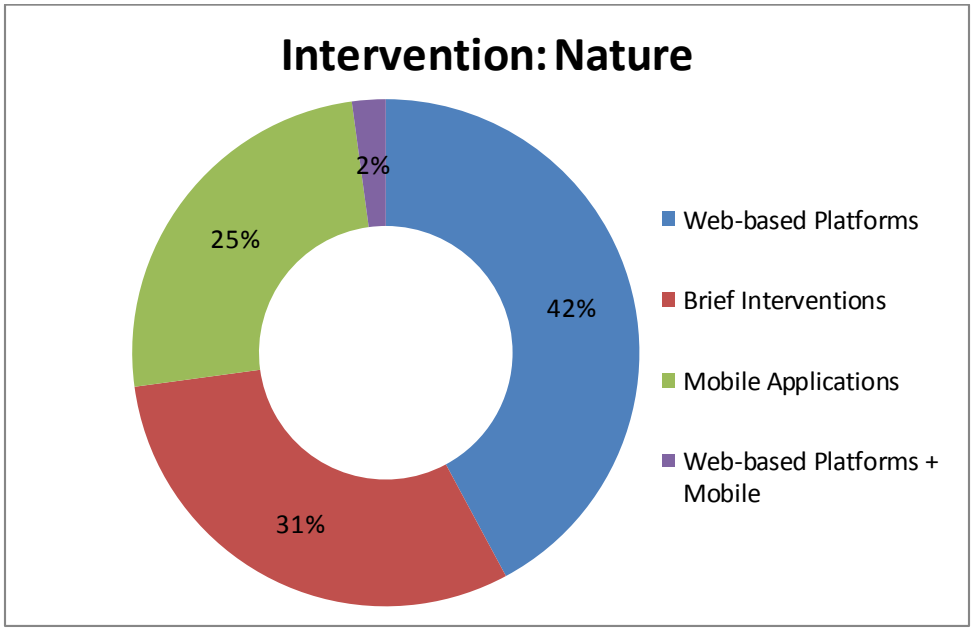




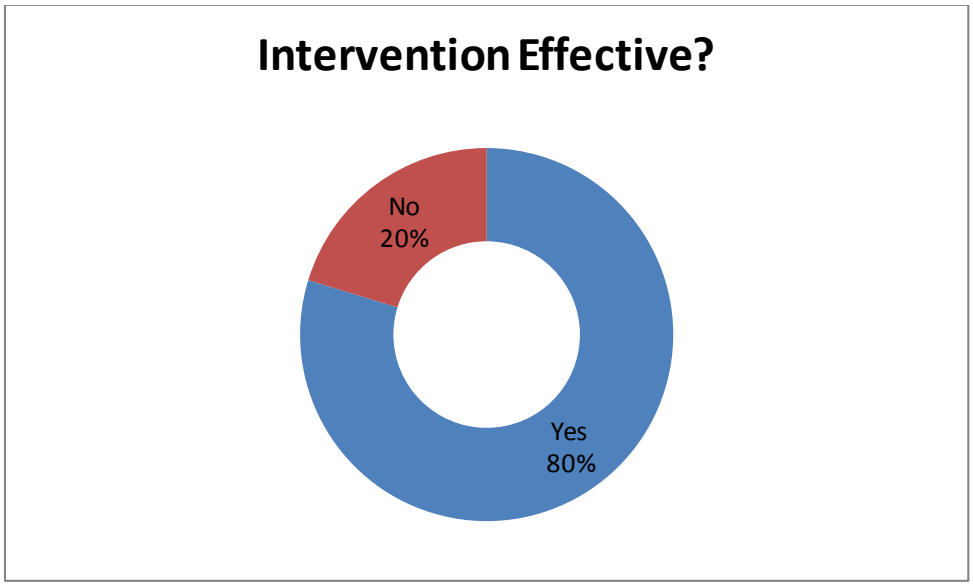


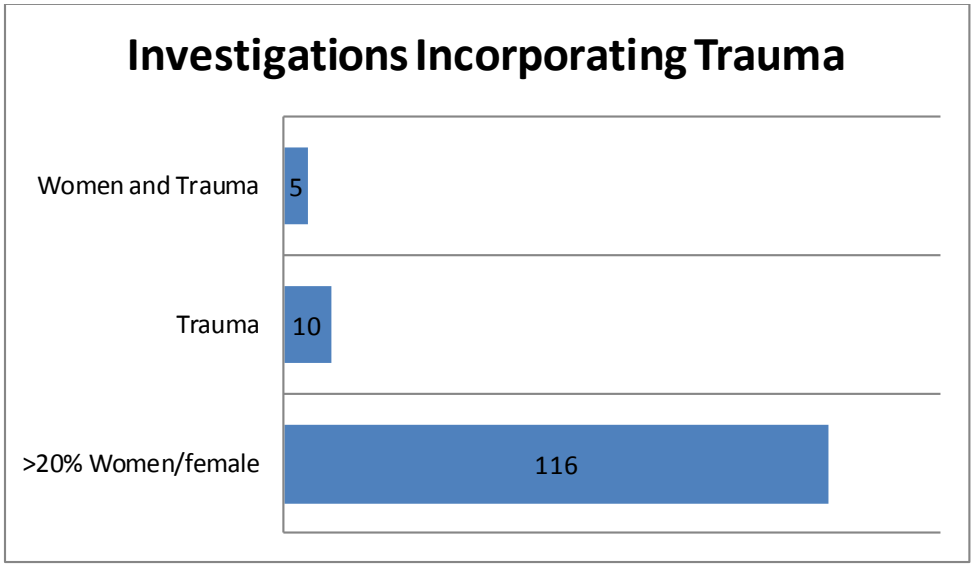
(b) Intervention Features

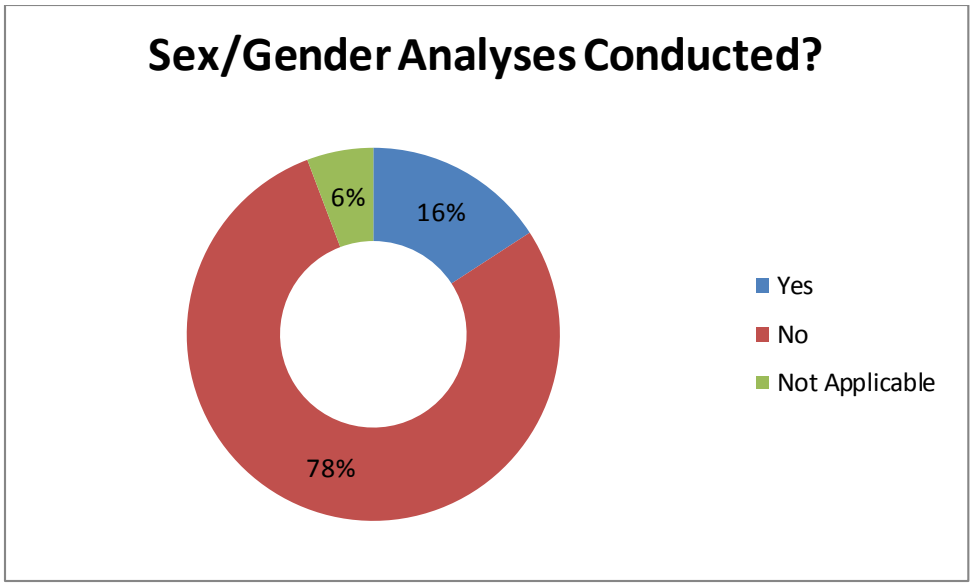


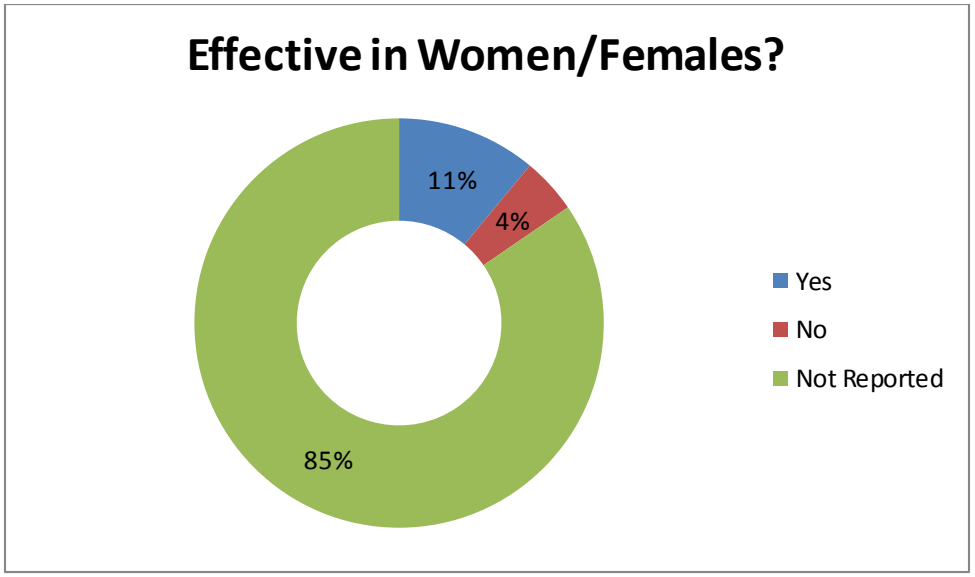


c)


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 B: Resource Rating Findings – Resource Features

Intervention	Platform Type			Access		Clinical Features										Cost				
	Mobile		Web-Based																	
	Android	iOS	Web	English	French	Assessment/Screening	Monitoring	Psycho-education	Cognitive Strategies	Behavioural Strategies	Goal Setting Habits	Mindfulness	Relaxation	Chat/Messaging	Personalized Feedback	Resources	Free to Download	Free 30 Day	Totally Free	In-App Purchase	Subscription Fee
ALC-EBP		x	x	x				x	x	x									x		
AlcoDroid Alcohol Tracker	x			x			x				x						x			x	
Alcohol-Wise			x	x		x		x			x								x		
Alcooquiz		x	x	x	x	x		x		x	x				x	x			x		
BFO	x	x	x	x		x		x	x	x	x	x				x	x				x
Breakingtheice			x	x		x		x	x							x			x		
CBT4CBT			x	x				x	x	x	x										x
CheckUp & Choices			x	x		x	x	x		x	x	x	x		x	x					x
Daybreak	x			x			x				x			x		x	x			x	x
DrinkControl –		x		x			x	x									x			x	

Drink Tracker																					
Down Your Drink			x	x		x	x	x	x	x	x								x		
e-CHUG			x	x		x		x		x					x	x		x			
e-TOKE			x	x		x		x		x					x	x		x			
Evolution Health			x	x		x	x	x	x		x				x	x			x		
First Nations Health Authority			x	x		x		x		x						x			x		
I Am Sober	x			x			x				x			x		x	x			x	x
Nomo – Sobriety Clocks	x	x		x			x			x	x	x	x	x	x	x	x				
recoveryBOX		x		x										x		x	x			x	
Saying When	x	x		x		x	x	x			x					x			x		
Step Away	x	x		x		x	x		x	x	x	x	x				x				x
Sober Grid	x	x		x			x				x			x		x	x			x	
SoberTool	x	x	x	x			x							x		x	x			x	
VetChange	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		

Appendix B: Resource Rating Findings – Gender Informed-Care Principles:

Intervention	Consider roles, responsibilities & needs of gender groups	Recognize gender fluidity	Challenge gender power imbalances & negative stereotypes	Include sex-informed & gender-specific information & approaches	Support empowerment	Improve gender equity	Incorporate Intersectionality	Overall GIC Rating
ALC-EBP	🟠	🟠	🟠	🟠	🟠	🟠	🟡	🟠
AlcoDroid Alcohol Tracker	🔴	🔴	🟠	🔴	🔴	🟠	🔴	🔴
Alcohol-Wise	🟠	🟠	🟠	🔴	🔴	🟠	🔴	🟠
Alcooquiz	🟠	🟠	🟠	🟢	🔴	🟠	🔴	🟠
BFO	🟠	🟡	🟡	🔴	🟡	🟠	🟠	🟠
Breakingtheice	🟠	🟠	🟠	🔴	🟠	🟠	🟡	🟠
CBT4CBT	🟡	🟠	🟢	🟢	🟠	🟡	🟡	🟡
CheckUp & Choices	🟠	🟠	🟠	🟡	🟢	🟠	🔴	🟠
Daybreak	🟠	🟡	🟡	🟡	🟢	🟠	🟠	🟡
DrinkControl – Drink Tracker	🟠	🔴	🟠	🟠	🔴	🟠	🔴	🔴
Down Your Drink	🟠	🟠	🟠	🟠	🟡	🟠	🔴	🟠
E-CHUG	🟠	🔴	🟠	🟢	🟢	🟠	🟠	🟡
E-TOKE	🟠	🔴	🟠	🔴	🟢	🟠	🟠	🟠
Evolution Health	🟠	🟡	🟠	🟡	🟡	🟠	🔴	🟠
First Nations Health Authority	🟠	🟠	🟡	🟡	🟡	🟠	🟡	🟡
I Am Sober	🔴	🔴	🟠	🔴	🟡	🟠	🔴	🟠
Nomo – Sobriety Clocks	🔴	🔴	🟡	🔴	🟡	🟠	🔴	🟠

recoveryBOX	●	●	●	●	●	●	●	●
Saying When	●	●	●	●	●	●	●	●
Step Away	●	●	●	●	●	●	●	●
Sober Grid	●	●	●	●	●	●	●	●
SoberTool	●	●	●	●	●	●	●	●
VetChange	●	●	●	●	●	●	●	●

Appendix B: Resource Rating Findings –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
ALC-EBP	🟡	🟢	🟡	🟠	🟠	🟡
AlcoDroid Alcohol Tracker	🔴	🔴	🟠	🔴	🔴	🔴
Alcohol-Wise	🔴	🔴	🔴	🟠	🔴	🔴
Alcooquiz	🟡	🟠	🟡	🟡	🔴	🟡
BFO	🔴	🟢	🟢	🟢	🟠	🟢
Breakingtheice	🔴	🟢	🟡	🟢	🔴	🟡
CBT4CBT	🟡	🟡	🔴	🟢	🟠	🟡
CheckUp & Choices	🟡	🟢	🟢	🟢	🔴	🟢
Daybreak	🔴	🟢	🟢	🟢	🟠	🟢
DrinkControl – Drink Tracker	🔴	🟡	🟡	🔴	🔴	🟠
Down Your Drink	🔴	🟠	🔴	🟡	🔴	🟠
E-CHUG	🟡	🟠	🟡	🟡	🟠	🟡
E-TOKE	🟡	🟠	🟡	🟡	🟠	🟡
Evolution Health	🟡	🟢	🟢	🟢	🔴	🟢
First Nations Health Authority	🔴	🟢	🟡	🟠	🟢	🟡
I Am Sober	🔴	🟢	🟢	🟢	🔴	🟡
Nomo – Sobriety Clocks	🔴	🟢	🟡	🟡	🔴	🟡
recoveryBOX	🔴	🟡	🟢	🟠	🔴	🟡
Saying When	🔴	🟢	🟢	🟢	🔴	🟡
Step Away	🔴	🟡	🟡	🟢	🟠	🟡

Sober Grid						
SoberTool						
VetChange						

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