Substance Use Among the Transgender Community: Factors to Consider

JoAnne Keatley, MSW
Trans terminology: Transgender
(Keatley et al., 2015)

Transgender

• Refers to a person whose gender identity does not correspond to their sex assigned at birth. *Transgender* (or the shortened version, *trans*) may be used to refer to an individual person’s gender identity and is sometimes used as an umbrella term for all people who do not conform to traditional gender norms.
Trans terminology: Four core concepts

- Sex Assigned at Birth
- Gender Identity
- Gender Expression
- Sexual Orientation
Trans terminology: Four core concepts
(Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015)

• Sex Assigned at Birth
  – A combination of biological markers (chromosomes and hormones) and anatomic characteristics (reproductive organs and genitalia). Impacted by legal, policy, cultural and social issues.

• Gender Identity
  – A person’s internal sense of their own gender.

• Gender Expression
  – How one externally manifests their gender identity through behavior, mannerisms, speech patterns, dress, and hairstyles.

• Sexual Orientation
  – Distinct from gender identity and expression. Describes a combination of attraction, behavior and identity for sexual and/or romantic partners.
Trans Umbrella

Trans man (FTM)
Trans woman (MTF)
Genderqueer
Gender non-conforming

Male
Female
Trans
Additional regional/cultural terms
### How many trans people are there in the U.S.?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Source</th>
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<tbody>
<tr>
<td>0.1%</td>
<td>California LGBT Tobacco Use Survey (2003 &amp; 2004)</td>
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<tr>
<td>0.2%</td>
<td>Los Angeles County (2012) – estimate</td>
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<td>0.3%</td>
<td>San Francisco County (2011) – estimate</td>
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<td>Williams Institute (2011) – average of previous studies</td>
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<tr>
<td>0.5%</td>
<td>Massachusetts landline survey (Conron, Scott, Stowell &amp; Landers, 2012)</td>
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Data collection recommendation

• The Center of Excellence for Transgender Health (www.transhealth.ucsf.edu) makes the following recommendation for trans-inclusive data collection:

• What is your current gender identity?
• What was your assigned sex at birth?
Data collection recommendation

www.transhealth.ucsf.edu

• What is your current gender identity? (check all that apply)
  – Male
  – Female
  – Trans man
  – Trans woman
  – Genderqueer
  – Additional: ______________

• What sex were you assigned at birth? (select one)
  – Male
  – Female
Trans health care: Primary care

• Barriers to care
  – National Transgender Discrimination Survey: 28% of 6,450 trans respondents reported harassment in medical settings; 50% reported having to teach their medical providers about trans care (Grant et al., 2012)

• General prevention and screening
  – Provide care for anatomy that is present while affirming the patient’s current gender identity (Center of Excellence for Transgender Health, 2011)

• A client’s anatomy should only be discussed if relevant to their treatment
Trans health care: Cross-sex hormone therapy (csHT)

• Not all trans people desire csHT and/or surgical intervention

• csHT is safe, with few long-term side effects (Asscheman, T’Sjoen & Gooren, 2014)

• csHT is not contra-indicated for ARV therapy (Center of Excellence for Transgender Health, 2011)

• Clients should be allowed to continue (or start) csHT in treatment programs
Trans health care: Professional organizations in support of trans care
(Lambda Legal, 2013)

• American Academy of Family Physicians
• American Academy of Physician Assistants
• American College of Nurse Midwives
• American College of Obstetricians and Gynecologists
• American Medical Association
• American Psychological Association
• American Public Health Association
• National Association of Social Workers
• National Commission on Correctional Health Care
• World Professional Association for Transgender Health
Mental Health

• Trans people report significantly worse mental health than non-trans people (Newfield, Hart, Dibble & Kohler, 2006; Reisner et al., 2014)

• Negative mental health outcomes are associated with transphobia, including physical and psychological abuse and family rejection (Nuttbrock et al., 2014; Simons et al., 2013)

• Hormone therapy improved quality of life scores among a sample of trans men (Newfield, Hart, Dibble & Kohler, 2006)
Trans people & substance use

- 69% Trans female youth reported recent drug use (Rowe, Santos, McFarland & Wilson, 2015)

- 76% Trans women reported recent substance use (Nuttbrock et al., 2014)

- 70% Trans men reported current substance use (Reisner, White, Mayer & Mimiaga, 2014)
Factors associated with substance use among trans people

- Depression (Nuttbrock et al., 2014)
- PTSD (Rowe et al., 2015)
- Sex work (Hoffman, 2014; Birth-Melander et al., 2010)
- Gender-related discrimination (Rowe et al., 2015; Reisner, Gamarel, Nemoto & Operario, 2014; Nuttbrock et al., 2014)
Trans people & substance use (cont’d)

In treatment programs, trans clients report:

• Experiencing more transphobia from treatment program staff than from other clients
• Programs do not address trans issues
• Being required to use sleeping and shower facilities inconsistent with their current gender identity

(Lombardi, 2007)
Special considerations

### Youth

- Bullying & school-based discrimination
  

- Substance use
  
  (Reisner et al., 2014; Rowe et al., 2015)

- Family acceptance/rejection
  
  (Ryan et al., 2010)

- Life stressors: incarceration, homelessness, sex in exchange for resources, difficulty in finding employment, difficulty accessing health care
  
  (Garofalo et al., 2006)

### Aging Populations

- Higher risk for poor physical health, disability, depression and perceived stress
  
  (Fredriksen-Goldsen et al., 2014)

- Social support issues
  
  (Witten, 2014)

- Avoidance of services due to previous negative experiences
  
  (Siverskog, 2014; Persson, 2009)
Stigma and Transphobia: The ecological model of health

<table>
<thead>
<tr>
<th>Policy</th>
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<td>Community</td>
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<tr>
<td>Institutional</td>
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<tr>
<td>Interpersonal</td>
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<tr>
<td>Intrapersonal</td>
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Stigma and Transphobia: Intrapersonal

- Internalized transphobia
- Low self-esteem
- Depression and self-harm
- Gender identity validation through external sources
Stigma and Transphobia: Interpersonal

- Family rejection
- Peer harassment/bullying
- Harassment from co-workers
- Rejection from potential romantic/sexual interests
Stigma and Transphobia: Institutional

• Health care
• Educational settings
• Employment discrimination
• Housing discrimination
• Correctional settings
• Religion
Stigma and Transphobia: Community

- Violence
- Norm of substance use
- Norm of sex work
- Social stigma
Stigma and Transphobia: Policy

- Trans panic defense
- Non-Discrimination Policies
- Name and gender changes
- Immigration laws
Protective factors

<table>
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<tr>
<th>Category</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>Policy</td>
<td>- Non discrimination policies (employment, schools, public accommodations, etc.)</td>
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<tr>
<td>Community</td>
<td>- Community involvement</td>
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<tr>
<td></td>
<td>- Community acceptance</td>
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<tr>
<td>Institutional</td>
<td>- Competent health care providers</td>
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<td>- Education of police</td>
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<tr>
<td>Interpersonal</td>
<td>- Social support</td>
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<td>- Family acceptance</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>- Self esteem</td>
</tr>
<tr>
<td></td>
<td>- Gender affirmation</td>
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Intersectionality

- Gender
- Race/ethnicity
- Class
- Sexuality
Clinical considerations in service settings

• Gender segregated facilities
• Identity documents
• Staff competence
• Appropriate clinical assessment versus curiosity/ignorance
• Bullying/victimization from other clients
• Electronic health records
Treatment recommendations

• Use the client’s preferred pronouns and name when talking to/about transgender individuals.

• Allow trans clients to use bathrooms, showers and sleeping facilities based on their current gender identification.

• Allow trans clients to continue the use of hormones in treatment. Advocate that the trans client using “street” hormones get immediate medical care and legally prescribed hormones.
Treatment recommendations (cont’d)

• Get clinical supervision if there are issues or feelings about working with trans individuals.
• Take required training on trans issues.
• Require all clients and staff members to create and maintain a safe environment for all transgender clients. Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.
Contact Information

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- 415-476=6146
References

References


References