

How inclusive are we? A trans perspective on alcohol and drug services in Scotland

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**SHAAP/SARN 'Alcohol Occasional' Seminar
Tuesday, 24th January 2017, The Royal College of Physicians of Edinburgh**

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about new alcohol-related topics and discuss and debate implications for policy and practice. The current theme for the seminars is "Alcohol and Health Inequalities". Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

In this seminar Maund gave a testimonial about her experience of being a trans woman who has also faced alcohol and prescription drugs addition, and Valentine presented the details of the findings of a survey conducted by the Scottish Trans Alliance into transgender inclusion in drug and alcohol services.

Maund emphasised that, although other trans people may have similar experience to her own, individuals have their own personal journeys. She explained that although born with a male body, she had felt that she was a woman from childhood, when she was



Oceana Maund and Vic Valentine of the Scottish Transgender Alliance

already dressing up with girl's clothes. At some point still during her childhood, she explained, she was told that it was inappropriate for her dress up like a girl, which made her feel ashamed and isolated, and such feelings became worse during puberty, when she also started experimenting with alcohol in order to manage her suffering.

In those pre-Internet times, Oceana explained that it was very difficult to find information about what she was going through, and the feeling that she was the only person in her situation added to her unhappiness. Still living as a man, she went on to marry a woman with whom she had a child. After the break-up of the marriage, Oceana decided to undergo therapy to transition from man to woman.

She explained that she had been avoiding looking for help to treat alcoholism, because of worries of being mistreated, but when she actually used the services she was generally well received, although the staff did not know much about trans people. She concluded that the fear of being mistreated perhaps would be stopping other transgender people from accessing services, and it was then that she approached health agencies in North Ayrshire to see what could be done, and their partnership led to the survey, whose details would be presented next by Valentine.

This was an online survey open to any trans person living in Scotland, Valentine explained, which was focused on people's use of alcohol or other drugs, the way in which

their trans identity impacted on their substance use, as well as their concerns about approaching - or experiences of using - specialist services. The report of the survey is intended to be useful for addiction and recovery services across Scotland.

The survey had 202 qualified respondents, including 'trans women', 'cross-dressers', 'trans men', 'non-binary persons', living in places in the most diverse regions. 99% of the respondents had drunk alcohol, and 35% of these said that their alcohol consumption had become problematic. The findings also indicated that 26% of the respondents had used illegal drugs, and that, among these, 16% said that their use had become problematic. When compared with findings from research with the wider population, Valentine explained, trans people in Scotland seem to have higher rates of alcohol and drug use. The survey findings showed that 50% of the respondents said that they had been using alcohol or other drugs to cope with gender dysphoria, social anxiety, relationships and sex due to being trans, as well as difficulties in accessing the help they need as a trans person, such as long waiting times for gender identity clinics.

Other survey findings included reports of anxiety about approaching alcohol or other drug services, due to the expectation that these would know very little about trans issues, as well as the fear of different forms of harassment and even physical violence. Respondents also indicated that they feared that their trans-specific healthcare, such as access to hormones and surgeries, would be stopped if they talked about their substance addiction. Only a small number of respondents had engaged with recovery or addiction services, and, according to their answers, trans people's concerns about using services were more commonly based on fears and expectations rather than actual experiences, although some reported that they had been addressed by their birth pronoun, rather than by the one associated with the new gender identity.

The report recommends that staff working in different services, including GP practices need to become aware that trans people seem to be a group using alcohol or other drugs at higher problematic rates than the general population. Such knowledge can be acquired through training which can also explore the type of language and questions it is appropriate to ask trans people.

Another main recommendation is that services need to ensure that trans people know they will be welcomed even before they visit, through information on leaflets, websites and posters stating that all people are welcome, including trans people. The report also suggests that addiction services should promote themselves in trans community spaces, both online and offline, with messaging aimed at trans people, to let them know that services are welcoming, knowledgeable, and supportive of their needs.

After their presentation, Maund and Valentine discussed the survey findings with the audience, and, among the initial comments, discussants indicated that drugs and alcohol services do not seem to cope well with some other groups, such as women, gay men, young people and women in general. Discussants welcomed the idea of providing specific training to service providers, and suggested that making an effort to get services right for trans people, could end up benefiting the treatment of the other groups dealing with discrimination.

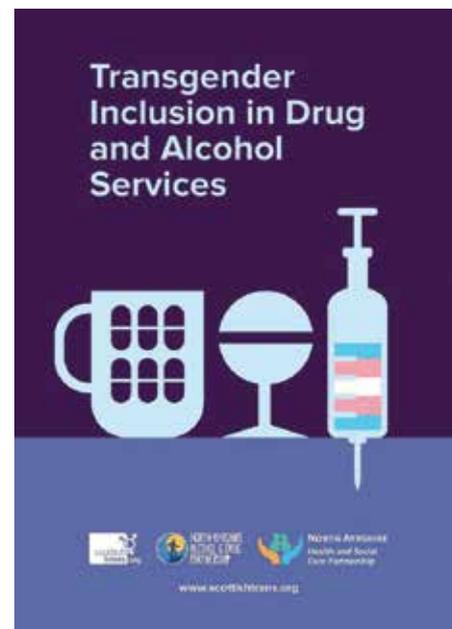
Commentators also remarked that there is division and discrimination even within the LGBT community, but there was a belief that recovery services users, who are already dealing with their own addiction problems, might not be more trans-phobic than the general population.

There were also a discussion about the difficulties faced by trans people wanting to have clinical transition treatment while also facing addiction problems, and it was suggested that, in such cases, patients might hide their problematic substance use for

fear that this might hinder or stop clinical treatment to transition. Maund mentioned that she had to wait a long time for referral to receive the necessary treatment to transition, and this had a negative impact on her addiction. Discussants seemed to agree that clarity needs to be provided from health providers about whether engagement with addiction services will have an impact on access to trans-specific healthcare, and that this needs to be communicated to trans people.

Regarding how to address trans people, Valentine commented that trans people themselves are aware that people get confused, and that, if in doubt, it is fine to clarify which pronoun to be used.

During the final comments, a discussant remarked that people talk about their substance use differently depending on context, and that trans people, like the general population, probably would have expressed positive experiences about their drinking, if they had been asked about their experiences outside recovery services contexts. The seminar was closed with the participants thanking the presenters for the very clear list of recommendations.



The full report can be accessed through: www.scottishtrans.org/alcohol-and-drug-services