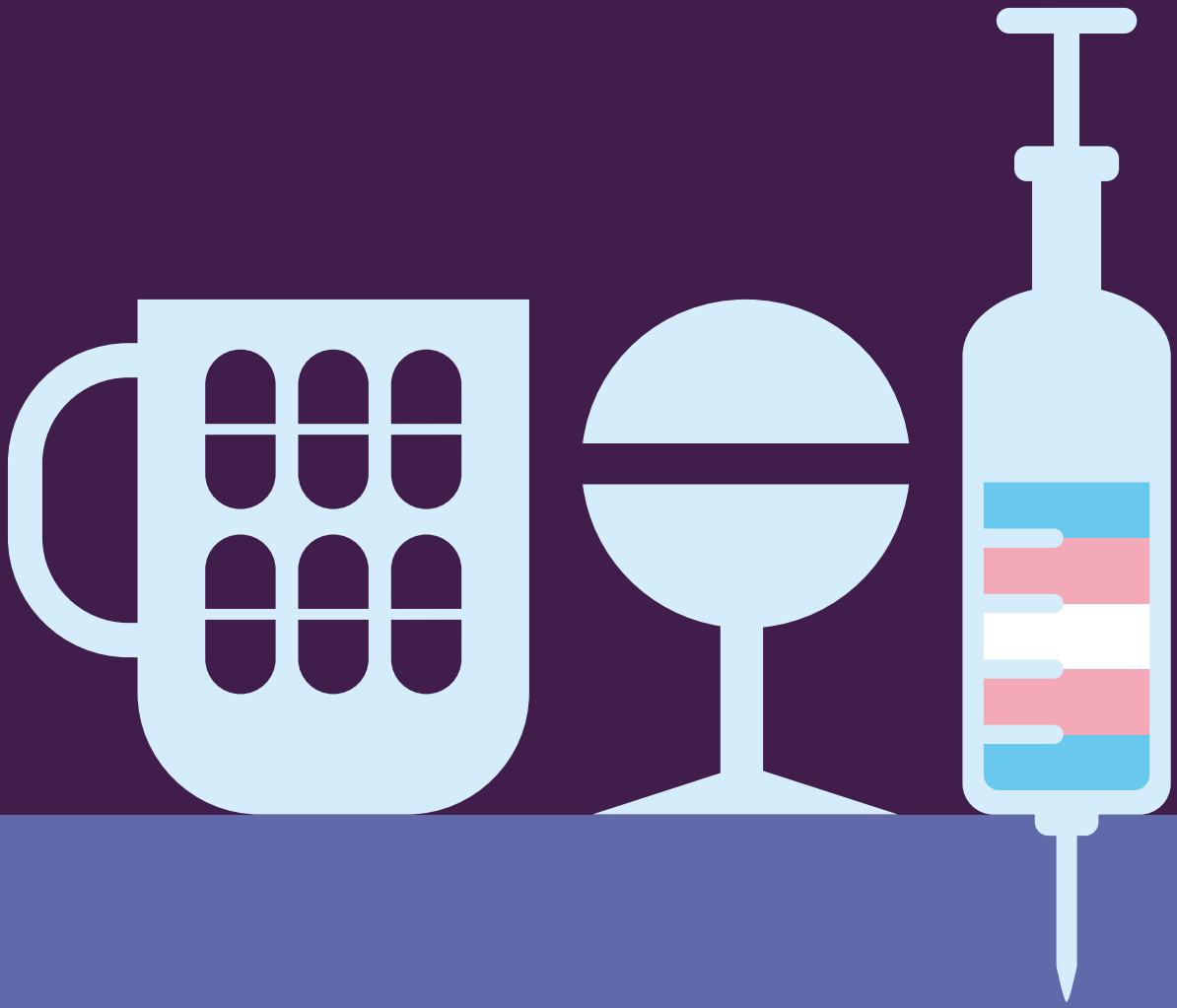
# Transgender Inclusion in Drug and Alcohol Services



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North Ayrshire Health and Social Care Partnership

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With thanks to **SHAAP** for all their help publicising and distributing the research.

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**Not sure about any of the language used in this report? Please check the glossary at the back!**

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# INTRODUCTION

This report details the findings of a survey conducted by the Scottish Trans Alliance into transgender inclusion in drug and alcohol services. The survey was open to any trans person living in Scotland. For the purpose of the survey, trans was identified as:

> "an umbrella term for all people whose gender identity or gender expression is different to the one assigned to them at birth, including trans men, trans women, non-binary people, and cross-dressing people."

The survey focused on three main areas; people's use of alcohol or other drugs, the way in which their trans identity impacted on their use of alcohol or other drugs, and their concerns about approaching or experiences of using specialist services.

We wish to acknowledge that this project came about as a result of an individual member of the trans community suggesting the need for a piece of work focusing on trans inclusion within addiction and recovery services. This progressed to initial meetings between the Scottish Trans Alliance, North Ayrshire Alcohol and Drug Partnership (NAADP) and the North Ayrshire Health & Social Care Partnership (H&SCP), to discuss this individual's experience of using services in North Ayrshire and the opportunity to be more inclusive in engaging with the trans community.

The survey was developed with two main motivating factors.

With very little existing research in this area the survey was intended to investigate and provide further information. In 2012 Scottish Trans Alliance produced the Trans Mental Health Study, which indicated that the trans community were a group who were potentially more likely to experience problematic use of alcohol than the general population. 62% of participants in the Trans Mental Health Study reported drinking outside government guidelines, compared to 40% of the general population (2012: 61, Scottish Health Survey 2012/14).

From a local context, NAADP had identified trans people as a group that they felt they were not reaching with their services, through the Equality Impact Assessment. The survey was considered useful for finding better ways of engaging with this community moving forward. Commissioning work to look into how they could better engage with trans people is also in keeping with the 'Preventing Harm, Promoting Recovery' Strategy for the Partnership running from 2015-2018, which sets the target of working towards a whole population approach.

The NAADP reporting function is directly aligned to the North Ayrshire H&SCP. The H&SCP Vision is 'All people who live in North Ayrshire are able to have a safe, healthy and active life'. In order to deliver the H&SCP vision the five priorities consist of:

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

Further ADP information and access to documents can be found at **www.naadp.com**.

The intention was that the information could be used so that NAADP and the Scottish Trans Alliance could move forward in partnership to develop best practice regarding trans inclusion in addiction and recovery services.

The report is intended to be useful for addiction and recovery services across Scotland. If you would like any further information about anything included in this report, or to organise trans inclusion training for your organisation, please contact the Scottish Trans Alliance.

There is a glossary of terms at the back of the report, which should clarify any terminology you are unsure of.

# METHODOLOGY

A survey method was decided on as a suitable way of reaching a large number of people. The survey was designed over the course of a number of redraftings, with collaboration between the Scottish Trans Alliance and North Ayrshire Alcohol and Drug Partnership to ensure that the questions asked reflected the expertise of both organisations. In particular, alcohol and other drug use questions were modified to ensure that they were asked in a gender neutral way. The survey was also designed to be as accessible and quick to complete as possible, so the questions around alcohol and other drug use were streamlined as much as was appropriate.

The survey was opened in mid-November 2015. Initially it was intended for it to be open for twelve weeks, but this period was extended to allow for the survey to be advertised at relevant community events. It was closed in mid-March 2016.

The survey was available to complete online, and was hosted on SurveyMonkey. It was publicised extensively via social media, particularly by Scottish Trans Alliance. North Ayrshire Health and Social Care Partnership paid for the design of an A4 poster, an A5 flyer and two social media graphics to promote the survey. The A4 posters were sent out to each GP surgery in Scotland thanks to the help of Scottish Health Action on Alcohol Problems, alongside a letter addressed to the Nurse Practitioner of each Practice explaining who the survey was for and what its aims were. The A5 flyers were distributed by North Ayrshire Alcohol and Drug Partnership in North Ayrshire, in places such as pharmacies and other community settings. The posters were also taken to the Ayrshire-wide conference “Translating LGBT+”. LGBT Health included information about the survey in each of their monthly “T monthly” newsletters during the period in which the survey was open. The survey was also publicised in several online forums, aimed at a range of different communities under the trans umbrella. The survey was also promoted via the email networks of both Scottish Trans Alliance and

North Ayrshire Alcohol and Drug Partnership. The survey was available in a paper format, although no participants contacted us to request this version.

The survey had 638 responses. The data was filtered to remove any responses from people who were not trans, responses from outside of Scotland, and any responses where people had only answered demographic questions, but no questions about their experiences. This left a sample size of 202 people. Throughout this report, the particular number of respondents to individual questions will be specified, so it is clear how many people subsequent statistics refer to.

The report presents all quantitative findings as percentages, in order to make them as accessible as possible. Figures quoted in the text are sometimes rounded to the nearest percent, so this means in some cases numbers may not total 100. Many of the quantitative findings are expanded on using the qualitative responses of participants. We have aimed to include as many direct quotes as possible (although spelling mistakes have been corrected for ease of reading), to ensure that the voices of participants are highlighted. Qualitative questions were analysed using narrative analysis, and grouped into common themes where possible.

# DEMOGRAPHICS

The first question in the survey asked participants if they identified as trans or having a trans history. All respondents who answered “No” to this question were taken to a disqualification page. Respondents answering “Unsure” were allowed to complete the survey, and these respondents made up 12.5% of the sample, with 87.5% answering “Yes”.

The second question in the survey asked if people lived in Scotland – again, all respondents who answered “No” to this question were taken to a disqualification page.

## GENDER IDENTITY

**Q3.** How would you describe your gender identity (n 189)?

| | Number | Percent |
|---|---|---|
| Trans woman (including MTF, transsexual woman, etc.) | 34 | 18.0% |
| Cross-dressing person | 28 | 15.0% |
| Trans man (including FTM, transsexual man, etc.) | 25 | 13.0% |
| In another way | 21 | 11.0% |
| Transvestite | 19 | 10.0% |
| Non-binary | 18 | 9.5% |
| Female | 16 | 8.5% |
| Male | 16 | 8.5% |
| Genderfluid | 13 | 7.0% |
| Trans/transgender | 13 | 7.0% |
| Unsure | 10 | 5.0% |
| Genderqueer | 5 | 2.5% |
| Agender | 4 | 2.0% |
| Transsexual | 4 | 2.0% |

This question was asked as a free text box, where respondents could write in their own language how they describe their gender identity. Answers were then coded into the above categories. Some respondents described their identities using a variety of terms that fit into different categories – this is why the number of responses recorded exceeds the number of respondents to the question. The coded categories reflect groupings of people's text answers and not a count of people who specifically used terms – so for example in the "trans woman" category respondents entered things such as "MTF", "transsexual woman", "a woman who was assigned male at birth" etc.

## SEXUAL ORIENTATION

**Q4.** How would you describe your sexual orientation (n 202)?

| | Number | Percent |
|---|---|---|
| Bisexual | 94 | 46.5% |
| Heterosexual | 36 | 17.8% |
| Queer | 34 | 16.8% |
| Pansexual | 33 | 16.3% |
| Unsure | 25 | 12.4% |
| Lesbian | 24 | 11.9% |
| Asexual | 19 | 9.4% |
| Gay | 18 | 8.9% |
| Other | 15 | 7.4% |

The entire sample answered the question about sexual orientation. The most selected answer was "Bisexual", with 46.5% of respondents selecting this term. Although 7.5% of respondents selected "Other", no terms given in the "other please specify" box reached more than 1% of the sample, so were not coded.

## INTERSEX STATUS

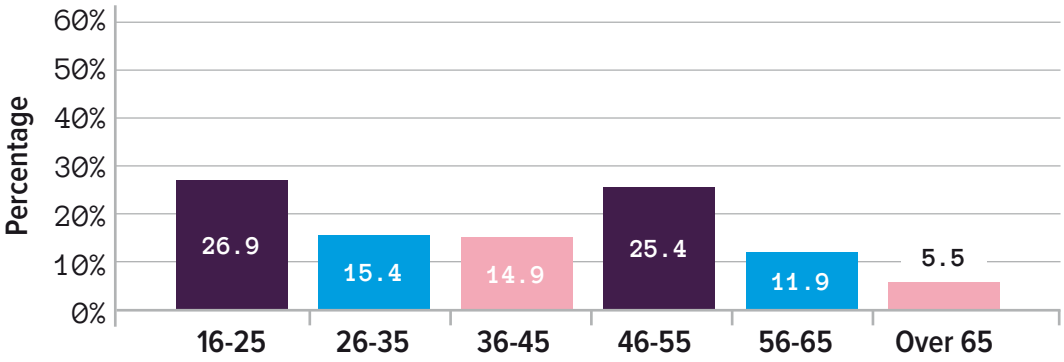
**Q5.** Do you consider yourself to be an intersex person (n 200)?

| | Number | Percent |
|---|---|---|
| Yes | 28 | 14.0% |
| No | 130 | 65.0% |
| Unsure | 42 | 21.0% |

When analysing the comments left by respondents alongside the answer they had selected, answers were recoded from respondents who had selected “yes” but then left text comments that clearly demonstrated they were trans, and were using the term intersex to describe their sense of themselves as being in the “wrong body”. Even after this recoding, there is still a very high number of respondents answering yes – which would suggest that a large number of respondents were unclear on what the term intersex meant, as it is very unlikely that 14% of the sample would be intersex (n 200). Similarly, that 21% of respondents were ‘unsure’ would indicate a lack of understanding around this question. In the future, it may be better to have an explanation of the word intersex alongside the question, to try and minimise the possibility of inaccurate responses.

## AGE

**Q6.** How old are you?




There was a fairly even spread of ages of respondents, with the main difference from UK averages being seen at the top and bottom of the age group ranges. 27% of respondents were aged 16-25, compared to 13% of the UK population who are aged 15-24 (UK Census, 2011). 25% of respondents were aged 46-65 (n 201), compared to 26% of the UK population who are aged 45-64 (UK Census, 2011). 30.5% of our respondents were aged 26-45 (n 894), compared to 27% of the UK population aged 25-44 (UK Census, 2011). 5.5% of respondents were aged over 65, which is significantly lower than the 16.5% of the UK population aged over 65 (UK Census, 2011).

One possible explanation for this could be the methods used to reach participants and publicise the survey, which were largely online. Another explanation could be that as discrimination and stigma around trans identities has decreased significantly in recent years, younger people are more likely to identify as trans, or to feel more comfortable engaging with research around trans identity.

The large number of younger people responding to the survey means that the findings are also likely to be useful in considering how recovery and addiction services can better engage with young people, particularly trans young people.

## ETHNICITY

**Q7.** How would you describe your ethnicity (n 200)?

| | Number | Percent |
|---|---|---|
| White Scottish / English / Northern Irish / Welsh / British | 184 | 92.0% |
| Any other White background, please specify below | 6 | 3.0% |
| Mixed / multiple ethnic groups: White and Asian | 3 | 1.5% |
| White Irish | 2 | 1.0% |
| White Gypsy or Irish Traveller | 1 | 0.5% |
| Mixed / multiple ethnic groups: White and Black Caribbean | 1 | 0.5% |
| Any other Mixed / multiple ethnic background, please specify | 1 | 0.5% |
| Asian / Asian British: Indian | 1 | 0.5% |
| Any other ethnic group, please specify below | 1 | 0.5% |

96.5% of respondents were from White backgrounds (n 200). This compares to 96% of the population of Scotland (Scottish Census 2011). 2.5% of respondents were from mixed ethnic groups (n 200). This compares to 0.4% of the population of Scotland (Scottish Census 2011). 0.5% of respondents were from Asian/Asian British backgrounds (n 200). This compares to 3% of the population of Scotland (UK Census 2011, Scottish Census 2011). No respondents were from Black/Black British backgrounds (n 200). This compares to 0.7% of the population of Scotland (Scottish Census 2011). 0.5% of respondents were from any other ethnic group (n 200). This compares to 0.3% of the population of Scotland (Scottish Census 2011). In the future, it would be worthwhile to try and engage with trans people of colour to ensure that their particular experiences of alcohol and drug use, and use of recovery services, could be explored.

## RELIGION AND BELIEF

**Q8.** How would you describe your religion or belief (tick as many as apply) (n 198)?

| | Number | Percent |
|---|---|---|
| No religion | 125 | 63.1% |
| Christian | 56 | 28.3% |
| Any other religion / belief | 8 | 4.0% |
| Pagan | 7 | 3.5% |
| Buddhist | 6 | 3.0% |
| Jewish | 2 | 1.0% |
| Muslim | 1 | 0.5% |

The vast majority of respondents, 63%, said that they had no religion (n 198). This is significantly higher than the general population, with only 37% of people in Scotland saying that they had no religion (Scottish Census 2011).

Two religions or beliefs were overrepresented in our respondents compared to broader population data. These included the 7.5% of respondents who described their religion or belief as 'Other', including 3.5% of respondents who described their religion or belief as 'Pagan' (n 198). This compares to only 0.3% of the population of Scotland who selected 'Other' religions or beliefs (Scottish Census 2011). 3% of respondents also described their religion as 'Buddhist' (n 198). This compares to 0.2% of the population of Scotland who describe their religion in this way (Scottish Census 2011).

## DISABILITY

**Q9.** Do you consider yourself to be disabled or have a long term health problem?

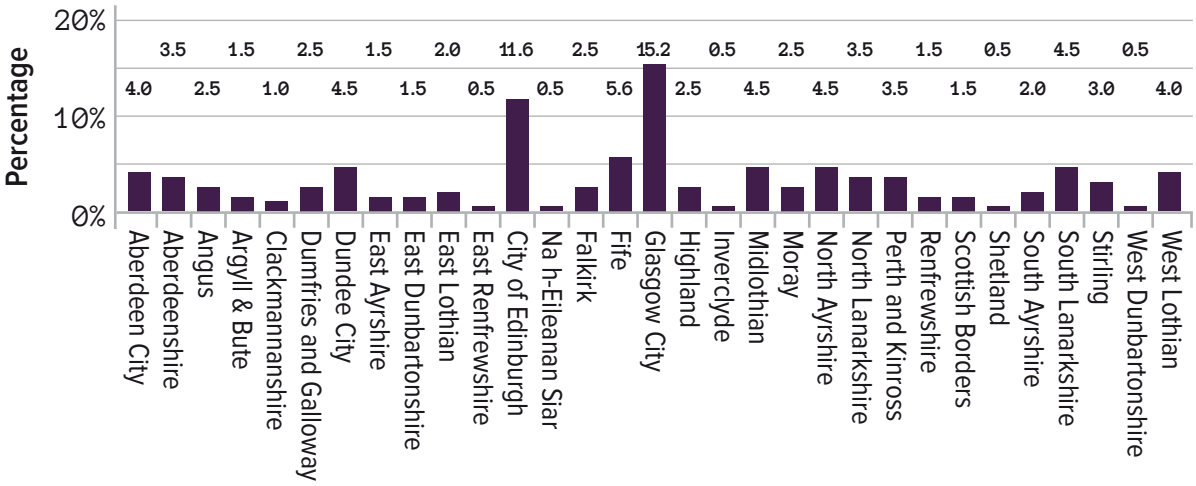
27% of respondents answered “yes” to a question on whether they considered themselves disabled or as having a long term health problem. 66% answered ‘no’, and 7% answered ‘unsure’ (n 200). It is difficult to compare this to Scottish-wide data, where the census records what percentage of households are composed of at least one person with a disability – which is 35% (Scottish Census 2011).

| | No of cases | Text Responses % (44) | Yes / Unsure Responses % (69) |
|---|---|---|---|
| Mental health | 24 | 54.5% | 35.0% |
| Neurodiversity | 10 | 23.0% | 14.5% |
| Physical health | 21 | 47.5% | 30.5% |

Where people gave details on their type of disability or long term health problem, these were sorted into three broad groups – mental health (i.e. anxiety, depression), neurodiversity (i.e. autism, dyslexia) and physical health (i.e. diabetes, wheelchair user). 44 respondents gave text responses to this question, although some may have left answers which could go into more than one category – hence why the number of cases is greater than 44.

## WHERE DO YOU LIVE?

**Q10.** Where do you live (n 198)?

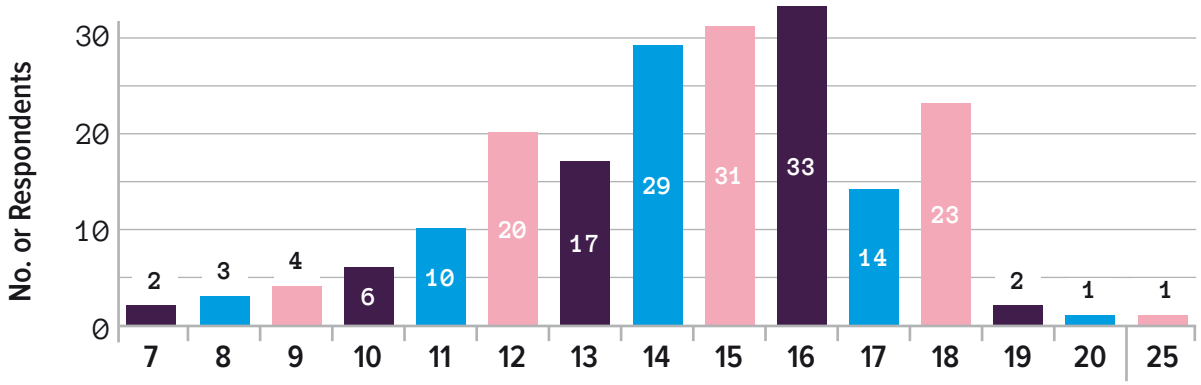



Respondents came from 31 of the 32 Local Authorities in Scotland, with Orkney the only area with no respondents. 4.5% of respondents came from North Ayrshire despite only 2.5% of the population of Scotland living in this area – most likely due to the additional publicity done by North Ayrshire Alcohol and Drug Partnership (Scottish Census, 2011). The greatest number of respondents, 15%, came from Glasgow City, followed by the City of Edinburgh, where 11.5% of respondents lived (n 198).

# ALCOHOL, DRUG, AND NEW PSYCHOACTIVE SUBSTANCE USE

## Youngest age of alcohol and other drug use

**Q11.** If you have ever drunk alcohol, at what age did you first drink alcohol (n 199)?




99% of respondents had drunk alcohol at some point in their life (n 199). 31% of respondents had tried alcohol by the time they were 13, very similar to the figure of 32% of 13 year olds who had tried alcohol in the Scottish Schools Adolescent Lifestyle and Substance Use Survey (2013).

61% of respondents had tried alcohol by the time they were 15 – this is somewhat lower than the figure of 70% recorded in SALSUS 2013. 1% of respondents answered “n/a” and are not displayed on this graph (n 199).

**Mean age at which people had first drunk alcohol (n 197):** 14.5

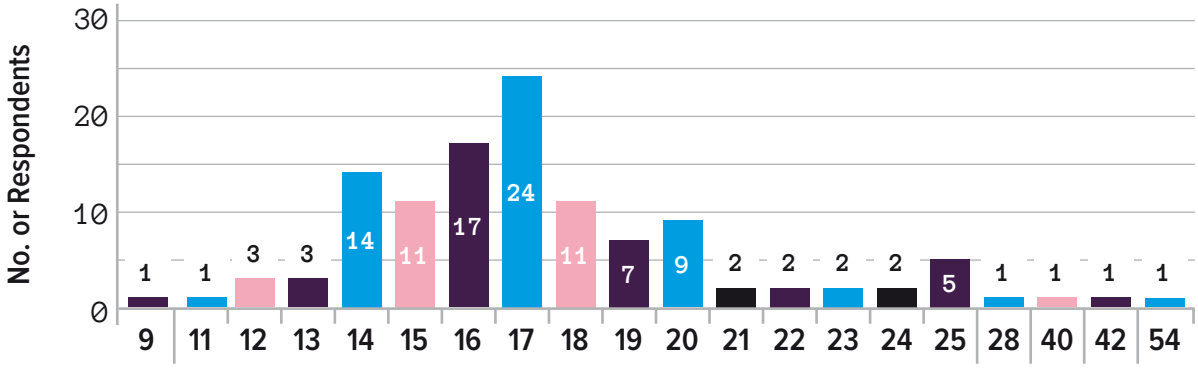
**Median age at which people had first drunk alcohol (n 197):** 15

**Range of age at which people had first drunk alcohol:** 18

The mean and median ages at which people had first drunk alcohol were similar, reflecting the fact that there was a quite small range of ages at which people had first drunk alcohol, that were largely bunched together between the ages of 12 and 16 years old. The two people in the 25 category gave the text answers “early twenties” and “late twenties”, so were combined into the single group 25. One respondent was marked

down at 15 as they said “mid-teens”. Anyone who gave an age range or age variable answer (i.e. 13-14, 8/9) was marked in the youngest age they had given.

**Q12.** If you have ever tried drugs, at what age did you first try them (n 118)?




67% of respondents had tried drugs at some point in their life (n 176). This is significantly higher than the proportion of adults across Scotland reporting having tried drugs at some point in their lifetime, which was 23% (Scottish Crime and Justice Survey, 2013). 33% of respondents answered “n/a”, and are not displayed on this graph (n 118).

**Mean age at which people first tried drugs (n 118):** 18

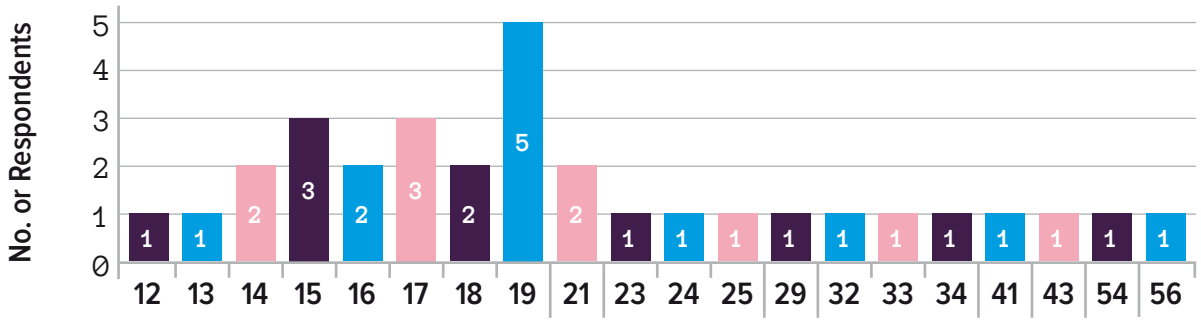
**Median age at which people first tried drugs (n 118):** 17

**Range of age at which people had first tried drugs:** 45

The range of ages at which people had first tried drugs was significantly greater than the range of ages at which people had first drunk alcohol. The mean and median ages at which people had tried drugs were very similar – this is because although there was a much greater range of ages at which people had first tried drugs compared to alcohol, these were relatively evenly spread, and bunched around 14 to 18 years old.

One respondent was marked down as 25 as they said “mid twenties”. Anyone who gave an age range or age variable answer (i.e. 13-14, 8/9) was marked in the youngest age they had given.

**Q13.** If you have ever tried new psychoactive substances, at what age did you first try them (n 129)?




25.5% of respondents had tried new psychoactive substances (NPS) at some point in their lives (n 129). This is significantly smaller than the number of respondents who had tried either alcohol or other drugs. There is no population-wide data to compare the prevalence of use of new psychoactive substances to. 74.5% of respondents answered "n/a" and 1% of respondents indicated they had tried NPS but didn't give an age – these are not displayed on this graph (n 129).

**Mean age at which people first tried NPS (n 32):** 23.5

**Median age at which people first tried NPS (n 32):** 19

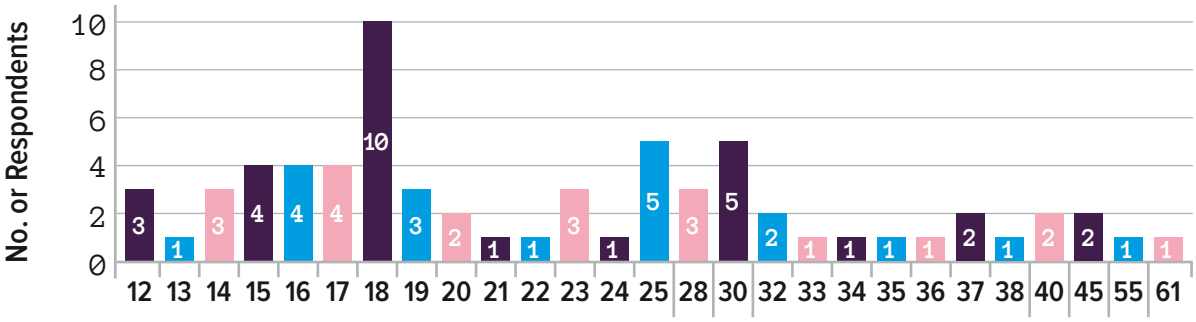
**Range of ages at which people first tried NPS:** 44

The mean and median ages at which people had first tried NPS were both older than the first age at which people had either drunk alcohol or tried other drugs. The range of ages at which people had first tried NPS was higher than for alcohol, but very similar to the age range for other drugs. That the median age at which people first tried NPS is significantly lower than the mean demonstrates that the average age was increased by outlying responses from respondents trying NPS for the first time at a much later age.

Anyone who gave an age range or age variable answer (i.e. 13-14, 8/9) was marked in the youngest age they had given.

## Age at which alcohol or other drug use became problematic

**Q14.** If you think your alcohol use became problematic, what age were you (n 140)?




197 people told us they had drunk at some point in their life, and 68 respondents then gave an age at which they felt their drinking became problematic – this represents 34.5% of respondents for whom we have data. 49% of respondents said "n/a", 0.5% were unsure if it was problematic and 1.5% didn't consider their use problematic but said it was "heavy" – these are not displayed on the graph (n 140).

**Mean age at which people thought their alcohol use became problematic (n 68):** 24.5

**Median age at which people thought their alcohol use became problematic (n 68):** 20.5

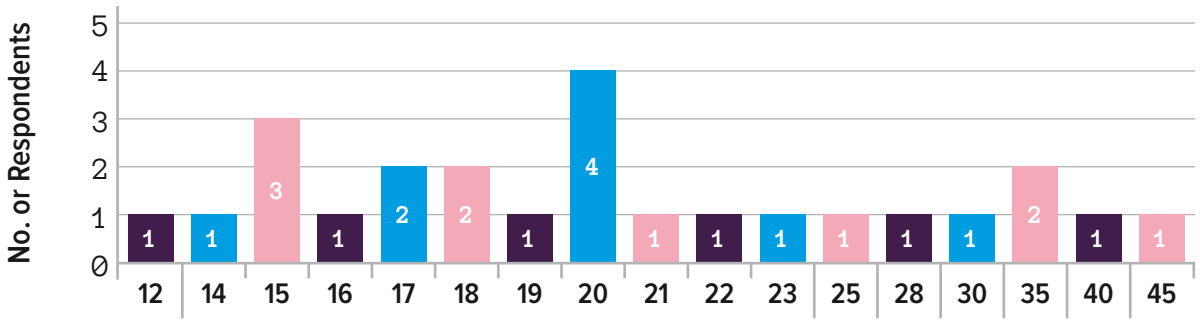
**Range of ages at which people thought their alcohol use became problematic:** 49

The mean age at which people felt their alcohol use became problematic was somewhat higher than the median age at which people felt this was the case – demonstrating that respondents who felt their alcohol use became problematic at much older outlying ages increased the average. The range of ages at which people felt their alcohol use became problematic was more than double the range of ages at which people had first tried alcohol – showing a much greater variation in these two occurrences for respondents.

One person said in their twenties, so was put in the 25 category, and another person said in their late twenties, so was put in the 28 category. One person said in their forties so was put in the 45 category. Another person said in their fifties, so a 55 category was made for them.

Anyone who gave an age range or age variable answer (i.e. 13-14, 8/9) was marked in the youngest age they had given.

**Q15.** If you think your drug use became problematic, what age were you (n 111)?




118 respondents told us they had used drugs at some point in their life, and 25 respondents then gave an age at which they felt their drug use became problematic – this represents 21% of respondents for whom we have data. 76.5% of respondents answered "n/a", and 1% didn't consider their use problematic but said it was "heavy" – these are not displayed on the graph (n 111).

**Mean age at which people felt their drug use became problematic (n 25):** 22.5

**Median age at which people felt their drug use became problematic (n 25):** 20

**Range of ages at which people felt their drug use became problematic:** 33

The mean age at which people felt their drug use became problematic was younger than the mean age at which people felt their alcohol use had become problematic, although the medians were very similar. The mean age at which people felt their drug use became problematic

was higher than the median due to those respondents reporting this happening at an outlying older age.

Respondents who reported having tried drugs reported a mean age of 18 for trying them for the first time, and then those who felt their drug use become problematic reported this happening at a mean age of 22.5 years – a gap of 4.5 years. By contrast, respondents who had tried alcohol reported a mean age of 14.5 for drinking for the first time, and then those who felt that their alcohol use became problematic reported this happening at a mean age of 24.5 – a gap of ten years. This would seem to indicate that for those respondents whose alcohol or other drug use became problematic, this happened after much fewer years for people developing a problematic use of drugs.

**Q16.** If you think your new psychoactive substance use became problematic, what age were you (n 101)?

32 respondents told us they had used NPS at some point in their life, and five respondents then gave an age at which they felt their NPS use became problematic – this represents 15.5% of respondents for whom we have data. 93% answered “n/a”, 2% gave an other response, and 1% said their use was problematic but no age was given (n 101).

**Mean age at which people felt their NPS use became problematic (n 5):** 19

**Median age at which people felt their NPS use became problematic (n 5):** 16

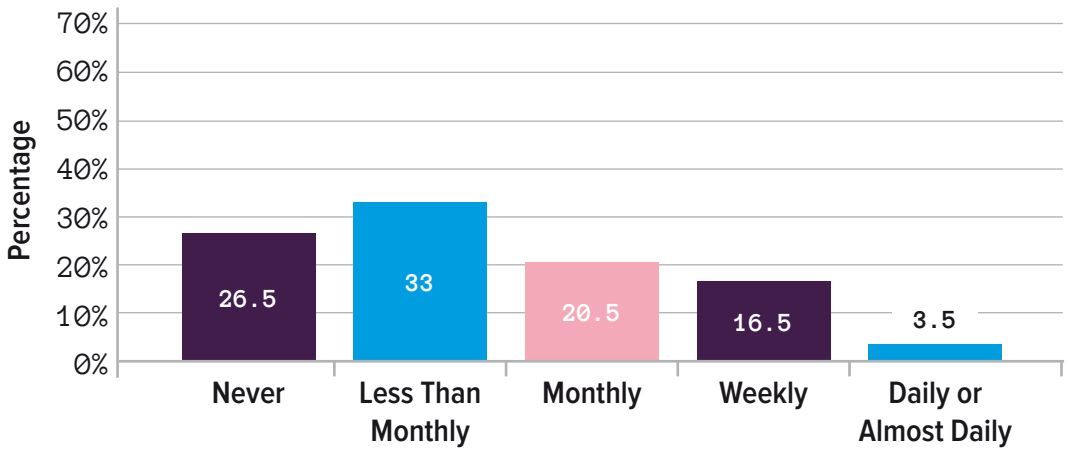
**Range of ages at which people felt their NPS use became problematic (n 5):** 15

It is difficult to draw any conclusions about why there may be a difference in the mean and median ages at which people felt their NPS use became problematic due to the small number of respondents who said this was the case.

## AUDIT QUESTIONS

This section of the survey used questions from the Alcohol Use Disorders Identification Test (AUDIT), which is frequently used as a measure of people's alcohol use. However, some questions were adapted to ask survey participants about their use of all drugs, rather than specifically alcohol. Throughout this section, it will be made clear when the questions have been altered in this way to ask about wider drug use.

**Q17.** How often do you have 6 or more drinks on one occasion (n 200)?




Respondents were more likely to have six or more drinks on one occasion than the general Scottish population. 26.5% of respondents never had six or more drinks on one occasion (n 200), compared to 37% of the Scottish population (Scottish Health Survey 2014). 33% of respondents reported having six or more drinks on one occasion less than monthly (n 200) – this was the same as the Scotland-wide figure (Scottish Health Survey 2014). 20.5% answered "Monthly" and 16.5% answered "Weekly" (n 200), compared to 18% and 11% respectively for the general public (Scottish Health Survey 2014). Conversely, 3.5% of respondents reported having six or more drinks on one occasion daily or almost daily (n 200) – this figure was 0% for the Scottish population (where the category is simply "Daily") (Scottish Health Survey 2014).

However, it is important to note that Scottish-wide data in response to this question was significantly different across age groups. To get a better comparison, a crosstabulation was done to see how responses to this question differed across age groups amongst respondents to the survey.

**Crosstabulation:** How old are you with how often do you have 6 or more drinks on one occasion (n 199)?

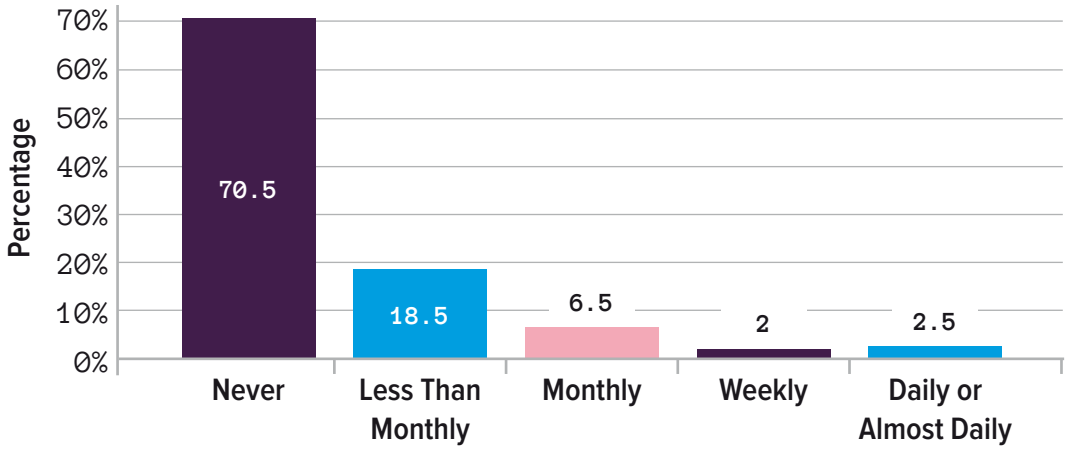
| | | 16-25 | 26-35 | 36-45 | 46-55 | 56-65 | 65+ | Total |
|---|---|---|---|---|---|---|---|---|
| How often do you have six or more drinks on one occasion? | Never | 11.1% | 32.3% | 30.0% | 32.0% | 17.4% | 63.6% | 26.1% |
| | Less than monthly | 40.7% | 29.0% | 33.3% | 34.0% | 30.4% | 9.1% | 33.2% |
| | Monthly | 24.1% | 19.4% | 16.7% | 20.0% | 26.1% | 9.1% | 20.6% |
| | Weekly | 22.2% | 19.4% | 20.0% | 6.0% | 17.4% | 18.2% | 16.6% |
| | Daily or almost daily | 1.9% | 0.0% | 0.0% | 8.0% | 8.7% | 0.0% | 3.5% |

When looking at a breakdown of the responses to this question by age, it becomes apparent that certain groups were much more likely to report drinking six or more drinks on one occasion compared to the general population, whereas other age groups of our respondents were much closer to or lower than the national averages. In particular, 8% of 46-55 year olds, and 8.5% of 56-64 year olds reported drinking “Daily or almost daily” amongst our respondents – these figures were 1% for both 45-54 year olds and 55-64 year olds in the general population (Scottish Health Survey 2014).

Only 11% of 16-25 year olds reported “Never” having six or more drinks on one occasion, compared to 21% of those aged 16-24 in the general population (Scottish Health Survey 2014). An even greater difference was seen in the number of 56-65 year olds reporting “never” having six or more drinks on one occasion – this represented only 17.5% of our respondents, but 51% of people aged 55-64 in the general population (Scottish Health Survey 2014).

The relationship between age and response to the question “How often do you have six or more drinks on one occasion?” was not shown to be statistically significant, however. This may be due to the relatively small numbers of certain age groups. Despite this, age certainly seems to be a factor in how respondents answered this AUDIT question.

**Q18.** How often during the last year have you failed to do what was expected of you due to alcohol or other drug use (n 199)?




This question was modified from the typical AUDIT question to include all drug use, rather than just alcohol use, which makes comparisons to general population data more difficult. However, respondents did seem to report significantly higher levels of having failed to do what was expected of them, with only 70.5% answering “Never” to this question (n 199), versus 92% of the Scottish population (Scottish Health Survey 2014). 18.5% of our respondents answered “Less than monthly” (n 199), compared to only 7% of the Scottish population (Scottish Health Survey 2014). 6.5% answered “Monthly” (n 199) compared to 1% of the Scottish population (Scottish Health Survey 2014). 2% answered ‘Weekly’ and 2.5% answered ‘Daily or almost daily” (n 199) – these were both 0% for Scotland-wide data (where the final category is “Daily”, rather than “Daily or almost daily”) (Scottish Health Survey 2014).

Scottish-wide data in response to this question was significantly different across age groups. To get a better comparison, a crosstabulation was done to see how responses to this question differed across age groups amongst respondents to the survey.

**Crosstabulation:** How old are you with how often during the last year have you failed to do what was expected of you due to alcohol and other drug use (n 198)?

| | | 16-25 | 26-35 | 36-45 | 46-55 | 56-65 | 65+ | Total |
|---|---|---|---|---|---|---|---|---|
| How often during the last year have you failed to do what was expected of you due to alcohol or other drug use? | Never | 45.3% | 60.0% | 76.7% | 82.0% | 95.8% | 90.9% | 70.2% |
| | Less than monthly | 32.1% | 30.0% | 16.7% | 10.0% | 0.0% | 9.1% | 18.7% |
| | Monthly | 15.1% | 3.3% | 6.7% | 4.0% | 0.0% | 0.0% | 6.6% |
| | Weekly | 3.8% | 6.7% | 0.0% | 0.0% | 0.0% | 0.0% | 2.0% |
| | Daily or almost daily | 3.8% | 0.0% | 0.0% | 4.0% | 4.2% | 0.0% | 2.5% |

When looking at a breakdown of the responses to this question by age, it becomes apparent that certain groups were much more likely to report failing to do what was expected of them due to drinking or other drug use compared to the general population, whereas other age groups of our respondents were much closer to or lower than the national averages.

In particular, only 45.5% of respondents aged 16-25 answered “Never” to this question, compared to 81% of this age group in the general population (Scottish Health Survey 2014). 4% of 16-25 year olds, 46-55 year olds and 56-64 year olds answered “Daily or almost daily” – each of the corresponding age groups in Scottish-wide data had a 0% response rate in this category (Scottish Health Survey 2014). 4% of 16-25 year olds and 6.5% of 26-35 year olds reported failing to do what was expected of them on a weekly basis – again, in Scottish-wide data the figure was 0% in this category for each age group (Scottish Health Survey 2014).

The relationship between age and response to the question “How often during the last year have you failed to do what was expected of you due to alcohol or other drug use?” was shown to be statistically significant, with age affecting how respondents answered this AUDIT question.

However, it is important to consider that the crosstabulated figures for our respondents to this question is failing to do what was expected of you during the last year due to alcohol **or other drug use**, whereas the population-wide figures are just for alcohol. Therefore the figures may be somewhat inflated because they include a wider range of substances that people are considering when answering the question.

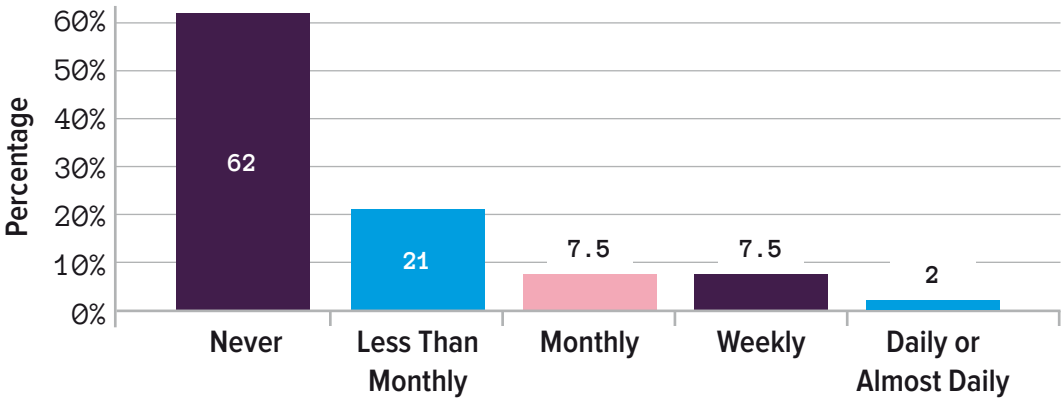
The data was then analysed to look at those respondents who had reported ever drinking alcohol, but who specified that they had never tried drugs or NPS, so that a better comparison could be made with population-wide data.

How often during the last year have you failed to do what was expected of you due to alcohol or other drug use? (All respondents who had tried alcohol and specified having not tried other drugs or new psychoactive substances n 49)

| | Number | Percent |
|---|---|---|
| Never | 43 | 87.8% |
| Less than monthly | 2 | 4.1% |
| Monthly | 4 | 8.2% |

Once those respondents who had only reported trying alcohol but not other drugs or NPS were separated, the figures were more similar to Scottish-wide data. 88% of these respondents answered “Never” (n 49) compared to 92% of the general Scottish population (Scottish Health Survey 2014). 4% said “Less than monthly” (n 49) compared to 7% of the general population, and 8% said “Monthly” (n 49) compared to 1% of the general population (Scottish Health Survey 2014). This group of respondents would still seem to fail to do what was expected of them due to drinking alcohol at slightly higher rates than the general population, but like Scottish-wide data, none of this group reported this happening “Weekly” or “Daily or almost daily” (Scottish Health Survey 2014).

**Q19.** How often during the last year have you had a feeling of guilt or remorse after alcohol or other drug use (n 200)?




This question was modified from the typical AUDIT question to include all drug use, rather than just alcohol use, which makes comparisons to general population data more difficult. However, respondents did seem to report significantly higher levels of having a feeling of guilt or remorse due to alcohol or other drug use, with only 62% answering “Never” to this question, versus 84% of the Scottish population (Scottish Health Survey 2014). 21% answered “Less than monthly” versus 12% of the general population, 7.5% answered “Monthly” versus 3% of the general population, 7.5% answered “Weekly” versus 1% of the general population, and 2% answered “Daily or almost daily” versus 0% of the general population answering “Daily” (n 200, Scottish Health Survey 2014).

However, it is important to note that Scottish-wide data in response to this question was significantly different across age groups. To get a better comparison, a crosstabulation was done to see how responses to this question differed across age groups amongst respondents to the survey.

**Crosstabulation:** How old are you with how often during the last year have you failed to do what was expected of you due to alcohol or other drug use (n 199)

| | | 16-25 | 26-35 | 36-45 | 46-55 | 56-65 | 65+ | Total |
|---|---|---|---|---|---|---|---|---|
| How often during the last year have you had a feeling of guilt or remorse after alcohol or other drug use? | Never | 39.6% | 58.1% | 73.3% | 66.0% | 79.2% | 90.9% | 61.8% |
| | Less than monthly | 30.2% | 29.0% | 16.7% | 20.0% | 8.3% | 0.0% | 21.1% |
| | Monthly | 11.3% | 3.2% | 6.7% | 8.0% | 8.3% | 0.0% | 7.5% |
| | Weekly | 15.1% | 6.5% | 3.3% | 6.0% | 0.0% | 9.1% | 7.5% |
| | Daily or almost daily | 3.8% | 3.2% | 0.0% | 0.0% | 4.2% | 0.0% | 2.0% |

When looking at a breakdown of the responses to this question by age, it becomes apparent that certain groups were much more likely to report having a feeling of guilt or remorse due to drinking or other drug use compared to the general population, whereas other age groups of our respondents were much closer to or lower than the national averages.

4% of 16-25 year olds and 56-65 year olds reported having feelings of guilt and remorse “Daily or almost daily” compared to 0% for the comparative groups in Scotland-wide data (Scottish Health Survey 2014). Respondents across all age ranges except for 56-65 year olds also had feelings of guilt or remorse on a “Weekly” basis at much higher rates than the general population (Scottish Health Survey 2014).

The relationship between age and response to the question “How often during the last year have you had a feeling of guilt or remorse due to alcohol or other drug use?” was not shown to be statistically significant, however. This may be due to the relatively small numbers of certain age groups. Despite this, age certainly seems to be a factor in how respondents answered this AUDIT question.

However, it is important to consider that the crosstabulated figures for our respondents to this question is having a feeling of guilt or remorse during the last year due to alcohol **or other drug use**, whereas the population-wide figures are just for alcohol. Therefore the figures may be somewhat inflated because they include a wider range of substances that people are considering when answering the question.

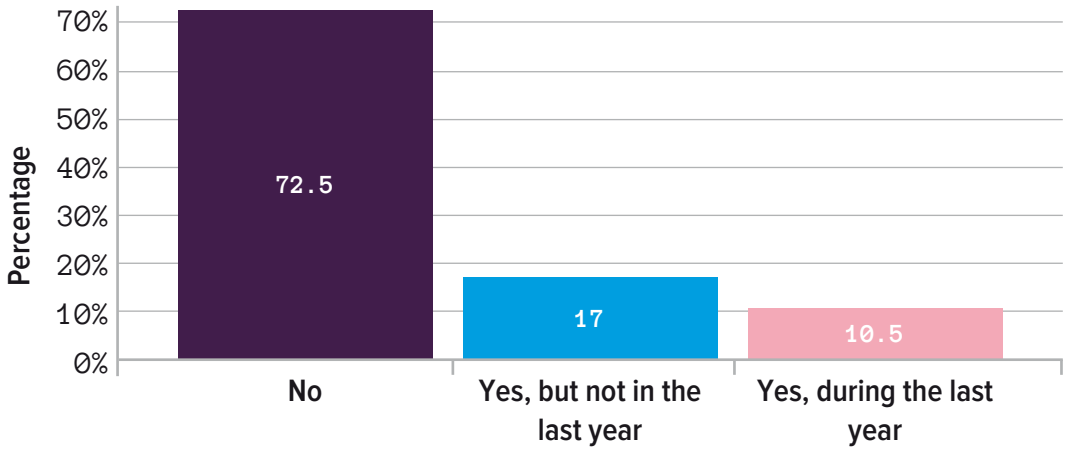
How often during the last year have had a feeling of guilt or remorse due to alcohol or other drug use? (All respondents who had tried alcohol and specified having not tried other drugs or new psychoactive substances n 52)

| | Number | Percent |
|---|---|---|
| Never | 38 | 76.0% |
| Less than monthly | 6 | 12.0% |
| Monthly | 4 | 8.0% |
| Weekly | 2 | 4.0% |

Similarly to the above question about not doing what was expected of you, when respondents were filtered to just include those who had tried alcohol and who had specified that they had never tried other drugs or NPS, results were closer to population wide data, although still seemed to show a slightly higher prevalence of feelings of guilt or remorse.

77% answered “Never” compared to 84% of the general population, 11.5% answered “Less than monthly” versus 12% of the general population, 7.5% answered “Monthly” versus 3% of the general population, and 4% answered “Weekly” versus 1% of the general population (n 52, Scottish Health Survey 2014). No respondents in this group answered “Daily or almost daily”.

**Q20.** Have you or someone else been harmed because of your alcohol or other drug use (n 199)?




This question was modified from the typical AUDIT question to include all drug use, rather than just alcohol use, which makes comparisons to general population data more difficult. The question also asked whether you or someone else had ever been harmed, whereas the corresponding question on the Scottish Health Survey asked if you had ever injured yourself or another person due to alcohol use – which could be considered a more narrow question than the broader idea of "harm".

However, respondents did seem to report significantly higher levels of harm, due to alcohol or other drug use, with only 72.5% answering "No" to this question, versus 92.5% of the Scottish population (Scottish Health Survey 2014). 17% answered "Yes, but not in the last year", versus 5% of the general population, and 10.5% answered "Yes, during the last year" versus 2.5% of the general population (n 199, Scottish Health Survey 2014).

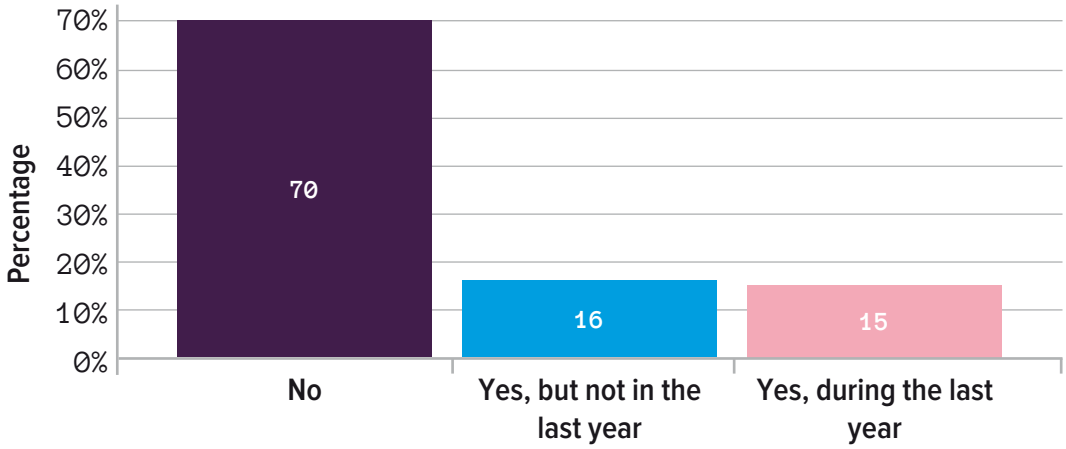
Have you or someone else been harmed because of your alcohol or other drug use? (All respondents who had tried alcohol and specified having not tried other drugs or new psychoactive substances n 50)

| | Number | Percent |
|---|---|---|
| No | 44 | 88.0% |
| Yes, but not in the last year | 2 | 4.0% |
| Yes, during the last year | 4 | 8.0% |

Similarly to the above question about having feelings of guilt or remorse, when respondents were filtered to just include those who had tried alcohol and who had specified that they had never tried other drugs or NPS, results were closer to population wide data, although still seemed to show a slightly higher prevalence of harm.

Because the wording of this question differed more significantly from the wording used in the Scottish Health Survey compared to other questions in this section, a crosstabulation with age was not done.

**Q21.** Has a relative, friend, Doctor or other health care worker expressed concern about your alcohol or other drug use or suggested you should cut down (n 199)?




This question was modified from the typical AUDIT question to include all drug use, rather than just alcohol use, which makes comparisons to general population data more difficult. However, respondents did seem to have much higher levels of concern expressed to them about their

alcohol or other drug use compared to levels of concern expressed to the general population about alcohol use. Only 70% of respondents answered “No” to this question (n 200), compared to 93% of the Scottish population (Scottish Health Survey 2014). 16% answered ‘Yes, but not in the last year’ and 15% answered ‘Yes, during the last year’ (n 200) compared to 3.5% for each category from population-wide data (Scottish Health Survey 2014).

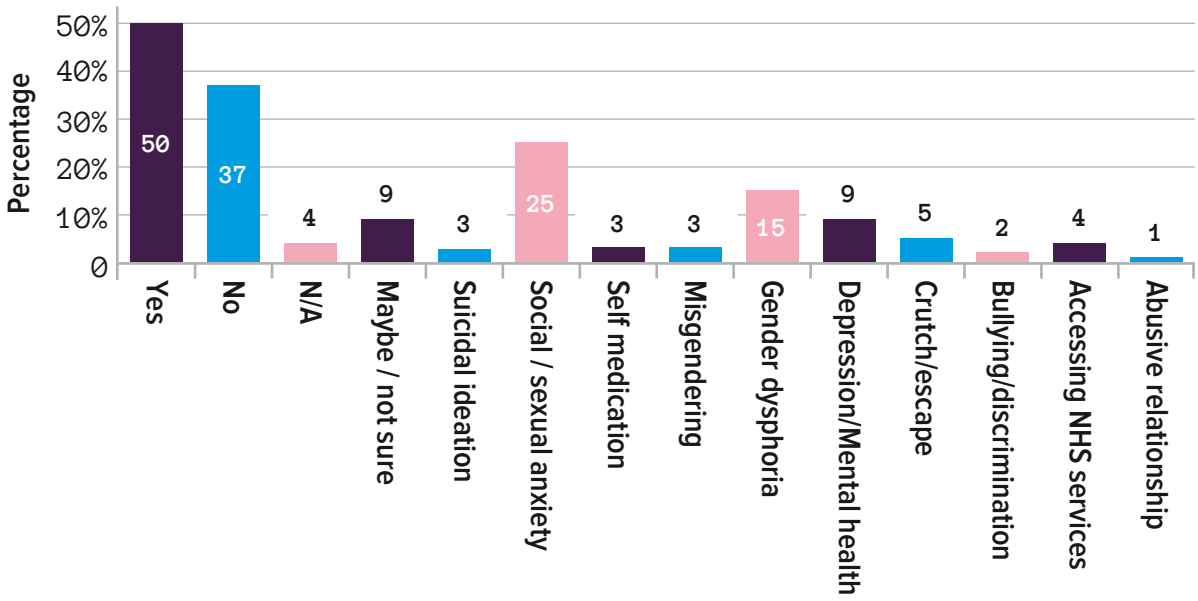
Has a relative, friend, Doctor or other health care worker expressed concern about your alcohol or other drug use or suggested you should cut down? (All respondents who had tried alcohol and specified having not tried other drugs or new psychoactive substances n 52)

| | Number | Percent |
|---|---|---|
| No | 41 | 82.0% |
| Yes, but not in the last year | 6 | 12.0% |
| Yes, during the last year | 3 | 6.0% |

Similarly to the above questions about not doing what was expected of you, having feelings of guilt and remorse, and causing harm, when respondents were filtered to just include those who had tried alcohol and who had specified that they had never tried other drugs or NPS, results were closer to population wide data, although still seemed to show a higher prevalence of concern. 82.5% answered “No” compared to 93% of the general population (n 52), 11.5% answered “Yes, but not in the last year” versus 3.5% of the general population (n 52), and 6% answered “Yes, during the last year” versus 3.5% of the general population (n 52) (Scottish Health Survey 2014). This would indicate that those people who had only ever drunk alcohol were still more likely to have had concern expressed to them than the general population, however respondents who have also tried other drugs may be more likely to have experienced this.

## DO YOU FEEL YOUR ALCOHOL OR OTHER DRUG USE HAS BEEN AFFECTED BY BEING TRANS?

**Q22.** Do you feel that your alcohol or other drug use has been affected by being trans? If so, please tell us how (n 131)




At the end of the section with the adapted AUDIT questions, respondents were asked an open-ended question where they could leave qualitative text answers. This question was designed to give participants the space to talk about how being trans may have specifically affected their use of alcohol or other drugs. There were 131 responses to this question, and respondents' answers were coded into themes. Answers were coded into multiple themes when a respondent talked about a range of issues – this means that the percentages in the above table total more than 100%.

**YES**

Half of respondents said that their alcohol or other drug use had been affected by being trans (n 131). Some of the most frequent ways in which respondents said their alcohol and other drug use related to their trans identity were around coping with poor wellbeing.

## Social anxiety, sex and relationships

25% of respondents used alcohol or other drugs to deal with social and/or sexual anxiety due to being trans (n 131). Many respondents talked about how alcohol or other drugs were useful in making them feel more relaxed in social situations – something that they otherwise felt unable to do because of their gender identity. A number of respondents also talked specifically about how they had anxieties about entering into romantic or sexual relationships due to their trans status, and that alcohol or other drug use also helped to alleviate some of their anxieties about relationships. This is an important aspect of trans people's alcohol or other drug use for services to be aware of, as it indicates that a holistic approach to improving services users' self-esteem could be important in helping them to change their use of alcohol or other drugs. The particular ways in which someone's gender identity may be impacting on their ability to socialise and form relationships with others should be something that professionals working in these services are aware of and able to discuss.

Some examples of things respondents said relating to this theme were:

> "Early on in transition when I was really lacking in confidence alcohol helped me to socialise."

> "Yes, I used alcohol to overcome social anxiety caused by being trans."

> "it impacts on my sexual health as when I am sober I do not feel attractive as I am trans, but when I drink I feel more attractive due to feeling less inclined to talk about my trans status."

> "I feel that prior to coming out and better understanding myself, I would sometimes use drugs and alcohol to enjoy feelings of relief and freedom from the strict, self-imposed repression I lived in."

## Gender dysphoria

15% of respondents had used alcohol and other drugs to deal with gender dysphoria (n 131). Trans people often experience discomfort with their physical bodies, particularly around gendered body parts such as genitals and chests. This particular factor in someone's relationship to alcohol or other drugs is likely to be specific to trans service users, and is another topic which service providers should be comfortable talking to people about. Some examples of things respondents said relating to this theme were:

> "I sought alcohol as a way of escaping the reality of my physical being."

> "Often times it's only because body dysphoria becomes overwhelming and I feel nothing distracts or calms me quite well enough."

> "I feel that for long periods of time I was using alcohol to try and cope with feelings around body dysphoria and being trans. When I was struggling a lot with dysphoria, drinking made me feel sort of 'fuzzy', like the issues I was having with my body weren't so acute or that I cared about them less. When I didn't feel connected to my body because of dysphoria, using alcohol sort of increased that disconnection and made it seem less painful at the time."

## Depression and mental health

9% of respondents used alcohol or other drugs to cope with depression/ mental health problems connected to their trans status (n 131). Whilst being trans is not itself a mental health problem, many trans people experience poorer levels of mental wellbeing than the general population due to the continued existence of stigma and discrimination towards trans people. Awareness and knowledge of the increased likelihood that trans people will be suffering from mental health problems

would also be valuable for service providers supporting trans service users. Some examples of things respondents said relating to this theme were:

> "My usage of drugs and alcohol hasn't been directly affected by my transness, more by the perceptions and attitudes toward transness in our society. Social isolation, unacceptance of transgender people, and the perpetual onslaught of anti-trans stereotypes in media have all caused feelings of self-loathing and hatred, and my depression and deeply ingrained internal transmisogyny have at times driven me to drink and drugs."

> "I feel I smoke weed more since becoming depressed due to being trans. I feel I use it to escape from the day-to-day situation and just unwind at the end of a stressful day especially before I was on hormones and had had top surgery."

> "When I was younger and struggling with my identity, I would self-harm (as already mentioned above) and used alcohol as an alternative coping mechanism to this, and almost came to rely on it."

Some of the other mental health and wellbeing issues that respondents discussed in relation to the relationship between their alcohol or other drug use and trans identity can be seen in the chart on page 33.

## Accessing services

Another theme that emerged from this question was respondents who said they used alcohol or other drugs to cope with the poor treatment, or lack of treatment, they felt they received from services generally due to being trans.

Some of these respondents mentioned long waiting times to access trans specific healthcare (such as taking hormones and having surgery) having a detrimental impact on their wellbeing, which caused an increase in their use of alcohol or other drugs. People also mentioned a sense of a general lack of help from services, who they often felt weren't knowledgeable enough to support trans people.

It would be valuable for people in addiction and recovery services to be aware of the face that many trans people connect their alcohol and other drug use to a feeling of a lack of general support in their lives around their trans identity. In particular, knowledge of the long waiting times for accessing trans-specific healthcare (currently up to fourteen months for a first appointment in many parts of Scotland) would give service providers a useful grounding in understanding some of the particular difficulties and frustrations trans service users may be facing. 4% of respondents mentioned (lack of) access to services as an important aspect of the connection between their trans identity and their use of alcohol and other drugs (n 131).

Some examples of responses categorised in this theme were:

> "I feel as though the fact that I can't get any help from any medical services to continue my transition has affected it massively as I'm stuck living in a body, getting misgendered, constantly feeling insecure, worthless and trapped has led to depression and the only thing that numbs that pain is drink."

> "drinking because of dysphoria, self-hatred, frustration (at slow pace of transition, being misgendered, lack of help from services)."

**NO AND MAYBE**

37% of respondents felt that being trans had not affected their alcohol or other drug use, and 9% were unsure (n 131). In addition to this, 4% said that this question was not applicable (n 131).

# CONCERNS ABOUT APPROACHING OR USING SERVICES DUE TO ALCOHOL OR OTHER DRUG USE

This section of the survey asked respondents about whether they had ever had any concerns about approaching or using services because of their alcohol or other drug use. The four services that it asked about were General Practitioners, one-to-one support within addiction services, peer support within addiction services, and charities/voluntary organisations.

**Q23.** Have you ever felt unable to approach a specialist service about your alcohol or other drug use due to concerns about any of the following (n 137)?

**I have never wanted to approach this service about alcohol or other drug use (n 103)**

| | Number | Percent |
|---|---|---|
| GP | 85 | 62.0% |
| Addiction Services (one-to-one support) | 78 | 56.9% |
| Addiction Services (peer support) | 76 | 55.5% |
| Charities / Voluntary Orgs | 69 | 50.4% |

A large proportion of respondents had not wanted to approach any of the services about their alcohol or other drug use. This question also allowed people to leave text responses after making their selections. Any respondents who left comments such as “n/a” or “I don’t have any problems with alcohol or drugs” but who had not made multiple choice selections had their text answers deleted and were coded into the above category for all four services.

**I had no concerns about approaching specialist services (n 38)**

| | Number | Percent |
|---|---|---|
| GP | 34 | 24.8% |
| Addiction Services (one-to-one support) | 27 | 19.7% |
| Addiction Services (peer support) | 24 | 17.5% |
| Charities / Voluntary Orgs | 27 | 19.7% |

Some respondents said that they had no concerns about approaching specialist services. Around one in five said this was the case in relation to addiction services and charities/voluntary orgs, and around a quarter said this was the case regarding approaching their GP (n 137).

**That your trans-specific healthcare (i.e. engagement with a Gender Identity Clinic) would be stopped or refused due to addiction status (n 34)?**

| | Number | Percent |
|---|---|---|
| GP | 29 | 21.2% |
| Addiction Services (one-to-one support) | 12 | 8.8% |
| Addiction Services (peer support) | 10 | 7.3% |
| Charities / Voluntary Orgs | 9 | 6.6% |

A significant number of respondents to this question said they would have concerns that their trans specific healthcare (i.e. access to hormones and surgery) would be stopped or refused if they engaged with services about their alcohol or other drug use. 21.2% of respondents were concerned that this would happen if they approached their GP (n 137) – perhaps because GP's are also involved in the provision of trans specific healthcare (such as referring people to Gender Identity Clinics, monitoring bloods and prescribing hormones). Between 6% and 9% of respondents were worried that this would be the case if they engaged with any of the other three services – either addiction services or charities/voluntary organisations (n 137).

It is important that clarity is provided about whether engagement with addiction services will have an impact on trans specific healthcare, and that this information is communicated to trans people. Fear of having their medical transition stopped or refused due to engaging with addiction services would be a major barrier for those trans people who wish to transition medically seeking support. It would be of particular value for GPs to be able to discuss openly with trans patients whether or not using addiction services would have a negative impact on their trans specific healthcare – particularly as this was the service where trans people expressed the most fears. This would also be of use as a

GP is most likely to be aware of the various services with which a single person is engaging around their health and wellbeing.

**That recovery services would be stopped or refused due to you being trans and/or non-binary (n 23)**

| | Number | Percent |
|---|---|---|
| GP | 18 | 13.1% |
| Addiction Services (one-to-one support) | 11 | 8.0% |
| Addiction Services (peer support) | 10 | 7.3% |
| Charities / Voluntary Orgs | 6 | 4.4% |

A number of respondents said they would have concerns that recovery services would be stopped or refused due to being trans. The largest number of respondents, 13%, had concerns about this in relation to their GP – again this may be because GP's are often the coordinating point of a person's engagement with various services (n 137). Slightly less than one in ten respondents to the question were concerned that they would not be able to access addiction services due to being trans, and one in twenty respondents had similar concerns about accessing charities/ voluntary organisations (n 137).

This would suggest that addiction services and third sector organisations should be making it clear that trans service users are welcome and able to access support. If trans people are assuming that these services are not for them, they are not going to be able to or willing to seek the support that they need. Outreach and visible statements of inclusion aimed at the trans community from the sector are vital going forward.

**Fear of physical violence (n 19)?**

| | Number | Percent |
|---|---|---|
| GP | 8 | 5.8% |
| Addiction Services (one-to-one support) | 8 | 5.8% |
| Addiction Services (peer support) | 15 | 11.0% |
| Charities / Voluntary Orgs | 9 | 6.6% |

Around 6% of respondents had fears of experiencing physical violence when accessing their GP, one-to-one support in addiction services, and charities/voluntary orgs (n 137). 11% had fears about physical violence if using peer support in addiction services (n 137). This would suggest that trans people may need greater reassurances about their safety when it comes to engaging with peer-based support.

Ensuring that there is a zero-tolerance approach to discrimination within group settings is vital, as well as communicating this to all services users both before and throughout engaging with peer-based services. These fears are a further demonstration of the importance of services reaching out to trans communities and making them aware that discrimination and transphobia is not tolerated within the sector. These increased fears around physical violence when accessing peer support may also mean that trans- or LGBT- specific groups could be valuable in decreasing people's concerns about accessing this type of service.

**Fear of hurtful, demeaning or insulting language (n 38)?**

| | Number | Percent |
|---|---|---|
| GP | 29 | 21.2% |
| Addiction Services (one-to-one support) | 20 | 14.6% |
| Addiction Services (peer support) | 22 | 16.1% |
| Charities / Voluntary Orgs | 20 | 14.6% |

A number of respondents had concerns about hearing hurtful, demeaning or insulting language if they engaged with services. Around one in five respondents were concerned about this in relation to accessing their GP, and around one in seven in relation to accessing addiction services and charities/voluntary orgs (n 137). Clear statements of inclusion and a zero-tolerance approach to bullying and harassment of all service users would be a valuable step for services to take to ensure that these concerns are reduced.

**Fear of silent harassment (e.g. being stared at/whispered about) for being trans (n 45)?**

| | Number | Percent |
|---|---|---|
| GP | 29 | 21.2% |
| Addiction Services (one-to-one support) | 22 | 16.1% |
| Addiction Services (peer support) | 29 | 21.2% |
| Charities / Voluntary Orgs | 22 | 16.1% |

Similar numbers of respondents had fears about experiencing silent harassment – around one in five respondents regarding using GP services or peer support in addiction services, and around one in seven respondents in relation to using one-to-one support in addiction services or charities/voluntary orgs (n 137). Clear statements of inclusion and a zero-tolerance approach to bullying and harassment of all service users would be a valuable step for services to take to ensure that these concerns are reduced.

**Worried that you wouldn't be able to prove your identity (i.e. because of name changes) (n 27)?**

| | Number | Percent |
|---|---|---|
| GP | 21 | 15.3% |
| Addiction Services (one-to-one support) | 13 | 9.5% |
| Addiction Services (peer support) | 13 | 9.5% |
| Charities / Voluntary Orgs | 11 | 8.0% |

Respondents had concerns that they may have some issues proving their identity. Many trans people will experience times in their life where not all of their identification and records use the same name or gender for them – for example they may have a passport with one gender recorded on it, but their NHS records and CHI number may be in another gender. Around one in ten respondents were concerned about this in relation to accessing addiction services and charities/voluntary orgs, and around one in seven respondents were concerned about this in relation to accessing their GP (n 137). A good way to counteract this problem would be to ensure that services have a clear trans policy in place

with guidelines around ensuring that people were assisted in proving their identity. As well as this, services should be able to be flexible and understanding of trans service users who may have different information recorded about them across different records.

**That services wouldn't know enough about trans people to help you (n 54)?**

| | Number | Percent |
|---|---|---|
| GP | 44 | 32.1% |
| Addiction Services (one-to-one support) | 34 | 24.8% |
| Addiction Services (peer support) | 30 | 21.9% |
| Charities / Voluntary Orgs | 26 | 19.0% |

The concern reported by the greatest number of respondents was that services wouldn't know enough about trans people to be able to help them. Around one in five respondents worried about this in relation to accessing charities/voluntary orgs and peer support in addiction services, around a quarter of respondents were concerned about this in relation to accessing one-to-one support in addiction services, and around a third of respondents had these concerns in relation to accessing their GP (n 137). Services should ensure that they are open and vocal about their support and inclusion of trans people to ensure that members of the community who want and need to use these services feel welcome. This should be advertised in information about services, such as online, in information leaflets, and in posters and displays within services. This needs to be combined with knowledge and awareness raising amongst staff, to ensure that once trans people have been reassured that they can approach services, they also have positive experiences when there.

**Other (please specify) (n 5)**

| | Number | Percent |
|---|---|---|
| GP | 5 | 3.7% |
| Addiction Services (one-to-one support) | 3 | 2.2% |
| Addiction Services (peer support) | 2 | 1.5% |
| Charities / Voluntary Orgs | 2 | 1.5% |

## ADDITIONAL COMMENTS

Respondents were able to leave additional comments underneath this question. Any respondents who had left answers that just stated things such as “n/a” or “I don’t have any problems with alcohol or drugs” had their text responses deleted and were recoded into the first option for all four services – “Have never wanted to approach this service about alcohol or other drug use”.

After these comments were removed, there were 21 text responses. Some responses introduced new themes to the question, others expanded on options that had been chosen by the respondent, and some responses were unrelated to the question. Some of the topics covered in the text responses that weren’t covered in the multiple choice options for this question were:

Five respondents were worried about approaching services generally due to being trans. These respondents did not talk specifically about addiction services, but explained that they were worried about approaching any service because of their gender identity. Some examples of things people said under this theme were:

> “I certainly get worse treatment because I tell any service I’m a transvestite.”

> “Fear of being whispered and stared at for being trans is kind of a ubiquitous one in life.”

Three respondents didn’t understand the question or thought it was badly worded.

Two respondents discussed their experiences or their expectation of experiences around disclosing alcohol or other drug use and engaging with gender identity clinics:

> “I received pressure from the doctors at the gender clinic about the level of my drinking, but no recognition that it was due to stress not primarily related to being trans.”

> "I have heard tales of transgender people being refused help from GPs / gender identity clinics on the grounds of drug or alcohol use, however I have no concerns about this yet."

One respondent said they would be worried about approaching services due to their work's drug and alcohol policy.

One participant discussed their experience using AA:

> "When I started in AA, before my transition I was sometimes misgendered and people thought that they misheard my masculine name. After I transitioned, I also had fear that I would be outed somehow and rejected from the group which would mean that I lost my support in recovery. To be honest, I still have that fear... And the fear that if I got outed in AA, that I might get outed in the wider community outside of AA."

## DISCUSSION

Overall, responses to this question demonstrated that there were significant fears about the standard of support people could expect to receive around their alcohol or other drug use, and their safety and comfort when accessing this support. Of particular importance is the fact that this question measured people's concerns, rather than direct experience of accessing services. Many of the respondents who had concerns about approaching services may have not had any negative experiences, or any experiences at all, of using them. Therefore it is important for addiction services to be able to anticipate the fears trans people may have about accessing support, and counter these concerns proactively through outreach work.

The level of concern reported, particularly around services not having the knowledge to adequately help trans people, show the importance of services being proactive in reaching out to trans communities and being vocal about their commitment to inclusion of people regardless of their gender identity. This type of outreach must be combined with a genuine effort on behalf of addiction services to increase their awareness around

trans equality. This should be done through receiving trans-specific training to equip staff with greater knowledge around trans inclusion, ensuring they are able to be welcoming and supportive of trans service users.

Concerns around experiencing various types of violence, bullying, and harassment when accessing services are a further indication of the need for the sector to promote and be vocal about the inclusiveness and safety of the support that they offer. Addiction services should have a zero-tolerance approach to discrimination and transphobia, and clear policies detailing the types of behaviour they consider unacceptable and the ways they will deal with this. Any anti-bullying or anti-discrimination policies should explicitly reference trans people. In addition to this, services should make sure that they stress their commitment to inclusive and safe environments in their public-facing material, and promote the fact that they have anti-bullying policies and a zero-tolerance approach.

## OTHER ASPECTS OF YOUR IDENTITY

**Q24.** Have you ever felt unable to approach a specialist service about your alcohol or other drug use due to other aspects of your identity?

| | Number | Percent |
|---|---|---|
| Sexual Orientation | 23 | 16.3% |
| Age | 20 | 14.2% |
| Disability | 15 | 10.6% |
| Race/Ethnicity/Nationality | 3 | 2.1% |
| Religion/Belief | 1 | 0.7% |
| None of the above | 104 | 73.8% |

This question asked respondents about other aspects of their identity that had made them feel unable to approach specialist services due to their alcohol or other drug use. Although 74% said they felt that none of these things made them feel unable to approach services, 16% had felt unable to approach services due to their sexual orientation, 14% because of their age, and 11% because of their disability (n 141). 1% felt

this way about their religion/belief (n 141). 2% felt that their race/ethnicity/nationality made them unable to approach specialist services – an extremely high number when you consider that only 8% of respondents to the survey were not White Scottish/English/Northern Irish/Welsh/British (n 141).

These are important considerations as people may have concerns around approaching services that relate to multiple aspects of their identity, and any recommendations for improving trans people's confidence in approaching services need to be mindful of the ways that other aspects of their identity may also be contributing to their concerns.

Respondents were allowed to leave additional text comments underneath this question. Six people left comments that expanded on selections they had made, and others introduced new aspects of their identity that they had concerns about:

> "as I'm under the legal drinking age I feel they would get local authorities involved... Unsure if mental health comes under disability; but fear they would stigmatise my illnesses as the cause of drinking."

> "The 12-steps orientated focus of many recovery organisations often operates on an unconscious but strong Christian bias."

> "The only trouble I have accessing healthcare or support is because of anxiety around phone use."

> "Profession."

> "People unfamiliar with autism tend to be very unhelpful and pretty confused by me."

> "I only ever felt that I shouldn't be in this situation because I am well educated and have a well-paid job – somehow this should be a problem associated with people in a worse place than me – terrible I know."

# EXPERIENCES OF USING SERVICES DUE TO ALCOHOL OR OTHER DRUG USE

This section of the survey asked respondents about their experiences of using services because of their alcohol or other drug use. The four services that it asked about were General Practitioners, one-to-one support within addiction services, peer support within addiction services, and charities/voluntary organisations.

**Q25.** Whilst engaging with a specialist service about your alcohol or other drug use, have you experienced any of the following (n 114)?

**I have not engaged with this service about alcohol or other drug use (n 94)**

| | Number | Percent |
|---|---|---|
| GP | 86 | 75.4% |
| Addiction Services (one-to-one support) | 83 | 72.8% |
| Addiction Services (peer support) | 82 | 71.9% |
| Charities / Voluntary Orgs | 65 | 57.0% |

The largest proportion of respondents said that they had not engaged with services about alcohol or other drug use. Around three quarters said that they had never engaged with their GP or addiction services about their alcohol or other drug use, and just over half said that they had never engaged with charities/voluntary organisations (n 114).

Because of the large proportion of respondents who said they had not engaged with any types of services about alcohol or other drug use, the column in the below tables which reads ‘percent’ refers to all respondents who had engaged with at least one of these services about their alcohol or other drug use. This was 58 respondents.

**Had your trans-specific healthcare (i.e. engagement with a Gender Identity Clinic) stopped or refused due to addiction services (n 2)?**

| | Number | Percent |
|---|---|---|
| GP | 1 | 1.7% |
| Addiction services (peer support) | 1 | 1.7% |

**Had recovery services stopped or refused due to you being trans/non-binary (n 4)?**

| | Number | Percent |
|---|---|---|
| GP | 3 | 5.2% |
| Charities / Voluntary Orgs | 1 | 1.7% |

Very small numbers of people reported having either their trans specific healthcare stopped due to use of addiction services, or having recovery services stopped or refused due to being trans. However, 5% of people did say GPs had stopped or refused them recovery services due to being trans – this would perhaps indicate that GPs need to be aware of the fact that a trans identity would not prevent a recovery service from supporting someone (n 58).

**Physical violence (n 3)?**

| | Number | Percent |
|---|---|---|
| GP | 2 | 3.5% |
| Charities / Voluntary Orgs | 1 | 1.7% |

**Hurtful, demeaning or insulting language (n 8)?**

| | Number | Percent |
|---|---|---|
| GP | 2 | 3.5% |
| Addiction services (one-to-one support) | 1 | 1.7% |
| Addiction services (peer support) | 3 | 5.2% |
| Charities/Voluntary Orgs | 3 | 5.2% |

A small number of respondents had experienced either physical violence or hurtful, demeaning or insulting language when engaging with these services. One in twenty respondents had experienced hurtful, demeaning or insulting language when accessing peer support in addiction services or when using charities/voluntary organisations services (n 58).

This would indicate that more work needs to be done, particularly in services that may offer group-based support, to ensure that people are not being subjected to discriminatory language. Services should review their anti-bullying and anti-discrimination policies to ensure that they specifically mention trans people. They should also ensure that staff feel confident to implement these policies with a zero-tolerance approach.

**Silent harassment (e.g. being stared at/whispered about) for being trans (n 11)?**

| | Number | Percent |
|---|---|---|
| GP | 3 | 5.2% |
| Addiction services (one-to-one support) | 1 | 1.7% |
| Addiction services (peer support) | 5 | 8.6% |
| Charities/Voluntary Orgs | 6 | 10.4% |

In some services, respondents reported higher rates of silent harassment. Around one in ten had experienced silent harassment in both peer support in addiction services, and in charities/voluntary organisations (n 58). The higher rates of silent harassment in these types of services could be due to the fact that they are delivered in a group setting. It is important that these services take steps to ensure that trans people are able to access support in a welcoming and respectful environment.

Displaying posters in rooms where services are delivered that demonstrate services' commitment to inclusion for trans people would be a positive step. Ensuring that all service users are aware of organisations' commitment to these principles, both through such visual cues and by explicit ground-rules for group work would further reinforce this message.

**Had the wrong name and pronoun used for you on purpose (n 10)?**

| | Number | Percent |
|---|---|---|
| GP | 5 | 8.6% |
| Addiction services (one-to-one support) | 3 | 5.2% |
| Addiction services (peer support) | 5 | 8.6% |
| Charities / Voluntary Orgs | 3 | 5.2% |

**Had the wrong name and pronoun used for you by mistake (n 12)?**

| | Number | Percent |
|---|---|---|
| GP | 8 | 13.8% |
| Addiction services (one-to-one support) | 5 | 8.6% |
| Addiction services (peer support) | 7 | 12.1% |
| Charities/Voluntary Orgs | 5 | 8.6% |

Some respondents had experienced problems with being misgendered (having the wrong name and pronoun used for them) whilst accessing services. This happened at a greater rate by mistake, rather than on purpose. Being misgendered harms the wellbeing of trans people, as it can make them feel humiliated and distressed. It suggests to trans people that you do not respect their identity, or see them in the way they want to be seen. Between 8% and 14% of respondents had been misgendered by mistake when using the services we asked about. This demonstrates the need for services to send out positive messages about using the right pronouns for people, and fostering an environment where trans people feel able to be open about their identities and correct any mistakes.

It is important to understand how important it is that you use the right name and pronouns for people when you talk to them and about them – this is the easiest way to let them know that you respect them and believe them about who they are. Furthermore, being repeatedly misgendered would likely count as harassment under the Equality Act 2010, which protects all trans people under the protected characteristic of 'gender reassignment'. Services have a legal duty to ensure that no one faces harassment on the basis of any of the protected characteristics laid out in the Act.

**Had difficulty proving your identity (i.e. because of name changes) (n 7)?**

| | Number | Percent |
|---|---|---|
| GP | 4 | 6.9% |
| Addiction services (one-to-one support) | 2 | 3.5% |
| Addiction services (peer support) | 3 | 5.2% |
| Charities / Voluntary Orgs | 3 | 5.2% |

Some respondents had experienced problems proving their identity when using services. Services must ensure that they have clear policies in place which allow them to help trans service users who may have difficulties in proving their identity due to their transition. It is important that they are able to be flexible and understanding of the fact that trans people may not always have I.D. documents in their current name and which reflect their gender identity. Services should ensure that trans people are able to be recorded using the name and gender which best reflects their sense of themselves on in-house records, even if they do not have current photographic I.D. with these same details. This should include inclusive options for recording gender within addictions services, which allow non-binary people to select an option which best fits them.

**Felt that services didn't know enough about trans people to help you (n 15)?**

| | Number | Percent |
|---|---|---|
| GP | 11 | 19.0% |
| Addiction services (one-to-one support) | 8 | 13.8% |
| Addiction services (peer support) | 7 | 12.1% |
| Charities/Voluntary Orgs | 7 | 12.1% |

A lack of knowledge in services was the negative experience most frequently identified by respondents. Around one in eight felt this was the case in addiction services and charities/voluntary orgs, and around one in five with GPs (n 58). It is possible that higher rates of lack of knowledge were reported in engaging with GPs as respondents were more likely to have talked to their GP about their trans identity, or may

expect a greater level of knowledge from GPs. Services need to ensure that they have more awareness and understanding of trans people to improve their ability to provide meaningful and appropriate support. Training for staff in specialist services is an important next step to ensuring that trans people have improved experiences when accessing this type of support.

**None of the above (26)**

| | Number | Percent |
|---|---|---|
| GP | 26 | 44.8% |
| Addiction services (one-to-one support) | 22 | 37.9% |
| Addiction services (peer support) | 22 | 37.9% |
| Charities / Voluntary Orgs | 18 | 31.0% |

## ADDITIONAL COMMENTS

Respondents were able to leave additional comments underneath this question. There were 16 additional responses, twelve of which were participants indicating they didn't have concerns about alcohol or other drug use. Two respondents left comments saying they were confused by the question. The remaining two respondents left comments indicating a frustration with the lack of knowledge or understanding shown to them by professionals in regards to the way their trans identities and their alcohol or other drug use interacted:

> "I received pressure from the doctors at the gender clinic about the level of my drinking, but no recognition that it was due to stress not primarily related to being trans."

> "my sexuality and gender came up when I was talking to one nurse about my anxiety/problems with drugs and I had to walk her through all of it, which was jarring and made me uncomfortable about the process...I find it challenging to educate people at the best of times but especially when it comes to professionals who are meant to be caring for/helping me and people like me."

## DISCUSSION

Only a small number of respondents reported any negative experiences when using specialist support for their alcohol or other drug use, with the vast majority of respondents having never wanted to approach these services. Although the proportions of negative experiences amongst those who had used services were relatively low, they still demonstrated a definite need to improve the experiences and inclusion of trans service users.

Many of the negative experiences asked about in this question were also asked about in the previous question about concerns about approaching services. For every type of experience that was asked about in both, respondents reported lower incidents of actual negative experiences than they did about concerns. This reiterates the point made in the previous section that services need to be proactive in advertising their inclusion, and should make concerted efforts to reach out to the trans community to let them know they will be welcome and safe when accessing support.

The negative experience most identified by respondents was that they felt services had not known enough about trans people to help them. A priority for addiction services going forward must be to ensure their staff have trans-specific training. This will ensure that trans service users are not having to take on the burden of educating staff who are supposed to be supporting them, or feeling that their gender identity is negatively impacting on the support provided.

Various types of bullying, harassment and discrimination were reported by respondents. It is the duty of services to ensure that nobody with the protected characteristic of ‘gender reassignment’ as defined in the Equality Act 2010 is facing discrimination or receiving a poorer service because of this characteristic. Services must review their anti-bullying and anti-discrimination policies, and ensure that they explicitly mention trans people. Services must also ensure that these policies are understood and implemented properly by staff. Particular

consideration should be given to the working of these policies in peer based support groups, where higher levels of negative experiences around discrimination and harassment were reported. Silent harassment and hurtful demeaning or insulting language were reported at higher rates in peer support in addiction services and in charities/voluntary organisations.

Being misgendered was one negative experience reported at higher rates by respondents. Services should think about ways they are able to minimise trans service users experiencing this. Intake forms could include a field which allows service users to specify what pronouns they use, and group facilitators could consider asking group members to introduce themselves by giving both their names and pronouns.

## OTHER ASPECTS OF YOUR IDENTITY

**Q26.** Have you ever had negative experiences whilst using specialist services due to other aspects of your identity?

| | Number | Percent |
|---|---|---|
| Sexual Orientation | 10 | 9.3% |
| Age | 5 | 4.6% |
| Disability | 4 | 3.7% |
| Race/Ethnicity/Nationality | 2 | 1.9% |
| Religion/Belief | 2 | 1.9% |
| None of the above | 96 | 88.9% |

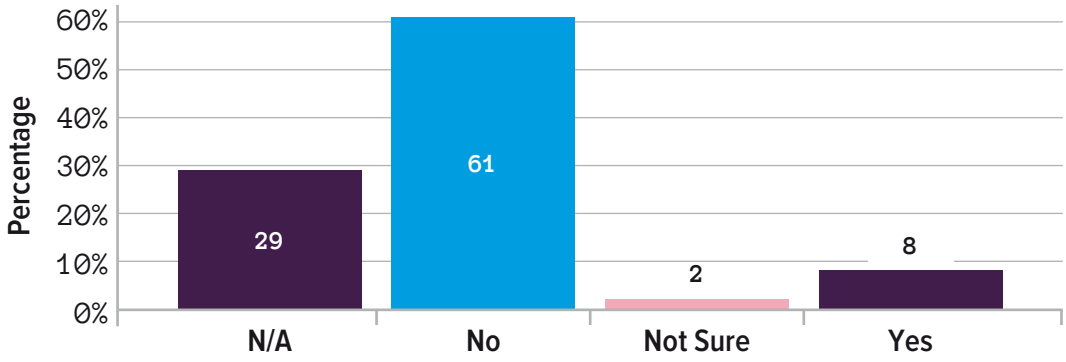
A small proportion of respondents reported having negative experiences whilst using specialist addiction services due to other aspects of their identity. Nearly one in ten said they had negative experiences due to their sexual orientation, showing the importance of continuing promotion of LGB inclusion as well as trans specific work (n 108). 2% felt that their race/ethnicity/nationality made them unable to approach specialist services – an extremely high number when you consider that only 8% of respondents to the survey were not White Scottish/English/Northern

Irish/Welsh/British (n 108). Whilst it is very encouraging that the huge majority of respondents had not had negative experiences due to any of these aspects of their identities, that some respondents selected each indicates that an intersectional approach to removing discrimination from services remains important.

Twelve people left additional responses to this question, but none of them gave additional information about experiences of discrimination due to other aspects of identity.

## GENDER EXPRESSION AND USING SERVICES

**Q27.** Has any aspect of your gender expression (i.e. your clothing, hairstyle, mannerisms, whether or not you wear makeup etc.) prevented you from benefitting from addictions treatment (n 65)?




Respondents were asked an open-ended question about whether they felt their gender expression had prevented them from benefitting from addictions treatment. There were 66 text responses, although one was removed as it explicitly discussed gender identity services exclusively.

Of the remaining 65 respondents, 29% said the question wasn't relevant to them, and 62% answered 'no'. It is unclear however if all of the 'no' responses can be attributed to people who have engaged with addiction services and not experienced any problems in relation to their gender expression, or if they simply had not used addiction services.

8% of respondents said that their gender expression had prevented them from benefitting from addictions treatment (n 65). Many of the text responses that gave detailed answers spoke about a general sense of difference not being accepted, and feeling that their gender expression was responded to negatively throughout their life, rather than specifically in addiction services. Some examples of responses given are:

- "Have been told I'm an attention-seeking goth with 'no real issues'."

> "I feel like should I have sought help I would be unable to come out as trans and be correctly gendered because of the fact I wear makeup."

> "I naturally have a very feminine gender presentation for a man, which together with my sexuality has caused problems. Pre-transition I lived as a butch dyke, which caused the same problems."

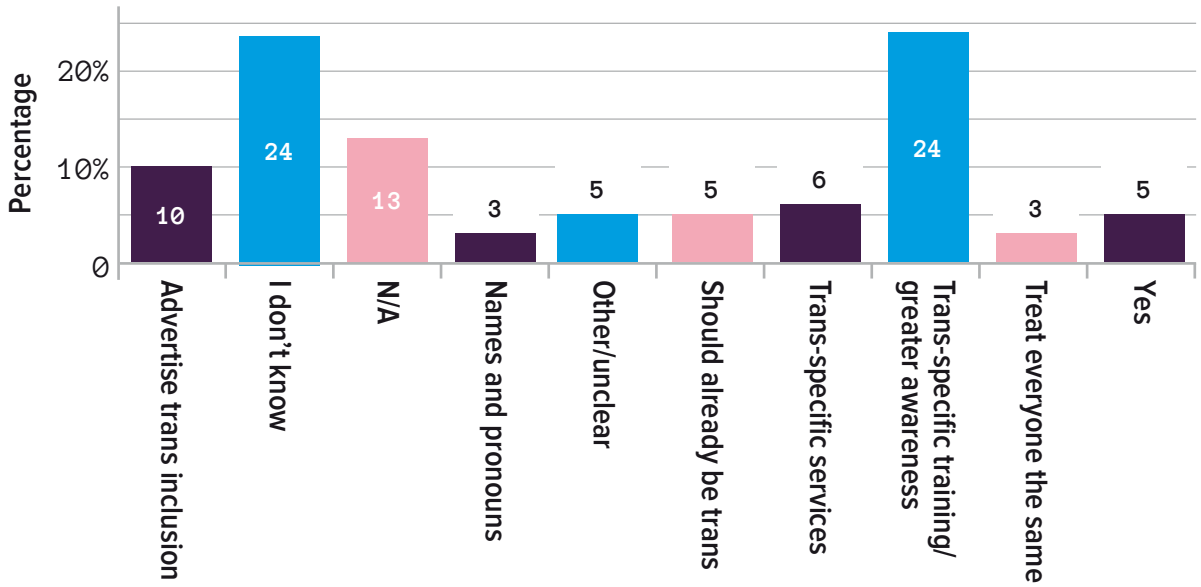
- "People treat other people that are different with contempt."

- "Not sure how family and friends would react."

Although only 8% of respondents felt that their gender expression had prevented them from benefitting from addictions treatment, this is still an area where services can ensure they are sending out the right messages about inclusion and valuing diversity. Addiction services should choose images in their promotional materials, information leaflets, on their websites etc. which show people with a range of gender expressions. This way, potential service users who may be concerned about engaging with services will be able to see that they are welcoming of and aimed at people regardless of how they express their gender.

# HOW CAN SPECIALIST ADDICTION SERVICES BE MORE INCLUSIVE OF TRANS PEOPLE?

**Q28.** How do you feel that specialist addiction services could be changed to be more inclusive of trans people (n 63)?




Respondents were asked an open-ended question where they were able to leave suggestions for how specialist addiction services might be more trans-inclusive, and the answers to this question were coded into themes. 24% of respondents to this question were unsure of how addiction services could be more trans-inclusive, with 13% feeling that the question wasn't relevant to them (n 63).

Of those people who made suggestions for improvements, the most common was around services having trans-specific training, or a raised awareness of trans people and some of the issues they may be facing, with 24% of respondents suggesting this (n 63). This reflects answers to earlier questions, where respondents' greatest concerns about using services, and the most common negative experience reported when using services, was lack of knowledge. Some examples of responses that were coded into this theme are (n 63):

> "be more actively aware of trans people being more susceptible to drug or alcohol abuse due to their social/family/financial etc. situation, and bear this in mind that being trans doesn't cause addiction but can be a factor that adds to it."

> "professionals receiving basic education on trans (including non-binary) identities would make a world of difference."

> "I think in general people working in medical type fields or around stuff to do with addiction need more training in order to be educated about and respectful of trans people. I've even found doctors and nurses to be quite ignorant of basic things."

10% of respondents stressed that it was important that services advertised the fact they were trans inclusive (n 63). Again, this reinforces the findings of earlier questions, which showed that respondents were concerned about the safety and inclusion of services at much higher rates than they reported having negative experiences. Some of the suggestions that people gave about how services could be proactive in letting the trans community know they would be welcomed were:

> "The simple addition of a small wee LGBT logo or the 3-gender symbol on websites or written documentation would be more than enough to 'look' more trans friendly."

> "I think if they particularly advertised themselves to trans people so that we'd feel more confident that they'd treat us appropriately that would be a big help."

6% of respondents indicated that some trans-specific services could be offered, such as peer support groups or specific counsellors who had greater knowledge around trans issues and identities (n 63).

3% of respondents talked about the importance of making sure names and pronouns were asked for and respected within addiction services (n 63).

# CONCLUSIONS

The findings from the survey would suggest that trans people in Scotland may use drugs at higher rates than the general population. 67% of respondents had tried drugs, compared to just 23% of the general Scottish population (n 176) (Scottish Crime and Justice Survey, 2013). The sample also reported higher levels of disordered alcohol and drug use compared to population wide data, as identified by AUDIT questions. For each AUDIT question, the data was also filtered to look at those respondents who had just drunk alcohol. This group was normally closer to national figures, but still reported higher levels of problematic use. The data would seem to suggest that those respondents who used other drugs as well as drinking alcohol were much more likely to have disordered use of alcohol or other drugs. Although more detailed research would need to be undertaken to determine if trans people are more likely to use alcohol or other drugs in problematic ways, the findings certainly indicate that they are a group that should be considered in addiction services planning.

Half of respondents felt that their alcohol or other drug use had been affected by being trans (131). This shows the importance of recovery and addictions services having an understanding of some of the specific reasons that may factor into trans peoples' use of alcohol or other drugs. In particular, respondents highlighted negative emotional wellbeing relating to their trans identity influencing their use of alcohol or other drugs – with a particular emphasis placed on social anxiety due to being trans, difficulty or anxiety in having sexual or romantic relationships due to being trans, gender dysphoria, and poor mental health. As such, it is important that trans people talking about these issues in relation to their alcohol or other drug use with services are treated with understanding and respect, and increased knowledge of staff working in these areas is crucial.

The majority of respondents had not wanted to approach services (their GP, addiction services (peer support or one-to-one support) or charities/ voluntary orgs) about alcohol or other drug use.

However, respondents highlighted several concerns that they may have about approaching specialist services:

- Concerns that services wouldn't know enough about trans people to help.
- Fear of hurtful, demeaning or insulting language.
- Fear of silent harassment.
- Concerns that trans specific healthcare would be stopped or refused due to addiction status.
- Respondents were particularly concerned about approaching their GP.

The majority of respondents had not engaged with specialist services about their alcohol or other drug use, so there was only a small sample size from which to draw conclusions about experiences. However, respondents mentioned:

- Feeling that services didn't know enough about trans people to help them.
- Being misgendered (either by mistake or on purpose).
- Silent harassment.

Respondents were asked how they felt that specialist addiction services could be changed to be more inclusive of trans people. The most frequently mentioned suggestions were:

- Services having trans-specific training/a raised general awareness of trans people.
- Services advertising the fact they are trans-inclusive.
- Services offering trans-specific support.

The survey was answered by a large number of people aged 25 or under – 27% of all respondents. People in this age range also had

some of the highest levels of problematic alcohol or other drug use as measured by the AUDIT questions, and average ages at which people felt both their alcohol or other drug use became problematic was under 25. This would indicate that addictions services should also be exploring ways in which it can engage with and reach out to young people, including young trans people. This could feed into existing work being done by the NAADP through the Children's Services Strategic Plan.

## RECOMMENDATIONS

**Services need a greater understanding and awareness of trans people**

- Addiction services should ensure that their staff have trans-specific training. This training should ensure that staff are comfortable and understand terminology around trans identities, the type of language and questions it is appropriate to ask trans people, and the importance of using the right pronouns.
- Addiction services should ensure that staff are aware that trans people seem to be a group who may use alcohol or other drugs at higher problematic rates than the general population, and why this is the case.
- GPs need to have trans-specific training.

**Services need a greater understanding of the particular ways that trans identity may impact on alcohol or other drug use**

- Addiction services' staff should be knowledgeable enough to understand and respond respectfully to service users who discuss the impact of their trans identity on alcohol or other drug use.
- Addiction services should be able to signpost trans service users to additional other appropriate support services where this is useful for their recovery.

**Services need to ensure that trans people know they will be welcomed *before* they arrive**

- Outward facing material should mention that all people are welcome, and transgender people should specifically be mentioned (i.e. in information leaflets, on websites, on posters etc.).

- Addiction services could consider advertising themselves in trans community spaces both online and offline, with specific messaging aimed at trans people.
- Services require being proactive in reaching out to the trans community within specific communities and networks.
- Addiction services could produce a specific leaflet aimed at the trans community, to demonstrate their commitment to inclusion.
- Clarity needs to be provided about whether engagement with addiction services will have an impact on access to trans specific healthcare, and this needs to be communicated to trans people.

**Services need to ensure that trans people are safe and respected whilst using them**

- Services should have a trans policy in place to set out what is expected of services, and to ensure this level of service is adhered to.
- H&SCP should demonstrate equality approaches through engaging with trans equality initiatives in the third/voluntary sector.
- Any forms used by services should have non-binary inclusive title and gender identity options.
- A zero tolerance approach to transphobia needs to be taken, including challenging silent harassment.
- People should be referred to using the name and pronouns that they feel comfortable with at all times, and it should be easy for people to change these details when using services.
- Trans-specific services could be offered, such as trans peer-support groups, specific drop-in times, a leaflet targeted specifically at trans people, or counsellors with specific knowledge in trans issues.

## THE QUALITY PRINCIPLES AND THE RECOVERY PHILOSOPHY

Many of the recommendations from this report are in line with The Quality Principles and The Recovery Philosophy that all addiction services are required to embed into their practices. The most relevant Quality Principles that would be achieved by implementing these recommendations are:

- You should be supported by workers who have **the right attitudes, values, training and supervision** throughout your recovery journey.
- You should have a **recovery plan that is person-centred and addresses your broader health, care and social needs**, and maintains a focus on your safety throughout your recovery journey.

The most relevant parts of The Recovery Philosophy that would be achieved by implementing these recommendations are:

- **You should be treated with dignity and respect.** If you relapse and begin treatment again, services should welcome your continued efforts to achieve long-term recovery.
- **You should be able to access services that recognise and build on your strengths and needs** and coordinate their efforts to provide recovery-based car that respects your background and cultural beliefs.
- **You should be able to access respectful, non-discriminatory care from all service providers** and to receive services on the same basis as anyone else who uses health and social care and third sector services.

# GLOSSARY

It is important to remember that language around trans issues is constantly changing and evolving. Particularly as many terms are related to people's personal identities, the terms may be used by different people to mean different things. This is a non-exhaustive list of some of the terms used in this report and our current understandings of their definitions.

**Assigned sex at birth**
When a baby is born, a doctor will normally declare "it's a boy" or "it's a girl" based on the babies external genitals (sometimes this is not the case if a baby is born with a visible intersex condition). A baby is then expected to grow up to identify as the gender that "matches" with their body – so a baby born with a penis is expected to grow up and be a boy.

**Cisgender/cis**
A person who identifies with the sex they were assigned at birth. Cisgender is the word for anyone who is not transgender.

**Cissexism**
The set of norms in society that enforce ideas about the gender binary, and assumes that everyone will identify with their assigned sex at birth.

**Cross-dressing person**
A person who occasionally wears clothing and/or makeup and accessories that are not traditionally associated with the sex they were assigned at birth.

**Gender binary**
The dominant idea in Western society that there are only two genders ('man' and 'woman'), that all people are one of these two genders, and that the two are opposite.

**Gender dysphoria**
Refers to a person's sense of distress or discomfort around some aspect of their gender experience. This can be body dysphoria (i.e. a trans person who is distressed about having breasts, or a trans person who is distressed about the amount of facial or body hair they have), or it can be social dysphoria (i.e. a non-binary person who is distressed about people assuming they are female when they meet them, and using gendered language to refer to them).

**Gender expression**
Refers to all of the external characteristics and behaviours that are socially defined as either masculine or feminine, such as clothing, hairstyle, make-up, mannerisms, speech patterns and social interactions.

**Gender identity**
Refers to how we see ourselves in regards to being a man or a woman or somewhere in between/beyond.

**Gender reassignment**
The language used in the Equality Act 2010 to refer to any part of a process of transitioning to live in a different gender (regardless of whether any hormonal or surgical changes take place).

**Intersex**
Intersex is an umbrella term used for people who are born with variations of sex characteristics, which do not always fit society's perception of male or female bodies. Intersex is not the same as gender identity or sexual orientation.

**Misgender/misgendering**
When somebody makes incorrect assumptions about your gender or refuses to accept your gender and uses language that makes this apparent, such as pronouns or gendered language like 'sir' or 'madam'.

**Non-binary person**
A person identifying as either having a gender which is in-between or beyond the two categories ‘man’ and ‘woman’, as fluctuating between ‘man’ and ‘woman’, or as having no gender, either permanently or some of the time.

**Passing**
Being seen or read as a certain gender. Most often, this refers to being read as the gender you identify as e.g. a trans man being read as a man. Sometimes, trans people may try and pass to avoid having to out themselves – such as a non-binary person trying to pass as either a man or woman.

**Pronouns**
The way someone refers to you. The most commonly used pronouns are ‘she/her/hers’, normally used for women, and ‘he/him/his’, normally used for men. Some people will use gender neutral pronouns, such as the singular ‘they/them/theirs’ or ‘ze/hir/hirs’, and some people will use a mixture of pronouns. It is not always possible to know someone’s gender identity from the pronouns they use.

**Transgender/trans**
Equivalent inclusive umbrella terms for anyone whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth. At the Scottish Trans Alliance, we use trans to refer to trans men and trans women, non-binary people, and cross-dressing people.

**Transition**
The process of changing the way you live in order to match up with your gender identity. Examples of transitioning include asking changing your name, asking people to use different pronouns for you, and changing the way you express your gender. For some people, this will involve medical treatments such as hormone therapy and surgery.

**Trans man**
A person who was assigned female at birth but has a male gender identity and therefore transitions to live fully as a man

**Transphobia**
Discriminatory or prejudiced actions or ideas related to someone's actual or perceived gender identity or gender expression

**Trans woman**
A person who was assigned male at birth but has a female gender identity and therefore transitions to live fully as a woman

# REFERENCES & ADDITIONAL RESOURCES

Example of an **AUDIT test**:
**http://patient.info/doctor/alcohol-use-disorders-identification-test-audit**

North Ayrshire's **Preventing harm promoting recovery strategy**:
**http://www.naadp.com/resources/site1/General/NAADP%20Strategy%202015-18.pdf**

**Scottish Census 2011**:
**http://www.scotlandscensus.gov.uk/census-results**

**Scottish Crime and Justice Survey 2013**:
**http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications**

**Scottish Health Survey 2014**:
**https://discover.ukdataservice.ac.uk/Catalogue/?sn=7851&type=Data%20catalogue#documentation**

**Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013**:
**http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/2013-Reports/**

**The Quality Principles and The Recovery Philosophy**:
**http://www.gov.scot/Resource/0045/00458241.pdf**

**UK Census 2011**:
**https://www.ons.gov.uk/census/2011census**

## Large print

If you need this document in larger print or another format or language, please contact us on 0131 467 6039 or info@scottishtrans.org.

This document is available in PDF format on our website: www.scottishtrans.org/alcohol-and-drug-services

Scottish Trans

Scottish Trans Alliance is the Equality Network project to improve gender identity and gender reassignment equality, rights and inclusion in Scotland.

Equality Network

The Equality Network is a national lesbian, gay, bisexual, transgender and intersex (LGBTI) equality and human rights charity for Scotland.

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