Transgender Inclusion in Drug and Alcohol Services







NORTH AYRSHIRE Health and Social Care Partnership

www.scottishtrans.org



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

Authors

Vic Valentine Policy Officer

Oceana Maund Community Development Worker Scottish Trans Alliance Scottish Trans Alliance

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

INTRODUCTION

This guide provides an overview of the findings and recommendations taken from the recent Scottish Trans Alliance survey into transgender inclusion within drug and alcohol services.

The survey was run as a joint project between the Scottish Trans Alliance, North Ayrshire Alcohol and Drug Partnership (NAADP) and the North Ayrshire Health and Social Care Partnership, and was promoted with the support of Scottish Health Action on Alcohol Problems (SHAAP).

The survey asked trans people about their alcohol or other drug use, and their experiences in accessing recovery and addiction services.

Why was this survey commissioned?

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).

Subsequent to community engagement initiatives and as highlighted by Equality Impact Assessments, NAADP were seeking to engage with 'hard to reach' groups and, recognising the trans community as one such group, welcomed the opportunity to work with Scottish Trans Alliance on this project.

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 recovery and addiction services.

You can read the full version of the report at http://www.scottishtrans.org/alcohol-and-drug-services

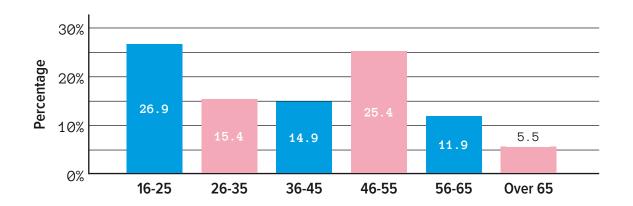
Who did we reach?

Gender identity

We heard from respondents with a diverse range of gender identities. The most common gender identities were:

18%	15 %	13%	11%	10%
Trans woman	Cross-dressing person	Trans man	Other	Non-binary person

Age



Ethnicity



White Scottish / English / Northern Irish / Welsh / British



Other White ethnic groups

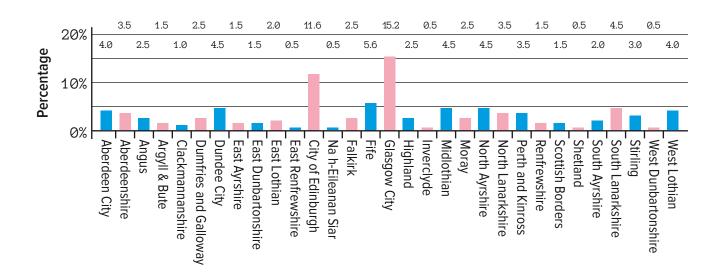
3.5%

Black, Asian or Mixed minority ethnic groups



We spoke to 202 trans people, or people with a trans history, across Scotland.

Location



Disability



Not disabled or with no long term health problems



Disabled or with long term health problems

7%

Unsure

What did we find out?

of our respondents had drunk alcohol. The mean age at which people had first drunk alcohol was **14.5 years old**.

GG_%

35% felt that their alcohol use had become problematic.

67% of our respondents had tried drugs. The mean age at which people had first tried drugs was 18 years old. **21%** felt that their drug use had become problematic.

26% had tried new psychoactive substances. The mean age at which people had first tried NPS was 23.5 years old. **16%** felt that their NPS use had become problematic.

Trans people in Scotland would appear to have higher rates of problematic alcohol or other drug use than the general population – it is important that recovery and addiction services are able and ready to support this community.



of our respondents had **6 or more drinks on one occasion** "daily or almost daily".

17%

had 6 or more drinks on one occasion "weekly".

3% of our respondents **failed to do what was expected of them** due to alcohol or other drug use during the last year "daily or almost daily".

2%

of our respondents **had a feeling of guilt or remorse** after alcohol or drug use during the last year "daily or almost daily".

11%

of our respondents **had been harmed, or harmed someone else** because of alcohol or other drug use during the last year.

15%

of our respondents **had a relative, friend, Doctor or other health care worker express concern** about their alcohol or other drug use during the last year.

Do you feel your alcohol or other drug use has been affected by being trans? If so, how?

Half of the respondents said that their alcohol or other drug use has been affected by being trans. Some of the most common ways in which they said this had affected it was:

- Using alcohol or other drugs to cope with social anxiety around being trans.
- Using alcohol or other drugs to cope with anxiety around relationships and sex due to being trans.
- Using alcohol or other drugs to cope with gender dysphoria.
- Using alcohol or other drugs to cope with depression/mental health problems related to their trans status and experiences of transphobia.
- Using alcohol or other drugs to cope with difficulties accessing the help they need as a trans person (such as long waiting times for Gender Identity Clinics).

It is important that recovery and addiction services have an understanding of some of the particular ways that trans people may use alcohol or other drugs, so that they are able to provide the correct support.

Concerns about approaching services for help with alcohol or other drug use

Respondents' main concerns about approaching services about their alcohol or other drug use were:

- That services wouldn't know enough about trans people to help.
- Fear of silent harassment (e.g. being stared at, whispered about).
- Fear of hurtful, demeaning or insulting language about being trans.
- That their trans-specific healthcare (such as access to hormones and/or surgeries) would be stopped.
- That recovery services would be stopped or refused due to them being trans.
- Fear of physical violence.

Respondents also had concerns about approaching services about their alcohol or other drug use due to other aspects of their identity – **16% because of their sexual orientation, 14% because of their age, 11% because of their disability, and 2% because of their race/ethnicity** /nationality.

Recovery and addiction services need to do more work to decrease the fears trans people have about engaging with them – and need to approach this in an intersectional way, which considers all aspects of trans people's identities.

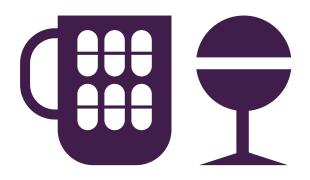
Experiences of using services due to alcohol or other drug use

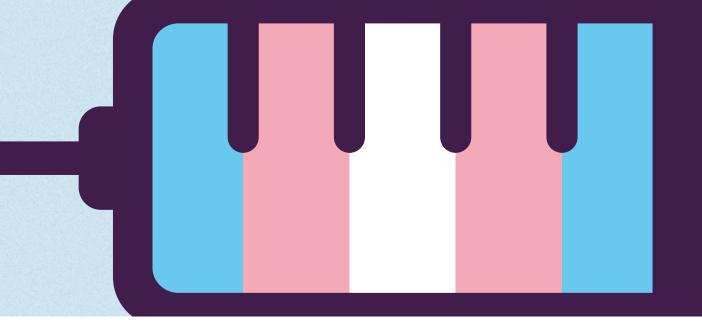
Only a small number of our respondents had engaged with recovery or addiction services. However, those who had highlighted the following negative experiences:

- Felt that services didn't know enough about trans people to help them.
- Were misgendered whilst using services (had the wrong name or pronouns used for them by staff/service users).
- Experienced silent harassment (e.g. being stared at / whispered about).
- Heard hurtful, demeaning or insulting language about being trans.

A lack of knowledge about trans people in services was the most frequently highlighted problem. Recovery and addiction services must ensure that they have training to:

- increase their awareness of trans people and their identities.
- increase their awareness of the specific needs that trans people may have from recovery services.





Being misgendered (having the wrong name and pronoun used to refer to you) was also highlighted as a problem. 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. 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.

Trans people's concerns about using services were more commonly based on fears and expectations rather than actual experiences. For example, 11% of respondents feared physical violence if they engaged with peer-support in addiction services, but most of them had no experience of using peer support. This demonstrates the importance of proactively reaching out to the trans community to let them know that recovery and addiction services are welcoming, knowledgeable, and supportive of their needs.

Recovery and addiction services need to do more to ensure that their trans service users are having positive experiences when engaging with them and also to communicate to potential service users that they can engage safely. Lack of knowledge is the biggest factor in an inability to provide an appropriate service – so training and awareness-raising is critical.

Recommendations

Services need a greater understanding and awareness of trans people:

- Recovery and addiction services should ensure that their staff have trans-specific training to improve their understanding of trans people and the language they may use.
- Recovery and 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.

Services need a greater under-standing of the particular ways that trans identity may impact on alcohol or other drug use:

- Recovery and 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.
- Recovery and addiction services should be able to signpost trans service users to additional 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 that people's gender identities will be respected. Transgender people should specifically be mentioned (e.g. 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.
- Recovery and addiction services require being proactive in reaching out to the trans community within specific communities and networks.

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 how the service will uphold trans equality and inclusion, and to ensure this level of service is adhered to.
- 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.



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.

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 dysphoria

Refers to a person's sense of distress or discomfort around some aspect of their gender experience. This can be body dysphoria (e.g. a trans person who is distressed about having a penis, or a trans person who is distressed about their face or body hair), or it can be social dysphoria (e.g. 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.

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

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.

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 Transgender 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 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.

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.

30 Bernard Street Edinburgh EH6 6PR Telephone: +44 (0) 131 467 6039

www.scottishtrans.org Email: info@scottishtrans.org www.equality-network.org Email: en@equality-network.org

Registered Scottish Charity: SC037852 Company limited by guarantee: SC220213