



Full length article

Substance use and treatment of substance use disorders in a community sample of transgender adults



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ARTICLE INFO

Article history:

Received 10 February 2015

Received in revised form 25 March 2015

Accepted 9 April 2015

Available online 22 April 2015

Keywords:

Substance use

Alcohol

Drugs

Transgender

Posttraumatic stress disorder

Unstable housing

ABSTRACT

Background: Transgender people have elevated substance use prevalence compared with the U.S. general population, however no studies have comprehensively examined the relationship of psychosocial risk factors to substance use and substance use disorder (SUD) treatment among both male-to-female (MTF) and female-to-male (FTM) transgender adults.

Methods: Secondary data analysis of a 2013 community-based survey of transgender adults in Massachusetts ($N = 452$) was conducted. Adjusted multivariable logistic regression models were fit to examine the relationship of four risk factor domains with SUD treatment history and recent substance use: (1) demographics; (2) gender-related characteristics; (3) mental health; (4) socio-structural factors. Adjusted Odds Ratios (aOR) and 95% Confidence Intervals (95% CI) were estimated.

Results: Ten percent of the sample reported lifetime SUD treatment. Factors associated with significant increase in odds of lifetime SUD treatment alongside recent substance use (all $p < 0.05$) were: (1) older age (aOR = 1.02; 95% CI = 1.01–1.04), higher educational attainment (aOR = 3.59; 95% CI = 2.35–5.50), low income (aOR = 0.58; 95% CI = 0.39–0.86); (2) MTF identity (aOR = 3.03; 95% CI = 1.95–4.67), gender-affirming medical care (aOR = 1.99; 95% CI = 1.32–3.00); (3) intimate partner violence (aOR = 1.68; 95% CI = 1.13–2.49), posttraumatic stress disorder (aOR = 2.56; 95% CI = 1.69–3.88), depression (aOR = 2.30; 95% CI = 1.58–3.35), mental health treatment (aOR = 1.65; 95% CI = 1.11–2.45); (4) discrimination (aOR = 1.90; 95% CI = 1.22–2.95), unstable housing (aOR = 1.80; 95% CI = 1.21–2.67), and sex work (aOR = 2.48; 95% CI = 1.24–4.95).

Conclusions: Substance use and SUD treatment among transgender adults are associated with demographic, gender-related, mental health, and socio-structural risk factors. Studies are warranted that identify SUD treatment barriers, and integrate SUD treatment with psychosocial and structural interventions for a diverse spectrum of transgender adults.

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1. Introduction

The term *transgender* describes people whose gender expression or identity differs from that traditionally attributed to their assigned natal sex (Mayer et al., 2008). Nearly 1 million American adults currently identify as transgender (Stroumsa, 2014). Studies examining substance use disorders (SUDs) among transgender

people are rare, and reporting of gender identity data (e.g., transgender status) in SUD-related research is limited (Flentje et al., 2015). In the few studies that exist, transgender people have significantly elevated prevalence of alcohol and illicit drug use compared with the general population (Benotsch et al., 2013; Clements-Nolle et al., 2001; Herbst et al., 2008; Keckojevic et al., 2012; Reback and Fletcher, 2014; Santos et al., 2014).

A biopsychosocial model of illness (Engel, 1980) is often applied to understand SUDs, including consideration of the relationship of demographic, gender-related, mental health, and socio-structural risk factors to substance use and SUD treatment (Cheatle and Gallagher, 2006; Chermack and Giancola, 1997; Comfort and

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Kaltenbach, 1999; Griffiths, 2005; Marlatt, 1992). To our knowledge, however, no reports have comprehensively examined these factors in substance use and SUD treatment utilization among transgender adults. Indeed, the association between demographic characteristics and substance use among transgender people has not yet been well characterized. Studies have often focused on youth rather than the entire adult lifespan (Garofalo et al., 2006; Kecojovic et al., 2012; Rowe et al., 2015). In addition, gender differences in SUD treatment utilization between transgender people on the male-to-female spectrum (MTF/transgender women) vs female-to-male spectrum (FTM/transgender men) have not been described, as existing reports have focused primarily on substance use among transgender women in the context of HIV risk (Nemoto et al., 2004; Nuttbrock et al., 2014b; Reback and Fletcher, 2014; Rowe et al., 2015; Santos et al., 2014). Moreover, reporting of non-binary gender identity (i.e., gender identity which is not defined as either male or female, and may be defined as “genderqueer” or “gender variant”) in published substance use research is minimal (Flentje et al., 2015), and differences in substance use and SUD treatment between transgender people with binary vs non-binary gender identity have not been investigated.

Based on sexual minority (Meyer, 2003) and gender minority (Hendricks and Testa, 2012; Reisner et al., 2014a, 2014d) stress theories, SUDs among transgender people are increasingly viewed as downstream consequences of internalized and enacted transphobia (Nuttbrock et al., 2014b). Transgender people are at high risk for verbal, physical and sexual victimization (Garofalo et al., 2006; Operario and Nemoto, 2010; Stieglitz, 2010; Stotzer, 2009). A national study of more than 6000 transgender people found that 63% had experienced a serious act of discrimination (e.g., medical service denial, eviction, bullying, or physical/sexual assault; Grant et al., 2011). Transgender people who, due to physical attributes that reveal their transgender status, are unable to “pass” (i.e., to be societally affirmed in the gender with which they identify) may be particularly vulnerable to victimization (Grant et al., 2011; Nemoto et al., 2004; Operario and Nemoto, 2010). Experiencing psychological or physical abuse as a result of one’s nonconforming gender expression or identity is associated with a three- to four-fold higher odds of alcohol, marijuana, or cocaine use, as well as an 8-times higher odds of any drug use, among transgender women (Nuttbrock et al., 2014b). Among MTF transgender youth, gender-related discrimination is associated with increased odds of alcohol and drug use (Rowe et al., 2015). Research suggests that substance use may be a means of coping with discrimination, as a national study found that 35% of transgender people who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported using substances to cope with transgender- or gender nonconformity-related mistreatment (Grant et al., 2011).

In the context of such common interpersonal trauma, a recent report showed that posttraumatic stress disorder (PTSD) symptoms are associated with increased odds of drug use among MTF youth (Rowe et al., 2015). Previous research also indicates that transgender people have high prevalence of depression (Clements-Nolle et al., 2001; Reisner et al., 2015) and, among transgender women, gender nonconformity-related abuse has been associated with higher likelihood of major depression (Nuttbrock et al., 2014a). Moreover, depression has been shown to mediate the relationship of gender-related abuse to substance use (Nuttbrock et al., 2014b). Though the associations of violent victimization, PTSD, and depression to substance use and SUD treatment utilization are well characterized in non-transgender populations (Davis et al., 2008; Jacobsen et al., 2001), these relationships remain largely unstudied among both MTF and FTM transgender adults.

Transgender people are twice as likely to be unemployed as non-transgender people (Grant et al., 2011), as stigma and discrimination restrict access to employment and income

(Grant et al., 2011). Some transgender people, particularly transgender women, engage in sex work (Garofalo et al., 2006; Nemoto et al., 2006; Operario et al., 2008; Sausa et al., 2007; Sevelius et al., 2009). Sex work has been linked to increased prevalence and frequency of substance use among transgender women (Nuttbrock et al., 2014b). Little is known, however, about the associations of poverty, homelessness, and sex work to substance use and SUD treatment utilization among both MTF and FTM transgender adults, though these relationships have been studied extensively in non-transgender populations (Bassuk et al., 1998; Fischer and Breakey, 1991; Nuttbrock et al., 2004; Robertson et al., 1997; Shannon et al., 2008).

Many transgender people seek out medical gender affirmation technologies, such as cross-sex hormone therapy or surgeries, to align their physical selves with their internal sense of gender identity or expression. The American Medical Association has deemed cross-sex hormone therapy and gender-affirming surgery necessary medical treatments for gender dysphoria, defined as extreme and persistent distress related to incongruence of gender identity and natal sex (American Medical Association, 2008). Nevertheless, transgender individuals face numerous barriers to receiving appropriate gender-affirming health care (Operario and Nemoto, 2010), including a lack of both competent providers and insurance coverage (Operario and Nemoto, 2010; Sanchez et al., 2009; Spicer, 2010; Stroumsa, 2014). The psychological stress of health care access disparities faced by transgender people is believed to contribute to worse mental health (Poteat et al., 2013), including disproportionate substance use as a coping strategy (Wilson et al., 2015). A recent study examined the relationship of gender-affirming medical services to recent alcohol and drug use among transgender women (Wilson et al., 2015), however, the sample did not include transgender men, and SUD treatment utilization was not assessed. Thus research exploring the specific relationship of cross-sex hormone therapy and/or gender-affirming surgery to substance use and SUD treatment utilization among diverse groups of transgender people is warranted.

Significant gaps exist in the literature regarding the association of demographic, gender-related, mental health, and socio-structural risk factors to substance use and SUD treatment among transgender adults. To address these gaps, the present study aimed to: (1) assess the prevalence and distribution of SUD treatment history and recent substance use in a community sample of transgender adults; and (2) examine the relationship of substance use and SUD treatment utilization to demographic, gender-related, mental health, and socio-structural risk factors in this understudied and highly vulnerable population.

2. Materials and Methods

2.1. Participants and sampling

Data were gathered through Project VOICE, a community-based sample of 452 self-identified transgender and gender-nonconforming Massachusetts residents, ages 18 to 75 years. Participants were purposively recruited using bimodal methods (online and in-person) from August to December, 2013 and asked to complete a one-time survey assessing demographics, experiences of discrimination and victimization, and health indicators. Participants provided informed consent before beginning the survey. The study was designed to examine the association between social stress (e.g., public accommodations discrimination) and stress-responsive physical and mental health indicators (e.g., asthma and depression). The study was not specifically designed to study SUDs or their treatment. Eligible respondents were age 18 years or older, self-identified as transgender or gender-nonconforming, lived in Massachusetts for at least 3 months in the past year, and had the ability to read/write at the 5th grade level or higher in either English or Spanish. Project VOICE was a local collaboration between The Fenway Institute (TFI) at Fenway Health and the Massachusetts Transgender Political Coalition (MTPC). Compensation for participating was entry into a raffle in which participants could win one of two iPads. Given the time required to complete the survey and the lack of incentive for every participant, it is unlikely that individuals who were not transgender would take the time to complete this relatively lengthy survey. Additionally, the survey

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