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Drug & Alcohol Service and Usage

An Extract from the Transgender Project Conducted in Central Sydney Area Health Service

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their homes to obtain clean needles.

Seven (or 53 percent) of the thirteen who used D. & A. services, believed that these services did not understand transgender issues and 38 percent of the thirteen were not sure. This response was the largest expression by transgender people of the likelihood or reality of specific health services failing to understand transgender issues. Therefore, it may be said with caution, that drug and alcohol services are probably seen as most likely to be discriminatory toward transgender people. Anecdotal data confirms these perceptions to some degree and shows the experiences of numerous transgender people within these services to be discriminatory, unresponsive to their needs and very difficult.

These services appear to be without any adequate education about issues of transgender, gender and sexuality, or the ability to help address these for clients, as part of social relations of marginality which help to produce low self-worth and co-exist with or result in drug abuse, unsafe sex and self-abuse.

Transgender Experiences of Drug & Alcohol Services

Transgender people using drug and alcohol detoxification institutions have reported experiencing isolation and misunderstanding due to discrimination by other patients who are almost invariably men. There is a perceived urgent need among the transgender spoken with during research for education of staff about transgender issues in hospital detoxification units. In addition to this, detox units are predominantly oriented toward servicing users of narcotics and alcohol rather than drugs such as ecstasy and amphetamines, which are the substances primarily used by transgender people in the context of their, and gay or queer subcultures. This study, however, reveals a quarter possibly using alcohol excessively, and some marijuana.

The sub-cultural context in which use or addiction occurs among transgender thus often differs from heterosexual or 'mainstream' cultures. Issues, such as those of discrimination, gender and erotic practices; relationships of power and abuse, specific to the sub-cultural context, dynamics of transgender people's use, therefore need addressing in drug and alcohol treatment and healing processes.

Also, the levels of dereliction are not as great for transgender users, and the issues specifically different, compared to users of alcohol and narcotics, who appear mostly to be from the 'heterosexual community'.

There are also reports of negative, discriminatory or abusive attitudes toward transgender people, (in relation to gender behaviour and/or perceived sexualities) by numerous patients, who are overwhelmingly men. This discrimination may extend to transgender workers in detoxification units, and has done so. Transgender workers have also experienced discrimination from staff.

Building 82, the detoxification unit at R.P.A.H., has had only one transgender person use its services in the past twelve months and

Thirteen transgender people (16 percent of the sample) reported seeking to use drug and alcohol services. Eleven (12 percent) of these respondents used services and two reported not completing

detoxification programs. Of the thirteen who approached the services, five respondents or (41 percent) felt they were treated with respect and sensitivity. Three (or 24 percent) disagreed or strongly disagreed that they were treated with respect and sensitivity. Four (or 30 percent) of the thirteen were not sure that they had been treated with respect and sensitivity. Of the thirteen, 52 percent were therefore either unsure or in disagreement with the notion that services treated them with respect and sensitivity. Most respondents who did not use these services expected respectful treatment. Two respondents had difficulty finding a place near

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perhaps two, over the past two years. The management at this unit has awareness of transgender issues although adequate education by transgender people has not, according to the study's understanding, been adequately updated or carried out for twelve months or more. There remains the issue of the oppressive sense of confinement and isolation felt by transgender people in detoxification environments and the restrictions imposed on personal movement. One transgender person using this service saw staff there as perceptive, totally accepting and caring.

The experience of transgender workers in detoxification units is that a great lack of understanding towards transgender people occurs. This comes in the form of abuse of transgender workers and patients sense of gendered self and hence, the invalidation of their very identities or existence. Some discrimination encountered by transgender people is replicated in rehabilitation programs. Two units heard causing anguish, stress and acting in a discriminatory fashion were The Buttery and Gorman House. Jarrah House has a rigid two gender policy which excludes transgender people on the basis that children are present in the unit. Issues of gender and sexuality are reportedly totally unaddressed in rehabilitation units and assumptions of heterosexuality and a rigid two gender model all prevail, silencing issues critical to transgender people's esteem, growth and recovery.

Rehabilitation programs present a series of issues in regard to (mis)management and lack of sensitivity and education; one of these is social/drug and alcohol worker surveillance, the disciplining and controlling of a transgender person's gender and personal practices and sexualities. There is an urgent need for education programs among workers for transgender people to be understood and their needs met. Currently, there is no provision for addressing issues about gender and power, about erotic practices, or about issues of abuse, arising out of past experience or sex work and possibly destructive personal effects, specifically for transgender people. One transgender person told the project officer of a staff's counselling behaviour, their gaze, the lack of privacy given her and the sheer intrusiveness of workers, while she was attending to her usual personal habits.

This kind of treatment may not occur if workers were adequately skilled and trained to deal with the issues, or alternatively, if adequate issues-based education programs which explicitly confronted and addressed issues of transgender phobia among workers, were in place and effective. Education strategies effectively implemented by transgender liaison officers within these services may address these issues partially. This is unlikely to be sufficient however, to provide the kind of transgender specific quality care, for which skilled transgender workers would be better equipped, and in a supportive transgender controlled environment.

The inappropriateness of men working in D&A who were given the task of tending to transgender people's needs, the expectation of sharing space with groups predominantly made up of men suggest to transgender people that staff cannot comprehend transgender oppression and do not treat their identities, behaviours and needs sensitively. Men are especially confronted by transgender gender behaviour, which may stir men's rigid gender beliefs, misogynist transphobic or homophobic fears. An atmosphere and structure of this kind; a lack of needs provision, underlying fear and discrimination by workers and fellow patients, is less than conducive to treatment and cure; all combine to deter, or have discouraged several transgender people, from using or completing detoxification programs.

Anecdotal findings suggest a considerable qualification of D&A counsellors and a lack of their being able to understand transgender issues. The privileging of a specific moralistic way of treating D&A issues, as per twelve step programs, was referred to as a problem by transgender people who are attendees of these programs. Along with these problems, with a de-emphasis on harm reduction in some D&A treatment programs criticism of twelve step programs, with embedded assumptions of heterosexuality and the absence of any education, (let alone informed education about transgender issues): all shape a rigid and inappropriate environment for transgender people trying to help themselves through detox, recovery and rehabilitation. Transgender people using D&A services found the Bourke St. D&A service, which has an understanding of their gay, lesbian and transgender client group to be more knowledgeable, empathic and validating, than 'mainstream' services.

Health gain requires transgender specific services

The Gender Centre operates a secondary needle exchange outlet and produced a video entitled *Shattered Illusions*. The effectiveness of the latter in community H.I.V. education appears negligible.

Transgender people' Patterns of Drug Use & Required Action

The Perkins recommendation that special transgender substance abuse services be established in each state of Australia, still awaits implementation. Perkins found that transgender people consumed large quantities of drugs, legally and otherwise. Fifteen percent of Perkins sample of transgender people used heroin (with only 2 percent of the population reporting having tried it), 16 percent currently used amphetamines, 40 percent currently used marijuana and 41 percent smoked between ten and thirty cigarettes per day.

In this study, reports of usage over the past six months of all these substances were lower. Seven or (8 percent) used heroin or cocaine, seven (or 8 percent) used amphetamines, 20 (or 23 percent) used marijuana and alcohol consumption may be excessive for sixteen respondents. This indicates some harmful instances or levels of substance abuse within the community, which transnys may fail to address. Experiences of the project worker within the community and during research indicate higher and more widespread substance abuse than transgender people are prepared to disclose or articulate. The project officer observed very destructive health outcomes through drug use as antidotes to unbearable personal and social difficulties of transgender people. Drug use by sex workers, often a way of coping with circumstances, appears to be underestimated in the project's findings. Some sex workers who were approached to do or who completed the questionnaire were very cautious about disclosure of drug use.

Forty-two respondents to this study reported smoking between ten and twenty-five cigarettes per day.

Along with violence, discrimination, medical G.R.S. procedures and sexual assault, cigarette smoking appears as the largest general (and cardiovascular) possible health problem in this study.

Organisation, support, initiatives and training and resources need to be focused in the area of D&A education by the transgender

community/service organisation, using prevention and treatment orientations, which focus on building esteem, affirmation of gender choices and practices of individual transgender people, through innovative peer based support and education. Use of substances is inextricable from issues of discrimination and marginality. A D&A service for transgender people specifically was seen as appropriate by some transgender people, difficulties faced in 'mainstream' service provision. Links with these services may be created by transgender liaison, officers deployed within C.S.A.H.S., to provide transgender education and best practice models. These may be developed and used by our own community/service organisation, following recommendations arising, consultation with transgender people and their representatives.

Health gain may require transgender specific quit smoking strategies.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.