



Brought to you by Virginia's own
Transgender Task Force

Volume 2, Issue 2

April 2006

Transgender Health

Substance Abuse Issues for Trans People

Substance abuse is common in American society. Almost everyone knows someone who is in recovery or should be. Whether the focus is on alcohol, methamphetamine (crank or ice), marijuana (pot), or abuse of prescription drugs, the term substance abuse refers to the use of any psychoactive substance (that is anything that affects one's state of mind and behavior, including stimulants, depressants, opiates, and hallucinogens) in a manner that is not socially or culturally acceptable. Following this definition, any use of illegal drugs is substance abuse by default, as well as any misuse of over-the-counter (OTC) or prescription drugs. Substance abuse often leads to dependence and/or addiction.

All of the available literature seems to agree that substance abuse is a significant problem within transgender populations, but as is the case with most information about trans people, there is very little documentation about the problem. Much of the research lumps trans people in with the larger lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) population, so it is even more difficult to isolate trends about transgender people specifically.

cifically.

There are a handful of studies that have looked at health issues for transgender people, although many do not focus on the problem of substance abuse alone. The Washington Transgender Needs Assessment Survey (WTNAS) conducted in 2000 found that 34% of respondents felt that their alcohol use was a problem; only 36% of those individuals had sought treatment. Thirty-six percent felt that drug use was a prob-

lems was much higher over the lifetime, up to 90% (see chart). For FTMs, 18% had used intravenous drugs while use of non-intravenous drugs was much more prevalent, with up to 89% having used one or more substances in their lifetimes (see table). Twenty-three percent of FTMs and 16% of MTFs had participated in alcohol treatment programs. Twenty-three percent of MTFs and 20% of FTMs had been in drug treatment programs.

Findings of the San Francisco Department of Public Health

Illicit Drug Use	Lifetime Use	Recent Use (last 6 months)
FTM Injection Drug Use (18% of 123 individuals)	Speed [sic] 77%	4%, not broken down by substance.
	Heroin 59%	
	Cocaine 59%	
FTM Non-Injection Drug Use (out of 123 individuals)	Marijuana 89%	Marijuana 43%
	LSD 67%	
	Cocaine 52%	
	Speed [sic] 50%	
	Poppers 42%	
MTF Injection Drug Use (34% of 389 individuals)	Speed [sic] 84%	18%, of which 83% used speed.
	Heroin 58%	
	Cocaine 54%	
MTF Non-Injection Drug Use (out of 389 individuals)	Marijuana 90%	Marijuana 64%
	Cocaine 66%	
	Speed 57%	Speed 30%
	LSD 52%	
	Poppers 50%	
	Crack 48%	Crack 21%
	Heroin 24%	

lem for them; just 53% of those individuals sought treatment. This small number suggests significant barriers to treatment for these participants. A more detailed study by the Department of Public Health in San Francisco in 1999 found that 34% of MTFs had used intravenous drugs. Use of other, non-intravenous,

The Transgender Health Access in Virginia: Focus Group Report, published by the Community Health Research Initiative (CHRI) at Virginia Commonwealth University (VCU) found high levels of substance abuse among participants. Drugs used included alcohol, marijuana, crack cocaine, cocaine, PCP, ecstasy, pharmaceuticals, inhalants, and heroin by both injection and snorting. Alcohol and marijuana were most often mentioned by those actively using.

All this goes to show the extent of the problem with which we are faced. Despite the limitations of these studies (mainly small, self-selecting samples in big cities) it seems clear that there is an

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Inside: 5 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 4 for contact info.
- Join the Virginia HIV Prevention Community Planning Committee. Contact Ami Gandhi at (804) 864-8002 or Ami.Gandhi@vdh.virginia.gov
- If you're trans, earn \$15 by taking the Transgender Health Initiative Survey! See Announcements, p. 3.
- Write a letter to the editor or an article for the newsletter! See Announcements on p. 3 for upcoming newsletter topics.
- Add your event to the to the Upcoming Events section on p. 3!

From the Editor: Trans Allies — The Power of Diversity

By Ted Heck

There is great power in the outward expression of inner identities. As powerful as it may be, sometimes it is not enough, by itself, to create the changes that we need in our society and its institutions. In fact, sometimes the power of our assertiveness simply overwhelms people and makes it harder for them to be understanding, supportive. Power can be threatening when it is misunderstood.

This is where our allies become our greatest strength. Our friends, partners, therapists, doctors, and other allies can speak and be heard in places and to people who might otherwise be deaf to our voices. The foundations built within the relationships we have with our allies allows for their understanding of our issues and needs in ways that no one else can. Their voices become our means of connection to

those who would otherwise be beyond our reach. The timbre and strength of their collected voices possess the power to open doors that might otherwise be closed, and defend our interests to those who might pass judgment and/or just write us off. A supportive person in an agency's human resources department can help a transman keep his job through transition and facilitate the metamorphosis of a workplace from an uncomfortable place to a source of stability. A supportive parent can help other family members understand how important it is for them to use correct pronouns for their newly transitioned MTF daughter. Perhaps most of all, non-trans people who speak on our behalf can give the message legitimacy that we cannot yet provide on our own.

A difficult aspect of this relationship is the dependency component. How-

ever, most disenfranchised groups must go through this phase in order to grow. Having to be dependant makes us more aware of our limitations, forcing us to confront our powerlessness in the face of societal disapproval and incomprehension. Yes, it is hard not to be resentful sometimes, but it is also hard knowing what our allies must go through for us. No matter how many times people told me not to worry about how difficult it may be for family members having to explain my transition to people, I could not help worrying. I always felt bad for putting them in that position. It was the hardest part of having to tell them, knowing that they would have to explain where this (then) 34 year old son came from.

It is true that we are strongest when we can be honest about who we are and

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SA Issues for Trans People

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unusually high rate of substance abuse for transgender people. This is not surprising considering the context of the lives of many trans people. All of the studies mentioned above identified similar causes for high levels of substance abuse that tied into individuals' transgender experience. Gender dysphoria alone causes many people to look for often unhealthy solutions. Sometimes escape via alcohol or drug use may seem like the easiest solution, especially when other options are (or seem to be) unattainable. Further, the stress of social ostracism (a.k.a. transphobia) and rejection by family members can put individuals at high risk for coping through drug or alcohol use. Other factors like employment difficulties and difficulties in accessing all types of services also contribute to the risks for higher levels of substance abuse. For those who are homeless and/or engage in sex work, these stresses are significantly magnified.

Once an individual has come to terms with having a substance abuse problem and has realized that s/he needs help to deal with it, s/he is then faced with the issue of finding a treatment provider. The sensitivity of providers to the needs and issues of trans people can make or break

treatment as an option. If inpatient services are needed, then problems created by insensitivity become intensified because the individual is continually forced to deal with the resulting incongruities and discomfort. If an inpatient program requires a trans person to wear clothing that matches their assigned birth gender, many people will not even consider that program a viable option, no matter how badly they might need treatment. Worse, some treatment providers consider hormone use another form of substance abuse rather than medical treatment and demand that trans people in treatment programs discontinue use in order to comply with treatment and stay in the program. Those who choose to endure those indignities, in spite of a gender identity that demands otherwise, usually find that their treatment is undermined, at the very least, by not being true to themselves, and at worst, by physical symptoms from hormone imbalances. This is a state of being antithetical to any therapeutic milieu. Moreover, being forced to comply with such rules and not being honored by the simple dignity of using preferred pronouns and name only serves to demonstrate to the individual that his or her innermost sense of self is unworthy of public recognition. This is clearly an unacceptable setup for quality

treatment.

There are providers that offer culturally sensitive treatment programs for transgender people. Unfortunately, they are not available in the state of Virginia. A trans person who wants to attend one of the available programs would have to have insurance that could cover it and a way to get to the program. Unfortunately, this means inpatient treatment is simply not accessible for the vast majority of trans people. This is not to say there is no hope. Clearly, progress has been made in improving services and accessibility to trans persons in other arenas, so there is no reason to believe this will not eventually happen in Virginia. The trick is making sure providers are aware of the needs and educating them about how to meet those needs, so that those important changes come sooner rather than later. Other treatment providers, such as therapists, case managers, and health care providers are in a unique position to educate substance abuse treatment providers, demand changes in programs, and act as advocates for trans people to get appropriate services. ♠

For more information on substance abuse issues for transgender people, including some of the information sources for this article, check out page 3.

Announcements:

- The Virginia Department of Health has compiled a **Transgender Resource & Referral (R&R)**, listing resources for transgender people all over the state. Go to <http://www.vdh.virginia.gov/std/Hotline/Transgender%20RR%20List.pdf> to access the PDF. If you are a provider and you'd like to be added to the R&R listing, go here to download the form: <http://www.vdh.virginia.gov/std/Hotline/Transgender%20RR%20Form.pdf>
- **Upcoming Topics for the Transgender Health Newsletter:**
 - Summer — Hormones**, deadline for submissions **June 16**.
 - Fall — Stress Management**, deadline for submissions **Sept. 15**.
 - Winter — Violence**, deadline for submissions **Dec. 15**.Readers' input via letters to the editor & articles is wanted and needed! Contact the editor, Ted Heck via email at Ted.Heck@vdh.virginia.gov or phone at (804) 864-8012 if you'd like to contribute in any way.
- **T.H.I.S. is still going strong!** Please help us continue to spread the word: the Transgender Health Initiative Survey is currently *underway*. If you are a transgender person of any stripe, that is if your assigned gender at birth doesn't match how you see yourself, *and* you live in Virginia, then we want you for this survey! You can earn \$15 **AND** help make a difference in providing good healthcare for trans people throughout the state. The survey is available online **until June 15** at <http://www.srl.vcu.edu/THIS/>, or call Mert, Survey Manager, at 804-827-6760 or Jessica, Study Coordinator, at 804-828-7933.

Upcoming Events:

- May 19 — 21 in Durham, NC: **Dirty South Radical Queer & Trans Convergence**, a festive gathering to network and learn about grassroots projects around the region, share strategies for organizing, and build a fierce movement of radical queers and trans people in the South, featuring a wide variety of workshops, movement-building discussions, drag shows and performances, and more. Go to <http://www.radicalqtc.org/> for more info.
- September 1 — 4 in Seattle, WA: **FTM 2006: A Gender Odyssey**, a national conference for masculine-identified people who were assigned female gender at birth. For more info, go to: <http://www.transconference.org/>.
- September 19 — 24: **Southern Comfort 2006: Celebrating the Times of Our Lives** at the Sheraton Colony Square Hotel in Atlanta, GA. The largest & longest running transgender conference, offering an outstanding variety of social activities, a wide assortment of seminars, guest speakers, and new this year, a Diversity Outreach & Career Fair. For more info and registration, go to <http://www.sccatl.org/>

Trans Allies — The Power of Diversity

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what we need from each other. Our allies are there for us because they know this to be true, and because our well-being matters to them. Whether we are dealing with finding trans-sensitive health care, getting our hair done the way *we* like it, or finding substance abuse treatment that will work for us no matter what our gender expression is; it is the people who work with us in finding and creating solutions that can make all the difference in the quality of our lives. In the end, when many different kinds of people — old, young, Jewish, black, Puerto Rican, native, etc. — are insisting that treatment providers get the pronouns right, demanding bathroom access for trans folks, and expecting trans inclusion to be real and not just claimed on paper, (and on, and on, and on) then we truly become strong. ▲

Some Web Resources On Substance Abuse Issues for Trans People

- The National Association of Lesbian and Gay Addiction Professionals (NALGAP), Alcohol, Tobacco & Other Drug Problems & Lesbian, Gay, Bisexual, Transgender (LGBT) Individuals: <http://www.nalgap.org/PDF/Resources/LGBT.pdf>
- A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, published by the U.S. Department of Health and Human Services: <http://media.shs.net/prevline/pdfs/BKD392/index.pdf>
- Transgender Resource And Neighborhood Space (TRANS), where you can find the study by the Department of Public Health in San Francisco: <http://www.caps.ucsf.edu/TRANS/index.html>
- The Washington Transgender Needs Assessment Survey (WTNAS): <http://www.gender.org/resources/dge/gea01011.pdf>
- The International Journal of Transgenderism: Engaging Transgender Substance Abusers in Substance Use Treatment: http://www.symposion.com/ijt/ijtvo06no02_03.htm

Ongoing Events

- 1st Friday of every month: **TGIFF** stands for *TransGendered Interested In Fielden's Friday* — Doors open at Fielden's (2033 West Broad St. in Richmond) at 11 pm. Email fieldensva@aol.com for more information. Past TGIFF nights have featured: TG theme movies, special guest speakers, personal stories, makeup workshops, feminization workshops, and a professional photographer.

Would you like to see an announcement or an upcoming event listed here? Contact Ted Heck at **804.864.8012** or Ted.Heck@vdh.virginia.gov. The deadline for the next newsletter is June 16, 2006!

**Brought to you by
Virginia's own
Transgender Task
Force**

For more info or to get
involved, contact Ted Heck:

109 Governor Street, Rm. 326
Richmond, Virginia 23219

Phone: 804.864.8012

OR

▶ Ted.Heck@vdh.virginia.gov

The Virginia HIV Community Planning Committee identified transgender persons in Virginia as a priority population. To identify the health related needs of transgender persons, focus was turned to conducting research, increasing understanding and knowledge of transgender communities in Virginia and developing transgender sensitive and specific HIV interventions and health care. From this, the Transgender Health Initiative was born with leadership from the Transgender Task Force (comprised of CPG members, transgender individuals, community members and researchers). The goals of the Task Force are to:

- 1) Inform effective training to promote culturally competent health care to the transgender communities;
- 2) Develop a statewide resource guide to be distributed across the state to facilitate increased access to care for Transgender individuals;
- 3) Develop and implement HIV prevention programs for the transgender community.

**Building healthy
transgender communities!**



The Virginia HIV Prevention Community Planning Committee (HCPC) includes people from various backgrounds, expertise, and life experiences coming together as one to aid in preventing the spread of HIV/AIDS in Virginia. Transgender persons are an essential part of the Virginia HCPC.

Have your voices heard! If you or anyone you know is interested in applying to the Virginia HCPC or have any questions, please call Ami Gandhi at (804) 864-8002 or email at Ami.Gandhi@vdh.virginia.gov.

Community Resources

To have your resource listed here, contact the Transgender Health Newsletter at the number or email address listed above on this page.

TG Clinic at the Fan Free Clinic — Free Transgender-specific healthcare for anyone in Virginia, including hormone therapy, HIV testing, and primary care services. Every Tuesday 6 pm to 9 pm, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 and ask to speak to Linda Kendall or Zakia McKenney for more info.

Richmond Transformers — A peer-facilitated social and support group in the Richmond, Virginia area for anyone on the FTM spectrum. 2nd and 4th Tuesdays of each month, 7 pm — 8:50 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 for directions or other info.

MTF Support Group — A peer-facilitated support group in the Richmond, Virginia area for anyone on the MTF spectrum. 2nd & 4th Thursdays, 6 pm — 8 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call Zakia at (804) 358-6343 for directions or other info.

TS Ladies Talk — A peer-facilitated support group for MTF transsexual women in the Tidewater area. For more info, call Vega at (757) 575-7690 or Mocha at (757) 237-8884. Every Monday, 6 pm — 8 pm at Tidewater AIDS Community Task Force, 9229 Granby St., Norfolk, VA. Call (757) 583-1317 for directions or other info.

Sophisticated Ladies — A peer-facilitated support group for all MTF transgender persons in the Tidewater area. Every Monday 7 pm — 9 pm in Suffolk, VA. Call Avantis at (757) 573-1113 for more info about location or about the group.

DC Area Transmasculine Society (DCATS) — A peer facilitated social and support group in the D.C. area for anyone on the FTM spectrum. For more info, go to <http://www.dcatsinfo.com/>. 2nd Sunday of each month 5 pm — 7 pm at the Whitman-Walker Clinic, 1407 S Street, N.W., Washington, D.C. Call (202) 745-6171 for directions.

Roanoke Guys Night Out — A social group for FTMs/Genderqueer/Masculine-ID'd persons assigned female at birth. For more information email baselinerecordlabel@yahoo.com or go to: <http://www.geocities.com/baselinerecordlabel/guysnightout.html>

Metro Area Gender Identity Connection (MAGIC) — a peer-facilitated support group for MTF and FTM transsexual people. Every 3rd Friday at 8 p.m. at the Falls Church Presbyterian Church, Broad Street & Fairfax Street, Falls Church. Email magic@www.janisweb.com/magic for more info.