Young People, Gender and Substance Use

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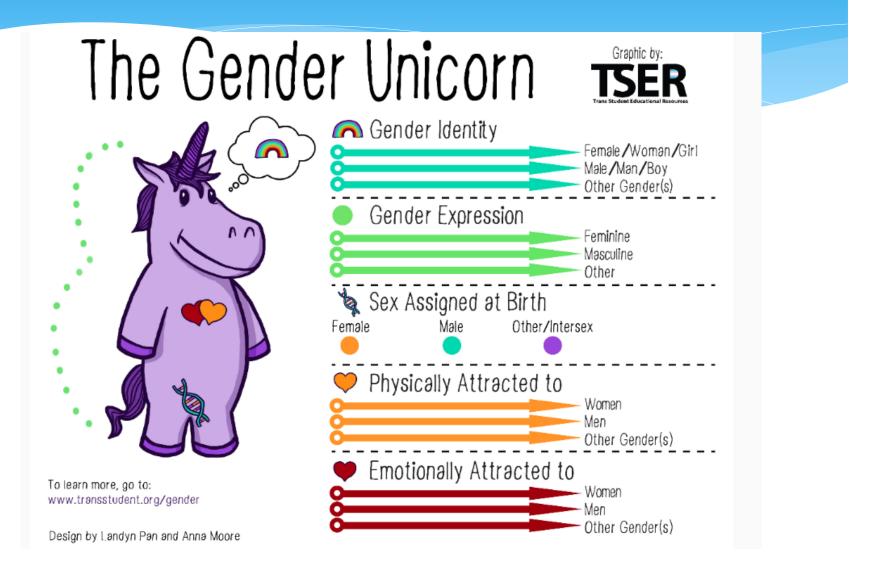




Overview

- * 1 Gender and gender diversity
 - * Terminology; prevalence
- * 2 Substance use in TGD young people
 - * Prevalence; risk factors
- * 3 What might help mitigate TGD young people's risk for substance use?
 - * Affirmative care; access to services

Gender, Sex and Sexuality



Gender Diversity

There are many ways for people experience their gender as different from their birth-assigned sex

- * Transgender
- * Non-binary
- * Gender Fluid
- * Gender Queer
- * Agender
- * Etc.



Cross Cultural Gender Diversity

- * Two Spirit Native North Americans
- * Sistergirls and Brotherboys Australia
- * Kathoey Thailand
- Hijra India
- * Mak Nyah Malaysia
- * Chukchi Siberia
- * Fa'afafine Samoa





Gender Diversity in Childhood and Adolescence

Many children start developing a sense of their gender at 2-3 years old and may express it through:

- * Name, clothes and hairstyle preferences
- * Toys and gendered role play
- * Proclaiming: "I am a girl / boy!"
- For some TGD youth, it takes longer to start questioning and/or expressing their gender
- Experimenting with gender roles is normal not necessarily a sign of gender diversity

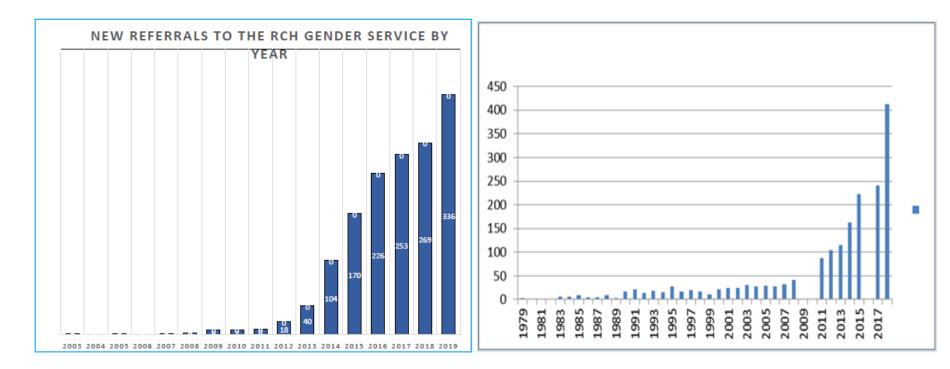
Prevalence Estimates

- * RCH estimates 1.2% of Australian school children (about 45,000) are transgender
- * Gender diverse youth may make up 5 to 12% of birth assigned females and 2 to 6% of birth assigned males
- * Increasing referrals:
 - * RCH: 473 new referrals in 2020
 - * MGC: 487 new referrals in 2020

Increasing Referrals

Royal Children's Hospital Gender Service 2003-2019

Monash Health Gender Clinic 1979-2018



Health Disparities

Compared to cisgender peers, TGD people experience:

- * Higher rates of depression, anxiety, substance use, self-harm and suicidality (Newcomb et al., 2020)
- Higher rates of chronic health conditions, and problems related to HIV/AIDS and substance use (Hughes et al., 2021)
- Higher rates of unsheltered homelessness, and associated health and safety challenges (Strauss et al., 2017)

Illicit drug use and TGD people

Table 21: Age-standardised prevalence of illicit drug use in the last 12 months, by identification

Substance	Category of identification					
	Australian	Entire	AFAB	Trans	Trans	AMAB
	population	trans	non-	Men	women	non-
		sample	binary			binary
	%	%	%	%	%	%
Cannabis	10.1	25.5	30.0	40.3	24.0	18.9
Ecstasy	3.1	6.7	17.2	10.0	4.7	7.3
Meth/amphetamine	2.2	7.6	15.2	9.4	7.3	5.7
Cocaine	2.3	4.0	3.0	10.4	2.5	4.8
Any illicit drug ^k	14.7	28.5	36.8	42.0	26.4	21.2

Source: The First Australian Trans Mental Health Study, Hyde et al., 2013

Substance Use and TGD Youth

Compared to cisgender peers, TGD young people are:

- * 2-4 times as likely to use substances (Day et al., 2017)
- * Likely to initiate substance use at a younger age (Day et al., 2017)

Potential risks:

- * Impact on brain development, decision-making and risk-taking
- * Physical and mental health outcomes:
 - * Overdose, drug dependence, sleep disorders, mood disorders, severe mental illness, lung & heart disease etc.
- * Social outcomes:
 - School absenteeism, social isolation, involvement in criminal justice system, unemployment, homelessness etc.

Risk Factors, Drivers and Vulnerabilities

Minority stress

- * 87% of TGD young people report having experienced transphobia in Australia (Couch et al., 2007)
 - * Systemic oppression, discrimination, harassment, violence
 - * Rejection by peers & family, lack of social connection
- * Internalised transphobia
 - Shame, identity concealment, expectations of rejection, anxiety and vigilance about prejudice
- \rightarrow Substances can be a mechanism to cope with minority stress

Risk Factors, Drivers and Vulnerabilities

Social and cultural norms

 * Clubbing / bars more central to social life among LGBTQI+ communities → substances accessible and normalised

Barriers to health care

- Discrimination, humiliation or misunderstanding from medical providers leads to avoiding care (Jaffee et al., 2016)
- * Divisions in services for mental health and substance use

How to Mitigate Risk?

- * Promoting social engagement, inclusivity and education
 - * Students in schools with LGBTQ organisations less likely to use substances (Poteat et al., 2012)
- * Involving & educating parents
 - Parent connectedness plays an important role in preventing and decreasing substance use in TGD young people (Gower et al., 2018)
- Improved access to health care
 - * Education for health professionals
 - * Affirming care and environments



Gender-Affirming Care

- * Addressing clients
 - Introduce yourself with your pronouns and ask for your patient's
 - Respect preferences in professional communication
- * Address gender identity only when it is related to client's concerns or necessary for appropriate care
- * Affirming environments
 - * Accessible toilets
 - Display gender diverse imagery



Referral Options

* AOD support at Thorne Harbour Health

https://thorneharbour.org/lgbti-health/alcohol-andother-drug-services-aod/

* QHealth at Merri Health

https://www.merrihealth.org.au/services/mentalhealth/lgbtiqa-health-alcohol-and-drugs-2/

- * YSAS <u>https://ysas.org.au/</u>
- * Uniting Care AOD Services

https://www.unitingvictas.org.au/services/alcoholother-drugs/

- * Headspace https://headspace.org.au/
- * Rainbow Door https://www.rainbowdoor.org.au/











Referral Options

* The RCH Gender Service

https://www.rch.org.au/adolescentmedicine/gender-service/



The Monash Health Gender Clinic <u>https://monashhealth.org/services/gender-</u> <u>clinic/</u>

* AusPATH Providers

https://auspath.org.au/providers/#VIC

C Monash Health



Questions?

Gender Clinic Contacts:

Website: https://monashhealth.org/services/gender-clinic/

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