



Response

The lack of focus on trans women in a themed issue of the International Journal of Drug Policy on sexualised drug use

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We welcome this themed issue on sexualised drug use (SDU) and the attention it draws to the specific health needs of the LGBTQ+ community. However, we want to point to the disproportionate focus on men who have sex with men (MSM) and in particular to the lack of focus on trans women (defined as people who were assigned male at birth, but now identify as female all or part of the time (Hoffman, 2014)). This issue may serve as an example of how trans women are neglected in the wider academic literature (Abdulrahim, Whiteley, Moncrieff, & Bowden-Jones, 2016; Desai, Bourne, Hope, & Halkitis, 2018) even though, as we will discuss in this response, recent data show they may bear a greater burden of SDU and HIV than the MSM population.

It is understood that SDU increases the risk of HIV infection and is an important driver of the HIV epidemic, particularly amongst MSM, who are generally perceived to be at greatest risk (Melendez-Torres & Bourne, 2016). However, an estimated 19% of trans women worldwide are living with HIV, significantly greater than estimates for MSM (Baral et al., 2013; Beyrer et al., 2012). We focus on trans women due to the much higher rate of HIV infection compared with trans men (27.7% vs. 0%–3% in one meta-analysis (Herbst et al., 2008)). Gender non-binary and other categories of trans people are almost entirely unrepresented in the literature and so we cannot make reference to them.

A nascent literature indicates SDU is a significant factor in HIV acquisition for trans women and potentially more problematic than for MSM. Due to intersecting socioeconomic inequalities resulting from stigma and discrimination, drug use in general is far higher among trans women than MSM populations: 88% of trans women report lifetime alcohol use, 63% marijuana use, and 30% cocaine use (Wilson et al.,

2009). One USA study of 314 trans women found 43.3% reported drug use in the last year, with 16.6% using methamphetamine before or during anal sex, the factor most strongly associated with positive HIV status (Santos et al., 2014). In comparison, only 8.5% of 8905 MSM in a large USA study reported past-year methamphetamine use (Hoenig et al., 2016). Poor mental health, unfortunately common in this population, is a risk factor for both increased drug use and unsafe sex (Chakrapani, Newman, Shunmugam, Logie, & Samuel, 2017; Nemoto, Operario, Keatley, & Villegas, 2004). Half of trans women report having had sex under the influence of drugs or alcohol (Santos et al., 2014; Xavier, Bobbin, Singer, & Budd, 2005), which may relate to gender dysphoria. Additionally, a significant proportion of trans women are commercial sex workers (Nadal, Davidoff, & Fujii-Doe, 2014), which may be both a cause and a consequence of drug use and may involve SDU with clients (Bith-Melander et al., 2010). Furthermore, as many as 59% of trans women report having been sexually assaulted (Clements-Nolle, Marx, & Katz, 2006), with a history of sexual violence associated with positive HIV status and drug use (Maman, Campbell, Sweat, & Gielen, 2000).

In light of these data it would seem appropriate for trans women to feature highly in a special issue on SDU. However, of the eight (out of eighteen) articles on SDU that did not specifically indicate a focus on MSM, only one discussed trans women. 'Sexualised drug use among sexual minority young adults in the United States: The P18 cohort study' (Ristuccia, LoSchiavo, Halkitis, & Kapadia, 2018) did also look at trans people, but only those identifying as male.

Although the introductory article 'Sexualised drug use: LGBT communities and beyond' (Desai et al., 2018) gave a good overview of the

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nature of SDU among MSM, the only mention of trans women was that there was an insufficient literature. While the literature is small, it is sufficient to infer the nature of SDU among trans women and the social factors that may drive increased use (De Santis, Hauglum, Deleon, Provencio-Vasquez, & Rodriguez, 2017; Hoffman, 2014).

‘Sexualised drug use in the United Kingdom (UK): A review of the literature’ (Edmundson et al., 2018) and ‘Problematising LGBTIQ drug use, governing sexuality and gender. A critical analysis of LGBTIQ health policy in Australia’ (Pienaar, Murphy, Race, & Lea, 2018) referenced the fact that data on trans people existed. However, on investigation of the articles cited, no data were presented on this population. There appears to be no mention at all of trans people in ‘Surveillance of sexualised drug use—the challenges and the opportunities’ (Giraudon, Schmidt, & Mohammed, 2018) and ‘Demand for and availability of specialist chemsex services in the UK: A cross-sectional survey of sexual health clinics’ (Wiggins et al., 2018) despite both these titles implying a scope wider than the MSM population.

‘Patterns of injecting and non-injecting drug use by sexual behaviour in people who inject drugs attending services in England, Wales and Northern Ireland 2013–2016’ (Heinsbroek, Glass, Edmundson, Hope, & Desai, 2018) did not mention trans people and unfortunately recruited only according to identification as ‘male’ or ‘female’. This means that trans people may have been recruited but not identified as such, thus preventing analysis of the data with respect to this sub-population.

‘Substance Use and Sex Index (SUSI): First stage development of an assessment tool to measure behaviour change in sexualised drug use for substance use treatment studies’ (Ezard et al., 2018) did make an attempt to include trans women, however no-one participating in the study identified as trans. This serves as an indicator of the difficulty in accessing the trans community through generalised studies and the need for those that specifically target trans women for recruitment.

The widespread neglect of trans women in the literature, despite the population being a priority for intervention, calls for a consistent approach among the scientific community in researching LGBTQ+ populations. More work must be done to understand the nature of SDU among trans women. This population is currently underserved and experiences significant health inequality (Santos et al., 2014) and services need to be appropriately tailored to achieve adequate access. For example, successful treatment programs have employed transgender staff, provided trans education to users and staff, and formed ties with the trans community (Hoffman, 2014).

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