Transgender Youth Substance Use Disparities: Results From a Population-Based Sample

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ABSTRACT

Purpose: The purpose of this study was to examine rates of substance use between transgender and nontransgender youth using a representative population-based sample and to examine mediating risk factors.

Methods: A statewide cross-sectional sample of California middle and high schools collected between 2013 and 2015. This representative sample of students in California included 335 transgender and 31,737 nontransgender youth. Using multivariate linear and logistic regression, we assessed differences between transgender and nontransgender youth in substance use behaviors related to alcohol, cigarette, marijuana, other illicit drugs, polysubstance use, and heavy episodic drinking. Substance use was assessed with lifetime use, age of onset, and past 30-day use for alcohol, cigarettes, and marijuana. Past 30-day use was also assessed for other illicit drugs and polysubstance use. Models were adjusted for demographics and risk factors including victimization, depressive symptoms, and perceived risk of substance use.

Results: The prevalence of substance use was 2.5–4 times higher for transgender youth compared with their nontransgender peers (depending on the substance). Transgender youth were also at greater risk for early age of onset and recent substance use than nontransgender youth. In addition, psychosocial risk factors related to victimization, depressive symptoms, and perceived risk of substance use partially mediated the relationship between gender identity and substance use.

Conclusions: Using data from the first representative study of youth to include a measure of gender identity, we show that transgender youth are at heightened risk for substance use compared with nontransgender peers. Future research is needed to identify the structural and psychosocial mechanisms that drive these disparities.

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Adolescent substance use remains a major public health concern given that it is a notable contributor to adolescent morbidity and mortality and has implications for later health and well-being [1–4], especially early onset substance use [5,6]. The short- and long-term effects of adolescent substance use underscore the importance of identifying at-risk groups and modifiable risk factors—such as victimization [7], mental health [8], and perceived risk of substance use [9]—that exacerbate substance use during adolescence in order to inform targeted policies and programs aimed at reducing these behaviors.

Though little research exists on substance use among transgender youth (often referred to as gender minority youth in...
studies on substance use) [10,11], extant research demonstrates heightened risk for substance use among this population [12–14]. To date, most research has come from community-based samples of youth that include measures of gender identity. In the most comprehensive assessment of gender identity—related substance use disparities to date, Reisner et al. [14] examined a large online sample and found elevated rates of alcohol, tobacco, marijuana, and other illicit drug use among gender minority compared with cisgender (i.e., gender identity aligns with natal sex) youth. In addition, a recent nonrepresentative school-based sample of students in California found consistent disparities related to gender identity in lifetime and recent alcohol, tobacco, and other drug use [15]. However, community- and web-based samples are limited in their generalizability as they are biased toward those who are engaged with the sampling communities or have access to the Internet [16]. Thus, though preliminary studies demonstrate elevated rates of substance use among transgender relative to nontransgender youth, the lack of representative data has stymied understanding of the extent of disparities between transgender and nontransgender youth, the prevalence and correlates of substance use among a diverse population of transgender youth, and risk factors that may mediate the relationship between gender identity and substance use—critical information for targeted prevention and intervention efforts.

Although evidence for disparities in substance use between cisgender and transgender youth is preliminary, emergent research has documented factors that may contribute to elevated risk for substance use among transgender youth [14]. Studies indicate, for example, that transgender youth encounter more hostile school environments [17] and are at higher risk of poor mental health outcomes relative to cisgender youth [18]. Compared with cisgender youth, transgender youth are also more likely to experience victimization in school [17], especially bias-based bullying based on actual or perceived sexual identity or gender expression [19]. Transgender youth who experience bullying or harassment are also at greater risk for depression [18,20,21]. Each of these factors—hostile school environments [7], adverse mental health outcomes [8,22], and school-based victimization [23]—has been shown to contribute to substance use among general populations of youth. Furthermore, though more research is needed to understand how perceptions of risk of substance use relates to substance use behaviors among transgender youth [24], preliminary findings from general populations suggest that youth are less likely to engage in substance use when they perceive it as high-risk behavior [25].

The Current Study

The current study addresses several gaps in the literature regarding substance use among transgender youth through the use of a representative population-based sample that includes 335 transgender youth. To identify disparities in substance use between transgender and nontransgender youth, we examine: (1) lifetime use and age of onset for alcohol, cigarette, and marijuana use among youth who report having ever used each respective substance; and (2) heavy episodic drinking, cigarette use, marijuana use, other illicit drug use, and polysubstance use in the last 30 days. In addition, we examine whether psychosocial risk factors, including victimization [7,26], depressive symptoms [22], and the perceived risk of substance use [27], mediate the relationship between gender identity and substance use among adolescents.

Methods

Study design and participants

This study used cross-sectional data from the 2013–2015 Biennial Statewide California Student Survey, a weighted subsample of schools representative of the Californian middle and high school student population (n = 36,070 students; grades 7 through 12). The California Student Survey was administered by WestEd with support from the California Department of Education to track health risks and resilience among youth in California [28] and had a response rate of 71% [29]. In every survey cycle, WestEd randomly selects schools who participate in the California Healthy Kids Survey whose data are weighted to generalize the sample to the student population of California.

Based on recommendations from WestEd, we excluded youth whose response validity was questionable (1.32%) based on meeting three or more criteria related to: (1) inconsistent responses (e.g., reporting both never using a drug and also reporting drug use in the past 30 days); (2) exaggerated drug use (i.e., reported alcohol and drug use 20–30 days in the last month); (3) reporting use of a fake drug; and (4) self-report of answering dishonestly to all or most of the questions on the survey (“How many questions on this survey did you answer honestly?”) [28,29]. In addition, 3,998 youth (11.08%) were excluded from the analytic sample because they attended schools that did not administer the measure of sexual orientation and gender identity. The final analytic sample included 32,072 youth.

The demographic composition of the sample was diverse (see Table 1). Three hundred thirty-five (335; 102%) of the youth identified as transgender, and 5.18% identified as lesbian, gay, and bisexual (LGB). Over half of the youth were Hispanic (56.43%), 37.67% multiracial, 33.46% white, 13.64% Asian, 9.30% black or African-American, 3.70% American Indian or Alaska Native, and 2.23% Native Hawaiian or Pacific Islander. The mean age was 14.74 years old, and just over half (51.17%) reported their sex as female.

Measures

Substance use. Several substance use behaviors were assessed, including (1) age of onset for alcohol, smoking, and marijuana use; and (2) heavy episodic drinking in the past 30 days, and past 30-day use of cigarettes, marijuana, other drugs, and multiple drugs.

Lifetime use and age of onset. Participants reported age of onset for various substances by answering the prompt, “About how old were you the first time you...”: (1) had a drink of an alcoholic beverage (other than a sip or two); (2) smoked part or all of a cigarette; and (3) used marijuana or hashish. A dichotomous variable for lifetime use was created based on youth who reported having never used (coded 0) as opposed to reporting an age of first use (coded 1). Age of onset was only modeled for youth who had reported ever using alcohol, cigarettes, or marijuana.

Use in past 30 days. Youth provided estimates of past 30-day use for various substances (0 days; 1 day; 2 days; 3–9 days; 10–19 days; 20–30 days), including (1) five or more drinks of alcohol in a row, that is, within a couple of hours (i.e., heavy episodic drinking [HED]); (2) cigarettes; (3) marijuana (pot, weed, grass,
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