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# ROLE OF BRIEF INTERVENTIONS AMONG TRANSGENDERS WITH PROBLEMATIC ALCOHOL USE: A QUALITATIVE STUDY

Community Medicine

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## ABSTRACT

**Introduction:** Brief interventions (BI) plays an integral role in addressing the burden, harms, and societal costs associated with problematic alcohol use (PAU). The problematic use of alcohol among the transgender population remains inadequately addressed as a public health problem. Transgenders are encountering minority stress, discrimination, victimization and harassment and there is only limited research to date examining this scope. Hence this study aims to evaluate the role of brief interventions for problematic alcohol use among transgender community members. **Objective:** To explore the factors associated with problematic alcohol use among transgender women and to describe the attitudes towards undertaking brief interventions such as referrals by psychiatrists to behavioural counselling for alcohol de-addiction. **Methodology:** A total of 15 transgender women identified with PAU and were assessed with World Health Organization- Alcohol Use Disorders Identification Test (WHO-AUDIT) instrument. Semi-structured interviews were conducted between August 2021 to September 2021. Manual thematic analysis was performed using Clark and Braun framework and specific themes were presented. **Results:** The cultural rituals were closely tied to alcohol. Other factors such as isolation from family, perceived stigma and discrimination, low status in society, limited livelihood opportunities and mental health issues for problematic use of alcohol in the community. However, participants revealed their poor confidence in brief interventions such as referrals for behavioural counselling or medical treatments for alcohol de-addiction, citing unique stressors specific to the transgender community. The majority were in favour of free, residential rehabilitation programs with alternative livelihood skill development. **Conclusion:** Transgender women with problematic alcohol use in our study were aware of the problem and are showing interest in long-term interventions which will serve their unique health needs.

## KEYWORDS

Brief Interventions (BI), Transgender women, problematic alcohol use, WHO-AUDIT 10-item instrument.

## INTRODUCTION

Brief interventions (BI) can play an integral role in addressing the burden, harms, and societal costs associated with problematic alcohol use (PAU). Social service agencies, hospital emergency departments, court-ordered educational groups and vocational rehabilitation programs help in leveraging the BI effectively to provide a range of services. Brief Interventions include formal structured therapy, self-help groups (Alcoholics Anonymous-AA, Narcotics Anonymous-NA) unstructured counselling, and feedback to formal structured therapy [1-4]. Brief interventions are research-proven procedures proven to be successful when transported into specialist treatment settings and performed by alcohol and drug counsellors. Gender and sexual minorities (GSM) are identified with increased risk of substance abuse due to multiple factors [5,6]. Researchers have identified minority stress, discrimination, victimization, harassment, mental health issues, targeted marketing, low socio-economic status and personal stress as linked with high substance use [7,8]. Problematic alcohol use (PAU) among transgenders remains inadequately addressed as a public health problem.

Hazardous drinking is identified to be the most prominent health disparity among women with sexual orientation-related issues [9]. Reactions from family leading to violence and physical harm were linked to a significantly higher risk of heavy drinking in the past month [10]. Sexual identity risk is identified to be related to alcohol dependence and found to be strongly predictive of lifetime alcohol dependence compared to heterosexuals [11]. The basic goal for a client in any substance abuse treatment setting is to reduce the risk of harm from continued use of substances when abstinence is not the immediate end goal. Focusing on intermediate goals such as quitting one substance, decreasing the frequency of use, attending the next meeting, or doing the next homework assignment keep the client motivated and engaged in the process of harm reduction [12].

Typically, a session of brief intervention is a structured, client-centred, non-judgemental therapy delivered by a trained interventionist using 4 counselling sessions of shorter duration (typically 15-30 minutes) [13]. There were limited research to date examining the scope of brief interventions for referral for problematic alcohol use among those transgenders who are identified with increased risk for problematic alcohol use. This might be due to methodological issues as well as poor operational definitions in identifying the subject populations, and a lack of standards for ascertaining alcohol use patterns specifically among transgenders [14]. The dearth of research in this area highlights the unmet need for the type of interventions/services expected by transgenders. The inclusion of qualitative research findings in intervention design for transgenders will support their health needs and can inform future preventative work, which could reduce the harms of problematic alcohol use in this community. With this background, this study was initiated to explore the factors associated with problematic alcohol use among transgender women and to describe their attitudes towards brief interventions such as referrals by psychiatrists to behavioural counselling for alcohol de-addiction.

## MATERIALS & METHODS

A qualitative study was conducted by semi-structured interviews among 15 transgender women during August-September, 2021. Institutional Ethics Committee approval was obtained before starting the study. Purposive sampling and respondent-referred sampling were used to approach and include consenting transgenders in the study. Participants aged above 18 years, providing written informed consent and self-identifying as transgenders, with the identification card issued by the state governments and whose World Health Organization-Alcohol Use Disorders Identification Test (WHO-AUDIT) score was greater than 8 were included for our research and were scheduled for the interviews. WHO-AUDIT-Interview version -10 item questionnaire is administered by a team of researchers comprising of the principal investigator (PI) and trans peer member-trained in qualitative interview research methodology (TISS- TATA Institute of Social Sciences, Mumbai graduate in Masters in Sociology) was recruited. A score of 8 or more is classified as harmful drinking and for women, a score of 13 indicates alcohol dependence [15,16]. Other than transgender women, other sexual and gender minorities and non-transgender women and transgender woman participants with WHO-AUIDT Score less than 8 were not included in the interview phase of the study. A semi-structured interview guide is designed based on a global review of the literature [17-19]. The interview guide is translated into Tamil Language by a transgender peer member, and pilot tested among two transgender women with PAU and finalized.

All interviews were pre-scheduled and as the transgender community leader endorsed this research, it enabled the respondents to refer more participants to the researchers. Interviews explored factors for PAU and attempts made by the participants to reduce intake or amounts or

quit alcohol and lived experiences with alcohol withdrawal, other barriers perceived by facilitators to be effective in addressing PAU. Interviews were conducted in the form of guided narratives with open and closed-ended questions by the interview guide in the local Language. Participants were asked about health-seeking behaviours to reduce alcohol use, especially with healthcare professionals including consultation, referral for brief behavioural counselling interventions offered by medical providers and medical treatments undertaken including hospitalizations. COVID-19 preventive protocols were strictly adhered to during these interviews. Data saturation was attained after 15 interviews and further participants were not approached. Each interview session lasted approximately 15-25 minutes and audio was recorded and notes were taken wherever necessary. Respondent validation was undertaken at the end of each interview and participants were compensated 200 Indian rupees for the interview participation. Descriptive and thematic analysis was performed from the interview content by performing data transcription. Thematic analysis was performed in accordance with the process described by Braun and Clarke [20]. A single coder reviewed the text from the transcripts, conferred with the field co-research assistant and developed the themes and sub-themes manually.

## RESULTS

The study included 15 transgender female participants from Chennai. The mean age of these study participants was 33.4 years. (Table *1*) Socio-economic status was not recorded and the majority were found to be discontinued from secondary school. All participants who were included in interviews had WHO-AUDIT Score greater than 8.

**Table 1: Baseline Characteristics Of Study Participants (n=15)**

| Characteristics | Mean/n | SD/% |
|---|---|---|
| Age (years) | 33.4 | 6 |
| Years of alcohol consumption | | |
| ≤ 10 years | 5 | 33.4% |
| > 10 years | 10 | 66.6% |

There were six major themes identified for problematic alcohol use. A few sub-themes emerged from each theme and which were helpful to understand the transgender community in their own words. Participants explained theme-specific issues leading to the problematic use of alcohol. (Table *2*) All participants responded and agreed about the rituals of initiation into the community which is a tradition involving the consumption of alcohol at all social gatherings which was needed for their community relationship. The study participants also considered alcohol consumption as a coping mechanism to reduce the stress associated with gender non-conformity and a confidence-boosting mechanism. The participants attributed mental health issues due to family rejection, loneliness, frequent relationship breakups, and abusive relationship toward PAU. The other reasons highlighted by the transgender participants for their habitual use of alcohol includes empowerment against perceived stigma, financial distress, and client's demand against their wishes. Though there were variations all the participants admitted their alcohol consumption is problematic and is causing health and social problems.

**Table 2: Themes And Sub-themes For Problematic Alcohol Use Among Study Participants**

| Sl. No | Themes | Sub-themes |
|---|---|---|
| 1 | Cultivating community relationships | Rituals and social gatherings specific to community |
| | | Community belonging and acceptance |
| | | Encouraged by community elders |
| | | Socializing and peer pressure |
| 2 | Coping | Heightened stress associated with sexual/gender non-conformity |
| | | Confidence boosting in social gatherings |
| 3 | Mental health issues | Family rejection and non-acceptance and loneliness |
| | | Unstable romantic relationships |
| | | Frequent relationship breakups |
| | | Explosive, violent, and abusive intimate relationships |
| 4 | Empowerment | Perceived stigma and discrimination by society |
| | | Inhumane and violent treatment |
| 5 | Financial distress | Limited livelihood-earning avenues causing |
| | | Inhumane treatment at jobs |
| 6 | Professional opportunities | Client's demand |
| | | Compliance against their wishes |

After exploring the various factors for problematic alcohol use, the attitudes toward health-seeking behaviors for their general ailments and health issues related to alcohol were probed. We explained about the brief interventions their delivery in health care settings and their attitudes towards brief interventions. The themes and sub-themes that emerged from the discussions are shown in Table *3*.

The reasons for their attitudes towards brief interventions as reported by the participants were shown in the Table 3. There was wide range of sentiments revealed which are sampled as below:

**Table 3: Themes And Sub-themes For Attitudes Towards Brief Intervention (i.e., Referrals) For Problematic Alcohol Use**

| Sl No | Themes | Sub-Themes |
|---|---|---|
| 1 | Perceived barriers for seeking medical treatment | Poor awareness about behavioral counseling and medical de-addiction treatments |
| | | Lack of confidence in medical treatments |
| | | Lack of family support for seeking de-addiction services |
| 2 | Cultural conditioning-Unfavorable attitudes | Deeply ingrained as 'initiation ritual' so leading to a lack of belief in medical treatments |
| | | Culturally not acceptable or promoted by elder mothers in the community |
| | | If treatments are provided for free, may be acceptable |
| 3 | Residential care model of de-addiction centre (similar to dementia village) | Favors income generation via., activity-based rehabilitation cum deaddiction center. |
| | | Involvement of elder mothers to bring an inter-generational change in alcohol use pattern |

### Theme 1: Perceived Barriers To Seeking Medical Treatment

This theme explored decreased awareness of adverse health outcomes and experiencing ill-health episodes with problematic alcohol use as their perceived barriers to seeking medical treatments.

"*We are not aware of such things; we have no idea.*" (Age 38)

"*Very hard to give up and if you push it more, we can reduce it but no… cannot give up*." (Age 46)

"*That's what …. I don't know. Because I do not go to the doctor for these things. Only for other things like hormones I go*." (Age 26)

"*We are lonely, so drink, who will take us to the doctor? No family to worry for us*" (Age 46)

### Theme 2: Cultural Conditioning-unfavourable Attitudes

Under this theme, participants reported that deep-rooted cultural connections with traditional and socialization rituals were associated with as their major reason for unfavorable attitudes towards medical treatment.

"*I do not believe it would help (the community) as alcohol dependence is deeply-rooted and (actually) promoted as the culture of initiation*" (Age 29)

"*It's elders/ den mothers …. one of the reasons for not seeking treatment …..* "(Age 49)

"*Not very much particular about all these things, they (peers, elders, clients) encourage us to drink more*" (Age 37)

"*It is costly, isn't it? Or is it free? Maybe then I can consider*" (Age 42)

### Theme 3: Residential-centre Model For De-addiction

The majority of the participants shared their lived experiences of

adverse health outcomes due to problematic alcohol use and were more interested in medical treatments compared to behavioral counseling. This is because the participants perceived that the alcohol abuse has become problematic and has to be addressed by in-patient admission and supervision requiring pharmacological intervention as the unique stressors of their situation.

"*I think you know…ummmm…de-addiction with medical assistance, livelihood support, alternate income generation training programs will help us…otherwise no…outside world is difficult*". (Age 38)

"*Yes, first we try for treatment, if not possible surely reduction is possible please help me*." (Age 28)

"*Now elder community members has to be part of these programs, they only can reduce it…and make others not get into*" (Age 33)

## DISCUSSION

This study explored the factor associated with problematic alcohol use (PAU) and attitudes toward brief interventions among transgender women in Chennai. The six major themes identified for PAU were cultivating community relationships, coping, mental health issues, empowerment, financial distress, and professional opportunities. The major themes identified for attitudes towards brief interventions (BI) are perceived barriers to seeking medical treatment, cultural conditioning-unfavorable attitudes to medical treatments, and the residential-center model for de-addiction. The high prevalence of alcohol use among the spectrum of sexual and gender minorities including transgenders is consistent with our findings and is identified in research as one of the health disparities at global levels not from recent times [21]. In the Global forum for Sexual and gender minorities, problematic alcohol use is more commonly identified among sexual minority women [22]. Global evidence also reports binge and episodic drinking as common among transgenders [23,24].

Transgender women remain at high-risk for alcohol use disorder due to increased risk of consumption compared to cisgender men (62.3%), transgender males (57.9%), and cisgender women (55.0%). Multiple studies assessed the 'negative factors' of alcohol consumption among transgender women and were consistent with our study findings [25,26]. Chakrapani V et al, found that the prevalence of syndemic conditions of depression, frequent alcohol use, and victimization was 17. 33% among Indian transgenders which is similar to our qualitative insights which need further in-depth exploration in future studies [27].

Alcohol screening and brief intervention tools are being used by family physicians similar to tobacco screening for addressing risky behaviors and showing promising outcomes in affected populations [28]. The goal of brief interventions includes identifying the risk populations using various methods such as screening tools and blood tests and counseling the clients for reducing the negative outcomes of problematic alcohol consumption [29]. Studies done in India about alcohol dependence and other substance abuse has found that coping behaviour to high-risk situation and undesirable stressful life events have significant effect in relapse which is in line with this study where the study participants have admitted multiple stressors[30,31].

Our study being conducted in special group of the population help in filling the knowledge gaps, providing insights into their lives, and shedding light on important issues that affect their well-being. The limitation of our research is that we captured participants' perspectives at a specific point in time and hence it may not be as effective in assessing the impact of interventions or tracking long-term outcomes. Interaction with the study participants during the times of the COVID-19 pandemic certainly had an impact on the quality of time spent with them.

## CONCLUSIONS

Brief intervention is a popular and common alcohol reduction intervention that aims to moderate alcohol consumption and reduce harmful drinking practices such as binge drinking. Transgender women with problematic alcohol use in Chennai are aware of the problem and are showing interest in long-term interventions which will serve their unique health needs. Our research has shown that brief interventions are highly effective across all spectrums of alcohol dependency and clearly highlight the need for transgender-specific interventions to address problematic alcohol use in the community to reduce the health and social harms urgently.

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