

# Towards Trans-Inclusive and Trans-Centered Harm Reduction Services

Transgender people and communities, including nonbinary people, have specific needs within harm reduction programs. Due to systemic oppression, transgender communities are often more likely to face discrimination in healthcare settings and are less likely to be represented in the staff and leadership of the organizations that serve them.

To eradicate health inequities, it is critical to develop programs and organizations that are tailored to address the distinct needs of marginalized populations. The following recommendations are designed to create more affirming and welcoming spaces that support trans participants at syringe services programs (SSPs):

## 1. View transgender participants as partners, educators, and community members – not at-risk populations.

Due to combinations of transphobia, racism, classism, and other structural stigmatization, transgender people are more likely to experience both drug-related harm and discrimination in healthcare settings. Pathologizing transgender people by primarily viewing them as people

who are at risk of acquiring or transmitting disease can develop an organizational culture where trans people feel stigmatized rather than safe. Prevent this by creating a staff culture in which staff learn about specific needs from community members themselves, instead of projecting risk.

## 2. Develop both structural competency<sup>1</sup> and cultural humility.<sup>2</sup>

Trans people and communities face barriers to care at every level – from transphobia from staff to the lack of available doctors who understand transgender health care. In SSPs and harm reduction programs, organizations must develop a structural understanding of the cissexism and transphobia that people face in your locality. Developing a practice grounded in cultural humility will support your practices in

being more welcoming and affirming. Make sure that direct service providers do not assume gender from appearances or for any other reason and understand the importance of using the correct names and pronouns people want to use within your organization. Ask first – then use what people tell you.

## 3. Hire and support local transgender leaders.

In order for a harm reduction program to meaningfully support transgender participants, it's important to understand the local landscape. Local transgender leaders can bring an understanding of the landscape and invaluable community knowledge. Illustrating that you see diverse transgender leadership as a priority within your SSP,

particularly for transgender people who use drugs, will build community buy-in to your program. Furthermore, mutually beneficial community partnerships mean harm reduction programs can support local movements for transgender rights through data sharing, grant funding, and other needs as determined.

1 Structural competency, coined in 2014 by Jonathan Metzl and Helena Hansen, describes a framework for supporting patients within healthcare systems. It asks healthcare providers and health systems to engage with structural/social determinants of health in order to understand stigma and inequality. <https://structuralcompetency.org/>

2 Cultural humility, coined in 1998 by Melanie Tervalon and Jann Murray-Garcia, describes an update to the “cultural competency” framework, by focusing on self-reflection, life-long learning, and challenging power dynamics.



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## 4. Learn from transgender communities and develop programs based on assessed needs.

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Just as substance use patterns and markets are different in every place, so are the available resources and challenges that transgender people might face in your jurisdiction. Use methods like community-led or participatory action research to understand what trans people who use drugs or engage in sex work might need, and infuse resources into the community by paying people to lead and participate

in these projects. Pay particular attention to what kind of substances people tend to use, or if there are certain medications that trans community members tend to buy in street economies, that may require specific injection supplies (like gender-affirming hormone therapy, which often requires IM needles, drawing needles, and larger syringes).

## 5. Challenge the idea that the transgender community is a monolithic group with one set of needs.

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Transgender people may have different needs based on their gender, race, age, and income, as well as their personal preferences and lifestyles. Young Black transgender men might have very different needs and resources than older Asian transgender women or Latine nonbinary youth in your community. Look to see if there are gaps in local

services — are some trans communities more likely to have access to services? Why is that happening and how does your program fit within these networks of care? How might substance use look different in these different communities, and how can your outreach, resources, and services account for those differences?

## Next Steps

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Some harm reduction programs in the United States have been supporting trans leadership and trans community participants for decades. For more information, please consider the following resources:

### UNDERSTANDING SYSTEMS AND INTERSECTIONS

- » [Decriminalizing Sex Work and Drugs Central to Trans and LGBTQ+ Rights](#) - Jessica Martinez from HIPS DC
- » [LGBTQ People and Syringe Services Programs](#) - National LGBTQ Task Force
- » [Body Positive Syringe Services Programs](#) - AIDS United
- » [Sharps Kits, Syringes, and Solidarity](#)

### ORGANIZATIONAL PROCEDURES, SUPPLIES, AND RESOURCES

- » [Hormone Replacement Therapy](#) - Trans Needle Exchange
- » [Trans-Specific Shelter Supplies](#) - FORGE Forward
- » [Specific Considerations for Trans and Nonbinary People at SSPs](#) - Harm Reduction Coalition
- » [Injecting Hormones](#) - Trans Healthcare Maryland

NASTAD's Drug User Health team offers training and technical assistance around this and other topics related to SSP implementation through the CDC's National Harm Reduction Technical Assistance Center. Request TA [here](#) or contact us at [druguserhealthTA@nastad.org](mailto:druguserhealthTA@nastad.org).