

RSA Position on Binary Gender Definition, December 2018

RSA is an international organization with a mission to solve problems related to alcoholism and alcohol-related problems and to provide a forum for communication, acquisition, and dissemination of scientific knowledge at all levels of analysis—from basic science to policy and economics. As RSA members, attendees, and/or presenters, we are also expected to practice tolerance and respect for everyone, regardless of race/ethnicity, religion, gender, sexual orientation, abilities, age, or national origin.

Recently, we have learned that the US federal government plans to redefine the legal meaning of gender by using “biological sex,” or “sex assigned at birth,” as a strict definer of gender identity. This is contrary to the consensus knowledge of gender identity¹ in the scientific and medical communities. Furthermore, in October 2018, the U.S. Department of Justice argued before the U.S. Supreme Court that businesses could discriminate against workers based on their gender identity without violating federal law. Allowing “discrimination against a group or class of people,” such as discrimination based on gender identity, directly conflicts with the RSA code of conduct.

These actions and proposed changes to the legal meaning of gender will directly affect the work of many of our members and community partners. Specific to the alcohol field, studies have demonstrated that alcohol use disproportionately affects the health of transgender, gender non-conforming, or non-binary individuals.²⁻⁴ Furthermore, increased alcohol use is closely tied to experiences of gender minority stigma, discrimination, and associated stress.⁴⁻⁶ Thus, the proposed actions by the federal government could undermine the mission of RSA to study and address problems related to alcohol misuse and disorders by limiting definitions of gender and thus contributing to disparities by perpetuating stress and discrimination. By collecting gender identity information, in addition to biological sex, and using recommended best practices⁷, important knowledge can be gained to identify risk and protective factors for this population. It will also promote further investigations in this area.

RSA believes that these proposed discriminatory policies and actions are inconsistent with the Society’s core mission and shared values, and will hinder generation and dissemination of knowledge that is important to gender minority populations. We encourage RSA members to continue to conduct research and work to address and ultimately eliminate alcohol-related health disparities among vulnerable populations using recommended research practices.⁴

We want to reemphasize that our Society is dedicated to providing a safe, inclusive, respectful and supportive environment for all members of our community regardless their sex assigned at birth, gender identity, or gender expression. We are committed to serving the public good, the best interests of our members, and the profession at-large. This goal can only be achieved by fostering an environment that is based on fair, equal, and just treatment for all.

If you have any questions or concerns, we encourage you to reach out to the following helpful resources:

- RSA Diversity Committee, Chair, Barbara McCrady (bmccrady@unm.edu)
- The Trans Lifeline, a 24/7 peer support service run by transgender people, for transgender and questioning callers. Hotline number: 877-565-8860
- GLADD Media Institute: <https://www.glaad.org/> [Transgender Law Center: https://transgenderlawcenter.org/](https://transgenderlawcenter.org/)
- [National Center for Transgender Equality: https://transequality.org/](https://transequality.org/)
- [Silvia Rivera Law Project: https://srp.org/](https://srp.org/)

References:

1. Lambda Legal (2018). Professional organization statements supporting transgender people in health care. https://www.lambdalegal.org/sites/default/files/publications/downloads/resource_trans-professional-statements_09-18-2018.pdf
2. Coulter, R. W., Blosnich, J. R., Bukowski, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). Differences in alcohol use and alcohol-related problems between transgender-and nontransgender-identified young adults. *Drug and Alcohol Dependence, 154*, 251-259.
3. Tupler, L. A., Zapp, D., Dejong, W., Ali, M., O'Rourke, S., Looney, J., & Swartzwelder, H. S. (2017). Alcohol- related blackouts, negative alcohol- related consequences, and motivations for drinking reported by newly matriculating transgender college students. *Alcoholism: Clinical and Experimental Research, 41*(5), 1012-1023.
4. Gilbert, P. A., Pass, L. E., Keuroghlian, A. S., Greenfield, T. K., & Reisner, S. L. (2018). Alcohol research with transgender populations: A systematic review and recommendations to strengthen future studies. *Drug & Alcohol Dependence, 186*, 138-146.
5. Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*, 943–951.
6. Reisner, S.L., Greytak, E.A., Parsons, J.T., & Ybarra, M.L. (2015). Gender minority social stress in adolescence: disparities in adolescent bullying and substance use by gender identity. *Journal of Sex Research, 52*, 243-256
7. The GenIUSS Group. (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys*. J.L. Herman (ed.). Los Angeles, CA: The Williams Institute.