Out, Proud and Smoke Free.

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SMOKING in the LGBTQ Communities

Counselor Cultural Competency

Knowledge

Attitudes

Skills
Is Homosexuality A Mental Disorder?

• No. All major professional mental health organizations have gone on record to affirm that homosexuality is not a mental disorder.
• In 1973 the American Psychiatric Association’s Board of Trustees removed homosexuality from its official diagnostic manual, The Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM II). The action was taken following a review of the scientific literature and consultation with experts in the field.
• The experts found that homosexuality does not meet the criteria to be considered a mental illness.
“I believe that cigarettes are not addictive.”

When did smoking become part of us?
Lesbian, Gay, Bisexual, and Transgender (LGBT)

- Smoking prevalence among lesbian, gay, bisexual, and transgender (LGBT) individuals in the United States is much higher than among the total population.\(^2\)

Lesbian Smoking Rates

- Data from the 1998 Women's Health Initiative indicate that about twice as many lesbians as heterosexual women reported being "heavy" smokers (6.8-7.4% of lesbians and 3.5% of heterosexual women).
- Although almost 50% of the heterosexual women reported never smoking, only 25-33% of lesbians reported never smoking.

LGB…where is the T

- In 2013, the prevalence of current cigarette smoking among lesbian, gay, and bisexual individuals was 26.6%, compared with 17.6% among heterosexual/straight individuals.\(^3\)
Disparity

Tobacco Use

• Adverse health effects of tobacco use among gay and lesbian populations are similar to those among the general population.

Tobacco Related Disease

Evidence suggests, however, that the rates of tobacco use among sexual minority men and women may exceed those of the general population, ultimately leading to increased rates of tobacco-related disease.
Existing non-random studies indicate

- that lesbians may smoke more and have a higher body mass index than heterosexual women
- may be at higher risk for cardiovascular disease and cancers

(Bradford et al., 1994a; White and Dull, 1997; Moran, 1996).

Comparisons between young gay men and lesbians (Skinner and Otis, 1996)

- have found that lesbians actually smoke more than their gay male counterparts, furthering concern about their risk and the need for greater research in this area.

LGBT and Tobacco Use

The American Cancer Society estimates that over 30,000 LGBT people die each year of tobacco related diseases.

In a recent national study on adolescent health, 45% of females and 35% of males who reported same-sex attraction or behavior smoked; compared to only 29% for the rest of the youth.

LGBT's show some of the highest smoking prevalence rates of all disproportionately affected populations.

www.lgbttobacco.org
LGBT Tobacco

- This is in part due to the aggressive marketing of tobacco products to this community. LGBT individuals are also likely to have risk factors for smoking that include daily stress related to prejudice and stigma that they may face.  

Big Tobacco
How Gays and Lesbians are targeted by the tobacco industry

- Direct advertising
- Indirect advertising
- Event sponsorships
- Outreach efforts & Community promotions

Top ad categories in gay newspapers

Classified
Bars and clubs
Special events
HIV treatments
Tobacco and alcohol

Top ad categories in OUT magazine
Tobacco
Alcohol
HIV treatments
Arrangements to sell life insurance

“...the ads are subtle enough to be overlooked by heterosexual women and avoid controversy from conservatives, yet they are part of a deliberate campaign by the tobacco industry to attract gay and lesbian consumers.”

–Kevin Goebel (Tobacco Control, 1994)
describing the Virginia Slims ad campaign targeting lesbians
• 89% of adult daily smokers tried their first cigarette before age 18.
Access to treatment for Queer Youth (non-disciplinary approach)
Gay, Lesbian, Bisexual and Transgender

- GLBT people are a diverse group of people who have struggled with issues of sexuality and gender identity, and may therefore feel a sense of kinship.
- GLBT people are diverse in terms of race, ethnicity, age, education, political affiliation, income and the degree to which they identify with other GLBT people.

What is it like for a Lesbian, Gay, Bisexual, Transgender, Intersexed or Orientation Questioning to enter into the Health Care System?

When accessing treatment...

- Intake forms
  - Male
  - Female
  - Single
  - Married
  - Divorced
  - Widowed
- Office environment
  - Pictures
  - Magazines
  - Books
  - LGBT Clients often scan an office for clues to help them determine what information they feel comfortable sharing with a healthcare provider.
Transgender

- An umbrella term to identify gender non-conformists.
- May include: drag queens, drag kings, stone butch, cross-dressers, transvestites, bigender, queer gender, gender queer, boi, girlz *trans
- (pre-op, post-op and non-op transsexuals.)

Complex phenomenon which must be viewed with in cultural context.

Gender Identity and Sexual Orientation are separate issues

LGBT Sensitivity Model
LGBTQ-Integrative Model

Core Aspects of Identity

Family of origin
Race
Ethnicity
Age
Class
Gender
Sexual Orientation
Abilities
Appearance
Religion
Others

“When I go out, I never look as good as all the other guys.”
“I work out all the time but I never feel ‘hot’ enough.”
“I’ll never be happy the way I am.”
“My friends tell me I look fine, but they’re just being nice.”
“I hate the way I look.”
Gay Men and Body Dysphoria

Gay and bisexual teen boys in the United States are much more likely to have used muscle-building steroids -- and to have used them heavily -- than their heterosexual counterparts.

- 21% of the gay or bisexual boys in this nationally representative sample said they had used steroids, compared to just 4% of straight boys.
- "moderate users," who had taken steroid pills or injections up to 40 times. Nearly 8% of gay or bi teens fell into that group, opposed to 2% of straight teens.
- Among heavy users (above 40 times), 4% of gay or bi teens identified themselves compared to less than 1% of self-identifying straight teens.

Eating Disorders

Sexual Orientation and Anabolic-Androgenic Steroids in US Adolescent Boys
Aaron J. Blashill, PhD and Steven A. Safren, PhD
Published in PEDIATRICS February 2014
The Sex Alcohol, Tobacco and other Drug Connection

Brief Screening Intervention

...do you drink to lower sexual inhibitions?

Do you smoke more when drinking and/or during sexual encounters?
Demographics of Older LGB Adults

- LGB Elderly (65 and older):
  - ~1 to 2.8 million (in 2000)
  - ~2 to 6 million (by 2030)
- Racially diverse
- Economically similar to heterosexuals
- More likely to live in urban areas compared to heterosexuals
  (Cahill et al., 2000)

Demographics of Older LGBT Adults, continued

- Less likely to be partnered
  - 20% of LGB are partnered vs. 50% of all elders (Brookdale Center on Aging and SAGE, 1999)
- More likely to live alone
  - 65-75% of LGB live alone vs. 36% of all elders (Brookdale Center on Aging and SAGE, 1999; Rosenfeld, 1999)
- No reliable data on transgender adults
Discrimination and Coming Out

Perceptions of Healthcare Discrimination

- LGBT baby boomers report:
  - >50% did not have strong confidence that they will be treated with dignity and respect by medical personnel
  - 12% of lesbians had no confidence that they would receive unbiased treatment
  - Greatest concern of aging was discrimination due to sexual orientation (32% of gay men; 26% of lesbians)

(MetLife Mature Market Institute, 2006)
Healthy People 2010
LGBT Companion Document

- "In years to come, we will look back to a time when medical professionals began to view lesbian, gay, bisexual and transgender people as distinct communities with a wide range of unique health issues and concerns,"
  --Claude Earl Fox, M.D., M.P.H. administrator of the Health Resources and Services Administration.
DEPRESSION

• Gays and lesbians are no different than heterosexuals in terms of biological causes of depression.

Co-Occurring Disorders

• However, due to discrimination and rejection, we often grow up feeling different, isolated or "ill", and receive very little positive reinforcement and support.
• Often, we turn to drugs and alcohol in an effort to "numb" our emotional pain.

Co-Occurring Disorders

• This ongoing discrimination coupled with a lack of support adds significant stress to our lives and eats away at our sense of self-worth and self-esteem.
Co-Occurring Disorders

• We become overly susceptible to feelings of depression.
• Homosexuality, itself, is not a cause for depression, but rather, it is the rejection and discrimination gays and lesbians experience (sometimes daily) that often leads to these feelings of profound hurt and depression.

Co-Occurring Disorders

• There are no definitive statistics on gay and lesbian depression. Because many gay and lesbian people choose not to divulge their sexual identity to healthcare workers, the prevalence of depression amongst gays and lesbians may be significantly underreported.

Co-Occurring Disorders

• Additionally, many medical and healthcare professionals fail to consider the effects of stigmatization and discrimination as causes of their patients depression.
Co-Occurring Disorders

- It is easy to image that discrimination coupled with limited support for gays and lesbians could explain the higher prevalence of depressive illness within the gay and lesbian community.

Anxiety Disorders

- Although there are no specific studies on the prevalence of anxiety disorders amongst gays and lesbians, there are several additional sources of stress: discrimination, harassment and alienation resulting in feelings of inferiority, guilt, shame, anger, stress, anxiety and depression.

What’s next?
• **Our Mission Statement**
NALGAP's mission is to confront homophobia and heterosexism in the delivery of services to LGBT people and to advocate for LGBT-affirming programs and services. NALGAP provides information, training, networking and advocacy, and support for addiction professionals, individuals in recovery, and others concerned about LGBT health.

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Communicating with Patients

• Follow your patients' lead (*how do they describe themselves? their partners?*)
• If in doubt, ask patients what terms they prefer. Be curious without worry about offending patients.
• If you “slip up,” apologize and ask the patient what they prefer. Patients will appreciate your sincerity and good intentions!
Communication: Avoiding Assumptions

• Don’t assume all patients use traditional labels
• Don’t assume all patients are heterosexual
• Don’t assume sexual orientation based on appearance
• Don’t assume sexual behavior based on sexual identity
• Don’t assume sexual behavior and identity have not changed since last visit
• Don’t assume bisexual identity is only a phase
• Don’t assume transgender patients are gay, bisexual, or lesbian

Counseling LGBT Individuals

• Not “special” but required unique knowledge and skills
• Comfort with the population and related issues -non-judgmental
• Awareness of potential boundary conflict
• Working knowledge of internalized homophobia, heterosexism and anti-gay bias and their consequences

Special knowledge needed

• See LGBT community from a “culturally competent” point of view, similar to ethnicity and different culture background effects
• Comfort with taking sexual history, including practices and intimate relationships
• Know about ways people may meet and connect in the LGBT network
• Understand internalized homophobia may prevent some people from acting on desires
• Understand terminology
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