



What You Should Know When Treating Your LGBT Patients' Tobacco Use

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OBJECTIVES:

1. Discuss the high prevalence rate of tobacco use in LGBT groups.
2. Identify barriers that makes it difficult for LGBT people to receive treatment to stop smoking.
3. Discuss two things you can do to develop a culturally and linguistically sensitive health care environment to treat LGBT people.

Disclosure statement: I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.



Sections of Training

LGBT Tobacco Orientation


- LGBT smoking prevalence
- Why do we smoke more?
- Impact on our communities
- Language 101

Reaching & Serving LGBT People

- The Landscape
- Enhancing Welcome at Your Agency
- Individual Strategies


Resources


Evaluation



LGBT Smoking Prevalence

(a.k.a. Why are we here?)






What we know

LGBT tobacco disparities have been established by a series of studies over the last decade.

The studies consistently show LGBT smoking prevalence is 35-200% higher than the general population.

New general population data show LGBT people smoke cigarettes at rates 68% higher than others.



LGBT of color

- Too little data collection, more research is needed here.
- Limited available data show being a member of multiple stigmatized groups likely creates an additive effect.
- 2005
 - 60% of poor lesbians of color in the Bronx were current smokers.
- 2002
 - Lesbians of color had higher rates of smoking and alcohol use than their heterosexual counterparts for all three ethnic groups: African American, Latina, and Asian-American.



LGBT of color

2007 study from CA

- Sample sizes too small to achieve statistical significance
- Latino/as – smoke at rates 152% higher
- Black/AA – smoke 110% higher
- Asian Am/Pacific Islander – 330% higher



Transgender

- Too little data collection!
- Study from MA – 45% current use
- National Trans Discrimination Survey – rates 50% higher than general population.
- Smoking rates higher if a trans person does not pass



Youth

- In the 2001-9 Youth Risk Behavior Surveillance System MMWR report; current smoking for lesbian/gay/bisexual students was at median rate of 31%, for heterosexual students it was 14%.¹¹



Youth

- The NATS data showed 18-24 year old LGBT people had a prevalence rate of 35.8%, v. 23.2% for others.



Youth In Summary

- In short, LGBT youth are smoking at the same rate the full population was in the 1980s – the tobacco control movement is 30 years behind the times in reaching LGBT youth. Unless this is countered aggressively, this disparity is poised to continue for decades to come.¹⁵



Conclusion

Across available research, population-based studies, large cohort studies, and convenience samples, the findings stay consistent: **some, if not all, LGBT groups demonstrate significantly higher smoking rates than the general population.**



Why LGBT people smoke more






#1: Homophobia, racism, and sexism

- Discrimination is all too common for some LGBT people. It can range the gamut from subtle alienation to active harassment or more.
- Such homophobia and transphobia likely contributes to higher levels of substance abuse as a coping strategy.
- These challenges can be compounded for LGBT color.



Question

- In most states, is it legal to fire someone for being gay?





Current State Nondiscrimination Laws

Courtesy of the National Gay and Lesbian Task Force, as of Jan. 2012.

Blue = States banning discrimination based on sexual orientation and gender identity


Pink = Laws banning discrimination based on sexual orientation






How many people are affected?

- There are an estimated minimum of 9 million gay, lesbian, and bisexual (GLBT) persons in the U.S.
- This is roughly equivalent to the population of the state of New Jersey
- The Census does not count LGBT people, but does count same sex couples, if we use these couples as a proxy for all LGBTs, we then know:
 - LGBT people are found in all Congressional districts in the U.S.
 - The number of LGBT people generally even across racial and ethnic groups.





#2: Youth coming out

LGBT youth most often come out in their late childhood through teen years. The stressors of coming out occur just when the youth is at greatest risk for smoking uptake.



#3: Where are my people?

Often, a primary social outlet for LGBT folks are bars and clubs, where drinking and smoking are prevalent and used as tools for socializing and meeting people.



#4: Tobacco companies love to target us.

- Big Tobacco has successfully targeted our communities
- They are good at twisting our civil rights messages to look like pro-tobacco messages



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Freedom. To speak. To choose. To marry. To participate. To be. To disagree. To inhale. To believe. To love. To live. It's all good.

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Impact on our communities

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It's not a primary issue

- In a recent survey, 7 out of 10 LGBT men and 4 out of 5 LGBT women thought smoking was no bigger problem for LGBTs than everyone else
- In another survey, half of the LGBT smokers felt the LGBT community should not publicly counter the tobacco industry



Our leaders rarely see it as a priority

- UCSF researchers found that only 17% of 75 LGBT community leaders listed tobacco as a top three LGBT health issue.



So, few of us even understand... it's killing us.


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



Language 101

Excerpted from: A providers Introduction to Substance Abuse Treatment for LGBT Individuals, training curriculum.






Definitions

Gender: femaleness or femininity and maleness or masculinity

Gender Role: masculine or feminine behaviors

Gender Identity: inner sense of oneself, a person's self-concept, in terms of gender

Sexual Orientation: distinct from gender identity, describes one's attraction to, sexual desire for, lust for, romantic attachments to others; lesbian, gay, bisexual, heterosexual.




Categories

- SEX
- GENDER/GENDER ROLE
- SEXUAL ORIENTATION
- GENDER IDENTITY

Descriptors

- Lesbian
- Gay
- Bisexual
- Transgender
- Transsexual
- Heterosexual
- Queer
- Male
- Female
- Masculine
- Feminine
- Intersex
- Genderqueer



SEX

- Male
- Female

SEXUAL ORIENTATION


- Lesbian
- Gay
- Bisexual
- Heterosexual
- Queer

GENDER/GENDER ROLE


- Male
- Female
- Masculine
- Feminine


GENDER IDENTITY

- Transgender
- Transsexual
- Male
- Female
- Queer or Genderqueer



Reaching & Serving LGBT People





Sections of Training

1. The Landscape
2. Enhancing Welcoming at Your Agency
3. Individual Strategies



The Landscape





LGBT health discrimination

- One in five transgender people report being turned away from a medical provider for being trans.
- LGBT people routinely report avoiding health care when they can't find a welcoming doctor
- Surveys of medical professionals routinely show substantive percentages who associate strongly negative feelings with LGBT people.
- While the world may be more accepting now, everyone carries a lifetime worth of experiences around with them.



The Lesson

- While LGBT youth are very likely to experience stressors and triggers related to LGBT status...
- They are very unlikely to presume the health center is a welcoming environment to discuss these issues.
- And hiding their LGBT status can adversely affect treatment.



Best and Promising Practices:

- Target outreach efforts specifically to LGBT people (e.g., targeted materials, promotion) in order to increase utilization.

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Examples



Your Quit Date.

Quitting tobacco is one of the most important dates you'll ever decide on.

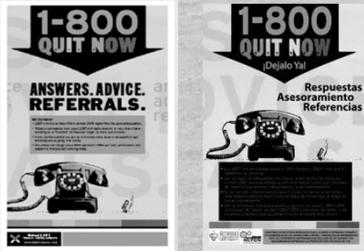
FREE nicotine patches, lozenges, and gum.

1-800-quit-now | projectfilter.org

You say when. We'll show you how. HEALTH & WELFARE

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Examples




1-800-QUIT-NOW

ANSWERS. ADVICE. REFERRALS.

Respuestas Asesoramiento Referencias

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Examples




TIPS FROM FORMER SMOKERS

THERE ARE MANY REASONS TO QUIT SMOKING. FIND YOURS.

2-1-1




Examples





Creating welcoming environment







Your First step


According to the Gay and Lesbian Medical Association Guidelines for the Care of LGBT Patients...

“Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.”

Best and Promising Practices:

- Include sexual orientation and gender identity as part of standard demographic questions to tailor information and resource dissemination.




The Question

Do you consider yourself to be one or more of the following:

- Straight
- Gay or lesbian
- Bisexual
- Transgender

[If pause, tell them they can name their own category if they prefer]
 [Do not pause while reading to give presumption of first answer, read all four categories in very matter of fact manner].



Cognitive Testing

- 100% correctly classified, oversample of people of color and of low income/education.
- No one was reluctant to answer the question, most often they were mildly curious how it related, but the new preface language alleviated these concerns
- Straight people are usually just fine with declaring that they are straight – and LGBTs are often happy to not be ignored.
- Most all respondents had significant LGBT person.
- No significant concerns on breakoffs, but susceptible to isolated complaints – so educate your policymakers.



Other Strategies

Have Resources + Be Safe Haven

- Be sure to have easily available resources for referrals to LGBT supportive groups and agencies.
- Consider if your organization can help “host” a local Gay Straight Alliance (GSA).
- IF your school does not have a GSA – realize the youth there will be even more isolated, and at risk for negative feelings/health issues.



Individual Level Strategies





Individual Welcome

1. Look to see if they are LGBT
2. Be careful with your language choices
3. Challenge your own biases, to ensure you can remain supportive
4. Watch for “scanning” or avoidance from clients
5. Do not dismiss LGBT-related stressors as being unrelated to tobacco cessation
6. Be aware of how LGBT cessation may differ from the norm



1. Look to see if they are LGBT



Individual Welcome

“Even after all these years, I know it’s still a risk every time I come out to someone, so yes, it still makes me nervous.”

Don’t make them come out repeatedly, just check the chart so you’re prepared.



Individual Welcome

2. Be careful with your language choices



Language tips

Do

- Use Lesbian, gay, bisexual, or transgender
- Try to use the words they identify with (unless they make you uncomfortable)
- Use the same pronoun someone refers to themselves with
- If you mess that up, apologize quickly and move on
- Ask if you don't know which pronoun someone prefers

Don't

- Use queer or fag or dyke unless someone indicates they want it (and then only if you are comfortable)
- Forget queer started as a pejorative, but is changing for some younger people into an affirmation statement of identity.
- Forget to ask if you are unsure of anything.
- Get paralyzed with fear, jumping in with good intentions is a very powerful action!



Individual Welcome

3. Challenge your own biases, to ensure you can remain supportive



Mini Case Study

I opened the file right as the person came in, the file listed him as Robert Cartwright, but when I asked Robert how he was doing today, he paused for a long time... then finally he said that he preferred the name "Nancy" and it would help if I could call him Nancy.



Individual Welcome

4. Watch for “scanning” or avoidance from clients



Mini Case Study

When I talked with Paula, I knew she was dating someone, but she didn’t seem to talk about that much. I asked if he smoked too and she just said yes and moved onto some other point. I knew being around smokers would impact her own smoking but she seemed unwilling to talk about who she was dating.



Individual Welcome

5. Do not dismiss LGBT-related stressors as being unrelated to tobacco cessation



Mini Case Study

While I was in the counseling session with Mark, he told me he was smoking and using drugs. He also said he's gay and thinks some people have found out about it.



Individual Welcome

6. Be aware of how LGBT wellness & cessation may differ from the norm.



How it is likely to differ:

Evidence shows LGBT people are MORE likely to:

- Have triggers/stressors related to LGBT discrimination
- Delay/avoid/have poor healthcare
- Have lots of smoking friends
- Get needed social support in high smoking venues
- Feel social isolation
- Have related addictions
- Face bullying
- Be struggling with mental health problems



How it is likely to differ:

Evidence shows LGBT people are LESS likely to:

- Have school-based support
- Have birth-family support

And NOT likely to:

- Understand how being LGBT relates to smoking




As a provider, are you asking and educating about these related issues?



Additional Resources






Resources:

LGBTQ motivational quitguide pamphlet.

Intended to be used in conjunction with professional counseling.

Available from Network for LGBT Health Equity





The blog

www.lgbthealthequity.wordpress.com

Network for LGBT Health Equity

www.lgbthealthequity.org

lgbthealthequity@gmail.com

scoutout@gmail.com
