

LGBT & Tobacco Peer Review Publications through March, 2010 (By Year)

1. Herrick AL, Matthews AK, Garofalo R. 2010. "Health risk behaviors in an urban sample of young women who have sex with women." *J Lesbian Stud* 14(1):80-92.
Abstract: We examined the prevalence of sexual and substance use behaviors among a group of young women who have sex with women (WSW) aged 16 to 24. A convenience sample of 137 young WSW participants completed a confidential survey that included demographics, substance use, and sexual risk behaviors. Descriptive analyses were used to interpret the data. Comparisons were made between rates of risk behaviors in this sample and non-sexual minority youth in a national dataset. The mean age of participants was 19.6 (SD = 2.3) and 59% were from communities of color. Participants reported a history of risky behaviors including anal intercourse with men (26%), monthly binge drinking (22%), pregnancy (20%), and tobacco use (54%). These findings highlight the need for health promotion interventions aimed at reducing risky health behaviors in this highly vulnerable and underserved sub-population of young women.
2. Brewer NT, Ng TW, McRee AL, Reiter PL. 2010 Feb. "Men's beliefs about HPV-related disease." *J Behav Med*.
Abstract: While human papillomavirus (HPV) infection is associated with genital warts, anal cancer, and oral cancer, limited research has examined what men think causes these diseases. We sought to examine knowledge and beliefs about HPV-related disease among gay and bisexual men, who are at high risk for HPV infection and HPV-related cancers, and compare them to heterosexual men. We conducted an online survey in January 2009 with a national sample of men aged 18-59 who self-identified as either gay or bisexual (n = 312) or heterosexual (n = 296). The response rate was 70%. Fewer than half of men knew that HPV can cause genital warts (41%), anal cancer (24%), and oral cancers (23%). However, gay and bisexual men typically knew more than heterosexual men about these topics. Overall, most men believed that sexual behavior causes genital warts (70%) and anal cancer (54%), and tobacco use causes oral cancer (89%). Perceived causal factors differed substantially among the three diseases, while differences by sexual orientation were fewer and smaller in magnitude. Many men were unaware that HPV infection can cause genital warts, oral cancer, and anal cancer.
3. Moegelin L, Nilsson B, Helström L. 2010 Feb. "Reproductive health in lesbian and bisexual women in Sweden." *Acta Obstet Gynecol Scand* 89(2):205-9.
Abstract: OBJECTIVE: Previous international studies have elucidated signs of poor physical and mental health in women who have sex with women (WSW) and an avoidance of preventive healthcare. When the first Nordic gynecological clinic for WSW was started in Stockholm in 1999, an opportunity to compile information about their physical and psychological health and social situation arose. DESIGN: Retrospective descriptive. SETTING AND SAMPLE: A total of 706 women: 264 patients attending a WSW clinic and 442 women attending the regular gynecological clinic. METHODS: Questionnaires. Response rate: WSW 77%, comparison group 40%. MAIN OUTCOME MEASURES: Possible differences in mental and reproductive health and attendance of preventive healthcare by WSW and heterosexual women. RESULTS: Having had a male sexual partner was reported by 82.3% of the WSW, 39.5% in the last five years and 4.9% in the last year. One-fifth of WSW had been pregnant, and one in ten had given birth. Equally, many had experience of induced abortion. WSW had less experience of gynecological examination and Papanicolaou smear screening. More than one-fifth of WSW had at some time had sexually transmitted infections (STI) and 12.6% reported a history of cervical atypia. WSW remembered dissatisfaction with their sexual lives during their youth and had more frequently sought professional help for their sexuality. CONCLUSION: WSW attend gynecological examinations to a lesser extent than heterosexual women. The fact that WSW reported having been affected by STI and cervical cell atypia underlines the opinion that they should be advised to attend the same gynecological check-ups and cervical screening programs as heterosexual women.
4. Schwappach DL. 2009 Dec. "Queer quit: gay smokers' perspectives on a culturally specific smoking cessation service." *Health Expect* 12(4):383-95.
Abstract: BACKGROUND: The prevalence of smoking is high among gay males. The need for culturally specific support has been acknowledged, but little is known about gay men's perspectives on such adapted interventions. OBJECTIVE: To investigate smoking and intention to quit in gay smokers and to explore their attitudes towards a gay-specific smoking cessation programme.

DESIGN: Quantitative survey and focus groups. SETTING AND PARTICIPANTS: A total of 325 gay smokers living in Zurich (Switzerland) completed an anonymous survey. Thirteen males participated in two focus groups, theoretically sampled to reflect heterogeneity in terms of age, HIV serostatus and smoking histories. Participants were personally recruited at a variety of events and through advertisements. RESULTS: Responders reported high consumption of cigarettes, and every second man stated that more than half of his gay friends smoke regularly. The majority planned their quit within the next 6 months. Idealizing attitudes towards smoking were very common. Men stated strong preferences towards a culturally adapted cessation programme for gay men. Higher age, high nicotine dependence, intention to quit, smoking stereotypes and fears for weight gain were significant predictors for interest in participation in the programme. Qualitative results indicate that men felt torn between their wish for support, bonding, and community alternatives to the 'smoking gay' environment and fears for failure and loss of reputation. CONCLUSIONS: Gay men reported likely use of a gay-specific intervention. Such interventions may offer support in abstaining from smoking, without abstaining from gay social life. Health-care providers play an important role in communicating the serious threats caused by smoking to gay men.

5. Trocki KF, Drabble LA, Midanik LT. 2009 Dec. "Tobacco, marijuana, and sensation seeking: comparisons across gay, lesbian, bisexual, and heterosexual groups." *Psychol Addict Behav* 23(4):620-31. Abstract: This study examined patterns of smoked substances (cigarettes and marijuana) among heterosexuals, gays, lesbians, and bisexuals based on data from the 2000 National Alcohol Survey, a population-based telephone survey of adults in the United States. We also examined the effect of bar patronage and sensation seeking/impulsivity (SSImp) on tobacco and marijuana use. Sexual orientation was defined as lesbian or gay self-identified, bisexual self-identified, heterosexual self-identified with same-sex partners in the past 5 years, and exclusively heterosexual (heterosexual self-identified, reporting no same-sex partners). Findings indicate that bisexual women and heterosexual women reporting same-sex partners had higher rates of cigarette smoking than exclusively heterosexual women. Bisexual women, lesbians, and heterosexual women with same-sex partners also used marijuana at significantly higher rates than exclusively heterosexual women. Marijuana use was significantly greater and tobacco use was elevated among gay men compared with heterosexual men. SSImp was associated with greater use of both of these substances across nearly all groups. Bar patronage and SSImp did not buffer the relationship between sexual identity and smoking either cigarettes or marijuana. These findings suggest that marijuana and tobacco use differ by sexual identity, particularly among women, and underscore the importance of developing prevention and treatment services that are appropriate for sexual minorities.
6. Burkhalter JE, Warren B, Shuk E, Primavera L, Ostroff JS. 2009 Nov. "Intention to quit smoking among lesbian, gay, bisexual, and transgender smokers." *Nicotine Tob Res.* 11(11):1312-20. Abstract: INTRODUCTION: Smoking is highly prevalent among lesbian, gay men, bisexual, and transgender (LGBT) persons and contributes to health disparities. Guided by the theory of planned behavior (TPB), we identified beliefs related to attitudes, perceived behavioral control, and subjective norms, as well as LGBT-specific variables, to explain variance in intention to quit smoking in the next 6 months in LGBT smokers. METHODS: Individual interviews (n = 19) identified beliefs about quitting smoking and LGBT-salient variables and aided in survey development. Surveys were sent to a random sample from an LGBT community center's mailing list and center attendees, with a 25.4% response rate. Bivariate and multivariate analyses were conducted with the final sample of 101 smokers. RESULTS: No sociodemographic or LGBT-specific variables beyond the TPB constructs were related to intention to quit smoking. A multivariate TPB model explained 33.9% of the variance in quitting intention. More positive attitudes and specific beliefs that cessation would make smokers feel more like their ideal selves and improve health and longevity were related to greater intention to quit (p values < .05). Subjective norm and perceived behavioral control were marginally significant, with perceived approval of partners and others and beliefs that life goal achievement would make it easier to quit positively related to intention. Depression and stress levels were high. DISCUSSION: This is among the first studies to examine theoretically grounded variables related to intention to quit smoking in LGBT smokers. We identified specific behavioral, normative, and control beliefs that can serve as intervention targets to reduce smoking in the LGBT community.

7. Covey LS, Weissman J, LoDuca C, Duan N. 2009 Nov. "A comparison of abstinence outcomes among gay/bisexual and heterosexual male smokers in an intensive, non-tailored smoking cessation study" *Nicotine Tob Res* 11(11):1374-7.
Abstract: INTRODUCTION: Smoking rates are higher among lesbian/gay/bisexual (LGB) than heterosexual (HT) individuals. However, there is scant information regarding smoking cessation treatments and outcomes in LGB populations. This study examined abstinence outcome in response to a high intensity smoking cessation program not specifically tailored to LGB smokers. METHODS: A total of 54 gay/bisexual (GB) and 243 HT male smokers received 8-week open treatment with nicotine patch, bupropion, and counseling. Participants reported biologically verified abstinence at multiple time points during the study. RESULTS: Demographic, smoking, and psychological characteristics at baseline were similar according to sexual orientation. During the first 2 weeks after quit day, abstinence rates were higher among GB smokers (Week 1: GB = 89%, HT = 82%; Week 2: GB = 77%, HT = 68%; $p < .05$); abstinence rates converged subsequently, becoming nearly identical at the end of treatment (Week 8, GB = 59% vs. HT = 57%). In mixed effects longitudinal analysis of end-of-treatment outcome, sexual orientation ($b = 1.40$, SEM = 0.73, $p = .056$) and the Sexual Orientation x Time interaction ($b = -0.146$; SEM = 0.08, $p = .058$) approached statistical significance, reflecting the higher initial abstinence rates among GB smokers and the later convergence in abstinence rates by sexual orientation. DISCUSSION: This first report comparing smoking cessation treatment response by sexual orientation found higher initial and similar end-of-treatment abstinence rates in GB and HT smokers. Further work is needed to determine whether these observations from GB smokers who displayed a willingness to attend a non-tailored program and broad similarity with their HT counterparts in many baseline characteristics will replicate in other groups of GB smokers.
8. Legleye S, Beck F, Peretti-Watel P, Chau N, Firdion JM. 2009 Nov "Suicidal ideation among young French adults: Association with occupation, family, sexual activity, personal background and drug use." *J Affect Disord*
Abstract: BACKGROUND: To assess associations among young adults between suicidal ideation in the previous year and adverse childhood events, occupation, education, tobacco use, alcohol abuse, cannabis use in the previous month, illicit drug use, sexual orientation and activity, depression, physical violence in the previous year, and lifetime forced sexual intercourse. METHODS: A subsample of 4075 French adults aged 18-30 years was drawn from a random national telephone survey in 2005. Major depressive episode and alcohol abuse were assessed using CIDI-SF and AUDIT-C (score above 4). Data were analysed with logistic regressions. RESULTS: Suicidal ideation affected 5.7% of men and 4.9% of women. Among men depression had the highest adjusted odds ratio (ORa=8.06, 5.07-12.79), followed by homosexual intercourse (3.37, 1.62-7.04), absence of sexual activity (2.83, 1.80-4.44); ORa between 1.6 and 2.0 were observed for living alone, daily tobacco smoking, being unemployed, serious health event concerning the father, age 26-30 and bad relationships between parents. Among women, depression had the highest ORa (7.60, 4.70-12.29), followed by lifetime experience of forced sexual intercourse (5.37, 2.89-9.96), having consumed illicit drugs other than cannabis (4.01, 1.48-10.89); ORa between 1.7 and 2.5 were observed for living alone, being unemployed, bad relationship between parents and age 26-30. LIMITATIONS: Cross-sectional survey, sexual orientation inferred from sexual activity. CONCLUSION: Suicide prevention should integrate the fact that besides depression, unemployment, family history, age, and sexual activity and orientation are specific risk factors among men, whereas illicit drug use, violence and forced sexual intercourse are more important among women.
9. Kelly BC, Weiser JD, Parsons JT. 2009 Sep-Oct. "Smoking and attitudes on smoke-free air laws among club-going young adults." *Soc Work Public Health* 24(5):446-53.
Abstract: This report assesses smoking rates and support for indoor smoking bans among club-going young adults in New York City. Nearly half of the sample were smokers. Gay, lesbian, and bisexual young adults were more likely to smoke than were heterosexual participants. No differences in smoking rates were found between sexes or between Whites and non-Whites. Support for the smoking ban exists among young adults (68.6%). This is universal, as no differences in support for the ban were found by sex, race, or sexual identity. Smokers supported the ban (57.8%) less than nonsmokers did (77.3%). Yet, it remains notable that a majority support the smoking ban among smokers.

10. Hyde Z, Comfort J, McManus A, Brown G, Howat P. 2009 Sep. "Alcohol, tobacco and illicit drug use amongst same-sex attracted women: results from the Western Australian Lesbian and Bisexual Women's Health and Well-Being Survey." *BMC Public Health* 2(9): 317.
Abstract: BACKGROUND: The prevalence of alcohol, tobacco and illicit drug use has been reported to be higher amongst lesbian and bisexual women (LBW) than their heterosexual counterparts. However, few studies have been conducted with this population in Australia and rates that have been reported vary considerably. METHODS: A self-completed questionnaire exploring a range of health issues was administered to 917 women aged 15-65 years (median 34 years) living in Western Australia, who identified as lesbian or bisexual, or reported having sex with another woman. Participants were recruited from a range of settings, including Perth Pride Festival events (67.0%, n = 615), online (13.2%, n = 121), at gay bars and nightclubs (12.9%, n = 118), and through community groups (6.9%, n = 63). Results were compared against available state and national surveillance data. RESULTS: LBW reported consuming alcohol more frequently and in greater quantities than women in the general population. A quarter of LBW (25.7%, n =236) exceeded national alcohol guidelines by consuming more than four standard drinks on a single occasion, once a week or more. However, only 6.8% (n = 62) described themselves as a heavy drinker, suggesting that exceeding national alcohol guidelines may be a normalised behaviour amongst LBW. Of the 876 women who provided data on tobacco use, 28.1% (n = 246) were smokers, nearly double the rate in the female population as a whole. One third of the sample (33.6%, n = 308) reported use of an illicit drug in the previous six months. The illicit drugs most commonly reported were cannabis (26.4%, n = 242), meth/amphetamine (18.6%, n = 171), and ecstasy (17.9%, n = 164). Injecting drug use was reported by 3.5% (n = 32) of participants. CONCLUSION: LBW appear to use alcohol, tobacco and illicit drugs at higher rates than women generally, indicating that mainstream health promotion messages are not reaching this group or are not perceived as relevant. There is an urgent need for public health practitioners working in the area of substance use to recognise that drug consumption and use patterns of LBW are likely to be different to the wider population and that special considerations and strategies are required to address the unique and complex needs of this population.
11. Lee JG, Griffin GK, Melvin CL. 2009 Aug. "Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review." *Tob Control* 18(4):275-82
Abstract: OBJECTIVES: This paper examines the prevalence of tobacco use among sexual minorities in the US through a systematic review of literature from 1987 to May 2007. METHODS: Seven databases were searched for peer-reviewed research (Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library via Wiley InterScience, Education Resources Information Center (ERIC), Health Source: Nursing/Academic, Institute for Scientific Information (ISI) Web of Science, PsycINFO via EBSCO Host and PubMed). No language restrictions were used. Abstracts were identified in the literature search (n = 734) and were independently read and coded for inclusion or exclusion by two reviewers. When agreement was not reached, a third reviewer acted as arbitrator. Abstracts were included if they presented data collected in the US from 1987 to May 2007 and reported prevalence or correlation of tobacco use with sexual minority status. Studies reporting data from HIV-positive samples were excluded. The identified articles (n = 46) were independently read by two reviewers who recorded key outcome measures, including prevalence and/or odds ratios of tobacco use, sample size and domain of sexuality (identity, behaviour, or desire). Factors relating to study design and methodology were used to assess study quality according to nine criteria. RESULTS: In the 42 included studies, 119 measures of tobacco prevalence or association were reported. The available evidence points to disparities in smoking among sexual minorities that are significantly higher than among the general population. CONCLUSIONS: Ongoing, targeted interventions addressing smoking among sexual minorities are warranted in tobacco control programs.
12. Kabir Z, Keogan S, Clarke V, Currie LM, Clancy L. 2009 Jul. "Smoking profile among the Gay and Lesbian Community in Ireland." *Ir J Med Sci*.
Abstract: We hypothesized that smoking rates among the Gay and Lesbian Community (GLC) in Ireland are not significantly different from the general Irish population. Methods: A convenience sampling of self-identified GLC was recruited using electronic (n = 700) and print (n = 500) media procedures in response to survey call advertisements (December 2006-March 2007). In all, 1,113 had complete smoking data and were analyzed. Data on a random sample of 4,000 individuals, using the Irish Office of Tobacco Control monthly telephone survey, were analyzed for the same period. RESULTS: Adjusted smoking rates in GLC were 26 and 24.6% in the general Irish

population ($P = 0.99$), while "heavy" (≥ 20 cigarettes/day) smoking prevalence was 44.1 and 36.6%, respectively ($P = 0.02$). Upper SES GLCs are "heavy" smokers compared with general population of similar SES group ($P = 0.01$). Conclusion: When considering two different sampling methodologies, this study suggests that smoking rates among the GLC in Ireland are not significantly different from the general Irish population.

13. Ortiz-Hernández L, Tello BL, Valdés J. 2009 Jul. "The association of sexual orientation with self-rated health and cigarette and alcohol use in Mexican adolescents and youths." *Soc Sci Med* 69(1):85-93.

Abstract: Evidence of health inequities associated with sexual orientation has been gathered for industrialized countries. The situation for lesbians, gay males, and bisexuals (LGB) from middle- or low-income countries may be worse than those in industrialized nations. Here, we analyze the relationship of sexual orientation with self-rated health and cigarette and alcohol use among a representative sample of Mexican adolescents and youths between the ages of 12 and 29 years, in order to explore whether this association is mediated by discrimination and violence. Three dimensions of sexual orientation (affective attraction, sexual behavior, and identity) were assessed. The outcomes were self-rated health and cigarette and alcohol use. Compared to heterosexuals, LGB youths more frequently smoked ≥ 6 cigarettes per day, reported having experienced family violence, having crimes perpetrated against them, and having experienced violations of their rights. Among males, gays and bisexuals exhibited a higher risk of poor health than heterosexuals. Compared to heterosexual women, lesbians and bisexual women were more likely to consume alcohol. Many differences in self-rated health and substance use according to sexual orientation were explained by having experienced discrimination and violence. We concluded that lesbian and bisexual females have a higher prevalence of cigarette and alcohol use. It is necessary to develop policies and programs aimed at the reduction of substance abuse among LGB youths (focusing on females who engage in sexual contact with persons of the same gender) and to work against discrimination and violence experienced by LGB people, particularly against non-heterosexual males.

14. Peretti-Watel P, Villes V, Duval X, Collin F, Reynes J, Sobel A, Protopopescu C, Chêne G, Spire B, Raffi F, ANRS CO8 APROCO-COPILOTE study group. 2009 Jul. "How do HIV-infected smokers react to cigarette price increases? Evidence from the APROCO-COPILOTE-ANRS CO8 Cohort." *Curr HIV Res* 7(4):462-7.

Abstract: BACKGROUND: Smoking prevalence is very high among people living with HIV/AIDS, and smoking is riskier for them than for HIV-seronegative people. Promoting smoking cessation among HIV-infected people is therefore an emerging public health priority. Raising cigarette prices is usually considered as one of the most effective ways to reduce smoking, but its effectiveness has never been studied among HIV-infected smokers. METHODS: We studied the impact of cigarette price increases among HIV-infected smokers, with data extracted from the French cohort study APROCO-COPILOTE conducted between 1997 and 2007 among 1,146 patients. Data regarding respondents' smoking status was collected every 8 months over the first 5 years, and every 12 months thereafter. RESULTS: We found striking differences across transmission groups regarding socio-demographic background and smoking prevalence. The Intravenous Drug Use (IDU) group was characterised by a lower socioeconomic status, a higher smoking prevalence and a smaller decrease in this prevalence over the period 1997-2007. The homosexual group had a higher socioeconomic status, an intermediate smoking prevalence in 1997, and the highest rate of smoking decrease. In the dynamic multivariate analysis, smoking remained correlated with indicators of socioeconomic disadvantage and with infection through IDU. Aging and cigarette price increase had a negative impact on smoking among the homosexual group, but not for the IDU group. CONCLUSION: Among seropositive people, just as for the general population, poor smokers are poor quitters. Public health authorities should consider interventions which are not smoking-specific, but which contribute to improve the living conditions of the most deprived HIV-infected smokers.

15. Pizacani BA, Rohde K, Bushore C, Stark MJ, Maher JE, Dilley JA, Boysun MJ. 2009 Jun. "Smoking-related knowledge, attitudes and behaviors in the lesbian, gay and bisexual community: a population-based study from the U.S. Pacific Northwest." *Prev Med* 48(6):555-61.

Abstract: Several studies have shown that lesbian, gay and bisexual (LGB) persons have higher smoking prevalence than heterosexuals. However, few population-based studies have explored whether smoking-related knowledge, attitudes and behaviors also differ between the communities.

Methods We used Behavioral Risk Factor Surveillance System data for 2003 to 2005 from two states (Washington and Oregon) to compare smoking-related indicators between the self-identified LGB population and their heterosexual counterparts. Results: Lesbians, gays and bisexuals were more likely to be current or ever smokers than their heterosexual counterparts. All except bisexual men and had lower quit ratios than heterosexuals. Among successful quitters, bisexual men were less likely to be long-term quitters than heterosexuals. For all groups, attitudes and behaviors regarding secondhand smoke (SHS) were similar to those of heterosexuals, except for bisexual women, who were more likely to be exposed to SHS. Conclusions: Despite a disparity in smoking prevalence, the LGB population in these two states appeared to have similar levels of knowledge and attitudes toward tobacco control as their heterosexual counterparts. Nevertheless, tobacco control programs should continue to focus on this population to prevent smoking initiation, promote cessation, and reduce secondhand smoke exposure.

16. Reynolds NR. 2009 Jun. "Cigarette smoking and HIV: more evidence for action." *AIDS Educ Prev* 21(3 Suppl):106-21.
Abstract: As many as 50-70% of persons infected with HIV are current smokers. Compelling evidence concerning the risks of cigarette smoking to persons living with HIV urges the inclusion of smoking treatment protocols in contemporary models of HIV care. Yet in spite of growing awareness of this problem, persons living with HIV are not being effectively treated for tobacco use. To further an understanding of contributing factors and define directions for evidenced-based intervention, factors associated with smoking behavior among persons living with HIV are examined.
17. Polimeni AM, Austin SB, Kavanagh AM. 2009 Mar. "Sexual orientation and weight, body image, and weight control practices among young Australian women." *J Womens Health (Larchmt)* 18(3):355-62.
Abstract: OBJECTIVES: We compare weight, body image, and weight control practices of young adult Australian women according to sexual orientation. METHODS: Cross-sectional analyses of the second survey of 9683 young adult women in the Australian Longitudinal Study on Women's Health (ALSWH); the weight, weight control practices, and body image of exclusively heterosexual, mainly heterosexual, bisexual, and lesbian women were compared. RESULTS: Lesbians were less likely to be dissatisfied with their body image (body weight: beta -0.64, 95% CI -1.10- -0.18; body shape: beta -0.83, 95% CI -1.27- -0.40; overall: beta -0.74, 95% CI -1.14- -0.32), to cut down on fats and sugars (OR 0.53, 95% CI 0.34-0.85), and to engage in healthy weight control practices overall (OR 0.48, 95% CI 0.29-0.81) compared with exclusively heterosexual women. Compared with exclusively heterosexual women, bisexual women were more likely to weight cycle (OR 2.22, 95% CI 1.22-4.03). Compared with exclusively heterosexual women, mainly heterosexual and bisexual women were more likely to engage in unhealthy weight control practices overall (mainly heterosexual: OR 1.76, 95% CI 1.42-2.17; bisexuals: OR 2.89, 95% CI 1.57-5.33), such as smoking (mainly heterosexuals: OR 1.83, 95% CI 1.38-2.44; bisexuals: OR 3.80, 95% CI 1.94-7.44) and cutting meals (mainly heterosexuals: OR 1.58, 95% CI 1.23-2.02; bisexual women: OR 3.45, 95% CI 1.82-6.54). Mainly heterosexual women were more likely to vomit (mainly heterosexuals: OR 2.41, 95% CI 1.73-3.36) and use laxatives (mainly heterosexuals: OR 1.56, 95% CI 1.12-2.19). CONCLUSIONS: Future research should explore why bisexual and mainly heterosexual women are at higher risk of disordered eating behaviours. Understanding why lesbians have a healthier body image would also provide insights into how to improve the body image of other groups. It is critical that public health policy and practice address less healthy weight control practices of sexual minority groups.
18. Rosario M, Schrimshaw EW, Hunter J. 2009 Mar. "Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions." *Psychol Addict Behav* 23(1):175-84.
Abstract: Research on whether disclosure of sexual orientation promotes lower substance use among lesbian, gay, and bisexual (LGB) individuals has been inconsistent. One reason for this may be that disclosure results in accepting and rejecting reactions. The current report longitudinally examines whether the types of reactions to disclosure are associated with substance use and abuse among 156 LGB youths (ages 14-21). Neither the number of disclosures nor the numbers of accepting or neutral disclosure reactions were associated with substance use or abuse. However, the number of rejecting reactions to disclosure was associated with current and subsequent alcohol, cigarette, and marijuana use, even after controlling for demographic factors, social desirability, and emotional distress. Further, accepting reactions were found to moderate or protect

youths from the negative role of rejecting reactions on alcohol use, but not other substances. This research indicates that, rather than disclosure per se, it is the number of accepting and rejecting reactions in response to disclosure that are critical to understanding substance use among LGB youths. Further, the results suggest that to be maximally effective, substance use prevention and treatment efforts should address rejecting reactions.

19. Wiley DJ, Elashoff D, Masongsong EV, Harper DM, Gylys KH, Silverberg MJ, Cook RL, Johnson-Hill LM. 2009 Mar. "Smoking enhances risk for new external genital warts in men." *Int J Environ Res Public Health* 6(3):1215-34.

Abstract: Repeat episodes of HPV-related external genital warts reflect recurring or new infections. No study before has been sufficiently powered to delineate how tobacco use, prior history of EGWs and HIV infection affect the risk for new EGWs. Behavioral, laboratory and examination data for 2,835 Multicenter AIDS Cohort Study participants examined at 21,519 semi-annual visits were evaluated. Fourteen percent (391/2835) of men reported or were diagnosed with EGWs at 3% (675/21,519) of study visits. Multivariate analyses showed smoking, prior episodes of EGWs, HIV infection and CD4+ T-lymphocyte count among the infected, each differentially influenced the risk for new EGWs.

20. Weisz VK. 2009 Jan-Feb. "Social justice considerations for lesbian and bisexual women's health care." *J Obstet Gynecol Neonatal Nurs* 38(1):81-7.

Abstract: Lesbian and bisexual women share much with heterosexual women such as the desire to parent and the risk for partner violence. However, these women have unique risks associated with heavy alcohol use, smoking, obesity, and nulliparity. As nurses become increasingly aware of the need for social justice advocacy for marginalized groups, they are in a good position to advocate for lesbian and bisexual women and to bring visibility to their poor treatment in the health care setting.

21. Duval X, Baron G, Garelik D, Villes V, Dupré T, Lepout C, Lert F, Peretti-Watel P, Ravaud P, Spire B; EVIT Study Group. 2008. "Living with HIV, antiretroviral treatment experience and tobacco smoking: results from a multisite cross-sectional study." *Antivir Ther* 13(3):389-97.

Abstract: **BACKGROUND**: To assess the prevalence of and factors associated with tobacco smoking and dependence in HIV patients. **METHODS**: In a one-day cross-sectional national survey of a representative sample of 82 French units specialized in HIV-infected patient care, 727 consecutive outpatients were asked to complete a self-administered questionnaire, assessing smoking habits, dependence, cessation motivation, other substance abuse, sociocultural characteristics, life with HIV and its treatment. Smoking prevalence and dependence were assessed and compared with a representative sample of the general French population. **RESULTS**: The questionnaire was completed by 593 (82%) patients: 12% were active or ex-intravenous drug users, 37% were homosexual men, and 43% were active smokers (compared with 31% in the French population) of whom 56% were classified as moderately or highly dependent. Fourteen percent of smokers were highly motivated and free of other substance abuse and of depressive symptoms. Smoking was independently associated with male sex (odds ratio [OR] = 2.38; 95% confidence interval [CI] 0.99-1.11), lower body mass index (OR 1.08; 95% CI 1.14-1.03), smoking environment (OR 4.75; 95% CI 3.02-7.49), excessive alcohol consumption (OR 2.50; 95% CI 1.20-5.23), illicit drug use (OR 2.43; 95% CI 1.41-4.19), HIV status disclosure to family (OR 1.81; 95% CI 1.16-2.85) and experience of rejection due to disclosure (OR 1.90; 95% CI 1.14-3.17). Disclosure and drug substitute usage were associated with high tobacco dependence. **CONCLUSIONS**: Very few HIV smokers seem to be good candidates for a standard tobacco cessation program. Tobacco reduction or cessation strategies should be adapted to this population.

22. Halkitis, P. N., Moeller, R. W., Siconolfi, D. E., Jerome, R. C., Rogers, M., Schillinger, J., Halkitis, Perry N., Moeller, Robert W., Siconolfi, Daniel E., Jerome, Roy C., Rogers, Meighan, and Schillinger, Julia. 2008. "Methamphetamine and Poly-Substance Use Among Gym-Attending Men Who Have Sex With Men in New York City." *Annals of Behavioral Medicine* 35(1):41-48.

Abstract: **BACKGROUND** : Methamphetamine and other drug use has been documented among men who have sex with men (MSM). Patterns of use may be influenced by point of recruitment into these studies. **PURPOSE** : The aim of this study is to describe patterns of methamphetamine and other drug use and to delineate psychosocial and demographic factors which accompany these patterns of use in a sample of MSM attending gyms in New York City. **METHODS** : Active recruitment strategies were implemented to ascertain a sample of 311 MSM. Participants

completed a one-time survey regarding both health risks and health promotion. RESULTS : Methamphetamine use in the last 6 months was reported by 23.8% of men. Inhalation and smoking were the most common modes of administration, and 84% of men reported more than one mode of use. Study participants also indicated a variety of other substances used, including but not limited to alcohol, inhalant nitrates, and 3,4 methylenedioxymethamphetamine (MDMA). Compared to nonusers, methamphetamine users were more likely to report being black or Latino, depressed, HIV-positive, perceiving more benefits of unprotected sex, and understanding masculinity in sexual terms. CONCLUSIONS : These data suggest that health-risk behaviors are common among MSM who are regularly using a gym and are indicative of the complexities of health issues for this segment of the population

23. Hahn, H. C., Wong, F. Y., Huang, Z. J., Ozonoff, A., and Lee, J. 2008. "Substance Use Among Asian Americans and Pacific Islanders Sexual Minority Adolescents: Findings From the National Longitudinal Study of Adolescent Health." *Journal of Adolescent Health* 42(3):275-83.
Abstract: Purpose: We assessed the prevalence, incidence, and correlates of substance use among Asian American individuals transitioning from adolescence to young adulthood. Methods: Data were obtained from the National Longitudinal Study of Adolescent Health, Wave 11 (1996) and Wave 111 (2001). Information on substance use was abstracted from a nationally representative sample of 1108 Asian Americans and Pacific Islanders (A APIs) from both Waves. Weighted prevalence, incidence, and patterns of smoking, binge drinking, marijuana use, and other drug use were analyzed by sexual orientation and gender. Multiple logistic regression analyses were conducted to investigate the unique contribution of being a sexual minority in relation to four types of substance use by gender. Results: A link between sexual orientation and substance use behaviors among A APIs did not emerge until young adulthood. Significant increases in the incidence and prevalence of all four types of substance use (tobacco, binge drinking, marijuana, and other drugs) were found among sexual minority A APIs. Specifically being an A API sexual minority young woman, compared with being a heterosexual young woman, a heterosexual young man, or a sexual minority young man, was significantly associated with substance use after controlling for demographic characteristics, problem behaviors, and substance use during adolescence. Also the highest prevalence of substance use was found among A API sexual minority women. Conclusions: These findings add greater urgency to addressing the role of sexual orientation in designing substance abuse programs.

24. Offen, N., Smith, E. A., Malone, R. E., Offen, Naphtali, Smith, Elizabeth A., and Malone, Ruth E. 2008. "Is Tobacco a Gay Issue? Interviews With Leaders of the Lesbian, Gay, Bisexual and Transgender Community." *Culture, Health & Sexuality* 10(2):143-57.
Abstract: This study examined the extent of tobacco industry funding of lesbian, gay, bisexual and transgender (LGBT) organisations and whether leaders of these organisations thought tobacco was a priority health issue for their community. We interviewed leaders of 74 LGBT organisations and publications in the USA, reflecting a wide variety of groups. Twenty-two percent said they had accepted tobacco industry funding and few (24%) identified tobacco as a priority issue. Most leaders did not perceive tobacco as an issue relevant to LGBT identity. They saw smoking as a personal choice and individual right rather than as a health crisis fuelled by industry activities. As such, they were reluctant to judge a legal industry, fearing it might lead to having to evaluate other potential funders. They saw tobacco control as divisive, potentially alienating their peers who smoke. The minority who embraced tobacco control saw the industry as culpable and viewed their own roles as protecting the community from all harms, not just those specific to the gay community. Lesbian, gay, bisexual and transgender tobacco-control advocates should reframe smoking as an unhealthy response to the stresses of homophobia to persuade leaders that tobacco control is central to LGBT health

25. Dilley JA, Spigner C, Boysun MJ, Dent CW, Pizacani BA. 2008 Dec. "Does tobacco industry marketing excessively impact lesbian, gay and bisexual communities?" *Tob Control* 17(6):385-90
Abstract: BACKGROUND: Tobacco industry documents have revealed marketing plans specifically to reach lesbian, gay and bisexual (LGB) populations. Research supports a causal linkage between receptivity and exposure to tobacco industry marketing and tobacco use uptake among adolescents. Pro-tobacco messages may diminish the effectiveness of tobacco control activities and contribute to the high smoking prevalence among LGB populations. OBJECTIVE: To compare receptivity and exposure to tobacco industry marketing between LGB and heterosexual populations. METHODS: Nearly 400 gay or bisexual men and more than 600 lesbian or bisexual

women were identified in the 2003-2006 Washington State Behavioral Risk Factor Surveillance System (BRFSS), a state-wide, population-based telephone survey of adults. The BRFSS included questions measuring receptivity and exposure to tobacco industry marketing. Multiple logistic regression models stratified by gender were used to assess differences for lesbians, gays and bisexuals separately, in comparison to their heterosexual counterparts. RESULTS: As expected, smoking prevalence was higher among LGB populations than among heterosexuals. After adjustment for demographic differences and smoking status, gay and bisexual men reported more exposure to tobacco industry marketing (free sample distribution) than straight men, but were equally receptive to it. Lesbian and bisexual women were more receptive to and reported more exposure to tobacco industry marketing than straight women. CONCLUSION: LGB communities, especially lesbian and bisexual women, appear to be effectively targeted by tobacco industry marketing activities. Strategies to limit tobacco industry marketing, and increase individuals' resistance to marketing, may be critical to reducing smoking among LGB populations.

26. Remafedi G, Jurek AM, Oakes JM. 2008 Dec. "Sexual identity and tobacco use in a venue-based sample of adolescents and young adults." *Am J Prev Med.* 35(6 Suppl):S463-70.
Abstract: BACKGROUND: Tobacco use has been found to be more prevalent among lesbian, gay, bisexual, and transgender (LGBT) adults than among the general population, but there is little information about LGBT youth. This study examined tobacco use in relation to sexual identity in a community venue-based sample of youth. METHODS: Time-space sampling was used to select individuals aged 13-24 years visiting venues frequented by both LGBT and non-LGBT youth, including drop-in and recreational centers, cafes, bars, and a park. ORs for the association between LGBT identity and tobacco use were estimated using logistic regression models with adjustment for demographic covariates and venue selection. The two main outcomes were lifetime and last-30-day cigarette smoking. Sixteen secondary outcomes pertained to the type, initiation, frequency, and quantity of tobacco use; symptoms of dependence; and cessation. RESULTS: Seventy-seven percent (500/653) of eligible participants completed surveys by interview in 2005-2006. Sixty-three percent smoked in the last 30 days, 22% smoked more than 30 days ago, and 17% reported no prior cigarette smoking. LGBT identity predicted any prior cigarette use (OR 2.2, 95% CI=1.7, 3.2), but not recent use. Compared to non-LGBT youth, LGBT participants were less likely to use smokeless tobacco (OR 0.6, 95% CI=0.5, 0.7) and to want to quit smoking cigarettes (OR 0.6, 95% CI=0.5, 0.8). Other tobacco-related attitudes and behaviors were similar. CONCLUSIONS: Few meaningful differences in tobacco use were related to sexual identity. The remarkably high levels of cigarette smoking in the sample highlights the need for prevention and cessation resources.
27. Schwappach DL. 2008 Dec. "Smoking behavior, intention to quit, and preferences toward cessation programs among gay men in Zurich, Switzerland." *Nicotine Tob Res* 10(12):1783-7.
Abstract: International data show that the prevalence of smoking is high among gay males. The need for tailored smoking cessation support has been widely acknowledged, but little is known about gay men's preferences toward culturally-adopted interventions. We investigated preferences toward tailored group programs in a survey study among a sample of gay smokers living in the urban community of Zurich, Switzerland. Preferences were assessed using vignettes describing alternative services randomized over participants. Men that self-defined as gay or bisexual completed the survey (N = 379). Responders smoked on average 20 cigarettes per day (CI 18.9-21.5) and the mean nicotine dependence score was 4.6 (CI 4.3-4.9). Men strongly preferred group cessation programs for gay men over generic programs, and services provided by the local gay health care provider over those offered by the traditional course provider. The data suggest that offering tailored programs will increase participation in cessation services. Results emphasize the need for culturally-adopted cessation interventions that provide men strategies for participating in recreational activities as nonsmokers. Gay health care organizations serve as important door openers to communicate the serious health threats for gay men caused by smoking, and may play an important role in attracting men to cessation services.
28. Hart TA, James CA, Purcell DW, Farber E. 2008 Nov. "Social anxiety and HIV transmission risk among HIV-seropositive male patients." *AIDS Patient Care STDS* 22(11):879-86.
Abstract: The role of psychological factors in predicting HIV sexual transmission risk behavior is increasingly of interest in prevention research. Social anxiety, or anxiety about being evaluated in interpersonal situations, is associated with unprotected insertive anal intercourse among young men who have sex with men (MSM) and with other behavioral risk factors for unprotected

intercourse, such as depression, smoking, alcohol use, and drug use. Social anxiety may be especially relevant in understanding HIV risk among HIV-seropositive men, given its stronger association with unprotected insertive than with receptive anal intercourse. In the present study, for which participants were recruited between October 2002 and May 2003, HIV-positive men attending regularly scheduled primary care medical appointments at a community HIV clinic were approached by research personnel and informed about the study topic and procedures. Ninety percent of patients approached agreed to participate, resulting in a sample of 206 patients. The sample was primarily African American, unemployed, of low educational level, and 95% of the sample had an AIDS diagnosis. The present study replicated and extended previous research from community samples by demonstrating an association between social anxiety and unprotected insertive anal intercourse with non-HIV-positive partners in a clinical sample of HIV-positive MSM and men who have sex with women (MSW). This association was maintained controlling for depression, smoking, and club drug use. Social anxiety is a relatively robust risk factor for unprotected insertive anal intercourse among MSM. Future work should examine the mechanisms by which social anxiety is associated with sexual risk among MSM.

29. Lombardi E, Silvestre AJ, Janosky JE, Fisher G, Rinaldo C. 2008 Nov. "Impact of early sexual debut on gay men's tobacco use." *Nicotine Tob Res* 10(11):1591-5.

Abstract: Young men's sexual experiences with men are different from their sexual experiences with women because of homophobia. Early sexual debut with another man could lead to tobacco use as a result. The study assessed 691 HIV-negative gay men recruited from southwestern Pennsylvania. Early sexual experiences with men and women were associated with participants' smoking behaviors. It is thought that the early sexual debut with men may place these individuals at risk for homophobia as well as for being socialized in environments that will influence their smoking behavior. To be effective, tobacco control programs need to be culturally competent regarding issues that affect gay men.

30. Monforte A, Abrams D, Pradier C, Weber R, Reiss P, Bonnet F, Kirk O, Law M, De Wit S, Friis-Møller N, Phillips AN, Sabin CA, Lundgren JD; Data Collection on Adverse Events of Anti-HIV Drugs (D:A:D) Study Group. 2008 Oct. "HIV-induced immunodeficiency and mortality from AIDS-defining and non-AIDS-defining malignancies." *AIDS* 22(16):2143-53.

Abstract: OBJECTIVE: To evaluate deaths from AIDS-defining malignancies (ADM) and non-AIDS-defining malignancies (nADM) in the D:A:D Study and to investigate the relationship between these deaths and immunodeficiency. DESIGN: Observational cohort study. METHODS: Patients (23 437) were followed prospectively for 104 921 person-years. We used Poisson regression models to identify factors independently associated with deaths from ADM and nADM. Analyses of factors associated with mortality due to nADM were repeated after excluding nADM known to be associated with a specific risk factor. RESULTS: Three hundred five patients died due to a malignancy, 298 prior to the cutoff for this analysis (ADM: n = 110; nADM: n = 188). The mortality rate due to ADM decreased from 20.1/1000 person-years of follow-up [95% confidence interval (CI) 14.4, 25.9] when the most recent CD4 cell count was <50 cells/microl to 0.1 (0.03, 0.3)/1000 person-years of follow-up when the CD4 cell count was more than 500 cells/microl; the mortality rate from nADM decreased from 6.0 (95% CI 3.3, 10.1) to 0.6 (0.4, 0.8) per 1000 person-years of follow-up between these two CD4 cell count strata. In multivariable regression analyses, a two-fold higher latest CD4 cell count was associated with a halving of the risk of ADM mortality. Other predictors of an increased risk of ADM mortality were homosexual risk group, older age, a previous (non-malignancy) AIDS diagnosis and earlier calendar years. Predictors of an increased risk of nADM mortality included lower CD4 cell count, older age, current/ex-smoking status, longer cumulative exposure to combination antiretroviral therapy, active hepatitis B infection and earlier calendar year. CONCLUSION: The severity of immunosuppression is predictive of death from both ADM and nADM in HIV-infected populations.

31. Hughes TL, Johnson TP, Matthews AK. 2008 Jul. "Sexual orientation and smoking: results from a multisite women's health study." *Subst Use Misuse* 43(8-9):1218-39.

Abstract: Although lesbians are believed to be at disproportionately high risk for smoking, few published studies have focused on smoking rates in this population. We examined and compared rates and demographic correlates of smoking among 550 lesbians and 279 heterosexual women in Chicago, Minneapolis/St. Paul, and in New York City in 1994-1996 using a self-administered survey questionnaire. African-American lesbians were more likely than African-American heterosexual women or White lesbians to be current smokers. For the sample as a whole,

education was the most robust predictor of both current and lifetime smoking. Racial/ethnic minority lesbians with high school education or less were most likely to report both current and lifetime cigarette smoking. The study's limitations are noted.

32. Rosario M, Schrimshaw EW, Hunter J. 2008 Jul. "Butch/Femme differences in substance use and abuse among young lesbian and bisexual women: examination and potential explanations. *Subst Use Misuse* 43(8-9):1002-15.
Abstract: The current study examined the role of gender atypical self-presentation on the alcohol, tobacco, and marijuana use, as well as symptoms of substance abuse/misuse, of an ethnically diverse sample of 76 young (ages 14-21 years) lesbian and bisexual women who were interviewed between 1993 and 1995 in New York City. Even after controlling for age, sexual identity, and social desirability, young butch women reported drinking alcohol more frequently and in greater quantity, smoking more cigarettes, and using marijuana more frequently than young femme women. Experiences of gay-related stressful events, internalized homophobia, and emotional distress were found to largely account for the butch/femme differences in tobacco and marijuana use, but not in higher levels of alcohol use. Despite the small convenience sample, these findings suggest that intervention efforts to address the higher levels of substance use among young lesbian and bisexual women may increase effectiveness by also addressing experiences of gay-related stress and emotional distress of young butch women. The study's limitations are noted.
33. Smith EA, Thomson K, Offen N, Malone RE. 2008 Jun. "'If you know you exist, it's just marketing poison': meanings of tobacco industry targeting in the lesbian, gay, bisexual, and transgender community." *Am J Public Health* 98(6):996-1003
Abstract: In the public health literature, it is generally assumed that the perception of "targeting" as positive or negative by the targeted audience depends on the product or message being promoted. Smoking prevalence rates are high among lesbian, gay, bisexual, and transgender (LGBT) individuals, but little is known about how they perceive tobacco industry targeting. We conducted focus groups with LGBT individuals in 4 US cities to explore their perceptions. Our findings indicated that focus group participants often responded positively to tobacco company targeting. Targeting connoted community visibility, legitimacy, and economic viability. Participants did not view tobacco as a gay health issue. Targeting is a key aspect of corporate-community interaction. A better understanding of targeting may aid public health efforts to counter corporate disease promotion.
34. Easton A, Jackson K, Mowery P, Comeau D, Sell R. 2008 Mar. "Adolescent same-sex and both-sex romantic attractions and relationships: implications for smoking." *Am J Public Health* 98(3):462-7.
Abstract: OBJECTIVES: We examined cross-sectional and longitudinal associations between smoking and romantic attractions and relationships. METHODS: We used data from the National Longitudinal Study of Adolescent Health to assess associations of smoking at Waves I and II with same-sex, both-sex, and opposite-sex romantic attractions or relationships as determined at Wave I. We used logistic regression to predict smoking at Wave II by sexual orientation. RESULTS: Both adolescent boys and adolescent girls with both-sex attractions or relationships were significantly more likely than those with opposite-sex attractions or relationships to be current smokers. Adolescent boys and girls with both-sex attractions or relationships who were nonsmokers at Wave I were more likely to be current smokers at Wave II than those with opposite-sex attractions or relationships. CONCLUSIONS: Our findings support previous research on smoking among youths who report same-sex or both-sex romantic attractions or relationships and demonstrate the increased risk bisexual youths have for smoking initiation and smoking prevalence. Tobacco use prevention programs targeting gay and bisexual youths are warranted, particularly among adolescent girls and boys who have had both-sex romantic attractions or relationships.
35. Bowen, D. J. and Boehmer, U. 2007. "The Lack of Cancer Surveillance Data on Sexual Minorities and Strategies for Change." *Cancer Causes & Control* 18(4):343-49.
Abstract: Objective To consider options for gathering cancer incidence and risk factor data in sexual minority individuals. Methods and results Sexual minority individuals may experience cancer risk disparities, due to lifestyle and reproductive differences compared with heterosexual people. However, cancer registry systems do not routinely collect sexual minority status. Other methods of obtaining such data and comparing cancer rates and risks between sexual minority and heterosexual people are discussed. These include building on existing registry membership with a targeted survey, using existing data sources, and estimating sexual orientation status with related

data. Conclusions Efforts described here could provide support for or refute the hypothesis that disparities exist in selected cancer rates in sexual minority populations and could guide targeted efforts to reduce any disparities

36. Chattopadhyay, A., Patton, L. L., Chattopadhyay, Amit, and Patton, Lauren L. 2007. "Risk Indicators for HIV-Associated Jointly Occurring Oral Candidiasis and Oral Hairy Leukoplakia." *AIDS Patient Care & Stds* 21(11):825-32.
Abstract: Joint occurrence of two or more diseases may impact their transmission, clinical presentation, management approaches, and treatment efficacy. Although oral candidiasis (OC) and oral hairy leukoplakia (OHL) are the most commonly occurring opportunistic oral diseases of HIV-infected patients, literature describing their joint occurrence is sparse. The purpose of this project was to develop an explanatory multivariable model for joint occurrence of OC and OHL (OC-OHL). This cross-sectional study examined 631 adult dentate HIV-1 seropositive persons for OC and OHL from 1995-2000 at the University of North Carolina Hospitals in Chapel Hill, NC. Data collected from medical record review, interviews and clinical examinations were analyzed using chi(2) tests, t tests, and nonparametric tests. Multivariable proportional odds models were developed, using the likelihood ratio test and adjusting for several demographic, behavioral, and biological factors. Thirteen percent of participants had OC only; 12.8% had OHL only; 4.6% had OC-OHL; whereas 69.7% had neither. Occurrence of OC-OHL was independently associated with CD4+ counts less than 200 cells per microliter (adjusted odds ratio [OR] (95% confidence interval [CI]) = 13.4 (6.6, 27.2) and CD4+ counts 200-499 cells per microliter (OR = 3.9 [1.9, 8.1]); current smokers (OR = 2.3 [1.4, 3.8]); and whites (OR = 1.7 [1.1, 2.5]). Combination antiretroviral therapy was protective (OR = 0.5 [0.3, 0.9]). In an HIV-1-infected population, lower CD4+ cell counts and smoking were important independent risk indicators for joint occurrence of OC and OHL.
37. Dibble, Suzanne L. and Dibble, Suzanne L. 2007. "Asians and Native Hawaiian or Other Pacific Islanders Midlife Lesbians' Health: A Pilot Study. [References]." *Women & Therapy* 30(3-4):2007-143.
Abstract: The purpose of this pilot study was to determine actual and potential health issues of midlife lesbians who were Asian American, Native Hawaiian, or other Pacific Islanders (A-NHOPI). We explored the health status (body composition, "outness," smoking, alcohol, and abuse) of 29 A-NHOPI lesbians; 34.5% were totally disclosed to family, co-workers, and health-care providers. They reported high rates of quitting smoking, and low rates of smoking and alcohol abuse. Childhood physical abuse was reported by 34.7% and childhood sexual abuse was reported by 28.6% of these women. Findings from this study will assist therapists with some of the issues affecting A-NHOPI midlife lesbians.
38. Evans, A. L., Scally, A. J., Wellard, S. J., Wilson, J. D., Evans, Amy L., Scally, Andrew J., Wellard, Sarah J., and Wilson, Janet D. 2007. "Prevalence of Bacterial Vaginosis in Lesbians and Heterosexual Women in a Community Setting.[See Comment]." *Sexually Transmitted Infections* 83(6):470-475.
Abstract: OBJECTIVES: High prevalence of bacterial vaginosis (BV) has been reported in lesbians but most studies were based in sexually transmitted infection clinic settings; therefore, we wished to determine the prevalence and risk factors of BV in lesbians and heterosexual women in a community setting in the UK. METHODS: A cross-sectional study recruiting lesbian women volunteers from community groups, events, clubs and bars. Heterosexual women were recruited from a community family planning clinic. They self-swabbed to create a vaginal smear, which was Gram-stained and categorised as BV, intermediate or normal flora. They completed a questionnaire about age, ethnic group, smoking, genital hygiene practices and sexual history. RESULTS: Of 189 heterosexuals and 171 lesbians recruited, 354 had gradeable flora. BV was identified in 43 (25.7%) lesbians and 27 (14.4%) heterosexuals (adjusted OR 2.45, 95% CI 1.25 to 4.82; p = 0.009). Concordance of vaginal flora within lesbian partnerships was significantly greater than expected (27/31 (87%) couples, kappa = 0.63; p<0.001). Smoking significantly increased the risk of BV regardless of sexuality (adjusted OR 2.65; p = 0.001) and showed substantial concordance in lesbian partnerships but less than for concordance of flora. CONCLUSIONS: Women who identified as lesbians have a 2.5-fold increased likelihood of BV compared with heterosexual women. The prevalence is slightly lower than clinic-based studies and as volunteers were recruited in community settings, this figure may be more representative of lesbians who attend gay venues. Higher concordance of vaginal flora within lesbian partnerships may support the hypothesis of a sexually transmissible factor or reflect common risk factors such as smoking

39. Furber, A. S., Maheswaran, R., Newell, J. N., Carroll, C., Furber, A. S., Maheswaran, R., Newell, J. N., and Carroll, C. 2007. "Is Smoking Tobacco an Independent Risk Factor for HIV Infection and Progression to AIDS? A Systemic Review." *Sexually Transmitted Infections* 83(1):41-46.
Abstract: OBJECTIVES: To systematically review the evidence of the relation between smoking tobacco and HIV seroconversion and progression to AIDS. METHODS: A systematic review was undertaken of studies to look at tobacco smoking as a risk factor for either HIV seroconversion or progression to AIDS. RESULTS: Six studies were identified with HIV seroconversion as an outcome measure. Five of these indicated that smoking tobacco was an independent risk factor after adjusting for important confounders with adjusted odds ratios ranging from 1.6 to 3.5. 10 studies were identified using progression to AIDS as an end point of which nine found no relation with tobacco smoking. CONCLUSIONS: Tobacco smoking may be an independent risk factor for HIV infection although residual confounding is another possible explanation. Smoking did not appear to be related to progression to AIDS although this finding may not be true in developing countries or with the longer life expectancies seen with highly active antiretroviral therapy
40. Gruskin, E. P., Greenwood, G. L., Matevia, M., Pollack, L. M., Bye, L. L., Albright, V., Gruskin, Elisabeth P., Greenwood, Gregory L., Matevia, Marilyn, Pollack, Lance M., Bye, Larry L., and Albright, Victoria. 2007. "Cigar and Smokeless Tobacco Use in the Lesbian, Gay, and Bisexual Population." *Nicotine & Tobacco Research* 9(9):937-40.
Abstract: Large population-based studies of alternative tobacco use in the lesbian, gay, and bisexual (LGB) population are needed to more fully measure tobacco use outcomes. This descriptive study used standard measures of alternative tobacco use from two separate, statewide household-based studies to compare basic prevalence rates in the LGB population and the general population in California. A total of 1,950 adult lesbians, bisexual women, heterosexual women who have sex with women, gay men, bisexual men, and heterosexual men who have sex with men, all living in California, completed surveys between 2003 and 2004. From a general population-based sample (California Tobacco Survey, 2002), a total of 11,037 adult women and 9,488 men were used as comparisons. The prevalence rates for lifetime and current cigar smoking and smokeless tobacco use were lower for all LGB subpopulations compared with the general population
41. Hegna, K. and Wichstrom, L. 2007. "Suicide Attempts Among Norwegian Gay, Lesbian and Bisexual Youths - General and Specific Risk Factors." *Acta Sociologica* 50(1):21-37.
Abstract: The aim of the study was to identify the specific factors that affect the risk of attempted suicide in Norwegian gay, lesbian and bisexual (GLB) youths beyond the effect of general risk factors presumed to be of importance irrespective of sexual orientation. The national non-probability sample included 407 GLB youths aged between 16 and 25 years of age, among whom 26 per cent of both genders reported a previous suicide attempt. General risk factors for attempted suicide among GLB youths were: lack of parental contact, internalizing problems (depression/anxiety), low self-esteem, regular smoking and victimization. The following risk factors specific for GLB youths increased the risk of attempted suicide even when controlling for general risk factors: currently being in a steady heterosexual relationship, early heterosexual debut (<16), young age of coming out (<15), infrequent contact with heterosexual friends and openness to all heterosexual friends. For practitioners engaged in social work among young people in general or GLB youths in particular, these results show that while coming out is a vital aspect of sexual identity formation that enhances psychological well-being and should be celebrated, in another sense it is a serious stressor with potentially negative consequences unless a strong social support network is there to be relied upon
42. Meads, C., Buckley, E., Sanderson, P., Meads, Catherine, Buckley, Emily, and Sanderson, Paul. 2007. "Ten Years of Lesbian Health Survey Research in the UK West Midlands." *BMC Public Health* 7251.
Abstract: BACKGROUND: Very little is known about the physical health needs of lesbian and bisexual women in the UK; most research has looked at mental or sexual health only. This article reports the results of four surveys carried out in the West Midlands between 1995 and 2005. METHODS: The first two surveys were conducted in 1995-6 by a volunteer group, with participants from a lesbian health conference (n = 69) and in a convenience sample from a wide range of relevant groups and venues (n = 354). The second two surveys were commissioned by the West Midlands South Strategic Health Authority in partnership with the Gay Men's Health Network and were conducted in 2002 (n = 449) and 2005 (n = 166) and again used convenience sampling

methods including the internet. RESULTS: The mean age of respondents varied between 29-33 years and 5-7% were from a non-white ethnic background. The smoking rates varied from 42% to 55%, being twice the West Midlands regional average of 21% for women aged 16 or more. Similarly, problems with alcohol were reported in 25-37% of respondents, higher than the West Midlands regional average of 7% for women aged 16+. The prevalence of any mental health problem varied between 31-35% and any suicide attempt between 20-31%. Only 29-45% had revealed their sexual orientation to their GP and of these, approximately 50% had experienced a positive reaction. CONCLUSION: The results suggest health needs that current UK health services may not be meeting. There is a need to identify and target specific health measures for lesbians and bisexual women in order to ensure improved physical and mental health in the longer term.

43. Remafedi, Gary. 2007. "Lesbian, Gay, Bisexual, and Transgender Youths: Who Smokes, and Why?" *Nicotine & Tobacco Research* 9(S1):S65-S71.
Abstract: Existing research indicates the rate of smoking among lesbian, gay, bisexual, and transgender (LGBT) youths exceeds the general population's, possibly due to stress, habitual substance abuse, socializing in smoky venues, and tobacco marketing. The study's overall aim was to conduct qualitative research regarding tobacco use and avoidance by LGBT youths. This report focuses on identifying priority subpopulations and corresponding risk and resiliency factors. Purposive and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. Almost a third of participants said that all LGBT youths are at risk for smoking. Other respondents specified a range of high-risk groups, encompassing many subpopulations. Contributing factors for smoking included personal characteristics, interpersonal issues, environmental conditions, and structural issues. More than a third of young smokers were not acquainted with LGBT nonsmokers and could not imagine how they avoid using tobacco. Half of the interactors and four youths ascribed favorable qualities to nonsmokers; such as self-esteem, will power, and concern for personal health, appearance, and well-being. In conclusion, smoking is a pervasive problem among LGBT youths. The findings corroborate prior explanations and implicate new ones. Some risks (e.g., limited opportunities to socialize with LGBT peers outside of smoking venues, the desire to appear more masculine, and sexuality-related stress) and resiliency factors (e.g., positive sexual identity) are unique to LGBT populations, reinforcing the need for culturally specific approaches to prevention and cessation. Highlighting the positive attributes of nonsmokers and nonsmoking might prove useful in prevention campaigns
44. Rostosky, S. S., Danner, F., and Riggle, E. D. B. 2007. "Is Religiosity a Protective Factor Against Substance Use in Young Adulthood? Only If You're Straight!" *Journal of Adolescent Health* 40(5):440-447.
Abstract: Purpose: Previous research has documented that substance use peaks during young adulthood and that religiosity provides a protective effect against binge drinking, marijuana use, and cigarette smoking. The majority of these studies do not examine sexual identity as it relates to these factors. Drawing on social influence and developmental theories, we tested the hypothesis that religiosity would provide a protective effect for heterosexual but not sexual minority young adults. Method: Waves 1 and 3 of the National Longitudinal Study of Adolescent Health provided data for the study. Three young adult sexual identity groups were formed: sexual minorities who did not report same-sex attraction at Wave 1 (NA), sexual minorities who did report same-sex attraction at Wave 1 (SSA), and heterosexuals (HET) (sample n = 764). Results: Religiosity measured at baseline had no significant effect on past-year substance use, measured six years later in sexual minority young adults. For heterosexual young adults, each unit increase in religiosity reduced the odds of binge drinking by 9%, marijuana use by 20%, and cigarette smoking by 13%. Conclusions: Religiosity was not protective against substance use in sexual minority young adults, cautioning against over-generalizing previous findings about the protective effects of religiosity. Future studies that 1) consider the social context for sexual identity development, 2) model both risk and protective factors, and 3) use multidimensional measures of religiosity (and spirituality) and sexual identity are needed to build the necessary knowledge base for effective health promotion efforts among sexual minority youth and young adults.
45. Sanchez, J. P., Hailpern, S., Lowe, C., and Calderon, Y. 2007. "Factors Associated With Emergency Department Utilization by Urban Lesbian, Gay, and Bisexual Individuals." *Journal of Community Health* 32(2):149-56.
Abstract: There are no published studies to date on emergency department (ED) utilization by the

lesbian, gay, and bisexual (LGB) community despite documented lack of access to health care for this community. This study explored the frequency of ED visits and socio-demographic and health-related factors associated with ED utilization among a convenience sample of LGB individuals. A sample of 360 LGB individuals was interviewed to assess socio-demographics, sexual practices, mental health, drug use, chronic disease history, and frequency of emergency department use. Emergency department utilization was categorized as 0, 1, or ≥ 2 visits. Bivariate statistics were applied to assess the association of various factors with emergency department utilization. Patient characteristics were as follows: age, 29.0; male, 53.1 percent; Hispanic, 57.8 percent; Black, 37.2 percent; and reported less than a college degree, 79.4 percent. Most (77.7 percent) had a primary care doctor and (86.3 percent) were comfortable discussing LGB-related health issues with their provider. Over 12 months, 25.3 percent had 1 ED visit and 16.4 percent had ≥ 2 ED visits. One or more emergency department visits was significantly associated with lower age, lower education, lower income, recent psychological distress, recent mental health counseling or medications, desired mental health treatment, abuse by partner, cigarette use, marijuana use, and asthma ($p < 0.05$). Despite reported access to primary care, our LGB sample exhibited a higher proportion of single and ≥ 2 ED visits than comparable populations. Mental health and cigarette use were associated with emergency department utilization and deserve further exploration for reducing emergency department visitation by and improving emergency department care for LGB individuals

46. Wang, J., Hausermann, M., Vounatsou, P., Aggleton, P., Weiss, M. G., Wang, Jen, Hausermann, Michael, Vounatsou, Penelope, Aggleton, Peter, and Weiss, Mitchell G. 2007. "Health Status, Behavior, and Care Utilization in the Geneva Gay Men's Health Survey." *Preventive Medicine* 44(1):70-75.
Abstract: BACKGROUND.: Recent reviews and studies suggest distinctive health needs among gay men. METHODS.: Swiss residents in the Geneva Gay Men's Health Survey (GGMHS, n=477) were matched with controls from the Swiss Health Survey (SHS, n=477) along sex, age, nationality, and region of residence and compared along standard indicators of health status, health behaviors, and health care utilization. Both health surveys were conducted in 2002 using probability sampling-i.e., time-space sampling (GGMHS) and household probability telephone sampling (SHS). RESULTS.: Although gay men were significantly less likely to be overweight (adjusted odds ratio (AOR)=0.54), they reported significantly more and severe physical symptoms (AOR ranged from 1.72 to 9.21), short-term disability (AOR=2.56), risk factors for chronic disease-i.e., high cholesterol, high blood pressure, high glucose, and smoking (AOR ranged from 1.67 to 3.89), and greater health services utilization (AOR ranged from 1.62 to 4.28), even after adjustment for differences in socio-demographic characteristics and health behaviors. CONCLUSIONS.: Evidence of greater morbidity among a community sample of gay men along standard health indicators underlines the relevance of sexual orientation as a socio-demographic indicator in public health in general and in the health inequalities discourse in particular.
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Abstract: Background: Sexual minority youth may be at elevated risk for alcohol use relative to heterosexual youth, but the reasons underlying higher rates and whether there may be gender differences in risk are not known. Methods: Cross-sectional survey data from 9731 early and middle adolescent girls and boys in the Growing Up Today Study in 1999 were examined to assess sexual orientation and gender patterns in alcohol use. Multivariable regression models estimated associations between sexual orientation and alcohol-related behaviors, such as binge drinking and drinking before age 12 years. Models controlled for sociodemographic and psychosocial factors, with heterosexuals as the reference. Results: Girls who described themselves as "mostly heterosexual" and lesbian/bisexual girls were at elevated risk compared to heterosexual girls on almost all alcohol-related behaviors and exposures. "Mostly heterosexual" boys were also at elevated risk. No significant differences in alcohol-related behaviors were observed between gay/bisexual and heterosexual boys. Gender-by-sexual orientation interactions were statistically significant for LGB but not other orientations, indicating that lesbian/bisexual girls experienced elevated risk above and beyond that of gay/bisexual boys relative to same-gender heterosexual peers. Conclusions: In early and middle adolescence, sexual minority girls and "mostly heterosexual" boys experienced consistent patterns of elevated risk for alcohol use. (c) 2006 Elsevier Ireland Ltd. All rights reserved

48. Cochran, Susan D. and Mays, Vickie M. 2007 Nov. "Physical Health Complaints Among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results From the California Quality of Life Survey." *American Journal of Public Health* 97(11):2048-55.
Abstract: Objectives. We examined evidence that minority sexual orientation is associated with more-frequent reports of physical health complaints. We also investigated the possible role of HIV infection among gay men and higher rates of psychological distress among lesbians, gay men, and bisexually and homosexually experienced heterosexual individuals in generating these health disparities. Methods. We used data from the California Quality of Life Survey (N=2272 adults) to examine associations between sexual orientation and self-reports about physical health status, common health conditions, disabilities, and psychological distress. Results. Prevalent HIV infection was reported by nearly 18% of gay, bisexual, and homosexually experienced heterosexual men. Gay men and bisexual and homosexually experienced heterosexual individuals had higher levels of psychological distress compared with exclusively heterosexual individuals. Self-reported physical health status varied by gender and by sexual orientation. Conclusions. Lesbians and bisexual and homosexually experienced heterosexual women reported a greater variety of health conditions and limitations compared with exclusively heterosexual women; however, these differences mostly disappeared when distress levels were taken into account. Among men, differences in health complaints appeared to reflect the ongoing burden of HIV and other sexually transmitted diseases in the gay male community
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Abstract: To assess the extent to which public health schools conduct research, offer planned curricula, and provide resources related to lesbian, gay, bisexual, and transgender health, we mailed a self-administered questionnaire to individual department chairpersons at each school. Survey results suggested that departmental lesbian, gay, bisexual, and transgender research and curricular activities extending beyond HIV and AIDS were uncommon in most public health school programs. Expanding lesbian, gay, bisexual, and transgender health research and curricula may help health professionals improve their response to lesbian, gay, bisexual, and transgender health disparities
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Abstract: Objectives. We estimated the prevalence of same-sex experience among women and compared women reporting sex with women and men and women reporting sex exclusively with women with women reporting sex exclusively with men, in terms of sociodemographics and sexual, reproductive, and general health risk behaviors and outcomes. Methods. We used a British probability survey (n=6399 women, aged 16 to 44 years) conducted from 1999 to 2001 with face-to-face interviewing and computer-assisted self-interviewing. Results. We found that 4.9% of the women reported same-sex partner(s) ever; 2.8% reported sex with women in the past 5 years (n=178); 85.0% of these women also reported male partner(s) in this time. Compared with women who reported sex exclusively with men, women who reported sex with women and men reported significantly greater male partner numbers, unsafe sex, smoking, alcohol consumption, and intravenous drug use and had an increased likelihood of induced abortion and sexually transmitted infection diagnoses (age-adjusted odds ratios=3.07 and 4.41, respectively). Conclusions. For women, a history of sex with women may be a marker for increased risk of adverse sexual, reproductive, and general health outcomes compared with women who reported sex exclusively with men. A nonjudgmental review of female patients' sexual history should help practitioners discuss risks that women may face
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Abstract: Objective To assess whether smoking quit rates and satisfaction with the Washington State tobacco quitline (QL) services varied by race/ethnicity, socioeconomic status, area of residence (that is, urban versus non-urban), or sex of Washington QL callers. Methods From October 2004 into October 2005, we conducted telephone surveys of Washington QL callers about

three months after their initial call to the QL. Analyses compared 7-day quit rates and satisfaction measures by race/ethnicity, education level, area of residence and sex (using $\{\alpha\} = 0.05$). Results We surveyed half ($n = 1312$) of the 2638 adult smokers we attempted to contact. The 7-day quit rate among survey participants at the 3-month follow-up was 31% (CI: 27.1% to 34.2%), 92% (CI: 89.9% to 94.1%) were somewhat/very satisfied overall with the QL programme, 97% (CI: 95.5% to 98.2%) indicated that they would probably/for sure suggest the QL to others and 95% (CI: 92.9% to 96.4%) were somewhat/very satisfied with the QL specialist. Quit rate did not vary significantly by race/ethnicity, education level, area of residence or sex. Satisfaction levels were high across subpopulations. Almost all participants (99%) agreed that they were always treated respectfully during interactions with QL staff. Conclusions The Washington QL appeared effective and well received by callers from the specific populations studied. States choosing to promote their QL more aggressively should feel confident that a tobacco QL can be an effective and well received cessation service for smokers who call from a broad range of communities

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Abstract: The United States Public Health Service acknowledges in the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence that certain special populations have unique needs and considerations in regard to smoking cessation interventions. In a review of the current smoking cessation literature, the following special populations were identified: women; older adults; gay, lesbian, bisexual, and transgender smokers; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; American Indians and Alaska Natives; African Americans; Hispanics; and Asian Americans. Existing smoking cessation research pertaining to these special populations was assessed, and an agenda for future research is proposed in this presentation. The available smoking cessation randomized clinical trials for efficacy and other research relevant to these groups is insufficient. Recent progress has been made in research in the areas of smoking cessation and women; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; and African Americans. There is, however, a paucity of research evaluating smoking cessation interventions and older adults; gay, lesbian, bisexual, and transgender smokers; American Indians and Alaska Natives; Hispanics; and Asian Americans. Further research relevant to the smoking cessation needs of these special populations can enable nurses and other healthcare providers to administer culturally adequate and efficacious smoking cessation interventions to these groups.
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Abstract: PURPOSE: The purpose of the article is to examine "appropriate" health care for men who have sex with men (MSM), which is not to suggest "special" health care. As a group, MSM are at increased risk for sexually transmitted infections, anal cancer, and mental health disorders. Focus areas in this article will address health issues that the primary care nurse practitioner (NP) may encounter in clinical practice: anal carcinoma, sexually transmitted diseases (STDs), high-risk sexual practices, depression, and substance abuse were topics chosen for inclusion in this article. These topics were among those highlighted in the Healthy People 2010 Companion Document for LGBT Health, which served to examine the healthcare disparities and lack of access to needed services related to sexual orientation. DATA SOURCE: Extensive literature review of research articles, journals, clinical practice guidelines, books, and public health department Internet Web sites. CONCLUSIONS: There are unique health disparities that exist for MSM related to social, emotional, and mental health factors, in addition to physical issues such as STDs. There is an increasing need for primary care providers to be aware of these disparities, as well as the factors that influence these disparities, in order to provide multidimensional care and health counseling that is unique to NP practice. IMPLICATIONS FOR PRACTICE: Both the primary care NP and the patient should be aware of the unique healthcare issues among MSM that should be incorporated into the patient's routine health maintenance program. As primary care providers, it is within the standards of practice for NPs to provide culturally competent care, along with health promotion and disease prevention for MSM. [References: 61]
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Behaviors in Lesbians." *Women & Health* 44(2):15-39.

Abstract: The incidence of cancer diagnosis has increased in the United States highlighting the need for astute cancer prevention and screening behaviors. Previous literature has suggested that lesbians may not follow the American Cancer Society's (ACS) guidelines regarding prevention and screening for cancer due to disparity in access to care and increased use of alcohol and tobacco. The purpose of this study was to examine the cancer prevention and screening behaviors of lesbians using the ACS guidelines as the standards for comparison, and to determine factors that influence mammography screening. A 102-item self-report survey was distributed to lesbians nationwide using various methods including snowballing sampling techniques. The sample included 1139 self-identified lesbians from 44 states. In general, healthy lifestyle behaviors were followed. The majority of the women did not smoke, ate plenty of fruits and vegetables, ate protein sources low in fat and consumed alcohol at a moderate rate. However, safe sex practices were often not used by participants. Most women did have mammograms and Papanicolaou smears (PAP) as recommended; however, adherence to self-breast examination guidelines was not followed. Women who were older, had higher yearly incomes, did not smoke, performed regular self breast exams and had regular physical exams were most likely to have a mammogram. Over half of the women met American Cancer Society guidelines for prevention and screening for breast and cervical cancer. However, strategies are needed to increase compliance with these guidelines in order to improve cancer health outcomes. doi:10.1300/J013v44n02_02

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Abstract: Research indicates that lesbians who frequent bars are more likely to drink and that lesbians drink more than their heterosexual counterparts. We explored in detail the consequences of lesbians' bar attendance. We conducted 35 in-person, semi-structured interviews and analyzed the data using qualitative methods. The findings are organized into the following categories: safety and support over the life course; lesbian identity development; reduction of stress; and social networks and intimate relationships. In each category, participants' stories are presented to highlight the health tradeoffs associated with bar patronage, the psychosocial importance of the bar, and the relationship between minority stress and alcohol use. Public health implications are discussed.

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Abstract: BACKGROUND AND SIGNIFICANCE: Tobacco and alcohol use and related morbidity and mortality are critical public health problems. Results of several, but not all, studies suggest that lesbians and gay men are at elevated risk for smoking tobacco and alcohol misuse. METHODS: Data from random sample general health surveys of adult members of a large Northern California Health Plan conducted in 1999 and 2002 were analyzed using gender-based multivariate logistic regression models to assess whether lesbians (n = 210) and gay men (n = 331) aged 20-65 were more likely than similarly aged heterosexual women (n = 12,188) and men (n = 9342) to be smokers and heavy drinkers. RESULTS: After adjusting for age, race/ethnicity, education, and survey year, lesbians were significantly more likely than heterosexual women to be heavy drinkers (OR 2.14, 95% CI 1.08, 4.23) and current smokers (OR 1.60, 95% CI 1.02, 2.51). Among men, gays were significantly more likely than heterosexuals to be current smokers (OR 2.40, 95% CI 1.75, 3.30), with borderline significant increased risk for heavy drinking (OR 1.54, 95% CI 0.96, 2.45). CONCLUSION: Lesbians and gay men may be at increased risk for morbidity and mortality due to higher levels of cigarette and alcohol use. More population-based research is needed to understand the nature of substance use in these communities so that appropriate interventions can be developed

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Abstract: This study examined ever and current asthma diagnosis among persons in same-sex relationships (SSRs) using data from the pooled 1997-2004 National Health Interview Surveys. Among SSRs, 13.5% of men and 14.3% of women reported ever diagnosis of asthma, compared to 7.6% and 10.2% opposite-sex relationship (OSR) men and women. SSRs had higher rates of smoking, stress, and among women, obesity. In regression analyses, male SSRs had a

significantly elevated risk of ever asthma diagnosis (adjusted OR = 1.51), while 12-month asthma was elevated among SSR women (adjusted OR = 2.48). SSRs may be at higher risk for asthma due to a spectrum of risk factors

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Abstract: BACKGROUND:The morbidity of gay, lesbian or bisexual people attending family practice has not been previously assessed. We compared health measures of family practice attendees classified as lesbian, gay and bisexual.METHODS:We conducted a cross-sectional, controlled study conducted in 13 London family practices and compared the responses of 26 lesbian and 85 bisexual classified women, with that of 934 heterosexual classified women and 38 gay and 23 bisexual classified men with that of 373 heterosexual classified men. Our outcomes of interest were: General health questionnaire; CAGE questionnaire; short form12; smoking status; sexual experiences during childhood; number of sexual partners and sexual function and satisfaction.RESULTS:In comparison to people classified as heterosexuals: men classified as gay reported higher levels of psychological symptoms (OR 2.48, CI 1.05-5.90); women classified as bisexual were more likely to misuse alcohol (OR 2.73, 1.70-4.40); women classified as bisexual (OR 2.53, 1.60-4.00) and lesbian (OR 3.13, 1.41-6.97) and men classified as bisexual (OR 2.48, 1.04, 5.86) were more likely to be smokers and women classified as bisexual (OR 3.27, 1.97-5.43) and men classified as gay (OR 4.86, 2.28-10.34) were much more likely to report childhood sexual experiences in childhood. Psychological distress was associated with reporting sexual experiences in childhood in men classified as gay and bisexual and women classified as heterosexual. Men classified as bisexual (OR 5.00, 1.73-14.51) and women classified as bisexual (OR 2.88, 1.24-6.56) were more likely than heterosexuals to report more than one sexual partner in the preceding four weeks. Lesbian, gay and bisexual classified people encountered no more sexual function problems than heterosexuals but men classified as bisexual (OR 2.74, 1.12-6.70) were more dissatisfied with their sex lives. CONCLUSION: Bisexual and lesbian classified people attending London general practices were more likely to be smokers and gay classified men were at increased risk of psychological distress in comparison to heterosexual classified people. Increased awareness of the sexuality of people seen in primary care can provide opportunities for health promotion.
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Abstract: A small but consistent literature from the United States suggests increased risk for smoking among lesbians and men who have sex with men (MSM). Few studies have investigated smoking among MSM in other countries where different social norms and restrictions on smoking in public apply. We measured smoking behaviours in a convenience sample of urban-dwelling young Canadian MSM (median age 28 years). We compared the prevalence of smoking among MSM with that among other men in British Columbia (BC) using National Population Health Survey data to compute an age-adjusted standardized prevalence ratio (SPR). Independent predictors of smoking among MSM were identified using adjusted odds ratios (OR) with 95% confidence intervals (Q. Smoking during the previous year was reported by twice as many MSM (54.5% of 354) as other men in BC (25.9%) (SPR=1.94, 95% CI 1.48-2.59), with largest differentials observed among men under 25 years of age. In multivariable analyses, smoking among MSM was significantly associated with younger age (OR 0.94, CI 0.88-1.00 per year), greater number of depressive symptoms (OR 1.12, CI 1.06-1.19 per symptom) and Canadian Aboriginal ethnicity (OR 2.64, CI 1.05-6.60). In summary, MSM in our study were twice as likely to smoke as other men in BC; the greatest differences were observed among the youngest men. The design of effective prevention and cessation programs for MSM will require identification of the age-dependent determinants of smoking initiation, persistence, and attempts to quit
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Abstract: We used data from the National Survey on Violence against Women in France carried out in 2000 on a representative sample of 6,970 women to compare the social characteristics of women who had sex with women (WSW) and women who had sex only with men (WSM). The

WSW were more likely to be of a high socio-economic level and living in large cities. They were more frequently unmarried, without children, and had a more diverse sexual life, generally beginning younger, with more partners, mainly men. They were also more likely to use tobacco, alcohol and drugs. WSW reported more physical violence in the recent past and more suicide attempts than WSM, despite a lack of difference in psychological distress and stress. These results, in a field little studied in France, are consistent with international findings attesting to the difficulties faced by women in situations involving autonomy and marginality

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Abstract: Men who have sex with men (MSM) may be more likely to smoke than general population men. Such population comparisons typically do not control for demographic differences and have not tested reasons for MSMs' greater tobacco use. We compared MSM with general population men in data that allowed us to control demographic differences, and hypothesized that MSM would report more tobacco use, due to elevated levels of three psychosocial variables that generally predict tobacco use: depression symptoms, alcohol use, and limited health access. Data were from a 2001 survey of MSM in Chicago (n = 817) and from the 2001 National Health Interview Study (n = 7,783). Significantly more MSM used tobacco, particularly younger MSM. Depression symptoms, alcohol use, and limited health access were more common among MSM and partially accounted for their elevated smoking risk. The lower health access and greater vulnerability of MSM to depression and alcohol use contributed to their higher smoking rate and must be considered in further smoking research and prevention. Younger MSM show very high rates of smoking and are a particular intervention target. Limitations of this cross-sectional study are noted.
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Abstract: PURPOSE: To describe differences in alcohol use, marijuana use, and smoking behaviors between lesbian, gay, and bisexual (LGB) and heterosexual college students, and determine whether there was a difference in the health information each group received. DATA SOURCES: A random sample of 3000 college students aged 18-24 years who were currently enrolled at a southeastern metropolitan university on a full-time basis were invited to participate. The final sample (n = 772) consisted of heterosexuals (n = 731) and LGB (n = 41) college students. Gay and bisexual men (n = 20) and lesbian and bisexual women (n = 21) were compared to heterosexual college students. CONCLUSIONS: Lesbian/bisexual women were 4.9 times more likely to smoke, 10.7 times more likely to drink, and 4.9 times more likely to use marijuana than heterosexual women. Gay/bisexual men did not significantly differ from heterosexual men. There was no difference in the health information on alcohol and drug prevention the groups received. Gay/bisexual men were less likely (p = .02) compared to heterosexual men to have received tobacco prevention information. IMPLICATION FOR PRACTICE: Advanced practice nurses must ensure that every patient receives preventive services and anticipatory guidance at every visit. LGB clients in particular need health assessments and interventions appropriate to their individual risk profiles
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Abstract: OBJECTIVE: To review research literature to provide clinicians with data-based recommendations for care of lesbians. DATA SOURCES: Medline searches and references from selected articles with the search term "lesbian health." STUDY SELECTION: Literature was selected whether lesbian or women who have sex with women was utilized as a category in the study and results were available on this population. DATA EXTRACTION: Data were organized according to specific health problems noted frequently in the research articles. DATA SYNTHESIS: Lesbians have previously been invisible in health services and research, but in several areas, data now exists on which to base care. CONCLUSIONS: Lesbians are now more comfortable "coming out" to providers but continue to have lower screening rates than other women. Risk is especially high in this population for cancer, heart disease, depression, and alcohol abuse. Adolescent lesbians are especially at risk for smoking and suicide/depression. (c) 2006, AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses

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Abstract: Nurses, as the largest group of health providers in the United States, and by virtue of their scope of practice, are in an important position to promote the health of adolescents. A national survey of nurse members of the American Public Health Association, the National Association of Pediatric Nurse Associates and Practitioners, and the National Association of School Nurses was conducted in 1997 (n = 520) and was compared with findings from a parallel survey conducted in 1985 that assessed perceived competence in addressing common adolescent health issues, relevance of those issues to nurses' practice, and leadership skills. Findings provided a hopeful yet cautious picture of nurses' competencies. Strong increases in the proportion of nurses who felt equipped to address common health problems of youth suggest improved adolescent health education among nurses. Yet, at least 25% of nurses indicated a low level of knowledge in half of the adolescent health areas, and, like 1985's nurses, most nurses in 1997 did not feel competent to address the needs of gay, lesbian, and bisexual youth. Several priority areas in Healthy People 2010 were considered by 25% or more of the nurses to be irrelevant to their practice, including smoking cessation, suicide, violence, and pregnancy. The task remains to assure that all nurses who work with adolescents are equipped to respond to their diverse and unique health needs.
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Abstract: Smoking prevalence in the lesbian, gay, and bisexual (LGB) community is higher than in the mainstream population. The reason is undetermined; however, normalization of tobacco use in the media has been shown to affect smoking rates. To explore whether this might be a factor in the LGB community, we examined noncommercial imagery and text relating to tobacco and smoking in LGB magazines and newspapers. Tobacco-related images were frequent and overwhelmingly positive or neutral about tobacco use. Images frequently associated smoking with celebrities. Text items unrelated to tobacco were often illustrated with smoking imagery. Text items about tobacco were likely to be critical of tobacco use; however, there were three times as many images as text items. The number of image items was not accounted for by the number of text items: nearly three quarters of all tobacco-related images (73.8%) were unassociated with relevant text. Tobacco imagery is pervasive in LGB publications. The predominant message about tobacco use in the LGB press is positive or neutral; tobacco is often glamorized. Noncommercial print images of smoking may normalize it, as movie product placement does. Media advocacy approaches could counter normalization of smoking in LGB-specific media.
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Abstract: For the most part, lesbians and bisexual women face the same health issues as heterosexual women, but they often have difficulty accessing appropriate care. Physicians can improve care for lesbians and bisexual women by acknowledging the potential barriers to care (e.g., hesitancy of physicians to inquire about sexual orientation and of patients to disclose their sexual behavior) and working to create a therapeutic physician-patient relationship. Taking an inclusive and nonjudgmental history and being aware of the range of health-related behaviors and medicolegal issues pertinent to these patients enables physicians to perform relevant screening tests and make appropriate referrals. Some recommendations, such as those for screening for cervical cancer and intimate partner violence, should not be altered for lesbians and bisexual

women. Considerations unique to lesbians and bisexual women concern fertility and medico-legal issues to protect familial relationships during life changes and illness. The risks of suicidal ideation, self-harm, and depression may be higher in lesbians and bisexual women, especially those who are not open about their sexual orientation, are not in satisfying relationships, or lack social support. Because of increased rates of nulliparity, the risks of conditions such as breast and ovarian cancers also may be higher. The comparative rates of alcohol and drug use are controversial. Smoking and obesity rates are higher in lesbians and bisexual women, but there is no evidence of an increased risk of cardiovascular disease.

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Abstract: Objective. We assessed the association of cigarette smoking with the effectiveness of highly active antiretroviral therapy (HAART) among low-income women. Methods. Data were analyzed from the Women's Interagency HIV Study, a multisite longitudinal study up to 7.9 years for 924 women representing 72% of all women who initiated HAART between July 1, 1995, and September 30, 2003. Results. When Cox's regression was used after control for age, race, hepatitis C infection, illicit drug use, previous antiretroviral therapy, and previous AIDS, smokers on HAART had poorer viral responses (hazard ratio [HR]=0.79; 95% confidence interval [CI]=0.67, 0.93) and poorer immunologic response (HR=0.85; 95% CI=0.73, 0.99). A greater risk of virologic rebound (HR=1.39; 95% CI=1.06, 1.69) and more frequent immunologic failure (HR=1.52; 95% CI=1.18, 1.96) were also observed among smokers. There was a higher risk of death (HR=1.53; 95% CI=1.08, 2.19) and a higher risk of developing AIDS (HR=1.36; 95% CI=1.07, 1.72) but no significant difference between smokers and nonsmokers in the risk of death due to AIDS. Conclusions. Some of the benefits provided by HAART are negated in cigarette smokers
69. Sandfort, Theo G. M., Bakker, Floor, Schellevis, Francois G., and Vanwesenbeeck, Ine. 2006 June. "Sexual Orientation and Mental and Physical Health Status: Findings From a Dutch Population Survey." *American Journal of Public Health* 96(6):1119-25.
Abstract: Objectives. We sought to determine whether sexual orientation is related to mental and physical health and health behaviors in the general population. Methods. Data was derived from a health interview survey that was part of the second Dutch National Survey of General Practice, carried out in 2001 among an all-age random sample of the population. Of the 19685 persons invited to participate, 65% took part in the survey. Sexual orientation was assessed in persons aged 18 years and older and reported by 98.2% of 9684 participants. The respondents' characteristics are comparable with those of the Dutch general population. Results. Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health also was poorer. Gay/lesbian people more frequently reported acute physical symptoms and chronic conditions than heterosexual people. Differences in smoking, alcohol use, and drug use were less prominent. Conclusions. We found that sexual orientation was associated with mental as well as physical health. The causal processes responsible for these differences by sexual orientation need further exploration
70. Ford, Chandra L. 2006 Jan. "Usage Of "MSM" And "WSW" And The Broader Context Of Public Health Research [Letter Re: Young]." *American Journal of Public Health* 96(1):9.
71. Archer, R., Hoff, G. L., and Snook, W. D. 2005. "Tobacco Use and Cessation Among Men Who Have Sex With Men [Letter Re: Greenwood]." *American Journal of Public Health* 95(6):929.
72. Bowen, Deborah J. and Deborah, J. 2005. "Comparing Women of Differing Sexual Orientations Using Population-Based Sampling. [References]." *Women & Health* 40(3):2004-34.
Abstract: (from the journal abstract) Objectives: Area probability sampling was used to conduct a women's health survey in Boston, MA. Sexual minority women (SMW) and heterosexual adult women were compared on a variety of health-related measures. Methods: SMW-rich census tracts were identified and mapped onto zip code boundaries. Eligible respondents were women 18 and older who lived within the defined area, who were able to complete a personal interview or self-administered questionnaire in English. Differences in significant health-related outcomes by sexual orientation were examined. Results: SMW and heterosexual women differed on access to health

care and utilization of screening tests. There were no significant differences in smoking rates, eating less calories or fat, and intentions to follow mammography recommendations. Conclusions: In certain respects, study results are congruent with previous non-probability surveys, while in others the results are different. It is likely that real differences exist in some health-related variables by sexual orientation category.

73. Bracci, P. M. and Holly, E. A. 2005. "Tobacco Use and Non-Hodgkin Lymphoma: Results From a Population-Based Case-Control Study in the San Francisco Bay Area, California." *Cancer Causes & Control* 16(4):333-46.
Abstract: Objective: Investigate the association between tobacco use and non-Hodgkin lymphoma (NHL). Methods: Tobacco-use data were collected during in-person interviews in a population-based case-control study of NHL (N=1593 patients, N=2515 controls) conducted in the San Francisco Bay Area between 1988 and 1995. Odds ratios (ORs) for HIV-negative participants were obtained from adjusted unconditional logistic regression models stratified by sex. Results: NHL was not associated with overall tobacco use, intensity or duration of cigarette smoking in women or men. However, ORs were increased for NHL among men who used any non-cigarette tobacco alone (OR=1.7), non-cigarette tobacco and cigarettes (OR=1.4), multiple types of non-cigarette tobacco alone (OR=2.1) and smokeless tobacco alone (OR=4.0). In analyses stratified by sex and age, ORs for NHL associated with cigarette smoking in general were above unity among those aged ≥ 60 years. ORs for follicular lymphoma were increased in men who used cigarettes and other tobacco, cigars alone and smokeless tobacco alone. Diffuse large-cell lymphoma in men was associated with use of cigarettes and other tobacco, and multiple types of non-cigarette tobacco. Conclusion: Our data do not support an association between overall tobacco use and all NHL in women or men. Further analyses are warranted in larger studies to evaluate non-cigarette tobacco use, tobacco-related biologic markers and genetic factors in the development of NHL
74. Burkhalter, J. E., Springer, C. M., Chhabra, R., Ostroff, J. S., Rapkin, B. D., Burkhalter, Jack E., Springer, Carolyn M., Chhabra, Rosy, Ostroff, Jamie S., and Rapkin, Bruce D. 2005. "Tobacco Use and Readiness to Quit Smoking in Low-Income HIV-Infected Persons." *Nicotine & Tobacco Research* 7(4):511-22.
Abstract: The study aim was to identify covariates of smoking status and readiness to quit that encompassed key sociodemographic and health status variables, health-related quality of life, drug use and unprotected sex, and tobacco use variables in a cohort of low-income persons living with HIV. We also examined the impact of HIV diagnosis on smoking cessation. The sample (N = 428) was mostly male (59%) and Black (53%) or Hispanic (30%), and had a high school education or less (87%). Mean age was 40 years. Two-thirds of participants were current smokers, 19% former smokers, and 16% never smokers. Current smokers smoked a mean of 16 cigarettes/day for 22 years; 42% were in the precontemplation stage of readiness to quit smoking, 40% were contemplators, and 18% were in preparation. Most current smokers (81%) reported receiving medical advice to quit smoking. Multivariate logistic regression analyses indicated that current smokers, compared with former smokers, were more likely to use illicit drugs, perceive a lower health risk for continued smoking, and report less pain. Current smokers, compared with nonsmokers (former and never smokers), were more likely to report greater illicit drug use in their lifetime, current illicit drug use, and less pain. A multiple linear regression indicated that greater current illicit drug use, greater emotional distress, and a lower number of quit attempts were associated with lower stage of readiness to quit smoking. These findings confirm a high prevalence of smoking among HIV-infected persons and suggest a complex interplay among drug use, pain, and emotional distress that impact smoking status and, among smokers, readiness to quit. Tobacco control programs for HIV-infected persons should build motivation to quit smoking and address salient barriers to cessation--such as comorbid drug use, emotional distress, pain, and access to and coverage for treatment--and should educate smokers regarding the HIV-specific health benefits of cessation
75. Cameron, P., Landess, T., Cameron, K., Cameron, Paul, Landess, Thomas, Cameron, Kirk, and FAMILY RESEARCH INSTITUTE. 2005. "Homosexual Sex As Harmful As Drug Abuse, Prostitution, or Smoking." *Psychological Reports* 96(3 Pt 2):915-61.
Abstract: In 2003, the U.S. Supreme Court said same-sex sexual activity could not be prohibited by law. Analyzing data from the 1996 National Household Survey of Drug Abuse (N= 12,381) and comparing those who engaged in four recreational activities-homosexual sex, illegal drug use,

participation in prostitution, and smoking --against those who abstained, participants (1) were more frequently disruptive (e.g., more frequently criminal, drove under the influence of drugs or alcohol, used illegal drugs, took sexual risks), (2) were less frequently productive (e.g., less frequently had children in marriage, more frequently missed work), and (3) generated excessive costs (e.g., more promiscuous, higher consumers of medical services). Major sexuality surveys have reported similar findings for homosexuals. Societal discrimination inadequately accounts for these differences since parallel comparisons of black and white subsamples produced a pattern unlike the differences found between homosexuals and nonhomosexuals

76. Chiasson, M. A., Hirshfield, S., Humberstone, M., Difilippi, J., Koblin, B. A., Remien, R. H., Chiasson, Mary Ann, Hirshfield, Sabina, Humberstone, Michael, Difilippi, Joseph, Koblin, Beryl A., and Remien, Robert H. 2005. "Increased High Risk Sexual Behavior After September 11 in Men Who Have Sex With Men: an Internet Survey." *Archives of Sexual Behavior* 34(5):527-35.
Abstract: Numerous studies on the mental health effects of terrorist attacks have been published, with some reporting increases in smoking and drug and alcohol use. None have reported on changes in sexual behavior. To investigate the impact of the September 11 attacks on sexual and drug- and alcohol-using behaviors of men who have sex with men (MSM), an anonymous Internet survey was conducted to obtain information retrospectively on behavior during three month periods before and after the attacks. A total of 2,915 MSM from all 50 U.S. states completed the survey. Men who were exposed to the attacks were not differentially targeted for the survey since the online banner ad used to recruit did not mention September 11. Exposure to the attacks varied: 11.4% lost a friend or relative; 5% witnessed the attacks in person; and nearly all saw the attacks on television within one hour of their occurrence. Nearly equal proportions of men reported increases and decreases in the number of sex partners following September 11. Small, statistically significant increases in unprotected anal intercourse and alcohol use, but not illicit drug use, were found when behavior after September 11 was compared to that before the attacks. Men who lost a friend or relative in the attacks were significantly more likely to report unprotected anal intercourse, an increased number of sex partners, and increased alcohol use after September 11 than those who did not. Counseling about substance abuse and risky sexual behavior should be incorporated into trauma-related programs for adolescents and adults
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78. Drabble, Laurie, Trocki, Karen. 2005. "Alcohol Consumption, Alcohol-Related Problems, and Other Substance Use Among Lesbian and Bisexual Women." *Journal of Lesbian Studies* 9(3) 30.
Abstract: Relationships between sexual orientation and a wide range of substance use and problem variables were examined based on data from the 2000 National Alcohol Survey. Lesbians, bisexuals, and heterosexually identified women who report same-sex partners were compared to exclusively heterosexual women in relation to alcohol consumption, use of tobacco and other drugs, bar-going, alcohol-related problems, and past substance abuse treatment. Substance use patterns were complex and varied between sexual orientation groups. These differences underscore the importance of developing lesbian- and bisexual-sensitive prevention and treatment services and of including measures of sexual orientation identity and behavior in population-based surveys.
79. Ettore, Elizabeth. 2005. "Introduction: Making Lesbians Visible in the Substance Use Field." *Journal of Lesbian Studies* 9(3)
Abstract: Over the past thirty-five years, I have been working in the substance use field where I have met many lesbian substance users. If we are to recognize fully the complex processes involved in managing the dual identities of lesbian and substance user, we need to become advocates of culturally competent services. Viewpoints such as these motivated this volume. The papers bring together quantitative, qualitative, ethnographic, theoretical and autobiographical approaches to lesbians and substance use. Some of the authors found hardly any differences in levels of alcohol use or drinking-related problems across race/ethnic groups. Other authors found that lesbians with higher self-esteem and a more positive social identity tend to use alcohol, tobacco and other drugs more frequently. However, their findings suggest a somewhat higher risk

for problems among older Black and younger White and Hispanic lesbians. In the current volume, three papers focus specifically on recovery and treatment. A final theme explored is that of marginalization. Marginalization of lesbian research on the research funding front is important for Maria Pettinato who appeals to all researchers in this field to recognize the value. In conclusion, this volume is an important step in helping to create an environment in which the hurt of invisibility of lesbian substance users can begin to be healed.

80. Greenwood, G. L., Paul, J. P., Pollack, L. M., Binson, D., Catania, J. A., Chang, J., Humfleet, G., and Stall, R. 2005. "Tobacco Use and Cessation Among a Household-Based Sample of US Urban Men Who Have Sex With Men." *American Journal of Public Health* 95(1):145-51.
Abstract: OBJECTIVES: We examined tobacco use and cessation among a probability sample of urban men who have sex with men (MSM) living in 4 large US cities. METHODS: Of the 2402 men who were eligible for follow-up from a previously recruited probability sample, 1780 (74%) completed tobacco surveys between January and December 1999. RESULTS: Current smoking rates were higher for urban MSM (31.4%; 95% confidence interval [CI]=28.6%, 34.3%) than for men in the general population (24.7%; 95% CI=21.2%, 28.2%). Among MSM, 27% were former smokers. A complex set of sociodemographic, tobacco-related, and other factors were associated with cessation. CONCLUSIONS: Results support earlier reports that smoking rates are higher for MSM compared with men in the general population. Findings related to cessation underscore the need to target tobacco control efforts for MSM
81. McCabe, S. E., Hughes, T. L., Bostwick, W., Boyd, C. J., McCabe, Sean Esteban, Hughes, Tonda L., Bostwick, Wendy, and Boyd, Carol J. 2005. "Assessment of Difference in Dimensions of Sexual Orientation: Implications for Substance Use Research in a College-Age Population." *Journal of Studies on Alcohol* 66(5):620-629.
Abstract: OBJECTIVE: The present research examines the associations between three distinct dimensions of sexual orientation and substance use in a random sample of undergraduate students. METHOD: A Web-based survey was administered to students attending a large, midwestern research university in the spring of 2003. The sample consisted of 9,161 undergraduate students: 56% female, 68% white, 13% Asian, 6% black, 4% Hispanic and 9% other racial categories. Using multivariate logistic regression analyses, several measures of alcohol and other drug use were compared across three dimensions of sexual orientation: sexual identity, sexual attraction and sexual behavior. RESULTS: All three dimensions of sexual orientation were associated with substance use, including heavy episodic drinking, cigarette smoking and illicit drug use. Consistent with results of several other recent studies, "nonheterosexual" identity, attraction or behavior was associated with a more pronounced and consistent risk of substance use in women than in men. CONCLUSIONS: Study findings suggest substantial variability in substance use across the three dimensions of sexual orientation and reinforce the importance of stratifying by gender and using multiple measures to assess sexual orientation. Study results have implications for future research and for interventions aimed at reducing substance use among college students
82. Nemoto, T., Operario, D., Keatley, J., Nguyen, H., and Sugano, E. 2005. "Promoting Health for Transgender Women: Transgender Resources and Neighborhood Space (TRANS) Program in San Francisco." *American Journal of Public Health* 95(3):382-84.
Abstract: Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco. The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community. Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment
83. Remafedi, Gary, Carol, Helen. E-Mail Address, and Gary.; remaf. 2005. "Preventing Tobacco Use Among Lesbian, Gay, Bisexual, and Transgender Youths. [References]." *Nicotine & Tobacco Research* 7(2):Apr-256.
Abstract: (from the journal abstract) A paucity of information regarding tobacco use among lesbian, gay, bisexual, and transgender (LGBT) youths impedes prevention programs. The aim of the present study was to conduct formative qualitative research regarding subpopulations at risk for

tobacco use, protective factors, patterns of use, and approaches to prevention. This report focuses on participants' recommendations for the development of preventive intervention. Purposive sampling and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. NUD*IST6 text software was used for the indexing and thematic analysis of qualitative data, based on a grounded theory approach. All participants offered suggestions for tobacco prevention pertaining to the optimal process of prevention and cessation programs, specific strategies to promote tobacco prevention and cessation, and general strategies to foster nonsmoking. Several key themes regarding prevention emerged: LGBT youth should be involved in the design and implementation of interventions; prevention programs should support positive identity formation as well as nonsmoking; the general approach to prevention should be entertaining, supportive, and interactive; and the public might not distinguish primary prevention from cessation activities. All but one young smoker had attempted to quit at least once; but only one individual had succeeded. By way of implications, prevention programs should involve young people in enjoyable and engaging activities, address the psychosocial and cultural underpinnings of tobacco use, support healthy psychosocial development, and consider offering pharmacological smoking cessation aids.

84. Sanchez, John P. M. 2005. "Cigarette Smoking And Lesbian And Bisexual Women In The Bronx." *Journal of Community Health* 30(1):23-37.
Abstract: This study investigated the prevalence of cigarette smoking, smoking patterns, and smoking cessation efforts of Black and Hispanic lesbian and bisexual women from a poor, urban community. One-on-one interviews were conducted with a convenience sample of 130 self-identified Black and Hispanic lesbian and bisexual women from the Bronx, NY. Bivariate statistics were used to determine differences between Black and Hispanic respondents in smoking prevalence, frequency, desire to quit, and impact on family unit. Fifty-five percent of Black respondents and sixty-two percent of Hispanic respondents were current smokers. Hispanics were more likely than Blacks to have a partner ($p < 0.04$), 2 or more children ($p < 0.05$), and an asthmatic in their household ($p < 0.02$). Hispanics were less likely than Blacks to have ever attempted to quit ($p < 0.04$) and to have made a serious attempt to quit in the past year ($p < 0.02$). Culturally sensitive interventions are needed to help Hispanic lesbian and bisexual women move from the pre-contemplative to action stage of quitting. The large proportion of current smokers requires greater access to effective smoking cessation tools.
85. Shillington, Audrey M., Shillington, Audrey M., Lehman, Stephanie, Clapp, John, Hovell, Melbourne F., Sipan, Carol, & Blumberg, Elaine J. 2005. "Parental Monitoring: Can It Continue to Be Protective Among High-Risk Adolescents?" *Journal of Child & Adolescent Substance Abuse* 15(1):2005-15.
Abstract: Adolescence is a developmental period during which many youth experiment with risk practices. This paper examined the association of parental monitoring with a range of alcohol and other drug (AOD) use behaviors among high-risk youth, while controlling for other demographic and environmental variables previously found to be associated with AOD use. Participants were recruited as part of a longitudinal evaluation study of four youth drop-in centers located in Southern California. These centers served at-risk youth, including Hispanic, Lesbian/Gay/Bisexual/Questioning (LGBQ), and homeless and runaway youth. Participants were aged 14 to 24 and were new attendees at the drop-in centers. Results from logistic regression analyses revealed that while controlling for demographic and environmental variables, adolescents who reported less parental monitoring were more likely to report lifetime use of cigarettes, marijuana, and methamphetamine, and in the past three months, use of alcohol and binge drinking. The findings thus indicate that, even among high-risk youth, those who reported low parental monitoring were significantly more likely to use a variety of substances. Implications of these findings are discussed as they pertain to AOD prevention and interventions for children and their families.
86. Smith, Elizabeth A., Offen, Naphtali, and Malone, Ruth E. 2005 Dec. "What Makes an Ad a Cigarette Ad? Commercial Tobacco Imagery in the Lesbian, Gay, and Bisexual Press." *Journal of Epidemiology and Community Health* 59(12):1086-91.
Abstract: Objectives: To determine the extent of commercial tobacco imagery in the lesbian, gay, and bisexual (LGB) press. Methods: Content analysis of all advertising containing tobacco related text or imagery in 20 LGB community periodicals, published between January 1990 and December 2000. Results: 3428 ads were found: 689 tobacco product ads, 1607 ads for cessation products or

services, 99 ads with a political message about tobacco, and 1033 non-tobacco ads that showed tobacco (NAST). Although cessation ads were numerically dominant, tobacco product ads and NAST occupied more space and were more likely to use images. NAST almost never had an anti-tobacco message. Formal sponsorship between tobacco and other companies was very rare. Lesbian periodicals had proportionally more NAST and fewer cessation ads. Conclusions: Cigarette ads were outnumbered by NAST. Although these ads do not usually show brands, and are unlikely to be the result of formal sponsorship agreements, they may be "selling" smoking. Tobacco control advocates should persuade editors to refuse tobacco product ads and those with gratuitous tobacco imagery

87. Young, Rebecca M. and Meyer, Ilan H. 2005 July. "The Trouble With "MSM" and "WSW": Erasure of the Sexual-Minority Person in Public Health Discourse." *American Journal of Public Health* 95(7):1144-49.

Abstract: Men who have sex with men (MSM) and women who have sex with women (WSW) are purportedly neutral terms commonly used in public health discourse. However, they are problematic because they obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and do not sufficiently describe variations in sexual behavior. MSM and WSW often imply a lack of lesbian or gay identity and an absence of community, networks, and relationships in which same-gender pairings mean more than merely sexual behavior. Overuse of the terms MSM and WSW adds to a history of scientific labeling of sexual minorities that reflects, and inadvertently advances, heterosexist notions. Public health professionals should adopt more nuanced and culturally relevant language in discussing members of sexual-minority groups

88. Greenwood, Gregory L., Paul, Jay P., Pollack, Lance M., Binson, Diane, Catania, Joseph A., Chang, Jason, Humfleet, Gary, and Stall, Ron. 2005 June. "Tobacco Use and Cessation Among Men Who Have Sex With Men [Response Re: Archer]." *American Journal of Public Health* 95(6):929-2a.

89. Nawar, E., Mbulaiteye, S. M., Gallant, J. E., Wohl, D. A., Ardini, M., Hendershot, T., Goedert, J. J., Rabkin, C. S., and AIDS Cancer Cohort (ACC) Study Collaborators. 2005 June. "Risk Factors for Kaposi's Sarcoma Among HHV-8 Seropositive Homosexual Men With AIDS." *International Journal of Cancer* 115(2):296-300.

Abstract: Kaposi's sarcoma (KS) is a frequent complication of the acquired immunodeficiency syndrome (AIDS) in homosexual men. Risk factors for developing this malignancy are uncertain, other than immunosuppression and coinfection with human herpesvirus 8 (HHV-8). We therefore examined factors associated with KS in a cross-sectional analysis of 99 cases among 503 HHV-8 seropositive homosexual men with AIDS. Data were collected by computer-assisted personal interviews and medical chart reviews. HHV-8 seroreactivity was determined by enzyme-linked immunosorbent assay for antibodies against HHV-8 K8.1 glycoprotein. KS was significantly less common in blacks compared to whites [risk ratio (RR) = 0.4; 95% CI = 0.2-0.8] and more common in subjects who had completed college (RR = 1.7; 95% CI = 1.1-2.7) or had annual income greater than dollar 30,000 (RR = 1.5; 95% CI = 1.1-2.2). KS was less common in cigarette smokers (RR = 0.6; 95% CI = 0.5-0.9) and users of crack cocaine (RR = 0.4; 95% CI = 0.1-0.8). KS was less common in bisexual men compared to men who were exclusively homosexual (estimated RR = 0.6; 95% CI = 0.4-0.9) and inversely associated with number of female partners. KS was also less common in men who had received pay for sex (RR = 0.6; 95% CI = 0.4-1.0). These cross-sectional associations could be biased by potential differences in relative timing of HHV-8 and HIV infection, a postulated determinant of KS risk. Alternatively, our findings may reflect factors protective against KS in individuals infected with HHV-8. Future research should focus on identifying practical measures for countering KS that do not increase the risk of other diseases

90. Burgard, Sarah A. and Susan, D. 2005 Jan. "Alcohol and Tobacco Use Patterns Among Heterosexually and Homosexually Experienced California Women. [References]." *Drug & Alcohol Dependence* 77(1):70.

Abstract: (from the journal abstract) Background: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use. Methods: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior. Results: Overall, homosexually

experienced women are more likely than exclusively heterosexually experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption. Discussion: Findings underscore the importance of considering within-group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use.

91. Amadio, Dean M. and Chung, Y. Barry bchung. 2004. "Internalized Homophobia and Substance Use Among Lesbian, Gay, and Bisexual Persons." *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research* 17(1):2004-101.
Abstract: The purpose of the study was to determine the relationship between internalized homophobia and use of alcohol, marijuana, and cigarettes, as well as problems associated with alcohol and general substance use. Participants were 207 lesbian, gay, and bisexual persons recruited at a gay pride festival in Atlanta, GA. Significant negative correlations were found for females between internalized homophobia and lifetime use of alcohol, marijuana, and cigarettes, as well as monthly use of marijuana. No significant relationships were found for males. Research and practical implications are discussed.
92. Austin, S. B., Ziyadeh, N., Fisher, L. B., Kahn, J. A., Colditz, G. A., Frazier, A. L., Austin, S Bryn, Ziyadeh, Najat, Fisher, Laurie B., Kahn, Jessica A., Colditz, Graham A., and Frazier, A. Lindsay. 2004. "Sexual Orientation and Tobacco Use in a Cohort Study of US Adolescent Girls and Boys.[See Comment]." *Archives of Pediatrics & Adolescent Medicine* 158(4):317-22.
Abstract: OBJECTIVE: To examine sexual-orientation group disparities in tobacco use in adolescent girls and boys. DESIGN: Survey data from 10685 adolescent girls and boys participating in 1999 in the Growing Up Today Study were examined cross-sectionally. SETTING: Community-based population of adolescents living throughout the United States. Main Outcome Measure Prevalence of tobacco use. RESULTS: Ninety-two percent of the participants described themselves as heterosexual (n = 9296), 5% as mostly heterosexual (n = 511), 1% as lesbian/gay/bisexual (n = 103), and 2% as unsure (n = 226). Ages ranged from 12 to 17 years. Compared with heterosexuals, mostly heterosexual girls were 2.5 (95% confidence interval, 1.8-3.5), lesbian/bisexual girls were 9.7 (95% confidence interval, 5.1-18.4), and mostly heterosexual boys were 2.5 (95% confidence interval, 1.4-4.6) times more likely to smoke at least weekly. In contrast, gay/bisexual boys were not more likely to smoke. Findings persisted even when controlling for multiple sociodemographic and psychosocial covariates. CONCLUSION: Our findings indicate that mostly heterosexual adolescents of both sexes and lesbian/bisexual girls are at heightened risk for tobacco use
93. Case, P., Austin, S. B., Hunter, D. J., Manson, J. E., Malspeis, S., Willett, W. C., and Spiegelman, D. 2004. "Sexual Orientation, Health Risk Factors, and Physical Functioning in the Nurses' Health Study II." *Journal of Women's Health* 13(9):1033-47.
Abstract: OBJECTIVES: To examine associations between sexual orientation and breast cancer risk factors, cardiovascular disease (CVD) risk factors, mental health status, and health-related functioning. METHODS: We compared participants in the Nurses' Health Study II (NHSII) reporting a lesbian or bisexual orientation with those reporting a heterosexual orientation, with heterosexuals serving as the reference group for all comparisons. Prevalence of health behaviors and conditions was adjusted for differences in the distribution of age, ancestry, and region of residence by standardizing to the distribution of the overall cohort. Multivariate prevalence ratios were calculated to compare lesbians and bisexuals with heterosexuals using binomial regression with the log link function. Means of health conditions were measured using continuous scales standardized to the distribution of the overall cohort. Differences in means comparing lesbians and bisexuals with heterosexuals were tested by multivariate linear regression. All comparisons were adjusted for age, ancestry, and region of residence. RESULTS: Based on information from 90,823 women aged 32-51 in 1995, those reporting a sexual orientation of lesbian (n = 694) had a higher prevalence of risk factors for breast cancer, including nulliparity and high daily alcohol intake, compared with heterosexual women. Lesbians also had a higher prevalence of several risk factors for CVD, including higher body mass index (BMI) and elevated prevalence of current smoking. Lesbians

were more likely to report depression and the use of antidepressants. Key results for health risk factors were similar for lesbians and bisexual women (n = 317). CONCLUSIONS: Lesbian and bisexual women were found to have a higher prevalence of several important risk factors for breast cancer, CVD, and poor mental health and functioning outcomes. Most of these risk factors are modifiable, and appropriate interventions could play an important role in improving the health status of lesbian and bisexual women

94. D'Augelli, A. R. and D'Augelli, Anthony R. 2004. "High Tobacco Use Among Lesbian, Gay, and Bisexual Youth: Mounting Evidence About a Hidden Population's Health Risk Behavior.[*Comment Re: Austin*]." *Archives of Pediatrics & Adolescent Medicine* 158(4):309-10.
95. Ferri, R. S. and Ferri, Richard S. 2004. "Issues in Gay Men's Health [Review]." *Nursing Clinics of North America* 39(2):403-10.
Abstract: Health care for gay men is a complicated mix of physical, psychosocial, and cultural phenomena that needs further empirical study and research. Gay men's health issues are unique and need to be incorporated into clinical practice to provide comprehensive and culturally appropriate care to MSM.
96. McCabe, S. E., Hughes, T. L., Boyd, C. J., McCabe, Sean Esteban, Hughes, Tonda L., and Boyd, Carol J. 2004. "Substance Use and Misuse: Are Bisexual Women at Greater Risk?" *Journal of Psychoactive Drugs* 36(2):217-25.
Abstract: The objective of this study was to compare the prevalence of substance use and alcohol-related consequences among bisexual and heterosexual women. A cross-sectional survey was self-administered to a random sample of undergraduate women. The final sample consisted of 49 self-identified bisexual women and 2,042 self-identified heterosexual women. Bivariate and multivariate results indicated that bisexual women were more likely than heterosexual women to report cigarette smoking, illicit drug use and medically prescribed use of antidepressant prescription medication. Although their drinking behaviors were similar, bisexual women were more likely than heterosexual women to experience adverse alcohol-related consequences. These findings suggest that traditional-age undergraduate women who self-identify as bisexual may be at heightened risk for substance use. However, additional research is needed to replicate these findings with larger samples of bisexual women
97. Roberts, S. J., Patsdaughter, C. A., Grindel, C. G., and Tarmina, M. S. 2004. "Health Related Behaviors and Cancer Screening of Lesbians: Results of the Boston Lesbian Health Project II." *Women & Health* 39(4):41-55.
Abstract: This paper reports data on health related behaviors and cancer screening from the Boston Lesbian Health Project II (BLHP II), a replication of a national survey of lesbians on a variety of health-related variables completed in 1987. The findings suggest that lesbians have increased their use of primary care, including routine physical examinations, pap smear screening for cervical cancer, and mammography for breast cancer, but that rates continue to be lower than would be expected for women in general. Younger lesbians in this sample smoked at high rates. Smoking rates continue to be of concern in other age groups, although they are lower than national data from women in general. BLHP II data confirm other findings that lesbians are more likely to drink alcohol and to drink more heavily than other women. Implications for health care of lesbians and future research with this population are discussed
98. Stevens, P., Carlson, L. M., Hinman, J. M., Stevens, Perry, Carlson, Lisa M., and Hinman, Johanna M. 2004. "An Analysis of Tobacco Industry Marketing to Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations: Strategies for Mainstream Tobacco Control and Prevention." *Health Promotion Practice* 5(3 Suppl):129S-34S.
Abstract: Research on adult tobacco use consistently shows a higher prevalence among lesbian/gay/bisexual/transgender (LGBT) populations than among the general population—reasons why are largely unknown, and counterstrategies are critical. Tobacco industry marketing, uncovered when the Master Settlement Agreement (MSA) forced companies to share its internal documents, provided insight. The American Legacy Foundation uncovered the industry campaign Project SCUM (Sub-Culture Urban Marketing) aimed at gays and the homeless. The formerly secret documents revealed specific marketing toward LGBT, whose rates increased when the MSA banned youth (but not other population) advertising. The industry reaches out to LGBT persons

through direct and indirect advertising, community outreach, and sponsorships. Messages to LGBT have been relatively absent from advertising until recently, creating receptivity to such overtures. Reducing LGBT smoking rates is a public health challenge that will require exceeding the sense of validation tobacco advertising has created in LGBT communities

99. Tang, Hao. 2004. "Cigarette Smoking Among Lesbians, Gays, and Bisexuals: How Serious a Problem? (United States)." *Cancer Causes & Control* 15(8):797-803.
Abstract: Introduction: Population-based health surveys seldom assess sexual orientation, which results in the absence of a reliable measure of smoking among lesbians, gays, and bisexuals (LGB), a population perceived to have higher risks of tobacco-related diseases. This is the first study to compare the cigarette smoking rate of LGB with that of heterosexual individuals using a population-based sample with both male and female adults, and to identify which sub segments of LGB population are particularly burdened by tobacco use. Methods: California Health Interview Survey (CHIS), a population-based telephone survey was used to assess smoking prevalence and its correlates among respondents. Of 44,606 respondents, 343 self-identified as lesbian; 593 self-identified as gay; and 793 identified themselves as bisexual (511 female and 282 male). Statistical analysis was performed using SAS and SUDAAN. Results: Lesbians' smoking rate (25.3%), was about 70% higher than that of heterosexual women (14.9%) Gay men had a smoking prevalence of 33.2%, comparing to heterosexual men (21.3%). After controlling for demographic variables, logistic regression analysis showed that lesbians and bisexual women were significantly more likely to smoke compared with heterosexual women (OR = 1.95 and OR = 2.08, respectively). Gay men were also significantly more likely to smoke than heterosexual men (OR = 2.13; 95% CI = 1.66-2.73). Being 35-44-years-old, non-Hispanic White, and having low-education attainment and low-household income were common demographic predictors of cigarette smoking among LGB. Conclusion: Our study provides the strongest evidence to date that lesbians, bisexual females, and gay men had significantly higher cigarette smoking prevalence rates than their heterosexual counterparts.
100. Rosario, Margaret and Rosario, Margaret. 2004 Nov. "Predictors of Substance Use Over Time Among Gay, Lesbian, and Bisexual Youths: An Examination of Three Hypotheses." *Addictive Behaviors* 29(8): 1631.
Abstract: Gay, lesbian, and bisexual (GLB) youths report elevated levels of substance use relative to heterosexual youths, but reasons for this disparity have received scant attention. This report longitudinally examined three hypothesized explanations for cigarette, alcohol, and marijuana use among 156 GLB youths. Neither counter to two hypotheses, neither a history of childhood sexual abuse nor recent experiences of gay-related stressful life events were associated with increased substance use over time. However, the hypothesis concerning the coming-out process was supported by significant nonlinear associations of involvement in gay-related (recreational and social) activities with changes in alcohol use at 12 months and changes in marijuana use at 6 months and 12 months. Specifically, as involvement in gay-related activities increased, alcohol and marijuana use was found to initially increase, but then, substance use declined as involvement in gay-related activities continued to increase. These findings offer a potential explanation for high levels of substance use among GLB youths and suggest potential areas for intervention to prevent or decrease substance use among these youths. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)
101. Harding, R., Bensley, J., Corrigan, N., Harding, Richard, Bensley, James, and Corrigan, Nick. 2004 Sept. "Targeting Smoking Cessation to High Prevalence Communities: Outcomes From a Pilot Intervention for Gay Men." *BMC Public Health* 443.
Abstract: BACKGROUND: Cigarette smoking prevalence among gay men is twice that of population levels. A pilot community-level intervention was developed and evaluated aiming to meet UK Government cessation and cancer prevention targets. METHODS: Four 7-week withdrawal-oriented treatment groups combined nicotine replacement therapy with peer support. Self-report and carbon monoxide register data were collected at baseline and 7 weeks. N = 98 gay men were recruited through community newspapers and organisations in London UK. RESULTS: At 7 weeks, n = 44 (76%) were confirmed as quit using standard UK Government National Health Service monitoring forms. In multivariate analysis the single significant baseline variable associated with cessation was previous number of attempts at quitting (OR 1.48, p = 0.04). CONCLUSIONS: This tailored community-level intervention successfully recruited a high-prevalence group, and the

outcome data compares very favourably to national monitoring data (which reports an average of 53% success). Implications for national targeted services are considered

102. Eisenberg, M. E., Wechsler, H., Eisenberg, Marla E., and Wechsler, Henry. 2003. "Social Influences on Substance-Use Behaviors of Gay, Lesbian, and Bisexual College Students: Findings From a National Study." *Social Science & Medicine* 57(10):1913-23.
Abstract: A variety of social factors are expected to contribute to health behaviors among college students. The goal of this paper is to describe the relationships of two different aspects of the campus social environment, namely the campus resources for gay, lesbian, and bisexual (GLB) students and the campus-wide behavioral norms of substance use, to the individual substance-use behaviors of college students with same-sex experiences. Individual-level data come from 630 college students reporting same-sex experience, who were part of a national random sample returning questionnaires. Current cigarette smoking and binge drinking were examined. College-level data regarding the campus resources designed for GLB students were collected and used with campus-wide substance-use norms to predict individual substance use in logistic regression analyses. One-third to one-half of students reported current smoking and binge drinking, by sex and sex-partner category. The presence of GLB resources was inversely associated with women's smoking and directly associated with men's binge drinking behaviors. The proportion of students reporting same-sex behavior on campus was directly associated with these same outcomes, and behavioral norms were not associated with either outcome. Findings provide a glimpse into the influence of the social environment on the use of two of the most widely used substances at American colleges, and suggest that contextual approaches to explaining and controlling substance use may be important
103. Garofalo, R. and Harper, G. W. 2003. "Not All Adolescents Are the Same: Addressing the Unique Needs of Gay and Bisexual Male Youth." *Adolescent Medicine: State of the Art Reviews* 2003 Oct; 14(3):595-611.
Abstract: Gay and bisexual male youth confront the everyday struggles of adolescence with the added stress of growing up and shaping their identities within a society that may marginalize or disapprove of them. Despite a resilience and inner-strength that helps them to overcome many of these challenges, gay and bisexual adolescents face unique threats to their health and well-being and are disproportionately affected by many of the leading causes of preventable morbidity and mortality among adolescents. These include human immunodeficiency virus (HIV), other sexually transmitted infections, club drugs, alcohol and other substance use, suicidal thoughts and behavior, exposure to violence and victimization, and disordered eating. This chapter describes the unique challenges of coping with and understanding an emerging sexual minority orientation, reviews the relevant literature on the health threats facing gay and bisexual male youth, and provides a guide for primary care screening and interventions targeting this subpopulation of youth
104. Hughes, T. L., Jacobson, K. M., Hughes, Tonda L., and Jacobson, Kristin M. 2003. "Sexual Orientation and Women's Smoking [Review]." *Current Women's Health Reports* 3(3):254-61.
Abstract: An extensive review of the literature on sexual orientation and health, lesbian health, and women and smoking revealed no studies that focus on smoking among lesbians or bisexual women. However, several health surveys conducted in the past 15 to 20 years report rates of current smoking. Findings from these studies as a whole suggest that lesbians are more likely than heterosexual women to smoke. Research on women and smoking is reviewed to identify potential risk factors for lesbians' smoking. Implications for future research and for prevention and intervention are discussed.
105. Kuang, Mei-Fun, Mathy, Robin, Kuang, Mei Fun fukuron, and Mathy, Robin M. 2003. "The Effects of Sexual Orientation, Gender Identity, and Gender Role on the Mental Health of Women in Taiwan's T-Po Lesbian Community." *Journal of Psychology & Human Sexuality* 15(4):2003-184.
Abstract: We obtained via the Internet a convenience sample of Taiwanese heterosexual (n = 287) and sexual minority females (n = 260). A significantly greater percentage of sexual minorities (lesbian and bisexual females) than heterosexuals reported they had used tobacco or alcohol. Relative to heterosexuals, sexual minorities were significantly more likely to report a serious suicide attempt. Overall, gender identity (masculine, feminine, and androgynous) and gender role (butch, femme, and pure or undifferentiated) were poor discriminators of lesbian mental health. Differences between sexual minorities and heterosexuals were more robust than were the variations in gender

identities and gender roles among lesbian and bisexual women. We discuss the implications of these findings for further clinical research.

106. McCabe, S. E., Boyd, C., Hughes, T. L., d'Arcy, H., McCabe, Sean Esteban, Boyd, Carol, Hughes, Tonda L., and d'Arcy, Hannah. 2003. "Sexual Identity and Substance Use Among Undergraduate Students." *Substance Abuse* 24(2):77-91.
Abstract: This study examined the association between sexual identity and use of alcohol and other drugs (AOD) among college undergraduate students. A survey regarding AOD use was administered to a random sample of 3607 undergraduate students. The sample included 65 self-identified lesbian or bisexual (LB) women and 54 self-identified gay or bisexual (GB) men. Multivariate logistic regression indicated that while alcohol use did not differ for LB and heterosexual women, LB women were significantly more likely to experience certain AOD-related consequences, smoke cigarettes, and use marijuana, ecstasy, and other drugs. GB men were significantly less likely than heterosexual men to drink heavily but were more likely to use some drugs. These findings provide evidence that sexual identity is an important predictor of AOD use among undergraduate students. These findings support the need for continued research and intervention efforts that target LGB collegians
107. Offen, N., Smith, E. A., Malone, R. E., Offen, N., Smith, E. A., and Malone, R. E. 2003. "From Adversary to Target Market: the ACT-UP Boycott of Philip Morris. [Review]." *Tobacco Control* 12(2):203-7.
Abstract: BACKGROUND: In 1990, the AIDS Coalition to Unleash Power (ACT-UP) sparked a year long boycott of Philip Morris's Marlboro cigarettes and Miller beer. The boycott protested the company's support of Senator Jesse Helms (R-North Carolina), a leading opponent of AIDS funding and civil rights for lesbian, gay, bisexual and transgender (LGBT) people. ACT-UP demanded that Philip Morris sever its ties with Helms and acknowledge its responsibility to the LGBT community and to people with AIDS. OBJECTIVE: To assess the impact of the boycott on the LGBT community, the tobacco industry, and the tobacco control movement; and to determine what lessons tobacco control advocates can extract from this case. DATA SOURCES: Internal tobacco industry documents and newspaper archives. METHODS: Search of tobacco industry documents websites using "boycott", "ACT-UP", "gay", and other terms. RESULTS: Philip Morris used the boycott to its own advantage. It exploited differences within the community and settled the boycott by pledging large donations to combat AIDS. Through corporate philanthropy, Philip Morris gained entree to the LGBT market without appearing gay friendly. Many LGBT organisations, thirsty for recognition and funding from mainstream corporations, welcomed Philip Morris's overtures without considering the health hazards of tobacco. CONCLUSIONS: Unless the goal of a boycott is to convince the tobacco industry to abandon tobacco altogether, such actions invite the industry to expand its marketing under the guise of philanthropy. Tobacco control advocates should be clear about goals and acceptable settlement terms before participating in a boycott of a tobacco company.
108. Roberts, S. A., Dibble, S. L., Nussey, B., Casey, K., Roberts, Stephanie A., Dibble, Suzanne L., Nussey, Brenda, and Casey, Karen. 2003. "Cardiovascular Disease Risk in Lesbian Women." *Womens Health Issues* 13(4):167-74.
Abstract: Lesbians may be a higher risk subpopulation of women for cardiovascular disease due to the prevalence of risk factors and attitudes about weight. In a survey of 648 women, we compared various cardiovascular risk factors between 324 lesbians age 40 and older residing in California and their heterosexual sisters closest in age. Compared with their sisters, the lesbians had a significantly higher body mass index, waist circumference, and waist-to-hip ratio (WHR). The lesbians were also more likely to have ever smoked, but were as likely as their sisters to be current smokers. They were significantly less likely to have eaten red meat in the past year, but did not differ significantly from their sisters on the other nutritional variables. They were more likely, however, to report a history of weight cycling. With regard to exercise, the lesbians were significantly more likely to exercise at least weekly. Yet the two groups did not differ in the number of times per week exercised, the length of the exercise session, nor the exercise vigor. This is the first study to report waist circumference measurements and WHR for lesbians. Our findings suggest that lesbians, as a group, may have greater abdominal/visceral adiposity and, thus, a metabolic profile placing them at higher risk for cardiovascular disease. Future studies of cardiovascular risk in lesbians should measure low-density lipoprotein, C-reactive protein, and identifiers of the metabolic syndrome, namely blood pressure, triglyceride and high-density

lipoprotein levels, and fasting glucose. Interventions designed to reduce abdominal/visceral adiposity in lesbians should also be examined in future studies

109. Smith, E. A., Malone, R. E., Smith, Elizabeth A., and Malone, Ruth E. 2003. "The Outing of Philip Morris: Advertising Tobacco to Gay Men." *American Journal of Public Health* 93(6):988-93.
Abstract: OBJECTIVES: This case study describes the events surrounding the first time a major tobacco company advertised in gay media. METHODS: We analyzed internal tobacco company documents, mainstream newspapers, and the gay press. RESULTS: Philip Morris was unprepared for the attention its entry into the gay market received. The company's reaction to this incident demonstrates that its approach to the gay community both parallels and diverges from industry strategies toward other marginalized communities. CONCLUSIONS: The tobacco industry's relationship to the gay community is relatively undeveloped, a fact that may provide tobacco control advocates an opportunity for early intervention. The gay community's particular vulnerabilities to the industry make development of gay tobacco control programs crucial to reducing gay smoking prevalence and industry presence in the community
110. Yamey, G. 2003 Aug. "Gay Tobacco Ads Come Out of the Closet [Review]." *BMJ*; 327(7409):296.
111. Eisenberg M, Wechsler H. 2003 Jul."Substance use behaviors among college students with same-sex and opposite-sex experience:" results from a national study. *Addict Behav* 28(5):899-913.
Abstract: OBJECTIVES: This study seeks to describe the population of college students with same-sex sexual experience and determine if these students report more substance use than their peers with only opposite-sex experience. METHODS: Questionnaires were completed by a national random sample of college students on 119 campuses in 1999. A total of 10,301 sexually active students were categorized as having only opposite-sex, only same-sex, or both-sex partners, and their smoking, binge drinking, and marijuana use behaviors were compared. RESULTS: Students who report same-sex sexual experiences comprise 6.1% of respondent. Women with both-sex partners were approximately twice as likely to smoke, binge drink, and use marijuana as women with only opposite-sex partners (OR=1.41-2.78), but women with only same-sex partners were not at increased risk for these behaviors. Men with both-sex partners were less likely to binge drink (OR=0.54) than men with only opposite-sex partners. CONCLUSIONS: Students with same-sex experience are present at every type of college. College women with both-sex partners appear to be an appropriate target for health interventions; outreach to these students and further study of related behaviors are warranted.
112. Diamant AL, Wold C. 2003 Jan-Feb. "Sexual orientation and variation in physical and mental health status among women." *J Womens Health (Larchmt)* 12(1):41-9.
Abstract: OBJECTIVE: To assess and compare the physical and mental health status of women of differing sexual orientation within a population-based sample. METHODS: We used a population-based telephone survey performed using random digit dialing techniques. Our study population was drawn from the 1999 Los Angeles County Health Survey and included women age 18-64 years who reported their sexual orientation (98%, n = 4135). These analyses include 4023 heterosexuals, 69 bisexuals, and 43 lesbians. RESULTS: We assessed the unique association of sexual orientation with physical and mental health status using bivariate and multivariate analyses. Both lesbians and bisexuals were more likely than heterosexual women to report a diagnosis of heart disease. Among women with a depressive disorder, lesbians were more likely than heterosexuals to be using an antidepressant medication. Compared with heterosexuals within the preceding 30 days, lesbians reported significantly more days of poor mental health, and bisexuals reported significantly more days of poor physical health. However, there were no significant differences by sexual orientation in impaired ability to perform daily activities due to physical or mental health. CONCLUSIONS: In this rare opportunity to use population-based data to study lesbian and bisexual health, we found that sexual orientation as a nonheterosexual woman was associated with increased rates of poor physical and mental health. We believe these findings support the need for the increased systematic study of the relationship between sexual orientation and health.
113. Bontempo, Daniel E, D'Augelli, Anthony, and Daniel, E. 2002. "Effects of at-School Victimization and Sexual Orientation on Lesbian, Gay, or Bisexual Youths' Health Risk Behavior. [References]." *Journal of Adolescent Health* 30(5):May-374.

Abstract: Compared the relationship between victimization at school and health risk behaviors among heterosexual and lesbian, gay, and bisexual (LGB) youths. 9,188 9th-12th grade students (mean age 16.0 yrs), of whom 315 were identified as LGB, completed questionnaires concerning sexual orientation, victimization at school, and the risk factors of smoking, alcohol use, marijuana or cocaine use, and risky sexual activities. Results show that the combined effect of LGB status and high levels of at-school victimization was associated with the highest levels of health risk behaviors. LGB Ss reporting high levels of at-school victimization reported higher levels of substance use, suicidality, and sexual risk behaviors than did heterosexual peers reporting high levels of at-school victimization. LGB Ss reporting low levels of at-school victimization reported levels of substance use, suicidality, and sexual-risk behaviors that were similar to heterosexual peers who reported low at-school victimization. It is concluded that differences in health risks among LGB youth are mediated by victimization at school.

114. Dibble, S. L., Roberts, S. A., Robertson, P. A., Paul, S. M., Dibble, Suzanne L., Roberts, Stephanie A., Robertson, Patricia A., and Paul, Steven M. 2002. "Risk Factors for Ovarian Cancer: Lesbian and Heterosexual Women." *Oncology Nursing Forum* 29(1):E1-E7.
Abstract: PURPOSE/OBJECTIVES: To compare the distribution of risk factors for developing ovarian cancer in lesbian and heterosexual women. DESIGN: Secondary analysis of a retrospective medical record review. SETTING: Urban health clinic with special outreach to lesbians. SAMPLE: Typical participant (N = 1,019) was 42.9 years old and white (70%). Most were without health insurance, and 99% were poor (< \$15,780 annual income). The majority (58%, n = 586) described themselves as heterosexual; 42% (n = 433) said they were lesbian. METHODS: Data were collected from medical records and analyzed using analysis of covariance and logistic regression techniques. MAIN RESEARCH VARIABLES: Ovarian cancer risk factors (parity, exogenous hormone use, smoking, body mass index [BMI], and tubal ligation/hysterectomy). FINDINGS: Lesbians had a higher BMI; heterosexual women had higher rates of current smoking and a higher incidence of the protective factors of pregnancy, children, miscarriages, abortions, and use of birth control pills. CONCLUSIONS: The results of this study indicate that lesbians may have an increased risk for developing ovarian cancer. A study designed specifically to explore the risk factors of lesbian and heterosexual women for developing ovarian cancer must be undertaken to confirm these findings. IMPLICATIONS FOR NURSING PRACTICE: Differences in risk levels may exist for lesbians; therefore, healthcare providers must become comfortable asking questions about sexual orientation and behavior
115. Udry JR, Chantala K. 2002 Jul. "Risk assessment of adolescents with same-sex relationships." *J Adolesc Health* 31(1):84-92.
Abstract: PURPOSE: To compare the risk status on health and behavior for those with same-sex partners and those without. METHODS: Add Health data provide a sample of 20,745 adolescents in grades 7 through 12 interviewed at home. The risk statuses of respondents with no partners, same-sex-only partners, and partners of both sexes were compared to respondents with opposite-sex partners only. Respondents were evaluated on selected personal and social attributes (verbal IQ, family structure, masculinity, popularity), and risk status (substance use, depression, suicidal thoughts, anal sex, general delinquency, being physically attacked, perceived risk of being killed or getting AIDS). Data were analyzed by logistic and linear regression using STATA to adjust for clustering and sampling weights. RESULTS: Compared to boys with opposite-sex-only partners, boys with same-sex-only partners were at high risk for emotional problems, but not delinquency or substance use. Boys with partners of both sexes were at high risk for delinquency and substance use, but not for emotional problems. Neither group of boys with same-sex partners is at high risk of being attacked compared to those with opposite-sex partners only. Girls with only same-sex partners are never a high-risk group, while girls with partners of both sexes are the high-risk category in every case. CONCLUSIONS: Adolescents with same-sex-only partners do not resemble those with partners of both sexes in risk status. Combining the two categories obscures the unique risk profile of those with both-sex partners, and obscures the low risk on most variables but the high emotional risk of boys with only same-sex partners.
116. Washington, Harriet A. E. and Washington, Harriet A. 2002 Jul. "Burning Love: Big Tobacco Takes Aim at LGBT Youth. [References]." *American Journal of Public Health* 92(7):1095.
Abstract: Discusses the targeting, seduction, and recruitment of minority groups and children by large tobacco companies, especially lesbian, gay, bisexual, and transgender (LGBT) youth. 46% of

gay males and 48% of lesbian adults smoke, rates that are twice as high as other adults. The smoking rates of LGBT youth are as high as adults, and twice as many LGBT youth take up smoking as do their peers. Magazine and billboard advertisements have featured androgynous and sexually ambiguous or effeminate portrayals of smokers, and text that suggests that smokers not "follow the straight and narrow." Tobacco companies have also exploited the bar culture, drug use rates, and geographical areas associated with LGBT youth. Tobacco companies have forged legislative and political ties with the LGBT community similar to those previously forged with African-American institutions.

117. Burleson MH, Trevathan WR, Gregory WL. 2002 May. "Sexual behavior in lesbian and heterosexual women: relations with menstrual cycle phase and partner availability" *Psychoneuroendocrinology* 27(4):489-503.
Abstract: Using a prospective design over three complete menstrual cycles, 147 heterosexual and 89 lesbian women made daily recordings of their basal body temperature (BBT), cervical mucus status, menses, and completed a daily checklist of various sexual behaviors (including sexual self-stimulation and sexual activity with a partner). They also gave their age, height, weight, age at menarche, number of pregnancies, duration of sleep, tobacco, caffeine, and alcohol use, and whether they had a live-in sexual partner. Using BBT, cervical mucus status, and menses information, cycle days were grouped into five discrete phases: menses, follicular, ovulatory, early luteal, and premenstrual. Daily frequencies of sexual behavior with a partner and autosexual behavior were computed for each phase. Mixed ANOVAs on the resultant proportional data revealed similar patterns for autosexual behavior across the phases for both heterosexuals and lesbians who did not have a live-in partner, in which autosexual behavior was highest during the follicular and ovulatory phases. For those with live-in partners, autosexual behavior did not vary across the phases. Lesbians engaged in more autosexual behavior overall. Allosexual behavior peaked during the follicular phase for both heterosexuals and lesbians, and the phasic pattern was unrelated to live-in partner status. Additional analyses suggest that the observed patterns were unrelated to anticipated changes in sexual activity due to menses. Results are discussed in terms of social variables and hormonal fluctuations associated with the menstrual cycle.
118. Mays VM, Yancey AK, Cochran SD, Weber M, Fielding JE. 2002 Apr. "Heterogeneity of health disparities among African American, Hispanic, and Asian American women: unrecognized influences of sexual orientation." *Am J Public Health* 92(4):632-9.
Abstract: OBJECTIVES: This study compared health indicators among self-identified lesbians/bisexual women and heterosexual women residing in Los Angeles County. METHODS: Respondents were English-speaking Hispanic, African American, and Asian American women. Health status, behavioral risks, access barriers, and indicators of health care were assessed. RESULTS: Prevalence rates of chronic health conditions were similar among women in the 3 racial/ethnic groups. However, lesbians and bisexual women evidenced higher behavioral risks and lower rates of preventive care than heterosexual women. CONCLUSIONS: Among racial/ethnic minority women, minority sexual orientation is associated with increased health risks. The effects of sexual minority status need to be considered in addressing health disparities affecting this population.
119. Russell ST, Driscoll AK, Truong N. 2002 Feb. "Adolescent same-sex romantic attractions and relationships: implications for substance use and abuse." *Am J Public Health* 92(2):198-202.
Abstract: OBJECTIVES: Nationally representative data were used to examine associations of romantic attractions and relationships with substance use and abuse. METHODS: Data from the Add Health Study were examined. Youths reporting same-sex and both-sex romantic attractions and relationships were compared with those reporting opposite-sex attractions. Survey regression and logistic regression were used to control for sample design effects. RESULTS: In the case of certain outcomes, romantic attraction affected males differently than females. Youths with both-sex attractions were at a somewhat higher risk for substance use and abuse than were heterosexual youths; females with same-sex attractions were also at higher risk for some outcomes. Sexual-minority youths varied little from heterosexual youths in regard to trajectories of substance use and abuse. CONCLUSIONS: These findings highlight the importance of distinguishing between youths with only same-sex attractions and those with both-sex attractions. These findings also call into question previous findings indicating that sexual-minority youths are automatically "at risk."

120. Cochran, S. D., Mays, V. M., Bowen, D., Gage, S., Bybee, D., Roberts, S. J., Goldstein, R. S., Robison, A., Rankow, E. J., and White, J. 2001. "Cancer-Related Risk Indicators and Preventive Screening Behaviors Among Lesbians and Bisexual Women." *American Journal of Public Health* 91(4):591-97.
Abstract: OBJECTIVES: This study examined whether lesbians are at increased risk for certain cancers as a result of an accumulation of behavioral risk factors and difficulties in accessing health care. METHODS: Prevalence estimates of behavioral risk factors (nulliparity, obesity, smoking, and alcohol use), cancer screening behaviors, and self-reported breast cancer histories derived from 7 independently conducted surveys of lesbians/bisexual women (n = 11,876) were compared with national estimates for women. RESULTS: In comparison with adjusted estimates for the US female population, lesbians/bisexual women exhibited greater prevalence rates of obesity, alcohol use, and tobacco use and lower rates of parity and birth control pill use. These women were also less likely to have health insurance coverage or to have had a recent pelvic examination or mammogram. Self-reported histories of breast cancer, however, did not differ from adjusted US female population estimates. CONCLUSIONS: Lesbians and bisexual women differ from heterosexual women in patterns of health risk. These women would be expected to be at especially greater risk for chronic diseases linked to smoking and obesity
121. Gruskin, E. P., Hart, S., Gordon, N., Ackerson, L., Gruskin, E. P., Hart, S., Gordon, N., and Ackerson, L. 2001. "Patterns of Cigarette Smoking and Alcohol Use Among Lesbians and Bisexual Women Enrolled in a Large Health Maintenance Organization." *American Journal of Public Health* 91(6):976-79.
Abstract: OBJECTIVES: This study compared the prevalence of cigarette smoking and alcohol use among lesbians and bisexual women with that among heterosexual women. METHODS: Logistic regression models were created with data from an extensive member health survey at a large health maintenance organization. Sexual orientation was the primary predictor, and alcohol consumption and cigarette smoking were outcomes. RESULTS: Lesbians and bisexual women younger than 50 years were more likely than heterosexual women to smoke cigarettes and drink heavily. Lesbians and bisexual women aged 20 to 34 reported higher weekly alcohol consumption and less abstinence compared with heterosexual women and older lesbians and bisexual women. CONCLUSIONS: Lesbians and bisexual women aged 20 to 34 years are at risk for alcohol use and cigarette smoking
122. Minichiello, V., Marino, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., Robinson, K.. 2001. "Male Sex Workers in Three Australian Cities: Socio-Demographic and Sex Work Characteristics." *Journal of Homosexuality* 42(1):29-51.
Abstract: This article describes the socio-demographic and sex work characteristics of sex workers in Sydney, Melbourne, and Brisbane. A total of 185 male sex workers completed the questionnaire component of the study. The results of this study serve to debunk many of the myths surrounding the popular view of the male sex worker (MSW). The respondents in this study were on average 27 years old, and the majority had completed secondary education, with 30% having gained some form of tertiary qualification. Interestingly, those MSWs who had not completed secondary education were mostly street workers and were generally aged under 25 years. The majority of sex workers lived in rented accommodation, with only 6% reporting to be homeless. Half of all respondents identified as being "gay," 31% as "bisexual" and 5.5% as "straight." More than half of the respondents were in a permanent relationship. Only 7.3% of this group reported using heroin daily, although the majority consumed alcohol, tobacco, marijuana, and ecstasy. The majority of sex workers had been in the profession for less than six months, although some had been working in the industry for more than ten years. Most of the sex workers reported having taken an HIV test and a preference to offer safer sex. The article highlights ways in which the work context of MSW can be better understood and supported by education and public policy programs
123. Odo, C., Hawelu, A., Odo, C., and Hawelu, A. 2001. "Eo Na Mahu o Hawai'i: the Extraordinary Health Needs of Hawai'i's Mahu." *Pacific Health Dialog* 8(2):327-34.
Abstract: An overview of health and social issues is presented here regarding Native Hawaiian transgenders. Perhaps due to relatively greater tolerance of gender diversity among Polynesian cultures, approximately 70% of all male-to-female transgenders in Hawai'i are Native Hawaiian. However, the overall climate is one of discrimination and harassment such that transgenders--who tend to be under-educated, under-employed, and medically underserved--may be the most

severely impacted of all Native Hawaiians. Lei Anuenue, human immunodeficiency virus (HIV) prevention program for Native Hawaiians, has provided a variety of services for transgenders, including outreach, educational workshops, support groups, HIV testing, and case management. All services are provided by peer leaders who are employed by the program. Data for this article are based on case management, including client self-disclosures and reports of peer staff who knew details of clients' lives having shared with them both generic experiences and specific activities. Information from 100 transgender clients and their case managers indicated that the transgender health profile is far more serious than that of mainstream Native Hawaiians. For example, 74% smoke, 31% use illegal drugs (excluding marijuana), more than 50% have been involved in street or domestic violence, and few individuals over age 50 have been found during three years of outreach. To some extent, employment options limit transgenders to prostitution, drug dealing, and minimum-wage jobs. In addition, a lifestyle of multiple sex partners and lack of opportunities for stable relationships place transgenders at much greater risk for HIV, sexually transmitted diseases (STD), and other infectious and non-infectious diseases as compared to the mainstream Native Hawaiian community. Clients in this study were from O'ahu, primarily from downtown Honolulu, Chinatown, and Wai'anae. Future studies should compare the results of this sample to transgenders from the neighbor islands (especially in rural Hawaiian areas), as well as utilize a structured prospective longitudinal approach

124. Ryan, Heather, Wortley, Pascale M., Easton, Alyssa, Pederson, Linda, and Greenwood, Greg. 2001. "Smoking Among Lesbians, Gays, and Bisexuals: a Review of the Literature [Review]." *American Journal of Preventive Medicine* 21(2):142-49.
Abstract: Objectives: To collect estimates of smoking prevalence among lesbian, gay, and bisexual people from the published literature and to compare with general population estimates. Methods: Databases were searched for all studies published in English on tobacco use among lesbians, gays, and bisexuals. From 1987 through 2000, twelve studies were identified (four youth, eight adult): seven were based on convenience samples; one on a population-based probability sample; one involved random sampling within selected census tracts; one was based on a large multicenter clinical trial; and two were representative school-based samples. Study findings were compared to national survey data from the corresponding time period. Results: Estimated smoking rates for lesbians, gays, and bisexuals ranged from 38% to 59% among youth and from 11% to 50% among adults. National smoking rates during comparable periods ranged from 28% to 35% for adolescents and were approximately 28% for adults. Conclusions: While information in the published literature is limited, it appears that smoking rates are higher among adolescent and adult lesbians, gays, and bisexuals than in the general population. Steps should be taken to ensure representation of lesbians, gays, and bisexuals in tobacco-use surveillance and to collect data in order to understand the apparent high smoking rates in these groups. Attempts should be made to target prevention and cessation interventions to lesbians, gays, and bisexuals
125. Saphira, Miriam, Glover, Marewa, and Saphira, Miriam saphira@clear. net. nz. 2001. "The Effects of Coming Out on Relationships and Health." *Journal of Lesbian Studies* 5(1-2):2001-194.
Abstract: Examined how open lesbians were about their sexual orientation, using a snowball sample of 795 lesbians in New Zealand. The research looked at how disclosure impacted on lesbian sexual behavior, self assessed health status, relationships and use of health services. The questions were part of a large survey modelled on a North Health Study, which included the SF-36 survey instrument. A standardized set of questions and calculated scoring were used to measure the self-assessed health of respondents. These results were compared with those from a sample of women from Northern New Zealand and a sample of 3,627 lesbians from the New Zealand Census. The respondents were coded into 3 groups according to their degree of openness: those who were out to everybody, those who were out to all but one person of significance, and those who were out to a few. Lesbians who were not open to their doctors were more likely to have reported being closeted to employers and parents, to smoke more, to drink more alcohol, to have less sex, and to earn less money. Respondents who labeled themselves gay reported that they were not so open. Of the 77% that were out to their health professional, 5% had received a negative response.
126. Aaron DJ, Markovic N, Danielson ME, Honnold JA, Janosky JE, Schmidt NJ. 2001 Jun. "Behavioral risk factors for disease and preventive health practices among lesbians." *Am J Public Health* 91(6):972-5.

Abstract: OBJECTIVES: This study compared health indicators among self-identified lesbians/bisexual women and heterosexual women residing in Los Angeles County. METHODS: Respondents were English-speaking Hispanic, African American, and Asian American women. Health status, behavioral risks, access barriers, and indicators of health care were assessed. RESULTS: Prevalence rates of chronic health conditions were similar among women in the 3 racial/ethnic groups. However, lesbians and bisexual women evidenced higher behavioral risks and lower rates of preventive care than heterosexual women. CONCLUSIONS: Among racial/ethnic minority women, minority sexual orientation is associated with increased health risks. The effects of sexual minority status need to be considered in addressing health disparities affecting this population.

127. Diamant, Allison L. M. 2000. "Health Behaviors, Health Status, and Access to and Use of Health Care: A Population-Based Study of Lesbian, Bisexual, and Heterosexual Women." *Archives of Family Medicine* 9(10):1043-51.

Abstract: Background: There is a dearth of validated information about lesbian and bisexual women's health. To better understand some of these issues, we used population-based data to assess variations in health behaviors, health status, and access to and use of health care based on sexual orientation. Methods: Our study population was drawn from a population-based sample of women, the 1997 Los Angeles County Health Survey. Participants reported their sexual orientation and these analyses included 4697 women: 4610 heterosexual women, 51 lesbians, and 36 bisexual women. We calculated adjusted relative risks to assess the effect of sexual orientation on important health issues. Results: Lesbians and bisexual women were more likely than heterosexual women to use tobacco products and to report any alcohol consumption, but only lesbians were significantly more likely than heterosexual women to drink heavily. Lesbians and bisexual women were less likely than heterosexual women to have health insurance, more likely to have been uninsured for health care during the preceding year, and more likely to have had difficulty obtaining needed medical care. During the preceding 2 years, lesbians, but not bisexual women, were less likely than heterosexual women to have had a Papanicolaou test and a clinical breast examination. Conclusions: In this first population-based study of lesbian and bisexual women's health, we found that lesbians and bisexual women were more likely than heterosexual women to have poor health behaviors and worse access to health care. These findings support our hypothesis that sexual orientation has an independent effect on health behaviors and receipt of care, and indicate the need for the increased systematic study of the relationship between sexual orientation and various aspects of health and health care. Arch Fam Med.2000;9:1043-1051 Copyright 2006 by the American Medical Association. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use. American Medical Association, 515 N. State St, Chicago, IL 60610

128. Valanis, B. G., Bowen, D. J., Bassford, T., Whitlock, E., Charney, P., Carter, R. A., Valanis, B. G., Bowen, D. J., Bassford, T., Whitlock, E., Charney, P., and Carter, R. A. 2000. "Sexual Orientation and Health: Comparisons in the Women's Health Initiative Sample." *Archives of Family Medicine* 9(9):843-53.

Abstract: CONTEXT: Little is known about older lesbian and bisexual women. Existing research rarely compares characteristics of these women with comparable heterosexual women. OBJECTIVE: To compare heterosexual and nonheterosexual women 50 to 79 years on specific demographic characteristics, psychosocial risk factors, screening practices, and other health-related behaviors associated with increased risk for developing particular diseases or disease outcomes. DESIGN: Analysis of data from 93,311 participants in the Women's Health Initiative (WHI) study of health in postmenopausal women, comparing characteristics of 5 groups: heterosexuals, bisexuals, lifetime lesbians, adult lesbians, and those who never had sex as an adult. SETTING: Subjects were recruited at 40 WHI study centers nationwide representing a range of geographic and ethnic diversity. PARTICIPANTS: Postmenopausal women aged 50 to 79 years who met WHI eligibility criteria, signed an informed consent to participate in the WHI clinical trial(s) or observational study, and responded to the baseline questions on sexual orientation. MAIN OUTCOME MEASURES: Demographic characteristics, psychosocial risk factors, recency of screening tests, and other health-related behaviors as assessed on the WHI baseline questionnaire. RESULTS: Although of higher socioeconomic status than the heterosexuals, the lesbian and bisexual women more often used alcohol and cigarettes, exhibited other risk factors for reproductive cancers and cardiovascular disease, and scored lower on measures of mental health and social support. Notable is the 35% of lesbians and 81% of bisexual women who have been pregnant. Women reporting that they never had sex as an adult had lower rates of Papanicolaou

screening and hormone replacement therapy use than other groups. CONCLUSIONS: This sample of older lesbian and bisexual women from WHI shows many of the same health behaviors, demographic, and psychosocial risk factors reported in the literature for their younger counterparts, despite their higher socioeconomic status and access to health care. The lower rates of recommended screening services and higher prevalence of obesity, smoking, alcohol use, and lower intake of fruit and vegetables among these women compared with heterosexual women indicate unmet needs that require effective interactions between care providers and nonheterosexual women

129. Diamant AL, Schuster MA, Lever J. 2000 Oct. "Receipt of preventive health care services by lesbians." *Am J Prev Med* 19(3):141-148.
Abstract: BACKGROUND: We measured receipt of age-appropriate preventive health services by lesbians and assessed whether provider and individual characteristics, including disclosure of sexual orientation, are independently associated with receipt of these services. METHODS: A questionnaire was printed in a national biweekly gay, lesbian, and bisexual news magazine, and self-identified lesbians living in all U. S. states (N =6935) responded to the survey. Main outcome variables were receipt of a Pap smear within the preceding 1 and 2 years and, for women aged > or= 50, receipt of a mammogram within the past 1 and 2 years. RESULTS: Fifty-four percent had Pap smears within 1 year and 71% within 2 years, with increasing rates among older and more educated respondents. Seventy percent of respondents aged > or = 50 had a mammogram in the past year, and 83% within 2 years; rates did not vary significantly controlling for education. Sixty percent had disclosed their sexual orientation to their regular health care provider. Controlling for patient and provider characteristics, disclosure was independently associated with receipt of Pap smears, but not mammograms. CONCLUSIONS: It is important for providers to identify their lesbian patients' unmet needs for preventive health care. Additionally, it is important for providers to provide complete and appropriate preventive health care for their lesbian patients. Further research is needed to determine why lesbians are not receiving Pap smears at the recommended rate and whether this disparity is reflective of aspects of cervical cancer screening or indicates a more general problem with access to health care including receipt of preventive services.
130. Koh AS. 2000 Jun. "Use of preventive health behaviors by lesbian, bisexual, and heterosexual women: questionnaire survey." *West J Med* 172(6):379-84.
Abstract: OBJECTIVES: To determine whether lesbians and bisexual women are less likely than heterosexual women to use preventive health measures. DESIGN: Written, anonymous, self-administered questionnaire. SETTING: 33 physicians' offices and community clinics mainly in urban areas of 13 states. PARTICIPANTS: 524 lesbians, 143 bisexual women, and 637 heterosexual women. RESULTS: Bisexual women were less likely than heterosexual women to have had appropriate cholesterol screening (odds ratio 0.29, 95% confidence interval 0.11 to 0.73) or appropriate mammography (0.33, 0.13 to 0.84). Human immunodeficiency virus testing was more common in lesbians (2.38, 1.51 to 3.74) and bisexual women (1.99, 1.17 to 3.38) than in heterosexual women. Illicit drug use was higher in lesbians (2.04, 1.14 to 3.70) and bisexual women (1.96, 1.07 to 3.57) than in heterosexual women. Lesbians were more likely than heterosexual women to practice safer sex (2.60, 1.23 to 5.49) and less likely to have ever been infected with human papillomavirus (0.48, 0.25 to 0.89). CONCLUSION: There were important differences in the preventive health measures taken by lesbians and bisexual women and those taken by heterosexual women. All patients should receive standard health tests, such as cholesterol screening and mammography, regardless of their sexual orientation. Lesbians and bisexual women who report illicit drug use should receive counseling, as appropriate.
131. Roberts, S. J. and Sorensen, L. 1999. "Health Related Behaviors and Cancer Screening of Lesbians: Results From the Boston Lesbian Health Project. [Review]." *Women & Health* 28(4):1-12.
Abstract: The purpose of this article is to present data on lesbian health-related and cancer screening behavior. This is an area in which not a great deal of data exist and which is particularly interesting in view of previous data suggesting that lesbians do not seek routine services because of a fear of homophobia. This paper discusses a portion of a larger survey completed by a national community-based lesbian sample. The results show that the lesbians in this sample have healthy behaviors in general and utilize routine health screening. There is some indication that alcohol use is heavier in this sample than among women in general, an area that warrants further investigation.

132. Stall, R. D., Greenwood, G. L., Acree, M., Paul, J., Coates, T. J., Stall, R. D., Greenwood, G. L., Acree, M., Paul, J., and Coates, T. J. 1999. "Cigarette Smoking Among Gay and Bisexual Men." *American Journal of Public Health* 89(12):1875-78.
Abstract: OBJECTIVES: This study measured the prevalence of cigarette smoking among gay men and identified associations with smoking. METHODS: Household-based (n = 696) and bar-based (n = 1897) sampling procedures yielded 2593 gay male participants from Portland, Ore, and Tucson, Ariz, in the spring of 1992. RESULTS: Forty-eight percent of the combined sample reported current smoking, a rate far above prevalence estimates for men in Arizona (z = 14.11, P < .001) or Oregon (z = 24.24, P < .001). Significant associations with smoking included heavy drinking, frequent gay bar attendance, greater AIDS-related losses, HIV seropositivity, lower health rating than members of same age cohort, lower educational attainment, and lower income. CONCLUSIONS: Rates of cigarette smoking are very high among gay men. Tobacco prevention and cessation campaigns should be designed to reach the gay male community
133. DuRant, R. H., Krowchuk, D. P., Sinal, S. H., DuRant, R. H., Krowchuk, D. P., and Sinal, S. H. 1998. "Victimization, Use of Violence, and Drug Use at School Among Male Adolescents Who Engage in Same-Sex Sexual Behavior." *Journal of Pediatrics* 133(1):113-18.
Abstract: OBJECTIVE: To examine the relationship between the number of male sexual partners of adolescent males and the frequency of victimization at school, missed school because of fear, used drugs at school, and engagement of fighting and weapon carrying both in and out of school. STUDY DESIGN: Sexually active male adolescents (N = 3886) in 8th through 12th grades were administered the 1995 Vermont Youth Risk Behavior Survey. RESULTS: A total of 8.7% of male adolescents reported one or more male sexual partners. Alcohol, marijuana, and smokeless tobacco use at school, not attending school because of fear, having been threatened or injured with a weapon at school, and weapon carrying at school accounted for 15.8% of the variation in the number of male sexual partners (p < 0.0001). Suicide attempts, school absence because of fear, cigarette smoking, alcohol use, and smokeless tobacco use at school, frequency of fighting requiring medical treatment, carrying a weapon, and carrying a weapon at school accounted for 17.2% out of 100% of the variation in the number of male sexual partners (p < or 0.00001). CONCLUSION: The number of male sexual partners reported by sexually active male adolescents correlated with a higher frequency of victimization, use of violence and drug use at school. Frequency of suicide attempts and fighting outside of school were also correlated with the number of same-sex sexual partners
134. Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, S. J., DuRant, R. H., Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, S. J., and DuRant, R. H. 1998. "The Association Between Health Risk Behaviors and Sexual Orientation Among a School-Based Sample of Adolescents." *Pediatrics* 101(5):895-902.
Abstract: OBJECTIVE: This study is one of the first to examine the association between sexual orientation and health risk behaviors among a representative, school-based sample of adolescents. DESIGN: This study was conducted on an anonymous, representative sample of 4159 9th- to 12th-grade students in public high schools from Massachusetts' expanded Centers for Disease Control and Prevention 1995 Youth Risk Behavior Survey. Sexual orientation was determined by the following question: "Which of the following best describes you?" A total of 104 students self-identified as gay, lesbian, or bisexual (GLB), representing 2.5% of the overall population. Of GLB youth, 66.7% were male and 70% were white (not Hispanic). Health risk and problem behaviors were analyzed comparing GLB youth and their peers. Those variables found to be significantly associated with GLB youth were then analyzed by multiple logistic regression models. RESULTS: GLB youth were more likely than their peers to have been victimized and threatened and to have been engaged in a variety of risk behaviors including suicidal ideation and attempts, multiple substance use, and sexual risk behaviors. Four separate logistic regression models were constructed. Model I, Onset of Behaviors Before Age 13, showed use of cocaine before age 13 years as strongly associated with GLB orientation (odds ratio [OR]: 6.10; 95% confidence interval [CI] = 2.45-15.20). Early initiation of sexual intercourse (2.15; 1.06-4.38), marijuana use (1.98; 1.04-4.09), and alcohol use (1.82; 1.03-3.23) also was associated with GLB orientation. Model II, Lifetime Frequencies of Behaviors, showed that frequency of crack cocaine use (1.38; 1.06-1.79), inhalant use (1.30; 1.05-1.61), and number of sexual partners (1.27; 1.06-1.43) was associated with GLB orientation. Model III, Frequency of Recent Behaviors, showed smokeless tobacco use in the past 30 days (1.38; 1.20-1.59) and number of sexual partners in the previous 3 months (1.47; 1.31-1.65) were associated with GLB orientation. Model IV, Frequency of Behaviors at School, showed having one's property stolen or deliberately damaged (1.23; 1.08-1.40) and using

marijuana (1.29; 1.05-1.59) and smokeless tobacco (1.53; 1.30-1.81) were associated with GLB orientation. Overall, GLB respondents engaged disproportionately in multiple risk behaviors, reporting an increased mean number of risk behaviors (mean = 6.81 +/- 4.49) compared with the overall student population (mean = 3.45 +/- 3.15). CONCLUSION: GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than are their peers. These findings suggest that educational efforts, prevention programs, and health services must be designed to address the unique needs of GLB youth

135. Rankow, E. J., Tessaro, I., Rankow, E. J., and Tessaro, I. 1998. "Cervical Cancer Risk and Papanicolaou Screening in a Sample of Lesbian and Bisexual Women." *Journal of Family Practice* 47(2):139-43. Abstract: BACKGROUND: Previous studies of lesbian and bisexual women have suggested that negative experiences with health care practitioners, combined with misinformation about the health needs of this diverse population, have led to an underutilization of medical services. METHODS: This study combined focus group data (N = 44) with a self-administered questionnaire (N = 57) to explore the health concerns of lesbian women, including the prevalence of risk factors for cervical cancer, the frequency of Papanicolaou (Pap) test screening, and the barriers to obtaining care. We examined the influence of women's perceptions regarding the knowledge and sensitivity of their clinicians to lesbian issues and their experiences of discrimination in the medical setting of Pap test utilization. RESULTS: Respondents reported risk factors for cervical cancer, including multiple past or current sexual partners (both male and female), early age at first coitus, history of sexually transmitted diseases, and cigarette smoking. One fourth of respondents had not had a Pap test within the last 3 years, including 39 (7.6%) who had never had a Pap test. Women who reported that their health care providers were more knowledgeable and sensitive to lesbians issues were significantly more likely to have had a Pap test within the last year, even when controlling for age, education, income, and insurance status. CONCLUSIONS: Lesbian women are at risk for cervical cancer and should receive routine cytologic screening according to individual risk assessment. The quality of clinician-patient interactions strongly influences care-seeking within the population sampled.
136. Roberts, S. A, Dibble, S. L, Scanlon, J. L., Paul, S. M., and Davids, H. 1998. "Differences in Risk Factors for Breast Cancer: Lesbian and Heterosexual Women." *Journal of the Gay and Lesbian Medical Association* 2(3):93-101. Abstract: *Purpose/Objectives:* To compare differences in risk for developing breast cancer between lesbian and heterosexual women. *Design:* Retrospective medical record review. *Setting:* Lyon-Martin Women's Health Services (LMWHS) in San Francisco, California. *Sample:* Women age 35 or older, seen at LMWHS in 1995, 1996, or 1997, who described themselves as either lesbian or heterosexual. The typical participant ($n = 1019$) was 42.9 years old ($SD = 6.85$, range 35-75), white (70%), and employed (49.9%). Most were without health insurance and 99% were poor (<\$15,780 annual income). Of this sample, 57.6% ($n = 586$) described themselves and heterosexual and 42.4% ($n = 433$) as lesbian. *Measurements:* Medical Record Audit Form completed by two research assistants with an interrater reliability of more than 95%. *Results:* There were no significant differences between the lesbian and heterosexual women in family history of breast cancer, current or past alcohol use and history of blackouts or alcohol problems, age at menarche and menopause, use of hormone replacement therapy, ever having had a mammogram or age at most recent mammogram, nor the prevalence of breast cancer. The lesbians reported more breast biopsies and had a higher body mass index; the heterosexuals had higher rates of current smoking, pregnancy, children, miscarriages, abortions, and use of birth control pills. *Conclusions:* There were significant differences between lesbian and heterosexual women in some of the risk factors for the development of breast cancer. Future studies should sample women of different ages, economic groups, and geographic regions. In particular, the finding that lesbians report more breast biopsies should be further explored.
137. Marrazzo JM, Koutsky LA, Stine KL, Kuypers JM, Grubert TA, Galloway DA, et al. 1998 Dec. "Genital human papillomavirus infection in women who have sex with women." *J Infect Dis* 1178(6):1604-9. Abstract: Genital infection with human papillomavirus (HPV), as determined by polymerase chain reaction detection of HPV DNA and prevalence of HPV-6 and -16 serum antibodies, was investigated in 149 women who were sexually active with women. By use of HPV L1 consensus

primers and hybridization to types 6/11, 16, 18, 31/33/35/39, and 45 and a generic probe, HPV DNA was detected in 30% of subjects; of these, 20% had type 31/33/35/39, 18% had type 16, and 2% had type 6/11. Of 21 subjects reporting no prior sex with men, HPV DNA was detected in 19% and squamous intraepithelial lesions in 14%. By capture ELISA with HPV-6 and -16 L1 capsids, 47% of subjects were seropositive for HPV-16 and 62% for HPV-6. Current smoking was associated with detectable HPV DNA. Genital HPV infection and squamous intraepithelial lesions are common among women who are sexually active with women and occur among those who have not had sex with men.

138. Faulkner AH, Cranston K. 1998 Feb. "Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students." *Am J Public Health* 88(2):262-6.
Abstract: OBJECTIVES: This study documented risk behaviors among homosexually and bisexually experienced adolescents. METHODS: Data were obtained from a random sample of high school students in Massachusetts. Violence, substance use, and suicide behaviors were compared between students with same-sex experience and those reporting only heterosexual contact. Differences in prevalence and standard errors of the differences were calculated. RESULTS: Students reporting same-sex contact were more likely to report fighting and victimization, frequent use of alcohol, other drug use, and recent suicidal behaviors. CONCLUSIONS: Students with same-sex experience may be at elevated risk of injury, disease, and death resulting from violence, substance abuse, and suicidal behaviors.
139. Palefsky, J. M. 1997. "Anal Cytological Abnormalities and Anal HPV Infection in Men With Centers for Disease Control Group IV HIV Disease." *Genitourinary Medicine* 73(3):174-80.
Abstract: Objective: To characterize risk factors for abnormal anal cytology and anal human papilloma virus (HPV) infection in homosexual/bisexual men with advanced HIV related immunosuppression. Design: Cross sectional study of men with Centers for Disease Control group IV HIV disease. Setting: The University of California San Francisco, AIDS Clinic. Patients: 129 homosexual or bisexual men with group IV HIV disease. Methods: A questionnaire was administered detailing tobacco, alcohol and recreational drug use, medical history, and sexual practices. Anal swabs for cytology and HPV studies were obtained, as was blood for CD4 levels. Main outcome measures: Abnormal anal cytology and anal HPV infection. Results: Abnormal anal cytology was detected in 39% of subjects and anal HPV infection in 93% as measured by polymerase chain reaction (PCR). Risk factors for abnormal cytology in multivariate analysis included HPV 16/18 infection (measured by PCR, RR = 2.1, 95% CI = 1.2-3.5) and intravenous drug use (RR = 1.8, 95% CI = 1.2-2.7). Infection with HPV 6/11 also had significantly elevated RRs in a separate model. Cigarette smoking, alcohol use, recreational drug use, and low CD4 level were associated with abnormal anal cytology in univariate analysis, as was infection with multiple HPV types and high levels of hybrid capture group B viral DNA. Conclusions: Anal cytological abnormalities and HPV infection are common among homosexual/bisexual men with group IV HIV disease. In this study population, the main risk factors for abnormal cytology were HPV infection and intravenous drug use. (*Genitourin Med* 1997;73:174-180) Copyright (C) 1997 by Genitourinary Medicine
140. Krieger N, Sidney S. 1997. "Prevalence and health implications of anti-gay discrimination: a study of black and white women and men in the CARDIA cohort. Coronary Artery Risk Development in Young Adults." *Int J Health Serv* 27(1):157-76.
Abstract: This study investigates the prevalence of self-reported experiences of discrimination based on sexual orientation among black and white women and men (25 to 37 years old) who are members of CARDIA, a multisite longitudinal study of cardiovascular risk factors. Among the 1,724 participants who responded to a 1989 questionnaire obtaining data on lifetime number of sexual partners and who participated in the Year 7 exam (1992-1993), which included questions about discrimination, 204 (12 percent) reported having at least one same-sex sexual partner: 27 (7 percent) of the 412 black women, 13 (6 percent) of the 221 black men, 87 (14 percent) of the 619 white women, and 77 (16 percent) of the 472 white men. Among these four groups, 33, 39, 52, and 56 percent, respectively, reported having experience discrimination based on sexual orientation. Additionally, 85 percent of black women and 77 percent of the black men reported having experienced racial discrimination, and 89 percent of the black women and 88 percent of the white women reported having experience gender discrimination. In the light of research associating negative stressors with poor health outcomes, including elevated blood pressure, future studies

should assess public health implications of discrimination based on sexual orientation, in conjunction with racial and gender discrimination.

141. Galai, Noya. 1997 Apr. "Effect of Smoking on the Clinical Progression of HIV-1 Infection." *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology* 14(5):451-58.
Abstract: Cigarette smoking as a risk factor in progression of HIV-1 disease was investigated in the Multicenter AIDS Cohort Study of homosexual men. Longitudinal data for T-cell subsets, HIV-related clinical symptoms, smoking behavior, and AIDS medication use were collected semiannually from 2,499 HIV-1-seropositive men for up to 9 years. Survival methods, including Kaplan-Meier analysis and multivariate Cox regression models, were used to assess the effect of cigarette smoking on development of *Pneumocystis carinii* pneumonia (PCP), AIDS, death, and self-reported oral thrush. After adjustment for CD4+ lymphocyte count and use of antiretroviral and anti-PCP medications, smoking was not significantly associated with progression to PCP, AIDS, or death in either the HIV-seroprevalent or-seroincident cohort members. Among men who had baseline CD4+ cell counts >200/[micro]l, smoking was associated with a 40% increase in the hazard of oral thrush ($p \leq 0.01$). These data indicate that cigarette smoking does not have a major effect on the progression of HIV-1 infection to AIDS or death but may affect the incidence of oral thrush. (C) Lippincott-Raven Publishers
142. White JC, Dull VT. 1997 Feb. "Health risk factors and health-seeking behavior in lesbians." *J Womens Health* 6(1):103-12.
Abstract: Lesbians may engage in behavior that places their health at risk and may delay health care and screening more than do their heterosexual counterparts. This article examines influences on lesbians' health risk factors and health-seeking behaviors. A statewide, self-administered survey of members of a lesbian community organization was performed. Univariate and bivariate analyses were calculated, and linear regression was used to examine models of health risks and health-seeking behavior. Of 324 respondents, 90% had disclosed sexual orientation to at least one provider, 22% reported seeking care without symptoms (preventive care), and 23% reported waiting until symptoms are at their worst or never seeking care. Young age, belief in the importance of lung cancer, difficulty of getting health care when needed, reliance on the partner for health support, and fewer male partners were all associated with greater health risk for lesbians. Difficulty obtaining health care, difficulty communicating with the primary care provider, discomfort in discussing depression, and degree of comfort in discussing menopause were all associated with a delay in seeking health care. Sensitive communication with lesbians and further identification of lesbians' specific barriers to care may improve health-seeking behavior and provide more opportunities for screening and risk factor counseling in this population.
143. Nieto, D. S. and Nieto, D. S. 1996. "Who Is the Male Homosexual? A Computer-Mediated Exploratory Study of Gay Male Bulletin Board System (BBS) Users in New York City." *Journal of Homosexuality* 30(4):97-124.
Abstract: Using simple computer technology, 290 male homosexual Bulletin Board System (BBS) users in the greater New York City area participated in a study, the objective results of which are presented here as information of potential importance and/or interest to social workers, psychologists, and related mental health professionals. While, in general, members of the population studied tend to look like everyone else, some interesting differences with respect to (1) health-related concerns and behaviors, (2) educational attainment, and (3) socio-emotional characteristics (measured by computer administration and scoring of the Myers-Briggs Type Indicator) were identified and are presented and discussed. Further work relative to the latter is both urged and anticipated in the mental health professions' continuing efforts to operationalize their shared concerns about and values related to diversity
144. Skinner WF, Otis MD. 1996. "Drug and alcohol use among lesbian and gay people in a southern U.S. sample: epidemiological, comparative, and methodological findings from the Trilogy Project." *J Homosex* 30(3):59-92.
Abstract: The Trilogy Project is a longitudinal study of lesbian and gay people living in and around two metropolitan areas in a southern state. The study was specifically designed to provide (1) epidemiological data on the lifetime, past year, and past month prevalence rates for the use of 6 illicit, 4 psychotherapeutic, and 2 licit drugs, and (2) comparative data to the National Household Survey on Drug Abuse (NHSDA). Self-report data were collected on 1067 respondents using

multiple sampling strategies and a research design that yielded response rates averaging over 50%. Results indicated some age group differences in the prevalence of certain drugs by gay men compared to lesbians. When comparisons were made to the NHSDA, Trilogy Project respondents were found to have significantly higher prevalence rates for the past year use of marijuana, inhalants, and alcohol but not cocaine. While lesbian and gay people drink alcohol more frequently during the month than NHSDA respondents, few differences occurred between the two samples for heavy alcohol consumption. Research questions suggested by the data and theoretical directions for future research are discussed.

145. Bradford, J., Ryan, C., Rothblum, E. D., Bradford, J., Ryan, C., and Rothblum, E. D. 1994. "National Lesbian Health Care Survey: Implications for Mental Health Care." *Journal of Consulting & Clinical Psychology* 62(2):228-42.
Abstract: This article presents demographic, lifestyle, and mental health information about 1,925 lesbians from all 50 states who participated as respondents in the National Lesbian Health Care Survey (1984-1985), the most comprehensive study on U.S. lesbians to date. Over half the sample had had thoughts about suicide at some time, and 18% had attempted suicide. Thirty-seven percent had been physically abused as a child or adult, 32% had been raped or sexually attacked, and 19% had been involved in incestuous relationships while growing up. Almost one third used tobacco on a daily basis and about 30% drank alcohol more than once a week, 6% daily. About three fourths had received counseling at some time, and half had done so for reasons of sadness and depression. Lesbians in the survey also were socially connected and had a variety of social supports, mostly within the lesbian community. However, few had come out to all family members and coworkers. Level of openness about lesbianism was associated with less fear of exposure and with more choices about mental health counseling
146. Skinner WF. 1994 Aug. "The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men." *Am J Public Health* 84(8):1307-10.
Abstract: Studies on illicit and licit drug use among homosexuals of both sexes have focused primarily on gay men, used limited drug measures, and been conducted in cities known for large homosexual populations. This paper examines (1) the prevalence of 12 illicit and licit drugs by sex and age group and (2) the demographic predictors of past-year frequency of marijuana, alcohol, and cigarette use. Organizational mailing lists were used to collect self-report data on 455 homosexuals living in a southern state. Differences were found between gay men and lesbians in the use of specific substances and in the demographic predictors of drug use.