

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

1. 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.
2. 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.
3. 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.
4. 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.

5. 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.
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 4. "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. 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.
12. 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  $\geq 6$  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.

13. 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.

14. 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.

15. 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.

16. 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.
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. 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.
19. 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.

20. 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.

21. 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.

22. 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.

23. 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.
24. 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.
25. 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.

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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.
27. 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.
28. 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.
29. 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.

30. Hahm, 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 (AAPIs) 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 AAPIs 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 AAPIs. Specifically being an AAPI 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 AAPI sexual minority women. Conclusions: These findings add greater urgency to addressing the role of sexual orientation in designing substance abuse programs. (C) 2008 Society for Adolescent Medicine. All rights reserved
31. 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
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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

33. 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
  
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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
  
35. Cochran, Susan D. and Mays, Vickie M. 11-1-2007. "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
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. (PsycINFO Database Record (c) 2007 APA, all rights reserved) (journal abstract)
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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
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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

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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
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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

43. 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
44. Mercer, Catherine H., Bailey, Julia V., Johnson, Anne M., Erens, Bob, Wellings, Kaye, Fenton, Kevin A., and Copas, Andrew J. 6-1-2007. "Women Who Report Having Sex With Women: British National Probability Data on Prevalence, Sexual Behaviors, and Health Outcomes." *American Journal of Public Health* 97(6):1126-33. 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
45. 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

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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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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

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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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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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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. [References: 48]

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Author Keywords: adolescent health; nursing competency; nursing education; leadership; continuing

education

KeyWords Plus: SEXUAL ORIENTATION; RISK BEHAVIORS; PREGNANCY; ACCESS; TRENDS

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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. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

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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

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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

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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. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

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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

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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

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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. (C)2004 Kluwer Academic Publishers

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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

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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

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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. (PsycINFO Database Record (c) 2006 APA, all rights reserved)

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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. [References: 32]
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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
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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
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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

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124. 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 as 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.

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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], 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
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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
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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

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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