

- (1) Amadio DM, Chung YBb. *****Internalized Homophobia and Substance Use Among Lesbian, Gay, and Bisexual Persons***. Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research 2004; 17(1):2004-2101.
Abstract: The purpose of the study was to determine the relationship between internalized homophobia and use of alcohol, marijuana, and cigarettes, as well as problems associated with alcohol and general substance use. Participants were 207 lesbian, gay, and bisexual persons recruited at a gay pride festival in Atlanta, GA. Significant negative correlations were found for females between internalized homophobia and lifetime use of alcohol, marijuana, and cigarettes, as well as monthly use of marijuana. No significant relationships were found for males. Research and practical implications are discussed. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal Abstract)

- (2) Archer R, Hoff GL, Snook WD. Tobacco use and cessation among men who have sex with men [*Letter re: Greenwood*]. Am J Public Health 2005; 95(6):929.

- (3) Austin SB, Ziyadeh N, Fisher LB et al. Sexual orientation and tobacco use in a cohort study of US adolescent girls and boys.[see comment]. Arch Pediatr Adolesc Med 2004; 158(4):317-322.
Abstract: OBJECTIVE: To examine sexual-orientation group disparities in tobacco use in adolescent girls and boys. DESIGN: Survey data from 10685 adolescent girls and boys participating in 1999 in the Growing Up Today Study were examined cross-sectionally. SETTING: Community-based population of adolescents living throughout the United States. Main Outcome Measure Prevalence of tobacco use. RESULTS: Ninety-two percent of the participants described themselves as heterosexual (n = 9296), 5% as mostly heterosexual (n = 511), 1% as lesbian/gay/bisexual (n = 103), and 2% as unsure (n = 226). Ages ranged from 12 to 17 years. Compared with heterosexuals, mostly heterosexual girls were 2.5 (95% confidence interval, 1.8-3.5), lesbian/bisexual girls were 9.7 (95% confidence interval, 5.1-18.4), and mostly heterosexual boys were 2.5 (95% confidence interval, 1.4-4.6) times more likely to smoke at least weekly. In contrast, gay/bisexual boys were not more likely to smoke. Findings persisted even when controlling for multiple sociodemographic and psychosocial covariates. CONCLUSION: Our findings indicate that mostly heterosexual adolescents of both sexes and lesbian/bisexual girls are at heightened risk for tobacco use

- (4) Bontempo DE, D'Augelli A, Daniel E. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. [References]. Journal of Adolescent Health 2002; 30(5):May-374.
Abstract: Compared the relationship between victimization at school and health risk behaviors among heterosexual and lesbian, gay, and bisexual (LGB) youths. 9,188 9th-12th grade students (mean age 16.0 yrs), of whom 315 were identified as LGB, completed questionnaires concerning sexual orientation, victimization at school, and the risk factors of smoking, alcohol use, marijuana or cocaine use, and risky sexual activities. Results show that the combined effect of LGB status and high levels of at-school victimization was associated with the highest levels of health risk behaviors. LGB Ss reporting high levels of at-school victimization reported higher levels of substance use, suicidality, and sexual risk behaviors than did heterosexual peers reporting high levels of at-school victimization. LGB Ss reporting low levels of at-school victimization reported levels of substance use, suicidality, and sexual-risk behaviors that were similar to heterosexual peers who reported low at-school victimization. It is concluded that differences in health risks among LGB youth are mediated by victimization at school. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

- (5) Bowen DJ, Deborah J. Comparing Women of Differing Sexual Orientations Using Population-Based Sampling. [References]. Women & Health 2005; 40(3):2004-2034.
Abstract: (from the journal Abstract) Objectives: Area probability sampling was used to conduct a women's health survey in Boston, MA. Sexual minority women (SMW) and heterosexual adult women were compared on a variety of health-related measures. Methods: SMW-rich census tracts were identified and mapped onto zip code boundaries. Eligible respondents were women 18 and older who lived within the defined area, who were able to complete a personal interview or self-administered questionnaire in English. Differences in significant health-related outcomes by sexual orientation were examined. Results: SMW and heterosexual women differed on access to health care and utilization of screening tests. There were no significant differences in smoking rates, eating less calories or fat, and intentions to follow mammography recommendations. Conclusions: In certain respects, study results are congruent with previous non-probability surveys, while in others the results are

different. It is likely that real differences exist in some health-related variables by sexual orientation category. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

- (6) Bracci PM, Holly EA. Tobacco use and non-Hodgkin lymphoma: results from a population-based case-control study in the San Francisco Bay Area, California. *Cancer Causes & Control* 2005; 16(4):333-346.
Abstract: Objective: Investigate the association between tobacco use and non-Hodgkin lymphoma (NHL). Methods: Tobacco-use data were collected during in-person interviews in a population-based case-control study of NHL (N=1593 patients, N=2515 controls) conducted in the San Francisco Bay Area between 1988 and 1995. Odds ratios (ORs) for HIV-negative participants were obtained from adjusted unconditional logistic regression models stratified by sex. Results: NHL was not associated with overall tobacco use, intensity or duration of cigarette smoking in women or men. However, ORs were increased for NHL among men who used any non-cigarette tobacco alone (OR=1.7), non-cigarette tobacco and cigarettes (OR=1.4), multiple types of non-cigarette tobacco alone (OR=2.1) and smokeless tobacco alone (OR=4.0). In analyses stratified by sex and age, ORs for NHL associated with cigarette smoking in general were above unity among those aged ≥ 60 years. ORs for follicular lymphoma were increased in men who used cigarettes and other tobacco, cigars alone and smokeless tobacco alone. Diffuse large-cell lymphoma in men was associated with use of cigarettes and other tobacco, and multiple types of non-cigarette tobacco. Conclusion: Our data do not support an association between overall tobacco use and all NHL in women or men. Further analyses are warranted in larger studies to evaluate non-cigarette tobacco use, tobacco-related biologic markers and genetic factors in the development of NHL
- (7) Bradford J, Ryan C, Rothblum ED, Bradford J, Ryan C, Rothblum ED. National Lesbian Health Care Survey: implications for mental health care. *J Consult Clin Psychol* 1994; 62(2):228-242.
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
- (8) Burgard SA, Susan D. Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. [References]. *Drug & Alcohol Dependence* 2005; 77(1):Jan-70.
Abstract: (from the journal Abstract) Background: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use. Methods: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior. Results: Overall, homosexually experienced women are more likely than exclusively heterosexually experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption. Discussion: Findings underscore the importance of considering within-group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- (9) Burkhalter JE, Springer CM, Chhabra R et al. Tobacco use and readiness to quit smoking in low-income HIV-infected persons. *Nicotine & Tobacco Research* 2005; 7(4):511-522.
Abstract: The study aim was to identify covariates of smoking status and readiness to quit that encompassed key sociodemographic and health status variables, health-related quality of life, drug use and unprotected sex, and tobacco use variables in a cohort of low-income persons living with HIV. We also examined the impact of HIV diagnosis on smoking cessation. The sample (N = 428) was mostly male (59%) and Black (53%) or Hispanic (30%), and had a high school education or less (87%). Mean age was 40 years. Two-thirds of participants were

current smokers, 19% former smokers, and 16% never smokers. Current smokers smoked a mean of 16 cigarettes/day for 22 years; 42% were in the precontemplation stage of readiness to quit smoking, 40% were contemplators, and 18% were in preparation. Most current smokers (81%) reported receiving medical advice to quit smoking. Multivariate logistic regression analyses indicated that current smokers, compared with former smokers, were more likely to use illicit drugs, perceive a lower health risk for continued smoking, and report less pain. Current smokers, compared with nonsmokers (former and never smokers), were more likely to report greater illicit drug use in their lifetime, current illicit drug use, and less pain. A multiple linear regression indicated that greater current illicit drug use, greater emotional distress, and a lower number of quit attempts were associated with lower stage of readiness to quit smoking. These findings confirm a high prevalence of smoking among HIV-infected persons and suggest a complex interplay among drug use, pain, and emotional distress that impact smoking status and, among smokers, readiness to quit. Tobacco control programs for HIV-infected persons should build motivation to quit smoking and address salient barriers to cessation--such as comorbid drug use, emotional distress, pain, and access to and coverage for treatment--and should educate smokers regarding the HIV-specific health benefits of cessation

- (10) Cameron P, Landess T, Cameron K et al. Homosexual sex as harmful as drug abuse, prostitution, or smoking. *Psychological Reports* 2005; 96(3 Pt 2):915-961.
Abstract: In 2003, the U.S. Supreme Court said same-sex sexual activity could not be prohibited by law. Analyzing data from the 1996 National Household Survey of Drug Abuse (N= 12,381) and comparing those who engaged in four recreational activities-homosexual sex, illegal drug use, participation in prostitution, and smoking --against those who abstained, participants (1) were more frequently disruptive (e.g., more frequently criminal, drove under the influence of drugs or alcohol, used illegal drugs, took sexual risks), (2) were less frequently productive (e.g., less frequently had children in marriage, more frequently missed work), and (3) generated excessive costs (e.g., more promiscuous, higher consumers of medical services). Major sexuality surveys have reported similar findings for homosexuals. Societal discrimination inadequately accounts for these differences since parallel comparisons of black and white subsamples produced a pattern unlike the differences found between homosexuals and nonhomosexuals
- (11) Case P, Austin SB, Hunter DJ et al. Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II. *Journal of Women's Health* 2004; 13(9):1033-1047.
Abstract: OBJECTIVES: To examine associations between sexual orientation and breast cancer risk factors, cardiovascular disease (CVD) risk factors, mental health status, and health-related functioning. METHODS: We compared participants in the Nurses' Health Study II (NHSII) reporting a lesbian or bisexual orientation with those reporting a heterosexual orientation, with heterosexuals serving as the reference group for all comparisons. Prevalence of health behaviors and conditions was adjusted for differences in the distribution of age, ancestry, and region of residence by standardizing to the distribution of the overall cohort. Multivariate prevalence ratios were calculated to compare lesbians and bisexuals with heterosexuals using binomial regression with the log link function. Means of health conditions were measured using continuous scales standardized to the distribution of the overall cohort. Differences in means comparing lesbians and bisexuals with heterosexuals were tested by multivariate linear regression. All comparisons were adjusted for age, ancestry, and region of residence. RESULTS: Based on information from 90,823 women aged 32-51 in 1995, those reporting a sexual orientation of lesbian (n = 694) had a higher prevalence of risk factors for breast cancer, including nulliparity and high daily alcohol intake, compared with heterosexual women. Lesbians also had a higher prevalence of several risk factors for CVD, including higher body mass index (BMI) and elevated prevalence of current smoking. Lesbians were more likely to report depression and the use of antidepressants. Key results for health risk factors were similar for lesbians and bisexual women (n = 317). CONCLUSIONS: Lesbian and bisexual women were found to have a higher prevalence of several important risk factors for breast cancer, CVD, and poor mental health and functioning outcomes. Most of these risk factors are modifiable, and appropriate interventions could play an important role in improving the health status of lesbian and bisexual women
- (12) Chiasson MA, Hirshfield S, Humberstone M et al. Increased high risk sexual behavior after September 11 in men who have sex with men: an Internet survey. *Archives of Sexual Behavior* 2005; 34(5):527-535.
Abstract: Numerous studies on the mental health effects of terrorist attacks have been published, with some reporting increases in smoking and drug and alcohol use. None have reported on changes in sexual behavior. To investigate the impact of the September 11 attacks on sexual and drug- and alcohol-using behaviors of men who have sex with men (MSM), an anonymous Internet survey was conducted to obtain information retrospectively on behavior during three month periods before and after the attacks. A total of 2,915 MSM from all 50 U.S. states completed the survey. Men who were exposed to the attacks were not differentially targeted for the survey since

the online banner ad used to recruit did not mention September 11. Exposure to the attacks varied: 11.4% lost a friend or relative; 5% witnessed the attacks in person; and nearly all saw the attacks on television within one hour of their occurrence. Nearly equal proportions of men reported increases and decreases in the number of sex partners following September 11. Small, statistically significant increases in unprotected anal intercourse and alcohol use, but not illicit drug use, were found when behavior after September 11 was compared to that before the attacks. Men who lost a friend or relative in the attacks were significantly more likely to report unprotected anal intercourse, an increased number of sex partners, and increased alcohol use after September 11 than those who did not. Counseling about substance abuse and risky sexual behavior should be incorporated into trauma-related programs for adolescents and adults

- (13) Cochran SD, Mays VM, Bowen D et al. Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *Am J Public Health* 2001; 91(4):591-597.
Abstract: OBJECTIVES: This study examined whether lesbians are at increased risk for certain cancers as a result of an accumulation of behavioral risk factors and difficulties in accessing health care. METHODS: Prevalence estimates of behavioral risk factors (nulliparity, obesity, smoking, and alcohol use), cancer screening behaviors, and self-reported breast cancer histories derived from 7 independently conducted surveys of lesbians/bisexual women (n = 11,876) were compared with national estimates for women. RESULTS: In comparison with adjusted estimates for the US female population, lesbians/bisexual women exhibited greater prevalence rates of obesity, alcohol use, and tobacco use and lower rates of parity and birth control pill use. These women were also less likely to have health insurance coverage or to have had a recent pelvic examination or mammogram. Self-reported histories of breast cancer, however, did not differ from adjusted US female population estimates. CONCLUSIONS: Lesbians and bisexual women differ from heterosexual women in patterns of health risk. These women would be expected to be at especially greater risk for chronic diseases linked to smoking and obesity
- (14) D'Augelli AR, D'Augelli AR. High tobacco use among lesbian, gay, and bisexual youth: mounting evidence about a hidden population's health risk behavior. *[Comment re: Austin]*. *Arch Pediatr Adolesc Med* 2004; 158(4):309-310.
- (15) Diamant ALM. *****Health Behaviors, Health Status, and Access to and Use of Health Care: A Population-Based Study of Lesbian, Bisexual, and Heterosexual Women***. *Arch Fam Med* 2000; 9(10):1043-1051.
Abstract: Background: There is a dearth of validated information about lesbian and bisexual women's health. To better understand some of these issues, we used population-based data to assess variations in health behaviors, health status, and access to and use of health care based on sexual orientation. Methods: Our study population was drawn from a population-based sample of women, the 1997 Los Angeles County Health Survey. Participants reported their sexual orientation and these analyses included 4697 women: 4610 heterosexual women, 51 lesbians, and 36 bisexual women. We calculated adjusted relative risks to assess the effect of sexual orientation on important health issues. Results: Lesbians and bisexual women were more likely than heterosexual women to use tobacco products and to report any alcohol consumption, but only lesbians were significantly more likely than heterosexual women to drink heavily. Lesbians and bisexual women were less likely than heterosexual women to have health insurance, more likely to have been uninsured for health care during the preceding year, and more likely to have had difficulty obtaining needed medical care. During the preceding 2 years, lesbians, but not bisexual women, were less likely than heterosexual women to have had a Papanicolaou test and a clinical breast examination. Conclusions: In this first population-based study of lesbian and bisexual women's health, we found that lesbians and bisexual women were more likely than heterosexual women to have poor health behaviors and worse access to health care. These findings support our hypothesis that sexual orientation has an independent effect on health behaviors and receipt of care, and indicate the need for the increased systematic study of the relationship between sexual orientation and various aspects of health and health care. *Arch Fam Med*.2000;9:1043-1051 Copyright 2006 by the American Medical Association. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use. American Medical Association, 515 N. State St, Chicago, IL 60610
- (16) Dibble SL, Roberts SA, Robertson PA et al. Risk factors for ovarian cancer: lesbian and heterosexual women. *Oncol Nurs Forum* 2002; 29(1):E1-E7.
Abstract: PURPOSE/OBJECTIVES: To compare the distribution of risk factors for developing ovarian cancer in lesbian and heterosexual women. DESIGN: Secondary analysis of a retrospective medical record review. SETTING: Urban health clinic with special outreach to lesbians. SAMPLE: Typical participant (N = 1,019) was 42.9 years old and white (70%). Most were without health insurance, and 99% were poor (< \$15,780 annual

income). The majority (58%, n = 586) described themselves as heterosexual; 42% (n = 433) said they were lesbian. METHODS: Data were collected from medical records and analyzed using analysis of covariance and logistic regression techniques. MAIN RESEARCH VARIABLES: Ovarian cancer risk factors (parity, exogenous hormone use, smoking, body mass index [BMI], and tubal ligation/hysterectomy). FINDINGS: Lesbians had a higher BMI; heterosexual women had higher rates of current smoking and a higher incidence of the protective factors of pregnancy, children, miscarriages, abortions, and use of birth control pills. CONCLUSIONS: The results of this study indicate that lesbians may have an increased risk for developing ovarian cancer. A study designed specifically to explore the risk factors of lesbian and heterosexual women for developing ovarian cancer must be undertaken to confirm these findings. IMPLICATIONS FOR NURSING PRACTICE: Differences in risk levels may exist for lesbians; therefore, healthcare providers must become comfortable asking questions about sexual orientation and behavior

- (17) Dilley J, Maher J, Boysun M et al. Response letter to: Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG, Bal DG. Cigarette Smoking Among Lesbians, Gays, and Bisexuals: How Serious a Problem? [*Letter re: Tang*]. *Cancer Causes and Control* 2005; 16(9):1133-1134.
- (18) Doolan DM, Froelicher ES, Doolan DM, Froelicher ES. Efficacy of smoking cessation intervention among special populations: review of the literature from 2000 to 2005. [Review] [82 refs]. *Nursing Research* 2006; 55(4 Suppl):S29-S37.
Abstract: The United States Public Health Service acknowledges in the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence that certain special populations have unique needs and considerations in regard to smoking cessation interventions. In a review of the current smoking cessation literature, the following special populations were identified: women; older adults; gay, lesbian, bisexual, and transgender smokers; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; American Indians and Alaska Natives; African Americans; Hispanics; and Asian Americans. Existing smoking cessation research pertaining to these special populations was assessed, and an agenda for future research is proposed in this presentation. The available smoking cessation randomized clinical trials for efficacy and other research relevant to these groups is insufficient. Recent progress has been made in research in the areas of smoking cessation and women; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; and African Americans. There is, however, a paucity of research evaluating smoking cessation interventions and older adults; gay, lesbian, bisexual, and transgender smokers; American Indians and Alaska Natives; Hispanics; and Asian Americans. Further research relevant to the smoking cessation needs of these special populations can enable nurses and other healthcare providers to administer culturally adequate and efficacious smoking cessation interventions to these groups. [References: 82]
- (19) Drabble L, Trocki KE-MA, Drabble L. Alcohol Consumption, Alcohol-Related Problems, and Other Substance Use Among Lesbian and Bisexual Women. *Journal of Lesbian Studies* 2005; 9(3):2005-2030.
Abstract: Relationships between sexual orientation and a wide range of substance use and problem variables were examined based on data from the 2000 National Alcohol Survey. Lesbians, bisexuals, and heterosexually identified women who report same-sex partners were compared to exclusively heterosexual women in relation to alcohol consumption, use of tobacco and other drugs, bar-going, alcohol-related problems, and past substance abuse treatment. Substance use patterns were complex and varied between sexual orientation groups. These differences underscore the importance of developing lesbian- and bisexual-sensitive prevention and treatment services and of including measures of sexual orientation identity and behavior in population-based surveys. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal Abstract)
- (20) Eisenberg ME, Wechsler H, Eisenberg ME, Wechsler H. Social influences on substance-use behaviors of gay, lesbian, and bisexual college students: findings from a national study. *Soc Sci Med* 2003; 57(10):1913-1923.
Abstract: A variety of social factors are expected to contribute to health behaviors among college students. The goal of this paper is to describe the relationships of two different aspects of the campus social environment, namely the campus resources for gay, lesbian, and bisexual (GLB) students and the campus-wide behavioral norms of substance use, to the individual substance-use behaviors of college students with same-sex experiences. Individual-level data come from 630 college students reporting same-sex experience, who were part of a national random sample returning questionnaires. Current cigarette smoking and binge drinking were examined. College-level data regarding the campus resources designed for GLB students were collected and used with campus-wide substance-use norms to predict individual substance use in logistic regression analyses. One-third to one-half of students reported current smoking and binge drinking, by sex and sex-partner category.

The presence of GLB resources was inversely associated with women's smoking and directly associated with men's binge drinking behaviors. The proportion of students reporting same-sex behavior on campus was directly associated with these same outcomes, and behavioral norms were not associated with either outcome. Findings provide a glimpse into the influence of the social environment on the use of two of the most widely used substances at American colleges, and suggest that contextual approaches to explaining and controlling substance use may be important

- (21) Ettore E. *****Introduction: Making Lesbians Visible in the Substance Use Field.*** Journal of Lesbian Studies 2005; 9(3):2005.
Abstract: Over the past thirty-five years, I have been working in the substance use field where I have met many lesbian substance users. If we are to recognize fully the complex processes involved in managing the dual identities of lesbian and substance user, we need to become advocates of culturally competent services. Viewpoints such as these motivated this volume. The papers bring together quantitative, qualitative, ethnographic, theoretical and autobiographical approaches to lesbians and substance use. Some of the authors found hardly any differences in levels of alcohol use or drinking-related problems across race/ethnic groups. Other authors found that lesbians with higher self-esteem and a more positive social identity tend to use alcohol, tobacco and other drugs more frequently. However, their findings suggest a somewhat higher risk for problems among older Black and younger White and Hispanic lesbians. In the current volume, three papers focus specifically on recovery and treatment. A final theme explored is that of marginalization. Marginalization of lesbian research on the research funding front is important for Maria Pettinato who appeals to all researchers in this field to recognize the value. In conclusion, this volume is an important step in helping to create an environment in which the hurt of invisibility of lesbian substance users can begin to be healed. (PsycINFO Database Record (c) 2006 APA, all rights reserved)
- (22) Feldman JG, Minkoff H, Schneider MF et al. Association of Cigarette Smoking With HIV Prognosis Among Women in the HAART Era: A Report From the Women's Interagency HIV Study. Am J Public Health 2006; 96(6):1060-1065.
Abstract: Objective. We assessed the association of cigarette smoking with the effectiveness of highly active antiretroviral therapy (HAART) among low-income women. Methods. Data were analyzed from the Women's Interagency HIV Study, a multisite longitudinal study up to 7.9 years for 924 women representing 72% of all women who initiated HAART between July 1, 1995, and September 30, 2003. Results. When Cox's regression was used after control for age, race, hepatitis C infection, illicit drug use, previous antiretroviral therapy, and previous AIDS, smokers on HAART had poorer viral responses (hazard ratio [HR]=0.79; 95% confidence interval [CI]=0.67, 0.93) and poorer immunologic response (HR=0.85; 95% CI=0.73, 0.99). A greater risk of virologic rebound (HR=1.39; 95% CI=1.06, 1.69) and more frequent immunologic failure (HR=1.52; 95% CI=1.18, 1.96) were also observed among smokers. There was a higher risk of death (HR=1.53; 95% CI=1.08, 2.19) and a higher risk of developing AIDS (HR=1.36; 95% CI=1.07, 1.72) but no significant difference between smokers and nonsmokers in the risk of death due to AIDS. Conclusions. Some of the benefits provided by HAART are negated in cigarette smokers
- (23) Ferri RS, Ferri RS. *****Issues in gay men's health [Review].*** Nurs Clin North Am 2004; 39(2):403-410.
Abstract: Health care for gay men is a complicated mix of physical, psychosocial, and cultural phenomena that needs further empirical study and research. Gay men's health issues are unique and need to be incorporated into clinical practice to provide comprehensive and culturally appropriate care to MSM. [References: 18]
- (24) Ford CL. Usage Of "MSM" And "WSW" And The Broader Context Of Public Health Research [*Letter re: Young*] Am J Public Health 2006; 96(1):9.
- (25) Galai N. *****Effect of Smoking on the Clinical Progression of HIV-1 Infection.*** Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology 1997; 14(5):451-458.
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

- (26) Garofalo R, Harper GW. *****Not all adolescents are the same: addressing the unique needs of gay and bisexual male youth.*** ADOLESC MED STATE ART REV 1992; 2003 Oct; 14(3):595-611.
Abstract: Gay and bisexual male youth confront the everyday struggles of adolescence with the added stress of growing up and shaping their identities within a society that may marginalize or disapprove of them. Despite a resilience and inner-strength that helps them to overcome many of these challenges, gay and bisexual adolescents face unique threats to their health and well-being and are disproportionately affected by many of the leading causes of preventable morbidity and mortality among adolescents. These include human immunodeficiency virus (HIV), other sexually transmitted infections, club drugs, alcohol and other substance use, suicidal thoughts and behavior, exposure to violence and victimization, and disordered eating. This chapter describes the unique challenges of coping with and understanding an emerging sexual minority orientation, reviews the relevant literature on the health threats facing gay and bisexual male youth, and provides a guide for primary care screening and interventions targeting this subpopulation of youth
- (27) Garofalo R, Wolf RC, Kessel S et al. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. Pediatrics 1998; 101(5):895-902.
Abstract: OBJECTIVE: This study is one of the first to examine the association between sexual orientation and health risk behaviors among a representative, school-based sample of adolescents. DESIGN: This study was conducted on an anonymous, representative sample of 4159 9th- to 12th-grade students in public high schools from Massachusetts' expanded Centers for Disease Control and Prevention 1995 Youth Risk Behavior Survey. Sexual orientation was determined by the following question: "Which of the following best describes you?" A total of 104 students self-identified as gay, lesbian, or bisexual (GLB), representing 2.5% of the overall population. Of GLB youth, 66.7% were male and 70% were white (not Hispanic). Health risk and problem behaviors were analyzed comparing GLB youth and their peers. Those variables found to be significantly associated with GLB youth were then analyzed by multiple logistic regression models. RESULTS: GLB youth were more likely than their peers to have been victimized and threatened and to have been engaged in a variety of risk behaviors including suicidal ideation and attempts, multiple substance use, and sexual risk behaviors. Four separate logistic regression models were constructed. Model I, Onset of Behaviors Before Age 13, showed use of cocaine before age 13 years as strongly associated with GLB orientation (odds ratio [OR]: 6.10; 95% confidence interval [CI] = 2.45-15.20). Early initiation of sexual intercourse (2.15; 1.06-4.38), marijuana use (1.98; 1.04-4.09), and alcohol use (1.82; 1.03-3.23) also was associated with GLB orientation. Model II, Lifetime Frequencies of Behaviors, showed that frequency of crack cocaine use (1.38; 1.06-1.79), inhalant use (1.30; 1.05-1.61), and number of sexual partners (1.27; 1.06-1.43) was associated with GLB orientation. Model III, Frequency of Recent Behaviors, showed smokeless tobacco use in the past 30 days (1.38; 1.20-1.59) and number of sexual partners in the previous 3 months (1.47; 1.31-1.65) were associated with GLB orientation. Model IV, Frequency of Behaviors at School, showed having one's property stolen or deliberately damaged (1.23; 1.08-1.40) and using marijuana (1.29; 1.05-1.59) and smokeless tobacco (1.53; 1.30-1.81) were associated with GLB orientation. Overall, GLB respondents engaged disproportionately in multiple risk behaviors, reporting an increased mean number of risk behaviors (mean = 6.81 +/- 4.49) compared with the overall student population (mean = 3.45 +/- 3.15). CONCLUSION: GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than are their peers. These findings suggest that educational efforts, prevention programs, and health services must be designed to address the unique needs of GLB youth
- (28) Gee R, Gee R. Primary care health issues among men who have sex with men. [Review]. Journal of the American Academy of Nurse Practitioners 2006; 18(4):144-153.
Abstract: PURPOSE: The purpose of the article is to examine "appropriate" health care for men who have sex with men (MSM), which is not to suggest "special" health care. As a group, MSM are at increased risk for sexually transmitted infections, anal cancer, and mental health disorders. Focus areas in this article will address health issues that the primary care nurse practitioner (NP) may encounter in clinical practice: anal carcinoma, sexually transmitted diseases (STDs), high-risk sexual practices, depression, and substance abuse were topics chosen for inclusion in this article. These topics were among those highlighted in the Healthy People 2010 Companion

Document for LGBT Health, which served to examine the healthcare disparities and lack of access to needed services related to sexual orientation. DATA SOURCE: Extensive literature review of research articles, journals, clinical practice guidelines, books, and public health department Internet Web sites. CONCLUSIONS: There are unique health disparities that exist for MSM related to social, emotional, and mental health factors, in addition to physical issues such as STDs. There is an increasing need for primary care providers to be aware of these disparities, as well as the factors that influence these disparities, in order to provide multidimensional care and health counseling that is unique to NP practice. IMPLICATIONS FOR PRACTICE: Both the primary care NP and the patient should be aware of the unique healthcare issues among MSM that should be incorporated into the patient's routine health maintenance program. As primary care providers, it is within the standards of practice for NPs to provide culturally competent care, along with health promotion and disease prevention for MSM. [References: 61]

- (29) Greenwood GL, Paul JP, Pollack LM et al. Tobacco use and cessation among a household-based sample of US urban men who have sex with men. *Am J Public Health* 2005; 95(1):145-151.
Abstract: OBJECTIVES: We examined tobacco use and cessation among a probability sample of urban men who have sex with men (MSM) living in 4 large US cities. METHODS: Of the 2402 men who were eligible for follow-up from a previously recruited probability sample, 1780 (74%) completed tobacco surveys between January and December 1999. RESULTS: Current smoking rates were higher for urban MSM (31.4%; 95% confidence interval [CI]=28.6%, 34.3%) than for men in the general population (24.7%; 95% CI=21.2%, 28.2%). Among MSM, 27% were former smokers. A complex set of sociodemographic, tobacco-related, and other factors were associated with cessation. CONCLUSIONS: Results support earlier reports that smoking rates are higher for MSM compared with men in the general population. Findings related to cessation underscore the need to target tobacco control efforts for MSM
- (30) Greenwood GL, Paul JP, Pollack LM et al. Tobacco use and cessation among men who have sex with men [*Response re: Archer*]. *Am J Public Health* 2005; 95(6):929-92a.
- (31) Gruskin EP, Hart S, Gordon N et al. Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization. *Am J Public Health* 2001; 91(6):976-979.
Abstract: OBJECTIVES: This study compared the prevalence of cigarette smoking and alcohol use among lesbians and bisexual women with that among heterosexual women. METHODS: Logistic regression models were created with data from an extensive member health survey at a large health maintenance organization. Sexual orientation was the primary predictor, and alcohol consumption and cigarette smoking were outcomes. RESULTS: Lesbians and bisexual women younger than 50 years were more likely than heterosexual women to smoke cigarettes and drink heavily. Lesbians and bisexual women aged 20 to 34 reported higher weekly alcohol consumption and less abstinence compared with heterosexual women and older lesbians and bisexual women. CONCLUSIONS: Lesbians and bisexual women aged 20 to 34 years are at risk for alcohol use and cigarette smoking
- (32) Gruskin EP, Gordon N, Gruskin EP, Gordon N. Gay/Lesbian sexual orientation increases risk for cigarette smoking and heavy drinking among members of a large Northern California health plan. *BMC Public Health* 2006; 6:241.
Abstract: BACKGROUND AND SIGNIFICANCE: Tobacco and alcohol use and related morbidity and mortality are critical public health problems. Results of several, but not all, studies suggest that lesbians and gay men are at elevated risk for smoking tobacco and alcohol misuse. METHODS: Data from random sample general health surveys of adult members of a large Northern California Health Plan conducted in 1999 and 2002 were analyzed using gender-based multivariate logistic regression models to assess whether lesbians (n = 210) and gay men (n = 331) aged 20-65 were more likely than similarly aged heterosexual women (n = 12,188) and men (n = 9342) to be smokers and heavy drinkers. RESULTS: After adjusting for age, race/ethnicity, education, and survey year, lesbians were significantly more likely than heterosexual women to be heavy drinkers (OR 2.14, 95% CI 1.08, 4.23) and current smokers (OR 1.60, 95% CI 1.02, 2.51). Among men, gays were significantly more likely than heterosexuals to be current smokers (OR 2.40, 95% CI 1.75, 3.30), with borderline significant increased risk for heavy drinking (OR 1.54, 95% CI 0.96, 2.45). CONCLUSION: Lesbians and gay men may be at increased risk for morbidity and mortality due to higher levels of cigarette and alcohol use. More population-based research is needed to understand the nature of substance use in these communities so that appropriate interventions can be developed

- (33) Harding R, Bensley J, Corrigan N, Harding R, Bensley J, Corrigan N. Targeting smoking cessation to high prevalence communities: outcomes from a pilot intervention for gay men. *BMC Public Health* 2004; 4:43.
Abstract: BACKGROUND: Cigarette smoking prevalence among gay men is twice that of population levels. A pilot community-level intervention was developed and evaluated aiming to meet UK Government cessation and cancer prevention targets. METHODS: Four 7-week withdrawal-oriented treatment groups combined nicotine replacement therapy with peer support. Self-report and carbon monoxide register data were collected at baseline and 7 weeks. N = 98 gay men were recruited through community newspapers and organisations in London UK. RESULTS: At 7 weeks, n = 44 (76%) were confirmed as quit using standard UK Government National Health Service monitoring forms. In multivariate analysis the single significant baseline variable associated with cessation was previous number of attempts at quitting (OR 1.48, p = 0.04). CONCLUSIONS: This tailored community-level intervention successfully recruited a high-prevalence group, and the outcome data compares very favourably to national monitoring data (which reports an average of 53% success). Implications for national targeted services are considered
- (34) Heck JE, Jacobson JS, Heck JE, Jacobson JS. Asthma diagnosis among individuals in same-sex relationships. *Journal of Asthma* 2006; 43(8):579-584.
Abstract: This study examined ever and current asthma diagnosis among persons in same-sex relationships (SSRs) using data from the pooled 1997-2004 National Health Interview Surveys. Among SSRs, 13.5% of men and 14.3% of women reported ever diagnosis of asthma, compared to 7.6% and 10.2% opposite-sex relationship (OSR) men and women. SSRs had higher rates of smoking, stress, and among women, obesity. In regression analyses, male SSRs had a significantly elevated risk of ever asthma diagnosis (adjusted OR = 1.51), while 12-month asthma was elevated among SSR women (adjusted OR = 2.48). SSRs may be at higher risk for asthma due to a spectrum of risk factors
- (35) Hughes TL, Jacobson KM, Hughes TL, Jacobson KM. *****Sexual orientation and women's smoking [Review].*** *Curr Womens Health Rep* 2003; 3(3):254-261.
Abstract: An extensive review of the literature on sexual orientation and health, lesbian health, and women and smoking revealed no studies that focus on smoking among lesbians or bisexual women. However, several health surveys conducted in the past 15 to 20 years report rates of current smoking. Findings from these studies as a whole suggest that lesbians are more likely than heterosexual women to smoke. Research on women and smoking is reviewed to identify potential risk factors for lesbians' smoking. Implications for future research and for prevention and intervention are discussed. [References: 53]
- (36) King M, Nazareth I. The health of people classified as lesbian, gay and bisexual attending family practitioners in London: a controlled study. *BMC Public Health* 2006; 6(1):127.
Abstract: BACKGROUND: The morbidity of gay, lesbian or bisexual people attending family practice has not been previously assessed. We compared health measures of family practice attendees classified as lesbian, gay and bisexual. METHODS: We conducted a cross-sectional, controlled study conducted in 13 London family practices and compared the responses of 26 lesbian and 85 bisexual classified women, with that of 934 heterosexual classified women and 38 gay and 23 bisexual classified men with that of 373 heterosexual classified men. Our outcomes of interest were: General health questionnaire; CAGE questionnaire; short form12; smoking status; sexual experiences during childhood; number of sexual partners and sexual function and satisfaction. RESULTS: In comparison to people classified as heterosexuals: men classified as gay reported higher levels of psychological symptoms (OR 2.48, CI 1.05-5.90); women classified as bisexual were more likely to misuse alcohol (OR 2.73, 1.70-4.40); women classified as bisexual (OR 2.53, 1.60-4.00) and lesbian (OR 3.13, 1.41-6.97) and men classified as bisexual (OR 2.48, 1.04, 5.86) were more likely to be smokers and women classified as bisexual (OR 3.27, 1.97-5.43) and men classified as gay (OR 4.86, 2.28-10.34) were much more likely to report childhood sexual experiences in childhood. Psychological distress was associated with reporting sexual experiences in childhood in men classified as gay and bisexual and women classified as heterosexual. Men classified as bisexual (OR 5.00, 1.73-14.51) and women classified as bisexual (OR 2.88, 1.24- 6.56) were more likely than heterosexuals to report more than one sexual partner in the preceding four weeks. Lesbian, gay and bisexual classified people encountered no more sexual function problems than heterosexuals but men classified as bisexual (OR 2.74, 1.12-6.70) were more dissatisfied with their sex lives. CONCLUSION: Bisexual and lesbian classified people attending London general practices were more likely to be smokers and gay classified men were at increased risk of psychological distress in comparison to heterosexual classified people. Increased awareness of the sexuality of people seen in primary care can provide opportunities for health promotion

- (37) Kuang M-F, Mathy R, Kuang MFf, Mathy RM. *****The Effects of Sexual Orientation, Gender Identity, and Gender Role on the Mental Health of Women in Taiwan's T-Po Lesbian Community.*** Journal of Psychology & Human Sexuality 3 A.D.; 15(4):2003-2184.
Abstract: We obtained via the Internet a convenience sample of Taiwanese heterosexual (n = 287) and sexual minority females (n = 260). A significantly greater percentage of sexual minorities (lesbian and bisexual females) than heterosexuals reported they had used tobacco or alcohol. Relative to heterosexuals, sexual minorities were significantly more likely to report a serious suicide attempt. Overall, gender identity (masculine, feminine, and androgynous) and gender role (butch, femme, and pure or undifferentiated) were poor discriminators of lesbian mental health. Differences between sexual minorities and heterosexuals were more robust than were the variations in gender identities and gender roles among lesbian and bisexual women. We discuss the implications of these findings for further clinical research. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal Abstract)
- (38) Lhomond B, Saurel-Cubizolles MJ, Lhomond B, Saurel-Cubizolles MJ. Violence against women and suicide risk: the neglected impact of same-sex sexual behaviour. Soc Sci Med 2006; 62(8):2002-2013.
Abstract: We used data from the National Survey on Violence against Women in France carried out in 2000 on a representative sample of 6,970 women to compare the social characteristics of women who had sex with women (WSW) and women who had sex only with men (WSM). The WSW were more likely to be of a high socio-economic level and living in large cities. They were more frequently unmarried, without children, and had a more diverse sexual life, generally beginning younger, with more partners, mainly men. They were also more likely to use tobacco, alcohol and drugs. WSW reported more physical violence in the recent past and more suicide attempts than WSM, despite a lack of difference in psychological distress and stress. These results, in a field little studied in France, are consistent with international findings attesting to the difficulties faced by women in situations involving autonomy and marginality
- (39) McCabe SE, Boyd C, Hughes TL et al. *****Sexual identity and substance use among undergraduate students.*** Subst Abus 2003; 24(2):77-91.
Abstract: This study examined the association between sexual identity and use of alcohol and other drugs (AOD) among college undergraduate students. A survey regarding AOD use was administered to a random sample of 3607 undergraduate students. The sample included 65 self-identified lesbian or bisexual (LB) women and 54 self-identified gay or bisexual (GB) men. Multivariate logistic regression indicated that while alcohol use did not differ for LB and heterosexual women, LB women were significantly more likely to experience certain AOD-related consequences, smoke cigarettes, and use marijuana, ecstasy, and other drugs. GB men were significantly less likely than heterosexual men to drink heavily but were more likely to use some drugs. These findings provide evidence that sexual identity is an important predictor of AOD use among undergraduate students. These findings support the need for continued research and intervention efforts that target LGB collegians
- (40) McCabe SE, Hughes TL, Boyd CJ, McCabe SE, Hughes TL, Boyd CJ. *****Substance use and misuse: are bisexual women at greater risk?*** J Psychoactive Drugs 2004; 36(2):217-225.
Abstract: The objective of this study was to compare the prevalence of substance use and alcohol-related consequences among bisexual and heterosexual women. A cross-sectional survey was self-administered to a random sample of undergraduate women. The final sample consisted of 49 self-identified bisexual women and 2,042 self-identified heterosexual women. Bivariate and multivariate results indicated that bisexual women were more likely than heterosexual women to report cigarette smoking, illicit drug use and medically prescribed use of antidepressant prescription medication. Although their drinking behaviors were similar, bisexual women were more likely than heterosexual women to experience adverse alcohol-related consequences. These findings suggest that traditional-age undergraduate women who self-identify as bisexual may be at heightened risk for substance use. However, additional research is needed to replicate these findings with larger samples of bisexual women
- (41) McCabe SE, Hughes TL, Bostwick W et al. Assessment of difference in dimensions of sexual orientation: implications for substance use research in a college-age population. Journal of Studies on Alcohol 2005; 66(5):620-629.
Abstract: OBJECTIVE: The present research examines the associations between three distinct dimensions of sexual orientation and substance use in a random sample of undergraduate students. METHOD: A Web-based survey was administered to students attending a large, midwestern research university in the spring of 2003. The sample consisted of 9,161 undergraduate students: 56% female, 68% white, 13% Asian, 6% black, 4% Hispanic

and 9% other racial categories. Using multivariate logistic regression analyses, several measures of alcohol and other drug use were compared across three dimensions of sexual orientation: sexual identity, sexual attraction and sexual behavior. RESULTS: All three dimensions of sexual orientation were associated with substance use, including heavy episodic drinking, cigarette smoking and illicit drug use. Consistent with results of several other recent studies, "nonheterosexual" identity, attraction or behavior was associated with a more pronounced and consistent risk of substance use in women than in men. CONCLUSIONS: Study findings suggest substantial variability in substance use across the three dimensions of sexual orientation and reinforce the importance of stratifying by gender and using multiple measures to assess sexual orientation. Study results have implications for future research and for interventions aimed at reducing substance use among college students

- (42) McKirnan D, Tolou-Shams M, Turner L, Dyslin K, Hope B. Elevated Risk for Tobacco Use Among Men Who Have Sex With Men Is Mediated by Demographic and Psychosocial Variables. *Substance Use & Misuse* 2006; 41(8):1197-1208.

Abstract: Men who have sex with men (MSM) may be more likely to smoke than general population men. Such population comparisons typically do not control for demographic differences and have not tested reasons for MSMs' greater tobacco use. We compared MSM with general population men in data that allowed us to control demographic differences, and hypothesized that MSM would report more tobacco use, due to elevated levels of three psychosocial variables that generally predict tobacco use: depression symptoms, alcohol use, and limited health access. Data were from a 2001 survey of MSM in Chicago (n = 817) and from the 2001 National Health Interview Study (n = 7,783). Significantly more MSM used tobacco, particularly younger MSM. Depression symptoms, alcohol use, and limited health access were more common among MSM and partially accounted for their elevated smoking risk. The lower health access and greater vulnerability of MSM to depression and alcohol use contributed to their higher smoking rate and must be considered in further smoking research and prevention. Younger MSM show very high rates of smoking and are a particular intervention target. Limitations of this cross-sectional study are noted.

- (43) Minichiello V, Marino R, Browne J et al. *****Male sex workers in three Australian cities: socio-demographic and sex work characteristics***. *J Homosex* 2001; 42(1):29-51.

Abstract: This article describes the socio-demographic and sex work characteristics of sex workers in Sydney, Melbourne, and Brisbane. A total of 185 male sex workers completed the questionnaire component of the study. The results of this study serve to debunk many of the myths surrounding the popular view of the male sex worker (MSW). The respondents in this study were on average 27 years old, and the majority had completed secondary education, with 30% having gained some form of tertiary qualification. Interestingly, those MSWs who had not completed secondary education were mostly street workers and were generally aged under 25 years. The majority of sex workers lived in rented accommodation, with only 6% reporting to be homeless. Half of all respondents identified as being "gay," 31% as "bisexual" and 5.5% as "straight." More than half of the respondents were in a permanent relationship. Only 7.3% of this group reported using heroin daily, although the majority consumed alcohol, tobacco, marijuana, and ecstasy. The majority of sex workers had been in the profession for less than six months, although some had been working in the industry for more than ten years. Most of the sex workers reported having taken an HIV test and a preference to offer safer sex. The article highlights ways in which the work context of MSW can be better understood and supported by education and public policy programs

- (44) Mravcak SA, Mravcak SA. Primary care for lesbians and bisexual women. *[Review]*. *Am Fam Physician* 2006; 74(2):279-286.

Abstract: For the most part, lesbians and bisexual women face the same health issues as heterosexual women, but they often have difficulty accessing appropriate care. Physicians can improve care for lesbians and bisexual women by acknowledging the potential barriers to care (e.g., hesitancy of physicians to inquire about sexual orientation and of patients to disclose their sexual behavior) and working to create a therapeutic physician-patient relationship. Taking an inclusive and nonjudgmental history and being aware of the range of health-related behaviors and medicolegal issues pertinent to these patients enables physicians to perform relevant screening tests and make appropriate referrals. Some recommendations, such as those for screening for cervical cancer and intimate partner violence, should not be altered for lesbians and bisexual women. Considerations unique to lesbians and bisexual women concern fertility and medico-legal issues to protect familial relationships during life changes and illness. The risks of suicidal ideation, self-harm, and depression may be higher in lesbians and bisexual women, especially those who are not open about their sexual orientation, are not in satisfying relationships, or lack social support. Because of increased rates of nulliparity, the risks of conditions such as breast and ovarian cancers also may be higher. The comparative rates of alcohol and drug use are controversial.

Smoking and obesity rates are higher in lesbians and bisexual women, but there is no evidence of an increased risk of cardiovascular disease. [References: 48]

- (45) Nawar E, Mbulaiteye SM, Gallant JE et al. Risk factors for Kaposi's sarcoma among HHV-8 seropositive homosexual men with AIDS. *International Journal of Cancer* 2005; 115(2):296-300.
Abstract: Kaposi's sarcoma (KS) is a frequent complication of the acquired immunodeficiency syndrome (AIDS) in homosexual men. Risk factors for developing this malignancy are uncertain, other than immunosuppression and coinfection with human herpesvirus 8 (HHV-8). We therefore examined factors associated with KS in a cross-sectional analysis of 99 cases among 503 HHV-8 seropositive homosexual men with AIDS. Data were collected by computer-assisted personal interviews and medical chart reviews. HHV-8 seroreactivity was determined by enzyme-linked immunosorbent assay for antibodies against HHV-8 K8.1 glycoprotein. KS was significantly less common in blacks compared to whites [risk ratio (RR) = 0.4; 95% CI = 0.2-0.8] and more common in subjects who had completed college (RR = 1.7; 95% CI = 1.1-2.7) or had annual income greater than dollar 30,000 (RR = 1.5; 95% CI = 1.1-2.2). KS was less common in cigarette smokers (RR = 0.6; 95% CI = 0.5-0.9) and users of crack cocaine (RR = 0.4; 95% CI = 0.1-0.8). KS was less common in bisexual men compared to men who were exclusively homosexual (estimated RR = 0.6; 95% CI = 0.4-0.9) and inversely associated with number of female partners. KS was also less common in men who had received pay for sex (RR = 0.6; 95% CI = 0.4-1.0). These cross-sectional associations could be biased by potential differences in relative timing of HHV-8 and HIV infection, a postulated determinant of KS risk. Alternatively, our findings may reflect factors protective against KS in individuals infected with HHV-8. Future research should focus on identifying practical measures for countering KS that do not increase the risk of other diseases
- (46) Nemoto T, Operario D, Keatley J, Nguyen H, Sugano E. Promoting health for transgender women: Transgender Resources and Neighborhood Space (TRANS) program in San Francisco. *Am J Public Health* 2005; 95(3):382-384.
Abstract: Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco. The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community. Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment
- (47) Nieto DS, Nieto DS. *****Who is the male homosexual? A computer-mediated exploratory study of gay male Bulletin Board System (BBS) users in New York City.*** *J Homosex* 1996; 30(4):97-124.
Abstract: Using simple computer technology, 290 male homosexual Bulletin Board System (BBS) users in the greater New York City area participated in a study, the objective results of which are presented here as information of potential importance and/or interest to social workers, psychologists, and related mental health professionals. While, in general, members of the population studied tend to look like everyone else, some interesting differences with respect to (1) health-related concerns and behaviors, (2) educational attainment, and (3) socio-emotional characteristics (measured by computer administration and scoring of the Myers-Briggs Type Indicator) were identified and are presented and discussed. Further work relative to the latter is both urged and anticipated in the mental health professions' continuing efforts to operationalize their shared concerns about and values related to diversity
- (48) Odo C, Hawelu A, Odo C, Hawelu A. *****Eo na Mahu o Hawai'i: the extraordinary health needs of Hawai'i's Mahu.*** *Pac Health Dialog* 2001; 8(2):327-334.
Abstract: An overview of health and social issues is presented here regarding Native Hawaiian transgenders. Perhaps due to relatively greater tolerance of gender diversity among Polynesian cultures, approximately 70% of all male-to-female transgenders in Hawai'i are Native Hawaiian. However, the overall climate is one of discrimination and harassment such that transgenders--who tend to be under-educated, under-employed, and medically underserved--may be the most severely impacted of all Native Hawaiians. Lei Anuenue, human immunodeficiency virus (HIV) prevention program for Native Hawaiians, has provided a variety of services for transgenders, including outreach, educational workshops, support groups, HIV testing, and case management. All services are provided by peer leaders who are employed by the program. Data for this article are based on case management, including client self-disclosures and reports of peer staff who knew details of clients' lives having shared with them both generic experiences and specific activities. Information from 100 transgender clients and

their case managers indicated that the transgender health profile is far more serious than that of mainstream Native Hawaiians. For example, 74% smoke, 31% use illegal drugs (excluding marijuana), more than 50% have been involved in street or domestic violence, and few individuals over age 50 have been found during three years of outreach. To some extent, employment options limit transgenders to prostitution, drug dealing, and minimum-wage jobs. In addition, a lifestyle of multiple sex partners and lack of opportunities for stable relationships place transgenders at much greater risk for HIV, sexually transmitted diseases (STD), and other infectious and non-infectious diseases as compared to the mainstream Native Hawaiian community. Clients in this study were from O'ahu, primarily from downtown Honolulu, Chinatown, and Wai'anae. Future studies should compare the results of this sample to transgenders from the neighbor islands (especially in rural Hawaiian areas), as well as utilize a structured prospective longitudinal approach

- (49) Offen N, Smith EA, Malone RE, Offen N, Smith EA, Malone RE. From adversary to target market: the ACT-UP boycott of Philip Morris. *[Review]*. *Tob Control* 2003; 12(2):203-207.
Abstract: BACKGROUND: In 1990, the AIDS Coalition to Unleash Power (ACT-UP) sparked a year long boycott of Philip Morris's Marlboro cigarettes and Miller beer. The boycott protested the company's support of Senator Jesse Helms (R-North Carolina), a leading opponent of AIDS funding and civil rights for lesbian, gay, bisexual and transgender (LGBT) people. ACT-UP demanded that Philip Morris sever its ties with Helms and acknowledge its responsibility to the LGBT community and to people with AIDS. OBJECTIVE: To assess the impact of the boycott on the LGBT community, the tobacco industry, and the tobacco control movement; and to determine what lessons tobacco control advocates can extract from this case. DATA SOURCES: Internal tobacco industry documents and newspaper archives. METHODS: Search of tobacco industry documents websites using "boycott", "ACT-UP", "gay", and other terms. RESULTS: Philip Morris used the boycott to its own advantage. It exploited differences within the community and settled the boycott by pledging large donations to combat AIDS. Through corporate philanthropy, Philip Morris gained entree to the LGBT market without appearing gay friendly. Many LGBT organisations, thirsty for recognition and funding from mainstream corporations, welcomed Philip Morris's overtures without considering the health hazards of tobacco. CONCLUSIONS: Unless the goal of a boycott is to convince the tobacco industry to abandon tobacco altogether, such actions invite the industry to expand its marketing under the guise of philanthropy. Tobacco control advocates should be clear about goals and acceptable settlement terms before participating in a boycott of a tobacco company. [References: 63]
- (50) Palefsky JM. ****Anal cytological abnormalities and anal HPV infection in men with Centers for Disease Control group IV HIV disease.** *Genitourinary Medicine* 1997; 73(3):174-180.
Abstract: Objective: To characterise 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
- (51) Rankow EJ, Tessaro I, Rankow EJ, Tessaro I. **Cervical cancer risk and Papanicolaou screening in a sample of lesbian and bisexual women.** *J Fam Pract* 1998; 47(2):139-143.
Abstract: BACKGROUND: Previous studies of lesbian and bisexual women have suggested that negative experiences with health care practitioners, combined with misinformation about the health needs of this diverse population, have led to an underutilization of medical services. METHODS: This study combined focus group data (N = 44) with a self-administered questionnaire (N = 57) to explore the health concerns of lesbian women, including the prevalence of risk factors for cervical cancer, the frequency of Papanicolaou (Pap) test screening, and the barriers to obtaining care. We examined the influence of women's perceptions regarding the knowledge and sensitivity of their clinicians to lesbian issues and their experiences of discrimination in the medical setting of

Pap test utilization. RESULTS: Respondents reported risk factors for cervical cancer, including multiple past or current sexual partners (both male and female), early age at first coitus, history of sexually transmitted diseases, and cigarette smoking. One fourth of respondents had not had a Pap test within the last 3 years, including 39 (7.6%) who had never had a Pap test. Women who reported that their health care providers were more knowledgeable and sensitive to lesbians issues were significantly more likely to have had a Pap test within the last year, even when controlling for age, education, income, and insurance status. CONCLUSIONS: Lesbian women are at risk for cervical cancer and should receive routine cytologic screening according to individual risk assessment. The quality of clinician-patient interactions strongly influences care-seeking within the population sampled

- (52) Remafedi G, Carol HE-MA, Gary: r. Preventing tobacco use among lesbian, gay, bisexual, and transgender youths. [References]. *Nicotine & Tobacco Research* 2005; 7(2):Apr-256.
Abstract: (from the journal Abstract) A paucity of information regarding tobacco use among lesbian, gay, bisexual, and transgender (LGBT) youths impedes prevention programs. The aim of the present study was to conduct formative qualitative research regarding subpopulations at risk for tobacco use, protective factors, patterns of use, and approaches to prevention. This report focuses on participants' recommendations for the development of preventive intervention. Purposive sampling and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. NUD*IST6 text software was used for the indexing and thematic analysis of qualitative data, based on a grounded theory approach. All participants offered suggestions for tobacco prevention pertaining to the optimal process of prevention and cessation programs, specific strategies to promote tobacco prevention and cessation, and general strategies to foster nonsmoking. Several key themes regarding prevention emerged: LGBT youth should be involved in the design and implementation of interventions; prevention programs should support positive identity formation as well as nonsmoking; the general approach to prevention should be entertaining, supportive, and interactive; and the public might not distinguish primary prevention from cessation activities. All but one young smoker had attempted to quit at least once; but only one individual had succeeded. By way of implications, prevention programs should involve young people in enjoyable and engaging activities, address the psychosocial and cultural underpinnings of tobacco use, support healthy psychosocial development, and consider offering pharmacological smoking cessation aids. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- (53) Ridner SL, Frost K, Lajoie AS, Ridner SL, Frost K, Lajoie AS. Health information and risk behaviors among lesbian, gay, and bisexual college students. *Journal of the American Academy of Nurse Practitioners* 2006; 18(8):374-378.
Abstract: PURPOSE: To describe differences in alcohol use, marijuana use, and smoking behaviors between lesbian, gay, and bisexual (LGB) and heterosexual college students, and determine whether there was a difference in the health information each group received. DATA SOURCES: A random sample of 3000 college students aged 18-24 years who were currently enrolled at a southeastern metropolitan university on a full-time basis were invited to participate. The final sample (n = 772) consisted of heterosexuals (n = 731) and LGB (n = 41) college students. Gay and bisexual men (n = 20) and lesbian and bisexual women (n = 21) were compared to heterosexual college students. CONCLUSIONS: Lesbian/bisexual women were 4.9 times more likely to smoke, 10.7 times more likely to drink, and 4.9 times more likely to use marijuana than heterosexual women. Gay/bisexual men did not significantly differ from heterosexual men. There was no difference in the health information on alcohol and drug prevention the groups received. Gay/bisexual men were less likely (p = .02) compared to heterosexual men to have received tobacco prevention information. IMPLICATION FOR PRACTICE: Advanced practice nurses must ensure that every patient receives preventive services and anticipatory guidance at every visit. LGB clients in particular need health assessments and interventions appropriate to their individual risk profiles
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Abstract: 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 lesbian and heterosexual and 42.4% (n = 433) as lesbian. Measurements: Medical Record Audit Form completed by two research assistants with an interrater reliability of more than 95%. Results: There were no significant differences

between the lesbian and heterosexual women in family history of breast cancer, current or past alcohol use and history of blackouts or alcohol problems, age at menarche and menopause, use of hormone replacement therapy, ever having had a mammogram or age at most recent mammogram, nor the prevalence of breast cancer. The lesbians reported more breast biopsies and had a higher body mass index; the heterosexuals had higher rates of current smoking, pregnancy, children, miscarriages, abortions, and use of birth control pills. *Conclusions:* There were significant differences between lesbian and heterosexual women in some of the risk factors for the development of breast cancer. Future studies should sample women of different ages, economic groups, and geographic regions. In particular, the finding that lesbians report more breast biopsies should be further explored.

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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: This paper reports data on health related behaviors and cancer screening from the Boston Lesbian Health Project II (BLHP II), a replication of a national survey of lesbians on a variety of health-related variables completed in 1987. The findings suggest that lesbians have increased their use of primary care, including routine physical examinations, pap smear screening for cervical cancer, and mammography for breast cancer, but that rates continue to be lower than would be expected for women in general. Younger lesbians in this sample smoked at high rates. Smoking rates continue to be of concern in other age groups, although they are lower than national data from women in general. BLHP II data confirm other findings that lesbians are more likely to drink alcohol and to drink more heavily than other women. Implications for health care of lesbians and future research with this population are discussed
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Abstract: OBJECTIVE: To review research literature to provide clinicians with data-based recommendations for care of lesbians. DATA SOURCES: Medline searches and references from selected articles with the search term "lesbian health." STUDY SELECTION: Literature was selected whether lesbian or women who have sex with women was utilized as a category in the study and results were available on this population. DATA EXTRACTION: Data were organized according to specific health problems noted frequently in the research

articles. DATA SYNTHESIS: Lesbians have previously been invisible in health services and research, but in several areas, data now exists on which to base care. CONCLUSIONS: Lesbians are now more comfortable "coming out" to providers but continue to have lower screening rates than other women. Risk is especially high in this population for cancer, heart disease, depression, and alcohol abuse. Adolescent lesbians are especially at risk for smoking and suicide/depression. (c) 2006, AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses

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Abstract: Gay, lesbian, and bisexual (GLB) youths report elevated levels of substance use relative to heterosexual youths, but reasons for this disparity have received scant attention. This report longitudinally examined three hypothesized explanations for cigarette, alcohol, and marijuana use among 156 GLB youths. Counter to two hypotheses, neither a history of childhood sexual abuse nor recent experiences of gay-related stressful life events were associated with increased substance use over time. However, the hypothesis concerning the coming-out process was supported by significant nonlinear associations of involvement in gay-related (recreational and social) activities with changes in alcohol use at 12 months and changes in marijuana use at 6 months and 12 months. Specifically, as involvement in gay-related activities increased, alcohol and marijuana use was found to initially increase, but then, substance use declined as involvement in gay-related activities continued to increase. These findings offer a potential explanation for high levels of substance use among GLB youths and suggest potential areas for intervention to prevent or decrease substance use among these youths. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal Abstract)
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Abstract: Objectives: To collect estimates of smoking prevalence among lesbian, gay, and bisexual people from the published literature and to compare with general population estimates. Methods: Databases were searched for all studies published in English on tobacco use among lesbians, gays, and bisexuals. From 1987 through 2000, twelve studies were identified (four youth, eight adult): seven were based on convenience samples; one on a population-based probability sample; one involved random sampling within selected census tracts; one was based on a large multicenter clinical trial; and two were representative school-based samples. Study findings were compared to national survey data from the corresponding time period. Results: Estimated smoking rates for lesbians, gays, and bisexuals ranged from 38% to 59% among youth and from 11% to 50% among adults. National smoking rates during comparable periods ranged from 28% to 35% for adolescents and were approximately 28% for adults. Conclusions: While information in the published literature is limited, it appears that smoking rates are higher among adolescent and adult lesbians, gays, and bisexuals than in the general population. Steps should be taken to ensure representation of lesbians, gays, and bisexuals in tobacco-use surveillance and to collect data in order to understand the apparent high smoking rates in these groups. Attempts should be made to target prevention and cessation interventions to lesbians, gays, and bisexuals
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Abstract: Nurses, as the largest group of health providers in the United States, and by virtue of their scope of practice, are in an important position to promote the health of adolescents. A national survey of nurse members of the American Public Health Association, the National Association of Pediatric Nurse Associates and Practitioners, and the National Association of School Nurses was conducted in 1997 (n = 520) and was compared with findings from a parallel survey conducted in 1985 that assessed perceived competence in addressing common adolescent health issues, relevance of those issues to nurses' practice, and leadership skills. Findings provided a hopeful yet cautious picture of nurses' competencies. Strong increases in the proportion of nurses who felt equipped to address common health problems of youth suggest improved adolescent health education among nurses. Yet, at least 25% of nurses indicated a low level of knowledge in half of the adolescent health areas, and, like 1985's nurses, most nurses in 1997 did not feel competent to address the needs of gay, lesbian, and bisexual youth. Several priority areas in Healthy People 2010 were considered by 25% or more of the nurses to be irrelevant to their practice, including smoking cessation, suicide, violence, and pregnancy. The task remains to assure that all nurses who work with adolescents are equipped to respond to their diverse and unique health needs.
Author Keywords: adolescent health; nursing competency; nursing education; leadership; continuing education
KeyWords Plus: SEXUAL ORIENTATION; RISK BEHAVIORS; PREGNANCY; ACCESS; TRENDS

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Abstract: Examined how open lesbians were about their sexual orientation, using a snowball sample of 795 lesbians in New Zealand. The research looked at how disclosure impacted on lesbian sexual behavior, self assessed health status, relationships and use of health services. The questions were part of a large survey modelled on a North Health Study, which included the SF-36 survey instrument. A standardized set of questions and calculated scoring were used to measure the self-assessed health of respondents. These results were compared with those from a sample of women from Northern New Zealand and a sample of 3,627 lesbians from the New Zealand Census. The respondents were coded into 3 groups according to their degree of openness: those who were out to everybody, those who were out to all but one person of significance, and those who were out to a few. Lesbians who were not open to their doctors were more likely to have reported being closeted to employers and parents, to smoke more, to drink more alcohol, to have less sex, and to earn less money. Respondents who labeled themselves gay reported that they were not so open. Of the 77% that were out to their health professional, 5% had received a negative response. (PsycINFO Database Record (c) 2006 APA, all rights reserved)
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Abstract: Adolescence is a developmental period during which many youth experiment with risk practices. This paper examined the association of parental monitoring with a range of alcohol and other drug (AOD) use behaviors among high-risk youth, while controlling for other demographic and environmental variables previously found to be associated with AOD use. Participants were recruited as part of a longitudinal evaluation study of four youth drop-in centers located in Southern California. These centers served at-risk youth, including Hispanic, Lesbian/Gay/Bisexual/Questioning (LGBQ), and homeless and runaway youth. Participants were aged 14 to 24 and were new attendees at the drop-in centers. Results from logistic regression analyses revealed that while controlling for demographic and environmental variables, adolescents who reported less parental monitoring were more likely to report lifetime use of cigarettes, marijuana, and methamphetamine, and in the past three months, use of alcohol and binge drinking. The findings thus indicate that, even among high-risk youth, those who reported low parental monitoring were significantly more likely to use a variety of substances. Implications of

these findings are discussed as they pertain to AOD prevention and interventions for children and their families. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal Abstract)

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Abstract: OBJECTIVES: This case study describes the events surrounding the first time a major tobacco company advertised in gay media. METHODS: We analyzed internal tobacco company documents, mainstream newspapers, and the gay press. RESULTS: Philip Morris was unprepared for the attention its entry into the gay market received. The company's reaction to this incident demonstrates that its approach to the gay community both parallels and diverges from industry strategies toward other marginalized communities. CONCLUSIONS: The tobacco industry's relationship to the gay community is relatively undeveloped, a fact that may provide tobacco control advocates an opportunity for early intervention. The gay community's particular vulnerabilities to the industry make development of gay tobacco control programs crucial to reducing gay smoking prevalence and industry presence in the community
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Abstract: Research on adult tobacco use consistently shows a higher prevalence among lesbian/gay/bisexual/transgender (LGBT) populations than among the general population—reasons why are largely unknown, and counterstrategies are critical. Tobacco industry marketing, uncovered when the Master Settlement Agreement (MSA) forced companies to share its internal documents, provided insight. The American Legacy Foundation uncovered the industry campaign Project SCUM (Sub-Culture Urban Marketing) aimed at gays and the homeless. The formerly secret documents revealed specific marketing toward LGBT, whose rates increased when the MSA banned youth (but not other population) advertising. The industry reaches out to LGBT persons through direct and indirect advertising, community outreach, and sponsorships. Messages to LGBT have been relatively absent from advertising until recently, creating receptivity to such overtures. Reducing LGBT smoking rates is a public health challenge that will require exceeding the sense of validation tobacco advertising has created in LGBT communities
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Abstract: CONTEXT: Little is known about older lesbian and bisexual women. Existing research rarely compares characteristics of these women with comparable heterosexual women. OBJECTIVE: To compare heterosexual and nonheterosexual women 50 to 79 years on specific demographic characteristics, psychosocial risk factors, screening practices, and other health-related behaviors associated with increased risk for developing particular diseases or disease outcomes. DESIGN: Analysis of data from 93,311 participants in the Women's Health Initiative (WHI) study of health in postmenopausal women, comparing characteristics of 5 groups: heterosexuals, bisexuals, lifetime lesbians, adult lesbians, and those who never had sex as an adult. SETTING: Subjects were recruited at 40 WHI study centers nationwide representing a range of geographic and ethnic diversity. PARTICIPANTS: Postmenopausal women aged 50 to 79 years who met WHI eligibility criteria, signed an informed consent to participate in the WHI clinical trial(s) or observational study, and responded to the baseline questions on sexual orientation. MAIN OUTCOME MEASURES: Demographic characteristics, psychosocial risk factors, recency of screening tests, and other health-related behaviors as assessed on the WHI baseline questionnaire. RESULTS: Although of higher socioeconomic status than the heterosexuals, the lesbian and bisexual women more often used alcohol and cigarettes, exhibited other risk factors for reproductive cancers and cardiovascular disease, and scored lower on measures of mental health and social support. Notable is the 35% of lesbians and 81% of bisexual women who have been pregnant. Women reporting that they never had sex as an adult had lower rates of Papanicolaou screening and hormone replacement therapy use than other groups. CONCLUSIONS: This sample of older lesbian and bisexual women from WHI shows many of the same health behaviors, demographic, and psychosocial risk factors reported in the literature for their younger counterparts, despite their higher socioeconomic status and access to health care. The lower rates of recommended screening services and higher prevalence of obesity, smoking, alcohol use, and lower intake of fruit and vegetables among

these women compared with heterosexual women indicate unmet needs that require effective interactions between care providers and nonheterosexual women

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Abstract: Reviews the book, *Making Lesbians Visible in the Substance Use Field* by E. Ettore (Ed.) (see record 2005-16311-001). This book appears at a time when legal and socio-political changes, in certain Western societies, have extended limited citizenship status to sexual-minority women. There is a considerable emphasis on alcohol use in the book. This is not surprising, given its significance within certain aspects of lesbian culture/subculture, but any future volume may wish to consider placing more emphasis on the role of other drugs such as tobacco, which is considered here but not as fully as it might be, given its attendant risks. Overall, this book stands out as an important contribution to our knowledge of women's health and the social, cultural and political factors which impinge on the well being of sexual minority women. (PsycINFO Database Record (c) 2006 APA, all rights reserved)
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