



Cigarette Smoking Among Gay, Lesbian, and Bisexual Residents of the Inland Empire

Key Findings

- Current and lifetime smoking is higher among gay men, lesbians and bisexual women than among heterosexual men and women in the Inland Empire.
- Smoking among gay, lesbian and bisexual men and women (GLB) in the Inland Empire shows trends similar to those for Southern California and California.

Introduction

Evidence shows that smoking rates among gay men, lesbians, and bisexual women are significantly higher than the general population.¹⁻³ Sexual minorities not only smoke more but are targeted by tobacco companies.^{3,4} Of concern are the adverse effects of tobacco use in HIV-positive populations⁵⁻⁶ and further increase in cancer risk for lesbians.⁷ Furthermore, there is some evidence that fewer gay men quit smoking with more quit attempts than the general population.² Using data from the California Health Interview Survey (CHIS), this brief will look at smoking in the Inland Empire (Riverside and San Bernardino Counties).

Demographics of the Inland Empire GLB Population

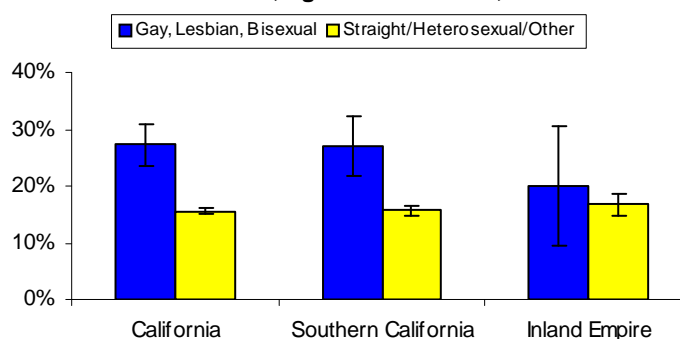
It is estimated that 2.4% of the adult population ages 18 to 70 years, residing in the Inland Empire self-identifies as gay, lesbian, or bisexual.⁸ Of the approximately 57,000 gay, lesbian, and bisexual Inland Empire adult residents, 20% currently smoke.⁸ Within the GLB population, 24% are Hispanic, 61% white-not Hispanic, 7% black, and 8% other. Not included in these demographic totals are those who have sex with members of their same gender but don't identify as lesbian, gay or bisexual or adolescents less than 18 years old. It is important to note that these estimates may be low due to the sensitive nature of the survey questions.

Disparities in Current Smoking

Throughout the state, smoking is considerably more prevalent among adult GLB than among adult heterosexuals. This trend is replicated when looking specifically at Southern California and the Inland Empire. Nearly twice as many GLB adults smoke compared to their heterosexual counterparts. This is striking since GLB adults represent only 3% of the population but account for over 5% of all current adult smokers throughout State.⁸ When looking specifically at smoking behavior in the Inland Empire this disparity looks somewhat similar to the State, though caution should be taken with interpretation of the data due to small sample sizes.

Since only a relatively small population of Inland Empire GLB was interviewed for the CHIS survey, it is difficult to determine how similar the true prevalence of GLB smoking is compared to rates in Southern California or California. With a larger sampling of this population, the Inland Empire trend may more closely resemble the rest of California.

Current Smoking Among Self Identified GLB and Heterosexual Adults, Ages 18 - 70 Years, CHIS 2005



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3. Burgard SA, Cochran SD, Mays VM. Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. *Drug and Alcohol Dependence* 2005;77:61-70.
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Disparities in Lifetime Smoking

Similar disparities are seen when examining lifetime smoking behavior as compared to current smokers. Throughout California, significantly more GLB adults reported smoking in their lifetimes (defined as smoking more than 100 cigarettes) compared to heterosexuals. While only about one out of every three heterosexual adults report smoking in their lifetime, one out of every two adult GLB in California reports such behavior.⁸ GLB adults are disproportionately engaging in a preventable risk behavior.

Gender Disparities in Smoking

Examination of statewide data showed significantly higher smoking rates among gay men as compared to straight or bisexual men.⁸ There was no significant difference in smoking rates between bisexual men and straight men in California.⁸ Both lesbians and bisexual women were significantly more likely to be smokers as compared to heterosexual women.⁸ These findings are supported by recent research which demonstrated significant differences between the groups.⁹

Psychological Distress and Smoking

High levels of depression, anxiety and other types of psychological distress are known risk factors for smoking. Utilizing the “Kessler 6” scale as a mental health diagnostic, CHIS data indicates that GLB populations have a higher prevalence of “likely psychological distress” than heterosexuals.⁸ It may be possible that GLB populations smoke to alleviate stress and anxiety.

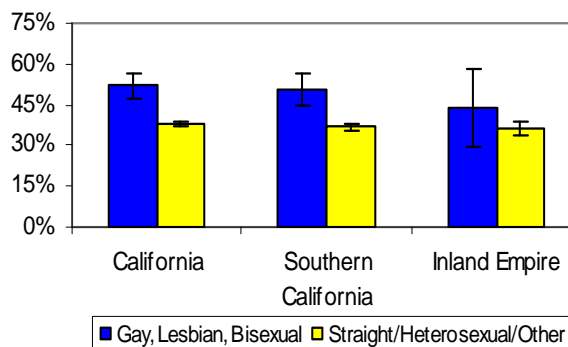
Alcohol Use and Smoking

According to CHIS 2005, when asked about drinking alcohol in the past month, 78% of gay and lesbian and 71% of bisexual Inland Empire residents had consumed alcohol compared to 62% of heterosexual residents. Socializing activities within the GLB community often take place at bars and clubs, where alcohol consumption and tobacco use are predominant. Alcohol and tobacco use rates are higher among GLB as compared to their heterosexual counterparts, putting them at increased risk of poor health outcomes such as cancer, heart disease, and are more likely to engage in high risk sexual behaviors.

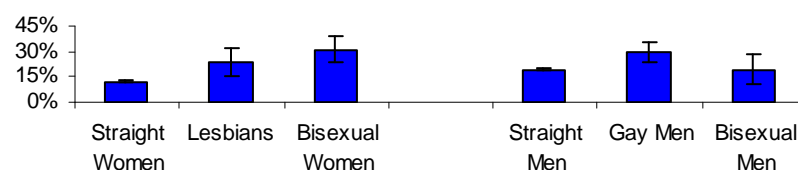
Future directions

Despite evidence showing greater rates of current and lifetime smoking among gay men, lesbians and bisexual women, reasons for this are not well understood. Two of the most commonly proposed hypotheses are 1) greater psychological stress due to homophobia and 2) a bar-centered culture. The CHIS data on psychological distress and alcohol consumption lend support to these hypotheses. Future research into possible connections between stress, alcohol consumption, GLB socialization centered around neighborhood bars, and cigarette smoking may provide a better understanding of the elevated smoking rates in the GLB community and could help inform cessation and prevention interventions targeted to gay men, lesbians, and bisexuals.

Percent of GLB and Heterosexual Adults Having Ever Smoked, Ages 18 - 70 Years, CHIS 2005



Current Smokers by Gender and Sexual Orientation, California, CHIS 2005



Suggested Citation:

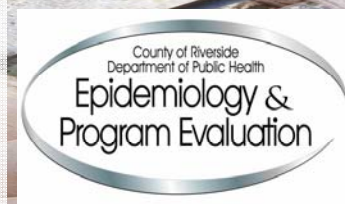
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