

GLBT adults twice as likely to smoke, half as likely to have plans to quit

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Gay, lesbian, bisexual and transgendered adults who smoke are not thinking about quitting or getting ready to quit, and a quarter are uncomfortable approaching their doctors for help, report University of Colorado Cancer Center researchers in a recent article published in *Nicotine & Tobacco Research*.

These and other findings from the study may help identify new approaches to encourage GLBT [smokers](#) to quit.

"Among most smoking populations, we almost always find 20 percent getting ready to quit and another 40 percent are thinking about quitting," says Arnold Levinson, PhD, MJ, investigator at the CU Cancer Center and the paper's senior author. "But the rates from our study were half of what we expected."

For more than 70 percent of the GLBT smokers who were surveyed, quitting was not on their agenda. GLBT adults are roughly twice as likely as heterosexual adults to smoke cigarettes. And little research has been done to determine which smoking cessation methods the group might prefer.

The GLBT Community Center of Colorado and other GLBT organizations across Colorado approached Levinson to create the survey of 1,633 Colorado GLBT smokers to see if they were less likely than other smokers to use "proven" cessation methods such as [nicotine](#) replacement therapy or telephone counseling.

Prior to the study, advocates thought GLBT smokers wouldn't use smoking cessation strategies that didn't take sexual orientation into account. But the surveys, collected at more than 120 GLBT-identified venues in Colorado, showed that GLBT smokers generally use the same strategies that other smokers use.

"More than a quarter of the GLBT smokers we surveyed had used proven methods to try to quit in the past, which is similar to what other populations report," says Levinson, who is also an associate professor at the Colorado School of [Public Health](#). "There was a minority, though, who wanted programs offering GLBT-identified cessation counselors and advice based on GLBT identity.

"This diversity of preferences makes the GLBT smoker population just like any other smoker population – a group of individuals with varying needs and preferences for cessation strategies."

In contrast to other smoking populations however, more than 25 percent of respondents were uncomfortable asking their doctor for [smoking cessation](#) advice, which is one of four factors significantly associated with preparing to quit. Other factors include daily smoking, previous nicotine replacement therapy use and a smoke-free home rule.

Last month, the One Colorado Education Fund found similar widespread physician distrust among GLBT adults in a report titled *Invisible: The State of GLBT Health in Colorado*.

Taken together, these findings suggest that public health professionals have an opportunity to develop nonsmoking promotion campaigns in non-clinical settings. For example, a majority of survey respondents said they frequent GLBT bars and events and read GLBT publications. Additionally, promoting smoke-free homes could make a significant impact.

"Only half of our survey respondents had a smoke-free home," Levinson says. "Since a smoker who lives in a smoke-free household is more likely to try quitting, we need to encourage more GLBT households to adopt this policy."

"Before we worry too much about how to help GLBT smokers quit, we need public health campaigns to get the GLBT smoker population thinking about quitting," he says.

Provided by University of Colorado Denver

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