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SUR LE TABAC
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What gay man didn't lust after the Marlboro Man?

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Background

- Little research exist regarding Lesbian Bisexual Gay Transgender (LBGT) tobacco use.
- A recent study found 36% of Toronto LBGT people smoke (TRTS Report, Toronto Canada, 2007) compared to 21.6% of the Canadian population (Statistics Canada catalogue no. 82-221 vol. 2006 no. 1).

Focus Group Utilization

- Traditionally used for data collection and evaluation.
- Conducted to explore topics through group interactions.
- Focus groups can be used for counseling research and to improve clinical practice (Kress and Schoffner, 2007).
- Not yet recognized as a health promotion tool.

Phase I

- Summer 2007, focus groups with Toronto LGBT smokers and former smokers.
- Purpose: to determine research questions involving LGBT smokers and former smokers in the Church and Wellesley neighbourhood.

- Influences of smoking, community belonging and stress were examined.
- Understanding these factors can support the development of public health interventions for LGBT smokers.

Methods

- Participants were recruited through ads and flyers
- Two focus groups at U of T in July 2007
- LBGT smoking rates were presented
- Questions were asked about being LBGT, smoking and perceptions of Church and Wellesley.

Are you 19 or older?

Lesbian, gay, bisexual, trans, or queer?

AND a smoker or former smoker?

If so, please participate in the Ontario Tobacco Research Unit's focus groups exploring smoking in the LBGTQ communities that live, work or play in the Church and Wellesley neighbourhood.

Thursday July 5th or
Monday July 9th
6:30 to 7:30pm

University of Toronto
Department of Public Health Sciences
155 College Street, Room 574

Compensation \$10

For more information
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Participant demographics

- 15 participants
- 22 to 60 yr age range; mean age of 38.5 years
- One participant identified as bisexual, ten as gay, one as two-spirited, one as gay/transsexual and one as pansexual.
- Participants not asked their gender identity
- 57% (8) participants identified as Caucasian; 14% (2) as South Asian; one as Aboriginal; one as Black/African Canadian; one as Hispanic; and one as biracial Indian/Caucasian

Smoking status of participants

- All participants reported smoking at least 100 cigarettes in their lifetime
- 29% (4) reported not smoking currently; 29% (4) reported smoking occasionally; 43% (6) reported daily smoking

Focus groups questions:

- Does the Church and Wellesley neighbourhood affect your smoking patterns/habits?
- What questions are important to explore to understand the high smoking rates among LBGT people?
- What motivates LBGT people to start (and keep) smoking?

- The focus groups were organized to gather data and inform participants of LGBT smoking rates
- Thus addressing the research challenge of being critically reflective about translating social science into public health practice (Moore, 2005).

- Provided with LBGT smoking rates, participants were asked why the rates are high.
- Thus, the focus groups were structured as knowledge exchange opportunities.
- A process known as *research as intervention*: the building of knowledge through sharing of experiences while collecting data (Haalboom, 2006).

As one participant said:

I'd like to comment that one of the reasons I started smoking was because, um, I guess you could call it a self-destruction because of being gay. I was basically a target for homophobic people, so I didn't consider myself, you know, worthy of I guess staying healthy. So I believe that's one of the reasons [for the high smoking rates]...it's inherent somewhere in the subconscious. I'm still being hated so, you know when I get those negative thoughts I tend to smoke and I think a lot of the people do the same.

- Knowledge transfer is facilitated by intensive social interactions.
- Thus, the focus groups were organized to encourage networking and discussion.
- In developing our research as intervention, we gave research findings clearly in order to begin to understand research as a health promotion tool.

- Participants contributed to a shared sense of community. As one participant commented:

It's a way of dealing with some of your stress, I agree. I think it's a way of dealing with a lot of stress that you have not only just being a youth but also being like a gay or lesbian youth and you know, may or may not be coming out of the closet...

Another participant responded:

Personally myself it's been a long time since I came out but it was stress levels, you know, it was why I drank so much when I was younger, drinking and smoking went hand in hand it seemed to go hand in hand with the community at the time, you know, it was in the early '70s, it was, you had a drink in one hand and a cigarette in the other hand it just, it was an easier way for me to fit into the community...I can't remember very many people that didn't smoke, at least occasionally and it was just a very, it was a social activity as much as anything else.

- Discussions of isolation, loneliness and challenges meeting LGBT people followed.
- Participants recognized shared experiences.
- Our focus groups allowed us to learn about conscious, and unconscious socio-cultural characteristics of participants (Basch, 1987) .

- Consciousness-raising can happen when conveying health information.
- A participant notes smoking is unhealthy, but recognizes its utility:

I agree with the bar situation, clubs, sometimes in the street as well when, when you see a smoker you tend to be less shy to approach that person and to ask for a light or something just to break the ice...It's very unhealthy, but, you know, it's just the perfect excuse to find a companion at the time.

- Health information provided pertained to the high rates of smoking.
- Awareness raising was generated from discussions of being LBGT in Church and Wellesley. As one participant notes:

[Smoking] went hand in hand with drinking like, my god, it was, it was a prop in a bar. It was something to have, I would get very nervous so I would have the, I would either be drinking or smoking, one or the other constantly when I was out, it was very bad, for me, but I did it for years.

- A therapeutic aspect of the focus group was the sharing of experiences and learnings. As a participant said:

I would say [smoking is] probably a large part of bar culture. The fact that so much of gay and lesbian life was focused around bars and until very recently bars were areas where people smoked and it was just all part and parcel of the social milieu. Many people of my age bracket anyway.

Another participant commented that:

I was part of the leather community and in the leather community smoking was considered sexy and especially if it was cigars, you were smoking on a big stogie it was considered very sexy and nowadays I'm happy to say that that perception has changed but, um, nevertheless it was part of my, part of my social outlets.

Conclusion

- Our focus groups suggest public health interventions can be accomplished through research oriented sessions.
- Focus group interactions can raise awareness while providing important public health education.

PHASE 2

PHASE 1

- 2 focus groups-
 - 1) Understand if participants felt the Church and Wellesley community influenced smoking.
 - 2) Understand what members of the community felt were important questions to explore.

Smoking and the Church and Wellesley

1. **Norm**
2. **Alcohol use**
3. **Peer pressure**
4. **Lack of role models**
5. **Stress reliever**

- Tobacco was perceived as:
 - an icebreaker;
 - a social lubricant;
 - a means of communal sharing,
 - a means of affiliating, bonding, and getting physically closer to others;
 - mitigating the stress;
 - and as a distraction from problems.

What participants would like to know more about

- When/where people smoke
- Social aspect of smoking
- The use of alcohol and other drugs and tobacco use.
- The role of stress, sense of belonging, and tobacco use.
- The type smoker in the LGBTTTQ community.

What are we doing about it?

- Street-intercept survey
- 100 participants
- Identify as LGBTTTQ
- 18 years old or older
- Smoked at least 100 cigarettes in their lives
- Smoked at least one cigarette in the last 6 months

Survey

- Questions on
 - Smoking behaviors
 - Addiction
 - Quit intentions
 - Sense of belonging
 - Neighborhood

- Smoking behaviors, addictions and quit intentions are mostly based from the Ontario Tobacco Survey (OTS).
- The OTS was developed by OTRU
 - Phone survey
 - Already tested as part of a street –intercept survey with young adults and with blue collar workers.

Contextualizing smoking behaviors in neighborhoods

- Adapted some of the OTS questions using a technique similar to the timeline follow-back instrument (TLFB).
- TLFB is a valid and reliable method of studying patterns of alcohol use patterns.
- The Residential TLFB Calendar assesses a person's pattern of residences, moves, hospital/prison stays, and homelessness for up to 12 months.

- Thinking back over the past month, on a typical weekday, where are you in the morning when you wake up?
 - Place
 - Neighbourhood
 - How long do you stay there?
 - Do you smoke? Y N
 - If smoked, how many cigarettes do you smoke?
 - If smoked, with whom do you smoke?
 - If smoked, what else are you doing when you smoke?
 - If did not smoke, why did you not smoke?
- Where do you go next?

- Neighborhood question based on National Canadian National Longitudinal Survey of Children and Youth (Curtis, Dooley, & Phipps study (2004) :
 - Safety
 - Cohesion
 - Problems
- We also designed a few questions to understand perceived smoking characteristics.

- Smoking tobacco in the neighbourhood is a way to socialize with other neighbours?
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

Timeline

- We will be collecting data over the summer
- Mostly Pride week.
- Analyzing the data and disseminating the results in the fall and winter.

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