



Tobacco use cessation interventions for lesbian, gay, bisexual, transgender and queer youth and young adults: A scoping review

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ABSTRACT

Smoking prevalence among LGBTQ+ youth and young adults is alarmingly high compared to their non-LGBTQ+ peers. The purpose of the scoping review was to assess the current state of smoking prevention and cessation intervention research for LGBTQ+ youth and young adults, identify and describe these interventions and their effectiveness, and identify gaps in both practice and research.

A search for published literature was conducted in PubMed, Scopus, CINAHL, PsychInfo, and LGBT Life, as well as an in-depth search of the grey literature. All English articles published or written between January 2000 and February 2016 were extracted.

The search identified 24 records, of which 21 were included; 11 from peer reviewed sources and 10 from the grey literature. Of these 21, only one study targeted young adults and only one study had smoking prevention as an objective. Records were extracted into evidence tables using a modified PICO framework and a narrative synthesis was conducted. The evidence to date is drawn from methodologically weak studies; however, group cessation counselling demonstrates high quit rates and community-based programs have been implemented, although very little evidence of outcomes exist. Better-controlled research studies are needed and limited evidence exists to guide implementation of interventions for LGBTQ+ youth and young adults.

This scoping review identified a large research gap in the area of prevention and cessation interventions for LGBTQ youth and young adults. There is a need for effective, community-informed, and engaged interventions specific to LGBTQ+ youth and young adults for the prevention and cessation of tobacco.

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1. Introduction

Smoking prevalence among lesbian, gay, bisexuals, transgender, queer, and other sexual and gender minority (LGBTQ+) youth and young adults (YYA) in Canada is alarmingly high and there is great disparity when compared to the non-LGBTQ+ population. Estimates of daily smoking prevalence among LGBTQ+ adults range between 33% to 45%; compared to an average of 18.9% for non-LGBTQ+ adults (Clarke and Coughlin, 2012). Prevalence rates are higher among LGBTQ+ YYA (Clarke and Coughlin, 2012). According to the 2013–2014 Canadian Community Health Survey (CCHS), in 18 to 24 year olds, 34.0% of homosexuals¹ and 35.1% of bisexuals report smoking daily or occasionally compared to 23.3% of heterosexuals (Health Statistics Division, Statistics Canada, 2015.). Further, 22% of high school aged adolescents who identify as lesbian, gay, or bisexual report daily cigarette use compared to 11% of non-LGB persons (Azagba et al., 2014).

Although reasons behind high LGBTQ+ smoking rates are not completely understood, several reasons have been suggested that contribute to high smoking rates among LGBTQ+. Blosnich et al. (2013) reviewed epidemiologic studies and other authors have also identified the following factors contributing to tobacco use: minority stress (refers to chronically high levels of stress faced by members of stigmatized minority groups) and discrimination (Blosnich et al., 2013; Gamarel et al., 2016; Newcomb et al., 2014; Remafedi, 2007; Youatt et al., 2015), victimization (Blosnich et al., 2013; Newcomb et al., 2014; Remafedi, 2007; Youatt et al., 2015), harassment (Blosnich et al., 2013), abuse (Blosnich et al., 2013; Remafedi, 2007), mental health (Blosnich et al., 2013; Newcomb et al., 2014), targeted marketing by the tobacco industry (Blosnich et al., 2013; Remafedi, 2007; Youatt et al., 2015), frequenting bars and nightclubs (Blosnich et al., 2013; Remafedi, 2007; Youatt et al., 2015), other substance use (Remafedi, 2007), and higher rates of personal stress (Newcomb et al., 2014; Remafedi, 2007; Youatt et al., 2015), depression (Blosnich et al., 2013; Gamarel et al., 2016; Newcomb et al., 2014), alcohol use (Blosnich et al., 2013; Gamarel et al., 2016; Remafedi, 2007), and low socioeconomic status (Blosnich et al., 2013).

Remafedi (2007) conducted a qualitative study on tobacco use among LGBT youth and determined that because of factors unique to LGBT youth (e.g., sexuality-related stress), culturally specific approaches to tobacco use prevention and cessation are required. In a study by Remafedi and Carol (2005), LGBT youth highlighted that LGBT should be directly involved in program planning and implementation, and programs should be tailored to be culturally specific. A number of prevention and cessation interventions have been developed and implemented that either target those in the LGBTQ+ community or are general population interventions that are applied to this community. The majority of the published research is related to group cessation counselling (GCC) interventions tailored for LGBTQ+ smokers (e.g., The Last Drag, Stop Dragging Your Butt, Queer Quit, etc.) (Dickson-Spillmann et al., 2014; Doolan and Froelicher, 2006; Eliason et al., 2012; Program Training and Consultation Centre, 2005; Walls and Wisneski, 2010).

In a review conducted by Lee and colleagues (Lee et al., 2014), the authors found that GCC programs tailored for members of the LGBT community exist, but these programs have limited reach. It was

suggested that non-tailored treatments may work for both LGBT and non-LGBT persons (Lee et al., 2014). The review stated the need for research to identify whether community-desired, tailored interventions improve cessation outcomes. Research to date on non-tailored treatments is limited in terms of generalizability as the studies were set in urban areas with large LGBT populations. Lee and colleagues (Lee et al., 2014) also recommend investigation of inter-group differences (e.g., lesbian versus bisexual and racial/ethnic LGBTQ+ minorities), and the need for research on the impact of policy-based interventions (e.g., taxation and smoke-free spaces) on reducing disparity and LGBTQ+ tobacco use cessation. Burkhalter (2015) suggests that in regions or communities where LGBTQ+ persons are more stigmatized, LGBTQ+ tailored interventions could be more effective because they assure a safe, validating environment that enhances receptivity to cessation (Berger and Mooney-Somers, 2016). The amount a program needs to be tailored to reach the community and impact tobacco use is largely unknown.

A scoping review aims to “map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research” (Daudt et al., 2013). A scoping review was conducted over a systematic review primarily because the research question was broad and there was a need to identify parameters and gaps in this body of literature (Armstrong et al., 2011). Scoping reviews are commonly performed to examine the extent, range, and nature of research activity in a topic area (Pham et al., 2014). The purpose of this scoping review was to: assess the current state of intervention research for LGBTQ+, specifically for YYA (aged 16 to 29), as no review of this specific target population and young age group has ever been conducted. While there have been other recently published reviews (Lee et al., 2014; Burkhalter, 2015), this review contributes something new to the field, as no reviews have focused on the youth and young adult population. The scoping review was conducted to identify and describe what is known about interventions targeted specifically for the YYA population and their effectiveness, and identify gaps in both practice and research on LGBTQ+ tobacco use reduction and cessation. The paucity of evidence for LGBTQ+ YYA is an important issue and, thus, was the original focus of this review. The scoping review was part of a larger study to identify preferred, evidence-based tobacco use prevention and cessation interventions for LGBTQ+ YYA.

2. Methods

We conducted a scoping review of the literature, using the framework by Arksey and O'Malley (2005). Arksey and O'Malley (2005) highlight four objectives for conducting scoping reviews: 1) to examine the extent, range, and nature of research activity; 2) to determine the value of undertaking a full systematic review; 3) to summarize and disseminate research findings; and 4) to identify research gaps in the literature. Our scoping review aligned to all four objectives.

In the first step, we finalized the objectives for the scoping review in consultation with knowledge users including partners from Rainbow Health Ontario (a community-based health service organization that serves the LGBTQ community) and other co-investigators. Together, the team determined the appropriate keyword search terms and

¹ Warning: Marginal sampling variability – interpret with caution.

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