

Other Tobacco Product Use Among Sexual Minority Young Adult Bar Patrons

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Introduction: Lesbian, gay, and bisexual (LGB) individuals smoke at rates 1.5–2 times higher than the general population, but less is known about LGB consumption of other tobacco products (OTPs) and gender differences. OTP use among young adult LGB bar patrons and the relationship among past quit attempts, intention to quit, and binge drinking with OTP use was examined.

Methods: A cross-sectional survey of young adults (aged 18–26) in bars/nightclubs in seven U.S. cities between 2012 and 2014 (N=8,010; 1,101 LGB participants) was analyzed in 2016. Logistic regressions examined current use of five OTPs (cigarillos, electronic cigarettes, hookah, chewing tobacco, and snus) and sexual minority status, adjusting for demographics and comparing LB women and GB men with their heterosexual counterparts.

Results: LGB bar/nightclub patrons used all OTPs more than their heterosexual counterparts. LB women were more likely than heterosexual women to use cigarillos, electronic cigarettes, hookah, chew, and snus. GB men were more likely than heterosexual men to smoke cigarillos, electronic cigarettes, hookah, and use chew and snus. Past-year quit attempt was associated with increased odds of electronic cigarette use in men and women, and increased odds of dual use (cigarettes and OTPs) among men. Intention to quit was negatively associated with dual use among women. Binge drinking was associated with increased use of all OTPs across genders.

Conclusions: LGB bar-going young adults are at higher risk for OTP use than their heterosexual counterparts. Bar-based interventions are needed to address all forms of tobacco use in this high-risk group.

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INTRODUCTION

Tobacco use, the leading cause of preventable death and disease,¹ is an issue of social justice and health equity.² Despite overall declines, smoking rates remain high among lesbian, gay, and bisexual (LGB) individuals. A recent nationally representative survey found 32.8% of LGB and transgender (LGBT) individuals were smokers, compared with 19.5% of their heterosexual, cisgender counterparts.³

Although it is well established that sexual minorities (defined as individuals whose sexual orientation, identity, or behaviors differ from heterosexual) smoke more than the general population, less is known about use of other tobacco products ([OTPs], i.e., cigarillos, hookah, electronic cigarettes [e-cigarettes], chew, and snus) or dual use (cigarettes and OTPs). All tobacco products increase risk for nicotine addiction.¹ Smokeless tobacco causes

oral, esophageal, and pancreatic cancers, and may increase heart disease and stroke.⁴ Young adults who use OTPs are more likely to smoke than those who do not use OTPs.⁵ In addition, dual use may complicate smoking-cessation attempts.^{6,7}

National studies indicate that current use of e-cigarettes,^{8,9} hookah,^{3,9} and cigar/cigarillos³ is higher among LGB individuals than their heterosexual counterparts. However, among LGB adults, there may be important

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gender differences in tobacco use. Sexual minority women smoke cigars or cigarillos more than heterosexual women, but sexual minority men smoke cigars or cigarillos less than heterosexual men.⁸ This study examines OTPs and dual use (currently smoking cigarettes and using OTPs) among young adult LGB bar/nightclub patrons.

In addition, a deeper understanding is needed about why LGB young adults might use OTPs. On one hand, OTPs have been promoted as harm reduction or smoking-cessation aids. According to a review of e-cigarette retail websites, the majority contained a health (95%) or smoking-cessation (64%) claim.¹⁰ Smokeless tobacco has also been associated with past smoking quit attempts.⁶ One national survey found that smokers using both cigarettes and smokeless tobacco were more likely to have made a quit attempt.¹¹

On the other hand, LGB youth and young adults are more likely to use tobacco, alcohol, and illicit drugs.^{12–14} There is a well-documented link between alcohol and tobacco use.^{15–18} For example, young adult non-daily smokers are more likely to smoke on days when they are drinking alcohol.¹⁵ Alcohol leads to a dose-dependent increase in cigarette cravings among social smokers,¹⁷ and alcohol use is a strong predictor of OTP use among women¹⁹ and LGB young adults.²⁰ Therefore, it is possible that OTP use reflects polysubstance use, rather than harm reduction behavior.

The goals of this study were to (1) compare OTP use and dual use (use of cigarettes and another tobacco product) among young adult bar patrons based on sexual orientation and gender and (2) explore potential correlates of OTP use and dual use that might reflect risk taking or risk reduction behavior.

METHODS

Study Sample

This study was approved by the University of California San Francisco IRB. A cross-sectional sample of young adults (N=8,010) was recruited between 2012 and 2014 from bars/nightclubs in seven U.S. cities (Tucson, Los Angeles, San Diego, Albuquerque, San Francisco, Oklahoma City, and Nashville). Data analysis took place in 2016. All participants provided informed consent. Participants were recruited using time location sampling,²¹ a technique that has been used with “hard to reach” populations, and the methods used here have been described previously.^{22,23} Similar to past tobacco marketing strategies in bars, the research team worked with a marketing consultant with expertise in young adult bar/nightclub events to identify party promoters, bartenders, DJs, and other entertainers in the scene. Interviews were conducted with these opinion leaders in each city to generate a census of the most popular young adult bars/nightclubs. Focus groups with young adult bar patrons also generated additional names and validated the popularity of the

bars and clubs on the list. The process was repeated until saturation was reached. Then, venues and times were randomly selected, and trained data collectors invited all eligible participants (i.e., aged 18–26 years, not visibly intoxicated) to fill out a paper survey. Participants received a \$5 incentive on the spot. All data collection staff were familiar and comfortable working in a bar/nightclub environment. They received a standard training on survey protocol methods, human subjects research, and supervised field trials for data collection. In addition, data protocol adherence was monitored for quality using “secret shoppers” unknown to study personnel.

A three-form planned missing data design was used with three survey instruments, each containing a core set of items (demographics and current tobacco use), and two variant sets of questions that were on two of the three instruments.²⁴ This planned missing design was used to decrease participant burden while maximizing number and variety of questions; participants completed one of the three randomly selected questionnaires. The items in this manuscript that were only present on two of the three forms were use of hookah, snus, cigarillos, and e-cigarettes. Imputation of data missing by design is described below.

Measures

Sexual orientation was assessed with the question: *What is your sexual orientation?* with responses: *straight, gay, bisexual, or other.*

Participants reported the number of days in the past 30 days that they did each of the following: smoked at least one cigarette; used spit tobacco, chew, or dip; smoked tobacco using a hookah; used “snus” tobacco; smoked a “black and mild” or other brand cigarillo; or smoked an e-cigarette or electronic cigarette. Responses were dichotomized, counting a response of one or more in the past 30 days as “current use,” and 0 days as not currently using. Dual use was defined as current cigarette smoking and current use of at least one OTP.

Sex was self-reported (male/female). Race/ethnicity was determined by two questions: *Are you of Hispanic/Latino, or Spanish origin? (yes/no)* and *What is your race? (African American/Asian/White/Hawaiian or Pacific Islander/American Indian or Alaskan Native/more than one race).* Responses were combined into four categories: “non-Hispanic white,” “Hispanic,” “non-Hispanic black,” and “non-Hispanic other.” Participants reported their “current education status” (*I go to college in the local area/I go to a college NOT in the local area/I have graduated from college/I dropped out of college or I graduated high school/GED*). Responses were combined into three categories: “in college,” “college graduate,” or “no college/dropped out/high school/GED.”

Quit attempts were measured by asking: *During the past 12 months, have you stopped smoking tobacco for 1 day or longer because you were trying to quit?*²⁵ with three response categories (*I have not tried to quit/I have tried to quit/I have not smoked in the last 12 months*). Those who had not smoked were recoded as missing for this analysis. Intention to quit was assessed asking: *What best describes your intentions regarding quitting cigarette smoking?*²⁵ Those who responded *will quit in the next 6 months, will quit in the next month, I am currently trying to quit, or I have already quit smoking completely* were coded dichotomously as “intending to quit,” and those who responded *are not planning to quit or may quit in the future, but not in the next 6 months* were coded as “no intention to quit.” Participants also reported how

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