Prevalence of Smoking Among the Lesbian, Gay, Bisexual, Transsexual, Transgender and Queer (LGBTQ) Subpopulations in Toronto – The Toronto Rainbow Tobacco Survey (TRTS)

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ABSTRACT

Objectives: Research in the United States has found a higher likelihood of smoking among lesbian, gay and bisexual people compared to the general population. However, the smoking prevalence of these subpopulations in Canada is not well documented. The objective of this study was to determine the prevalence of smoking among the LGBTQ subpopulations in Toronto, Ontario.

Methods: A self-report questionnaire was administered from April to July 2006 to a convenience sample of lesbian, gay, bisexual, transsexual, transgender and queer (LGBTQ) community members in Toronto, Ontario. Items measured included: past and current smoking behaviour, sexual orientation, gender identity, age and residential area.

Results: In total, 3,140 LGBTQ community members completed the Toronto Rainbow Tobacco Survey (TRTS). Overall, 36% of LGBTQ participants reported current smoking, 25% were former smokers and 39% had never smoked. The smoking prevalence rates ranged from 24% to 45% across the different sexual orientation and gender identity groups of the sample, with bisexual women and bisexual men reporting the highest smoking rate at 45%. The study also reports the first known smoking prevalence rate for gender queer people at 44%. Younger LGBTQ participants reported even higher smoking rates.

Conclusion: This study corroborates prior research done in other jurisdictions by finding similar and higher smoking rates among Toronto's LGBTQ subpopulations compared to the "mainstream" population. The relatively higher rates among LGBTQ youth, bisexual and gender queer people have implications for targeted awareness and cessation initiatives. Need for future research is discussed.

Key words: Smoking; sexual behaviour; homosexuality; health surveys

La traduction du résumé se trouve à la fin de l'article.

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There is evidence to suggest that lesbian, gay and bisexual people are more likely to smoke than the general population.^{1,2} Various studies have reported a range of smoking rates from 38%-59% for youth and 11%-50% for adults.^{3,4} Almost all of this research is from the United States. Smoking prevalence of LGBTQ subpopulations in Canada is not documented by CTUMS or other Canadian smoking research. Two exceptions are a 2005 British Columbia survey that found that 29% of LGBTQ adults smoke compared to 19% of the general population,⁵ and a more recent study that showed that 55% of young men who have sex with men (MSM) smoke compared to 26% of the male BC population.⁶

The LGBTQ population is estimated to be 10% of the total population in the regional health area for Toronto,⁷ translating to approximately 90,500 people (age 15 years and over). Yet, there is no research examining the smoking prevalence of these subpopulations.

Moreover, the majority of the research on LGBTQ smoking prevalence has actually been conducted with gay men and lesbians, and few studies have included bisexual people. When bisexual people have been recruited as participants, the sample size is often very small and the bisexual results are combined with those of lesbians or gay men. Further, almost no studies have been done on the prevalence of tobacco use by transsexual and transgender people. In turn, research data are most robust for gay men and lesbians and least robust for people who identify as transsexual and transgendered.

The Rainbow Tobacco Intervention Project (RTIP)* conducted the Toronto Rainbow Tobacco Survey to determine the prevalence of smoking in Toronto's LGBTQ subpopulations. Additional objectives were to investigate tobacco use in a Canadian LGBTQ population outside of BC and to address the lack of data on tobacco use among bisexual and trans populations.

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Conflict of Interest: None to declare.

* RTIP is a community coalition whose members include the Canadian Cancer Society, Centre for Addiction and Mental Health (CAMH) – [Nicotine Dependence Clinic, Public Education Program, Rainbow Health Service], The Council for a Tobacco Free Toronto (CTFT), Rainbow Health Network, Sherbourne Health Centre and Toronto Public Health. RTIP's goal is to reduce tobacco-related morbidity and mortality within the Lesbian, Gay, Bisexual, Transgender, Transsexual and Queer (LGBTQ) communities in Toronto.

METHODS

The research proposal was approved by the Research and Evaluation Ethics Review Process at Toronto Public Health. The Toronto Rainbow Tobacco Survey (TRTS) gathered data from a convenience sample of Toronto's LGBTTQ subpopulations from April to July 2006. Convenience sampling was used since it is typically difficult to identify this population efficiently and effectively using more robust techniques. Issues of disclosure and the fluid nature of sexual behaviour and gender identification have both been identified as barriers to the inclusion of questions about sexual orientation and gender identification in population surveys. Two questions were used for people to self-identify their sexual orientation and gender. These were developed with input from the expert RTIP panel.

Two modes of data collection were used. The first was a self-administered, one-page, nine-question questionnaire. The smoking behaviour questions asked on the postcard were those now used in virtually all smoking prevalence studies.^{8,9} Respondents were also asked for the first three characters of their postal code (Forward Sortation Area or FSA as designated by Canada Post) in order to determine the general location of their residence. A copy of the postcard questionnaire is provided in Figure 1.

Participants were recruited at a diverse range of LGBTTQ community events and group meetings including a health fair, a gay and lesbian film festival, a women's soccer league and Pride Week events. Recruitment was purposefully broad and strategic in an attempt to include as representative a sample as possible. The data collection also avoided recruiting in bars because of the strong relationship between bar attendance and smoking. TRTS researchers described the survey and gave consenting participants the postcard to complete.

The second mode of data collection was a web-based survey asking the same questions. Advertising outreach for the web survey was done through e-mail networks and local LGBTTQ media. The web survey was implemented to attract a broader base of respondents beyond downtown Toronto and to encourage responses from LGBTTQ members who do not attend public events or wish to remain anonymous.

Eligible participants were self-identified LGBTTQ residents of Toronto.

Ethical approval was received from Toronto Public Health. All data were analyzed using SPSS version 14.0, and descriptive statistics and bivariate analysis were performed.

RESULTS

A total of 4,080 LGBTTQ participants completed the questionnaire; of these, 77% were residents of Toronto, for a final convenience sample of 3,140. Postcard surveys were completed by 2,548 participants and 542 respondents completed the survey online.

The demographic question for sexual orientation included the response categories "Lesbian", * "Gay", † "Bisexual", ‡ "Heterosexual" and "Other" and the question for gender identity included the response categories "Male", "Female", "MTF Trans", § "FTM Trans" ||

- * A woman who forms physical and emotional relationships with other women.
- † A man who forms physical and emotional relationships with other men (sometimes also used to refer to women).
- ‡ A person who forms physical and emotional relationships with men and women.
- § A male to female transwoman.
- || A female to male transman.

Figure 1. Postcard Questionnaire

Toronto Rainbow Tobacco Survey

www.rainbowtobacco.com

Toronto Public Health

This survey is being carried out by the **RAINBOW TOBACCO SURVEY**

Before you complete this survey you should know that it's completely confidential and you can answer as many or as few questions as you wish. There are no risks or harms to you associated with completing this survey.

I have read the above and wish to continue. ☐ Yes ☐ No

- Have you ever smoked? ☐ Yes ☐ No
- Have you smoked at least 100 cigarettes in your lifetime? ☐ Yes ☐ No
- Have you ever smoked daily? ☐ Yes - For how many years? _____ ☐ No
- Do you now smoke: ☐ Daily ☐ Occasionally ☐ Not at All
- On average, how many cigarettes do you smoke per day? _____ ☐ Don't smoke
- You are: ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual ☐ Other (please specify) _____
- You are: ☐ Male ☐ Female ☐ MTF Trans ☐ FTM Trans ☐ Other (please specify) _____
- Your Age: _____
- The first 3 letters of your Postal Code: _____

Thank you for participating!

Table 1. Characteristics of Survey Respondents

	N	%	Age Mean (SD)
Self-identify as...			
Lesbians	951	30.3	36.1 (10.4)
Gay men	1,316	41.9	37.4 (11.9)
Bisexual women	312	9.9	29.0 (9.8)
Bisexual men	114	3.6	33.7 (12.2)
Queer women	159	5.1	29.6 (9.5)
Queer men	39	1.2	34.7 (14.0)
Male to female transwomen	53	1.7	39.3 (11.6)
Female to male transmen	72	2.3	31.5 (9.8)
Gender queer	49	1.6	28.0 (7.2)
Cannot classify	75	2.4	36.1 (13.2)
Total	3140	100	35.3 (11.5)

and "Other". Participants who chose "Other" were free to specify their self-identity and these responses were further coded to create the three additional categories of "Queer Women", ¶ "Queer Men" and "Gender Queer"**. A small percentage of responses could not be coded into any of these categories and are labeled "Cannot Classify".

Sample profile

The sexual orientation and gender identities of the sample are shown in Table 1. The majority of participants identified themselves as gay (41.9%) or lesbian (30.3%). There was wide variation in the sample sizes for the different sexual orientation and gender identity groups, which limits between-group comparisons; the results for groups with smaller sample sizes should be interpreted with caution. There was similar participation from non-trans women (45.3%) and non-trans men†† (46.7%), with a smaller group of transgender‡‡ and transsexual§§ participants (5.6%). The mean age of the sample was 35.3 years (range: 13 to 91 years) (see

¶ Queer is an umbrella term that seeks to encompass a broad range of sexual orientation identities, behaviours and expressions. Sometimes it is used as a short form that includes lesbian, gay, and bisexual.

** A person who identifies their gender outside the gender binary system of male and female and may be fluid with gender presentation or not conform to gender stereotypes.

†† Non-trans women are lesbians, bisexual women and queer women, while non-trans men are gay men, bisexual men and queer men.

‡‡ A person whose gender expression transgresses gender norms or crosses society's idea of gender lines.

§§ A person whose gender identity is different from the biological sex that they were assigned at birth and who may choose to change their sex.

Figure 2. Comparison of the Canadian Community Health Survey and Toronto Rainbow Tobacco Survey Respondents by Smoking Status **Figure 3.** Smoking Prevalence by LGBTTQ Identity Group

* "Other" composed of Queer Men, Male to Female Transwomen, Female to Male Transmen, Gender Queer and "Cannot Classify"

Table 2. Percentage of Toronto Rainbow Tobacco Survey Respondents by Smoking Status by LGBTTQ Identity Group (N=3,140)

Self-identify as... (N)	Daily	95% CI	Occasional	95% CI	Former	95% CI	Never	95% CI
Lesbian (951)	24%	21.3-26.7	9%	7.2-10.8	31%	28.1-33.9	36%	32.9-39.1
Gay men (1316)	28%	25.6-30.4	6%	4.7-7.3	23%	20.7-25.3	43%	40.3-45.7
Bisexual women (312)	34%	28.7-39.3	11%	7.5-14.5	22%	17.4-26.6	33%	27.8-38.2
Bisexual men (114)	36%	27.2-44.8	9%	3.7-14.3	18%	10.9-25.1	37%	28.1-45.9
Queer women (159)	26%	19.2-32.8	13%	7.8-18.2	22%	15.6-28.4	39%	31.4-46.6
Other (288)	27%	21.9-32.1	8%	4.9-11.1	29%	23.8-34.2	36%	30.5-41.5

Table 1) with average ages ranging from 28.0 to 37.4 across all sexual orientation and gender identity groups. The geographic distribution shows that survey respondents resided in every FSA in Toronto, with a concentration of participants residing in the downtown core.

Smoking prevalence

Overall, 36% (95% CI 34.0-37.4) of LGBTTQ participants reported that they were currently smoking, 25% (95% CI 23.9-26.9) were former smokers and 39% (95% CI 37.2-40.6) had never smoked. This compares with the Canadian Community Health Survey (CCHS 2005) which found a smoking prevalence among Toronto adults (15+) of 18.9% (95% CI 17.2-20.6) currently smoking, 33.5% (95% CI 31.3-35.6) having smoked in the past and 47.7% (95% CI 45.5-49.9) never having smoked. A comparison of the smoking status of the TRTS participants and Toronto adults (15+) from the CCHS 2005 is shown in Figure 2.

The smoking prevalence rates ranged from 33% (95% CI 30.0-36.0) to 45% (95% CI, see below) across the different sexual orientation and gender identity groups of the sample, with bisexual women and bisexual men reporting the highest smoking rate at 45% (95% CI 39.5-50.5 for bisexual women, and 95% CI 35.9-54.1 for bisexual men) (see Figure 3).

There was only one gender difference found in the percentages of smokers within the different sexual orientation and gender identity groups of the sample, as lesbians and gay men reported similar rates at 33% (95% CI 30.0-36.0) and 35% (95% CI 32.4-37.6), and bisexual women and bisexual men reported the same rate of 45% (95% CI 39.5-50.5 and 95% CI 35.9-54.1, respectively). Queer women were slightly more likely to be smokers (39%, (95% CI 31.4-46.6)) than gay men (35%, (95% CI 32.4-37.6)). This contrasts with CCHS 2005 reports of smoking prevalence in Toronto adults (15+) where men were more likely to be current smokers (24%, (95% CI 21.0-27.1)) than women (14%, (95% CI 11.8-16.2)).

Overall, smoking prevalence declined with age with participants in the 15-19 year age group (57%, (95% CI 48.2-63.8)) more likely to be current smokers compared to participants in the 55-59 year age group (22%, (95% CI 15.9-28.0)) and to those over 60 years of age (28%, (95% CI 19.6-36.4)). More than half (53%, (95% CI 43.7-62.3)) of the non-smokers over 60 were former smokers, the largest group of former smokers in any age category. This pattern differs from the distribution of current smokers by age based on the CCHS 2005 data for Toronto. It showed that smoking prevalences for those in the 15-19 and 55-59 year age groups were substantially lower at 12.9% (95% CI 7.7-18.1) and 12.7% (95% CI 5.6-19.8), respectively. For those over 60 years of age, the rates were almost one third of that found in the LGBTTQ survey at 9.5% (95% CI 7.1-11.9).

Smoking status

The smoking status rates also varied across the different sexual orientation and gender identity groups of the sample (see Table 2), with bisexual men most likely to be daily smokers (36%, (95% CI 27.2-44.8)), and both bisexual women (33%, (95% CI 27.8-38.2)) and lesbians (36%, (95% CI 32.9-39.1)) least likely to report never smoking.

Smoking behaviour

The average number of cigarettes per day for LGBTTQ current smokers was 10.8 (95% CI 10.2-11.4), ranging from 8.5 cigarettes/day for smokers under the age of 15 (95% CI 6.7-10.3) to 18.5 cigarettes/day for smokers over the age of 60 (95% CI 14.3-22.7). It is interesting to note that while smoking prevalence is lower among the older age groups, it appears that those who do smoke, smoke more cigarettes than younger smokers. In the general Toronto population based on data from the CCHS 2005, the average number of cigarettes per day for current smokers age 15+ was 10.59 (95% CI 9.6-11.6) while for the group 60+ years, it was markedly lower at 12.3 (95% CI 9.2-15.4).

The average number of cigarettes per day varied across the different sexual orientation and gender identity groups of the sample. A gender difference was found in the average number of cigarettes/day within the different sexual orientation groups of the sample, as bisexual men smoked the greatest number of daily cigarettes (15.2, (95% CI 11.2-19.2)) and bisexual women smoked the least (7.3, (95% CI 6.0-8.6)). Further, gay men smoked more daily cigarettes than lesbians (12.5 vs. 9.5, (95% CI 11.5-13.5 and 8.5-10.6 respectively)).

On a daily basis, 64% (95% CI 60.3-66.7) of smokers were light smokers (<15 cigarettes), 24% (95% CI 20.9-26.6) were moderate smokers (15-24 cigarettes), and 13% (95% CI 10.7-15.2) were heavy smokers (25+ cigarettes).

DISCUSSION

The evidence from this study suggests that Toronto's LGBTTTQ people are more likely to smoke cigarettes than the city's general population (36% versus 19%, respectively). These findings support and are supported by other studies investigating smoking prevalence among selected subgroups of the LGBTTTQ subpopulations.^{3,4,10} This difference seems to be particularly strong for young people (15-19 year age group) at 57% prevalence. The highest rates were found for bisexual women and men at 34% and 36%, respectively. Rates of "never smokers" among LGBTTTQ subgroups were lower (39%) than among the general population (48%) (CCHS 2005 prevalence rates reported for Toronto for 15+ years). This is the first study that identifies smoking prevalence relative to nine subgroupings of LGBTTTQ population, which is important because these subgroups may correspond to "communities" with distinct prevalence, vulnerabilities and pathways to risk for smoking.

The main limitation of the study is the use of a convenience sample, which makes it difficult to generalize results since the representativeness of the sample is unknown. Convenience sampling is often used in surveying LGBTTTQ community members because of their low incidence in the population and the consequent expense of obtaining a representative sample, as well as issues associated with willingness to disclose sexual orientation. The challenges in surveying this population are evidenced by data from the Canadian Community Health Survey 2005, in which approximately 2% of the population 18 to 59 years reported that they considered themselves homosexual or bisexual, a substantially lower percentage than expected compared to estimates for the Toronto LGBTTTQ population discussed above. Given these statistics and the sample size of the Canadian Tobacco Use Monitoring Survey (n=20,000 for Canadians 15+ years of age), for example, it is unlikely that the results would be reportable if questions on sexual orientation were included.¹¹

A second limitation was the omission of questions on income or education levels, which are known correlates to smoking behaviour. A third limitation is that, as in other research, data are most robust for gays and lesbians because of the size of the population, and weaker for other categories. The small sample sizes of trans subgroups meant that these categories were collapsed into "other", thereby limiting our findings about these small but important subgroups. Finally, the reliability of the two questions used to identify sexual orientation and gender is unknown. Some research has suggested that beyond asking about sexual identity, attention also needs to be directed to sexual attraction and actual sexual behaviour.¹²

Toronto is thought to have the largest LGBTTTQ population in Canada. Other studies have identified unique smoking issues and cessation needs for the LGBTTTQ population.¹³ At the time of the study, there were only two smoking cessation programs in the city directed and tailored to this population, each serving between 9 and 15 participants. Treatment resources need to be expanded to address the most at-risk LGBTTTQ subpopulations, including youth, bisexual people and gender queer people. Further, the providers of mainstream tobacco cessation programs and services need to be educated about LGBTTTQ smoking issues and their particular cessation concerns. In terms of health promotion, tobacco control efforts targeting the LGBTTTQ subpopulations in Toronto are warranted, including social marketing campaigns to raise awareness and educate LGBTTTQ people about this significant health issue in their communities.

Given higher smoking prevalence rates and the associated health problems, future research in this area should focus on the development of techniques for effectively identifying the LGBTTTQ population and conducting health/lifestyle surveys to produce more information about LGBTTTQ smoking and other substance use across Canada. Small-scale studies will be necessary to determine prevalence rates in the trans subgroups that are smaller in size and where data are currently weakest. Further research is also needed to identify the reasons for tobacco use initiation and continuation among LGBTTTQ subpopulations in order to enhance the effectiveness of health promotion, prevention and treatment efforts. Recognition and consideration of the differences between the LGBTTTQ subpopulations and thoughtful selection of questions to identify sexual orientation and gender are advised.

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RÉSUMÉ

Objectif : Des recherches aux États-Unis font état d'une plus grande probabilité de tabagisme chez les lesbiennes, les hommes gais et les personnes bisexuelles comparativement à la population générale. Toutefois, la prévalence du tabagisme dans ces sous-populations au Canada n'est pas bien attestée. Nous avons voulu déterminer la prévalence du tabagisme dans les sous-populations LGBTBA de Toronto, en Ontario.

Méthode : Un questionnaire d'auto-évaluation a été administré entre avril et juillet 2006 à un échantillon de commodité de personnes lesbiennes, gaies ou homosexuelles, bisexuelles, transgenres, bispituelles et allosexuelles (LGBTBA) résidant à Toronto (Ontario). Éléments mesurés : l'usage passé et actuel du tabac, l'orientation sexuelle, l'identité de genre, l'âge et le quartier résidentiel.

Résultats : En tout, 3 140 membres de la communauté LGBTBA ont répondu à l'enquête Toronto Rainbow Tobacco Survey (TRTS). Globalement, 36 % des participants LGBTBA ont dit fumer actuellement,

25 % étaient d'anciens fumeurs, et 39 % n'avaient jamais fumé. Les taux de prévalence du tabagisme variaient de 24 % à 45 % entre les différents groupes d'orientation sexuelle et d'identité de genre compris dans l'échantillon; les femmes bisexuelles et les hommes bisexuels ont déclaré les taux de tabagisme les plus élevés, à 45 %. L'étude fait également état du premier taux connu de prévalence du tabagisme chez les personnes allosexuelles (queer), à 44 %. Les jeunes participants LGBTBA ont déclaré des taux de tabagisme encore plus élevés.

Conclusion : Cette étude corrobore les résultats de recherches antérieures menées dans d'autres endroits – les taux de tabagisme observés dans les sous-populations LGBTBA de Toronto sont supérieurs ou égaux aux taux constatés dans la population en général. Les taux relativement plus élevés chez les jeunes LGBTBA et les personnes bisexuelles et allosexuelles devraient être pris en compte dans les initiatives ciblées de sensibilisation et d'arrêt du tabac. L'étude aborde aussi la nécessité de pousser la recherche sur certains aspects.

Mots clés : tabagisme; comportement sexuel; homosexualité; enquêtes de santé

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The production of this resource targeted at higher-risk groups, their caregivers and the broader Canadian population was made possible through an unrestricted educational grant from Maple Leaf Foods Inc.

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