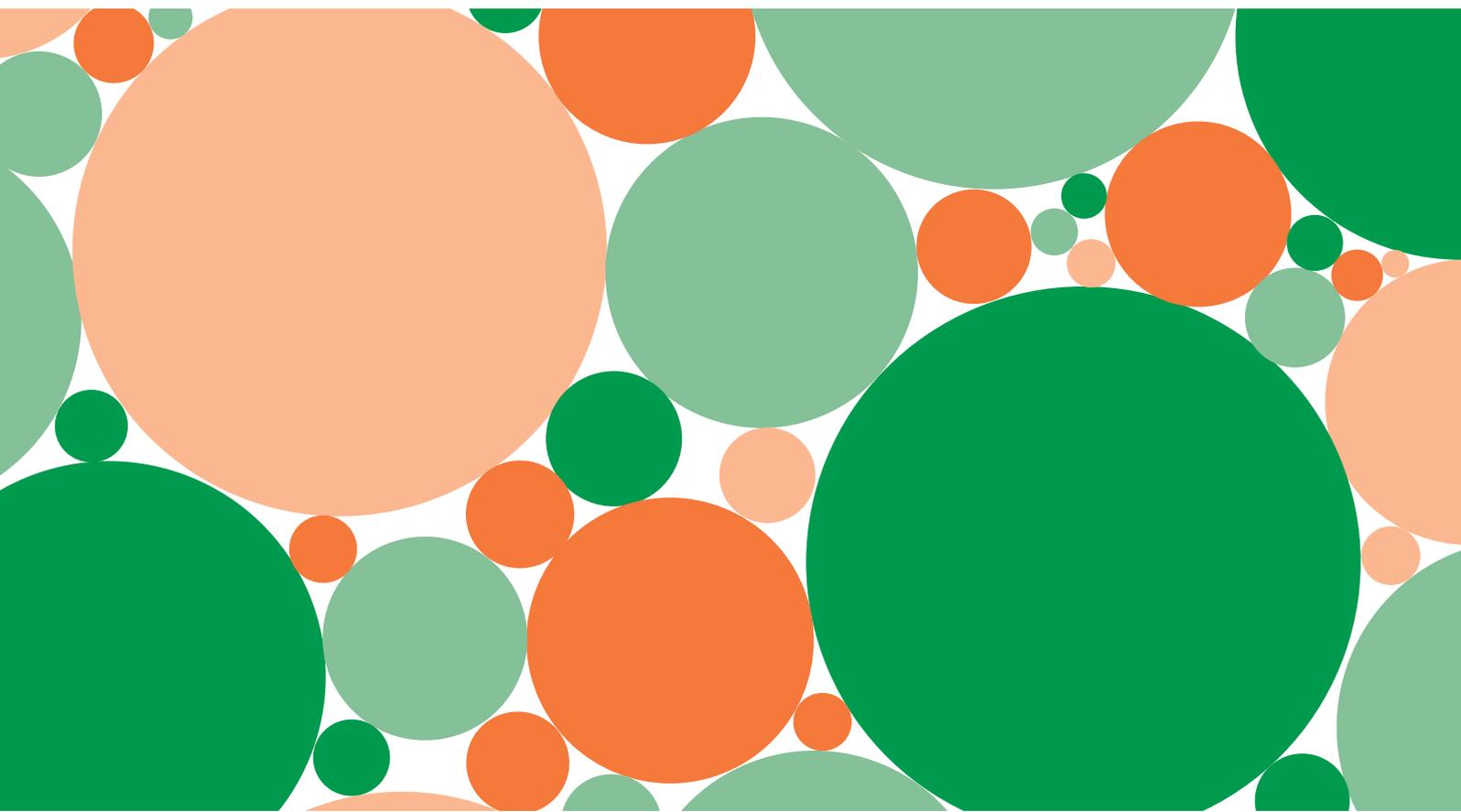
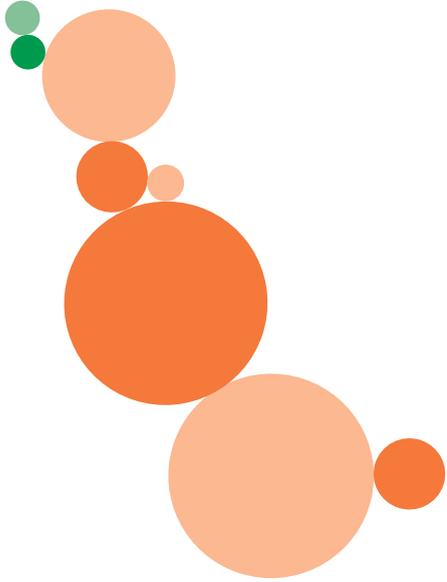


Briefing 8

Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people

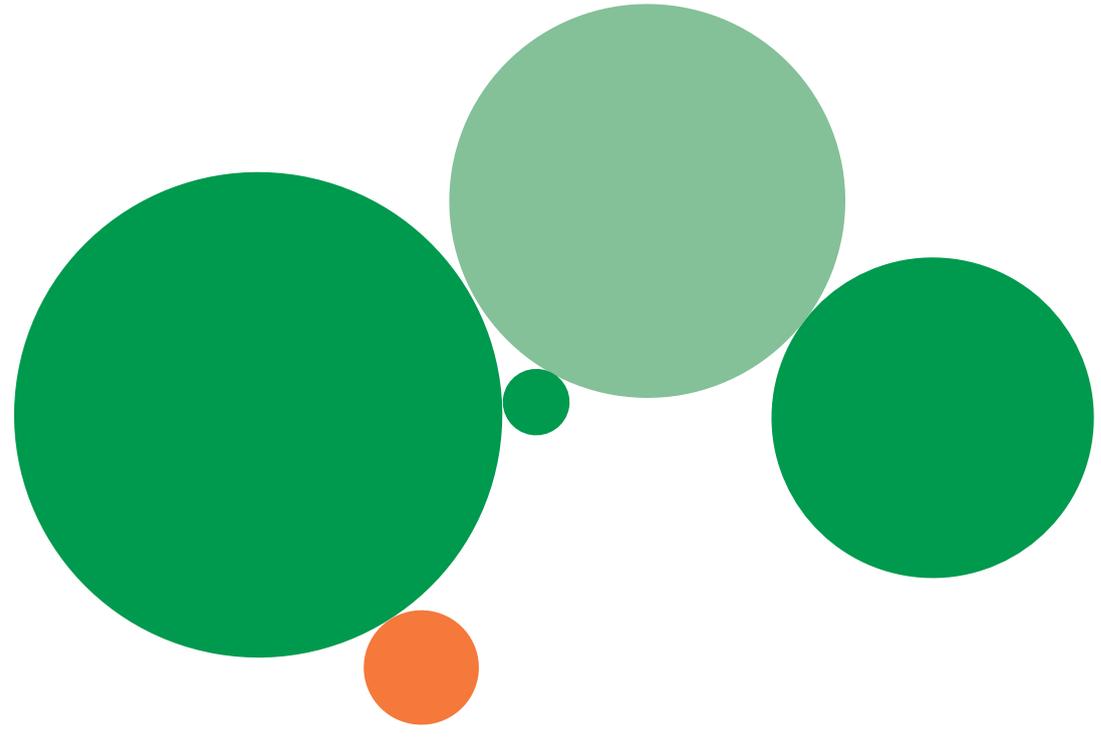


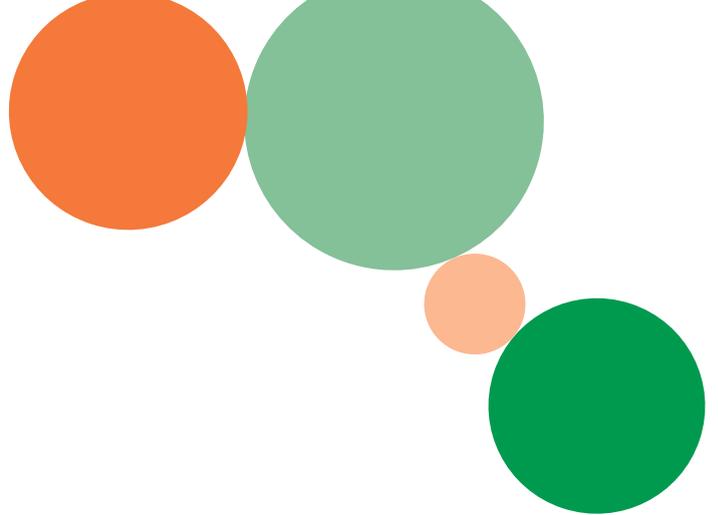


(a) Specific healthy lifestyle issues for LGBT people

Lesbian, gay, bisexual and trans (LGBT) people are believed to lead less healthy lifestyles: they have higher levels of alcohol consumption, are more likely to smoke and more likely to misuse drugs than heterosexual people. Although there has been some controversy about these assumptions, researchers have pointed to the lack of social spaces for LGBT people apart from pubs and clubs. They suggest that LGBT people have been obliged to use the 'scene' and to fit in with a drinking culture. There is also an association between harassment in the workplace and alcohol problems for lesbian and bisexual women in comparison with heterosexual women¹ (see also Briefing 7 and Briefing 11).

Smoking was (until the recent ban) common in bars and clubs and the risk of lung cancer is increased for non-smokers due to exposure to second-hand smoke. Some LGBT people may use alcohol and tobacco as coping mechanisms in dealing with homophobia. Homophobia may also lower self-esteem and undermine a person's ability to avoid pressures to drink or smoke.





(b) Smoking

Lesbian, gay and bisexual (LGB) people are significantly more likely to smoke than heterosexuals. Being 35–44 years old and having lower educational attainment and low household income are associated with smoking in LGB people.² Smoking increases the risk of lung cancer and other diseases, such as cervical cancer in women, and it accelerates the onset of AIDS among people living with HIV.



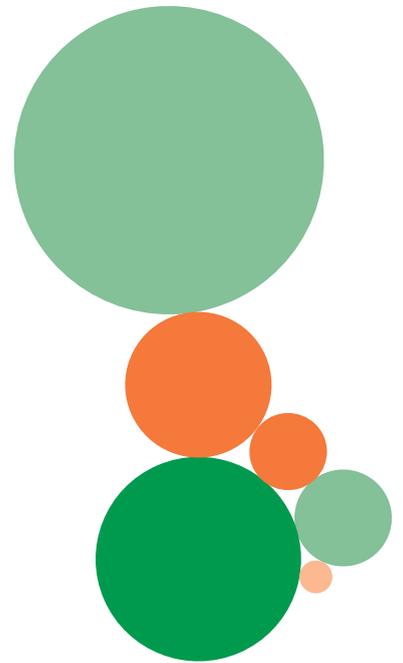
(c) Alcohol consumption

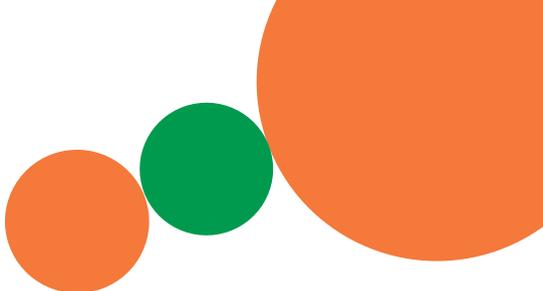
Lesbian and bisexual young women are at increased risk of a number of alcohol-related behaviours compared with heterosexual adolescent women. They are more likely to have used alcohol in the past month and more likely to have had episodes of binge drinking in the past year, and they report a higher average number of alcoholic drinks usually consumed when drinking.³

Among adult lesbian and bisexual women, abstinence rates from alcohol were found to be lower, and they were more likely to report alcohol-related social consequences and alcohol dependence, and to have sought help in the past for an alcohol problem.⁴

The greatest difference in alcohol use patterns appears to be found among women in the 26–35-year-old age range. Lesbian and bisexual women were more likely to have higher levels of alcohol consumption, both in frequency and quantity.⁵

Although gay men spent more time in bars and at parties compared with other groups of men, the frequency of being in heavier drinking environments does not appear to be associated with heavier drinking.⁶ Among young gay and bisexual men, there were no differences in alcohol-related behaviours in comparison with heterosexual young men.⁷



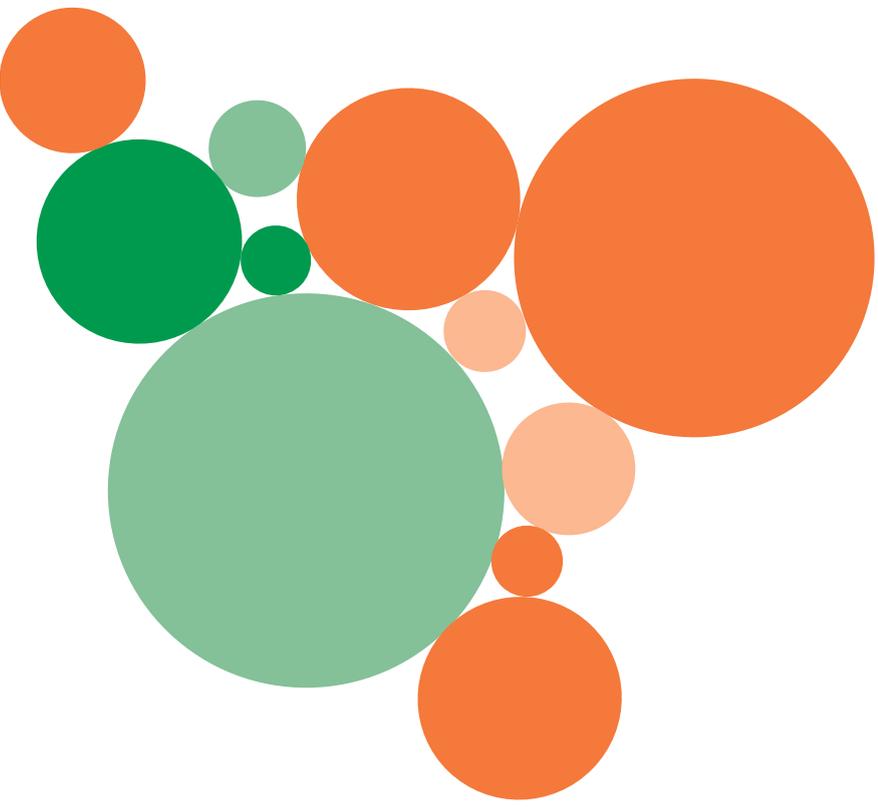


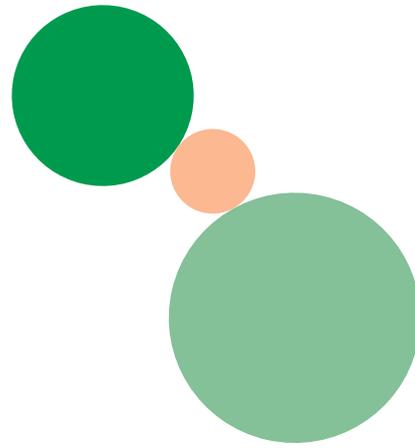
(d) Substance misuse

Gay men and lesbians are more likely to have used a range of recreational drugs compared with heterosexuals. High levels of drug misuse may lead to risky sexual behaviour, including unprotected sex. Furthermore, there is evidence to suggest an increasing trend towards poly-drug use, for example poppers and Viagra, which may have significant side effects.⁸

Community surveys have found that bisexual men are as likely as gay men to use alcohol, poppers and gamma hydroxybutyrate (GHB). They are much more likely to have used all other drugs, including cannabis, acid, ecstasy, speed, cocaine and ketamine.⁹

Substance abuse is a concern among trans communities. Barriers to accessing treatment include a lack of sensitivity by service providers and gender segregation within programmes, which serves to exclude trans people.¹⁰



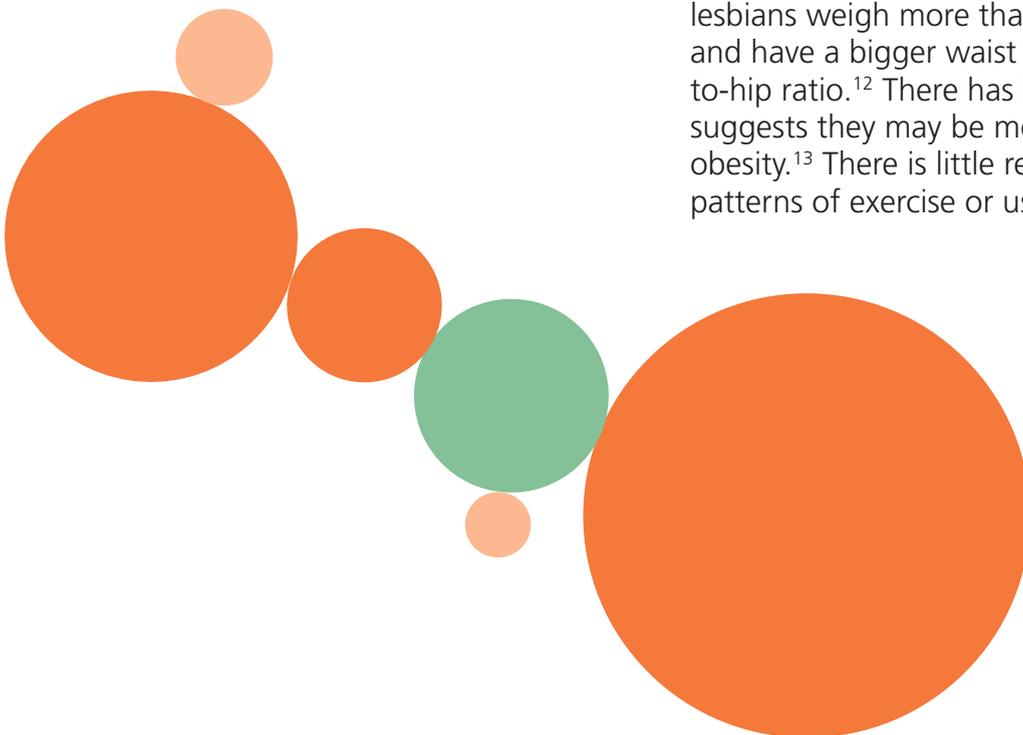


(e) Eating disorders (among gay men)

Gay men are more likely to engage in recurrent binge eating and purging compared with heterosexual men. Unlike heterosexual women with eating disorders (with whom they have often been compared), concern about their weight is not the biggest issue for gay men. Instead, eating disorders are more likely to be linked to aspirations to the ideal gay male body shape, which is both slim and muscular.¹¹

(f) Obesity (among lesbians)

Lesbians are believed to be more likely to have a higher body mass index than heterosexual women. Studies have found that on average lesbians weigh more than heterosexual women and have a bigger waist circumference and waist-to-hip ratio.¹² There has been some research that suggests they may be more likely to be at risk of obesity.¹³ There is little research about lesbians' patterns of exercise or use of gyms.



(g) Evidence and statistics

Smoking

- Young lesbian and bisexual women were almost 10 times more likely to smoke at least weekly compared with heterosexual women.¹⁴
- 25% of lesbians are smokers, compared with 15% of heterosexual women.²
- 33% of gay men are smokers, compared with 21% of heterosexual men.²

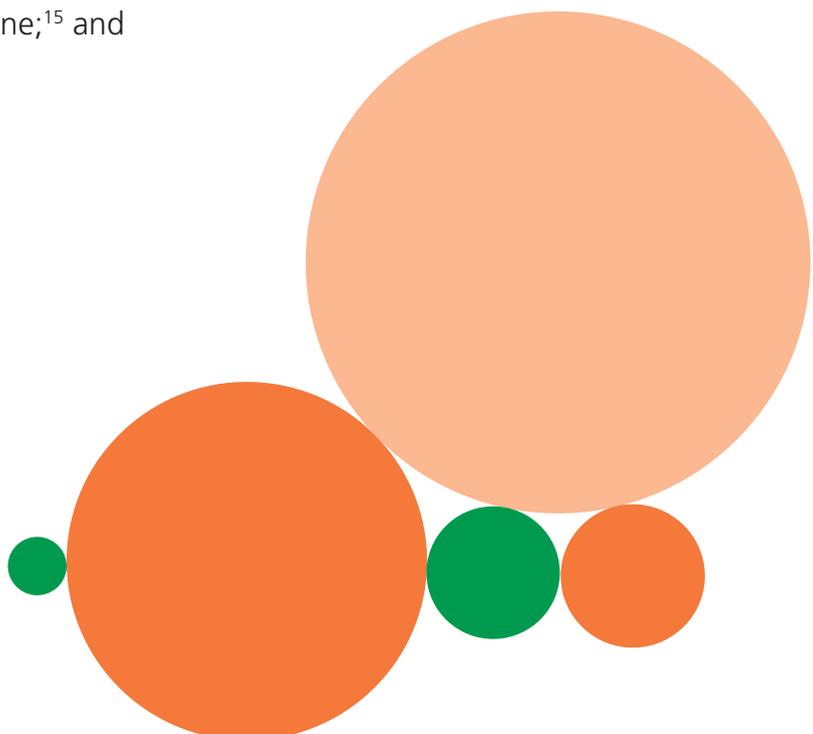
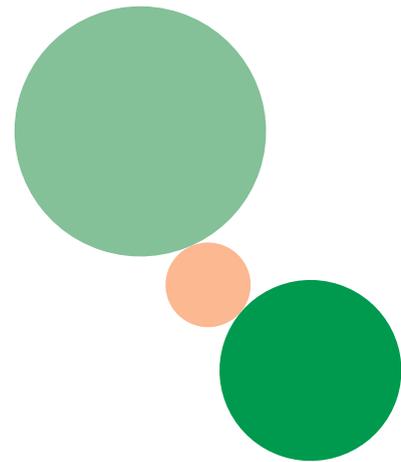
Alcohol

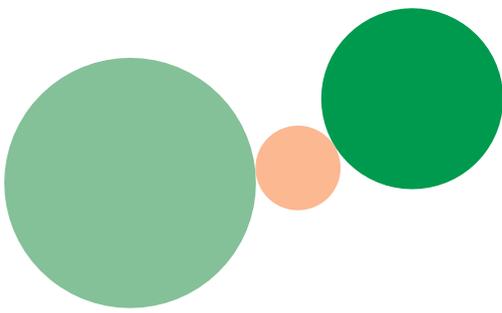
- Lesbian and bisexual women aged 20–34 years reported higher weekly alcohol consumption and less abstinence compared with heterosexual women.⁴

Substance misuse

In comparison with young heterosexual people, young LGB people are:

- three times more likely to use MDMA/ecstasy;¹⁵
- eight times more likely to use ketamine;¹⁵ and
- 26 times more likely to use crystal methamphetamine.¹⁵



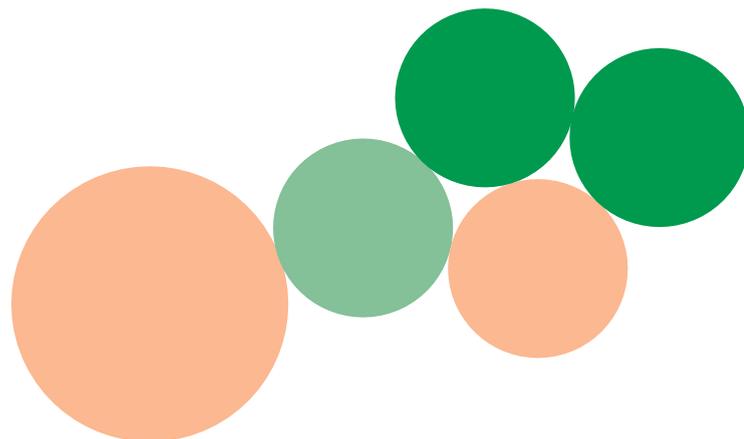


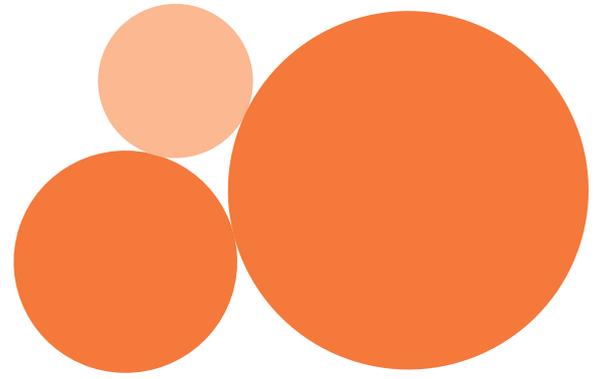
(h) Policy and legislation

Recent policy and legislative changes may offer possibilities for improvement in the health of LGBT people. The key health strategy White Papers, *Choosing Health* (2004)¹⁶ and *Our Health, Our Care, Our Say* (2006),¹⁷ have identified the Government's vision for improving people's health and for a needs-led service.

Choosing Health recognises that health is linked to the way people live their lives. It aims to tackle the causes of ill health and reduce inequality. *Choosing Health* identifies key areas of health inequality known to have relevance for LGBT communities: smoking, alcohol consumption and obesity and also sexual health. LGBT people's needs in relation to these four lifestyle issues should be more explicit in guidance.

Our Health, Our Care, Our Say aims to achieve better access to general practice and community services. This White Paper introduces Practice Based Commissioning, which may allow GPs to offer services, eg smoking cessation programmes, that are more suited to the needs of LGBT people.





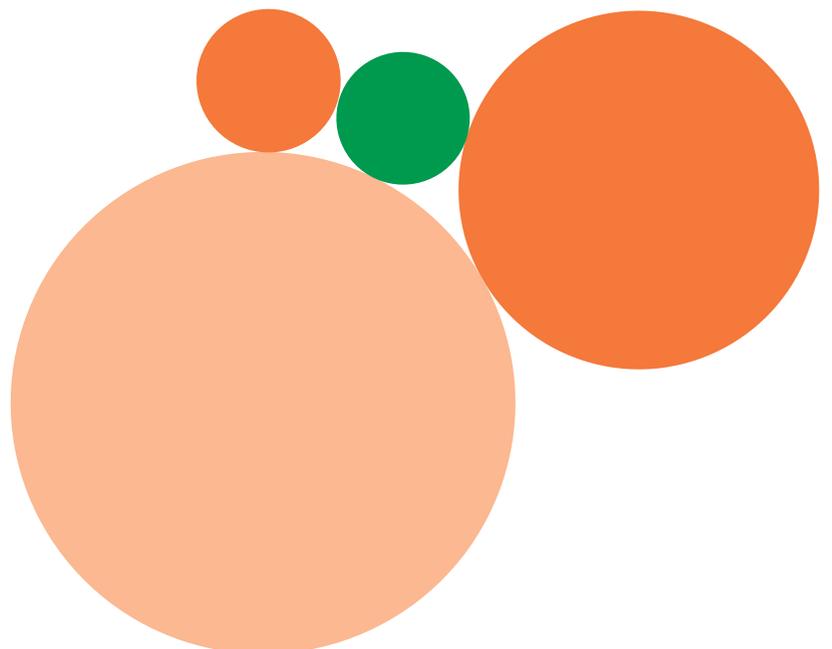
(i) Implications for service commissioners and providers

One of the core principles of the NHS Plan (published in 2002) is to challenge discrimination – including on the grounds of sexual orientation. This means that commissioners and providers should actively consider how services are delivered and how they are perceived by LGBT service users.

There is evidence to suggest that tailored interventions are effective in enabling gay men to stop smoking.¹⁸

Steps should be taken to ensure representation of LGB people in smoking surveillance and to collect data in order to understand the high smoking rates in these groups. Alcohol and smoking prevention and cessation interventions should be targeted at LGB people.

Services for gay men with eating disorders need to address their particular health concerns, rather than assuming gay men's needs are the same as those of heterosexual women. Further research is needed to identify lesbians' needs in relation to weight issues.



(j) Links and resources

Lesbians and Alcohol Misuse: A Guide for Alcohol Workers

Gay and Lesbian Youth in Calderdale.

www.homestead.com/galyic/alcoholworkers.html

GMFA

This gay men's health charity offers stop smoking courses for gay men.

www.gmfa.org.uk/londonservices/courses/gmfa-courses

Healthy Gay Life

A Birmingham-based service that promotes sexual, mental and social health and wellbeing for gay and bisexual men.

www.hgl.nhs.uk/menu.htm

LGBT Centre for Health and Wellbeing

The centre offers stop smoking courses for LGBT people.

www.lgbthealth.org.uk/health.php

Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health

This is a companion document to US health policy and provides evidence about LGBT people's health.

www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf

The Hungerford Drug Project

The Hungerford Drug Project provides substance misuse services for LGBT people.

www.thehungerford.org

(k) General resources

All About Poppers

Provides information about alkyl nitrites, known as 'Poppers'.

www.allaboutpoppers.com

FRANK

FRANK offers advice, information and support about drugs. It is anonymous and discreet.

www.talktofrank.com

Alcohol Concern

Alcohol Concern is the national voluntary organisation on alcohol misuse.

www.alcoholconcern.org.uk

DrugScope

DrugScope is the UK's leading independent centre of information and expertise on drugs.

www.drugscope.org.uk

NHS Stop Smoking Services

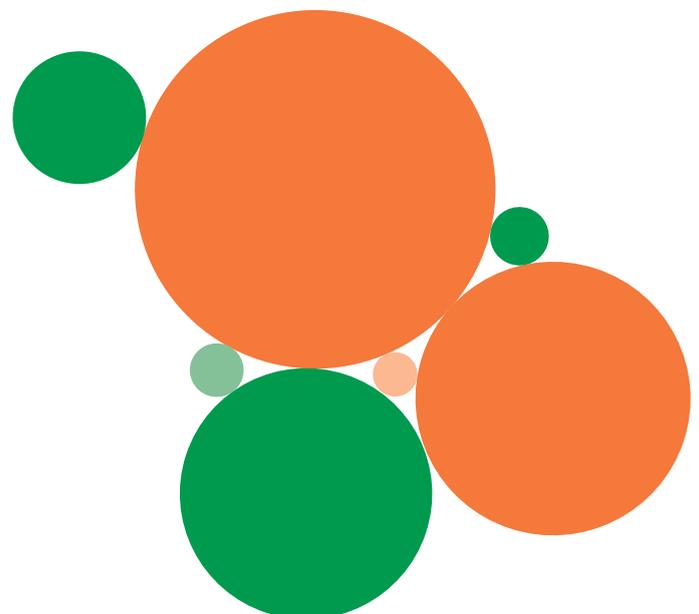
Provides advice and online materials on going smokefree.

www.givingupsmoking.co.uk

Lifeline

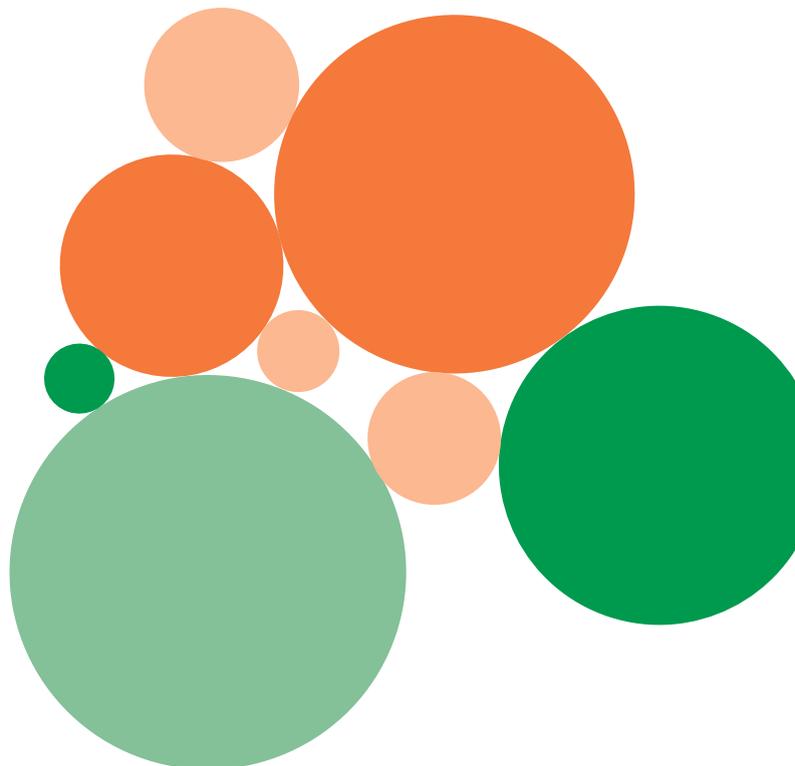
Lifeline aims to relieve poverty, sickness and distress among people affected by addiction to drugs.

www.lifeline.org.uk



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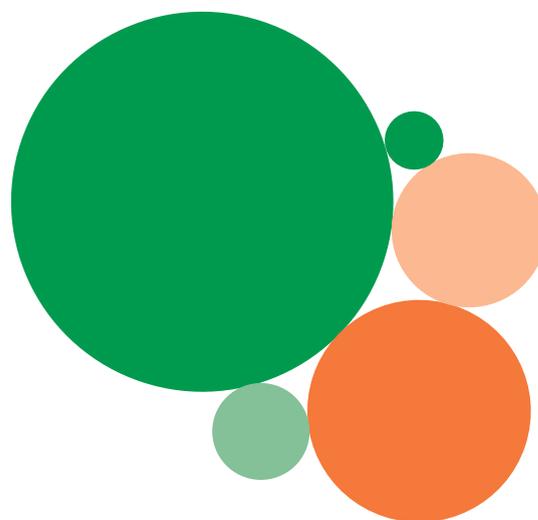
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