



Lesbian, Gay, Bisexual & Transgender Communities



Jennifer Bluem Moran, M.A., T.T.S.

20th Annual Nicotine Dependence Conference
May 20-22, 2013

*Nothing to disclose

Learning Objectives

- Describe the epidemiology of tobacco use among LGBT people in the U.S..
 - Describe the diversity of the community, and the unique challenges regarding prevention, control, and cessation.
 - Review Mpowered: Best and Promising Practices for LGBT Tobacco Prevention and Control
- The Network for LGBT Health Equity

Acknowledgments

- American Legacy Foundation



- The Network for LGBT Health Equity



- National LGBT Tobacco Control Network
 - www.lgbttobacco.org
 - Dr. Scout, PhD, Network Director





Tobacco Control in LGBT
Communities
American Legacy

Mpowered: Best and Promising Practices for LGBT Tobacco Prevention and Control Network for LGBT Health Equity



Priority Populations

- African American 19.8%
- Asian American/Pacific Islander 9.6%
- Hispanic/Latino 18.0%
- Native American/Alaska Native 36.7%
- Low Socio-Economic Status (LSES) 30.0%
- Lesbian, Gay, Bisexual, & Transgender (LGBT) 44.0%

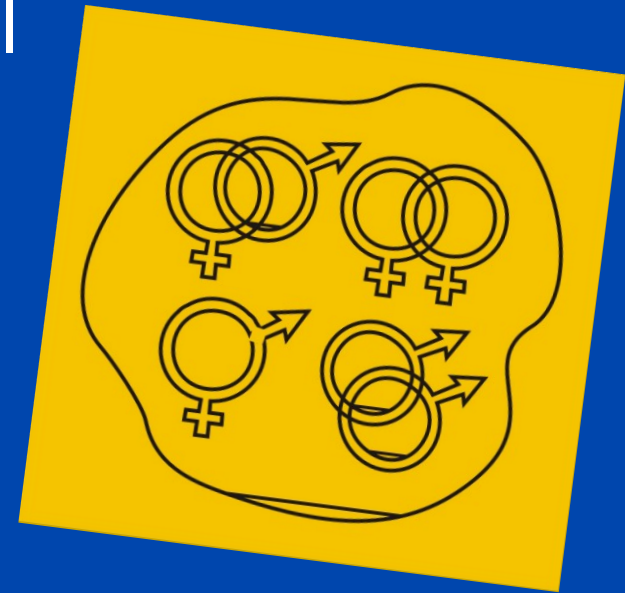
American Legacy Foundation,
2010

Who are LGBT(Q) people?

This demographic cuts across all other demographics

There are LGBT(Questioning) people in every race, ethnicity, religion, and cultural background

Subgroups within the umbrella term “LGBT(Q)” are very diverse



Disproportionate Impact

- LGBT adults may be 1.5 to 2.5 times more likely to smoke than their heterosexual counterparts

(Lee, Griffin, Melvin, Tobacco Control, 2009)

- 32.8% of LGBT people Smoke

(2009-2010 National Adult Tobacco Survey)

- Surveys by 7 states have found rates among LGB populations ranging from 35.3%-118.1% higher than the general population



Rainbow Health Initiative Study:

MN smoking rate is:
17%

41% of LGBT in
MN smoke

Cardona, Hastings, Zemsky, 2005

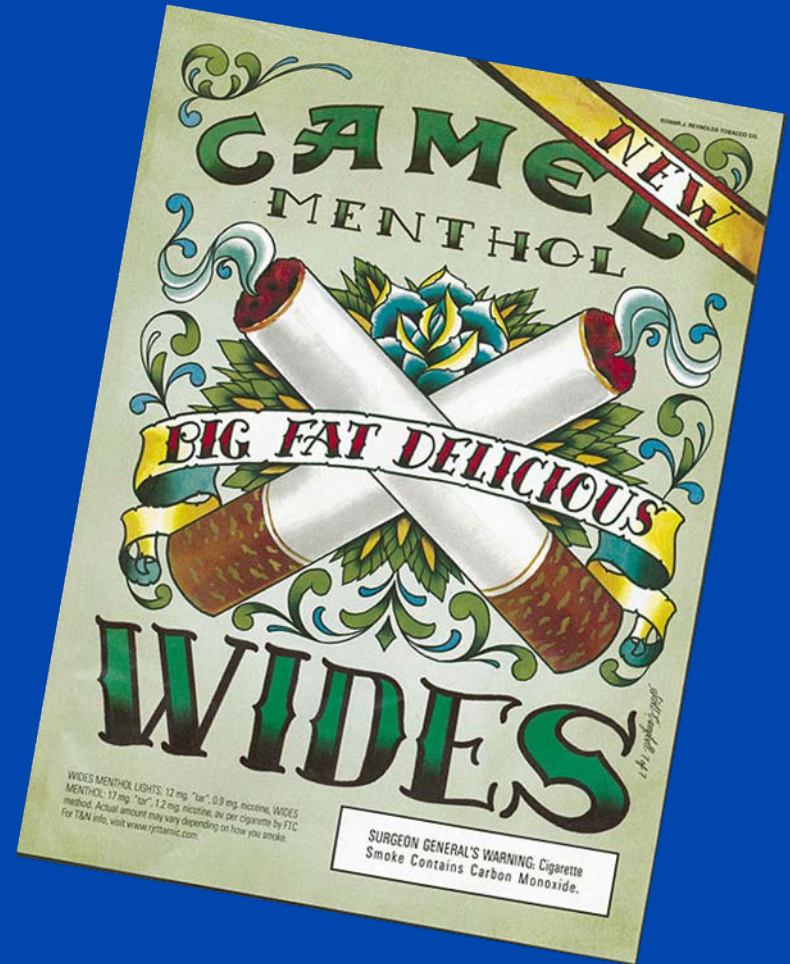
Youth & Young Adults

- 18 yr old lesbian women 2x more likely and bisexual women 3x more likely than heterosexual women to smoke
- 18 yr old gay men 80% more likely to smoke than heterosexual men



Race & Ethnicity

- An additive effect:
 - Across all ethnic groups, LGBT have significantly higher rates of smoking



California LGBT Tobacco Survey

- LGBT men smoked at rates 50% higher than other men
- LGBT women almost 200% (that's not a typo) higher than other women



American Legacy Foundation

Tobacco Control in LGBT Communities 2012

<http://www.legacyforhealth.org/lgbt>

Why do we smoke more?

• Social Stigma

- Laws allowing discrimination
- Increased violence and abuse
- Internalized and externalized homophobia
- School and community isolation
- Family-related stress
- Lower SES
- Youth coming out (seeking role models)



Why do we smoke more?

• Bar and Club Culture

- Association with alcohol and other substances
- Safe Place
- “tobacco chic” – hip, trendy image
- Ice-breaker
- Peer pressure
- Status symbol
- “bar nights”
 - Advertising
- Build community



Why do we smoke more?

- Health Disparities and Access to Health Care
 - Invisibility
 - No data, “coming out” may compromise care
 - Youth
 - Internalized homophobia, 4X higher suicide rate
 - Mental Health
 - Higher rates of anxiety, depression, substances
 - Increased prevalence
 - Higher rates of lung and other kinds of cancer, COPD



Why do we smoke more?



- Normalizing Smoking
 - Explicit tobacco advertising
 - Cigarettes in ads for other stuff
 - Cigarettes=celebrities & glamour
 - Positive/neutral images are normalizing

Why do we smoke more?

- Tobacco Industry Targeting

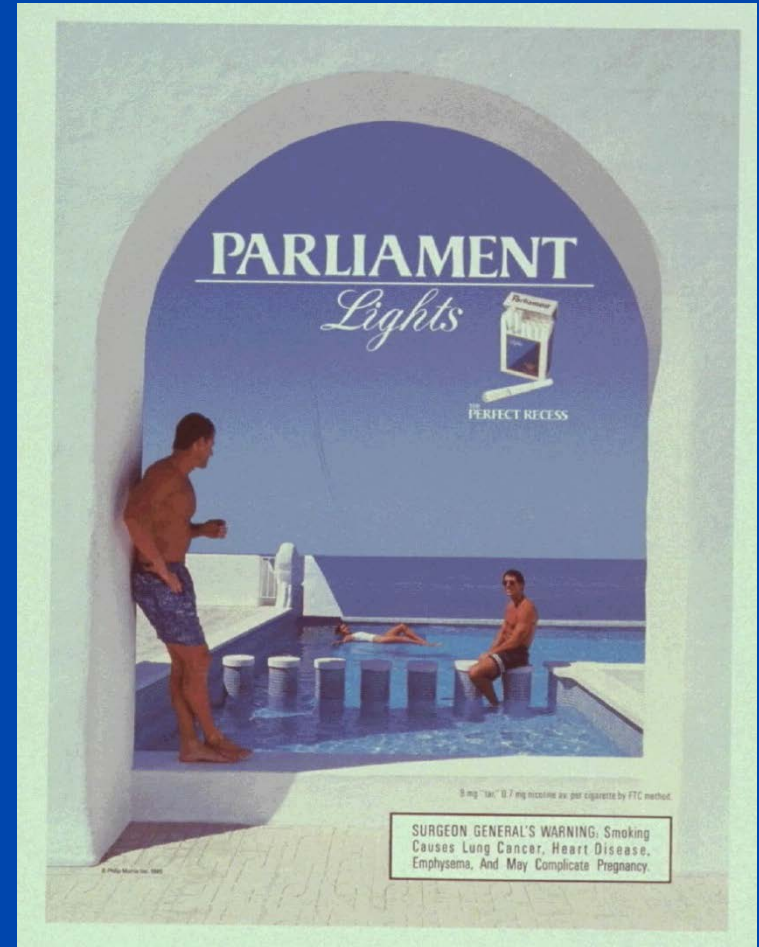
- Individuality
- Independence
- Freedom(s)
- Rebellion
- Need for affiliation



“Marketing to us legitimizes us”

L. Penaloza

- Direct marketing
- Indirect marketing
- Event organization and sponsorship
- Social media
- Bar nights





Why do we smoke more?

• Co-opting the Community

- Hire openly LGBT employees
- Fund AIDS and LGBT organizations
- Advertise in LGBT media
- Hire members of the LGBT groups as industry advocates



But -We don't feel targeted



- In the California LGBT Tobacco Survey 7 out of 10 LGBT men and 4 out of 5 LGBT women thought that smoking was no bigger problem for LGBT than for everyone else
- Despite record high prevalence rates reported by the same group

Our leaders rarely see it as a priority

- UCSF researchers found that only 24% of 75 LGBT community leaders listed tobacco as a “top 3” LGBT health issue
- Not seen as a “gay issue” because it doesn’t affect the GLBT community exclusively

**freedom.to speak.
to choose. to marry.
to participate. to be.
to disagree. to inhale.
to believe. to love.
to live. it's all good.**



*the people of santa fe natural
tobacco company*

No additives in our tobacco
does **NOT** mean a safer cigarette.

**SURGEON GENERAL'S WARNING: Smoking
By Pregnant Women May Result in Fetal
Injury, Premature Birth, And Low Birth Weight.**

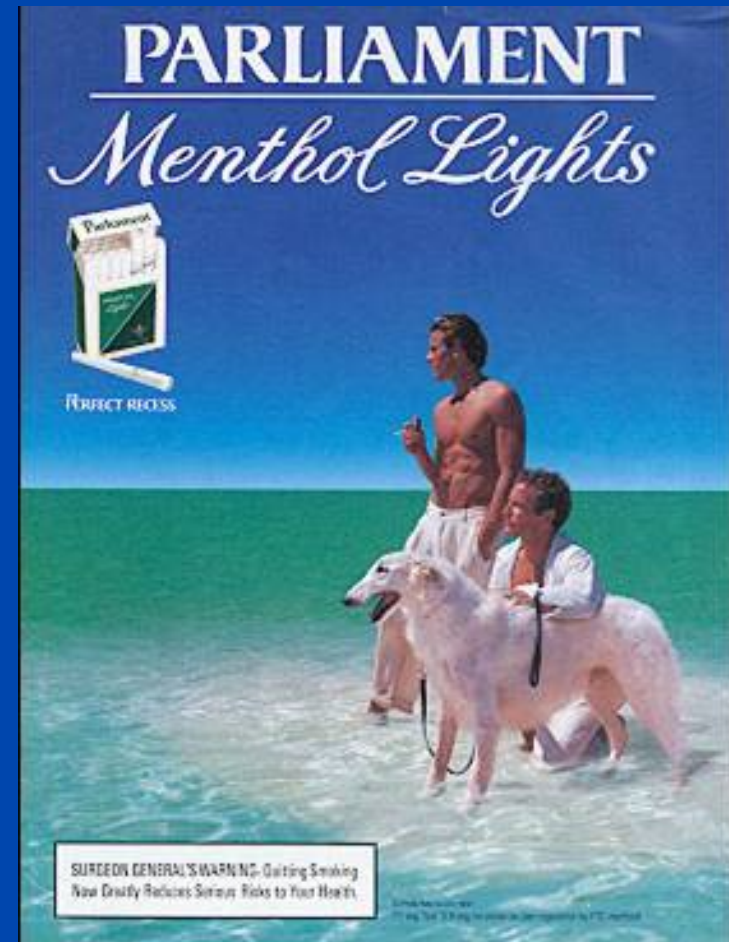
www.nascigs.com

© SPNTC 2

Natural American Spirit® is a registered trademark of Santa Fe Natural Tobacco Company.

We're not angry

- focus groups in the LGBT and African American communities found that African Americans were primarily angry when shown depictions of tobacco industry targeting, while LGBTs were primarily grateful.



The Way Forward:

MPowered:

Best and Promising Practices for LGBT Tobacco
Prevention and Control



MPowered

- Monitor the Epidemic
- Protect against second hand smoke
- Offer support to quit
- Warn of dangers of tobacco use
- Enforce protections
- Raise tobacco taxes
- Evaluate programs and disseminate findings
- Diversify the tobacco control movement



Monitor the epidemic

- National Health Interview Survey

 - *Now, with LGBT measures!! (2011)

- Adult Tobacco Survey, Behavioral Risk Factor Social Survey, Youth Risk Behavior Survey

- New Mexico, Massachusetts, and Minnesota

 - Augment with community-level data
 - Look for hidden populations

Protect against second hand smoke

- Engage the LGBT community in policy adoption
- Protect employees from exposure at work
- Make LGBT events smoke-free
 - Pride events
 - LGBT community events/festivals
 - LGBT sports events and community centers
- Make restaurants and bars smoke-free
- Make LGBT living environments smoke-free

Offer support to quit

- Awareness campaigns, treatment services should include programs targeted and/or tailored to LGBT
 - Highlight disparities in public health advocacy
 - Include LGBT-specific elements in media campaigns targeted for disparity populations
 - Use traditional and social media approaches
 - Use messaging tested with LGBT people
 - Focus on success and overcoming, rather than size of the disparity

Offer support to quit

- Increase quitline utilization and efficacy for LGBT communities
 - Include sexual orientation and gender identity questions as part of standard demographics
 - Increase saliency by providing LGBT-specific info
 - Target advertising to increase utilization
- Provide culturally competent quit advice and services
 - Trained staff
 - Safe environments

Offer support to quit

- Use evidence-based treatments
 - Clinical Practice Guidelines
 - Ask, Advise, Assist
 - Provide referrals to specialist treatment
- Funding for treatment should address LGBT users
 - All general and disparity population efforts to reduce tobacco use should include LGBT elements
 - Funding should be provided to evaluate culturally tailored programs (The Last Drag, Bitch to Quit, Out to Quit)

Warn of dangers of tobacco use

- Create media campaigns that effectively reach and impact LGBT communities
- Use LGBT media outlets and social media channels for earned, paid, and online media campaigns
- Partner with mainstream organizations to leverage LGBT inclusion in tobacco prevention and control campaigns

Enforce protections

- Counter tobacco industry influence in the LGBT community
 - Monitor industry non-media tactics, buys/promos, campaign contributions, documents
 - Challenge the industry's co-opting of the community
 - Build awareness and expose industry sponsorship
- Eliminate industry marketing in venues that serve LGBT community

Raise tobacco taxes

- Engage LGBT communities in mainstream policy change campaigns
- Use tobacco taxes to fund local control initiatives, especially serving disparity populations
- Counter potential tobacco industry manipulation of the LGBT community in tobacco tax campaigns

Evaluate programs and disseminate findings

- Programs and funders should give clear guidelines for evaluation outcomes and provide adequate funding to ensure that rigorous evaluation practices are followed
- State tobacco control evaluators should include measures of LGBT reach, assess and impact
- Evaluation results and lessons learned by LGBT community efforts should be shared

Diversify the tobacco control movement

- Tobacco policy must be created with LGBT community input on all levels
- Collaborate with nontraditional partners and allied organizations
- Engage LGBT youth to build current and future capacity for tobacco control
- Engage LGBT communities of color, transgender communities, and bisexual communities

Quit Resources

- How to Run a Culturally Competent LGBT Smoking Treatment Group

<http://www.lgbttobacco.org/resources.php?ID=18>

QueerTIPS for LGBT Smokers (UCSF)

<http://www.lgbttobacco.org/files/QueerTIPsrevManual.pdf>

- IQuit

<https://www.iquit.medschool.ucsf.edu/>

- MN Tobacco Quitline (LGBT specific)

<http://glbtcallitquitsmn.com/>

Quit Resources

- Bitch to Quit

http://www.howardbrown.org/hb_services.asp?id=380

- The Last Drag

<http://www.lastdrag.org/>

- Out to Quit

<https://www.gaycity.org/quit-smoking/>



Quit Resources

Cardona A, Hastings P, Zemsky, B. (2005). Creating and effective tobacco plan for Minnesota's Gay, Lesbian, Bisexual and Transgender Communities. Minneapolis, Minnesota; Rainbow Health Initiative.

*See appendices A and B for lists of LGBT quit resources in Minnesota and Nationwide



Provider resources

- Gay and Lesbian Medical Association

<http://www.glma.org>

Gay American Smokeout (plan an event)

<http://www.gaysmokeout.net/>

- QueerTIPS Manual

<http://www.lgbttobacco.org/files/QueerTIPsrevManual.pdf>

Provider Resources

- National LGBT Tobacco Control Network
 - www.lgbttobacco.org
 - Dr. Scout, PhD, Network Director
- American Legacy Foundation
<http://www.legacyforhealth.org/>
- The Network for LGBT Health Equity
<http://www.tobaccopreventionnetworks.org/site/c.ksJPKXPFJpH/b.2588439/>

References

Unger JB, Cruz, T, Shakib, S, et al. Exploring the cultural context of tobacco use: a transdisciplinary framework. *Nicotine Tob Res.* Dec 2003;5 Suppl 1:S101-117

Bye, L, Gruskin, E, Greenwood, G, Albright, V, Krotski K, California Lesbians, Gays, Bisexuals, Transgenders Tobacco Use Survey 2004.

<http://www.dhs.ca.gov/ps/cdic/tcs/documents/eval/LGBTTobaccoStudy.pdf>

<http://www.cdph.ca.gov/programs/tobacco/Documents/CTCP-LGBTTobaccoStudy.pdf>

Gay & Lesbian Medical Association (GLMA) Tobacco use and Interventions for Lesbian, Gay, Bisexual, and Transgender Individuals – online CME activity retrieved March 22, 2010 from

<http://74.43.176.64/Course.cfm?courseid=a23a9746-94e3-4001-98d6-a5dfedad6c24#>