

Tobacco Use in Lesbian, Gay, Bisexual, and Transgender (LGBT) Subpopulations

Executive Summary

Tobacco use rates are disproportionately high among lesbian, gay, bisexual, and transgender (LGBT) populations, yet to date, tobacco control efforts have not adequately addressed the needs of this disparate population. Between May and September 2007, the Tobacco Education and Prevention Partnership (TEPP) conducted an applied research study to look into tobacco use within these populations.

In 2006 Boulder County Public Health (BCPH) issued findings from a report written by its consultant, OMNI Research and Training, on tobacco prevention and cessation needs of LGBT populations. The report acknowledged the diversity contained within the broad LGBT population and recommended efforts to increase understanding within the LGBT *subgroups*. The recommendations in the OMNI report led to development of this project and the ensuing work to further understand the tobacco-related norms within each sub-population.

The aim of the project was *to deepen understanding of the cultural context and forces behind tobacco use among those in LGBT sub-communities*. The project represents a partnership between Boulder County Public Health and Boulder Pride, and builds on the perspectives shared by participants and group leaders. These perspectives were examined through qualitative methods, including small group discussions and in-depth interviews. This overview describes the project methods, outlines key findings, and offers recommendations based upon those findings.

Project Description

Based on recommendations from the OMNI report, the following six subpopulations were identified: lesbian, gay, youth, elders, transgender, and HIV-positive. Group leaders recruited participants from within the sub-communities and led group discussions in which participants responded to a set of questions related to tobacco use. Comments were recorded and transcribed by the project coordinator and analyzed using qualitative methods to arrive at the key findings. These findings represent the perspectives of 33 individuals. It is acknowledged that certain perspectives are underrepresented in the findings, but nonetheless, the content reveals interior aspects and valuable insight into the unique characteristics of each subgroup. The intent is that the perspectives conveyed will enrich the contextual awareness of tobacco issues within LGBT sub-communities and help inform tobacco programming. The sections that follow include the key findings, recommendations, and conclusions.

Key Findings

Youth (Seven participants: gay, lesbian, and transgender; ages 19-22)

- Primary driver toward tobacco use is social
- Decision-making also influenced by financial and environmental factors
- Health risks are not a concern; health-based messages are disregarded
- Concern for social justice; distrust of Big Tobacco
- Need for youth-driven messaging, emphasis on individual choice

Transgender (Four participants: female to male; ages 21-24)

- Primary driver toward tobacco use is stress
- Health is important, as are financial considerations
- Privacy and respect are of utmost importance
- Programming must allow for personal choice and include a stress-reduction component
- Societal acceptance and valuing of transgender individuals supports self-care

Elders (Seven participants: lesbian; ages 35-78)

- Smoking in previous era was pervasive and offered social connection
- Associated with persona and classy ambiance
- Health and well-being are highly valued
- Cessation efforts include social support
- Altruistic desire to contribute and support others

Lesbian (Seven participants: ages 25-35)

- Smoking meets need for belonging; may soothe feelings of loss and grief
- Smoking and dependency are generally viewed as unappealing
- Health and fitness are highly valued
- Messages need to be savvy; portray smoking as no longer “in”
- Approach cessation via community circles and alternative modalities

Gay Men (Three participants: ages 24-43)

- Smoking used as stress reduction; viewed as pleasurable
- Only when threatened is health a motivator
- Programming needs to be strategic and subtle; overly directive will be dismissed
- Cessation efforts need to be individualized, low-hassle, offer nicotine replacement
- Nicotine replacement should be widely accessible (e.g. vending machine access)

HIV+ (Five participants: gay men; ages 38-48)

- Smoking is a coping response to numerous life issues (financial worries, housing, food, medical care/medication costs); a means of relaxation and escape
- Alcohol use is closely tied to smoking; both relate to stress and social isolation
- Motivation for self-care, including quitting smoking is increasing within subgroup
- Cessation needs to be uncomplicated and integrated into total health care
- Cessation products are requested; inclusion into formulary would allow access

Recommendations and Conclusions

It is imperative that health messaging and programming consider the unique needs of LGBT subpopulations, with subgroup members involved in the development of programming.

Programming intended for LGBT **youth** needs to:

- Be youth-driven and on the leading edge of cultural trends
- Honor individual uniqueness and offer alternate modes of self-expression
- Emphasize personal choice
- Highlight the unappealing aspects and financial realities of smoking
- Reveal exploitive tobacco company motives and strategies

Programming intended for **transgender** individuals needs to:

- Offer alternative means to counteract emotional and mental distress
- Honor privacy and confidentiality
- Support the development of trans-inclusive cultural competencies
- Build individual choice into cessation or stress reduction programming

Programming intended for **lesbian** individuals should recognize the diversity within this subgroup and address a variety of dimensions. In general, programming needs to:

- Honor individuality and self-knowledge
- Support and facilitate community-building
- Offer choices around cessation that include alternative and wellness modalities
- Highlight the unappealing aspects of tobacco; reveal tobacco marketing strategies
- Frame the cost of smoking in terms of “*What would you really like to buy?*”

Programming intended for **gay men** should take into consideration the diverse characteristics of this subgroup and needs to:

- Counterbalance negative and unappealing aspects of smoking with positive and appealing aspects of *not* smoking
- Address emotional and mental stress
- Address nicotine addiction
- Offer low-cost, hassle-free cessation products, with nicotine replacement products readily available (for both cessation and relief of short-term nicotine withdrawal)

Programming intended for **elders** should recognize the diversity contained within this subgroup and needs to:

- Relate tobacco use/cessation to current state of health and well-being
- Build on individual strengths and self-knowledge
- Engage elders in supporting others
- Frame cessation as learning and personal growth

Programming for **HIV-positive** individuals needs to:

- Emphasize immediate and short-term benefits of cessation
- Include tobacco cessation as part of a *total health care plan* that includes stress reduction, mental health, activity, nutrition, and alcohol use, along with antiretroviral therapy
- Integrate cessation into existing visits with trusted allies

- Offer access to affordable cessation products; include cessation products within the AIDS formulary

In addition to consideration of the unique needs specific to the subpopulations, it is recommended that stage-based factors be considered as well. Programming aimed at LGBT *youth* will need to take into consideration the strong social component and related needs for connection, sense of belonging, and personal and group identification. Messaging or programming aimed at preventing (or intervening with) smoking behaviors during this initiation stage needs to be youth-driven and hip (ideally on the leading edge of cultural trends); honor individual uniqueness and offer alternate modes of self-expression; emphasize personal choice; highlight drawbacks of smoking (emphasizing both the unappealing aspects and financial realities of tobacco use); and finally, reveal exploitive tobacco company motives. Skillful counter-advertising, such as that employed in the *Truth* campaign, can be highly effective in impacting youth.

Programming intended for LGBT individuals and groups with established smoking behaviors who are *not yet ready to quit* will need to offer alternative and appealing means to counteract emotional and mental distress. Individuals not yet ready to quit may take part in a stress reduction-focused program more readily than in a cessation-focused program. Stress reduction programming can highlight quitting (or reducing) smoking as one of many potential benefits.

For those individuals *ready to quit*, resources for cessation need to be both available and accessible. Nicotine replacement and other cessation products can be offered in conjunction with group or individual support (e.g., Quitline) or with programming such as that described above. It is known that individuals are more motivated to make positive health decisions when the decision is their own; therefore, individual choice must be built into programming.

Partnering with culturally competent health care professionals will facilitate access to cessation resources. Regardless of the specific LGBT subpopulation, age range, or stage of readiness, the following key considerations are offered in broad support of positive health behaviors. General tobacco programming needs to support:

- 1) Unconditional acceptance and respect
- 2) Smoke-free environments and social activities
- 3) Access to reliable information
- 4) Availability of and access to cessation resources
- 5) Individual ability to choose

A collaborative approach will most support effective programming, with LGBT alliances and community members involved in the development and implementation of a shared vision. This project represents an initial step toward such collaboration and has laid the groundwork for continued collaboration among public health, LGBT-friendly organizations, and individuals from within the LGBT communities.