

Tobacco Use in LGBT Subpopulations

Discussion Group Findings

Boulder County Public Health
Tobacco Education & Prevention Partnership
(TEPP)

Submitted to the
COLORADO DEPARTMENT OF PUBLIC HEALTH
AND ENVIRONMENT
State Tobacco Education and
Prevention Partnership
(STEPP)

September 2007

TABLE OF CONTENTS

Executive Summary	3
I. Introduction	7
II. Methods	8
III. Key Findings	9
IV. Discussion	15
V. Conclusions and Recommendations	16

APPENDICES

Training materials.....	19
Discussion group questions.....	20
Transcripts.....	22
Group leader exit interviews.....	54
Acknowledgements.....	58

Tobacco Use in LGBT Subpopulations Discussion Group Findings

Executive Summary

Project Aim

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.

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 subpopulation.

The aim of this project is *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 summary briefly 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.

I. INTRODUCTION

A number of studies have shown disproportionately high tobacco use rates among lesbian, gay, bisexual, and transgender (LGBT) populations. The Centers for Disease Control and Prevention (CDC) has reported smoking rates of 38-59% among LGBT youth, as compared to 28-35% among the general population of youth. Adult LGBT prevalence rates have been reported to be as high as 50%, compared with 28% in the general adult population. A recent survey of tobacco use in Colorado reported prevalence rates of 42% for LGBT youth, and 33% for LGBT adults aged 25-35.

The literature attributes these disproportionately high tobacco use rates, in part, to successful marketing to LGBT populations. Marketing of tobacco in general, and marketing aimed at LGBT populations specifically, reinforces cultural myths that tobacco use increases masculinity, erotic appeal, power, social connection, ability to cope, independence, rebellion, and individual choice. Marginalized LGBT populations are vulnerable to these messages and to an industry that skillfully positions itself as supportive of LGBT communities and events.

Tobacco control efforts have not adequately addressed the needs of this disparate population, which may view tobacco risks as minor compared to such threats as AIDS and anti-gay discrimination and violence.

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 population referred to as LGBT, and recommended focused 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 subpopulation.

The aim of this project is 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. The following report describes the project methods, outlines key findings, and offers recommendations based upon these findings.

II. METHODS

Project Development

Based on recommendations from the OMNI report, the following six subpopulations were identified:

- Lesbian
- Gay
- Youth
- Elders
- Transgender
- HIV-positive

Subgroup leaders were identified through partnerships with community organizations serving LGBT communities. Group leaders were offered a stipend for their involvement, divided into four payments through the grant period. They were invited to take part in a leadership training session offered by Boulder County Public Health, and in addition, met individually with the project coordinator for collaboration and individualization in planning. Each subgroup leader was considered to be an expert with regard to his or her sub-population; with the project coordinator offering support and guidance. Discussion group key questions were adapted from questions developed by the State Tobacco and Education Prevention Partnership (STEPP) and contained in the OMNI report. Each subgroup leader was encouraged and empowered to re-word the questions to best fit the perspectives of his or her subgroup. Subgroup leaders also altered the order of the questions, some opting to go around the room allowing participants to speak fully about their own experience before moving into questions intended for the group at large. The HIV-positive group leader opted to conduct in-depth interviews in lieu of a group process, using the same key questions, to ensure the privacy of individual participants.

Recruitment

Recruitment took place primarily via word-of-mouth within the established social network of each group leader. Participants were personally invited, informed of the objective of the discussion group, and assured of confidentiality. Meetings were confirmed by phone or e-mail. A \$25 gift card was offered to prospective participants as an incentive.

Most of the subgroup leaders expressed difficulty in identifying significant numbers of smokers; they were, therefore, instructed to invite a mix of smokers, former smokers, and/or individuals who had never smoked. Recruitment for one group was attempted via classified newspaper ads. Ads recruiting gay men and placed in local newspapers ran for two full weeks without response. As a result, that subgroup was conducted with just three participants, comprised of social contacts of the group leader. HIV+ participants were recruited through the Boulder County AIDS Project. Both Boulder Pride and Boulder County AIDS Project were immensely helpful in recruiting efforts.

Implementation

Discussion groups were held in July-August 2007 in a variety of locations. Group size ranged from three to seven individuals. Participant ages ranged from 19 to 78. Discussions ranged from 1 to 2 ½ hours. The project coordinator took notes at four of the groups; none of the groups were tape-recorded. The transgender subgroup leader facilitated and took notes within that group to

ensure protection of participant identity. The HIV+ subgroup leader interviewed participants individually, again to ensure privacy and confidentiality; and also served as note taker. Participants were asked to sign in, although they were allowed to sign in using just first name or a pseudonym if desired. At the close of the group, participants were thanked for their time and were offered a gift. Participants chose from several gift card options, including grocery, movie, bookstore, and café gift cards. Three subgroup leaders took part in an exit interview following completion of the group and/or interviews.

Analysis

A total of 33 participants took part in the project; 28 in-group discussions, and 5 in individual interviews. Participant comments were transcribed and shared with the individual subgroup leader to check for misunderstanding or omission. Minor changes were made based on subgroup leader feedback. The narrative text was qualitatively assessed; perspectives stated or agreed upon by more than one participant weighted more heavily in the analysis. These shared perspectives were then outlined roughly into an initial analysis consisting of content and emergent themes.

Synthesis of the subgroups revealed the commonalities and the distinctions between the subgroups. Conclusions and recommendations were based on the recurring themes, with a number of recommendations coming directly from group members. Comments made by subgroup leaders during the exit interview offered additional perspective and were integrated into the project recommendations.

Key findings are presented by subgroup, both as brief bullet points and in expanded narrative format. A discussion of the findings follows, and finally, recommendations are offered by subgroup, along with programming recommendations that apply more broadly to the LGBT population.

Transcripts of the discussion groups and individual interviews are included in the final sections of this report.

III. KEY FINDINGS

Group 1: 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

Group 2: Transgender (Four participants; female to male; ages 21-24)

- Primary driver toward tobacco use is stress
- Health matters; as do 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

Group 3: 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
- Social support is valued in cessation efforts
- Altruistic desire to contribute and support others

Group 4: Lesbian (Seven participants: ages 25-35)

- Smoking meets need for belonging; may soothe feelings of loss and grief
- Smoking and dependency 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

Group 5: 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)

Group 6: 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 healthcare
- Cessation products are requested; inclusion into formulary would allow access

GROUP 1: Youth

Seven participants (ages 19-22) took part in the discussion, including gay, lesbian, and transgender individuals. Among group members, cigarette smoking (as opposed to other forms of tobacco use) was the dominant tobacco behavior, which is likely due to the social nature of smoking behaviors. The primary driver of smoking appeared to be social. The appeal of smoking seemed to outweigh the appeal of *not* smoking, with even non-smoking members of the group mentioning the appeal. Group members who identified as non-smokers expressed that they do smoke on occasion. Drivers of smoking include: 1) social, 2) identity, 3) sense of power. Drivers against smoking included: 1) social appeal, 2) hygiene, 3) effect on athletic ability, 4) money. Health was not a motivator for avoidance of tobacco use, with group agreement that health-focused messages would not be taken seriously.

Within this group, discussion of social justice and shared distrust of the tobacco industry elicited passionate comments, although not all participants were previously aware of the issue. Concerns around tobacco appeared to relate primarily to self-empowerment/betterment, and secondarily to empowerment of the Lesbian, Gay, Bisexual, and Transgender and In-Question (LGBTIQ) population. Broader societal concerns for social justice and animal rights were expressed. Commu-

nity was defined primarily as inclusive of individuals within this age group. Since health was not a key motivator, messages/support coming from health institutions (such as Boulder County Public Health) would not be received openly. Youth-driven, LGBTIQ-focused channels (i.e. websites, television programming, & events) were viewed as more effective means to reach LGBT youth. Participants commented that images are highly important especially imagery that speaks to LGBTIQ youth. The group emphasized that empowerment and choice are critical to effective tobacco messaging. Conversely, directive messages (i.e., don't smoke) were perceived to limit personal power and individual choice, and thus will be rejected by LGBTIQ youth. The view that Big Tobacco "preys" on LGBTIQ youth appears to resonate with a sense of oppression, triggering strong emotional response, which may be facilitative in anti-tobacco messaging. Participants also revealed that age and culture-specific art forms, visual, video, and music would strengthen both messaging and programming.

“Smoking was a part of redefining myself...more masculine. It completed my new ‘costume’ that I was taking on.”

Youth discussion group member

GROUP 2: Transgender

Four participants ranging in age from 21 to 24 took part in the transgender discussion group, one current smoker, one occasional smoker, and two former smokers. Each of the four group members was female-to-male (or FTM).

Cigarette smoking (as opposed to other forms of tobacco use) was the dominant tobacco behavior. The driver of smoking initiation appears to be identity formation and transformation of self. Within the group, smoking symbolized masculine edge, with James Dean and the Marlboro Man representing masculine ideals. Members shared that continuation of smoking is stress-driven, characterized by a quality and intensity of stress that is unique to transgender individuals, and likely not well understood by others. Smoking thus serves as a means of coping. Although social aspects of smoking behaviors were mentioned, they did not seem to be a dominant driver for this group.

Health appears to be a major reason for this group choosing not to smoke; this includes health concerns directly related to the transitioning process, such as the concern regarding the deleterious effects of tobacco in combination with hormonal therapy. This group displayed a notably heightened awareness of health in general. Financial concerns were also mentioned in the context of reducing smoking behaviors. Several participants mentioned concerns around second-hand smoke; that the possibility of causing harm to partners (or pets) would be a motivator for quitting.

With regard to support for quitting, the group expressed distrust of physicians and would not welcome assistance with tobacco cessation from Boulder County Public Health or Boulder Pride. One's therapist was mentioned as a more trusted support. This group shared the opinion that they would not be likely to seek group support, preferring more individualized means, such as web-based support, and possibly alternative modalities, such as acupuncture. Issues around stress will need to be included as an integral component of any type of supportive program. A non-judgmental approach is paramount.

Effective tobacco counter-advertising will need to be non-judgmental, factual, and trans-inclusive. Trans-inclusive images and language (such as the choice of pronoun one chooses for one's self) are encountered rarely and would elicit attention. Social justice issues are important and resonate with transgender individuals. Finally, emphasis on personal choice and empowerment will be critical to both cessation and anti-tobacco messages and programming.

“I found that it was a stress reliever, and it did make me feel a little more masculine, a little cooler, a little more edgy.”

Transgender discussion group member

GROUP 3: Elder

Seven participants, lesbian women ages 35 to 78, took part in the discussion. Two group members were current smokers and four were former smokers. Smoking behaviors within this community appear to be socially driven and also relate to: defiance of accepted cultural norms, the *persona* associated with smoking, and relaxation. Smoking facilitates initial social connection, and serves as a continued shared activity between partners and friends. Participants described positive associations with cigarette smoking—the classy ambiance, jazz club coolness, a sensual allure. Closely related was the concept of *persona*, with participants describing a desire to appear tough or cool, often emulating movie or rock stars. Smoking also served as a means to further express defiance of prevailing societal norms.

Among participants with an established tobacco habit, cigarettes were seen as instrumental in relieving tension, and as a reliable source of comfort. Extreme addiction to nicotine was noted by several of the smokers and former smokers within the group. Group members were not aware of tobacco advertising aimed exclusively at an LGBT population.

Motives for avoiding smoking included health and well-being, appearance, sensory aspects (such as heightened sense of taste and smell), and not wanting to follow cultural pressures toward smoking.

In discussing cessation, participants affirmed that information/support from Boulder Pride would be well received, and they mentioned Quitline as a valued resource.

Socializing with non-smoking friends and the presence of smoke-free social venues were viewed as supportive. Group members noted that this region is a healthy/outdoorsy environment conducive to non-smoking, and they expressed appreciation for the current ordinance prohibiting smoking in bars. The financial reality of smoking and focus on what one could buy instead of cigarettes (“what would you *really* like to have?”) was noted as highly motivating. Fear-based messages were perceived as not helpful in motivating cessation.

This group expressed a significant degree of altruist sentiment, wanting to support others in choosing not to use tobacco, wishing to support their partner in quitting and to serve as a positive example for others. This altruist motive was not limited to partners or LGBT individuals, but was expressed as a broad concern for any and all. In looking ahead toward positive change, participants mentioned strengthened outdoor smoking ordinances, events highlighting benefits of

not using tobacco, and suggested groups (along the lines of this discussion group) aimed at offering support for lesbian women in various stages of readiness for quitting.

“Everybody was doing it. I had classes on how to smoke properly. The classes were in fancy department stores...like grammar classes where they taught you to how to walk correctly, how to set the table, how to look like a lady while you’re smoking.”

Elder discussion group member

GROUP 4: Lesbian

This group was comprised of six lesbian women, ages 25-35. Although none of the participants currently smoked, the group expressed familiarity with the pull toward smoking. Drivers of smoking behaviors were described as: development of self-identity, connection with others, defiance of societal pressure to conform, the need to self-protect/numb, and a perceived sensual appeal of smoking. In relation to self-identity, smoking was seen as contributing to a sense of personal identity. Smoking was also seen as a “springboard for connecting,” an easy way to connect and share something with another. Smoking created a sense of belonging and identifying with a group. One member, a former smoker, portrayed the sense of grief in not belonging, in not being accepted, and described smoking as a palliative for grief. *“There’s a connection with loss, grief, and smoking.”* Smoking was seen as a means to numb oneself, to self-protect from the experience of being seen as ‘other’. A common response to non-acceptance was defiance—not wanting to be told what to do—with smoking serving as one expression of self-determination. Finally, the association of smoking with sensuality and intrigue was appealing only in the conceptual sense. In reality, smoking was viewed as unappealing, signaling an unhealthy dependence in the smoker. Caring for oneself and one’s health was seen as an attractive quality.

Health appears to be a primary driver against tobacco use, with adverse reaction to cigarette smoke mentioned by several members. Local smoke-free legislation was suggested to be a factor as well, with Boulder establishments being for the most part, smoke-free, thus engendering social gatherings that are smoke-free. Finally, group members viewed smoking as a sign of dependence (as noted above); in general, viewing tobacco use as unappealing.

With respect to members of their community who do smoke, group members agreed that simplistic (“just say no”) or “terrorist” style messages (“this is your brain on drugs”) would be ineffective. Viewed as more effective were social marketing approaches (for example conveying the reality that most people find smoking unattractive; re-branding cigarettes as the ‘old’), and fact-driven messages (such as illustrating immediate health benefits of quitting). Kaiser-Permanente commercials depicting what might be possible if one were in shape were mentioned as examples of highly motivating messages. Group members expressed anger around the marketing tactics of tobacco companies, not only within LGBT communities, but also around tobacco marketing on college campuses and to youth in general. Ideas around support for cessation included the concept of “community circles” structured to provide opportunities for learning and dialogue, and the availability of alternative modalities for cessation, such as acupuncture. The group emphasized the importance of a non-judgmental attitude toward smokers; an individualized (we will meet you where you’re at) approach; and finally, cessation support that is both affordable and accessible.

“I feel that smoking is an affirmation of one’s breath. You can see the breath going in, going out, the sense of ‘I’m alive, I see it in my breath’. I think this may be especially true for someone who feels invisible: ‘I’m here.’”

Lesbian discussion group member

GROUP 5: Gay Men

Three participants, gay men ages 24, 28, and 43—all current smokers—took part in the discussion. Enjoyment was cited as a primary reason for smoking, with smoking as a means of stress reduction also mentioned. Social factors did not appear to drive tobacco use behaviors in this group. Smoking as a means to connect with others was not conveyed. When asked about the social aspects of smoking, participants described barriers to smoking, particularly the inconvenience and the sense of being ostracized as a smoker. While all three participants were current and long-term smokers, two of the three denied addiction to nicotine. When asked about quitting (and motivators for quitting), two participants expressed no desire to quit at this time, and stated that health was not a concern. They noted that if and when they quit, they would do so cold turkey. If unsuccessful, they would then use nicotine patches or another cessation product. They clearly stated that assistance with quitting (from Boulder County Public Health or other entity) would not be welcomed, other than access to cessation products. The third participant identified himself as “tragically addicted” to nicotine, and expressed health concerns—primarily short-term health effects. Group members did not view potential harmful effects of second-hand smoke to their partner as motivating, though they did say that awareness of potential harm might lead them to smoke outside, away from their partner.

With regard to what approaches or types of support would be best received within the gay community, access to cessation products was emphasized—notably patches, gum, and nicotine inhalers placed in convenient public places. The appeal of convenient access to nicotine replacement products appeared to relate both to cessation and as a means to avoid withdrawal in settings, such as airports, where smoking is prohibited. There was general agreement among group members that “touchy feely” cessation programming would not be welcomed. There was also agreement that the most effective approaches to tobacco prevention, education, and cessation are subtle and highly tactical approaches (citing tobacco marketing as a prime example of skillful strategic marketing). One participant suggested increasing exposure of tobacco company tactics, such as project SCUM (Sub-Culture Urban Marketing), although a second participant cautioned that messages portraying tobacco companies as “evil” can appear extremist, and thus at risk of being dismissed by the gay community.

“I’m constantly apologizing for being addicted. If I have to hear about it all the time, it makes me stressed out, which makes me want to smoke more. It also forces me to pick a side.”

Gay discussion group member

GROUP 6: HIV positive

The HIV+ sub-identity group comments were collected through individual interviews with five HIV+ gay men, all current or former smokers, ages 38-48. Social factors, alcohol use, and illness-related stress and isolation surfaced as factors linked to tobacco use.

Social context is a powerful driver of tobacco use behaviors in this group. Clubs and bars serve as a meeting place for gay men, and both smoking and drinking facilitate connection with others and create a sense of enjoyment and relaxation that is deeply rooted in the culture. While non-smoking ordinances have eliminated smoking inside of clubs, smoking areas outside of clubs have become a destination spot, with some clubs going so far as to install fountains and pipe in music to create appeal. Participants commented that avoidance of smoking was nearly impossible in social environments where alcohol use is widespread. Also, avoidance of clubs and bars adds to the social isolation that so often accompanies positive HIV status.

In addition to the social isolation, HIV illness, especially in the past, led to a sense of hopelessness toward the future and fatalism toward health and health behaviors. This sense of hopelessness appears to be shifting, however. The subgroup leader noted this shift, stating, *“A lot of them are willing to make changes—eating right, exercising, and generally taking care of themselves. Everyone I spoke with had a desire to quit. Everyone had tried to quit at least once. I do think it’s a good time to jump on this opportunity. These folks are ready to make behavior changes.”*

In looking at how to best support cessation within this community, several points stand out. Because these individuals have an overwhelming level of illness-related stress and demands upon them, cessation cannot be perceived as an involved process, but must be presented as straightforwardly as possible. HIV+ individuals are intimately connected with health care, and therefore cessation support can be included as part of comprehensive health care by those already in supportive roles, such as primary care providers and case managers. Those interviewed expressed interest in Chantix, a new cessation product on the market, with one recently quit participant attributing his success to this product. He commented on “an overall improvement in health, breathing, and energy within two weeks,” and this focus on immediate benefits may motivate HIV+ individuals, along with focus on the cost benefits of cessation. Each of the participants was on a fixed, limited income, and perceived cost to be a barrier to the use of cessation products. Inclusion of cessation products in the federally funded, state-run AIDS medication formulary would be of tremendous benefit, and it was suggested that public health could play a lead role in advocating for this change.

Finally, interviews revealed strong reactions to exploitive tobacco marketing, and reinforced the powerful impact of anti-tobacco advertising, such as the Truth campaign.

“I want to be as healthy as I can. I want to live, and believe I will for a lot longer time. I don’t want to screw that up by smoking and drinking too much. I work so hard on taking all of my medications and eating right. Smoking just doesn’t fit in with that.”

HIV+ discussion group member

IV. DISCUSSION

This project represents an applied study intended to inform regional tobacco programming, and it does not adhere to rigorous academic standards. The authors acknowledge the following project limitations:

- 1) The relatively small numbers of subgroup discussion participants.

- 2) The relative lack of diversity within the groups (groups comprised a fairly narrow range of socioeconomic status, educational attainment, and ethnic background).
- 3) The lack of key perspectives, including male to female (MTF) transgender individuals, older gay men, and bisexual individuals.
- 4) The self-selection bias, leading to recruitment of only those individuals open to discussing this issue while excluding less-open viewpoints.

The small numbers and lack of diversity within the groups limit the ability to broadly generalize the findings. However, when this qualitative information is layered with quantitative data collected from the Colorado statewide LGBT survey, the combined information will help identify strategies for future programming.

V. CONCLUSIONS & RECOMMENDATIONS

It is imperative that health messaging and programming consider the unique characteristics and needs of LGBT subpopulations. The following recommendations are offered by subgroup:

Programming aimed at 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 needs to recognize that this sub-group includes an extremely diverse array of individual characteristics, and that effective programming will need to address a number 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** needs to take into consideration the diverse characteristics of this subgroup, and:

- 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** will recognize the diversity contained within this subgroup, and:

- Relate tobacco use with 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 will need 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.

While there are undoubtedly recommendations specific to subpopulations, some recommendations will be based upon age- or stage-based factors. Age-based factors are highlighted in the different findings between the youth and the elders. This is seen also in the different smoking rates between LGBT youth and adults; even in the variation in prevalence between LGBT adults at different ages. And in addition to age-based factors, *stage*-based factors are also likely to be critically important in programming decisions. Among gay men ages 25-34, for example, some will have not yet contemplated quitting smoking, some will be actively trying to quit, and some will have already quit smoking. It is recommended that both age-based and stage-based needs be taken into consideration along with the unique needs identified in each LGBT subgroup.

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. It is recommended that both group-and individual-based support feature experiential and LGBT-friendly stress reduction components. Experiential activities support the acquisition of stress management skills that can replace tobacco and other unhealthy means of coping with stress. Group activities—such as mindfulness-based stress reduction or martial arts—allow participants to develop tools for managing stress in a fun and/or supportive group setting. Individual programming—such as on-line support of walking or journaling—allows participants to develop healthier stress-coping skills through an individualized approach.

For those individuals *ready to quit*, resources for cessation need to be both available and accessible. Nicotine replacement and other cessation products are requested. These can be offered in conjunction with group or individual (e.g., Quitline) support, or with programming such as that described above. It is known that individuals are more motivated to make positive health deci-

sions when the decision is their own; therefore, individual choice must be built into programming. Ideally, cessation support will allow clients to freely choose from an array of services and/or products that best meet personal needs. Because HIV+ individuals face numerous life issues, cessation needs to be made as straightforward and uncomplicated as possible, so as not to be perceived as yet another thing to do. These individuals indicate that they would most trust their health care providers and/or case managers for support with cessation.

Partnering with culturally competent health care professionals will facilitate access to cessation resources. It is critical that health professionals be viewed as allies, treating LGBT individuals with respect, and that smoking and other behaviors be regarded non-judgmentally.

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 actively 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.

APPENDICES

A. Training and discussion group materials

DISCUSSION GROUP BASICS

What is a discussion group?

A discussion group is an information-gathering session designed to provide insight and depth of understanding within a particular topic area.

Who is involved in the group?

The group is comprised of a small group (ideally 8-10) of key individuals who represent the target population—a population (or community) that the proposed action aims to reach. Potential participants are recruited via advertising or personal invitation and are compensated for their time.

Where is the group held?

Any space designed for small group meetings will work; for example, a boardroom with a central table. Local businesses, churches, and governmental agencies will often allow community groups to use their meeting rooms or boardrooms. A restaurant with a separate meeting room can work, though the group may need to be scheduled mid-morning or afternoon to minimize distractions. The living room of a house can also be used, though again distractions—phones or pets, for example—would need to be minimized.

How is a discussion group conducted?

Briefly, participants gather for 1 to 1 ½ hours, and are seated so that the group is facing one another. Light refreshments are usually available. The facilitator introduces the topic and asks questions of the group, ensuring that each participant has the opportunity to respond. The facilitator may also ask for responses to printed or audiovisual materials. Open, honest responses are crucial; therefore, acceptance, confidentiality, and trust are essential to the process. The group session is generally recorded, and an observer may be present for note taking and to assist with room set-up and tape recording. Participants may request note taking only (with the recorder shut off) at any time.

What happens next?

The audiotape is transcribed and analyzed for content. This process usually reveals themes, for example, participant agreement or disagreement around topic areas. These themes then inform the development of programs and materials to best meet the needs and preferences of the target group.

FACILITATION GUIDELINES

Welcome and overview (5 minutes)

Welcome. I want to thank you for taking the time to be here. My name is _____ and I'll be facilitating our group today. Our purpose is to tap into your ideas on how to most effectively address the widespread tobacco use in LGBT communities. You may be aware that smoking

rates in the LGBT community are over twice that of the general population and that the tobacco industry heavily targets LGBT communities. Why? They know that LGBT individuals likely experience higher levels of stress, more sense of sub-culture and rebellion against authority, and that bars—an environment conducive to tobacco use—are one place where we can safely be ourselves.

We're interested in hearing your ideas on how to reveal the truth about the realities of tobacco use and the aggressive marketing to the LGTB community, and we're also interested in how to best help people in the LGBT community who want to quit. We'd also like to hear about your general thoughts and attitudes about tobacco use and your opinions about resources for cessation. The discussion today, while not considered research, is a means to better help us understand the needs of your community. We're seeking your honest opinions and best creative thinking. The process involves brainstorming and dialogue around key questions...there are no right or wrong answers to these. As facilitator, I'll be paying attention to this process and will want to ensure that everyone's voice is heard. With this in mind, I may ask you directly for your thoughts, or I may ask you to hold your thoughts for a time to allow others to speak. If we get off topic, I will refocus our conversation in order keep us on track. At certain points I may poll the group to see if many of you agree or disagree about a certain issue. This will be done to summarize opinions for reporting. The session today will last about an hour. We'll wrap up by (*ending time*). Confidentiality is of the utmost importance, and therefore, at no point will your name or identity as a participant be revealed. Each of you will have the opportunity to select gift cards or gift certificates at the end of today's session. Before we get started, do you have any questions?

Introductions (5 minutes)

In order to ensure confidentiality, we'll be using pseudonyms today. Please take a minute to choose an undercover name and then write that name on your nametag. I'll be referring to you by that name during today's discussion. Let's quickly go around the table and identify ourselves using our undercover names.

Key Questions (45 minutes)

(Facilitate the dialogue with comments such as "Can you say more about that?" Excellent, thank you." "How might that relate to...?" Allow each person the chance to reflect and speak.)

Wrap-up (10 minutes)

I want to make sure we finish on time. As we wrap up, is there anything else you wanted to say? Or anything you think I should know about?

Great comments everyone. Thank you for your participation.

We have a small gift for you. Let us know which gift card you would like...

DISCUSSION GROUP KEY QUESTIONS

I'd like to hear from each of you about your thoughts on smoking and tobacco. Your views are extremely valuable and will help us to more effectively meet the needs of our community.

1) To start off, I'm going to say a key word and then go around the table asking each of you to offer one word or phrase in response. (For example, if I were to say "martini," you might respond with "olive" or jazz club.") We'll go around several times with each word.

Ready then? Smoking. Nicotine. Quitting.

- 2) Do you sense an appeal around tobacco use in our community? What is it that's appealing?
- 3) Do you feel that tobacco use meets certain needs? How would you describe those needs?
- 4) What comes to mind when you hear the words "tobacco companies" or "tobacco advertising"?
- 5) Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?
- 6) Would you say our community is targeted by the tobacco industry? Can you say more about that? What are your thoughts on LGBT groups accepting sponsorship money from tobacco companies?
- 7) What is most appealing about *not* using tobacco? How might that appeal be conveyed?
- 8) When you think about tobacco use in our community what do you think is most needed?
 - What would be a good way to meet those needs?
 - What would that look like?
 - Who might best provide that? Who would be the most trusted organization?
- 9) What might lead members of our community to consider or approach quitting tobacco use? Do you see second-hand smoke as a concern in our community?
- 10) Where might you seek information about tobacco or support for quitting?
- 11) Which of the following programs would most help members of our community quit tobacco use?
 - Web-based support (for example, an LGBTIQ chat room)
 - Telephone support
 - Support groups (Where would you want to meet?)
 - Written materials, handed out personally or mailed
 - Medical advice and support
 - Nicotine replacement or other medications for quitting
 - Complementary approaches, such as acupuncture or hypnosis
 - Stress management programs
 - Other?
- 12) What types of messages and images would most resonate with members of our community? What would grab your attention? What types of images or messages would make you think more about quitting?

I'd like to open up the dialogue a bit now. Based on what's been said so far, what's standing out for you? Anyone can begin.

(Facilitate the dialogue with comments such as: “Can you say more about that? Excellent, thank you.” “How might that relate to...?” Allow each person the chance to reflect and speak.)

I want to make sure we finish on time. As we wrap up, is there anything else you wanted to say? Anything else I should know about?

Great comments everyone. Thank you for your participation. Your perspective on this issue will allow us to better meet the needs of members of our community. Some of you may be interested in quitting or have friends or family members who may be interested. Feel free to take the Quit Kit or other materials with you.

Finally, we’d like to offer you a gift card in appreciation of your time today...let me know which of these options you’d like.

Bonus question:

If you were to look out five years, what might Boulder County Public Health be doing to help you/your community with tobacco issues? What recommendations might you make?

B. Transcripts

TRANSCRIPT GROUP 1: YOUTH

07/12/07

To start off, I’m going to say a key word, and then go around the table asking each of you to offer one word or phrase in response. (For example, if I were to say “martini” you might respond with “olive” or jazz club”) We’ll go around several times with each word. Ready then?

Smoking: Fire. Cigarettes.

Nicotine: The patch. Gum. Addictive. Cravings. Yellow. Stains. Toxic.

Quitting: Work. Loser. School. Sports.

Do you sense an appeal around tobacco use in our community? What is it that’s appealing?

- I hate that I find the image appealing. In reality I can’t stand smoking. But the places I encounter other queer people are places where people are smoking, so I associate it with community. It’s that way at school, too.
- It’s definitely part of the community...how you hook up with people. Seriously, in a club you don’t meet people dancing, you meet them outside smoking. You can’t hear anything inside...you have to go outside to talk.
- When I was younger and looking for trouble, that’s where I’d find it...with the smokers. There’s a surreal quality of smoke...the haze. I find it kind of sexual.

What was your age when you first started smoking (first cigarette)?

- 11...8...16...11 or 12...17...17 or 18

Do you feel that tobacco use meets certain needs? How would you describe those needs?

- Underage smoking...its one thing that bonded queer kids

- In high school I was a cutter. Smoking was subversive, but people didn't give me as much shit for that as they did for cutting. If you dislike yourself, the health risk—carcinogens and all that—is not a deterrent.
- If you don't feel safe, the risk doesn't matter. I always thought I'd get my ass kicked by jocks and ... whereas in the company of [queer smokers] I felt safe.
- By smoking I was tapping into a sexual side of myself, even thinking of oneself as gay...I felt, when I smoke alone, its something to be doing physically that is empowering. There's a cultural association. I'm different, I'm deviating from the norm. I'm aware of the negative connotations and it's empowering...in the way that an eating disorder can be empowering.
- Yeah, if you feel outside of everything, you'll seek empowerment in destructive ways.

What about the effects of smoking being calming, etc.?

- It is relaxing and a stress reliever now. In high school it was a social thing, but now I'll have a cigarette and a beer and relax. I smoked a pack a day in high school but it wasn't about relaxing, it was social.
- I do see the point about empowerment and deviation (referring to comment above).
- Within a community of people, we do a lot of sharing of cigarettes—a sense of relaxing, hanging out. It's social and emotional—not so much about the nicotine or tobacco.
- Smoking to relax never came/comes to mind for me.
- Once you get past the identity—the social and emotional reasons—*then* it becomes more about tobacco and nicotine.

What comes to mind when you hear the words, “tobacco companies” or “tobacco advertising”?

- What comes to mind are movies in middle school showing how big tobacco doesn't care. “Thank you for smoking”. Truth campaign. Capitalism. Business that kills and profits. Us as a generation—we've heard it all. We've been bombarded with it.

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- I see problems with all advertising, in marketing unhealthy products like the USDA marketing beef—which also kills people. Or the government advertising the Army. The government tells you not to smoke but then subsidizes the fucking tobacco companies.
- Its not a matter of not knowing—its more a matter of there being nothing else that fills that cultural role.

Would you say our community is targeted by the tobacco industry?

- (Responses from around the table:) No... No... No idea... I don't really watch TV or read magazines. Yes and no. They advertise in gay magazines. Yes/no 60/40%. A staunch Yes. As one who didn't research this, I say, no.

What are your thoughts on LGBT groups accepting sponsorship money from tobacco companies?

- Sponsorship perpetuates the same systems. But they have the money so where else are we going to get the money? It's a catch 22.
- I feel angry about any/all large corporate sponsorships...targeting heteros—I don't like that idea either. Good marketing is ruthless marketing.

What is most appealing about not using tobacco? How might that appeal be conveyed?

- Feeling healthy. Tasting better.

- I'm an athlete so I can't smoke.
- The money—that's what gets to me, makes me want to quit. I have other things I want to spend money on.
- Even though I do think it is cool to smoke, it's gross to kiss a smoker.
- Unless you smoke, then you don't notice.

When you think about tobacco use in our community what do you think is most needed? What would be a good way to meet those needs? What would that look like? Who might best provide that?

- At Great American Smokeout conferences, people always handed out quit smoking kits. They seemed ridiculous though we took the stuff and played with it.
- I always wish there were outdoor areas that were smoke-free. Inside it is so loud but outside it's smoky.
- It's hard to treat it like a real drug. Since it's more about the social thing, targeting the 'drug' won't be very effective.
- The health issue doesn't matter. The social justice issue does matter.
- Community-specific media. The [social justice issues] should be on TV on Logo. Get people pissed off about being targeted...although Logo might not reach kids.
- They should show the movie, "Queer Lives Up in Smoke". Student organizations could show that movie and point out the social justice issues. Not the wellness program—would be better through the resource center.

Who would be the most trusted organization to provide that? (Boulder Pride? Boulder County Public Health?)

- Personally, it would hit me differently coming from an organization that is not specifically GLBT...[especially if I were in that] 'pride' stage.
- I would like to see something on: this is how many people in *our* community affected by smoking. Like the AIDS quilt. These are our people being hurt.
- Between Boulder Pride and Boulder County Public Health, BCPH is a health organization. We *get* that (the health connection). Boulder Pride makes it community-specific.
- If Planned Parenthood or pharmacies did become more queer-friendly it would be nice to see them offering information or support.

What might lead members of our community to consider or approach quitting tobacco use?

- The biggest motivator for quitting is having a partner who doesn't like it.
- The health risk is not motivating. Personally, I don't look that far ahead. I really think for me it would be the social justice issue. I switched brands because of an animal rights issues (switched to a brand not tested on animals). It wasn't easy.
- Health is far away. When I smoked it was purely social. But I can't think of anything that would replace that. We have activities but we smoke at those.
- Social justice is something people can get on board with.
- There is a sense of pride and identity in smoking...smoking is despised, so its like, "look at me, you bastard...screw you".
- When you're limited in personal choices...marketing smoking is one choice.
- (I feel) very similar. There's an intersection of being GLBT and a smoker...multiple marginalization. I see a link—two oppressions. A minority in both. They lock together.
- Smoking was a part of redefining myself...more masculine. It completed my new 'costume' that I was taking on.

What would be helpful in quitting?

Web-based support (for example, an LGBTIQ chat room)

Telephone support

Support groups (Where would you want to meet?)

Written materials, handed out personally or mailed

Medical advice and support

Nicotine replacement or other medications for quitting

Complementary approaches such as acupuncture or hypnosis

Stress management programs

Other?

- Free stuff. Acupuncture/hypnosis, since it's also alternative.
- Web-based: easiest, most accessible, most anonymous. You'd have to really feel like an addict to go to a group.
- Some people want to make the choice more autonomously within oneself.
- A website would need to be really well done. Aesthetically pleasing, interactive.
- A gallery of your own design geared toward quitting.
- Creative aspects, interactive where people could submit videos. Not necessarily text-bound—more visual. For really recent quitters.
- Phone might be helpful for some people.
- Boulder pride could have a computer available. Not specifically for tobacco.
- If there was a support group, who would you want to run it?
- Queer-identified or a mix of queer-identified and queer-competent.

What types of messages and images would most resonate with members of our community? What would grab your attention? What types of images or messages would make you think more about quitting?

- I haven't smoked in over a month, though I know I will smoke again in the future.
- I *hate* the quit messages—really hate those.
- Better would be, “You have every right to smoke, but here are the facts”. Informed choice. So many people don't like to be told what to do.
- Series of images targeting, “Is this you?” Social justice or thought-provoking, “Why is it that you smoke? Whose decision was it?”
- With folks who identify as GLBTIQ but don't really identify as *community*, messages about *our* people or *our* community wouldn't be helpful.

When were you exposed to the culture of smoking? When did smoking and the queer thing combine?

- Cigarettes were handed to me by people I had a crush on.
- (It would be good to look at) how to make young GLBT feel less shitty about *not* smoking, about being queer.
- Invent, make accessible more ways to define self.
- I would've appreciated some slightly older people who could casually offer guidance and information—not health-based—who could serve as models for younger people.
- Health campaign, guerilla tactics. Our generation responds more to guerilla tactics.
- Bathroom of gay club “Go see project SCUM” (Sub-Culture Urban Marketing). Becomes underground, feels underground.
- Designed by youth, by us.
- Should be visual—that's one way of not being preachy.

TRANSCRIPT GROUP 2: TRANSGENDER

07/15/07

To start off, I'm going to say a key word, and ask you to offer one word or phrase in response. Ready?

Smoking: Cool. Pressure. Pot. Cigarettes

Nicotine: Patch. Drug. Gum. Buzz

Quitting: Harder than heroin. Easy. No reason. Difficult

Transgender: Confusing. Queer. Queer, or ME! Me too!

Do you sense an appeal around tobacco use in the LGBT community? What do you think is most appealing?

- I do think that there is something appealing about 20+ transguys smoking, something to do with a more masculine identity
- Tough guy persona
- Stress reliever is most appealing
- I found that it was a stress reliever, and it did make me feel a little more masculine, a little cooler, a little more edgy.
- More grown up
- Always wanted to grow up to be the Marlboro man or Joe Camel

Identity [I asked the participants to go a little bit deeper about their ideas of gender presentation related to tobacco use, as well as describe how they identify in terms of gender identity and sexual orientation, since the theme of gender expression seemed to come up in some of their answers, I figured it would be appropriate to expand a little bit on how the participants identified, since transgender is such a vast term to begin with]

- All the cool figures were smoking tobacco, rolled up cigarette pack in sleeve, James Dean, baseball players chewing.
- Everybody wants to be like James dean, and I've always definitely associated him with smoking
- It's knowingly unhealthy, and my parents and society at large doesn't necessarily approve of, but it made me do it more, fuck the system, fuck the doctors, I'm tough and I'll smoke if I want to, I'll be cool. Habitual smoking started around time of a lot of stress. It's cool to be like "I'm going to smoke a cigarette" instead of just sitting there, stressed out. In my subconscious its more masculine to just bubble up and smoke a cigarette than "talk about it"
- It's like a reason for downtime, to get away from other people, or to be with people. Like if you are with a group of nonsmokers, and are stressed out, you might just want to go and have a cigarette
- Can also be bonding experience
- My roommate was a temporary smoker before I was.
- I started smoking out of peer pressure. At a really stressful point in life and only couple people I felt comfortable around smoked, so I picked up and a cigarette and smoked with them.
- I identify as male, and as transgender, but to the person on the street I identify as male. As well as FTM.
- [I identify as] Queer trannyfag
- Male and trans
- Genderqueer male

Do you feel that tobacco use meets certain needs? How would you describe those needs?

- Does meet stress need, especially within trans community, stress relief.
- Main reason I first started smoking was cause I was a cutter, very stressful time of life, and smoking was intentionally harmful but wasn't as obvious and wouldn't get as much

shit as having cuts on arm which people would notice. Smoking more socially acceptable form of masochism.

- The bonding aspect. Go outside with other people who smoke and hang out with them. Its funny cause you can do the same thing without smoking but it's different.
- Stress reliever, way to say "fuck it" to everything

What comes to mind when you hear the words, "tobacco companies" or "tobacco advertising"?

- Evil, targeting
- Manipulative
- Capitalist pigs, lobbying
- Manipulative, bastards, liars

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- I already know for a fact it did change mine. It impacts tobacco use because it makes me feel like such a tool when I do use tobacco. But it doesn't totally prevent me from tobacco use.
- Whenever I see those commercials where they expose something [like the Truth campaign commercials] makes me further think they [the tobacco corporations] are slime.
- Yeah, the social justice piece makes an impact.
- Yeah, I agree about the social justice piece as well. But it wouldn't change my use around tobacco because I don't use it that often anyways.
- I'm pretty cynical, I already think of them as so evil, so I would already be expecting it, and so it won't change my view.

What is most appealing about not using tobacco? How might that appeal be conveyed?

- Saving money
- Saving money
- Health, smelling better, tasting better
- Health, tasting better

If you do smoke, what would lead you to consider quitting tobacco use?

- If my life weren't so fucked up
- The health piece even before I found out about the social justice stuff. And getting involved in anti-tobacco work (at that point I was already trying to quit). Also if you are on hormones [hormone replacement therapy, i.e. testosterone] it's especially bad to smoke. I don't know exactly why that is but I know it does increase the risk of certain things.
- Never started smoking that much but when I did, I know that the next time I would have practice (rugby) it would hurt, and since I'm not in the best physical shape to begin with I felt like I was shooting myself in the foot.
- I was having financial problems, so I really had to cut back. And my great uncle died of lung cancer.
- Smoking does come down to personal choice, and choices have been really restricted in my life. So personal choice is really sacred. So even if it's a bad choice, at least I get to choose.

Would knowing the potential harm second-hand smoke—for example, to your family or partner--be a motivator for quitting?

- I never smoked around anyone who wasn't smoking....
- My partner smokes
- If I was smoking now, it would be. My pets and partner specifically. I probably wouldn't smoke around my family anyway. I don't know if I would smoke around friends who didn't smoke, but something about hurting your partner or pissing off your partner is a motivator.
- It's hard to imagine because I don't smoke now, but I would imagine that it would be a motivator. I don't give a damn about my family.

If you wanted help with quitting who would you most trust to provide support? (For example, Boulder Pride, Boulder County Public Health, your health care provider, other...)

- I would not trust Boulder Pride. I would want another magical community-based queer organization. I wouldn't go to the health department
- I would want to do it myself
- I don't think I would go to an organization of any sort. Or a doctor, I hate doctors
- Yeah, with this subpopulation [hating doctors] is a good point
- I would probably talk to my therapist
- I'm a very independent person; I don't like bringing my problems to other people

If you wanted to quit smoking, which of the following programs would be most helpful?

Web-based support (for example, an LGBTIQ chat room)

Telephone support

Medical advice and support

Nicotine replacement or other medications for quitting

Complementary approaches such as acupuncture or hypnosis

Stress management programs

Other?

- Web-based, most anonymous
- Complementary acupuncture as well as web-based, cause I'm into alternative medicine
- I don't think it is possible to go up to some stranger and be like "help me with my stress" but if it was, I wouldn't want to do it. So I guess just making a note: if there is anyway to relieve the stress in my life that would be really helpful but even if there was a group or something that was framed as relieving stress for transfolk, I wouldn't go. I wouldn't want to go be facilitated by some person I didn't know. Stress is a big factor. Web-based stuff would probably be most helpful.
- None appeal to me. I'm really shy, in my own self, kind of person; hate to admit weakness to a person if I don't have to. Rather do stuff on my own.

If we were to develop tobacco counter-advertising, what types of messages and images would most resonate with you? What would grab your attention? What types of images or messages would make you think more about quitting?

- The social justice aspect
- Non-judgmental, stating facts
- Having trans-related images would catch my attention. Nobody really advertises to us.
- Boulder health trans posters [the one where they say "transphobia is unhealthy" and say that we will give you/treat you no matter what pronouns you use, or something like that.] reach out to me. Trans-inclusive/supportive nonjudgmental advertisements would really catch my attention. And I would be shocked by the trans-inclusivity.

- Yeah
- [Agreement with all] Non-judgmental, trans-inclusive, social justice.

What's most important to you in your life right now?

- My primary relationship, school, and even though I am transitioned and am not planning on anything in the near future [as far as surgeries go], but continuing to be transitioning. Really good trustworthy friends are really important to me as well.
- Securing adequate healthcare, mental health, transition
- My relationship, my friends, finding a way to be OK and not piss my parents off, cause I'm stuck for the next two years. I'm not allowed to transition or they will stop paying for me to go to college
- I don't have much in my life right now, at all; honestly, the most important thing is being here [in boulder, close to friends], finding an escape, people who understand what I'm going through. Dylan is the most important thing in my life.

Based on what we've talked about so far, is there anything else you wanted to say? Anything else I should know about?

- I just wish there was something better for transfolks here, not even directly related to tobacco. I just wish there was something, not necessarily support group, but social supportive thing. Like maybe a group of transfolk who met up and went to a movie. Just something. Cause we don't have a community. We don't have that much support, much people who understand what were going through.

TRANSCRIPT GROUP 3: ELDER

07/18/07

Cue words:

Smoking: drinking, allergic, cough, stinks, cancer, job, fun

Nicotine: patches, gum, addictive, blood

Quitting: Mindset, hard, hell, yes, health, stopping

Appeal around tobacco use?

- I don't see it any differently than in the average population.
- I don't know.
- As a tension-breaker...to cool down, to de-stress
- There's an appeal with looking tough, cool
- I saw a 20-something young man with a severe asthma attack in the ER. I asked why (with such severe asthma) he would smoke. He said he initially started for social reasons. Also, he saw Brad Pitt smoking in a movie and was emulating that, even though he's aware that it just a role. The rock star smoking persona. It seems to be a self-esteem issue—a need to pull from someone else's persona.
- Baseball players are another example of that persona
- At bars smoking is an icebreaker. A sexual thing. A good pick-up line..."do you have a light?" It's something to do, and it's legal.
- There's an association with classy jazz music, piano bars. There's a classy ambiance, or I felt that when I first started.
- It reminds me of *film noir*...the smoke curling around. It's very sensual.

- I used to travel the world and collected cigarette holders and cigarette lighters...collected the bling.
- There's a ritual—the lighting, tapping, flicking...
- When I quit, I looked at what kind of a smoker I was and realized how I used smoking to take a deep breath, something I had to incorporate into quitting.
- I'm at a point with smoking where I can take it or leave it.
- I like it. I like doing it. I was bedridden for six weeks. I finally asked for cigarettes because I wasn't doing anything. People don't understand the difference. I like doing it, but I'm not addicted. I live out of town, so if I run out, I can't just go get cigarettes. I had some neighbors who would almost divorce over running out of cigarettes. They'd call to see if I had any, and if I didn't, I'd see their car leaving for the 20 miles into town. They quit 12 years ago but he still walks around with a toothpick in his mouth and she said she still wants one.
- I can forget about cigarettes.
- I used to teach graduate students and I smoked when the students were driving me crazy. I have a theory that nicotine affects people differently. I'm 78 and have smoked for 55-60 years and have never felt addicted.

Tell me about when you first began smoking.

- I was six years old and was going to be a movie star. My dad took a movie of me at age six, smoking and playing marbles. In college I bought my first pack, and I remember the lady at the counter telling me not to buy menthols because I'd get hooked.
- Everybody was doing it. I had classes on how to smoke properly. The classes were in fancy department stores...like grammar classes where they taught you how to walk correctly, how to set the table, how to look like a lady while you're smoking.
- I smoked for 30 years and have been quit for four. I used nicotine gum, the patch but every now and then I'd buy a pack and smoke the whole thing. If I forgot to put my patch on, I'd go buy a pack. It tasted good. I haven't smoked in four years and don't think I will ever smoke again. I had thought about starting again at age 65, but now I find it disgusting...it makes me kind of sick.
- I was in the Air Force...you had to drink and smoke. I was stationed in Turkey and gambling was the thing to do. I'd get tired of that and would run or bike, but would go back, hang out with people and smoke. The most I ever smoked was 2 packs in a night, but then I wouldn't smoke for a while. I will smoke if I have enough to drink--less inhibition. Then if I get coffee the next day, I'll finish the pack. I didn't smoke for many years, but then I met this woman and got back into it.
- I'm kind of weird—I smoke too, even though I work at a hospital. I have an addiction to cigarettes. I never thought I was addicted. I quit for a year, but now will smoke a pack sporadically. I still haven't beat it. All of my relatives smoke—most are dead from smoking related diseases. It's like with gambling—you feel that you're the one that will beat the odds. I don't know if it's the anxiety, or if I drink and my inhibitions are down. Drinking is one thing that makes me want to smoke. I figure I've had 100,000 cigarettes so what's one more? Sometimes I smoke because of special occasions, but then anything can become a special occasion...being home from work becomes a special occasion. I wanted to come and thought that it would be good to be around others talking about smoking. It's been a struggle for me. I'm from an era where people smoked on planes and...when I see people smoke I don't think of myself. People look at me and say, "I never would've believed you were a smoker". There's a look, you can tell if someone smokes by their face. I don't want to look like a smoker.
- At work (as a radiology tech) I saw a huge nodule in a 55-year-old patient—this person didn't even know they had it.

- I've heard that cancer is a cellular mutation—one cigarette could cause a cell to mutate. But then cancer can also come from other causes, like pollution.
- It's like gambling. I see people smoking with oxygen tanks...there's an arrogance and infallibility. I do think there are addictive personalities.
- When I was a high school senior, my brother handed me a cigarette. I just wanted to get along with him. We had an adversarial relationship, but we were having a talk. He was into a lot of drugs, but cigarettes were acceptable to me. My mom came out and was shocked that I was smoking. I do have an addictive personality.
- When my mom was dying I couldn't sigh...I though maybe this was related to my smoking. My son was three. He said, "Mommy, what I want for Christmas is for you not to smoke". I stopped smoking at our house, but would walk to the neighbor's and on the way would get a butt out of the car. I was so disgusted that I resorted to smoking a butt out of the ashes...so nasty. I couldn't believe I would stoop to that level. That's what made me quit. I cold-turkeyed it. I remember being on my hands and knees begging, "If there's a God, please help me". It was hell. A friend told me that if I ever let a cigarette touch my lips again, I'd be right back where I started. I've never let that happen. To this day, I don't want to be addicted to anything. My brother said, "You will never quit", and I had to prove him wrong. I am so grateful. I smoked for 12 years and quit 25 years ago.
- I was 13 when I started smoking. I smoked just a little to belong. My girlfriend smoked, but then we had a big fight and another friend said, "See what cigarettes do? They make you fight." So I stopped and didn't smoke again until age 28. I was pretty out of it...I would take anything I could get my hands on. I was what they call a cheap drunk, and I was cheap in my smoking too. I smoked Carltons...you really had to suck on those. I smoked for seven years. I was having a hard time in my life. The American Cancer Society had a class that looked at what kind of smoker you were and I learned that my smoking was about tactile and breathing. I got help with alcohol and drugs, but then picked up cigarettes again. I am the kind of smoker we are talking about. I knew there was someone else like me when I saw a note written in an outhouse, "Please don't drop butts into the john...it makes them soggy and hard to light".
- Someone called me a chimney—that's when I said I would quit. When I decided to quit, I was on my hands and knees but than ran to buy cigarettes the next morning. I also got these long sticks at Bonanza and would chew on those whenever I wanted a cigarette...those and straws. I had to get past my pride and would do whatever it took. If it hadn't been so painful to quit, I think I would've started again. It's been 27 years since I stopped and now I just want to help others with this. I've told people who are quitting that they can call me 24/7...anytime day or night if it will help them.
- When no one else is there, that cigarette is there for you. It's your friend. I smoke when I put on make-up, when I'm in the car, on the phone. I work in health care and would resuscitate or intubate a patient and then go smoke a cigarette.
- I remember one man who was trached and on a vent, in the bathroom smoking. He had to be on a machine to breathe, but had to have a cigarette. I still remember his name. The smoke alarm went off, and when I came in, he was there sitting on the toilet, smoking through his trach hole, purple from lack of oxygen. But he had to have a cigarette. After that I probably went to have a cigarette myself. I'll never forget that man.
- My son just quit with help from the Colorado Quitline. He decided to quit and announced it so we'd hold him accountable. They have a coach who calls him. He's also a recovering addict and goes to meetings, although they all smoke at the meetings. That's the hardest for him, because now he doesn't even have that. Among gay men the bar scene is big, but he avoids all the scenes now, because he isn't strong enough to withstand the pressure.
- I did smoke when I was young to fit in. I can thank my father—he always smoked in the house. I must've been allergic to it—it would make me hack—I couldn't do it.

What's most appealing about not using tobacco?

- The senses of smell and taste are better, and the taste of your mouth in the morning is better.
- The smell of smoke is the least appealing.
- Vanity—you can see on someone's face that they are a smoker.
- The way someone looks when they're drawing on a cigarette is not very appealing.
- My back hurts when I smoke. I can smoke 2 packs in one night—beginning at happy hour—and then the next day my back hurts. It sucks the oxygen out of your bones.
- There's a rebellion around *not* smoking. I see it as, "I don't care what all of you are doing—I'm not going to do it." Being your own person and having good self-esteem. It doesn't matter what others think or do—basically not falling into that trap.

What do you think is needed in our community?

- Quitline is great, also the work that Vicki does.
- It's important to be a good example.
- Boulder Pride could offer support/information through e-alerts, offer free patches.
- There's a book, *The Easy Way to Stop Smoking* by Allan Carr. It doesn't talk about health—you already know that. It's important to finish the book before you quit. It makes the point that you're doing something positive for yourself.
- He talks about how quickly nicotine leaves your body—that's why people chain smoke. Or how they can be smoking one cigarette and light another without realizing the first one is still burning.
- I've done that.
- Yeah, I've done that too.
- Information like what's in this book would be good to share. Such as the changes that occur after quitting, that physically it takes three days for nicotine to leave the body, but that psychologically it takes years.
- My ex stopped six years ago and still chews nicotine gum like crazy.
- When I'd see those terrible lungs, I'd say, "This is awful—I want a cigarette".
- Have any of you seen, *Thank you for Smoking?* (No one else had seen it)
- Every ad shows happy people, and a lot of fun, sex, and alcohol...except not the Marlboro man.
- This book talks about the link between alcohol and tobacco.
- Our community needs better dating outlets than the bars...everybody come to my house (laughter).
- People want to hear horror stories. In talking to younger people, one thing that makes them listen is hearing that among every older person debilitated by smoking, they will say, "If I could have one wish, I would go back in time to the point where I began smoking. If only one person had kicked my butt. I've worked my whole life and could retire, but I can't walk from here to..." I tell younger people, "*You* have that chance". And they get it. The light bulb comes on.
- My uncle worked all his life, had a beautiful house but after he retired, he died within six months. And he exercised.
- You want to enjoy retirement. When I started working, 70 seemed *old*. Now at 70, you have a lot of life ahead of you.
- Also now a person can survive with one lung. Many cancers are now not a death threat.
- But if you have a chance to quit, you should do it.
- I'm very religious. I go to church, read the bible, pray.
- It's harder for someone like me—just harder...maybe because I feel like its okay because I don't smoke all the time.

- We'll do something healthy, like go out for sushi, but then we'll have a cigarette afterward. We'll get into the car and light up and look at each other and think, "Why did we do that?" It's so fucking stupid. It makes you believe you really don't have an addiction.
- I love her. We've been together 8 years and I don't want her to smoke.
- When we met I smoked one pack per day. When you're younger in this lifestyle—all my friends smoked. I'd have 30 people in my house, all smoking.
- It's good to hang out with friends who don't smoke. I think, if she can quit, why can't you quit? I wish I could...I just need to make up my mind.
- Try whatever works. It's like me with white cake with icing—if I have one bite, I'll eat the whole thing.
- I'm like that too.
- I can't do one of anything. So I can't have any.

Looking ahead five years, what do you see as positive changes around tobacco?

- It helps that there's no smoking in bars. Next would be no smoking in parks.
- Boulder is such a healthy place anyway, so outdoorsy.
- Straight women here are so outdoorsy that it's hard to tell they're straight.
- You could hold an event, like a run--just a couple of blocks—and invite smokers. Give out prizes, and invite them back the next year. Maybe they will have quit and would see it as a challenge. You could do other things, like three-legged races.
- I think the medical profession should find a cure so we can all smoke.
- Cobalt gum would help.
- There are so many reasons why people do self-destructive things—smoking is just one. Everyone has their own reasons..."I'll stop when the price goes up to ..." any and every excuse. Until someone is ready, there is nothing that will help.

Advertising targeting LGBT?

- I don't see advertising.
- I see it in movies only. It's often discrete, like the Pepsi can. The guys in Brokeback Mountain smoked.
- Maybe at bars. Hookah bars are the big thing now. It's like a water pipe for tobacco.

Wrap-up

- I enjoyed this...and learned a lot. I enjoyed the stories. Everybody is so different, and everybody has a different way of approaching this.
- Maybe it would help to have more of this kind of thing, conversations like this. Invite women at different stages, some who have quit a long time ago, some trying to quit, some who aren't even thinking about quitting
- There's a stigma about lesbian smoking, "Okay you think I'm bad? Well here's another thing."
- That reminds me of the kids at the Center, their appearance. I hate it. Society says I'm not okay...and my response is, "Damn you all—I'll do this too."
- The financial aspect would be motivating. "If you stop smoking and save that money, what could you buy? What would you *really* like to have?"
- That was a motivator when I quit.
- You can also help people slow down on the way to quitting, and track how much they've saved just by cutting down.
- The next time you offer one of these sessions you need chocolate.
- Dark chocolate
- And Hostess...anything Hostess

TRANSCRIPT GROUP 4: LESBIAN

07/19/07

Could you say a little about your experience with tobacco use?

- I grew up in the south and began smoking at a young age. I quit 9 months ago and have smoked once since then.
- Other people's smoking affects me quite profoundly. I often end up feeling like the bitch...not wanting to create a scene around myself, but I just cannot be around smoke. I'm interested in psychology, the emotions, the body, addictions....
- I have never smoked in my life. My mother was a smoker and I've always hated it. I remember hating the smell of it. My mother would ask me to bring her an ashtray or her cigarettes—that feels like where it comes from. I feel like its one of the biggest health concerns...I take it personally because of my mother and do feel that my influence has made a difference with family members. I haven't noticed a pressure within the queer community to smoke.
- I had asthma as a kid. I remember going to restaurants (where people were smoking) and having a hard time breathing, but I have had other addictions.
- I am not smoking now. For the past six months I'd have 1 cigarette/day. I haven't smoked in about six weeks.

Cue word...notice what happens in your body when I say:

Smoking: The beginning of an asthma attack...I'm noticing a sensation on the right side of my body and face...mentally feels 'buzzy'...a lot of perseverating and judgment, as in "what the hell are you doing?"

Nicotine: Head buzz...light...fun...energy...excitement...even though I don't smoke I have associations (from being around smoke) that are multi-leveled...buzzing quality

Tobacco: Ceremony...offering...calming response...tobacco plant, pure, pretty flowers, so different from the final form...crops, growing...ceremonial, spiritual.

Quitting: Headache, tired, "how many times do I have to go through that again?"...resolved...restriction...holding my breath. When you first start smoking, the first ten will spike you and the next ten will bring you down. They sugar-cure the tobacco, so you're smoking sugar, plus whatever other crap they put in there.

Do you notice an appeal around tobacco?

- I've thought about this a lot so this is a little deep. I think that for me, being a lesbian and because I'm a psychotherapist, I feel that smoking is an affirmation of one's breath. You can see the breath going in, going out, the sense of "I'm alive, I see it in my breath". I think this may be especially true for someone who feels invisible: "I'm here." Not everyone would feel that way. Its multileveled, but smoking makes the breath tangible, visibly seen.
- I feel like there is, even though I don't smoke, an identity in being a smoker. I do think there's appeal in that.
- I'm from the South. I know that smoking is associated with defiance. It smelled good to me, tasted good to me. I use to light my mother's cigarette, but it wasn't a bad thing. We'd go down to the creek and smoke and it was okay. I never thought about it as bad—everyone would smoke and sit around and talk and talk and talk.
- It's about connection. When you light a cigarette its just the two of you and the smoke. I never understood why until I started going to ceremony. The smoke is an offering of spirit, a prayer. Then I understood the connection. I don't just talk with anyone--when I do its with you as my sister. When you smoke it's a prayer going up to the Great Spirit

and spirit in turn comes back to you. It's better than alcohol because it helps you stay focused.

- I don't think so. I've lived in places—the Bay area, Boulder--where in most social places, smoking was not allowed. People couldn't smoke in bars or restaurants. So it wasn't the main focus. I ended up not being around it.
- Smoking is a springboard for connecting.
- I wonder if this thing I'm trying to name has to do with connection.
- You hardly have to talk. It's an easy connection—I'm not different than you.
- There is a sense of belonging; we're connected, sharing something.

I'm wondering, does it provide that?

- Our community is so diverse in so many ways. Age as one factor; lesbian, gay, bisexual; and where people were raised.
- I've heard that the lungs are an area where we hold grief. I have felt that smoking is palliative for grief...depending on who, and how ostracized they feel. There's a lot of grief in not belonging—from loss of family, to not being able to express oneself personally or sexually. There's a connection with loss, grief, and smoking. The grief is like the flame on a candle. Imagine the flame, but you're snuffing it out so that things don't hurt so much, so that you can handle it.
- I also wonder about internalized homophobia. Am I still holding that? I wouldn't say for everyone, but I hold that within myself. How do I make meaning of that? I know what it does, but I still choose to do it. Do I feel I'm not worthy of healthy lungs?
- Mine was being a female in the south...people saying no to me, and me (going ahead). There's so much repression in being a female. A female with a voice was just unheard of. It goes back to not letting people tell me what to do.
- Grief and father issues (relate to the lungs?) and also have to do with how far you get into heaven. The Chinese Five Element theory involves finding balance when there is misbalance. Each element has a region in the body—the heart is the fire element and has to do with love and relationship. The lungs are metal. When there's too much metal one is just fizzled out, and needs more fire element to melt the metal. Trying to balance the relationship, whether with self, with father, with religion....

Is there a sexual allure of tobacco?

- It's sometimes sexy, sometimes not.
- Sometimes you just want to show them how to be graceful with it.
- It is very sensual, oral, basic.
- Frieda Kahlo with a cigarette was sexy as hell.
- I remember watching my grandmother...she had these perfect painted fingernails.... Yet I couldn't breathe, so it was a dual response. From a distance—on a screen or across a room, yes, there is something erotic.
- It increases the sense of mystery—depending on what you like—it can add a dark mysterious quality.
- It's a part of flirtation, of wanting to know more—of not knowing and wanting to keep seeking. The terrorist messaging, “Smoking Kills”—the link to death isn't sexy.

Is there an appeal to not using tobacco?

- Yes, you don't smell like an ashtray.
- Your lover wanting to kiss you—your mouth is an inviting place.

- Others wanting to be around you...there's an appeal to other's wanting to be around you, an appeal of wanting to be someone appealing to be around.
- It's nice to care for ones self—that's attractive, it's a good sign—oh I can befriend them. It's inviting and attractive...I don't want to get too platitudinal.
- Not smoking is attractive.
- You can smoke and not be addicted, although my experience—chocolate would be my closest experience —is that even if I'm running late for work, I'll still run back to get a little piece, and then I'm behind people in traffic... There's a power in not being harnessed to something, a freedom in not being beholden to a substance. It's liberating. There's strength in that.
- Smoking is such an obvious and blatant red flag. We know so much about the effects, so why would anyone do that?
- When I meet someone who doesn't smoke I see that there's not the whole set of addictive patterns—there's something comforting in that. I have an association that it's (smoking is) a way to avoid addressing something else. Not necessarily true, but I project that.
- There are other things that are addictive...smoking is such a visible addiction.
- At least it is visible! (laughter)
- After years and years of keeping everything down, everything is suddenly bright and loud—tastes, smells, feelings. There's an intensity. Everything is brighter.
- You're so raw. You don't have that comfort anymore...it takes the covers away...there's no longer space between you and the world.

Is the intensity experienced negatively, or can it be described as vividness? Is anything experienced as positive?

- I definitely feel better, though I've had that experience of things being too much. It required learning to self-protect.
- I was sensitive as a kid and wonder if smoking dampened that so that I wasn't so attuned...“those people couldn't hurt me”.
- It was a way of hiding so that I wouldn't have to pick up other people's stuff. Smoking offered protection.
- Who the fuck at age 5 or 6 knows how to self-protect?
- It's wild to be this little intuitive being picking up on everything...
- I wonder about wounding...being oppressed because you're different. Being 'othered'...being made an 'other'. “You're not like me...I'm normal, you're the other.”

How did you discover that smoking was calming, that it would block out intense feelings?

- I think it was through connection to others like me—in my life it was the 'bad' kids...though I wasn't 'bad'. It wasn't like, “Hmm, what can I use?” The 'bad' kids felt like other too, and I think I was feeling an affinity with them. It was pretty subtle. I was desperate to find others like me, and it was more like, “This is what we do to feel good”. I was never really a bad kid—people would say, “You don't look like a bad kid”.
- I used to have seizures—temporal lobe seizures. I could feel them coming on and smoking a cigarette would keep it down. I've since learned to keep them down through breathing. Quitting was like jumping into a pool of sharks. But I haven't had seizures.

What would lead members of our community to quit?

- I'm co-advisor to a peer educator group on campus and went to a conference on different approaches—one being the terrorist style—“This is your brain on drugs”. Another was “Just say no”, but which doesn't take into account stages of change, so if someone just loves to smoke, it's meaningless. We have a social marketing campaign with the ques-

tion, “What do you think about dating someone who smokes?” Then the message conveys the reality that most people don’t want to date someone who smokes. So it’s a form of myth busting.

- There’s a poster in the women’s restroom on stopping smoking that shows that within 24 hours the carbon monoxide would be out of my lungs. That got me thinking how much farther I could swim. It makes it personal to self, rather than alienating you from yourself (as in) “You’re going to die” but at the same time you’re enjoying it. Creating dissonance in oneself, validating that if I quit I’d be able to do more. Pointing out contradiction in a way that’s non-threatening. That poster can be interpreted in different ways: “What does that mean for me personally?” I could swim farther...hike farther...sing...dance all night long at the club.
- When you’re younger you don’t feel it in your state of being, but in getting older, I’m starting to notice it. I was very active, going to the gym, cycling, going out with my dog, landscaping...and also smoking. The thing that really stopped me was viral pneumonia.
- Here’s the catch: I asked spirit to help me (with quitting) and then got viral pneumonia. Sometimes you need to ask God, or your guardian angels, or your greater power for help—you don’t feel you can do it yourself. You don’t necessarily want help from another human being. I asked for help, but then I was bedridden for three months, was in anaphylactic shock, had to have people watching over me for three months. I still can’t breathe very well and I’m just now getting back to swimming. Be careful what you ask for—be very specific.

Notice what comes up for you when I say the words “tobacco companies”

- The American Spirit...free cartons of cigarettes: They will send you a huge case once a year—whatever you want.

Was that a happy thing?

- Yes, because I gave them away to all of my friends who were smokers.
- I have a friend who was in college at the University of Winston, Salem who could use his campus card to buy cigarettes. I was so mad, “How could you do this?” It’s fucking tricky to market knowing full well that it’s addictive. It’s proliferating badness.
- It’s the same as credit card companies in colleges—they prey on college students.
- Evil. Pre-meditated murder. I have anger at them. It puts a face, a personification to all the harm that comes from it.
- I make a point not to look at the marketing, but I know they market to LGBT.
- There was a marketing campaign in the Bay area called project SCUM targeting homeless and gay/lesbian people.
- Knowing about it makes me even more angry.
- I have an experience of my own addiction to it...knowing that someone was willfully pedaling drugs to me.
- It makes me especially angry with young people, kids—they’re not even thinking about smoking but they’re getting images about what’s cool. They’re impressionable. There are other issues too...they get addicted and it locks it in.

What comes up for you when I say the words “tobacco advertising”?

- If kids want to experiment they should experiment. Parents need to have the conversations with kids—“This is what it is, this is what it will do. Try it...but you need to know what it will do.”
- It makes me think of the Italian phrase, (?) fumar
- I was getting the message not to smoke, but I did it anyway.

- Sometimes the message comes in sub-consciously.
- There's more research now on how tobacco affects your body. In one of the first Tour de France races smoking was thought to open the lungs and give more power. The plant is a bronchodilator, but when it is cured it causes bronchoconstriction.

What is most needed/would be most helpful in our community?

- I was thinking of the social marketing campaign mentioned earlier--they could create a positive campaign around normalizing not smoking.
- Have you seen the Kaiser-Permanente commercials that talk about what you could be doing if you started working out? I really like those...they're motivating in a non-abrasive way.
- It would help to have resources that you could access before reaching for a cigarette. It would require awareness of noticing the urge to smoke.
- Gay publications, flyers, bookstores, bars—let people know where they can go for help and how it can be accessible and affordable for them. Most of us are single income people so cost is a huge issue.
- Other places might be Planned Parenthood, People's Clinic.
- Create opportunities for community dialogue about it. This is really nice. I don't feel threatened—this feels like community.
- It's a chance to commune...free meal, discussion.
- I'm involved in the natural highs work on campus. We offer matè circles with information on the benefits of matè—this kind of ritual could be used.
- How to talk to people about cessation and addiction... brain chemistry—neurotransmitters, serotonin re-uptake...acupuncture with little aural needles that help you quit.
- Our community is really open to alternative options. Although there is something about the word 'alternative' that makes you think it's not the real thing.
- That brings up the link between words, how we connect words. Such as the word 'pride'.
- Feeding the pre-contemplative or contemplative phase—maybe someone hasn't really thought about it and the question or word will help them make a connection.
- Maybe drawing on our pride as gay individuals, drawing on our solidarity, creating a safe place to raise the question.
- I don't know, but I'm wondering if the question can be raised in images rather than through facts, such as an image of women together. Not necessarily through dissonance, just raising the question.
- Almost like there is value in looking out for each other, taking care of each other, taking care of ourselves.
- Non-judgmentalness toward smokers is important.
- Re-branding: cigarettes are the 'old', looking at the 'new'
- Alcohol use has decreased in this generation. There's more coping now (than with our elders), more ways to be out in the community.
- It would be important to provide a lot of resources, with enough breadth that would appeal to most.
- There's both an agenda of "I want you to quit" but also "I want to meet you where you're at".
- The University of Washington has a strategy that it is better to teach people to drink responsibly—to teach them to get pleasure from drinking rather than just drinking to get drunk. There is a blood alcohol level where a person will get a buzz, but if they continue drinking they'll go through/past the buzz. It's better to slow down and stay within that blood alcohol level—it increases the pleasure from drinking.
- One way to do that is to keep beer bottle caps in your pocket to track how many beers you've had.

- You could do something to track the number of cigarette butts.

Which of the following programs would be most help members of our community?

- *Stress management programs* (2 responses)
- *Complementary* (1 response)
- *Support groups* (1 response)
- *Written materials* (1 response)

TRANSCRIPT GROUP 5: GAY MEN

08/30/07

Tell me about your experience around smoking.

- I started at age 19, ironic because I hated my mother's smoking. I smoke about one pack/day, at one point was up to two. I smoke Marlboro lights. I enjoy smoking, the relaxation, especially if I'm stressed out. I've smoked 24 years and have never tried to quit.

Do you consider yourself addicted?

- No, I don't think so. I can go without smoking...I just enjoy it.

Do you think about quitting?

- I joke about quitting every time I pull out a cigarette. When I do quit, it will be cold turkey—no gum, patches, nothing. I'll do it my own way. I wouldn't search out help with quitting—I wouldn't utilize services.

And if cold turkey doesn't work?

- Then I'd probably try the patch.

Do you notice a social aspect to smoking?

- No. There's no difference when I'm alone or with others. I smoke the most when I'm bored.

Tell me about your experience around smoking.

- I started at age 20 and initially smoked one every now and then. By my senior year I was smoking more, because I was stressed about (start-up company). I thought I'd stop after things settled down—obviously that hasn't happened. If things are not as hectic, I don't smoke as much...if I'm skiing for example. I'll sometimes go a week without smoking—I did that in Malawi. I wouldn't say I'm addicted...I only smoke about two packs per week, so it's not that bad.

Do you think about quitting?

- My theory is that when things slow down I will quit. No concerns about health at this point.

Is there an appeal around smoking?

- It's relaxing, it's good with coffee. If I'm in a meeting, it's an excuse to get out and have a smoke. Socially I'm not sure if it's appealing or not appealing.

- London just passed a smoking ban—it’s just like New York. Even at Heathrow you can’t smoke anywhere. At the pubs now there are more people standing outside the pubs smoking than sitting inside drinking. But I didn’t smoke less.
- Its good to change the atmosphere--people can be having a conversation and I can say, “Hey, lets go outside and have a smoke.”

What would make you want to quit?

- If we go IPO I’ll quit.

How would you do it?

- I’d quit cold turkey. When you travel, it changes smoking—in some places its more acceptable and you smoke more, other places not...Europe for example.

What would be helpful for you in quitting?

- Free gum, patches...like they give out condoms, although the problem is you couldn’t give out just one or two. I’m not interested in all the services, “Oh we’re trying to help you”...the touchy feely stuff. Just give me the patches and get out of my way. I don’t want to sit in meetings and talk about quitting.
- Have ever tried the fake cigarettes? I like holding a cigarette, so that’s good, but the problem is you can’t blow smoke out. And the inhalation is awkward—nothing really happens. There’s a weird taste of something but no feel of smoke—the biggest tease of my life.
- I definitely would not try that. I smoke because I enjoy it. I want the feel of smoke in my lungs. Honestly I can’t think of an approach I’d use.
- It has to not be overbearing.

Tell me about your experience around smoking.

- I started at age 16. The first time I smoked I was 12 or 13, but at sixteen I knew what I was doing. Cigarettes were not hard to buy in North Carolina. I was prepubescent buying cigarettes. I was smoking one pack per day by age 18 and I’ve been consistent with that. It’s become inconvenient for me because so many people have quit. I like smoking in the car the most.
- Mine is the after dinner cigarette.
- Mine is the first cigarette in the morning, and after work, with a glass of wine.

Could you speak about the social aspect?

- I always thought it was cool. Imagine at age 13, “Wow, I can make smoke come out of my mouth”—it’s almost magical.

What would be helpful in quitting?

- If I was going to quit, I’d use the fake cigarettes and patches or gum. Smoking ultralights—that’s the best way I’ve quit. Every time I *wanted*—but didn’t *have to* smoke I’d smoke an ultralight. Cold turkey made me hallucinate—I’d see cigarettes in people’s hands and smoke coming out of their mouths. The reason for quitting is health—I get bronchitis two times every year. I’ve got something going on with my throat—I swear I have emphysema. I consider myself tragically addicted. It’s not a choice by any means. I was going to a movie in Arvada with some friends, so I can’t smoke in the car and then when we get there everyone else just goes right into the movie theater and I’m in this two-hour movie and all I can think about is having a cigarette. Or getting on a plane: I get there and in certain airports I can’t smoke. At DIA I’m never in the terminal with the

smoking lounge, so I'll try to hold it. If the plane is boarding in 30 minutes, I'll smoke two cigarettes and then through the whole flight all I can do is smell my fingers—I might even lick my fingers—I tell you I am straight-out addicted. If I don't have any money, I'll scrape together the change. If there's a half-smoked cigarette in the ashtray, I'll smoke it. If I know I'm not going to be broke later in the month, I'll leave some half-smoked cigarettes in my ashtray.

- As far as what Boulder County Public Health can do...just being there. If they were trying to do anything helpful they'd give out patches, gum...all free. It should be like what they do with STD's.
- It doesn't necessarily have to be free—we could pay something—whatever is spent on cigarettes.
- Maybe not free, but some minimal cost, and convenient. Like vending machines for cigarettes or bathroom condom dispensers. A kiosk with patches, gum, fake cigarettes...

Would concern for your partner be a motivator for quitting?

- No.
- I would be more likely to smoke outside, not more likely to quit.

If you were to envision five years from now, what would be in place that would most help you and other members of the gay community?

- I don't think that far ahead.
- I'm not sure. To be honest, I don't think anything will change in five years.
- A kiosk with low-cost quit smoking stuff.
- Alcohol and tobacco would be illegal substances. People are killing themselves with both of these, whereas other substances--ecstasy, for example--are illegal with no proof of fatality.
- Prohibition would just make it worse.
- You have to provide people with a valuable choice. I'm not sure how to make it valuable—but offering a choice. Where you don't get in the way, but provide first class service, like business class travel, with minimal hassle.
- There's no difference between gay and straight [re: what is needed].
- There's a general day-to-day anxiety related to discrimination, to being different.
- If smoking is inconvenient already I feel ostracized—I'm constantly apologizing for being addicted. If I have to hear about it all the time, it makes me stressed out which makes me want to smoke more. It also forces me to pick a side. Its either "I'm supporting the state's economy by smoking so you can go fuck yourselves", or I can side with the non-smokers, but then I'd have to discriminate against smokers and I don't like to discriminate against anybody. It upsets me when I'm outside smoking and then asked not to smoke—it almost makes me cry. I feel so discriminated against.
- Tactical approaches—creating marketing channels—I don't know how you would create channels around anti-tobacco. The tobacco industry can't market directly in a lot of places but they are successful because their approach is very tactical. You need to be careful not to portray big tobacco as evil—that comes off as extremist and I might dismiss the message as extremism. You need to be more subtle, more tactical. At the end of the day, the business is distribution; so the question is how do you distribute your product [promoting non-smoking] in a similar way? Obviously the tobacco companies are experts so that is a tall order. You would need to start small, with just Boulder for example.

Increasing information about project SCUM would be good.

TRANSCRIPTS GROUP 6: HIV POSITIVE

Individual Interviews

Interview 1 (gay male, age 48)

09/18/07

Key word response:

Smoking: Habit

Nicotine : Poison

Quitting : Feels great. After attempting to quit several times between the early 80's and now, I think I've finally kicked the habit.

Sense of appeal around tobacco use in the LGBT and HIV positive community.

- A way to meet other guys and fit in.
- It is engrained in the bar culture.
- While I lived in Germany everyone that I knew smoked.
- It felt really uncomfortable to be around smokers during the times that I'd tried to quit in the past.

Age when smoked first cigarette.

- 13 or 14 years old. May have tried a drag of a friends smoke when I was 11 or 12.

Thoughts and feelings that tobacco use may meet certain needs.

- Something to do when I'm bored.
- I always found myself smoking while watching TV.
- I would smoke when I couldn't sleep.
- I loved having a cigarette after dinner or anytime after eating.
- Just the habit of having something in my hand.

Thoughts about the effects of smoking being calming or relaxing.

- Always a feeling of relief to finally have that smoke that I'd been craving.
- If I was feeling stressed out I would immediately want a cigarette and would stop whatever I was doing to have one.
- Smoking provided me peace of mind.
- Even though I had serious health problems, smoking didn't matter because I thought I would die anyway.
- I really feel different about that now. I want to be as healthy as I can. I want to live, and believe I will for a lot longer time. I don't want to screw that up by smoking and drinking too much. I work so hard on taking all of my medications and eating right. Smoking just doesn't fit in with that.

Comments when hearing the words "tobacco companies" or "tobacco advertising"

- I am shocked by the power that they have politically.
- I feel like the government is selling out to them.
- Can't believe that smoking is still legal.
- I'm angry about what tobacco companies are putting in cigarettes and not telling the public.

- Really frustrated with the lying and deception that tobacco companies get away with and congress and health officials just look the other way.

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- Definitely. When I see the new commercials on TV it makes me really think about how nasty they are. I think it's called the "Truth Campaign." When I started seeing those spots I thought, "it's about time."
- It is good that young people are finally getting some reliable facts to help them make better choices.
- There should be more of that hip type of information getting out to the public. It really makes you think.

Would you say that the LGBT community including those living with HIV are specifically being targeted by the tobacco industry?

- For sure. You can see it in alcohol ads too.
- I've been out at the bars lots of times when free smokes or drinks are offered. It's been awhile for me so I'm not sure they are still doing that.
- I saw an ad on TV that said that some tobacco company referred to gay people as their scum target or something like that.

Thoughts on LGBT groups accepting sponsorship money from tobacco companies.

- Do they really do that?
- I think that's pretty bad for a non-profit to take money from companies that are cashing in on people dying.
- I guess money is money though.

What is most appealing about not using tobacco?

- Your clothes smell much better.
- Your house smells and feels much cleaner.
- Food tastes better.
- You don't have to worry about offending non-smokers anymore.
- I still have asthma attacks but they happen much less.
- Smokers cough goes away.

How could all of the appealing things about quitting tobacco use be conveyed to others?

- It's hard to say. People have to want to quit.
- People have to support each other and encourage their friends to be healthier.

In thinking about tobacco use in the LGBT and HIV-positive communities, what do you think is most needed to help people quit?

- The truth campaign on TV is really good and makes you think.
- More direct messages on TV.
- Bus Ads.
- Gay oriented anti-smoking messages in bars and magazines.
- Colorado Quitline or things like that.
- Pamphlets are less helpful because people just throw them away.
- More smoke free areas.
- Free patches.

- I've had HIV since 1991 and my medicine is helping me live longer. Quitting smoking should be part of your care plan.
- Being healthy overall is important.
- Drinking makes it really hard to quit smoking.

Who would be the most trusted organization to provide help in quitting tobacco use?

- BCAP or Beacon Clinic for HIV-positive people and LGBT people as well.

What might encourage members of our community to consider or approach quitting tobacco use?

- Having friends who don't smoke.
- Non-smokers helping people quit.
- Drinking less.

What types of things might be helpful in quitting?

Web based support?

- It might help others but it's not for me.

Telephone support?

- It would be good. The Quitline is good as long as they call at the time that you request them to.

Support Groups?

- Maybe at BCAP or something. I probably wouldn't go though.

Written materials?

- They might be helpful if you are in a doctor's office but not otherwise.

Medical Advice & Support?

- Very important. When you see the doctor as much as I do, their support is very important. Guilt is a good motivator too.

Nicotine Replacement or other medications for quitting?

- Access to patches or gum available right at medical appointments. I haven't heard of Chantix, but that would be really helpful. Doctors should do whatever it takes to help people quit.

Complementary approaches such as acupuncture or hypnosis?

- I've tried acupuncture and it didn't help me quit smoking. I do know others that it has helped. BCAP offers acupuncture sometimes.

Stress Management programs?

- Any way that helps reduce my stress level would help me quit. Therapists should offer to help. I've tried meditation and yoga and they both are helping me stay away from smoking.

If there was a support group, who would you want to run it?

- BCAP or Boulder Pride. I probably wouldn't use it though.

What types of messages and images would most resonate with members of our community?

- More direct messages to the LGBT community.
- Gay targeted anti-smoking campaigns.
- Let people know how the tobacco companies are using them.
- I quit smoking six months ago and feel like it's for good this time. I will encourage anyone that I know to quit and that it can be done.

Group 6, HIV+

Interview 2 (gay male, age 38)

09/18/07

Key word response:

Smoking: Cancer

Nicotine: The Patch, Addictive

Quitting: The Patch or Gum

Sense of appeal around tobacco use in the LGBT and HIV positive community.

- Part of the bar scene
- Meet someone and go out to have a cigarette.
- There is a division between smokers and non-smokers.
- Smoking becomes part of who you are.

Age when smoked first cigarette.

- I was 19 years old the first time I even tried a cigarette.

Thoughts and feelings that tobacco use may meet certain needs.

- I used smoking to calm down when I got stressed out.
- I smoked instead of eating.
- I smoked and drank to have a good time.

Thoughts about the effects of smoking being calming or relaxing.

- Having a smoke always calmed me down.
- It became the first thing I thought of if I was stressing.
- A beer and a smoke was the best.
- Not having any smokes was very stressful. In that way smoking caused stress.

Comments when hearing the words “tobacco companies” or “tobacco advertising”

- Sellouts
- Liars
- They’ll do anything for money. Even if they’re killing people

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- It makes me sick that they lied to everyone for so long.
- When I hear about all of the stuff they put in cigarettes it freaks me out.
- The new TV ads are good.

Would you say that the LGBT community including those living with HIV are specifically being targeted by the tobacco industry?

- I have never thought about it that way before.
- It doesn’t surprise me.

Thoughts on LGBT groups accepting sponsorship money from tobacco companies.

- Are you kidding?
- If they are handing out cash, it would be hard to say no. It’s still wrong though.

What is most appealing about not using tobacco?

- Easier to work out
- Fresh breath
- My asthma is under control.
- I quit six months ago.
- I noticed an overall improvement in health, breathing and energy within 2 weeks.
- Things taste better.
- I can smell a smoker a mile away now. I can't believe I smelled like that.

How could all of the appealing things about quitting tobacco use be conveyed to others?

- Everyone knows it's bad for you already.

In thinking about tobacco use in the LGBT and HIV-positive communities, what do you think is most needed to help people quit?

- For people with AIDS the focus on overall health is important.
- Doctors should prescribe Chantix to all of their patients that smoke.
- My doctor at Beacon Clinic gave me Chantix and it helped so much.
- Free patches or gum
- Pay people.
- Slow down on all of the drinking.
- For a lot of gay people the only thing they do for fun is go to the bars and get drunk and smoke.
- Focus on how gross smoking is.

Who would be the most trusted organization to provide help in quitting tobacco use?

- Case managers would be good at helping people quit.
- BCAP should give clients Chantix or patches or something.
- A lot of people would trust Boulder Pride.

What might encourage members of our community to consider or approach quitting tobacco use?

- Being healthy and feeling better is worth it.
- You should treat your body better, especially if you've been given a second chance like me.

What types of things might be helpful in quitting?

Web based support?

- For some people. Not everyone has a computer.

Telephone support?

- The Quitline is a good idea.

Support Groups?

1. Friends who don't smoke help. A group would be a good idea.

Written materials?

- Nobody reads those things.

Medical Advice & Support?

- A doctor who cares helps a lot. My doctor always asks me about smoking. I'm still not smoking.

Nicotine Replacement or other medications for quitting?

- It helps a lot to have help instead of cold turkey. The Chantix worked really well for me.

Complementary approaches such as acupuncture or hypnosis?

- It didn't help me.

Stress Management programs?

- Stay away from booze.
- My stress level is the same.

If there was a support group, who would you want to run it?

- Boulder Pride

What types of messages and images would most resonate with members of our community?

- Try to be more healthy.
- You will live longer if you don't smoke.
- Smoking makes you look old.

Group 6, HIV+

Interview 3 (gay male, age 44)

09/19/07

Key word response:

Smoking: Drinking

Nicotine: Chemicals

Quitting: Soon

Sense of appeal around tobacco use in the LGBT and HIV positive community.

- Hanging out at the bar everyone smokes
- Smoking is a way to bond with others
- I always smoke when I drink
- Easy to talk to other guys when going outside to have a cigarette.

Age when smoked first cigarette.

- I was 14 years old when I started smoking.
- I can't believe that I've been doing this for 30 years.

Thoughts and feelings that tobacco use may meet certain needs.

- Smoking was part of the coming out process for me.
- I have an addictive personality.
- I smoke more when I'm bored and alone.
- I am cutting down on the amount of alcohol I drink, so the number of cigarettes I smoke is getting less and less.

Thoughts about the effects of smoking being calming or relaxing.

- When I have a cigarette it calms me down a lot.
- I definitely use nicotine for stress relief.
- I have always used smoking and drinking to feel better.

Comments when hearing the words “tobacco companies” or “tobacco advertising”

- The advertising is so misleading.
- I am disgusted with the amount of money I have given them.

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- I want to quit more when I hear about all of the lying that they do.
- I don't approve of the way that they recruit young people to smoke.

Would you say that the LGBT community including those living with HIV are specifically being targeted by the tobacco industry?

- I think that the gay community is being marketed to, but I don't think they are focusing on HIV-positive people.
- I didn't know that the gay community is over twice as likely to smoke.
- I do know a lot of HIV-positive people who smoke.
- I remember when some companies would give out packs of cigarettes at the bars.

Thoughts on LGBT groups accepting sponsorship money from tobacco companies.

- I don't know how I feel about that.
- If the group needs the money, I guess I would understand.

- *What is most appealing about not using tobacco?*
Not smelling like an ashtray.
- Health
- Saving money.
- Even by cutting down I feel better in general.
- I get bronchitis less often than when I smoked more.
- I never smoked when I've had pneumonia or any lung type illnesses.

How could all of the appealing things about quitting tobacco use be conveyed to others?

- More education.

In thinking about tobacco use in the LGBT and HIV-positive communities, what do you think is most needed to help people quit?

- Provide Nicorette gum and patches.
- Better access to healthcare.
- Have case managers help with quitting.
- Prevent young people from starting in the first place.
- Role models.

Who would be the most trusted organization to provide help in quitting tobacco use?

- BCAP
- I get my healthcare at University of Colorado. I trust them more than Boulder doctors.
- Maybe the health department for younger people
- I would be more likely to access services from GLBT organizations.

What might encourage members of our community to consider or approach quitting tobacco use?

- Keep talking about how bad it is for you.
- Remind people how expensive it is to smoke.

What types of things might be helpful in quitting?

Web based support?

- I'm not able to afford a computer or the Internet.

Telephone support?

- I wouldn't use it.

Support Groups?

- I might go to a support group.

Written materials?

- I have materials that I got from Bastyr University in Seattle that have helped me to quit in the past. I'm going to use their plan again to quit this time.

Medical Advice & Support?

- I would trust advice from my doctor.

Nicotine Replacement or other medications for quitting?

- I'm not going to use patches or gum this time. I'm going to use the plan from Bastyr.
- I'd never heard of Chantix. I'm going to ask my doctor about it.

Complementary approaches such as acupuncture or hypnosis?

- I had acupuncture once at BCAP but it wasn't focused on quitting smoking.

Stress Management programs?

- It would probably help. I thinking that drinking makes quitting harder.

If there was a support group, who would you want to run it?

- Boulder Pride or BCAP

What types of messages and images would most resonate with members of our community?

- The most important things in my life right now are finances, housing and improving my health. I hope that by the end of October I'll be ready to quit.

Group 6, HIV+

Interview 4 (gay male, age 38)

09/19/07

Key word response:

Smoking: Eating - after dinner

Nicotine: Cancer

Quitting: Better and Healthier Life

Sense of appeal around tobacco use in the LGBT and HIV positive community.

- The look - something sexy about it
- Nothing better than a cold beer and a cigarette
- Open mindedness - smokers seem to be more open minded about life in general. More accepting type of people
- A way to start a conversation...icebreaker...a way to approach someone to talk to and have something in common.

Age when smoked first cigarette.

- I was 21 years old when I started smoking regularly.
- I tried an occasional smoke here and there as a teen. Maybe as young as 15

Thoughts and feelings that tobacco use may meet certain needs.

- A way to celebrate accomplishing something
- Smoking relaxes me and is part of my relaxation process.
- I love to have a cigarette after watching a movie.
- Such a relief to have a smoke when I finally can...I stress out about not being able to smoke, or if I don't have any I freak out.

Thoughts about the effects of smoking being calming or relaxing.

- Even though I use it to relax, it doesn't always help.
- If I have a drink, I have to have a cigarette no matter what.
- Smoking is a way to chill out with friends. To be able to go outside and talk, and be away from all of the noise and people inside

Comments when hearing the words "tobacco companies" or "tobacco advertising"

- Death
- Misinformation
- Fraud
- Manipulative

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- I don't want to support their tactics or play their game.
- Why support that?
- It is a disgrace that they are so successful at influencing so many people to continue or start doing something that is known to be so bad.
- I'm so pissed off that I fell for it.

Would you say that the LGBT community including those living with HIV are specifically being targeted by the tobacco industry?

- I didn't know about the big difference in the number of smokers between gay and straight.
- It is so frustrating to know that my whole community is being exploited and used in that way.
- Like gay people and especially HIV-positive people don't have enough problems to deal with.
- Talking with you is making me want to quit even more than I already did.

Thoughts on LGBT groups accepting sponsorship money from tobacco companies.

- The fact that LGBT groups are accepting money from tobacco companies is totally wrong. Definitely not a good thing
- Would those groups accept money from other kinds of drug dealers—like crack dealers.

What is most appealing about not using tobacco?

- Fresh, clean breath
- White teeth
- Smoke smell goes away
- Clothes smell fresh and then you feel like you look better.
- No dirty ashtrays.
- Health reasons.
- I don't need one more reason to see the doctor.

How could all of the appealing things about quitting tobacco use be conveyed to others?

- Bars should give out lollipops with stop smoking messages on the wrapper or attached to them.
- Provide gum and mints to people to use instead of smoking.
- Educating people more on the negative effects of smoking and all of the tricks the tobacco companies use to keep people smoking.
- Colorado Quitline is not appealing.

In thinking about tobacco use in the LGBT and HIV-positive communities, what do you think is most needed to help people quit?

- Doctors continually discussing smoking with you.
- Not heard of Chantix. I'd like to try it. Can you get it for me?
- The commercials are better now. More like them would be good.
- Having quitting leaders just like HIV prevention leaders like Atlas Program at BCAP.

Who would be the most trusted organization to provide help in quitting tobacco use?

- BCAP
- Boulder Pride
- You would be a good person. I trust you.
- Beacon Clinic

What might encourage members of our community to consider or approach quitting tobacco use?

- I pretty much think that the other things I said would be pretty good in helping people quit or not start.

What types of things might be helpful in quitting?

Web based support?

- Chatline would be good.

Telephone support?

- Yeah, that would help.

Support Groups?

- Not another support group.

Written materials?

- No

Medical Advice & Support?

- Very helpful. They should give us the Chantix thing you talked about.

Nicotine Replacement or other medications for quitting?

- Yes. It is so expensive though. But I guess so is smoking.

Complementary approaches such as acupuncture or hypnosis?

- Yeah, I'd try that.

Stress Management programs?

- That is exactly what I need. I want to start doing yoga and meditating.
- You would be the best. But BCAP or Boulder Pride could do it.

What types of messages and images would most resonate with members of our community?

- I didn't know about the targeting of the queer community until you told me about it. I think more projects like this would be a way to help people learn and think about things. Media that speaks directly to our community.

Group 6, HIV+

Interview 5 (Gay male age 38)

09/18/07

Key word response:

Smoking: Lung Cancer

Nicotine: Addiction

Quitting: Hard

Sense of appeal around tobacco use in the LGBT and HIV positive community.

- When I first started meeting other gay guys we all smoked.
- It's fun to go outside with your friends and have a smoke.
- When you are really stressing out, a smoke is the quickest way to calm down.
Smoking used to look sexy in a way. It was a certain look. That has changed a lot, but not really in a lot of places.
- It is so good to have a cigarette with a drink. Every time I've tried to quit, I ended up smoking again when I had a drink.

Age when smoked first cigarette.

- I was 13 years old. With one of the girls in the neighborhood. We thought we were so cool. She made me finish the whole thing. I used to steal them from my parents.

Thoughts and feelings that tobacco use may meet certain needs.

- To me smoking and taking a break are the same thing. I time my 15-minute breaks at work by smoking 2 cigarettes.
- The relief of finally getting to have one is so rewarding. It is really sad. Kind of like when a heroin addict finally gets a fix.
- Even though I have AIDS and have had many serious illnesses over the last 17 years, the need to smoke has always been powerful more the benefits of quitting. Even when I had Pneumocistis pneumonia, the most serious and life threatening of the opportunistic infections, and was in the hospital barely able to breathe, I would sneak past the nurse's station and in my wheelchair, rush outside to have a cigarette. They even were giving me patches to help me get over the cravings. That is an example of how powerful the addiction and need to smoke is and has been for me. I would have done anything to get the relief of having that nicotine. Can you believe that? It makes me crazy and angry about how I've become a slave to cigarettes. I am ready to do anything to quit for good.
- I have gone without food so that I could buy cigarettes instead.
- I have a friend who also has AIDS and at one point was addicted to crack. He said that it is harder to quit smoking than get over his crack habit. He went to rehab and everything. He said that everyone including the counselors at the recovery center smoked. He still smokes too.

Thoughts about the effects of smoking being calming or relaxing.

- Nothing calms me down better than a cigarette.
- Even Valium and alcohol doesn't work as well.
- The best way to relax is to have a few beers and chain-smoke.

Comments when hearing the words "tobacco companies" or "tobacco advertising"

- Powerful huge corporations

- One of the biggest lobbying blocks in Washington D.C. They have all of the politicians in their pocket. Tobacco and pharmaceutical companies run everything. Ironic huh. Evil.
- Total liars. I couldn't believe it when I saw the big tobacco executives testifying before congress and blatantly lying to protect their stockholders and watching most of the Senators pretending to buy it. Nodding their heads while people were dying...kind of like AIDS in the 80's. They should be convicted of manslaughter.

Would hearing about tobacco company motives or tactics change your thinking about tobacco use? How so?

- Yes, and more people should know about it.
- Tobacco companies should be forced to pay for whatever it takes to help people quit. Medical bills too.
- It is weird that alcohol and tobacco are legal and pot is illegal. It doesn't make any sense. What a scam.
- They are murderers and the new ads on TV are finally telling it like it is.

Would you say that the LGBT community including those living with HIV are specifically being targeted by the tobacco industry?

- Absolutely.
- They think we're all not worth anything so they might as well make some money off of us and then watch us die.
- The government did the same thing with AIDS. People need to rise up and demand change. Like ACT-UP and Queer Nation.
- After this I'm quitting. I'm part of the problem. You have really made me think. I knew I had strong feelings but in talking with you about it, I'm realizing how pissed off I am.

Thoughts on LGBT groups accepting sponsorship money from tobacco companies.

- No way.
- Give me a break. I don't care how much they need the money. The community should step up and give them money. They should never take money from any company that exploits us.
- *What is most appealing about not using tobacco?*
Clear conscience.
- Less wrinkles.
- Smarter and more responsible.
- Smoking smells so gross.
- White teeth
- Not being ashamed around non-smokers and doctors.

How could all of the appealing things about quitting tobacco use be conveyed to others?

- Quit being politically correct in anti-smoking campaigns. People are dying for God's sake. Its like with AIDS infections. Prevention messages need to be explicit and meaningful to people. Who cares that some people might get offended? Be real.

In thinking about tobacco use in the LGBT and HIV-positive communities, what do you think is most needed to help people quit?

- Money
- Attention.
- Just pay for the patches and gum. Give it to people for free. The money is there.

- I'm going to ask for Chantix from Dr. Pujet and Alicia at Beacon. You said it was really expensive though. I want to try it though. Thanks.

Who would be the most trusted organization to provide help in quitting tobacco use?

- BCAP and you. You are awesome. Whenever I come here, I always hope you are here. You make my day and always come up with some way to help me without humiliating me. You would be a good person. I trust you.
- Beacon Clinic

What might encourage members of our community to consider or approach quitting tobacco use?

- People are vain, especially gay guys. Focus on how ugly smoking is. The last thing a fag wants is to be ugly.

What types of things might be helpful in quitting?

Web based support?

- I guess.

Telephone support?

- Not really

Support Groups?

- If it was fun and you could meet cute people. Just kidding. Sort of.

Written materials?

- Nope.

Medical Advice & Support?

- I love Beacon. They should give stuff away to quit right there.

Nicotine Replacement or other medications for quitting?

- Of course. Welbutrin sucks though.

Complementary approaches such as acupuncture or hypnosis?

- Sure.

Stress Management programs?

- Totally. I would so use that. That would help me in so many ways not just quitting.

What types of messages and images would most resonate with members of our community?

- The vanity thing I just talked about.
- More marketing like the new TV ads.
- No more “just say no” campaigns. What a waste.

C. Exit Interviews

Exit Interview 1: Transgender subgroup leader

08/19/07

There's not really support for the trans community here in Boulder. There's mistrust, because there are not trans-safe spaces—that work has not been done. It would help to have a supportive environment in general—not just around tobacco—an environment where people are aware of their own assumptions, can act as an ally, are able to really listen. There are a lot of assumptions about the trans experience, generalizations that don't fit. There's so much diversity within the population. There are assumptions made, for example assumptions about being “out”. It's important to know that while some people are confident in their gender identity others may still be struggling. Parallels between gay and trans populations may not exist. For someone who is gay, being out might add to their identity, whereas for a trans person, it really

depends on how they identify. They often just want to be seen as male or female (and not necessarily trans). It's a personal private aspect of one's history, analogous to one's medical history. The assumption of "community" may also not fit. Just because a person is trans doesn't mean they hang out with other trans people.

Where to get support? I've had to do a lot of self-education and have not expected others to do that work. I'm often in the position of educating others and could become resentful of that, but I choose to frame it as progress—helping increase understanding in others. Yet we can't expect the member of the subpopulation to do all of the education, expecting the black person to educate the dominant culture on racism.

I realize everyone is in their own space, and some need gender 101. The dominant population's responsibility is to raise awareness of oppression. In reality, there is hierarchy and systems of oppression, even though we aspire to not have hierarchy or oppression, which contributes to arguments such as "rich people work harder," "LGBT is a deviance." Why do gender roles exist in the first place? Gender roles help keep people within the accepted norms, and if you're outside of those, it challenges those expectations. A lot of people get punished for that. These systems continue through our educational systems, our institutions, media...they are learned from a young age and ingrained in society. Feminism has helped me learn about systems of oppression. "Feminist Theory" by Bell Hooks is a good introduction to the concept of how forms of oppression are connected.

There is a clear connection between oppression and tobacco use, between oppression and health. To deal with obesity, for example, we will need to also address poverty and racism. A person who is trans deals with low social support, issues around self-esteem and self-oppression (internalized oppression)—internalizing messages you've been told all your life—that you're wrong, that the people you identify with are deviant and unhealthy--which affects you in negative ways. We've been taught to hate ourselves, which decreases confidence, the ability to come out, to feel whole and fulfilled. There's an issue of being visible vs. invisible, the issue of "passing privilege."

It's good to ask what language one wants to use toward oneself. For example, the term "trans-sexual" is a medicalized term. Trans-gender is more inclusive, but important to note that some won't identify with that.

As far as tobacco and systems of oppression, tobacco corporations have a lot of power—financial, political, etc. Choice, basically self-determination, is a sacred thing, a very powerful thing, especially for those who have had choice taken away from them. Tobacco as a product is marketed as a tool to reclaim, to take control of your life in some way, and even if it is self-destructive, it still offers a sense of control.

So that's one way that tobacco is connected to oppression...via the marketing of choice, of control. For example, if a man of color gets the message that men are supposed to be in charge and powerful, yet lives in a society that doesn't allow men of color to have power, he might seek/find power in destructive ways, such as dominating another—this could be anyone who is more vulnerable, thus fulfilling the expectation of personal power and control...experiencing the power you feel you should have. When power and control are taken away, then any way you can get that back will have appeal. Tobacco marketing taps into this appeal, and capitalism in general works in this way—by creating insecurities or tapping into existing insecurities and then offering a product to take care of those insecurities.

With this in mind, it's important to take into consideration the value of choice—building ways to empower people to make healthier choices, to have the ability to do so, providing access to resources that allow people to feel empowered...basically "bottom up" empowerment, common in anti-oppression work.

Exit Interview 2: Lesbian subgroup leader

09/07/07

I'm curious about your thoughts now that the group has been completed.

I do see a shift in this younger generation of lesbian women. We are the first generation to see being gay—as an expression of who we are—as viable, and consequently, we're able to live a lifestyle congruent with that. We haven't had to unravel the trauma that women have dealt with in the past. I see more self-protection in women of previous generations, more self-loathing and issues around body image. We're now experiencing a level of sanction that was not present previously. If there was anyway to hide it, if lesbian women could pass, that's what previous generations did. Often when people have been traumatized around sexual orientation they develop a rugged independence. I've heard it described like this, "I learned early on that it was all up to me." So there's a [fierce] independence that then relates to tobacco use.

There's definitely a psychodynamic element [of tobacco use]. When there's distortion of reality, it's covering a sense of grief that the person doesn't have the ability to deal with. Behind denial is grief. When we are kids, we look to the powerful people in our lives to make sense of who we are, and if we live in an environment that doesn't take us in, it's safer to make self "not okay" or "bad," because we have more control that way. At least we can control ourselves. Seeing others or the environment outside ourselves as "bad" is scary, because we cannot control that.

What are your thoughts around how we best help raise awareness of tobacco issues, or support people in quitting?

People who are smoking are in the pre-contemplative stage, so first we need to raise dissonance between behavior and knowledge. The social marketing approach—such as a poster showing how much more lung capacity [endurance] you'd have as a non-smoker—the ideas discussed in the group were very good for raising awareness.

Importantly, we need community support. We need to start first with building community because it's in relationship where we want to start, not with someone preaching. Physical space is needed in order to build community. Right now there's really no place in Boulder where you can truly be yourself, no place that feels like community, where people can befriend one another. I don't think it can be a non-profit, because resources are so limited for non-profits; possibly a partnership with a non-profit, or a coop where money is invested and members share in the profits. An alternative to bars, with social events, workshops or guest lectures—a health-oriented space.

What are your thoughts on messaging that might resonate with lesbian women?

"I respect my body. I respect my sexuality. I don't smoke."

Exit Interview 3: HIV+ subgroup leader

09/28/07

Now that you've completed the interviews, what's standing out for you?

The overall theme for all the interviews is that this population has *so* many things going on. They are dealing with so much. Quitting smoking is important, but on the list of needs, it's definitely not at the top. What I see as needed are ways to make quitting easier—having available nicotine gum, patches, Chantix, etc. Money is an issue, but making things simpler is critical. They're not into the support group thing—that's just another appointment, another thing to do. Better to offer smoking cessation in conjunction with something they're already involved in—case management, doctor's appointments, the Beacon

Clinic (infectious disease clinic). Make it as simple as possible. There are a lot of demands—medical visits, case management, going to the food bank—an overwhelming number of demands.

Financial concerns are at the top of the list. All of those interviewed were on fixed incomes—all were disabled and on disability. There are so many co-pays for medications, so adding another medical bill is a turn-off. But smoking is expensive too, and when I would point that out, they'd agree but argue that at least they're getting something out of it—the relaxation, the enjoyment. Quitting adds stress. Smoking helps deal with stress. It's a method of stress reduction.

When I asked them about stress tied to smoking, what I heard mostly was the stress experienced when they couldn't smoke; for example, when they didn't have the money to buy cigarettes. They described the relief associated with smoking, like a heroin addict finally getting a fix, feeling well when they're using. Nicotine addiction is similar and the relief from smoking is seen as a benefit.

The desire to quit is there and the timing is right. For a long time those with HIV were using, smoking, binge drinking—engaged in all kinds of unhealthy habits. It didn't matter because they thought they were going to die. Now though, they are believing that their lives will be longer. They do see life as worth living. A lot of them are willing to make changes—eating right, exercising, and generally taking care of themselves. Everyone I spoke with had a desire to quit. Everyone had tried to quit at least once. I do think it's a good time to jump on this opportunity. These folks are ready to make behavior changes.

They have intimate relationships with their health care providers. For example, it's common that they'll call their doctor by [his or her] first name, and sometimes their doctor will call just to see how things are going. I don't think that happens in general but in this group it's common. These people see their doctor or nurse practitioner a lot more frequently, depending on how severe their disease has been; often at least once a week.

These are all opportunities, primary care clinics, infectious disease clinics, case management. There are a lot of volunteers who are very committed and work closely with them. These are people they already trust. It would be nice for a doctor to say, "It's so important that you quit smoking. I'd like for you to take this with you."

Offer cost-friendly access to cessation aids. Here's something public health could help with: get Chantix and other cessation aids added onto the ADAP formulary. (ADAP is the AIDS drug assistance program, federally funded, managed by the state, and intended to cover antiretroviral meds, medications for opportunistic infections, mental health, and other things that aren't necessarily AIDS-related.)

There's definitely an association between cigarettes and alcohol; they go hand-in-hand. Alcohol was always a factor in relapse. Alcohol use in the gay community is common in general. Going out drinking is the norm. Alcohol dependency is more frequent than in the general population, even though they dress it up. In the broader gay community, alcohol use is pervasive. There's an isolation associated with HIV.

Can you say more about this isolation?

Even in the community there is a division—those that have it, those that don't. There's also ageism. The gay community is youth-obsessed. The worst thing you can be is an old gay guy. A lot of the guys with advanced HIV are older. Alcohol use is a way to be part of the community and a way to reduce stress. It's a way to forget about problems as an escape and a way to relax, even at the expense of creating new problems.

With alcohol use comes smoking. Let's say Allen hasn't smoked for 3 days, then Michael calls, "Let's go out." They meet at the bar, and it's noisy and hot, and after a while Michael says, "Let's go outside."

Well, when you go outside, everybody is smoking. And those I talked with said that even one drink leads to smoking.

The outside smoking areas have become a destination spot. Clubs are creating smoking areas that are very attractive, with fountains, piped-in music, awnings, heaters. In San Francisco the outside of clubs was much more fabulous than the inside—a little oasis from the music, a place you could talk. It's not quite here yet, but it's coming. An example in Boulder is the rooftop deck at the Foundry...it's the coolest place to be.

Do you have any final thoughts?

The key is not to give the same old, standard public health messages and materials. These folks are sophisticated. They can spot public health pamphlets...they're bombarded with those. If they are infected, they are around public health environments constantly. Messages need to be new and hip and shocking. The Truth Campaign is a good example—those ads do catch attention. There are lots of examples in HIV prevention. It is sometimes necessary to defy local government and make messages very explicit and sexual; two male torsos, for example. People will look at that, they'll pay attention. That kind of message speaks to this community and is effective in HIV prevention. Anti-smoking messages need to work in this same way.

D. Acknowledgments:

This project was funded through a Colorado Department of Public Health and Environment **State Tobacco Education and Prevention Partnership (STEPP)** tobacco disparities grant.

Project Director: Eric Aakko, Boulder County Public Health

Project Coordinator: Kathleen Jones, Boulder County Public Health

A special thanks to:

Boulder Pride and Kirsten Spielmann

Boulder County AIDS Project

Project Visibility

Subpopulation group leaders

Discussion group participants

Boulder County Public Health staff, including

Melany Johnson

Kristen Nelson

Nick Robles

Tom Rafferty

E. Presentation of Findings

1. Public Health Grand Rounds, Boulder, 09/21/07
2. Culture of Data Poster Presentation, Denver, 10/12/07