

# Populations Targeted by Tobacco: Lesbian, Gay, Bisexual, Transgender



## Tobacco Use is Higher in LGBT Populations

- **More than 1 in 5** LGBT adults in America smoke – that’s 30% higher than other adults.<sup>1</sup>
- LGBT students start smoking younger and smoke more frequently compared to non-LGBT peers. According to the 2017 Maine Integrated Youth Health Survey<sup>2</sup>, **23.0% of transgender high school students and 13.4% of gay/lesbian students use tobacco products**, compared with just 8.1% of non-LGBT students.

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## Industry Marketing & Targeting

- High rates of tobacco use in the LGBT community are due in part to tobacco companies’ aggressive marketing – event sponsorships, bar promotions/giveaways, and ads.<sup>3,4</sup>
- Tobacco companies advertise at “gay pride” festivals and other LGBT community events, and contribute to local and national LGBT and HIV/AIDS organizations.<sup>4</sup>
- Tobacco ads in LGBT publications depict tobacco use as a “normal” part of LGBT life.<sup>3</sup>
- The marketing campaign, *Project SCUM* (Sub-Culture Urban Marketing), was created in the mid-1990s by a tobacco company to target LGBT and homeless populations.<sup>5</sup>

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## Health Impacts

- HIV-infected smokers lose more life-years to smoking than to HIV. The excess mortality of smokers is tripled and the risk of death associated with smoking is doubled among HIV patients compared to an unaffected population.<sup>6</sup>
- LGBT youth are at a higher risk for substance use, sexually transmitted diseases, cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide as compared to the general population.<sup>7</sup>
- LGBT youth receive poor quality of care due to stigma, lack of healthcare providers’ awareness, and insensitivity to the unique needs of this community.<sup>7</sup>
- A 2017 study found that while 92% of surveyed oncologists (across 7 cancer types) report being comfortable treating LGBTQ patients, fewer than half of respondents correctly answer knowledge questions about this population.<sup>8</sup>

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## Quitting Behavior

- LGBT individuals are 5x more likely to never intend to call a smoking cessation quitline.<sup>9</sup>
- LGBT individuals are less likely to have health insurance than straight individuals,<sup>10</sup> which may negatively affect health as well as access to cessation treatments.
- LGBT men are 20% less likely than straight men to be aware of smoking quitlines, despite having similar exposure to tobacco cessation advertising.<sup>11</sup>

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## Maine is not addressing this issue.

In 2016, Maine received a C- on the LGBT Health Link Tobacco Census<sup>12</sup> – our score was 10 out of 25. We lost significant points in several areas including:

- Lack of funding for health disparities related to higher tobacco product use
  - Lack of cultural competency standards
  - Lack of tailored LGBT programs in larger tobacco efforts
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## Policy Actions to Take

Evidence-based tobacco prevention and treatment strategies, including culturally appropriate anti-smoking health marketing strategies and mass media campaigns, as well as CDC-recommended tobacco prevention and control programs and policies, will reduce the burden of disease among the LGBT population. Specific policy actions to take include:

1. Increasing the price of all tobacco products, including e-cigarettes, through regular and significant tobacco tax increases.
2. Implementing and enforcing comprehensive smoke-free and tobacco-free policies.
3. Fully and sustainably funding evidence-based, statewide tobacco use prevention and treatment programs. **Currently, Maine's program is funded at approximately 30% of the U.S. CDC recommended level of \$15.9 million.** Funding should be used for:
  - a. Aggressive, directed counter-marketing campaigns
  - b. Increase support for schools through youth, staff and parent education, and policy assistance
  - c. Investment in surveillance and evaluation to build data specific to Maine's LGBT population
  - d. Increase reach of effective tobacco treatment programs, such as the ME Tobacco HelpLine

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To learn more, please visit [www.MainePublicHealth.org](http://www.MainePublicHealth.org).***

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<sup>1</sup> CDC Morbidity and Mortality Weekly Report. 2018. Current Cigarette Smoking Among Adults—United States, 2016.

<sup>2</sup> Maine Center for Disease Control and Prevention. 2017. Maine Integrated Youth Health Survey.

<sup>3</sup> American Lung Association. The LGBT Community: A Priority Population for Tobacco Control. Greenwood Village (CO): ALA, Smokefree Communities Project.

<sup>4</sup> Margolies L. The Same, Only Scarier—The LGBT Cancer Experience. American Cancer Society, 2015.

<sup>5</sup> Centers for Disease Control and Prevention. [Best Practices User Guide: Health Equity in Tobacco Prevention and Control \[PDF-5.05 MB\]](#). Atlanta: U.S.

Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015

<sup>6</sup> Helleberg, M., Afzal, S., Kronborg, G. Larsen, C., et al. 2013. Mortality Attributable to Smoking Among HIV-1-Infected Individuals: A Nationwide, Population-Based Cohort Study, *Clinical Infectious Diseases*, 56(5), 727–734.

<sup>6</sup> Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*, 9(4), e1184.

<sup>8</sup> Tamargo, C. L., Quinn, G. P., Sanchez, J. A., & Schabath, M. B. (2017). Cancer and the LGBTQ Population: Quantitative and Qualitative Results from an Oncology Providers' Survey on Knowledge, Attitudes, and Practice Behaviors. *Journal of Clinical Medicine*, 6(10), 93.

<sup>9</sup> Burns EK, Deaton EA, Levinson AH. 2011. Rates and Reasons: Disparities in Low Intentions to Use a State Smoking Cessation Quitline. *American Journal of Health Promotion*, 2011; 25, No. sp5:S59-65

<sup>10</sup> Kates J, Ranji U, Beamesderfer A, Salganicoff A, Dawson L. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. The Henry J. Kaiser Family Foundation 2015; Issue Brief

<sup>11</sup> Fallin A, Lee YO, Bennett K, Goodin A. Smoking Cessation Awareness and Utilization Among Lesbian, Gay, Bisexual, and Transgender Adults: An Analysis of the 2009-2010 National Adult Tobacco Survey. *Nicotine and Tobacco Research*, 2015:1-5

<sup>12</sup> LGBT HealthLink, The Network for Health Equity. 2019. LGBT HealthLink 2016 Tobacco Census State Report Card.