



## TOBACCO USE IN LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) COMMUNITIES

---

Despite reductions in smoking prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.<sup>1</sup> Smoking accounts for more than 480,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke.<sup>2</sup> Many populations, including the LGBT community, continue to suffer from disproportionately high tobacco use and its associated health consequences.

Until recently, little was known about the tobacco epidemic in the LGBT community due to the exclusion of measures of sexual orientation in national surveillance data. Data on the transgender population remains very limited; however, over the past several decades, research has consistently shown that smoking rates are higher among LGB populations.<sup>3</sup> It is critical that states and communities are able to monitor progress toward reducing tobacco use disparities in the LGBT community. Doing so requires inclusion of sexual orientation and gender identity questions as part of the core demographics in tobacco surveillance efforts. Additionally, limited data exists to explore the long-term health impacts of these tobacco use disparities, highlighting the need for further examination of tobacco-related morbidity and mortality by sexual orientation.

### Tobacco Use Among LGBT Adults

- According to the 2020 National Health Interview Survey (NHIS), 16.1% of LGB adults are current smokers, compared to 12.3% of heterosexual adults. A quarter (25.1%) of LGB adults are current users of at least one tobacco product.<sup>4</sup>
- A greater proportion of LGB smokers use menthol cigarettes, which are more addictive and harder to quit, exacerbating health disparities.<sup>5</sup> According to the 2018 National Survey of Drug Use and Health, 51% of lesbian/gay and 46% of bisexual smokers use menthol cigarettes, compared to 39% of heterosexual smokers.<sup>6</sup>

### Tobacco Use Among LGBT Youth

LGBT youth may be at particularly high risk for tobacco use given certain risk factors: lack of support from family and peers, depression, low self-esteem and stressful life events related to coming out.<sup>7</sup>

- According to the 2021 National Youth Tobacco Survey (NYTS), 17.4% of LGB middle and high school students are current tobacco users, compared to 11.4% of heterosexual students. Additionally, 24.5% of transgender middle and high school students are current tobacco users, compared to 11.7% of students who are not transgender.<sup>8</sup>

Older data from the 2017 Youth Risk Behavior Survey (YRBS) also shows that LGB high school students reported a younger age at smoking initiation, with 14.2% of LGB youth reporting having smoked a whole cigarette for the first time before age 13, compared to only 8.8% of heterosexual youth.<sup>9</sup>

### Tobacco Industry Targeting of the LGBT Community

Internal tobacco industry documents reveal that tobacco companies were aware of the elevated smoking rates in the LGBT community and subsequently designed marketing strategies to further take advantage of LGBT consumers.<sup>10</sup> The most infamous example of this targeted marketing of the LGBT community is "Project SCUM (subculture urban marketing)," a 1995 marketing plan developed by R.J. Reynolds to target the gay community in the Castro District of San Francisco.<sup>11</sup> For more than 20 years, the tobacco industry has targeted the LGBT market through direct advertisements, sponsorships and promotional events.<sup>12</sup> Research shows this advertising is pervasive and effective—analysis of data from the 2003-

2006 Washington State Behavioral Risk Factor Surveillance System (BRFSS) found that LGB adults reported significantly greater exposure and receptiveness to tobacco industry marketing.<sup>13</sup> A 2013 national survey also found that LGBT adults reported greater exposure to e-cigarette advertising and coupons or discounts for tobacco products.<sup>14</sup>

### **Magazine Advertising**

In 1992, Philip Morris became the first tobacco company to advertise in a national gay publication with a Benson & Hedges ad in *Genre*, a magazine aimed at the gay male audience.<sup>15</sup> Since then, tobacco advertisements targeting the LGBT community have become commonplace via placement in magazines and alternative weekly newspapers with high LGBT readership, imagery of same-sex couples, and even messaging pairing the “freedom to inhale” with the “freedom to marry.”

In an effort to generate positive associations with its brand, Philip Morris featured an ad in *Pride.02*, boasting about its contributions to HIV/AIDS causes and corporate contribution to diversity through domestic partner benefits and antidiscrimination policies.<sup>16</sup> Philip Morris continued to place similar ads in subsequent *Pride* editions.<sup>17</sup>

### **Donations and Sponsorships**

Tobacco industry donations to LGBT causes date back to 1991, when Philip Morris began donating to HIV/AIDS organizations after witnessing the collective power of the LGBT community when many boycotted the company for donating to Senator Jesse Helms, an opponent of gay rights and AIDS funding.<sup>18</sup> Tobacco companies have also donated to gay rights organizations such as the Gay and Lesbian Alliance Against Defamation (GLAAD).<sup>19</sup> Tobacco industry sponsorship and promotion is prominent at LGBT nightclubs and bars, as well as annual Pride events around the country. While some of this sponsorship and promotion continues, there has been substantial movement by many LGBT organizations to refuse tobacco industry sponsorship in acknowledgment of the toll the tobacco industry exacts on the LGBT community.

### **Helping LGBT Smokers Quit**

Given what is known about the tobacco industry’s targeting of the LGBT community, it is important for LGBT organizations and events to cut ties with the tobacco industry. The tobacco industry continues to sponsor many annual Pride events, co-opt LGBT imagery, and target the LGBT community with magazine advertising. In addition to targeted marketing efforts by the tobacco industry, there are other factors that may contribute to higher rates of smoking among LGBT people, including reduced access to healthcare, higher stress levels due to discrimination, and increased incidence of substance abuse.<sup>20</sup> Additional research is needed to understand the factors that contribute to the elevated smoking rates in the LGBT population and what can be done to address the problem.

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches. According to the U.S. Public Health Service Clinical Practice Guideline, tobacco cessation treatments are effective across a broad range of populations. It is critical that health care providers screen for tobacco use and provide advice to quit to tobacco users.<sup>21</sup> Despite having higher smoking rates than their heterosexual peers, national data show that LGBT adults express similar desire to quit, with 66.7% of LGB adults expressing an interest in quitting, compared to 68.1% of heterosexual adults. However, LGB smokers report a lower prevalence of smoking cessation counseling and/or medication use (14.5%) than heterosexual smokers (31.7%).<sup>22</sup> Efforts to tailor smoking cessation programs to the LGBT community and advertise cessation services in a culturally competent manner may help facilitate successful cessation and reduce the LGBT community’s disparately high smoking rate.<sup>23</sup>

Policy interventions like tobacco taxes and smokefree laws can also help people quit smoking, and research shows that LGB adults in states with more restrictive tobacco environments are less likely to smoke.<sup>24</sup> The CDC’s Task Force on Community Preventive Services concludes that there is strong evidence that smokefree policies reduce the prevalence of tobacco use, increase the number of tobacco users who quit, and reduce tobacco use initiation among young people.<sup>25</sup> Unfortunately, research shows that LGBT communities are disproportionately exposed to secondhand smoke. A 2011 assessment of bars and nightclubs in Las Vegas, Nevada found that patrons of LGBT venues had a 38% higher odds of

being exposed to secondhand smoke.<sup>26</sup> Nationally, a study of 2003-2010 data from the National Health and Nutrition Examination Survey (NHANES) found that lesbian nonsmokers had significantly higher exposure to secondhand smoke than heterosexual women, as evidenced both by cotinine measures and self-reported exposure in the workplace.<sup>27</sup> Comprehensive smokefree laws that cover all workplaces, restaurants and bars can help reduce such disparities in exposure to secondhand smoke and change social norms around smoking. Efforts to make Pride events smokefree are also an important step to reducing secondhand smoke exposure and empowering the LGBT community to eliminate ties with the tobacco industry.

### Additional Resources

- This Free Life tobacco prevention and cessation resources (<http://thisfreelife.betobaccofree.hhs.gov/>) and (<http://smokefree.gov/lgbt-and-smoking>)
- LGBT Healthlink's "MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control" (<http://www.lgbthealthlink.org/Assets/U/documents/mpowered.pdf>)
- The National LGBT Tobacco Control Network (<http://www.lgbttobacco.org/>)

### Campaign for Tobacco-Free Kids, March 23, 2022, Laura Bach

<sup>1</sup> *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*, PHS publication 1103, 1964, [http://www.cdc.gov/tobacco/sgr/sgr\\_1964/sgr64.htm](http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm). McGinnis, JM, et al., "Actual causes of death in the United States," *Journal of the American Medical Association (JAMA)* 270:2207-2212, 1993.

<sup>2</sup> HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. CDC, "Deaths: Leading Causes for 2010," Table D, *National Vital Statistics Reports*, 62(6), December 20, 2013, [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf).

<sup>3</sup> Lee, JG, et al., "Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review," *Tobacco Control*, 18(4): 275-282, 2009.

<sup>4</sup> Cornelius, ME, et al., "Tobacco Product Use Among Adults—United States, 2020," *MMWR* 71(11): 397-405, March 18, 2022, <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7111a1-H.pdf>.

<sup>5</sup> FDA, "Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes," <http://www.fda.gov/downloads/ScienceResearch/SpecialTopics/PeerReviewofScientificInformationandAssessments/UCM361598.pdf>, 2013.

<sup>6</sup> Delnevo, CD, et al., "Banning Menthol Cigarettes: A Social Justice Issue Long Overdue," *Nicotine & Tobacco Research*, 22(10): 1673-1675, 2020.

<sup>7</sup> See e.g., Blossnich, J, et al., "A systematic review of the aetiology of tobacco disparities for sexual minorities," *Tobacco Control*, 22: 66-73, 2013. Newcomb, ME, et al., "A longitudinal examination of risk and protective factors for cigarette smoking among lesbian, gay, bisexual, and transgender youth," *Journal of Adolescent Health*, 54(5): 558-561, 2014.

<sup>8</sup> Gentzke, A, et al., "Tobacco Product Use and Associated Factors Among Middle and High School Students—National Youth Tobacco Survey, United States, 2021," *MMWR* 71(5): 1-29, March 10, 2022, <https://www.cdc.gov/mmwr/volumes/71/ss/pdfs/ss7105a1-H.pdf>.

<sup>9</sup> CDC, "Youth Risk Behavior Surveillance — United States, 2017," *Morbidity and Mortality Weekly Report*, 67(8), June 15, 2018, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.

<sup>10</sup> Goebel, K, et al., "Lesbians and gays face tobacco targeting," *Tobacco Control*, 3: 65-67, 1994.

<sup>11</sup> RJ Reynolds. Project SCUM. Legacy Tobacco Documents Library. December 12, 1995. Access Date: October 19, 2002. Bates No. : 518021121/1129. <http://legacy.library.ucsf.edu/tid/mum76d00>.

<sup>12</sup> Goebel, K, et al., "Lesbians and gays face tobacco targeting," *Tobacco Control*, 3: 65-67, 1994.

<sup>13</sup> Dilley, JA, et al., "Does tobacco industry marketing excessively impact lesbian, gay and bisexual communities?" *Tobacco Control*, 17: 385-390, 2008.

<sup>14</sup> Emory, K, et al., "Lesbian, Gay, Bisexual, and Transgender (LGBT) View it Differently Than Non-LGBT: Exposure to Tobacco-related Couponing, E-cigarette Advertisements, and Anti-tobacco Messages on Social and Traditional Media," *Nicotine and Tobacco Research*, 2019, 21(4): 513-522.

<sup>15</sup> Stevens, P, et al., "An Analysis of Tobacco Industry Marketing to Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations: Strategies for Mainstream Tobacco Control and Prevention," *Health Promotion Practice*, 5(3): 129S-134S, 2004.

<sup>16</sup> Stevens, P, et al., "An Analysis of Tobacco Industry Marketing to Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations: Strategies for Mainstream Tobacco Control and Prevention," *Health Promotion Practice*, 5(3): 129S-134S, 2004.

<sup>17</sup> Yamey, G., "Review: Gay tobacco ads come out of the closet", *British Medical Journal*, 327: 296 (August 2, 2003).

<sup>18</sup> Yamey, G., "Review: Gay tobacco ads come out of the closet", *British Medical Journal*, 327: 296 (August 2, 2003).

<sup>19</sup> Yamey, G., "Review: Gay tobacco ads come out of the closet", *British Medical Journal*, 327: 296 (August 2, 2003).

<sup>20</sup> Blossnich, J, et al., "A systematic review of the aetiology of tobacco disparities for sexual minorities," *Tobacco Control*, 22: 66-73, 2013.

<sup>21</sup> Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, U.S. Department of Health and Human Services. Public Health Service, May 2008, [http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf).

<sup>22</sup> CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR*, 65(52): 1457-1464, January 6, 2017, <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>;

<sup>23</sup> Lee, JGL, et al., "Promotion of Tobacco Use Cessation for Lesbian, Gay, Bisexual, and Transgender People: A Systematic Review," *American Journal of Preventive Medicine*, 47(6): 823-831, 2014.

<sup>24</sup> Hatzenbuehler, ML, et al., "State-level tobacco environments and sexual orientation disparities in tobacco use and dependence in the USA," *Tobacco Control*, published online February 25, 2014.

<sup>25</sup> Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: smoke-free policies. [www.thecommunityguide.org/tobacco/smokefreepolicies.html](http://www.thecommunityguide.org/tobacco/smokefreepolicies.html). Updated November 2012.

<sup>26</sup> Fallin, A, et al., "Secondhand Smoke Exposure Among Young Adult Sexual Minority Bar and Nightclub Patrons," *American Journal of Public Health*, 104(1): e148-e153, 2014.

<sup>27</sup> Cochran, SD, et al., "Sexual Orientation-Related Differences in Tobacco Use and Secondhand Smoke Exposure Among US Adults Aged 20 to 59 Year: 2003-2010 National Health and Nutrition Examination Surveys," *American Journal of Public Health*, 103(10): 1837-1844, 2013.