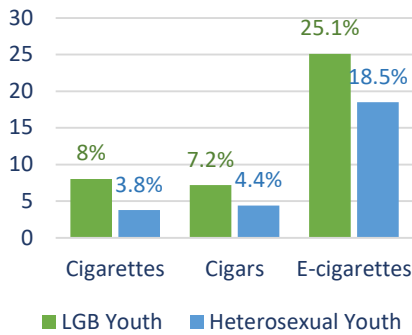




# Tobacco Use among Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ+\*) Individuals

Tobacco Use of LGB Youth and Peers

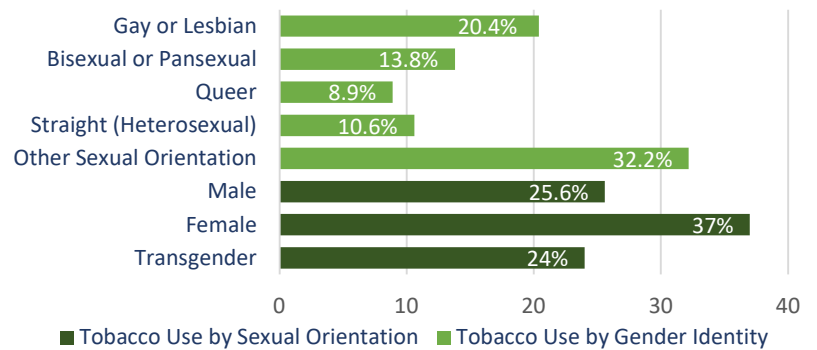


Tobacco use is higher in the LGBTQ+ community compared to the rest of the population. In a recent survey of LGBT individuals in Michigan, 26% used some form of tobacco product currently and 28% had done so in the past.<sup>1</sup> Roughly one in five LGB individuals in the United States smokes cigarettes, compared with one in six heterosexual (straight) individuals.<sup>2</sup> LGBT youth are even more likely to smoke, as over 40% report being occasional cigarette smokers.<sup>3</sup> This disproportionate rate is also evident across different tobacco products. In addition to higher smoking rates, LGB youth often start smoking at a younger age compared to their straight peers.<sup>4</sup> In Michigan, 1 out of 10 LGBT individuals reported starting before the age of 15.<sup>1</sup> The higher rate of tobacco use in the LGBTQ+ community puts members at risk of chronic heart and lung disease as well as early death.<sup>3</sup>

## Tobacco† Use Rates Vary

While the LGBTQ+ community is often referred to collectively, distinct and unique tobacco-related challenges exist within it in the US. There is limited research on smoking rates among transgender individuals, but there is evidence that they may be higher than the national average for adults.<sup>2,5-7</sup> Transgender and nonbinary individuals are more likely to suffer from diseases associated with smoking and often lack health care access.<sup>8</sup>

Tobacco Use of LGBTQ+ Michiganders



† Tobacco use: Habitual use of any products such as cigarettes, electronic cigarettes, vape pens, cigars, pipes, hookah, or chewing tobacco for recreational use. Excludes trying tobacco a handful of times or using traditional tobacco for ceremonial purposes.

## Factors That Influence Tobacco Use

Smoking is often used as a coping mechanism for external stressors (e.g., discrimination,<sup>13,14</sup> prejudice, and bullying)—all of which LGBTQ+ individuals face to varying degrees. This may be even more relevant for transgender individuals and others who fall outside of traditional gender norms.<sup>15</sup> Some who smoke cigarettes say their use is a coping mechanism as they struggle with coming out or feeling that they must conceal their identity.<sup>16</sup> Identifying as LGBTQ+ does not inherently increase the chances of being a smoker, but the psychological stress of having a stigmatized identity may increase ones likelihood of smoking.<sup>17</sup> Mental health challenges may also increase this effect and make LGBTQ+ individuals even more likely to smoke.<sup>18</sup>

Relatedly, bisexual individuals have the highest reported rates of tobacco use. Bisexual individuals can experience exclusion from both LGBTQ+ and heterosexual spaces and may use tobacco to cope. Feelings of exclusion and overwhelming stress leads many to seek community—tobacco use provides social interactions that may be appealing to LGBTQ+ individuals.<sup>9</sup> For those in the LGBTQ+ community, being at a bar has been found to increase the odds of smoking (as compared to heterosexual people).<sup>10</sup> LGBTQ+ individuals may use smoking to bond with others or as an act of rebellion against social

\*The “+” includes other sexual or gender minorities not represented by LGBTQ

standards.<sup>11</sup> Leaders in the LGBTQ+ community note that tobacco marketing strategies, particularly around socializing, have a significant impact on LGBTQ+ individuals and that the community is a target for identity-specific marketing.<sup>12</sup>



### **Cessation Tools That Work**

When asked about tobacco use and cessation, LGBTQ+ Michiganders discussed “bigger things,” such as other health concerns, discrimination, and violence. Not only did these factors contribute to those individuals’ smoking, but they also reduced the chances that they would make a quit attempt.<sup>1</sup> As one participant said: “It’s very hard to plan for a future where you don’t know that you’re safe... long-term health [messages], I’m like, ‘that’s not going to matter. I honestly don’t expect to be

around.” Despite this, like other smokers, over two-thirds (67%) of survey respondents were interested in quitting if resources were provided. Some were motivated to quit to save money while others wanted to improve their health or needed to quit to have gender-affirming medical transition services.

Not enough is known about effective cessation programs for the LGBTQ+ community.<sup>20</sup> A recent survey of LGBTQ+ Michiganders reflects that LGBTQ+ organizations, not healthcare providers, might be more effective in connecting individuals to cessation strategies. Creating community and support networks is highly important to LGBTQ+ Michiganders—many started using tobacco for social connections and want to find new activities to bond over other than smoking. The most helpful encouragement and motivation comes from partners, kids, and close friends, but LGBTQ+ individuals also wanted mentors who understood what quitting smoking was like. Having support as well as options is seen as the key to cessation: some say replacement methods (like Chantix, nicotine patches, gum, etc.) are helpful, but others emphasize these did not work for them.<sup>1</sup> Efforts to improve cessation programs<sup>21</sup> and resources which offer motivation and education are bridging the gaps and providing the support LGBTQ+ individuals need to quit.<sup>22</sup>

“Something that I definitely didn’t appreciate, especially while I was smoking, was what everyone else has said: being told to quit like it was easy. **Quitting smoking is the hardest thing I have ever done; hands down, it’s the hardest thing I’ve ever done.** I thought that I could just quit, I thought it would be easy, I thought I could just walk away from it whenever I wanted to... it would be really helpful if [quit ads] could at least address quitting is hard, and you can get help here or something.”



If you are feeling ready to quit smoking or would like to encourage a loved one to get help, the Michigan Tobacco Quitline offers free information, tobacco treatment referral, online program, and text-messaging 24 hours a day, seven days a week, at **1-800-QUIT-NOW** (1-800-784-8669). **The Quitline has coaches**

**trained specifically to meet the needs of LGBTQ+ people and are committed to providing a safe environment for quitting.**

Additional free programs may be available to certain callers. Further resources are available at [www.Michigan.gov/tobacco](http://www.Michigan.gov/tobacco).

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Smoke-Free Environments Law Project

Tobacco Section | Division of Chronic Disease and Injury Control  
Michigan Department of Health and Human Services  
Phone: 517-335-8376 | Website: [www.Michigan.gov/tobacco](http://www.Michigan.gov/tobacco)

\*The “+” includes other sexual or gender minorities not represented by LGBTQ



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