REDUCING TOBACCO USE IN LGBT COMMUNITIES: HOW HEALTH CARE PROVIDERS CAN HELP
INTRODUCTION

In 1964, the Surgeon General of the U.S. Public Health Service released the first report of the Surgeon General’s Advisory Committee on Smoking and Health. The release of the report was the first in a series of steps to diminish the impact of tobacco use on the health of the American people. These have been remarkably effective in the context of campaigns to improve health through behavior change. The anti-smoking campaign is a major public health success with few parallels in American history. Despite the addictive nature of tobacco and powerful economic forces promoting its use, nearly half of all living adults who ever smoked have quit (1).

However, more than four decades later, 45 million American adults still smoke, more than 8 million are living with a serious illness caused by smoking, and about 438,000 Americans die prematurely each year as a result of tobacco use (1). Among the many communities that make up the American population, one—LGBT people—continues to smoke at significantly higher rates than the rest of the country (2). Reducing smoking and the use of tobacco products in the LGBT community is a continuing challenge in the nation’s anti-smoking campaign.

TOBACCO USE RATES AMONG THE LGBT COMMUNITY

Studies of tobacco use consistently show that LGBT people smoke at much higher rates than non-LGBT individuals:

- The CDC’s 2012-13 National Adult Tobacco Survey found that 30.8% of LGB adults used tobacco compared to 20.5% of heterosexual adults (2).
- Prevalence of smoking is particularly high among bisexual adults. Several state surveys have found that 38–39% of bisexual adults currently smoke (3).
- Only a few studies have measured smoking in transgender people. In these surveys it was found that about 30.5% of transgender respondents smoked (3, 4).
- In addition, very little data has been collected on LGBT people’s use of tobacco products other than cigarettes (3), but it is likely they use these products with at least the same frequency as the general population. Cigars, pipes, hookahs, clove cigarettes, and other products that burn tobacco share similar CVD and cancer health risks with cigarettes. Smokeless tobacco products such as chewing tobacco and snuff all contain nicotine, and are therefore associated with the same nicotine-related cancers and risk of addiction (5).

Cigarette smoking is the third most-common risk factor for cardiovascular disease (CVD) (8) and is a leading cause of cancers of the lung, esophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach, and cervix, as well as acute myeloid leukemia (5). Like high blood pressure, high cholesterol, and obesity, smoking is a preventable and controllable risk. Quitting smoking can cut a person’s risk of heart disease by half within a year (8, 9) and can cut the risk of lung cancer cancer by half within 10 years (9).

When caring for LGBT smokers, clinical providers should be aware of additional risk factors for CVD and cancer that are common among LGBT people:

- Lesbians and bisexual women are more likely to be overweight or obese, and are less likely to access cervical cancer screening (10).
- Gay and bisexual men are at higher risk for HIV infection; HIV treatments can increase the incidence of soft arterial plaque (11). Other studies have shown an increased risk of heart attacks among people with HIV and hypertension (12).
- Transgender people who take feminizing or masculinizing hormones have a possible increased risk for CVD, especially if they are older than 50 (13). Transgender people on estrogen therapy and who smoke also at increased risk for venous thromboembolic events.
- All LGBT people report higher levels of stigma-related stress compared to their non-LGBT peers (6).

Clinicians should also remember that LGBT people of any age, race, income level, or gender share the same CVD and cancer risks with others in those groups.

REASONS WHY LGBT PEOPLE SMOKE

The reasons why LGBT people use tobacco vary from person to person, but are often generalized into the following categories:

- To reduce stress resulting from social stigma, discrimination, and isolation from family members, co-workers, and peers. This is sometimes referred to as “minority stress.” For some LGBT people, smoking serves as a both stress reliever and as a way to “fit in” with peers (6).
- Lack of access to health care. Many have difficulty accessing care where a provider can talk to them about smoking and counsel them on ways to stop (6).
- Targeted marketing campaigns by the tobacco industry. LGBT people, like other groups in American society, have been targets of “big tobacco’s” advertising campaigns. Young people are particularly vulnerable; 90% of all smokers begin in their teens, and LGBT people may start smoking even earlier. In addition to traditional media advertising, tobacco marketers also sponsor LGBT social events, holiday celebrations, street festivals, and other gatherings. These efforts are often designed to make tobacco companies appear as friends and allies of the LGBT community (7).

SMOKING, CARDIOVASCULAR RISK, AND CANCER RISK IN LGBT POPULATIONS

LGBT social events, holiday celebrations, street festivals, and other gatherings. These efforts are often designed to make tobacco companies appear as friends and allies of the LGBT community (7).
HELPING PEOPLE STOP SMOKING: WHAT ALL CLINICIANS SHOULD KNOW

Smoking cessation is difficult. The Centers for Disease Control and Prevention (CDC) reports that 68% of adult smokers want to quit smoking and 50% have tried to quit, but only 6% actually succeeded without help (14).

The way to assess and address smoking and other tobacco use with an LGBT patient is to practice good primary care. Take the time to determine whether your LGBT patients use tobacco, evaluate the extent of that use, and discuss how tobacco use may increase their risk of negative health outcomes.

THE “FIVE A’S” – A HELPFUL CHECKLIST FOR CLINICIANS

Regardless of whether an individual is LGBT, this short checklist may be a good way to approach the development of an effective smoking cessation plan.

- Ask about tobacco use
- Advise to quit
- Assess willingness to attempt to quit
- Assist in quit attempt
  - Medication and counseling
  - Interventions for continued motivation
- Arrange follow-up (15)

GENERAL TREATMENT OPTIONS FOR SMOKING CESSION

Treatment options to help LGBT patients quit smoking include the same standard methods used to treat all tobacco users. The following smoking cessation methods have been found to be effective by the CDC. These include:

- Brief clinical intervention—a short conversation in a single visit with a provider giving advice and introducing assistance options.
- Counseling—individual, group, or telephone.
- Behavioral therapy—finding new coping skills to replace smoking “rituals.”
- Medications, both nicotine replacement products (patches, gum, etc.) and prescription non-nicotine drugs (e.g., buproprion, var-enicline tartrate) (16, 17).

Studies of these programs report success rates beginning at the same 6% without treatment, to success rates of 30% or more in some cases. Combined treatment options may be more effective than any single method (16,17).

TAILORING SMOKING CESSION SUPPORT FOR LGBT PEOPLE

While smoking cessation tools are the same for anyone, there are a few things to consider when providing support and treatment to LGBT people.

- Remember that LGBT people may need help in trusting you as a provider – stigma and discrimination in health care settings is a common LGBT experience.
- Like any minority group, LGBT people may respond to stigma and discrimination in ways that need to be considered in helping them quit smoking. Addressing possible negative effects on the patient’s motivation or ability to quit are important ways to help LGBT people stop using tobacco.
- In some cases, smoking exacerbates LGBT people’s risk of CVD and other complications. For example, transgender people who are on masculinizing or feminizing hormone therapy are at increased risk of CVD, and this risk may be much higher for those who smoke. Also, people with HIV have a higher risk of CVD, which also increases when these individuals smoke.
- Be prepared to offer help in accessing additional health care resources. LGBT people often have limited experience in managing their way through the health care system. In addition, some towns and cities have LGBT-specific quitting programs and support lines. It can be helpful to ask around for local resources to which you can refer LGBT patients.

For more detailed recommendations, research, and reports on smoking cessation, LGBT health, and on cardiovascular and cancer risk, see the “Resources” section at the end of this document.

CONCLUSION

Smoking may not be the first thing that comes to mind when a clinician asks LGBT people about their health. Yet LGBT people smoke at rates much higher than the general population. LGBT people also have unique risk factors for CVD and cancer that may be intensified by smoking. Clinicians should always ask LGBT patients if they smoke or use other tobacco products. Understanding the context of LGBT people’s lives, including stressors that make it difficult to stop smoking, can be useful in providing support to help them quit. Building trust, asking the right questions, and leading LGBT patients to appropriate referrals and resources can ultimately lead to a successful outcome.
RESOURCES

LGBT-Specific Resources

Breaking the Cycle of LGBT Smoking
smokefree.gov/lgbt-and-smoking

American Lung Association: Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community.

National LGBT Health Education Center
www.lgbthealtheducation.org

General Smoking Cessation Resources

Department of Health and Human Services: Be Tobacco Free
http://betobaccofree.hhs.gov

Department of Health and Human Services: Million Hearts Campaign
http://millionhearts.hhs.gov

The “Million Hearts” campaign is a national initiative designed to prevent one million heart attacks and strokes by 2017. A major prevention goal of the campaign is to engage providers in smoking cessation efforts with their patients.

www.surgeongeneral.gov/library/reports/50-years-of-progress

CDC: Quit Smoking Resources
www.cdc.gov/tobacco/quit_smoking/how_to_quit/resources/index.htm

CDC: Tips from Former Smokers Campaign
www.cdc.gov/tobacco/campaign/tips

National Cancer Institute (NCI) Fact Sheet: Where To Get Help When You Decide To Quit Smoking
www.cancer.gov/cancertopics/factsheet/tobacco/help-quitting

National Cancer Institute (NCI) Smoking Quitline:
For individualized counseling, printed information, and referrals to other sources.

World Health Organization: Tobacco Free Initiative
www.who.int/tobacco/research/cessation/en

American Cancer Society: Guide to Quitting Smoking
www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/index

American Heart Association: Quit Smoking
www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/Quit-Smoking_UCM_001085_SubHomePage.jsp

American Lung Association: Stop Smoking
www.lung.org/stop-smoking/how-to-quit
REFERENCES


ACKNOWLEDGMENTS

This publication was written by Thomas Martorelli in collaboration with the National LGBT Health Education Center, April 2015.

This publication was made possible by grant number U30CS22742 from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.