



Raising our Voices for Health Justice for our LGBTQ Communities

Health justice means bringing communities to the table, so everyone's voices are heard and people from all walks of life achieve the health and wellness they deserve.

Cigarette smoking among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals in the U.S. is higher than among heterosexual/straight and cisgender individuals due to the social stress of living in a society that can be hostile to LGBTQ people. Anti-LGBTQ discrimination plays a factor in higher smoking rates, particularly among LGBTQ youth. The tobacco industry's aggressive advertising in the LGBTQ community also plays a factor. It is time to take a stand against the deadly products that place an unfair health burden on the LGBTQ community.

Tobacco products impact the health of our LGBTQ community.

- Cigarette smoking prevalence of the California's LGBTQ population is 18.5%, compared to 13.0% for non-LGBTQ adults.ⁱ
- Rates of tobacco use vary within the LGBTQ community.
- Bisexual women are up to 3.5 times more likely to smoke, try their first cigarette at a younger age and have higher nicotine dependence than heterosexual women.ⁱⁱ
- The limited data on smoking rates for transgender individuals shows that transgender adults use tobacco products at higher rates than cisgender adults.ⁱⁱⁱ
- Various studies and population-based surveys over the past decade suggest that gay and bisexual men smoke at higher rates than men in the general U.S. population and are less likely to be former smokers. This puts gay and bisexual men at high risk for smoking-related illness.
- Lesbian and bisexual youth are 9.7 times more likely to smoke cigarettes regularly, compared to their heterosexual peers.
- LGBTQ individuals are less likely to have health insurance than heterosexual individuals, which may negatively affect health as well as access to cessation treatments, including counseling and medication.^{iv}
- Gay men have high rates of HPV infection which, when coupled with tobacco use, increases their risk for anal and other cancers.
- Smoking is especially dangerous for people living with HIV, as it raises your chances for getting heart disease, cancer, serious lung diseases and infections such as pneumonia, and other illnesses.
- Among women, secondhand smoke exposure is more common among non-smoking lesbian women than among non-smoking straight women.
- Tobacco use poses particular risks to people who are medically transitioning. Tobacco use, in combination with

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hormones such as estrogen and testosterone greatly increases the risk of heart attack and smoking prior to surgery or during recovery can increase the risk of complications.

- People living with HIV who use tobacco on antiretroviral therapy had mortality rates 6 to 13 times higher from lung cancer than from AIDS-related causes.^v
- Transgender adults who have experienced structural discrimination smoke tobacco at significantly higher rates than cisgender adults.^{vi}
- Black youth who are Lesbian or Gay and Asian-Pacific Islander youth who are Lesbian, Gay, or Bisexual are both at higher risks of smoking tobacco compared to their straight and cisgender black or API counterparts.^{vii}

The tobacco industry has targeted the LGBTQ population for over a quarter century.

- High rates of tobacco use within the LGBTQ community are due in part to the aggressive marketing by tobacco companies that sponsor events, bar promotions, giveaways, and advertisements.^{iv}
- By capitalizing on LGBTQ social issues, such as marriage equality and visibility in media/advertisement, tobacco companies are co-opting positive LGBTQ messaging in their campaigns to sell tobacco.
- Big Tobacco has targeted the LGBTQ community since at least 1991, advertising at Pride and other LGBTQ community events, and contributing to both national and local LGBTQ and HIV/AIDS Organizations.^{viii}
- Internal memos reveal that tobacco companies sought gay voters' support as early as 1983, when they wished to repeal workplace smoking bans in San Francisco.^{xii} An internal Philip Morris memo from 1985 reveals grudging admiration at how views of gays and lesbians as customers were changing.^{ix}
- Tobacco companies are motivated by their profit margins. The LGBTQ community spends an estimated \$7.9 billion on tobacco each year.^x

COVID-19 underscores the importance of addressing LGBTQ tobacco related disparities.

- Research shows that smoking is most likely associated with people getting sicker from COVID-19.^{xi}
- Smoking weakens the immune system and the body's ability to fight infections such as COVID-19.^{xii}
- People who smoke or vape and get COVID-19 virus are at increased risk of developing more severe symptoms.^{xii,xiii}
- Smoking, vaping, or using a hookah can spread COVID-19 as users are repeatedly putting their hands to their mouths and faces, often in a social setting.^{xiv}
- LGBTQ Californians are at increased vulnerability for COVID-19 due to higher rates of tobacco use and chronic health conditions such as HIV, cancer, and diabetes.
- LGBTQ people are also more likely to delay needed medical care due to past experiences of discrimination, unwelcoming environments, or other barriers to seeking care such as high costs and lack of affirming providers in their area. This exacerbates existing health inequities and has posed additional risks during the COVID-19 pandemic.



While we are fighting a deadly pandemic, there is a teen vaping epidemic in this state.

- LGBTQ youth start using tobacco earlier and use tobacco at higher rates compared to heterosexual youth.^{xv}
- 3 in 10 LGB youth currently use electronic vapor products like e-cigs, which is 25% higher than heterosexual youth; And more than half of LGB youth have tried e-cigarettes.^{xvi}
- Smoking is perceived as a social activity embedded into the fabric of the LGBTQ young adult community
- Smoking serves as a vehicle for bonding over the stresses of being discriminated against for being LGBTQ at school and with their families and friends
- LGBTQ youth smoking with other LGBTQ people gives them a social space to make friends.

ⁱ California Department of Public Health, California Tobacco Control Program. *California Tobacco Facts and Figures 2018*

ⁱⁱ Gruskin EP, et al., *Disparities in Smoking Between the Lesbian, Gay, and Bisexual Population and the General Population in California*, American Journal of Public Health, 2007.

ⁱⁱⁱ Buchting FO, et al., *Transgender Use of Cigarettes, Cigars, and E-Cigarettes in a National Study*, American Journal of Preventive Medicine, 2017.

^{iv} Centers for Disease Control and Prevention—Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use: <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>

^v Reddy, Krishna P et al. “Lung Cancer Mortality Associated With Smoking and Smoking Cessation Among People Living With HIV in the United States.” *JAMA internal medicine* vol. 177,11 (2017): 1613-1621. doi:10.1001/jamainternmed.2017.4349

^{vi} Shires, Deirdre A., and Kim D. Jaffee. “Structural Discrimination Is Associated With Smoking Status Among a National Sample of Transgender Individuals.” *Nicotine & Tobacco Research*, vol. 18, no. 6, 2015, pp. 1502–08. *Crossref*, doi:10.1093/ntr/ntv221.

^{vii} Corliss, Heather L., et al. “Sexual Orientation Disparities in Adolescent Cigarette Smoking: Intersections With Race/Ethnicity, Gender, and Age.” *American Journal of Public Health*, vol. 104, no. 6, 2014, pp. 1137–47. *Crossref*, doi:10.2105/ajph.2013.301819.

^{viii} The DC Center for the LGBT Community: http://www.thedccenter.org/docs/facts/facts_smokinglgbt.pdf

^{ix} Washington, Harriet A. “Burning Love: Big Tobacco Takes Aim at LGBT Youths.” *American Journal of Public Health*, vol. 92, no. 7, 2002, pp. 1086–1095., doi:10.2105/ajph.92.7.1086

^x LGBTHealthlink, Citations for the “It’s time for smoking to come out of the closet” infographic. <https://blog.lgbthealthlink.org/2014/01/16/tobacco-infograph-citations/>

^{xi} Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 —

United States, February 12–March 28, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:382–386. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e2>

^{xii} Vardavas CI, Nikitara K. COVID-19 and smoking: A systematic review of the evidence. *Tob Induc Dis*. 2020;18:20. Published 2020 Mar 20. doi:10.18332/tid/119324

^{xiii} Tong, Elisa. “Protect Yourself from COVID-19: Stop Smoking and Vaping Now.” *TobaccoFreeCA*, 2020, tobaccofreeca.com/health/covid-19-stop-smoking-and-vaping/.

^{xiv} Al-Delaimy, Wael. Hookah and COVID-19: How Hookah Puts You at Risk, 2020, tobaccofreeca.com/health/hookah-and-covid-19-how-hookah-puts-you-at-risk/.

^{xv} Corliss HL, et al., *Sexual Orientation Disparities in Adolescent Cigarette Smoking: Intersections with Race/Ethnicity, Gender, and Age*, American Journal of Public Health, 2014.

^{xvi} Kann, Laura, et al. “Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015.” *MMWR. Surveillance Summaries*, vol. 65, no. 9, 2016, pp. 1–202., doi:10.15585/mmwr.ss6509a1.

