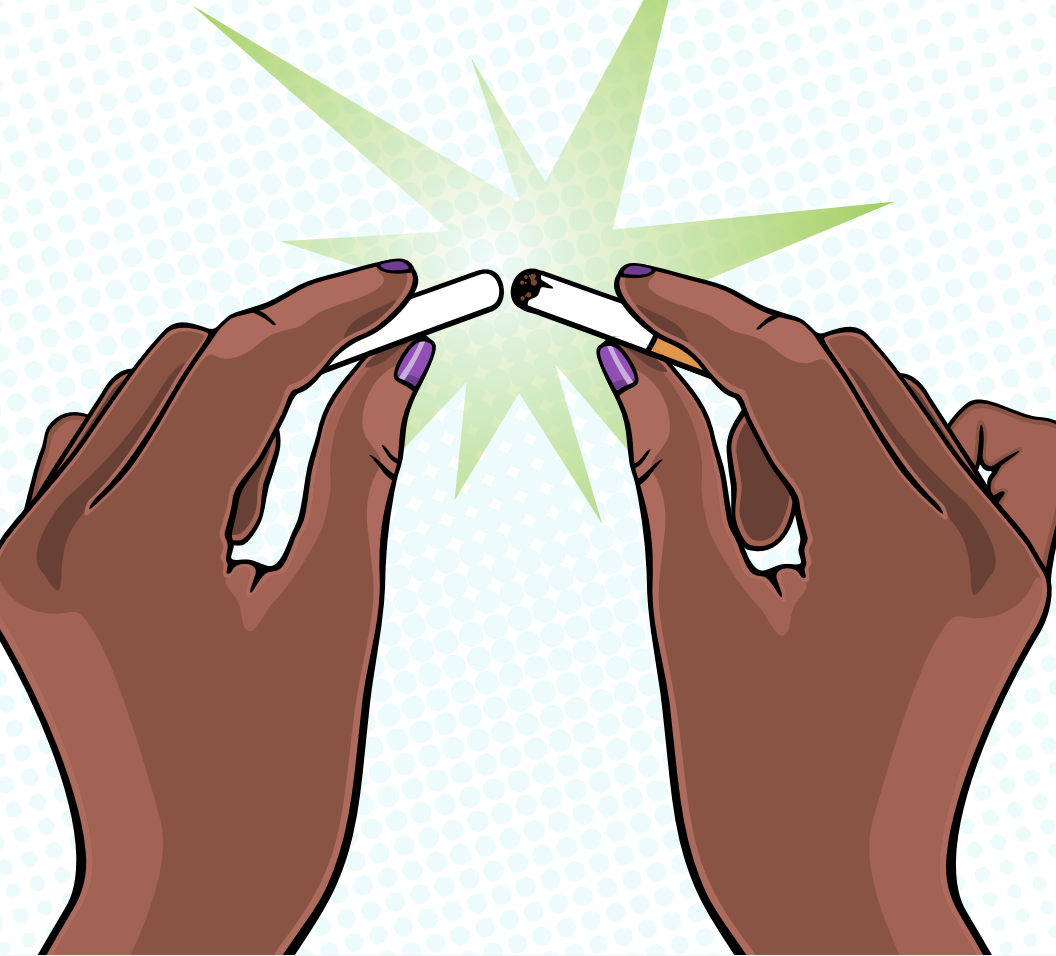


Quitting While Queer:

# An LGBTQ+ Tobacco Cessation Guide



**LGBTQ+ people are much more likely to use tobacco products than their straight and cisgender peers. As a result, they are more likely to become ill with preventable health problems and live shorter lives.**

Designed for tobacco users and healthcare providers, this guide explores why the LGBTQ+ community is at a higher risk- and how to quit for good.

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## Facts: Tobacco Use and the LGBTQ+ Community

19.2% of lesbian, gay, and bisexual adults use tobacco products compared to 13.8% of straight adults.

**The numbers are higher in Ohio. In 2019, 27.1% of LGBT adults in Ohio were smokers.**

Rates of tobacco use are even higher among trans, gender-nonconforming, and questioning youth and adults.

For more than 20 years, the tobacco industry has used direct ads, sponsorships, and community events to target the LGBTQ+ community.

The result? LGBTQ+ adults in the U.S. now spend over \$2.6 billion on cigarettes and other tobacco products each year.

1995 ad by tobacco company R.J. Reynolds. That same year, they came up with "Project SCUM" (Sub-Culture Urban Marketing) to target gay men and unhoused people in San Francisco.

Source: The Truth Initiative



### Sources:

- 2018 National Survey of Drug Use and Health
- National LGBT Cancer Network
- 2019 National Health Information Survey
- Ohio Department of Health (2019)

# At the Intersections: Why Do LGBTQ+ People Use Tobacco Products?



LGBTQ+ people are more likely to use tobacco products for many reasons. These include coping mechanisms while experiencing:

- discrimination
- stigma
- lower socioeconomic status
- a need to belong
- mental health challenges

To make matters worse, LGBTQ+ people often have less access to quality and affirming healthcare.

These minority stress factors are even greater for BIPOC LGBTQ+ people:

- Black lesbian, gay, and bisexual people have the highest rate of cigar and clove cigarette smoking.
- Hispanic, Asian, and multiracial LGBTQ+ people have higher rates of cigarette smoking than white LGBTQ+ people.

**Source:**

- National LGBT Cancer Network, LGBTQ Tobacco Use Fact Sheet

# Case Study: LGBTQ+ Youth and Vaping

## Tobacco Use Disparities

Differences between who uses tobacco, at what rates, and for what reason emerge as early as age 12 and grow over time for teenage tobacco users. (Fish et al., 2021).

## Youth and Gender Identity

Trans youth use tobacco products at higher rates than cisgender youth. For example, trans youth are 3 times more likely to use e-cigarettes or vaping products than their cisgender peers (Truth Initiative).

## Youth and Sexuality

In a recent study, 21.6% of cisgender pansexual boys said they used tobacco products compared with only 7.2% of cisgender straight boys and 7.4% of gay-identified boys (Wheldon et al., 2019).

Despite the tobacco industry's claim that vaping is less harmful than cigarettes, there is no research to back this up (Johns Hopkins Medicine). Vaping products have been linked to lung and heart injuries (CDC).

## What we do know

Tobacco companies market electronic nicotine delivery systems (ENDS) – also known as vapes or e-cigarettes— heavily towards young people. This means that young LGBTQ+ tobacco users are more likely to become lifelong users (Johns Hopkins Medicine).

**Sources:**

- Fish, J. N., Bishop, M. D., & Russell, S. T. (2021). Developmental Differences in Sexual Orientation and Gender Identity-Related Substance Use Disparities: Findings From Population-Based Data. *Journal of Adolescent Health, 68*(6), 1162–1169.
- <https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping>
- [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)
- Wheldon, C. W., Watson, R. J., Fish, J. N., & Gamarel, K. (2019). Cigarette Smoking among Youth at the Intersection of Sexual Orientation and Gender Identity. *LGBT Health, 6*(5), 235-241.

# The Harms of Tobacco Use

Some of the health issues linked to tobacco use that disproportionately affect LGBTQ+ people are:

- HPV infection
- Anal cancer
- Breast/chest cancer
- Respiratory or breathing diseases, like COPD
- Heart disease

And - LGBTQ+ people face barriers to healthcare, such as lower rates of health insurance and discrimination in healthcare settings.



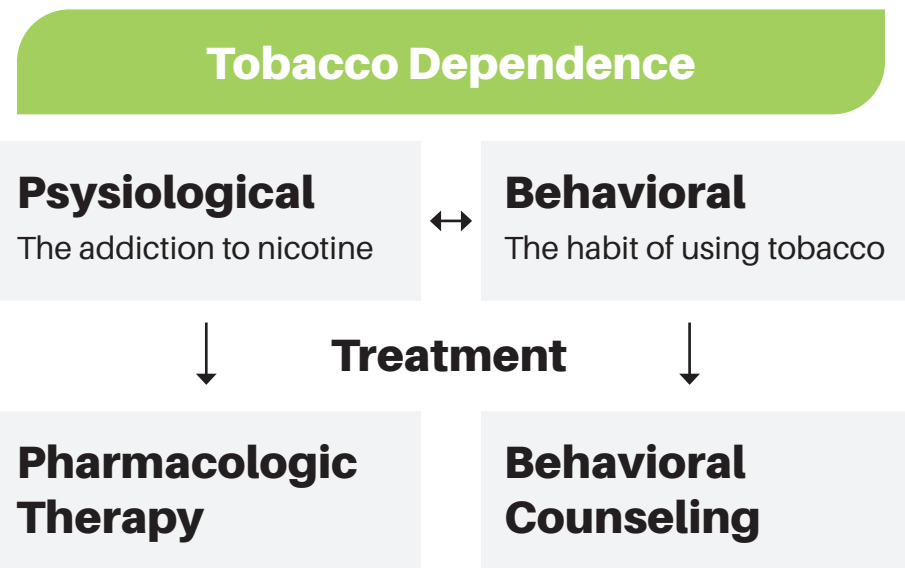
**Sources:**

- Centers for Disease Control & Prevention (2021). Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use. <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>
- Bosworth, A., Turrini, G., et al. (2021). Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges. U.S. Department of Health & Human Services, Issue Brief.

# Tobacco Use: A Two-Part Problem



Tobacco dependence has two core elements that require different treatment:



**Source:**

- Brief Cessation Counseling adapted from Rx for Change



### Affirmation is a high-impact health practice!

Gender and sexual identity can have a negative impact on health outcomes. Prejudice, stigma, discrimination and violence make LGBTQ+ people less healthy overall and more likely to have preventable illnesses.

**The opposite is also true.** LGBTQ+ clients and patients who feel validated and celebrated in their gender and sexual identity have better health outcomes overall!

Tobacco cessation programs designed for LGBTQ+ people, and rooted in cultural humility, get more LGBTQ+ people to quit.

#### Sources:

- Baskerville, N. B., Dash, D., Shuh, A., Wong, K., Abramowicz, A., Yessis, J., & Kennedy, R. D. (2017). Tobacco use cessation interventions for lesbian, gay, bisexual, transgender and queer youth and young adults: A scoping review. *Preventive medicine reports*, 6, 53-62. <https://doi.org/10.1016/j.pmedr.2017.02.004>
- Pega, F., & Veale, J. F. (2015). The case for the World Health Organization's Commission on Social Determinants of Health to address gender identity. *American journal of public health*, 105(3), e58-e62. <https://doi.org/10.2105/AJPH.2014.302373>

**Ask questions that connect to the needs of your LGBTQ+ patients and clients.**

### 1. CONNECT TO MINORITY STRESS

"It's common for people to use nicotine and tobacco to cope with stress. Do you ever smoke to cope with stress/anxiety/depression?"

### 2. CONNECT TO HEALTH PRIORITIES

"I ask anyone who is thinking about gender-affirming surgery if they use tobacco. Many surgeons will not perform surgery until you quit smoking, because smoking makes it harder your body to heal after surgery. Do you ever smoke?"

"Smoking can cause or make [X] worse. Do you, or does someone in your household, smoke?"

### 3. CONNECT TO MEDICATION USE

"I always ask about tobacco use, because nicotine and tobacco can affect how well some medicines work. Do you ever smoke or use e-cigarettes or nicotine vapes?"

#### Source:

- Brief Cessation Counseling adapted from Rx for Change

**When advising your clients or patients to quit, consider:**

### 1. SOCIAL SMOKING

“It’s common for folks to share a cigarette or vape socially – for example, when out at a bar or party. Occasional, social, or light smoking is still harmful to your health. Have you thought about quitting?”

### 2. COST

“Cost can make it hard to quit. The Ohio Quit Line offers free, LGBTQ+ friendly resources to help people quit, like one-on-one counseling and nicotine replacement therapy. Have you thought about quitting?”

### 3. QUITTING ALONE

“Quitting can be harder when you feel like you’re going it alone – even more so when friends or family smoke. We have resources to help people quit smoking/vaping. Have you thought about quitting?”

### 4. PREVIOUS ATTEMPTS TO QUIT

“Quitting smoking is tough. Most people try several times before they quit for good. Are you ready to try again?”

**Source:**

- Brief Cessation Counseling adapted from Rx for Change

**Connecting people to evidence-based resources is key to quitting.**

Lack of insurance and access to healthcare make it harder for LGBTQ+ tobacco users to get evidence-based cessation treatments, like counseling and medication. On top of that, they are often afraid to use public programs such as quit lines. Common fears include:

- Facing oppression and discrimination from staff
- Perceived stigma
- Being listed as a smoker or LGBTQ+ in a registry

**It is important to let your patients know about low-cost, LGBTQ-affirming, evidence-based cessation resources like the Ohio Tobacco Quit Line.**



**Source:**

- Brief Cessation Counseling adapted from Rx for Change

# Smoking Self-Assessment I

## What Am I Quitting?

Before you begin your quit journey, it is helpful to think about what exactly you are quitting. Looking at your current and past smoking behaviors will help you and your care team prepare and plan for your smoke-free future!

How old were you when you first used tobacco?

\_\_\_\_ Years Old

How old were you when you started smoking regularly?

\_\_\_\_ Years Old

On average, how many cigarettes do you smoke per day?

10 or Fewer    11-12    21-30    31 or More

0

1

2

3

How soon after you wake up do you smoke your first cigarette of the day?

After 60 min    31-60 min    6-30 min    Within 5 min

0

1

2

3

**My Nicotine Dependence Score** \_\_\_\_ (0 to 6)

Add the two numbers from your selection above together.

**Source:**

- BreatheOut: A Stop-Smoking for Transgender & Gender Diverse Folks, Equitas Health

# Smoking Self-Assessment I

Do you smoke menthol-flavored cigarettes?

Yes     No

Do you use any other tobacco products?

(For example: spit/chewing tobacco, cigars, cigarillos, pipes, snus, or hookahs)

Yes     No

Do you use any electronic smoking devices?

(e-cigarettes or vaping devices)

If yes, what device and strength of vape do you use?

- How many days does it take you to use one pod or refill?

Yes     No

Device: \_\_\_\_\_ Strength: \_\_\_\_\_%  
Pod/refill size: \_\_\_\_\_ mL, which lasts for \_\_\_\_\_ days

Have you ever tried to quit smoking?

If yes, how many times have you made a serious quit attempt?

- How long was your most successful quit attempt?

Yes     No    \_\_\_\_\_ Times  
\_\_\_\_\_ Days/Months (circle)

Do you currently live in a household with someone else who smokes?

Yes     No

**Source:**

- BreatheOut: A Stop-Smoking for Transgender & Gender Diverse Folks, Equitas Health

# Smoking Self-Assessment II: How ready are you to quit?

## Where do you measure up today?

On the measuring tape, circle the number that best describes how you feel about quitting smoking.



- 10 I have quit smoking and will never start smoking again.
- 9 I have quit smoking, but I worry that I may start slipping.
- 8 I still smoke. I have made changes, such as cutting back. I am ready to pick my quit date.
- 7 I plan to quit smoking in the next 30 days.
- 6 I plan to quit smoking in the next 6 months.
- 5 I think about quitting smoking a lot, but I have no plans to quit.
- 4 I think about quitting smoking sometimes, but I have no plans to quit.
- 3 I rarely think about quitting smoking, and I have no plans to quit.
- 2 I never think about quitting smoking, and I have no plans to quit.
- 1 I really enjoy smoking. I will smoke the rest of my life, and I have no interest in quitting.

Source:  
• BreatheOut: A Stop-Smoking for Transgender & Gender Diverse Folks, Equitas Health

# The Health Benefits of Quitting



### In minutes

Your Heart Rate & Blood Pressure Return to Normal



### In 24 Hours

Your Nicotine Blood Level=0%



### In a Few Days

Your Carbon Monoxide Blood Level=0% • Higher Oxygen Levels • More Energy • Better Sense of Smell & Taste



### In a Few Months

Less Coughing & Shortness of Breath • Better Blood Flow & Lung Function



### In 1-2 Years

Lower Risk of Heart Attack



### In 3-6 Years

Risk of Heart Disease Cut in Half



### In 5-10 Years

Risk of Mouth & Throat Cancer Cut in Half • Lower Risk of Stroke



### In 10 Years

Risk of Lung Cancer Cut in Half • Lower Risk of Bladder, Esophagus, and Kidney Cancers



### In 15 Years

Risk of Heart Disease is the Same as a Non-Smoker

Source:  
• BreatheOut: A Stop-Smoking for Transgender & Gender Diverse Folks, Equitas Health



# The Drag Book - Preparing to Quit

As you know, smoking can be a real drag. This next activity will help you keep track of how much of a drag smoking is for you before you choose your quit day. The sheets below, called Drag Books, are designed to help you identify the situations, triggers, and patterns of your everyday life as a smoker.

## The Drag Book

*Though we really hate to nag... log it down - even just one drag!*

Date	Location or Situation (Check Box)					Emotion or Trigger (Check Box)						Need Rating (Scale of 1-3)	
	Drag #	Time	Work	Home	Social	Other	Stressed/Anxious	Down/Sad	Happy/Relaxed	During Travel	Food/Drink		Other
	1	9:30am		X							X		2
	2	1:00pm	X				X						3
	3	5:00pm							X				2
	4	5:15PM					X			X			1
	5	8:00pm			X			X					1
	6												
	7												
	8												
	9												

Need Rating: 1-Not Very Important 2-Moderately Important 3-Very Important

Each number in the Drag# column corresponds to a cigarette. To use the Drag Book, complete an entry for a Drag# each time you smoke or remove a cigarette from the pack. Make a note if you do NOT smoke the cigarette. If you smoke pack cigarettes, wrap the sheet around your pack with a rubber band.

As you move to the right, put a checkmark in the box closest to the location or situation you were in and the emotion or trigger you were experiencing at the time.

In the last column on the right, rank how difficult it would be to give up each cigarette on a scale from 1 to 3 with one being **not very difficult**, two being **fairly difficult**, and 3 being **very difficult**.

Source:  
 • BreatheOut: A Stop-Smoking for Transgender & Gender Diverse Folks, Equitas Health



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	Drag #	Time	Work	Home	Social	Other	Stressed/Anxious	Down/Sad	Happy/Relaxed	During Travel	Food/Drink	Other	
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

Need Rating: 1-Not Very Important 2-Moderately Important 3-Very Important

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	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

Need Rating: 1-Not Very Important 2-Moderately Important 3-Very Important



- Telephone counseling to help you quit smoking.
- For ALL Ohioans
- **Call 1-800-QUIT-NOW (1-800-784-8669)**
- Tobacco cessation treatment over the phone
- Five scheduled, outbound coaching sessions
- Up to 8 weeks of nicotine replacement therapy NRT

#### Other features of the Ohio Quit Line:

- eCoaching with NRT
- Provider referrals can be made on an online portal or with a fax
- Self-referral also welcome

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\*Some restrictions apply, call for details

**Notes**

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The Equitas Health Institute is the education and research division of Equitas Health. Through educational programming, community-building events, and original research, we are focused on lowering health disparities in lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) communities.

Our signature events, such as the yearly Transforming Care Conference, Rural Voices, and Life+, bring together providers, community members, practitioners, and activists. We inspire important conversations about the LGBTQ+ and HIV health equity issues that matter most to our communities.

Are you a medical or social service provider, higher education institution, community organization, or corporate workplace? Our trainings, assessments, e-learning modules, and consulting services can help you become more LGBTQ+ inclusive for your team and the communities you serve.

Learn more at [equitashealthinstitute.com](http://equitashealthinstitute.com).



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