A guideline for Local Authority Services

Evidence suggests that smoking rates are higher among lesbian, gay, bisexual and trans1 (LGBT) people than among other communities. The reasons why LGBT people smoke may be different from the reasons why other people smoke and so the necessary motivations for stopping smoking may also be different. Some LGBT people will feel less comfortable accessing generic smoking cessation services.

This resource for Local Authorities will:

- Provide new data on smoking patterns within LGBT communities
- Describe some of the reasons why LGBT people are more likely to smoke and less likely to stop smoking
- Look at some of the additional health concerns for LGBT people who smoke
- Suggest ways that you can ensure that you provide effective smoking cessation services to your local LGBT communities.

Smoking within LGBT communities – the evidence

Questions of sexual orientation and gender identity are not routinely included in large scale population level surveys. This has meant that until recently it has been difficult to find anything other than anecdotal and small study level data evidence of the levels of smoking within LGBT communities. [1, 2]

It was not until 2013 that the Integrated Household Survey (IHS) included sexual orientation data. This provided strong evidence to support the findings of other studies, including studies by Stonewall and Sigma Research, which found that LGB communities smoke more than their heterosexual counterparts and are therefore at added risk from smoking related illnesses.

The IHS does not record whether participants are trans, and previous qualitative studies in the UK have also not collected data on trans. As a result evidence around levels of smoking within the trans communities remains poor. The evidence we have indicates levels of smoking among trans people are comparable to levels observed among lesbians. [3]

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1 By ‘lesbian, gay and bisexual’ we mean all people who engage in, wish to or expect to engage in any same sex sexual activity, irrespective of how they may define their sexuality.

We use the term ‘trans’ as an inclusive term which embraces, trans, trans*, transgender, gender nonconforming, gender variant, gender queer, non-binary, non-gender and neutrois identities amongst others.
<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>Male</th>
<th>Female</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% CI’S</td>
<td>n</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>20.18</td>
<td>19.4-21.0</td>
<td>10379</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>24.59</td>
<td>18.5-30.7</td>
<td>191</td>
</tr>
<tr>
<td>Bisexual</td>
<td>26.29</td>
<td>12.3-40.3</td>
<td>38</td>
</tr>
<tr>
<td>Other</td>
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<td>7.2-34.0</td>
<td>35</td>
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<tr>
<td>Unknown</td>
<td>21.82</td>
<td>20.9-22.7</td>
<td>8402</td>
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<tr>
<td>Total</td>
<td>20.92</td>
<td>20.3-21.5</td>
<td>19045</td>
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The numbers of people willing to identify as LGB in the IHS remains relatively low. As a result the confidence levels are broad, although there remains a significantly greater likelihood that gay and lesbian people, combined, will smoke in comparison to heterosexual people, and that lesbians are more likely to smoke than heterosexual women.

This is the first year that sexual orientation data has been collected so there is currently no trend data available.

**Why do LGBT people smoke more?**

There are a number of contributory factors that have been identified in research indicating reasons why LGBT communities smoke more than the general population. In each individual case it is likely that a range of factors have influence, including those that apply equally to heterosexual and cisgender (non-trans) people.

**Minority Stress:** LGBT people experience stress associated with their sexual and gender identity being less valued, rewarded and supported than heterosexuality. This discrimination is experienced by many LGBT people in the form of verbal and physical abuse: 27% of LGB people report facing insults, intimidation or harassment; 25% of LGB people report vandalism to their home, vehicle or other property; 8% of LGB people report being threatened with violence; 7% of LGB people report unwanted sexual contact and 4% of LGB people report being physically attacked in any one year. [4] Self-medication with alcohol and/or cigarettes for symptoms of anxiety or depression associated with this stress is a common response.

“There is a lot of anxiety among LGBT people because we are not seen as normal, whereas heterosexual people are seen as normal. Gay people cope with higher levels of stress and feelings of rejection by smoking.”

“As an LGBT person you probably have lots of negative experiences, are discriminated against, bullied etc. and you just want to escape that and smoking can become a crutch, something to hold onto.”

Smoking has also been identified and marketed as a ‘stress reliever’, with ‘stress’ being the most frequently cited reason for a failed quit attempt or a return to smoking. [5] There are also well documented links between smoking and mental health. Rates of poor mental health remain high among LGBT
communities: 5% of lesbians attempt suicide and 20% self-harm each year; 3% of gay men and 5% of bisexual men attempt suicide each year compared to 0.4% of men in the general population; 13% of gay and bisexual men report currently experiencing moderate to severe levels of mixed depression and anxiety. [1, 2]

“Smoking is a stress relief. Being LGBT can be quite stressful.”

Normalisation of smoking: As LGBT communities have historically been excluded from a range of social and recreational spaces, they have created their own, generally bars and clubs. Within these spaces smoking has been more common and normalised. Although the ban on smoking in public places may have an impact over time, for many LGBT people the pattern has been set. Smoking areas outside of venues provide opportunities for interaction. Smoking related behaviours have become woven into the sexual and social norms for many LGBT people, helping to initiate, build and support personal and sexual relationships.

“When I was coming out, the only places were pubs and clubs and everybody smoked. Because it’s all scene based, smoking and drinking were all tied up together.”

“We didn’t have places to meet other gay people outside of that [the scene] so it was another factor that normalised that where we were was a smoking culture.”

A counter cultural view of smoking, associated with being an outsider and rebelling is identified as starting with LGBT youth, alongside social desirability, risk taking and feelings of low self-esteem. [5] These feelings, which develop alongside greater acceptance of other ‘transgressive’ behaviours such as recreational drug use helps make smoking socially desirable and part of a group bonding experience. Smoking has developed into specific sexualised behaviour for some sub populations of gay men and lesbians, linked to expressing an accepted gender identity in the use of ‘masculine’ pipes and cigars and ‘feminine’ specialist cigarette products. [6]

“I can really picture a butch woman standing outside a pub rolling a cigarette…it’s seen as sexy in the lesbian community.”

Historically for LGBT communities there has also been a lack of other social checks, such as raising children, that affect heterosexual smokers’ decisions to quit. Although increasing numbers of LGBT people are now raising children, parenting remains lower among LGBT people than among heterosexual and cis-gendered people of comparable ages.

Tobacco Industry: LGBT social spaces have been identified and targeted by the tobacco industry as target spaces for campaigns. From sponsorship of ‘Pride’ parades to regular visits by manufacturers’ representatives, handing out free sample packs of cigarettes alongside free drinks, the industry has a variety of ways it uses to keep the LGBT communities smoking.

“I’ve noticed at Pride events that Marlboro have people there who walk around with the old school cinema type trays to promote their cigarettes.”

“There seemed to be more of those kiosks [selling cigarettes] this year [at Manchester Pride]; they were giving out freebies.”

Research has identified smoking marketing aimed specifically at LGB youth. [9]
Lack of access to treatments: Many within LGBT communities both face and fear discrimination within the NHS and other generic services and prefer specifically LGBT targeted services or other services that provide assurance of acceptance of their sexuality and/or gender identity. In the UK there has only been one specific LGBT stop smoking course developed and provided in London by GMFA, and shared with the Lesbian and Gay Foundation and run in Manchester. LGBT communities outside these areas have to access generic services which are likely to have a lack of knowledge around the special information and support needs of this client group.

“I’ve never had a great relationship with any of my GP’s so if they are my first point of call to access cessation services, that would never work for me.”

“[We need] a non-judgemental, confidential service delivered by people who are knowledgeable about LGBT lives.”

Some smoking cessation services and campaigns fail to provide relevant imagery or motivators for LGBT communities by, for example, focussing on the impact of smoking on dependent children within the home.

“A lot of the time ads try to emotionally blackmail you through your children ‘I want Mommy and Daddy to stop smoking so they don’t die’ but what if you haven’t got any [children]?”

Why it matters – some identified health issues.

Smoking isn’t seen as a priority health issue in terms of health promotion activity for LGBT communities, with sexual health and HIV being the main focus. This is despite tobacco being the main cause of preventable deaths in England across all groups. LGBT smokers and quitters have different and unique health information needs.

Gay Men: HIV-positive smokers have a greatly increased risk of developing lung and anal cancers, emphysema and dementia because of their positive status. Research has indicated that 47% of HIV-positive men smoke. [7] HIV-positive men on certain HIV treatments are also at risk of contra-indication from their meds reacting with Xyban, a common drug used to help smokers quit.

Transgender: Transgender women who smoke and are taking oestrogen are at increased risk of blood clots and breast cancer. Although many surgeons pressure clients to quit smoking before they approve hormone therapy there is anecdotal evidence this is done without proper support, and is not monitored properly, allowing patients to continue smoking and lie to their doctors. [6]

Lesbians: Lesbian women are at increased risk of breast cancer as there are a number of other risk factors, such as never ever having birthed a child, obesity and a history of greater alcohol use which are more common among this group. [8] Links between breast cancer rates and smoking have not been confirmed.

Recreational drug users need to be aware of possible side effects between continued use of cocaine and of Champix, another drug used to help smokers quit, which can cause extreme vivid nightmares and lead to the cessation of use of the drug. Many cannabis users unthinkingly continue to use tobacco in ‘spliffs’ as the issue isn’t raised and it isn’t a cigarette, so isn’t the focus of a quit attempt.

It’s important to remember that the LGBT community is comprised of people from many differing groups including all ethnic and religious minorities. LGBT people can be homeless, unemployed or otherwise economically disadvantaged; have lower levels of formal education; have a range of disabilities that can affect their relationship to accessing health information and care; have mental health issues and all the other socio-economic and ethnic groupings used to identify need and focus health related work.

The National LGB&T Partnership

This resource was developed by GMFA and other partners within the National LGBT Partnership. For more information and to access other resources produced by the partnership please visit: www.nationalLGBTpartnership.org/publications.
What can Local Authorities do?

In both Commissioning and Monitoring services there are a number of factors to consider in the provision of effective and appropriate services.

- Ensure that smoking in LGBT communities is seen as part of the Health Inequalities landscape and that all commissioned Stop Smoking services both engage with and use the 14 NHS Briefings on working with LGBT communities available via www.dh.gov.uk/publications.

- Provide additional training around specific LGBT related issues via the LGBT Consortium [www.lgbtconsortium.org.uk] or your local LGBT community organisation for all smoking cessation practitioners, including GP’s and Pharmacies as well as other one to one support providers.

- Ensure that all Smoking Cessation Services are welcoming to, inclusive of and appropriate for an LGBT client base by increasing LGBT visibility in services and ensuring that all equality policies are prominently displayed at all service provision sites. This includes services via GPs and Pharmacies, as well as other one to one support provision, alongside any Stop Smoking groups that are run.

- Include Sexual Orientation and Gender Identity alongside the other monitoring data collected for all Stop Smoking Services, including the data collected via GP’s, Pharmacies and one to one support services providing Stop Smoking Services.

- Use other services that may have LGBT clients, such as drug and alcohol, mental health, gender reassignment, sexual health and HIV treatment services to either provide stop smoking information, brief interventions or quit groups, or as pathways into LGBT community or appropriate generic services for those clients.

- Identify and work with your local or nearest LGBT community organisation. If you are unsure of what agencies are near you contact the LGBT Consortium (www.lgbtconsortium.org.uk) who will be happy to help.

- Commission LGBT organisations to provide brief intervention work around smoking cessation in the LGBT community and to use their links to the community, and their online and social media networks to both help provide information around smoking and LGBT communities and a referral and access portal into appropriate local services.

- Recognise and adapt available models to your local situation. Providing specific Stop Smoking courses for exclusively LGBT audiences is viable in large population dense urban areas, less so in rural areas where populations may be spread widely. If viable, commission LGBT community organisations to provide specific LGBT courses. If not, use the already established models of client recruitment as pathways for your LGBT population into appropriate services.

The Stop Smoking Course built and provided in London by GMFA was based on the Maudsley model and started running in 2002. It is a seven session course, three sessions of information, advice and preparation, and four sessions of support and additional training after quitting. GMFA provided the course at least eight times every financial year between 2002 and 2012, with an intake of between 12 and 20 participants. Adaptations to the course ensured the specific needs of the target group were met, and adaptations include exercises from assertiveness, cognitive behavioural therapy and other behaviour change models. These adaptations allowed the course to have a CO monitored four week Quit Success Rate of between 68 and 85% in comparison to the NHS four week Quit Success rate of around 50%.

The comprehensively written format of the course is easy to pick up and run by anyone with facilitative experience and is available to purchase from GMFA for a one-off fee. For further information contact gmfa@gmfa.org.uk.

This resource was developed by GMFA and other partners within the National LGBT Partnership. For more information and to access other resources produced by the partnership please visit: www.nationalLGBTpartnership.org/publications.
References and other sources:

5. Smoking Cessation Interventions: A literature review. Ellard, J. 2010
6. LGBT Smoking Attitudes Report 2014: Gendered Intelligence
   Public Health England. Trans Male/Masculine Focus Group; Attitudes to Smoking: TransBareAll 2014
   Exploring Attitudes to Smoking Amongst LGBT Communities: Metro 2014
   Queer as Smoke: Smoking Attitudes within the LGB Community: Lesbian & Gay Foundation 2014