

Tobacco Product Use Among Sexual and Gender Minorities

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Learning Objectives

1. What are the base rates of tobacco product use among LGBTQ+ emerging adults in California?
2. What are the major hypotheses to explain disparities in tobacco product use in LGBTQ+ emerging adults in California?
3. What are the smoking cessation interventions that may be most acceptable to LGBTQ+ emerging adults in California?

Overview

1. Definition of terms
2. Background and significance
3. Methods
4. Results
5. Discussion

Definition of terms

- Sexual minority: Individuals who identify as gay, lesbian, or bisexual, or who are attracted to or have sexual contact with people of the same gender, also includes identities (i.e., Queer, Pansexual, etc.)¹
- Gender minority: Individuals whose gender identity (man, woman, other) or expression (masculine, feminine, other) is different from their sex (male, female) assigned at birth (i.e., Transgender, Gender Non-Binary, etc.)¹
- Emerging adults: people ages 18-29
- Tobacco products: any product used to inhale or ingest tobacco and/or nicotine, i.e. vape-pens, e-cigarettes, cigarettes, cigars, lozenges, etc.

1. CDC, 2019

Tobacco Product Use among SGM People

- 32.2% of LGB adult respondents reported smoking cigarettes in the past 30 days compared to 20.6% of heterosexual adults²
- 39.7% of transgender participants reported past 30 day use of cigarette/cigar/e-cigarettes in a national study³
- In the State of California, SGM people are more likely to be tobacco product users than their cisgender, heterosexual counterparts^{4,5}

2. Medley, et al., 2016 3. Buchting, et al., 2017 4. CDPH, 2016 5. BRFSS Prevalence & Trends Data, 2015

Minority Stress Theory (MST)^{6,7}

- Leading theory to understand health disparities among SGM populations compared to their heterosexual, cisgender counterparts
- Posits that in addition to normal life stressors, SGM people face homophobia, stigma, prejudice, heteronormativity, rejection, and internalized homophobia, which drive higher rates of psychological distress, a well-established correlate of tobacco product use

6. Meyer, 1995 7. Meyer, 2003

Minority Stress or Social Norms?

- MST also contains an 'affiliation' factor, where community connection can be protective against psychological distress
- However, because base rates of tobacco product use are higher in SGM communities, SGM emerging adults may have more exposure to social norms that are permissive of tobacco product use, or even encourage it
- Emerging adulthood (18-29) for SGM people is an important time for those who are cut off from familial support or their communities of origin⁸
- These combined elements can lead to tobacco product use in this age group

8. Arnett, 2000

LGBT Smoking Cessation Interventions

- ‘The Last Drag’, a seven-session, six-week group education and support intervention tailored for LGBT smokers (N=233); nearly 60% were smoke-free at the end of the intervention, and 36% remained smoke-free by six months post-intervention⁹
- A total of (N=198) LGBT individuals recruited from clinical practice and community outreach participated in group-based treatment. Sessions were based on the American Lung Association’s “Freedom from Smoking Program” (ALA-FFS) and were tailored to LGBT smokers’ needs. Seven-day smoking point prevalence abstinence served as the primary outcome. 42.4% completed treatment (75% sessions). Self-reported quit rates were 32.3% at posttreatment assessment¹⁰
- *This Free Life*, the first multi-market tobacco public education campaign for LGBT young adults, reached and resonated with a large and diverse population, and had a small effect on beliefs involving social aspects of smoking. There were small but significant campaign effects on five tobacco-related beliefs, with difference-in-difference estimates ranging from 1.9 to 5.6 percentage points¹¹

9. Eliason et al., 2012 10. Matthews et al., 2013 11. Crankshaw et al., 2021

Study Objectives

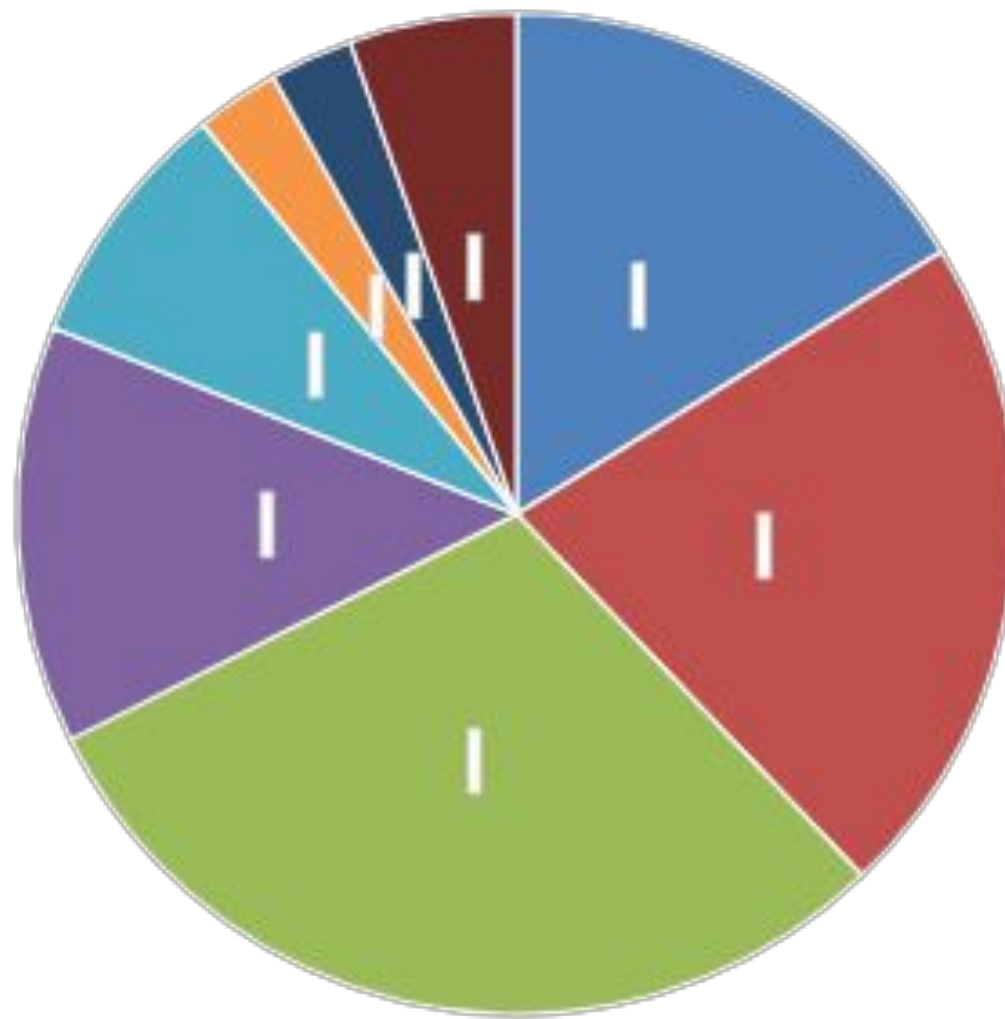
- 1) Compare tobacco product use among SGM emerging adults (ages 18-29) to heterosexual, cisgender counterparts in California
- 2) Examine factors associated with tobacco product use among SGM emerging adults in California
- 3) Examine how factors associated with tobacco and product use differ among SGM subgroups

Methods: Phase I

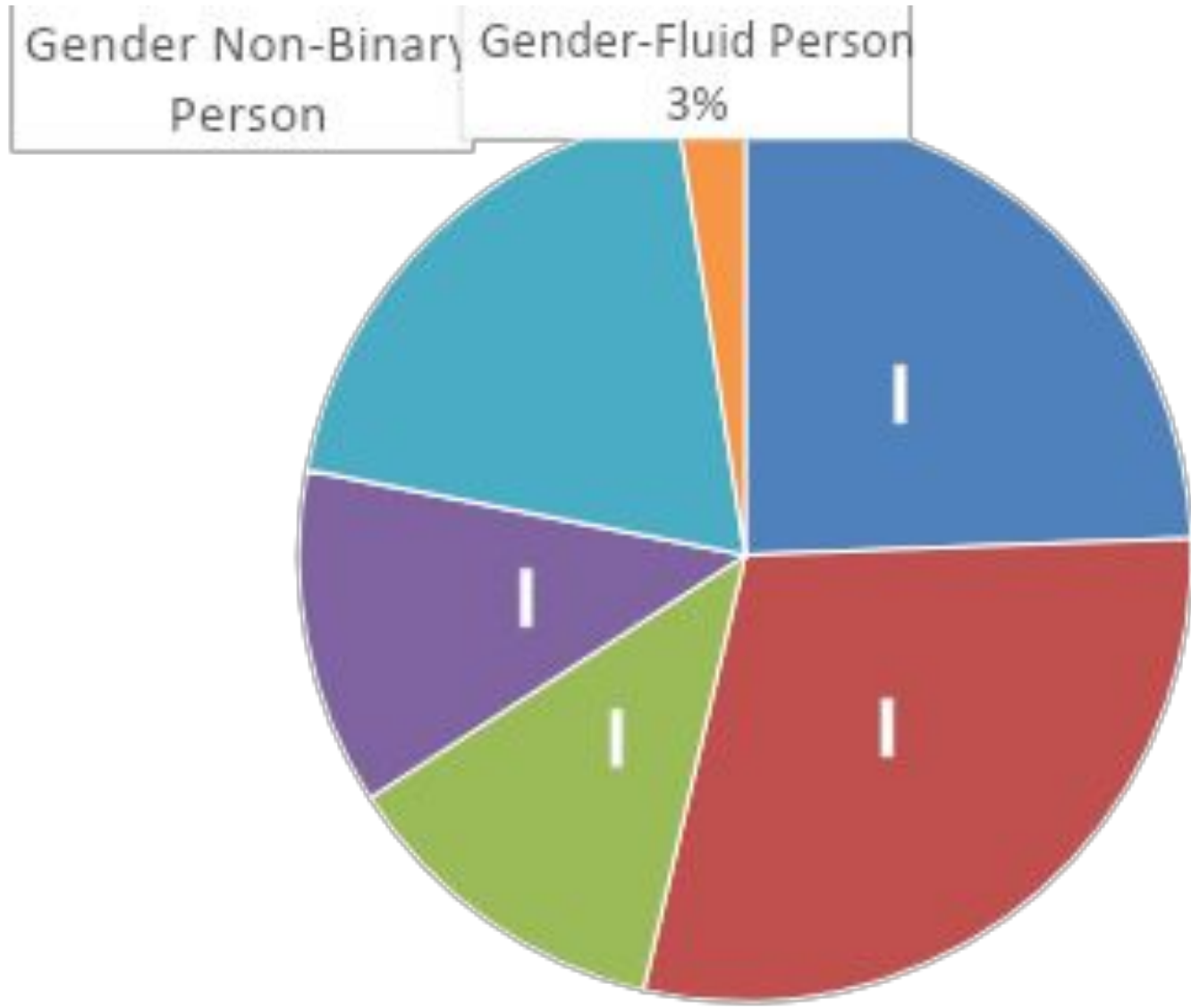
- Recruited SGM emerging adults (N=42) in Los Angeles who have used a tobacco or nicotine product in the past 30 days
- In-depth, qualitative interviews
- \$50 incentive
- Thematic analysis



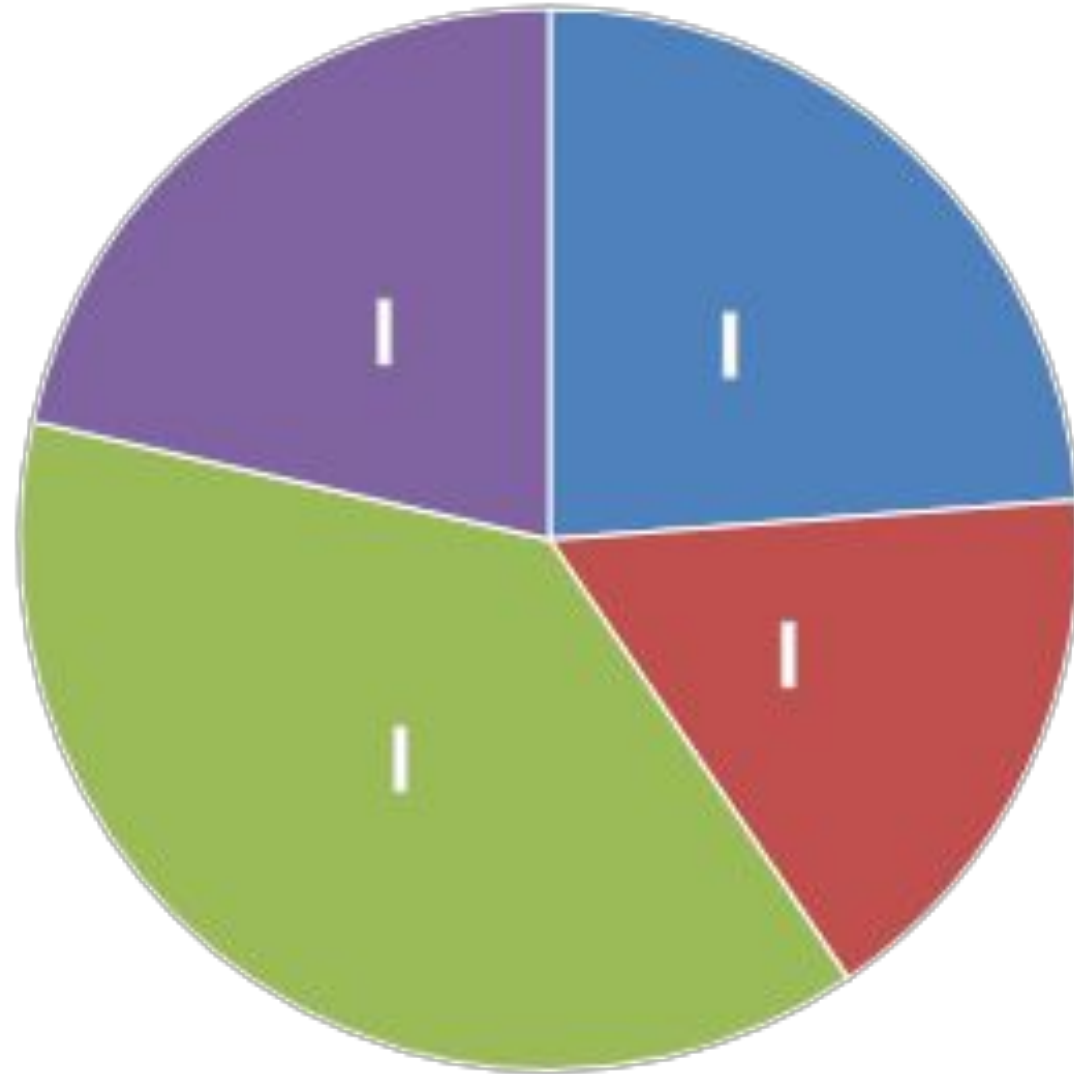
Sexual Orientations (N=42)



Gender Identities (N=42)



Race/Ethnicity (N=42)



Tobacco Use Frequency; Types of Products

Frequency	Types of Tobacco Products						
	Cigarettes	E-Cigs/ Vape-pe ns	Cigars/ Cigarillos	Hookah	Loose Leaf Tobacco	Cloves/ Kreteks	Smokeless Tobacco
Daily	20	5	7	1	4	3	0
Weekly	10	13	8	0	4	0	0
Monthly	4	10	0	9	2	0	0
Less Than Monthly	0	1	2	5	1	0	0
Totals	80.9%	69.0%	40.5%	35.7%	26.2%	7.1%	0.0%

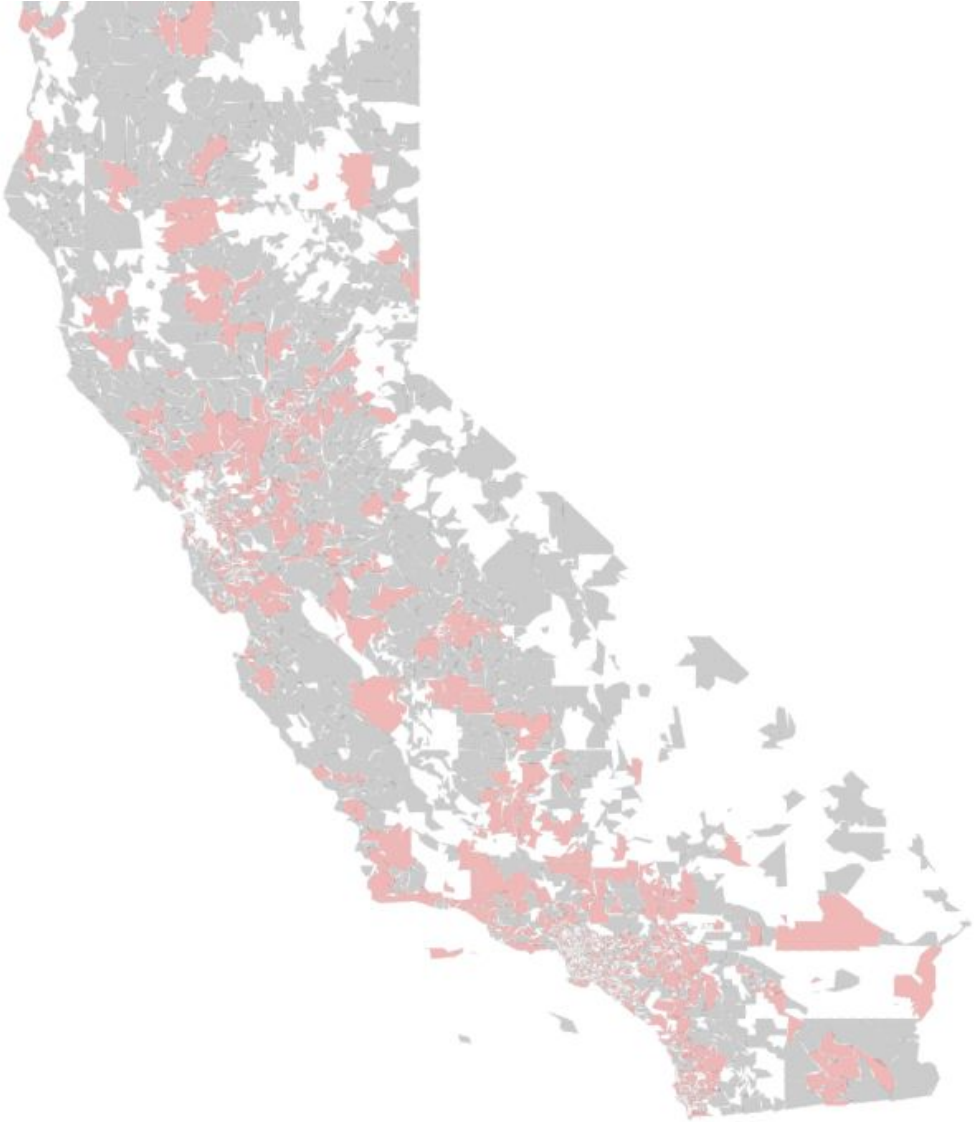
Results: Phase I

- Minority Stress theme:
 - "I'd say if anything when I first came out as Trans maybe when I turned 18...from circumstantial stuff like stress, of coming out, stress of having to move out by myself, feeling isolated and alone, I was just stressed...out and trying to find anything I could that was cheaper than therapy and would help me out"- *Gender Non-Binary Person, Bisexual, Latinx, Age 21*
- Social Connection theme:
 - "There's a lot more generally that LGBT people have to deal with...[smoking] as a coping mechanism or also just kind of the fact that if other people in your community are smoking a lot, then you're probably more likely to smoke as well."- *Trans Man, Bisexual, White, Age 19*
- Cessation:
 - [After quit attempts] "It's usually something pretty big that happens that like puts me back in a place where I'm like, okay, tobacco isn't so bad...there are much worse things that could have happened and/or I could be doing than this, so this is fine." - *Gender Non-Binary Person, Queer, Black/African American, Age 21*
 - "And also getting over cigarettes also costs money for people because you do get withdrawals over it...obviously it is bad for us but nobody's telling anybody anything and nobody's sharing resources how to stop."- *Gender Non-Binary Person, Bisexual, Latinx, Age 21*

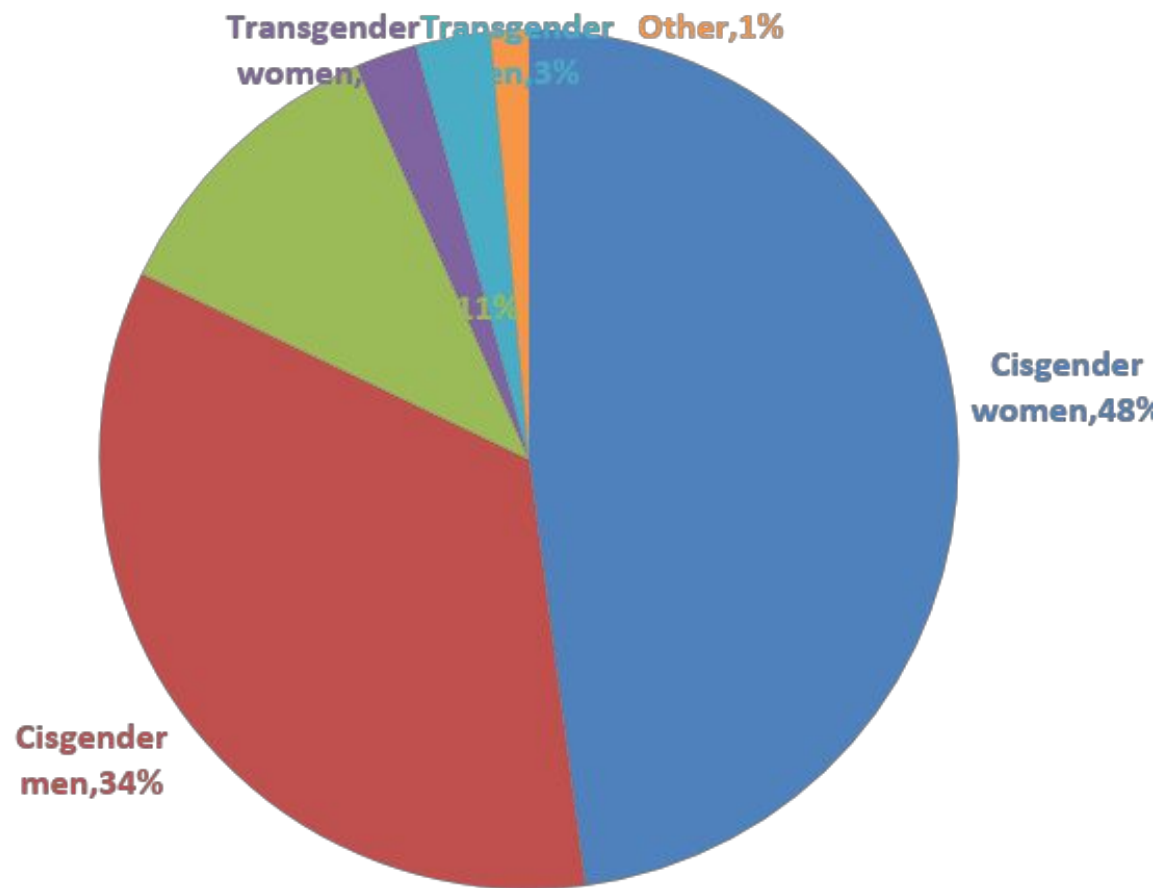
Methods: Phase II

- Recruited 18-29 year old people living in California who have used tobacco in the past 30 days (N=1,672)
- 15-25 minute online survey via Qualtrics, \$10 incentive
- Measures of current tobacco product use, considering cessation, desired cessation interventions
- Descriptive analysis

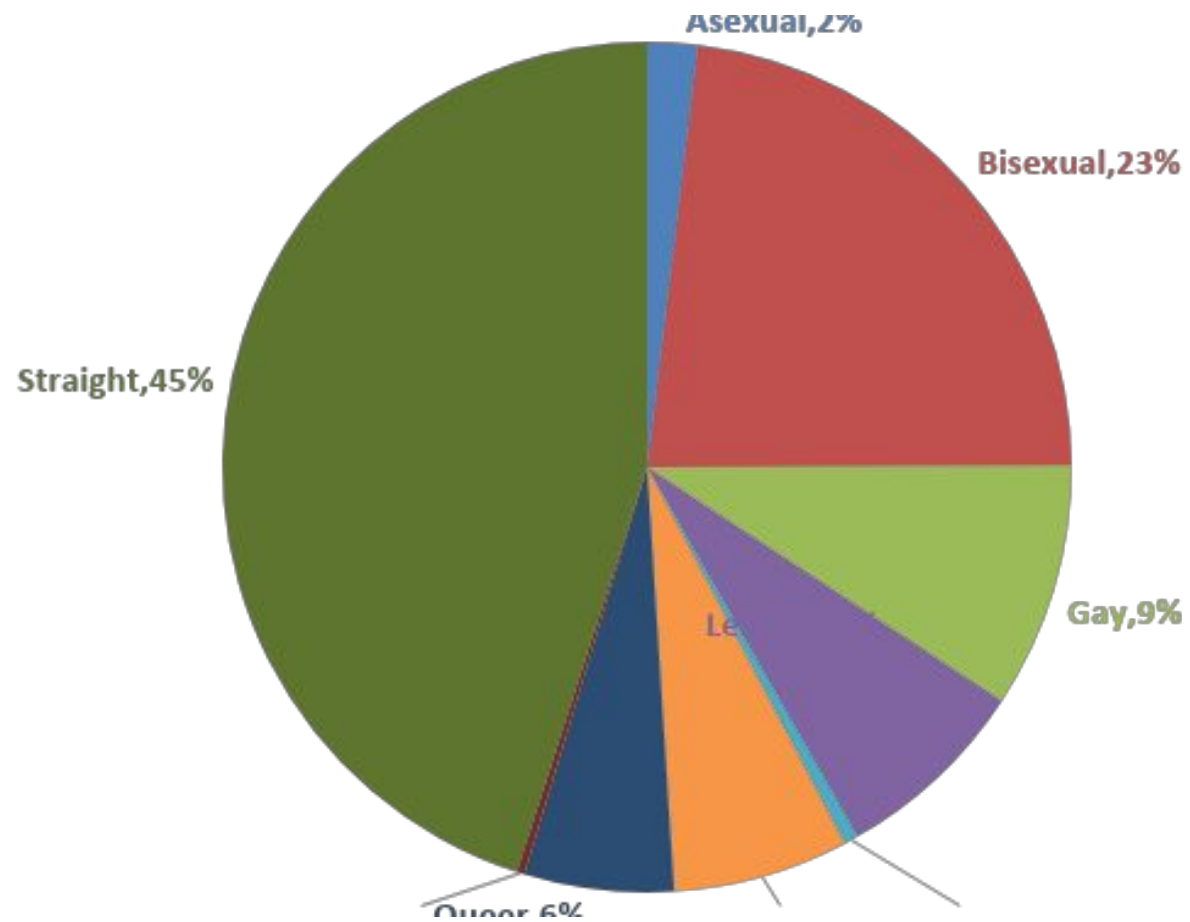
Statewide Distribution of Participants



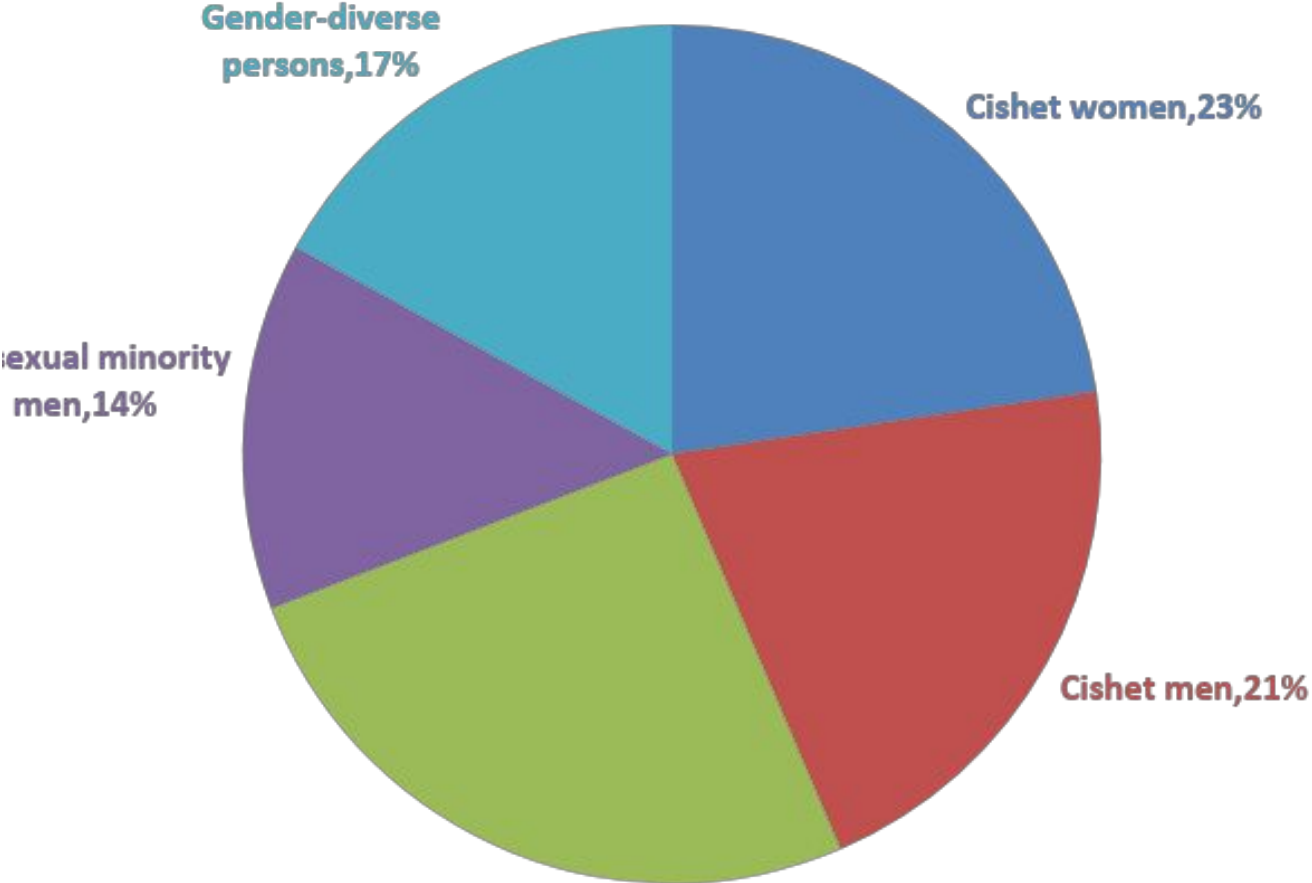
Phase II Gender Identities (N=1,672)



Phase II Sexual Orientations (N=1,672)



Phase II Sexual and Gender Minority Status (N=1,672)



Results: Phase II Findings

Base rates **lifetime tobacco use**

Product	N (%)
E-nicotine devices	1375 (82.2)
Manufactured cigarettes	1243 (74.3)
Hookah	809 (48.4)
Hand-rolled cigarettes	653 (39.0)
Cigars and similar	629 (37.6)
Clove cigarettes/bidis	362 (21.6)
Tobacco pipes	235 (14.0)
Smokeless tobacco	231 (13.8)
Dissolvable tobacco	95 (5.7)

Base rates of **current tobacco use**

Product	N (%)
E-nicotine devices	1135 (67.9)
Manufactured cigarettes	843 (50.4)
Hand-rolled cigarettes	208 (12.4)
Cigars and similar	186 (11.1)
Hookah	153 (9.2)
Clove cigarettes/bidis	76 (4.6)
Tobacco pipes	44 (2.6)
Smokeless tobacco	44 (2.6)
Dissolvable tobacco	36 (2.2)

E-Nicotine Devices

Used in the past 30 days

SOGI Group	N (%)
Cisgender heterosexual men	222 (19.6)
Cisgender heterosexual women	264 (23.3)
Cisgender sexual minority men	159 (14.0)
Cisgender sexual minority women	307 (27.1)
Gender-diverse people (includes trans men and women)	181 (16.0)
Total	1133 (100.0)

Manufactured Cigarettes

Used in the past 30 days

SOGI Group	N (%)
Cisgender heterosexual men	183 (21.8)
Cisgender heterosexual women	140 (16.7)
Cisgender sexual minority men	139 (16.5)
Cisgender sexual minority women	201 (23.9)
Gender-diverse people (includes trans men and women)	177 (21.1)
Total	840 (100.0)

Hand-rolled Cigarettes

Used in the past 30 days

SOGI Group	N (%)
Cisgender heterosexual men	40 (19.6)
Cisgender heterosexual women	30 (14.7)
Cisgender sexual minority men	27 (13.2)
Cisgender sexual minority women	49 (24.0)
Gender-diverse people (includes trans men and women)	58 (28.4)
Total	204 (100.0)

Cigars, cigarillos, or cheroots

Used in the past 30 days

SOGI Group	N (%)
Cisgender heterosexual men	56 (30.3)
Cisgender heterosexual women	25 (13.5)
Cisgender sexual minority men	31 (16.8)
Cisgender sexual minority women	39 (21.1)
Gender-diverse people (includes trans men and women)	34 (18.4)
Total	185 (100.0)

Hookah

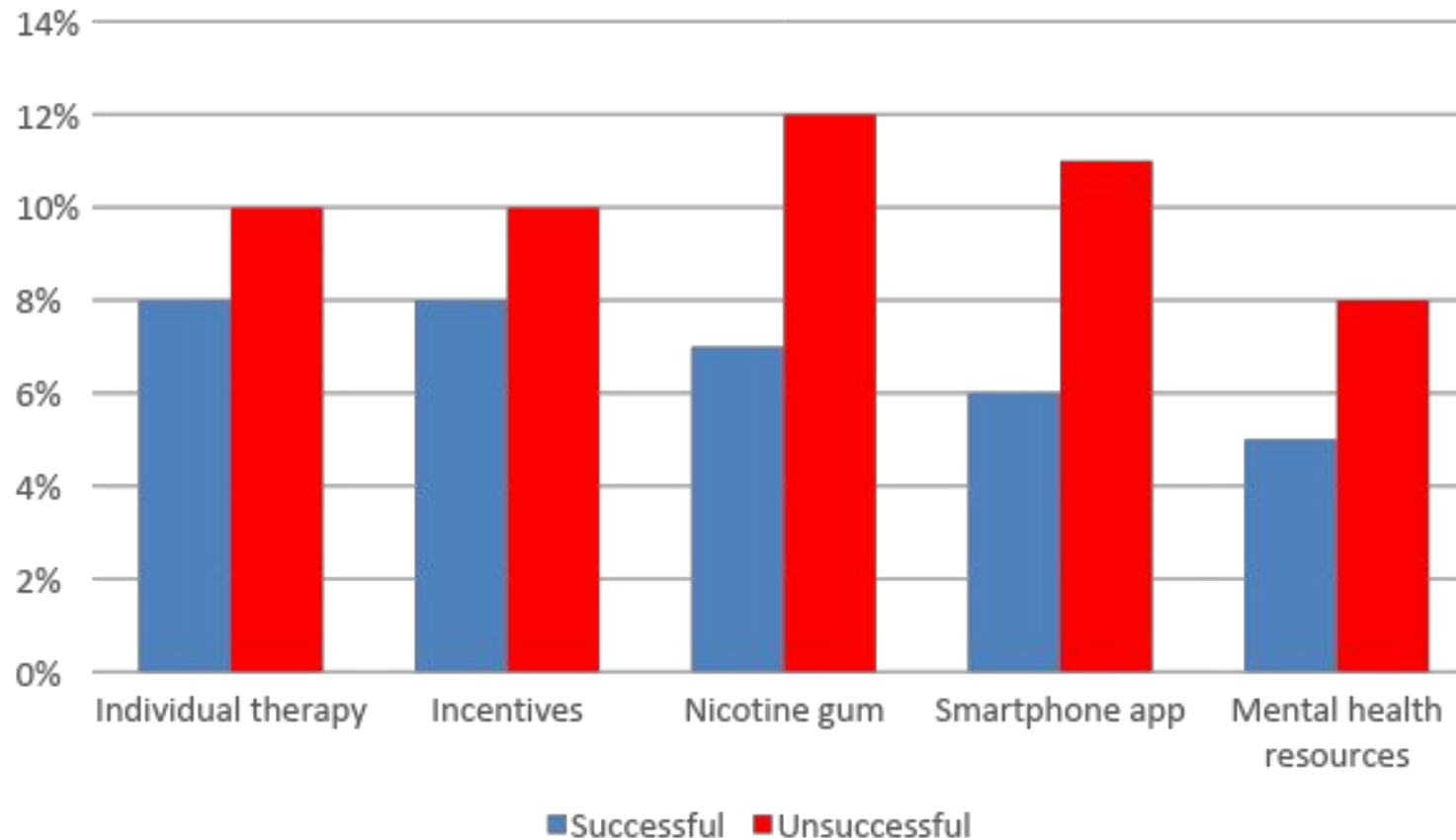
Used in the past 30 days

SOGI Group	N (%)
Cisgender heterosexual men	36 (24.0)
Cisgender heterosexual women	43 (28.7)
Cisgender sexual minority men	12 (8.0)
Cisgender sexual minority women	34 (22.7)
Gender-diverse people (includes trans men and women)	25 (16.7)
Total	150 (100.0)

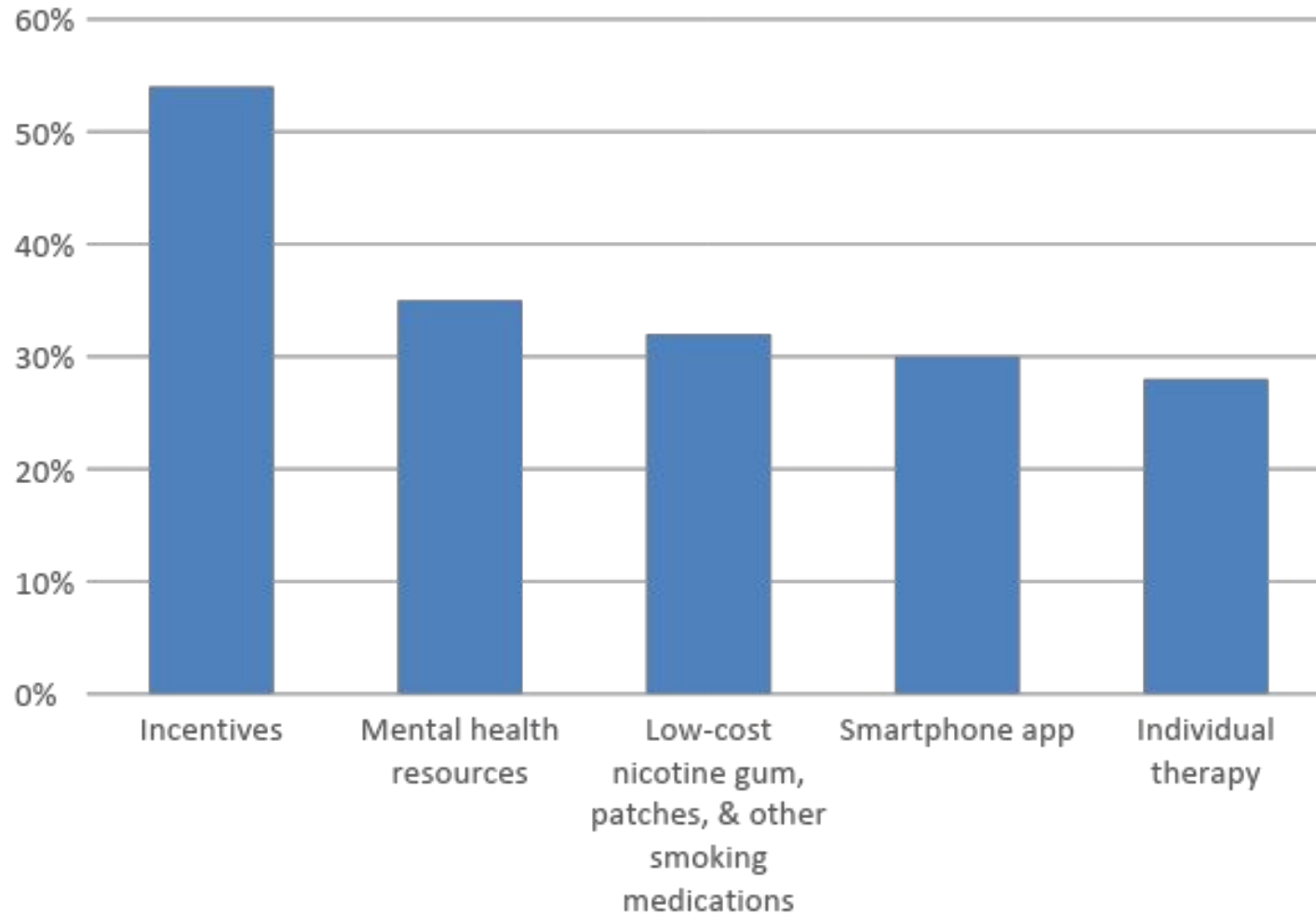
Whether the participant is thinking of quitting *tobacco* products for good

	Any	All
Cisgender heterosexual men	217 (22.4%)	195 (23.0)
Cisgender heterosexual women	215 (22.2%)	199 (23.4)
Cisgender sexual minority men	138 (14.2%)	119 (14.0)
Cisgender sexual minority women	250 (25.8%)	216 (25.4)
Gender-diverse people	150 (15.5%)	120 (14.1)
Total	970 (100.0%)	849 (100)

Cessation Tools and Resources Used in Attempts to Quit



Desired Cessation Tools and Resources



SGM participants expressed an interest in these for future attempts to quit

Discussion

- High prevalence of e-cigarette use
- Potential avenues for future intervention
 - In-person & virtual resources tailored for LGBTQ emerging adults
- Contingency management for smoking cessation
- More research about social and psychological mechanisms that lead to tobacco use by LGBT people

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