Despite reductions in smoking prevalence achieved since the first Surgeon General’s report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States. Smoking accounts for more than 480,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke. Many populations, including the LGBT community, continue to suffer from disproportionately high tobacco use and its associated health consequences.

Until recently, little was known about the tobacco epidemic in the LGBT community due to the exclusion of measures of sexual orientation in national surveillance data. Data on the transgender population remains very limited; however, over the past several decades, research has consistently shown that smoking rates are higher among LGB populations. It is critical that states and communities are able to monitor progress toward reducing tobacco use disparities in the LGBT community. Doing so requires inclusion of sexual orientation and gender identity questions as part of the core demographics in tobacco surveillance efforts. Additionally, limited data exists to explore the long-term health impacts of these tobacco use disparities, highlighting the need for further examination of tobacco-related morbidity and mortality by sexual orientation.

Tobacco Use Among LGBT Adults

According to the 2021 National Health Interview Survey (NHIS), 15.3% of LGB adults are current smokers, compared to 11.4% of heterosexual adults. Over a quarter (27.4%) of LGB adults are current users of at least one tobacco product.

- LGB adults are more likely to use e-cigarettes than heterosexual adults. In 2021, 13.2% of LGB adults reported current use of e-cigarettes compared to 4.1% of heterosexual adults.
- Transgender adults report higher current use of combustible tobacco products than cisgender adults. According to 2015-2016 data collected from the Population Assessment of Tobacco and Health (PATH) study, more than one-third (34.9%) of transgender adults are current smokers and they are more than twice as likely to use e-cigarettes (12.4%) and cigars (11.6%).
- A greater proportion of LGB smokers use menthol cigarettes, which are more addictive and harder to quit, exacerbating health disparities. According to the 2018 National Survey of Drug Use and Health, 51% of lesbian/gay and 46% of bisexual smokers use menthol cigarettes, compared to 39% of heterosexual smokers.

Tobacco Use Among LGBT Youth

LGBT youth may be at particularly high risk for tobacco use given certain risk factors: lack of support from family and peers, depression, low self-esteem and stressful life events related to coming out.

- According to the 2022 National Youth Tobacco Survey (NYTS), 16.0% of LGB middle and high school students are current tobacco users, compared to 9.7% of heterosexual students. Additionally, 16.6% of transgender middle and high school students are current tobacco users, compared to 10.2% of students who are not transgender.
- According to 2021 data from the Truth Initiative’s Truth Longitudinal Cohort Survey, LGB youth report current vaping at higher levels than heterosexual youth (19.8% vs 13.2%). In 2021, LGB youth reported also being more likely to ever having tried vaping compared to heterosexual youth (52.1% vs 38.6%).
Transgender youth are more likely to report ever using tobacco products than cisgender youth. According to 2015-2016 PATH data, transgender youth are more than 1.75 times more likely to ever use e-cigarettes, are more than 2 times more likely to ever use smoke combustible cigarettes, and are more than 3 times more likely to ever use smokeless tobacco.12

Older data from the 2017 Youth Risk Behavior Survey (YRBS) also shows that LGB high school students reported a younger age at smoking initiation, with 14.2% of LGB youth reporting having smoked a whole cigarette for the first time before age 13, compared to only 8.8% of heterosexual youth.13

**Tobacco Industry Targeting of the LGBT Community**

Internal tobacco industry documents reveal that tobacco companies were aware of the elevated smoking rates in the LGBT community and subsequently designed marketing strategies to further take advantage of LGBT consumers.14 The most infamous example of this targeted marketing of the LGBT community is “Project SCUM (subculture urban marketing),” a 1995 marketing plan developed by R.J. Reynolds to target the gay community in the Castro District of San Francisco.15 For decades, the tobacco industry has targeted the LGBT market through direct advertisements, sponsorships and promotional events.16 Research shows this advertising is pervasive and effective—analysis of data from the 2003-2006 Washington State Behavioral Risk Factor Surveillance System (BRFSS) found that LGB adults reported significantly greater exposure and receptiveness to tobacco industry marketing.17 A 2013 national survey also found that LGBT adults reported greater exposure to e-cigarette advertising and coupons or discounts for tobacco products.18

**Magazine Advertising**

In 1992, Philip Morris became the first tobacco company to advertise in a national gay publication with a Benson & Hedges ad in Genre, a magazine aimed at the gay male audience.19 Since then, tobacco advertisements targeting the LGBT community have become commonplace via placement in magazines and alternative weekly newspapers with high LGBT readership, imagery of same-sex couples, and even messaging pairing the “freedom to inhale” with the “freedom to marry.”

In an effort to generate positive associations with its brand, Philip Morris featured an ad in Pride.02, boasting about its contributions to HIV/AIDS causes and corporate contribution to diversity through domestic partner benefits and antidiscrimination policies.20 Philip Morris continued to place similar ads in subsequent Pride editions.21

More recent examples include a R.J. Reynolds advertisement in Lavender magazine, a Minnesota-based publication aimed at the mid-western LGBT+ audience, and a blu eCigs advertisement in The Advocate, the oldest LGBT+ publication in the United States.22 In 2011, RJ Reynolds marketed Camel Snus in Lavender with the caption ‘Take Pride In Your Flavor’ and a pride rainbow present beneath the product image.23 In 2016, blu eCigs placed an ad in The Advocate depicting a man dressed in drag using a blu e-cigarette with the caption ‘JUST YOU & blu’ and the company website address.24
Social Media

As social media grows in popularity, more tobacco and e-cigarette companies are using platforms like Instagram, Facebook, and YouTube to promote their products. In 2020, e-cigarette companies alone reported spending $1,255,990 on social media and $6.8 million on endorsements from celebrities, influencers, brand ambassadors and other individuals often appearing on social media. LGBT individuals are more likely to be exposed to and to engage with tobacco and vaping online marketing than non-LGBT individuals. According to analyses of 2015-2016 PATH data, sexual and gender minority youth are more likely to receive tobacco-related email alerts, to read tobacco-related online articles, to follow tobacco brands on social media, and to play online games associated with a tobacco brand than non-sexual and gender minority youth. A 2018 study funded by the National Cancer Institute and the State of California Tobacco-Related Disease Research Program (TRDRP) revealed that LGBT individuals report a higher frequency of exposure to pro-tobacco advertisements on Facebook, Tumblr, and Twitter. LGBT individuals are more than 2 times more likely to see e-cigarette advertisements on Facebook (LGBT: 20.9% vs. non-LGBT: 7.6%), are more than 3 times more likely to see e-cigarette advertisements on Tumblr (LGBT:1.5% vs non-LGBT: 0.4%), and are more than 2 times more likely to see e-cigarette advertisements on Twitter (LGBT:2.4% vs non-LGBT:1.0%) than non-LGBT individuals. Popular television streaming sites like Hulu also expose LGBT viewers to more tobacco and vaping advertisements than non-LGBT viewers. On Hulu, LGBT viewers are over 60% more likely to see vaping ads than non-LGBT viewers (LGBT:4.6% vs. non-LGBT: 2.8%). The only media avenue that the non-LGBT population receive more e-cigarette advertisements is traditional television (LGBT:56.3% vs non-LGBT: 65.2%).

Donations and Sponsorships

Tobacco industry donations to LGBT causes date back to 1991, when Philip Morris began donating to HIV/AIDS organizations after witnessing the collective power of the LGBT community when many boycotted the company for donating to Senator Jesse Helms, an opponent of gay rights and AIDS funding. Tobacco companies have also donated to gay rights organizations such as the Gay and Lesbian Alliance Against Defamation (GLAAD) and sponsored LGBTQ+ summits like ‘America’s Unfinished Business’, an inaugural summit held in Washington DC where LGBT leaders discuss equality issues most affecting LGBT communities. Tobacco industry sponsorship and promotion is prominent at LGBT nightclubs and bars, as well as annual Pride events around the country.

While some of this sponsorship and promotion continues, there has been substantial movement by many LGBT organizations to refuse tobacco industry sponsorship in acknowledgment of the toll the tobacco industry exacts on the LGBT community. Given what is known about the tobacco industry’s targeting of the LGBT community, it is important for LGBT organizations and events to cut ties with the tobacco
industry. The tobacco industry continues to sponsor many annual Pride events, co-opt LGBT imagery, and target the LGBT community with magazine and online advertising.

**Barriers to Care for LGBT Smokers**

In addition to targeted marketing efforts by the tobacco industry, there are other factors that may contribute to higher rates of smoking among LGBT people, including increased incidence of substance abuse, higher stress levels due to discrimination, and reduced access to healthcare. According to the 2015 U.S. Transgender Survey (USTS), nearly 1 in 4 transgender individuals (23%) report avoiding looking for the healthcare services they needed in the past 12 months due to fears of medical mistreatment based on their gender identity. As of March 2024, it is legal for medical professionals to refuse care on the basis of patient sexual orientation and gender identity in 9 states – Alabama, Arkansas, Florida, Illinois, Mississippi, Montana, Ohio, South Carolina, and Tennessee – covering approximately 20% of the nation’s LGBTQI+ population. Furthermore, a 2024 survey of medical students revealed that while 95% of students felt at ease caring for lesbian, gay, and bisexual patients, only 70% felt at ease caring for transgender patients. Among students surveyed, only 25% were confident in their ability to tend to the medical needs of transgender patients. More needs to be done to address these added factors contributing to the elevated smoking rates in the LGBT population.

**Helpings LGBT Smokers Quit**

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches. According to the U.S. Public Health Service Clinical Practice Guideline, tobacco cessation treatments are effective across a broad range of populations. It is critical that health care providers screen for tobacco use and provide advice to quit to tobacco users. Despite having higher smoking rates than their heterosexual peers, national data show that LGBT adults express similar desire to quit, with 66.7% of LGB adults expressing an interest in quitting, compared to 68.1% of heterosexual adults. However, LGB smokers report a lower prevalence of smoking cessation counseling and/or medication use (14.5%) than heterosexual smokers (31.7%). Efforts to tailor smoking cessation programs to the LGBT community and advertise cessation services in a culturally competent manner may help facilitate successful cessation and reduce the LGBT community’s disparately high smoking rate.

Policy interventions like tobacco taxes and smokefree laws can also help people quit smoking, and research shows that LGB adults in states with more restrictive tobacco environments are less likely to smoke. The CDC’s Task Force on Community Preventive Services concludes that there is strong evidence that smokefree policies reduce the prevalence of tobacco use, increase the number of tobacco users who quit, and reduce tobacco use initiation among young people. Unfortunately, research shows that LGBT communities are disproportionately exposed to secondhand smoke. A 2011 assessment of bars and nightclubs in Las Vegas, Nevada found that patrons of LGBT venues had a 38% higher odds of being exposed to secondhand smoke. Nationally, a study of 2003-2010 data from the National Health and Nutrition Examination Survey (NHANES) found that lesbian nonsmokers had significantly higher exposure to secondhand smoke than heterosexual women, as evidenced both by cotinine measures and self-reported exposure in the workplace. Comprehensive smokefree laws that cover all workplaces, restaurants and bars can help reduce such disparities in exposure to secondhand smoke and change social norms around smoking. Efforts to make Pride events smokefree are also an important step to reducing secondhand smoke exposure and empowering the LGBT community to eliminate ties with the tobacco industry.

**Additional Resources**

- [This Free Life tobacco prevention and cessation resources](http://thisfree.life.betobaccofree.hhs.gov/)
- [The National LGBT Cancer Network](https://cancer-network.org/outlast-tobacco/)
- [Centers for Disease Control and Prevention’s “Tips from Former Smokers: How to Quit Smoking”](https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/)

*Campaign for Tobacco-Free Kids, June 4, 2024, Hope Neuling*


