

North Carolina has a diverse population, which includes individuals identifying as lesbian, gay, bisexual or transgender<sup>1</sup>. In the 2000 Census, same sex couples registered as households in all counties of North Carolina, rural and urban.<sup>2</sup> However, health statistics are difficult to obtain for individuals of diverse sexual orientation, for a number of reasons, including 1) standard sources of mortality and surveillance data do not include questions on sexual orientation or do not analyze data that are collected, 2) the small size of the population overall and 3) the stigma and discrimination towards lesbian, gay, bisexual and transgender individuals which can lead a to reluctance to self-identify in surveys or research studies.

### ***Tobacco Issues for Lesbian, Gay and Bisexual (LGB)<sup>1</sup> Populations***

Despite the formidable obstacles to collecting data on LGB communities, an increasing number of high quality research studies are finding that LGB individuals, especially youth and bisexual females, are smoking at higher rates than heterosexuals. A literature review showed strong evidence of higher rates<sup>3</sup> but questioned the fact that the samples did not represent all LGB people because they were collected at bars and community centers. In 2004, a study in California used a better method that could represent the entire community (a telephone survey of randomly chosen individuals). The study found that lesbians, gays and bisexual females smoked at higher rates than the heterosexuals in the study.<sup>4</sup>

Recent research also points to the tobacco industry's successful targeted marketing to LGB communities, through sponsorships of community service agencies and special advertising in LGB publications.

Industry leaders also promote same-sex benefits and non-discrimination clauses in their company policies. LGB communities may be more vulnerable to these tactics because of fewer resources available for funding, lack of benefits from other industries and lack of recognition from “mainstream” public health and advocacy groups.



<sup>1</sup> In this short report, we used the terms “sexual orientation” interchangeably with lesbian, gay, bisexual and transgender. Unfortunately, we have no data on transgenders, so reports are on lesbian, gay and bisexual (LGB).

<sup>2</sup> Census Bureau. (2003). *Married Couple and Unmarried Couple Households*. Census 2000 Special Report <http://www.census.gov/prod/2003pubs/censr-5.pdf> Accessed 2/25/05.

<sup>3</sup> Ryan H, Wortley PM, Easton A, Pederson L, Greenwood G. Smoking Among Lesbians, Gays, and Bisexuals A Review of the Literature. *Am J Prev Med* 2001;21(2): 142–149

<sup>4</sup> Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG & Bal DG. Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem? (United States). *Cancer Causes and Control* 2004;15: 797–803

Health studies on teenage LGB face even more challenges to collecting good data, in part because sexual orientation is stigmatized so schools are reluctant to add questions, and because young adults are still in the process of discovering their orientation. However, a few studies have overcome these obstacles and found higher rates of smoking among young people who identify as gay, lesbian or bisexual. In Massachusetts, the school based Youth Risk Behavior Survey found that self-identified gay, lesbian and bisexual youth reported much higher use of cigarettes and smokeless tobacco than heterosexual youth. A national mailed survey to over 10,000 boys and girls (Growing Up Today Study) also found higher cigarette smoking and other tobacco use by “mostly heterosexual youth and lesbian/bisexual females.”<sup>5</sup>

### ***Health and Tobacco Issues for LGB Populations in North Carolina***

The Big Three – Heart Disease, Lung Cancer and Chronic Obstructive Pulmonary Disease (COPD) -- are all leading causes of death and illness in the general population for which tobacco use is the primary risk factor. In fact, almost 90% of lung cancer and COPD cases are caused directly by cigarette smoking or secondhand smoke. While we have no specific data on LGB groups, heart disease is the number one killer in North Carolina. Lung cancer is the leading cause of *cancer* deaths among both men and women.

***Many women are unaware that in 1990, lung cancer became the leading cause of cancer death for NC women, exceeding breast cancer.***

Very little data are available on the LGBT population in North Carolina. To address this gap, the NC Tobacco Prevention and Control Branch has begun working with community volunteers at community events to collect data on tobacco issues. The data in this report were collected during an annual weekend event called the NC Pride Festival. An estimated 8,500 people from across the state attended the September 2004 event. Volunteers used electronic palm pilots and roamed the crowd, collecting 136 LGB surveys during a 4-hour period after the Pride parade. Although the sample size was small, these data provide some insight into tobacco use prevalence in the LGB population in North Carolina.

### ***Results from the NC Pride Survey Adult Smoking Rates***

Data from the Pride sample in 2004 found that 42% of the LGB adult participants were current smokers, defined as individuals who have smoked at least 100 cigarettes and currently smokes on some or every day. This is much higher than the rate in the general population in North Carolina, which was



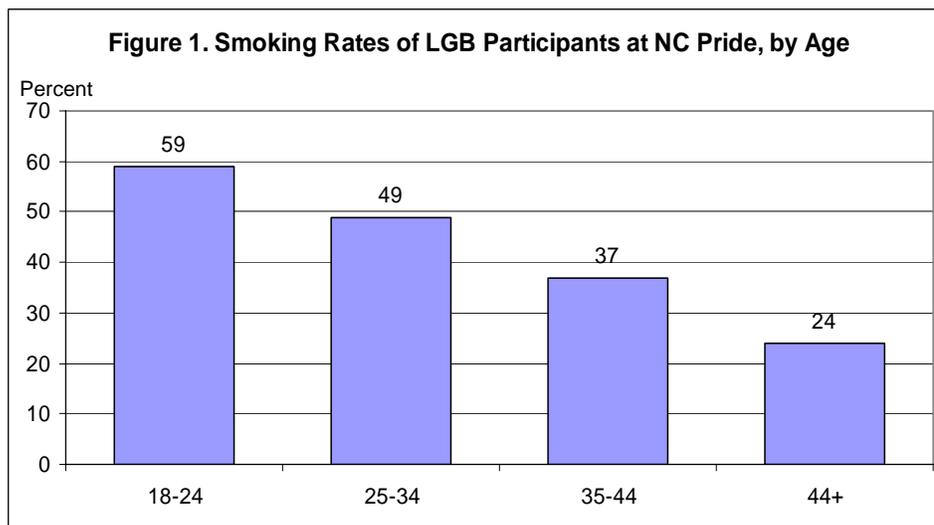
Gay Pride Parade. Source: [www.ncpride.org](http://www.ncpride.org). (Photographer unknown)

<sup>5</sup> Austin SB, Ziyadeh N, Fisher LB, Kahn JA, Colditz GA, Frazier AL. Sexual Orientation and Tobacco Use in a Cohort Study of US Adolescent Girls and Boys. *Arch Pediatr Adolesc Med.* 2004;158:317-322

24.8%. in 2003. In the Pride survey, women smoked at slightly higher rates than males (45% vs 35%) and were more likely to be former smokers than non-smokers. However, with a small sample like this it is not possible to say if the difference is only for this sample of LGB people attending the Pride festival. Larger and better samples are needed to know if this difference is true for the total LGB population in North Carolina.

Age did make a significant difference in tobacco use, even in this small sample: the younger the age group, the higher the smoking rate (Figure 1).

Younger LGB may need more focused efforts by health advocates. In fact, tobacco companies have increased their marketing to young adults, including promotions in clubs and venues frequented by LGB.

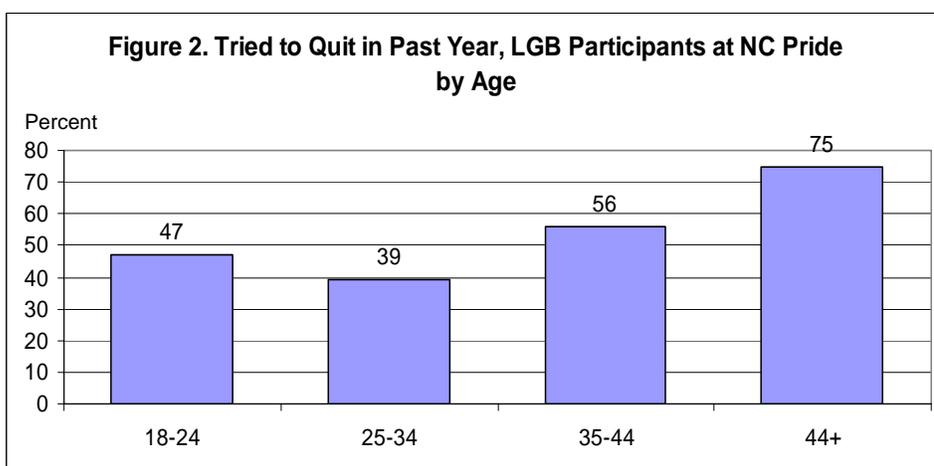


### Youth Smoking Rates

Only 10 surveys of youth (<18) were collected at the NC Pride event, so the sample size is too small to say whether the smoking rate in North Carolina is higher for LGB youth.

### Quitting

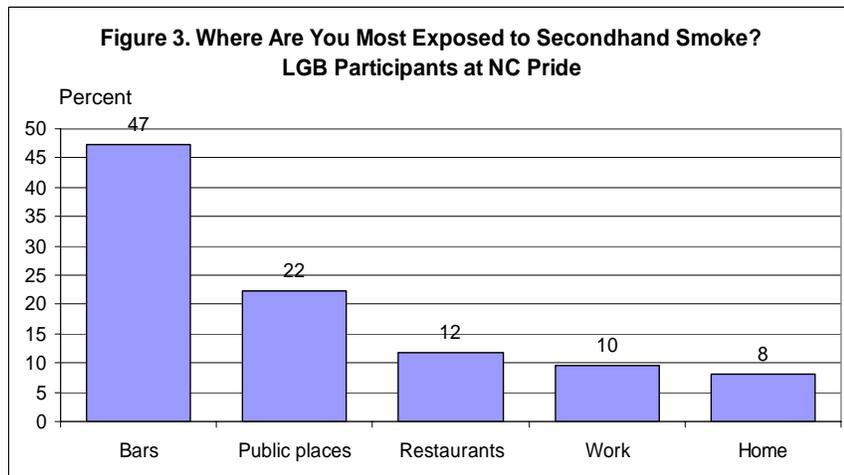
Fifty two percent of smokers in the Pride survey tried to quit during the past year. At the Pride event, non-smoking partners of smokers shared their stories of attempts to encourage their partner to quit. Males and females showed no difference in quitting attempts, but age made some difference. LGB



smokers 45 and over were more likely to report a quit attempt than younger age groups. Interestingly, in the general NC population, the pattern with age is reversed: smokers in younger age groups made more quit attempts than smokers in older groups.

### Secondhand Smoke – Are LGB People Protected?

More directed efforts are necessary to increase our understanding of how to work effectively with LGB community members to protect them from the harmful effects of secondhand smoke, which is the smoke from the end of a cigarette or exhaled from the lungs of a smoker. Secondhand smoke has

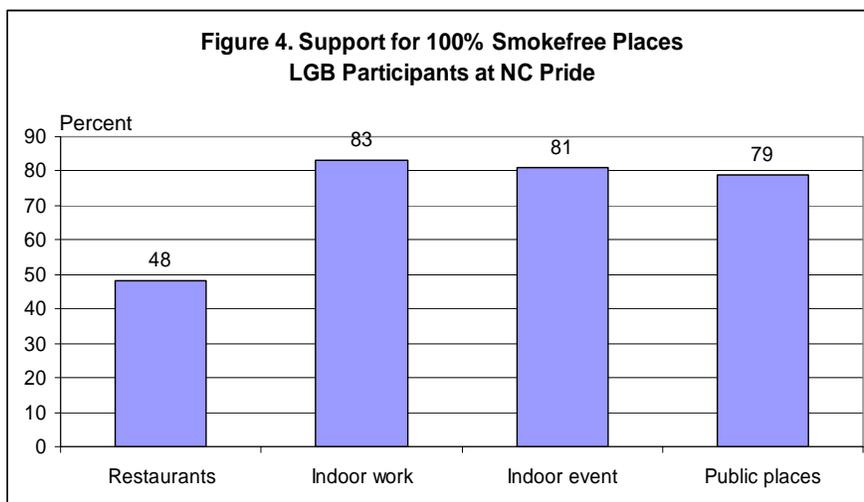


increasingly been linked to life-threatening heart or asthma attacks, and to long-term serious health conditions such as cancers, heart disease and lung diseases. The Centers for Disease Control and Prevention (CDC) recently issued a warning for those with heart disease to avoid any exposure to secondhand smoke, due to the potential for life-threatening heart attacks. Higher levels of cigarette use among LGB and the fact that bars are one

of the only ‘friendly’ gathering places, means that community members have a higher potential for exposure to secondhand smoke. Almost half of LGB community members reported being exposed in bars (Figure 3) but no LGB groups are currently involved in secondhand smoke reduction campaigns in North Carolina.

### Policy Matters – Are LGB People Supportive?

According to results at Pride 2004, among smokers and non-smokers alike, almost three out of four LGB keep their home free of secondhand smoke. Participants also reported strong support for smoke free environments (Figure 4). The levels of support found for smoke free policies is similar to or slightly higher compared to the NC population.



North Carolina is home to a strong group of advocates who are working to educate and protect community members from further harm. To learn more about these efforts, contact Melanie Davis at the Tobacco Prevention and Control Branch ([melanie.davis@ncmail.net](mailto:melanie.davis@ncmail.net).)

For information on events and a copy of the national LGBT action plan, check out “tobacco” under Resources at [www.lgbthealth.net/](http://www.lgbthealth.net/). For outreach materials, go to [www.gaysmokeout.net](http://www.gaysmokeout.net).