#### **POSITION STATEMENT:**

# Support Policies to Reduce Smoking Disparities for Gender and Sexual Minorities

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The Society of Behavioral Medicine supports policies that reduce smoking disparities for gender and sexual minorities. Policies should make sure such individuals are included in all local, state, and national tobacco prevention and control activities including use/cessation surveillance, outreach campaigns, product regulations, clean air acts, and healthcare provider training.

#### BACKGROUND

Smoking remains the leading preventable cause of death and disease in the United States. Each year more than 480,000 people die prematurely from smoking or secondhand smoke exposure. Gender and sexual minorities (e.g., lesbian, gay, bisexual, and transgender persons [LGBT]) are at elevated risk for tobacco related health disparities due to disproportionately high rates of tobacco use. Evidence-based smoking cessation services such as state tobacco quitlines are underused by LGBT smokers.

Despite these disparities, gender and sexual minorities are not systematically included in tobacco prevention and control efforts. <sup>5-6</sup> Monitoring of tobacco use at the local, state, and national levels does not include gender and sexual minorities. <sup>7</sup> Educational and outreach campaigns do not include gender and sexual minorities. <sup>8</sup> The Food and Drug Administration (FDA) does not regulate menthol flavored tobacco products, which are used by higher percentages of LGBT smokers. <sup>9</sup> There is a lack of national clean indoor air acts aimed at reducing exposure to involuntary smoking, which LGBT individuals experience at higher rates. <sup>10</sup> The level of comfort and competency in addressing LGBT health issues remains low among healthcare providers. <sup>11</sup>

These omissions necessitate the inclusion of gender and sexual minority persons in tobacco prevention and control efforts, particularly given the high rates of tobacco use in the LGBT community. The importance of this is further



underscored by the recent National Institutes of Health decision to designate the LGBT community as a health disparity population.<sup>12</sup>

#### POLICY RECOMMENDATIONS

- 1. Include gender and sexual minorities in all local, state, and national surveys of smoking behaviors.
- 2. Include specific messaging for gender and sexual minorities in all media campaigns aimed at increasing education and outreach regarding tobacco prevention and smoking cessation treatment services.
- 3. Initiate FDA regulation of menthol flavored tobacco products.
- Create national clean air acts aimed at reducing exposure to secondhand smoke among LGBT nonsmokers.
- 5. Increase training of healthcare providers on the health and health promotion needs of gender and sexual minorities, especially as it relates to tobacco use.

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### **REFERENCES**

- U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2017 Feb 23].
- 2 Johnson, S. E., Holder-Hayes, E., Tessman, G. K., King, B. A., Alexander, T., & Zhao, X. (2016). Tobacco Product Use Among Sexual Minority Adults: Findings From the 2012–2013 National Adult Tobacco Survey. American journal of preventive medicine, 50(4), e91-e100.
- 3 Agaku IT, King BA, Husten CG, et al. Tobacco product use among adults—United States, 2012-2013. MMWR. 2014;63(25):542–547.
- 4 Burns EK, Deaton EA, Levinson AH. Rates and reasons: disparities in low intentions to use a state smoking cessation quitline. Am J Health Promot. 2011;25(5S):S59–65.
- 5 Lee, J. G., Matthews, A. K., McCullen, C. A., & Melvin, C. L. (2014). Promotion of tobacco use cessation for lesbian, gay, bisexual, and transgender people: a systematic review. American journal of preventive medicine, 47(6), 823-831.
- 6 The Network for LGBT Health Equity (2012). MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control. Retrieved from <a href="http://www.lgbthealthlink.org/Assets/U/documents/mpowered.pdf">http://www.lgbthealthlink.org/Assets/U/documents/mpowered.pdf</a>

- 7 Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press; 2011.
- 8 Lee, J. G., Matthews, A. K., McCullen, C. A., & Melvin, C. L. (2014). Promotion of tobacco use cessation for lesbian, gay, bisexual, and transgender people: a systematic review. American journal of preventive medicine, 47(6), 823-831.
- 9 Fallin, A., Goodin, A. J., & King, B. A. (2015). Menthol cigarette smoking among lesbian, gay, bisexual, and transgender adults. American journal of preventive medicine, 48(1), 93-97.
- 10 Max, W. B., Stark, B., Sung, H. Y., & Offen, N. (2016). Sexual identity disparities in smoking and secondhand smoke exposure in California: 2003–2013. American journal of public health, 106(6), 1136-1142.
- 11 Jabson, J. M., Mitchell, J. W., & Doty, S. B. (2016). Associations between non-discrimination and training policies and physicians' attitudes and knowledge about sexual and gender minority patients: a comparison of physicians from two hospitals. BMC public health, 16(1), 256.
- 12 Gender and sexual Minorities Formally Designated as a Health Disparity Population for Research Purposes. https://www.nimhd.nih. gov/about/directors-corner/message.html

# **ENDORSEMENTS**















