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.1 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.2,3 Evidence-based smoking cessation services such as state tobacco quitlines are underused by LGBT smokers.4 Despite these disparities, gender and sexual minorities are not systematically included in tobacco prevention and control efforts.5,6 Monitoring of tobacco use at the local, state, and national levels does not include gender and sexual minorities.7 Educational and outreach campaigns do not include gender and sexual minorities.8 The Food and Drug Administration (FDA) does not regulate menthol flavored tobacco products, which are used by higher percentages of LGBT smokers.9 There is a lack of national clean indoor air acts aimed at reducing exposure to involuntary smoking, which LGBT individuals experience at higher rates.10 The level of comfort and competency in addressing LGBT health issues remains low among healthcare providers.11

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.12

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.
4. Create national clean air acts aimed at reducing exposure to secondhand smoke among LGBT non-smokers.
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


