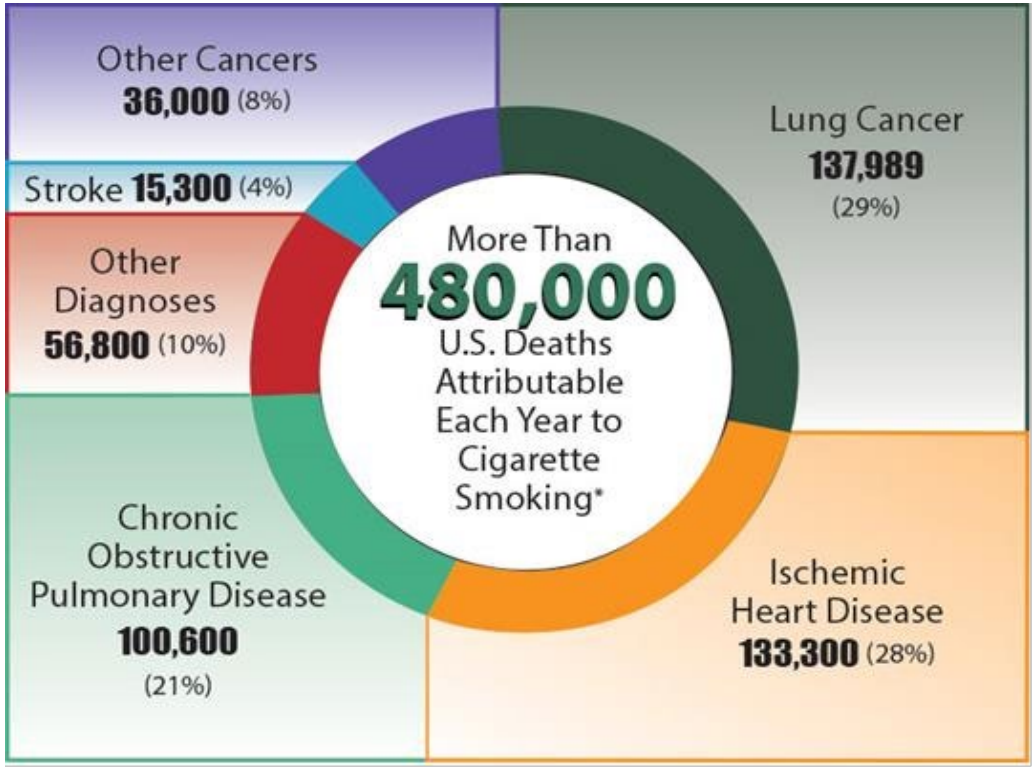
Taking Texas Tobacco Free (TTTF)

Addressing Tobacco Use Among Sexual Minorities

Hazards of Smoking

Smoking is the leading preventable cause of death and disability in the United States

- Smoking causes more than 480,000 deaths each year
- About 1 in 5 deaths is related to smoking

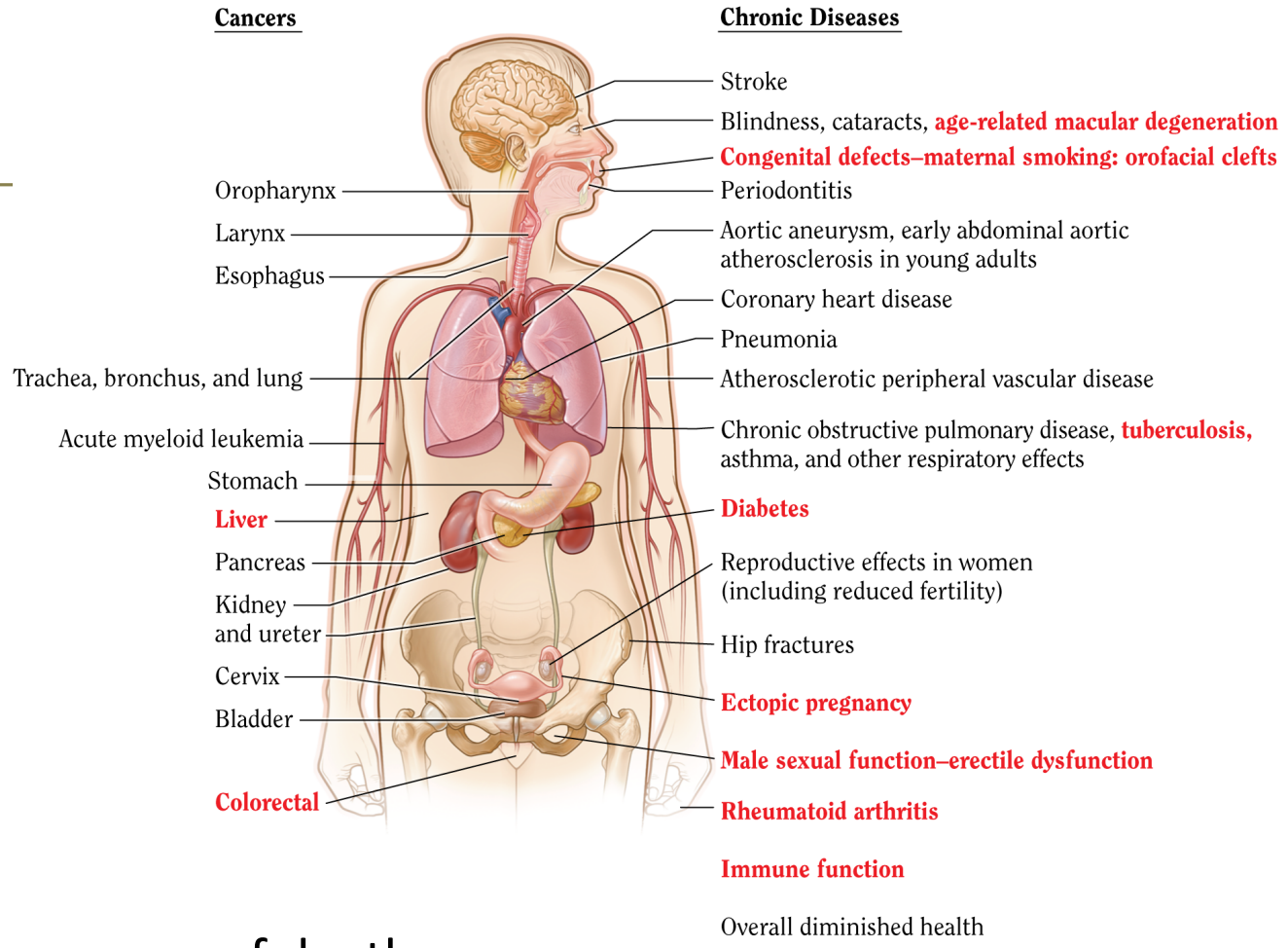


Source: The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014

Hazards of Smoking

Smoking increases risk for:

- Cancer
- Heart disease
- Stroke
- COPD
- Reduced fertility



Cancer and heart disease are the leading causes of death among 45 – 64 year old homeless adults.

Baggett et al., JAMA Int Med, 2013; Baggett et al., AJPH, 2015

Disproportionate Impact Among LGBT

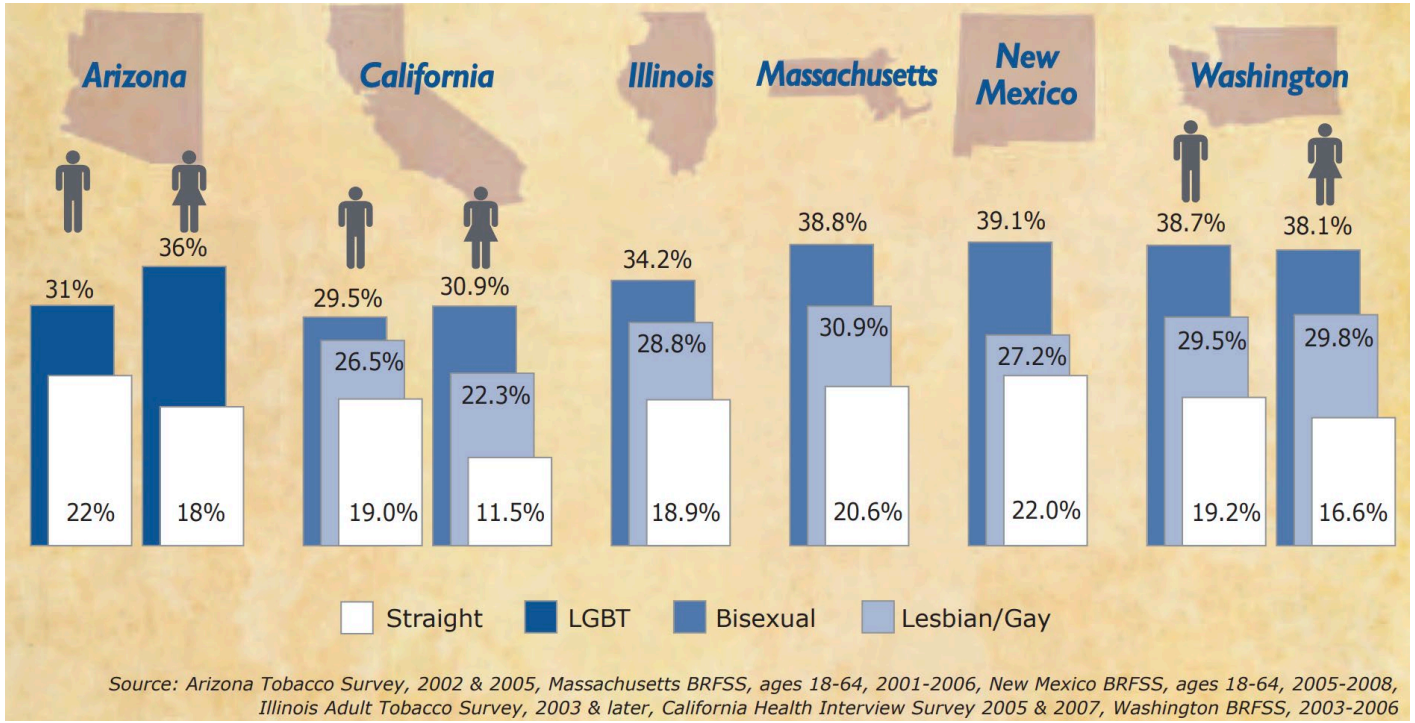
- 20.5% of LGB adults smoke cigarettes compared to 15.4% of heterosexual adults
- 2013 National Health Interview Survey: Modified from: Ward, Dahlhamer, Galinsky, & Joestl, 2014

(%) Current Cigarette Smokers	Both Sexes	Men	Women
Gay or Lesbian	25.8	25.8	25.7
Straight	17.6	20.3	15
Bisexual	28.6	28.8	28.5

- Data from states is limited – only 6 states have published reports on tobacco use by sexual orientation
  - Arizona, California, Massachusetts, New Mexico, and Oregon/Washington (joint)

Source: CDC. Lesbian, Gay, Bisexual, and Transgender Persons Tobacco Use, 2018

A Closer Look



Source: California Department of Public Health, 2013

<u>In California:</u> (adult smoking prevalence)

- 27.4% among LGB vs. 12.9% for heterosexual adults
- 25.3% adult homosexuals (excluding bisexuals) - **double** the prevalence of heterosexual adults
- Gay men's smoking prevalence **50% higher** than heterosexual men (25.8% vs 16.0%)
- Lesbians had a **250% greater** prevalence than heterosexual women (24.4% vs. 9.85%)

Increased Negative Impact on Transgender Women

- Smoking is known to increase risk of stroke and cardiovascular issues
- Hormone therapy (estrogen) is also associated with these same increased risks
- For transgender women, smoking while taking hormone therapy (estrogen) doubles the risk of stroke
- Additionally, smoking interferes with the absorption of estrogen therapy, requiring a larger dose to be effective

Source: Myers SC, Safer JD - Increased rates of smoking cessation observed among transgender women receiving hormone treatment Endocrine Practice 2017

Why Does the LGBT Community Smoke More?

- **Tobacco Industry Targeting**
- Normalizing Smoking
  - 30% of non-tobacco ads in LGBT publications feature tobacco use (American Lung Association)
  - Many LGBT leaders do not see tobacco as a priority health issues
- Bar and Club Culture
  - Historically, bars were safe places for the LGBT community
  - Some LGBT leaders believe that drinking and smoking are central to the coming out process
- Stigma and Discrimination

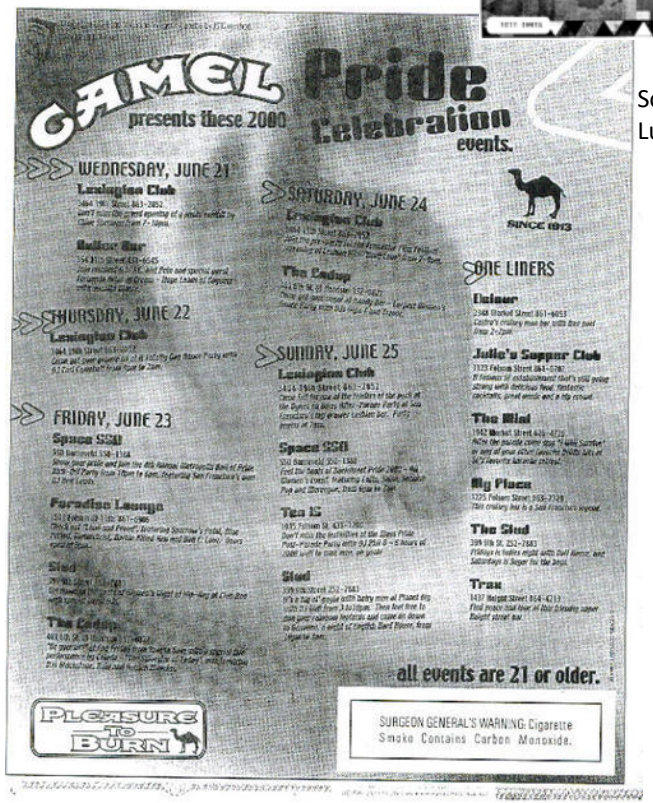
Source: (American Lung Association, 2010)

Kulke, C. (2015, July 16).

Targeting by Big Tobacco

- Project SCUM (Subculture Urban Marketing) – 1995
  - RJR Tobacco Company's marketing campaign to push sale of Red Kamels - targeted gay and homeless people in SF Bay Area
  - Aggressive Advertising:
    - Privately funded Pride festivals, AIDS (ACT-UP) and LGBT organizations (i.e. GLAAD)
    - Promoted and hosted LGBT events; i.e. LGBT bar night
  - Exposed in 2000:
    - Same year Camel (RJR) hosts booth at SF Pride and after-party at popular gay nightclub

Source: (American Lung Association, 2010)



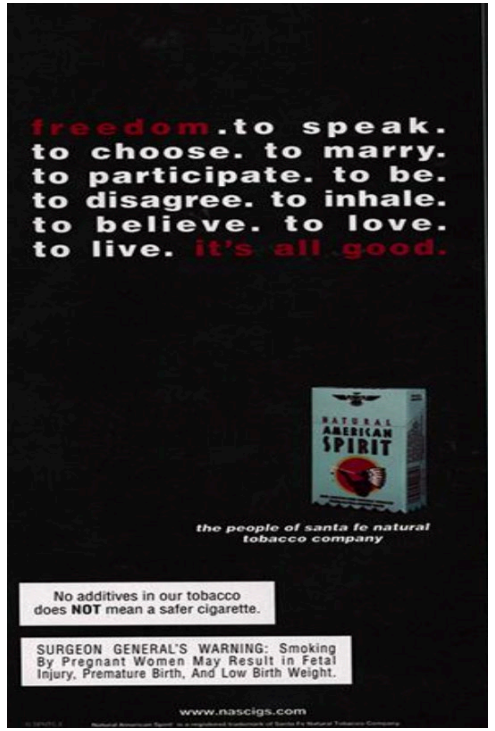
Source: American Lung Association, 2010

Source: Rutgers School of Public Health

Targeting by Big Tobacco

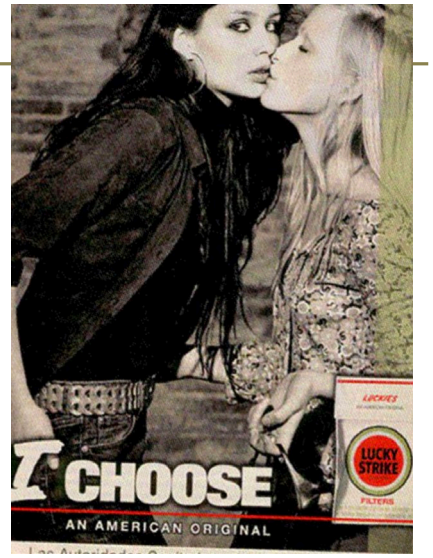
- Marketing: price discounts paid to retailers to reduce cigarette costs to LGBTQ and additional customers (FTC, 2016)
  - Accounted for 66.7% ($5.8 billion) of expenditure
- Continue to advertise at Pride festivals and other LGBT community events
  - Contribute to local and national LGBT and HIV/AIDS organizations
  - Advertise smoking to be a norm in LGBT life

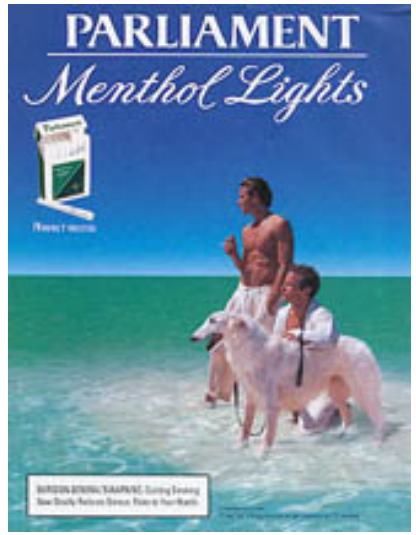
(American Cancer Society, 2015)



Truth Initiative. (2017, June 21)
(DeCourcey, 2017)

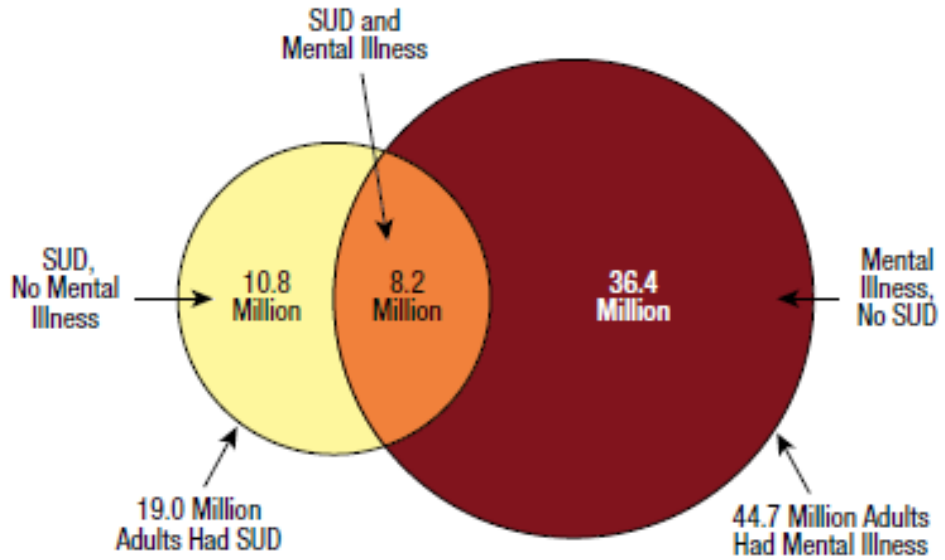
Kulke, C. (2015, July 16)





Co-occurring Substance Use and Mental Health Disorders

Figure 1. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2016



Graphic courtesy of: SAMHSA Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, pg. 46.

- 70-87% of adults with substance use disorders smoke cigarettes. (Knudsen et al 2016; Guydish et al. 2011)
- 44% of all cigarettes sold in the United States are consumed by those with a substance use or mental health disorder.
  - 175 **billion** cigarettes sold/$39 billion annual profit

Why Such High Smoking Rates?

- Due to lower income:
  - Lack access to health insurance, health care, and help to quit
  - Often directly targeted for tobacco marketing
- Widespread misconceptions and myths about dual tobacco and substance use
- Are at higher risk because of perceived benefits of tobacco use on stress and anxiety reduction (CDC. Vital Signs, Feb. 2013)
- Smoking is the leading risk factor associated with substance users' shorter lifespan

Myths and Facts About Smoking Among People with SUDs

Myths	Facts
They don't want to quit	They are as motivated to quit as smokers without SUDs
They can't quit	They are able to quit, especially when offered proven treatments
Quitting will jeopardize substance use recovery	Actually, quitting smoking lowers risk of relapse and overall substance use and promotes abstinence

Source: CDC. Vital Signs, Feb. 2013; Prochaska et al, 2004

Tobacco Use and Recovery

- Quitting smoking does not jeopardize sobriety or treatment outcomes
  - Smoking cessation interventions were associated with 25% increased likelihood of long-term alcohol and drug abstinence (Prochaska, 2004)
  - In a recent review of quitting smoking programs on substance use, the majority of studies found:
    - For alcohol and other substances – decreased consumption, decreased relapse, and increased past year abstinence (McKelvey et al, 2017)
  - Tobacco use can harm recovery and trigger other substance use (Williams, 2005; Kohut, 2017)
- More than 50% of people in substance abuse recovery, who continue to smoke, die of tobacco related illness

Mental Health Improvements Associated with Quitting Tobacco

- Quitting smoking associated with significant decreases in anxiety, depression, stress
- Increase in psychological quality of life and positive affect
- Associated improvements greater than or equal to effect of antidepressants in depressive and anxiety disorders (Taylor et al., 2014)

OUR MISSION

The mission of Taking Texas Tobacco Free is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.

TAKING TEXAS TOBACCO FREE

@TTTF_ @TakingTexasTobaccoFree

www.takingtexastobaccofree.com

Recruiting a Few Good Centers

TTTF seeks to add another 8 substance use treatment centers in 2019

- Provide technical assistance to write and adopt 100% tobacco-free policy
- Provide hour and half tobacco treatment/education training for all staff
- Provide regional Motivational Interviewing training for staff
- Send one staff member to Certified Tobacco Treatment Specialist (CTTS) training at MD Anderson Cancer Center in Houston
- Provide print materials & permanent signage to inform/remind people about the tobacco-free policy
- Provide starter kit ($2,000 - $3,000) of nicotine replacement therapy

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INTERESTED IN JOINING OUR PROJECT?

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www.takingtexastobaccofree.com

- Articles, presentations, fact sheets
- Tobacco-free worksite implementation guide
- Videos
- Posters
- Quit plans
- Training module

"You can't find the tobacco sales display because we replaced it with the nicotine patch display."

RESOURCES

Clients:

- Quit Line 1-877-YES-QUIT
- Nicotine Anonymous (support groups, online, phone)
- Non-smoking AA & NA meetings (majority are smoke-free)
- On site NRT

Employees:

- EAP
- PCP co-pay and prescription reimbursement (spouses and eligible dependents included)
- Nicotine Anonymous, as well as non-smoking NA and AA groups
- On site NRT
- Quit Line 1-877-YES QUIT

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