

Lesbian, Gay, Bisexual, Transgender

FACT SHEET



Lesbian, Gay, Bisexual, Transgender

Estimating lesbian, gay, bisexual, and transgender (LGBT) population size and tobacco use is challenging because there are no standard definitions, and there is stigma associated with population members and researchers, inadequate funding and prioritization, as well as diversity—even among the LGBT population. Also, sexuality and sexual orientation are often fluid over time and across life stages.¹

National Facts and Trends

- Published studies of prevalence of tobacco use among lesbians, gays, bisexuals and transgender individuals are limited. However, all estimates point to rates of smoking among members of the LGBT community that are substantially higher than for the general population.²
- The estimated rate of smoking is twice that of heterosexuals in similar geographic and socioeconomic circumstances.
- Within the LGBT community, young adults 18–24 have the highest smoking prevalence (43.7%).³
- Smoking prevalence for men in the LGBT community is about 50% higher than that of men in the general community (27.4% vs. 19.1%).⁴
- Smoking prevalence for women in the LGBT community is almost triple that of women in the general community (California rates: 32.5% vs. 11.9%).⁵
- As in the general population, smoking among low-income, less-educated LGBTs is higher.

Maine Facts and Trends

- Of non-heterosexual adults in Maine, 34% smoke.⁶
- A literature review of 18 studies was done for Partnership For A Tobacco-Free Maine in 2003, by George Shaler. In all 18 studies, smoking rates were higher among LGBT populations than the comparison population provided by the authors. Many of the studies had design limitations: many were not population-based, had small sample sizes, and a lack of a consistent measure of smoking prevalence or of how sexual orientation was determined. However, all the studies were consistent in showing high rates of smoking for LGBTs.

The Story Behind the Facts: Why Is this Information Important

- The percentage of gay, lesbian, bisexual, and transgender persons in the U.S. is estimated at anywhere from 2% to 10%.⁷ Given the current U.S. population of 283,000,000 people, the LGBT population is then somewhere between 5.6 million and 28.3 million. The most recent census totaled 594,391 same-sex unmarried-partner households (1,188,782 individuals) in the country. While this figure represents a significant increase over the 1990 census figures, it is probably an undercount of the LGBT population. The census did not tally single gay or lesbian people in the count of same-sex unmarried-partner households.⁷
- For people who have HIV and smoke, besides taking effective antiretroviral treatment, quitting smoking is the single most positive step a person with HIV can take towards maintaining their health.
- General factors such as higher stress, frequent patronage of bars and clubs, higher rates of alcohol and substance use, and direct marketing by the tobacco industry may contribute to higher rates of tobacco use.²
- Tobacco industry advertising has openly targeted gays and lesbians since 1992, when Philip Morris began running ads in *Genre* magazine.⁸
- The industry reaches out to LGBT persons through direct and indirect advertising, community outreach, and sponsorships. An example is the SCUM (Sub-Culture Urban Marketing) project aimed at gays and the homeless.
- Since cardiovascular disease (e.g., heart attack, hypertension, stroke, arteriosclerosis) represents the leading cause of death for women overall, increased rates of smoking among lesbian women puts them at greater risk.
- Estrogen use in women who smoke has demonstrated a relationship to conditions such as pulmonary embolism, heart disease, stroke and adverse liver effects. It is likely that these effects are also present in transsexual women.⁹

References

- ¹ Tuttle, L, and M Griswold. Health Disparities Among Lesbian, Gay, Bisexual and Transgender Populations. Presentation.
- ² Ryan H, P Wortley, A Easton, L Pederson, and G Greenwood. "Smoking Among Lesbians, Gays and Bisexuals, A Review of the Literature." *Am J Prev Med* (2001) 21, no. 2: 142–9.
- ³ LGBT smoking prevalence is from California Lesbian, Gay, Bisexual, and Transgender Tobacco Use Study, 2004.
- ⁴ LGBT smoking prevalence is from California Lesbian, Gay, Bisexual, and Transgender Tobacco Use Study, 2004; general population smoking prevalence is from California Tobacco Survey, 2002.
- ⁵ LGBT smoking prevalence is from California Lesbian, Gay, Bisexual, and Transgender Tobacco Use Study, 2004; general population smoking prevalence is from California Tobacco Survey, 2002.
- ⁶ Maine Adult Tobacco Survey (MATS), 2004.
- ⁷ Smith, D and G Gates. Gay and Lesbian Families in the United States: Same-Sex Unmarried Partner Households. A Human Rights Campaign Report, August 22, 2001.
- ⁸ Goebel, K. "Lesbians and Gays Face Tobacco Targeting." *Tobacco Control* (1994) 3: 65–67.
- ⁹ Moore, E, and A Wisniewski. "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes and Adverse Effects." *Journal of Clinical Endocrinology and Metabolism* (2003) 88: 3467–73.



Appropriation #014-10A-9922-022

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, sexual orientation, or national origin, in admission to, access to or operation of its programs, services, activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding civil rights may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289 (V) or 207-287-3488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request.

HMP is a collaborative effort of the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine and federal grants from the US CDC, Substance Abuse and Mental Health Services Administration, and DOE.