A Qualitative Exploration of the

Tobacco Control Needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community in Colorado

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A Priority Population Statewide Needs Assessment

Conducted for Colorado STEPP
The State Tobacco Education and Prevention Partnership

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A Partnership of

OMNI Research and Training, Inc.

the center

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado and OMNI Research and Training, Inc. gratefully acknowledge the individuals and organizations that made this research possible.

Supporting LGBT Organizations
Colorado State University Student Organization for Gays, Lesbians, and Bisexuals
Gay, Lesbian, Bisexual Transgender Resource Center, University of Colorado at Boulder
Gender Identity Center
Inside Out
Metropolitan Community Church Pueblo
Rainbow Alley
Southern Colorado AIDS Project
Tavern Guild
Western Colorado AIDS Project

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Executive Summary

Purpose of the Needs Assessment

A primary purpose of the needs assessment was to better understand the needs of this community in terms of reducing initiation of tobacco use by youth, promoting cessation among both youth and adults, and reducing exposure to environmental tobacco smoke. Additionally, the needs assessment was conducted in order to inform the development and implementation of LGBT-targeted tobacco control efforts.

Specific questions addressed by this needs assessment include:

1. Initiation: What are the primary factors that influence youth and adults in the LGBT community to initiate tobacco use?
2. Cessation: What are the specific cessation needs of the LGBT community?
3. Environmental Smoke: What are the specific needs of the LGBT community related to environmental smoke?

Agency Partnership for the Needs Assessment

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado works to improve the lives of individuals who affiliate with the LGBT movement by building a healthy, inclusive, and empowered LGBT community; providing opportunities for positive social interactions, community service and personal development; and advocating for social justice.

The tobacco control needs assessment provided the Center with the opportunity to continue to build relationships with other LGBT community organizations in the state and to begin capacity building around tobacco issues within the LGBT community. The Center's role in this study was: to serve as a liaison between LGBT organizations throughout the state; to assist local organizations with recruitment of focus group participants; to coordinate the logistics of the focus groups, including providing food and incentives for participants, and finding and securing spaces in which to conduct the focus groups; and to administer the written survey.

The needs assessment was designed and carried out in partnership with OMNI Research and Training, Inc. OMNI is an applied social science research firm that has been working with foundations, government and non-profit agencies in the areas of youth development, substance abuse prevention and treatment, juvenile and criminal justice, and community health and development, for over twenty-five years. OMNI's role in the needs assessment was to develop focus group guides, create the written survey, conduct focus groups, analyze and interpret data, and write the final report.

The LGBT Community in Colorado

In 2000, the U.S. Census released population figures for lesbians, gay men, bisexuals and transgender people in the form of the number of same-sex unmarried partner households.
These figures reported that Colorado was home to 10,045 gay and lesbian unmarried partner households. Of these, 4,640 were gay male households and 5,405 were lesbian households. In 2000, Colorado had a higher percentage of same sex couples than most other states, and Denver County had the seventh highest percentage of gay or lesbian partner households of all counties in the U.S. at 2.95%. The

Denver/Boulder/Greeley MSA had the 12th highest percentage of gay men and lesbians for MSAs with at least one million people. Additionally, Colorado had one county in the top 25 in terms of gay/lesbian population outside of Metropolitan Statistical Areas.

Needs Assessment Process

This needs assessment was designed as a qualitative research study of the attitudes, behaviors, and needs of the LGBT community in Colorado. The needs assessment consisted of two main components: focus groups and surveys. Focus groups were conducted with members of the LGBT community across the state of Colorado, and with owners of LGBT clubs and bars in the Denver area. Surveys were administered in LGBT bars and clubs and at LGBT events.

Findings

A number of trends emerged from this research.

- The stresses of "coming out" and homophobia were reported to be factors in tobacco use among the LGBT population.
- Initiation of tobacco use was affected by a lack of knowledge of the addictive properties of tobacco and, especially for youth, by ease of access to tobacco.
- Cessation strategies varied widely, and attempts to quit were largely unsuccessful.
- LGBT-sensitive health care providers and cessation programs may be useful tools in cessation efforts.
- Anti-tobacco campaigns were reported to have little lasting impact on attempts to quit.
- Perceptions about the impact of environmental smoke and nonsmoking environments on tobacco use were mixed.

Goal #1: Prevent Initiation of Tobacco Use by Youth

Recommendations:

1. Decrease youth access to tobacco, especially near schools and LGBT youth centers
2. Develop and implement initiation prevention and cessation programming specifically for LGBT youth
3. Promote youth education about rates of smoking in, and targeting of, the LGBT community through a media campaign, such as that provided by Ciggy Butts

Goal #2: Increase Cessation of Tobacco Use Among Youth and Adults

Recommendations:

1. Develop an education campaign for the LGBT community about rates of smoking in, and targeting of, the LGBT community
2. Develop customized cessation programs
3. Develop cessation programs that are gay-oriented, and provide them at LGBT community centers

4. Provide education to health care providers to increase sensitivity to LGBT issues, and develop greater connections between the LGBT community and gay-friendly health care providers
5. Develop an awareness campaign for the LGBT community that links tobacco with other health issues

Goal #3: Decrease Exposure of Youth and Adults to Environmental Tobacco Smoke

Recommendations:

1. Work with bar and club owners to provide tobacco-free nights at LGBT bars and clubs
2. Work with bar and club owners to provide completely tobacco-free bars and clubs
3. Work with event planners to provide tobacco-free events
4. Continue to promote tobacco-free events at LGBT youth centers

I. Executive Summary

A. Background of the Organizations

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado works to improve the lives of individuals who affiliate with the LGBT movement by building a healthy, inclusive, and empowered LGBT community; providing opportunities for positive social interactions, community service and personal development; and advocating for social justice. Rainbow Alley, The Center's youth services program (and the only drop-in center in Colorado for LGBT youth), provides after-school programs, counseling services, social events, mentoring opportunities, and social service referrals to over 1,000 unduplicated youth each year. Free medical care to young people is offered one day per week through a partnership with Rocky Mountain Youth Medical and Nursing Consultants. Cultural events, such as PrideFest, the Gay and Lesbian Film Festival, and Jokers, Jewels and Justice reach over 100,000 people each year and help build a strong LGBT community. Additionally, the Health and Wellness Department provides numerous services dedicated to our community. In each of these endeavors, the Center serves an ethnically, generationally and racially diverse population.

The Center also offers community health education and some basic health services including:

- low-cost hepatitis vaccinations;
- free, confidential & anonymous HIV testing;
- free mammograms for uninsured women over forty years old;
- free health care provider referral database;
- free resource referrals to social service agencies for individuals looking for emergency assistance with housing, food and other basic life issues; and
- social and support groups unique to the LGBT community.

The tobacco control needs assessment provided the Center with the opportunity to continue to build relationships with other LGBT community organizations in the state and to begin capacity building around tobacco issues within the LGBT community. The Center's role in this study was: to serve as a liaison between LGBT organizations throughout the state; to assist local organizations with recruitment of focus group participants; to coordinate the logistics of the focus groups, including providing food and incentives for participants, and finding and securing spaces in which to conduct the focus groups; and to administer the written survey.

The needs assessment was designed and carried out in partnership with OMNI Research and Training, Inc. OMNI is an applied social science research firm that has been working with foundations, government and non-profit agencies in the areas of youth development, substance abuse prevention and treatment, juvenile and criminal justice, and community health and development, for over twenty-five years. OMNI's role in the needs assessment was to develop focus group guides, create the written survey, conduct focus groups, analyze and interpret data, and write the final report.

B. Purpose of Conducting Needs Assessment

The Colorado State Tobacco Education and Prevention Partnership (STEPP) contracted with the Gay, Lesbian, Bisexual and Transgender Community Center of Colorado ("The Center") to conduct a tobacco needs assessment of the lesbian, gay, bisexual and transgender (LGBT) community in Colorado. A primary purpose of the needs assessment was to better understand the needs of this community in terms of

reducing initiation of tobacco use by youth, promoting cessation among both youth and adults, and reducing exposure to environmental tobacco smoke. Additionally, the needs assessment was conducted in order to inform the development and implementation of LGBT-targeted tobacco control efforts.

Specific questions addressed by this needs assessment include:

4. Initiation: What are the primary factors that influence youth and adults in the LGBT community to initiate tobacco use?
5. Cessation: What are the specific cessation needs of the LGBT community?
6. Environmental Smoke: What are the specific needs of the LGBT community related to environmental smoke?

C. Description of the Needs Assessment Process

This needs assessment was designed as a qualitative research study of the attitudes, behaviors, and needs of the LGBT community in Colorado. The needs assessment consisted of two main components: focus groups and surveys. Focus groups were conducted with members of the LGBT community across the state of Colorado, and with LGBT club/bar owners in the Denver area. The Center's coordinator contacted LGBT community centers and organizations, AIDS service organizations, and one LGBT-friendly church across the state. These organizations then recruited participants for focus groups and served as host sites for the focus groups. In order to gather information from a more diverse and larger sample, surveys were administered in LGBT bars and clubs and at LGBT events, such as Aspen Gay Ski Week. Organizations in the LGBT community that were involved in the needs assessment were: Colorado State University Student Organization for Gays, Lesbians, and Bisexuals; Gay, Lesbian, Bisexual Transgender Resource Center, University of Colorado at Boulder; Gender Identity Center; Inside Out; Metropolitan Community Church Pueblo; Rainbow Alley; Southern Colorado AIDS Project; Tavern Guild; Western Colorado AIDS Project.

Both current and former tobacco users were surveyed and participated in focus groups. A limited number of nonsmokers/nonusers were included in the surveys and focus groups in order to gather information about factors that contributed to their decisions not to use tobacco, and to determine some of their needs, in terms of continuing to not use tobacco.

Focus Groups: Introduction, Purpose and Design

The focus group component of the tobacco needs assessment was designed to better understand attitudes, behaviors, and challenges related to tobacco use and cessation in the lesbian, gay, bisexual and transgender (LGBT) community.

Ten focus groups were conducted between November 2001 and June 2002. Each focus group discussion lasted between sixty and ninety minutes. In nine of these groups, participants were members of the LGBT community. Three focus groups were held in Denver: one with LGB youth[1], one with LGB adults, and one with adults in the transgender community. Two focus groups were held in Colorado Springs: one

[1]The two youth focus groups were conducted at LGBT youth services centers. Participants for these two groups were regular clients of the centers and were recruited for participation in the focus groups by the staff at the centers. In a few instances, a participant in a "youth" focus group may be older than a participant in an "adult" focus group. Because no youth in these focus groups identified as transgender, the findings can not be generalized to the transgender youth population. Therefore, discussion of the youth findings will use the acronym "LGB."

with adults and one with youth. Additionally, one focus group was held in each of the following cities: Fort Collins, Pueblo, and Grand Junction.

Additionally, one focus group was conducted with owners of Denver area LGBT bars, clubs, and restaurants. Because the methods used for this focus group were similar to the methods for the other nine groups, this focus group is included in the methods discussion below. However, much of the discussion in this focus group centered on issues of environmental smoke, so the findings from this focus group will be discussed primarily in the section on environmental smoke.

Table 1: Focus Groups, Locations, and Participants

Type of Focus Group	Number of Focus Groups	Location of Focus Groups	Number of Participants in Focus Groups
LGB Youth	2	Denver, Colorado Springs	16
LGB Adults	6	Denver, Colorado Springs, Boulder, Fort Collins, Pueblo, Grand Junction	35
Transgender Adults	1	Denver	7
Owners of LGBT Bars, Clubs, and Restaurants	1	Denver	6

The focus group guides were developed by OMNI, with input from the Center. The focus group questions probed the following areas of interest:

- tobacco use behavior;
- attitudes toward and perceptions of tobacco use and tobacco companies;
- reasons for using tobacco;
- tobacco use and the LGBT community;
- tobacco use and health risks;
- cessation efforts; and
- environmental smoke.

Copies of these focus group guides are provided as Attachments 2 and 3.

A total of 64 people participated in the ten focus groups, representing a wide variety of people from the LGBT community. Participants ranged in age from 15 to 63. Fifty participants identified as white, while 13 identified as non-white. Forty-five participants were current smokers, 13 were former smokers, and four had never smoked. Additional information on focus group participants appears in Table 2.

Table 2: Demographics of Focus Group Participants

Type of Focus Group	Age Range	Mean Age	Gender	Race/Ethnicity	Smoking Status
LGB Youth	15-27	19	8 female 8 male	7 white 1 African American	10 current smokers

				6 Hispanic 1 other	3 former smokers 3 never smoked
LGB Adults	18-62	36	11 female 24 male	30 white 2 African American 3 Hispanic	28 current smokers 7 former smokers
Transgender Adults	49-63	54	2 male 5 transgender (MTF)*	7 white	4 current smokers 2 former smokers
Owners of LGBT Clubs/Bars	32-60	40	1 female 5 male	6 white	3 current smokers 1 former smoker 2 never smoked

Surveys: Introduction, Purpose and Design

To supplement the focus group data, a survey instrument was utilized. Surveys were administered to 126 people throughout the state of Colorado. All focus group participants completed the survey. Surveys were also administered to 46 people during Aspen Gay Ski Week in January 2002. Additionally, 80 people completed the survey in June 2002 at three Denver area LGBT bars/clubs and one coffee shop with a large LGBT client/customer base. Table 5 provides demographics of survey respondents. Surveys were administered face-to-face by the Center's coordinator, an OMNI researcher, or a Center volunteer. The survey is provided as Attachment 4.

Table 3: Demographics of Survey Respondents

Total Number of Respondents	Age Range	Mean Age	Gender	Race/Ethnicity	Smoking Status
126	19-56	33	36 female 87 male 5 transgender (MTF)	100 white 3 African American 3 American Indian 15 Hispanic 4 Asian/Pacific Islander 1 Other	59 current smokers 32 former smokers 35 never smoked

Discussion of Findings

The data from the focus groups and surveys represent the unique perspective of the LGBT community, and therefore the entire analysis pertains to this community. However, special attention should be paid to the comments made during the focus groups and responses to surveys in which participants specifically identified unique LGBT issues, particularly the stresses of "coming out," living with homophobia, and issues around creating and/or finding community.

Although patterns were found in almost each of the above areas, considerable diversity of opinion was also expressed, both in the focus groups and in the surveys. Within almost every area, focus group participants and survey respondents described different triggers and different strategies they used to attempt to quit smoking. They also developed different recommendations for prevention and cessation, based on their own experiences of trying to quit (which usually resulted in relapse). Discussion of the findings and the recommendations clarify the patterns as well as the diversity of opinions.

Findings are discussed in terms of LGB youth, LGB adults, and transgender adults. These divisions are appropriate for two reasons. First, no transgender youth were surveyed or participated in focus groups. Second, within the LGBT adult population, transgender adults face generally face issues that can be significantly different from those faced by lesbians, gay men, and bisexuals. Often, transgender people face increased ostracism, harassment, and violence than lesbians, gay men and bisexuals, and may face greater challenges in terms of employment, housing, and other needs. Their needs relative to tobacco cessation may be significantly different as well. Therefore, it seemed important to be able to provide data specific to this population, as well as program recommendations that may be specific to the transgender population.

D. Special Population Profile

In 2000, the U.S. Census released population figures for lesbians, gay men, bisexuals and transgender people in the form of the number of same-sex unmarried partner households.[2]
These figures reported that Colorado was home to 10,045 gay and lesbian unmarried partner households. Of these, 4,640 were gay male households and 5,405 were lesbian households[3]. Relative to other states, Colorado had a higher percentage of same sex partners, at 1.06 percent of all couples. (The average percentage for the U.S. is .99.)

Denver County had the seventh highest percentage of gay or lesbian partner households of all counties in the U.S. at 2.95%, just below counties like San Francisco County, the District of Columbia, New York County (see Table 4.) The Denver/Boulder/Greeley MSA had the 12th highest percentage of gay men and lesbians for MSAs with at least one million people (see Table 5.) Additionally, Colorado had one county (Gilpin) in the top 25 in terms of gay/lesbian population outside of Metropolitan Statistical Areas (MSA.)

The 2000 Census reported that gay and lesbian partners lived in 99.3 percent of all counties in the U.S. In Colorado, two counties reported no gay or lesbian households, Cheyenne County and Hinsdale County. However, given the evidence to suggest that these figures represent a serious undercounting of lesbians and gay men throughout the U.S., it is likely these counties were home to at least some gay men and lesbians.

The Human Rights Campaign, a national political organization focusing on LGBT issues, estimated that the census figures could be undercounted by as much as 62 percent, due to a number of factors. For example, lesbians and gay men who did not live with a partner were not counted. Bisexuals were undercounted if they were currently single or living with an opposite sex partner, and transgender people were undercounted unless they identified as living with a same-sex partner. In addition, fears due to perceived or potential discrimination and prejudice may have prevented people from self-identifying. Last, because there was no direct question about sexual orientation, the questionnaire was confusing. Despite these limitations, the data provided more information than had been available in the past, and the figures for Colorado from the U.S. Census indicated the presence of a significant LGBT community in the state.

[2] Because the U.S. Census does not ask about sexual orientation, the count of gay men and lesbians is calculated based on the number of households in which the occupants described themselves as "two people of the same sex whose relationship was defined as being 'unmarried partners'" (Smith and Gates, 2001.)

[3] The 2000 U.S. Census reported 601,209 gay and lesbian partner households in the U.S.

Table 4: Top 25 Counties Ranked by Percentage of Coupled Households (Married and Unmarried Partners) That are Gay or Lesbian

State	County	Percent
CA	San Francisco	6.91
DC	District of Columbia	5.14
NY	New York	4.34
MA	Suffolk County	3.55
VA	Arlington County	3.13
GA	DeKalb County	2.97
CO	**Denver County**	**2.95**
VA	Alexandria city	2.93
FL	Monroe County	2.86
MA	Hampshire County	2.8
MO	St. Louis	2.68
LA	Orleans Parish	2.55
GA	Fulton County	2.53
OR	Multnomah County	2.46
MD	Baltimore city	2.43
VA	Richmond city	2.3
NM	Santa Fe	2.22
NY	Tompkins County	2.19
CA	Sonoma County	2.15
CA	Alameda County	2.11
MA	Franklin County	2.08
WA	King County	2.07
MA	Nantucket County	1.99
VA	Charlottesville city	1.98
SC	Allendale County	1.94

Source: Smith and Gates, 2001

Table 5: Top 25 MSAs with 1 Million-Plus Populations Ranked by Percentage of Coupled Households (Married and Unmarried Partners) That are Gay or Lesbian

Metropolitan Statistical Area	Percent
San Francisco — Oakland — San Jose, CA	2.04
Miami — Fort Lauderdale, FL	1.56
Austin — San Marcos, TX	1.53
Seattle — Tacoma—Bremerton, WA	1.47
Atlanta, GA	1.40
New Orleans, LA	1.38
San Diego, CA	1.36
Los Angeles — Riverside — Orange County, CA	1.29
Portland — Salem, OR	1.28
New York — N. New Jersey — Long Island, NY	1.28
Sacramento — Yolo, CA	1.28
Denver — Boulder — Greeley, CO	**1.28**
Washington, DC — Baltimore, MD	1.26
Orlando, FL	1.25
Tampa — St. Petersburg — Clearwater, FL	1.23
Boston — Worcester — Lawrence, MA	1.22
Columbus, OH	1.20
Las Vegas, NV	1.20
Dallas — Fort Worth, TX	1.15
Phoenix — Mesa, AZ	1.15
West Palm Beach — Boca Raton, FL	1.15
Raleigh — Durham — Chapel Hill, NC	1.14
Houston — Galveston — Brazoria, TX	1.13
Providence — Warwick, RI — Fall River, MA	1.10
Hartford, CT	1.05

Source: Smith and Gates, 2001

E. History/Background of Tobacco Related Issues for this Special Population

Though research has been conducted on tobacco and the LGBT community, findings, especially rates of tobacco use, often vary widely. Research on the LGBT community is often complicated by the fact that LGBT people can be difficult to access. Many LGBT people do not publicly disclose their sexual orientation, because of fears of discrimination, violence, and being rejected by family and friends. Even those in the LGBT community who "come out," or publicly acknowledge their sexual orientation, may be reluctant to participate in research, due to fears about confidentiality or general distrust of researchers from outside the LGBT community. Though the reliability of current research findings may be suspect, as a whole, they provide a general picture of tobacco use within the LGBT community.

Overall, recent research has found that people in the LGBT community smoke at much higher rates than the general community. For example, in 1999, Stall et al. found that about 40% of gay men smoke, while only 27% of all men in the U.S. smoke. Among 18 to 24 year olds, this study found that 50% of gay men smoke. (Stall et al. 1999.) Though no comprehensive studies of lesbians and tobacco have been

conducted to date, some research suggests that lesbians may have even higher smoking rates. For example, a 1994 study reported that preliminary research suggests that lesbians smoke more than gay men (Skinner 1994.) In *Healthy People 2010,* the Centers for Disease Control (CDC) reported that generally, "studies have found higher levels of cigarette use among gay men and lesbians than among heterosexuals" (CDC 2000.)

The statistics for LGBT youth are even more alarming. The CDC's Youth Risk Behavior Survey (which includes questions about sexual orientation) indicated that: "59% of teenagers that classified themselves as gay, lesbian, or bisexual reported using tobacco (compared to 35% of straight teens). Of this group, almost half tried their first cigarette before age 13, a figure greater than the percentage of straight teens. Gay teens are also four times more likely than their straight counterparts to use smokeless tobacco products" (Intelligence Group Newsletter, 2000.) In 2000, the American Legacy Foundation noted that participants in their study "reported an increase in smoking as a cultural norm among LGBT youth, particularly rural youth, runaway/homeless youth, and youth who accessed LGBT youth centers" (American Legacy Foundation 2000.)

A number of reasons for higher rates of tobacco use among the LGBT community have been suggested. A few studies cited the pressures that result in teenage smoking (self-esteem issues, the need for peer acceptance, the need for rebellion and liberation, and the development of style and individuality) were compounded for lesbians, bisexuals and gay men struggling with their sexuality (Gay and Lesbian Smoking and Health Survey 2000.) Others noted the stresses associated with the discrimination often faced by LGBT people, the struggles related to coming out to parents and friends, the fear of anti-gay violence, and, for gay men, the fear of HIV and AIDS.

II&III. Description of Assets and Barriers in the LGBT Community and Summary of Tobacco Related Data

A. Prevent Initiation of the Use of Tobacco Products Among Youth

Introduction

The vast majority of focus group participants and survey respondents began smoking in their teens. The mean age for initiation for all participants and respondents was 17.5. Though this is higher than other studies have found, it is interesting to note that youth reported initiating at a younger age. This may be reflective of a trend toward younger initiation, or simply greater accuracy in recollection. Means for LGB youth, LGB adults and transgender adults are provided in Table 6.

Table 6: Age of Initiation of Tobacco Use

	Mean Age	N
LGB Adults	17.11	113
LGB Youth	15.82	11
Transgender Adults	28.50	6
Total	17.52	130

Ten of the youth in the focus groups reported being current smokers (six youth did not provide this information.) They smoked, on average, between six and fifteen cigarettes a day, and had smoked, on average, for two to five years. No youth reported ever accessing health care providers, mental health care providers, medications, or support groups for assistance with smoking cessation. These data suggest that formal support mechanisms or structures may not be accessed by youth.

Table 7 provides data from the youth on what they perceived to be helpful strategies for quitting tobacco use. Though these were discussed within the context of cessation, they apply (with the exception of quitting cold turkey) to prevention of initiation as well.

Table 7: Helpful Cessation Strategies for Youth

Cessation Strategies	N
Quitting Cold Turkey	3
Having Support, from friends and others	3
Nicotine Replacement (gum or patch)	2
Avoiding Smokers and Environmental Smoke	2
Reducing Stress	2
Avoiding Triggers	1
Avoiding Alcohol	1

Assets

No tobacco cessation or initiation prevention programs or services for LGBT youth in the state of Colorado. However, several LGBT youth centers exist: Rainbow Alley in Denver; Inside Out in Colorado Springs; OASOS (Open and Affirming Sexual Orientation/Gender Identity Support) through the Boulder County Health Department in Boulder; and the Lambda Community Center in Fort Collins.

None of these organizations provides specific tobacco services or programs. However, staff at the two youth centers (Rainbow Alley in Denver and Inside Out in Colorado Springs) that participated in the needs assessment recognized the need for, and importance of, tobacco cessation and prevention efforts. Both of these centers provide nonsmoking environments for their youth and support nonsmoking events throughout the year. In fact, for the first time, Rainbow Alley will be hosting a Gay American Smokeout event in 2002. Both Rainbow Alley and Inside Out have infrastructure in place to provide tobacco programming, including program staff and physical facilities. OASAS and the Lambda Center are also possibilities for implementing programming and services related to tobacco. Unfortunately, because of the variety and nature of the needs of some of the LGBT population, tobacco issues are often overshadowed by issues of safety, other health issues, mental health issues, housing, employment, and

education. Additionally, focus groups with these youth revealed several primary barriers to the prevention of initiation of tobacco use by youth, as discussed below.

Barriers

Four primary barriers to prevention of initiation were identified in the youth focus groups and surveys: the stress and pressures of coming out; pro-tobacco peer influences; easy access to tobacco; and a lack of knowledge about tobacco and tobacco companies. Each of these is discussed below.

Barrier: Coming Out

Many focus group participants reported an association between the stresses of coming out and their decision to begin using tobacco. (Because some LGBT people come out as adolescents and some come out as adults, these issues affect both youth and adults. Though they are discussed in this section, they apply to both youth and adults.) In the words of one focus group participant:

> I think there's something about the coming out process that is very destructive. And so I think a lot of things like smoking kind of play into that. I think any time someone goes through a process where, that is very destructive. I mean, they try and construct themselves after that, I think they become more complicated people. And I think that, I think that can lead them to…smoke more.

In the words of another focus group participant:

> It's sort of like this self-hatred thing, which you're trying to discover who you are, so you hate yourself. You abuse yourself in all kinds of ways.

Barrier: Peer Influence

When discussing the onset of smoking, almost all participants described the influence of their peers or intimate others, or at least noted the collective, social activity of smoking. Tobacco use rarely began as a solo activity, and was tied into the social fiber of peer groups. In fact, 89 of 130 survey respondents indicated that one reason they initiated tobacco use was because "family/friends smoked/used tobacco."

Barrier: Easy Access to Tobacco

Youth focus groups reported that they were able to access tobacco without difficulty. In fact, youth described easy access to cigarettes as *a primary factor* in initiation of tobacco use. They reported that access around school grounds was particularly easy, and most knew of nearby stores and clerks who would sell to under-aged youth.

> I think that like, the major, one of the major influences with kids smoking, is like, access to it. Because like, I mean, you've got to be 18 to buy them…But at [my high school], there's like a store that everybody goes to…But like everybody goes [there] to

> purchase…but like there, you can buy cigarettes. They don't ID. They don't care. It's just one stock price to get like, any cigarettes you want. *And you could go in there looking like a sixth grader. And they still won't ask you for ID (emphasis added.)*

Another youth reported that:

> You can go in there looking like me and you can buy cigarettes…And it's like, there's the access right there. But also, like, surrounded our school is like three, like within a radius there's like three…places that sell cigarettes and stuff.

This suggests that limiting access to cigarettes could have an impact on youth tobacco use. However, youth also described the prevalence of classmates who were willing to provide cigarettes to each other when other sources were unavailable, which may suggest that attempts to limit access may be extremely unlikely to succeed.

Barrier: Lack of Knowledge about Tobacco Prior to Initiation

Though most people in the focus groups reported that they currently knew and understood the health risks associated with tobacco use, most people felt that this knowledge had not influenced their decision-making around tobacco use. Specifically, in the survey, 86 people (48%) reported that health information had had an impact on their decisions about using tobacco, while 93 people (52%) reported that it had no impact.

Though participants reported *currently* knowing the potential health impacts of smoking, they discussed their lack of awareness of the addictive properties of tobacco *at the time they began smoking*. Whether having this awareness and knowledge prior to initiating tobacco use would have had an impact on initiation remains a question. However, since most people felt that general health information about tobacco use did not affect their decision-making, it is uncertain whether more specific information, about the addictiveness of tobacco, would have had an impact.

However, one type of information that could have a positive impact on prevention of initiation is information about the targeting of the LGBT community by tobacco companies. There is evidence in the literature that tobacco companies have begun to target this community in recent years (Engardio 2001; Lipman 1992; Tobacco Control 1994.) In both the youth and adult focus groups, very few participants claimed that tobacco advertisements targeted youth and/or the LGBT community. Often, this information was shared with focus group participants at the conclusion of focus groups[4]. Typically, when participants learned about the research suggesting that targeting does occur, they were angered. Because members of the LGBT community have historically been targeted in other ways (by anti-gay politicians, anti-gay laws, anti-gay violence and hate crimes, social disapproval, etc.) many in the community are sensitive to

[4] Though this phenomenon is being discussed here within the context of youth, the same thing occurred in adult focus groups. Therefore, these findings, and the recommendations that result from them apply equally to both youth and adults.

targeting of any type. It is possible that this anger could serve as a catalyst for individual decision-making around initiation and/or cessation.

B. Increase Cessation of Tobacco Use Among Youth and Adults

Introduction

On average, survey respondents had tried to quit using tobacco seven times. Data on cessation methods used by survey respondents, as well as whether they found these methods helpful and accessible are reflected in Table 8.

Table 8: Cessation Methods Used by Survey Respondents, N=190

Method	Tried in the Past	Was Helpful in the Past	Might be Helpful in the Future	Want to Try, but Do Not Have Access
cutting back slowly	64	8	3	0
using nicotine replacements	38	14	12	10
improving your health in other ways, such as exercising more or eating better	34	13	8	0
getting support from friends	34	11	18	2
quitting cold turkey	26	24	6	0
reading information about the health risks of smoking and tobacco use	23	1	2	1
avoiding environmental smoke*[5]	34	9	12	1
using medications that help you quit, such as Zyban	17	4	3	2
attending an organized smoking cessation program, such as a support group or educational program	17	2	4	0
seeing a health care provider	15	0	2	0
undergoing hypnosis, acupuncture, or other nontraditional methods	12	2	9	1
other	10	3	2	0
seeing a mental health care provider	8	0	4	4

Assets

No tobacco cessation programs for LGBT adults were found in Colorado. This lack of LGBT-oriented programs was identified by focus group participants and survey respondents as one barrier to cessation. Other primary barriers to cessation identified in the focus groups and surveys include: the use of tobacco as a stress reliever, the influence of positive images of smokers, and a lack of effective cessation strategies. These are discussed below in section IIIb.

An asset within the community lies in the support of existing LGBT organizations for tobacco cessation programs and services. All seven LGBT organizations that were part of the needs assessment process were supportive of the needs assessment and the possibility of programming to address tobacco use in the LGBT community. Each of these organizations had some infrastructure in place that could support such programming, including existing health and wellness programs and staff.

[5]This is the number of people who answer yes to any of the four questions about environment smoke: not going to smoking bars, clubs, events or going to nonsmoking bars, clubs, events

Barriers

Six primary barriers to youth and adult cessation were identified in the focus groups and surveys: the stresses of "being out" and homophobia; "the bar culture"; the psychological and physical benefits of smoking; positive (or mixed) images of smokers; inability to find effective cessation strategies; and a lack of gay-sensitive health care providers and gay-oriented cessation programs. Each of these is discussed below.

Barrier: Stresses of "Being Out" and Homophobia

While there was divergence of opinion regarding onset of tobacco use and prevalence rates between LGBT and heterosexual communities, respondents in all the focus groups generally agreed that the larger context of living in a homophobic culture exaggerated some of the smoking triggers for LGBT smokers. Smoking was often identified as a stress reliever, and individuals in the focus groups noted that their LGBT status presented additional stress in their lives. Furthermore, some individuals in the transgender and adult focus groups identified increased mental health issues, due to the larger homophobic culture and institutions. One focus group participant stated that

> I don't know. I was going to say, one reason why it might be an issue in the gay community is because like, of all the stress of being gay, first of all and having to be accepted by society.

Others suggested that the stress of the "coming out" process – the process of acknowledging one's sexual identity to oneself and one's family, friends, coworkers and others – often leads to self-destructive behaviors, such as tobacco use.

Barrier: Creating Community and the Tobacco Influences Associated with "The Bar Culture"

For still others, especially adults, smoking and coming out were linked in another way – through the bars. For most in the LGBT community, part of the coming out process involved finding and/or creating an accepting community. Often, this meant finding other gay men, lesbians, bisexuals, or transgender people. Because social networks within the LGBT community are, most often, not family-based, and are only rarely church- or neighborhood-based, the LGBT community often finds its social networks centered around political organizations, sports or athletics, or bars. Many focus group participants and survey respondents reported that, for them, bars were (and continue to be) a large part of their social environment. Additionally, they reported that smoking and bars are often intimately linked.

Because this issue is tied so closely with issues of environmental smoke, this barrier and its implications are discussed more fully in Section IIIc.

Barrier to Cessation: Psychological and Physical Benefits to Smoking

Many respondents identified the calming and stress relieving properties of tobacco, and described this soothing effect as the primary benefit of smoking. This was especially true among the adults, who discussed a range of stressful life circumstances that they managed with the help of cigarettes. For example, several focus group participants shared stories of stressful situations at work and school that serve as smoking triggers.

A smaller, but significant number of participants described the physical high they obtained from smoking, and in all three focus group types, at least one participant used tobacco to manage moods or to address

depression. It was only among the adult focus groups that participants identified the beneficial weight-control properties of tobacco, although weight issues were only discussed briefly.

Barrier to Cessation: Positive (or Mixed) Images of smokers

Many different images of smokers emerged during the focus groups. While some were clearly positive images, and others were negative, a few were either value-neutral or could be placed in either realm, depending on the standards of the speaker or the audience. When describing the positive images of smokers, the most common adjectives were "cool" and "attractive." These descriptions emerged in all three focus group types, and with fairly similar prevalence among the types. A smaller number of participants had an image of smokers as fun or sociable, and a few saw smoking as "classy."

The adult focus groups most frequently identified the unhealthy image of smokers, although this negative observation surfaced in all three of the focus group types. Interestingly, although many participants in each of the focus groups identified the cool and attractive images of smokers, an equal number also described the image of smokers as unattractive or annoying. Each of the groups was somewhat conflicted about whether the overall image was positive or negative.

Other smoking images were identified that had somewhat more nebulous value ratings. The first of these was the description of smokers as "rebellious." Interestingly, the youth did not identify the rebellious image of smokers, and instead the image of rebellion came up several times in the adult focus groups, often when they were discussing media images from television and movies. A few participants compared smokers with nonsmokers by stating that nonsmokers were more athletic or smokers were more likely to be "blue collar." In these instances the participants tended to be more descriptive and less value-driven in their discussions.

Participants in the adult and youth focus groups noted that members of the LGBT community faced greater pressures to be sociable or accepted, and that they operated in a more intense, image-conscious reality. Given the impact of the media and advertising on positive images of smokers, the LGBT community was especially prone to the influence of such campaigns.

Barriers to Cessation: Inability to Find Effective Cessation Strategies

Participants engaged in a wide range of strategies to quit smoking. "The patch" or other chemical substitute was most popular among the adults, while youth never mentioned using such a method. Adults were also most likely to discuss prior participation in a structured cessation program, and were more likely to have tried alternative approaches such as hypnosis, acupuncture, over-smoking to the point of nausea, or substituting another item (such as a toothpick) to ease the oral fixation.

The "cold turkey" and gradual reduction approaches were most common among youth. Those who tried going cold turkey stated they simply needed enough will power to quit and that they would be able to do it most effectively if they stopped all at once. Other youth said they tried switching to less desirable brands or cutting down gradually. Regardless of the strategies described by youth and adults, very few resulted in successful, long-term cessation. Furthermore, when one person advocated a particular strategy, there was usually another focus group participant who disagreed with the utility of the strategy, given his or her own contextual triggers. This pattern, and it implications for development of programming, is discussed further in the section on recommendations.

While the participants in the adult focus groups were the most likely to identify the patch and other chemical substitutes as strategies, they were also the most likely to say these strategies were ineffective. Some continued to smoke while on the patch, and others had adverse reactions to using the patch or another chemical substitute. Similarly, while youth were the most likely to discuss the strategy of going cold turkey, or cutting back over time, youth were also the only focus group participants who described the failure of these strategies. It seemed that the more frequently someone had used a particular strategy, the more likely they were to find it ineffective.

Barriers to Cessation: Lack of Gay-Sensitive Health Care Providers and Gay-Oriented Cessation Programs

Findings suggest that, at least for a portion of the LGBT community, the lack of gay-sensitive or gay-oriented programs and health care providers is a barrier to cessation.

For example, a majority of the respondents (43%) reported that, if they knew of a gay-sensitive health care provider, they would consult him/her for help with cessation. While 16% reported that they would not, and 24% reported that their decision to pursue assistance from a health care provider would not be based on whether s/he was gay-sensitive, an additional 17% were undecided (see Figure 1.)

Respondents and participants were also asked whether they would utilize gay-oriented cessation programs. 33% of respondents indicated that, if they knew of a program that was gay-oriented, they would try it. 24% indicated that they did not know whether they would attend a gay-oriented cessation program. Only 21% reported that they would not utilize such a program, and 22% reported that their decision to utilize a cessation program would not be affected by whether it was gay-oriented (see Figure 2.)

Figure 1

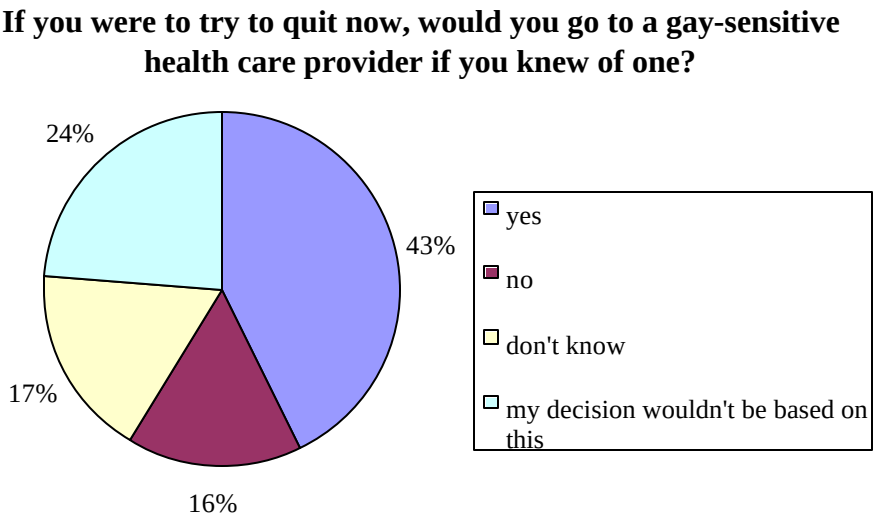
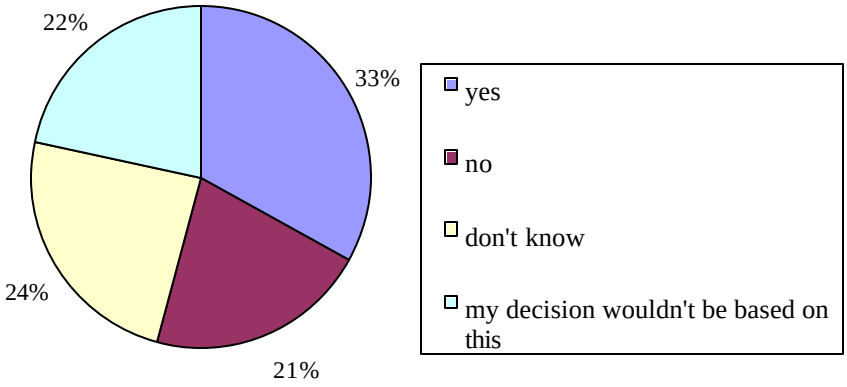


Figure 2

If you were to try to quit now, would you utilize a gay-oriented cessation program?



C. Reduce Exposure of Youth and Adults to Environmental Tobacco Smoke

Introduction

Generally, the problem of environmental smoke was a delicate and complex issue in the focus groups and surveys. Some of the issues discussed in the focus groups and mentioned in the surveys included feelings about governmental regulations on "the right to smoke," whether environmental smoke had an impact on tobacco use, the current lack of nonsmoking bars and clubs, and the potential impact of nonsmoking regulations on LGBT bars and clubs. These barriers are discussed in greater detail below.

Assets

No efforts to reduce exposure to environmental smoke were underway in the LGBT community, and support for these types of efforts was mixed. Some support for nonsmoking events and nonsmoking environments at bars and clubs was indicated among both youth and adults, though this support was tempered by concerns over rights (as discussed below.) Generally, owners of LGBT clubs and bars did not indicate support for this type of effort.

Barriers

Barrier: The "Right to Smoke"

A number of focus groups participants expressed sensitivity to the issue of the right to smoke. Participants felt that they had a right to smoke, and that ordinances that prohibit smoking in bars, restaurants, and other public buildings infringed upon that right. Additionally, some participants linked the revocation of this right to the struggles in the LGBT community for other rights, and expressed that taking away this right was symbolic of potential loss of other rights.

> If we take away one group's rights, the next group's rights are next…Smokers have rights as human beings...People forget that, that once you start taking away rights in one area, you start opening the doors for rights in all other areas for rights to be removed. And this community [LGBT] has fought too hard to be recognized as human beings, you know, to let anybody start tromping around in the rights area.

Barrier: Disagreement About the Usefulness of Nonsmoking Environments

Focus group participants often had strong opinions about the effects of environmental smoke on tobacco use. Most focus group participants acknowledged the role that smoking environments played in their smoking behaviors and suggested that having nonsmoking environments was important in their cessation efforts. One focus group participant put it this simply: "If you're in a bar, you're going to smoke." Another stated that: "Everybody knows that when you smoke and drink alcohol, that's brother and sister, the twins." One participant, who had recently quit smoking, stated that

> I don't think about cigarettes now, if I'm in a nonsmoking bar, or a nonsmoking restaurant. And I'm so, like, I'm glad. Because it does trigger my urge to smoke, when I smell it. So I would much prefer to be in a nonsmoking environment.

Another, who had quit, but started again, reported that being in smoking environments contributed to his relapse.

> I think it did for me, because like the times that I did start back up after I quit, it was always in a bar. It was in a gay bar. Like, going out and being with the community then put me back into a bar, which I hadn't been out, like if I'd stopped for a month or something. That would cause a little relapse in the smoking.

On the other hand, a few focus group participants asserted that being in environments in which people were smoking did not have an impact on their behaviors, saying that "You have to figure out how to live your life in the real world." Some participants made somewhat contradictory statements about environmental smoke. For example, a few people reported that though they smoke more when surrounded by smoke, they did not believe that the existence of nonsmoking environments would help them quit. Though these are seemingly contradictory statements, these participants believed that, though being in smoking environments led them to smoke more, *not being around smoke would not necessarily help them quit*.

Survey data suggested that bars and clubs were important factors in tobacco use. Two of the three most frequent responses to the question asking about "when you have smoked, want to smoke, or would smoke" were related to bars and/or alcohol. Of 126 survey respondents, 118 indicated that they typically smoke at bars/clubs, and 106 survey respondents indicated that they typically smoke while drinking. (The other occasion with the highest response rate was "when stressed," with 108 survey respondents indicating that they typically smoke when they feel stressed.)

Barrier: Lack of Nonsmoking Environments

When asked whether having access to nonsmoking environments would be helpful to them, nonsmokers overwhelmingly reported that they would prefer to go to bars, clubs and events that were nonsmoking (see Table 9).

Table 9: Nonsmokers and Nonsmoking Environments

	Nonsmoking Bars/Clubs	Nonsmoking Events
Yes, I would go to them because they were nonsmoking.	48 (84%)	40 (85%)
It would not matter to me whether they were smoking or nonsmoking.	8 (14%)	6 (13%)
I don't know if I would go to these.	1 (2%)	1 (2%)

Smokers, on the other hand, were mixed. About half of those surveyed reported that having nonsmoking bars, clubs and events to attend would not help them quit smoking, while the other half reported that it might help.

Table 10: Smokers and Nonsmoking Environments

	Nonsmoking Bars/Clubs	Nonsmoking Events
Yes, it would help me if these were available.	56 (45%)	53 (42%)
No, it would not help me if these were available.	55 (44%)	61 (48%)
I don't know if these would help me if they were available.	13 (11%)	12 (10%)

These data may suggest that the provision of nonsmoking environments would be more helpful in preventing initiation than with cessation. It is also possible that smokers are simply less optimistic about the possibility that reduction of exposure to environmental smoke would be helpful in their cessation efforts. In either case, the fact that 45% of smokers and 84% of nonsmokers thought this would be helpful makes it a strategy worth examining.

Barrier: Negative Effects of Environmental Smoke on LGBT Businesses

Owners of LGBT clubs, bars and restaurants were adamant that their businesses would suffer if they were to become nonsmoking environments.

> You take away the smoking in our establishments, you take away our business. And it's not the cigarette business, it's the liquor business we will lose.

Another LGBT club owner explained that:

> They'll go out to the bars and restaurants and they will stay until they're ready for their first cigarette. And then they'll leave. Because if they've got to leave the establishment to go smoke, once they're out the door, they're gone. The only way we can keep them is to keep them inside. That's why so many bars sell

> cigarettes, because you have to keep them inside your door. Once they're out the door, they're off to the next bar.

Generally, bar and club owners felt that even providing a nonsmoking section was difficult, and not effective due to ventilation problems, a perception that people don't want nonsmoking areas, and the perception that they would lose business if they provided a nonsmoking area.

Focus group participants who were not club/bar owners felt that the impact on LGBT establishments would be minimal. A number of participants made reference to the nonsmoking ordinances in Boulder and California, and their perceptions of the impact of the ordinances on clubs and bars.

> And that is very 100% proven. We have two restaurants in our town that, all the owners of it smoke, and the workers…They went nonsmoking. Pissed off everybody. They stayed away for awhile. But guess what? They're all back. And they don't smoke.

Because the perception among bar/club owners was that nonsmoking regulations would have a negative impact on their businesses, if this strategy is pursued, gaining buy-in from these owners will be an important and, possibly, difficult task. It may be helpful to educate bar/club owners on some of the longer-term "leveling off" effects that have been noted in other cities and states that have adopted nonsmoking policies.

IV. Examples from Other States or National Organizations

A. Efforts Nationally and in Other States

Extensive review of the literature did not uncover any LGBT-specific programs or services and no one interviewed for this research knew of any LGBT-specific programming in the state of Colorado. Nationally, a few programs and services exist for the LGBT community related to tobacco use.

Youth Programs

The University of Minnesota Youth and AIDS Project is in the process of designing a tobacco prevention program specifically for LGBT youth, funded by the Minnesota Department of Health. They have created an advisory board of youth and adults to develop the program, which they hope "will engage peers as community health advisers to model nonsmoking, promote tobacco-free activities, provide referral to smoking cessation resources and encourage venues to offer smoke-free environments" (http://www1.umn.edu/urelate/newsservice/newsreleases/00_9GLBTtobacco.html.)

Individual Level Programs

Two programs provide internet and/or print resources for individual use. "Out to Quit" provides a brief internet guide to cessation, but provides no other services (http://www.gaycity.org/resources/outtoquit.html.) "Out and Free: Sexual Minorities and Tobacco Addiction" designed by Emily Brucker, provides a workbook designed to help people find the best way to quit and a year of "personalized email support" (http://www.outfree.com.) "The program includes a series of steps: precontemplation, contemplation and preparation. Interventions should target three elements (action, maintenance, and potential slips and relapses) and develop a quitting plan that works for the individual" (Lindborg 2002.)

Group Level Programs

Several programs provide LGBT-oriented cessation classes. "The Last Drag" is an LGBT-cessation program in San Francisco developed by the Coalition of Lavender Americans on Smoking and Health (CLASH) and sponsored in part by the San Francisco Department of Public Health. It provides a free six-week cessation class for the LGBT community. They also provide the "Last Drag Quit Kit" by mail for people outside the San Francisco area. "Bitch to Quit," a program of the Lesbian Community Cancer Project, provides free 1-day and 8-week smoking cessation clinics for lesbians and non-lesbian women. The 1-day workshop is a "train the trainer" program to train volunteers to facilitate the 8-week classes. The 8-week classes are primarily support groups, but include an educational component.

Additionally, the California Tobacco-Related Disease Research Program (TRDRP) funded the Queer Tobacco Intervention Project (QTIP) which designed a manual for LGBT-oriented smoking cessation classes. This manual is based on "The Last Drag," "Out and Free" and "empirically validated methods of smoking cessation" developed by the American Cancer Society and the American Lung Association (University of California 2002.) The free manual, entitled "QueerTIPs for LGBT Smokers: A Stop Smoking Class for Lesbian, Gay, Bisexual and Transgender Communities," outlines a nine-session cessation program, to be implemented by LGBT organizations or smoking cessation specialists. Because the program "was developed during a pilot study with a relatively small number of people, no long-term follow-up, and no comparison group, we do not yet know whether this tailored approach improves quit rates, utilization and satisfaction among LGBT smokers compared to standard cessation methods" (University of California 2002.)

Stonewall Recovery Services for Sexual Minorities provides a program for LGBT youth, ages 13-18 that is designed to prevention initiation of use of tobacco and other drugs. The program, "SALSA: Stonewall's Alternative Life Skills Adventure" incorporates life skills development into drug and alcohol treatment approaches. The service is provided in Seattle only.

Community Level Programs

"The California Lavender Smokefree Project (CLSP) was established in 1995 by the Coalition of Lavender-Americans on Smoking and Health (CLASH) and Community Focus, both of San Francisco, California." For five years, CLASH developed resource teams throughout California, and developed strategies to counter tobacco advertising. CLASH developed "The Last Drag" (discussed above) and coordinated countless tobacco-related activities throughout the state. This project is the largest of its kind and could provide additional information as Colorado plans develop.

Ciggy Butz is a private business based in California that designs LGBT-focused anti-smoking media and provides consultation services to organizations that provide LGBT-oriented cessation programs and services. Their anti-smoking media products provide information about targeting of the LGBT community by tobacco companies, rates of tobacco use and illness among the LGBT community, and other health information. Their consultation services include tobacco conference planning, cessation training for health care providers, and "Tobacco 101" trainings for the LGBT community.

The Gay American Smokeout program, which dovetailed from the Great American Smokeout sponsored by the American Cancer Society, encourages local LGBT organizations to host one-day events to encourage cessation and to raise awareness about tobacco use (http://www/gaysmokeout.net.) Though no services are provided, funding is available for LGBT organizations to host these events.

"The Centers for Disease Control (CDC) awarded "PA #00086: Cooperative Agreements for National Networks for Tobacco Prevention and Control"--a S1.7 million five-year grant--to the National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers (NALGBTCC), a consortium of 107 lesbian and gay community centers nationwide. As designated lead agency for the award, and on behalf of NALGBTCC, The Gay and Lesbian Community Center of Orange County (The Center) is responsible for facilitating an eight region coalition to develop and implement a Tobacco Prevention and Control agenda for the adult LGBT community nationwide. By collecting tobacco data uniformly across a broad spectrum of LGBT communities and by assessing and building capacity around tobacco prevention, we are working to create a foundation of data and needs assessment tools that will support the development of interventions to reduce the degree of tobacco usage in the adult LGBT community" (http://www.lgbtcenters.org.) At the time of this report, the NALGBTCC is in the data collection stages, and has conducted focus groups with lesbians and gay men in eight urban areas and four rural areas nationwide. In the upcoming year, they will begin conducting focus groups with people from the bisexual and transgender communities. Reports resulting from the data will be released after all the focus groups have been conducted.

B. Examples of other public health issues that this population has mobilized against

The biggest public health issue faced by this community has been HIV/AIDS, which has been faced primarily by gay men. The entire LGBT community has mobilized around HIV/AIDS since the mid-1980s. Activity has been extensive, and has resulted in thousands of AIDS Service Organizations (ASOs), political and lobbying groups, and informal networks of support services. Other health issues that the LGBT community has mobilized around, to a lesser degree, include lesbian health, Hepatitis, suicide, and violence against LGBT people. In these areas, as with HIV/AIDS, the LGBT community has developed organizations to provide services for within the community, and has lobbied for funding for these services when necessary. Local LGBT community centers have developed throughout Colorado and the nation, often in response to these health crises.

V. Recommendations

The dialogue regarding the onset of smoking, reasons people smoke, cessation attempts and relapses, and issues unique to the LGBT community resulted in a cadre of recommendations from the focus group participants.

While recommendations and suggestions regarding preventing initiation and assisting with cessation were generally agreed on by most participants, it is important to note that these patterns in the data appear against a backdrop of considerable diversity of opinion. Respondents had different perceptions of the prevalence rates in LGBT and heterosexual communities, focus group participants responded differently to certain triggers, and they often disagreed about the most effective cessation strategies.

Recommendations for funding these strategies are provided in Attachment 1.

Goal #1: Prevent Initiation of Tobacco Use by Youth

Recommendations:

4. Decrease youth access to tobacco, especially near schools and LGBT youth centers
5. Develop and implement initiation prevention and cessation programming specifically for LGBT youth

6. Promote youth education about rates of smoking in, and targeting of, the LGBT community through a media campaign, such as that provided by Ciggy Butts

Recommendation #1: Decrease youth access to tobacco, especially near schools and LGBT youth centers
Many of the youth reported extremely easy access to tobacco, especially from convenience stores near their schools and the LGBT youth centers. Decreasing this access through education of store managers and employees, as well as through enforcement of laws, may be a useful strategy. It is important to note, however, that youth also reported having access to tobacco from other adults in their lives, such as parents and older friends. Though decreasing access from retail sources may be helpful, it will not completely resolve the problem of access.

Recommendation #2: Develop and implement initiation prevention and cessation programming specifically for LGBT youth.
Since many of the youth currently smoke, it is important to provide programming for cessation as well as prevention of initiation. The University of Minnesota's Youth and AIDS Project is currently developing a blueprint for a tobacco prevention program designed specifically for LGBT youth. Their blueprint may provide a solid program that could be adopted for use in Colorado's LGBT centers. If the recommendation to provide programming specifically for LGBT youth is pursued, this blueprint will be an invaluable resource.

Recommendation #3: Promote youth education about rates of smoking in, and targeting of, the LGBT community through a media campaign
This recommendation is discussed below, as recommendation #1 under goal #2. Though it is discussed under the recommendations for cessation, it is also a recommendation for prevention of initiation.

Goal #2: Increase Cessation of Tobacco Use Among Youth and Adults
Recommendations:

6. Develop an education campaign for the LGBT community about rates of smoking in, and targeting of, the LGBT community
7. Develop customized cessation programs
8. Develop cessation programs that are gay-oriented, and provide them at LGBT community centers
9. Provide education to health care providers to increase sensitivity to LGBT issues, and develop greater connections between the LGBT community and gay-friendly health care providers
10. Develop an awareness campaign for the LGBT community that links tobacco with other health issues

Recommendation #1. Develop an education campaign for the LGBT community about rates of smoking in, and targeting of, the LGBT community
To begin addressing the diversity of smoking triggers and employing appropriate cessation strategies among the LGBT community, this community must first be educated regarding their own prevalence rates and habits. The data from the present focus groups indicates that the participants were often unaware of the rates in their own community, or how these rates differed from heterosexual communities. Therefore, one of the initial strategies for addressing tobacco use among LGBT community is to create an educational campaign highlighting the higher rates of use.

Another component of an educational campaign directed to the LGBT community should include information about the targeting of the LGBT community by tobacco companies.

An educational campaign that highlights rates in, and targeting of, LGBT communities could include information about the health impacts of tobacco use as well. However, it is unclear whether these campaigns are effective for the LGBT community, and whether their effectiveness would be enhanced when provided within the context of a discussion of these other issues (rates and targeting of LGBT community.) Feedback from the focus groups indicated that participants were aware of the shortcomings of anti-smoking media campaigns. Youth, especially, stated that "scare tactics" had only a short-term impact, if any. As one youth said:

> I watched that and I started crying. I was thinking so bad, how much I wanted to quit smoking. And I went outside and had a cigarette.

If information about health impacts is used as part of an educational or media campaign, it may be important to include this information within a more comprehensive program or curriculum, in order to encourage behavioral change in conjunction with increased knowledge and awareness around tobacco use.

Recommendation #2: Develop Customized Cessation Programs

When describing the application of cessation strategies and their failure to produce long-term results, focus group participants and survey respondents presented a wide range of opinions on smoking triggers and effective strategies. Participants described their own, unique triggers, and often there was little agreement on the most critical factor. Therefore, there was also little agreement about effective strategies.

Despite the lack of agreement on the most effective strategies, focus group participants generally agreed that one of the primary difficulties in smoking cessation was not in addressing or eliminating one trigger, but in determining the strategies that could address multiple triggers.

When the participants were asked to identify barriers to cessation or ineffective strategies, none of them took issue with this notion of addressing multiple triggers with multiple strategies. Through the focus group conversations, they also came to understand that the most critical issues in their own cessation might not be the most critical issues for others.

> Not everybody is Larry Hagman and can quit smoking four packs a day by putting a rubber band on his wrist. Different things will work for different people. It's not for me to say what would help [someone else.]

Because of the wide variety of cessation strategies available, and the level of individual variation in the effectiveness of these strategies, it became apparent through the course of this research that a *single* program will not be effective for everyone who wants to quit. Rather, it seemed important to consider developing smoking cessation assessment tools that could appropriately match individuals with a customized cadre of treatment services.

Assessment tools could be developed for individual use, use by health care providers, or use within a curriculum or tobacco cessation support group. The tools could be designed to match an individual's life circumstances, needs, strengths, and challenges with a strategy or set of strategies that would be most salient to, and effective with, that individual. A customized cessation program could then be developed for each individual, utilizing the most appropriate strategies.

Recommendation #3: Develop Gay-Oriented Cessation Programs

Focus group and survey data indicate that a portion of the LGBT community may be interested in gay-oriented cessation programs. Though the structure and content of these programs was not specified by participants who were interested in such programs, they indicated that it was important to them that these programs be accepting of, and sensitive to, their sexual orientation. This suggests that it may be important to adapt existing cessation programs to be more culturally sensitive to LGBT issues, and to provide this programming within an LGBT setting, such at the Center, Rainbow Alley, or another LGBT community services organization. Existing LGBT programs, such as those used by "Bitch to Quit" and "The Last Drag" could be utilized and/or adapted as well.

Recommendation #4: Provide education to health care providers to increase sensitivity to LGBT issues, and develop greater connections between the LGBT community and gay-friendly health care providers

A substantial number of survey respondents and focus group participants indicated that they would utilize gay-friendly health care providers in their cessation efforts, if they had access to these providers. It may be useful to provide education and training to health care providers on LGBT issues, to increase their awareness of, and sensitivity to, the unique needs of this community. Additionally, it may be useful to increase existing links between gay-friendly health care providers and the LGBT community. Local LGBT organizations could provide this training, in the form of workshops, conferences, and on-site trainings for medical personnel.

Recommendation #5: Develop an awareness campaign for the LGBT community that links tobacco with other health issues

Several focus group participants noted that tobacco use in the LGBT community is one part of larger health and social concerns, and recommended that it be treated as such. Especially in a community challenged by HIV/AIDS, homophobia, and violence, tobacco use may be seen as less significant, or as part of a larger context.

> I think that smoking within the queer community is as big an issue as is HIV/AIDS, as is alcoholism, as is domestic violence, and so many other issues. And to try to have tobacco be a stand alone issue in the gay community probably will not be as successful. It's like trying to address AIDS in Africa. You cannot address AIDS in Africa until poverty is addressed, until sexism is addressed, until they have a whole infrastructure of education and international support and blah, blah, blah. I don't think smoking within the queer community can be addressed as a single issue. I think that what I would like to see is the gay,

> lesbian, bi, trans, inter-sexed community looked at as a whole and address all issues, not just tobacco.

Another participant seconded this.

> And yeah I think the whole has got to be looked at. Don't isolate tobacco by itself, but look at all of the issues affecting [us,] whether it's hate crimes, whether it's lack of access to domestic partnerships and civil rights protections.

These data suggest that it may be important for educational campaigns, cessation programs, and initiation prevention strategies include a link between tobacco and other health issues facing the LGBT community.

Goal #3: Decrease Exposure of Youth and Adults to Environmental Tobacco Smoke
Recommendations:

5. Work with bar and club owners to provide tobacco-free nights at LGBT bars and clubs
6. Work with bar and club owners to provide completely tobacco-free bars and clubs
7. Work with event planners to provide tobacco-free events
8. Continue to promote tobacco-free events at LGBT youth centers

Recommendations #1-3: Work with owners of LGBT bars and clubs, as well as planners of LGBT events to provide tobacco-free nights, events, and/or establishments
One of the most common requests among focus group participants was for increased attempts by business owners and other entities to prohibit smoking, because, for them, avoiding contexts that triggered tobacco use was very important in their efforts to quit. However, focus group participants were also very sensitive to their "right to smoke," as discussed previously. Given this apparent contradiction, this issue must be approached cautiously.

In addition to this sensitivity to issues of rights within the LGBT community, other factors warrant caution with this approach. First, club and bar owners' have asserted that their businesses would be hurt by ordinances limiting environmental smoke, which would likely make buy-in from this group difficult to attain. Second, there remains some lack of agreement within the LGBT community on whether such limitations would have the desired impact on tobacco use.. It may be useful to encourage owners of LGBT bars and clubs to provide nonsmoking sections in their establishments or nonsmoking nights, on a trial basis, to assess the actual impact on their businesses, and to further assess the impact of this strategy on tobacco use in the LGBT community.

Recommendation #4: Continue to promote tobacco-free events at LGBT youth centers and promote anti-tobacco attitudes among the youth
Tobacco-free events are currently emphasized at LGBT youth centers, and it is important to continue these efforts. However, simply hosting an event that is tobacco-free may not have an impact on attitudes toward tobacco or the use of tobacco by the youth. Therefore, it will be important to assess whether the events have an impact on attitudes and use among LGBT youth, and to consider including educational components within the events. For example, Rainbow Alley will be hosting "Gay American Smokeout"

events, which will be nonsmoking events with educational components. Rainbow Alley's feedback on the impact of these events should be solicited after these events, in order to begin to assess the effectiveness of this specific strategy on attitudes toward tobacco use and use of tobacco.

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Attachment 2

LGBT Community
Focus Group Guide

Smoking Behavior

- Do you smoke or use tobacco products?
- If so, what products do you use? (If everyone smokes and nothing else, just talk about smoking.)
- How many years have you smoked/used? If you have quit, how many years did you smoke/use?

Attitudes Toward/Perceptions of Tobacco Use & Tobacco Companies

- Off the top of your head, what do you think about tobacco use and tobacco companies?
- What is the first image that comes to mind when you hear the following words:
    - cigarette
    - tobacco company
    - smoker
    - non-smoker
    - tobacco prevention
    - quitting
- If a cigarette could talk, what would it say about itself?
- How do you think smokers are perceived by non-smokers?
- How do you think non-smokers are perceived by smokers?

Reasons for Smoking

There are a lot of reasons people smoke: stress, image, habit, etc. Think for a minute about some of the reasons you smoke and some of the settings you smoke in.

- Does it play an important part in socializing? How?
- Do you feel awkward in social settings if you aren't smoking?
- Have you used tobacco products as an excuse to introduce yourself to someone? How?
- Do you think that your friends would still hang around you if you quit using?
- Does tobacco use play an important role in how you see yourself?
    - How do you think you look to others when you are smoking?
    - Do certain brands represent you and your life more than others?

Smoking and the LBGT Community

- Do you think smoking is more or less of a concern for the GLBT community than for other groups?

Smoking and Health Risks

- What do you think about smoking and your health?
- Where do you find out about the health risks associated with smoking/using tobacco?
- Are there any other sources where you get information?

Cessation Efforts

- Have you ever tried to quit?
    - If so, what was that like?

    - Were you able to quit for long?
    - What helped?
    - What happened that caused you to start again?
    - How many times have you tried to quit?
- If you were to try to quit smoking/using tobacco products, what do you think would help you quit?
    - If you were to try to quit now, do you think having gay-oriented cessation programs and educational efforts would be helpful?
    - What about having gay-sensitive health care providers to go to?
    - What messages do you think would help you quit?

General

- We are trying to help our community make healthy choices. What advice can you offer us?
- Is there anything from the survey that you would like to expand on?

Attachment 3

Owners of LGBT Clubs, Bars, and Restaurants
Focus Group Guide

Smoking Behavior (maybe)

- Do you smoke or use tobacco products?
- If so, what products do you use? (If everyone smokes and nothing else, just talk about smoking.)
- How many years have you smoked/used? If you have quit, how many years did you smoke/use?

Attitudes Toward/Perceptions of Tobacco Use & Tobacco Companies

- Off the top of your head, what do you think about tobacco use and tobacco companies?

Reasons for Smoking, Generally and in the LGBT Community

- What do you think are some reasons people smoke?
    - prompt: stress, image, etc.
- Do you think these reasons are equally applicable to the LGBT community or are there some different reasons?
- Do you think smoking is more or less of a concern for the GLBT community than for other groups?
    - prompt: homophobia, coming out, the "culture"

Quitting

- What do you think helps people quit?
    - prompt: medical help, support groups, etc.

Tobacco Sponsorship

Next, I'd like to ask about tobacco sponsorships.

- Do you think tobacco advertising has an effect on whether or how much people smoke?
    - If so, how?
    - If not, why not?

- What do you think about tobacco sponsorships in bars/clubs/restaurants/at events?
    - What are some benefits to having tobacco sponsorships?
    - Do you think there are any negatives to having tobacco sponsorships?

- Do you typically have tobacco sponsorships at your bar/club?
    - Have you ever turned down, or considered turning down, tobacco sponsorships?
        - If so, what are some reasons you turned them down, or considered turning them down?
        - If not, what are some reasons you didn't turn them down, or haven't considered turning them down?

Environmental "Second Hand" Smoke and Smoke-free Environments

Next, I'd like to ask about "second hand" or environmental smoke, as well as smoke-free environments.

- First, do you think whether or not bars/clubs are smoking or non-smoking has an impact on how much people smoke?

- What do you think about environmental or "second hand" smoking risks?
    - prompt: Do you think it is a serious concern?

- Have you ever had, or considered having, smoke-free nights or a completely smoke-free environment at your bar/club?
    - If so, what are some reasons you tried it or have considered it?
    - If not, what are some reasons you haven't tried it or considered it?

- What do you think the impacts would be of providing a smoke-free environment?
    - On smokers: do you think having smoke-free environments to go to would help people quit?
    - On non-smokers, in terms of environmental smoke
    - On your club/bar, in terms of bringing people in

Next, I'd like to ask what you think of non-smoking ordinances.

- What do you think about city and state ordinances that prohibit smoking in restaurants/bars, such as the ordinances in Boulder and California?
    - prompt: Do you think they are a good idea?
    - Do you think these ordinances help people quit smoking?

General

- Is there anything else you would like to comment on?

Attachment 4

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado ("The Center") is conducting research related to tobacco use in the GLBT community in Colorado as part of an effort to better understand the health needs of the GLBT community. One goal of this research is to develop a strategic plan to improve health and wellness in the GLBT community.

This survey will add to our understanding of the needs of the GLBT community in terms of tobacco use and tobacco-related illness, and will help us develop programs for our community in the future.

Your responses to this survey are anonymous. Thank you very much for taking the time to provide this information.

Section 1: THIS SECTION IS FOR EVERYONE

Please answer this section regardless of whether you have or have not used tobacco products.

1. Your Age: _____

2. Sex/Gender
   - ❑ transgendered
   - ❑ female
   - ❑ male

3. Educational Attainment
   - ❑ high school not completed
   - ❑ high school diploma or GED
   - ❑ some college
   - ❑ 2 year college degree
   - ❑ 4 year college degree
   - ❑ some graduate/professional school
   - ❑ graduate/professional degree

4. Sexual Orientation/Identity
   - ❑ lesbian
   - ❑ gay
   - ❑ bisexual
   - ❑ heterosexual
   - ❑ uncertain
   - ❑ don't want to label myself
   - ❑ other (please list) _____

5. Race/Ethnicity
   - ❑ American Indian or Alaska Native
   - ❑ Asian
   - ❑ Asian Indian
   - ❑ Black or African American
   - ❑ Latino/a or Hispanic
   - ❑ Native Hawaiian or other Pacific Islander
   - ❑ White
   - ❑ Other (please list) _____

6. Describe your current relationship status:
   - ❑ Single
   - ❑ Dating
   - ❑ Currently have a significant other

7. Household income:
   - ❑ $15,999 – under
   - ❑ $16,000 – $34,999
   - ❑ $35,000 – $49,000
   - ❑ $50,000 – $79,000
   - ❑ $80,000 – above

Section II: THIS SECTION IS FOR EVERYONE

Please answer this section regardless of whether you have or have not used tobacco products.

1. Where have you received health information about tobacco use? Please check all that apply.
   - ❑ newspapers/magazines
   - ❑ television
   - ❑ health care provider
   - ❑ other (please list)

2. Has any of the health information you received about tobacco use influenced your decisions about using or not using tobacco?
   - ❑ yes
   - ❑ no

   If so, what information? _____

   _____

3. Do you think tobacco advertising influenced your decisions about using or not using tobacco?
   - ❑ yes
   - ❑ no

   If so, how? _____

   _____

Section III: NON-SMOKERS/USERS ONLY

Please answer this section only if you have NEVER USED tobacco products.

1. Why did you choose not to use tobacco products? Please check all that apply.
   - ❑ hard to find a place to smoke (for example: couldn't smoke at work)
   - ❑ didn't like the way it affected by appearance (for example: causes facial wrinkles, yellow teeth)
   - ❑ expensive
   - ❑ health reasons
   - ❑ didn't like smell/taste
   - ❑ pressure from family/friends not to
   - ❑ no interest
   - ❑ other (please list)

2. Would you be likely to go to a non-smoking gay club/bar because it was non-smoking?
   - ❑ yes
   - ❑ no
   - ❑ don't know
   - ❑ wouldn't make a difference

3. Would you be likely to go to a non-smoking event, such as a concert, because it was non-smoking?
   - ❑ yes
   - ❑ no
   - ❑ don't know
   - ❑ wouldn't make a difference

Section IV: CURRENT AND FORMER SMOKERS/TOBACCO USERS ONLY

Please answer this section if you HAVE USED tobacco products in the past or if you CURRENTLY USE tobacco products.

1. Do you currently smoke?
   - ❑ yes
   - ❑ no

2. If not, when did you quit?
   approximate month/year: _____

3. Estimate the current number of times you smoke or use tobacco products per day:
   - ❑ 0 (quit)
   - ❑ 1-5
   - ❑ 6-10
   - ❑ 11-15
   - ❑ 16-20
   - ❑ 21 or more
   - ❑ I only smoke a few at social events

4. What type(s) of tobacco product(s) have you used (check all that apply):
   - ❑ cigarettes
   - ❑ cigars
   - ❑ pipe
   - ❑ smokeless tobacco products (chew, snuff)

5. How old were you when you first started using a tobacco product?
   age _____

6. How many years have you been smoking/using tobacco products? If you quit, how many years did you smoke/use tobacco?
   - ❑ 1 or less
   - ❑ 2-5
   - ❑ 6-10
   - ❑ 31 or more
   - ❑ 11-15
   - ❑ 16-20
   - ❑ 21-30

7. Check any of the circumstances when you have smoked, want to smoke, or would smoke (or use tobacco products.) Please check all that apply.
   - ❑ when stressed
   - ❑ when angry
   - ❑ break time at work
   - ❑ after sex
   - ❑ before bedtime
   - ❑ while having a soda/juice
   - ❑ after eating
   - ❑ in the morning
   - ❑ at a bar
   - ❑ watching TV
   - ❑ with coffee
   - ❑ while working on the computer
   - ❑ with a friend
   - ❑ while having an alcoholic beverage
   - ❑ while driving
   - ❑ at a concert
   - ❑ other(please list)

8. What are the reasons you started using tobacco products? Check all that apply.
   - ❑ family/friends smoked/used tobacco
   - ❑ stress
   - ❑ peer pressure
   - ❑ coming out
   - ❑ image
   - ❑ rebellion
   - ❑ something to do when nervous
   - ❑ other (please list)_____

9. What would you say are some positive aspects to smoking?
   - ❑ looks attractive
   - ❑ conversation starter at bars
   - ❑ kills time
   - ❑ relieves stress
   - ❑ suppresses appetite
   - ❑ other (please list)_____

10. What would you say are some negative aspects to smoking?
    - ❑ cost
    - ❑ smell
    - ❑ tobacco related diseases
    - ❑ taste
    - ❑ other (please list)_____

11. Have you ever tried to quit?
    - ❑ yes
    - ❑ no

12. If yes, how many times have to tried to quit?

    _____

13. What methods/strategies did you use when you tried to quit? Please check all that apply.
    - ❑ attending an organized smoking cessation program, such as a support group or educational program
    - ❑ using nicotine replacement (for example: gum, "the patch")
    - ❑ medications that help you quit (for example: Zyban)
    - ❑ seeing health care provider
    - ❑ seeing a mental health care provider
    - ❑ undergoing hypnosis, acupuncture, or other nontraditional methods
    - ❑ attending non-smoking bars/clubs rather than smoking bars/clubs
    - ❑ avoiding bars/clubs
    - ❑ attending non-smoking events
    - ❑ avoiding events where people would be smoking
    - ❑ getting support from friends
    - ❑ cutting back slowly
    - ❑ quitting "cold turkey"/suddenly
    - ❑ reading information about the health risks of smoking and tobacco use
    - ❑ improving your health in other ways, such as exercising more or eating better
    - ❑ other (please list) _

14. Which of the methods/strategies you checked above *were helpful* when you tried to quit?

_____

_____

15. If you were to try to quit now, what do you think would help you quit? Feel free to list any of the above or anything else you think of.

_____

_____

16. Are there methods/strategies that you think might be helpful, but that you feel are not very available to you? If so, what are these methods and what makes them hard to access?

_____

_____

17. If you were to try to quit now, would you utilize a gay-oriented cessation program?

- ❑ yes
- ❑ no
- ❑ don't know
- ❑ my decision wouldn't be based on whether or not the program was gay-oriented

18. If you were to try to quit now, would you go to a gay-sensitive health care provider if you knew of one?

- ❑ yes
- ❑ no
- ❑ don't know
- ❑ my decision wouldn't be based on whether or not the provider was gay-sensitive

19. If you were to try to quit now, would it be helpful to you to have non-smoking gay clubs/bars that you could go to?

- ❑ yes
- ❑ no
- ❑ don't know
- ❑ wouldn't make a difference

20. If you were to try to quit now, would it be helpful to you to have non-smoking events, such as concerts, that you could go to?

- ❑ yes
- ❑ no
- ❑ don't know
- ❑ wouldn't make a difference