

Voinovich Center for Leadership & Public Affairs

VOICES OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER ON:
Tobacco Use, Tobacco Control, and the Effects of Tobacco

**Qualitative Data Gathering Through
Focus Groups for Populations Disproportionately Affected by Tobacco Use**

Sponsored by the Ohio Department of Health

Qualitative Data Gathering Through Focus Groups

Populations Disproportionately Affected by Tobacco Use

Location of Focus Groups throughout Ohio

2005-2006

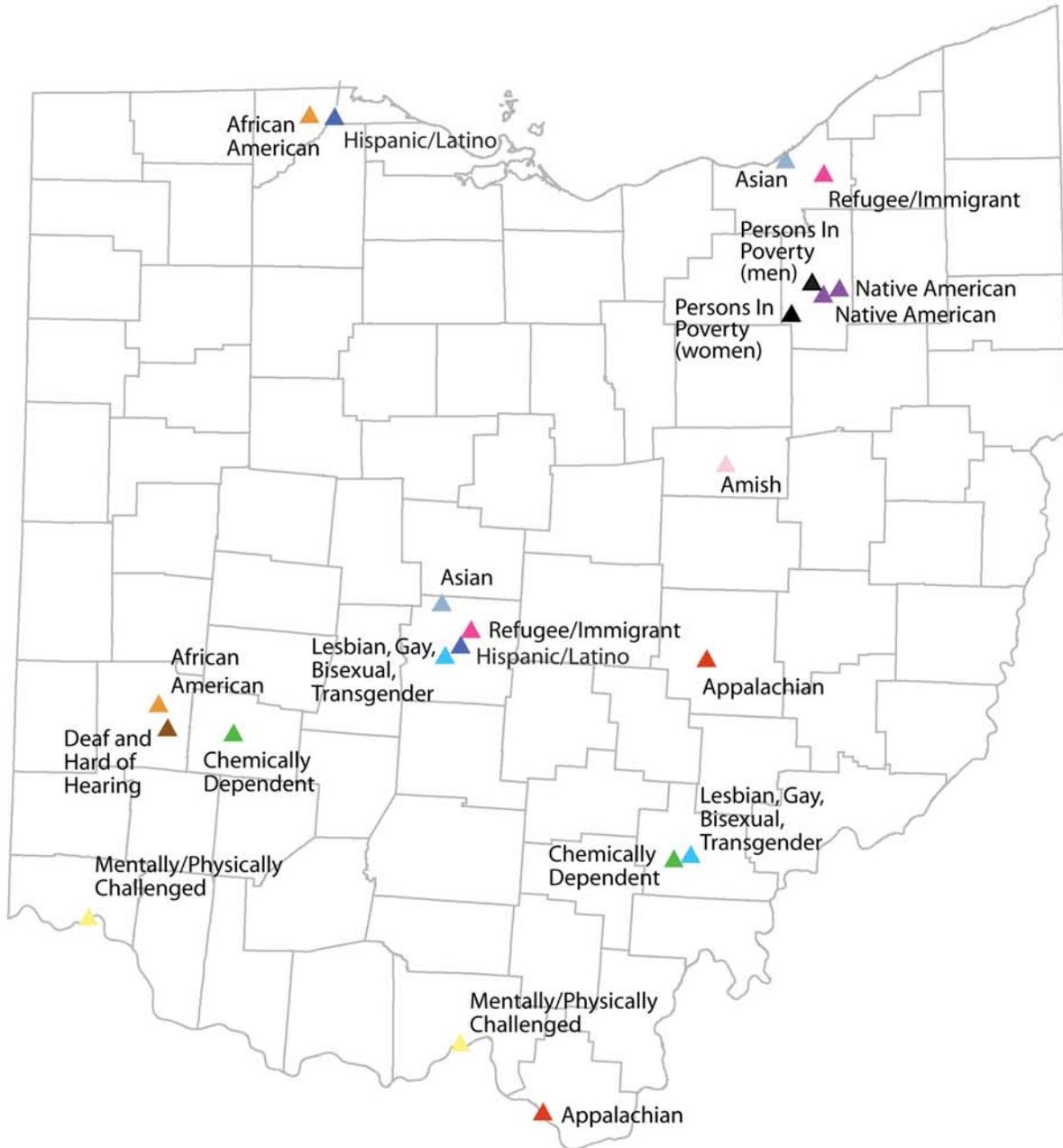


Table of Contents

Introduction.....	1
Data Collection	1
Findings.....	3
Awareness of tobacco use, media messages, and prevention activities.....	3
Experience with tobacco use and prevention activities	4
Perspective on social behaviors associated with tobacco use.....	7
Conclusion	9
References.....	10

Lesbian, Gay, Bisexual, and Transgender

Focus groups were held in Athens and Columbus, Ohio.

Introduction

Individuals who identify as lesbian, gay, bisexual, or transgender (LGBT) experience a higher level of tobacco use than the general population. A recent study of cigarette smoking among this group found that lesbians' smoking rate was 25 percent, compared to a 15 percent usage rate among heterosexual women. Gay men were found to have usage rates at 33 percent, significantly above their heterosexual counterparts at 21 percent (Tang, Greenwood, Cowling, Lloyd, Roeseler, & Bal, 2004). A survey of adolescents and young adults in Massachusetts found that those who self-identified as lesbian, gay, or bisexual reported a higher prevalence of current smoking (59 percent) than students self-identifying as heterosexual (35 percent). Smokeless tobacco usage rates were also higher among LGBT teens (34 percent) than among their heterosexual peers (8 percent) (Ryan, Wortley, Easton, Pederson, & Greenwood, 2001).

One explanation for higher prevalence among this group is that LGBT individuals experience a disproportionate amount of daily stress due to homophobia and discrimination. Cigarette use has been found to be higher in groups that experience higher levels of stress. Other possible factors include identity formation among lesbian, gay, and bisexual adolescents, stresses accompanying "coming out," and feelings of isolation and loneliness (Ryan et al., 2001). The current study explores similar issues, investigating the awareness, experience, and social behavior of tobacco use and prevention among people who are lesbian, gay, bisexual, or transgender.

Data Collection

Two focus groups were conducted to explore the use of tobacco and prevention activities among LGBT individuals. The first group was held on January 12, 2006, at the United Campus Ministry (UCM) associated with Ohio University (OU) in Athens. The contact for the group was the coordinator of LGBT programs, part of the Office of

Student Affairs for OU. The UCM facility is a location where several student groups, including the LGBT, congregate for meetings and social events. The focus group was held in the evening. Group participants were all undergraduate students at OU who came to the university from different parts of the state.

The second group was held at the Stonewall Community Center in the Short North area of Columbus on February 16, 2006. Stonewall is a human rights organization serving the Central Ohio LGBT community through advocacy, community building, and education. The contact at Stonewall, the interim director, sent out a request for participants through the organization’s email mailing list, inviting prospective participants to contact the focus group project director via email. The group was held in the early afternoon. The participants were those who were not currently working, worked evenings, or could take off time in order to participate. Several potential participants expressed interest but could not get off work.

Table 1: Focus Group Participant Descriptive Statistics

Population group: LGBT		Total number of participants: 11	
73% men	27% women	Age range: 19 to 50	Average age: 35 yrs
Race of Participants			
0% Native American	0% African American	0% Asian	
0% API*	91% White	9% Other	

*Includes Native Hawaiian and Pacific Islander.

Each group took about one hour to discuss the questions. Both groups were engaged in the discussion and exhibited a high level of interest. All participants had had some history with using tobacco, either regularly or in social situations. After the group discussion, the participants filled out a one-page survey covering 30-day prevalence of tobacco use, type of tobacco preferred, age of initiation, belief in tobacco myths, race, sex, age, and zip code of residence (see Tables 1 and 2). As an incentive for participating, snacks and soft drinks were provided. In addition, there was a drawing at the end of each group for a \$50 gift card to Wal-Mart.

The data collection for the LGBT group was part of a larger qualitative study on tobacco use and cessation. The larger study included research on 11 other population groups. The findings from the lesbian, gay, bisexual, and transgender population group

are described below and include results of the focus group discussion and surveys administered at the end of those conversations.

Table 2: Focus Group Participant Tobacco Usage

Population group: LGBT	Total number of participants: 11
Participants who used tobacco in past 30 days: 55%	
Average number in past 30 days in which participants used tobacco: 24 days	
Participants' average age of initiation to tobacco use: 22 years	
Proportion of Participants Who Intend To Use Tobacco in Next 12 Months	
Yes, will use: 64%	No, will not use: 18%
Proportion of Participants Who Used Various Tobacco Products	
Cigarettes: 100%	Black and Milds, Philly Blunts, etc.: 55%
Smokeless tobacco: 9%	Other: 0%

Findings

Awareness of tobacco use, media messages, and prevention activities

Participants in the LGBT focus groups reflected a significant level of awareness of media messages against smoking. Group members recalled and identified numerous campaigns, including the Great American Smoke Out and STAND, and described specific images portrayed in television commercials. Participants also recalled seeing anti-smoking messages in magazines, on MTV, and at a school assembly, and could remember taglines associated with the messages. The primary message gleaned from these outlets was that smoking tobacco has negative consequences for health; however, other health issues seem to be more pressing for LGBT individuals (see discussion under the experience with tobacco use section). Secondly, participants gained the impression that smoking was not “cool.” No participants could identify messages targeted directly to gays or lesbians. One focus group member observed,

“I’m sure there are programs out there but rather than hearing a few blips on the Stonewall recently I don’t know there’s anyone that’s really spoken to the community about what’s available or if there are specific issues related to the gay population. . . .”

Table 3: Proportion of Focus Group Participants Who Believe in 12 Common Myths Associated with Tobacco Use *

Population group: LGBT		Total number of participants: 11	
100%	People have free choice whether or not to smoke.	73%	Everyone knows how bad smoking is.
9%	Just a few cigarettes a day can't hurt.	18%	"Light" cigarettes are less harmful.
18%	It's easy to stop smoking; if people want to quit, they will.	18%	Medications to help you quit smoking don't work, such as patches, gums, etc.
9%	Once a smoker, always a smoker.	18%	Smokers may die earlier, but all they lose are a couple of bad years at the end of life.
9%	Secondhand tobacco smoke may be irritating, but it isn't deadly.	64%	Tobacco is good for the economy.
0%	We've already solved the tobacco problem.	9%	The tobacco industry no longer markets to kids or works against public health efforts.

* Thomas R. Frieden and Drew E. Blakeman. *The Dirty Dozen: 12 Myths That Undermine Tobacco Control*. American Journal of Public Health, American Public Health Association, vol. 95, no. 9 (2005 Sep): 1500-5.

At least one member noted messages about the dangers of secondhand smoke, but this was not a common theme. The survey asked focus group members if the following statement was true or false: Secondhand tobacco smoke may be irritating, but it isn't deadly. Only nine percent believed this was true (see Table 3).

One participant noted that tobacco companies tend to target the LGBT community by portraying an attractive image of tobacco use.

“Most of the people they use in the commercials, if you are a gay male you want to look like that guy. Or if you are a gay woman you probably want to either look like, or I’ll say it, even sleep with that person. They go for the youth and the attractiveness and it catches your eye so you stop to look. . . .They never show a 90 year-old grandma smoking.”

When asked if they believed that everyone knows how bad smoking is, nearly three-quarters of the survey respondents agreed with this myth (see Table 3).

Experience with tobacco use and prevention activities

Out of the 18 participants, all had used tobacco. The average age of first use was 22 years old.

Most of the participants in the LGBT group have experience with quitting tobacco use, at least for a time. When asked about methods of quitting, nicotine patches were mentioned most often by participants. Interestingly, “wild dreams” was a theme from the discussions about using patches. One participant observed that patch use

“gives you the most vivid, incredible, crazy dreams.”

Another noted,

“When I had the patch it was saying something on the box that you should take off it the morning or night and that you can have wild dreams. I had a problem with it staying on me.”

A third participant’s experience with nicotine patches was described this way:

“I cheated on the patches, bought the strongest ones possible. I wore them for three days and didn’t have any dreams. The next day I wore them for 23, then 22, then 21 [hours], and I only had to buy one box because they are kind of expensive. And by the time I was only wearing them for one hour a day I had no desire for nicotine.”

Survey respondents were asked if they believed the following statement was true or false: Medications to help you quit smoking don’t work, such as patches, gums, nasal sprays, etc. Only 18 percent believed this myth (see Table 3).

Group members were asked about their experiences with quitting and not smoking. The majority cited health hazards and cost. One participant cited “nagging from friends.” Another said that higher cigarette prices usually just lead to a switch to generic and cheaper brands. Another elaborated on the difficulty of her quitting experience, saying,

“I know that when I first quit I felt horrible for weeks and then I was just around people that smoke and that felt so much better.”

Some participants cited costs or a lack of health insurance coverage as the reason they have not tried quit methods such as patches.

Group members were also asked about the reasons they use tobacco. They had a variety of responses for this question. The most common reason seemed to be that tobacco use is part of a ritual or habit. One individual noted,

“It became part of my day. You know, I am walking between this class and this class and I know I can smoke two cigarettes between this class and this class, and it became something to do.”

Others observed that tobacco use is a norm in many social situations. Another group member reflected on this by saying,

“I do theater here. . .and right before rehearsal or at the five minute break in rehearsal [I would smoke.] . . . And it’s like the entire cast and crew we were all standing outside to get air and it was like, oh, you know, does anybody have a cigarette?”

Other reasons participants use tobacco included: coping with stress, to accompany alcohol or coffee, feeling depressed, experiencing weight gain when not smoking, and growing up with tobacco use as a norm.

The types and brands of tobacco used by participants varied widely. No one in the focus groups identified smokeless as a prevalent substance of use in the LGBT community. Marlboros, Camels, and cloves shared popularity in this group. Two participants noted that hookah bars seem to be attracting attention recently, specifically identifying the use of flavored tobacco as being favored by the population. There was some degree of agreement that mentholated cigarettes are somewhat popular among those identifying as lesbian, gay, or bisexual. Of the 11 survey respondents, all had used cigarettes, 55 percent had used Black and Milds or Philly Blunts, and nine percent had used smokeless tobacco. Of those who had used tobacco regularly, all but one used cigarettes most often, and one used Black and Milds or Philly Blunts.

Participants reflected significant experience with the consequences of tobacco use. When asked if they had had a close friend or family member who had died, or been diagnosed with cancer or condition related to tobacco use, most responded that they had. One focus group participant reflected the ambivalence of experiencing health consequences from smoking, and yet continuing.

When asked about the health problems associated with tobacco use, participants noted other diseases (e.g., HIV/AIDS) were more pressing for LGBT individuals. One participant said,

“I think we focus on other diseases. . . .”

Another participant agreed and said,

“Yeah. . .I know that ’cause I work for the University. Everyone is just always young and I think that [they think] they’re that invincible. Like yeah I’m not going to have any problems and that’s down the road. . .and. . .”

A third participant discussed rationalizing smoking as the least bad health hazard to worry about,

“It’s almost like smoking would almost get trumped by an awful lot of things as far as health related messages go. . .obviously HIV is still there. It’s kind of like [if] the worst thing if I do is smoke, [then] it’s not all that bad.”

When the group was asked about what has kept current nonsmokers from restarting, a participant responded,

“Just personal health stuff, I had bronchitis for a month and a half and I think it was from being around somebody smoking. Before that, I could feel my heart race when I smoked. You always hear the health messages but until it hit me personally I didn’t really. . .you know same thing, until I was ready it did not have the effect. . . I had a friend who had heart surgery last week . . .she started smoking and she’s still trying to quit. But, personally that doesn’t really affect my decision I think.”

Perspective on social behaviors associated with tobacco use

Participants in the LGBT focus groups were asked questions about their perspective on tobacco use, cessation, and related factors. In reflection on what types of messages would be most effective in encouraging members of the community to not smoke, some participants felt that visual and personal images would work best. One participant observed,

“If you would show perhaps a surviving partner or someone who died, that has worked with people with AIDS. . . You know how they died, a short message on what they went through. That worked very well with AIDS with the survivors. . . .”

Another observed,

“I think you’d have to get some people who were gay, or lesbian, that are 40 and above, like a picture of them when they were 20, [then] a picture of them [at] 45 with lung cancer so they can actually relate. [It’s] like the Peter Pan syndrome. You never think you are going to get old. You can always rationalize: well, not everyone gets cancer. But there’s not really anything that shows you [the health risks]. They’re not even really graphic in any of their advertising like they were for a while.”

Group members were asked for their perspectives on tobacco use in public places. Some felt that workers in places that allow smoking should have known of the risks and chosen otherwise if they were bothered by environmental tobacco smoke. One observed,

“I get the sense that most people who work in environments like that also smoke. So they don’t have a problem with it. I know very few nonsmokers. I have even noticed at places where there’s a smoking section at a restaurant, it is usually someone who smokes that ends up working at that section. I

don't know if that's what they negotiated and worked out through management. . .but I tend to agree that some people don't have a choice of where they find a job because jobs can be hard to find, that kind of thing. But for the most part, [one] can get a different job."

Most participants agreed that people in the community are aware of the hazards of secondhand smoke.

As group members voiced perspectives on personal reasons for smoking, their responses tended to center on smoking being a norm in social situations, especially in bars. One participant observed,

"I think a lot of people smoke only when they go out. So now that you can't smoke when you go out they probably smoke a little bit less but there are still people huddled outside on the back patios of places."

Another said,

"It's the only social thing used as outlets for gay people. A lot of times [it] tends to be bars and everything. And so, when you're there and many people are doing it [then] there was no stigma to doing it as well."

A third noted,

"Part of it, I think for LGBT folks, particularly in the past, [is that] the only place you could gather and socialize tended to be bars. So I think that going out to bars and then battling for bars and smoking I think was also part of it. But I know I have also been in a gay bar that was handing out free cigarettes samples."

Focus group members were asked on the survey if they thought they would use tobacco anytime during the next year. Of the 11 respondents, two-thirds said they probably or definitely would, while less than one-fifth said they probably or definitely would not.

Some focus group members emphasized the need to quit for oneself, rather than to please someone else, as well as the need to "be ready" to quit. One member observed,

"Probably most people in this room have quit more than once. I have found that until you want to quit yourself, you can't quit because your partner wants you to quit or your family wants you to quit. Until you yourself [have] decided that you want to quit, taking a few patches, gum, smok-enders, anything you want, it's not going to work because you don't want to quit. You have to make that decision, like almost anything else in life. I've tried to quit for a partner—didn't work. When I decided I was getting like bronchitis every three months I thought that was nature's way of telling me that it probably wasn't a good idea."

Another agreed, responding to the question about anti-smoking messages that speak to the LGBT community,

“Truthfully I don’t know if there’s any message that works. It’s what he said; you are going to do [it] until you want to not do it.”

And a third stated,

“I think the first person stories are always more compelling than some guy in a lab coat. I think just like in general that the message no doubt would be more compelling, but it’s also back to the fact that what he said, someone has to be willing to do it. . . .If I am not ready to quit, whether it’s tobacco or something else. . . .”

Conclusion

The Lesbian, Gay, Bisexual, Transgender persons in the two focus groups were very familiar with the media messages about the hazards associated with tobacco use. They knew terms such as the Great American Smoke Out and stand. They had heard or read the messages from television commercials and magazines, even recalling school assemblies on the topic. The messages they remembered were that tobacco is “not cool” and is bad for one’s health. The participants were familiar with a wide range of tobacco products such as clove cigarettes, flavored cigarettes, and mentholated brands, as well as paraphernalia like the hookah. Tobacco use was described as a ritual associated with other behaviors such as meeting in bars, socializing between acts in a play, or being on break at work. Some of the participants did not personally feel the health hazards of tobacco are a priority in their lives because they are exposed to lifestyle hazards that are much more serious. They did not consider smoke-filled environments to be unfair to non-smoking workers within that environment. They said that the worker knew the situation when he or she applied for the job and could have chosen to work somewhere else.

References

- Ryan, H., Wortley, P. M., Easton, A., Pederson, L., & Greenwood, G. (2001). Smoking among lesbians, gays, and bisexuals. *American Journal of Preventive Medicine, 21* (2), 142-149.
- Tang, H., Greenwood, G., Cowling, D. W., Lloyd, J. C., Roeseler, A. G., & Bal, D. G. (2004). Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem? *Cancer Causes and Control, 15*, 797-803.