

Closing the gap between gay, heterosexual smokers

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Credit: University of Illinois at Chicago

Gays and lesbians are more than twice as likely to use tobacco than heterosexuals, and University of Illinois at Chicago researchers have detailed how the disparity can be reduced.

Smoking remains the leading preventable cause of death and disease in the United States, but more than 480,000 people die prematurely each year from smoking or [secondhand smoke exposure](#), according to the Department of Health and Human Services. Gender and sexual minorities (lesbian, gay, bisexual and transgender persons) are at a higher

risk for [tobacco](#)-related [health disparities](#) because they are more likely to use tobacco.

In a new paper published in the journal Society of Behavioral Medicine, researchers led by Phoenix Matthews, professor of biobehavioral [health](#) sciences and a clinical psychologist, developed five policy recommendations to close the gap between LGBT and heterosexual smokers.

"Despite the disparities, gender and sexual minorities are not included in tobacco prevention and control efforts," said Matthews, who has conducted extensive research in examining determinants of cancer-related health disparities focusing on black and LGBT populations. "Monitoring of tobacco use at the local, state and national levels does not include gender and sexual minorities, and it should.

"If we have this data we can begin to develop targeted educational and outreach campaigns in those communities, which we hope will then bring about behavioral changes."

The National Institutes of Health has formally designated being a sexual or gender minority as a health disparity for purposes of its research. The designation followed a March 2011 Institute of Medicine (now the National Academies of Sciences, Engineering, and Medicine) report that said collecting more data on the LGBTQ population related to tobacco use would be a critical part of developing effective policies to better understand and eventually eliminate health disparities.

Many anti-smoking programs target specific ages, ethnicities and gender, but not sexual orientation, Matthews said. All media campaigns aimed at increasing education and outreach regarding tobacco prevention and smoking cessation treatment services should include specific messaging for gender and specific minorities, she said.

Tobacco companies added [menthol](#) to cigarettes in the 1920s, and over the years the tobacco industry has marketed [menthol cigarettes](#) as being healthier and safer. Not so, said Matthews. Therefore, reducing menthol flavored tobacco products is a third recommendation.

In 2009, as part of a national effort by the U.S. Food and Drug Administration to reduce smoking in America, especially among young people, the FDA banned certain herbs and spices, as well as flavorings such as clove, cinnamon, licorice, and coconut, in cigarettes. However, menthol was not included.

"Eighty percent of African American youth, and 50 to 60 percent of LGBT youth smoke a menthol cigarette," Matthews said. "Public health would be improved if menthol is banned."

Exposure to secondhand smoke claims the lives of about 600,000 people per year and accounts for about 1 percent of the global burden of disease worldwide, according to the World Health Organization. It's been established that there is a link between several health maladies, including respiratory infections, ischaemic heart disease, lung cancer and asthma, among others.

To reduce the exposure to secondhand smoke among LGBT non-smokers, national clean air acts should be created, Matthews said.

The final recommendation is to increase training of healthcare providers on the health needs of gender and [sexual minorities](#), especially as it relates to tobacco use.

Several local and national organizations have lent their support to the policy paper, among them: The African American Tobacco Control Leadership Council; the American Academy of Nursing; Howard Brown Health; National LGBT Cancer Network; LGBT Healthlink; and the

Institute for Sexual Gender Minority Health and Wellbeing.

Following the inclusion of policy briefs in the journal, the Society of Behavioral Medicine posts it online on their site, as well as the sites of the endorsing organizations. The briefs are then presented to politicians on Capitol Hill each fall, said Joanna Buscemi, assistant professor of psychology at DePaul University and health policy committee chair for the Society of Behavioral Medicine.

"It is our hope that these briefs help to close the gap between research and policy translation, and that we can advocate and educate policymakers regarding the latest research and how it can inform policy," Buscemi said.

More information: Support Policies to Reduce Smoking Disparities for Gender and Sexual Minorities: www.sbm.org/UserFiles/file/lgb...statement_final.pdf

Provided by University of Illinois at Chicago

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