



TPCP

Tobacco Prevention & Cessation Program

# LGBT/ HIV and Tobacco Survey Report

Report Prepared by  
Dathan Johnson, BS

February 2011

## BACKGROUND

Smoking is the leading cause of preventable illness and death in the country. It is the primary cause of two of the deadliest lung diseases: lung cancer (which causes more American deaths than any other cancer), and chronic obstructive pulmonary disease (COPD), the fourth leading cause of death in the nation<sup>1</sup>. Since the smoking rate within the Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) community is roughly double that of the general population, members of the LGBT community are at greater risk of contracting and suffering from other tobacco-related health threats such as heart attacks and strokes<sup>1</sup>. In order to better understand the root causes of the more prevalent use of tobacco in the LGBT community and find effective solutions to this deadly threat, the Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) developed an online survey to be completed by LGBT support organizations between October 19 and November 15, 2010. In addition, this survey acted as a recruitment tool for an HIV and Tobacco Advisory Workgroup.

## OBJECTIVE

The objective of this survey was to better understand the root cause of the higher prevalence of tobacco use in the LGBT community and find effective cessation and prevention solutions.

## SCOPE OF WORK

An online survey via Survey Monkey was developed and sent to 53 LGBT support organizations around the state of Arkansas.

## METHODOLOGY

A statewide search of LGBT organizations returned a list of 53 of such organizations. The survey was sent to the directors/ presidents of each. Willie Rhodes, LGBT Outreach Coordinator for the HIV/STD/ Hepatitis C Section of the Arkansas Department of Health, assisted in sending out the survey in email form. The directors were instructed to distribute the surveys to members of their respective organizations. Responses from persons residing out of state were not included in analysis.

## RESULTS

Out of the 53 survey requests sent, 37 complete responses were received. Three surveys received from respondents residing outside of Arkansas were excluded. 25 respondents (76%) listed their sexual orientation as LGBT, and six respondents (20%) were HIV-positive. It was found that eight respondents who self-identified as tobacco users, seven were aware of the dangers of using tobacco. Although 24% of the respondents stated they use tobacco, 86% of them stated that if given the resources and support, they would cut down or quit using tobacco. Of most concern was the finding that none of the 30 participants who answered the question could correctly list the Arkansas Tobacco Quit line number. 21 out of the 30 participants were aware of the complications that could arise from using tobacco while HIV-positive.

## ANALYSIS

The majority of respondents were non-tobacco users but were knowledgeable about the problem tobacco causes in the LGBT community. Of the tobacco users, 100% of respondents listed cigarettes as the product of choice and 100% were daily users versus intermittent users.

When asked “what did they believe the reason so many people living with HIV/AIDS use tobacco,” 32.2% of all respondents answered “stress relief” or “calming.”

The survey revealed respondents believed that the most persuasive way to promote the Stamp out Smoking media campaign would be television ads (70%), followed by radio (26.7%), then Facebook (23.3%) and billboards (23.3%). Astonishingly, no one believed bus ads were very persuasive.

## CONCLUSION/ RECOMMENDATIONS

Survey results indicated that tobacco cessation should be strongly addressed in the LGBT community in Arkansas through radio, TV, and the Internet (i.e., Facebook.com). Programs that target the LGBT population need to be developed to both prevent the initiation of tobacco use and help smokers quit. ADH TPCP will establish a work group with the objective of generating targeted, effective tobacco control strategies in a small group setting for this community.

The most critical recommendation is that a concerted effort be made to heighten LGBT-focused organizations’ awareness of tobacco control as a public health priority in the community. Specifically, as a public health department, ADH should assist these organizations in including tobacco control advocacy and programs in their scope of activities to build healthier communities.

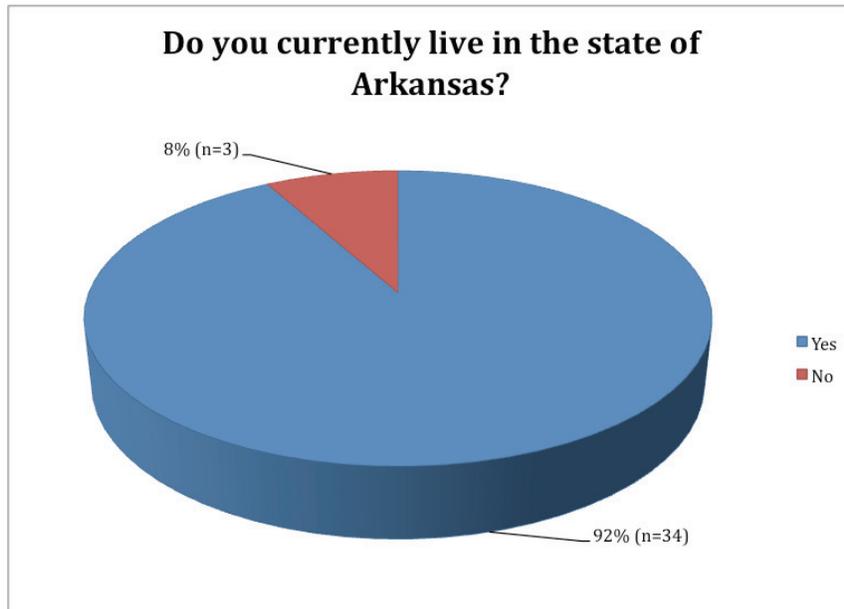


Figure 1

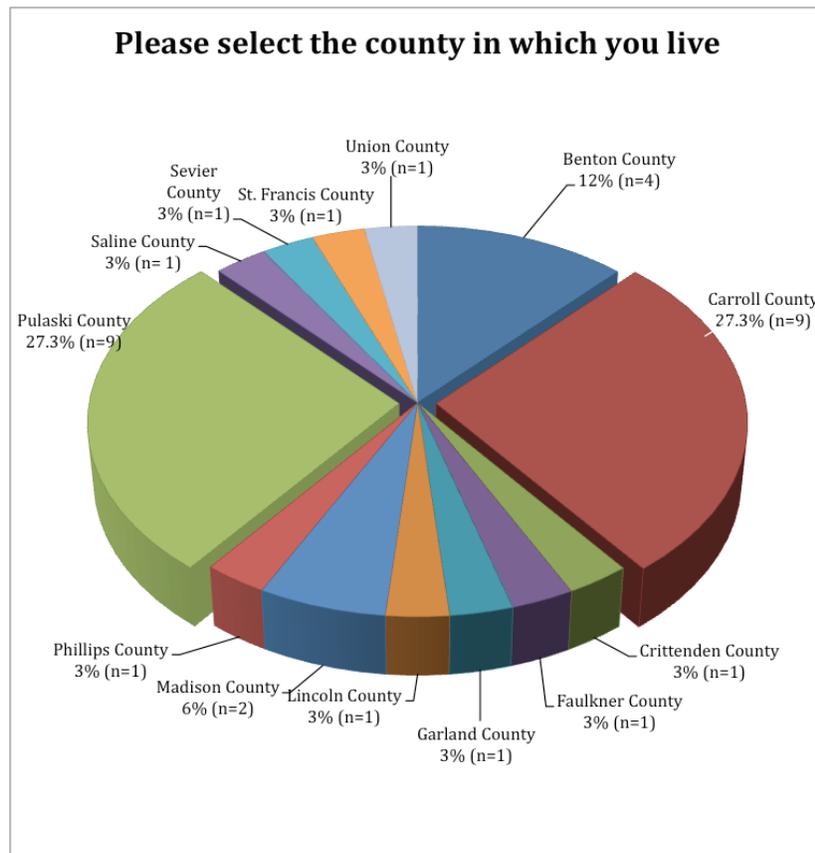


Figure 2

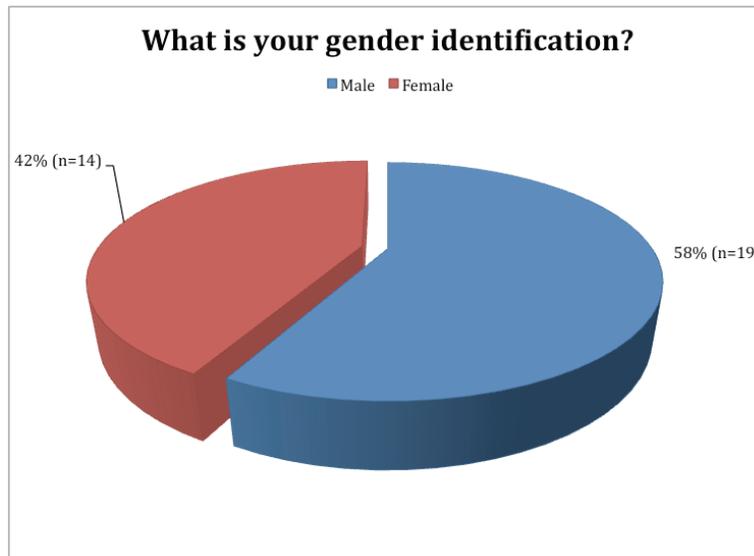


Figure 3

What is your gender identification?		
Answer Options	Response Percent	Response Count
Male	57.6%	19
Female	42.4%	14
Intersex	0.0%	0
Transgender- Male to Female	0.0%	0
Transgender- Female to Male	0.0%	0
Questioning	0.0%	0
answered question		33

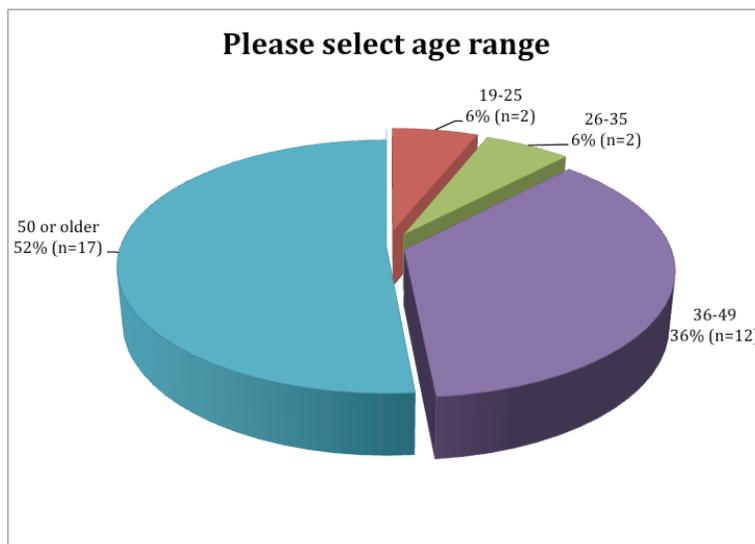


Figure 4

\*None of the respondents were ages 13-18

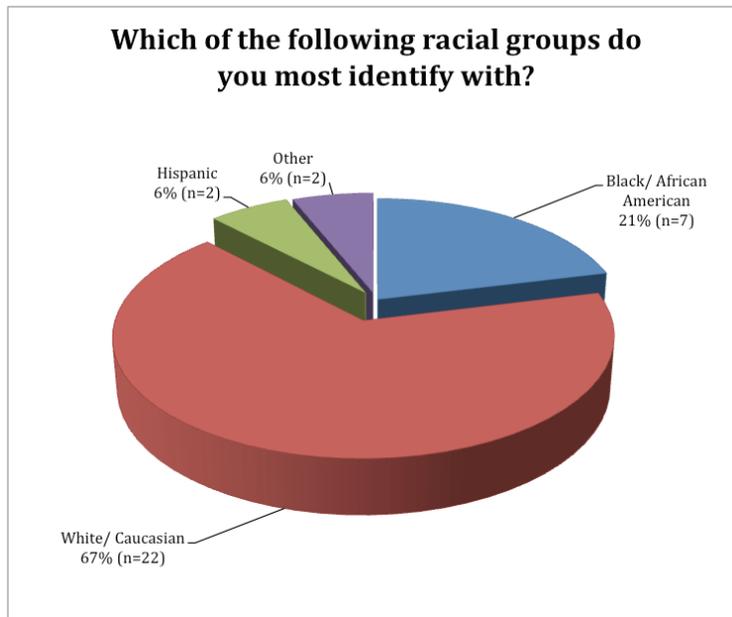


Figure 5

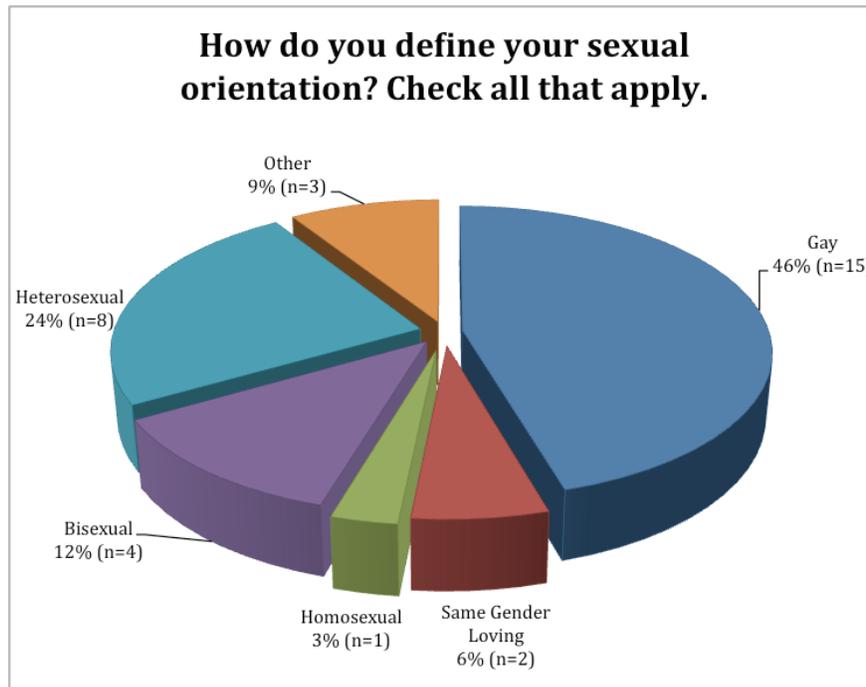


Figure 6

*\*The two "Other" responses were pansexual and lesbian.*

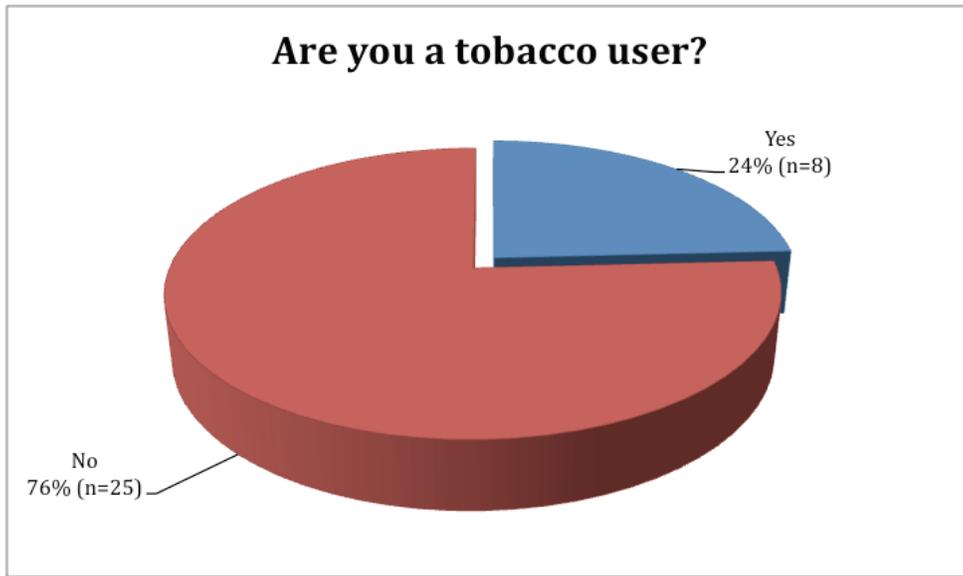


Figure 7  
*\*All tobacco users described themselves as daily smokers whose product of choice was cigarettes.*

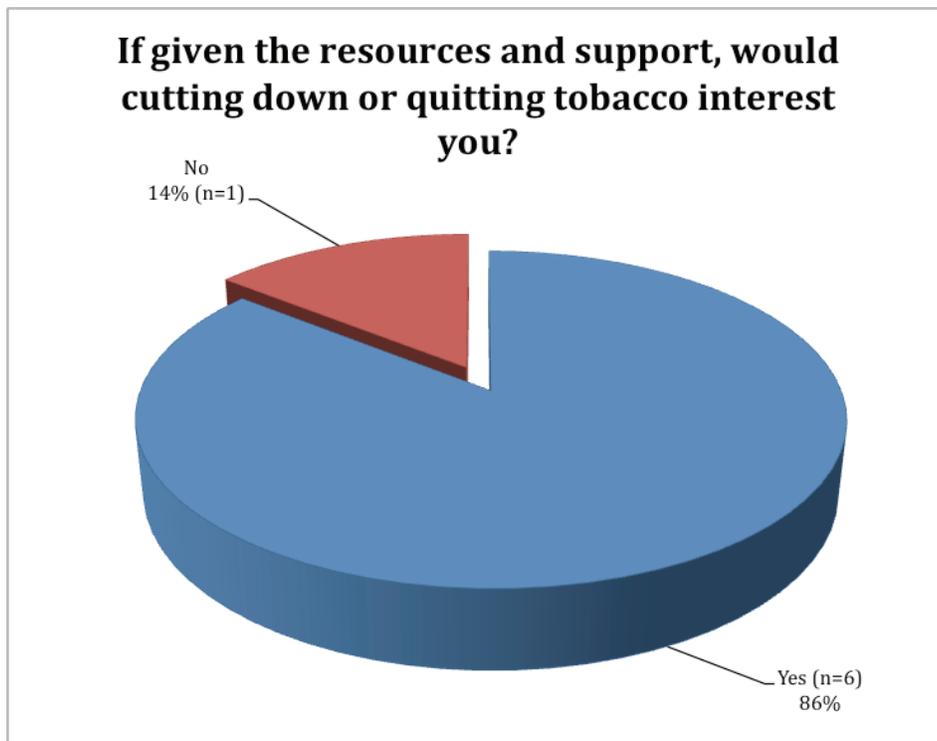


Figure 8

Q13: Open-ended response question

Why do you believe so many people living with HIV/AIDS use tobacco?

“Stress”

“They are stressed, [which causes] them to turn to tobacco use; it is also an inexpensive alternative to a temporary memory loss of the disease.”

“Stupidity”

“Stress relief ... The pressures to quit can at times only pressure more use.”

“Stress”

“Feeling that their health isn’t going to get better, so why worry?”

“Maybe they think they are already dying, why not kill themselves more.”

“Habit / Stress relief”

“The false belief that it is calming”

“They smoked previous to becoming HIV positive”

“Socialization in the “bar scene” or “party scene” where smoking is fairly normalized.”

“To calm down”

“Low self-esteem”

“I suspect they were already using tobacco prior to contracting HIV/AIDS. I would be surprised if there is a connection with HIV alone, but probably a long list of determinants.”

“Stress”

“Stress reliever”

“Addiction? That’s what I have been told anyhow.”

“They enjoy it”

“I don’t know”

“Uneducated and addicted”

“Stress like anyone without HIV/AIDS”

“Addiction to tobacco”

“Stressed and addicted to tobacco”

“No idea”

“Not sure”

“Addiction”

“Short term viability”

“I am not sure”

“It’s comforting”

“Fatalistic attitude”

“Not sure”

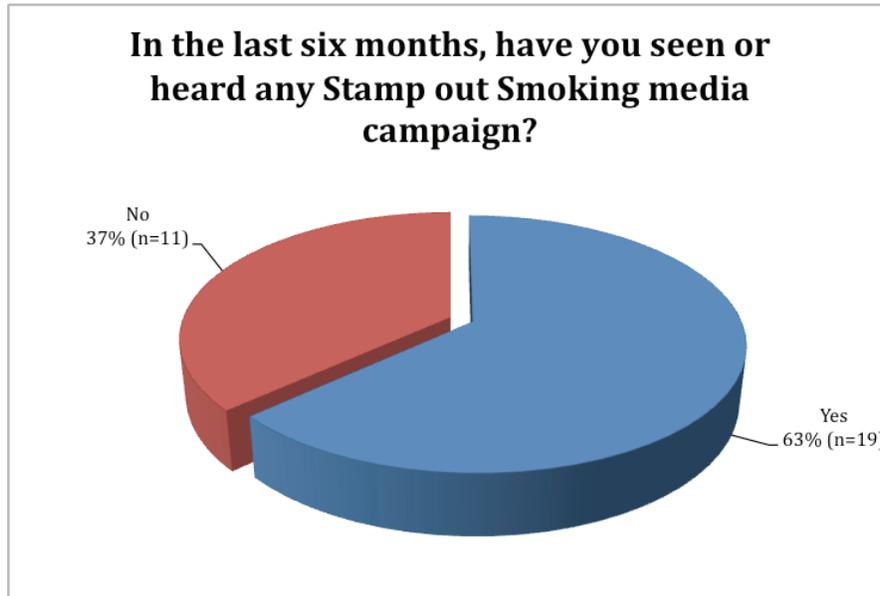


Figure 10

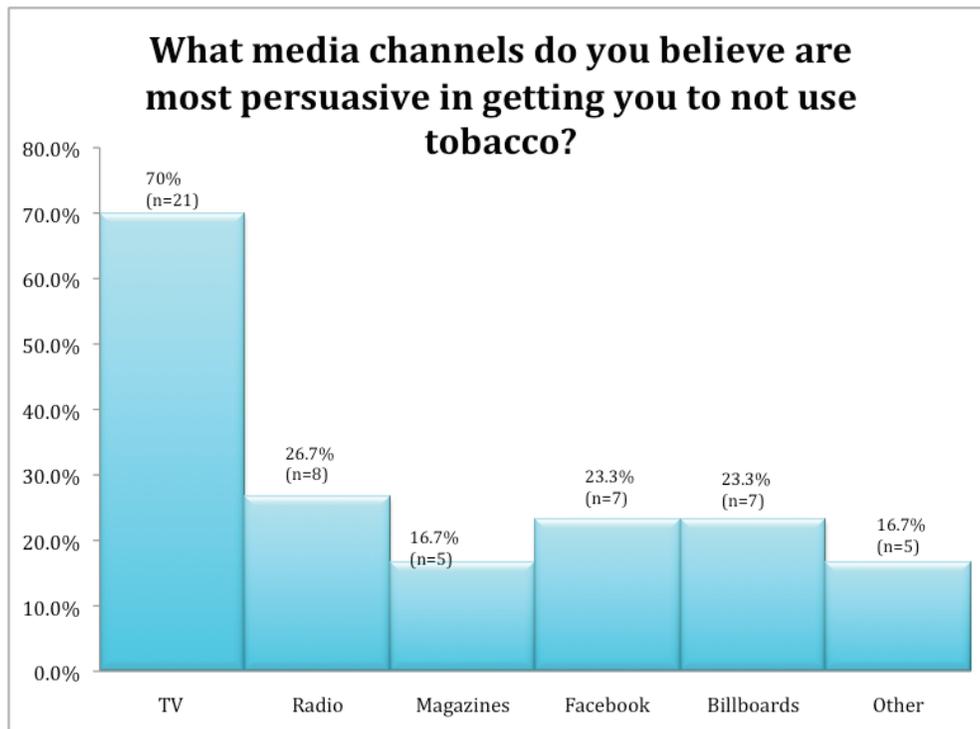


Figure 11

*\*None of the participants responded that bus advertisements were effective. One respondent wrote "I do not think any form of media would really grab my attention. However, the "rap" Stamp Out Smoking commercial on the radio is the most effective because I kind of find it a nuisance. I do recall a couple of the TV commercials that were also effective."*

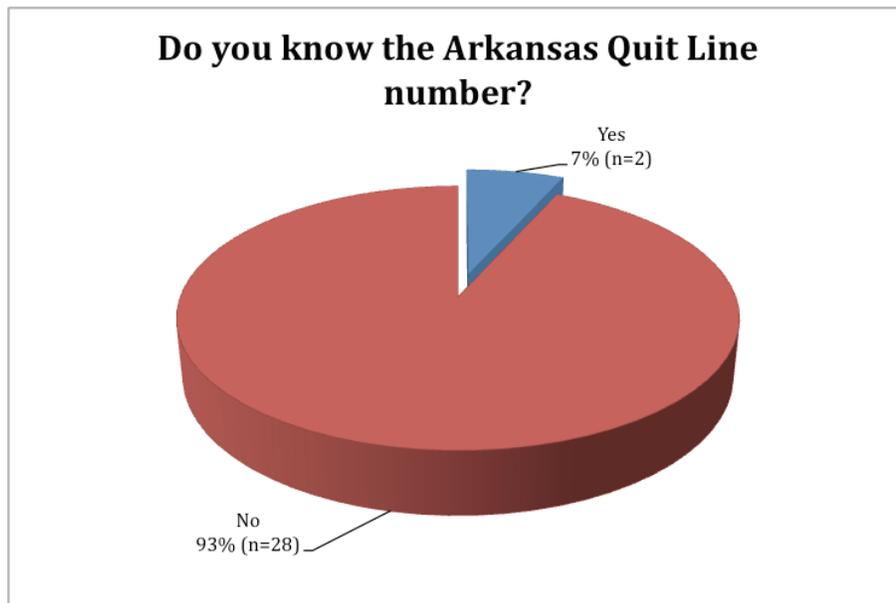


Figure 12

Q17. If yes, please list the number below  
1-800-stamp-out  
1-888-quit-now

*\*Only two respondents reported that they knew the Quit-Line number. However, when asked to state the number, neither one could answer correctly. Making the Quit Line more visible in the LGBT community is a key goal that needs to be addressed.*

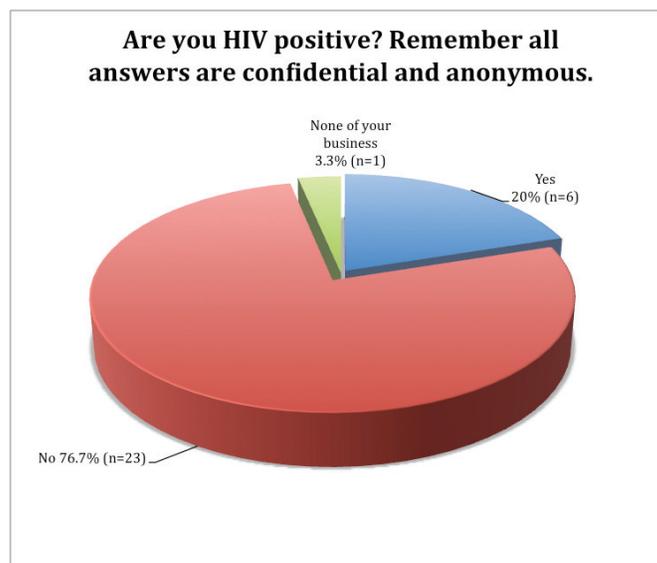


Figure 13

Q21: Open-ended response question

You may provide additional comments below regarding this survey.

“I was a smoker from age 16 to age 43. I quit about 2 years ago ... thanks to Chantix.”

“If smoking has been banned in most work places for the sake of employees, why wasn't it banned in ALL work places, including bars? Many musicians must play where they can, and that often includes bars in Arkansas where smoking is allowed. Plus, bar employees and delivery/service people still have to work in such places, and often not by choice. They have to eat.”

“Ban smoking in ALL work places. Additionally, when tourists come to Arkansas, they see bars where smoking still goes on as one more reason this state is viewed as a backward state.”

“Almost 30 years ago I had a six pint blood transfusion from the hospital well known for the spread of AIDS through blood donor supply. I heartily support AIDS awareness and prevention, aftercare, self care and health maintenance.”

“Ban smoking in bars. They are workplaces, too!”

“Bars ARE work places for many and should be smoke-free, too.”



Arkansas Department of Health