

Health In Equality

Smoking in the LGBTQ+ community



with a foreword by
Dr Christian Jessen

A **Queer Voices Heard** report
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A note on language

In this report we use 'LGBTQ+' to mean anyone who identifies as lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, pansexual, or anyone who identifies as a member of this community.

In the case of the language used by third-party sources, or in verbatim quotes from contributors, it is often more accurate to reflect how they describe the community; therefore, we have used other initialisms (such as 'LGBT' or 'LGB+') where appropriate.

In addition, we use terms like 'regular', 'casual', or 'former' in relation to a person's smoking frequency. For the avoidance of doubt, 'regular' denotes one or more cigarettes a day, 'casual' denotes occasional frequency (i.e. 'on a night out'), and 'former' smokers are those who have been a regular or casual smoker in the past but who no longer smoke.

Interpretation of findings

The findings in this report are based on a combination of qualitative and quantitative methodologies.

Qualitative findings are not statistically significant but provide insight into people's behaviours, as well as their motivations, and the situations that influence their behaviours. It also gives insight into what people believe they will need in the future to change their behaviours. Throughout the report, verbatim quotes have been used to illustrate points. These quotes do not necessarily represent the views of all participants but are representative of at least a significant minority.

Quantitative findings are unweighted due to unavailable demographic data on the population being sampled. As only a sample of the full population was interviewed, all results are subject to a margin of error, meaning that not all differences are statistically significant. For some of the sub-samples used the sample size is below 100 so any conclusions should be treated with caution.

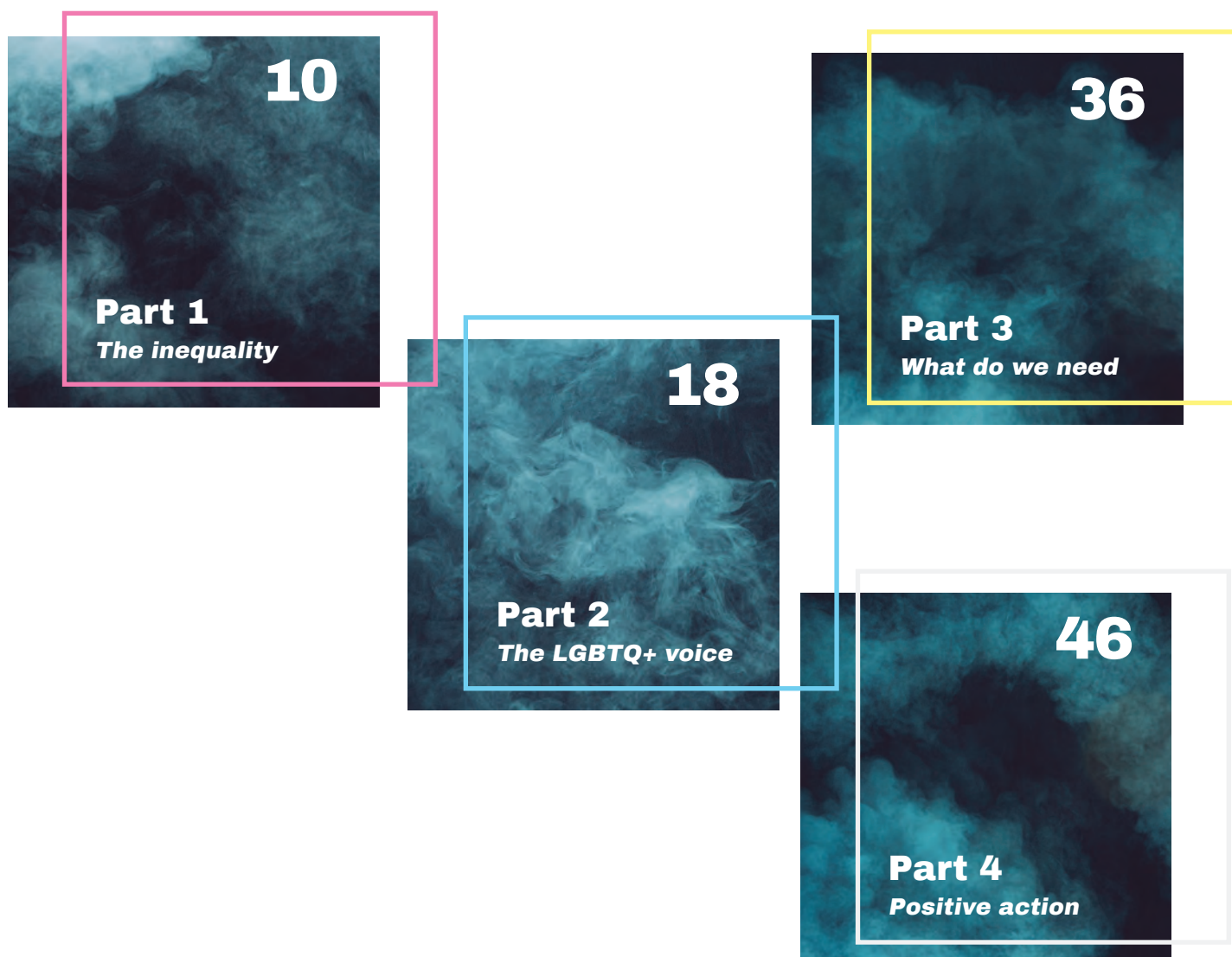
Refer to the appendix for more information on the methodologies and samples used in this report.

Disclaimers

This research study is funded by Philip Morris Ltd. Philip Morris Ltd. did not have access to the study's data, nor had any editorial control of the report. The report does not necessarily represent the views of Philip Morris Ltd.

PinkNews recognises that smoking is the leading cause of preventable illness and premature death in the UK, and believes in healthy living for the LGBTQ+ and wider community. PinkNews does not endorse smoking products or smoking alternatives unless used as part of a smoking cessation treatment plan within NHS guidelines. PinkNews is the distributor of the findings of this report and did not contribute to the study's data or have any editorial control over the content of the report. The findings and conclusions in the report are those of Queer Voices Heard and do not necessarily represent the views of PinkNews.

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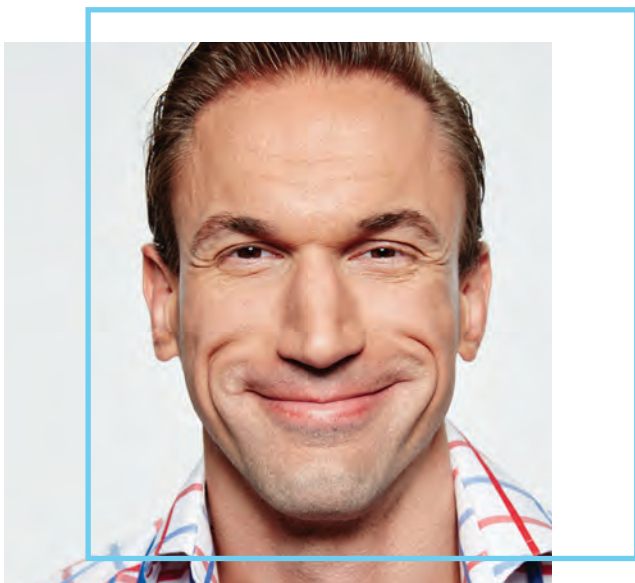
1. Too many in the community have a relationship to smoking
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Dr Christian Jessen

he / him

When health campaigns work, they can be remarkably effective. The mobilisation of communities in the wake of the HIV epidemic saw extraordinarily rapid progress being made to tackle the infection. Campaigns to make [pre-exposure prophylaxis] PrEP and [human papillomavirus] HPV vaccines available are ongoing but seem likely to be similarly successful. We seem to do the exceptional rather well when required. It is in the ordinary, the everyday and, dare I say it, the 'normal' that we too often let ourselves down.

This is particularly true of many areas of healthcare for LGBT+ people as evidenced by glaring inequalities that exist in the provision of services and which shines such an uncomfortably bright spotlight on the failings of the healthcare professions. It is because we have not tried to fully understand the reasons behind certain behaviours that we have not managed to help people change them. Exploring the reasons why we do things is vital if we ever hope to tackle some of the more commonplace destructive behaviours all too often seen.

We know that those who identify as LGBT+ are much more likely to smoke cigarettes than the general population. But until this report was compiled there has been a lack of research into why this is the case, what can be done to provide much needed support, and who needs to be part of the conversation. This report suggests that many LGBT+ people start smoking in similar circumstances to the general population, but it highlights that smokers in the LGBT+ community have many more triggers to sustain smoking than there are triggers to stop.

The reasons for this are complex but considering that members of the LGBT+ community are

more prone to stress, anxiety and generally poorer mental health and depression, self-medication using nicotine or other substances is commonplace and unsurprising. It is a constant source of frustration to me that access to mental health services is so limited, and funding continues to be cut. Given that smoking is often used to soothe the symptoms of deeper anxiety-related issues it is vital that healthcare professionals recognise this and don't simply shrug it off as just a 'habit'.

The benefits of successfully tackling this health issue within our community would be wide reaching indeed: reduced depression and improved quality of life, reduced rates of lung, anal, mouth and throat cancers in those living with HIV, and in trans patients undergoing gender identity related surgeries, smoking is associated with an increased mortality, rates of infections, and poor wound healing.

So this report is particularly welcome, because it provides much insight that we have been lacking, it highlights many of the inequalities within healthcare and will, I have no doubt, contribute significantly towards helping more LGBT+ smokers make the single greatest change possible to improve their health.

Dr Christian Jessen is a popular health campaigner who combines his medical career with a successful media career. He works closely with various charities (including Terrence Higgins Trust and Ditch the Label) to help raise awareness and make health accessible to everyone.

Dr Christian is well-known for presenting *Dr Christian Will See You Now* and *Dr Christian: 12 Hours to Cure Your Street* along with the multi award-winning *Embarrassing Bodies* and *Supersize vs Superskinny*. He also presented the critically acclaimed documentary *Undercover Doctor: Cure Me I'm Gay*, and co-hosted *Drugs Live* and *Stand Up to Cancer*.



Stu Hosker

Co-Founder, Queer Voices Heard

he / him

LGBTQ+ people are one and a half times more likely to smoke cigarettes than our straight counterparts. Of course, the fact that smoking as a health issue disproportionately affects our community is not new information. Public bodies and charities have long documented that smoking rates are higher in the LGBTQ+ community.

But highlighting prevalence is where the conversation typically ends. Very little has been done to move the conversation on. To ask the question, 'why'?

Naturally, there are a lot of assumptions, but the truth is that there isn't enough insight available to know for sure. This makes it impossible for us as a community – as well as the brands, organisations, and institutions who serve us – to truly understand how to tackle this issue.

This report, the first insight published by *Queer Voices Heard*, aims to move the conversation on the topic of smoking in the LGBTQ+ community from 'we think' to 'we know'. We have explored the beliefs, values, attitudes, lived experiences, and behaviours of LGBTQ+ people in relation to smoking, and have co-created opportunities to bring about positive change within the community direct with LGBTQ+ smokers.

I hope that this report acts as a catalyst to explore this health inequality in more detail in the future, but also provides an opportunity to uncover deeper insights around our community's complex relationship to smoking.

I would like to personally thank *Partners in Creation* and *Survation* which ran the fieldwork that formed the basis of this report, *PinkNews* for distributing our findings, and *Philip Morris Limited* which has enabled *Queer Voices Heard* to start a

meaningful conversation within the LGBTQ+ community on the issue of smoking.

I would also like to thank every contributor who gave their time to this research by taking part in our interviews, surveys, focus groups, and workshops.

We will never know the true impact that smoking has had on the lives of people in our community. It will have inevitably cost countless lives, and caused significant complications to the health and wellbeing of too many. But today we can begin to listen to the voices of those in our community who have been affected by smoking. To start having a meaningful conversation about how we can reduce this health inequality.

Queer Voices Heard is a dedicated LGBTQ+ market research and content creation specialist.

With an aim of creating positive change for the LGBTQ+ community of which we're a part of, our work helps brands and organisations to start meaningful conversations within the queer community in the most authentic way.

We do this by making queer voices heard.

queervoicesheard.com



Peter Nixon

Managing Director, Philip Morris Ltd.

he / him

Last summer I attended my first Pride joining over 50 members of the Philip Morris Stripes group at London Pride and it was a day I will never forget. The passion shown by those marching and the support from the public made it a day to remember.

It also gave me an opportunity to start asking and understanding more about the LGBT community. One issue that kept coming up was “why do more people in the LGBT community smoke?” At the time I did not know but I was keen to find out because as a company we are committed to a smoke-free future.

While the best thing for any smoker is to quit for those who don't there is a much greater choice of less harmful alternatives available than ever before. Raising awareness of the choices available to smokers is key.

This is why we decided to sponsor this important piece of research that aims to uncover what has driven the high smoking prevalence rate we know exists. More importantly, I am pleased that the community has had the opportunity to be clear about what they believe should be done to address/tackle it.

This is the first time the LGBT community has been encouraged to specifically discuss smoking as a health issue. The participants spoke candidly about the reasons why they smoke, their smoking experience and how they would like to be supported to stop smoking – and clearly there is much more that can be done to help the community quit or switch to better alternatives.

I want to thank all those who have been involved in the production of this research, a piece of work that I believe is truly ground breaking.

Finally I hope this informative report will help

raise awareness and provide a deeper insight to help begin the process of reducing smoking in the LGBT community.

This is a challenge for us all but one which should be taken because it is the right thing to do.

“The idea that you’re a bit of a bad boy or a bad girl if you smoke. It’s an act of rebellion.”

— Queer Woman, 30s

“We have enough pressures as it is, and to have people telling us what to do when we are breaking free of different things. No!”

— Straight Trans Woman, 40s

“My queer friends smoke more than my straight friends. Going out to a queer bar, you’re more likely to see people smoking.”

— Lesbian Woman, 20s

“We live in a society that can be awful to queer people. Trans and non-binary, even more so. So just let us smoke.”

— Pansexual Gender Non-Conforming, 20s

“There isn’t that incentive to give up for LGBT people [for example] the children element. For me, no one is dependent on me. If I die when I’m in my fifties it’s my life, there is absolutely no one I have to take care of.”

— Gay Man, 40s

Executive summary

Data is increasingly showing a disparity in the prevalence of smoking within the LGBTQ+ community, when compared to the general population. In 2019, the Office for National Statistics (ONS) found that the proportion of current smokers was significantly higher in people who identified as gay or lesbian at 23.1 percent, or bisexual at 23.3 percent, than for heterosexual people at 15.9 percent.

Though smoking rates within the LGBTQ+ community continue to decline in step with the general population, prevalence is currently at the same levels as the general population was fourteen years ago.

In addition, there is insufficient insight into why smoking may be higher within the LGBTQ+ community, and how we can help LGBTQ+ smokers to quit or, if they don't, to move to a better alternative.

This report has been published to examine and document why smoking prevalence appears to be significantly higher in the LGBTQ+ community and explore ways in which we can address the potential health inequality faced by LGBTQ+ smokers.

Our research is based on a series of focus groups and co-creation workshops, alongside opinion polling within our community. It aims to play back the lived experiences and perceptions of current and former LGBTQ+ smokers to the wider community. As well as the organisations, institutions, and supporting voices who serve them; such as politicians, influential figures, the media, corporations, charities, and many others.

Key findings:

Through the course of this research we have managed to gain more insight and understanding of the ways LGBTQ+ smokers relate to smoking and the impact it has on their lives. The intention of this report is to show, as much as possible, the findings that came from the data we obtained.

1. We found that **too many in our community have a relationship to smoking**, with seventy two percent of the LGBTQ+ people we spoke to having some form of a connection to smoking cigarettes; whether as a regular, casual, or former smoker. Some of the most interesting findings uncovered the fact that men in our community were likelier to be a regular smoker and

women a casual smoker, that age had very little effect on whether an LGBTQ+ person smoked, and that the locations smokers use have changed over the years, with more people saying that they smoke at home than in any other place.

2. When it came to the positive and negative associations that LGBTQ+ smokers have with smoking, **the good and the bad connotations are equally balanced**. While many recognised the negative impact their habit could have on their life, it was countered by being a stress relief, helping them connect meaningfully with like-minded people, and reflecting their personal identities.

3. An interesting insight that came out of the link to LGBTQ+ smokers' identities was that while **their identity does not necessarily start them on the road to becoming a smoker, it does keep them on it**. There is a perception that there are fewer clear incentives to quit because of a culture of acceptance within our community and the sense of belonging that comes with being part of a group. LGBTQ+ people are also more vulnerable to mental health issues as a group in society and we find that many use smoking as a coping mechanism.

4. Alongside a lack of incentives to quit smoking and using it as a coping mechanism, LGBTQ+ smokers talk about how **spaces, places, and icons seem to work to enable their habit**, even unintentionally. LGBTQ+ venues are perceived to have more comfortable smoking areas than straight pubs, bars and clubs, and at Pride events smokers will gravitate towards other smokers. The characters and icons in LGBTQ+ popular culture linked to smoking are another factor that may influence some smokers in our community to smoke.

5. We also find that in a social media and app-based world, **getting likes and swiping right stops LGBTQ+ smokers being as open about the fact they smoke**. Nearly a third of the people that took part in our research hide the fact that they smoke on their social media accounts. And when it comes to dating, many fear being rejected if they reveal their habit too early.

6.

All of this seems to feed into the problem that **smoking is an invisible issue within our community**, despite data showing that prevalence is higher for LGBTQ+ people.

While regular smokers tend to be more aware of the problem, due mostly to personal experience, the majority are under the incorrect assumption that smoking levels are the same within our community as the general population.

7.

One trend that smokers spoke about is the perception that **LGBTQ+ people are ignored in campaigns on smoking cessation and bombarded when it comes to sexual health**.

In fact, we find that nearly half of LGBTQ+ smokers do not see smoking cessation campaigns that target or relate to them. And while many understand and support them, seven in ten felt that campaigns directed at our community seem to only focus on sexual health.

8.

However, among all the research, the most important finding is that **many LGBTQ+ smokers want to stop smoking** within the next six months.

Even among those that are not interested in cutting down or quitting just yet, there is a sentiment that it is something they would want to do eventually. And those that rely on smoking as a coping mechanism expressed a need for better support structures before they could consider quitting.

The community's requirements:

An essential element to the research and the content of this report is not just to look at the issue of smoking prevalence within our community, but also to find out from LGBTQ+ smokers what would help them to quit altogether or, if they don't, move to a better alternative.

1.

The first thing that was common in our discussions with LGBTQ+ smokers was the need to **build a positive, social, and non-judgemental support movement**.

The current climate within our community has limited the ability and motivations of those smokers looking to quit. So, it is vital that above all else those who engage and influence LGBTQ+ people, whether through the media or technology, drive a positive and non-judgemental agenda. Smokers must also be enabled to connect with others who have been on a similar journey and can offer encouragement.

2.

Next came the idea that we **need a joined-up and holistic approach that addresses the root causes** of smoking, considering the poor mental health and discrimination experi-

enced by LGBTQ+ people. In the short-term, the gatekeepers to mental health services need to be made more aware of the issues that LGBTQ+ people face and provided with tailored resources that relate more closely to the lived experiences of smokers. In the long-term, those in power need to take control of the rise in hate crime currently plaguing our community and broader society.

3.

When it comes to smoking cessation campaigns, the smokers we spoke to said that **the messaging should reflect the needs of LGBTQ+ smokers**.

When we looked at past stop smoking campaigns, there was a sentiment that they focused on issues like fertility and families that LGBTQ+ people don't relate to. Those we spoke to want to see campaigns that are more relevant to their lived experiences, much like with sexual health messaging. They also want them to be de-medicalised and by extension less judgemental.

4.

Finally, having identified a perception within our community that our spaces and places can enable the habit of smoking, we need to **campaign to raise awareness of the impact that these venues and events have on smokers**.

Helping owners and organisers provide more alternative smoke-free spaces will in turn help support smokers to quit. But we should also consider the value that external players, such as charities and even commercial companies, can play in finding supportive solutions.

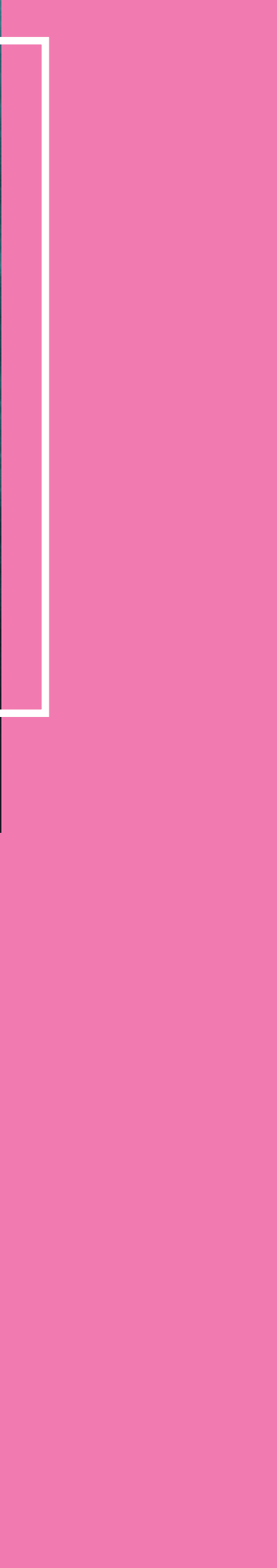
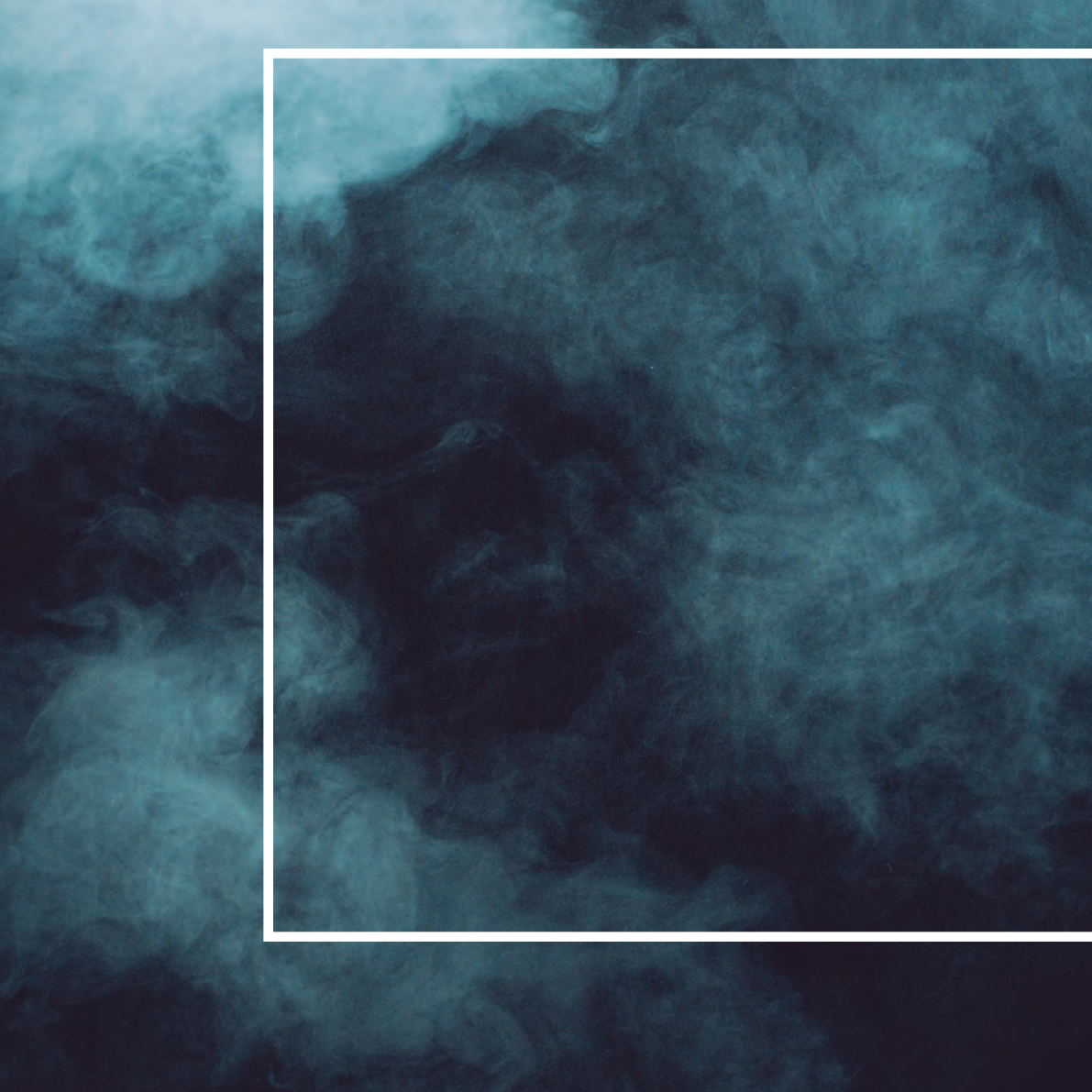
What next?

Smoking within the LGBTQ+ community should be looked at as a health emergency which has gone without action for too long.

This report provides a broad overview of some of the opinions, attitudes, and lived experiences of a sample of LGBTQ+ smokers. Yet there remains so much more to learn and understand about our complex, deep-rooted relationship to smoking.

We also need to bring together key players, such as government and health officials, LGBTQ+ charities, the media, and influential figures, to make a concerted effort to address this health inequality. These partners must collaborate openly with the community to explore in more detail some of the findings and recommendations within this report, and where possible, make commitments to our community which can help support LGBTQ+ smokers to quit, or, if they don't, to move to better alternatives.

As we begin a new decade, we hope that this report can start a meaningful conversation on this invisible health issue as we work towards helping our community to go smoke-free.



Part 1

The inequality

With so many in the LGBTQ+ community connected to smoking compared to the rest of the population, we need to understand where this imbalance has come from and what is being done to address it.

LGBTQ+ people are almost forty six percent more likely to smoke cigarettes than the general population.

In 2019, the Office for National Statistics (ONS) highlighted LGBTQ+ smokers as a key characteristic within their annually published data on adult smoking habits in the UK. From that data, they found that the proportion of current smokers was significantly higher in people who identified as gay or lesbian at 23.1 percent, or bisexual at 23.3 percent, than for heterosexual people at 15.9 percent¹ [see Chart 1].

Though smoking rates within our community continue to decline in step with the general population, prevalence is currently at the same levels as the general population was fifteen years ago.

Yet with more of the general population identifying as something other than straight than at any other time in modern British history², it is clear that smoking should be looked at as a major health issue for our community.

Governments and experts have known for too long that smoking is a serious threat to LGBTQ+ people

Since 2010, more and more LGBTQ+ and health advocacy organisations, such as Stonewall and Action on Smoking and Health (ASH), have documented that LGBTQ+ people are more likely to smoke than in the general population. Prior to this research, many had for years expressed the need for action to support those in the community who smoke.

And yet it was only in 2017 that the Department of Health and Social Care (formerly the Department of Health) recognised that 'those from the Lesbian, Gay and Bisexual community remain far more likely to smoke than the general population'³.

And more recently, Secretary of State for Health and Social Care Matt Hancock commented that smoking rates within the LGBTQ+ community remain 'stubbornly high'⁴. The government commissioned a Green Paper consultation shortly after these comments were made. This aimed at

outlining the actions needed to reach an ambitious target of reducing the country's smoking population to five percent or less, in essence making the UK smoke-free, by 2030.

But with little detailed understanding about why LGBTQ+ people are more likely to smoke, and what tailored support is required to support our community, it will be difficult to make meaningful change.

So what is our aim?

Our aim is simple, it's to support LGBTQ+ smokers to quit. Or if they're not ready yet, to support them to move to better alternatives.

To do this our community needs the organisations and institutions who serve us to move on from highlighting prevalence to taking action.

And to facilitate that action, we require a detailed exploration into the shape of smoking in the LGBTQ+ community, and ways to ignite a meaningful conversation.

This report will look to explore the lived experiences, perceptions, and beliefs of LGBTQ+ people in relation to smoking and smoking cessation. It will explore recommendations that have come directly from our community, outlining how they feel they can be best supported.

Finally, it will look to identify the key players who have a role in supporting LGBTQ+ smokers to quit smoking or, if they don't, move to a better alternative. This will be done through suggested commitments that the community would like to see them make and deliver on.

The proportion who were current smokers by sexual orientation (2015 to 2017)

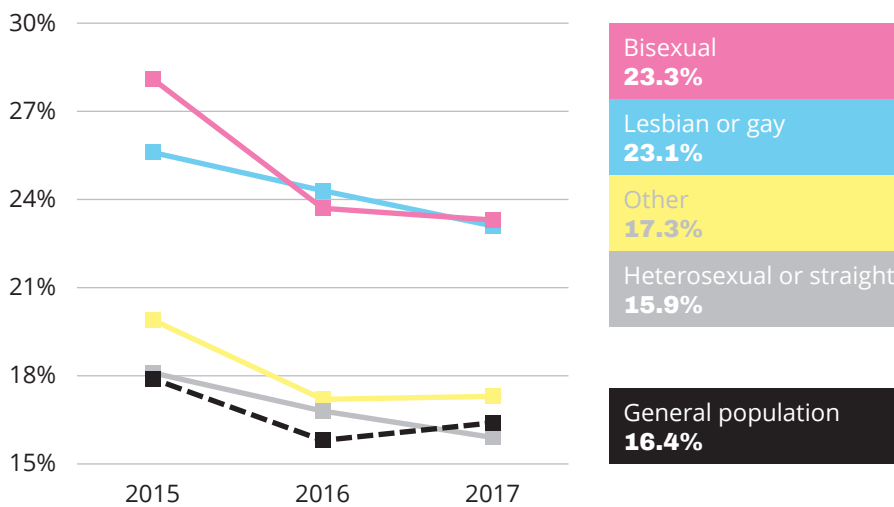


Chart 1:
Source: Office for National Statistics (ONS)



Jesse
he / him
pansexual

I started smoking because it looked 'cool' and I thought people would like me more if they thought I was cool. I was the first person to 'come out' amongst my peers when I was younger. And for me, it was difficult to fit in and I got bullied a lot for who I was. I saw that all the people who bullied me also happened to smoke. For them, it was the 'cool' thing to do. For me, it was literally a case of, "Well, perhaps if I smoked, they would think I was cool and that they would like me more?". Maybe I could be part of that circle? That's why I started smoking in the first place, and it then became a massive habit.

I am still smoking today, but I am in the process of cutting down. I am trans, and I have my surgery next year, so my aim is to completely quit by Christmas. I am cutting down slowly. I used to be on ten to fifteen cigarettes a day. I am now on a maximum of five a day, but it depends on what I am doing. I have been diagnosed with anxiety, depression, and borderline personality disorder. From an early age I have been figuring out my identity, and what I was supposed to be. And those anxieties and social pressures are still with me, and smoking is a way to manage it. If I go out to an appointment, I am more likely to smoke. I will have one before leaving my house to go to the train station. I would tell myself that the cigarette will make me feel better. Getting off the train and walking to the appointment, I will have another. After the appointment, another. If the appointment or session is longer than two hours, I will think about how I can have one halfway through. For me, it's self-medicating through a cigarette. And it's kind of built into my daily routine to have those moments of calm.

The only thing that works for me is going full-blown cold turkey. I've tried to quit two or three times, and the most I've managed is a week. I have tried the whole cutting out stage or cutting down. Having days where I don't smoke, and days that I do. For me, it doesn't work. So when I've quit in the past, it has been through going cold turkey. However, at the moment, I am trying to reduce gradually. Going from ten to fifteen a day, down to ten, then cut down to eight, and then down to five.

I've used vapes – but you have to stick to it. I've tried vapes on four or five occasions, and I had been doing really well. And then as soon as you have another cigarette, you forget about the vape and stop using it. You've been reminded about what a cigarette tastes like. I have heard other people have had similar experiences. There's also some stigma around whether they're better or worse than cigarettes. And like most things available to help you cut down smoking, they are good at helping with the effects of smoking, like the addiction to nicotine, but it doesn't help the root cause.

I find talking to medical professionals an impersonal experience. When I have seen my GP in the past, I have been asked the standard questions of "do you smoke" and "how much do you smoke". That was it. There are no detailed questions about why I smoke, or how I use it within my life. Or any acknowledgement of a link to smoking and my identity. I find a lot of the time, where smoking is concerned, that it's only about how it affects your physical health, not your mental health. They just aren't seeing the whole person. It also feels impersonal; it doesn't feel like they care. That they are saying it because they just have to ask the question.

Campaigns like 'Stoptober' are great but there are problems. I like the idea behind it, and I did see it advertised when I was a student because they thought we were more likely to smoke. I wish they weren't promoted for just one month each year – purely because 'stop' works well in the month name. There should be more opportunities to talk about stopping smoking all year round. I also feel they don't quite represent me in terms of my identity. However, I understand it's difficult when you've got standard cis-het people on social media saying "LGBTQ+ don't need to be a part of everything you know". Well, sometimes, we do need to be part of these conversations because we are affected more than a lot of others.

I want to be able to access a dedicated support group for LGBTQ+ people. I've tried vapes, and gums, and patches, and to me they are useless. It may take away the physical addiction, but it doesn't help my anxieties. I genuinely think social groups can help; to be able to discuss what it's like to smoke on a personal level. I have recently been referred to a smoking cessation support group, but it's not LGBTQ+ specific. I won't out myself as trans in the group because I don't feel comfortable to out myself in front of a group of people who I don't know how they identify either. So I won't be able to be 'me', or for the group to understand the whole me. I don't think I have ever come across any LGBTQ+ support groups for smoking cigarettes where I can sit down and discuss the reasons why I smoke with like-minded people.





Lauren
she / her
bisexual

These days I am more conscious of how much I smoke. I smoke roll-ups, and I have around twelve to fifteen cigarettes in an average day. If I am in a period of stress, then it will be more; and if it's on a night out, it would be double that. Whilst I am not at the point where I want to quit cold turkey, I am now more conscious about how much I smoke. I am now looking to reduce how much I smoke. It's something I have become more aware of because I am getting into fitness. I've started jogging, which I really enjoy. And my friend tells me that if I am exercising whilst smoking then the risk of a heart attack is higher than if I just smoked but didn't exercise. I haven't actually looked that up myself, but I was like, I don't want to have a heart attack, but I do want to continue exercising. So, I am reducing how much I smoke.

I'd say that smoking is just part of my routine. I have a cigarette after every meal if I can. It's just intrinsic that I smoke. If I am on a night out, I will have a cigarette. It would feel weird if I didn't. But I do like how cigarettes can break up my day. They give me a good chance to clear my head. If I am really stuck on something, just having a cigarette can help.

There have been times where my identity has had an impact on my smoking. However, I don't necessarily think about it consciously. I remember I was having an argument with a friend where I felt what he was saying had biphobic undertones. I was on a bus, and we were messaging each other on *WhatsApp*. And he was really pissing me off. And I just had to get off the bus and have a cigarette, then and there. If that hadn't happened, if he wasn't stressing me out and didn't make that comment...? So I know smoking can relate


to stress, when people are making comments on things that they see, or things that are said to me.

Ideally, I will have quit smoking by the end the year. But I will remain a social smoker. Quitting will be gradual, as I know going cold turkey doesn't work for me. I want to do it in a slow process. Maybe reducing one cigarette a day every six weeks. That feels sustainable. Then it will come to a point where I am only smoking socially. I've tried to quit a couple of times in the past, but I wasn't in the right headspace. I think that I would say that I feel motivated enough to want to do it.

I've had vapes in the past, but I have never really found the appeal. The flavours are nice and stuff, but if it still has nicotine in it then I don't think it's that helpful. From my observations of others, people still crave a cigarette. I don't think replicating smoking, but without the harm, works for everyone. I am also worried about the potential long-term impact of vaping that we are currently unaware of which might pop up in twenty, thirty, or fifty years' time.

It saddens me to learn that there is a disproportionate number of smokers who are LGBT, but smoking isn't an issue people would necessarily consider. When you think about issues that exist in the community, smoking wouldn't be one of the first that comes to mind. I would think about discrimination, or homelessness, or HIV. You wouldn't necessarily think there is a link, or a correlation, between higher rates of smoking and being LGBT. But I'm also not that shocked. When it comes to anything to do with marginalised groups – especially when thinking about their health – the reasons why we do things are often a lot deeper than we realise. For example, managing stress coming from the discrimination we face as a community. Yet we don't take the time to do the research, or really consider what those links are and how they can be solved.

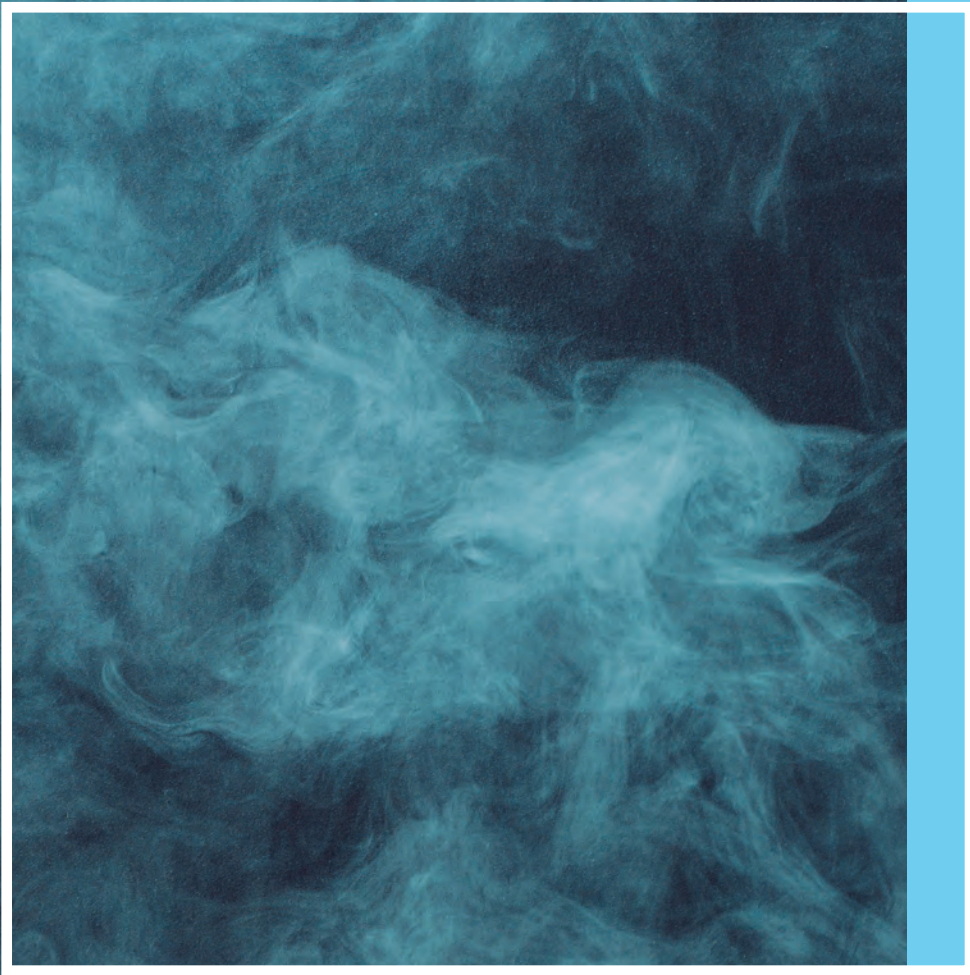
Ideally government and charities should do more to support LGBT+ smokers to quit, but they either lack the capacity or interest to do so. I don't think the government, especially the current government, would necessarily care. They certainly wouldn't care enough to act on it or try to reduce the rates of LGBT smokers. And I think charities are often so limited in the resources available to them. They're probably aware that smoking rates are higher, but they only have a certain amount of capacity. There are bigger issues to



focus on that are a danger to our community. My smoking is not as worrying or extreme as someone homeless because they're LGBT+.

I think smoking campaigns are quite surface level in their messaging. They don't necessarily address the underlying causes of why people do smoke. Like stress, or the social aspect. They're also too negative. I would say that ninety nine percent of smokers, if not all, are aware of the negative side effects of smoking cigarettes. A lot of the time these campaigns rehash the same information; there's nothing out there that's new, or that makes me want to quit. If they were more positive. For example, if they focused on how you could live five years longer with your partner or your grandchildren. Not cancer, cancer, cancer, and pictures of damaged lungs.

Engaging LGBT+ smokers on this issue through campaigns and resources is important, but they must be done right. I wouldn't want it to feel like it's rainbow capitalism. Away from quit smoking campaigns I have seen a lot of adverts recently where they have included LGBT+ characters in marketing products. It can seem a bit false; like they'll use them once in an advert and then never address it again. But a targeted method for campaigns and resources that is thorough, that can address the underlying issues LGBT+ smokers face, so that the community can identify and relate to them. Then when they are engaged, it shouldn't just be about quitting smoking. It's about making sure that other aspects of their lives are ok; addressing why they may smoke in the first place. Then using techniques that help LGBT+ smokers to replace that habit with something more positive in their lives.



Part 2

The LGBTQ+ voice

As part of finding ways to support LGBTQ+ smokers to quit or move to better alternatives, we first needed to see things from their point of view. This entailed looking at their relationship to smoking, the connection to their identity, the influences around them, and whether as a community we are ready to go smoke-free.

1. Too many in the community have a relationship to smoking.

When we spoke to the LGBTQ+ community we found that seventy two percent of them were either regular, casual, or former smokers.

Nearly two in five were regular habitual smokers, meaning that smoking is a part of their daily routine. With a further fifteen percent saying they were casual or 'social' smokers only; in as much as they only smoked when out drinking, clubbing with smoker friends, or other casual reasons.

A fifth were found to be former smokers, either regular or casual. And twenty seven percent said that they had never smoked a cigarette at all. Compared to the proportion of the general population who say they have never smoked a cigarette at around fifty seven percent⁵.

Who are they?

When it came to gender, we found that every five in ten men were more likely to smoke, while it dropped to every three in ten for women [see Chart 2]. However, numbers were higher around social smoking, with eighteen percent of women in our community saying they were more likely to do it compared to eleven percent of men.

Age played only a slight factor, with people aged 35 and over marginally more likely to smoke than those under 35 [see Chart 3]. Social smoking tended to be attributed to younger people in our community, with nineteen percent of those aged under 25 saying they smoked casually when compared to seven percent of those aged 35 and over.

When it came to sexuality, we found that those who identified as bisexual were somewhat more likely to refer to themselves as a casual smoker than those in the community who were gay or lesbian [see Chart 4].

Frequency

The majority of former or current LGBTQ+ smokers smoked cigarettes several times a day.

Nine in ten current regular smokers say they smoke several times a

day, versus six in ten former smokers historically smoking the same amount.

There is a perception in current regular smokers that their habit is needed more frequently, with many citing the importance of punctuating various moments throughout the day with a cigarette. Like their first cigarette of the morning, cigarette breaks at work, when getting home from work, and a cigarette with a glass of wine in the evening.

Long-term smokers

Most of the LGBTQ+ smokers we spoke to have been smoking for a long time, with forty three percent having been smoking for five years or less and a further twenty one percent having smoked between six to ten years.

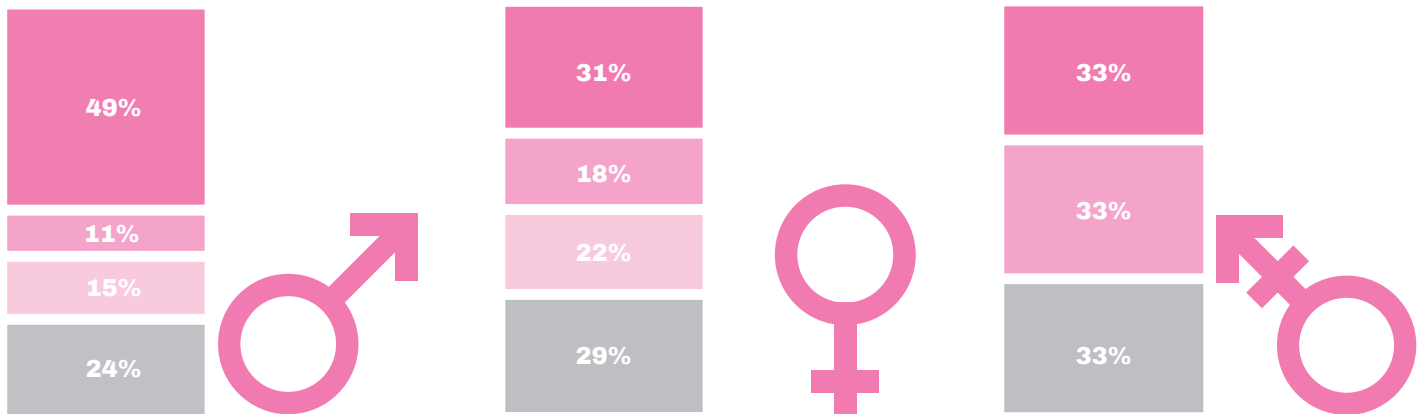
When looking at LGBTQ+ smokers who have quit, nearly two thirds said that before stopping they had smoked for five years or less.

Location, location, location

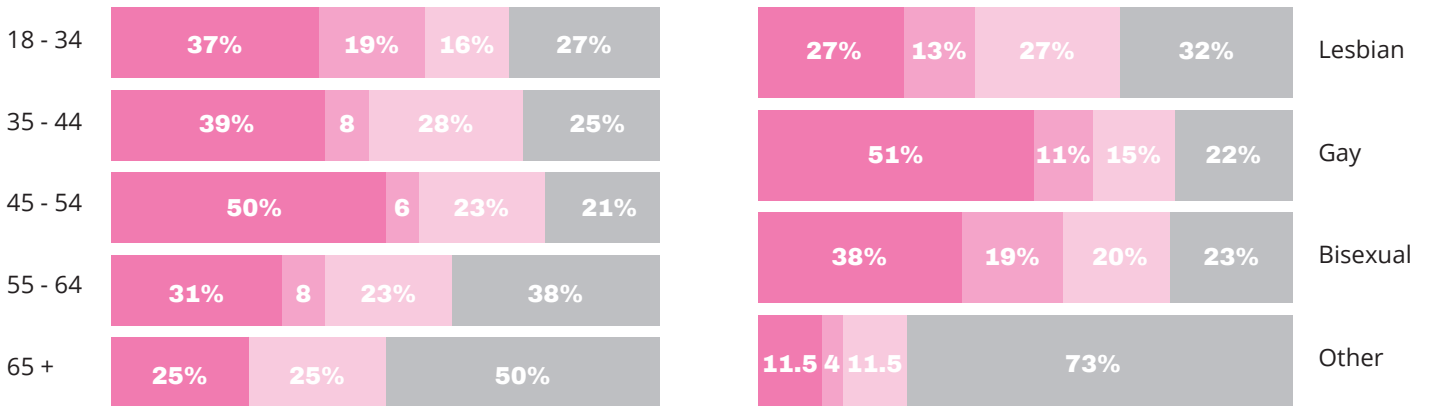
Overall the places where LGBTQ+ people are most likely to smoke are in bars, pubs and clubs, during work-place breaks, or at home. Some gay men also identified a close link with sexual intimacy, with a cigarette playing a role during or after sex.

There was a noticeable difference in where current regular smokers identified their primary location for enjoying a cigarette, compared to former smokers. Most current smokers say that they smoke at home [see Chart 5], whereas two fifths of former smokers said that they predominantly smoked at bars, pubs, and clubs. The data seemed to suggest a potential link between smoking at home and the closure of many LGBTQ+ venues in major cities like London and across the UK in recent years⁶.

Do you currently smoke cigarettes?



(by gender identity)



(by age range)

(by sexual identity)

■ Regular smoker
 ■ Casual smoker
 ■ Former smoker
 ■ Never smoked

Charts 2-4:

Base: All respondents (data excludes 'Prefer not to say')

In which of the following scenarios do you mainly smoke cigarettes?

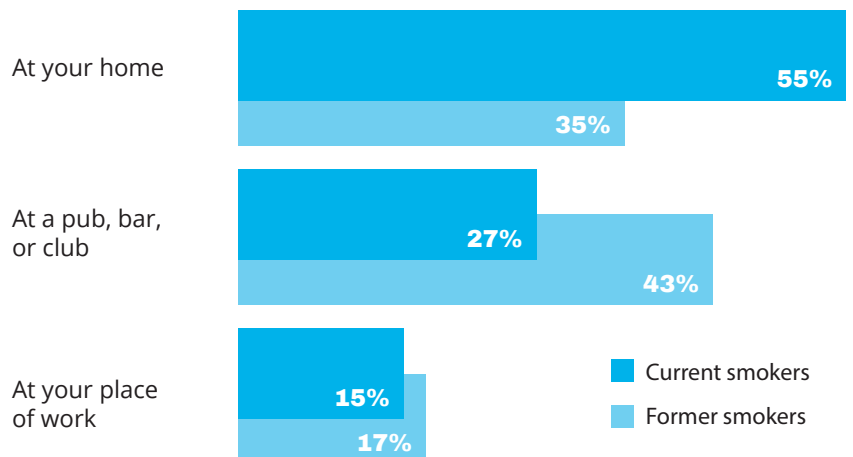


Chart 5:

Base: Regular, casual, and former smokers

2. The good and the bad associations of smoking sit balanced on the scale.

“ Relaxation and the ability to forget everything and take a moment or six for yourself.

- Gay Man, 50s

Some people [in my family] are aware [that I smoke], but most are probably unaware. I'd prefer it that way, it's my thing and it's my anxiety relief.

- Pansexual Trans, 20s

It's not necessarily the cigarette that makes [a night out better], it's where everyone is. People are more chatty, more willing to invest in conversations [in smoking areas]. In a nightclub or bar, it's too busy, too loud. You can't hear.

- Gay Man, 20s

The idea that you're a bit of a bad boy or a bad girl if you smoke. It's an act of rebellion.

- Queer Woman, 30s

The majority of LGBTQ+ smokers recognise that smoking has negative connotations impacting their lives. Most acknowledge the effect it can have on a person's physical health, but also issues that can impact other areas of their lives, such as the financial cost of smoking, or the impact on their skin or appearance.

Yet on balance, smoking represents a positive aspect in the lives of many LGBTQ+ smokers. There are as many positive associations with smoking as negative, with most of the positive associations attributed to what they feel they get out of smoking.

Smoking to de-stress or unwind

Many in the community commented that the habit of smoking helped them relieve tension, relax, and re-balance themselves. It allowed them time for themselves at stressful points throughout their day, an opportunity to step away from their desk and forget about life's stresses and pressures.

Smoking to relieve anxiety

Some of the people we spoke to linked smoking to their anxiety. Having a cigarette can be a very personal thing, giving smokers that essential time to try and deal with the anxieties they are having to face.

Smoking to bring about connection with others

The act of smoking a cigarette provides opportunities for authentic connections with others, which can be otherwise lacking. A third of current smokers say they smoke with friends, rising to two-thirds in those who say that they are casual smokers.

Smoking to reflect identity

For some, smoking can become part of their personal image. They associate it with sophistication or being a 'rebel'. Of those we spoke to, half said that smoking played some or a large part in the LGBTQ+ community and its identity [see Chart 6]. Thirty two percent of regular smokers felt that smoking is a rebellious act which enforced their LGBTQ+ identity, rising to forty nine percent in those who smoke casually.

To what extent do you think smoking plays a part in the LGBTQ+ community/identity?

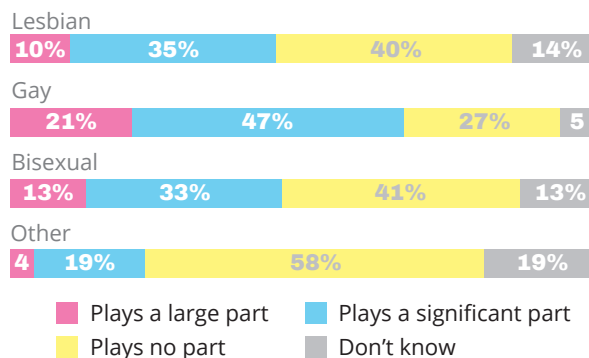


Chart 6: Base: All respondents

A release Achieve Ahh! That's better Anxiety relief
 Artist Autonomy Buzzing Calming Calmness Chic
 Chillout Clubbing Communal Conformity Consistent
 De-stress Distraction Encouraged Enjoyable habit
 Escape Fag breaks with the other smokers at work
 Feels good - first one of the day with a coffee! Film
 Noir Freedom Friends Fun to smoke when drinking
 alcohol Gets me through the day Good for every
 occasion Happiness Heart-to-hearts Helpful Helps
 me concentrate when writing I love it It's cool Kinda
 cool Making friends in the smoking area Meditation
 / Mindfulness Nice Nicotine Nights out Part of me
 Parties Peace Pleasurable Pleasure Private time
 Rebel Relaxation Relaxing Relief Reward Ritualising
Positives Satisfying
 Self-reflection
 Serenity Sex Sexy Sharing Sociable Soothing Stress
 relief Tastes nice Tummy Warm on a cold evening

A waste of time Addiction Addictive Alcohol Anti-
 social Anxiety Bad health Bored - the gap between
 things

Can you **Negatives**

do that somewhere else Can you still run? Cancer
 Coughing Crutch Dangerous Deadly Declining
 Disgusting Dirty Dirty habit Doing it too much
 at the moment Emphysema Exclusion Expense
 Expensive Fear Hate the boxes Hating long
 flights due to nicotine cravings Health problems
 in old age High taxes Illness Lack of will power
 Lonely Lung cancer Macho Out of breath Poverty
 Regrettable Secret Secretive element as not
 allowed on hormones Self harm Separated
 Shallow breathing Smells bad Smelly Smelly fingers
 Sometimes anti-social (now) Stress Tired Toxic
 Unhealthy Weakness Wish they were good for you

3.

Our identity doesn't start the smoking journey, but it works to keep us on that road.



Because [LGBTQ+ people] are living in a world where they're seeing stuff where people like them are being beaten up and attacked, and that's going to cause stress.

– Gay Man, 20s

Thought a lot about why my straight friends have given up. There isn't that incentive to give up for LGBT people [for example] the children element. For me, no one is dependent on me. If I die when I'm 50 it's my life, there is absolutely no one I have to take care of.

– Gay Man, 40s

Can't meet non-smokers without them going 'oh you stink! Before you come near me, cover yourself with deodorant, have some gum and wash your hands.' – it's impossible.

– Lesbian Gender Non-Conforming, Late Teens

We have enough pressures as it is, and to have people telling us what to do when we are breaking free of different things. No!

– Straight Trans Woman, 40s

The reasons that LGBTQ+ people start smoking do not differ as wildly as you might expect from our straight counterparts. Many expressed the view that starting was as an 'experiment', or to 'fit in' with their friends and peer groups, either voluntarily or as a result of peer pressure.

From our conversations with LGBTQ+ smokers we found that often the time in their life in which they have been dealing with their sexual or gender identity happened to coincide with the time they started smoking. While many felt there was not a direct link between the two and that they did not start smoking because they identify as 'other', there was a perception that their habit was compounded by a period during which support was limited and made their addiction to nicotine more likely.

The smokers also felt that throughout their lives they experienced far more triggers working to maintain their habit and too few prompting them to quit. The triggers for sustaining the habit come in many forms. Those we spoke to said that there are unique pressures and stresses connected to their sense of identity, sexuality, and 'coming out'. Some smokers in the community had experienced a form of hate crime in relation to their sexuality or gender identity. This included, but was rarely limited to; verbal abuse, intimidation, threats, harassment, and, in the worst instances, physical assault.

And this mirrors the government's own findings that forty percent of LGBT people have experienced an in-

cident of hate crime in the last twelve months, because they were LGBT⁷.

As a society, we have seen a rise in hate crimes experienced by LGBTQ+ people [see Chart 7]. In 2018-19, Home Office figures show that there has been a thirty seven percent rise in transgender hate crimes reported in England and Wales, with an increase of twenty five percent for incidents related to sexual orientation⁸.

When it comes to the idea of quitting, the smokers we spoke to felt there were fewer triggers for an LGBTQ+ person. One of the key drivers identified for quitting among their straight friends is starting a family.

Some of the smokers we spoke to pointed to this lack of dependants as a reason that smoking is not only more common, but persists due to there not being that incentive to stop. The thinking behind this appeared to come from the idea that LGBTQ+ people experience breakdowns in familial relationships due to their identity or that far fewer currently have children, with our community only recently reaching a milestone that means having a family is possible.

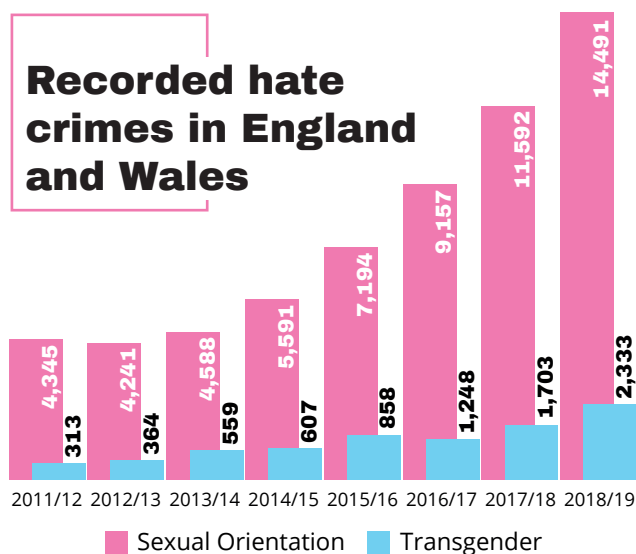


Chart 7:
Source: Home Office

However, within all the discussions, we found that three definitive factors were at play to make smoking more personally and socially acceptable within our community.

A culture of tolerance and acceptance within the LGBTQ+ community

Qualities of tolerance, acceptance, and non-judgement are highly valued within our community. Which is often a side effect of many LGBTQ+ people having a complicated relationship to the world via their identity.

LGBTQ+ people have experienced being or expected to be 'shamed' for their identity, so they can push back against anything that feels overtly judgemental or seems to be forcing them to behave in a certain way.

And when it comes to smoking, this can materialise in many ways, such as;

- an acceptance of people's choice to be a smoker,
- a push-back against non-smokers 'trying to make people quit' or 'looking down on smokers'.

Acknowledgement that mental health issues (including stress and anxiety) are a key driver and more prominent amongst LGBTQ+ people

Across the research there is a widespread recognition that stress and anxiety relief are key drivers for smokers.

There is also a common belief that mental health is an issue found more often within the LGBTQ+ community. In particular, those who identify as trans or non-binary.

So when it comes to alleviating these pressures, smoking works as;

- a mechanism for coping with the unique stresses faced by LGBTQ+ people such as the rise in hate crime, discovery of personal identity, and experiences of not being accepted by friends or family,

- a way of developing a 'lesser of two evils' mentality in a minority of cases to other alternatives of ways to cope (i.e. through getting professional help, or by other forms of coping such as alcohol).

Democratisation and sense of belonging that comes with being a smoker

We also found that smoking functions as a social connection for many LGBTQ+ smokers. This manifests particularly in the smoking areas of bars and clubs, and in workplace cigarette breaks. Places all too common for smokers within the general population.

Yet as a community that can at times feel excluded and marginalised, opportunities for authentic connection and being part of a group where you feel comfortable and like you belong are highly valued.

So when it comes to smoking this functions as;

- a way to break down barriers and provide a temporary simple sense of identity,
- an opportunity for authentic moments of connection.



We live in a society that can be awful to queer people. Trans and non-binary, even more so. So just let us smoke.

– Pansexual Gender Non-Conforming, 20s

I agree [that smoking is more of an issue for the LGBTQ+ community] – for me, it's around mental health and finding ways to cope.

– Bisexual Woman, 20s

I was a serious self-harmer in my teens. When I [came out] and got this freedom, I was smoking instead of self-harming. It got to the point where my parents were, 'it's fine that you smoke, because you're not harming' – it's still going to [cause harm], but at least it's not happening now.

– Lesbian Gender Non-Conforming, Late Teens

In a stratified workplace, the smoking area is the only democratisation. There's nothing else that links those people apart from that they smoke. They could be any rank.

– Gay Man, 40s

4.

Our spaces, places, and icons often support and enable our smoking habits.



You go to [LGBTQ+] clubs and pubs and they always have good smoking areas. Otherwise, you have to go to fancy straight bars.

– Gay Man, 40s

I think it's about the circle you may keep. Especially for people who may go to places where there is an LGBT presence, the chances are you will meet more people that smoke, as we're all going through the same types of stresses.

– Bisexual Woman, 20s

I wanted to be Bette Davis or Marlene Dietrich as a kid, in the mirror practicing smoking, that's still in my head. I'm still Bette Davis. Wonderful!

– Gay Man, 40s

Skins and *Misfits* were huge when I was in high school and were some of the first mainstream queer characters that I remember and loads of them smoked.

– Queer Woman, 20s

Our LGBTQ+ community is often exposed to influences from a plethora of sources that reinforce and support a smoking habit. Similarly to the stresses and pressures associated with our identities, these influences are unique to our lived experiences and are not as prevalent for the rest of the population. They can be found in our clubs, at Pride events, or even in the films and television programmes that speak to our sense of identity.

In fact, we found that there was very little awareness of LGBTQ+ specific environments where smoking is not a prominent feature.

LGBTQ+ pubs, bars, and clubs

Around a third of LGBTQ+ smokers felt that social venues on the scene offer better smoking areas than non-LGBTQ+ venues. In casual smokers, this perception was significantly higher with around half believing they are a better facility [see Chart 8].

This perception seemed to focus on the idea that the spaces tended to be cleaner, more comfortable to sit and chat in, offer protection from the elements, and more often than not are more appealing than the usual out on the street locations. And while this may not be true of all LGBTQ+ pubs, bars, and clubs, the smokers felt that there were enough locations that came easily to mind for it to have a significant impact on the habit.

Therefore, it would appear that some owners of LGBTQ+ venues have inadvertently supported their customers who smoke by creating these welcoming smoking spaces that unintentionally work to reinforce this habit.

Pride events

One of the most unique places that LGBTQ+ people can go to freely express their identity are Pride events. These also often involve being able to meet more like-minded people and a way to be yourself without judgement.

However, an unintended consequence can be the reinforcing of smoking as an activity. Gravitating towards

those members of our community that share the same values can mean that they also share the same habits. And with nearly a hundred and fifty Pride events happening up and down the UK every year this means that LGBTQ+ smokers are meeting more and more frequently.

Popular culture

A third of current smokers find that smoking expresses qualities of rebellion and freedoms that align with LGBTQ+ identities and experiences. Within this there is a perception that LGBTQ+ characters and iconic figures, both fictitious and real, within our community can have an influence on our identities.

Some LGBTQ+ smokers claim that they identified with characters on television programmes, or even imagine that they were iconic figures such as Bette Davis. Many of these icons can be found to smoke within their performances or their personal lives. Patsy and Eddie constantly drinking and smoking in *Ab Fab*. Heath Ledger and Jake Gyllenhaal around the campfire in *Brokeback Mountain*. Nathan Maloney smoking a cigarette before walking on to Canal Street for the first time in *Queer As Folk*.

Whilst this isn't a zeitgeist of 'queer culture' that everyone ascribes to in the LGBTQ+ community, there is a perception of an association with popular cultural references which can chime with LGBTQ+ smokers.

To what extent do you agree or disagree with this statement:

'LGBTQ+ venues (like bars, clubs, and pubs) have better smoking areas than non-LGBTQ+ venues'

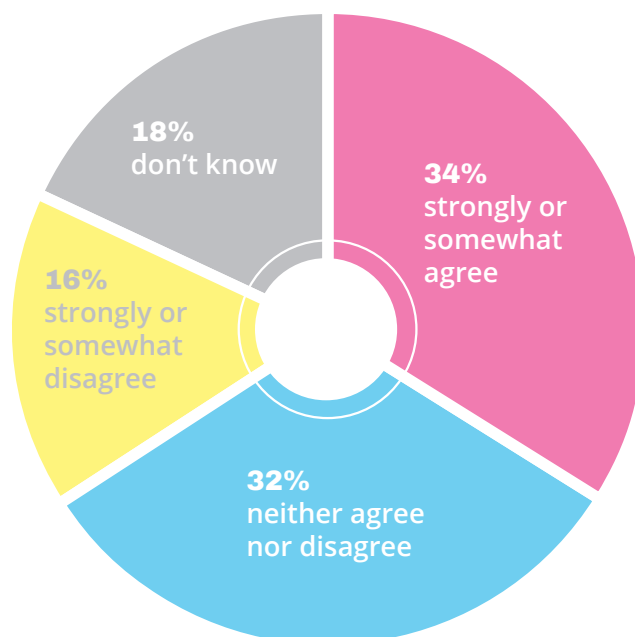


Chart 8:
Base: All respondents

5.

Getting likes and swiping right means keeping my smoking habit secret.

“ With the *Instagram* generation, where everyone wants to look a certain way, you never see people with a cigarette anymore, everyone tries to hide it. If I was taking a selfie, I'd hide [the cigarette].

– Gay Man, 20s

There was a picture from a wedding, and I thought it was the best picture of me ever, and that's obviously the picture we choose for our [*Grindr*] profiles isn't it. I hadn't even noticed that there was a cigarette in my hand, until someone messaged me, and said: 'I would meet you but not now because you smoke'. So, I took the picture down.

– Gay Man, 40s

While the majority of LGBTQ+ smokers are out of the closet about their smoking status to their GP or to their close family and friends, some feel the need to keep it behind closed doors in front of other groups of people who they consider to be important [see Chart 9].

Around a third of regular smokers choose to hide the fact that they smoke from their followers on social media platforms like *Facebook*, *Instagram*, or *Snapchat*. This is also the case on their profiles on dating and hook-up apps such as *Grindr*, *Tinder*, or *Hinge*.

On social media, some either expect or have experienced being judged or nagged by those who follow them. Whilst on dating and hook-up apps,

some LGBTQ+ smokers believe that they will be rejected if they reveal too early in the conversation that they smoke.

This is a problem that is experienced by many smokers using dating apps regardless of their sexual identity. Data from *Hinge* showed all men who identify themselves as smokers get turned down almost ninety percent of the time⁹, and a survey in the US showed two out of three non-smoking women will swipe left on a smoker¹⁰.

For an LGBTQ+ smoker, this can lead to smoking becoming a private activity, or one that is only shared with other LGBTQ+ smokers but kept hidden away from others.

Would you ever have told the following groups of people that you're a smoker?

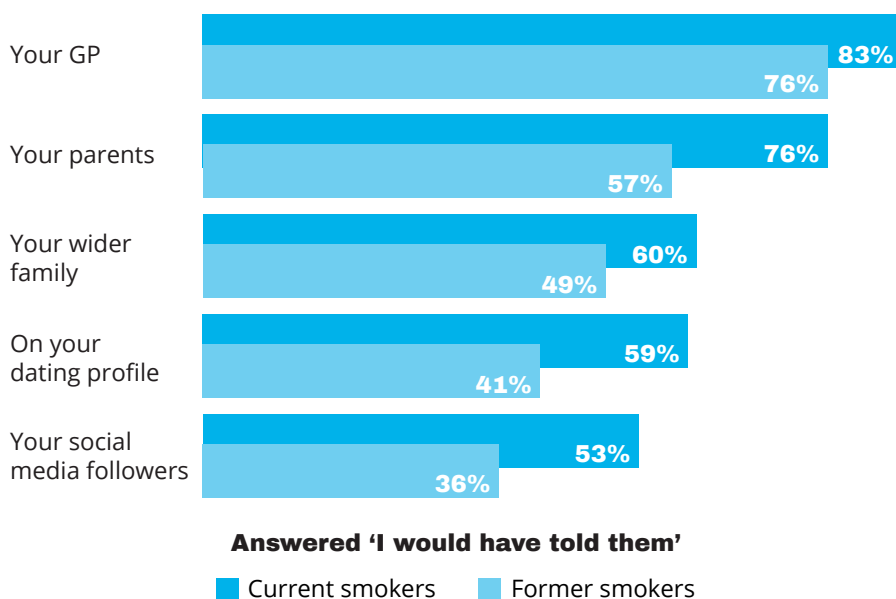


Chart 9:

Base: Regular, casual, and former smokers

6.

Smoking is an invisible issue within the community.

Despite the prevalence of smoking being significantly higher in those who identify as gay, lesbian, or bisexual, few people in our community are aware of this. The majority [see Chart 10] believe smoking is just as high in the LGBTQ+ community as the general population, with a further nineteen percent saying that they were unsure.

Although regular smokers tend to be slightly more aware that smoking rates are higher in our community, this awareness isn't born out of facts and evidence, but as a result of assumptions based on personal experienc-

es. It often comes from having more LGBTQ+ friends who are or were smokers, when compared to their straight friends.

On reflection, a large proportion of the people we spoke to had not yet considered smoking a specific issue that needs to be addressed within our community. But, when presented with the ONS statistics on the community's higher smoking rates, many felt that some action needed to be taken to support LGBTQ+ smokers to quit smoking, or move to better alternatives.



Among my straight friends, 20 of them, I'm the only one that smokes.

- Straight Trans Woman, 40s

My queer friends smoke more than my straight friends. Going out to a queer bar, you're more likely to see people smoking.

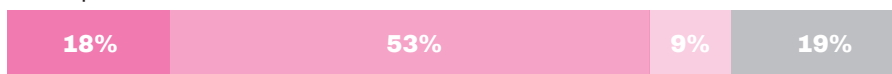
- Lesbian Woman, 20s

I definitely think smoking is more of an issue for LGBT+. I did some research before I came here and apparently LGBT+ people are more likely to smoke.

- Gay Man, 20s

Which of the following statements is closest to your view?

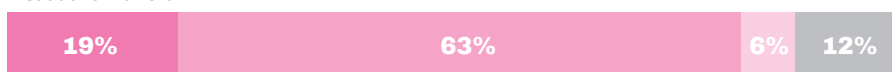
All respondents



Regular smokers



Casual smokers



Former smokers



- Smoking rates are higher among the LGBTQ+ community
- Smoking rates are just as high among the LGBTQ+ community
- Smoking rates are lower among the LGBTQ+ community
- Don't know

Chart 10:

Base: All respondents

7.

We're ignored by stop smoking campaigns yet bombarded by sexual health ones.



I'm not going to be having kids.

- Gay Man, 40s

It's all 'be a lad, quit' - just not relevant to the queer community. [Stoptober Ad]

- Gay Man, 40s

I feel the messages that stick out in those campaigns are 'quit for your children', and I'm like, I don't have children. Or 'you're going to lower your sperm count', again, I don't have sperm. I don't think their messaging is that relevant to LGBT people.

- Lesbian, 20s

Forty nine percent of LGBTQ+ smokers say that that our community is often overlooked in public health messaging by those producing smoking cessation campaigns. This seems to mean there is little awareness of anything being done to specifically target or support LGBTQ+ people to quit smoking or, if they don't want to quit, to help them move to better alternatives despite the higher prevalence.

While we found there was a relatively strong recall on the big stop smoking campaigns that run up and down the UK, such as Public Health England's 'Stoptober', there is a perception among LGBTQ+ smokers that these campaigns don't speak to them directly. Many voiced the idea that they are targeted at the general population which inevitably means the campaigns can come across as heteronormative.

LGBTQ+ smokers feel that campaigns produced by Public Health England or the National Health Service are often irrelevant to their LGBTQ+ identity. Some even went as far as to say they feel actively excluded. For example, many of the well-known adverts were described as 'too laddish' or with constant references to fertility, or the impact smoking may have on a family's children.

When it comes to LGBTQ+ health campaigns, many of the smokers felt that charities and advocacy groups ignore smoking as a health issue. Seven in ten LGBTQ+ smokers believe that campaigns that target the LGBTQ+ community mainly focus on sexual health issues such as HIV testing, or awareness campaigns such as 'U equals U'. In addition, there are prominent campaigns that focus on equality issues that raise awareness on sexuality and gender, such as 'LGB with the T'.

While our community understands the importance of these campaigns and often actively supports them, it is clear there is a missing link when it comes to LGBTQ+ specific campaigns raising awareness on smoking. This is despite the significant disparity in smoking habits within our community compared to the general population.

Only seven percent of former smokers we spoke to said an NHS campaign was a key reason they quit smoking.

8.

We want to stop smoking, and we want to quit within the next twelve months.

Eighty six percent of the current LG-BTQ+ smokers that we spoke to say that they want to quit smoking cigarettes, with two in five saying that they would like to quit within the next six months [see Chart 11]. This appears to be consistent across all identities within our community. All those from different identities have a sense that they want to quit smoking or move to better alternatives.

Overall, the key motivations to trigger current smokers to stop smoking were the financial cost of continuing and a sense of personal challenge. However, a third of LGBTQ+ smokers said that the impact of smoking on a close friend or family member would also have a significant impact on their choice to quit.

For those who use smoking as a way to manage the unique pressures and stresses related to their identity, many were aware that smoking had become an 'emotional crutch', and they were motivated to find new and healthier coping mechanisms to support them with stress and anxiety experienced in their lives.

Those who considered themselves to be social smokers had experienced smoking creeping into more parts of their life and becoming a 'habit'. Many cited health reasons for giving up and to show themselves, as well as others, that they have the willpower and self-respect to quit for their own health and wellbeing.

But what about those who don't want to quit or aren't ready yet

Whilst seventy three percent have considered trying to quit smoking or to smoke less at some point, there is a vocal minority in our community with little or no interest in giving up or cutting down just yet.

For those LGBTQ+ smokers who identify smoking as a key driver for social interaction, it is seen as an essential part of making authentic connections to people in the LGBTQ+ community and beyond. Young

LGBTQ+ people (early 20s and under) feel that they can 'quit later' or at a target age: 'I will quit when I am 30.'

Whilst those who consider smoking as a driver for stress or anxiety relief, in particular those from trans and non-binary communities, they continue to use their habit as a coping mechanism with no other possible route to support them; such as easy to access mental health support.



I am in the process of cutting down. I am trans, and I have my surgery next year, so my aim is to completely quit by Christmas. I am cutting down slowly.

– Pansexual Trans Man, 20s

Ideally, I will have quit smoking by the end of the year. But I will remain a social smoker. Quitting will be gradual, as I know going cold turkey doesn't work for me.

– Bisexual Woman, 20s

Which of the following best applies to you?

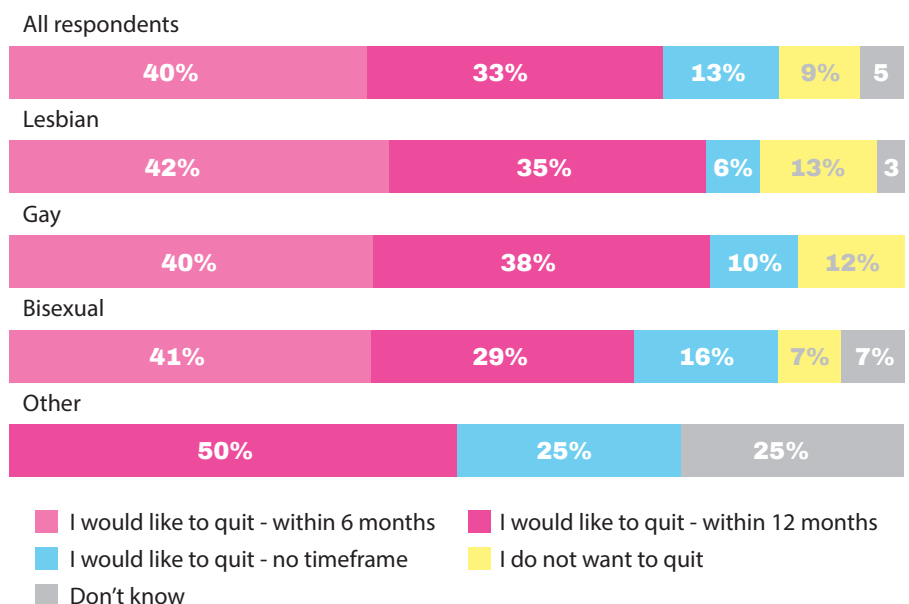


Chart 11:
Base: Regular and casual smokers



James
he / him
gay

The main thing is that I really enjoy smoking. Smoking is not a private thing to me, I am an open smoker. I do it as I walk down the street, I do it at work. I don't see it as a guilty secret. I am a smoker. And actually, it gives me pleasure. There's nothing nicer than a cool, crisp glass of Sauvignon Blanc and a fag. The joy it gives me! That [gasps] – that catch at the back of your throat. The theatrical aspect of it. Do I wish I didn't smoke? Absolutely. Do I wish I could stop? A little bit. I know myself that I need to stop smoking. Healthwise, I'm a mess. But I enjoy the act of smoking so much.

Smoking for me is a big part of my life. I have a packet of cigarettes a day. I smoke at work, I smoke at home. When I go out to a bar or restaurant with a group of friends, I will smoke. I work in the catering industry, and I am surrounded by smokers. There's fifty three people working there, and fifty one of us smoke. Outside of work it's different. All my friends from university, school, or who I have met since and are now part of my day-to-day life, have all stopped smoking. All my straight friends have quit, and all my gay friends have quit except for two people. In the past on a night out, most of the people around the table would have a fag whilst having a drink. Now it's me outside on my own. The culture has changed massively, especially over the last three years.


I was quite sceptical when I heard that people in the LGBTQ community were more likely to smoke. Before taking part in this research, I didn't think smoking was necessarily an issue specific to our community. Then I heard from four trans people in our group, who talked about the stresses of what they've been through in their day-to-day life. How they handle those experiences in differ-

ent ways, like smoking, or drinking. That did open my eyes, and it made sense, that there's a crutch to help them. That's not my experience of smoking though. I do it because I enjoy it, or it's something to do. But still, anything that can help the LGBTQ community then I am all for it. In my mind though, despite the higher prevalence, I think there are other issues that are far more valuable that should be discussed first. Whilst walking to this interview, I had verbal abuse hurled at me for the first time. Never had that problem before, and it shocked me. Issues like that need to be looked at first.

My heroines and heroes in films growing up all smoked. Paul Henreid lighting two fags, one for him and one to give Bette Davis, as Charlotte Vale in *Now, Voyager*. God, I love that film. I watched it religiously as a kid. The amount of times I have stood in front of a mirror practising smoking and pretending to be Bette Davis. I am getting excited just talking about it – it's bizarre! During that era of film everyone smoked; it was glamorous. Did it make me smoke? It might have something to do with it deep down, but I am not sure it did intellectually. But thinking about it, of the queer icons I grew up with, the majority of them smoked. It kind of all goes together. Once again, is it wanting to emulate them? I'm not sure, but it does make you feel comfortable and feel safe.

I have quit before. It was about four years ago, and I stopped because I had a terrible cough. When I have a cough, I can't smoke anyway because it hurts. I hadn't smoked for a week, and when I got better, I decided to keep going. My dad suggested I imagine that quitting smoking is like a train coming out of a tunnel; the tunnel is darkness and the train is light, and that tunnel gets further away the longer you don't smoke. That mental image really helped me. For six months I didn't smoke. The money I would have spent each day on cigarettes I put in a jar. When I had enough money, I went to John Lewis and bought a new pair of curtains for my house. They arrived, and I put them up. They were gorgeous! I then went out with friends and got absolutely steaming, came back, had a fag, and have been smoking ever since. It's ridiculous! I've never tried to quit again.

At some stage in my life, I think I will quit. I will go 'enough is enough'. And I do want to quit, financially and for health reasons. I thought I would have quit when cigarettes got to five pounds a pack, then ten pounds. I thought, I can't spend ten



pounds a day, that's ridiculous, I've got to stop! They're now twelve pounds fifty in my local supermarket, and yet I still find the money. So I am saying to myself when they hit fifteen pounds, then I will quit. But truthfully, when you enjoy smoking, you find a way. I also find that smoking gives me something to do when I am bored. If you've got a job application to fill in, or laundry to do, and you don't want to do it. You can either sit down and do nothing, or you can sit and have a fag. Then I'm having a fag – I am achieving something. The ridiculous things your brain tells you. Having a fag is not 'doing something', it's 'doing nothing whilst having a fag'.

If I knew what would make me quit, I would have done it by now.

Stop smoking campaigns sort of pass me by. If there was a campaign fronted by Ian McKellen, or Vanessa Redgrave, or some fabulous theatrical star who told me to stop smoking, I would say, "It's very nice to meet you, but no. I want to smoke." It's a strange dichotomy. I want to stop smoking – financially, health-wise – and I know I should stop smoking. But I also love smoking; the act of it, the theatre of it. I can't think of anything that would trigger me to stop. A friend of mine once had a heart attack and was told by his doctor that he had to stop smoking – and he stopped immediately. You would think that would make me stop, it didn't. I am single, childless, with no dependants – if I had kids, maybe I would think differently? Probably not. I don't know what would make me stop smoking.



Kathryn
she / her
bisexual

I started smoking properly when I moved to Berlin at the age of nineteen. There was something about smoking there. I was striking out on my own for the first time. It was an opportunity to identify as somebody who is non-conformist; having had years of being told what I should and shouldn't do. Of course, it was the most misguided way of being non-conformist. But living in Berlin was quite a lonely, solitary, bohemian experience. So I just took up smoking as it was linked to that lifestyle. I have been a smoker ever since.

I use a vape day-to-day, having reduced the number of cigarettes I used to smoke. These days I vape. I vape at work outside the office, I vape as I go to and from my meetings. But I used to smoke cigarettes all the time at home, and I don't do that anymore. My wife was a catalyst for me to stop smoking cigarettes at home, as she became allergic to them. Who knows if I would still be doing it if she hadn't become allergic? I would like to take credit for not smoking cigarettes at home anymore, but I suspect the truth is otherwise.


But I do still really enjoy smoking cigarettes. Whilst I don't smoke cigarettes at home on a habitual basis, I would do if I was hosting a dinner party where everybody can smoke in a jolly manner. I hate going outside to smoke – I feel like a pariah and it feels decidedly uncool. So at my dinner parties people are free to smoke. Most of my friends are libertarians, so even if they don't smoke, they'll have a 'have at it' attitude. For me, smoking is a social act of it – but also a kind of *laissez-faire* kind of a move.

I think of my relationship to smoking as being 'film noir'. The idea that you can construct your own life narrative aesthetic, and for me that's

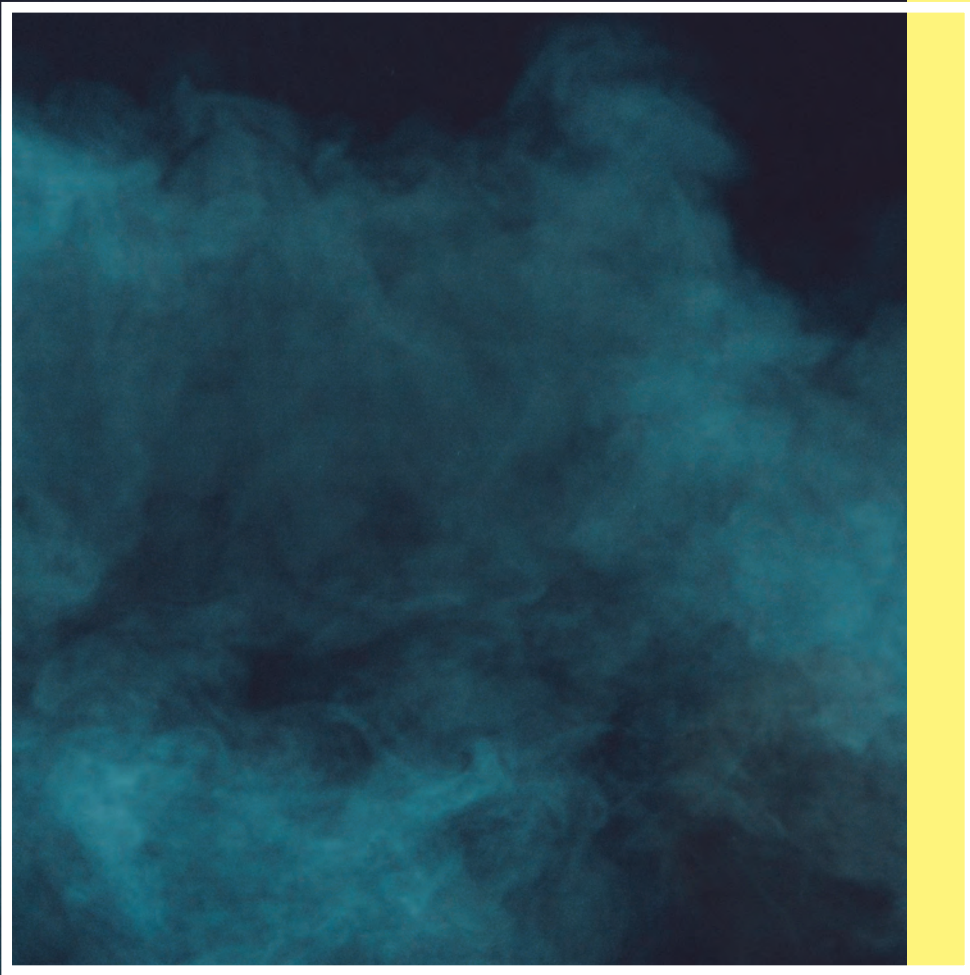
identifying as being 'film noir' – something that is quite dark, but in a romanticised way. I suppose I am slightly dramatic? But also complex, and subtle, and a little dark. And smoking played a part in striking out and writing my own narrative. I was unhappy, I did have that darkness to me. I wanted to escape, but I also revelled in it which fed into that narrative. Is this a part of my queer identity? It's a difficult one, I'm not that self-aware to know for sure. I've always identified as queer. I've always felt a sense of otherness, outside, and odd. And I suppose smoking is an expression of that, but probably a psychoanalyst might be better placed to answer that.

It is harder to keep track of how much I vape, versus traditional smoking. I would say I vape fairly frequently, but someone observing me would probably say 'very' frequently. That's the problem with vaping, you can't delineate one vaping session from the next like you can with a cigarette. It just bleeds one into another. The best way of judging how much I have vaped is by taking a look at the cartridge, but I don't know how many millilitres that is. I'm also not always waiting for that to reach the bottom. In the same way when you go to a drinks function with champagne, and they come around with the bottle to constantly refill your glass. Who can guess how much you've had to drink because you've never reached the bottom? It's the same with vaping.

I have very positive associations with smoking cigarettes being a daily thing - but I don't really want that to continue. Smoking cigarettes brings back such vivid scenes for me. I lived in Moscow for a while with a friend, and every morning we would wake up and I'd go out with her dog to buy a loaf of bread from this horrid woman outside our flat. I would come back, and my friend would have this disgusting coffee ready and we would just eat a whole loaf of bread and smoke so many gross Russian cigarettes. And I can't think of anything that brings a smile to my face as quickly as that memory. But I don't want to be smoking in a, kind of, *vie quotidienne* way. Despite the fond memories, I don't want it to be like it used to – habitual smoking. I know I should be more careful with my health than I historically have been. But will I ever consider quitting all together? I will probably always want to smoke a cigarette again at some point in the future. As for vaping, that really depends on the findings of health concerns that are popping up in the States. But either way, I do just love smoking, let's be real.



More should be done to help LGBT+ people to quit smoking. I work in the LGBT+ landscape, I am not surprised that our community has higher prevalence. I think considering the inequities of the LGBT+ population, it's not unexpected that negative health factors, such as smoking or drinking, are heightened within our community. Everything has a knock-on effect. We don't compartmentalise our lives like that. So, there's a comorbidity there. We also need to acknowledge that this is an issue that is not currently being adequately addressed by anyone. I suppose the government think they are, but I don't think they do a good job at engaging LGBT+ communities on any issue. I think there does need to be significant funding from government to raise awareness about smoking in our community, as well as supporting LGBT+ smokers to quit. But this should be run by a quasi-autonomous non-governmental agency who can work with a range of partners to make this more of a priority.



1.

We need to build a positive, social, and non-judgemental support movement.



[The single most important thing that can be done around smoking is...] changing from negative to positive reinforcement. To stop the pressure and guilt, to build and better ourselves as a supportive and inclusive community.

- London Group

It is often a lonely experience trying to quit smoking, or even moving to alternatives like e-cigarettes, heated tobacco, or vaping kits, regardless of your sexuality or gender identity.

Yet many LGBTQ+ smokers expect or have experienced judgement or shaming about their smoking habit. With the community as a whole unaware of the disparity between LGBTQ+ smokers and the rest of the UK, or a lack of compassion and understanding shown for the root causes that sustain smoking for an LGBTQ+ person, it can be hard to take the first steps.

In fact, we found that these judgemental attitudes put upon LGBTQ+ smokers limited the motivation and ability of those smokers trying to quit.

What should be done

Our community requires those who engage and influence LGBTQ+ audiences to help shift the dial on their understanding of smoking; to drive forward a positive and non-judgemental agenda, in smokers and non-smokers alike. This should help to build support structures within our community that are there when LGBTQ+ people feel the time is right for them to quit.

Websites and magazines that cover LGBTQ+ news stories and features such as *PinkNews*, *Attitude*, *Diva*, and others should report on this invisible health inequality and share stories from those in our community. Whilst technology platforms that enable LGBTQ+ people to meet or date one another like *Grindr*, *Hinge*, and others should raise awareness of the true impact of smoking and provide signposting opportunities.

Some of the people we spoke to would like to see an online network with a chat function built-in where they can connect with other LGBTQ+ people who are on similar journeys, or who have successfully quit. Once again surrounding themselves with positive reinforcement and encouragement from those in our community who share similar stories and relationships to smoking.

2.

We need a joined-up and holistic approach that addresses the root triggers of smoking.

We can establish a trend in LGBTQ+ smokers' thinking that smoking in our community is used as a coping mechanism in relation to common mental health conditions, such as stress and anxiety. This is often brought on through issues related to their own relationship to sexuality and gender, as well as expectations or experiences of societal discrimination through abuse, threats, and harassment; whether in person or online.

In the short-term, LGBTQ+ smokers, as well as our community generally, must have better access to support services for our emotional health and our physical wellbeing.

According to the Government Equalities Office, just under a quarter of respondents who took part in the 2018 National LGBT Survey had accessed mental health services in the twelve months leading up to the survey. Nearly a third who had accessed or tried to access mental health services said that it had not been easy at all, with long waiting lists and unsupportive GPs cited as core reasons¹¹.

In the long-term, this tide of discrimination towards the LGBTQ+ community needs immediate action. This is especially the case for those who identify as trans, non-binary, bisexual or pansexual, or anyone else who identifies as other.

According to Stonewall, forty two percent of LGBT people said they felt at some point over the past twelve months that their life was not worth living. Fifty two percent of LGBT people said they've experienced depression in the last year, rising to sixty nine percent among LGBT people who've experienced a hate crime based on their sexual orientation or gender identity¹².

What should be done

Commissioners of both mental health and smoking cessation services should be made aware of the connection between poor mental health, stress and anxiety from societal discrimination experienced by LGBTQ+ people, and

addictions or the use of smoking as a coping mechanism.

Equally, those who refer LGBTQ+ people to these services, most often a GP, also need to be involved in that conversation in a way that addresses all these elements in a joined-up manner.

Resources should be made available that provide these gatekeepers to our health care services with a more detailed understanding of the prevalence of this issue within our community alongside some of the underlying root causes. This should be done in a way that communicates the lived experiences of LGBTQ+ smokers and their unique relationships to smoking.

Currently the lived experiences of LGBTQ+ smokers show that barriers are being thrown up to accessing these essential health services. Some smokers who were placed on waiting lists told us they would like to see more done to create tailored resources that could be available to them whilst they wait for an appointment. For example, online resources developed using cognitive behavioural therapy (CBT) or mindfulness techniques. Equally, walk-in services without imposed obligations or schedules should be available.

Yet in the long-term, our community expects those in power to take control of this unprecedented rise in hate crime experienced by LGBTQ+ people. In particular, the anti-trans sentiment that is relatively unchallenged by mainstream politics and the media; a key driving force in the development of poor mental health within our community.



[I need] emotional support as well as physical... everyone has their different reasons for quitting... there needs to be emotional support behind it.

– Pansexual Trans, 20s

It's also really hard to access mental health services. And if you are LGBT I feel that you do get put at the bottom of the list, especially from the 'T plus' side. Even on smoking services.

– Pansexual / Queer Woman, 20s

Many of us mentioned mental health. There's a trigger [to smoke]. If you say 'we can improve your mental health, come and find out how' I may be interested.

– Straight Trans Woman, 40s

If smoking is a coping mechanism, then what's going to replace that? So we need to look at the root causes of it... if it's a coping mechanism linked to LGBTQ, then you need to look at that, not at the symptom, which is the smoking.

– Gay Man, 40s

3. We need smoking campaigns that truly reflect the needs of LGBTQ+ smokers.

“ We talk about smoking being ‘edgy’, ‘dark noir sexy’, but the reality is that trying to quit is unsexy. The options are: go to your GP, be bored, or try things that make you horrifically sick. It’s just easier to keep smoking. Even when people are destitute, they find ways of keeping smoking.

– Pansexual / Queer Gender
Non-Binary, 20s

I wouldn’t want it to feel like it’s rainbow capitalism. Away from quit smoking campaigns I have seen a lot of adverts recently where they have included LGBTQ+ characters in marketing products. It can seem a bit false; like they’ll use them once in an advert and then never address it again.

– Bisexual Woman, 20s

Only seven percent of former smokers we spoke to said that an NHS campaign had influenced them to quit smoking. Yet current smokers are hopeful a campaign, authentically targeted at the LGBTQ+ community, could play a key role in helping them to stop smoking. Nearly half of current smokers said that such a campaign would make them more likely to stop smoking.

However, it was felt by most LGBTQ+ smokers that the major ‘stop smoking’ campaigns produced by organisations like the National Health Service or Public Health England use language that can be interpreted as judgemental and ‘preachy’. There were no memorable examples of campaigns that included LGBTQ+ stories about smoking and how to quit, which made it hard for smokers to identify with the messages.

Equally, those who create smoke-free alternatives such as e-cigarettes, heated tobacco, and vapes, or nicotine patches and gum, regularly use heteronormative images and language to position their products. These often focus on key messages around the impact smoking can have on fertility or on raising a family.

What should be done

Our community feels that smoking cessation engagement activities, whether coordinated by public health organisations or commercial brands, could make a significant difference in supporting smokers to quit.

LGBTQ+ smokers want to see campaigns remove medical overtones by avoiding judgemental and guilt-inducing language which causes many in our community to reject the content. Instead they would like to see organisations develop campaigns and resources that are positive, empowering, and engaging.

Campaigns should also align more to LGBTQ+ identities as smoking within the community is disproportionately higher. Those who produce campaigns

need to ensure that LGBTQ+ people can see themselves in the visuals and language for campaigns and products. It cannot just be the addition of a rainbow flag, they need to authentically tell the stories and experiences of LGBTQ+ people which individuals can relate to in a way that helps encourage them to give up cigarettes.

Where campaigns partner with figureheads and celebrities, they must consider engaging with those who identify as LGBTQ+ or are prominent allies of our community. Some of the LGBTQ+ smokers we spoke to went as far as to suggest that drag stars can bring a more progressive, humorous, and tongue-in-cheek approach to engaging smokers in our community. At the same time, they need to challenge the perceptions that most pop culture references in our community are pro-smoking.

4.

We need to campaign to make spaces and places more aware of their impact on smokers.

Many smokers in our community voiced positive experiences about LGBTQ+ venues and events which can facilitate their smoking habit. Some even suggested that bars, pubs, clubs and Pride events can support or encourage them to do it.

LGBTQ+ smokers expressed a need to review the impact of smoking within these settings, exploring ways in which venue owners and event organisers can support them to quit through raising awareness or providing a choice, and explore ways to encourage them to act. This could be done by creating a movement starting with those who run bars and clubs or major Pride events in their local community, which could spread to those who arrange the growing number of meet-up events in towns and cities across the UK.

What should be done

Most LGBTQ+ smokers recognised the need to find new ways to create 'safe spaces and places' in environments that are naturally less conducive to smoking, but still enable them to make those important authentic connections with like-minded people.

Some said that those who organise LGBTQ+ specific meet-up opportunities, such as exercise led activities like running or swimming clubs, or interests such as gaming or movies, should ensure that those activities don't always involve a venue that is a bar or pub; simultaneously finding ways in which these LGBTQ+ events can be publicised more widely.

Other LGBTQ+ smokers that we spoke to also highlighted the need to explore smoke-free alternatives in LGBTQ+ venues and at events, providing more choice beyond the existing 'smoking areas'.

Whilst there will always be a need for outdoor spaces which are used for reasons other than smoking, many of the people we spoke to expressed the idea that event organisers and venue owners should actively promote alternatives, such as vaping

or e-cigarettes, to help support those customers who are looking to cut down or quit altogether. Some even suggested going as far as providing a desirable location for using smoking alternatives inside the venues, in dedicated spaces, that can mirror some of the qualities of traditional smoking areas; such as a quieter space to make a meaningful connection.

But bars, clubs, and pubs on the LGBTQ+ scene are under extraordinary pressures, such as closures and spiralling rent costs, and Pride events are generally reliant on volunteers. Therefore, we should consider the role of external players, both in the commercial and charity sectors, to find solutions to these issues and ultimately support LGBTQ+ smokers.



Some venues are fine with vaping indoors, but many aren't which is annoying.

– Pansexual Non-Binary, 20s

The fact that I am being told to go and use my vape in the outside smoking area. I have quit smoking cigarettes, and I am not harming anyone with my vape... So why do I have to go outside to the smoking area to use my vape where I am tempted by the smell of cigarettes?

– Straight Trans Woman, 40s



Matilda
she / her
lesbian

Starting to smoke for me was the ‘classic’ situation of exploring who I was and fitting in.

I was friends with people who were older than me, and so I saw smoking as a way to fit in with a particular social group. We were called ‘The Tobacco Sweethearts’ by our peers. We weren’t popular, we were outsiders, but the edgy outsiders known for cool parties. It was that *Skins* or *Misfits* image. And smoking was part of the sustenance of that image; that this is what we were as a collective. And even if for no one else in that group, for me, being a queer person played into the way that I viewed myself as an outsider.

Smoking even has a connection to my story of coming out.

My mum smoked cigarettes as well, and I used to take cigarettes from her without her knowing. Until one day she confronted me. She had been counting them and figured out that I had been taking them. (It was also my sister, who also smoked, but my mum didn’t know that at the time.) My mum got really angry with me, screaming at me: “I can’t believe you are disrespecting me in this way”. And I thought, what can I say to get out of this, and move the heat off me? And I thought, this seems like as good of a time as any to ‘come out’. So, I came out to my mum on the spot, saying that I didn’t feel accepted by the family. If I went back in time, I would definitely not come out in that way. But it worked a treat, it took the heat off the smoking.

These days I smoke around fifteen cigarettes a day, it’s very much part of my routine.

First thing I do when I wake up is have a cigarette out of my window. It’s one of my favourite cigarettes of the day; it’s a moment of reflection to start the day. I’m not on my phone, I’m just on my own with

the fresh air as I enter the day. I will then get ready for work, have a cigarette on the way to the station. Get off the train, have another one as I walk to the office. One mid-morning. Then at lunch. After work. One before dinner, one after. One before bed. Key points throughout the day. I like having my routine, and in any sense, I don’t like having my routine changed. Quitting makes me change my routine. I find I am acutely aware when I should be having a cigarette if I am not having one, which makes it difficult to commit.

I really want to quit, for my body and my bank balance, and I have pretty much tried everything.


Vapes, e-lites, heated tobacco – I’ve tried them all. Some I like, some not so much. Most of them were cheaper which was great and primarily why I started to use them. But a lot of them were just too close to smoking. I still felt like I smoked, I still felt like I identified as a ‘smoker’. You don’t get that same sense that you’ve quit something, because you’re still doing it.

Like me, I have a lot of LGBT friends that smoke – but I get the sense that nobody is talking about smoking in our community.

And particularly, it’s never included as part of a conversation on addiction discourse. I don’t think it’s seen as a serious issue. I think it’s very normalised that people smoke, and it shouldn’t be. I work for an LGBT health charity where loads of people smoke. It’s just an accepted thing. We also know that, obviously, many in our community experience poor mental health. But when we see a regular smoker, we don’t automatically think to ask, “do you need access to support?” or “do you know what support’s out there?”. We would ask those questions with any other health problem or addiction in our community; but not smoking. It’s really important to be having a conversation about how prevalent it is in the LGBT community, and how we can help people to quit.

Smoking on a night out is a way to have decent conversations.

I love a smoking area. It’s the only place in those clubs where you can have a conversation. Clubs are hot and stuffy, so you need to take a break. There’s also a thing about having a shared vice with people which acts as an immediate connector. If you ask for a lighter, or a spare cigarette – you have a conversation. So you end up talking to more people you don’t know whilst in a smoking area. You’re having really nice conversations, and so you stay out longer – smoke longer. I did go to a gay venue the other week, a



very 'up market' bar, where they had a downstairs area away from the main dance floor. It had a bunch of sofas, it was quieter, and far less people down there. People ended up not going out for cigarettes as much. If more places did that, it's another thing that could help LGBT smokers to stop or reduce the amount they smoke.

I don't really see myself in quit smoking campaigns, or even how products, like vapes, are marketed. I feel the messages that stick out in those campaigns are 'quit for your children', and I'm like, I don't have children. Or 'you're going to lower your sperm count', again, I don't have sperm. I don't think their messaging is that relevant to LGBT people. Also, what annoys me about a lot of these new vapes, they appear to be marketed at men. The products are all black and square, like they're aimed at older straight men. I think they see smoking as a 'hetero masc' thing, so that's the messaging I get from a lot of adverts. As a young queer woman, none of these things represent me.

To help me to quit, and others like me, I need to have an actual conversation with someone about my smoking habit. I think NHS services think it's easy to quit – here's a calendar in which you can cross the days off, or here's an e-lite. There you go, you've quit! They don't think about LGBT people in relation to smoking, or how to cater for us. So whilst they may be great services, they probably aren't something a lot of people in our community are going to take them up on. Instead, services that help LGBT people to quit should be part of a more holistic thing. It's a very blanket statement to say, but you don't smoke unless you're kind of unhappy – I don't think anybody would do anything, like smoking, with so few upsides if they weren't sad about something. Building support services that help LGBT people to quit smoking into a broader approach where they also ask "is your mental health ok?" is essential. If you haven't got support for the underlying issues, it's going to make it more difficult to quit smoking.




Elliss
they / them
non-binary

I like to think that I have control of my smoking.

I don't smoke that much. I am more of a casual or social smoker. So, when I am around my friends I smoke more. Or if we go out, and we're drinking, I will smoke more. I probably go out clubbing once every two weeks. Then during the day, I would smoke like three or four times? But I like to think that I have control over that. I take breaks. I force myself to narrow down. Sometimes I would narrow my smoking down to one, or zero cigarettes a day. It's the same with drinking, I have the same sort of mindset.

On a night out, all my friends are smokers.

We don't go to bars or things like that. We go to one queer night, and we also go to one where queer people are involved but not queer people centred. It's a club that's open to everyone. When we are there, we are all likely to be socially smoking. Smoking is just part of our night out. The thing about going outside to the smoking area is to go out and get some fresh air. I will be dancing in the club, I will be so hot, so I will be like "let's go outside". My friend will say "oh I am going to go outside and have a cigarette anyway". Then if I feel like having a cigarette, I will go "can I have some" or "can I have one?" There are times when I say no; they say "do you want half", and I say "no, I don't feel like it, so I am not going to have it".

I take my health seriously. Maybe I will stop smoking in the foreseeable future.

I really believe in a healthy body and a healthy mind. I am vegan sometimes. I am always vegetarian. I like to keep fit as well - I jog and stuff. I make sure I give my body exercise. The only thing I am worried about are my teeth. They're such an important part of your face and your whole body. I always

catch myself checking my teeth to see if I've noticed a change. If I notice a change, that's when I would start to narrow down properly. In terms of quitting, I have been like 'I am going to smoke just one cigarette in the day or night for the next few days, and then in the days after that I will decide what to do'. As long as I am giving myself that time to narrow down, then I will decide what to do in that moment.

I have given thought to vapes a little bit. But I feel like I have control. I feel like I have my smoking under control, so I haven't thought about buying one or trying things. I have heard statistics about how many people have quit smoking cigarettes by switching to vapes, which is great. If I decided to quit smoking, I would consider using one for a while to narrow down before using nothing.

I don't necessarily think I am addicted to smoking.


When I was younger I would drink a lot. It was not like I was addicted to alcohol. Just when I would go out, I would drink a lot. Obviously, the effect of that does not feel very good. So, from being younger and feeling that experience, I think I can see how you can become addicted to something. Also, I've always had people around me who smoke. My family members smoked. Many people would spend their last money on cigarettes. Me and my generation have seen those warning signs, and I don't want to be addicted to that. I've seen the effects of it, and the impact. So I smoke now and again, but I won't make it a ritual.

Smoking is so normalised that it's not that much of an issue to queer people.

But it's normalised across society as well. When you go to a queer club, the smoking areas are so full. I think some queer people, especially smokers, are aware that smoking may be higher in our community? Queer people definitely know that they can grab a fag from at least one in their group of friends on a night out.

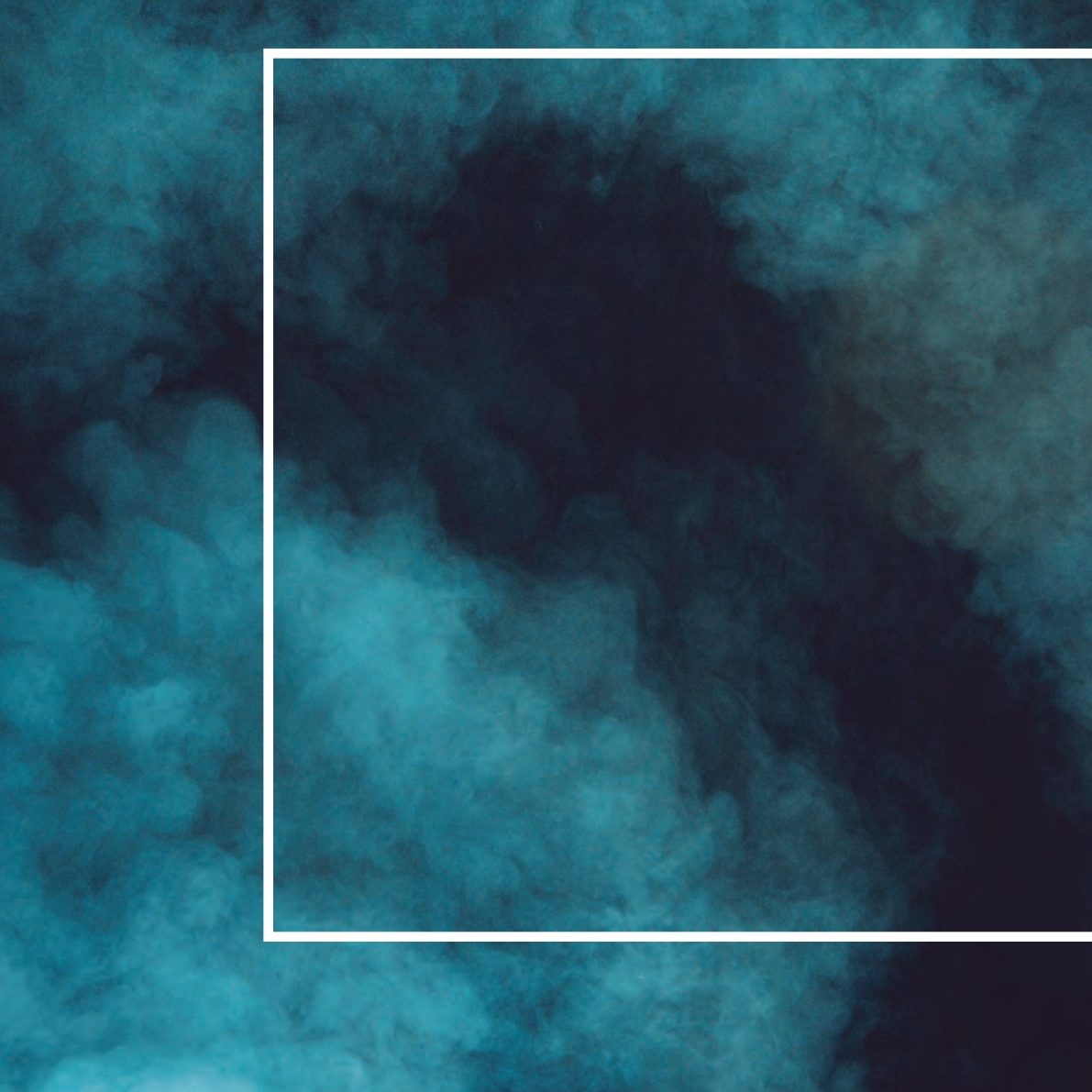
But I think queer people don't really think about the health impact of smoking cigarettes.

It's just a normal thing for them to do - to relieve stress, or to have a break. Maybe they don't even know they're doing it for that reason. Like it's subliminal. I think queer people, especially non-binary and trans people, they're not focused on trying to quit smoking. They're focused on their safety, or expression, or, basically, their survival. They're too busy trying to stay safe in public than thinking about the health disadvantages of smoking.



I don't remember seeing campaigns to help people to quit smoking, and I definitely can't think of seeing anything involving queer people. I see the things they put on the cigarette boxes. I don't really read the words. It's the pictures - they're so gruesome. I feel that it's more the introduction of vapes that will help queer people to move over, more than those messages or quit smoking campaigns.

Campaigns need to be one hundred percent inclusive, or I would not pay attention. Support needs to come from our own community, funded by organisations and charities, and for campaigns and support to be fully inclusive, including people of colour, or non-binary or trans people. I see this being done for other queer engagement, like HIV. They should also have a mix of ages, but I think it's important that we speak to younger people about issues like addiction. We have a generation of queer people coming up, and I think it's important for them to feel a sense of connection to a campaign that would be helpful to improve their health or life quality.



Part 4

Positive action

While the community can do a lot to help LGBTQ+ smokers, they cannot do it alone. Governments, corporations, organisations, the media, and other influential figures need to make sure they are doing all they can to help these smokers find ways to quit.

Elected officials and government bodies

The UK government, along with the National Health Service and Public Health authorities should consider their role in:

- Commissioning further studies and estimates into the health consequences of cigarette smoking within the LGBTQ+ community. In particular, hospital admissions and preventable deaths and how this compares to other prevalent health issues that impact LGBTQ+ people.
- Commissioning further prevalence data in those who identify as something other than gay, lesbian, or bisexual. In particular, those from our trans, non-binary, asexual, and pansexual communities, as well as those in our community of African, Asian, Caribbean, Middle Eastern, and Latin American descent, so we can get an accurate picture of smoking across all identities and ethnic minorities.
- Actively challenging the rise in anti LGBTQ+ sentiment and instances of hate crime in all areas of society.
- Exploring ways to bridge the gap between smoking cessation services and mental health services in the NHS, and the role GPs have as gatekeepers to these services, so LGBTQ+ smokers are supported both with their physical and emotional health.
- Ensuring LGBTQ+ people feature within national smoking cessation campaigns, whilst also providing content and resources targeted specifically at the LGBTQ+ community.

Non-profit organisations

Charities and advocacy groups, in both the LGBTQ+ and smoking cessation space, should consider their role in:

- Raising awareness of the disparity in smoking within the LGBTQ+ community and its connection to other issues such as mental health or societal discrimination.
- Develop and promote LGBTQ+ specific resources and materials that can engage and support smokers – both in relation to their physical health and mental health.
- Explore partnerships with other key players, such as media titles or venue owners, to engage the community on this health issue.

LGBTQ+ media and technology platforms

News and opinions sites and publications, as well as dating and hook-up apps, should consider their role in:

- Creating content that looks at this invisible health inequality in detail and sharing our stories to help challenge judgement within the entire community.
- Develop ways to signpost to LGBTQ+ specific content and resources that help LGBTQ+ smokers to get the physical and mental health support they require.

LGBTQ+ venue owners and event organisers

Those who run our scene's pubs, bars, and clubs, or organise Pride events and meet-up groups, should consider their role in:

- Rebranding the outdoor smoking area to include and encourage smoke-free alternatives or creating new and appealing spaces, potentially indoors, that promote and encourage better alternatives to smoking, such as using e-cigarettes and vaping kits.
- Promoting alternatives and supporting smoke-free initiatives.
- Creating events and activities that don't involve drinking in bars and clubs.

Commercial companies

Tobacco manufacturers and big pharmaceutical corporations who produce and sell smoking cessation aids, should consider their role in:

- Ensuring LGBTQ+ people feature within their smoking cessation campaigns, whilst also providing content and resources targeted specifically at the LGBTQ+ community.
- Supporting our venues and events to go smoke-free by helping to resource smoke-free initiatives, spaces, and activities.

The LGBTQ+ community itself

Smokers and non-smokers alike, should consider their role in:

- Supporting these key players to develop and deliver their commitments to the community.
- Looking out for and supporting those in the community who use smoking as a coping mechanism for more deep-rooted issues.




Joanne
she / her
straight

Whether with cigarettes or a vape, smoking is a very private habit for me. I don't really smoke a lot when I am outside because I am busy doing other things. But I do vape in the morning when I wake up; I smoke whilst I have a coffee and organise my mind. It's my moment to form a to-do list for the day. Then at night, vaping whilst going through the events of my day; deleting everything in my mind that I don't need so that I can relax. I am not addicted to nicotine – I don't use the nicotine in my vape. Vaping, and the cigarettes I smoked before switching to vaping, is more a habit that I have so as to meditate. I used to do this with cigarettes in the past. In a way, smoking is my companion as I have my moments of reflection on my balcony.

I am not surprised that people in our community smoke more than the rest of society. The amount of personal stress we have to go through – not just dealing with what people think about us, but our own inner reflection. And of course, there's a misconception that smoking is going to relax you – it doesn't. But for me it became part of a ritual, and it helped to delete the inside struggles we go through. Perhaps you're coming out of the closet. Straight people don't have to go through this like us, they just live life as they are. In my case, I had to come out twice. So smoking was always something in my life to help me reflect on what was happening.

I did spend a lot of time on my own when I was younger. I just didn't fit in. I didn't fit in with the boys, or the girls. I was just different somehow, and I couldn't explain it. I do think that my gender and sexuality had something to do with it, but it was also my autism and ADHD. From my work volunteering for LGBT charities, I see that a lot of

trans people also live with autism or ADHD. For me, when I was younger, I had my head buried in books and studying, and I was ok with that. Then I started to acknowledge my gender and sexuality. When I was nineteen, I told my friends that I liked men who all thought that was the same as being gay. I couldn't express my true identity then, but I said that one day they'll understand why it's not the same as being gay. And then I finally said who I am, that I am a woman. During that time, the cigarette was always with me. It's silly to say, but it was my antibiotic. It made me breathe deeper so that my mind functioned better. It has been there for a lot of my journey.

When I was told by my clinic that I had to stop smoking cigarettes, I was adamant that they weren't going to take that away from me. I did want to quit smoking, but under my own initiative. I thought that smoking was the only thing that I could control. All the rest – your identity – you just can't control that. It's just who you are. So I was very resistant when the clinic told me that I had to quit smoking. My experiences of support for quitting smoking cigarettes wasn't quite structured in a way that was suitable for me. They just give you the patches, or the gum, or whatever. And they just don't work for everyone. I tried the patches – but I don't need the nicotine. It's the habit, the ritual of smoking. Neither do they send you to a support group. If you are an alcoholic, you can go to a support group to talk about why you're drinking. But when it came to quitting smoking, that wasn't offered to me.

I will probably vape for the rest of my life; I don't see myself stopping. I don't see myself getting rid of the habit. It's just how I deal with the issues of the day – they are blown away with the smoke. But I acknowledge that anything that produces smoke, including vaping, is bad for you. As a result, there's still a stigma towards me as someone who vapes. The fact that I am being told to go and use my vape in the outside smoking area. I have quit smoking cigarettes, and I am not harming anyone with my vape. And I am careful not to blow smoke in people's direction. So why do I have to go outside to the smoking area to use my vape where I am tempted by the smell of cigarettes? In the past, I have smoked a cigarette in those situations. I am there anyway, so I asked someone, "Oh can I have a cigarette?". It's like I have gone from one label as a 'smoker' to another label as someone who 'vapes'. It's another label to deal with. But as part of the LGBT community, I am used to that.

I know there are other ways to have moments of reflection beyond my vape habit. I do teach mindfulness and meditation, and I have seen how it works for other people. More doctors should be trained in mindfulness; to help people not just with physical replacements like patches or gum, but also working with their mind and the underlying issues. It sounds a bit hypocritical, but for me and my habit, mindfulness hasn't worked. It's a case of 'do as I say, not what I do'.





Marcus
they / them
pansexual

My experience of smoking within the queer community was one of socialising at pubs and gigs. You go outside at those places because it's too noisy or hot. And it's a trap; you can be there for hours talking about god knows what, have four or five cigarettes, it's habitual. I got a rush. Why do people keep drinking when they know they're going to have a hangover in the morning? Because they enjoy it. Smoking cigarettes on a night out is the same; even though I knew it was bad for me and my wallet in the long-term.

The last time I had a cigarette was in 2014, and I've been vaping since. My mum had lung cancer, but she didn't smoke. It was a very trying time for the family, but it was a moment where I thought that I should stop smoking. That I might have a predisposition to cancer. And at the time, and during that period I was spending twenty-odd quid a day on cigarettes. Even with a student loan, I thought that was a waste of money. I recognised that the situation was bad, and that was my 'stop smoking' moment. So I swapped to 'rollies' to gradually ease myself off, and then to vaping. It's been about five years of one hundred percent vaping. I find vaping more convenient than smoking cigarettes. It saves me money and I don't have to try and find a lighter on a night out. I just carry around a battery pack and I am sorted for power. Some venues are fine with vaping indoors, but many aren't which is annoying.

My experiences of smoking don't correlate with my identity, but I understand how it can impact others in the community. Especially when you look at minorities within minorities. They experience more negative issues; day in and day out. If you look at The Vivienne on *Drag Race*

UK recently – their story of a culture of addiction on the scene. It's that mental health aspect of getting a rush that can help you to feel good. Like when people have a drink when they're sad; they want that happier feeling. As a community, we've got a lot of stuff going on. But everyone reacts differently; some cope with the negative issues by smoking, some with sex addiction, others become super politically active.

But I don't see smoking in the queer community as a big issue. There are so many other things going on. With queer rights; fighting for PrEP, or the blood ban. And those issues have been going on forever. Then looking at the world as a whole; politics and environmentalism. We are so consumed by media, but smoking in the queer community has never been brought to the forefront. Perhaps because it's something we choose to do? I think we just tend to prioritise other issues over our own health. Especially when you're younger; some have that 'live fast' mindset. That they're earning money, so spending it quick.

I am not in any kind of a rush to stop vaping. I don't feel as if I have a need to quit. No matter what you're smoking, it's not great for you. I met up with a friend recently and they said I was vaping a lot. I suppose it's difficult to gauge how much I vape. I know we might not be fully aware of all the attributes of vaping yet. There are still health risks, but I feel there is less of a risk than smoking. So I am kind of in the middle ground, I'm not in a rush to stop using the vape but never say never.

I'm not sure that anything specifically targeted at my queer identity would have enticed me to quit smoking. Yes I smoke, and I am queer. But I didn't smoke cigarettes because of my queerness. For others in our community, it's different. We also know that there are so many barriers to accessing services as an LGBTQ+ person. Obviously, if we had easier access to mental health provisions specifically for the community, we could start by asking whether we are ok or understanding why we are smoking more. Maybe not necessarily asking them to stop at that point, but at least starting a conversation where they can consider the options available. The stop smoking campaigns that are out there at the moment don't address 'the why' – they can't possibly do that. I might have seen some quit smoking campaigns before that engage queer people.

Perhaps two guys holding hands. But smoking is such an everybody issue. Even though smoking rates are higher in the community. People need to talk to a professional. But equally, having an NHS that is more understanding of queer people is also needed. But obviously we don't.



Methodology & Sample

Qualitative

On 19 June 2019 and between 17 – 18 July 2019, thirty one people who identified as LGBT+ participated in 1 x 90 minute scoping focus group and 2 x 3.5 hour Action Based Co-creation™ workshops to explore how tobacco affects LGBT+ people and in co-creating what this diverse group of people need in order to reduce smoking within the community. Attempts were made to ensure a wide spread of demographics including gender and sexuality. All participants were 18 or over at the time of fieldwork. The research was administered by *Partners in Creation*.

The sample

- Thirty nine percent are gay, thirteen percent are lesbian, thirteen percent are bisexual, and thirty five percent describe their sexuality in another way. Those who describe their sexuality differently used the following identities: asexual, pansexual, queer. Some participants used combined identities (e.g. 'lesbian / queer').
- Forty nine percent are male, thirty three percent female, and eighteen percent define their gender in another way. Those who define their gender differently used the following terms: gender non-conforming, non-binary.
- Thirty percent are between the ages of 18-24, thirty seven percent are 25-34, thirteen percent are 35-44, thirteen percent are 45-54, and seven percent are 55 or older.
- Seventy seven percent are white, and twenty three percent are from ethnic minorities: Asian, Arab / Middle Eastern, Asian, Black, Mixed.
- Seventy seven percent are regular smokers, ten percent are casual smokers, and thirteen percent are former smokers.

Quantitative

Between the 4 – 11 September 2019, 515 people who identified as LGBT+ completed an online questionnaire about their experiences and relationship to smoking and smoking cessation. People were targeted based on whether they identified as LGBT+ with a screener question about sexuality used to guarantee an LGBT+ sample. Attempts were made to ensure a wide spread of demographics including gender and sexuality. All participants were 18 or over at the time of fieldwork. The research was administered by *Survation*.

The sample

- Fifty six percent are bisexual, twenty four percent are gay, fifteen percent are lesbian, and five percent describe their sexuality in another way.
- Sixty two percent are female, thirty seven percent male and one percent define their gender in another way.
- Sixty seven percent are between the ages of 18-34, seventeen percent are 35-44, nine percent are 45-54, five percent are 55-64, and two percent are 65 or older.
- Eighty seven percent are white, and thirteen percent are from ethnic minorities.
- Thirty eight percent are regular smokers, fifteen percent are casual smokers, nineteen percent are former smokers, twenty seven percent have never smoked, and one percent preferred not to say.

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