Indiana Lesbian, Gay, Bisexual, and Transgender Communities and Tobacco Use

Tobacco use is the leading preventable cause of premature death and disease in the United States, causing more deaths annually than alcohol, HIV, car accidents, illegal drugs, and firearm-related incidents combined.\textsuperscript{1,2} The impact of tobacco in Indiana is staggering, costing Hoosiers 11,100 lives each year.\textsuperscript{3} Both nationally and in Indiana, tobacco use is higher among lesbian, gay, bisexual, and transgender (LGBT) individuals than the general population, substantially affecting the health of LGBT communities.\textsuperscript{4,5}

Current Smoking among Indiana LGBT Adults, by Sex, 2016

- In 2016, smoking prevalence was about 53% higher among Hoosier LGBT adults (31.6%) than straight adults (20.6%).
- Among both men and women, smoking prevalence was higher among LGBT adults than straight adults in 2016.

Quick Facts

In 2016, 31.6% of LGBT adults in Indiana were current smokers.

Smoking prevalence was about 53% higher among LGBT Hoosiers than those who did not identify as LGBT.

E-cigarette use was about two times higher among LGBT adults than straight adults in 2016.

Historically, tobacco companies have aggressively marketed their products to LGBT communities.\textsuperscript{6}

LGBT tobacco users may experience barriers to accessing health care and tobacco cessation services.\textsuperscript{6,8}

Resources for Quitting:
The Indiana Tobacco Quitline provides free counseling, support, and resources to all Hoosiers interested in quitting tobacco. Tobacco users can access Quitline services by calling 1-800-QUIT-NOW or visiting www.QuitNowIndiana.com.

Current Smoking among LGBT Adults, by Age Group, 2016

- Among LGBT adults in Indiana, smoking prevalence was highest among adults ages 35-54 (35.0%), followed closely by young adults ages 18-34 (33.4%).
- Smoking prevalence was slightly lower among LGBT adults ages 55 and older (21.4%) than those in younger age groups.
- Across all age groups, smoking prevalence was higher among adults who identified as LGBT than those who did not.
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Current Smoking among U.S. Adults by Sexual Orientation, 2015

Smoking disparities among LGBT adults in Indiana are similar to smoking disparities among lesbian, gay, and bisexual adults nationwide. National Health Interview Survey (NHIS) data from 2015 indicate that among adults ages 18 to 64, 20.1% of lesbian or gay adults and 26.1% of bisexual adults were current smokers, compared with 16.5% of straight adults.4

Smoking Cessation among LGBT Adults, 2016

In 2016, nearly 3 in 5 LGBT smokers (57.8%) had tried to quit smoking in the past year, similar to the proportion of straight smokers who tried to quit in the past year (57.8%).

Other Tobacco Use among LGBT Adults in Indiana, 2016

- In 2016, LGBT adults were nearly two times more likely to have ever tried e-cigarettes (46.7%) than straight adults (23.9%).
- Current e-cigarette use was over two times higher among LGBT adults (10.0%) than straight adults (4.7%).
- Current smokeless tobacco use was slightly lower among LGBT adults (3.5%) than straight adults (4.1%).

Addressing LGBT Tobacco Use Disparities

A number of factors may contribute to the higher prevalence of tobacco use among LGBT communities, including:

- Direct targeting by tobacco companies, including direct and indirect media advertising and sponsorship of LGBT events6
- Discrimination, violence, and stress experienced by LGBT communities7
- Barriers to accessing health care and cessation services8
- Higher prevalence of risk factors such as alienation, low self-esteem, and depression among LGBT youth.9

Implementing statewide comprehensive tobacco control best practices as well as culturally-appropriate anti-tobacco messaging may help reduce the disproportionate burden tobacco places on LGBT communities.6

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2 CDC. Health Effects of Cigarette Smoking [Internet]. Atlanta (GA): CDC; 2015 Oct 1 [cited 2016 Jul 12].
6 CDC. Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use [Internet]. Atlanta (GA): CDC; 2017 Feb 28 [cited 2017 Sep 25].

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