

LGBT Evidence into Practice briefing

Glossary

Asexual: Someone who rarely or never experiences sexual attraction.

Ally: A person who is not LGBT but supports LGBT people.

Allyship: The action of being an ally and promoting equality.

Bi/bisexual: A person who is attracted to people of more than one gender.

Biphobia: Prejudice, fear or hatred directed toward bisexual people.

Cis/cisgender: Someone who is not transgender and is comfortable with the gender they were assigned at birth.

Equality Act 2010: Legislation that protects people from discrimination in the workplace and in wider society.

Gay: Someone who is attracted to the people of a gender that matches their own e.g. a man who is only attracted to other men.

Gender identity: How each person understands their own internal and individual experience in relation to gender and their own identity.

Gender affirming surgeries: Procedures undergone by some trans people to have their appearance more in line with society's expectations of their gender identity.

Heterosexual: Someone who is only attracted to people of the opposite gender, also known as 'straight'.

Homosexual: See Gay.

Homophobia: Prejudice, discomfort or hatred of gay people.

HIV: Human Immunodeficiency Virus; a virus that attacks cells that help the body fight infection which can lead to Acquired Immuno-Deficiency Syndrome (AIDS) if left untreated.

Intersex: Individuals who are born with sexual characteristics (sexual anatomy, reproductive organs, hormonal structure and/or levels and/or chromosomal patterns) that do not fit the typical definition of male or female.

Lesbian: A woman who is only attracted to other women, or a gay woman.

LGB: Lesbian, Gay and Bisexual.

LGBT: Lesbian, Gay, Bisexual and Transgender

Misgender: When someone is referred to as the incorrect gender.

Non-binary: An umbrella category for gender identities other than man and woman, thus outside of the gender binary.

Sexual orientation: A person's sexual identity in relation to the gender they are attracted to.

Trans/transgender: A person whose gender identity differs from the gender they were assigned at birth, e.g. trans man, trans woman.

Transphobia: A fear or dislike directed towards trans people or their perceived lifestyle, culture or characteristics.

What does the data tell us?

Smoking prevalence is higher among lesbian, gay and bisexual (LGB) people than in the general UK population. This is despite smokers within the LGB community wanting to quit and making the same number of quit attempts as the general population (1).

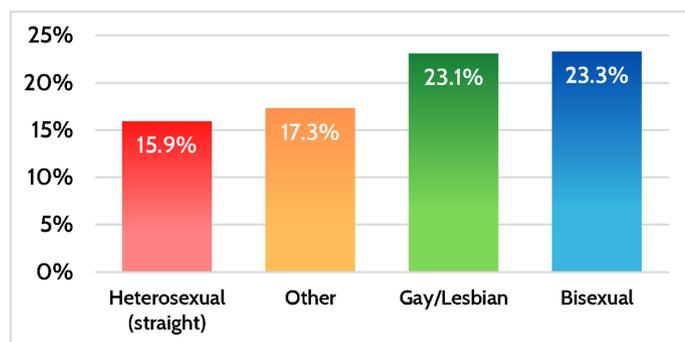
While there is currently limited data on smoking prevalence in the trans and non-binary population, the data that there is suggests that smoking prevalence is also higher (2).

Recent evidence has shown a narrowing in the smoking prevalence gap between the general population and some (but not all) LGB communities. This may be a result of improving social attitudes towards Lesbian Gay Bisexual & Transgender (LGBT) people. However, the battle to eliminate LGBT health inequalities caused by smoking has not yet been won.

The 2016 Office for National Statistics (ONS) Integrated Household Survey found that 24.6% of gay/lesbian and 26.1% of bisexual people smoke; this compares to 18.8% of heterosexual people (3).

The Annual Population Survey 2018 (fig. 1) found that smoking prevalence by sexual orientation in the UK was 23.1% for gay or lesbian people and 23.3% for bisexuals, compared to 15.9% for heterosexual/straight people (21).

Fig 1: Adult smoking habits in the UK: 2018, ONS



The GP Patients Survey 2019 show similar outcomes, with bisexual people's smoking prevalence 12% higher than that of heterosexual/straight people (4).

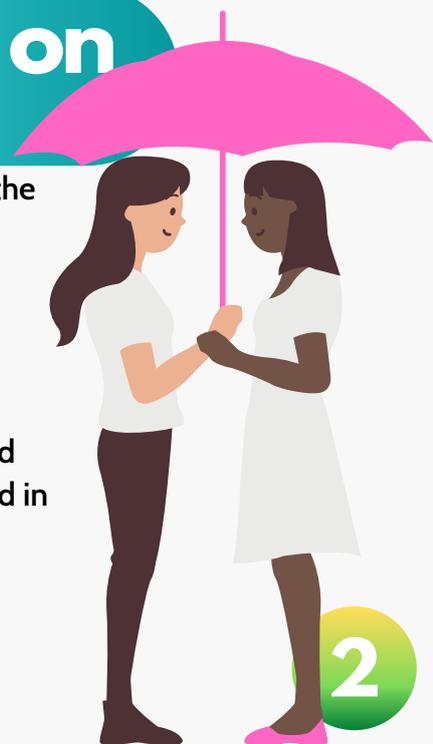
What is government policy on LGBT smokers?

Government policy highlights the need to ensure LGBT populations access the care they need, particularly with a view to reducing health inequalities.

In 2019, the Women and Equalities Select Committee concluded that “unacceptable inequalities in health outcomes” for LGBT people “glare out wherever you look” (21).

NICE guidelines on smoking cessation produced in 2018 emphasise the need for vulnerable groups, including LGBT smokers, to be targeted and prioritised in smoking cessation initiatives and services (5).

The Government Equalities Office's LGBT Action Plan outlines a need to “improve the care LGBT people receive when accessing the NHS and public health services” (6).



Why do more LGBT people smoke?

LGBT Action Plan 2018: Improving the lives of Lesbian, Gay, Bisexual and Transgender people:

“Being LGBT makes a difference to your health and wellbeing, your likelihood to be a victim of certain kinds of crime, and your education”

While there is very limited research into why LGBT smoke, it is likely related to the discrimination and prejudice LGBT people face as a result of their sexual orientation or trans status. There is still significant prevalence of homophobia, biphobia and transphobia in schools, the workplace, and healthcare services. LGBT people may not be out to their family or may be estranged from them because of their sexual orientation. LGBT people still face unacceptably high levels of hate crime, most of which goes unreported.

Mental health

These experiences can result in high stress levels, sometimes referred to as minority stress (19).

“Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact access to care.”(7)

This stress can include internalised homo/bi/transphobia brought on by inflammatory media coverage of LGBT identities, and attitudes held by non-LGBT people. This can lead to smoking and substance use being used as a ‘crutch’. It also makes quitting smoking more difficult.

LGBT people are disproportionately more likely to experience poor mental health due to social pressures and prejudices. In 2018:

- Half of LGBT people (52 per cent) said they had experienced depression in the last year
- One in eight LGBT people aged 18-24 (13 per cent) said they have attempted to take their own life in the last year
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men (10)

Smoking prevalence among people with common mental health conditions remains around 50% higher than among those without despite their higher desire to quit (18).

There can also be a cyclical effect in these circumstances where behaviours such as smoking are upheld through social networks (8) which include people with a higher likelihood of smoking.

Other characteristics

Those who self-define as LGBT are also more likely to be part of other groups with higher smoking rates. As mentioned above, people with mental health conditions are a high smoking prevalence group that LGBT people may intersect with.

This is also the case for being single (22) or homeless (LGBT young people are more likely to find themselves homeless comprising an estimate of around a quarter of the youth homeless population) (23), all of which are factors associated with higher smoking prevalence.

Industry interference

LGBT smoking has also been encouraged by decades of targeted marketing from the tobacco industry with several companies investing heavily in the promotion and depiction of smoking in LGBT media. Other techniques have included sponsorship of pride events, silencing boycotts with large pay-outs and giving away free cigarettes in LGBT venues (9)(19).

Difficulty accessing services

LGBT people also face problems accessing health services. In January 2016 a report by the Women and Equalities Select Committee into 'transgender equality' concluded that "the NHS is letting down trans people" noting a number of areas such as a lack of staff training around gender identity and a failure to combat transphobia (14).

This sentiment is echoed throughout LGBT patient experience research which has repeatedly identified sexual orientation as a reason for delaying access to services, and reducing health-seeking behaviour.

We know that behavioural support can increase the chances that a quit attempt will be successful, so it is vital that LGBT people feel able to access these services and are feel supported when they do so. The evidence around LGBT people accessing health care services suggests that currently this is not always the case (15).

But coming out helps. Across all primary care services, the needs of LGBT people were more likely to be met when they disclosed their sexual orientation and/or trans status to their health care professionals (16).

However, last year, the LGBT Patient Survey found that only 53% of LGB people had a positive response to disclosing their sexual orientation, while only 44% of trans people had a positive response to disclosing their trans status, to a health care professional. A staggering 80% of trans people report experiencing anxiety before a medical appointment due to fears of insensitivity, misgendering and discrimination.



What can be done to help LGBT people quit smoking?

Make your service as welcoming as possible to LGBT people

Simple steps to improve LGBT visibility (e.g. displaying LGBT posters and literature in GP receptions, pharmacies etc, healthcare professionals wearing rainbow lanyards) improves engagement with services and boost confidence in patients by breaking down perceived barriers (17).

This visibility should extend to campaigns and health initiatives. Including LGBT people in campaign communications and recognising LGBT people as a high smoking prevalence group are simple first steps to inclusion. As is ensuring all messaging from your service is as inclusive as possible (e.g. don't assume that all your clients will have opposite sex partners).

Sexual orientation & trans status monitoring

Though the Sexual Orientation Monitoring Information Standard was published last year, national sexual orientation and trans status monitoring is still some way off. But you can make a difference at a local level by collecting this information (or requiring your providers to do so). Many good services are already collecting this information.

Monitoring is important because it enables health and social care bodies to better understand the needs of the local population and to target services more effectively and efficiently. There is a real lack of evidence about the needs and experiences of LGBT people in general, and trans people in particular.

Monitoring, correctly implemented, is the best way to address this lack of evidence and ensure LGBT people's needs and experiences are heard. Monitoring also gives the patient or service user a safe and familiar way to disclose their identity.

At present, other characteristics such as age, ethnicity and marital status are monitored. Additional questions around sexual orientation and trans status can be easily integrated into existing demographic forms for the purpose of compliance with the Equality Act 2010 and the Public Sector Equality Duty.

What do you need to ask a patient or service user?

Which of the following options best describes how you think of yourself?

1. Heterosexual or Straight 2. Gay or Lesbian 3. Bisexual 4. Other

Which of the following options best describes how you think of yourself?

1. Woman (including trans woman) 2. Man (including trans man) 3. Non-binary 4. In another way

Is your gender identity the same as the gender you were given at birth?

1. Yes 2. No

Working with your local LGBT Community

Examples of good practice

Some local areas are leading the way in supporting LGBT smokers to quit. We have shared examples of three authorities doing good work at a variety of investment levels. Consider which elements of their approaches you could replicate to deliver for your LGBT population locally.

Greater Manchester

Due to their large LGBT population, and their inspirational target to *Make Smoking History*, Greater Manchester is leading the way in supporting LGBT smokers to quit.

There are a number of approaches taken by the region:

- Engagement with local tobacco alliances and tobacco control teams – ensuring LGBT inequality is a standing item on their agendas (as for routine & manual smokers and other high-prevalence groups) to raise awareness amongst policymakers and to ensure action is taken forward.
- LGBT representation in mainstream campaigns – giving platform to voices and experiences that aren't usually heard to increase engagement from this population and having visibly LGBT people on posters and in their video content.
- LGBT awareness training from local LGBT organisations was provided to public health teams, smoking cessation service providers and tobacco control team members. This helped to contextualising the prevalence disparity and equip attendees with the knowledge to reduce it.
- Encouraging implementation of sexual orientation and trans status monitoring across all stop smoking services.
- Forming partnerships with local LGBT organisations: in one case a designated role was created to provide a reliable source of accurate and helpful training, co-design of project activity, development of lived experience groups of LGBT smokers and ex-smokers and providing authority wide training on topics such as very brief advice (VBA).
- Working with local LGBT events and festivals to embed smoke-free spaces and recruit LGBT people to stop smoking services.
- Collaborating with other organisations who may have similar agendas or LGBT networks. Greater Manchester Fire and Rescue made for ideal allies as smoking cessation and LGBT community engagement are priorities for the organisation.

Sunderland

Sunderland initially struggled to build meaningful partnerships with the local LGBT voluntary sector, due to its limited size and capacity. But enthusiasm on all sides has opened up a dialogue with potential for future partnership work.

In the meantime, the public health team are supporting the local LGBT community by:

- Engaging with the community via their specialist commissioning model (which targets 11 high risk populations).
- Offering drop-in sessions in voluntary sector premises, while building good relationships with community groups.
- Offering harm minimisation and awareness of the health impacts of smoking sessions, primarily aimed at increasing quit attempts, rather than providing intensive support to quit.

Calderdale

Calderdale, working as part of Yorkshire Smokefree, work with service users to develop a personalised support programme to deliver the best results.

With this in mind, Calderdale developed a relationship with the Brunswick Centre, which support LGBT people and people living with HIV in the area.

The partnership facilitated improved co-production and a knowledge exchange including:

- Training designated staff at The Brunswick Centre as Level 2 stop smoking advisors.
- Yorkshire Smokefree, Calderdale receiving training delivered by The Brunswick Centre around Sexual Orientation Monitoring and HIV Support and Awareness.
- Yorkshire Smokefree, Calderdale delivered Very Brief Advice training to the staff and volunteers at The Brunswick Centre.
- The Brunswick's Level 2 stop smoking advisors delivering outreach work during Stoptober. The team targeted all areas popular with LGBT communities and conducted carbon monoxide (CO) tests to raise awareness of the health impacts of smoking. This activity was later celebrated in their quarterly newsletter to help spread word of the services.
- Social media cross-promotion which widened both the Brunswick Centre and Calderdale Council's audiences.
- The Brunswick Centre supporting the national stop smoking campaigns such as No Smoking Day and Stoptober, integrating these topics into their quarterly newsletter and other promotional platforms. This marketing of stop smoking support extends the reach to communities who may not access or look for information from generic stop smoking services.

What can I do locally to give LGBT people the support they need to quit?

- Display visual signifiers of LGBT allyship alongside other printed materials (e.g. consider issuing staff with rainbow lanyards).
- Create an accepting atmosphere by avoiding assumptions that everyone is heterosexual or cisgender.
- Monitor the sexual orientation and trans status of your clients.
- Work with local LGBT organisations to reach your local LGBT community.
- Commission a specific LGBT smoking cessation programme.
- Ensure high quality training to enable LGBT cultural competence within services.
- Use community experiences to inform campaigns and services.
- Work with the local LGBT community to make prides and other event smokefree.

Don't get disheartened!

Uptake of services from the LGBT community will likely be gradual, but they will come through!

Don't give up!

Once established, relationships with LGBT community groups should be maintained to ensure services work to the best of their capability.

Q: What does an LGBT friendly service look like?

A: There are many simple steps that can be taken to make a service visibly LGBT friendly. For example, venues with gender neutral toilets, an environment free from assumptions (for example, not assuming a woman's partner would be a man), appropriate posters signposting to LGBT support (as you would for carers, mental health promotions etc) will all act as a marker of acceptance. For events provide labels that give people the chance to share their pronouns (she/her, they/them, he/him) alongside their name.

Rainbow lanyards, posters featuring LGBT people and relaxed and welcoming attitudes from staff are also easy steps to ensure your service is LGBT friendly.

Q: What would the most effective forms of outreach be to LGBT smokers?

A: Approach LGBT community groups and event organisers (such as Pride events, local university LGBT societies) to see if you can speak/offer services in spaces you know LGBT people will visit (e.g. LGBT bars, cultural events etc).

Q: My stop smoking service is open to everyone, so why do I need to worry about LGBT people specifically?

A: LGBT people have higher smoking prevalence, and poorer health outcomes due to real and perceived barriers in accessing health services.

Discrimination or a lack of understanding of LGBT issues (including misgendering or a lack of awareness that people can have a same sex partner) could prevent a smoker from accessing or returning to a service.

When a service is designed for everyone it does not necessarily cater to the needs of everyone. It is important to be as clear as possible that your service is welcoming to LGBT people.

Q: There aren't many LGBT people in my local authority, am I expected to run an LGBT specific service?

A: It is difficult to know the number of LGBT people in any given area, though some areas clearly have higher out LGBT populations than others. The more visible LGBT people are locally, the more comfortable local LGBT people are likely to be about coming out – so your local LGBT population may be higher than you think!

However, it is likely that most LGBT people do not need an LGBT specific service. They likely need the mainstream service to be a safe place for them to be themselves without fear of discrimination, being misgendered or having to explain or justify their identity. This potential can be reduced by having staff trained in LGBT awareness and providing simple visible signs of LGBT acceptance.

Q: We're having enough trouble with budgets as it is, I can't afford to do any more outreach!

A: Ensure your existing services are inclusive is a low-cost approach and may lead to an increased number of quits.

You can access [free e-learning](#) on sexual orientation monitoring and use existing social media platforms to reach out to LGBT organisations in your area to make sure they are aware of your services. They may also be happy to cross-promote your resources online.

Q: Are there any special considerations to take into account for HIV positive people who smoke?

A: Gay, bisexual, and other men who have sex with men are the population most affected by HIV. There are higher levels of smoking among people with HIV than in the general population (12) Smoking has a much greater impact on life expectancy than HIV infection – but the two conditions combine to threaten the health of HIV positive smokers. For example, HIV positive smokers are more likely to develop cancers of the lung, anus, mouth and throat and are more likely to suffer from respiratory disease, heart disease, stroke and high blood pressure.

It is not appropriate to prescribe Bupropion (Zyban) to someone on anti-HIV drugs due to the way the two drugs interact. Anti-HIV drugs can reduce the level of Bupropion (Zyban) in the blood and may require a much higher dosage to be effective. The drug can also cause side-effects, including dry mouth, insomnia, headaches, and fits (13).

Q: Are there any special considerations to take into account for HIV positive people who smoke?

A: A trans person only requires self-identification in order to be considered trans, however many trans people also seek hormone replacement therapy (HRT) as part of their transition process.

Before someone begins HRT, they must quit smoking due to the health risks of concurrent smoking and hormone use (11). In the case of trans women taking HRT there is potential tobacco use will impact the efficacy of their treatment and may cause greater harm than smoking alone (24).

Trans people wishing to undergo gender affirming surgeries should also be aware of the significant risk factor during and after any surgery (25). Smokers are 38% more likely to die after any surgery and more likely to experience wound infection (12).

Additional resources

- LGBT resources: lgbt.foundation/publications
- Smoking and LGBT Communities: bit.ly/2TEzOy0
- Health Inequalities LGBT Resource Pack: ash.org.uk/wp-content/uploads/2019/09/HIRP-LGBT-community.pdf
- Sexual Orientation Monitoring E-learning: e-lfh.org.uk/programmes/sexual-orientation-monitoring-information-standard/
- More guides and information on Sexual Orientation Monitoring (SOM) & Trans Status Monitoring (TSM): lgbt.foundation/monitoring
- [Pride in Practice](#): LGBT Foundation resource to make primary care more LGBT friendly.

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