

Smoking: LGBT Community

- Lesbian, gay, bisexual and trans (LGBT) people are more likely to experience health inequalities and have higher rates of smoking.
- Many within LGBT communities also report a lack of access to treatment. Services must, therefore, be inclusive and welcoming to LGBT communities.

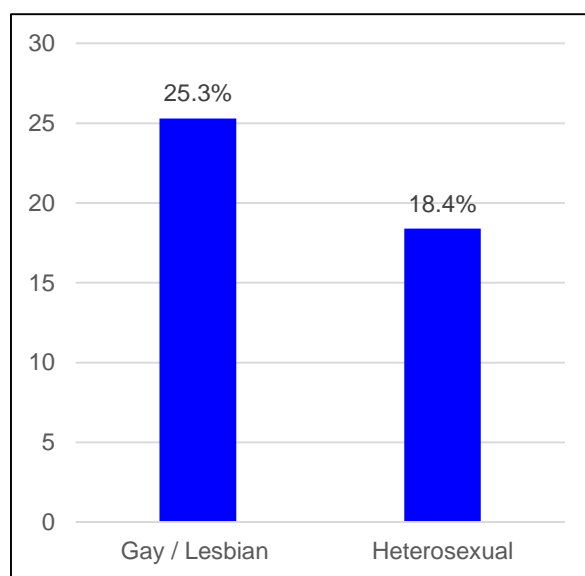
High smoking rates

Data from the Integrated Household Survey shows that lesbian and gay people are much more likely to smoke than the general population.

Whilst there is a lack of research on smoking among bisexual and trans people, surveys do show both bisexual and trans people are more likely to smoke (Stonewall, 2012; Rooney, 2012).

Young LGB people are also more likely to smoke, to start smoking at a younger age and smoke more heavily (Corliss et al, 2013).

Smoking prevalence (%) by sexual identity UK, (*Integrated Household Survey 2014*)



Associated health risks

Mental Health: LGBT people are more likely to suffer from mental ill health. Smoking cessation is associated with reduced depression and improved quality of life (Taylor et al, 2014).

HIV: Men who have sex with men (MSM) are most at risk of acquiring HIV in the UK (PHE, 2014). As many as 47% of HIV positive men smoke. (Hickson et al, 2005). HIV positive smokers are more likely to develop cancers of the lung, anus, mouth and throat. (Tirreli et al, 2000) and are more likely to suffer from respiratory disease (Diaz et al, 2000).

Gender identity related surgeries: Smoking is a significant risk factor during and after any surgery. Smokers are 38% more likely to die after surgery (Turan et al, 2011) and more likely to experience wound infection (Sørensen, 2012).

Additional vulnerabilities

LGBT people are more likely to suffer from a number of social disadvantages which make them more vulnerable to smoking.

- Young LGBT people are more likely to be homeless (Albert Kennedy Trust, 2014). Research carried out by the Homeless Link (2014) suggests as many as 77% of homeless people smoke.
- People from LGBT groups are more likely to experience mental ill health. A third of all cigarettes smoked in England are smoked by people with a mental health disorder (RCP and RCPsych, 2013).
- People in the LGBT community are also significantly more likely to use illegal drugs (Home Office, 2014). High rates of smoking are often found among those using other substances (MacManus, 2010).



Communication and access to services

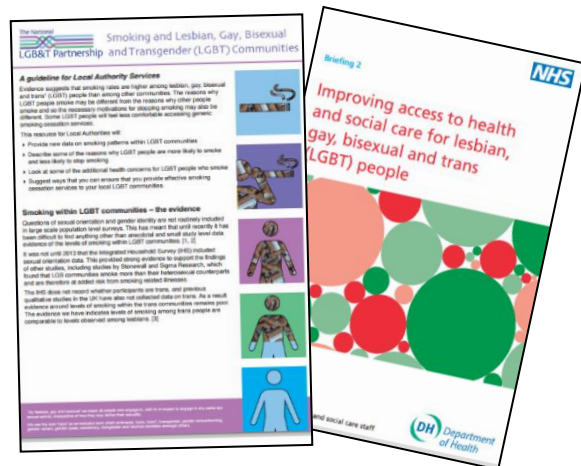
LGBT people often report limited access to health services. Good communication with LGBT people encourages them to be involved in their own healthcare and promotes better health outcomes.

Services should encourage openness and use inclusive language which avoids making assumptions based on sexuality or gender identity. For guidance on communication and language see the Department of Health briefing on [“Improving access to health and social care for LGBT people”](#).

Stop Smoking Services should demonstrate that they are open to working with people from the LGBT community, for example, by displaying equality policies and including members of the LGBT community on promotional material where appropriate.

What actions can local authorities take?

- Commission NICE compliant Stop Smoking Services that actively seek to engage with LGBT communities and are accessible in a range of settings that are appropriate for LGBT communities
- Ensure services that work specifically with members of the LGBT community offer Very Brief Advice to stop smoking.
- Ensure commissioned stop smoking services record sexual orientation and trans status alongside other monitoring data.



For more information see the National LGB&T Partnership's guideline for Local Authorities on smoking and LGBT communities.