



Addressing Tobacco, Vape & Nicotine Use in LGBTQ+ Communities

A guide for public health professionals,
counselors and community-based organizations.

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All references to “tobacco” and “tobacco products” within this Toolkit refer to commercial tobacco and nicotine products and not the tobacco and/or other plant mixtures grown or harvested and used by Indigenous People for sacred purposes.^{1,2}

Preface

LGBTQ+ refers to individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning and others with diverse sexual orientations and gender identities. This inclusive term acknowledges the full spectrum of identities while recognizing each person's unique lived experience. When specific research addresses particular groups within this community, we use the precise terminology from that research to accurately represent those studied.

The American Lung Association recognizes that LGBTQ+ individuals deserve equitable, affirming healthcare that acknowledges their whole person. Many LGBTQ+ people experience barriers in accessing quality care due to systemic factors including discrimination and a lack of cultural competency within the healthcare system. These barriers can lead to delayed care, medical mistrust and health disparities. We are committed to addressing and eliminating health inequities by building on community strengths and resilience to transform care environments and systems to be more inclusive and accessible for everyone.



Introduction

The American Lung Association is proud to work with The National LGBT Cancer Network to educate and build confidence among public health professionals and community-based individuals who are addressing commercial tobacco use among LGBTQ+ individuals. This information is being provided as another stepping stone in the work to dismantle systemic injustices and health inequalities faced by the LGBTQ+ community concerning commercial tobacco use. It is by no means an end-all answer, but rather a jump-start to information and initiatives for individuals and organizations that aim to:

1. **Implement and enhance inclusive and welcoming spaces and interactions between LGBTQ+ community members and public health professionals.**
2. Elevate cultural competency standards and strengthen partnerships with programs.
3. Increase screening and access to evidence-based cessation and tobacco dependence treatment services.
4. Monitor the impact of commercial tobacco products on LGBTQ+ populations through inclusive data collection measures.
5. Improve dissemination of lessons learned and key findings to expand this important work.

The American Lung Association firmly believes that everyone can quit tobacco and nicotine products for good. By fostering inclusion and engagement in education and tailored support, we can strive for a future where every individual receives equitable and affirming healthcare.

Please note that the information presented in this toolkit should not be interpreted as equally applicable to all communities or individuals, but rather should serve as a framework to better understand common barriers to quitting tobacco and to strengthen collective approaches to addressing tobacco use in communities.

Partners

The American Lung Association would like to thank [The National LGBT Cancer Network](#) and other national and community level partner organizations that provide subject matter expertise, resources and support to further health equity and equality for all.



Health Equity

Health equity is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance. Despite decades of efforts to reduce and eliminate health disparities, they persist—and in some cases, they are widening. Such disparities do not have a single cause. They are created and maintained through multiple, complex pathways.

American author and activist James Baldwin noted that “Nothing can be changed until it is faced.” Amid growing recognition of structural inequities and social determinants shaping health outcomes, commercial tobacco use has emerged as an urgent social justice issue requiring intersectional solutions. Advancing health equity in tobacco control requires that public health agencies, healthcare systems and community organizations collaborate to amplify protective measures while working to dismantle systemic barriers through sustained commitments to policy interventions, systems-level strategies and community-level implementation.



Why It Matters

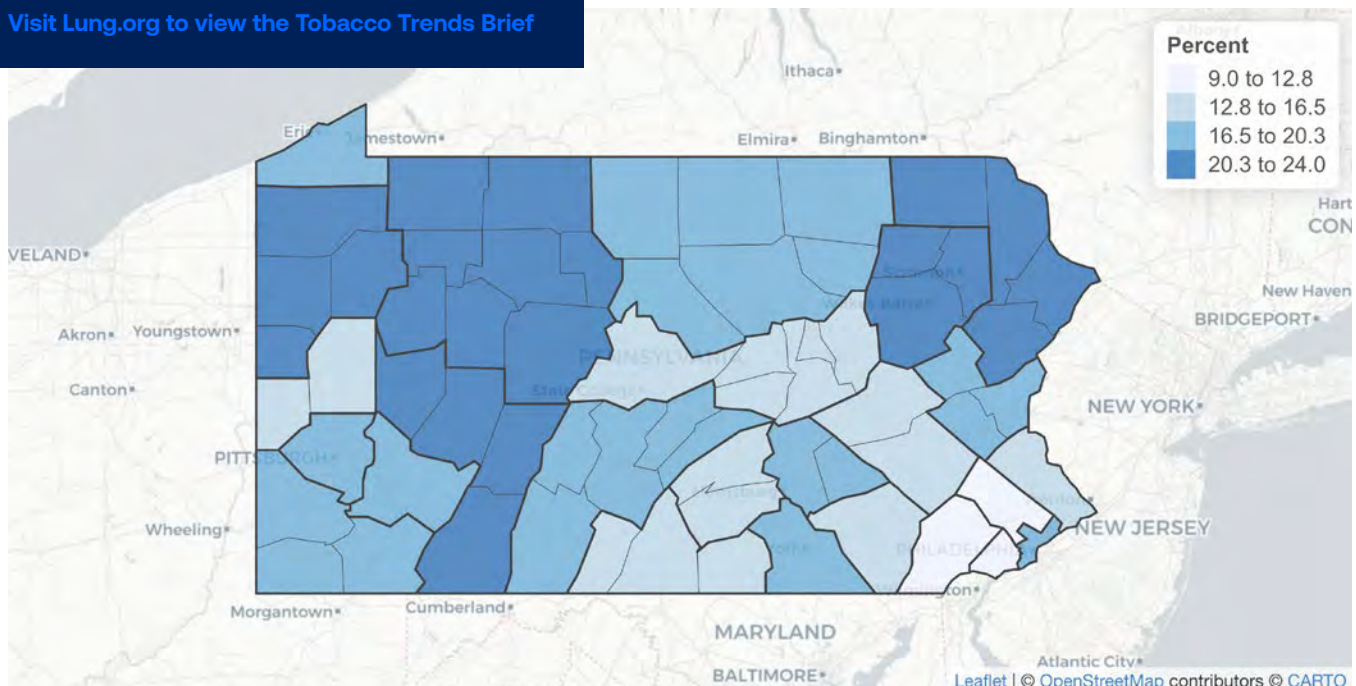
Research from the 2024 Surgeon General's Report has shown that people who identify as lesbian, gay, bisexual or transgender use tobacco products at substantially higher rates than those who identify as heterosexual or cisgender, respectively. Additionally, youth who identify as lesbian, gay or bisexual have a prevalence of cigarette smoking that is nearly double that of their heterosexual peers.³ More work must be done to support these communities so we can address current tobacco trends and eliminate the devastating consequences of tobacco use.

Nationwide Tobacco Use

- Recent data shows approximately 1 in 6 LGB* adults smoke cigarettes, compared to 1 in 9 heterosexual adults,⁴ while tobacco use among transgender adults is 35% higher than among cisgender peers.⁵
- According to recent national survey data, young adult lesbian, bisexual and queer women have significantly higher tobacco use rates (approximately 44%) compared to their heterosexual peers (approximately 15%), representing a nearly threefold disparity that highlights a critical health equity concern.⁶
- Tobacco use remains the leading cause of preventable death and disease nationwide, accounting for more deaths than alcohol, AIDS, vehicle fatalities, illegal drugs, murders and suicides combined.³
- Cigarette smoking causes more than 490,000 deaths each year across the country.³ In addition to these fatalities, smoking leads to increased rates of heart disease, stroke and emphysema, and lifelong health impacts for infants that stem from smoking-related pre-term deliveries, stillbirths and low birth weights.^{7,8}
- Exposure to secondhand smoke also poses serious health threats, including heart disease, lung cancer and stroke among adults; and asthma attacks, bronchitis and pneumonia, and sudden infant death syndrome (SIDS) among children.⁹ In fact, the Centers for Disease Control and Prevention (CDC) agrees that there is no safe level of exposure to secondhand smoke.⁸
- Tobacco use disproportionately affects the health and well-being of vulnerable populations, such as residents of rural areas, military veterans, LGBTQ+ persons, adults who did not graduate from high school, low-income earners, uninsured persons, communities of color, persons suffering from mental health and substance use disorders and adults living in public housing.⁹

See how your state compares:

Visit Lung.org to view the Tobacco Trends Brief



*deviation from LGBTQ+ to cite specific data

Barriers

To effectively address tobacco use in the LGBTQ+ community, it's important to look at the factors that have led to increased tobacco use, as well as the obstacles preventing individuals from seeking help and leading tobacco-free lives.

Factors Contributing to Higher Tobacco Use

Minority Stress

Individuals in LGBTQ+ communities often experience chronic stress from marginalization, discrimination and stigma, leading many to use tobacco products as a coping mechanism. For LGBTQ+ youth, specific stressors include homelessness, family rejection and peer discrimination.¹⁰

Community Context and Social Environments

Historically, bars and clubs have served as vital safe spaces for LGBTQ+ individuals, creating environments where tobacco use has become normalized. Evidence shows smoke-free policies can significantly reduce smoking prevalence and increase quit intentions among sexual and gender minority groups. For example Missouri's smoke-free policies resulted in reduced smoking rates and higher quit intentions among LGBTQ+ populations.¹¹ Smoke-free policies have several positive outcomes for all people, and these outcomes include overall lower smoking rates and changes in social norms regarding tobacco product use.

Strategic Industry Influence

The tobacco industry has cultivated a carefully crafted image as an LGBTQ+ ally since the early 1980s, becoming early corporate sponsors of LGBTQ+ events, publications and organizations. Today, people in LGBTQ+ communities are three times more likely to be exposed to tobacco marketing through streaming services.¹² By redefining what allyship means, the LGBTQ+ community can break free from the tobacco industry's grip and foster healthier futures. It's a journey that requires acknowledging the past while building a more equitable future for all.

Popularity of Menthol Cigarettes

Approximately 36% of LGBTQ+ people who smoke use menthol cigarettes, which are more difficult to quit due to their cooling properties that mask harshness and increase addiction potential.¹³

Barriers to Cessation

Healthcare Challenges

People who identify as LGBTQ+ are less likely to have health insurance,¹⁴ limiting access to cessation treatments. LGBTQ+ individuals are twice as likely to report receiving inferior medical care compared to heterosexual and cisgender peers.¹⁵ Many report avoiding tobacco cessation services altogether due to fear of discrimination,¹⁴ creating significant barriers to receiving evidence-based support for quitting.

Contextual Factors

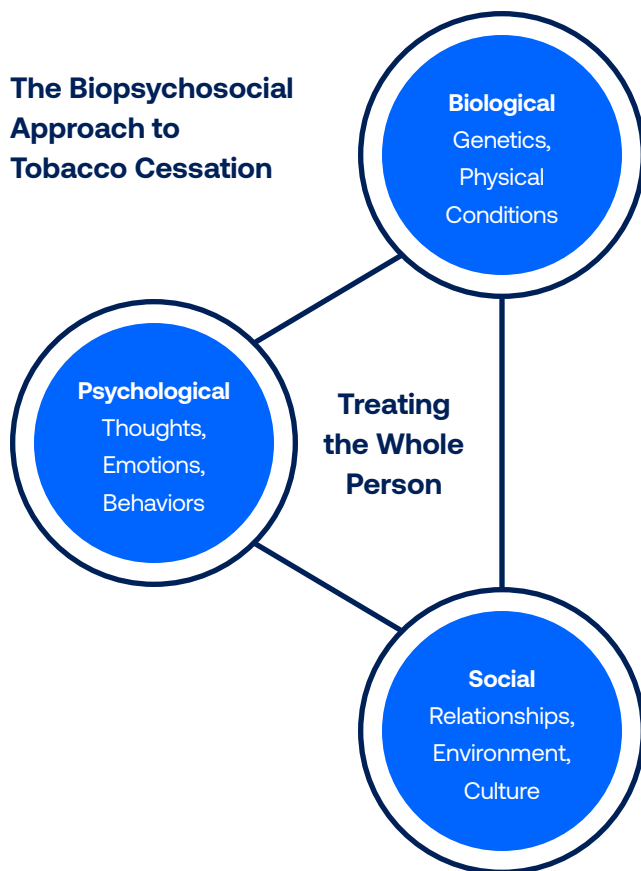
Research has documented the relationship between contextual factors, such as the experience of discrimination and tobacco use behavior.¹⁶ Compounding these barriers is the experience of violence, harassment and social isolation, which is also related to lower cessation rates for people who identify as LGBTQ+.¹⁰

Competing Priorities

Tobacco use is often seen as lower priority when compared to other LGBTQ+ health issues. LGBTQ+ organizations face competing demands with limited resources, often prioritizing immediate concerns like healthcare discrimination and housing insecurity.¹⁷ Legislative threats to LGBTQ+ rights can overshadow longer-term health issues like tobacco cessation.¹⁸ Additionally, significant data gaps exist because most surveys and studies fail to collect information on sexual orientation and gender identity, and in turn, this has created an information gap that makes it difficult to get a complete picture of the impact that tobacco has on the LGBTQ+ community.¹⁹ Without comprehensive data demonstrating the scale of tobacco-related harm, it's difficult to elevate its priority.

Understanding LGBTQ+ Tobacco Use Behaviors and Biophysiological Differences

Understanding the complex factors affecting tobacco use in LGBTQ+ communities requires examining biological, psychological and social dimensions that impact cessation. LGBTQ+ individuals face more than just targeted marketing from tobacco companies. The biopsychosocial model is an approach to understanding health and illness that considers the whole person. It recognizes that health is shaped by the interplay of biological aspects, psychological factors and social elements.



Biological Barriers

- **Nicotine Dependence:** Physical dependence creates withdrawal symptoms and cravings that reinforce tobacco use patterns specific to stress responses.
- **Substance Interactions:** Alcohol and other substances frequently used alongside tobacco can complicate quit attempts and require integrated treatment approaches.
- **Health Comorbidities:** Mental and physical health conditions disproportionately affecting LGBTQ+ communities may present additional cessation challenges. Additionally, pre-existing and comorbid health conditions may present additional challenges.

Psychological Barriers

- **“Occasional Use” Misconception:** Many people who use tobacco products infrequently or intermittently often incorrectly believe their lower consumption levels are safer, which can reduce a person’s motivation to quit.
- **The “Willpower” Myth:** The belief that tobacco use is “just a habit” increases stigma and prevents people from seeking evidence-based support and medication-assisted treatment.
- **Medication Hesitancy:** Misconceptions about cessation medications, including fears about nicotine replacement therapy (NRT) or viewing medication as a “crutch”, can create unnecessary barriers to effective treatment.

Social Barriers

- **Community Norms:** LGBTQ+ spaces have historically included tobacco use as part of social connection, which could make cessation feel isolating.
- **Targeted Marketing:** The tobacco industry’s specific targeting of LGBTQ+ communities has normalized tobacco use as part of identity expression.
- **Minority Stress:** Discrimination and marginalization increase stress, which drives tobacco use as a coping mechanism.

Public Policy

Health policy is a powerful tool for creating healthier communities. Research consistently shows that well-designed policies can significantly reduce tobacco use across populations while addressing longstanding health disparities. For LGBTQ+ individuals who face disproportionately high tobacco use rates, targeted policy approaches can make a meaningful difference in health outcomes.

The Power of Comprehensive Approaches

The most successful tobacco control initiatives involve diverse stakeholders working together. Invite LGBTQ+ community organizations, healthcare professionals, public health officials and community members to collaborate on developing strategies that will work for your specific community.

By implementing these approaches, your community can build more effective tobacco control programs that advance health equity while reducing the burden of tobacco-related disease:

Action Steps for Your Community

☐ **Implement Evidence-Based Policies That Work**
Focus on proven policy measures with demonstrated impact. Increasing tobacco taxes has been shown to reduce youth initiation, while expanding smoke-free protections to all workplaces and public spaces protects everyone from secondhand smoke exposure. Ensuring comprehensive insurance coverage for cessation services removes financial barriers to quitting, and supporting retail licensing programs can effectively limit tobacco marketing in vulnerable communities.

☐ **Recognize LGBTQ+ Communities as Priority Populations**
Make LGBTQ+ health a central focus in your tobacco control planning. Direct resources toward LGBTQ+ tobacco prevention and cessation initiatives and fund innovative community-based approaches. Support research that evaluates what works specifically for LGBTQ+ communities, and form meaningful partnerships with LGBTQ+ organizations in program development to ensure relevance and cultural appropriateness.

☐ **Collect Comprehensive Demographic Data**
Better data leads to better programs. Incorporating sexual orientation and gender identity questions in health assessments provides crucial information about community-specific needs.²⁰ Use this data to identify patterns, track progress over time and develop targeted approaches. Sharing findings with community partners strengthens interventions by ensuring they address actual rather than presumed needs.

☐ **Build Cultural Competency**
Ensure your tobacco control efforts truly serve LGBTQ+ community members by including LGBTQ+ representatives in planning committees and leadership roles. Train all staff in LGBTQ+ cultural competency to create welcoming, affirming environments. Develop materials that authentically reflect diverse identities and experiences, and design cessation programs that acknowledge the unique stressors and social contexts that influence tobacco use in LGBTQ+ communities.

See the Appendix on page 37 for more health equity resources.

Interested in your state's public policy concerning tobacco?

Review the effectiveness of your state's tobacco control laws and policies in our annual [State of Tobacco Control report](#). The report serves as a blueprint for what state and federal leaders need to do to eliminate the death and disease caused by tobacco use.

Tobacco Industry Marketing Techniques

The tobacco industry has a long history of deliberately targeting LGBTQ+ communities through carefully crafted marketing strategies.²¹ Recognizing these tactics is the first step in helping individuals resist manipulation and access appropriate cessation support.

Historical Tactics

The tobacco industry's targeting of LGBTQ+ communities dates back decades. In the mid-1990s, R.J. Reynolds created a marketing plan called "Project SCUM" (Sub-Culture Urban Marketing) specifically targeting gay men and homeless individuals in San Francisco. This derogatory name alone reveals the industry's exploitative mindset toward these communities.²²

Tobacco companies were among the first corporate entities to "support" LGBTQ+ communities—though this support was never genuine allyship. Instead, they placed targeted advertisements in gay press publications, portrayed smoking as a normal part of LGBTQ+ life and used corporate philanthropy to appear supportive of LGBTQ+ issues. They regularly sponsored Pride events and LGBTQ+ organizations while distributing coupons and free product samples at LGBTQ+ venues.^{21,22}

Current Tactics

The industry continues to evolve its targeting strategies. Today's tactics include shifting from demographic targeting to psychographic targeting by focusing on interest groups in which LGBTQ+ individuals are more represented, such as certain fashion or gaming communities. They use language about "freedom" and "choice" that mirrors LGBTQ+ rights activism, create Pride-themed tobacco products and accessories, maintain a presence at LGBTQ+ bars and events and employ social media influencers to reach younger LGBTQ+ audiences.

Supporting LGBTQ+ Communities in Quitting Tobacco

When working with LGBTQ+ individuals who use tobacco products, it's important to address tobacco industry targeting directly. This includes educating clients about industry tactics designed to exploit LGBTQ+ communities, helping individuals recognize when they're being targeted and framing quitting as an act of resistance against industries that profit from harm.

Effective Messaging Approaches

- The Garden State's [Worth the Work](#) Campaign – Emphasizes that LGBTQ+ individuals are worth much more than the dollar signs the tobacco industry wants from them—and includes community building and teaching skills while helping create opportunities for meaningful connection and joy.
- Health Centers Serving LGBTQ+ Clients – Successfully implemented systems like asking about tobacco use as a "vital sign" in electronic health records, which has increased documentation of tobacco use status by 30% and boosted cessation advice and treatment for people identified as using tobacco products.²³

Menthol and the LGBTQ+ Community

Menthol creates a cooling sensation that masks the harshness of tobacco smoke, making cigarettes easier to start and harder to quit. (See page 15 for menthol resources.) This is particularly concerning because overall tobacco use rates are already significantly higher in LGBTQ+ communities, with 20.5% of lesbian, gay and bisexual adults smoking cigarettes compared to 15.3% of adults who identify as heterosexual.

Menthol cigarettes pose a significant health challenge for LGBTQ+ communities. Research shows that LGBTQ+ individuals smoke menthol cigarettes at higher rates than their heterosexual peers. Of LGBTQ+ people who smoke, 36.3% use menthol cigarettes compared to 29.3% of people who smoke and identify as heterosexual.¹³ This disparity is even more pronounced among LGBTQ+ women, with 42.9% using menthol cigarettes compared to 32.4% of women who identify as heterosexual.¹³

Barriers to Cessation

While recent data shows people who smoke menthol cigarettes are more likely to want to quit—72.2% compared to 65.4% of people who smoke non-menthol products—they face greater challenges in successfully doing so, such as:

- The physiological effects of menthol enhance nicotine's addictive properties.
- LGBTQ+ individuals experience higher rates of minority stress and discrimination.
- Limited access to culturally appropriate cessation resources complicates quit attempts.
- Research indicates only 35.2% of people who smoke menthol cigarettes report using evidence-based methods to help quit.⁴

Culturally Responsive Programs to Address Menthol Use

Evidence shows that tobacco cessation interventions specifically designed with and for LGBTQ+ communities improve program acceptability, even if quit rates are comparable to standard programs.^{24,25} Community organizations are invaluable partners in delivering these interventions because of their established trust and reach within LGBTQ+ communities.²⁵

Examples of Successful Initiatives:

- [The Quit Alliance](#) – Provides gender-affirming cessation resources designed specifically for LGBTQ+ individuals and featuring support groups facilitated by trained tobacco cessation specialists who identify as LGBTQ+.²⁶ The program creates a safe environment where participants can address tobacco use in the context of their lived experiences. It also offers Spanish-language support, web-based resources and community presentations to maximize accessibility.
- [Done with Menthol Campaign](#) – Has generated more than 66 million impressions across Los Angeles County by directly countering tobacco industry targeting and connecting LGBTQ+ individuals and other marginalized communities to tailored cessation resources like [Kick It California](#) and [LAQuits](#). The campaign's success stems from its recognition of the social and historical context of menthol use within these communities.²⁷
- [OutLast Tobacco](#) – Developed system-level interventions, like training mainstream cessation service providers to create welcoming spaces for LGBTQ+ individuals. Rather than building separate services, this approach transforms existing resources to better serve diverse populations. The [National LGBT Cancer Network](#) has also helped develop queer-focused cessation advertising campaigns that authentically represent LGBTQ+ experiences.

Research confirms that while these culturally responsive programs may achieve similar quit rates to mainstream approaches, they significantly increase engagement and satisfaction among LGBTQ+ participants, making them valuable tools for addressing menthol use disparities.²⁵

Taking Action

Community organizations can help address menthol use among LGBTQ+ individuals through multiple approaches:

- Raising awareness about the relationship between menthol and nicotine dependence helps people understand why quitting menthol products can be particularly challenging.
- Connecting people to culturally appropriate cessation resources like the national quitline (1-800-QUIT-NOW) provides immediate support for those ready to quit.
- Advocating for comprehensive tobacco cessation coverage in health insurance plans ensures financial barriers don't prevent people from accessing treatment.
- Supporting policy efforts to eliminate menthol and other flavored tobacco products addresses the issue at a systemic level.
- Partnering with LGBTQ+-serving healthcare providers increases opportunities for cessation advice and support within trusted healthcare relationships.



Youth and Young Adult Tobacco and Nicotine Prevention, Intervention and Cessation

Teens and young adults are more likely than any other age group to start using tobacco and nicotine products. Research consistently demonstrates that adolescence and young adulthood represent critical periods for tobacco and nicotine use prevention.

- Almost 90% of adult daily smokers begin before age 18, and approximately 1,500 youth under 18 smoke their first cigarette every day in the United States.²⁸
- In 2023, 10.0% of U.S. middle and high school students (representing 2.8 million youth) reported current tobacco product use.²⁹
- CDC data confirms that tobacco use during adolescence significantly increases the risk for lifelong nicotine addiction and subsequent adverse health consequences.²⁹

This early initiation window creates an urgent opportunity for targeted prevention efforts.

- The Surgeon General's report on Preventing Tobacco Use Among Youth and Young Adults emphasizes that "if young people can remain free of tobacco until age 18, most will never start to smoke," and with 99% of all first tobacco use occurring by age 26, preventing youth initiation effectively prevents adult tobacco use.³⁰
- Early intervention is particularly crucial because tobacco use during adolescence causes immediate health impacts to respiratory and cardiovascular systems, and those who begin smoking earlier face higher risks for long-term diseases like lung cancer.³⁰ Additionally, tobacco addiction established during youth makes cessation especially challenging, even for young users.³⁰

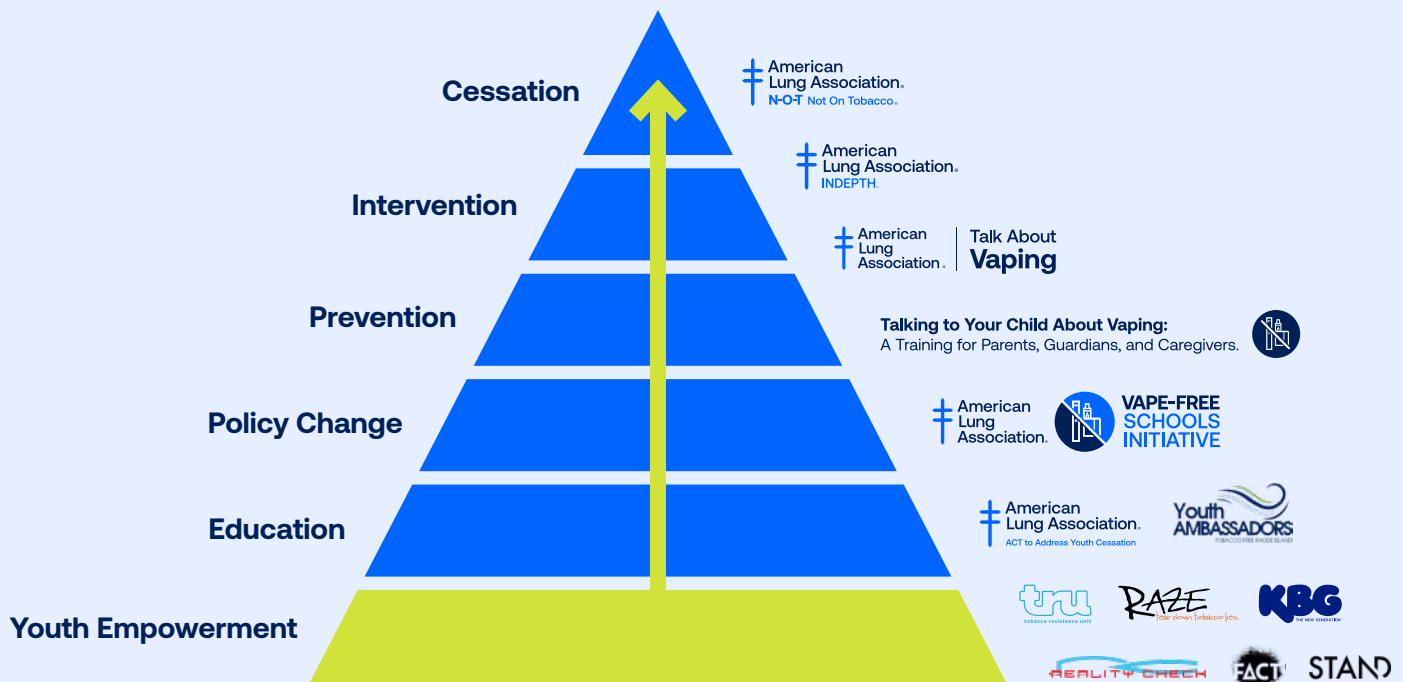
The risk for tobacco and nicotine use is not distributed equally among youth. Young people navigating multiple minority identities often experience compounded stressors that increase tobacco susceptibility. Those facing intersecting experiences of homophobia, transphobia, racism and other forms of discrimination demonstrate significantly higher tobacco use rates. This pattern highlights how social determinants of health—including discrimination, stigma and social marginalization—can manifest in health behaviors like tobacco use.

- 1 in 4 LGBT+ youth become addicted to nicotine by vaping.²⁹
- 40% of LGBT+ youth used commercial tobacco in the last year.³¹
- 97% of youth who vape use flavors, including menthol.³²
- Black transgender youth are 6X more likely to vape than Black cis youth.¹⁶
- Asian transgender youth are 3.5X more likely to vape than Asian cis youth.¹⁶
- Youth with histories of trauma and stress are particularly vulnerable. Research shows individuals exposed to trauma or diagnosed with PTSD are more likely to use tobacco products, experience higher nicotine dependence and are less likely to successfully quit tobacco use even when provided evidence-based treatments.³³
- A large representative study of California youth (133,969 respondents) found that sexual and/or gender minority (SGM) youth had higher prevalence of combustible tobacco use compared to non-SGM peers. This disparity was amplified for youth belonging to multiple marginalized groups, with Black or African American SGM teens evidenced to be at the highest risk of current combustible tobacco use.³⁴ LGBTQ+, Black and Latinx populations experience increased risk for tobacco product use and greater tobacco-related health burdens than their non-LGBTQ+ and white peers.^{29,34}

Understanding these intersectional dynamics is essential for developing prevention strategies that address the complex social factors influencing tobacco and nicotine initiation among young people from diverse backgrounds.

Helping LGBTQ+ Teens Quit Tobacco and Nicotine Products

The American Lung Association recommends a [multi-component, comprehensive public health approach](#) to addressing youth tobacco, vape and nicotine use through strategies inclusive of systems change, education, intervention and cessation.



Local Youth Tobacco Initiatives

Across the country, teens are gathering to keep their own communities tobacco-free. These youth leaders are working to educate their peers about the dangers of nicotine and tobacco addiction. Contact your local American Lung Association office for information on youth leadership groups and other youth tobacco initiatives near you. Call 1-800-LUNGUSA. A few notable organizations are:

- [DANTE](#) – Delawareans Against Nicotine and Tobacco Exposure on college campuses
- [FACT](#) – Wisconsin's Youth Empowerment Movement
- [Kick Butts Generation \(KBG\)](#) – Delaware
- [RAZE](#) – West Virginia
- [Reality Check of New York State](#) – New York
- [Spark](#) – Igniting change on college campuses across Wisconsin
- [STAND](#) – Arizona Students Taking a New Direction
- [Tobacco Free Rhode Island](#) – Tobacco-Free Youth Ambassadors in Rhode Island
- [Tobacco Resistance Unit \(TRU\)](#) – Pennsylvania

Visit our webpage, [Youth and Young Adults In Action](#), to learn more about engaging and empowering youth and young adults to build, participate and live in a world free of lung disease.



Education and Prevention Tools

#DoTheVapeTalk

#DoTheVape Talk is a youth vaping awareness campaign from the American Lung Association and the Ad Council. To provide parents with a simple road map to addressing the dangers of vaping with their kids, it provides free educational resources including a conversation guide on our website, [TalkAboutVaping.org](https://www.talkaboutvaping.org).

Additional Partner Resources

- [Live In Color Without Tobacco](#)
- [Youth Voice, One Vision](#)
- [Campaign for Tobacco Free Kids](#)

Helpful Downloads: E-Cigarettes

- E-Cig Health Risk Fact Sheet ([English/Spanish](#))
- The Dangers of E-Cigarettes Trifold ([English/Spanish](#))
- E-Cig Teen Fact Sheet ([English/Spanish](#))
- E-Cig Parent Fact Sheet ([English/Spanish](#))
- E-Cig School Fact Sheet ([English/Spanish](#))
- Additional Resources ([English](#))
- American Lung Association Vape-Free One-Pager ([English/Spanish](#))
- [American Lung Association Truth About E-Cigarettes Brochure](#)

Helpful Downloads: Menthol Cigarettes, Cigars and Flavored Cigars

- [What Is Menthol?](#)
- Menthol Cigarettes: What Schools Should Know ([English/Spanish](#))
- Menthol Cigarettes: What Parents Should Know ([English/Spanish](#))
- Menthol Cigarettes: What Teens Should Know ([English/Spanish](#))
- Cigars & Flavored Cigars: What Schools Should Know ([English/Spanish](#))
- Cigars & Flavored Cigars: What Parents Should Know ([English/Spanish](#))
- Cigars & Flavored Cigars: What Teens Should Know ([English/Spanish](#))

Culturally competent American Lung Association e-cigarette and vaping educational and marketing materials can be found at [Lung.org/EmpowerYourCommunity](https://www.lung.org/EmpowerYourCommunity).



Teen Tobacco Intervention and Cessation Initiatives



Intervention

The American Lung Association's Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (**INDEPTH®**) is an alternative for students who face suspension for violation of school tobacco, vaping or nicotine use policies. Students participate in a series of interactive educational sessions administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting. [Learn more about INDEPTH®](#) and how you can start a program. Also available as an online modality at [INDEPTHOnline.org](https://www.indepthonline.org) in English and Spanish.



Cessation

Not On Tobacco® (N-O-T) is the American Lung Association's voluntary quit smoking program for teens ages 13–19. Over the 10-week program, participants learn to identify their reasons for smoking, healthy alternatives to tobacco use and people who will support them in their efforts to quit. [Learn more about N-O-T](#) and how you can become a facilitator today.



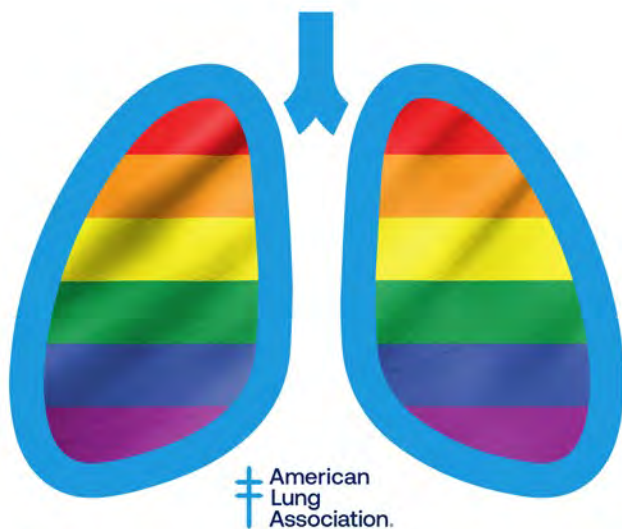
NOT For Me is a self-guided, online program that leverages the American Lung Association's evidence-based N-O-T Not On Tobacco® program to help teens break nicotine dependency, no matter what tobacco products they use. To register, please visit our website: [NotForMe.org](https://www.notforme.org).

Additional NOT For Me promotional information can be found in the Resources section.

Best Practices: General Communications

For solutions to be effective in helping people quit, they must be welcoming to everyone, creative in their approach, affordable for all income levels and easy to access. These solutions should also speak to people in ways that respect who they are, including their cultural background and the language they're most comfortable using. It's about meeting people where they are and providing support that makes sense for their lives and experiences.

Unbiased and neutral language is the foundation of LGBTQ+ affirming care. Creating welcoming spaces and interactions starts with the words we use. It's critical to respect individual differences in self-identity, cultural identity, values and customs. It is important to familiarize yourself with intersectional concerns specific to LGBTQ+ people in your community, as well as the terminology used by the population you serve. See page 30 for a helpful guide to terms and definitions.



Championing Clean Air For All

People-First Language: Honoring the Whole Person

Person-first language is a way to emphasize the person and view the disorder, disease, condition or disability as only one part of the whole person.³⁵ When we label someone a “smoker,” we’re defining them by their tobacco use rather than recognizing it as just one aspect of their life. This can reinforce shame and negative self-perception. In a healthcare setting, using the term “smoker” lacks clinical precision, since it doesn’t specify frequency, amount or type of tobacco products used, making it inadequate for clinical assessment and personalized treatment planning. Research suggests that when people internalize the “smoker” identity, they may find it harder to envision themselves as non-users of tobacco products, potentially making cessation more difficult.^{36,37} And using the label of “smoker” overlooks the complex social determinants and life circumstances that contribute to tobacco use, particularly among marginalized communities.

Instead, consider these person-first alternatives:

- Person who uses tobacco products
- Person who smokes
- Individual who currently uses cigarettes/e-cigarettes/vaping products
- Person with nicotine dependence (when clinically appropriate)

When asking about tobacco use, focus on the behavior rather than identity:

- “Do you currently use any tobacco products?”
- “How often do you smoke cigarettes?”
- “In the past month, have you used e-cigarettes or vaping products?”

This person-first approach aligns with trauma-informed care principles and creates a more supportive environment for individuals considering cessation, particularly those from communities like LGBTQ+ populations who may already experience significant stigma in healthcare settings.

Pronouns: Using Respectful and Affirming Language

Gender-diverse pronouns can help with creating an affirming interaction, and the most important thing to remember as an individual is that it's not about you. It's about creating a welcoming space for your patient or client. By showing your support through simple acts like sharing your own pronouns and promoting inclusivity, you can create an interaction for all who wish to live a tobacco-free life. The use of inclusive language—including the use of correct pronouns and affirming gendered terms, the promotion of gender-neutral language (like using “people” instead of “men” or “women” or using “partner” or “spouse” instead of “husband” or “wife”) has a profound impact on the comfort and psychological safety of LGBTQ+ people in the institutions with which they must interact.³⁸

The words we use matter. Create a space that is welcoming and affirming by:

- Respecting individual differences in self-identity, cultural identity, values and customs.
- Share your own pronouns first when introducing yourself: *“Hi, I’m [name], and my pronouns are [pronouns].”*
- Never assuming someone’s pronouns based on appearance. Instead ask *“What pronouns do you use?”* or *“What pronouns would you like me to use when referring to you?”*

Remember: If you make a mistake with someone’s name or pronouns, simply apologize, correct yourself and continue the conversation.



Best Practices: Counseling Guidelines

When it comes to health issues, one size does not fit all. Different people and communities have varying needs and make decisions in different ways. Tailored cessation resources help acknowledge that some experiences, stressors and beliefs associated with tobacco use may be unique for LGBTQ+ people.

Acknowledge: Addressing Unique Stressors

Recognize that LGBTQ+ individuals may face specific stressors, which can make quitting more difficult. These stressors may include:

- Anxiety and depression
- Discrimination and harassment
- Traumatic experiences with healthcare professionals
- Housing insecurity

Educate: Understanding Tobacco Use and Nicotine Dependence

Educate patients that nicotine dependence is a complex and chronic relapsing condition—it’s not just a matter of having the “willpower” to change a “bad habit.” Use the biopsychosocial approach (see pg. 8), highlighting biological, psychological and social factors of tobacco use, and provide information on evidence-based counseling programs and FDA-approved quit medications, which are proven safe and effective to increase one’s chances of successfully breaking free from tobacco dependency.

FDA-Approved Cessation Medications					
Dosing/Duration	Medication	OTC	Rx	Contains Nicotine	Non-Nicotine
Long-Acting Medications	Nicotine patch	•		•	
	Varenicline		•		•
	Bupropion		•		•
Short-Acting Medications	Nicotine gum	•		•	
	Nicotine lozenge	•		•	
	Nicotine nasal spray		•	•	
	Nicotine inhaler		•	•	

Empower: Using Evidence-Based Brief Tobacco Intervention

Follow the CDC's ASK-ADVISE-REFER model to quickly provide effective support for cessation.

1. ASK about all tobacco product use
2. ADVISE on the benefits of quitting using personalized encouragement
3. REFER to quit resources such as quitlines, counseling services and FDA-approved quit medications.

See page 24 for Professional Development Training resources.

National Cessation Resources

- [1-800-QUIT-NOW](#) – The national quitline portal for people to call and connect with their state quitline to get free help from trained professionals to quit smoking.
- [Smokefree.gov](#) – The National Cancer Institute's website housing resources to help people quit tobacco and stay tobacco-free. The website has a live chat feature, tools to help plan a quit date and other resources to help individuals be successful in their efforts. There are also specific resources for women, teens, vets, individuals 60+ years and those who speak Spanish.
- [National Texting Portal](#) – A resource for adults that provides text message support to help quit smoking. Individuals can text QUITNOW to 333888 or DEJELO YA al 333888 for text message support in Spanish.
- [American Lung Association's Lung Helpline](#) – Available at 1-800-LUNG-USA or via live chat. The HelpLine is staffed with licensed registered nurses, respiratory therapists and certified tobacco treatment specialists to help people who want to quit tobacco use.

See page 27 for more cessation resources.

Reach Out & Connect

Connect and partner with organizations that serve members of the LGBTQ+ community and consider participating in referral programs for LGBTQ+ people in your community.

GLMA

Gay & Lesbian Medical Association
1629 K Street NW
Suite 300
Washington, DC 20006
info@glma.org
(833) 456-2202

LGBTQ HealthLink: The Network for Health Equity

Comprised of a diverse group of stakeholders including LGBTQ+ advocates, healthcare professionals and community leaders, the network is formed to address specific health disparities, particularly related to factors like tobacco use, diet and exercise, with a primary goal of achieving health equity for the community; often including initiatives to combat stigma and discrimination within the healthcare system.



Best Practices: Overcoming Barriers to Quitting

Creating Effective Cessation Support

- **Trauma-Informed Approaches:** Implementing cessation programs that acknowledge the role of trauma, stress and discrimination in tobacco use behaviors is essential for effective interventions. Centering transgender voices and experiences when developing cessation strategies for gender-diverse communities ensures that programs address the specific needs and challenges faced by these populations.
- **Community-Centered Solutions:** Developing culturally responsive programs in partnership with LGBTQ+ community members creates more effective cessation supports. Integrating tobacco screening and cessation support into gender-affirming and LGBTQ+-focused healthcare provides opportunities to address tobacco use in contexts where individuals may feel safer discussing their health concerns.
- **Structural Improvements:** Advocating for comprehensive data collection on sexual orientation and gender identity in tobacco research helps close information gaps and build more targeted interventions. Supporting smoke-free policies in LGBTQ+ venues disrupts tobacco normalization and creates healthier community spaces where people can connect without exposure to tobacco marketing or secondhand smoke.

Leveraging Community Strengths

- **Partner with LGBTQ+ Organizations:** Deliver cessation resources through LGBTQ+ centers where survey respondents report feeling most comfortable receiving quit support. Invite LGBTQ+ organizations to participate on advisory boards and coalitions.
- **Peer Support Networks:** Create mentorship and support group opportunities that build on what focus group participants have described as the community's strength of sticking together.³⁹
- **Safe Cessation Spaces:** Host cessation programs in LGBTQ+-affirming environments to address concerns about discrimination in traditional healthcare settings.²³ Ensure intake forms and communications are inclusive by using gender-neutral terms and including options for different gender identities and pronouns. And build a care team that honors diverse patients and clients by training all staff on using inclusive and affirming language.

Addressing Systemic Barriers

- **Health Systems Approaches:** Focus on changes that address common barriers to care for LGBTQ+ individuals, starting with the fear of mistreatment that prevents many from seeking care—as was found in a recent U.S. Transgender Survey, where 24% of respondents reported avoiding necessary medical care due to fear of discrimination.⁴⁰ Furthermore, effective tobacco cessation requires system-level changes like implementing best practices for tobacco cessation in healthcare settings,⁴¹ utilizing electronic health records to identify tobacco users and track interventions,⁴¹ addressing barriers like time constraints and staffing issues through quality improvement initiatives⁴¹ and taking a population-based approach to integrate tobacco treatment into routine care.⁴⁰
- **Insurance Navigation:** Provide assistance in navigating insurance coverage for cessation treatments, as the ACA requires most plans to cover these services without cost-sharing.⁴²
- **Holistic Approaches:** Integrate tobacco cessation with services that focus on co-occurring issues like stress, mental health and substance use that are prevalent in LGBTQ+ communities.^{23,43}
- **Treatment Accessibility:** Reduce financial and logistical barriers to evidence-based cessation resources, as research shows that three-quarters of those with tobacco use disorder never connect with treatment services.⁴⁴

Measuring Success and Improving Equity

Evaluate tobacco cessation programs to ensure they're reaching all segments of the LGBTQ+ community. Evidence shows that taking a population-based approach to integrating tobacco treatment can reduce disparities in cessation service access.⁴⁵

Consider tracking metrics that measure:

- Reach across different demographic groups
- Quit rates among program participants
- Participant satisfaction with program inclusivity
- Referrals to cessation services

By implementing these evidence-based strategies with cultural sensitivity and respect, organizations can help reduce the disproportionate burden of tobacco use in LGBTQ+ communities and support healthier lives.



Best Practices: Proven Tips to Help Tobacco Users Quit

When supporting LGBTQ+ patients and clients, address these multilayered barriers directly through affirmative, comprehensive approaches that recognize both the unique stressors and strengths within these communities.

Develop Appropriate Materials

Adapt or create materials that reflect LGBTQ+ identities and experiences. Use gender-neutral pronouns, include multiple gender identities and use photos and imagery that feature diverse representations and culturally relevant contexts and symbols. Develop affirming cessation campaign materials that avoid condescending tones, which focus group participants have identified as ineffective.²³

Tobacco Industry Awareness

Educate clients and patients about the tobacco industry's targeted marketing to LGBTQ+ communities, as research shows higher exposure to tobacco marketing among sexual minority individuals.¹⁸

Positive Framing

Focus on themes of personal health, cost savings and caring for loved ones, which research indicates resonate most with LGBTQ+ individuals who smoke.²³

Tailor Cessation Programs

Implement group counseling programs, like American Lung Association's Freedom From Smoking® program, with LGBTQ+ tailoring to provide social support to people quitting.^{46,47} Interventions like "The Last Drag" showed 59% quit rates by the seventh session and 36% at the six-month follow-up.⁴⁸ Modify existing programs to address LGBTQ+-specific concerns like isolation, bar culture, self-esteem and lifestyle factors. Online cessation tools tailored for LGBTQ+ people, like the "Put it Out Project" Facebook intervention, demonstrated three times higher abstinence rates compared to non-tailored approaches.⁴⁹

Quitline Enhancement

Develop LGBTQ+ affirming protocols, so quitline counselors can ensure all callers receive respectful, personalized cessation support.

Provider Training Programs

Implement LGBTQ+ cultural humility training for healthcare professionals, like the [Welcoming Spaces program](#) from the National LGBT Cancer Network, which offers continuing education credits through online modules.

LGBTQ+-Friendly Provider Networks

Create and promote directories of welcoming cessation providers to address documented healthcare discrimination.⁵⁰

What's Working

Organizations across the country are making strides with evidence-based approaches that address the unique needs, experiences and social contexts of LGBTQ+ individuals. See [page 38](#) for success stories.

Resources: Professional Development Trainings

For Professionals Working With Adults

Beginner: Tobacco Basics

This free, one-hour online course lays the foundation in understanding the toll of commercial tobacco use in the U.S. Participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

- [Tobacco Basics One-Pager](#)

Beginner: Lung Cancer Basics

The American Lung Association's Lung Cancer Basics is a free online learning module designed to lay the foundation for understanding lung cancer causes and risk factors, prevention and symptoms. The program is ideal for those at high risk for developing lung cancer, lung cancer patients and caregivers, healthcare professionals and community-based organization staff. Lung Cancer Basics also includes comprehensive resources, including supplemental videos, webpages and glossary terms to enhance the viewer's learning experience.

Beginner: How to Help People Quit

This free, one-hour online course includes four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of Motivational Interviewing to resolve uncertainty, identifying FDA-approved medications to help individuals break tobacco dependency and connecting quitters with American Lung Association's tobacco cessation resources for both youth and adults.

- [How to Help People Quit One-Pager](#)

Intermediate: Ask, Advise, Refer to Quit Don't Switch

This one-hour, on-demand online course seeks to target healthcare professionals who may have direct patient contact and may initiate a brief tobacco intervention. Ask, Advise, Refer to Quit Don't Switch is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes.

- [Ask, Advise, Refer to Quit Don't Switch One-Pager](#)

Advanced: Freedom From Smoking® (FFS) Facilitator Overview Training

The American Lung Association's Freedom From Smoking® Facilitator Overview Training is a 2.5-hour certification training for those individuals working to become certified Freedom From Smoking® facilitators and conduct group programs to support adults who want to end their nicotine dependence within their communities and beyond. The Facilitator Overview Training course includes interactive components to support all learning styles. Participants will learn to differentiate between instructional teaching and facilitation methods, develop strategic questions to prompt reflection and behavior change, and be able to describe ways to use experiential learning methods to increase the effectiveness of group program sessions.

- [Freedom From Smoking® One-Pager](#)

For Professionals Working With Youth

Beginner: How to Help People Quit

This free, one-hour online course includes four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of Motivational Interviewing to resolve uncertainty, identifying FDA-approved medications to help individuals break tobacco dependency and connecting quitters with American Lung Association's tobacco cessation resources for both youth and adults.

- [How to Help People Quit One-Pager](#)

Beginner: Talking to Your Child About Vaping: A Guide for Parents, Guardians and Caregivers

This free, one-hour interactive online learning module is designed to help parents, guardians and caregivers talk to their child (ages 8–20) about vaping and nicotine use in the best possible way. The course offers three different modules: Overview, Prevention and Intervention for users to choose their own learning pathway. If they are interested in just tobacco use prevention, they can choose Module 2: Prevention. If they have already spotted a problem with their child using tobacco products, they can choose Module 3: Intervention. Users can choose to take all modules as well, which we recommend they do.

- [Talking to Your Kids About Vaping Promo Video](#)
- [Talking to Your Kids About Vaping Postcard](#)
- [Talking to Your Kids About Vaping Flyer](#)
- [Talking to Your Kids About Vaping Rack Card](#)

Intermediate: INDEPTH – Alternative to Suspension Facilitator Training

The American Lung Association's INDEPTH® (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health) program offers students an alternative to suspension or citation for violating school tobacco use policies. This free, one-hour training course will give access to all course materials and a three-year certificate.

Spread the word: INDEPTH® Course Advertising Toolkit

- INDEPTH Video
- INDEPTH One-Pager ([English/Spanish](#))
- INDEPTH 728x90 Digital Display Ad ([English/Spanish 1/Spanish 2](#))
- INDEPTH 300x250 Digital Display Ad ([English](#))
- INDEPTH Postcard ([English/Spanish](#))
- INDEPTH Rack Card ([English/Spanish](#))



Intermediate: Ask-Counsel-Treat (ACT) for Youth Cessation

This free, one-hour course provides an overview for healthcare professionals, school personnel and community members in youth-supportive roles to conduct a brief intervention for teens who use tobacco. Based on the American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians, the course outlines the steps of Ask-Counsel-Treat and provides guidance, support and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as tobacco users, including e-cigarettes.

- [ACT for Youth Cessation One-Pager](#)

Advanced: Not On Tobacco (N-O-T)® Facilitator Training

This six-hour course equips schools and community organizations to implement the evidence-based tobacco cessation program for ages 14-19. Designed for group settings, the N-O-T program helps middle and high school students quit or reduce tobacco use, including e-cigarettes. Schools and community organizations that complete the training receive a three-year certification and full program access upon completion. Cost: \$400 per person.

Spread the word: NOT Course Advertising Toolkit

- N-O-T One-Pager ([English/Spanish](#))
- N-O-T Trifold ([English/Spanish](#))
- N-O-T for Me Postcard ([English/Spanish](#))
- N-O-T for Me Rack Card ([English/Spanish](#))

Advanced: Vape-Free Schools Initiative

If you are an educator committed to helping students navigate youth vaping, we have programs to help you in your efforts. Participating in the American Lung Association Vape-Free Schools initiative means that your school is a leader in supporting students affected by e-cigarettes, offering clear guidance, education and cessation. Completion of INDEPTH or N-O-T facilitator training courses along with a school policy assessment and review allows schools and organizations to be recognized by the American Lung Association as a member of the Vape-Free Schools Initiative.

- [Vape-Free Schools Initiative One-Pager](#)

Resources: General Education

The American Lung Association's website is now equipped with a new translation feature making all lung health resource pages available in up to 10 different languages, including Spanish. To activate this feature, simply visit [Lung.org](#) and click the blue TRANSLATE button at the top right of the screen.

- Tobacco Trends Brief ([English/Spanish](#) – use Translate button)
- State of Tobacco Control Report (SOTC) ([English/Spanish](#) – use Translate button)
- What Is Secondhand Smoke? ([English/Spanish](#))
- Health Benefits of Quitting Smoking ([English/Spanish](#))
- Facts About Hookah ([English/Spanish](#))
- What Is Thirdhand Smoke? ([English/Spanish](#))
- Tobacco Cessation Resources for Teens ([English/Spanish](#))
- Tobacco Education Resources for Teens ([English/Spanish](#))
- Quit Smoking Ad ([English/Spanish](#))
- COVID-19 & Tobacco ([English/Spanish](#))



Resources: General Cessation

Cessation resources should be culturally relevant for the populations they serve, including those that experience disparities related to menthol cigarettes. The following resources are available nationwide, and many have culturally tailored elements, including for Black and LGBTQ+ communities.

National Programs

- [1-800-QUIT-NOW](#) – The national quitline portal for people to call and connect with their state quitline to get free help from trained professionals to quit smoking.
- [Smokefree.gov](#) – The National Cancer Institute’s website housing resources to help people quit tobacco and stay tobacco-free. The website has a live chat feature, tools to help plan a quit date and other resources to help individuals be successful in their efforts. There are also specific resources for women, teens, vets, individuals 60+ years and those who speak Spanish.
- [National Texting Portal](#) – A resource for adults that provides text message support to help quit smoking. Individuals can text QUITNOW to 333888 or DEJELO YA al 333888 for text message support in Spanish.
- [American Lung Association’s Lung Helpline](#) – Available at 1-800-LUNG-USA or via live chat. The HelpLine is staffed with licensed registered nurses, respiratory therapists and certified tobacco treatment specialists to help people who want to quit tobacco use.
- [Freedom From Smoking®](#) – The American Lung Association has been helping people quit smoking for over 41 years through Freedom From Smoking®. Ranked as one of the most effective cessation programs in the country, Freedom From Smoking® has helped hundreds of thousands of people quit for good and is now available in a variety of formats including in-person group, virtually-delivered group, online, telephonic and self-help booklet. Visit [Lung.org/FFS](#) or call 1-800-LUNG-USA to learn more.
 - American Lung Association’s Tobacco Programs Postcard ([English/Spanish](#))
 - Freedom From Smoking® Ad ([English/Spanish](#))
- [Helping Teens Quit](#) – Programs and resources including INDEPTH® Alternative to Suspension, Not On Tobacco® (N-O-T) and NOT for Me youth cessation resources.
- [Truth Initiative](#) – Tools to help people quit smoking and vaping, including [This Is Quitting](#), aimed at teens, and [Become an Ex](#).

For the Black Community

- [Cessation Resources](#) – From the Association of Black Cardiologists.
- [Tobacco Dependence Treatment Toolkit](#) – From the National Black Nurses Association, providing a practical approach to effectively treating tobacco dependence.

For the LGBTQ+ Community

- [LGBTQ Quit Guide](#) – Published by the National LGBT Cancer Network to provide insight into making culturally competent resources for the LGBTQ+ community. Developed by the National LGBTQ+ Tobacco Control Network, this guide provides information on LGBTQ-specific tobacco cessation resources in addition to nonspecific quit resources.
- [LGBT Cessation Guide](#) – Published by the Cancer Network, detailing ways to tailor resources to the LGBTQ+ community, strategies for distributing materials and improving participation in cessation activities.
- [LGBTQ+ Tobacco Cessation Guide](#) – Developed by Equitas Health, providing educational materials, considerations for healthcare professionals and other materials to assist LGBTQ+ people in quitting tobacco.
- [MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control](#) – From LGBTQ HealthLink, provides advice for expanding LGBT integration in tobacco control work.
- [This Free Life](#) – A Health and Human Services Site that works to prevent and reduce tobacco use among young adults who identify as lesbian, gay, bisexual and transgender. This Free Life also links to [smokefree.gov](#) and the quit START app, through which users can sign up to receive smokefree daily text messages with advice and tips for quitting.
- Tobacco Use in the [LGBT Community: Preconceptions, Challenges & Experiences](#) – Recorded webinar from the Smoking Cessation Leadership Center at UCSF, with a Q&A that discusses the lack of information about NRT for people who are transgender and are on hormones. [Additional resources](#) for the presentation can be found on the SCLC website.

Relevant Journal Articles

- [Menthol Cigarettes and Smoking Cessation among Adult Smokers in the U.S.](#) (March 1, 2020; American Journal of Behavioral Health)
- [Helping African American Individuals Quit Smoking](#) (June 14, 2022; JAMA)

Resources: Addressing E-Cigarettes and Vaping Devices

- The Impact of E-Cigarettes on the Lung ([English/Spanish](#))
- What You Need to Know About E-Cigarettes – Parents ([English/Spanish](#))
- What You Need to Know About E-Cigarettes – Schools ([English/Spanish](#))
- What You Need to Know About E-Cigarettes – Teens ([English/Spanish](#))
- The Dangers of E-Cigarettes Trifold ([English/Spanish](#))
- The Truth About E-Cigarettes Brochure ([English/Spanish](#))
- What Is Secondhand Aerosol from E-Cigarettes? ([English/Spanish](#))
- [Additional E-Cigarette Resources](#)
- American Lung Association Vape-Free One-Pager ([English/Spanish](#))

Resources: Teen Intervention and Cessation

- INDEPTH® Materials
 - Stop Vaping with INDEPTH Video ([English](#))
 - INDEPTH One-Pager ([English/Spanish](#))
 - INDEPTH 728x90 Ad ([English/Spanish 1/Spanish 2](#))
 - INDEPTH 300x250 Ad ([English](#))
 - INDEPTH Postcard ([English/Spanish](#))
 - INDEPTH Rack Card ([English/Spanish](#))
- NOT® Materials
 - NOT One-Pager ([English/Spanish](#))
 - NOT Trifold ([English/Spanish](#))
- N-O-T for Me Materials
 - N-O-T for Me Postcard ([English/Spanish](#))
 - N-O-T for Me Rack Card ([English/Spanish](#))
- General
 - Teen Education One-Pager ([English/Spanish](#))
 - Teen Cessation One-Pager ([English/Spanish](#))

Resources: Tobacco Treatment Quick Reference Guides for Public Health Professionals

- Advising on Cessation Medication ([English/Spanish](#))
 - Getting Ready for Your Next Office Visit—Quitting Tobacco Use ([English/Spanish](#))
- Ask-Advise-Refer (AAR) ([English/Spanish](#))
- Why It's Hard to Quit ([English/Spanish](#))
- Stages of Change ([English/Spanish](#))
 - Using Scaling to Assess Readiness to Quit ([English/Spanish](#))
- Motivational Interviewing ([English/Spanish](#))
 - Quit Attempts ([English/Spanish](#))
- Tips to Quit ([English/Spanish](#))
- Building a Tobacco Treatment Plan ([English/Spanish](#))
 - Youth Cessation: Ask-Counsel-Treat (ACT) ([English/Spanish](#))
- Should My Patient Be Screened for Lung Cancer? ([English/Spanish](#))

Resources: Technical Assistance for Furthering Health Systems Change

The [American Lung Association Tobacco Cessation Technical Assistance \(TA\) Team](#) is here to provide expert support to public health professionals and their partners who are working to improve tobacco cessation efforts in their communities. If you have questions about tobacco cessation coverage and/or health systems change, please email the team at CessationTA@lung.org or visit Lung.org/CessationTA.

Resources: Empower Your Community Toolkits

The American Lung Association has created a series of guides to help educators, social service providers, healthcare professionals, researchers and community-based organizations understand common barriers to quitting tobacco and to strengthen collective approaches to addressing tobacco use in our diverse communities.

- [Addressing Tobacco Use in Black Communities Toolkit](#)
- [Addressing Tobacco Use in Hispanic or Latino Communities Toolkit \(English\)](#)
- [Addressing Tobacco Use in Hispanic or Latino Communities Toolkit \(Spanish\)](#)
- [Addressing Commercial Tobacco Use in Indigenous Communities Toolkit](#)
- [Addressing Tobacco Use Among Youth and Young Adults Toolkit](#)

Resources: Partner Organizations

- [Adult Cessation](#)
 - [CDC Tips From Former Smokers](#)
- [E-Cigarettes](#)
 - [2016 Surgeon General Report on Youth Use of E-Cigarette](#)
 - [U.S. Surgeon General's Know the Risks: E-Cigarettes and Young People](#)
 - [Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion's Facts about Electronic Cigarettes](#)
 - [U.S. Food & Drug Administration's Vaporizers, E-Cigarettes and other Electronic Nicotine Delivery Systems \(ENDS\)](#)
 - ["The Real Cost" Youth E-Cigarette Prevention Campaign](#)
 - [The National Academies of Sciences Engineering Medicine Health and Medicine Division's Public Health Consequences of E-Cigarettes](#)
 - [American Nonsmokers' Rights Foundation Electronic Cigarettes](#)
 - [Public Health Law Center/Tobacco Control Legal Consortium E-Cigarettes](#)
 - [Public Health Law Center's Model for a Tobacco-Free Environment in Minnesota's K-12 Schools](#)
 - [Campaign for Tobacco-Free Kids Taking Down Tobacco](#)
 - [Stanford's Tobacco Prevention Toolkit](#)
 - [CATCH My Breath E-Cigarette Prevention Program for Schools](#)
 - [Parents Against Vaping E-Cigarettes \(PAVe\)](#)
 - [American Academy of Pediatrics E-Cigarette](#)

Terminology

This glossary was created to provide public health professionals, community members and allies with the language needed to engage in respectful, informed conversations about LGBTQ+ communities and tobacco-related health concerns. Language is powerful—it shapes our understanding, influences our interactions and can either build bridges or create barriers. By familiarizing yourself with these terms, you're taking an important step toward creating more inclusive and effective public health initiatives.

LGBTQ+ people use a diverse range of terms to identify themselves, not all of which are included in this glossary. Terminology continues to evolve and varies across generations, geographic regions and cultural contexts. What might feel affirming to one person may not resonate with another. Always listen for and respect a person's self-identified terminology.

Similarly, tobacco use patterns, products and associated terminology change over time and differ across communities. Understanding this language is essential for health professionals working to address tobacco-related disparities that disproportionately affect LGBTQ+ populations.

This list is not exhaustive but serves as a starting point for learning. We encourage approaching these terms with humility, recognizing that language acquisition is an ongoing process. When uncertain, asking respectful questions is always preferable to making assumptions. Our goal is to facilitate meaningful connections and conversations that ultimately support the health and well-being of all communities.

Ally | A term used to describe someone who is actively supportive of LGBTQ+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ+ community who support each other (e.g., a lesbian who is an ally to the bisexual community).

Asexual | Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction.

Biphobia | The fear and hatred of, or discomfort with, people who love and are sexually attracted to more than one gender.

Bisexual | A person emotionally, romantically or sexually attracted to more than one gender, though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

Cessation Interventions | Refer to various tools, including educational, pharmacological and behavioral strategies aimed at helping individuals who are addicted to nicotine, and all of the associated products. These interventions are proven-effective to help people end their nicotine dependence.

Commercial Tobacco Products | Any product containing, made of, or derived from tobacco or nicotine that are intended for human consumption and include cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus or electronic smoking devices. They can be smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means.

Electronic Nicotine Delivery Systems (ENDS) | Devices allowing users to inhale an aerosol containing nicotine or other substances. ENDS are commercial tobacco products. Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs) and e-pipes are some of the many terms used to describe them.

Gay | A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.

Genderqueer | Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender Binary | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations.

Gender Dysphoria | Clinically significant distress caused when a person’s assigned birth gender is not the same as the one with which they identify.

Gender-Expansive | A person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.

Gender Expression | External appearance of one’s gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender-Fluid | A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

Homophobia | The fear and hatred of or discomfort with people who are attracted to members of the same sex.

Intersex | Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response and/or secondary sex traits.

Lesbian | A woman who is emotionally, romantically or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.

LGBTQ+ | An acronym for “lesbian, gay, bisexual, transgender and queer” with a “+” sign to recognize the limitless sexual orientations and gender identities used by members of this community.

Menthol | A chemical naturally found in peppermint and other mint plants, but it can also be made in a lab. When added to tobacco products, it reduces the harshness of cigarette smoke and the irritation from nicotine.

Nicotine | The highly addictive, colorless, odorless and toxic chemical compound. It is present in the tobacco plant, and it can also be made in the laboratory. It is also used as an insecticide.

Nicotine Replacement Therapies (NRTs) | FDA-approved medications such as gum, patches, inhalers, nasal spray and lozenges that are proven to be safe and effective treatments for nicotine dependence. The medications can help tobacco users quit. These products provide a lower level of nicotine that can help reduce recovery symptoms while the person transitions to a new tobacco-free life. Nicotine replacement therapies are not commercial tobacco products.

Non-Binary | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.

Outing | Exposing someone’s lesbian, gay, bisexual, transgender or gender non-binary identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety, or religious or family situations.

Pansexual | Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.

Prevention Interventions | Refers to educational strategies aimed to help prevent the initiation of tobacco use among youth and adults as well as prevent the propagation of these tobacco use behaviors within the home and in the community.

Queer | A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQ+ movement.

Questioning | A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Same-Gender Loving | A term some prefer to use instead of lesbian, gay or bisexual to express attraction to and love of people of the same gender.

Sex Assigned at Birth | The sex—male, female or intersex—that a doctor or midwife uses to describe a child at birth based on their external anatomy.

Sexual Orientation | An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: An individual's sexual orientation is independent of their gender identity.

Tobacco Industry | Refers to the tobacco product manufacturers, distributors, wholesalers and retailers that have historically used their significant financial resources to promote tobacco use and influence policy and public opinion around tobacco products.

Tobacco Product | 1.) Any commercial product containing, made of, or derived from tobacco or nicotine, whether inhaled, absorbed or ingested by any other means. 2.) Any electronic nicotine delivery device and any substances that may be aerosolized or vaporized by such device, whether the substance contains naturally occurring or synthetic nicotine. 3.) Any component, part or accessory of (1) or (2), whether any of these contain tobacco or nicotine, including but not limited to filters, rolling papers, blunt or hemp wraps and pipes. 4.) This term does not include medications, devices or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

Tobacco-Related Disparities | The socioeconomic and health disparities that are caused and/or exacerbated by tobacco and vaping product use and addiction, and which can be improved or eliminated by addressing tobacco use.

Tobacco Treatment | For the purposes of this toolkit, the terms “tobacco treatment” and “cessation” may be used interchangeably, and both terms refer to evidence-based counseling and behavioral change therapy along with medication-assisted treatment using one or a combination of the seven FDA-approved medications for the treatment of tobacco and nicotine use disorder. Other related terms include: Nicotine Dependency Treatment, Nicotine Use Disorder Treatment and Tobacco Use Disorder Treatment.

Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transitioning | A series of processes that some transgender people may undergo to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns; medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all or none of these processes.

Two-Spirit | A term created by and for Indigenous North American peoples that describes a person who embodies both masculine and feminine qualities, often holding special spiritual, healing or ceremonial roles in their communities.⁵¹ It is not interchangeable with LGBTQ+ identities and should not be used by non-Indigenous people.⁵² Traditionally, Two-Spirit people were considered to occupy a distinct gender status beyond the binary, with specialized work roles and spiritual significance within their specific tribal cultures.⁵³

The terminology in this glossary has been adapted, unless otherwise noted, from authoritative LGBTQ+ resources including the GLAAD Media Reference Guide: LGBTQ and Transgender terms.⁵⁴ These respected sources provide current, culturally appropriate terminology as recognized by LGBTQ+ communities. For the most updated terminology and additional resources, please visit GLAAD's website at [GLAAD.org](https://www.glaad.org). Additionally, some terms were taken directly from the Human Rights Campaign [Glossary of Terms](#).⁵⁵



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Appendix

Public Policy: Health Equity Best Practices

For detailed guidance on achieving health equity in tobacco prevention and control, refer to the [Centers for Disease Control and Prevention's Best Practices User Guides](#), such as [Health Equity in Tobacco Prevention and Control](#). These evidence-based resources provide strategies for implementing effective tobacco control programs and addressing disparities.

Tips to Quit: What's Working

Despite persistent tobacco-related disparities affecting LGBTQ+ communities, innovative and culturally responsive initiatives are demonstrating significant success in reducing tobacco use among these populations. Organizations across the country have developed evidence-based approaches that address the unique needs, experiences and social contexts of LGBTQ+ individuals. These programs go beyond simply adapting mainstream cessation resources—they integrate LGBTQ+ cultural competency, counter industry targeting and create affirming spaces where people feel seen, respected and supported in their cessation journey. The following examples highlight interventions that are making measurable progress in reducing the disproportionate burden of tobacco use in LGBTQ+ communities.

Below are just a few examples of promising practices from the field:

- The [National LGBT Cancer Network](#) has launched comprehensive programs specifically addressing the 49% higher tobacco use rates in LGBTQ+ communities. Their initiatives include: Creating LGBTQ+-tailored tobacco cessation materials as part of the White House Cancer Moonshot initiative; developing the Out Proud Free campaign to counter tobacco industry marketing that targets LGBTQ+ communities; Creating OutLast Tobacco, an online portal helping cessation service providers create welcoming spaces for LGBTQ+ individuals; and leading the CDC-funded Tobacco Related Cancer Project to reduce tobacco and cancer-related disparities. Learn more about their work at [Cancer-Network.org](#).
- In 2020, the Put It Out Project (POP) Facebook Intervention study evaluated a Facebook-based smoking cessation intervention culturally tailored for LGBTQ+ young adults ages 18–25.⁴⁹ Results were very promising, with participants in the POP group being 2.5 times more likely to report smoking abstinence at three months and 4 times more likely at six months compared to those in the non-tailored program.
- Data from 233 participants in The Last Drag, a seven-session, six-week group education and support intervention tailored for people who are LGBTQ+ and who smoke was collected during the first and last sessions, and at one, three and six months post-intervention. As with many interventions over time, missing data is a challenge in determining success rates, but even using the most conservative estimates, nearly 60% were smoke-free at the end of the intervention and 36% remained smoke-free by six months post-intervention. This success rate is comparable to, or better than, many mainstream smoking cessation interventions reported in the literature. The Last Drag is an effective, low-cost community intervention specific to people who are LGBTQ+ that can be replicated in other communities.⁴⁸
- In 2022, Pennsylvania partnered with Bradbury-Sullivan LGBT Community Center to conduct an LGBT* Health Needs Assessment in collaboration with LGBTQ HealthLink. One key finding was that almost a third of respondents have experienced a healthcare professional who reacts poorly when they come out as LGBTQ+. More than a quarter of respondents self-reported their health was fair or poor. Respondents identified mental health needs as a priority when considering community health of people who are LGBTQ+.⁵⁶
- The California Lesbian, Gay, Bisexual and Transgender Tobacco Education Partnership advocates for policies limiting tobacco industry donations and reducing availability of tobacco to counteract, through education and advocacy efforts, the negative impact tobacco use has had on the community of people who are LGBTQ+.⁵⁷

**Deviation from LGBTQ+ to cite specific data*

- The American Lung Association has developed tailored programs and initiatives focused for LGBTQ+ individuals, including:
 - The #ProudQuitter campaign in Iowa, which highlights LGBTQ+ individuals sharing their quitting stories in their own words.
 - Partnership with the Bradbury-Sullivan LGBT Community Center to provide cessation resources and tobacco-free signage at pride events.
 - “Saved By The Scan” initiative that promotes lung cancer screening awareness, which is particularly important given that approximately 19.1% of LGBTQ+ adults smoke cigarettes compared to 11.6% of heterosexual adults.⁵⁸
 - Nationwide training and technical assistance to support inclusive health systems change strategies.⁵⁹
 - The Lung Association’s [Freedom From Smoking®](#) cessation program has been tailored to meet the needs of LGBTQ+ individuals. The Lung Association promotes the benefits of this community-based, culturally tailored smoking cessation treatment program. A study found that participants who attended the sessions and used nicotine replacement therapy (NRT) had higher quit rates. The program’s success underscores the importance of culturally tailored interventions in helping LGBTQ+ individuals quit smoking. [Learn more here.](#)
 - The Lung Association’s [INDEPTH program](#) is an alternative to suspension for students who violate school tobacco, vaping or nicotine use policies. This program provides interactive educational sessions that help students understand the dangers of tobacco use and develop strategies to quit. It is designed to be inclusive and supportive of LGBTQ+ youth.
 - The Lung Association’s [Not On Tobacco \(N-O-T\) program](#) is a voluntary quit smoking program designed for teens aged 14–19. This program addresses the unique challenges faced by LGBTQ+ youth and provides a supportive environment for them to quit smoking. The program includes ten 50-minute sessions that cover topics such as reasons for quitting, nicotine addiction, stress management and overcoming obstacles to quitting.
 - Providing supportive and inclusive resources for LGBTQ+ community members including an online discussion and support community to help individuals quit smoking; resources to guide high-risk individuals through lung cancer screening; and other educational webinars, such as the [Transgender Cultural Fluency & LGBTQ+ Lung Health Disparities webinar](#), to raise awareness and educate about lung health disparities in the LGBTQ+ community.
 - [Advocating](#) for stringent regulations to eliminate the targeting of LGBTQ+ communities by the tobacco industry. This includes supporting the FDA’s regulatory authority over all tobacco products and advocating for the removal of menthol cigarettes and flavored cigars from the market, which disproportionately affect LGBTQ+ individuals. The Lung Association has been a strong advocate for the FDA’s proposed rules to end the sale of menthol cigarettes and all flavored cigars. This advocacy is particularly [significant for the LGBTQ+ community](#), which has been disproportionately targeted by tobacco companies. The proposed ban is expected to lead to a dramatic reduction in combustible cigarette use, especially among Black and LGBTQ+ communities.

The success of these initiatives demonstrates that culturally tailored, community-centered approaches can effectively address tobacco disparities in LGBTQ+ populations. Common elements of effective programs include authentic community engagement, recognition of intersecting identities and stressors, countering tobacco industry targeting and creating affirming environments for cessation. Research consistently shows these specialized interventions achieve comparable or better outcomes than mainstream programs, with quit rates that match or exceed national averages. As we move forward, opportunities exist to scale successful models, integrate digital approaches that reach rural and isolated individuals, and address policy gaps that perpetuate disparities. By building on these promising practices and continuing to center LGBTQ+ voices in program development, public health professionals can accelerate progress toward tobacco health equity for all communities.