Using and Quitting Tobacco

Results from Surveys and Focus Groups with Michigan LGBTQ+ Individuals

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Table of Contents

Table of Tables and Figures

Executive Summary

The Grand Rapids Pride Center received a grant from the Michigan Department of Health and Human Services to better understand tobacco use among LGBTQ+ individuals, along with strategies that could help them successfully quit using tobacco. GRPC contracted the Calvin University Center for Social Research to help design, conduct, and report on a survey and focus groups to gather this information.

Survey

348 people completed the survey; 26% currently used tobacco and 28% had previously used tobacco. Two-thirds of those who currently used tobacco were interested in quitting if given the resources to do so, and most of these people were interested in quitting soon. Respondents said they would be most comfortable receiving quitting resources from an LGBTQ+ organization.

At the same time, respondents rated many other health concerns, such as alcohol or other drug addiction, physical or sexual abuse, depression, anxiety, suicide, bullying, and housing instability, as larger issues in the LGBTQ+ community than tobacco use. Taken together, these results reveal that many LGBTQ+ people who currently used tobacco are open to quitting but do not seem to feel like quitting is particularly urgent, especially in light of other more pressing physical, mental, and social health issues.

Focus Groups

Sixteen LGBTQ+ individuals who have used tobacco participated in online focus groups. Many of them started using tobacco due to social pressure, to avoid negative mental health feelings, or to take breaks at work. They were motivated to quit by financial constraints, needed health procedures, and reinforcement from people they care about.

The quitting process brings many challenges, especially the loss of social connections. When trying to quit, participants share that they had to replace the physical aspect of tobacco use, struggled to use certain quitting methods because of side effects, and had to find alternatives to fill the "voids" left from using tobacco.

Current quitting messages left participants feeling devalued, demeaned, and disrespected. They would like to see more empathy and solutions offered in quitting messages. They would also like additional relational quitting methods like mentorships and support groups. Participants highlighted the opportunity to build on the LGBTQ+ community's strength of "sticking together" when creating LGBTQ-specific quitting programs.

Paralleling findings from the survey, participants conveyed that meaningful change in tobacco use among LGBTQ+ people cannot occur without addressing systemic issues. Discrimination, mental health issues, and a multitude of systemic injustices need to be addressed so they do not steer people to use tobacco as a coping mechanism in the first place.

Recommendations

Findings from the survey and focus groups led to several recommendations:

1. Societal issues such as discrimination, violence, and suicidality both drive some people to start using tobacco and make quitting tobacco seem relatively unimportant. These problems must be addressed.
2. Cessation programs should teach participants new strategies for coping with stress and fulfilling needs that they currently meet by using tobacco.
3. People start using tobacco and are hesitant to quit using tobacco because of the social connections they have when using tobacco. Intentional, supportive community can help people quit.
4. LGBTQ+ people feel most comfortable getting tobacco cessation resources at LGBTQ+ organizations. Quitting programs at these organizations could also provide the community and social support people need.
5. Quitting resources designed for people to help family and friends quit using tobacco could be effective because the most important quitting messages often come from close friends and family members.
6. Quitting messages often feel condescending. More positive and accepting messages may be better received and more effective.

Background & Purpose

The Grand Rapids Pride Center (GRPC) received a grant from the Michigan Department of Health and Human Services (MDHHS) to better understand tobacco use among LGBTQ+ individuals, along with strategies that could help them successfully quit using tobacco. GRPC contracted the Calvin University Center for Social Research (CSR) to help design, conduct, and report on a survey and focus groups to gather this information.

To reach LGBTQ+ individuals across Michigan, GRPC partnered with nine other organizations that serve LGBTQ+ people. These partner organizations are Affirmations, Great Lakes Bay Pride, Out on the Lakeshore, Stand with Trans, Jim Toy Community Center, OutFront Kalamazoo, Polestar, Trans Sistas of Color, and Transgender Michigan.

Surveys

Method

Survey Design

After learning about the goals of the survey, CSR created a draft survey. CSR met with staff from GRPC and other partner organizations several times to revise the survey content. When possible, the survey included measures from existing surveys about tobacco use and cessation (*2021 Middle School Youth Risk Behavior Survey*, 2021; *LGBTQ Tobacco Use Research: 2009 Anti-Smoking Campaign Messaging*, 2009; *Youth Tobacco Survey (YTS) 2011 Questionnaire*, 2011; Eisenberg & Lipson, 2021; Johnson, 2011; Nyitray et al., 2006).

After the survey content was finalized, it was translated into Spanish. CSR created print and online versions of the survey in both English and Spanish. The print version of the English survey is available in **Appendix A: Survey**. The survey protocol and instrument were reviewed and approved by the Calvin University Institutional Review Board (IRB #21-011).

Recruitment & Respondent Demographic Characteristics

Respondents were recruited through the GRPC, CSR, and the nine partner organizations. CSR created unique survey links for each organization as well as print-formatted surveys for respondents who prefer to complete a paper survey. Each organization was encouraged to promote the survey by emails, social media posts, in addition to having printed surveys available for people who visited their organization. GRPC recruited 126 survey respondents. Five other organizations recruited 25-50 respondents each. In all, 348

people completed the survey between June and September 2021. In appreciation for their participation, respondents had the option of providing their email address to enter a drawing for one of 120 $25 Amazon gift cards.

Table 1 presents demographic characteristics of the 348 survey respondents. Respondents represented an array of age groups, education levels, and income brackets. Nearly two-thirds of respondents identified as White. About 25% identified as men; 37% identified as women; 8% were genderqueer, gender fluid, non-binary, or agender; and 16% identified with multiple gender classifications (14% preferred not to report their gender). About one-quarter were transgender and 61% were not transgender (15% preferred not to report whether they were transgender). About 14% were bisexual or pansexual; 20% were gay or lesbian; 11% were heterosexual or straight; 9% were queer, questioning, asexual, or demisexual; and 32% identified with multiple sexual orientation classifications (14% preferred not to report on their sexuality). Finally, just over one-quarter currently used tobacco, 28% previously used tobacco, and 45% never used tobacco.

Table 1 Demographic characteristics of survey respondents

Survey Respondent Demographic Characteristics	*N*	%
Age Range		
18-24 years old	74	21.3%
25-34 years old	112	32.2%
35-44 years old	64	18.4%
45 years old or older	53	15.2%
No answer / prefer not to answer	45	12.9%
Race & Ethnicity		
Asian or Asian American	1	0.3%
Black, African America, or African	16	4.6%
Hispanic, Latino, Latina, Latinx, or Latine	7	2.0%
Indigenous or Native American	6	1.8%
White	226	64.9%
Another race/ethnicity or self-described	2	0.6%
Selected more than one race/ethnicity	41	11.8%
No answer / prefer not to answer	49	14.1%

Survey Respondent Demographic Characteristics	*N*	%
Gender		
Man	89	25.6%
Woman	129	37.1%
Genderqueer, gender fluid, non-binary, agender, or self-described	28	8.0%
Selected more than one gender classification	55	15.8%
No answer / prefer not to answer	47	13.5%
Transgender		
Transgender	84	24.1%
Not transgender	212	60.9%
No answer / prefer not to answer	52	14.9%
Sexual Orientation		
Bisexual or pansexual	48	13.8%
Gay or lesbian	71	20.4%
Heterosexual/straight	37	10.6%
Queer, questioning, asexual, demisexual, or self-described	31	8.9%
Selected more than one sexual orientation classification	112	32.2%
No answer / prefer not to answer	49	14.4%
Education Level		
High school graduate, GED, post-HS courses, or less than HS	83	23.9%
2-year degree, certificate, or credential	38	10.9%
4-year degree	97	27.9%
Graduate degree	83	23.9%
No answer / prefer not to answer	47	13.5%
Annual Household Income		
Less than $30,000	48	13.8%
$30,000-$39,999	37	10.6%
$40,000-$49,999	35	10.1%
$50,000-$69,999	50	14.4%
$70,000-$99,999	49	14.1%
More than $100,000	60	17.2%
No answer / prefer not to answer	69	19.8%

Survey Respondent Demographic Characteristics	*N*	%
Tobacco Use		
Currently uses tobacco	92	26.4%
Previously used tobacco	98	28.2%
Never used tobacco	158	45.4%

Results

This section presents the results of each survey question. When doing so provides additional insight, we compare results by respondent characteristics such as age, gender, sexual orientation, or tobacco use status. To safeguard respondents' privacy, we collapsed across demographic characteristics when necessary, so that each group of respondents had at least 25 individuals. For example, the 10 respondents who were pansexual were combined with the 38 respondents who were bisexual into a group of 48 respondents who were bisexual or pansexual.

Respondents who did not answer a question or responded with a *don't know*, *can't say*, or *not applicable* response were excluded on a question-by-question basis. Therefore, the number of respondents (*N*) varies by question and item.

We created a Tableau workbook of interactive data visualizations to allow further exploration of the survey results. This workbook can be accessed at: www.calvin.edu/go/LGBTQ-tobacco-survey-viz

Tobacco Use

The first section of the survey gathered information about respondents' current and previous tobacco use. To begin, respondents who reported that they currently use tobacco were asked which form(s) of tobacco they use (see **Table 2**). About 70% used cigarettes and 45% used e-cigarettes or vape pens. Among respondents who were 18-24 years old, using e-cigarettes (36%) was twice as common as using traditional cigarettes (18%).

Table 2 Forms of tobacco currently used

Form of Tobacco	*N*	% of those who currently use tobacco	% of all respondents
Cigarettes	65	70.7%	17.5%
Electronic cigarettes or vape pens	42	45.7%	11.3%
Cigars, little cigars, or cigarillos	17	18.5%	4.6%
Chewing tobacco	3	3.3%	0.8%
Hookah	3	3.3%	0.8%
Pipe	3	3.3%	0.8%
Something else	1	1.1%	0.1%

Next, respondents indicated how frequently they use each form of tobacco. 80% of respondents who used cigarettes did so on a daily basis. Two-thirds of respondents who used e-cigarettes or vape pens did so on a daily basis. Nearly half of respondents who currently used tobacco reported that the amount of money they spend on tobacco is a concern for them.

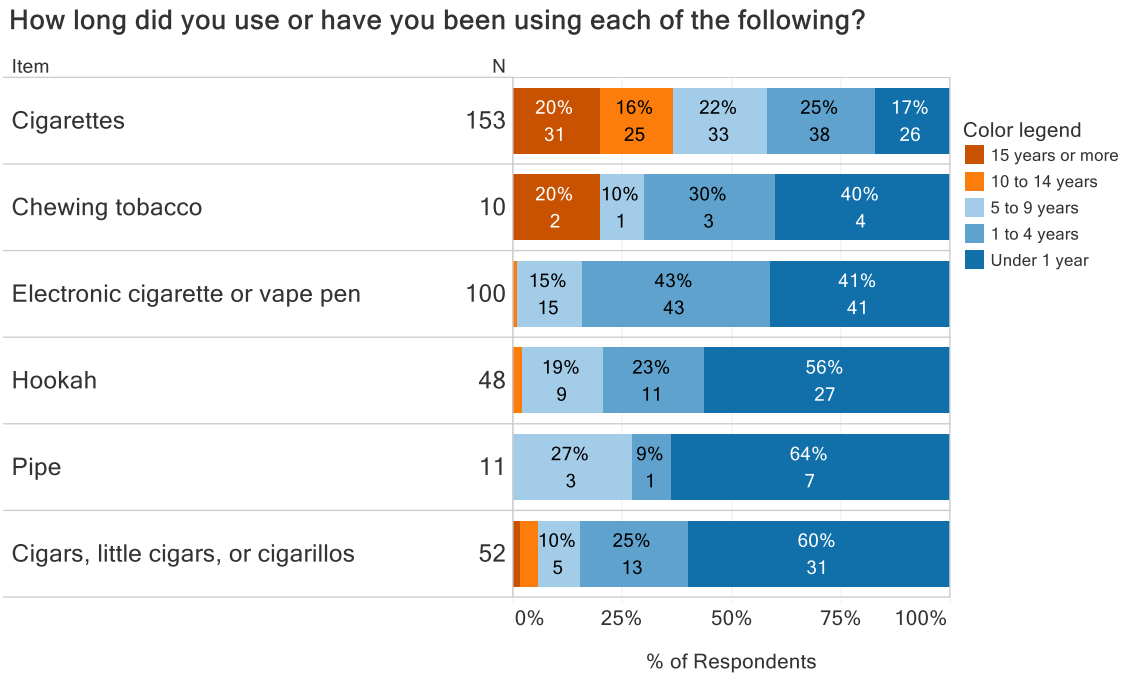
Respondents who reported that they currently used, or previously used tobacco were asked which form(s) of tobacco they used in the past but not currently use (see **Table 3**). Just over 60% had previously used cigarettes and 40% had previously used e-cigarettes or vape pens. Although younger respondents were most likely to currently use e-cigarettes, they were also most likely to have quit using e-cigarettes; nearly 60% reported using them in the past.

Table 3 Forms of tobacco formerly used

Form of Tobacco	*N*	% of those who have used tobacco	% of all respondents
Cigarettes	117	61.6%	31.5%
Electronic cigarettes or vape pens	75	39.5%	20.2%
Hookah	54	28.4%	14.5%
Cigars, little cigars, or cigarillos	52	27.4%	14.0%
Pipe	14	7.4%	3.8%
Chewing tobacco	10	5.3%	2.7%
Something else	8	2.1%	1.1%

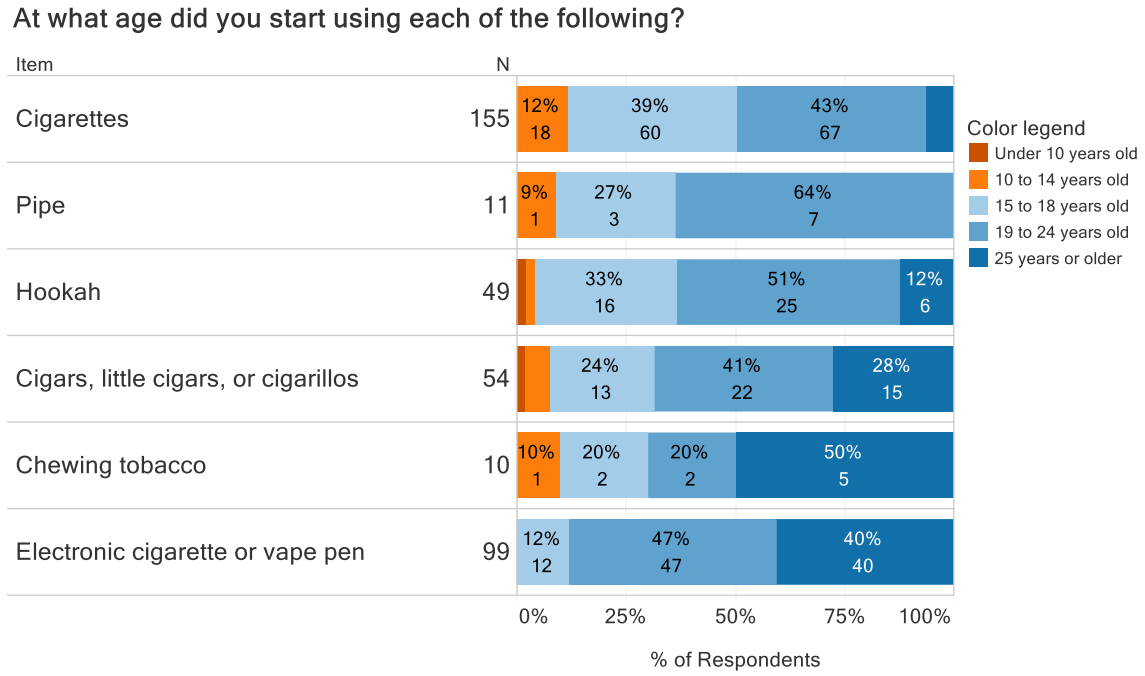
As shown in **Figure 1**, respondents who currently used or previously used cigarettes or chewing tobacco used them longer than those who used other forms of tobacco. This trend is at least partially explained by the fact that older respondents were especially likely to use cigarettes and chewing tobacco; because of their age, they also have had more years to use these products. As shown by the preponderance of dark blue in **Figure 1**, a large portion of respondents had used each type of tobacco product for under one year.

Figure 1 Length of tobacco use by form of tobacco



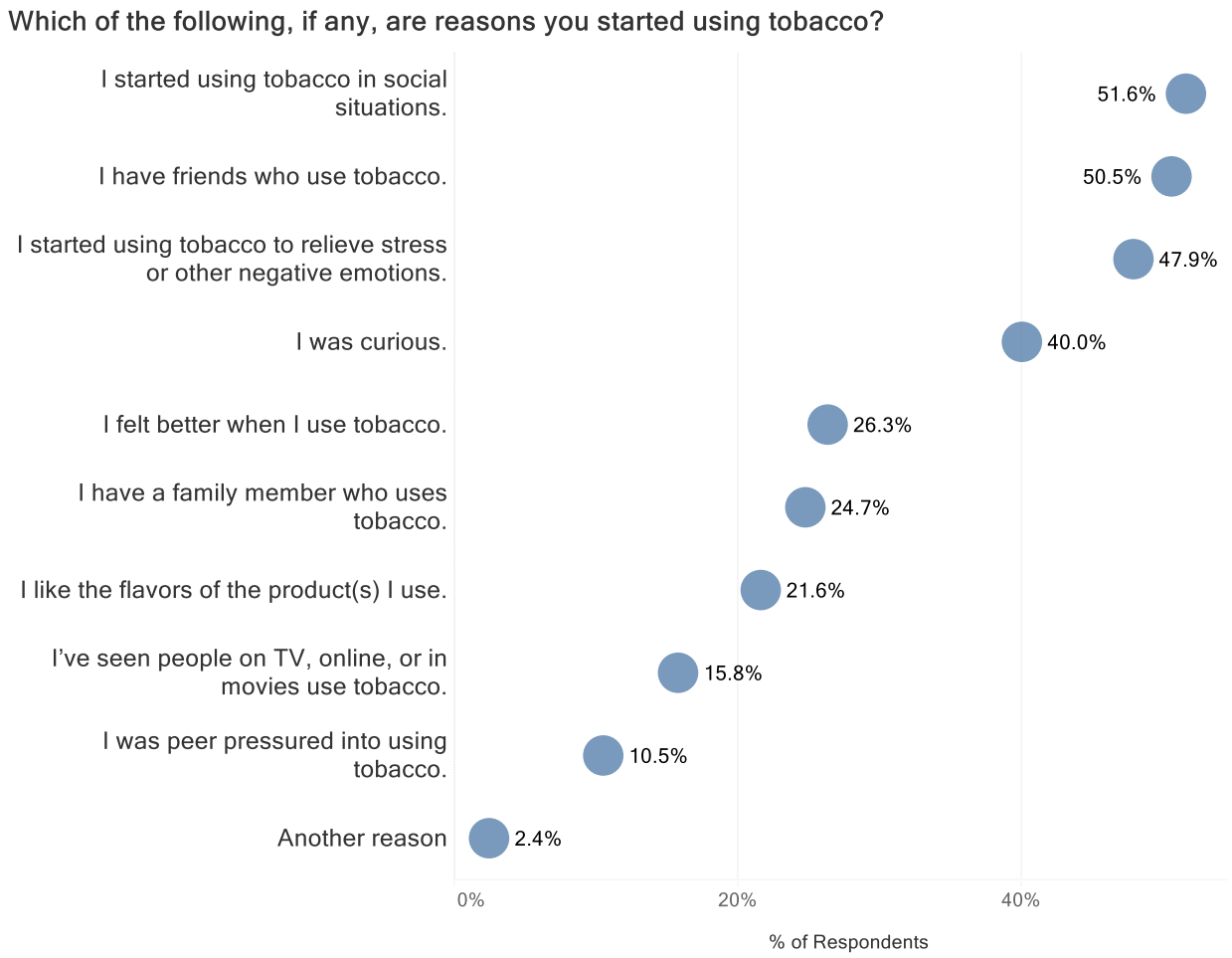
When asked at what age they started using tobacco, about 10% indicated that they started when they were less than 15 years old (see **Figure 2**). Across forms of tobacco, between 12-39% of respondents started when they were 15-18 years old, and 20-64% started when they were 19-24 years old.

Figure 2 Age of first use of tobacco by form of tobacco



As illustrated in **Figure 3**, the top three reasons respondents gave for starting to use tobacco were using tobacco in social situations, having friends who use tobacco, and using tobacco to relieve stress and other negative emotions. When comparing results by demographic characteristics, transgender respondents (61%) were more likely than respondents who were not transgender to indicate that they started using tobacco to relieve stress or other negative emotions (45%).

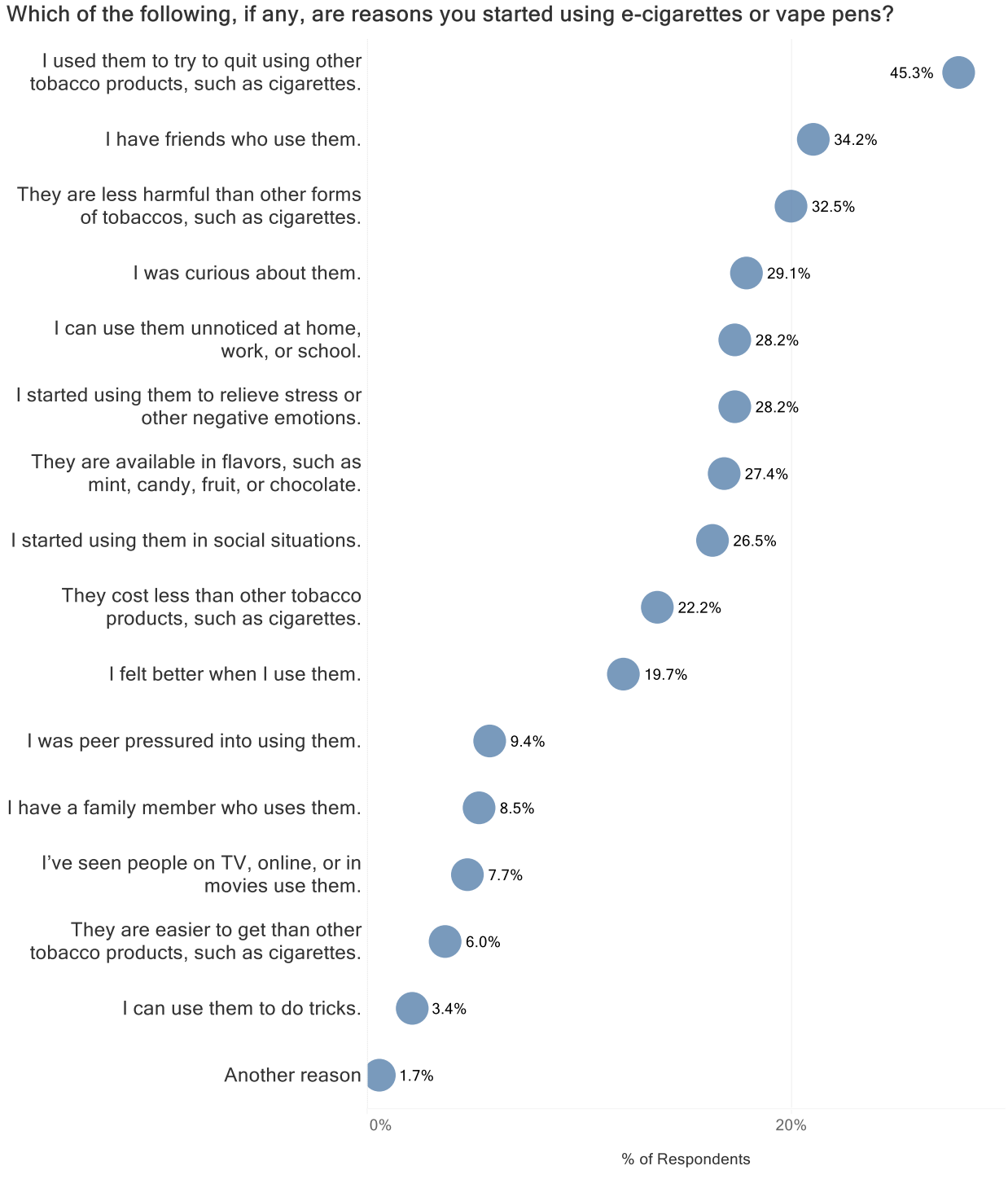
Figure 3 Reasons for starting to use tobacco



Next, respondents indicated why they started using e-cigarettes or vape pens (see **Figure 4**). 45% of those who currently used, or previously used e-cigarettes said they did so to

help quit using other tobacco products. One-third said they used e-cigarettes because they think they are less harmful than other forms of tobacco.

Figure 4 Reasons for starting to use e-cigarettes or vape pens



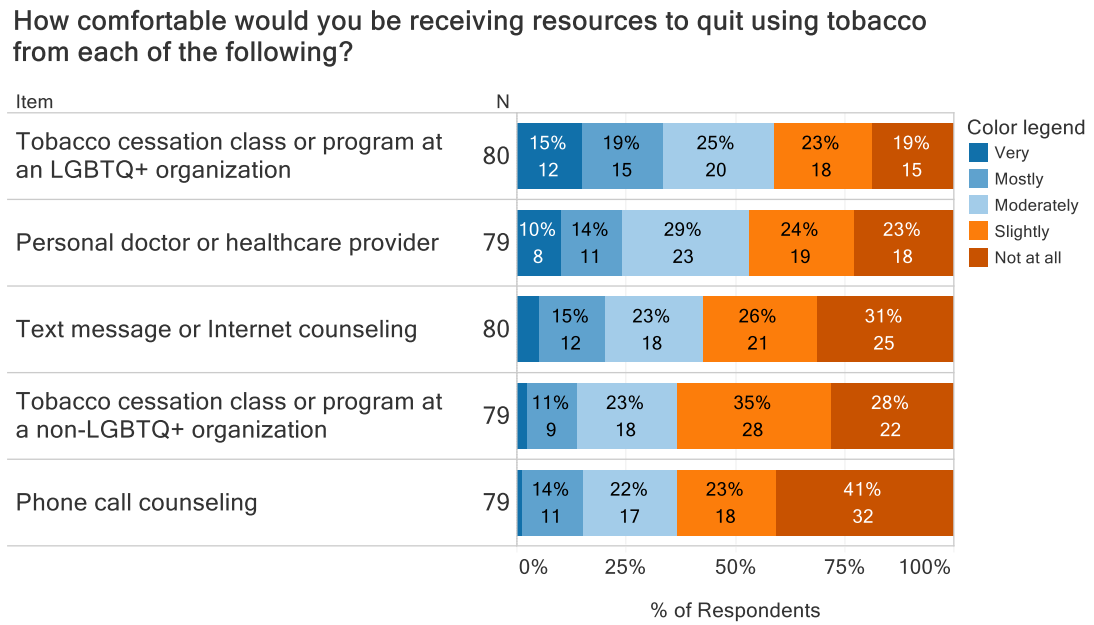
Quitting Tobacco Use

The second section of the survey gathered information about respondents' experiences with trying to quit using tobacco. Of respondents who currently used tobacco, 45% reported that they had stopped using tobacco for one day or longer in the past year because they were trying to quit using tobacco. 60% of respondents who tried to quit in the past year tried more than once.

Two-thirds of respondents who currently used tobacco said they would be interested in quitting if given the resources to do so. Most of these respondents indicated that they would be interested in quitting within the next six months. Together, these results show that a large portion of people who currently use tobacco would like to quit—and to do so soon—if they had the resources and support to do so.

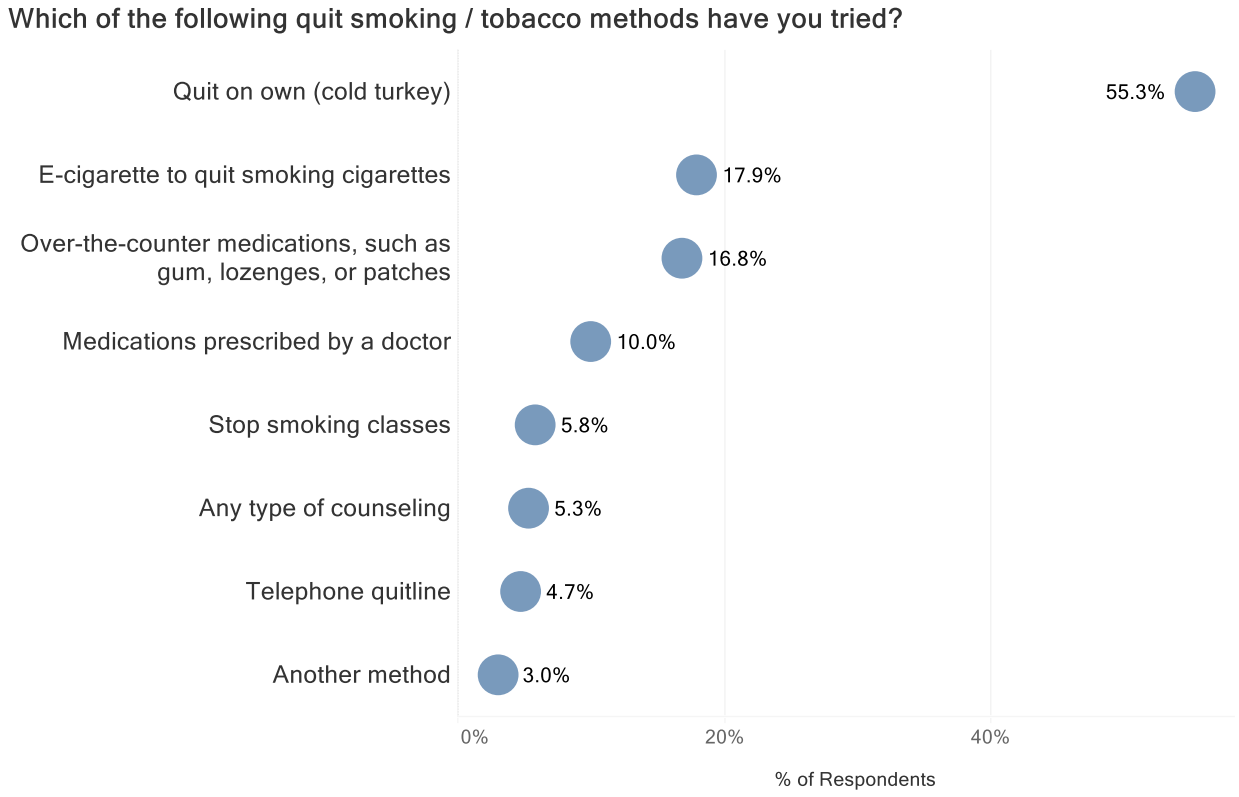
Next, respondents rated how comfortable they would be receiving quitting resources from various sources. As shown in **Figure 5**, respondents indicated that they would be most comfortable participating in a tobacco cessation class or program at an LGBTQ+ organization. Yet just over 40% of respondents were only *slightly comfortable* or *not at all comfortable* doing so. Very few respondents indicated that they would be comfortable receiving quitting resources over text messages or Internet counseling, a tobacco cessation class or program at a non-LGBTQ+ organization, or through phone call counseling.

Figure 5 Comfort with receiving resources to quit using tobacco by source of support



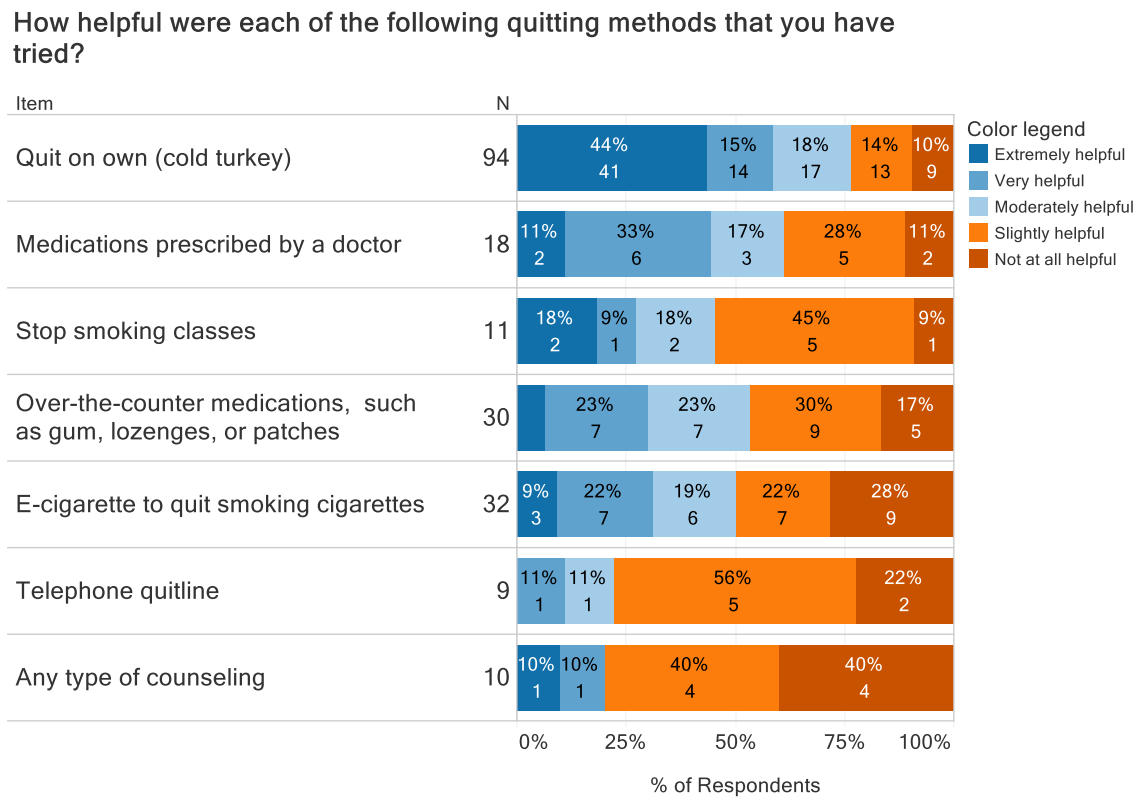
As listed in **Figure 6**, over half of respondents who currently used or previously used tobacco had tried to quit on their own. About 18% had used e-cigarettes to quit smoking traditional cigarettes, 17% had tried over-the-counter medications, and 10% had tried prescribed medications. Only 6% had tried a cessation class or program.

Figure 6 Methods of quitting tobacco tried



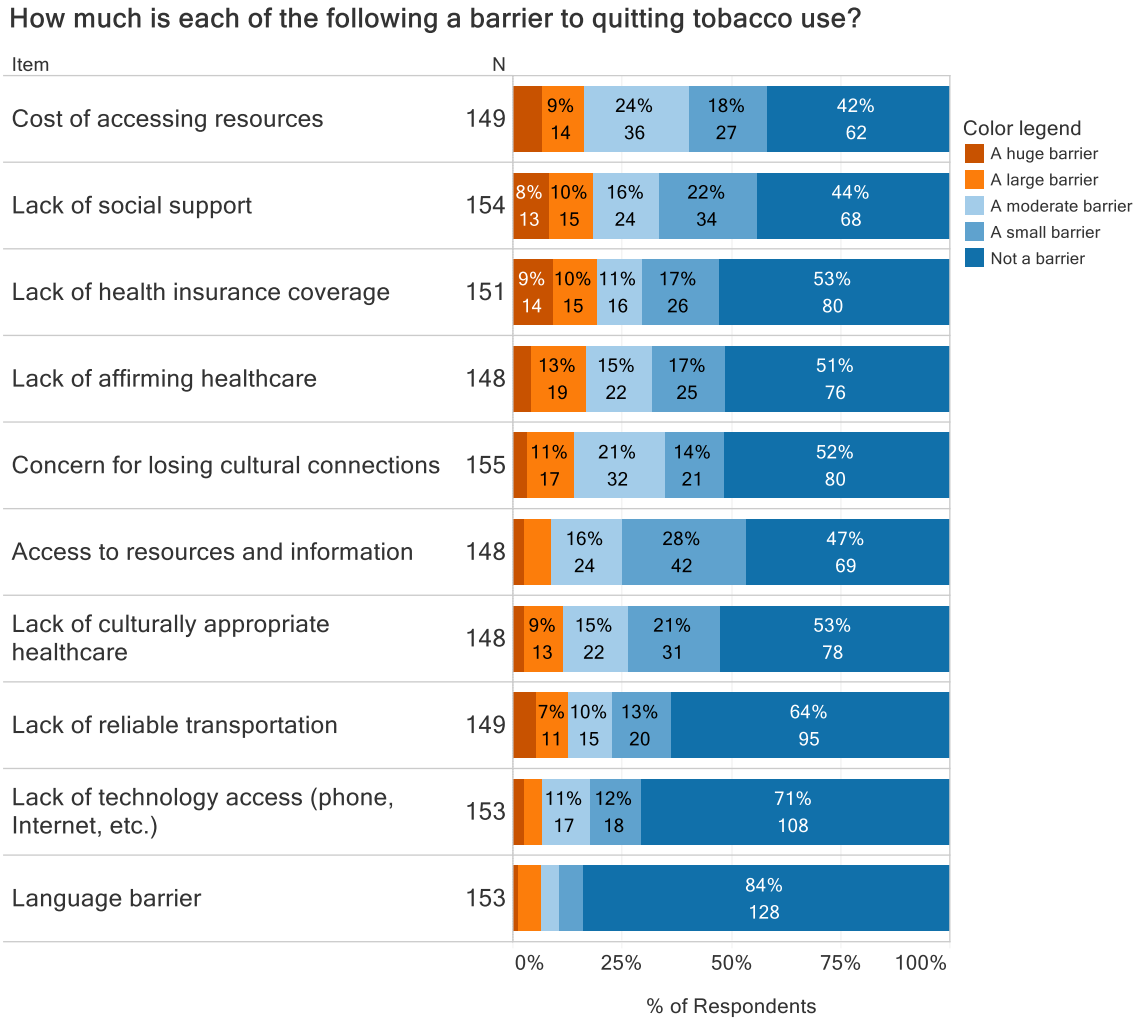
Respondents who had tried various quitting methods went on to rate the helpfulness of each method they had tried. As illustrated in **Figure 7**, respondents rated quitting on their own as the most helpful, with 59% rating quitting on their own as *extremely helpful* or *very helpful*. 44% of those who had tried prescribed medications found those medications *extremely helpful* or *very helpful*.

Figure 7 Helpfulness of quitting methods



Next, respondents rated several potential barriers to quitting tobacco use. As shown by the large amount of blue in **Figure 8**, respondents rated most potential barriers as rather small. The biggest barriers were cost of accessing resources, lack of social support, and lack of health insurance coverage.

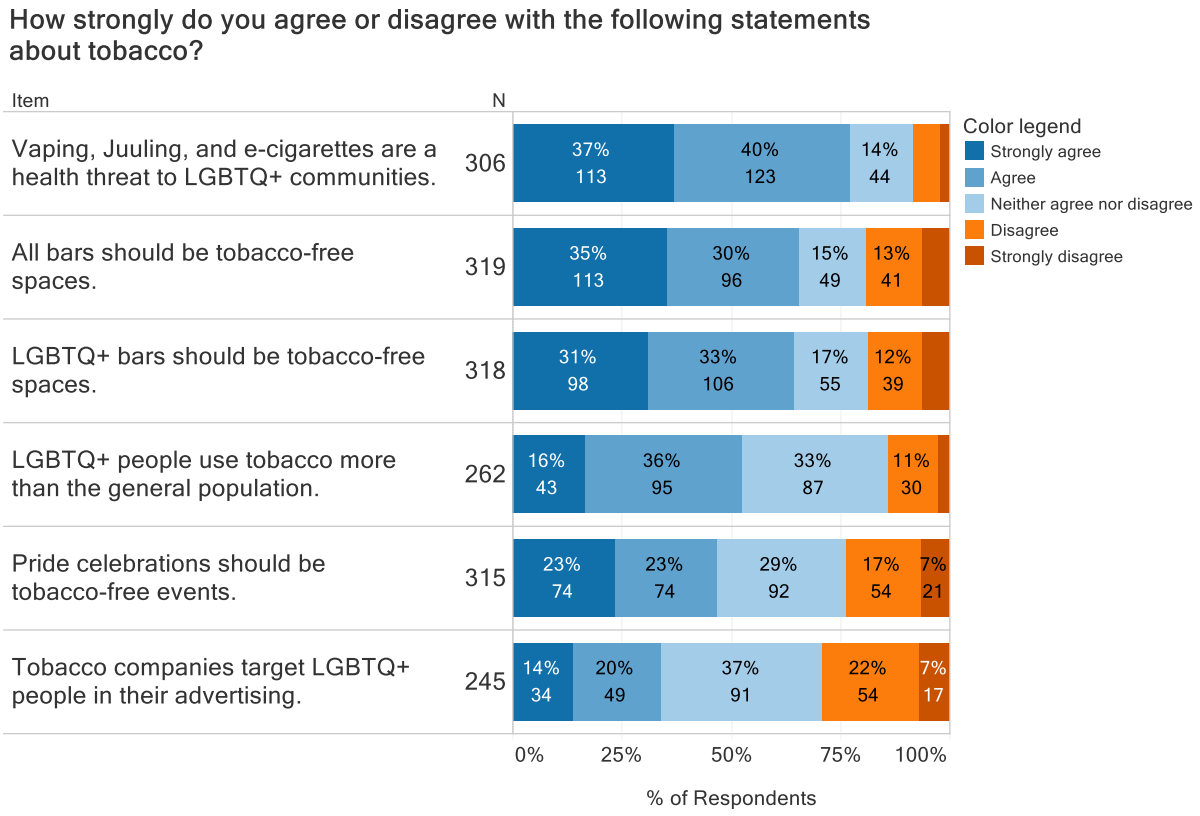
Figure 8 Barriers to quitting tobacco use



Opinions about Tobacco

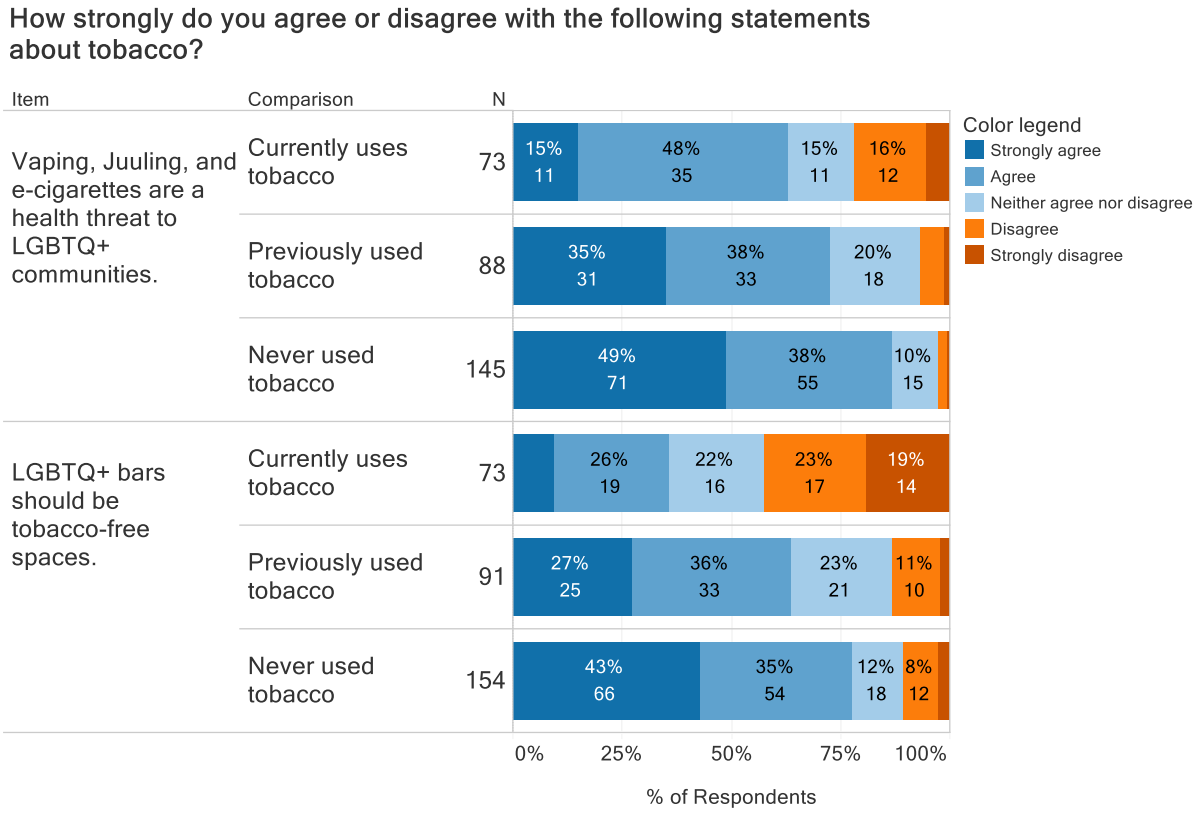
The third section of the survey asked all respondents, regardless of their current and previous use of tobacco, about their opinions of tobacco in general and e-cigarettes in particular. As shown in **Figure 9**, three-quarters of respondents *agreed* or *strongly agreed* that vaping and e-cigarettes are a health threat to LGBTQ+ communities. Respondents held varying opinions about tobacco-free bars and Pride celebrations, as well as whether LGBTQ+ people use tobacco more than the general population and whether tobacco companies target LGBTQ+ people in their advertising.

Figure 9 Opinions about tobacco



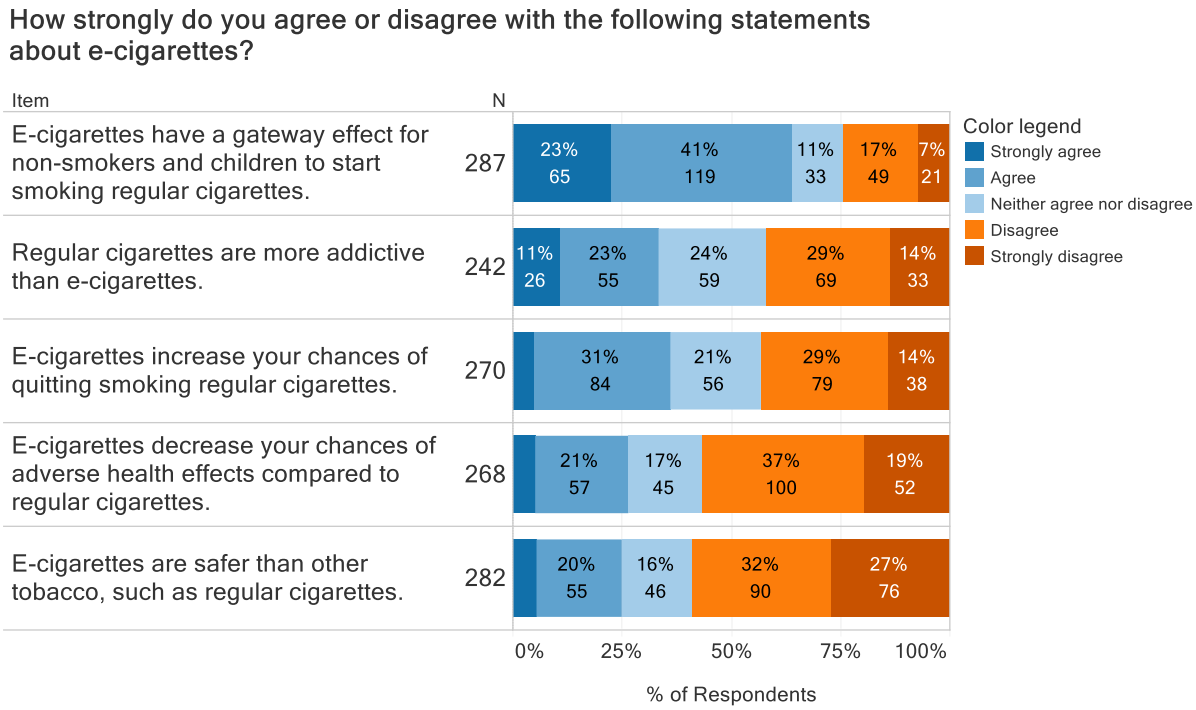
Respondents' opinions about some questions were related to their tobacco use status, as illustrated in **Figure 10**. For example, only 15% of those who currently used tobacco *strongly agreed* that vaping and e-cigarettes are a health threat to LGBTQ+ communities, whereas nearly 50% of those who never used tobacco did so. Similarly, only 10% of those who currently used tobacco *strongly agreed* that LGBTQ+ bars should be tobacco-free, whereas 43% of those who never used tobacco did so.

Figure 10 Opinions about tobacco by tobacco use status



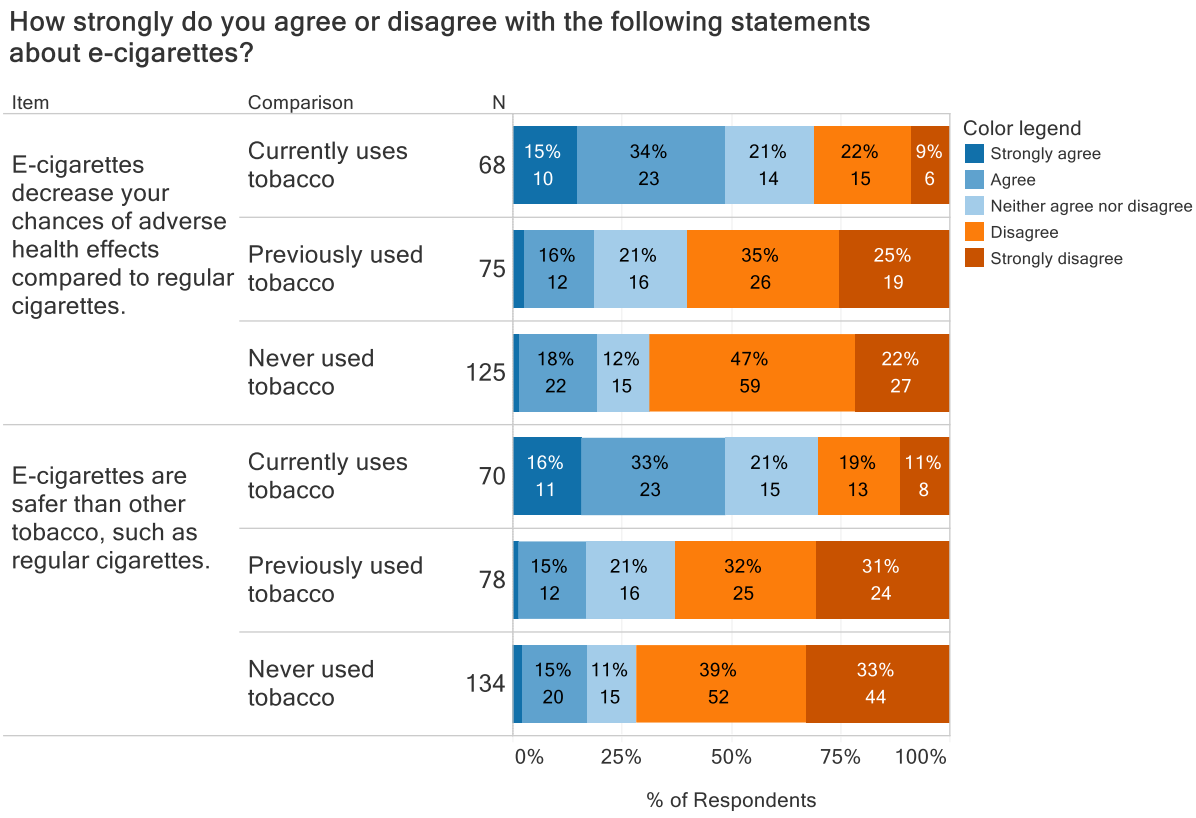
As indicated in **Figure 11**, nearly two-thirds of respondents thought that e-cigarettes have a gateway effect for non-smokers and children to start smoking regular cigarettes. Over half of respondents *disagreed* or *strongly disagreed* that e-cigarettes decrease one's chances of adverse health effects or are safer than regular cigarettes.

Figure 11 Opinions about e-cigarettes



Once again, respondents' opinions about some questions were related to their tobacco use status, as illustrated in **Figure 12**. For example, respondents who currently used tobacco were much more likely to *strongly agree* or *agree* that e-cigarettes decrease one's chances of adverse health effects or are safer than regular cigarettes.

Figure 12 Opinions about e-cigarettes by tobacco use status



Individual Health

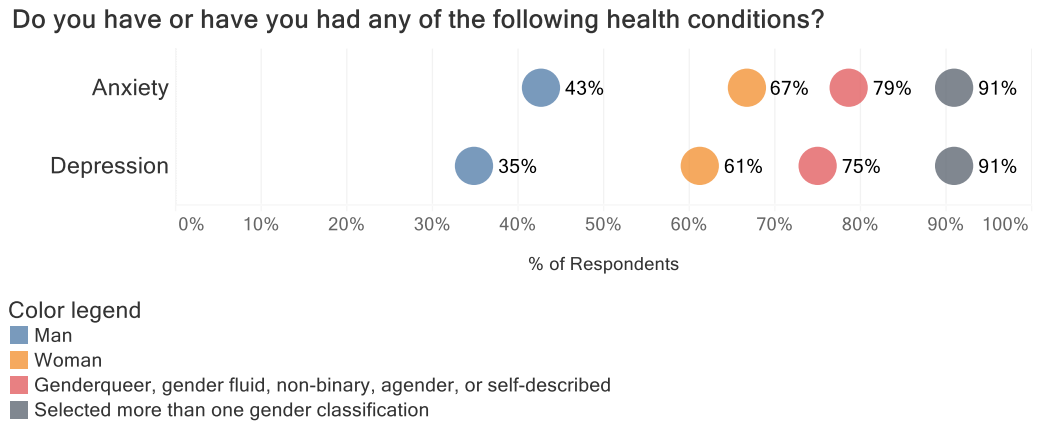
The fourth section of the survey included questions about respondents' health and adverse events they had experienced. As listed in **Table 4**, most respondents rated their physical and mental health as *fair*, *good*, or *very good*.

Table 4 Perceptions of physical and mental health

Area of health	*N*	%
Physical Health		
Poor	10	3.1%
Fair	65	20.2%
Good	138	43.0%
Very good	83	25.9%
Excellent	23	7.2%
No answer / prefer not to answer	2	0.6%
Mental Health		
Poor	41	12.8%
Fair	82	25.5%
Good	113	35.2%
Very good	62	19.3%
Excellent	23	7.2%
No answer / prefer not to answer	0	0.0%

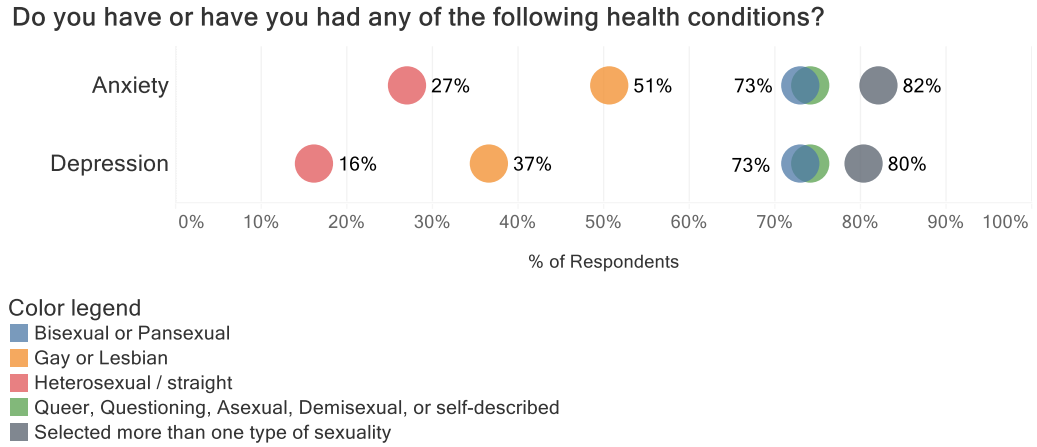
When asked to indicate which physical and mental health conditions they have had, over half of respondents indicated that they have had anxiety and depression. As shown in **Figure 13**, men were least likely to report having anxiety and depression, followed by women. About three-quarters of respondents who were genderqueer, gender fluid, non-binary, or agender indicated having anxiety and depression. 91% of respondents who selected more than one gender classification reported having anxiety and depression.

Figure 13 Prevalence of anxiety and depression by gender



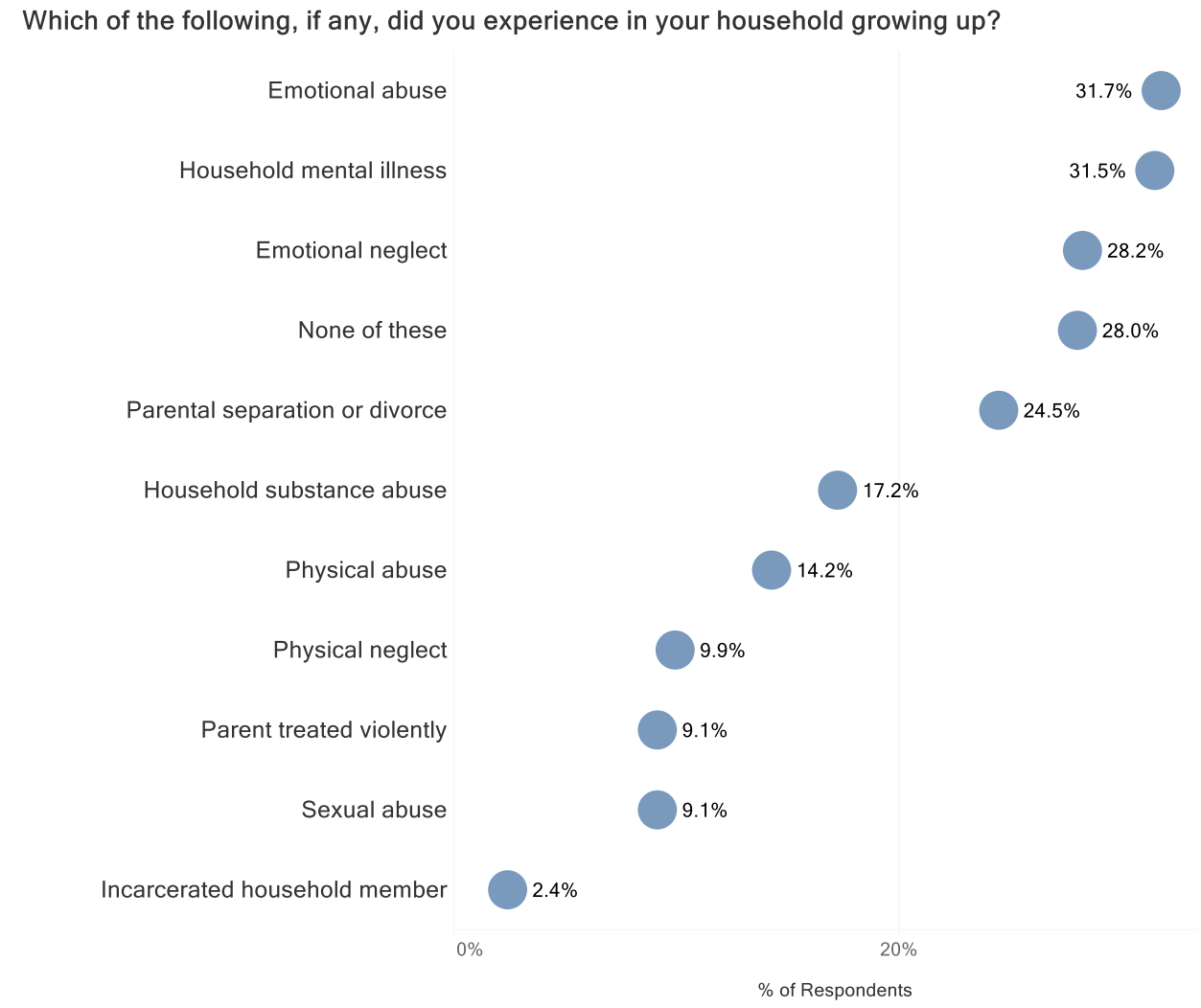
As shown in **Figure 14**, respondents who were heterosexual/straight were least likely to report having anxiety and depression, followed by those who were gay or lesbian. Nearly three-quarters of respondents who were bisexual or pansexual or who were queer, questioning, asexual, or demisexual indicated having anxiety and depression. About 80% of respondents who selected more than one type of sexual orientation classification reported having anxiety and depression.

Figure 14 Prevalence of anxiety and depression by sexual orientation



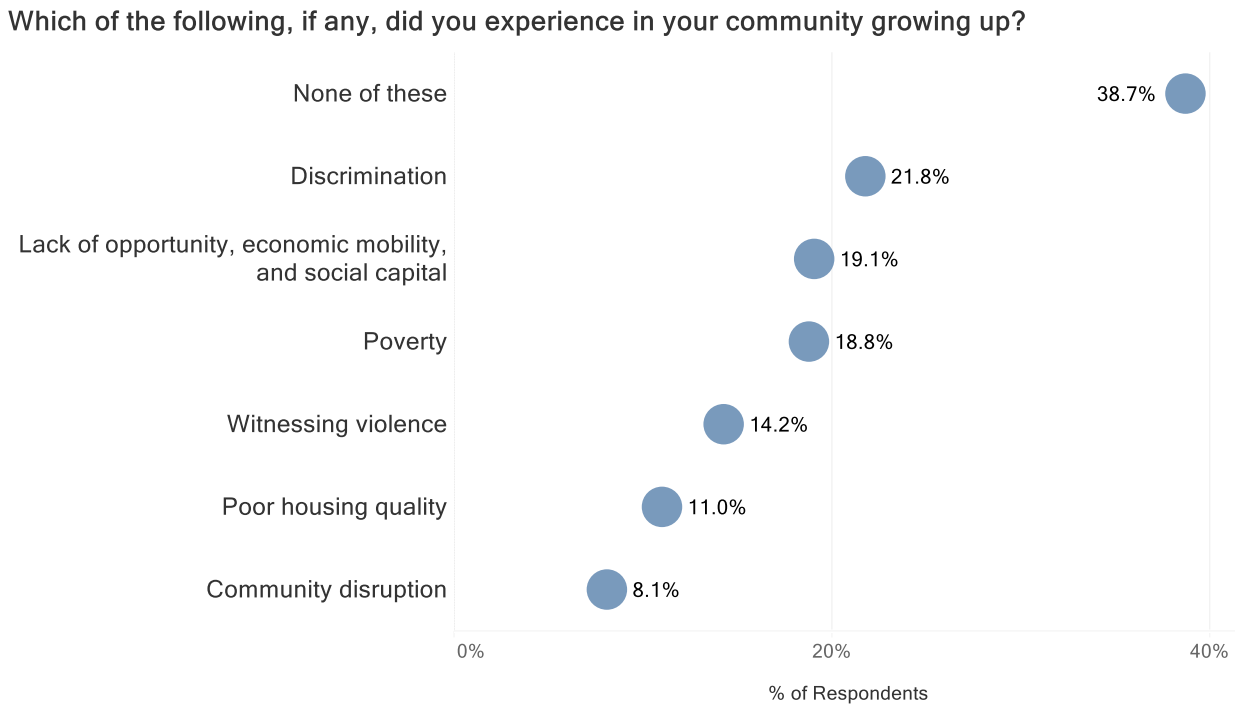
Respondents then answered three sets of questions about adverse childhood experiences they had growing up. In the first question, respondents indicated which adverse experiences they had in their household. Emotional abuse, another household member with mental illness, and emotional neglect were the most common, with about 30% of respondents reporting each of these experiences (see **Figure 15**). 28% of respondents said they had not had any of the listed adverse experiences in their household.

Figure 15 Household adverse childhood experiences



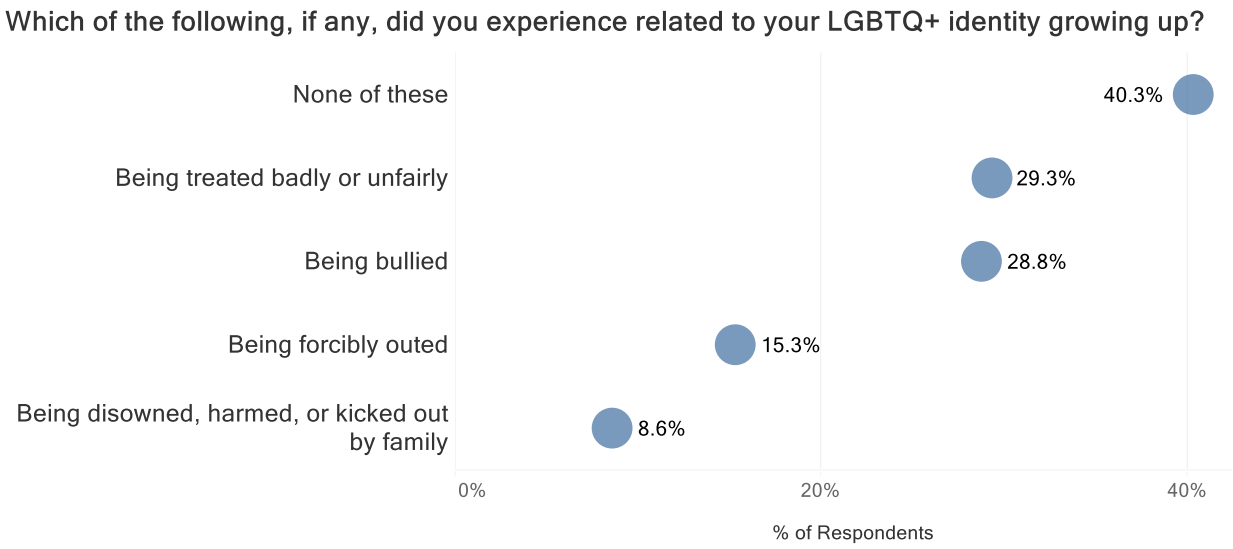
In the second question, respondents indicated which adverse experiences they had in their community growing up. Discrimination, lack of opportunity, and poverty were the most common, with about 20% of respondents reporting each of these experiences (see **Figure 16**). Nearly 40% of respondents said they had not had any of the listed adverse experiences in their community.

Figure 16 Community adverse childhood experiences



In the third question, respondents indicated which adverse experiences they had related to their LGBTQ+ identity growing up. Being treated badly and being bullied were the most common, with nearly 30% of respondents reporting each of these experiences (see **Figure 17**). 15% had been forcibly outed, and 9% had been disowned, harmed, or kicked out by their family. About 40% of respondents said they had not had any of the listed adverse experiences because of their LGBTQ+ identity.

Figure 17 Adverse childhood experiences related to being LGBTQ+



Across all three questions about adverse childhood experiences, respondents who were not transgender were more likely to indicate they had none of the adverse experiences than transgender respondents. Respondents who were men or women were more likely to indicate they had none of the adverse experiences than those who were genderqueer, gender fluid, non-binary, agender, or who selected more than one gender classification. Further, respondents who were heterosexual/straight or were gay or lesbian were more likely to indicate they had none of the adverse experiences than those who were bisexual, pansexual, queer, questioning, asexual, demisexual, or who selected more than one type of sexual orientation classification.

All three types of adverse childhood experiences are related to an increased likelihood of using tobacco. As shown in **Table 5**, about 40% of respondents who never used tobacco reported having had none of the 9 listed adverse childhood experiences in their household, whereas only 20% of respondents who currently used tobacco did. 50% of respondents who never used tobacco reported having had none of the 6 listed adverse childhood experiences in their community, whereas about 30% of respondents who currently used tobacco did. Finally, about half of respondents who never used tobacco reported having had none of the 4 listed adverse childhood experiences related to their LGBTQ+ identity, whereas one-third of respondents who currently used tobacco did.

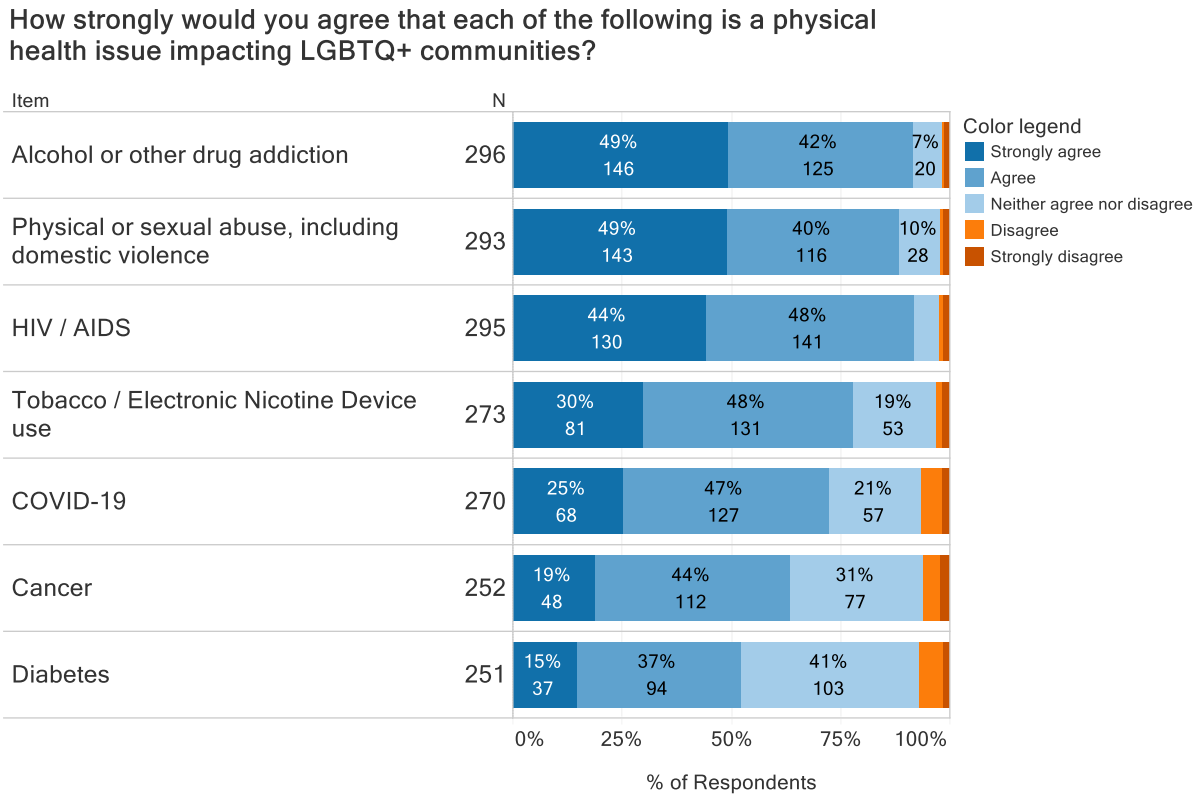
Table 5 Percent of respondents reporting no adverse childhood experiences by tobacco use status

Type of adverse childhood experience	%
No household adverse childhood experiences	
Currently uses tobacco	20.7%
Previously used tobacco	23.5%
Never used tobacco	39.2%
No community adverse childhood experiences	
Currently uses tobacco	31.5%
Previously used tobacco	35.7%
Never used tobacco	50.6%
No adverse childhood experiences related to being LGBTQ+	
Currently uses tobacco	32.6%
Previously used tobacco	42.9%
Never used tobacco	49.4%

Community Health

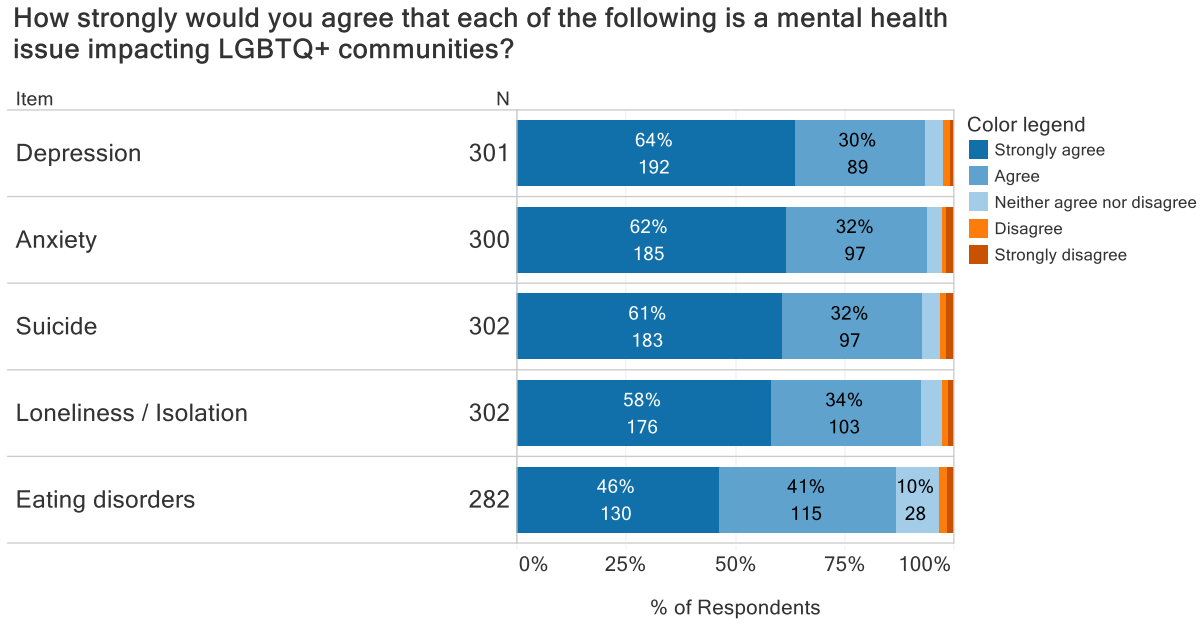
The fifth and final section of the survey gathered information about physical, mental, and social health issues affecting LGBTQ+ communities. Several physical health issues are listed in **Figure 18**, sorted from those rated as the largest issue to the smallest issue. Alcohol or other drug addiction and physical or sexual abuse were rated as the largest issues, with about 90% of respondents *agreeing* or *strongly agreeing* that these are physical health issues impacting LGBTQ+ communities. Respondents rated tobacco and electronic nicotine devices in the middle of other physical health concerns.

Figure 18 Physical health issues affecting LGBTQ+ people



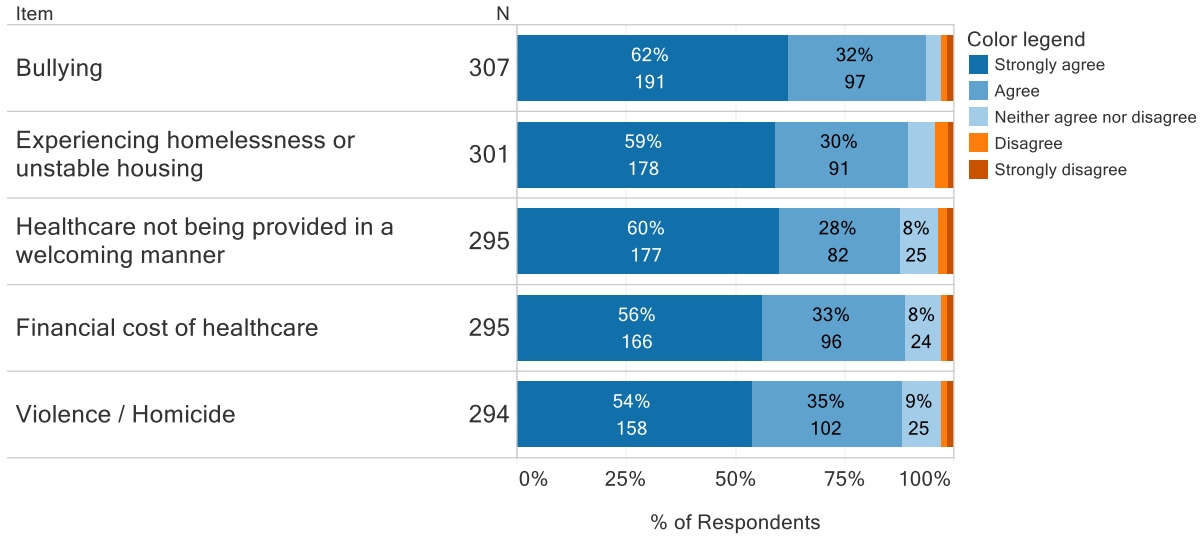
As shown in **Figure 19**, respondents endorsed all listed mental health issues as having a large impact on LGBTQ+ communities, with about 90% of respondents *agreeing* or *strongly agreeing* that each of these is a mental health issue impacting LGBTQ+ communities.

Figure 19 Mental health issues affecting LGBTQ+ people



Respondents also endorsed all listed social health issues as having an impact on LGBTQ+ communities (see **Figure 20**). About 90% of respondents *agreed* or *strongly agreed* that each of these is a social health issue impacting LGBTQ+ communities.

Figure 20 Social health issues affecting LGBTQ+ people



Finally, respondents were invited to list other top health issues that impact LGBTQ+ communities. 19 respondents commented about challenges with healthcare. These comments remarked on health insurance not covering gender-affirming hormone treatments and surgeries, reproductive health discrimination, and lack of affirming or LGBTQ+ healthcare providers. 14 respondents commented on oppression and injustice. These comments remarked on violence against transgender people of color, the intersection of racism and discrimination against LGBTQ+ people, and discriminatory legislation. Other respondents commented on religious trauma, spiritual isolation, homelessness, and employment challenges faced by LGBTQ+ individuals.

Summary

In sum, 26% of 348 survey respondents currently used tobacco and 28% had previously used tobacco. Two-thirds of those who currently used tobacco were interested in quitting if given the resources to do so, and most of these people were interested in quitting in the near future. Overall, potential barriers to quitting were not rated as being major obstacles to quitting.

However, respondents reported feeling quite uncomfortable receiving quitting resources from a variety of sources. Although they were most likely to be comfortable receiving quitting resources from an LGBTQ+ organization, 40% of respondents were still not very comfortable with that option.

Respondents who currently used tobacco had less strongly negative perceptions about tobacco use than those who formerly used or never used tobacco. Additionally, respondents rated many other health concerns, such as alcohol or other drug addiction, physical or sexual abuse, depression, anxiety, suicide, bullying, and housing instability, as larger issues in the LGBTQ+ community than tobacco use.

Taken together, these results point at a seeming paradox: Many LGBTQ+ people who currently used tobacco are open to quitting but do not seem to feel like quitting is particularly urgent, especially in light of other more pressing physical, mental, and social health issues.

Focus Groups

Method

Focus Group Design

CSR drafted focus group questions to expand on the survey results and better understand how to support LGBTQ+ individuals who want to quit using tobacco. CSR revised the questions based on feedback from GRPC. Each focus group lasted about 90 minutes and took place virtually using Zoom. The focus group questions are available in **Appendix B: Focus Group Questions** and the protocol was reviewed and approved by the Calvin University Institutional Review Board (IRB #21-017).

Recruitment & Participant Demographic Characteristics

Most participants were recruited from among those who completed the survey and indicated that they were interested in participating in a focus group. CSR sent these individuals an email inviting them to sign up for a focus group. Additional participants were recruited by GRPC and the nine partner organizations by word of mouth, emails to email lists, and social media posts. In appreciation for their time and input, each participant received a $100 Amazon gift card.

CSR conducted three focus groups with a total of 16 participants, all of whom currently used tobacco. **Table 6** presents demographic characteristics of focus group participants.

Table 6 Demographic characteristics of focus group participants

Focus Group Participant Demographic Characteristics	*N*	%
Gender (check all that apply; totals more than 100%)		
Woman	7	43.6%
Man	6	37.5%
Non-Binary	6	37.5%
Genderqueer	5	31.3%
Agender	1	6.3%
Gender fluid	1	6.3%
Transgender		
Transgender	6	37.5%
Not transgender	10	62.5%

Focus Group Participant Demographic Characteristics	*N*	%
Sexual Orientation (check all that apply; totals more than 100%)		
Asexual	1	6.3%
Bisexual	4	25.0%
Demisexual	2	12.5%
Gay	5	31.3%
Heterosexual/straight	1	6.3%
Lesbian	3	18.8%
Pansexual	4	25.0%
Queer	7	43.8%
Questioning	1	6.3%
Race & Ethnicity (check all that apply; totals more than 100%)		
Black, African American, or African	2	12.5%
Indigenous or Native American	2	6.3%
Jewish	2	12.5%
Middle Eastern	1	6.3%
White	15	93.8%
Education Level		
High school graduate, GED, post-HS courses, or some college	5	17.9%
2-year degree, certificate, or credential	4	25.0%
4-year degree	3	18.8%
Graduate degree	4	25.0%
Annual Household Income		
Less than $20,000	4	25.0%
$20,000 - $39,999	5	17.9%
$40,000 - $69,999	2	8.7%
$70,000 - $99,999	4	25.0%
More than $100,000	1	6.3%

Results

Results of prominent conversational topics are included in this section. Direct quotes are included from focus group participants (with names and demographic information excluded) to maintain confidentiality. The section **Other Notable Focus Group Themes**

conveys additional prominent topics of conversation not captured by a formal conversation grouping.

Reasons for Starting to Use Tobacco

Three prominent reasons emerged when participants were asked why they started to use tobacco. The first of three reasons centered around social pressure from others. The second was to try and combat unwanted mental health issues such as stress and anxiety. The third had to do with smoke breaks at work.

Regarding social pressure, participants saw friends, family, and others around them using tobacco products and either felt pressured to begin using them or saw it as a normal thing to do. One participant shared their first experience with tobacco and how a social environment influenced usage:

> *"... I definitely started as a teenager, and it was kind of when I found my people, when I came out and started going to an LGBTQ youth drop-in center. Smoking was allowed there indoors... the friends I met were all smoking and I was 16 at the time, but I had some 18-year-old friends who would buy me cigarettes. So yeah, that's how it all started, just being a part of that group of people where smoking was normalized."*

Another participant's experience with social pressures centered around trying to fit into a new environment:

> *"...I think it was in 8th grade, maybe. I had just been transferred to a new school district and so I had a new bus stop, and since I was a new kid, everyone at the bus stop was smoking cigarettes, so then I started smoking cigarettes to make friends and be in the social crowd when I was that age at the bus stops... what got me habitually smoking cigarettes was trying to fit in to a social scene at the bus stop as a kid."*

Secondly, multiple participants shared that they turned to tobacco products in hopes of eliminating stress, anxiety, or other mental health issues. One participant shared that they began using cigarettes due to a combination of curiosity and stress:

> *"I tried cigarettes a little bit because I was honestly just kind of curious and a little bit because I was super stressed out. I was doing high school and college at the same time and trying to get a job. I wasn't out to my family yet."*

Another participant followed with a similar, stress-induced turn to tobacco:

> *"I started with cigarettes when I was 18, working my first job at a fast-food place—really bad mental health stuff. Fast food is not great for mental health. In addition to just like, a kind of abusive home environment with my family of origin."*

The final prominent reason participants began using tobacco had to do with work. Many people shared stories about not getting regular breaks at work. They saw others being able to take 15-minute chunks away from work because they needed to smoke cigarettes while others were unable to take a break at all, thus turning to tobacco at work:

> *"It was also a thing of everyone who smoked got to go have smoke breaks, how you're supposed to get your 15-minute breaks or whatever. We didn't have time for [regular breaks] at my job unless you were a smoker."*

Following the pattern of taking smoke breaks, another individual quit smoking for a long period of time but started back up for the purpose of being able to take smoke breaks:

> *"I remember one time that I stopped smoking for about a year and a half. I started working in a different office, and the only time I ever got breaks [was to go] outside to smoke, so I started smoking again."*

The Quitting Process

Participants noted many motivational factors for quitting and methods for doing so. Several people shared a financial motivation to quit because *"it is an expensive habit."* Others were forced to quit to participate in needed or desired surgeries. Most prevalent was motivation from another individual, usually a significant other, child, or another close friend or family members. One such motivation from another person is captured as a participant entered a new relationship:

> *"So, the funny story is that a new relationship is actually the catalyst to my successful quitting. So before entering into that relationship, I had tried to quit repeatedly and failed, and then I entered a new relationship… and something she said to me was like "I've never been with a smoker before, and I don't know if I could be with one." That just I guess gave me a little push of motivation, something a little more than myself to make it happen."*

Folks who successfully quit tried a wide variety of tactics. These tactics ranged from Chantix to gum, from hypnosis to quitting "cold turkey." A key takeaway from the quitting process for focus group attendees was that no one person quits the same way.

While some found traditional methods like Chantix, nicotine patches, and gum helpful, others did not. One participant shared:

> *"I know a few people, myself included, who tried a medication called Chantix… I've had two friends successfully quit [by using Chantix]… I had really bad side effects with it. When I went to sleep, I would have these really awful nightmares. So, for me, it was not going to work out for me, because they were just really bad nightmares."*

This dichotomy between successfully quitting using these methods and failing due to side effects is further highlighted by another individual who built upon the previous participant's story:

> *"Before I lived in Michigan, I lived in Iowa… there was this 1-800 quit line and… they would send you things like lozenges and gum and nicotine patches, I think even Chantix… When I quit—one of the times I quit—I used nicotine patches and I would say that was pretty helpful, but I did get very vivid dreams on those, too. Not nightmares, more like vivid dreams. But if I took a drag of a cigarette with the nicotine patch on, I would feel sick, so it was a deterrent against smoking."*

Though people quit using a wide variety of methods, they shared similar struggles along the way. One notable struggle was replacing the physical aspect of using tobacco products. People missed having something in their mouth, the motion of moving a cigarette toward their face, or having something in their hands. One person described the physical aspect of quitting tobacco use:

> *"The only thing you can do to quit is to fill that time with other stuff and other habits and other oral fixations… for the oral fixation, I would just chew on regular gum or bite on a pen or something like that."*

One participant got around this problem by using gum:

> *"[Nicotine] gum gave me an oral something to chew on. The patch, I never liked, because I needed something in my mouth, a toothpick, a piece of gum or something."*

Filling the physical void of no longer using tobacco was not the only void participants needed filled. Many lost a convenient reason for leaving a social situation and finding a replacement for this was difficult. One example of tobacco's ability to remove one from a situation is as follows:

> *"With my social anxiety, I need a break for just five minutes. I could easily say, 'hey, I'm going to go have a smoke over there' instead of 'hey, you all are overwhelming me. I need a few moments to center myself.'"*

As the reason for many people starting to use tobacco was social pressure, the quitting process was complicated by a loss of these social outlets and connections. Individuals no longer wanted to place themselves in a "social smoking" situation, losing an easy way to connect with others. One person spoke on this complicated loss of social connection and how quitting itself is dependent on connection to others:

> *"And so, if we know that smoking is primarily about social relationships in some form or fashion, then quitting… is probably going to at least in part be related to how you are connecting well with other people who don't shame you."*

Opinions on Quitting Messages

When the topic of focus group discussion turned to quitting messages, the conversational tone was overwhelmingly negative. Most individuals did not have a high view of current quitting messages. However, one individual appreciated signage, messages explaining negative health outcomes, and other prominent messaging. They shared their view of "scare tactic" messages that warned of negative health outcomes to tobacco users:

> *"So, in my experience, I actually appreciated the scare tactics. I think those helped me a little bit… I had a scare with an autoimmune disease [that] just popped up out of nowhere, and I started learning how my smoking could have triggered it or made it worse or anything along those lines."*

When pushed to recall messages they received well, most participants could not think of any. As stated in previous sections, people emphasized how the most helpful messages were personal conversations with those they cared about. Partners, kids, and close friends expressed concern about participants' tobacco use, and these were the most motivating messages throughout the quitting process.

Focus group participants felt that most quitting messages from programs, ads, and others did not understand how difficult it was to go through the quitting process. One attendee encapsulated the frustration felt by much of the group regarding quitting messages:

> *"Something that I definitely didn't appreciate, especially while I was smoking, was what everyone else has said: being told to quit like it was easy. Quitting smoking is the hardest thing I have ever done; hands down, it's the hardest thing I've ever done. I thought that I could just quit, I thought it would be easy, I thought I could just walk away from it whenever I wanted to… addiction is very difficult to understand until you're actually in it, and I think that the way quitting ads are presented just suck when they said, 'just quit' or encourage you to just quit. I think it would be really*

helpful if they could at least address quitting is hard, and you can get help here or something."

On this note, another individual shared:

"The message that annoys me or doesn't sit well with me is the blanket statement of 'just quit.' Oh, just quit smoking cigarettes and you'll be healthy, and you'll save all this money. Great, awesome… obviously they've never smoked, and they've never tried to quit, so it's like this is written from a nonsmoker. The only thing you can do to quit is to fill that time with other stuff and other habits and other oral fixations, and you need to exchange all of these things instead of just having someone tell you to quit smoking."

Other participants shared that quitting messages were too focused on highlighting negative health outcomes. *"It's like these messages try to scare people… at a certain point it's too much and over the top."* Attendees said that they understood the negative health outcomes associated with tobacco use and do not need messages reinforcing them. On this topic, someone said:

"It's really irritating, sort of that assumption that they're saying something we don't already know. Because I mean, we've been knowing all of this about tobacco for a long time. You're not telling us anything new, and we're getting this message from plenty of places, so it feels sort of disrespectful."

Across the board, individuals shared that they felt devalued from quitting messages. They felt that the negative messaging is focused on the users themselves rather than the products. One participant shared:

"I just feel devaluing people is never a good option—dehumanizing, devaluing. A lot of the times these [quitting] messages I think kind of border on that."

Participants also shared many ways in which messaging could be improved. In response to the previous quote, another person said:

"I think messaging could be very effective if it was along the lines of, 'if you're feeling ready to quit smoking, here are your options,' as opposed to "you need to stop smoking; here are your options.' Because [name of person above] is absolutely right; if you aren't ready to stop, you're not going to stop… a much better way to approach it [is] 'are you ready? Here you go. Let's help you. You're not? That's okay. When you are ready, we're here to help you.'"

Overall, focus group participants wanted to see more empathy in messaging. They want quitting messages to stop demonizing or scaring tobacco users. They should instead offer help and acknowledge the difficulty of quitting a product one is addicted to.

Ideal Quitting Resources

Many ideas stemmed from focus group participants regarding quitting resources that would better serve people who use tobacco and would like to quit, specifically LGBTQ+ tobacco users. Starting with general tobacco users, focus group participants shared a lack of communal quitting options. They appreciate things like quitting apps, Facebook groups dedicated to quitting, and so on. They notice a lack of support groups for tobacco users dedicated to quitting together. One individual shared:

> *"[Someone might ask], why didn't I look for a support group? Everyone knows about Alcoholics Anonymous. So, where's the comradery behind quitting smoking?"*

Another attendee said they have thought extensively about how social connection can influence tobacco cessation. They start off by saying:

> *"We have support groups for everything else, why not a support group for [tobacco]?"*

They go on to imagine other quitting resources centered around connection with others:

> *"What about some sort of a mentorship program where you have LGBTQ people who have quit for a long time… help other people quit? [Ideas like] mentoring, all of those things really are building off the idea that it's connection, which I think is really important because I think we pretty much all said that we began smoking one way or another related to socialization or as a way to feel more comfortable socializing or whatever."*

Attendees went on to discuss many different socially focused quitting ideas including support groups, mentoring between someone who quit smoking and someone trying to quit, group texts, one-on-one meetings with counselors, and virtual accountability check-ins.

Building upon these ideas, attendees discussed LGBTQ-targeted quitting methods that appeal to them. One such idea builds upon the tight-knit community many LGBTQ+ individuals share with one another:

> *"So, [something] the LGBTQ community seems to enjoy is support groups that are specifically geared towards the community, toward them… smokers, we [are] connected… with other smokers. Smokers stick together; the LGBTQ community*

sticks together also. We have that—so I think that whether it's online support groups, texting support groups, in-person support groups, I think that [LGBTQ] community aspect that brings that group together is going to provide another group for us that sticks together."

In a similar vein to many other focus group responses, this individual is discussing the need to replace one community with another—a community of smokers being replaced by a community of LGBTQ+ individuals. Another participant built upon this point in their response:

"Yeah, that's kind of what I was thinking too… it's all about having alternatives to coming together with people who have similarities… you're at the bar, maybe at a gay bar, and you all go out and smoke together; maybe there's other activities that you can do so you're not just trying to fill the space with [smoking]… In [this participant's hometown], there was a group of LGBTQ folks going to the zoo together. It's like, having activities, ways to meet people other than going out to smoke a cigarette at the bar."

Other participants agreed—they would like to see quitting methods that are LGBTQ-specific and provide community connections that do not involve smoking.

People also desire to see more LGBTQ+ therapists and health providers to assist in the quitting process. They point out the lack of LGBTQ+ therapists to empathize with and walk with them through mental health struggles in place of tobacco. Participants also mentioned that LGBTQ+ doctors and health providers generally have a better understanding of resources to help LGBTQ+ individuals quit smoking, but these doctors are not easy to find.

Though most ideas were focused on how community connection should be used to help with tobacco cessation, participants placed a heavy emphasis on accessibility and having a range of options. Time, travel, and technology constraints mean that there need to be multiple avenues to access quitting methods. Times resources are available need to vary, locations need to be widespread, and access should be both physical and virtual. There is no "one size fits all" solution but beginning with the lost social connection following tobacco cessation is a good step toward helping people quit using tobacco.

Other Notable Focus Group Themes

No questions explicitly asked participants about systemic issues and oppression of the LGBTQ+ community, yet they came up spontaneously in every focus group. There were many instances in which participants stated there are "bigger things" to worry about

regarding the LGBTQ+ community than tobacco use. Mental health disparities, the risk of violence, suicidality, low life expectancy, societal rejection, and other systemic issues make tobacco use among the LGBTQ community a minor issue. Two such highlighted quotes are as follows:

> *"[This] ties into my mental health and being queer and trans… for a very long time, it was very difficult for me to even plan for the future because of dysphoria and this country and not knowing which vote is going to take away my rights this time. So, it's very hard to plan for a future where you don't know that you're safe. So, any of these long-term health [messages], I'm like, 'that's not going to matter. I honestly don't expect to be around.' So, that's a big thing too."*

Following this quote was another individual:

> *"I feel exactly the same. I can't see myself living past [35], even though I am in a good and accepting generation… I don't know, it's hard to look into the future for me specifically; I feel like me and other trans people I know have very similar sentiments or similar thoughts regarding it, which is why a lot of them turn to smoking… to get away from reality."*

One individual stated that rather than look at the "back end" of the program, society needs to address the root issues that cause tobacco use:

> *"[Tobacco use] isn't something you can address by shaming us and telling us to quit. That is about addressing, oh, why are there higher rates of anxiety and depression and stress and oppression and lower access to culturally competent mental health care services and all these other socioeconomic factors, etc., that we know contribute to increased drinking, smoking, and domestic violence?"*

Others agreed:

> *"It would be a disservice not to note how far we still need to go with equity in the LGBTQ community versus everyone else. I think that is one of the things that can lead to tobacco use. You've got homophobia, transphobia, not getting jobs, getting disowned by family, poor living situations, larger income gaps. I think that a lot of those things contribute to tobacco use, to starting or increasing use, and then they inhibit stopping."*

Every focus group emphasized that many of the reasons they began using tobacco involves a lack of acceptance or affirmation from the society around them. High tobacco use is a product of the many adverse effects that come from living in a discriminatory society. To truly address tobacco usage in the LGBTQ+ community, systemic inequalities

and LGBTQ+ oppression needs to be addressed so these factors don't contribute to tobacco use in the first place.

> *"The LGBTQ community may have a higher percentage of smokers than the normal population because we're also prone to depression and suicide and not accepted from our peers. We have all these other things that are affecting us that lead to smoking or drug use or depression, anything to alleviate depression or these other thoughts.* ***Maybe it we weren't LGBTQ, we wouldn't have to deal with them as much.****"*

Summary

LGBTQ+ individuals who use or have used tobacco often start from social pressure, to avoid negative mental health feelings, or to take breaks at work. They were motivated to quit by financial constraints, needed health procedures, and most prominently, reinforcement from people they care about. Quitting was done through a wide variety of methods ranging from prescribed medications like Chantix or nicotine patches to quitting "cold turkey" or using alternative methods such as hypnosis.

The quitting process brings many challenges, with a loss of a social outlet at the forefront. People had to replace the physical aspect of tobacco use, struggled to use certain quitting methods because of side effects, and had to find alternatives to fill the "voids" left from quitting tobacco.

Current quitting messages are not viewed favorably. Very few participants had anything positive to say about quitting messages. Participants noted that they felt devalued, demeaned, and disrespected from quitting messages. They would like to see more empathy and solutions offered in future quitting messages. They would also like to see more communal quitting methods like support groups, mentorships, and virtual groups. Additionally, attendees mentioned a need to build upon the LGBTQ+ community's strength of "sticking together" when creating LGBTQ-specific quitting programs.

Lastly, participants conveyed that meaningful change in tobacco use among LGBTQ+ people cannot occur without first addressing systemic issues. Discrimination, mental health issues, and a multitude of systemic injustices should be addressed to prevent tobacco usage in the first place, rather than looking at how to get individuals to quit instead.

Recommendations

Together, findings from the survey and focus groups lead to several recommendations for better supporting LGBTQ+ people who want to stop using tobacco.

1. Society must become a better, safer place for LGBTQ+ individuals. As long as LGBTQ+ people continue to experience discrimination, threats of violence, systemic inequalities, and disproportionately high rates of mental health issues including suicidality, they may turn to tobacco use as a coping mechanism and see quitting tobacco as relatively important. Although this applies to all groups within the LGBTQ+ community, transgender individuals may be the most likely to face these societal problems.

2. Because many people who use tobacco do so as a coping mechanism to help them through stressful situations, cessation programs should teach participants other ways to cope. Simply stopping one behavior like smoking is harder than replacing it with another behavior that can help serve the same purpose. Alternative behaviors could range from chewing gum for people who need to do something with their mouth to breathing exercises for people who need a way to handle stress or take a short break.

3. Many people who use tobacco started to build social connections, and losing these connections is a barrier to quitting. Focus group participants highlighted the importance of creating a community and strong social support for people who embark on the difficult journey of quitting.

4. People trying to quit tobacco need to feel that their LGBTQ+ identity is accepted to be able to focus on quitting tobacco. Survey respondents indicated that they would feel most comfortable receiving quitting resources from an LGBTQ+ organization. Cessation programs at these organizations could also go a long way toward providing community and social support during the quitting process.

5. Focus group participants felt that the most effective quitting messages they had received came from significant others, children, or other close friends and family members. Given this finding, resources for people to help close others quit may be as helpful or more helpful than resources to help people quit themselves. It would be essential for these resources to help friends and family members provide a balance of encouragement to quit and acceptance for those who are not ready to quit or experience setbacks on their quitting journey.

6. Quitting messages often feel demeaning. Generally, people understand the negative health consequences of tobacco use and know they "should" quit. Messages could be more nuanced, acknowledging both the difficulty of quitting and the fact that some people are not ready to quit. Quitting messages that are more positive and accepting may be better received, leading to greater quitting success among those who are ready to quit.

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Appendix A: Survey

The survey begins on the following page.

Welcome!

LGBTQ+ organizations across Michigan are working together to learn more about tobacco use, especially among LGBTQ+ people. By tobacco use, we mean any habitual use of the tobacco plant leaf and its commercial products. By commercial tobacco products, we mean using any products such as cigarettes, electronic cigarettes, vape pens, cigars, pipes, hookah, or chewing tobacco for recreational use.

Ultimately, these organizations want to learn how to best support people who want to quit using tobacco. Regardless of whether you currently use tobacco, have used tobacco in the past, or have never used tobacco, your experiences and opinions are important.

This survey is being administered by the Calvin University Center for Social Research and is funded through a grant from MDHHS. If you want help to quit using tobacco, visit the Michigan Tobacco Quitline website or call 1-800-QUIT-NOW.

Consent Form

Please read the following information to decide whether you want to take the survey.

What is the purpose of this survey?

The purpose of this survey is to better understand tobacco use, especially among LGBTQ+ people.

What will I be asked to do?

You are invited to take a survey about your tobacco use, opinions about tobacco, community health, and your personal health. The survey should take 10-15 minutes.

How will my identity be protected?

Your answers are confidential and will not be linked to you. If you choose to provide your name and contact information so we can contact you about participating in a focus group interview, your contact information will not be linked to your survey answers.

What are the benefits?

Your answers will help shape resources and programs to help LGBTQ+ people quit using tobacco. At the end of the survey, you can choose to provide your email address to be entered into a drawing for 120 $25 Amazon gift cards that will be sent through email.

What are the risks?

Taking the survey has minimal risk. You might feel uncomfortable answering questions about tobacco use.

Is my participation voluntary?

Yes, your participation is voluntary, and you may skip questions.

Whom can I contact with questions?

You can send questions about this survey to Dr. Laura Luchies, Associate Director of the Calvin University Center for Social Research, at laura.luchies@calvin.edu or 616-526-7799. You can send questions about your rights as a research subject to Calvin University's Committee for the Protection of Human Subjects in Research at irb@calvin.edu.

By completing the survey, you confirm that you are at least 18 years old and that you consent to take this survey.

Your Current Tobacco Use

1. Have you ever used commercial tobacco products?
   *By **commercial tobacco products**, we mean using any products such as cigarettes, electronic cigarettes, vape pens, cigars, pipes, hookah, or chewing tobacco for recreational use.*
   *By **tobacco use**, we mean any habitual use of the tobacco plant leaf and its products. We do not mean trying tobacco a handful of times or using traditional tobacco for ceremonial purposes.*

   ○₁ I have never used tobacco. → Please skip to the section "Tobacco Opinions" on page 9.

   ○₂ I have previously used tobacco, but do not currently use tobacco. → Please skip to question 5.

   ○₃ I currently use tobacco.

About Your Current Tobacco Use

2. Which of the following forms of tobacco do you **currently use**?
   Please select all that apply.

   ☐$_1$ Cigarettes
   ☐$_2$ Electronic cigarette or vape pen
   ☐$_3$ Cigars, little cigars, or cigarillos
   ☐$_4$ Pipe
   ☐$_5$ Hookah
   ☐$_6$ Chewing tobacco
   ☐$_7$ Other, please specify: _____

3. How frequently do you use each of the following?

	Daily	Weekly	Monthly	Less frequently	*Not sure*	*Not applicable*
Cigarettes	○1	○2	○3	○4	○98	○99
Electronic cigarette or vape pen	○1	○2	○3	○4	○98	○99
Cigars, little cigars, or cigarillos	○1	○2	○3	○4	○98	○99
Pipe	○1	○2	○3	○4	○98	○99
Hookah	○1	○2	○3	○4	○98	○99
Chewing tobacco	○1	○2	○3	○4	○98	○99
Other, please specify: _____	○1	○2	○3	○4	○98	○99

4. Is the amount of money you spend on tobacco a concern for you?
   - ○₁ Yes
   - ○₂ No
   - ○₃ *Don't know/can't say*

5. Which of the following forms of tobacco have you **used in the past**, but do not currently use? *Please select all that apply.*

   ☐$_1$ Cigarettes
   ☐$_2$ Electronic cigarette or vape pen
   ☐$_3$ Cigars, little cigars, or cigarillos
   ☐$_4$ Pipe
   ☐$_5$ Hookah
   ☐$_6$ Chewing tobacco
   ☐$_7$ Other, please specify: _____

6. How **long did you use** or **have you been using** each of the following?

	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 years or more	*Not sure*	*Not applicable*
Cigarettes	O1	O2	O3	O4	O5	O98	O99
Electronic cigarette or vape pen	O1	O2	O3	O4	O5	O98	O99
Cigars, little cigars, or cigarillos	O1	O2	O3	O4	O5	O98	O99
Pipe	O1	O2	O3	O4	O5	O98	O99
Hookah	O1	O2	O3	O4	O5	O98	O99
Chewing tobacco	O1	O2	O3	O4	O5	O98	O99
Other, please specify: _____	O1	O2	O3	O4	O5	O98	O99

7. At what age did you **start using** each of the following?

	Under 10 years old	10 to 14 years old	15 to 18 years old	19 to 24 years old	25 years or older	*Not sure*	*Not applicable*
Cigarettes	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Electronic cigarette or vape pen	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Cigars, little cigars, or cigarillos	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Pipe	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Hookah	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Chewing tobacco	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99
Other, please specify: _____	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98	○ 99

8. Which of the following, if any, are reasons you started using **tobacco**?
Please select all that apply.

☐$_1$ I started using tobacco to relieve stress or other negative emotions.
☐$_2$ I have a family member who uses tobacco.
☐$_3$ I have friends who use tobacco.
☐$_4$ I've seen people on TV, online, or in movies use tobacco.
☐$_5$ I started using tobacco in social situations.
☐$_6$ I was peer pressured into using tobacco.
☐$_7$ I felt better when I use tobacco.
☐$_8$ I like the flavors of the product(s) I use.
☐$_9$ I was curious.
☐$_{10}$ Other reason(s), please specify: _____

If you do not use or have not used e-cigarettes or vape pens, please skip to the "About Quitting Tobacco Use" section.

9. Which of the following, if any, are reasons you started using **e-cigarettes or vape pens**?
   Please select all that apply.

   ☐$_{1}$ I started using them to relieve stress or other negative emotions.
   ☐$_{2}$ I have a family member who uses them.
   ☐$_{3}$ I have friends who use them.
   ☐$_{4}$ I've seen people on TV, online, or in movies use them.
   ☐$_{5}$ I started using them in social situations.
   ☐$_{6}$ I was peer pressured into using them.
   ☐$_{7}$ I felt better when I use them.
   ☐$_{8}$ They are available in flavors, such as mint, candy, fruit, or chocolate.
   ☐$_{9}$ I used them to try to quit using other tobacco products, such as cigarettes.
   ☐$_{10}$ They cost less than other tobacco products, such as cigarettes.
   ☐$_{11}$ They are easier to get than other tobacco products, such as cigarettes.
   ☐$_{12}$ They are less harmful than other forms of tobacco, such as cigarettes.
   ☐$_{13}$ I can use them unnoticed at home, work, or school.
   ☐$_{14}$ I can use them to do tricks.
   ☐$_{15}$ I was curious about them.
   ☐$_{16}$ Other reason(s), please specify: _____

About Quitting Tobacco Use

If you do not currently use tobacco, please skip to question 15.

10. During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit using tobacco?
    - ○₁ Yes
    - ○₂ No → **Please skip to question 12.**

11. During the past 12 months, how many times have you tried to quit using tobacco?
    Please write down a number.

    _____

12. If given the resources, would you be interested in quitting using tobacco?
    - ○₁ Yes
    - ○₂ No → **Please skip to question 14.**

13. How soon would you be interested in quitting using tobacco?
    - ○₁ In less than 6 months
    - ○₂ In 6 to 12 months
    - ○₃ In more than 12 months
    - ○₄ *Not sure*

14. How comfortable would you be receiving resources to quit using tobacco from each of the following?

	Not at all comfortable	Slightly comfortable	Moderately comfortable	Very comfortable	Extremely comfortable	*Don't know/Can't say*
Tobacco cessation class or program at an LGBTQ+ organization	O 1	O 2	O 3	O 4	O 5	O 99
Tobacco cessation class or program at a non-LGBTQ+ organization	O 1	O 2	O 3	O 4	O 5	O 99
Personal doctor or healthcare provider	O 1	O 2	O 3	O 4	O 5	O 99
Phone call counseling	O 1	O 2	O 3	O 4	O 5	O 99
Text message or Internet counseling	O 1	O 2	O 3	O 4	O 5	O 99
Somewhere else, please specify: _____	O 1	O 2	O 3	O 4	O 5	O 99

15. Which of the following quit smoking / tobacco methods have you tried?
Please select all that apply.

☐$_1$ Any type of counseling
☐$_2$ Telephone quitline
☐$_3$ Stop smoking classes
☐$_4$ Medications prescribed by a doctor
☐$_5$ Over-the-counter medications, such as gum, lozenges, or patches
☐$_6$ Quit on own (cold turkey)
☐$_7$ E-cigarette to quit smoking cigarettes
☐$_8$ Other method(s), please specify: _____
☐$_9$ *None of the above*

16. How helpful were each of the following quitting methods that you have tried?

	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful	*Don't know/Can't say*	*Not applicable*
Any type of counseling	○1	○2	○3	○4	○5	○98	○99
Telephone quitline	○1	○2	○3	○4	○5	○98	○99
Stop smoking classes	○1	○2	○3	○4	○5	○98	○99
Medications prescribed by a doctor	○1	○2	○3	○4	○5	○98	○99
Over-the-counter medications, such as gum, lozenges, or patches	○1	○2	○3	○4	○5	○98	○99
Quit on own (cold turkey)	○1	○2	○3	○4	○5	○98	○99

	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful	*Don't know/Can't say*	*Not applicable*
E-cigarette to quit smoking cigarettes	○1	○2	○3	○4	○5	○98	○99
Other method(s), please specify: _____	○1	○2	○3	○4	○5	○98	○99

17. Before taking this survey, were you aware of the Michigan Tobacco Quitline?
    - ○1 Yes
    - ○2 No

18. How much is each of the following a barrier to quitting tobacco use?

	Not a barrier	A small barrier	A moderate barrier	A large barrier	A huge barrier	*Don't know/Can't say*
Cost of accessing resources	O1	O2	O3	O4	O5	O98
Access to resources and information	O1	O2	O3	O4	O5	O98
Concern for losing cultural connections	O1	O2	O3	O4	O5	O98
Lack of affirming healthcare	O1	O2	O3	O4	O5	O98
Lack of culturally appropriate healthcare	O1	O2	O3	O4	O5	O98
Lack of health insurance coverage	O1	O2	O3	O4	O5	O98

	Not a barrier	A small barrier	A moderate barrier	A large barrier	A huge barrier	*Don't know/Can't say*
Lack of reliable transportation	○1	○2	○3	○4	○5	○98
Lack of social support	○1	○2	○3	○4	○5	○98
Lack of technology access (phone, Internet, etc.)	○1	○2	○3	○4	○5	○98
Language barrier	○1	○2	○3	○4	○5	○98

About Tobacco Opinions

19. How strongly do you agree or disagree with the following statements about **tobacco**?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	*Don't know/Can't say*
LGBTQ+ people use tobacco more than the general population.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Pride celebrations should be tobacco-free events.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
LGBTQ+ bars should be tobacco-free spaces.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
All bars should be tobacco-free spaces.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Vaping, Juuling, and e-cigarettes are a health threat to LGBTQ+ communities.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Tobacco companies target LGBTQ+ people in their advertising.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98

20. How strongly do you agree or disagree with the following statements about **e-cigarettes**?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	*Don't know/Can't say*
E-cigarettes have a gateway effect for non-smokers and children to start smoking regular cigarettes.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Regular cigarettes are more addictive than e-cigarettes.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
E-cigarettes are safer than other tobacco, such as regular cigarettes.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
E-cigarettes increase your chances of quitting smoking regular cigarettes.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
E-cigarettes decrease your chances of adverse health effects compared to regular cigarettes.	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98

Personal Health

21. How would you describe your current **physical** health?
    - ○1 Poor
    - ○2 Fair
    - ○3 Good
    - ○4 Very Good
    - ○5 Excellent
    - ○6 *Don't know / Prefer not to answer*

22. How would you describe your current **mental** health?
    - ○1 Poor
    - ○2 Fair
    - ○3 Good
    - ○4 Very Good
    - ○5 Excellent
    - ○6 *Don't know / Prefer not to answer*

23. Do you have or have you had any of the following health conditions?

Please select all that apply.

- ☐1 Pre-diabetes or borderline diabetes
- ☐2 Diabetes
- ☐3 HIV/AIDS
- ☐4 Anxiety
- ☐5 Depression
- ☐6 Cancer
- ☐7 Chronic lung disease
- ☐8 Sexually transmitted infections
- ☐9 Heart disease
- ☐10 *None of the above*
- ☐11 *Don't know / Prefer not to answer*

24. Do you consider yourself to be Disabled or to have a disability?

- ○1 Yes
- ○2 No
- ○3 *Prefer not to answer*

25. Which of the following, if any, did you experience in your **household** growing up?
Please select all that apply.

- ☐$_1$ Physical abuse
- ☐$_2$ Sexual abuse
- ☐$_3$ Emotional abuse
- ☐$_4$ Physical neglect
- ☐$_5$ Emotional neglect
- ☐$_6$ Parent treated violently
- ☐$_7$ Household substance abuse
- ☐$_8$ Household mental illness
- ☐$_9$ Parental separation or divorce
- ☐$_{10}$ Incarcerated household member
- ☐$_{11}$ *None of the above*
- ☐$_{12}$ *Don't know / Prefer not to answer*

26. Which of the following, if any, did you experience in your **community** growing up?
Please select all that apply.

☐$_1$ Poverty
☐$_2$ Discrimination
☐$_3$ Community disruption
☐$_4$ Lack of opportunity, economic mobility, and social capital
☐$_5$ Poor housing quality
☐$_6$ Witnessing violence
☐$_7$ *None of the above*
☐$_8$ *Don't know / Prefer not to answer*

27. Which of the following, if any, did you experience **related to your LGBTQ+ identity** growing up? *Please select all that apply.*

☐1 Being bullied
☐2 Being treated badly or unfairly
☐3 Being forcibly outed
☐4 Being disowned, harmed, or kicked out by family
☐5 *None of the above*
☐6 *Don't know / Prefer not to answer*

About Community Health

28. How strongly would you agree that each of the following is a **physical health** issue impacting LGBTQ+ communities?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	*Don't know/Can't say*
Alcohol or other drug addition	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Cancer	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
COVID-19	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Diabetes	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
HIV/AIDS	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Physical or sexual abuse, including domestic violence	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Tobacco / Electronic Nicotine Device use	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98

29. How strongly would you agree that each of the following is a **mental health** issue impacting LGBTQ+ communities?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	*Don't know/Can't say*
Anxiety	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Depression	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Loneliness/Isolation	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Suicide	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98
Eating disorders	○ 1	○ 2	○ 3	○ 4	○ 5	○ 98

30. How strongly would you agree that each of the following is a **social health** issue impacting LGBTQ+ communities?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	*Don't know/Can't say*
Bullying	O1	O2	O3	O4	O5	O98
Experiencing homelessness or unstable housing	O1	O2	O3	O4	O5	O98
Financial cost of healthcare	O1	O2	O3	O4	O5	O98
Healthcare not being provided in a welcoming manner	O1	O2	O3	O4	O5	O98
Violence/Homicide	O1	O2	O3	O4	O5	O98

31. What, if any, other area(s) would you identify as a top health issue impacting LGBTQ+ communities?

_____

About You

This survey will be most useful if results can be compared by where people live, their age, their education level, and so on. Please answer as many of the following questions as you feel comfortable answering. As a reminder, your answers are confidential. Thank you!

32. How would you describe your gender?

    _____

33. Which of the following accurately describes your gender?

    Please select all that apply.

    ☐$_{1}$ Woman
    ☐$_{2}$ Man
    ☐$_{3}$ Non-binary
    ☐$_{4}$ Agender
    ☐$_{5}$ Gender fluid
    ☐$_{6}$ Genderqueer
    ☐$_{7}$ None of the above; use my answer from the previous question
    ☐$_{99}$ *Prefer not to answer*

34. Do you consider yourself transgender?

    ○$_{1}$ Yes
    ○$_{2}$ No
    ○$_{99}$ *Prefer not to answer*

35. What are your pronouns?

    Please select all that apply.

    ☐$_{1}$ She/Her
    ☐$_{2}$ He/Him
    ☐$_{3}$ They/Them
    ☐$_{4}$ Ze/Zir
    ☐$_{5}$ Ze/Hir
    ☐$_{6}$ Prefer to self-describe:

    _____

    ☐$_{99}$ *Prefer not to answer*

36. How would you describe your sexual orientation?

_____

37. Which of the following accurately describes your sexual orientation?
Please select all that apply.

- ☐$_{1}$ Asexual
- ☐$_{2}$ Bisexual
- ☐$_{3}$ Demisexual
- ☐$_{4}$ Fluid
- ☐$_{5}$ Gay
- ☐$_{6}$ Heterosexual/straight
- ☐$_{7}$ Lesbian
- ☐$_{8}$ Pansexual
- ☐$_{9}$ Queer
- ☐$_{10}$ Questioning
- ☐$_{11}$ None of the above; use my answer from the previous question
- ☐$_{99}$ *Prefer not to answer*

38. How old are you?

- ○$_{1}$ 18-24
- ○$_{2}$ 25-34
- ○$_{3}$ 35-44
- ○$_{4}$ 45-54
- ○$_{5}$ 55 years or older
- ○$_{99}$ *Prefer not to answer*

39. How would you describe your race and ethnicity?
Check all that apply.

- ☐$_1$ Asian or Asian American
- ☐$_2$ Black, African American, or African
- ☐$_3$ Hispanic
- ☐$_4$ Indigenous
- ☐$_5$ Jewish
- ☐$_6$ Latino, Latina, Latinx, or Latine
- ☐$_7$ Middle Eastern
- ☐$_8$ Native American or Alaska Native
- ☐$_9$ Native Hawaiian or Other Pacific Islander
- ☐$_{10}$ White
- ☐$_{11}$ Another race or ethnicity not listed above:

  _____

- ☐$_{99}$ *Prefer not to answer*

40. What your highest education level?

- ○$_1$ Less than high school
- ○$_2$ High school graduate/GED
- ○$_3$ Post high school certificate or credential
- ○$_4$ Some college or post high school courses
- ○$_5$ 2-year degree
- ○$_6$ 4-year degree
- ○$_7$ Graduate degree
- ○$_{99}$ *Prefer not to answer*

41. What is your annual household income?
By "household," we mean people with whom you share financial resources and responsibilities.

- ○1 Less than $10,000
- ○2 $10,000-$19,999
- ○3 $20,000-$29,999
- ○4 $30,000-$39,999
- ○5 $40,000-$49,999
- ○6 $50,000-$59,999
- ○7 $60,000-$69,999
- ○8 $70,000-$79,999
- ○9 $80,000-$89,999
- ○10 $90,000-$99,999
- ○11 $100,000-$149,999
- ○12 More than $150,000
- ○99 *Prefer not to answer*

42. What is your current employment status?
Check all that apply.

- ☐1 Employed (full-time)
- ☐2 Employed (part-time)
- ☐3 Employed but looking for more or different work
- ☐4 Self-employed
- ☐5 Unemployed looking for work
- ☐6 Unemployed not looking for work
- ☐7 Disabled
- ☐8 Retired
- ☐9 Student
- ☐99 *Prefer not to answer*

43. What is your zip code?

___ ___ ___ ___ ___

Interest in focus group participation

As part of this research effort, we will also be conducting focus groups around tobacco use in LGBTQ+ communities. A focus group is a group interview, usually involving 6-10 people. Focus groups will be conducted online, and participants will receive a gift card for their participation.

44. Are you interested in participating in a focus group about your experience with tobacco?

- ○₁ Yes
- ○₂ No

45. What accommodations, if any, would you need to fully participate in a focus group?

_____

_____

46. In which language(s) would you prefer to participate in a focus group?

Please select all that apply.

- ☐₁ English
- ☐₂ Spanish

47. Please provide your contact information so that we are able to follow up with you about focus group participation.

*Note: Your contact information will **not** be connected to your survey answers.*

Name: _____

Pronouns: _____

Email address: _____

Phone number: _____

48. Would you like to be considered to receive a $25 Amazon gift card via email in appreciation for your participation?

○₁ Yes, please

○₂ No, thank you

49. If you are selected, which email should we send the gift card to?

Please ensure that you enter your email address correctly.

_____

Thank you for your participation!

Appendix B: Focus Group Questions

Introduction

Hello! We're part of a team of researchers at the Calvin University Center for Social Research. We have partnered with the Grand Rapids Pride Center to better understand tobacco use among LGBTQ+ folks in Michigan. Today, we'd like to learn more about your experience with and opinions of tobacco use. During this session, there are no wrong answers! We're simply interested in listening and learning from you.

Thank you all for filling out consent forms and returning them to us before this session. Just as a reminder, this session will be audio and video recorded to allow for transcription of relevant quotes for reporting. We won't include names in transcriptions, and we will delete recordings after the transcriptions are complete. We will treat any information you choose to share with us during this session in a confidential manner. And we ask each of you to respect each other's privacy by not sharing what other participants say in today's session with other people. You get to choose how much you share today, and you may choose to not answer questions.

Do you have any questions for us before we begin?

After I ask each question, feel free to share your thoughts and responses. Although not everyone needs to respond to each question, let's work together to make sure that everyone has the opportunity to share. Let's get started with the first question.

Questions

1. To begin, we'd like each of you to tell us your name and pronouns, if you feel comfortable sharing, and give a quick description of your current or past tobacco use. This could include information such as type of tobacco product, how often you use or used tobacco, or where and when you most often used tobacco.
2. Next, could you describe some of the reasons you began using tobacco?
    a. What do or did you like best about using tobacco?
    b. What do or did you like least?
3. Now, we'd like to talk about the "quitting" process. For those who have quit or have tried to quit in the past, what motivated you to quit?
    a. How did you go about quitting?
    b. How successful were you in not starting again?
    c. What, if anything got in the way of quitting?

4. For those who currently use tobacco, from whom or where, if at all, do you get the "you should quit" message? How often?
    a. How do these messages make you feel? How do you usually react to them?
5. For both current and former tobacco users, which messages about quitting annoy you or feel like they might be counterproductive?
6. What are your impressions of the options that are currently available for quitting tobacco use?
    a. What are some of the good things about these options?
    b. What is lacking in these options?
7. What would be ideal features of quitting messages, programs, or resources that would help you or others like you be successful?
    a. What would be especially helpful for…
        i. LGBTQ+ folks?
        ii. folks who are ready to quit?
        iii. folks who aren't ready to quit?
        iv. folks who have tried to quit in the past but haven't been successful?