

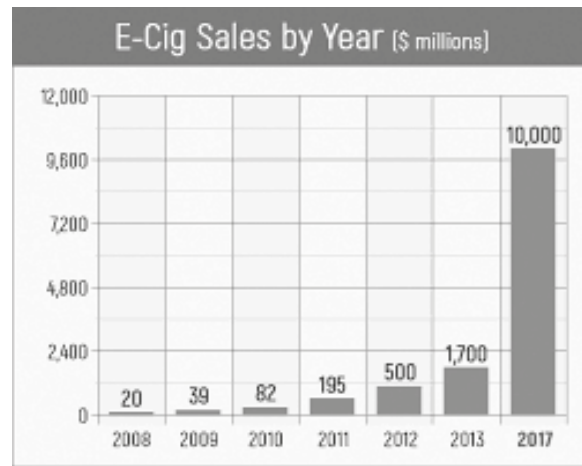
OVERVIEW

In the past few years e-cigarette use, among youth has grown tremendously, with a 78% increase in e-cigarette use among high school students between 2017 and 2018.¹

E-cigarettes are the most commonly used tobacco product among youth. In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days.²

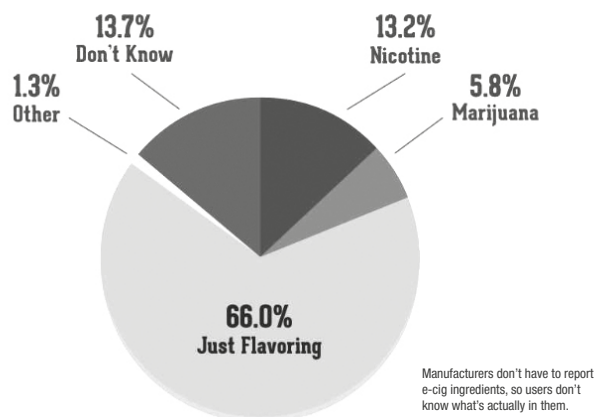
This increase in e-cigarette use can be attributed to the high nicotine content, appealing flavors, and e-cigarettes ability to be used discreetly.¹

The emergence of e-cigarettes also disproportionately impacts LGBTQ youth with 3 in 10 currently vaping and more than half have tried e-cigarettes.



QUICK FACTS

WHAT DO TEENS SAY IS IN THEIR E-CIG?³



Graph Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services, 2016

- The most commonly cited reasons for using e-cigarettes among both youth and young adults are curiosity, flavoring/taste, and Low perceived harm compared to other tobacco products.
- Current e-cigarette users in the US citing JUUL as their preferred brand increased threefold between 2017 and 2018.⁴
- The nicotine content in JUUL pods are one of the highest among all e-cigarettes on the market.⁴
- Many young people may believe that the vapor is “just flavor” and not realize there is nicotine in e-cigarettes. ⁴
- High rates of tobacco use within the LGBT community are due in part to the aggressive marketing by tobacco companies that sponsor events and advertisements. ⁵
- Increased bullying and victimization of LGB youth is correlated with increased smoking. ⁶

PREVENTION STRATEGIES

- Use of targeted LGBT messaging in LGBT spaces and on social media of negatives to e-cigarettes
- Prohibiting sales of e-cigarettes to minors younger than a certain age
- Enacting e-cigarette taxation policies
- Educate youth on the harms of nicotine and e-cigarette use via mass media campaigns and school-based programs.⁷

1. Youth Tobacco Use: Results from the 2018 national Youth Tobacco Survey
 2. Centers. or Disease Control (2018) Infographic: Electronic Cigarettes—What's the bottom line?
 3. Kann L, Olsen EO, McManus T, et.al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12 - United States and Selected Sites, 2015.
 4. Hammond, Reid, et. al (6/19) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross-sectional surveys
 5. Centers for Disease Control, Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use
 6. Willoughby BLB, Dooty ND, Malik NM. Victimization, Family Rejection, and Outcomes of Gay, Lesbian, and Bisexual Young People: The Role of Negative GLB Identity.
 7. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General



Sexual and Gender Minority Populations Face Greatly Elevated Risks

FACTS

- Transgender adults, lifetime prevalence of suicide attempts: **40-49%**
 - First suicide attempt before the age of 25: **92%**
- LGBTQ youth who report seriously considering suicide: **42.8%**
- Rate of LGBTQ high school students who attempted suicide in the past year: **4.5X** higher than peers
- LGBTQ Black and Latinx young people: **2X** more likely to attempt suicide than LGBTQ White youth
- Bisexual and Questioning individuals: **MORE** likely to experience depression or suicidality than their Lesbian- or Gay- identified peers

PREVENTING SUICIDE: TWO PATHS

CRISIS INTERVENTION

IN CRISIS:

Determine level of risk.
Refer for immediate assessment by mental health provider, community- based screening, crisis line, or as a last resort, emergency services

**PLAN?
MEANS?
TIME SET?**

BUILD RESILIENCE

NOT IN CRISIS:

Strengthen care network
Develop trigger management skills
Reduce risk factors
Enhance protective factors

LGBTQ RISK FACTORS

- Family rejection
- Gender nonconformity
- Early age at coming out
- Street violence, sexual assault, victimization
- Vulnerability around time of coming out (regardless of age)
- Stigma and discrimination
- Internal conflict about sexual orientation/gender identity
- Exposure to LGBTQ suicide loss

LGBTQ PROTECTIVE FACTORS

- Acceptance by family of origin (e.g., parents, siblings, grandparents, children)
- Supportive social network of LGBTQ friends, allies, and family of choice
- Access to LGBTQ-affirming
 - mental health therapy,
 - medical care
 - LGBTQ-specific resources

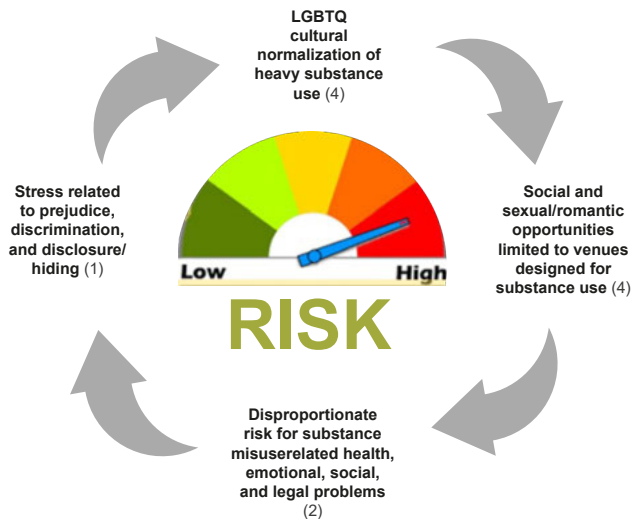
LGBTQ Substance Misuse Prevention Strategies



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



HIGH RATES OF LGBTQ SUBSTANCE MISUSE MAY BE DUE TO:

STIGMA: High stress levels due to social, legal, medical, employment and housing prejudice and discrimination

TRAUMA: More likely to have experienced trauma and other mental health concerns than their peers

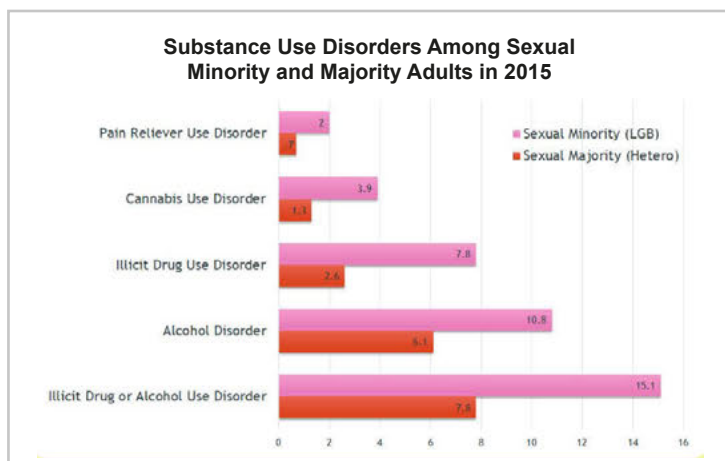
SAFER SPACES: LGBTQ people have relied on bars and clubs as community-controlled safe venues for socializing

TARGETED MARKETING: Alcohol and tobacco companies exploit LGBTQ values like freedom, self-expression, and visibility

CARE SYSTEM GAPS: Lack of cultural knowledge in health care discourages LGBTQ folks from seeking treatment (1, 2, 3, 4)

LGBTQ-SPECIFIC TREATMENT CONCERNS (4)

- Self-acceptance of sexual orientation/gender identity
- Managing discrimination and microaggressions
- Mistrust of healthcare providers and systems
- Handling peer pressure in LGBTQ culture
- Fear of interference with hormone or HIV regimens
- Coming out to loved ones, maintaining relationships
- Family rejection and social isolation



Provider Frameworks that Work with LGBTQ Populations

Trauma Sensitive

LGBT populations deal with extraordinarily high rates of victimization, including physical and sexual violence.

Sex Positive

Those who have struggled for sexual dignity value freedom of sexual expression

Harm Reduction

Abstinence-only approaches may be incompatible with counterculture cultures

1. Hunt, Jerome. Why the Gay and Transgender Population Experiences Higher Rates of Substance Use. Center for American Progress, 3/9/12
 2. Medley, G., Lipari, R. N., Bose, J., Cribb, D.S., Kroutil, L.A., & McHenry, G. (2016, October). Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review
 3. Ranes, Bethany. Research Update, Butler Center For Research, Hazelden Betty Ford Foundation, January 2016
 4. Brian Mastroianni, Why the Risk of Substance Use Disorders Is Higher for LGBTQ People. Health line, 6/28/19