

UCSF

Tobacco Control Policy Making: United States

Title

Tobacco industry targeting of the lesbian, gay, bisexual, and transgender community: A white paper

Permalink

<https://escholarship.org/uc/item/71h3h403>

Authors

Offen, Naphtali
Smith, Elizabeth A.
Malone, Ruth E.

Publication Date

2008-09-08

Tobacco industry targeting of the lesbian, gay, bisexual, and transgender community

A white paper

EXECUTIVE SUMMARY

Smoking prevalence in the lesbian and gay community* exceeds that in nearly all other demographic groups. In 2001, we undertook a four-year research project to study tobacco industry targeting of the lesbian and gay community. We researched formerly-secret tobacco industry documents, analyzed tobacco content in the gay press, interviewed leaders of LGBT organizations, and conducted focus groups with LGBT smokers and nonsmokers.

We found that tobacco companies began to advertise in the gay press in the early 1990s, initially wary of unfavorable publicity and quick to deny doing so when confronted. At the same time, the tobacco industry began to sponsor community organizations and events, especially those for AIDS-related causes, which helped burnish the industry's reputation. Many leaders and members of the community viewed this attention from major corporations as a sign that the community was becoming visible and more acceptable.

Our study found that most LGBT leaders did not consider tobacco a "gay issue". Focused on gay-specific concerns, such as homophobia, they saw tobacco as irrelevant or even a distraction from their missions. Twenty-two percent of organizations we studied reported accepting financial support from the tobacco industry. Only 24% thought tobacco was one of the top three health concerns of the community. Many believed that smoking was solely a personal choice, not an issue of concern for the community as a whole.

The queer press normalized smoking. Images of tobacco, most conveying positive or neutral messages, were common. We found that many ads for products other than cigarettes glamorized smoking, and many articles having nothing to do with smoking were illustrated with tobacco use images. Only 11% of all non-advertising items we found (images and text) imparted a negative message about tobacco use. Very few LGBT publications had policies against accepting tobacco ads.

By the time the study ended, an increasing number of LGBT advocates were working in tobacco control. We recommend activities that promote a community dialogue about the real costs of accepting tobacco industry advertising and funding. For example, some groups are urging LGBT politicians and organizations to sign pledges not to take tobacco industry money. As mainstream tobacco control has begun to recognize the need of the LGBT community for services, we recommend that LGBT organizations apply for funding, perhaps using the infrastructures the community has developed to provide services for breast cancer and HIV.

Additional research to develop models for getting tobacco on the community's agenda would be useful. For example, understanding how alcohol and other drugs became seen as gay-specific community concerns—even though, like tobacco, they affect everyone—could be helpful. Finding ways to challenge the views of some young

gay people—that most queers smoke—might make it easier to help them remain smokefree. Perhaps a greater understanding of the coming out process—in which one's authentic self challenges societal norms—could help arm young people with the strength to resist tobacco. Finally, one of the lessons of the larger LGBT movement itself—the importance of holding institutions accountable for the harm they cause—might help the community stop thinking of smoking as a personal issue, and think of it instead as a systemic issue, with a culpable industry at the heart of the problem.

* Many community organizations define themselves as lesbian, gay, bisexual and transgender (LGBT). When possible, we included bisexual and transgender people in our study. Throughout this paper, the terms *LGBT*, *queer*, and *gay* are used interchangeably to acknowledge the diversity of the community and to respect the variety of ways in which LGBT people identify themselves.

INTRODUCTION

This report summarizes findings from a four-year project begun in 2001 with funding from the National Cancer Institute (grant CA090789) to study the relationships between the tobacco industry and the lesbian and gay community* in the United States. The study included four components:

1. Researching tobacco industry involvement in the LGBT community using the previously-secret internal tobacco industry documents made public following the 1998 Master Settlement Agreement between 46 United States Attorneys General and the major tobacco companies.^{1 2}
2. Content analysis of tobacco-related advertising and editorial content, both text and imagery, in 20 of the major LGBT newspapers and magazines published in the U.S. from 1990-2000.^{3 4}
3. Telephone interviews with leaders of major LGBT organizations and publications in the U.S. to learn whether these leaders considered tobacco a priority issue for the community and the degree to which the tobacco industry had established contact with these groups.⁵
4. Focus groups in five different U.S. locations with LGBT smokers and non-smokers about tobacco industry targeting of the LGBT community and the issue of smoking in general.⁶

The importance of researching tobacco-related issues in the queer community has been underscored by recent studies confirming what was long suspected: that LGBT people smoke at higher rates than the total population.⁷⁻¹² A 2003 California study found that smoking prevalence among gay and bisexual men and women (30.8%) was higher than for any other demographic group in the state.⁷ Bye, et. al. found that California LGBTs smoked at double the rate of all Californians with lesbian and bisexual women smoking at nearly triple the rate of all women in the state.¹¹ Transgender people, who also smoke at twice the rate of all Californians,¹¹ may be especially vulnerable to the consequences of tobacco use; hormone use among smokers increases the risk of heart disease,¹³ and recovery from surgery is hindered by smoking.¹⁴ Nearly five times as many women, lesbians and bisexuals among them, die from tobacco-related diseases as die from breast cancer.^{15 16} While we don't know exactly how many gay and bisexual men die each year from tobacco, it is possible, given the community's high rates of smoking, that it is on the same order of magnitude as those who die from AIDS.^{16 17} Many health outcomes for HIV-positive smokers are worse than for HIV-positive nonsmokers.¹⁸

TOBACCO INDUSTRY TARGETING OF THE LGBT COMMUNITY

The LGBT community's relationship with the tobacco industry was initiated by the community, albeit in an adversarial manner. In April 1990, the AIDS Coalition to Unleash Power (ACT-UP), a grass-roots coalition for people with AIDS, called for a nationwide boycott of Philip Morris's Marlboro cigarettes and Miller Beer to protest the company's long-time support of North Carolina Senator Jesse Helms, one of the staunchest opponents of AIDS funding and the LGBT community.¹⁹ The boycott lasted a year, garnered some publicity, had little effect on the company's bottom line, and never concerned itself with the harmfulness of tobacco products. Philip Morris (PM) refused to bow to pressure to sever ties to Helms; instead, it settled the boycott by pledging millions of dollars in ongoing support of community groups fighting AIDS. PM thereby used the settlement to its own advantage by cultivating a new market, the LGBT community. Entering the community as an AIDS philanthropist gave PM positive name recognition. Simultaneously, this approach allowed it to enter the gay market without

attracting unwanted attention from those who objected to any corporate relationship with a still-controversial minority.

Within a year of the boycott settlement, PM became the first cigarette company to advertise in a gay publication, the glossy national men's magazine *Genre*.²⁰ Although the ad it placed for Benson and Hedges appeared in a wide variety of publications, rumors spread that PM had developed a cigarette just for gays. (See Illustration 1.)

Both homophobes and health-conscious LGBTs objected to such targeting. The company quickly went on the defensive, denying any awareness of a gay market,²¹ and even denying that *Genre* was a gay magazine.²² To counter criticism from health-conscious members of the LGBT

community, PM enlisted the help of the Gay and Lesbian Alliance Against Defamation (GLAAD), to whom PM had made a \$10,000 donation the year before. GLAAD argued that the ad in *Genre* showed that PM was "recognizing the power, and the clout and the importance of the gay and lesbian community".²³

Illustration 1: New York Post, 8/14/1992



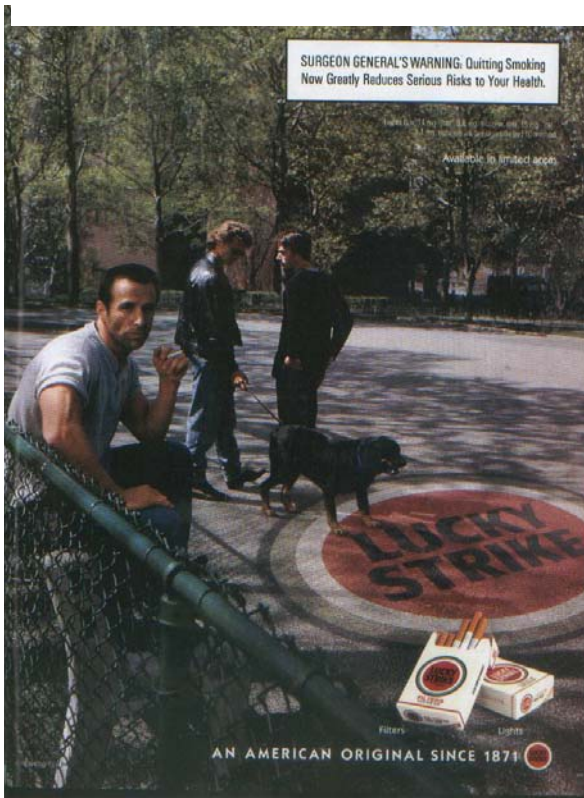
The industry builds on its relationship with the LGBT community

In the decade and a half that followed, the tobacco industry reached out to the LGBT community in many of the same ways it approached other communities. Tobacco ads from PM and the other major cigarette producers began to proliferate in the LGBT press. They usually were the same ads that could be seen in other publications, which contrasted with the industry's use of ethnic-specific models when targeting other communities. On rare occasions, "gay vague" ads would appear; these hinted at LGBT sensibilities to those who wanted to see them, but were subtle enough to pass under the radar of the mainstream. (See Illustration 2.)

The industry made donations for AIDS research, AIDS support services, and especially AIDS food banks.²⁴ It sponsored LGBT pride festivals and parades, film festivals, street fairs, sporting events, and community organizations. It also distributed free cigarettes at gay venues and paid for smoking lounges at GLAAD annual banquets.²⁵ It made campaign contributions to openly-LGBT elected officials such as California Assemblywoman

Carole Migden.²⁶ Contributions were also forthcoming from then-tobacco industry subsidiaries such as Kraft Foods and Miller Beer.^{27 28}

Illustration 2: "Gay vague" ad



PM solicited LGBT allies and consultants to promote its agenda. As early as 1983, the industry hired Jim Foster, founder of San Francisco's Alice B. Toklas LGBT Democratic Club and the first openly-gay person to address a Democratic National Convention, to fight the city's new clean indoor air law on the grounds that it violated the civil rights of smokers.²⁹ In 1998, the Tobacco Institute, a lobbying group that represented the interests of the industry, hired the high-profile openly-gay David Mixner to help it design a campaign to convince LGBT California voters to support the industry's position on a statewide ballot measure.³⁰ Over the years, the industry often tried to equate "smokers' rights" with gay rights, suggesting that any restrictions in the former might lead to similar reductions in the latter.

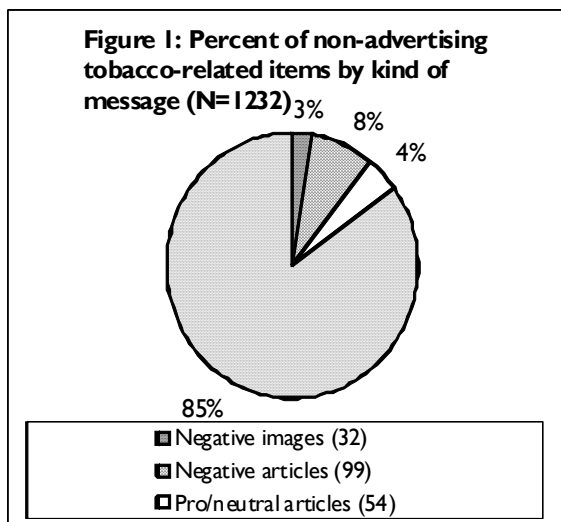
RESPONSE OF THE LGBT COMMUNITY

Most LGBT people with whom we spoke did not consider tobacco-related issues a community priority. Even among health care advocates, tobacco took a back seat to other issues, such as HIV, breast cancer, mental health, and alcoholism. Other concerns, such as homophobia, anti-gay assaults, same-sex marriage, sexually-transmitted diseases, and methamphetamine addiction captured the community's attention. Tobacco was infrequently perceived as a "gay" issue.

Content analysis of the queer press

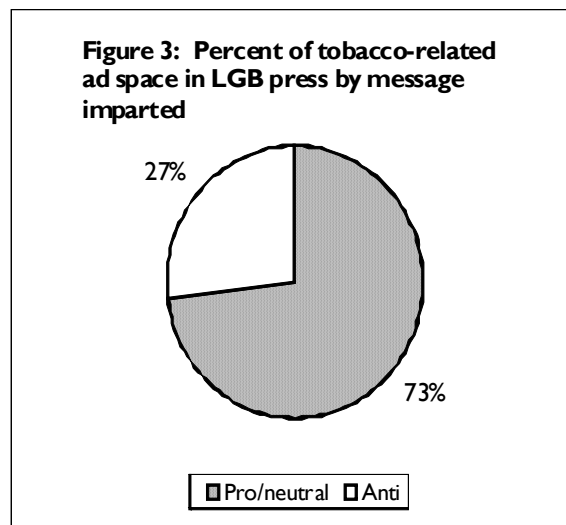
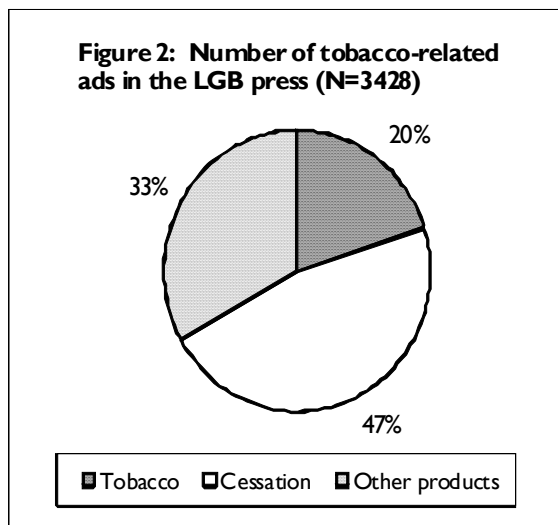
We examined all available issues of 20 LGB periodicals published 1990-2000. (See Appendix I.) For the most part, the queer press normalized smoking in the community. Tobacco issues were rarely covered in the queer press, and when they were, health was infrequently mentioned. Anti-tobacco messages were prevalent in articles, but rare in editorial (non-advertising) tobacco-related images. There were eight times as many items that

presented a pro or neutral message about tobacco than items that presented a negative message: only 11% of all editorial items captured in our analysis conveyed a negative message about tobacco. (See Figure 1.)



Few LGBT publications refused tobacco advertising. Among the 20 queer publications we studied^{3 4} (see Appendix 1), we found 3428 tobacco-related ads. Although there were more ads for cessation services (n=1607) than for tobacco products (n=689), the cessation ads were almost always small and less conspicuous than the glossy, often-full-page tobacco ads. In addition, we found many ads for products other than tobacco that contained images glamorizing tobacco use (n=1033). (See Figure 2.)

Thus, ads with an anti-tobacco message (e.g., ads for cessation services) occupied little more than a quarter of all tobacco-related ad space. (See Figure 3.) This suggests that smoking is accepted as a normal part of how queers are portrayed.



Interviews with leaders of LGBT organizations and publications

We interviewed 74 leaders of national and regional LGBT organizations (n=59) and publications (n=15). Twenty-two percent (n=16) of all leaders reported accepting financial support from the tobacco industry. Among editors and publishers, 47% (n=7) accepted tobacco advertising. Somewhat surprisingly, more than one-third (n=4) of

health-related organizations, including AIDS food banks, AIDS advocacy groups, and LGBT general health clinics, said they accepted tobacco industry funding. (See Table 1.)

Table 1: Types of groups by acceptance of tobacco industry money (n=74)

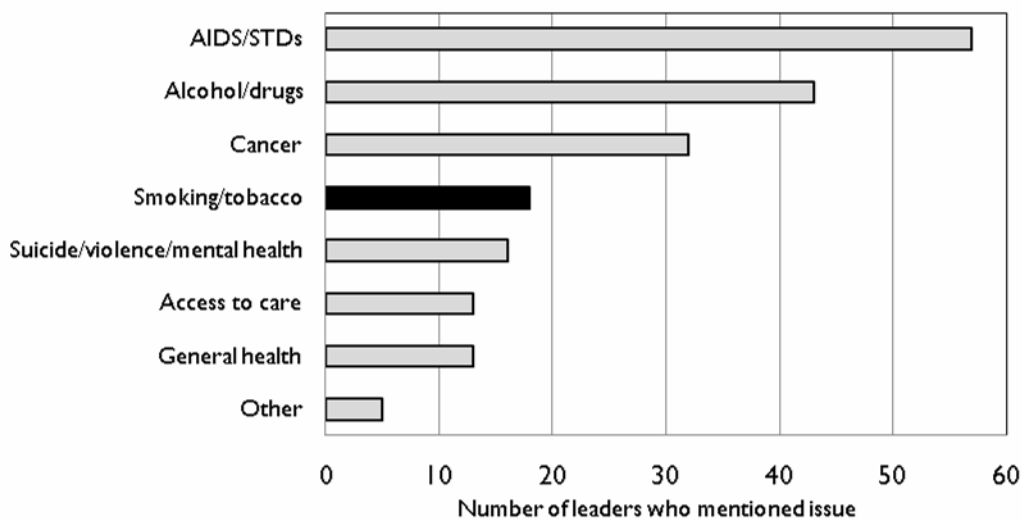
	Accepted industry funding	No industry funding*	Total
Publications	7	8	15
Health / AIDS groups, food banks	4	7	11
Political groups	2	13	15
Parades, fairs, film festivals	1	10	11
Community centers	0	11	11
Other	2	9	11
Total all respondents	16 (22%)	58 (78%)	74 (100%)

* These organizations may have declined or never been offered industry funding.

providing general health care to the community also rarely mentioned tobacco. Of the 32 respondents (43%) who mentioned cancer as a major concern, only 7 also mentioned tobacco, suggesting that leaders may not fully appreciate the extent to which tobacco is linked with many different types of cancer.³¹ (See Figure 4.) Many leaders told us they saw their role as protecting the community from harm, which they interpreted as fighting homophobia (e.g., anti-gay initiatives such as efforts to “convert” gay people to heterosexuality). One editor told us, “If...you could show that a particular company or...industry was intentionally going out of their way to be harmful to the community... then you might get more support [for not taking tobacco ads].”

When asked to name the three most important health concerns in the LGBT community, only 24% of all interviewees (n=18) mentioned smoking or tobacco. Among editors, only 1 of 15 (7%) cited tobacco as a pressing concern. The failure of media opinion-shapers to see tobacco as an issue of concern may limit coverage⁴ and result in a lack of LGBT awareness about the threat tobacco poses to the community. Although health group directors had the second highest level of concern about tobacco (36% n=4), it may be more important that 64% of them (n=7) did not. While AIDS advocates may focus almost exclusively on HIV-related issues, leaders of organizations

Figure 4: Health issues of concern to LGBT leaders*



*Leaders were asked to name the 3 most pressing LGBT health issues in their opinion: not all respondents named 3.

Focus groups with smokers and nonsmokers in the LGBT community

Very few of the 164 participants in the 19 focus groups we conducted (See Appendix 2.) questioned the tobacco industry's legitimacy, perhaps because manufacturing and selling cigarettes is legal. There was little challenge to the industry's targeting of gay people. Many felt the industry was only conducting "business as usual", and that the industry was wise to recognize the value of the LGBT community as a market. After having been ignored or vilified for so long, some saw industry attention as welcome validation of the community. Others saw tobacco use only as an individual choice, with little apparent awareness of the industry's role in creating and sustaining tobacco addiction.

Tobacco industry funding was often seen as easy money, with no strings attached; many cited the dire need of community organizations and publications to remain solvent. Some said, acknowledging the high smoking rates among LGBTs, that tobacco companies ought to give generously because they owed it to the community.

Tobacco control efforts in the LGBT community

In spite of our observation that tobacco-related issues did not capture the attention of most LGBT people who participated in our study, a vocal minority did hold strong feelings about the issue. Some LGBT community centers had received funding from tobacco control organizations for such activities as smoking cessation classes, focus groups, and counter advertising campaigns. Funding agencies, such as the American Legacy Foundation, the Centers for Disease Control and Prevention and California's Tobacco-Related Disease Research Program require beneficiaries to refuse tobacco industry funding for the term of their grants. As a result, more people in the community are being educated about the seriousness of the tobacco threat and the activities of the tobacco industry, and some LGBT advocates are assuming leadership roles in tobacco control, both within the community and in the larger movement.

RECOMMENDATIONS

Promote community dialogue about the real costs of tobacco industry funding

Organizations such as the Coalition of Lavender-Americans on Smoking and Health (CLASH); BUTT OUT! Ending Tobacco Industry Exploitation of the LGBT Community; and the California LGBT Tobacco Education Partnership are successfully campaigning to get LGBT organizations and elected officials to adopt formal policies against acceptance of tobacco industry funding. Their message is that accepting tobacco money makes the industry look good, thereby facilitating its business of promoting tobacco use. Refusing the money isolates the industry and helps make smoking less of a norm in the community, thus promoting LGBT health. Urging publications to reject tobacco advertising is especially advantageous. We recommend that advocates join these or other efforts to

persuade queer leadership to shun the industry, and that efforts be made to calculate the true cost of industry largesse in terms of LGBT health and lives.

Enhance funding for queer-specific tobacco control programs

Mainstream tobacco control agencies have recognized in recent years the special needs of the LGBT community for services. We recommend that LGBT organizations apply for funding to deliver such services. The community currently provides an infrastructure to address breast cancer among queer women and only spotty services to address tobacco. Advocates for lesbian, bisexual and transgender women should model tobacco control programs on such an infrastructure. Advocates for gay, bisexual and transgender men should educate queer men about tobacco, using established models for providing AIDS-related services wherever appropriate. Enlightening the community about the importance of tobacco use prevention and cessation in combating cancer should be a public health priority for LGBT and tobacco control advocates.

Fund further research on LGBT tobacco-related issues

The vast majority of participants in our study did not see smoking as a “queer issue”, in part because it is an issue that affects all communities. Nonetheless, there are other issues that are not exclusively queer issues, such as alcoholism, drug use, and mental health, which have been identified as issues of concern for the community. Excessive use of alcohol and drugs are often seen as an unhealthy mechanism for coping with the stresses of homophobia. If smoking were perceived in a similar manner, and could thus attain the status of a “queer issue,” more resources might become available for services. We recommend that future research investigate how such a shift in perception might be encouraged, perhaps by looking at how other issues made that transition.

Many of our participants linked uptake of smoking to the coming out process, a vulnerable time most often associated with adolescence or young adulthood. Remafedi found that as many as a third of the young LGBTs in his sample did not know any other gay youth who *didn't* smoke.³² The perception that smoking is linked to being gay should be challenged. Even with high prevalence rates, a majority of LGBTs do not smoke. Representing the LGBT community as nonsmoking might prevent young gay people from feeling that smoking is essential to queer identity. We recommend additional research to identify the best ways for the community to protect queer youth from taking up smoking.

The coming out process itself may offer a model for preventing the impressionable from beginning to smoke. A successful coming out process often means giving greater weight to one’s own feelings than to the demands of a heterosexual norm and peer pressure. Understanding the dynamics of this process may provide a novel approach for prevention efforts. Tapping into one of the strengths of the LGBT community—the courage it takes to defy social norms and navigate the coming out process—may shed some light on how to encourage young people, not just LGBT youth, to resist cigarettes.

One of the tobacco industry’s most successful ways of framing the debate about smoking—and one that has enjoyed particular resonance among LGBTs—is that personal choice is paramount. This argument ignores the addictiveness of nicotine, which robs individuals of choice. It also overlooks the consequences of the choices made by tobacco companies to promote a product they know is deadly. This latter aspect—the culpability of the industry—may provide health advocates an opportunity to reframe the issue by taking a cue from the success of the LGBT movement itself, which reconceptualized being gay as a political rather than personal issue. By

examining the role of societal institutions in perpetuating homophobia, LGBT activists identified parties responsible for harming the community and confronted them. In only two generations, psychiatry, the courts and the church, for example, were forced to take steps to reduce the stigma associated with being LGBT. With these methods and successes in mind, advocates might reframe tobacco use as a systemic problem caused by the tobacco industry and prevent the industry from perpetuating the myths of personal choice and its own blamelessness. We recommend further study to understand how this might best be accomplished.

CONCLUSION

The tobacco industry has established a presence in the LGBT community which may provide short-term benefits to those organizations, publications and individuals that receive its largesse. However, in the long term, the industry's influence perpetuates a devastating epidemic that will claim many more LGBT lives unless the community organizes to oppose it. Many factors conspire to make this a daunting task. Among those factors are the community's need for support, both materially and as a sign of validation; the power of the industry's multi-billion dollar marketing and advertising campaigns; high smoking rates among LGBTs; competition for attention from many other pressing issues such as HIV and homophobia; the degree to which smoking is normalized within the community; and the failure of the community to view tobacco as a queer issue.

One of the lessons of tobacco control is the effectiveness of working within communities of interest and on the local level. When the industry targets a community for special outreach, tobacco control can also work from within that community to encourage rejection of the industry's messages. In the course of conducting our four-year study, we observed a growing number of LGBT advocates around the U.S. and internationally who are calling attention to the tobacco threat in their communities. The LGBT community, with a wide variety of infrastructures and a decades-long tradition of embracing many different issues, is poised to tackle tobacco. If LGBT advocates can promote a norm change, in which queer smoking rates decline and tobacco industry sponsorship is unwelcome, it will make a major contribution to the health of the queer community, and by extension, fuel the effort to rid the larger culture of the tobacco menace.

APPENDIX 1: Data sources for content analysis of gay press

Name	Type	Audience*	Region	Circ.**
Advocate	Magazine	Gay men	National	107,138
Anything that Moves**	Magazine	Unknown	National (CA)	700
Baltimore Gay Paper	Newspaper	Unknown	Baltimore, MD	25,000
Bay Area Reporter	Newspaper	Gay men	San Francisco, CA	34,500
Bay Times	Newspaper	Unknown	San Francisco, CA	34,500
Bay Windows	Newspaper	LGB	Boston, MA	24,000
BLK**	Magazine	LGB	National	37,000
Curve	Magazine	Lesbians	National	68,000
Frontiers	Newspaper	Unknown	Los Angeles, CA	60,000
GCN**	Newspaper	LGB	National (MA)	NA
Genre	Magazine	Gay men	National	120,000
Girlfriends	Magazine	Lesbians	National	35,000
Lesbian News	Newspaper	Lesbians	National (CA)	40,000
Mom Guess What!	Newspaper	Unknown	Sacramento, CA	21,000
New York Native**	Newspaper	Unknown	New York, NY	NA
Out	Magazine	Gay men	National	115,835
POZ	Magazine	LGB (HIV+)	National	100,000
San Francisco Sentinel**	Newspaper	Unknown	San Francisco, CA	NA
Seattle Gay News	Newspaper	Unknown	Seattle, WA	15,000
Washington Blade	Newspaper	Gay men	Washington, DC	38,000
Windy City Times	Newspaper	LGB	Chicago, IL	25,000

APPENDIX 2: Demographics of participants of focus groups held in Raleigh, NC, Houston, Manhattan, the Bronx and San Francisco

Total participants (n=164)	
Gender	
Men	103
Women	61
Ethnicity	
Native American	4
Pacific Islander	4
Asian	5
African American	56
White	79
More than one	16
Hispanic/Latino	39
Non-Hispanic/Latino	125

APPENDIX 3: Publications resulting from this study

Offen N, Smith EA & Malone RE. (2003) From adversary to target market: the ACT-UP boycott of Philip Morris. *Tobacco Control*, 12(2):203-207.

Smith EA & Malone RE. (2003) The outing of Philip Morris: Advertising tobacco to gay men. *American Journal of Public Health*, 93(6), 988-993.

Smith EA, Offen N & Malone RE. (2005) What makes an ad a cigarette ad? Commercial tobacco imagery in the lesbian, gay, bisexual press. *Journal of Environmental and Community Health*, 59(12):1086-1091, <http://repositories.cdlib.org/postprints/1094/>.

Smith EA, Offen N & Malone RE. (2006) Pictures worth a thousand words: Non-commercial tobacco content in the lesbian, gay and bisexual press. *Journal of Health Communication*, Oct-Nov; 11(7):635-49.

Offen N, Smith EA & Malone RE. (2008) Is tobacco a gay issue? Interviews with leaders of the lesbian, gay, bisexual and transgender community. *Culture, Health & Sexuality*, Feb;10(2):143-57.

Smith EA, Thomson LK, Offen N & Malone RE. (2008) "If you know you exist, it's just marketing poison": Meanings of tobacco industry targeting in the lesbian, gay, bisexual, and transgender community. *American Journal of Public Health*, Jun;98(6):996-1003. Epub 2008 Apr 29.

REFERENCES

1. Legacy Tobacco Documents Library (legacy.library.ucsf.edu), Philip Morris Incorporated Document Website (www.pmdocs.com), the R.J. Reynolds Tobacco Company Online Litigation Document Archive (www.rjrtdocs.com), the Brown & Williamson Document Site (www.bwdocs.com), and the Lorillard Tobacco Document Site (www.lorillarddocs.com). accessed
2. Malone RE, Balbach ED. Tobacco industry documents: treasure trove or quagmire? *Tobacco Control* 2000;9(3):334-8.
3. Smith EA, Offen N, Malone R. What makes an ad a cigarette ad? Commercial tobacco imagery in the lesbian, gay and bisexual press. *Journal of Epidemiology and Community Health* 2005;59:1086-1091.
4. Smith EA, Offen N, Malone RE. Pictures worth a thousand words: non-commercial tobacco content in the lesbian, gay, bisexual press. *Journal of Health Communication* 2006;11(7):635-49.
5. Offen N, Smith EA, Malone R. Is tobacco a gay issue? Interviews with leaders of the lesbian, gay, bisexual and transgender community. *Cult Health Sex* 2008;10(2):143-57.
6. Smith EA, Thomson LK, Offen N, Malone RE. "If you know you exist, it's just marketing poison": Meanings of tobacco industry targeting in the lesbian, gay, bisexual, and transgender community. *American Journal of Public Health* 2008;98(6):996-1003 Epub 2008 Apr 29.
7. Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG, Bal DG. Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem? *Cancer Causes Control* 2004;15(8):798-803.
8. Diamont AL, Wold C, Spritzer K, Gelberg L. Health behaviors, health status, and access to use of health care. *Archives of Family Medicine* 2000;9:1043-1051.
9. Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. Sexual Orientation and health: Comparisons in the Women's Health Initiative Sample. *Archives of Family Medicine* 2000;9:843-853.
10. Ryan H, Wortley PM, Easton A, Pederson L, Greenwood G. Smoking among gays, lesbians and bisexuals: A review of the literature. *American Journal of Preventive Medicine* 2001;21(2):142-149.
11. Bye L, Gruskin E, Greenwood G, Albright V, Krotki K. California lesbians, gays, bisexuals and transgender (LGBT) tobacco use survey - 2004. Sacramento, CA: California Department of Health Services, 2005.

12. Thiede H, Valleroy LA, MacKellar DA, Celentano DD, Ford WL, Hagan H, et al. Regional patterns and correlates of substance use among young men who have sex with men in 7 US urban areas. *American Journal of Public Health* 2003;93(11):1915-1921.
 13. Mueck A, Seeger H. Smoking, estradiol metabolism and hormone replacement therapy. *Curr Med Chem Cardiovasc Hematol Agents* 2005;3(1):45-54.
 14. Silverstein P. Smoking and wound healing. *Am J Med* 1992;93(1A):22S-24S.
 15. American Cancer Society. Breast cancer facts and figures 2001-2002.
 16. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and productivity losses — United States, 1997–2001. *MMWR* 2005;54:625-628.
 17. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. HIV/AIDS surveillance report: Cases of HIV infection and AIDS in the United States. Atlanta, 2003.
 18. Patel N, Talwar A, Reichert VC, Brady T, Jain M, Kaplan MH. Tobacco and HIV. *Clin Occup Environ Med*. 2006;5(1):193-207.
 19. Offen N, Smith EA, Malone RE. From adversary to target market: the ACT-UP boycott of Philip Morris. *Tobacco Control* 2003;124(2):203-207.
 20. Smith EA, Malone RE. The outing of Philip Morris: Advertising tobacco to gay men. *American Journal of Public Health* 2003;93(6):988-993.
 21. Parrish SC. [Letter to shareholder Campos re: Genre advertising]. Philip Morris, 1992:2022844169/4170.
 22. Annual meeting questions and answers for Michael A. Miles, PM USA. Philip Morris, 1993:2022989437/9448.
 23. Video Monitoring Services of America. Good Day New York: Philip Morris,, 1992:2023439140/9141.
 24. (Philip Morris USA website). 2004 Hunger Contributions - AIDS specific, http://www.altria.com/responsibility/4_9_1_2_0_1_OrganizationsDetail.asp?year=2004&Start=0&End=D&Category=AIDS, Access Date: July 14. accessed 2005.07.14.
 25. Offen N, Smith EA, Malone R. The perimeteric boycott: a tool for tobacco control advocacy. *Tobacco Control* 2005;14(2):272-277.
 26. Gronke A. Tobacco control proposal criticized smoking: activists say bid to shift regulation from health agency to alcohol unit is result of industry donations to lawmakers. *Los Angeles Times* 2001 28 July.
 27. Sentinel. \$30,000 raised for AIDS. *San Francisco Sentinel* 1992 March 5;4.
 28. Editor. Miller Beer boycott a mistake. *Windy City Times* 1990 August 23;11.
 29. Foster J. A basic guide to the issues for "No" on P. RJ Reynolds: San Franciscans against Government Intrusion, 1983:500650247/0276.
 30. Mixner D. Report [Update of Progress]. DBM Associates: Tobacco Institute, 1998:TI31439127/9131.
-

31. California Environmental Protection Agency, Air Resources Board. Proposed identification of environmental tobacco smoke as a toxic air contaminant. Sacramento: California EPA, 2005.

32. Remafedi G. Lesbian, gay, bisexual, and transgender youths: who smokes, and why? *Nicotine Tob Res.* 2007;9(Suppl 1):S65-71.

CONTACT INFORMATION

naphtali.offen@ucsf.edu

libby.smith@ucsf.edu

ruth.malone@ucsf.edu

Department of Social and Behavioral Sciences
School of Nursing
University of California, San Francisco
Box 0612
San Francisco, California, 94143
415-514-3133 phone
415-476-6552 fax

<http://www.AltriaMeansTobacco.com>

SUGGESTED CITATION

Offen N, Smith EA, Malone RE. Tobacco industry targeting of the lesbian, gay, bisexual and transgender community: a White Paper. San Francisco: UCSF School of Nursing, Social & Behavioral Sciences, 2008.

RESOURCES

For additional information about tobacco control advocacy in the LGBT community, consult the National LGBT Tobacco Control Network at <http://www.lgbttobacco.org>.

ACKNOWLEDGMENTS

This study was supported by the National Cancer Institute, grant CA090789. Support for printing this White Paper was provided by the American Legacy Foundation.