Special Population: Lesbian, Gay, Bisexual, & Transgender Community (LGBT)

The LGBT community is considered a priority population with regard to tobacco prevention and cessation.\(^1\) Research consistently demonstrates elevated smoking rates in this community as compared with the general U.S. population. On average, sexual minorities smoke at rates 1.5 to 2.5 times higher than heterosexual individuals, and LGBT youth are twice as likely to smoke.\(^2\) These trends are similar to those seen in Maryland.\(^3,4\) Furthermore, smoking of menthol cigarettes—known to be more difficult to quit—is significantly more common among LGBT smokers.\(^2\)

Given the unique stressors of this community, tailored tobacco cessation interventions that consider relevant experiences and factors of this population are needed. Studies have shown that participants in LGBT-specific smoking cessation interventions demonstrated smoking cessation rates of 32% — comparable to that of the general population.\(^7\) More research on effective interventions in this community is warranted.

The Truth Initiative continues to advocate for tobacco prevention and cessation in the LGBT community, and has produced a video exploring smoking among its members. For additional tobacco cessation information tailored to the LGBT community, visit This Free Life Campaign.

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E-cigarette Corner

In this first installment of the E-Cigarette Corner, we address a question that may be on the minds of many:

**Can e-cigarettes be used as an effective smoking cessation therapy?**

E-cigarettes, in their various forms—e-cigs, e-hookah, vape pens, e-pipes—are officially known as electronic nicotine delivery systems (ENDS). In August 2016 the FDA began to regulate all forms of ENDS, requiring all manufacturers to apply for approval of their ENDS products and to be subjected to rigorous scientific review.

New research has exploded since e-cigarettes emerged in 2007, although results remain inconclusive as to whether their use leads to smoking cessation, or instead interferes with the ability to quit all nicotine products for good. In a comprehensive analysis of 62 studies, a positive relationship was found between e-cigarette use and some elements of smoking cessation. Specifically, e-cigarettes were associated with a reduction in both cravings and symptoms of smoking withdrawal.\(^1\) However, the quality of the reviewed studies was rated by the researchers as “very low to low,” and they recommended more randomized clinical trials and longitudinal studies before making definitive claims.\(^1\) One such study in 2016 found 80% of teens who tried using e-cigarettes to quit smoking were still smoking regular cigarettes six months later, according to self-report.\(^2\)

E-cigarettes may have potential as an effective smoking cessation aid for some people, but uncertainty remains as to their safety and effectiveness.\(^3\) Until more is known, public health officials advise smokers wanting to quit to rely on FDA-approved Nicotine Replacement Therapies (e.g., patch, gum) and medications (i.e., Chantix, Zyban).\(^4\)

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Intimate Partner Violence: Female Victims More Likely to Smoke

Intimate partner violence (IPV)—defined as physical, sexual, psychological, or emotional harm from a current or former partner or spouse—is a worldwide health issue. Within adult romantic relationships in the United States:

- 1 in 4 women and 1 in 7 men experience physical abuse,
- 1 in 2 women and men experience emotional abuse, and
- 1 in 4 women experience sexual abuse.\(^3\)

Worldwide, an estimated 1 of 3 women have experienced physical and/or sexual violence.\(^2\)

Health consequences of IPV include asthma, diabetes, irritable bowel syndrome, PTSD, depression, and anxiety.\(^1\) Another more recently identified health issue for IPV survivors is smoking cigarettes, which may be used to self-medicate and cope with IPV-related stress.\(^3\) Researchers at Columbia University examined the link between IPV and smoking among 231,892 women from 29 low- to middle-income countries (e.g., India, Peru, Nigeria, and Honduras).\(^3\) Across all countries and after statistically controlling for factors related to smoking (e.g., age, education, and household income), the researchers found a **58% increased risk for smoking among women who experienced IPV**.

This study identifies an unmet need for smoking prevention and cessation resources for those who have experienced IPV. Service providers working with IPV survivors—such as shelter employees, therapists, medical professionals, and social workers—should be prepared to help those who use smoking as a coping mechanism for IPV-related stress. Smoking prevention and cessation resources should be provided in conjunction with efforts to educate and motivate IPV survivors toward health promoting behaviors.

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Quitting Smoking While Drinking Heavily: An Uphill Battle

A recent study found that men who drink heavily metabolize nicotine much faster than when they are abstinent. The study of Polish men entering a 7-week inpatient alcohol treatment program—where they were allowed to continue smoking—showed a 50% decrease in nicotine metabolism over the course of treatment, as measured by biomarkers in urine samples. No significant reductions in daily nicotine intake were found that could have caused the reduction in nicotine metabolites present in urine.

This finding is not surprising, given high rates of smoking and greater nicotine dependence among alcohol dependent individuals. Rapid nicotine metabolism has been found to be associated with smoking more cigarettes per day, more severe withdrawal symptoms, and reduced efficacy of NRT. Therefore, it may be more difficult for individuals with rapid nicotine metabolism to quit smoking.

These results suggest a possible biological mechanism as to why it may be difficult to quit smoking while drinking heavily, or why people have found it easier to quit both smoking and drinking simultaneously. Further research is needed to see if this decrease in metabolism is also present in women who quit drinking, as well as to determine if reduction in nicotine metabolism that occurs after quitting drinking is associated with success in quitting use of tobacco products.


‘Tis the Season…?

The e-cigarette industry is joining in the holiday spirit by promoting a variety of seasonal e-cigarette liquid flavors. One online article mentions such flavors as sugar cookie, peppermint, pumpkin spice latte, and bourbon pecan pie.1 As of 2014, there were an estimated 466 brands of e-cigarette liquids, and 7,764 flavors on the market—with choices increasing at a rate of 10.5 brands and 242 new flavors per month.2 The flavored cigarette ban of 2009 does not yet apply to e-cigarettes.3

Since their introduction in 2007, e-cigarette sales have skyrocketed—it is now a $2.5 billion industry.4 Between 2012-13, U.S. sales more than doubled—from $273.6 to $636.2 million. FDA regulation of e-cigarettes and liquids products just started this year—with an approximate 2-year grace period before regulations take full effect.

Recent studies show that 16% of high schoolers and 5.3% of middle schoolers have used e-cigarettes within the past 30 days, and a top motivator for use has been taste.5 With continuing growth of the industry and use of creative marketing—including festive flavors—the e-cigarette is a growing concern for those involved with prevention efforts towards youth initiation.


To learn more about the MCC or to join the Tobacco Workgroup, contact Brian Mattingly, Director of Comprehensive Cancer Control Programs at brian.mattingly@maryland.gov or visit http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/collaborative.aspx.
FYI from LRC

Noteworthy news from our partners at the Legal Resource Center for Public Health Policy

In early October, a group of non-profit organizations and several individual pediatricians sued the Food and Drug Administration (FDA) seeking to compel the FDA to issue new graphic warning labels for cigarette packages and advertisements. Section 201 of the Tobacco Control Act (TCA) required the FDA to issue such warning labels within two years after initial passage of the TCA in 2009, with the changes in “full effect” 15 months after issuance of the FDA rule. The case comes nearly four years after two federal appeals courts addressed separate First Amendment challenges to the required warning labels—with one court striking the law and the FDA choosing not to appeal.

In 2012, the Court of Appeals for the Sixth Circuit upheld the constitutionality of Section 201 under the First Amendment (in Discount Tobacco City & Lottery, Inc. v. United States). The Sixth Circuit held that the required graphic warning labels did not restrict commercial speech, but rather “compelled factual information.” However, the Court of Appeals for the District of Columbia, also in 2012, held that a set of nine FDA-proposed graphic warning labels were unconstitutional under the First Amendment (in RJ Reynolds v. FDA). The FDA did not seek Supreme Court review of the RJ Reynolds decision, indicating that the agency was “undertaking research to support a new rulemaking consistent with the TCA.”

Although the FDA has yet to respond to the recently filed complaint, the plaintiffs may lack standing to challenge the FDA’s inaction. While the plaintiffs’ complaint alleges injury stemming from FDA’s failure to act—namely, diminished effectiveness in educating patients and the public about tobacco-associated health risks—it may be difficult to prove that such injury is alleviated by the inclusion of graphic warning labels on cigarette advertising and packaging. Whether or not this case proceeds to trial, the litigation brings renewed attention to the issue of graphic warning labels, and may inspire FDA to act on its own accord.

SAVE THE DATE: Thursday, January 26, 2017
MDQuit’s 11th Annual Best Practices Conference
Turf Valley Resort, Ellicott City

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