

Tobacco and Marijuana Use Among California Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Youth

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth, also known as sexual and gender minority (SGM) youth, are at greater risk of tobacco use than their heterosexual and cisgender peers.^{1,2} LGBTQ+ youth tend to initiate tobacco use at earlier ages,^{1,2} which is linked to greater nicotine dependence,³ and also have more difficulty quitting in adulthood.⁴ In addition, gender- and sexuality-based harassment plays a role in the increased risk of substance use among LGBTQ+ youth.⁵

Using data from the **2019-2020 California Student Tobacco Survey (CSTS)**,⁶ this factsheet presents LGBTQ+ youth disparities in tobacco and marijuana use, behaviors, attitudes, and secondhand smoke and vapor exposure. The CSTS is a representative, biennial, statewide tobacco survey of California middle and high school students (8th, 10th, and 12th grade). This factsheet focuses specifically on high school (10th, and 12th grade) students.



Sexual and Gender Minority Classification

LGBTQ+ classification was determined using student responses to questions about current gender identity and sexual orientation, and were categorized as follows:

- **LGBTQ+** as students identifying as trans men, trans women, genderqueer, some other gender identity, gay/lesbian, bisexual, or some other sexual orientation.
- **Non-LGBTQ+** as students identifying as either male or female, and straight.
- **Unclear LGBTQ+ Status** as students who could not be classified due to missing data, choosing not to disclose information, or not knowing their sexual orientation (this category was not included in this factsheet).

Most California high school students were classified as Non-LGBTQ+ (75.5%), with approximately **13.5% of students identifying with a sexual or gender minority group.**

¹ The term marijuana (instead of cannabis) is used throughout this factsheet, as youth were asked specifically about their marijuana use in the survey instrument. Additionally, marijuana is the term widely used by the Centers for Disease Control (CDC) and is in alignment with terminology used in California Proposition 64—Adult Use of Marijuana Act.

Prevalence

In 2019-2020, about 9.7% of all California high school students reported the current use (past 30 day) of at least one tobacco product.

- As shown in Figure 1, LGBTQ+ youth subgroups had the highest prevalence of current tobacco use, with gender minority youth (trans men, trans women, genderqueer, and other gender identity) having the highest rates of current tobacco use.

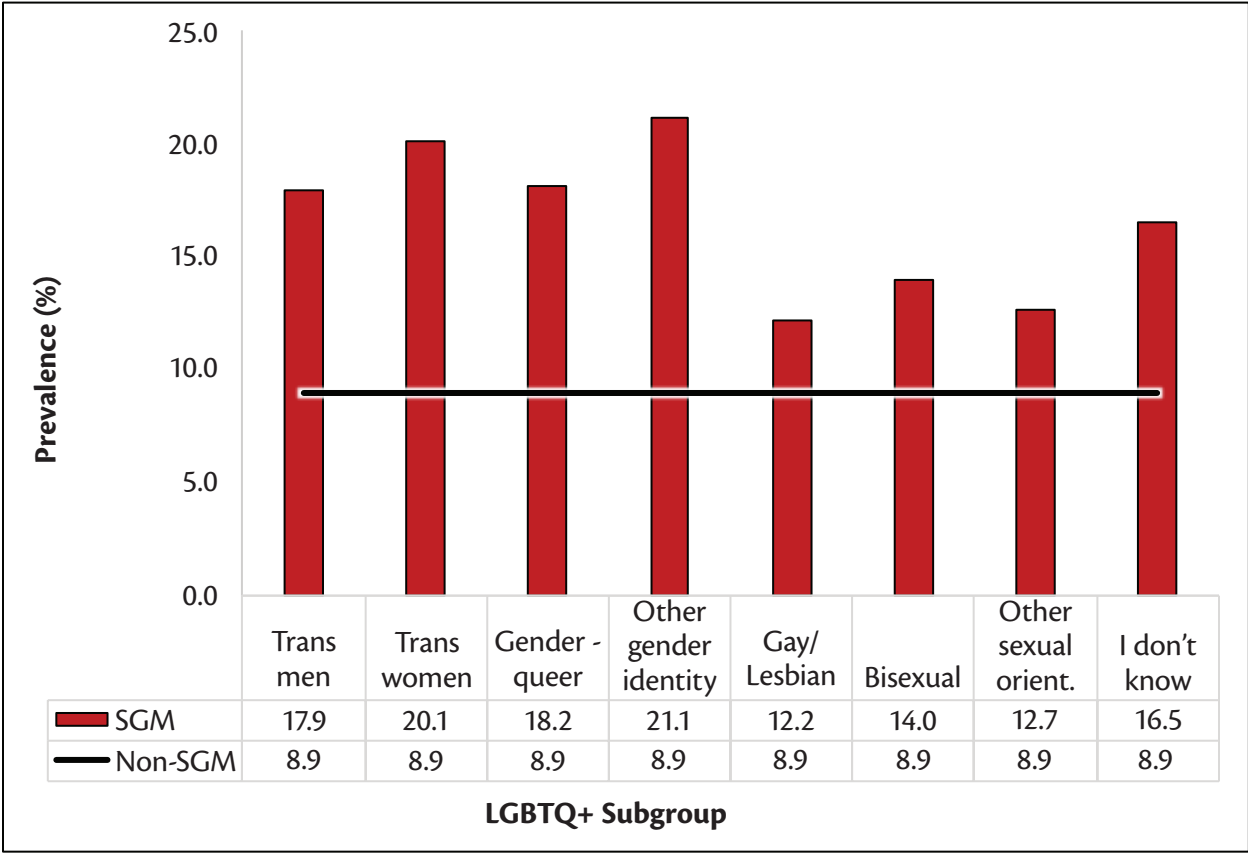


Figure 1. California high school student current (past 30 day) tobacco use prevalence by LGBTQ+ subgroup.

Note. Any tobacco product use includes students who reported using cigarettes, little cigars or cigarillos, big cigars, hookah, vapes, smokeless tobacco, or heated tobacco products in the past 30 days.

Data source. 2019-2020 California Student Tobacco Survey.

- As shown in Figure 2, the LGBTQ+ subgroups had the highest current use prevalence of marijuana use.
- Current marijuana use was most prevalent among trans women.

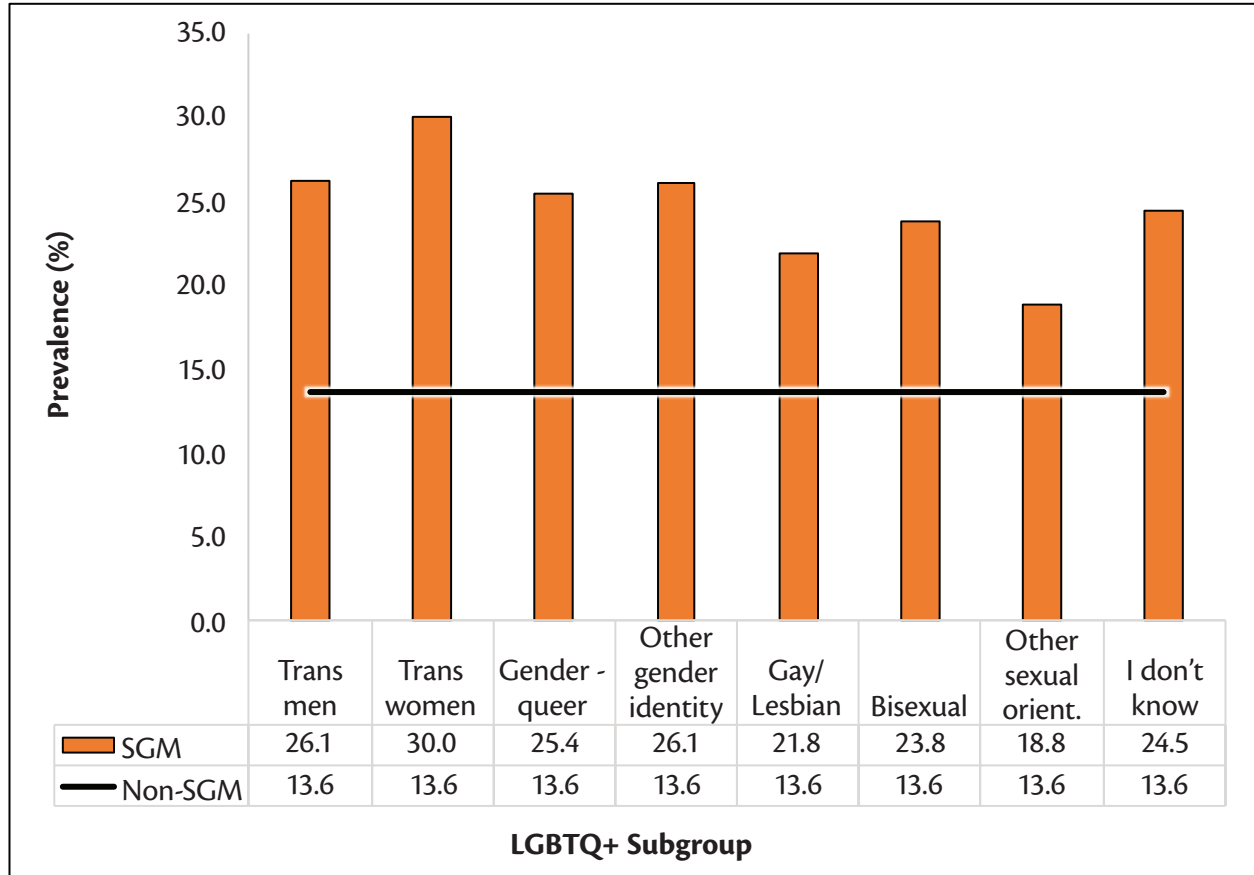


Figure 2. California high school student current (past 30 day) marijuana use prevalence by LGBTQ+ subgroup.

Data source. 2019-2020 California Student Tobacco Survey.

- As shown in Figure 3, LGBTQ+ youth had the highest current use prevalence of any tobacco product, cigarettes, menthol cigarettes, little cigars or cigarillos (LCCs), vapes, marijuana, and marijuana/tobacco co-use.
 - The largest differences between LGBTQ+ and Non-LGBTQ+ youth were seen in marijuana use (23.1% vs 13.6%), any tobacco use (14.1% vs 8.9%), marijuana/tobacco co-use (11.4% vs 6.3%), and vape use (11.6% vs 7.7%).

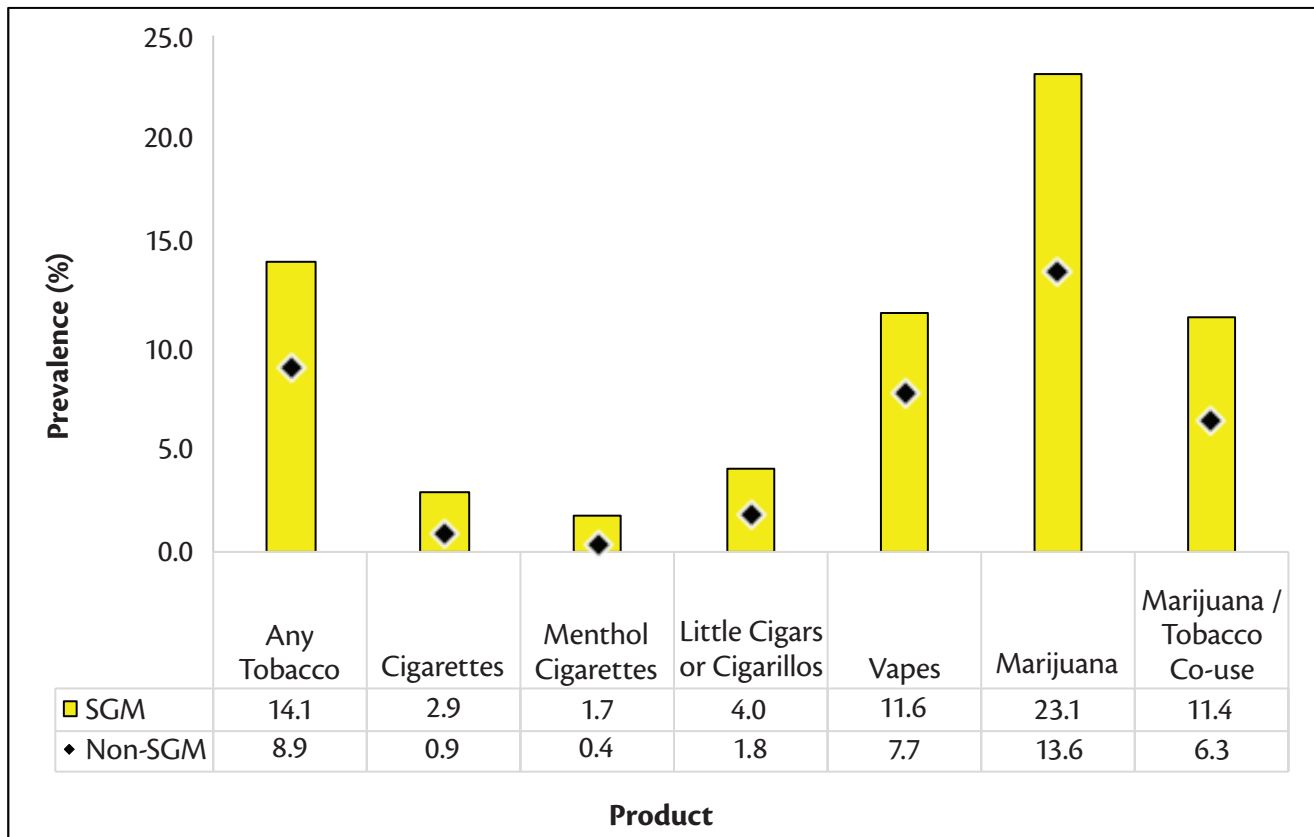


Figure 3. California high school student current (past 30 day) tobacco and marijuana use prevalence by LGBTQ+ status.

Note. Any tobacco product use includes students who reported using cigarettes, little cigars or cigarillos (LCCs), big cigars, hookah, vapes, smokeless tobacco, or heated tobacco products in the past 30 days. Marijuana/tobacco co-use includes students who reported using marijuana and at least one tobacco product in the past 30 days.

Data source. 2019-2020 California Student Tobacco Survey.

Susceptibility and Offers to Use

Research suggests that an adolescent's susceptibility to begin using tobacco⁷ and marijuana⁸ is predictive of future use. In the CSTS, youth susceptibility was assessed by asking non-user students whether they would use tobacco or marijuana if one of their best friends offered it to them. Those who answered anything other than *definitely not* were considered susceptible to future tobacco and/or marijuana use.⁶

- Among non-users, LGBTQ+ youth had the highest susceptibility for reporting that they would try tobacco and/or marijuana if it were offered to them by a friend (see Figure 4).

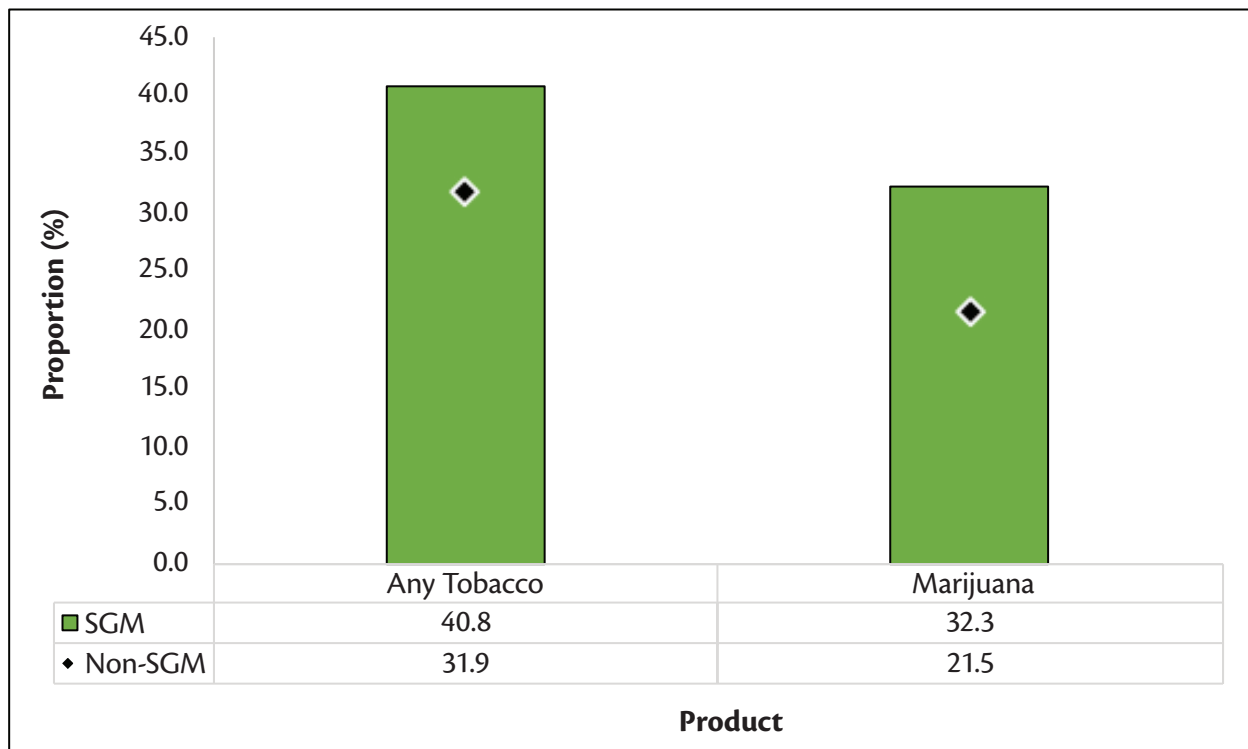


Figure 4. California high school student never users who are susceptible to future tobacco or marijuana use by LGBTQ+ status.

Note. Any tobacco product susceptibility includes susceptibility to cigarettes, little cigars or cigarillos, big cigars, hookah, vapes with nicotine (not including e-hookah), smokeless tobacco, or heated tobacco products. Never users were considered susceptible to future use if they reported any possible willingness to try a product if it were offered to them by one of their best friends.

Data source. 2019-2020 California Student Tobacco Survey.

Youth were also asked if anyone offered them tobacco and/or marijuana products in the past 30 days.

- As shown in Figure 5, LGBTQ+ youth experienced the highest occurrence of cigarette, vape, marijuana, and any product offers.

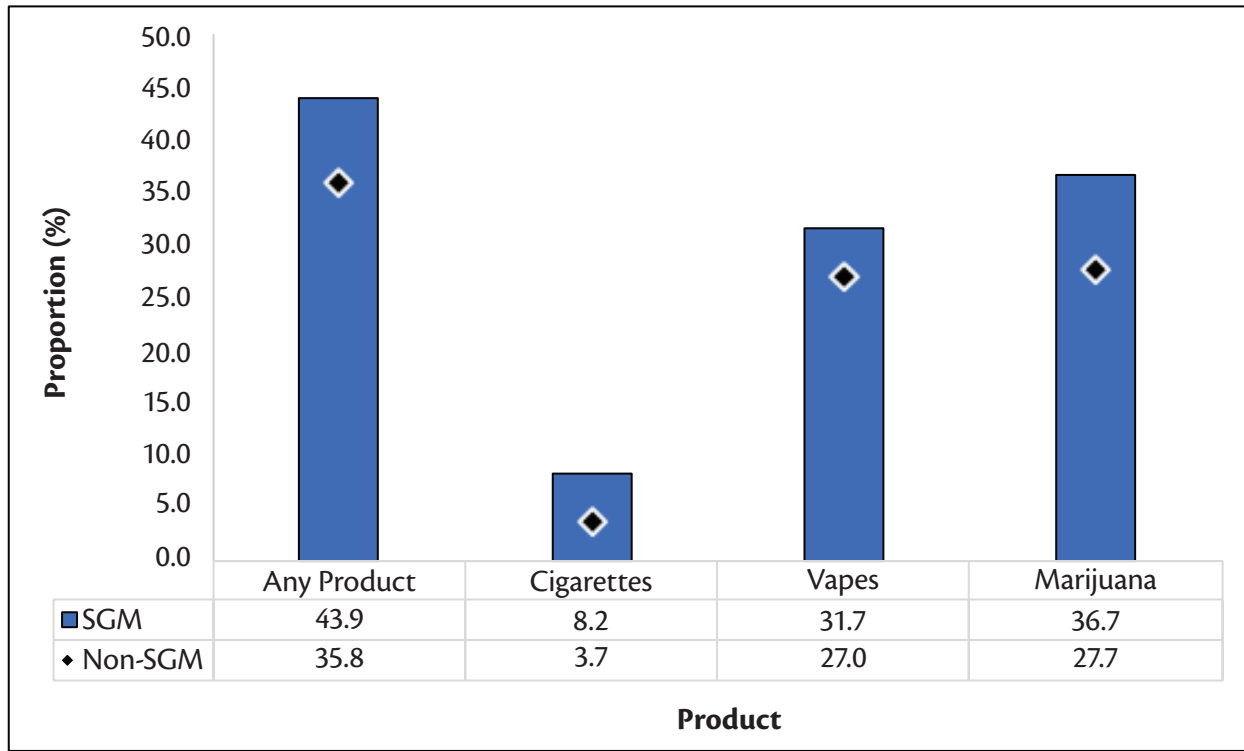


Figure 5. California high school students offered cigarettes, vapes, or marijuana in the past 30 days by LGBTQ+ status.

Note. Any product includes offers of cigarettes, vapes, or marijuana.

Data source. 2019-2020 California Student Tobacco Survey.

Age of Initiation

Early initiation of tobacco products is associated with increased nicotine dependence later in life,³ as well as more difficulty quitting tobacco use.⁴

- As shown in Figure 6, the proportion of youth that initiated the use of cigarettes, vapes, and marijuana (whether vaped or not) by the age of 13 was highest among LGBTQ+ youth.

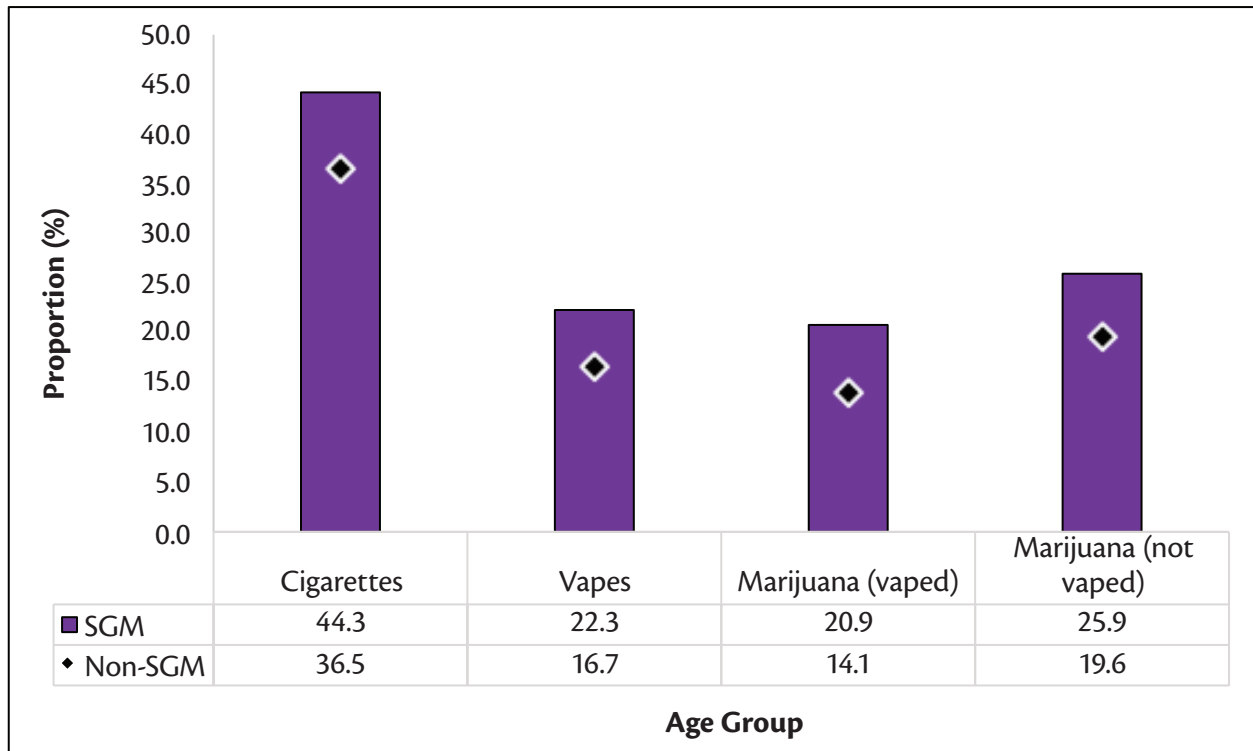


Figure 6. California high school student tobacco and marijuana initiation by the age of 13 years based on LGBTQ+ Status.

Data source. 2019-2020 California Student Tobacco Survey.

Secondhand Smoke and Vapor Exposure

Secondhand smoke exposure is associated with various health issues,⁹ including respiratory problems and lung cancer.¹⁰

- As shown in Figure 7, LGBTQ+ youth were at the greatest risk of indoor secondhand smoke or vapor exposure in the last two weeks for cigarettes, little cigars and cigarillos (LCCs), and marijuana.
- In addition, LGBTQ+ youth had the greatest exposure to outdoor secondhand smoke or vapor from cigarettes, LCCs, and vapes.

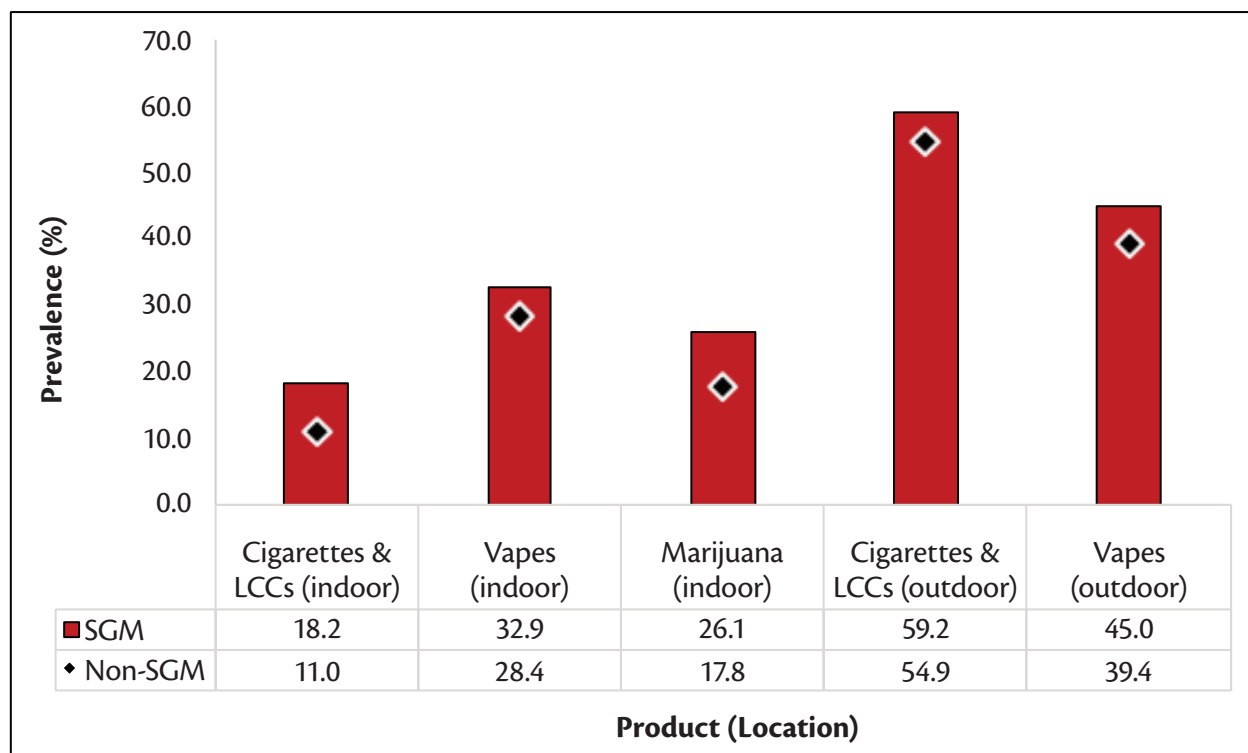


Figure 7. California high school student indoor secondhand smoke exposure in a car or room in the last 2 weeks and outdoor secondhand smoke exposure outside of a restaurant, store, or at a park, playground, or beach in the last 2 weeks by LGBTQ+ Status.

Note. Outdoor exposure to marijuana secondhand smoke was not measured.

Data source. 2019-2020 California Student Tobacco Survey.

Cessation

Forming a plan to quit smoking is an important step to actually engaging in quitting behavior, and is shown to increase the likelihood of success, especially if planning to quit in the near future (within the next month).¹¹

- As shown in Figure 8, LGBTQ+ youth had the lowest intentions to quit using LCCs, vapes, and marijuana.

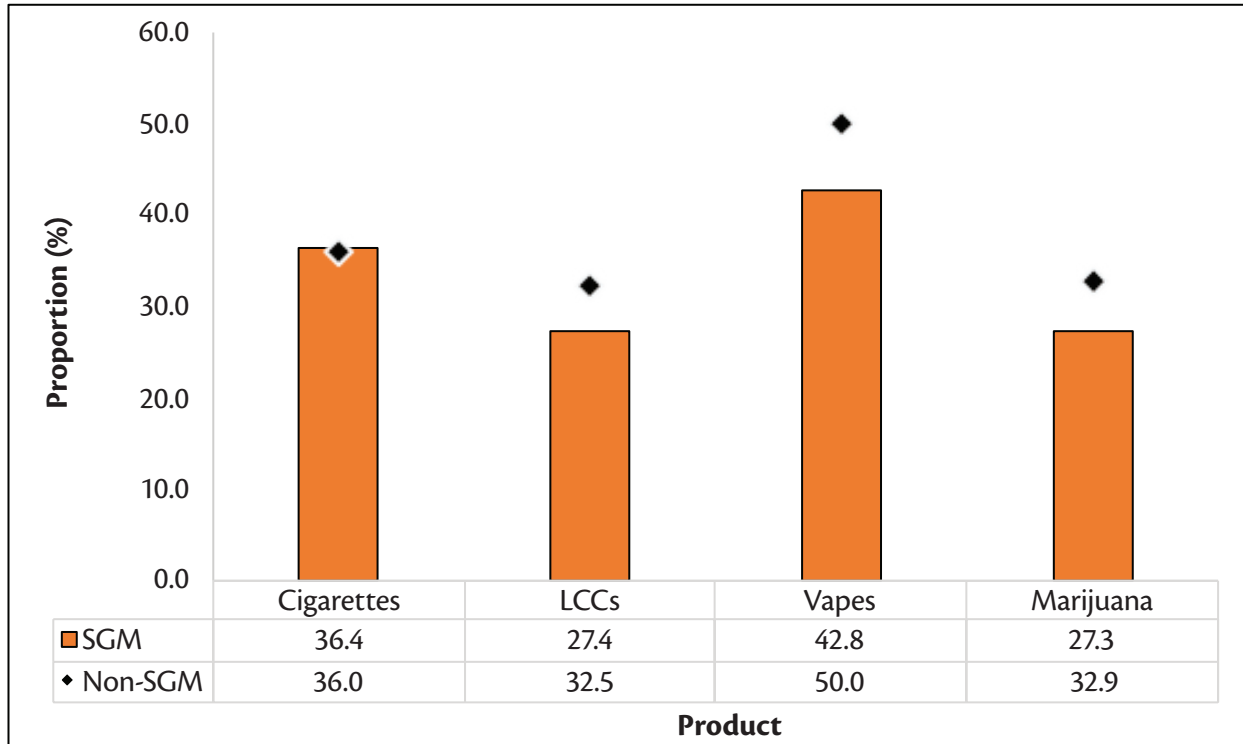


Figure 8. California high school students who plan to quit using cigarettes, little cigars or cigarillos, vapes, or marijuana by LGBTQ+ status.

Data source. 2019-2020 California Student Tobacco Survey.

References

1. Lee JGL, Griffin GK, Melvin CL. Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. *Tobacco Control*. 2009;18(4):275.
2. Wheldon CW, Watson RJ, Fish JN, Gamarel K. Cigarette Smoking Among Youth at the Intersection of Sexual Orientation and Gender Identity. *LGBT Health*. 2019;6(5):235-241.
3. Kendler KS, Myers J, Damaj MI, Chen X. Early Smoking Onset and Risk for Subsequent Nicotine Dependence: A Monozygotic Co-Twin Control Study. *American Journal of Psychiatry*. 2013;170(4):408-413.
4. Cengelli S, O'Loughlin J, Lauzon B, Cornuz J. A systematic review of longitudinal population-based studies on the predictors of smoking cessation in adolescent and young adult smokers. *Tob Control*. 2012;21(3):355-362.
5. Coulter RWS, Bersamin M, Russell ST, Mair C. The Effects of Gender- and Sexuality-Based Harassment on Lesbian, Gay, Bisexual, and Transgender Substance Use Disparities. *J Adolesc Health*. 2018;62(6):688-700.
6. Zhu S-H, Braden K, Zhuang Y-L, et al. Results of the Statewide 2019-20 California Student Tobacco Survey. San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California San Diego. 2021.
7. Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychol*. 1996;15(5):355-361. doi:10.1037/0278-6133.15.5.355
8. Crano WD, Siegel JT, Alvaro EM, Lac A, Hemovich V. The at-risk adolescent marijuana nonuser: Expanding the standard distinction. *Prevention Science*. 2008;9(2):129-137.
9. Center for Disease Control and Prevention. Health effects of secondhand smoke. Smoking & Tobacco Use Web site. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm. Published 2020. Accessed June 23, 2021.
10. Center for Disease Control and Prevention. Health effects of secondhand smoke. Smoking & Tobacco Use Web site. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm. Accessed.
11. de Vries H, Eggers SM, Bolman C. The role of action planning and plan enactment for smoking cessation. *BMC Public Health*. 2013;13(1):393.