

# **Toronto Rainbow Tobacco Survey**



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**A Report on Tobacco Use in Toronto's  
LGBTQ Communities**

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**The Toronto Rainbow Tobacco Survey:  
A Report on Tobacco Use in Toronto's LGBTTTQ Communities**

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## EXECUTIVE SUMMARY

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According to the latest results from the Canadian Tobacco Use Monitoring Survey (CTUMS) for data collected between February and December 2005, 19% of the population aged 15 years and older were current smokers, down from 25% in 1999. There is evidence that lesbian, gay and bisexual people are more likely to smoke than the general population (Greenwood, et al., 2005; Tang, et al., 2004), but most of this research is from the United States as the smoking prevalence of lesbian, gay, bisexual, transsexual, transgender and queer (LGBTQT) communities in Canada is not well documented. The Rainbow Tobacco Intervention Project (RTIP) conducted the Toronto Rainbow Tobacco Survey to determine the prevalence of smoking in Toronto's LGBTQT communities and to raise awareness about high smoking rates in this population.

The Toronto Rainbow Tobacco Survey (TRTS) gathered data from over 3,000 members of Toronto's LGBTQT communities from April to July 2006, through outreach at LGBTQT community events and through an online survey.

The survey findings are similar to other data that already exists. Overall, 36% of LGBTQT participants reported current smoking, compared to 17% of Toronto adults (18+) as reported by Toronto Public Health (RRFSS 2005). Smoking prevalence rates are reported for nine different sexual orientation and gender identity groups, including the first known data reporting on gender queer people.

Recommendations include targeting tobacco control efforts at the LGBTQT population, expanding treatment resources to address the most at-risk communities and conducting further research on the determinants of tobacco use among LGBTQT communities.

## ACKNOWLEDGEMENTS

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The research team would like to give a special thanks to the members of Toronto's LBTTQ communities who took the time to participate in this study.

We wish to thank the members of the Rainbow Tobacco Intervention Project for their assistance and ongoing commitment to addressing LBTTQ tobacco use in Toronto.

We also thank the numerous LBTTQ community-based organizations which allowed us to conduct survey outreach at their events and meetings. This project would not have succeeded without your cooperation and enthusiasm.

Finally, we would like to thank Toronto Public Health and Sherbourne Health Centre for funding this research, and Xtra! Magazine for their generous advertising and editorial support.

## INTRODUCTION

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Although tobacco use has declined in the general population in Canada over the past few decades, 22% of all deaths in Canada in 1998 were attributable to smoking (Makomaski Illing & Kaiserman, 2004). According to the latest results from the Canadian Tobacco Use Monitoring Survey (CTUMS) for data collected between February and December 2005, 19% of the population aged 15 years and older were current smokers, down from 25% in 1999.

There is evidence that lesbian, gay and bisexual people are more likely to smoke than the general population (Greenwood, et al., 2005; Tang, et al., 2004). A review of the literature indicated a range of smoking rates from 38-59% for youth and 11-50% for adults (Ryan et. al, 2001). Almost all of this research is from the United States as the smoking prevalence of LGBTTTQ communities in Canada is not documented by CTUMS or other Canadian smoking researchers. A 2005 British Columbia survey showed that 36% of LGBTTTQ adults smoke compared to 16% of the general population ([www.proudtoquit.ca](http://www.proudtoquit.ca)) and a more recent study showed that 54.5% of young MSM smoke compared to 25.9% of the male BC population (Lampinen et. al, 2006). The LGBTTTQ population of Toronto is estimated to be between 5-10 % of the 2.5 million people who live in Toronto and as far as we know, there is no research examining the smoking prevalence of these communities.

Moreover, the majority of the research on LGBTTTQ smoking prevalence has actually been conducted with gay men and lesbians and few studies have included bisexual people. When bisexual people have been recruited as participants, the sample size is often very small and their results are combined with those of lesbians or gay men. No studies have been done on the prevalence of tobacco use by transsexual and transgender people.

The Rainbow Tobacco Intervention Project (RTIP) conducted the Toronto Rainbow Tobacco Survey to determine the prevalence of smoking in Toronto's LGBTTTQ communities. Additional objectives were to investigate tobacco use in a Canadian LGBTTTQ population outside of BC and to address the lack of data on tobacco use among bisexual and trans populations.

The knowledge gained from this survey will help RTIP to raise awareness about high smoking rates in this population and to develop better programs and services to meet the needs of LGBTTTQ communities.

## METHODS

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The Toronto Rainbow Tobacco Survey (TRTS) gathered data from members of Toronto's LGBTTQ communities from April to July 2006. The self-administered survey collected information on the prevalence of smoking as well as very basic demographic information. Participants were recruited through outreach at a diverse range of LGBTTQ community events and group meetings including a health fair, a gay and lesbian film festival, a women's soccer league and Pride Week events. Recruitment outreach was purposefully broad and strategic in an attempt to include as representative a sample as possible. The data collection also avoided relying on recruitment in bars because of the strong relationship between bar attendance and smoking. TRTS researchers described the survey and gave consenting participants a postcard survey to complete. The survey was also available online and advertising outreach was done through email networks and local LGBTTQ media. The web survey was implemented to attract a broader base of respondents beyond downtown Toronto and to encourage responses from LGBTTQ members who wished to remain anonymous. Eligible participants were self-identified LGBTTQ residents of Toronto.

On the survey, the demographic question for sexual orientation included the response categories "Lesbian", "Gay", "Bisexual", "Heterosexual" and "Other" and the demographic question for gender identity included the response categories "Male", "Female", "MTF Trans", "FTM Trans" and "Other". Participants who chose "Other" were free to specify their self-identity and these responses were coded to create the three additional categories of "Queer Women", "Queer Men" and "Gender Queer". A small percentage of responses could not be coded into any of these categories.

## RESULTS

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### DEMOGRAPHICS

A total of 4080 LGBTTQ participants completed the questionnaire and 77% of these were residents of Toronto for a final convenience sample of 3140. Postcard surveys were completed by 2548 participants and 542 participants completed the survey online. The median age of the sample was 34 with an age range of 13 to 91 years (see Table 1). The majority of the participants identified as lesbian (30.3%) or gay (41.9%) and the sexual orientation and gender identities of the sample are shown in Table 2. There was great variation in the sample sizes for the different sexual orientation and gender identity groups which limits between-group comparisons, and results for groups with smaller sample sizes should be interpreted with caution. There was similar participation from non-trans women (45.3%) and non-trans men (46.7%) with a smaller group of transgender and transsexual participants (5.6%). The geographic distribution shows a concentration of participants residing in the downtown core of Toronto (see Figure 1).

**Table 1: Percentage of TRTS Participants by Age Group**

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AGE GROUP	PERCENTAGE
N=3114	
Under 15	0.2%
15 – 19	5.0%
20 – 24	13.4%
25 – 29	17.5%
30 – 34	15.1%
35 – 39	13.8%
40 – 44	13.3%
45 - 49	8.3%
50 – 54	5.5%
55 – 59	3.0%
Over 60	3.5%

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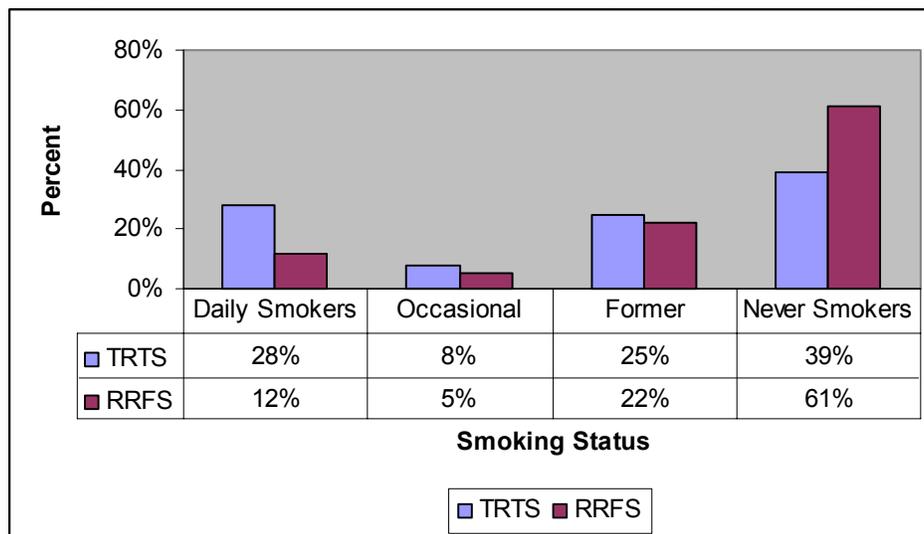
**Table 2: Percentage of TRTS Participants by LGBTIQ Identity Group**

SELF-IDENTIFY AS...	NUMBER	PERCENTAGE
N=3140		
Lesbians	951	30.3%
Gay Men	1,316	41.9%
Bisexual Women	312	9.9%
Bisexual Men	114	3.6%
Queer Women	159	5.1%
Queer Men	39	1.2%
MTF Trans	53	1.7%
FTM Trans	72	2.3%
Gender Queer	49	1.6%
Cannot Classify	75	2.4%

**SMOKING PREVALENCE**

Overall, 36% of LGBTIQ participants reported current smoking, 25% were past smokers and 39% had never smoked. This compares with Toronto Public Health reports of smoking prevalence in Toronto adults (18+) with 17% reporting current smoking, 22% reporting past smoking and 61% reporting never smoking (RRFSS 2005). A comparison of the smoking status of the TRTS participants and Toronto adults (18+) is shown in Figure 2.

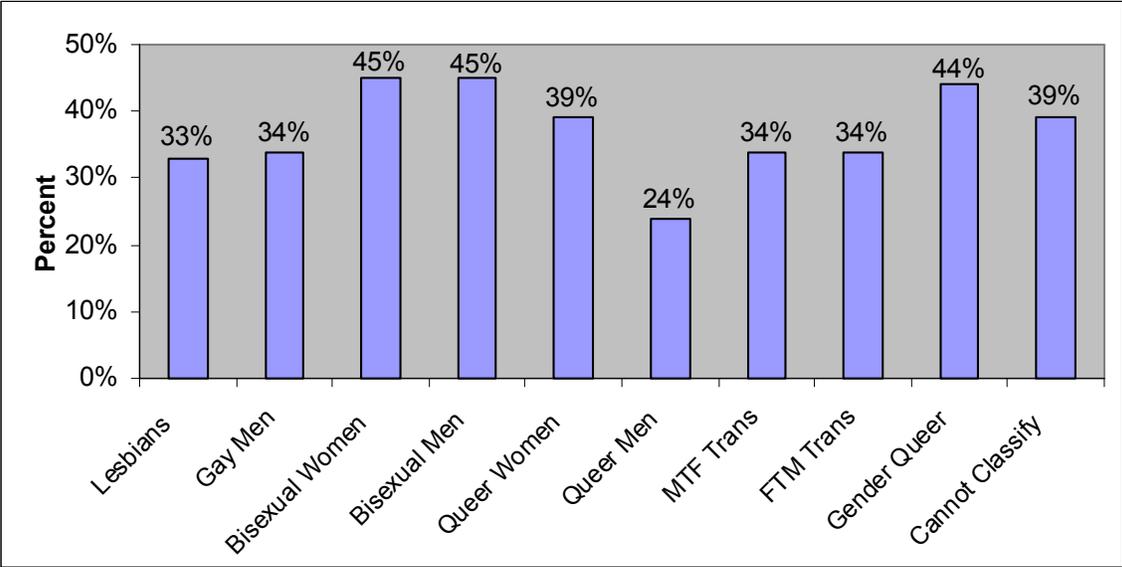
**Figure 2: Comparison of TRTS and RRFSS Participants by Smoking Status**



The smoking prevalence rates ranged from 24% to 45% across the different sexual orientation and gender identity groups of the sample, with bisexual women and bisexual men reporting the highest smoking rate at 45% (see Figure 3).

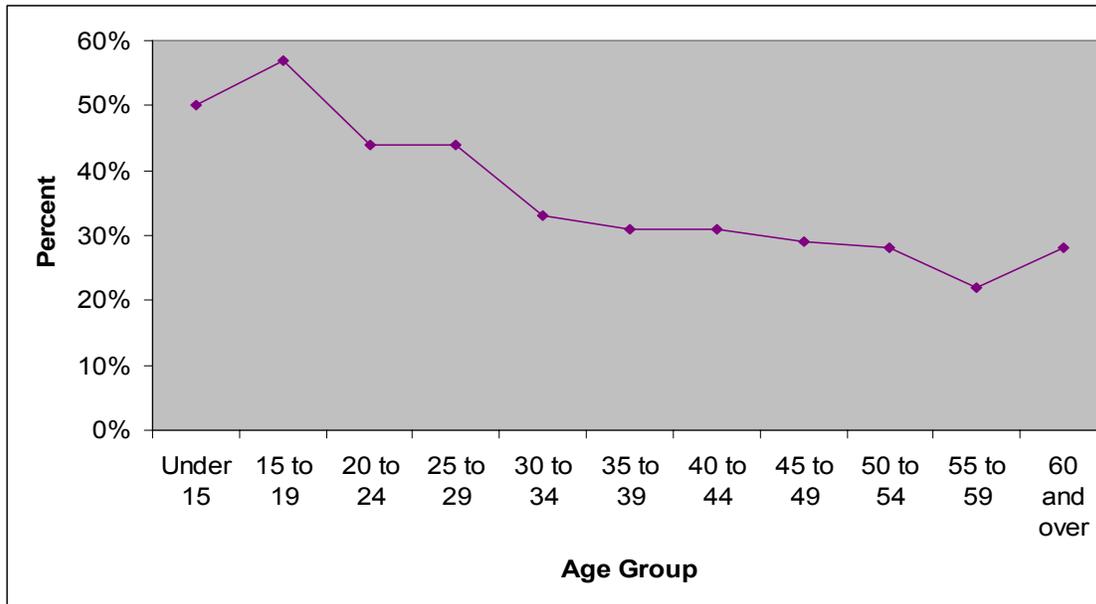
There was only one gender difference found in percentages of smokers within the different sexual orientation and gender identity groups of the sample, as lesbians and gay men reported similar rates (33% and 34%), bisexual women and bisexual men reported the same rate (45%) and MTF transpeople and FTM transpeople reported the same rate (34%). Queer women were more likely to be smokers (39%) than queer men (24%), but the small sample size for queer men should be noted. This contrasts with Toronto Public Health reports of smoking prevalence in Toronto adults (18+) where men were more likely to be smokers (20.1%) than women (14.6%), (RRFSS 2005).

**Figure 3: Smoking Prevalence by LGBTIQ Identity Group**



Overall, smoking prevalence declined with age (see Figure 4) with participants in the under 15 age group (50%) and the 15 to 19 age group (57%) more likely to be current smokers compared to participants in the 55 to 59 age group (22%) and the over 60 age group (28%).

**Figure 4: Smoking Prevalence by Age Group**



### SMOKING STATUS

The smoking status rates also varied across the different sexual orientation and gender identity groups of the sample (see Table 3), with gender queers most likely to be daily smokers (40%) and both gender queers and FTM transpeople least likely to report never smoking (27% and 26% respectively).

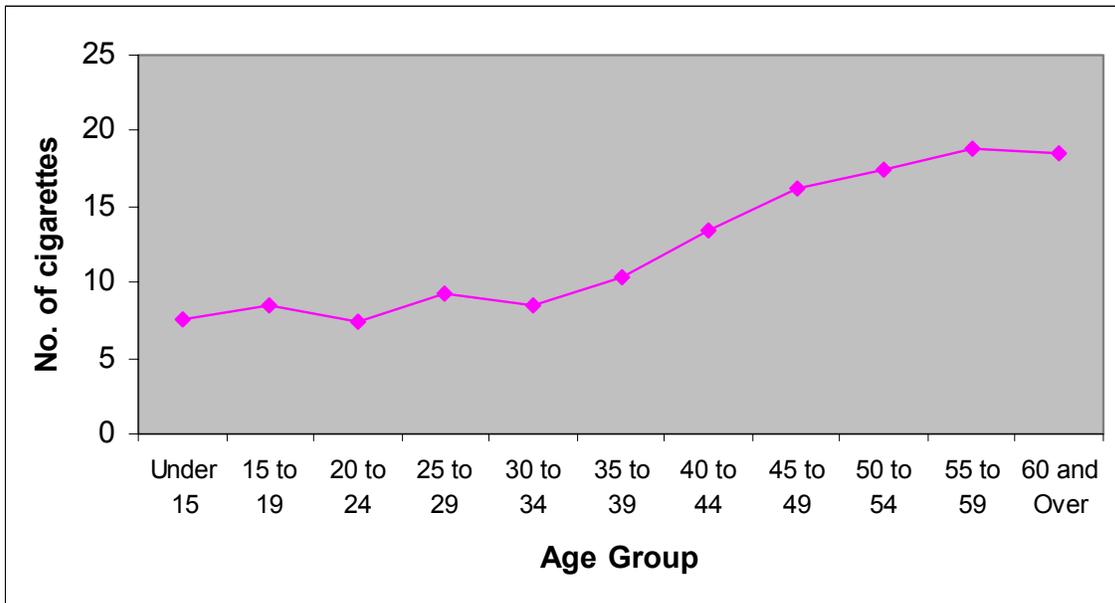
**Table 3: Percentage of TRTS Participants by Smoking Status by LGBTTQ Identity Group**

SELF-IDENTIFY AS...	DAILY	OCCASIONAL	FORMER	NEVER
N=3118				
Lesbians	24	9	31	36
Gay Men	28	6	23	43
Bisexual Women	34	11	22	33
Bisexual Men	36	9	18	37
Queer Women	26	13	22	39
Queer Men	16	8	18	58
MTF Trans	26	8	23	43
FTM Trans	22	12	40	26
Gender Queer	40	4	29	27
Cannot Classify	31	8	26	35

## SMOKING BEHAVIOUR

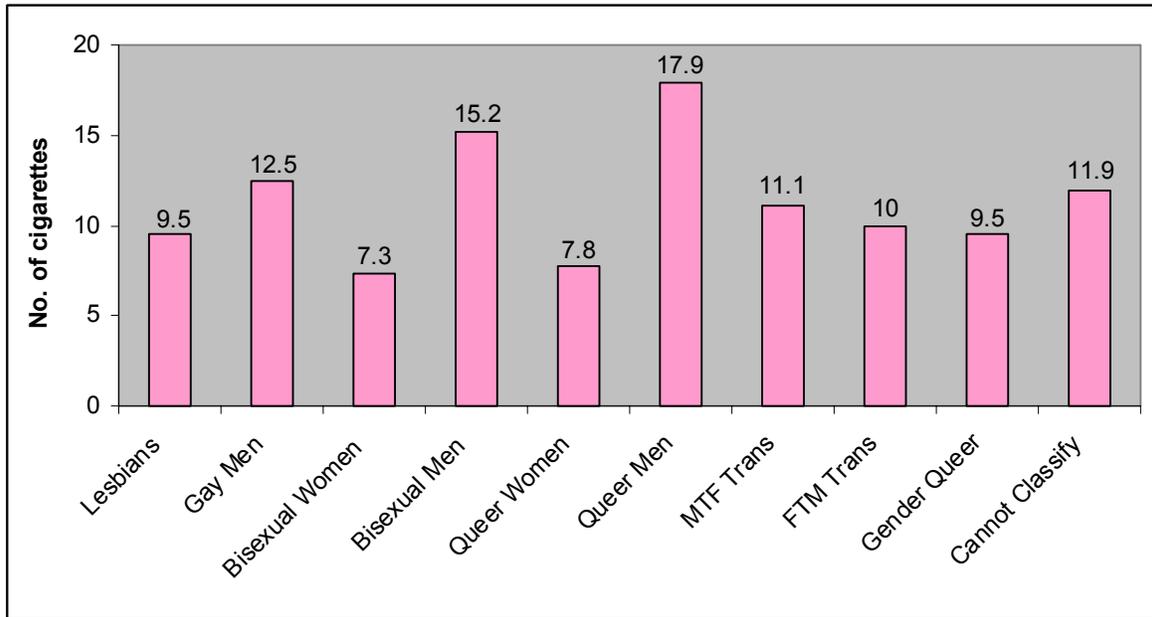
The average number of cigarettes a day for LGBTTQ current smokers was 10.8, and this ranged from 7.5 cigarettes a day for smokers under the age of 15 to 18.5 cigarettes a day for smokers over the age of 60 (see Figure 5).

**Figure 5: Average Number of Cigarettes a Day by Age Group**



The average number of cigarettes a day across the different sexual orientation and gender identity groups of the sample is shown in Figure 6. Queer men smoked the greatest number of daily cigarettes (17.9) and bisexual women smoked the least (7.3). A gender difference was found in the average number of cigarettes a day within the different sexual orientation groups of the sample, as gay men smoked more daily cigarettes than lesbians (12.5 vs. 9.5), bisexual men smoked more daily cigarettes than bisexual women (15.2 vs. 7.3) and queer men smoked more daily cigarettes than queer women (17.9 vs. 7.8).

**Figure 6: Average Number of Cigarettes a Day by LGBTTQ Identity Group**



On a daily basis, 49% of smokers were light smokers (<15 cigarettes), 18% were moderate smokers (15-24 cigarettes), and 10% were heavy smokers (25+ cigarettes). The daily cigarette consumption across the different sexual orientation and gender identity groups of the sample is shown in Table 4.

**Table 4: Percentage of TRTS Participants by Daily Cigarette Consumption by LGBTTQ Identity Group**

SELF-IDENTIFY AS...	LIGHT	MODERATE	HEAVY	NONDAILY
N=1105				
Lesbians	52	14	7	27
Gay Men	46	21	14	19
Bisexual Women	61	11	4	25
Bisexual Men	35	25	20	20
Queer Women	52	13	2	33
Queer Men	38	12	12	38
MTF Trans	44	28	6	22
FTM Trans	35	26	4	35
Gender Queer	52	33	5	10
Cannot Classify	43	25	11	21

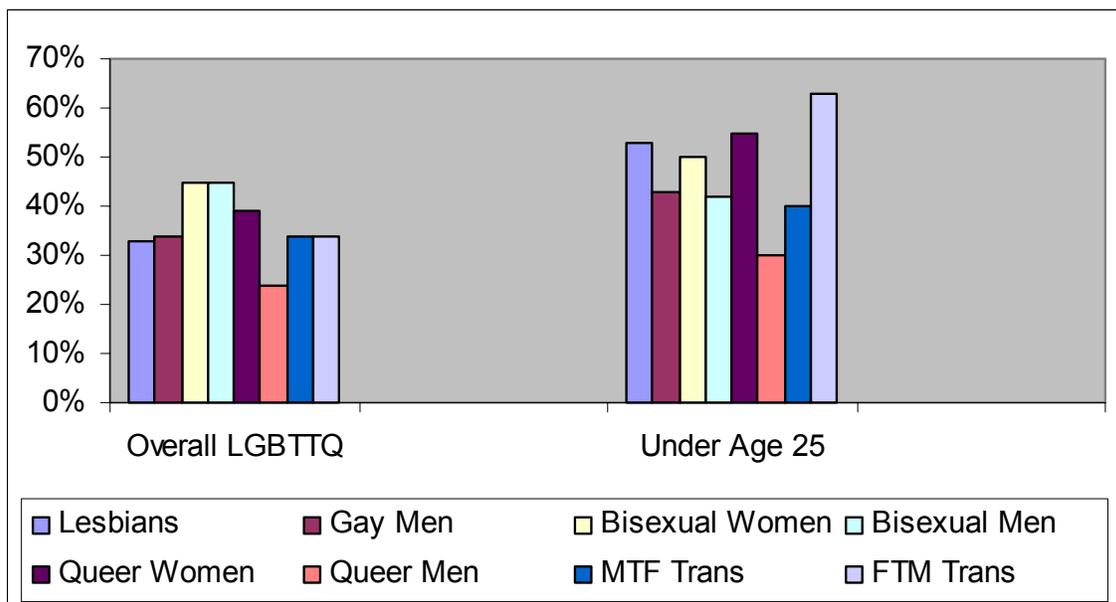
## AGE AND GENDER EFFECTS

As previously noted, in the overall LGBTTQ sample, there were no gender differences in smoking prevalence rates within the different sexual orientation and gender identity groups of the sample except that the rates were higher for queer women (39%) compared to queer men (24%). Recent studies have indicated that with younger LGBTTQ smokers, females smoke more than males. For example, in Austin et. al. (2004), 38.7% of adolescent lesbian/bisexual girls smoked at least weekly compared to 9.8% of gay/bisexual boys.

In the current study, a similar gender difference was found for TRTS participants under the age of 25 (see Figure 7). In this age group, lesbians (53%) smoked more vs. gay men (43%), bisexual women (50%) smoked more vs. bisexual men (42%), queer women (55%) smoked more vs. queer men (30%) and FTM transpeople smoked (63%) more vs. MTF transpeople (40%). While young FTM transpeople are not women, at that age they would have had a significant amount of life experience living in female bodies which may explain the direction of the gender difference for this group.

The gender difference seen in the overall LGBTTQ sample between queer women and queer men seems to be a product of the small sample size for queer men and this observed under-25 age/gender effect. The demographics show that 78% of the smokers in the queer men sample are under the age of 39 compared to 95% of the smokers in the queer women sample.

**Figure 7: Comparison of Smoking Prevalence by Gender by Age Group**



## RECOMMENDATIONS

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1. Toronto tobacco control efforts need to be targeted at the LGBTTTQ population including social marketing campaigns to raise awareness and educate LGBTTTQ people about this significant health issue in their communities.
2. Treatment resources need to be expanded beyond the current Bent on Quitting program to address the most at-risk communities including youth, bisexual people and gender queer people.
3. The providers of tobacco cessation programs and services need to be educated about LGBTTTQ smoking issues and their particular cessation concerns.
4. CTUMS and other Canadian smoking surveys need to include sexual orientation and gender identity demographic items on their questionnaires to produce more information on LGBTTTQ smoking prevalence across Canada.
5. Further research needs to be conducted on the determinants of tobacco use among LGBTTTQ communities as a better understanding is required to design effective smoking interventions.

## THE RAINBOW TOBACCO INTERVENTION PROJECT (RTIP)

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In the fall of 2004, a committee of community partners joined forces to begin exploring options for smoking cessation and reduction for the LGBTTQ communities in Toronto, resulting in a coalition called the Rainbow Tobacco Intervention Project (RTIP). Members of RTIP include:

❖ **Canadian Cancer Society** is a national, community-based organization of volunteers, whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

❖ **Centre for Addiction and Mental Health (CAMH)**

*Nicotine Dependence Clinic* - provides services to people who want to quit or reduce tobacco use. The clinic provides services to special populations such as pregnant women and people with psychiatric and other addiction conditions; trains healthcare professionals in the treatment of smoking and conducts research on smoking treatment methods.

*Public Education Program* - leads the development of strategies designed to increase public understanding of addiction and mental health problems, improve access and encourage help-seeking using evidence-based best practices, through a range of collaborative partnerships with community organizations, clients, family members, and target communities.

*Rainbow Health Services* - provides counselling to lesbian, gay, bisexual, transgender and transsexual people who are concerned about their use of drugs and alcohol. Services are available to individuals with a variety of goals, including those who want to try to quit, cut down, or who would just like to gain more awareness about their drinking or drug use.

❖ **The Council for a Tobacco Free Toronto (CTFT)** has been an active supporter of Toronto's Smoke-Free By-law and contributed to its successful passage by writing to and visiting city councilors. Council members distribute information and consult with the public about smoke-free living and cessation in community and workplace events in Toronto. Toronto Public Health acts as the secretariat for the Council.

- ❖ **Rainbow Health Network** advocates for the provision of appropriate health services for the LBGT community in Toronto.
- ❖ **Sherbourne Health Centre** is an urban primary health care centre that provides innovative health services and wellness programs to the diverse communities of southeast Toronto, with a special emphasis on local residents, homeless and underhoused individuals, the lesbian, gay, bisexual, transsexual and transgender communities and new Canadians.
- ❖ **Toronto Public Health's** programs and services promote good health, protect against health hazards and prevent disease in the city of Toronto. Toronto Public Health's vision is to make Toronto the healthiest city possible.

## **RTIP PLAN**

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**Goal of the Project:** To reduce tobacco-related morbidity and mortality within the Lesbian, Gay, Bisexual, Transgender, Transsexual and Queer (LBGT) communities in Toronto.

**Target Groups:**

1. Lesbian, gay, bisexual, transsexual, transgender and queer (LBGT) communities in Toronto.
2. Service providers for the LBGT communities in Toronto.

**Objectives:**

1. To develop effective smoking cessation/reduction programs tailored to meet the needs of the LBGT communities in Toronto.
2. To educate mainstream tobacco cessation program providers and LBGT service providers about LBGT smoking issues
3. To promote awareness of smoking issues in the LBGT communities such as targeted tobacco industry marketing practices and to begin to change community norms that support tobacco use.

The Council for a Tobacco-Free Toronto initiated a proposal and was able to secure a small amount of funding from the Ontario Tobacco-Free Network and Toronto Public Health to conduct a literature and program review. Further funding was secured from the Ministry of Health Promotion Smokefree Ontario and the Bent on Quitting program was developed.

Bent on Quitting is an innovative 8-week program for LGBTTTQ smokers wishing to quit or reduce the amount they are smoking. The program has been adapted from two successful programs: Queer Tips in San Francisco and Stop Dragging your Butt in Ottawa. It employs best practices and addresses the reasons for smoking, the benefits of quitting, how participants can ready themselves to quit and how they can stick to their plan once they have begun to cut down or quit. The first group was offered in the fall of 2005 and there are currently three groups per year and free individual self-help quit kits are also available.

Next steps for RTIP include developing a Bent on Quitting group specifically for LGBTTTQ youth smokers as well as further research into the smoking behaviour of LGBTTTQ communities in Toronto.

## BIBLIOGRAPHY

---

Austin, S. B., Ziyadeh, N., Fisher, L. B., Kahn, J. A., Colditz, G. A., & Frazier, A. L. (2004). Sexual orientation and tobacco use in a cohort study of US adolescent girls and boys. *Archives of Pediatric Adolescent Medicine*, 158, 317-322.

Canadian Tobacco Use Monitoring Survey (CTUMS), (2005).

Greenwood, G. L., Paul, J. P., Pollack, L. M., Binson, D., Catania, J. A., Chang, J., et al. (2005). Tobacco use and cessation among a household-based sample of US urban men who have sex with men. *American Journal of Public Health*, 95(1), 145-151.

Lampinen, T. M., Bonner, S. J., Rusch, M., & Hogg, R. S. (2006). High prevalence of smoking among urban-dwelling Canadian men who have sex with men. *Journal of Urban Health*, 83(6), 1143-1150.

Makomaski Illing, E.M., & Kaiserman, M.J. (2004). Mortality attributable to tobacco use in Canada and its regions, 1998. *Canadian Journal of Public Health*, 95(1), 38-44.

Rapid Risk Factor Surveillance System, Ontario, Canada, (2005).

Ryan, H., Wortley, P. M., Easton, A., Pederson., & Greenwood, G. (2001). Smoking among lesbians, gays, and bisexuals. A review of the literature. *American Journal of Preventative Medicine*, 21(2), 142-149.

Tang, H., Greenwood G. L., Cowling, D. W., Lloyd, J. C., Roeseler, A. G., & Bal, D.G. (2004). Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem? *Cancer Causes Control*, 15(8), 797-803.

## APPENDIX A - SURVEY QUESTIONNAIRE

This survey is being carried out by the

**RAINBOW TOBACCO  
INTERVENTION PROJECT**

*Before you complete this survey you should know that it's completely confidential and you can answer as many or as few questions as you wish. There are no risks or harms to you associated with completing this survey.*

**I have read the above and wish to continue.**    Yes  No

1. Have you ever smoked?  Yes  No

2. Have you smoked at least 100 cigarettes in your lifetime?  Yes  No

3. Have you ever smoked daily?  
 Yes – For how many years? \_\_\_\_\_  No

4. Do you now smoke:  
 Daily    Occasionally    Not at all

5. On average, how many cigarettes do you  
smoke per day? \_\_\_\_\_  Don't smoke

6. You are:  Lesbian  Gay  Bisexual  
 Heterosexual    Other (please specify) \_\_\_\_\_

7. You are:  Male  Female  MTF Trans  
 FTM Trans  Other (please specify) \_\_\_\_\_

8. Your Age: \_\_\_\_\_

9. The first 3 letters of your Postal Code: \_\_\_\_\_

*Thank you for participating!*

## APPENDIX B – GLOSSARY

Bisexual	A person who forms physical and emotional relationships with men and women
FTM Trans	A female-to-male transman
Gay	A man who forms physical and emotional relationships with other men (sometimes used to refer to women)
Gender queer	A person who identifies their gender outside the gender binary system of male and female and may be fluid with gender presentation or not conform to gender stereotypes
Lesbian	A woman who forms physical and emotional relationships with other women
MTF Trans	A male-to-female transwoman
Queer	An umbrella term that seeks to encompass a broad range of sexual orientation identities, behaviours and expressions. Sometimes it is used as a short form that includes lesbian, gay, and bisexual.
Transgender	A person whose gender expression transgresses gender norms or crosses society's idea of gender lines
Transsexual	A person whose gender identity is different from the biological sex that they were assigned at birth and who may choose to change their sex

## ACRONYMS

CTUMS	Canadian Tobacco Use Monitoring Survey
LGBTQT	Lesbian, gay, bisexual, transsexual, transgender and queer
MSM	Men who have sex with Men
RRFSS	Rapid Risk Factor Surveillance System
RTIP	Rainbow Tobacco Intervention Project
TRTS	Toronto Rainbow Tobacco Survey

Additional copies of this document may be obtained from the lead researchers:

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The Toronto Rainbow Tobacco Survey: A Report on Tobacco Use in Toronto's  
LGBTQ Communities. Rainbow Tobacco Intervention Project, Toronto (2007).