STOP SMOKING LONDON

LGBT HERO

FOR HEALTH. FOR RIGHTS. FOR HAPPIER LIVES.

Smoking & Vaping in the LGBTQ+ Community Report 2026





STOP SMOKING LONDON

LGBT HERO
FOR HEALTH. FOR RIGHTS. FOR HAPPIER LIVES.

03. Introduction
04. Executive summary
06. Background
09. Main findings
15. What the data tell us
17. Initial recommendations and next steps

Introduction

LGBT HERO worked with Stop Smoking :London to investigate and understand nicotine use, quit attempts and support needs of the LGBTQ+ community.

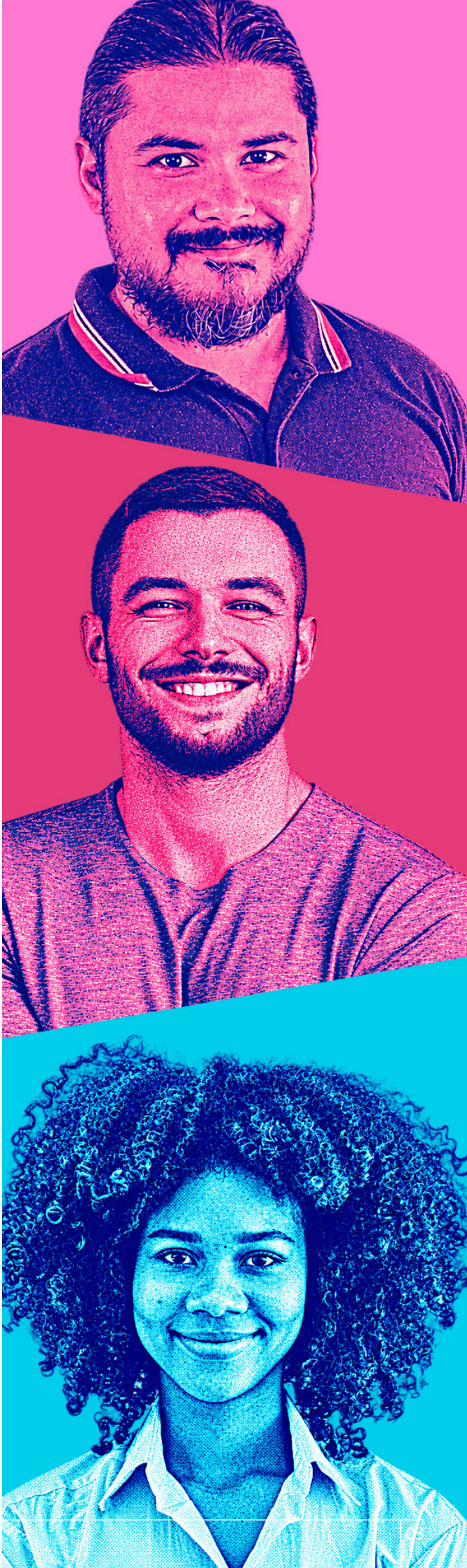
Context

Nicotine use remains an important public health issue within LGBTQ+ communities, shaped by a range of social, emotional and environmental factors. Smoking and vaping can be linked to stress, anxiety, socialising, nightlife and a sense of connection or belonging.

For some, nicotine becomes part of everyday life and a way of coping; for others, it can become difficult to manage or give up, particularly when use is embedded in daily routines and social environments.

While stop smoking campaigns and support services aim to help people quit, questions remain about how effectively existing approaches reach LGBTQ+ communities. Stigma, mental health needs, low awareness of treatment options and concerns about whether support feels relevant or inclusive may all influence people's experiences of quitting.

This report brings together findings from **1,622 LGBTQ+ respondents**, exploring patterns of nicotine use, quit attempts and the support people need. It also identifies practical opportunities to shape more inclusive, accessible and effective stop smoking messaging and support for LGBTQ+ communities.





EXECUTIVE SUMMARY

LGBTQ+ people in this survey told us about the role nicotine played in their lives: managing stress and anxiety, making social situations easier, and helping people feel part of a group.

Vaping was even more woven into daily life than smoking. It was used more frequently, in more settings and, among users of both, was harder to go without.

Smoking was often more situational, linked to alcohol, nightlife and socialising, while vaping followed people through the whole day.

This highlights an opportunity to not only increase awareness of quit methods but to also make quitting feel more possible, relevant and supported: with non-judgmental messages, small achievable steps, practical treatment, mental health support, and an offer that understands LGBTQ+ lives without reducing people to their identity.

Key findings

60% of respondents told us they currently smoked, vaped or used another tobacco/nicotine product.

60% thought current stop smoking messages were not very effective or not effective at all.

76% said it was very or somewhat important that stop smoking messaging includes LGBTQ+ people.

Headline findings include:

Vaping and dual use dominate the current-user sample.
Among respondents answering the status question, 24% vaped only and 23% both smoked and vaped, compared with 12% who smoked only.

Vaping looks more continuous and harder to interrupt.
Among vapers, 88% used every day and 70% said a full day without vaping would be difficult. Among dual users, 60% found a day without vaping difficult compared with 22% for smoking.

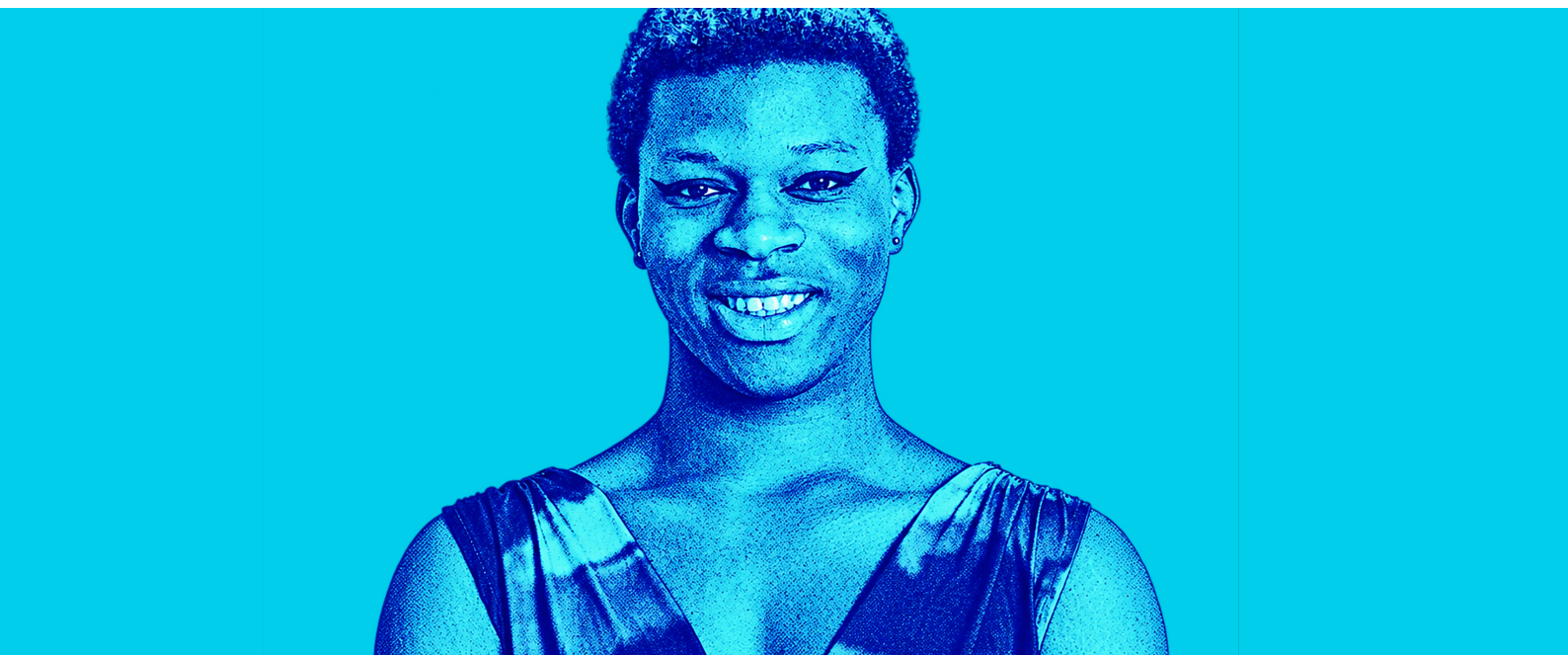
Nicotine use is social, emotional and environmental.
Alcohol, socialising, stress, boredom and nightlife recur across every current user group. Smoking areas also function as places for conversation, connection, and belonging.

Quit motivation exists, but unsupported quitting is the norm.
Roughly half of smokers, vapers and dual users had tried to quit. Cold turkey was by far the most common method, professional help was uncommon, and awareness of available medication and apps was low.

LGBTQ+ reach and representation.
Respondents wanted campaigns to address stigma, mental health, nightlife and co-use with alcohol or other substances. They also wanted diverse representation, inclusive language and a visible presence in LGBTQ+ spaces.

The current campaign model is seen but not persuasive.
Almost two thirds had noticed stop smoking campaigns, particularly through health services, social media and product packaging. Yet only 26% considered the messages very or somewhat effective.

IMPORTANT: This was a large, self-selecting community survey, not a representative prevalence study. The findings describe this sample and are strongest for understanding patterns, barriers, motivations and campaign opportunity.



BACKGROUND

In June 2026, Stop Smoking London partnered with LGBT HERO to conduct a survey to explore how LGBTQ+ people experience smoking, vaping, nicotine use, and support to quit.

Nicotine use remains an important public health concern within LGBTQ+ communities, shaped by complex intersections between stress, mental health, stigma, social environments, and belonging. While stop smoking campaigns and support services exist, questions remain about how effectively current approaches engage LGBTQ+ people, address their needs, and provide accessible, inclusive support.

This survey captures experiences across a diverse cross-section of LGBTQ+ respondents. It examines:

- Smoking, vaping, and nicotine-use patterns
- Motivations and contexts for use
- Quit attempts and barriers to quitting
- Awareness and use of cessation support
- Preferences for future campaigns and services.

The findings offer insight into community experiences and unmet needs, providing evidence to inform more inclusive stop smoking messaging, support, and future public health approaches.

About the survey

- Total respondents: 1,622 LGBTQ+ people
- Target audience: LGBTQ+ people sharing their experiences of smoking, vaping, nicotine use, and quitting
- Content areas: Demographics; nicotine-use patterns; reasons for use; quit attempts; awareness of support; campaign effectiveness; and preferred approaches to cessation messaging
- Geography: London and the UK
- Survey type: Self-reported and voluntary.

The survey explored how nicotine use fits into respondents' daily lives, the challenges they experience when attempting to quit, and the extent to which existing campaigns and support reflect their needs.

Notes on scope and limitations

While this survey provides valuable insight into the experiences and expectations of LGBTQ+ people who use nicotine, there are several important limitations to consider.

Self-reported data

As the survey relies on self-reported information, findings may be affected by recall bias, under or over-reporting, and individual interpretations of behaviours and experiences.

Sample size and community scope

With 1,622 respondents, the survey provides a substantial body of insight into participants'



experiences. However, the sample was self-selecting and should not be considered representative of the wider LGBTQ+ population. The findings are most useful for understanding reported patterns, barriers, motivations, and opportunities for improving support rather than estimating population-wide prevalence.

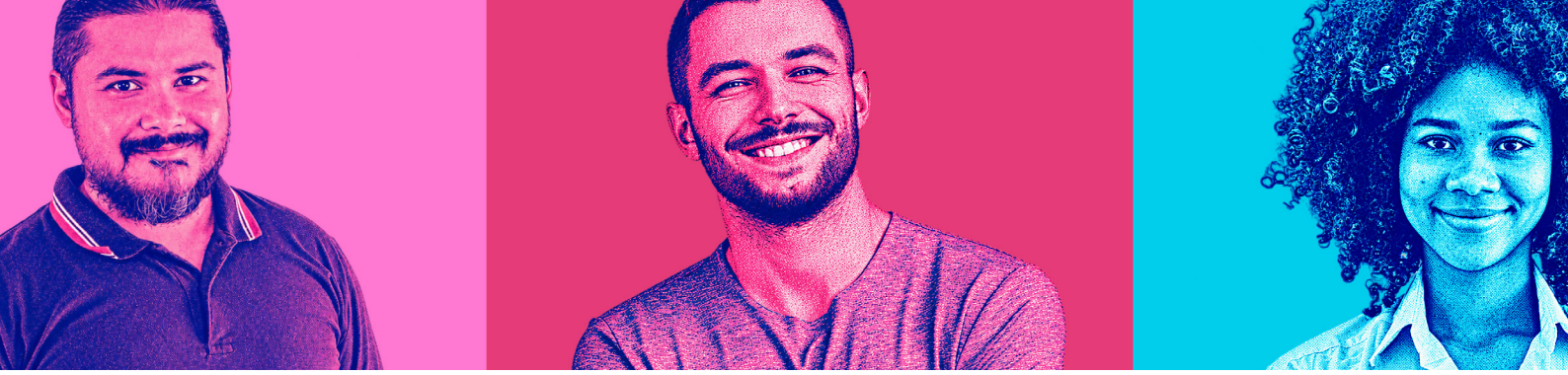
Representation and reach

Although the survey captures experiences across LGBTQ+ respondents, participation may not reflect the full diversity of identities, backgrounds, and lived experiences within the community. Future research could benefit from targeted outreach to groups whose experiences may be less visible in voluntary surveys.

Depth and intersectionality

The survey provides broad insight into nicotine use and quit experiences, but individual circumstances may differ considerably. Factors such as mental health, discrimination, financial, disability, and access to healthcare may shape nicotine use and experiences of quitting. Further research could explore these intersecting factors in greater depth to build a fuller understanding of community needs and inequalities.

Despite these limitations, the findings offer a valuable snapshot of respondents' experiences and highlight clear priorities for making stop smoking campaigns and support more relevant, accessible, and inclusive for LGBTQ+ communities.



Who took part?

The survey received 1,622 responses. It used routing logic to ask different questions of current smokers, current vapers, dual users, users of other products, former users and people who had never smoked or vaped. Question bases therefore vary throughout the report.

Current smoking and nicotine status
- 12% are current smokers only
- 24% are current vapers only
- 23% are smokers and vapers
- 1% use other nicotine products
- 16% are former smokers/vapers
- 24% have never smoked/vaped.

Sexuality
- 30% bisexual
- 25% gay
- 19% lesbian
- 11% queer
- 7% pansexual
- 3% asexual
- 1% heterosexual/straight
- 1% questioning
- 3% selected “other”.

Gender identity
- 41% men (including trans men)
- 36% women (including trans women)
- 15% non-binary
- 3% gender fluid
- 2% agender
- 1% use another term
- 2% selected “other”.

Trans-identifying
- 33% yes
- 59% no
- 7% unsure
- 1% prefer not to say.

Age
- Under 16: 4%
- 16-17: 11%
- 18–24: 53%
- 25–34: 15%
- 35–44: 7%
- 45–54: 5%
- 55–64: 4%
- 65–74: 1%.

Ethnicity
- 72% White British
- 9% White, any other background
- 3% White Irish
- 2% Mixed - Asian or Asian British White
- 2% White Polish
- 2% Mixed - Black or Black British (Caribbean) and white
- 1% Any other Mixed/multiple ethnic background
- 1% Asian or Asian British - Indian
- 1% Any other Asian background
- 1% Asian or Asian British - Pakistani
- 1% Black or Black British - African
- 1% Latin American/Latinx or Latin American and British
- 1% Asian or Asian British - Chinese
- 1% Black or Black British - Caribbean
- 1% selected “other”
- 1% prefer not to say

Location
- 32% live in London
- 68% live outside of London
- All respondents live, work, study or socialise in London.

The survey reached a broad mix of LGBTQ+ people, with strong representation across multiple age groups and identities, although participation from the Global Majority was low.

MAIN FINDINGS

Five key themes were identified across the survey, which provide insights into LGBTQ+ people are using nicotine, accessing support and acknowledging smoking cessation messaging:

1. **Smoking and vaping: different behaviours**
2. **Nicotine use socially**
3. **Minority stress and Trans experiences**
4. **Quit methods**
5. **Stop smoking messaging.**

Smoking and vaping: different behaviours

The clearest finding is that smoking and vaping should not be treated as the same habit. Smoking was more likely to be episodic and attached to social occasions. Vaping was more likely to be daily, frequent and available almost everywhere.

Smoking is often lighter but situational
Among smoker-only respondents, 60% usually smoked six cigarettes or fewer on smoking days, and 58% waited more than an hour after waking before their first cigarette. Yet 41% still said a full day without smoking would be difficult. This is a mixed population: some people show clear dependence, while others smoke intermittently around alcohol, nightlife, work breaks and social events.

Vaping extends across the whole day
Among vaper-only respondents, 41% vaped every 10-30 minutes or almost constantly, and 73% used their first vape within 30 minutes of waking. High strength nicotine (13-20mg) was the most common reported strength at 45%, while 15% did not know their strength. Fruit flavours were used by 87%.

More than half of vaper-only respondents (57%) had smoked before starting to vape, but 43% had not. One third said helping to quit smoking was a reason they vaped. These groups require different conversations: supporting harm reduction and complete smoking cessation, while also recognising that some people now want help to reduce or stop vaping.

Dual use can reduce smoking without reducing nicotine
Among dual users, 68% said vaping replaced at least some smoking and 53% now vaped more and smoked less. However, 58% believed using both meant they consumed more nicotine overall; only 4% believed they used less. Respondents described cigarettes as a social or nightlife product and vaping as the easy, discreet option used throughout the day.

"Vaping is easy to do anywhere; you don't come back smelling like smoke. Cigarettes are more of a night-out treat for me."
– Anonymous survey respondent.

IMPORTANT: The survey measured behaviour, dependence and perceptions. It did not measure comparative health risk and should not be used to suggest vaping is as harmful as smoking.

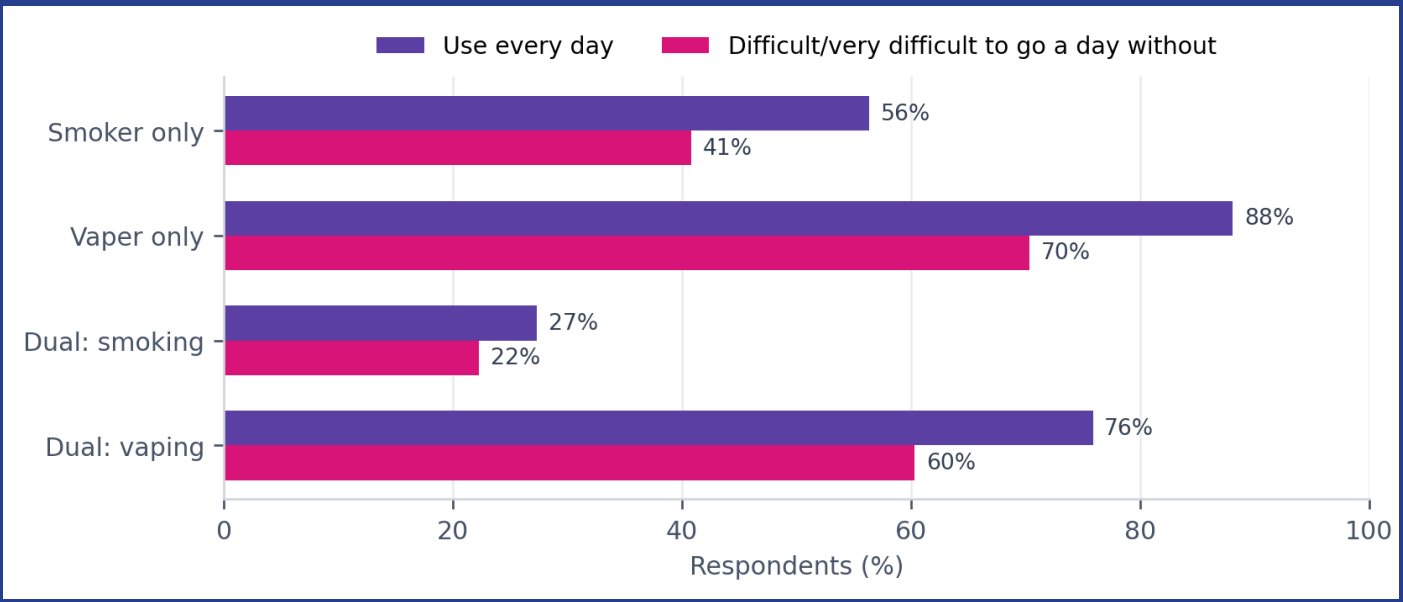


Figure 1. Daily use and reported difficulty going a full day without the product.
Source: LGBT HERO LGBTQ+ Smoking and Vaping Survey 2026. Question bases vary by routing and response.

Nicotine use socially

Across the survey, nicotine was bound up with drinking, socialising, boredom, stress, nightlife and the need to step away from overwhelming environments. Smoking areas were repeatedly described as places to talk, flirt, meet people, regulate anxiety and take a break.

Alcohol and nightlife remain central to smoking

Alcohol was selected as a smoking trigger by 81% of smoker-only respondents and 85% of dual users. Outside bars, pubs and clubs was the most selected smoking location among smoker-only respondents (83%). Social events and parties were selected by 77%, public spaces by 77%, and LGBTQ+ venues by 55%.

Stress and boredom are especially important for vaping

Among vaper-only respondents, stress or anxiety was the most commonly selected trigger (83%), followed by alcohol (75%), socialising (74%) and boredom (73%). Vaping was reported at home by 90%, in public spaces by 89%, at social events by 86%, outside bars by 85.6% and at LGBTQ+ venues by 57%.

Social acceptance makes quitting socially costly

Smoking was very or somewhat accepted in the social circles of 93% of smoker-only respondents and 93% of dual users. Vaping was accepted by 95% of vaper-only respondents and 96% of dual users. Among Trans smokers, acceptance reached 99%.

This does not mean LGBTQ+ spaces cause smoking or vaping

Many respondents explicitly rejected a direct link with identity. It does show that social norms and physical settings can reinforce use and make abstinence feel isolating. Among former users, 55% said their social environment made quitting harder, and 50% said less exposure in social environments would have made stopping easier.

"There isn't a lot of open pressure, but I like the smoking area of bars and clubs as a place to chat and take a break from inside."
– Anonymous survey respondent.

What LGBTQ+ people who have never smoked or vaped see

Never-users held strongly negative views of both products: 89% were very or somewhat negative about smoking and 95% about vaping. Even so, 43% said they were always or often exposed to smoking in LGBTQ+ venues and 55% said the same about vaping. Bars, parties, schools or universities and friends were the most frequently reported sources of pressure to try either product.

Minority stress and Trans experiences

Stress is one of the main mechanisms linking nicotine use to LGBTQ+ experience. Respondents described discrimination, family rejection, gender dysphoria, social anxiety, hostility in public, finances and negative healthcare experiences. Nicotine offered a way to feel calmer, more confident and more connected.

Trans smokers show a stronger identity-linked smoking patterns

Among Trans smokers answering the relevant question, 48% said their LGBTQ+ identity had influenced their smoking or quitting experience, compared with 33% in the broader smoker quit-attempt branch. Trans smokers were also more likely to select mental health support, social confidence and sexuality or gender dysphoria stress as reasons for smoking.

The Trans respondents also showed early uptake of nicotine: 84% of those answering the age-of-first-cigarette question had tried smoking by 18. Among smoker-only respondents overall, the equivalent figure was 81%.

Because the full sample is younger and self-selecting, this should guide prevention and feed into service development, rather than be presented as a population rate.

"Smoking gives me peace when I have none. But I also don't want to lose my health or life because of other people's prejudice."
– Anonymous survey respondent.

Healthcare trust matters

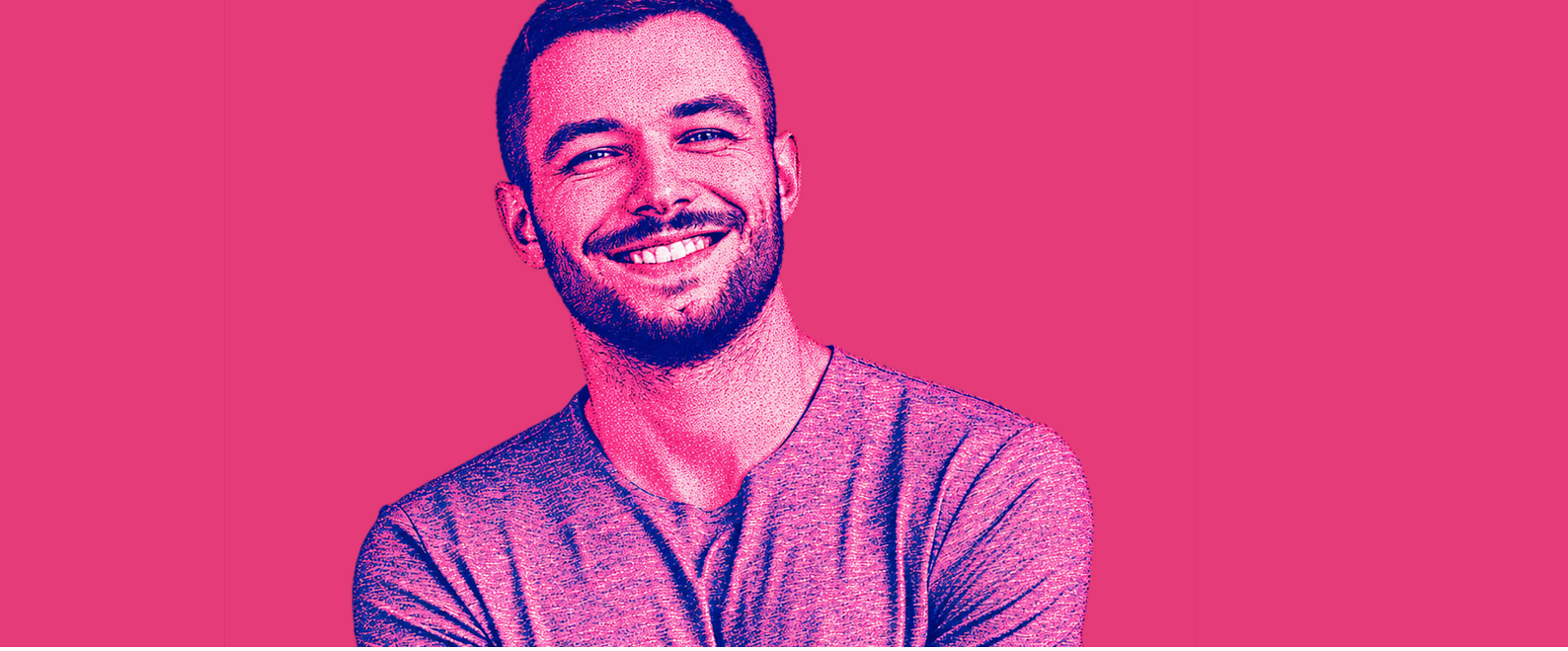
Some respondents feared judgement, misgendering or discrimination in healthcare.

Previous negative healthcare experiences were reported as a barrier by 13% of vaper quitters, 14% of smoker quitters and 17% of dual-user quitters. The percentages selecting services not being LGBTQ+ inclusive were smaller, but the accounts show that trust can determine whether a person engages at all.

Trans inclusion therefore cannot be reduced to placing a Trans person in an advert. The service behind the advert needs informed staff, basic training around gender identity and pronouns, respectful data collection, clear privacy standards and a route into mental health or wider wellbeing support.

Reason for smoking	All smoker-only respondents	Trans smokers
Socialising	74.8%	79.4%
Stress relief	67.6%	66.7%
Mental-health issues	45.0%	55.6%
Difficult life situations	41.1%	47.6%
Confidence in social situations	30.5%	46.0%
Stress around sexuality/gender dysphoria	23.8%	34.9%
Discrimination, stigma or social pressures	16.6%	22.2%

Figure 2. Trans-smoker bases were generally 63-74; The results are for comparison only and were not tested to see if the differences were meaningful.



Quit methods

Around half of each current user group had attempted to quit: 48% of smoker-only respondents, 51% of vaper-only respondents and 49% of dual users. Many had made repeated attempts, and substantial numbers had previously maintained abstinence for months. The issue is not a lack of effort. Among past quitters, 87% of smoker-only respondents and 73% of vaper-only respondents would attempt again. Among dual users, 83% would try again with smoking, vaping or both. This is a large group that the right offer could convert intention into action.

Cold turkey dominates
Cold turkey was used by 62% of smoker quitters, 87% of vaper quitters and 74% of dual-user quitters. In contrast, only 14% of smoker quitters had used a stop smoking service, GP or pharmacy, and only 1% of vaper quitters reported professional support. LGBTQ+-specific support was virtually absent across every group.

Relapse is predictable
Stress, cravings, socialising and alcohol were the most consistent reasons for returning to use. Among former users, stress or anxiety was selected by 49%, social situations by 47%, being around others who smoked or vaped by 40%, and alcohol or other substances by 37%. This suggests that relapse support should focus on evenings and weekends, preparing for bars, parties and smoking areas, finding alternatives to smoking breaks, and making it easy to get support again after a lapse without treating it as a failure.

Motivation for quitting
Health and cost were the leading reasons for attempting to quit among both smokers and vapers. People who had never attempted to quit were more likely to say they enjoyed nicotine, didn't see their use as a problem, didn't feel ready, or relied on it for stress and routine. They still identified health concerns and rising cost as the factors most likely to change their minds later. Campaigns should offer different options: support to quit straight away, support to cut down or prepare to quit, and a low-pressure option for people who are interested but not ready to quit yet.

Awareness of available help is low
Among smoker quitters, only 21% had heard of varenicline or cytisinicline, although 57% said they would consider the tablets after they were explained. Awareness of the Smoke Free app was 35%, while 48% would consider using it. Among Trans smoker quitters, awareness was similarly low but consideration was high: 61% for tablets and 43% for the app.

"I need someone to hold me to quitting without basically just saying 'oh, it's fine' if I fail. Like being held accountable."
– Anonymous survey respondent.



Stop smoking messaging

Almost two thirds of respondents in the campaign section had seen or heard stop smoking messaging during the previous 12 months. The most frequently recalled channels were health services (51%), social media (47%), tobacco or vaping products (47%), public transport (29%) and shops selling products (27%).

Only 26% considered current messages very or somewhat effective. Nearly 60% considered them ineffective. Free text comments repeatedly argued that information alone does not resolve addiction, stress, social context or the reasons a person smokes.

"Words on a poster do not motivate."
- Anonymous survey respondent

"The drivers for smoking aren't solved with information; other social determinants influence healthy and unhealthy lifestyle practices."
- Anonymous survey respondent

The strongest preference was not for shock in campaign messaging. Respondents prioritised non-judgemental messages, financial savings, small achievable steps, appearance and health. Positive benefits and mental health improvements also performed well. Hard hitting messages were selected by only 27%.

LGBTQ+ inclusion must be meaningful
Three quarters (76%) said LGBTQ+ inclusion was very or somewhat important. The most selected way to make a campaign relevant was to address LGBTQ+ experiences such as stigma, mental health and nightlife (67%). Respondents also wanted LGBTQ+ representation (60%), the avoidance of stereotypes or tokenism (59%), attention to alcohol or other substances (56%), visibility in LGBTQ+ spaces (56%) and diversity across Trans status, ethnicity, age and body type (55%).

There is an LGBTQ+ gap in the community
Only 3% saw messages in LGBTQ+ venues, 2% at events or Pride, 1% on dating apps and 5% through influencers or creators. Yet 56% wanted campaign messages in venues, 30% on dating apps and 25% through creators. Mainstream health and social channels remain important, but they are not reaching people in all the places where smoking and vaping are normalised.

Support must be broad and integrated
The most selected support was nicotine replacement (48%), followed by mental health support (42%), one-to-one face-to-face help (37%), LGBTQ+-tailored support (34%), 24/7 availability (32%) and stop smoking medication (32%). No single format dominated.

WHAT THE DATA TELLS US

The findings point to a gap between people's willingness to consider quitting and the support currently available to help them do so. Across the survey, nicotine use was closely connected to everyday routines, emotional wellbeing and social relationships. Effective support therefore needs to do more than communicate the risks of smoking and vaping: it needs to address the reasons people use nicotine, the situations that make quitting difficult, and the practical help that can make change achievable.

1: Smoking and vaping require different approaches

Smoking and vaping were not interchangeable behaviours in the survey. Smoking was more closely associated with alcohol, nightlife and social occasions, while vaping was more frequent, more embedded in everyday settings and more difficult for many users to go without. Among respondents who both smoked and vaped, vaping had largely become the more continuous behaviour. This means that a single approach to nicotine cessation is unlikely to meet everyone's needs. Support should recognise the differences between stopping smoking, stopping vaping and moving away from dual use, without assuming that reducing cigarettes means reducing overall nicotine dependence.

2: Nicotine use is often serving a purpose

Respondents often linked nicotine to stress, anxiety, boredom, confidence and social connection. Smoking areas could provide a break from overwhelming environments and opportunities to talk, flirt or feel part of a group. Alcohol and socialising were particularly important triggers for smoking, while stress and anxiety were the leading triggers for vaping among vaper-only respondents.

These findings suggest that quitting can involve losing more than a nicotine product. It can mean changing routines, finding alternative ways to manage difficult feelings and navigating social situations differently. Support is therefore more likely to feel relevant when it acknowledges what nicotine provides in the moment, rather than focusing exclusively on the longer-term consequences of use.

3: Motivation is present, but support is not reaching everyone

Around half of respondents in each current user group had previously tried to quit. Many were willing to try again, suggesting that the challenge is not simply a lack of motivation. However, cold turkey was the most commonly reported approach, while professional support and awareness of available treatments were comparatively low.

The difference between awareness and willingness is particularly important. Although awareness of stop smoking medication and digital support was limited, many respondents said they would consider these options when they were explained. This



points to an opportunity to make support easier to understand, access and try, rather than assuming that people who have not used existing services are uninterested in help.

4: Relapse prevention should reflect real life

Stress and anxiety, socialising, alcohol and being around other people who smoke or vape were recurring challenges during quit attempts. These patterns suggest that support should anticipate difficult moments, not simply focus on the decision to quit.

Practical help could include planning for nights out, managing cravings during stressful periods, finding alternatives to smoking breaks and developing strategies for social situations where nicotine use is common. Equally, a lapse should not be treated as failure. People need to be able to return to support without judgement and adapt their approach when circumstances change.

5: LGBTQ+ inclusion needs to extend beyond representation

Three quarters of respondents considered LGBTQ+ inclusion in stop smoking messaging important. However, the findings indicate that inclusion means more than featuring LGBTQ+ people in campaign materials. Respondents wanted messaging that reflected experiences such as stigma, mental health challenges, nightlife and the use of alcohol or other substances. They also wanted diverse representation without stereotypes or tokenism.

For some respondents, particularly some Trans respondents, experiences of discrimination, gender dysphoria and negative healthcare encounters were relevant to smoking and quitting. These findings reinforce the importance of services that are inclusive in practice, with respectful staff, appropriate understanding of LGBTQ+ experiences and clear assurances about privacy. Representation may help people recognise that a service is intended for them.

6: Visibility does not necessarily translate into impact

Stop smoking campaigns were familiar to many respondents, but relatively few considered current messages effective. This suggests that simply increasing the volume of information may not be enough. Respondents favoured non-judgemental messaging, financial savings, small achievable steps and positive benefits over predominantly hard-hitting approaches.

There is also a gap between where campaigns are currently noticed and where respondents would like to see them. LGBTQ+ venues, dating apps and creators offer potential opportunities to reach people. These channels should complement, rather than replace, mainstream health services and social media.



7: The strongest opportunity is a more flexible offer of support

No single form of support emerged as the answer for everyone. Respondents expressed interest in nicotine replacement, mental health support, face-to-face help, LGBTQ+-tailored services, medication and support available around the clock. The findings point towards a flexible offer that combines practical with emotional and social support.

This also means recognising that not everyone is ready to stop immediately. Some people may want to quit now; others may prefer to cut down, explore their options or prepare for a future attempt. Making these different starting points legitimate could help people engage earlier and remain connected to support.

Overall, the data suggest that effective action must connect awareness with practical, accessible and sustained support. Campaigns need to reflect the realities of smoking and vaping in people's lives, while services need to help people manage dependence, stress, social triggers and setbacks. LGBTQ+ inclusion should be built into both the message and the support behind it.

These findings describe the experiences of respondents to a large, self-selecting survey and should not be interpreted as estimates of nicotine use across the wider LGBTQ+ population. Their value lies in identifying patterns, barriers and opportunities that can inform more relevant campaigns and better designed support.

INITIAL RECOMMENDATIONS AND NEXT STEPS

The recommendations below are based on the survey findings and are intended to shape future service development, investment, and commissioning across London. The findings point to an opportunity to move beyond awareness raising towards a more targeted, practical and community-based approach to smoking and vaping cessation. Future activity should recognise the different ways nicotine is used, the social and emotional needs it can meet, and the barriers people may face when accessing support.

1. Develop LGBTQ+-specific campaigns in community spaces

Why this matters: LGBTQ+ people are not consistently seeing stop smoking messages in the places where they live, socialise and connect. Increasing the visibility of campaigns in LGBTQ+ spaces can help make stop smoking support more relevant, accessible and integrated into everyday community life.

Goal: Increase the visibility, reach and relevance of stop smoking campaigns across LGBTQ+ spaces, events and digital platforms.

Practical actions:

- Develop campaigns in partnership with LGBTQ+ organisations, venues, community events and Pride organisers to reach audiences in trusted and familiar settings
- Expand campaign activity across LGBTQ+ venues, events and Pride, dating apps, and digital platforms featuring LGBTQ+ creators
- Co-produce campaign materials with LGBTQ+ communities to ensure messaging reflects diverse identities and lived experiences
- Use diverse, authentic representation and avoid stereotypes or tokenistic inclusion in campaign materials
- Integrate stop smoking messages into everyday LGBTQ+ community spaces and activities, rather than relying on occasional, standalone campaigns.

2. Make every campaign lead directly into practical support

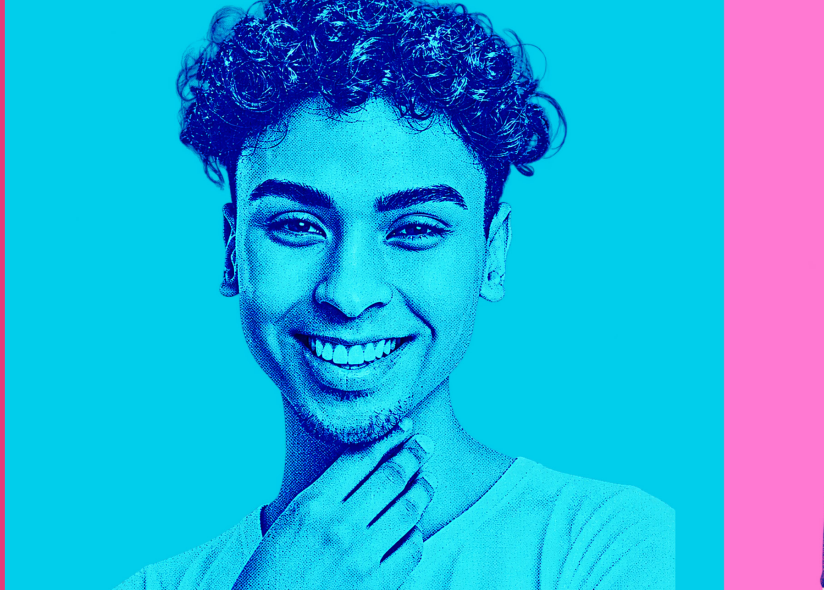
Why this matters: Awareness of the risks of smoking and vaping does not necessarily translate into action. Many respondents had already tried to quit, while awareness and uptake of professional support and available treatments remained relatively low. Clear, accessible routes into support can help people move from considering quitting to taking the next step.

Goal: Increase engagement with stop smoking support and treatments by making the next steps clear, accessible and relevant to people at different stages of their quit journey.

Practical actions:

- Include QR codes and direct links to stop smoking services, pharmacies, apps and online support
- Raise awareness of available professional support and evidence-based treatments
- Tailor messaging to people who are ready to quit, want to cut down, or are not yet ready to.





3. Strengthen LGBTQ+-inclusive training across stop smoking services

Why this matters: Concerns about judgement, misgendering, discrimination and previous negative healthcare experiences can prevent LGBTQ+ people, particularly some Trans people, from accessing stop smoking support.

Goal: Ensure stop smoking services provide safe, respectful and LGBTQ+-inclusive support that builds trust and encourages engagement.

Practical actions:

- Provide LGBTQ+-inclusive training for stop smoking advisers and frontline staff, covering respectful communication, Trans inclusion and confidentiality
- Improve practices around data collection and ensure people feel safe sharing relevant information without fear of judgement
- Train staff to understand how nicotine use interacts with stress, mental health and wider social circumstances.

4. Address the social and emotional functions of nicotine use

Why this matters: Smoking and vaping can help people manage stress, anxiety, social situations and difficult circumstances. Smoking breaks can also provide opportunities for social connection and belonging.

Goal: Provide practical alternatives to the emotional, social and situational functions of nicotine use to support people in reducing or stopping smoking and vaping.

Practical actions:

- Offer practical strategies for managing stress, anxiety, cravings and social situations without nicotine
- Provide advice on managing common triggers, including alcohol, nightlife and smoking breaks
- Link people to wider mental health and wellbeing support where appropriate.

5. Develop distinct approaches to smoking, vaping and dual use

Why this matters: Smoking and vaping are associated with different triggers and patterns of use. Treating them as interchangeable may overlook the specific challenges faced by smokers, vapers and people who use both.

Goal: Develop tailored stop smoking and vaping interventions that reflect different patterns of





use and levels of nicotine dependence.

Practical actions:

- Tailor smoking messages to social occasions, alcohol and nightlife, and vaping support to routines, cravings and frequent use
- Provide targeted support for dual users that addresses both smoking and vaping behaviours
- Ensure interventions recognise that reducing cigarette use does not necessarily mean nicotine dependence has reduced.

6. Build stronger community and peer-led routes into quitting support

Why this matters: Many LGBTQ+ people were willing to try quitting again but had done so without professional support. Trusted LGBTQ+ community networks offer an opportunity to make support more visible, accessible and welcoming.

Goal: Increase access to stop smoking support through trusted LGBTQ+ organisations, community spaces and peer networks.

Practical actions:

- Partner with LGBTQ+ organisations, venues and community groups to promote quit information and support
- Offer community-based outreach, drop-ins and peer support to encourage engagement
- Establish clear referral routes into existing stop smoking services, particularly for people who face barriers to traditional healthcare settings.

The overall approach should be to make quitting feel possible, relevant and supported, rather than presenting it solely as an individual responsibility. The strongest future model is likely to combine targeted LGBTQ+ outreach, inclusive professional support and practical help that responds to the social and emotional circumstances in which nicotine use takes place.



CONCLUSION

The findings of this report provide a strong basis for a more relevant LGBTQ+ stop smoking campaign. It shows a community with high exposure to nicotine, distinct smoking and vaping patterns, repeated quit attempts and a clear appetite for practical, non-judgemental support.

The biggest mistake would be to respond with more generic warnings. Respondents already understood the risks. The campaign needs to address what smoking and vaping provide - calm, routine, confidence, belonging and a break, while offering healthier ways to meet those needs and clear support when someone is ready to change.

LGBTQ+ inclusion matters, but the strongest version of inclusion is not a rainbow placed on an existing campaign. It is a campaign designed around LGBTQ+ lives: present in the right places, honest about stress and nightlife, equipped for Trans inclusion, and connected to support that people can use immediately.

Delivering this approach will require collaboration between public health teams, stop smoking services and LGBTQ+ organisations, venues and community networks. By working with LGBTQ+ people to shape campaign messages, delivery and support pathways, future activity can be more responsive to lived experience and build trust with audiences who may not engage with traditional healthcare settings.

Success should be measured not only by campaign reach and awareness, but also by whether people feel represented, know where to access help and are supported to make changes at their own pace.

Ultimately, the opportunity is to move beyond awareness-raising towards a more sustained and accessible approach to quitting. Campaigns should recognise that change may involve several attempts and that people will be at different stages of readiness.

By combining authentic representation, practical advice, visible routes into support and services that feel safe and inclusive, future interventions can help make quitting smoking and reducing nicotine dependence more achievable for LGBTQ+ communities.

About LGBT HERO

LGBT HERO is the national health and wellbeing charity for LGBTQ+ people. We work to improve the health, mental wellbeing, and social inclusion of LGBTQ+ communities through information, peer-support, community-led research, and campaigns. Our mission is to create a world where LGBTQ+ people can live free from stigma, feel empowered to look after their health, and have access to the support and care they deserve.

LGBT HERO, Unit 65B, The Link, 49 Effra Road, London SW2 1BZ

LGBT HERO is the trading name for the Health Equality and Rights Organisation.
Charity No: 1076854 | Company No: 02702133 | www.lgbthero.org.uk

Contact

For questions, feedback, or follow-up on this report, please contact:

Liam Murphy, Head of Projects and Operations
E: liam.murphy@lgbthero.org.uk
P: 020 7738 6872

About Stop Smoking London

Stop Smoking London is the public facing identity of a London wide Public Health Programme – The London Tobacco Alliance (LTA). The LTA vision is to change smoking behaviours and encourage more quit attempts among the general population to support London to become the first smoke free city in England by 2030.

Stop Smoking London exists to help you to quit smoking. It provides free digital help to stop smoking and can put you in touch with free local stop smoking services in your borough. Together we can help you to find the best way to succeed and stop smoking for good.

Contact

For questions, feedback, or follow-up on this report, please contact:

Jon Winter, Stakeholder Management Lead - London Tobacco Alliance
E: londontobaccoalliance@towerhamlets.gov.uk

© LGBT HERO and Stop Smoking London | All images © Adobe.com

STOP SMOKING LONDON

Smoking and Vaping in the LGBTQ+ Community Report 2026

LGBT HERO

FOR HEALTH. FOR RIGHTS. FOR HAPPIER LIVES.