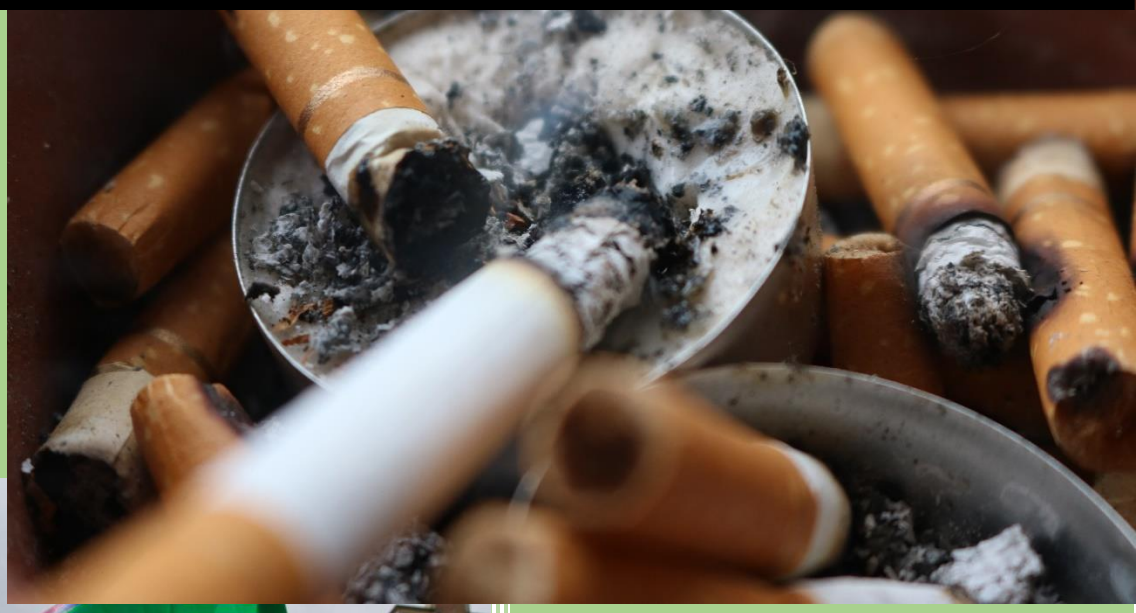
2021

# Tobacco Use among LGBTQIA+ & Native Hawaiian/Pacific Islander Populations in Southern Nevada



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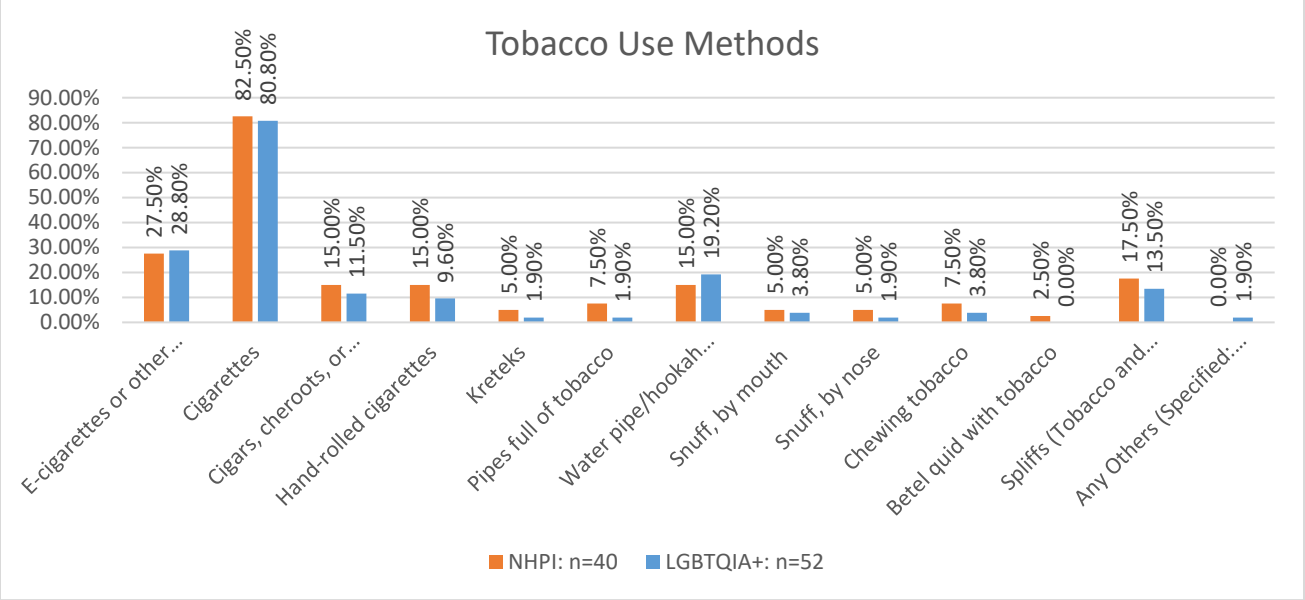
# EXECUTIVE SUMMARY

In order to implement the most appropriate prevention and intervention strategies to reduce tobacco use in high-risk populations, it is critical to understand current and past use behaviors, main reasons for sustained use of tobacco products, and perceptions of and attempts to stop using tobacco. In the Spring of 2021, the Nevada Institute for Children's Research and Policy (NICRP) and the Southern Nevada Health District (SNHD) gathered information from two key priority populations in Southern Nevada: Native Hawaiian/Pacific Islander and LGBTQIA+, through focus groups, and the 2021 Tobacco Cigarette and Vape Use Survey.

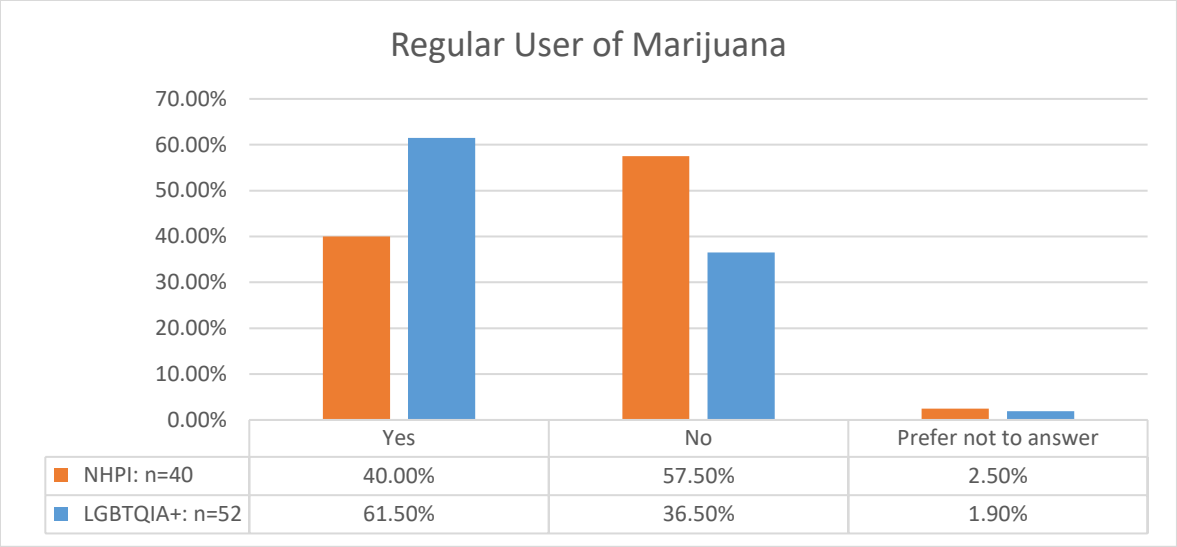
This report summarizes the results of the focus group participants (n=49), as well as survey respondents (n=84). Results should be interpreted with caution as a convenience sample was utilized for this study, as well as diverse methods of data collection. In addition, sample sizes were limited due to the challenges of the COVID-19 pandemic. The following summary highlights the major findings in this report in regard to tobacco and marijuana use as well as cessation efforts.

***TOBACCO AND MARIJUANA USE***

- For both populations, cigarettes were reported as the most common type of product used (82.5% of survey respondents in the NHPI community and 80.8% in the LGBTQIA+ community).




- Almost half of NHPI (45.5%) and LGBTQIA+ (40.5%) survey respondents reported beginning the use of cigarettes before the age of 17.
- 40.0% of NHPI and 61.5% of LGBTQIA+ survey respondents reported being a current or past user of marijuana
    - 31.3% of NHPI and 46.9% of LGBTQIA+ started smoking marijuana before the age of 18.




***REASONS FOR SMOKING OR VAPING***

- For NHPI and LGBTQIA+, most focus group participants reported smoking or vaping due to peer pressure, social environment, and/or as a way to relieve stress.

***PURCHASE LOCATIONS FOR TOBACCO PRODUCTS***

- For NHPI, a majority of e-cigarette users (45.5%) and cigarette users (57.6%) reported buying their products at the grocery store, while 36.4% of e-cigarette users and 54.5% of cigarette users reported buying their products at the gas station or convenience store.
- For LGBTQIA+, a majority of e-cigarette users (53.3%) and cigarette users (54.8%) reported buying their products at a gas station or convenience store. 50.0% of cigarette users reported buying their products at the grocery store, while 46.7% of e-cigarette users reported buying their products at other locations than mentioned.

***PERCEPTIONS OF SMOKING OR VAPING***

- NHPI focus group participants expressed that they understood that smoking or vaping was bad for their health, and for most, their family does not approve of the behavior and would like them to quit.
- In the focus groups, there was also the perception that vaping is a better alternative to smoking cigarettes or tobacco.
- Overall, 60% of NHPI survey respondents felt that all types of cigarettes were all equally harmful, and 40.0% felt that cigarettes were the most harmful tobacco product.
- 61.5% of LGBTQIA+ survey respondents felt that all types of cigarettes were all equally harmful, and 48.1% felt that cigarettes were the most harmful tobacco product.

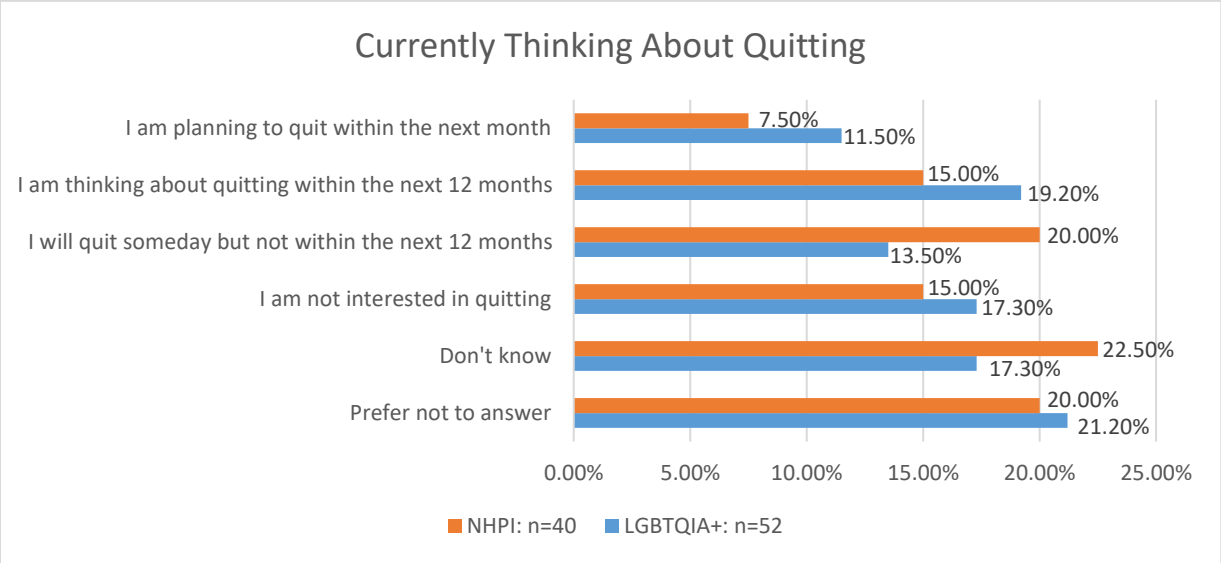
***COMMUNITY CULTURAL BELIEFS AND INFLUENCE ON SMOKING OR VAPING***

- In the NHPI focus groups, a few participants felt that tobacco use was normalized in the community and people do not encourage others to quit because it is not their business.
    - Generational differences were also noted, with the younger generation wanting the older generation to quit smoking.

- Similarly, in the LGBTQIA+ focus groups, many participants felt that the majority of the community smokes and vapes, but there was a mixed perception of the acceptance of the behavior.

***PERCEPTIONS AND MOTIVATION TO QUIT***

- Many NHPI focus group participants stated daily or frequently thinking about quitting, but find it difficult to do so. Many reported quitting for pregnancy.
- Many NHPI focus group participants reported that the social aspect of smoking or vaping makes it difficult to quit and felt that they would need something else or a new habit to replace smoking.
- Many NHPI focus group participants stated that the price wouldn't deter them from smoking. Motivations for quitting included health, exercise, mandatory situations, or being a good role model.
- For LGBTQIA+, most focus group participants reported sometimes feeling like quitting, and for those who have not thought about quitting, they mentioned reducing their usage. They also felt like it was not easy to quit.
- Many LGBTQIA+ participants stated that the, "social aspect" would be difficult to walk away from, but motivations to quit included health, smell, and cost.
- Out of NHPI and LGBTQIA+ survey respondents, the most common reason to quit was for their own health (47.5% for NHPI and 61.5% for LGBTQIA+).
- For LGBTQIA+ survey respondents, 41.7% wanted to quit for their mother or father's health.




***ATTEMPTS TO QUIT AND HOW TO BE SUCCESSFUL***

- In the NHPI focus groups, participants mentioned switching to vaping and quitting cigarettes. Other participants mentioned quitting cold turkey or from being hospitalized for COVID-19.
    - Participants reported using products to help keep nicotine level on a minimum, and felt that making these products more accessible or free would be helpful. They also mentioned keeping their smoking and vaping products out of sight helped them to quit.
- In the LGBTQIA+ focus groups, many participants mentioned trying to quit without success.

    - Similar to the NHPI participants, they felt that having nicotine replacement methods more accessible or provided free would help them quit.
- Survey respondents reported using many different methods to quit with mixed results. For instance, 11.9% of survey respondents reported that they tried switching to e-cigarettes or vapor products as a method to quit and it helped them quit, while 8.3% tried it and said that it did NOT help them quit.
- Other methods used to quit included quitting "cold turkey," quitting due to an illness, hypnosis, pregnancy, and marijuana.
- For both NHPI and LGBTQIA+ survey respondents, the top two selected methods that would be most helpful to quit included attending a supportive group meeting (35.3% for each respective community) and quitting with supervision from a doctor or health professional (34.8% for each respective community).

***MEDIA AND ADVERTISING***

- NHPI and LGBTQIA+ focus group participants recommended that social media and the internet be the main source of advertising. LGBTQIA+ felt tobacco-quitting advertisements should be tailored to represent the specific needs and life circumstances of their community.
- LGBTQIA+ focus group participants felt that printed media for tobacco cessation may not be as effective as many don't read or buy printed material, although a few read Spectrum magazine.
- NHPI focus group participants mentioned that graphic advertising "scares you in the moment" but there needs to be a deeper personal motivation to take action to quit, otherwise their smoking habits will persist.
- NHPI focus group participants felt that addressing the health effects of second-hand smoke for those around you could be more effective in supporting the decision to stop using, especially how second-hand smoke effects children.
- Most focus group participants recommended advertising at community specific events or to community groups in order to engage the community, such as Pure Aloha, PRIDE events, fundraisers for AIDS/Awareness, and community magazines or non-profits; LGBTQIA+ focus group participants mentioned that smoke-free community events provide social support for tobacco cessation.
- NHPI focus group participants identified food and music festivals as optimal places for outreach, such as Life is Beautiful, and suggested that booths give out free nicotine replacement products at these festivals.

***FAMILIARITY WITH SMOKING PREVENTION BRANDS***

- Among NHPI focus group participants, there was mixed familiarity with the prevention brand Island eNVy. Participants believed Island eNVy to be a good way to promote healthy living and liked the community events, yet Island eNVy needed to do more advertising to increase awareness.
- For LGBTQIA+ focus group participants, there was a lack of awareness and familiarity with the prevention brand CRUSH.

# INTRODUCTION

Tobacco use remains one of the leading causes of preventable deaths in the U.S. (Mattingly et al., 2020; Narcisse et al., 2019). Conventional cigarette use has been exceeded by alternatives that have become increasingly popular, such as e-cigarettes and vapes (Narcisse et al., 2019). Although tobacco use has been declining in the United States due to tobacco cessation efforts, smoking rates continue to be disproportionately high amongst the Native Hawaiian/Pacific Islander (NHPI) community compared to other ethnic groups and the LGBTQIA+ community compared to cisgender and heterosexual individuals (Acosta-Deprez et al., 2020; Li et al., 2020; Odani et al., 2018; Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion [OSH, NCCDPHP], 2019; Southern Nevada Health District [SNHD], 2021).

Historically, NHPIs have been less susceptible to tobacco use than Whites, but in 2010-2012 this shifted (Kamke et al., 2020). Nationally, e-cigarette and vape use was highest among NHPIs at 18%, but in Nevada, this rate was 30.7% (Island Envy LV, 2019). NHPIs have the highest rates of lung cancer deaths and student use among other ethnic groups (Island Envy LV, 2019). Yet, there is a lack of research examining the disparities amongst ethnic groups, including NHPI communities as they are often combined in a larger category of Asian/Pacific Islander (API) (Subica et al., 2020). Due to historical trauma, NHPIs are more vulnerable to substance use, which further emphasizes the importance of examining e-cigarette use and other substance use in this population (Subica et al., 2020). Research suggests that NHPIs have a higher proportion of menthol cigarette use compared to American Indian/ Alaska Native (AI/AN) and API smokers (Mattingly et al., 2020).

Furthermore, NHPI adolescents have been reported to have higher rates of substance use compared to Whites for substances such as marijuana, which could increase the likelihood that young adults will turn to e-cigarette use (Subica et al., 2020). The community faces aggressive marketing targeted toward tobacco use, especially among college students (Subica et al., 2020). According to the Nevada Department of Health and Human Services, NHPI high schooler students were more likely to report ever smoking cigarettes (42.7%) compared to all other races/ethnicities in 2017 (DHHS, 2019). Furthermore, Hispanic/Latino high school students (44.6%) and NHPI high school students (54.8%) in Clark County in 2017 were reported to have been more likely to try electronic vapor products than API students (23.6%), solidifying the need to investigate the disparity amongst API and NHPI populations (DHHS, 2019). With marijuana use, Black non-Hispanic (27.7%) and Hispanic (19.2%) high schoolers in Clark County were more likely to be current marijuana users compared to APIs in 2017 (8.7%) (DHHS, 2019).

For LGBTQIA+ persons, smoking rates remain higher than for heterosexual and cisgender individuals (OSH, NCCDPHP, 2019; Li et al., 2020). This could be due to a number of factors such as stress, work environment, preexisting health conditions, and lack of resources for cessation help (OSH, NCCDPHP, 2019). The media depicts tobacco use as a normal part of LGBTQIA+ life, and tobacco companies encourage menthol cigarette use specifically among this population, resulting in higher use (OSH, NCCDPHP, 2019). Sexual and gender minorities have been

historically unrepresented in health surveys in the past, but recently more studies have examined tobacco-related disparities and other health disparities for these communities (Li et al., 2020). Recent studies have shown that sexual minority women have higher rates of e-cigarette use (12.4% vs 3.4%), hookah use (10.3% vs 2.5%) and cigar use (7.2% vs 1.3%) than heterosexual women, and sexual minority men reported to have higher rates of e-cigarette use (7.9% vs 4.7%) and hookah use (12.8% vs 4.5%) (Li et al., 2020). Although data exists about sexual and gender minorities as a whole, there are gaps in the literature for sexual and gender minority subgroups, as well as a lack of research on alternative tobacco product use for this community (Li et al., 2020).

### Purpose of the Current Study

A person's individual resistance self-efficacy (the ability to resist smoking) and quitting self-efficacy (the ability to quit smoking) concomitantly play a role in one's ability to perceive the risks of smoking and avoid use, which is helpful to examine for future advertising (Navarro et al., 2021). The goal of the current project is for underrepresented populations in Southern Nevada to have a voice. Accordingly, Southern Nevada Health District (SNHD) in partnership with the Nevada Institute for Children's Research and Policy (NICRP), implemented specific methods to solicit feedback about tobacco use and cessation from two key underrepresented communities: Native Hawaiian/Pacific Islander and LGBTQIA+. This project will allow for members of each community to express their experiences and needs in a culturally sensitive way, while closing the gap in research on the disparities amongst the target populations. The results from this project will inform efforts conducted by SNHD to reduce smoking and improve health in these populations.

## METHODS

### Priority Populations

SNHD determined two priority populations from which to obtain feedback: (1) Native Hawaiian/Pacific Islander and (2) LGBTQIA+. In order to engage the target communities and thereby inform the development of resources, NICRP staff collaborated with community partners to conduct focus groups. In addition, NICRP conducted in person and online surveys to illicit feedback from participants who represented these minority populations who did not want to participate or could not participate in the virtual focus groups. Project partners included two community-based organizations: Asian Community Resource Center and Silver State Equality. These community partners completed training for community-based participatory research methods, including how to recruit community participants and facilitate focus groups. Both agencies conducted focus groups and administered surveys for each population to better understand reasons for smoking, reasons for quitting, culturally competent advertising messages and resource materials for cessation efforts. The focus group and survey responses gathered not only the content to support cessation, but also the best placement of the advertisements and resources to support cessation. Surveys provided more details, including participant's age of first use of tobacco (smoking and/or vaping), marijuana use, purchase location for tobacco, as well as any methods used for tobacco cessation.

## Focus Groups

**Question Development**
NICRP Staff conducted a literature review to identify effective tobacco use surveys. Then NICRP collaborated with SNHD to produce a discussion guide for the focus groups that utilized the listening session format. A listening session format is similar to a focus group as participants are asked to talk about their experiences and answer questions about a specified topic. Due to the nature of the focus group and the topic discussed, yes or no questions, or very personal questions, were changed to more open-ended, generalized questions. Demographic questions provided more detailed information about race and specific subgroups in the NHPI community, in addition to socioeconomic status (SES) factors, sexual orientation and gender, languages spoken, education level, age, zip code, and type of products used. Questions about smoking included their reasons for smoking, their reasons for quitting, where resources should be advertised, and any additional information that would aid in their cessation efforts.

**Recruitment**

Two advertisements were created for focus groups, one was tailored for the Native Hawaiian/Pacific Islander (NHPI) community and the other was tailored for the LGBTQIA+ community. Advertisements were disseminated via email by a variety of community organizations, as well as via Facebook. Flyers were also placed in public locations that included: Hope Christian Health Center, Tenaya Healthcare Center, Spring Valley Library, Las Vegas Enterprise Library, Paseo Verde Library, Lied Library, Cambridge Recreation Center, as well as NHPI food establishments including: Kahuku Poke & Hawaiian BBQ, Ohana Hawaiian BBQ, Aloha Hawaiian BBQ, Red Rice, and Pacific Island Taste. Advertisements specified the time and dates of the focus group sessions, a link to register, the purpose, and stated the incentive of a 25$ gift card for focus group participation.

**Procedures**

Two focus groups for each community were co-facilitated by NICRP staff, as well as the Asian Community Resource Center and Silver State Equality. Participants completed a demographic form when registering as a focus group participant, then staff sent emails with specific meeting information to participants who met eligibility requirements. Eligibility requirements included: being at least 18 years old, living in Clark County, identifying as either Native Hawaiian/Pacific Islander or LGBTQIA+, and currently using or had regularly used tobacco products like cigarettes or vape.

## Surveys

**Question Development**
NICRP Staff looked at past tobacco phone surveys, and adapted phone questions to both online and paper survey formats. Online participants selected their survey answers using Qualtrics. Compared to a focus group, the online and paper surveys allowed participants to be more open about their experiences in a private, anonymous way, and complete the survey at times more convenient for participants. The survey included both demographic questions and questions

about smoking. Demographic information identified race, specific subgroups in the NHPI community, as well as SES factors, sexual orientation, gender, spoken languages, education level, age, and zip code. Smoking questions identified type of tobacco products used, reasons for smoking, reasons for quitting, where smoking cessation resources should be advertised, and any additional information or resources that could support their cessation efforts. Surveys were more detailed, as they asked more information about participant's age of first use for smoking and vaping, marijuana use, product purchase locations, and methods used for cessation.

**Recruitment and Administration**

Two advertisements were created for focus groups; one was tailored for the Native Hawaiian/Pacific Islander (NHPI) community and the other was tailored for the LGBTQIA+ community.

Paper surveys were administered at physical locations including public events: PRIDE Bingo Night at Westgate Hotel, LGBTQIA+ Bingo Night at Henderson Equality Center, 2 Scoops of Aloha Pop-up event, Mayday Festival, and Las Vegas Hawaiian Civic Club Golf Tournament. Event attendees who met eligibility criteria completed paper surveys, which were later inserted into Qualtrics. In exchange, participants received a $5 gift card to Amazon, a mask, and hand sanitizer.

## Limitations

Due to the nature of online data collection of surveys and online focus groups (including registration), spam responses occurred. Therefore, survey responses with duplicate IP addresses, IP addresses outside of Nevada, unregistered phone numbers, unregistered emails or spam email patterns, or surveys with a duplicate start time, end time and duration time as another survey were excluded. Focus group participants with IP addresses outside of Nevada were not able to be prevented from joining.

For surveys collected in-person, a couple of participants chose to select multiple answers when instructed to choose only one answer, as technology did not block multiple selections. Additionally, participants failed to skip survey questions per the survey instructions based on prior "yes" or "no" answers.

There were some issues with the language used in a few survey questions. A revision to some question prompts could have occurred to give participants an option to select if they had already quit smoking for topics such as, "current thinking about quitting," or, "current tobacco use," as these were not listed as available options. A question about languages spoken in the household failed to include diversity of languages spoken by the LGBTQIA+ community, but instead focused on the NHPI community. Another question was also ambiguous as to what purchase location a smoke shop would be considered in the survey; some participants chose "Other," while others chose "Convenience Store."

A couple of questions were raised concerning eligibility requirements. Some participants considered themselves part of the LGBTQIA+ community, despite not identifying as LGBTQIA+.

Also, some participants stated a Hawaiian origin, and under race identified as Asian opposed to NHPI. Two participants joined the focus group in accord with the eligibility requirements, and later stated that they never smoked or used tobacco. Finally, some participants took the survey in person, yet did not check all of the eligibility requirements, or the eligibility requirements did not match their demographic information. Project procedures removed the aforementioned from all analyses and results.

# FOCUS GROUP RESULTS

A total of 4 focus groups were conducted virtually via zoom. Participants were located in Clark County. In total, there were 49 participants. The number of focus groups and participants for each of the target populations is listed in the table below.

Table 1. Number of Focus Groups and Participants

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| # of Focus Groups | 2 | 2 | 4 |
| % and # of Participants | 38.8% (19) | 61.2% (30) | 49 |

## Demographics

A total of 49 focus group participants completed the demographic questionnaire, with a response rate of 100%. Please see the table below for demographic information for each priority population.

Table 2. Demographics of Focus Group Participants

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=19 | n=30 | n=49 |
| **Age** | | | |
| 18-20 | 5.3% | 0.0% | 2.0% |
| 21-30 | 31.6% | 70.0% | 55.1% |
| 31-40 | 5.3% | 13.3% | 10.2% |
| 41+ | 57.9% | 16.7% | 32.7% |
| **Race*** | | | |
| African-American/Black | 0.0% | 63.3% | 38.8% |
| American Indian or Alaska Native | 0% | 3% | 2.0% |
| Asian | 36.8% | 3.3% | 16.3% |
| Hispanic/Latino | 5.3% | 6.7% | 6.1% |
| Native Hawaiian/Pacific Islander (NHPI) | 100% | 0% | 38.8% |
| Guam | 5.3% | N/A | 2.0% |
| Oahu | 63.2% | N/A | 24.5% |
| Samoa | 10.5% | N/A | 4.1% |
| Hawaii (Unspecified) | 5.3% | N/A | 2.0% |
| Missing | 15.8% | N/A | 6.1% |
| White/Caucasian | 15.8% | 30.0% | 24.5% |
| **Gender** | | | |
| Female | 73.7% | 6.7% | 32.7% |
| Male | 26.3% | 86.7% | 63.3% |
| Transgender (FTM) | 0.0% | 0.0% | 0.0% |
| Transgender (MTF) | 0.0% | 0.0% | 0.0% |
| Gender fluid/ Non-binary | 0.0% | 6.7% | 4.1% |
| Other (Specified): Xe/Xem | 0.0% | 3.3% | 2.0% |

*Note. *Respondents could select multiple answers so totals may not be equal to 100%.*

Table 2. Continued

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=19 | n=30 | n=49 |
| **Sexual Orientation** | | | |
| Straight | 100% | 6.7% | 42.9% |
| Bisexual | 0% | 6.7% | 4.1% |
| Gay or Lesbian | 0% | 80.0% | 49.0% |
| Asexual | 0% | 3.3% | 2.0% |
| Missing | 0% | 3.3% | 2.0% |
| **Languages Spoken at Home*** | | | |
| English | 100% | 100% | 100% |
| Spanish | 0% | 0% | 0% |
| Chamorro | 0% | 0% | 0% |
| Hawaiian | 0% | 0% | 0% |
| Pidgin | 10.5% | 0.0% | 4.1% |
| Portuguese | 0.0% | 3.3% | 2.0% |
| Samoan | 0% | 0% | 0% |
| Tagalog | 5.3% | 0.0% | 2.0% |
| Visaya | 5.3% | 0.0% | 2.0% |
| **Education Level** | | | |
| Grade 12 or GED Certificate (high school graduate) | 36.8% | 10.0% | 20.4% |
| Some technical school | 5.3% | 3.3% | 4.1% |
| Technical school graduate | 0.0% | 6.7% | 4.1% |
| Some college | 42.1% | 16.7% | 26.5% |
| College graduate | 10.5% | 40.0% | 28.6% |
| Postgraduate or professional degree | 5.3% | 23.3% | 16.3% |
| **Income** | | | |
| <$15,000 | 10.5% | 13.3% | 12.2% |
| $15,000 - <$35,000 | 15.8% | 10.0% | 12.2% |
| $35,000 - <$55,000 | 47.3% | 36.6% | 40.8% |
| $55,000 - <$75,000 | 10.5% | 10.0% | 10.2% |
| $75,000 - <$100,000 | 10.5% | 13.3% | 12.2% |
| $100,000 or More | 5.3% | 16.7% | 12.2% |
| **Home** | | | |
| House | 94.7% | 70.0% | 79.6% |
| Multi-unit housing (Apartment or Condo) | 5.3% | 30.0% | 20.4% |
| **Types of Tobacco Products Used*** | | | |
| Bidis | 0% | 3.3% | 2.0% |
| Cigarettes | 15.8% | 53.3% | 38.8% |
| Cigars | 5.3% | 33.3% | 22.4% |
| E-cigarettes/Vape | 73.7% | 30.0% | 46.9% |
| Hand-rolled cigarettes | 0% | 3.3% | 2.0% |
| Kreteks | 0% | 3.3% | 2.0% |
| Menthol Cigarettes | 5.3% | 3.3% | 4.1% |
| Pipes full of tobacco | 0% | 6.7% | 4.1% |
| Water pipe/Hookah | 0% | 6.7% | 4.1% |
| Missing | 10.5% | 3.3% | 6.1% |
| **Where did you hear about our focus group?** | | | |
| ACRC | 63.2% | 0% | 24.5% |
| Email | 0.0% | 3.3% | 2.0% |
| Family | 10.5% | 0.0% | 4.1% |
| Flyer | 0.0% | 3.3% | 2.0% |
| Friend | 31.6% | 10.0% | 18.4% |
| Las Vegas PRIDE | 0.0% | 10.0% | 6.1% |
| Silver State Equality | 0.0% | 6.7% | 4.1% |
| Social Media | 0.0% | 66.7% | 40.8% |

*Note. *Respondents could select multiple answers so totals may not be equal to 100%.*

## Native Hawaiian/Pacific Islander Community Summary *Tobacco Focus Groups*

**Reasons for Smoking or Vaping**

The participants overwhelmingly answered that they started to smoke or vape due to **peer pressure** either among friends, or at school. Participants reported that, **"everybody was doing it."** Also, smoking or vaping habits of family members influenced participants' choice to smoke or vape stating, "I've seen all generations in my family and friends that do it." **These social aspects** were the main reasons discussed for starting, then the smoking behavior became an addiction or habit. Smoking or vaping became an important way to **relieve stress** for the participants who stated that, **"it helps me get through the day."** Participants reported enjoying the taste or feel of the cigarette in their mouth as a reason to continue smoking or vaping behaviors.

**Perceptions of Smoking or Vaping**

Some participants classified themselves as just smokers or just vapers, while others reported transitioning from smoking to vaping. When asked about their personal opinion on smoking or vaping, many answered that they understood it as, **"bad for their health and addicting**." One participant commented, "I think it's a well-known thing that it's not good for you, but I think people just don't care." Participants reported that when they see their family or friends out smoking, their behavior influences them to want to smoke or vape as well. Participants viewed vaping as a "better alternative to smoking like cigarettes and tobacco." Another participant mentioned that, "**vaping is more accepted** than smoking cigarettes because it – you don't, you know, smell like an ash tray. It actually smells like fruits or something."

However, when asked about the perceptions of their families or friends regarding their smoking or vaping, many responded that, **"my family wants me to quit."** Family members have laughed at or made participants feel shame for their use of cigarettes or vapes.

> "For me it's the same – it's like – well it's crazy because it's mostly like either my husband or younger generation that want me to quit. But then people that are – that I hang out with and socialize with and the elders that I know that all smoke, they don't really care. And then I'll sometimes get comments, like wow, you have no shame. You're brave. And I'm like for what? Smoking? I don't understand. Like meh. But I – we start to get shamed from the younger ones for smoking."

**Community Cultural Beliefs and Influence on Smoking or Vaping**

When participants were asked if cultural beliefs influenced their opinion of smoking or vaping, a few felt it was **"normalized"** in the community. In fact, participants believed that "people don't correct or encourage other people to quit because it kind of like they feel that it's not their business." Another participant felt that:

> "…where I'm from in Hawaii, like everybody does it and when we reach a certain age we kinda co-mingle with our elders and you know it's kinda like whatever… we're kind of a laid back type of people, so I don't know if you know they stress so much about quitting once you hit a certain age."

However, when looking further into cultural differences within the population, one participant stated that on their Chamorro side, "nobody really cared," but on their Filipino side people did care that they continued to smoke. Generational differences for perceptions of smoking or vaping were noted. Participants discussed that the **younger generation wants them to quit smoking**, and that even in their younger years they had encouraged their parents to quit. However, older participants are brushing off these remarks in favor of continuing to smoke. Others indicated that their children, "reminded me how smoking is bad," but the use of cigarettes or vapes continued no less.

**Perceptions and Motivation to Quit**

When the participants were asked if they thought about quitting, the majority of them stated that they had, with responses like, "daily" or, **"I know I gotta quit."** But many echoed **that it is hard to quit,** and they succumb to the pressure or stress that leads them to smoke or vape. Some participants felt that they could control their urges to use tobacco or that because they used "0 nicotine" vapes, it did not matter if they tried to quit. However, participants did mention **quitting for pregnancy.** One participant states:

> "I quit every single time I was pregnant. I quit, and then as soon as I stopped breastfeeding, then I went back. It was never really a thing to-- I never thought I would quit for good. Or it was the stress that led me back, I don't know."

The **social aspects of smoking or vaping make it difficult to quit** for many participants. As long as they are surrounded by family, friends, or work situations that involve smoking, they will likely stick with it. Another participant mentioned that to quit they would need a new hobby or, **"something else to replace"** smoking. Also, the majority of participants stated that, **"price wouldn't matter"** in deterring them from smoking or vaping, but maybe they would cut back.

Motivation to quit would be a **health issue/trying to exercise more,** quitting for their kids, or a **mandatory situation** (if a job mandated that they could not smoke or vape). A few were driven by **being a good, "model for these young kids,"** but circled back to how difficult it is to break the habit.

**Attempts to Quit and How to be Successful**

When participants were asked if they tried to quit, many discussed that they had **"cut down"** on nicotine or **switched to vaping** and saw that as better. They mentioned that they could quit cigarettes, but still used vapes, "because it's a little better." A couple women did mention **quitting during pregnancies,** but did not successfully break their habit in the long run. Two participants stated that they quit "cold turkey" after hospitalization or contracting COVID-19.

However, if they would not have had those experiences, then they would not have quit. Another participant quit in order to be a role model to their students.

In order to be successful at quitting or cutting down on use, participants reported using products to help, "**keep the nicotine level to a minimum."** Others stated that having their smoking or vaping products "out of sight" helped them to quit, and being able to quit with a friend or partner was helpful.

Participants suggested that there needs to be a product to make smoking or vaping "taste gross" so that they would not enjoy it as much. Some have purchased gum, patches, or prescription pills like Chantix to help them attempt to quit. Many participants would be interested in trying these products if they were **more accessible or provided free** to them. A point was made that cigarettes are very easy to buy, but substitutes are more difficult to get.

> "You walk into any convenience store anywhere and get anything to smoke, but if you wanted a substitute you have to go through a doctor…you can't just walk into a drug store or a convenience store and get that I mean."

> "Stuff is all locked up when you go to the stores, so you have to go ask someone for it, but if it was at the counter before you pay like a Snickers and all of that, and you could just grab a pack of gum or… I don't know what else. Patches. I think it would be easily accessible [and] right there so you can see it."

However, there are concerns about how the substitutes would make them feel, such as being grouchy or having the cravings come back, which prevents them from wanting to quit.

> "Like I don't want to take it and still be craving or have suicidal thoughts because that's what they said. But like if there was a pill you could take or like hypnotize or something. I would try that**. But I don't want to try something and still have craving because then the craving always wins**…and you go right back to smoking."

**Information and Resources on Quitting**

When participants were asked where they would go for information about quitting and where resources should be advertised, many participants agreed that the location for resource advertisements should be **easily accessible for everyone** to consume, for example **social media**. Platforms with advertising like Facebook, Instagram, Hulu, Pandora, and YouTube were mentioned as ways to reach people who do not subscribe to premium services. Other suggestions were grocery stores, food establishments, smoke shops, the radio, or places, **"you can see it every day."** However, participants reported that when they received mailed flyers with information about quitting, they would "throw it away." Participants mentioned seeing or getting information from doctor's offices.

**Familiarity with Island eNVy**

When participants were asked about their familiarity with the health awareness and smoking prevention brand for Native Hawaiians and Pacific Islanders called **Island eNVy**, there was a **mixed response.** One participant who knew of the brand stated:

> "Oh, I think it's great. I think it's good because you know Islanders are naturally unhealthy, just on our diet and our culture, so I think it's a **good way to promote healthy living**. You know if it could help us all quit smoking, that would be better, but I support that Island eNVy."

Other participants who had heard of the brand liked that they could be found at **community events**, such as Pure Aloha. They appreciated that the events were family friendly with crafts or other things to do, but Island eNVy could still "get the word out."

**Consumption of Advertisements and Effectiveness**

When participants were asked about where they consume advertisements, a few responded that **the information is "everywhere,"** and "it's not that we don't have the information… [it is that it] doesn't motivate us to quit unless we have like … our friends, our families, personal experience." Again, **social media** is a main source for advertisement consumption. Participants see or listen to advertisements on Facebook, Instagram, TikTok, Hulu, Pandora, or the radio. There was a split of premium streaming services (paid to not hear advertisements) among participants; they felt that the younger generation paid for the premium service more often.

Several participants even discussed seeing **graphic advertisements** on television about smoking and that it **"scares you at the moment,"** but there needs to be further motivation to quit, because those advertisements make "you think please, God, don't let that be me, you know, and then you continue smoking." Additionally, they felt that the graphic advertisements would be good for the younger generation who has not yet started smoking. An important distinction brought up by the participants was that **these graphic advertisements are usually for cigarette smoking, so the perception that vaping is not harmful** and better than smoking persists.

Another point of view the participants thought could be effective was **addressing "second-hand smoke"** and how detrimental it can be to the health of those around you, especially the children. However, to be truly effective, the participants strongly felt any message must get at their **personal motivation.**

> "You can watch all the videos, but at the end of the day it starts with you, and you have to want to make that choice for yourself and take a moment to like step back and like list all your reasons because there are so many reasons out there that should drive you to try and stop."

**Sources of Media or Outreach for Community Engagement**

When participants were asked about what types of media or outreach would help engage their community, they discussed **events or groups that focus on their specific community.** Some examples included: Pure Aloha, 2 Scoops of Aloha, as well as community specific publications such as the Kama'aina Magazine, community specific groups such as 9th island, Mainlander Islanders or the UNLV Ewalu club, and the Native Hawaiian/ Pacific Islander dental offices such as Aloha Dentistry or Aloha Smiles. In addition, radio stations were mentioned such as Little Grass Shack or Pipeline to Paradise. **Food and music festivals** (e.g. Life is Beautiful) were mentioned as a good idea since "there's a lot of Hawaii people too that go there as well."

The participants felt that it would be good for the community **to see the "counter" side of smoking** at any of these community events so, "the Islanders can see it, like visually see it." They like the idea of having **booths at these events giving out free products** (e.g. patches or gum) to make smoking cessation products easily available, especially since the tobacco or vaping companies have booths to hand out free products.

> "You know if you're walking past Pure Aloha and you pass a booth, they give you Nicorette gum, I would be like ooh, you know, instead of like my next cigarettes, I'd put a gum in my mouth and try that."

**Final Participant Thoughts**

When the participants were asked if there was anything else they'd like to share they made two overall points: **non-smoking products need to be accessible, and they need to personally be motivated to quit.** Many of the participants voiced ideas such as, "at the end of the day it starts with you and you have to want to make that choice for yourself." They do not want to be "looked down on" or shamed if they fail in their attempts to quit. To make the personal choice to quit smoking or vaping easier, the products to help them quit need to be more accessible and visually represented to them.

## LGBTQIA+ Community Summary *Tobacco Focus Groups*

**Reasons for Smoking or Vaping**

Overwhelmingly participants answered that they started to smoke or vape due to **peer pressure** among their friends or due to "low self-esteem" and that they **"wanted to be part of the group."** Many participants discussed picking up the habit by watching family members like parents or aunts smoking during their lives. For example, one participant wanted to emulate his father saying, "I ended up smoking just to follow his footsteps." Another stated, "I grew up in the family where everyone was taking tobacco." These **social aspects** were the main reasons discussed for starting to smoke or vape, or joining in on smoking or vaping with friends, at social events such as parties. Smoking or vaping became an important way to **relieve stress** for the participants, stating that it helped them to **"escape reality"** or "to calm down and enjoy life." The smoking or vaping then turned into a social habit or addiction that continues for many participants.

**Perceptions of Smoking or Vaping**

There was a mix of just smokers or vapers, and a few who transitioned from smoking to vaping. When asked about their personal opinion on smoking or vaping, many answered that they understood it was **harmful to their health and an addicting habit**. Quite a few of the participants **perceived vaping as better for you than smoking**. One person stated, "I think vaping is much safer than smoking because vaping was created to reduce to be a risk reduction strategy." However, there were some mixed thoughts on if vaping was indeed better. Another participant stated, "I think in the long run both of them are harmful." A couple of other participants felt that vaping was more dangerous than cigarettes, or they did not like that vapes felt less natural.

When asked about the perceptions that their families or friends have about their smoking or vaping habits, many responded, **"my family is against smoking and vaping"** or that "my Mom **says I should quit."** The participants feel that their family members want them to quit to improve their health, but their families do not "want to provide a solution" to help them quit. Another participant noted that their family is okay with vaping because "they also know that it's 0% nicotine. So, you know, they realize that I'm not using the vape as a gateway drug back to cigarettes." Other participants have had friends or doctors encourage them to quit their smoking or vaping habit.

Another perspective discussed by a couple of participants was that their families have a **negative connotation about smoking** or that they see smokers as people "who have lost purpose in life," but the participants disagreed. They felt that they try to, "make sure that my family's space is protected," by being conscious about when and where they smoke.

**Community Cultural Beliefs and Influence on Smoking or Vaping**

When participants were asked if cultural beliefs influenced their opinion of smoking or vaping, there were mixed responses as to whether or not it is accepted by the community, but many felt that the, **"majority of LGBTQ people in my community smoke and vape."**

There is a mixed perception on if it is accepted by the community, but many agreed there were lots of smokers and vapers in the community. It was discussed that the prevalence of use, in the community influenced them to smoke and vape too. However, one participant hopes the younger generation does not follow the habit saying:

> "I don't like seeing young folks being the way I was, and I would say that they need to receive advice that sometimes the solution of rejection in society, the problems of self-esteem doesn't have [to have the] connection and result to drugs."

**Religious and cultural connections** were brought up as well. One participant identified that as a Native American, smoking "was a way of providing to our ancestors and the spirits" during pow-wows while they were growing up. On the other hand, a few participants had relatives with strong connections to Black Churches, and "they saw it as bad." A couple participants stated, **"I don't think they're smoking cigarettes in heaven,"** and this makes them want to smoke less. Specifically, regarding the **African American community**, a participant noted that the "African American community in Mississippi you find majority of the young population smoke" and another discussed how "Menthol is a black kind of smoke…So, I did it as a racial thing then, switched from regular to menthol."

**Perceptions and Motivation to Quit**

When the participants were asked if they thought about quitting, the majority of them responded with answers like **"sometimes I feel like quitting."** However, this statement was usually followed with, **"it's not so easy to stop."** A few also mentioned that they have not thought about quitting but have worked to **reduce their usage or do not smoke often**, stating:

> "I'm not about the quitting, but I'm into advocating for like reducing the consumptions."

> "I reason with myself saying since I do not smoke often, I rationalize that it's 'okay.'"

The **social aspect of smoking or vaping makes it difficult to walk away from** for many participants. Motivations to quit for participants ranged from **health reasons, "the smell and cost,"** and being better for their children/family/friends. Quite a few also noted that "the will to quit has to come from the person themselves."

**Attempts to Quit and How to be Successful**

When participants were asked if they had tried to quit, many discussed that they have **attempted to quit, but were not successful.** One participant states, "I try. I quit it one time and come back and now I try again. I hope I don't wanna come back and smoke again." A few other participants noted that they had **"reduced their consumption"** of cigarettes or nicotine pouches per day instead of quitting or that their use is only "here and there," especially when in social situations such as at a bar with friends and alcohol where they "feel the need to smoke."

To attempt to quit or cut down on use, participants reported trying products like NRT gum and patches, "going cold turkey," exercising more, talking to friends, "surrounding [themselves] with people who don't smoke," or using resources through their doctor. Some participants would be interested in trying products like the NRT gum or patches if they were **more accessible or provided free** to them. However, others mentioned that they tried these products without successful outcomes in the past, and instead the way to quit "has to be personal, finding a genuine motivation" or be based on "will power and habit changes."

They also like the idea of an application stating:

> "Apps, they are kind of economical. You don't have to pay a therapist. All you have to do is just download the app and just control yourself, and that's good."

However, a participant also brought up that they, **"don't know what method will make it stay that way because I can't still stay away from it."** There is a concern that it will be too hard to quit, and they do not want to fail again. They wonder if it would take being around more "non-smoking" environments or finding other ways to relieve stress.

**Information and Resources on Quitting**

When participants were asked where they would go for information about quitting and where resources should be advertised, many participants agreed that the location for resource advertisements should be **easily accessible for everyone** to consume, like **social media** (i.e. platforms with advertising like Facebook, Instagram, Twitter, TikTok, and YouTube). Others mentioned billboards or sponsored emails. They feel that it would be better if the information was **"specific to [the] community"** and that who the message comes from matters.

> "The most credible resources will be organization-based websites and institution-based websites that have credible systems and credible policy."

> "The best option for me is talking to someone, a professional or someone that has been there and has overcome the addiction."

**Familiarity with CRUSH**

When participants were asked about their familiarity with the health awareness and smoking prevention brand for LGBTQIA+ named CRUSH, they responded with **"never heard of it" or "not aware of it."**

**Consumption of Advertisements and Effectiveness**

When participants were asked about where they consume advertisements, **social media** is the main source for advertisement consumption. Participants see or listen to advertisements on Facebook, Instagram, TikTok, Hulu, and while listening to music or the radio. When asked about printed advertisement or media, the response was "I don't think prints are more effective" and can be ignored easier, although a couple read the Spectrum magazine.

**Sources of Media or Outreach for Community Engagement**

When participants were asked about what types of media or outreach would help engage their community, they discussed **events or groups that focused on their specific community.** Specifically, they would want to see outreach at "PRIDE events, LGBTQIA+ events such as fundraisers for AIDS/Awareness," the black and white ball, walks, the Center, and engagement with "LGBTQIA+ non-profits" and "influential clubs." When pressed further about the influence of clubs and drag queens, a couple of participants added:

> "Sin City Sisters who are already active with HIV so maybe piggy backing on them."
>
> "I feel like the bigger names are more influential."

Participants were very interested with the idea of **smoke-free events in the community**. Many stated, "I will attend," "I think that's a great idea" or "that would not stop me from going." They like the idea of having social support and that their partners would enjoy the events more.

> "I know that if there was a tobacco-free LGBT event or social group event, I know my spouse would go because he hates smoking, and he hates when I do it, but he just deals with it. But he would be all for that…I know he would appreciate the gay support at the community event and then supporting me knowing that it's a non-smoking event."

**Final Participant Thoughts**

When the participants were asked if there was anything else they would like to share, they stated that they were thankful for the focus group. One in particular said, "I just think it's good that you guys are looking for ways – new ways, alternative ways – to get the message in front of people."

# SURVEY RESULTS

The following sections provide results for each category of questions asked in the Survey: user demographics, marijuana use, tobacco use and smoking practices, tobacco exposure, tobacco cessation, and perceptions of harm for each of the priority populations: NHPI and LGBTQIA+. All result tables in the sections below present unweighted data.

## Demographics of Survey Respondents

The following table provides the demographic characteristics for the 40 Native Hawaiian/Pacific Islander (NHPI) respondents and 52 LGBTQIA+ respondents who completed the survey. The total column represents the demographic information for all of the respondents. It is important to note that some participants identified as being a member of both populations, so some totals may overlap.
A majority of respondents were between the ages of 22-40 (42.5% for NHPI and 53.8% for LGBTQIA+). A majority of LGBTQIA+ respondents identified as White/Caucasian (65.4%). Those that identified as Native Hawaiian/Pacific Islander (NHPI) were asked specifically what Island they were from. 13.1% of respondents noted that they speak Hawaiian in the home. 17.5% of NHPI respondents either completed Grade 12 or their GED certificate, or were college graduates. A majority of LGBTQIA+ respondents completed some college as their highest level of education (32.7%). Out of all respondents, 47.6% identified as male, while 39.3% identified as female. Out of all respondents, 4.8% identified as Transgender (FTM) and 3.6% identified as Transgender (MTF) or Gender Fluid/Non-Binary. Out of all respondents, 36.9% identified as Straight, while 42.9% identified as Gay or Lesbian. Moreover, 13.1% identified as Bisexual. Other specifications respondents listed included Polyamorous (1.2%) and Pansexual (1.2%). A majority of respondents were employed (60.7%), lived in a house (61.9%), and had private health insurance (48.8%). Most of the NHPI respondents were made aware of the survey at May Day Festival (25.0%), through a friend or family member (12.5%), or through social media (15.0%). Most of the LGBTQIA+ respondents were made aware of the survey through Henderson Equality's Bingo Night (21.2%), Las Vegas PRIDE Bingo Night (21.2%), and Social Media (19.2%).

Table 3. Demographics of Survey Respondents

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| **Demographics** | n=40 | n=52 | n=84 |
| Age | | | |
| 18-21 | 0.0% | 5.8% | 3.6% |
| 22-40 | 42.5% | 53.8% | 47.6% |
| 41-60 | 30.0% | 19.2% | 25.0% |
| 61+ | 7.5% | 13.5% | 11.9% |
| Prefer not to answer | 20.0% | 7.7% | 11.9% |
| Race* | n=40 | n=52 | n=84 |
| African-American/Black | 0.0% | 5.8% | 3.6% |
| Asian | 7.5% | 1.9% | 4.8% |
| Hispanic/Latino | 0.0% | 11.5% | 7.1% |
| Native Hawaiian/Pacific Islander (NHPI) | 100.0% | 15.4% | 47.6% |
| White/Caucasian | 5.0% | 65.4% | 42.9% |
| Other | 2.5% | 0.0% | 1.2% |
| *Island (NHPI)* | n=40 | n=8 | n=40 |
| Fiji | 5.0% | 25.0% | 5.0% |
| Honolulu | 5.0% | 0.0% | 5.0% |
| Maui | 7.5% | 12.5% | 7.5% |
| Molokai | 2.5% | 0.0% | 2.5% |
| Oahu | 7.5% | 0.0% | 7.5% |
| Samoa | 10.0% | 0.0% | 10.0% |
| Tahiti | 2.5% | 0.0% | 2.5% |
| Upolu | 2.5% | 0.0% | 2.5% |
| Hawaii (Unspecified) | 5.0% | 12.5% | 5.0% |
| Prefer not to answer | 52.5% | 50.0% | 52.5% |
| Languages Spoken at Home* | n=40 | n=52 | n=84 |
| English | 95.0% | 96.2% | 97.6% |
| Spanish | 5.0% | 11.5% | 8.3% |
| Fijian | 5.0% | 3.8% | 2.4% |
| Hawaiian | 27.5% | 3.8% | 13.1% |
| Pidgin | 15.0% | 3.8% | 7.1% |
| Samoan | 12.5% | 0.0% | 6.0% |
| Tagalog | 0.0% | 1.9% | 1.2% |
| Other | 2.5% | 5.8% | 4.8% |
| Education Level | n=40 | n=52 | n=84 |
| Some high school (grades 9-11) | 2.5% | 1.9% | 2.4% |
| Grade 12 or GED Certificate (high school graduate) | 17.5% | 13.5% | 15.5% |
| Some technical school | 12.5% | 1.9% | 7.1% |
| Technical school graduate | 5.0% | 7.7% | 6.0% |
| Some college | 30.0% | 32.7% | 29.8% |
| College graduate | 17.5% | 26.9% | 25.0% |
| Postgraduate or professional degree | 12.5% | 15.4% | 13.1% |
| Prefer not to answer | 2.5% | 0.0% | 1.2% |
| Gender | n=40 | n=52 | n=84 |
| Female | 65.0% | 19.2% | 39.3% |
| Male | 32.5% | 59.6% | 47.6% |
| Transgender (FTM) | 2.5% | 7.7% | 4.8% |
| Transgender (MTF) | 0.0% | 5.8% | 3.6% |
| Gender fluid/ Non-binary | 0.0% | 5.8% | 3.6% |
| Still determining/ Don't know | 0.0% | 1.9% | 1.2% |
| Sexual Orientation | n=40 | n=52 | n=84 |
| Straight | 77.5% | 0.0% | 36.9% |
| Bisexual | 0.0% | 21.2% | 13.1% |
| Gay or Lesbian | 20% | 69.2% | 42.9% |
| Other (specified): Pansexual | 0.0% | 1.9% | 1.2% |
| Other (specified): Polyamorous | 0.0% | 1.9% | 1.2% |
| Other (specified): Transgender Straight | 0.0% | 3.8% | 2.4% |
| Still determining/ Don't know | 0.0% | 1.9% | 1.2% |
| Prefer not to answer | 2.5% | 0.0% | 1.2% |

*Note. *Respondents could select multiple answers so totals may not be equal to 100%.*

Table 3. Continued

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| **Demographics** | n=40 | n=52 | n=84 |
| Income | n=40 | n=52 | n=84 |
| <$15,000 | 0.0% | 9.6% | 6.0% |
| $15,000 - <$25,000 | 10.0% | 7.7% | 8.3% |
| $25,000 - <$35,000 | 7.5% | 13.5% | 10.7% |
| $35,000 - <$45,000 | 10.0% | 9.6% | 9.5% |
| $45,000 - <$55,000 | 12.5% | 13.5% | 13.1% |
| $55,000 - <$65,000 | 15.0% | 5.8% | 9.5% |
| $65,000 - <$75,000 | 12.5% | 9.6% | 9.5% |
| $75,000 - <$100,000 | 12.5% | 15.4% | 14.3% |
| $100,000 or More | 10.0% | 7.7% | 9.5% |
| Don't know | 5.0% | 3.8% | 4.8% |
| Prefer not to answer | 5.0% | 3.8% | 4.8% |
| Employment Status | n=40 | n=52 | n=84 |
| Employed | 75.0% | 55.8% | 60.7% |
| Self-employed | 7.5% | 15.4% | 13.1% |
| Out of work and looking for work | 2.5% | 7.7% | 6.0% |
| Student | 0.0% | 9.6% | 6.0% |
| Retired | 10% | 9.6% | 10.7% |
| Prefer not to answer | 5.0% | 1.9% | 3.6% |
| Home | n=40 | n=52 | n=84 |
| House | 60.0% | 61.5% | 61.9% |
| Multi-unit housing (Apartment or Condo) | 35.0% | 38.5% | 35.7% |
| Other | 5.0% | 0.0% | 2.4% |
| Health Insurance | n=40 | n=52 | n=84 |
| Private | 42.5% | 53.8% | 48.8% |
| Medicaid | 20.0% | 23.1% | 21.4% |
| Medicare | 22.5% | 15.4% | 19.0% |
| Nevada Check-Up | 5.0% | 1.9% | 3.6% |
| I do not have health insurance | 5.0% | 1.9% | 3.6% |
| Prefer not to answer | 5.0% | 3.8% | 3.6% |
| Location Made Aware of Survey | n=40 | n=52 | n=84 |
| 2 Scoops of Aloha Pop Up Event | 10.0% | 0.0% | 4.8% |
| Friend/Family Member | 12.5% | 5.8% | 8.3% |
| Henderson Equality Center (Bingo Night) | 2.5% | 21.2% | 13.1% |
| Internet | 0.0% | 3.8% | 2.4% |
| Las Vegas PRIDE | 0.0% | 5.8% | 3.6% |
| Las Vegas PRIDE Bingo Night | 2.5% | 21.2% | 13.1% |
| LVHCC Email | 2.5% | 0.0% | 1.2% |
| LVHCC Golf Tournament | 5.0% | 1.9% | 2.4% |
| May Day Festival | 25.0% | 0.0% | 11.9% |
| Social Media | 15.0% | 19.2% | 16.7% |
| The Center | 0.0% | 1.9% | 1.2% |
| UNLV | 5.0% | 1.9% | 3.6% |
| Prefer not to answer | 20.0% | 17.3% | 17.9% |

*Note. *Respondents could select multiple answers so totals may not be equal to 100%.*

## Marijuana Use

Before questions were asked about tobacco use and practices, a few survey items focused on marijuana use. In the NHPI community, out of 40 survey respondents, 40.0% reported being a current or past regular user of marijuana. In the LGBTQIA+ community, out of 52 survey respondents, 61.5% reported being a current or past regular user of marijuana. The tables below summarize marijuana use and practices of survey respondents that are current marijuana users.

Table 4. Regular User of Marijuana

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 40.0% | 61.5% | 53.6% |
| No | 57.5% | 36.5% | 44.0% |
| Prefer not to answer | 2.5% | 1.9% | 2.4% |

For respondents that selected yes to currently using or being a past user of marijuana, they were asked their most common ways of consuming marijuana. For both NHPI and LGBTQIA+ respondents, smoking it was found to be the most common way of using marijuana (81.3% and 68.8% respectively), followed by vaporizing it (37.5% and 43.8% respectively), and eating it (37.5% and 40.6% respectively).

Table 5. Methods of Consumption for Marijuana

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=16 | n=32 | n=45 |
| Smoke it (for example, in a joint, bong, pipe, or blunt) | 81.3% | 68.8% | 73.3% |
| Eat it (for example, in brownies, cakes, cookies, or candy) | 37.5% | 40.6% | 42.2% |
| Drink it (for example, in tea, cola, or alcohol) | 25.0% | 18.8% | 17.8% |
| Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) | 37.5% | 43.8% | 42.2% |
| Dab it (for example, using waxes or concentrates) | 6.3% | 12.5% | 11.1% |
| Use it some other way | 6.3% | 12.5% | 8.9% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

For respondents that selected yes to currently using or being a past user of marijuana, they were asked at which age they first started to use marijuana. For NHPI respondents, a majority were found to have started using marijuana from either 18-20 or 21+ (both 31.3%), while a majority (43.8%) of LGBTQIA+ respondents were found to have started using marijuana from 18-20.

Table 6. Age of First Use for Marijuana

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=16 | n=32 | n=45 |
| <15 | 12.5% | 9.4% | 11.1% |
| 15-17 | 18.8% | 37.5% | 31.1% |
| 18-20 | 31.3% | 43.8% | 37.8% |
| 21+ | 31.3% | 9.4% | 17.8% |
| Prefer not to answer | 6.3% | 0.0% | 2.2% |

## Tobacco Use and Practices

One of the primary objectives of the survey was to gain knowledge and understanding of current tobacco user behaviors. To do so, a series of questions that focused on the tobacco use and practices of current and past frequent tobacco product users were presented to each survey respondent. First, respondents were asked if they had used any tobacco products within the past 30 days, and for those that selected that they currently don't use tobacco products, they were asked what year they last used tobacco products.

Table 7. Tobacco Use, past 30 days

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 57.5% | 55.8% | 54.8% |
| No, I don't currently use tobacco products | 35.0% | 40.4% | 40.5% |
| Prefer not to answer | 7.5% | 3.8% | 4.8% |

Table 8. Number of Years Ago Last Used Tobacco

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=14 | n=21 | n=34 |
| 5 or Less | 35.7% | 23.8% | 26.5% |
| 6-10 | 14.3% | 0.0% | 5.9% |
| 11-15 | 0.0% | 19.0% | 11.8% |
| 16-20 | 14.3% | 19.0% | 17.6% |
| 31-45 | 7.1% | 14.3% | 11.8% |
| Prefer not to answer | 28.6% | 23.8% | 26.5% |

Respondents were asked which products they most used regularly both currently and in the past. For both communities, cigarettes were reported as the most common type of product used, with 82.5% in the NHPI community and 80.8% in the LGBTQIA+ community reporting having used it regularly. E-cigarettes or other electronic "vaping" products were the second most common type of product used (27.5% and 28.8% respectively). For the LGBTQIA+ community, one person listed using Cloves (1.9%). The following table depicts the types of products most used in their respective populations.

Table 9. Tobacco Use Methods

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| E-cigarettes or other electronic "vaping" products | 27.5% | 28.8% | 28.6% |
| Cigarettes | 82.5% | 80.8% | 82.1% |
| Cigars, cheroots, or cigarillos | 15.0% | 11.5% | 13.1% |
| Hand-rolled cigarettes | 15.0% | 9.6% | 10.7% |
| Kreteks | 5.0% | 1.9% | 2.4% |
| Pipes full of tobacco | 7.5% | 1.9% | 3.6% |
| Water pipe/hookah sessions | 15.0% | 19.2% | 15.5% |
| Snuff, by mouth | 5.0% | 3.8% | 3.6% |
| Snuff, by nose | 5.0% | 1.9% | 3.6% |
| Chewing tobacco | 7.5% | 3.8% | 4.8% |
| Betel quid with tobacco | 2.5% | 0.0% | 1.2% |
| Spliffs (Tobacco and Marijuana joint) | 17.5% | 13.5% | 14.3% |
| Any Others (Specified: Cloves) | 0.0% | 1.9% | 1.2% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

After respondents reported use of a product, they were asked how old they were when they first used tobacco products f. The table below depicts the distribution of age of first use by each product included in the survey for the NHPI community. Among the NHPI respondents, 15.2% reported beginning using cigarettes under the age of 15. A majority of cigarette users (30.3%) began smoking between the ages of 15-17. A majority of e-cigarette users (45.5%) began at the age of 21+.

Table 10. Age of First Use for Tobacco Products, NHPI

| | <15 | 15-17 | 18-20 | 21+ | Prefer not to answer |
|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=11) | 0% | 18.2% | 9.1% | 45.5% | 27.3% |
| Cigarettes (n=33) | 15.2% | 30.3% | 12.1% | 24.2% | 18.2% |
| Cigars, cheroots, or cigarillos (n=6) | 0.0% | 0.0% | 16.7% | 50.0% | 33.3% |
| Hand-rolled cigarettes (n=6) | 0.0% | 33.3% | 33.3% | 16.7% | 16.7% |
| Kreteks (n=2) | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 0.0% | 0.0% | 33.3% | 33.3% | 33.3% |
| Water pipe/hookah sessions (n=6) | 0.0% | 50.0% | 16.7% | 16.7% | 16.7% |
| Snuff, by mouth (n=2) | 0.0% | 50.0% | 0.0% | 0.0% | 50.0% |
| Snuff, by nose (n=2) | 0.0% | 0.0% | 0.0% | 50.0% | 50.0% |
| Chewing tobacco (n=3) | 0.0% | 0.0% | 0.0% | 33.3% | 66.7% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 0.0% | 28.6% | 14.3% | 42.9% | 14.3% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

The table below depicts the distribution of age of first use by each product included in the survey for the LGBTQIA+ community. Among the LGBTQIA+ community, 14.3% of cigarette users reported beginning smoking under 15 years of age. A majority of cigarette users (47.6%) began from the ages of 18-20. A

majority of e-cigarette users (33.3%) and spliff users (42.9%) reported beginning at or after 21 years of age.

Table 11. Age of First Use for Tobacco Products, LGBTQIA+

| | <15 | 15-17 | 18-20 | 21+ | Prefer not to answer |
|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=15) | 0.0% | 20.0% | 20.0% | 33.3% | 26.7% |
| Cigarettes (n=42) | 14.3% | 26.2% | 47.6% | 7.1% | 4.8% |
| Cigars, cheroots, or cigarillos (n=6) | 0.0% | 0.0% | 66.7% | 16.7% | 16.7% |
| Hand-rolled cigarettes (n=5) | 0.0% | 20.0% | 40.0% | 20.0% | 20.0% |
| Kreteks (n=1) | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| Water pipe/hookah sessions (n=10) | 0.0% | 20.0% | 60.0% | 0.0% | 20.0% |
| Snuff, by mouth (n=2) | 0.0% | 0.0% | 0.0% | 50.0% | 50.0% |
| Snuff, by nose (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| Chewing tobacco (n=2) | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 0.0% | 14.3% | 28.6% | 42.9% | 14.3% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

The table below depicts the distribution of age of first use by each product included in the survey for all respondents. Overall, a majority of cigarette users began smoking between the ages of 18-20 (33.3%). A majority of e-cigarette users started between the ages of 15-17 (20.8%). A majority of cigar users began between the ages of 18-20 (45.5%), as well as hand-rolled cigarette users (44.4%).

Table 12. Age of First Use for Tobacco Products, Total

| | <15 | 15-17 | 18-20 | 21+ | Prefer not to answer |
|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=24) | 0.0% | 20.8% | 16.7% | 37.5% | 25.0% |
| Cigarettes (n=69) | 14.5% | 27.5% | 33.3% | 14.5% | 10.1% |
| Cigars, cheroots, or cigarillos (n=11) | 0.0% | 0.0% | 45.5% | 36.4% | 18.2% |
| Hand-rolled cigarettes (n=9) | 0.0% | 22.2% | 44.4% | 22.2% | 11.1% |
| Kreteks (n=2) | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 0.0% | 0.0% | 33.3% | 33.3% | 33.3% |
| Water pipe/hookah sessions (n=13) | 0.0% | 30.8% | 46.2% | 7.7% | 15.4% |
| Snuff, by mouth (n=3) | 0.0% | 33.3% | 0.0% | 33.3% | 33.3% |
| Snuff, by nose (n=3) | 0.0% | 0.0% | 0.0% | 66.7% | 33.3% |
| Chewing tobacco (n=4) | 0.0% | 0.0% | 25.0% | 25.0% | 50.0% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=12) | 0.0% | 16.7% | 25.0% | 41.7% | 16.7% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

After respondents reported the age at which they first used various tobacco products, they were asked where they purchase their products. This information could be used by public health professionals to target interventions that promote cessation or advertise the health effects of tobacco at or around common places of purchase.

The table below provides a breakdown of where users of each product reported purchasing the product for NHPI respondents. A majority of e-cigarette users (45.5%) and cigarette users (57.6%) reported buying their products at the grocery store. Other common locations included the Gas Station or Convenience store (36.4% of e-cigarette users and 54.5% of cigarette users). Cigar users (50.0%), spliff users (42.9%) and water pipe users (66.7%) were found to most often purchase their products at other locations than the ones listed below.

Table 13. Purchase Location for Tobacco Products, NHPI

| | Grocery Store | Pharmacy Store (e.g. Walgreens) | Gas Station/ Convenience Store (7-11) | Casino | Mail or Internet | Other |
|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=11) | 45.5% | 9.1% | 36.4% | 18.2% | 36.4% | 36.4% |
| Cigarettes (n=33) | 57.6% | 33.3% | 54.5% | 21.2% | 15.2% | 18.2% |
| Cigars, cheroots, or cigarillos (n=6) | 33.3% | 0.0% | 0.0% | 0.0% | 16.7% | 50.0% |
| Hand-rolled cigarettes (n=6) | 16.7% | 0.0% | 0.0% | 50.0% | 0.0% | 33.3% |
| Kreteks (n=2) | 0.0% | 0.0% | 100.0% | 100.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 0.0% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% |
| Water pipe/hookah sessions (n=6) | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 66.7% |
| Snuff, by mouth (n=2) | 50.0% | 0.0% | 0.0% | 50.0% | 50.0% | 50.0% |
| Snuff, by nose (n=2) | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% |
| Chewing tobacco (n=3) | 0.0% | 33.3% | 33.3% | 0.0% | 33.3% | 66.7% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 0.0% | 0.0% | 14.3% | 14.3% | 14.3% | 42.9% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

The table below provides a breakdown of where users of each product report purchasing the product for LGBTQIA+ respondents. A majority of e-cigarette users (53.3%) and cigarette users (54.8%) reported purchasing their products at a gas station or convenience store. Moreover, 46.7% of e-cigarette users reported purchasing their products at other locations than mentioned. Among LGBTQIA+ respondents, 50.0% of cigarette users reported buying their products at a grocery store, while 42.9% of spliff users purchased their products either through the mail or internet, or through another location not listed (42.9%).

Table 14. Purchase Location for Tobacco Products, LGBTQIA+

| | Grocery Store | Pharmacy Store (e.g. Walgreens) | Gas Station/ Convenience Store (7-11) | Casino | Mail or Internet | Other |
|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=15) | 26.7% | 20.0% | 53.3% | 0.0% | 20.0% | 46.7% |
| Cigarettes (n=42) | 50.0% | 28.6% | 54.8% | 16.7% | 14.3% | 21.4% |
| Cigars, cheroots, or cigarillos (n=6) | 16.7% | 0.0% | 33.3% | 16.7% | 16.7% | 50.0% |
| Hand-rolled cigarettes (n=5) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 60.0% |
| Kreteks (n=1) | 0.0% | 0.0% | 100.0% | 100.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| Water pipe/hookah sessions (n=10) | 0.0% | 0.0% | 10.0% | 10.0% | 20.0% | 50.0% |
| Snuff, by mouth (n=2) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 50.0% |
| Snuff, by nose (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| Chewing tobacco (n=2) | 0.0% | 0.0% | 0.0% | 0.0% | 50.0% | 100.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 0.0% | 0.0% | 28.6% | 14.3% | 42.9% | 42.9% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%*.

The table below provides a breakdown of where users of each product report purchasing the product for all respondents. Among all cigarette users, 52.2% purchased their products at grocery stores, while 55.1% purchase through gas stations or convenience stores. Furthermore, 45.8% of e-cigarette or vape users reported purchasing their tobacco products at a gas station or convenience store.

Table 15. Purchase Location for Tobacco Products, Total

| | Grocery Store | Pharmacy Store (e.g. Walgreens) | Gas Station/ Convenience Store (7-11) | Casino | Mail or Internet | Other |
|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=24) | 33.3% | 12.5% | 45.8% | 8.3% | 29.2% | 37.5% |
| Cigarettes (n=69) | 52.2% | 30.4% | 55.1% | 18.8% | 10.1% | 18.8% |
| Cigars, cheroots, or cigarillos (n=11) | 27.3% | 0.0% | 18.2% | 9.1% | 18.2% | 45.5% |
| Hand-rolled cigarettes (n=9) | 11.1% | 0.0% | 0.0% | 33.3% | 0.0% | 44.4% |
| Kreteks (n=2) | 0.0% | 0.0% | 100.0% | 100.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 0.0% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% |
| Water pipe/hookah sessions (n=13) | 0.0% | 0.0% | 7.7% | 23.1% | 15.4% | 46.2% |
| Snuff, by mouth (n=3) | 33.3% | 0.0% | 0.0% | 33.3% | 33.3% | 33.3% |
| Snuff, by nose (n=3) | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% | 66.7% |
| Chewing tobacco (n=4) | 0.0% | 25.0% | 25.0% | 0.0% | 50.0% | 75.0% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=12) | 0.0% | 0.0% | 16.7% | 16.7% | 25.0% | 50.0% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

After respondents reported where they purchase their products, they were asked the reasons why they started using this product. The table below provides a breakdown of the reasons why NHPI respondents started using each of the respective products. For e-cigarette users, the most common reasons were wanting something in my hand and relieving stress (36.4%). For cigarette users, the most common reasons were relieving stress (54.5%) and it feels good (30.3%).

Table 16. Reason for Using Tobacco Product, NHPI

| | It stimulates me & gives me energy | I want something in my hand | It feels good | It relieves my stress | I'm hooked | It's part of my routine | I am a social smoker | Other |
|---|---|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=11) | 18.2% | 36.4% | 18.2% | 36.4% | 27.3% | 27.3% | 0.0% | 0.0% |
| Cigarettes (n=33) | 21.2% | 24.2% | 30.3% | 54.5% | 27.3% | 27.3% | 12.1% | 9.1% |
| Cigars, cheroots, or cigarillos (n=6) | 0.0% | 16.7% | 33.3% | 33.3% | 16.7% | 0.0% | 0.0% | 33.3% |
| Hand-rolled cigarettes (n=6) | 33.3% | 0.0% | 0.0% | 33.3% | 0.0% | 33.3% | 0.0% | 0.0% |
| Kreteks (n=2) | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 0.0% |
| Water pipe/hookah sessions (n=6) | 0.0% | 0.0% | 16.7% | 50.0% | 0.0% | 16.7% | 33.3% | 33.3% |
| Snuff, by mouth (n=2) | 50.0% | 0.0% | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Snuff, by nose (n=2) | 0.0% | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Chewing tobacco (n=3) | 33.3% | 33.3% | 0.0% | 66.7% | 0.0% | 33.3% | 0.0% | 33.3% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 28.6% | 28.6% | 28.6% | 14.3% | 0.0% | 14.3% | 14.3% | 14.3% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

The table below provides a breakdown of the reasons why LGBTQIA+ respondents started using each of the respective products. For e-cigarette users, the most common reasons were that it relieves my stress (73.3%), it feels good (46.7%), and it's part of my routine (46.7%). For cigarette users, the most common reasons were that it feels good (52.4%), it relieves my stress (50%), and it stimulates me and gives me energy (28.6%).

Table 17. Reason for Using Tobacco Product, LGBTQIA+

| | It stimulates me & gives me energy | I want something in my hand | It feels good | It relieves my stress | I'm hooked | It's part of my routine | I am a social smoker | Other |
|---|---|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=15) | 26.7% | 26.7% | 46.7% | 73.3% | 40.0% | 46.7% | 20.0% | 6.7% |
| Cigarettes (n=42) | 28.6% | 16.7% | 52.4% | 50.0% | 19.0% | 28.6% | 14.3% | 2.4% |
| Cigars, cheroots, or cigarillos (n=6) | 16.7% | 33.3% | 16.7% | 33.3% | 16.7% | 33.3% | 50.0% | 0.0% |
| Hand-rolled cigarettes (n=5) | 0.0% | 20.0% | 0.0% | 60.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Kreteks (n=1) | 0.0% | 0.0% | 100.0 % | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Water pipe/hookah sessions (n=10) | 0.0% | 0.0% | 30.0% | 40.0% | 0.0% | 10.0% | 40.0% | 0.0% |
| Snuff, by mouth (n=2) | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Snuff, by nose (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0 % |
| Chewing tobacco (n=2) | 50.0% | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=7) | 28.6% | 14.3% | 28.6% | 28.6% | 0.0% | 0.0% | 28.6% | 0.0% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

The table below provides a breakdown of the reasons why all respondents in total started using each of the respective products. Among all respondents, 54.2% of those who use e-cigarettes and vape do it

because it relieves their stress. Moreover, 37.5% use it because it feels good, while the same percentage use it because it is part of their routine. For 50.7% of cigarette users, the most common reasons were that it relieves stress, while 42% said it feels good.

Table 18. Reason for Using Tobacco Product, Total

| | It stimulates me & gives me energy | I want something in my hand | It feels good | It relieves my stress | I'm hooked | It's part of my routine | I am a social smoker | Other |
|---|---|---|---|---|---|---|---|---|
| E-cigarettes or other electronic "vaping" products (n=24) | 25.0% | 33.3% | 37.5% | 54.2% | 33.3% | 37.5% | 12.5% | 4.2% |
| Cigarettes (n=69) | 26.1% | 20.3% | 42.0% | 50.7% | 23.2% | 27.5% | 14.5% | 5.8% |
| Cigars, cheroots, or cigarillos (n=11) | 9.1% | 27.3% | 27.3% | 27.3% | 18.2% | 18.2% | 27.3% | 18.2% |
| Hand-rolled cigarettes (n=9) | 22.2% | 11.1% | 0.0% | 44.4% | 0.0% | 22.2% | 0.0% | 0.0% |
| Kreteks (n=2) | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% |
| Pipes full of tobacco (n=3) | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 33.3% | 0.0% |
| Water pipe/hookah sessions (n=13) | 0.0% | 0.0% | 23.1% | 30.8% | 0.0% | 7.7% | 38.5% | 15.4% |
| Snuff, by mouth (n=3) | 33.3% | 0.0% | 0.0% | 33.3% | 0.0% | 0.0% | 0.0% | 0.0% |
| Snuff, by nose (n=3) | 0.0% | 0.0% | 33.3% | 0.0% | 0.0% | 0.0% | 0.0% | 33.3% |
| Chewing tobacco (n=4) | 50.0% | 25.0% | 25.0% | 50.0% | 0.0% | 25.0% | 0.0% | 25.0% |
| Betel quid with tobacco (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Spliffs (Tobacco and Marijuana joint) (n=12) | 25.0% | 25.0% | 25.0% | 25.0% | 0.0% | 8.3% | 16.7% | 8.3% |
| Any Others (Specified: Cloves) (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

## Tobacco Exposure

Respondents were asked if they had been exposed to secondhand smoke at home; 40% of NHPI respondents were exposed to secondhand smoke at home, while 25% of LGBTQIA+ respondents were exposed to secondhand smoke at home.

Table 19. Exposed to SHS at Home, past 30 days

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 40.0% | 25.0% | 31.0% |
| No | 55.0% | 75.0% | 66.7% |
| Prefer not to answer | 5.0% | 0.0% | 2.4% |

In addition, respondents were asked about their work setting to assess participant's workplace exposure to second-hand smoke (SHS). This question was included because under The Nevada Clean Indoor Air Act, smoking is prohibited in any indoor place of employment with only a few specific exceptions including casinos (NRS 202.2483).

Among NHPI respondents, 52.5% reported working outside of their home. Of these, 52.4% were exposed to SHS at work. Respondents that work outside of their home were asked if they work at a casino (42.9%). In comparison, 63.5% of the LGBTQIA+ survey respondents reported working outside of

their home. Of these, 42.4% were exposed to SHS at work. Respondents that work outside of their home were asked if they work at a casino (30.3%).

Table 20. Work Outside of Home

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 52.5% | 63.5% | 58.3% |
| No/Don't work | 47.5% | 36.5% | 41.7% |

Table 21. Work Inside Casino

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=21 | n=33 | n=49 |
| Yes | 42.9% | 30.3% | 32.7% |
| No/Don't work | 57.1% | 69.7% | 67.3% |

Table 22. Exposed to SHS at Work, past 30 days

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=21 | n=33 | n=49 |
| Yes | 52.4% | 42.4% | 46.9% |
| No | 38.1% | 54.5% | 46.9% |
| Prefer not to answer | 9.5% | 3.0% | 6.1% |

## Tobacco Cessation

In order to effectively design and implement programs to aid the tobacco quitting process, it is necessary to understand current tobacco users' attitudes regarding cessation, their support system for quitting (including healthcare access and provider assistance), as well as factors influencing users' previous cessation attempts. An individual's attitude or perception of quitting plays a major role in the outcome of a cessation attempt. It is also important for public health professionals to understand how current tobacco users think about quitting in order to design more effective cessation programs and interventions.

The tables below summarize survey respondents' attitudes and thoughts surrounding quitting, as well as the methods that they have used to quit.

Among NHPI respondents, 15.0% reported to have tried group counseling as a method to quit and that this method helped them quit, while 5.0% reported to have tried it and that this method did not help them quit. The respondents listed socialization pressure and "wasn't fully enough to convince me to quit" as additional reasons as to why this method did not help them quit.

In comparison, 11.5% of LGBTQIA+ respondents reported to have tried group counseling as a method to quit and that this method helped them quit. 3.8% of LGBTQIA+ respondents reported that this method did not help them quit. The following reasons were listed as to why this method did not help them quit: socialization pressure, and anxiety in group settings; take personal counseling.

Table 23. Tried Group Counseling as a Method to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes, it helped me to quit | 15.0% | 11.5% | 11.9% |
| Yes, it did not help me to quit | 5.0% | 3.8% | 3.6% |
| No | 72.5% | 69.2% | 71.4% |
| Prefer not to answer | 2.5% | 1.9% | 2.4% |
| Doesn't apply I've never attempted to quit | 5.0% | 13.5% | 10.7% |
| | | | |
| **Yes, it did not help me to quit - Reasons** | **n=2** | **n=2** | **n=3** |
| Anxiety in group settings, take personal counseling | 0.0% | 50.0% | 33.3% |
| Socialization pressure | 50.0% | 50.0% | 33.3% |
| Wasn’t fully enough to convince me to quit | 50.0% | 0.0% | 33.3% |

Out of NHPI respondents, 10.0% reported to have tried nicotine replacement therapy as a method to quit and that this method helped them quit. Moreover, 7.5% of NHPI respondents reported that this method did not help them quit. The following reason was listed as to why this method did not help them quit: always still wanted a cigarette or craved more cigarettes.

Out of LGBTQIA+ respondents, 9.6% reported to have tried nicotine replacement therapy as a method to quit and that this method helped them quit. Moreover, 15.4% of LGBTQIA+ respondents reported that this method did not help them quit. The following reasons were listed as to why this method did not help them quit: “always still wanted a cigarette or craved more cigarettes,” “did not follow the prescriptions or sometimes forgot,” “looked like the same thing only modified and has risks of double dependency,” “no distractions from tobacco,” “had adverse effects,” and “routine and having something in my hand.”

Table 24. Tried Nicotine Replacement Therapy as a Method to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes, it helped me to quit | 10.0% | 9.6% | 9.5% |
| Yes, it did not help me to quit | 7.5% | 15.4% | 11.9% |
| No | 75.0% | 67.3% | 70.2% |
| Prefer not to answer | 2.5% | 0.0% | 1.2% |
| Doesn't apply I've never attempted to quit | 5.0% | 7.7% | 7.1% |
| | | | |
| **Yes, it did not help me to quit - Reasons** | **n=3** | **n=8** | **n=10** |
| Always still wanted a cigarette or craved more cigarettes | 66.7% | 25.0% | 30.0% |
| Did not follow the prescriptions or sometimes forgot | 0.0% | 12.5% | 10.0% |
| Looked like the same thing only modified and has risks of double dependency | 0.0% | 12.5% | 10.0% |
| No distractions from tobacco | 0.0% | 12.5% | 10.0% |
| Had adverse effects | 0.0% | 12.5% | 10.0% |
| Routine and having something in my hand | 0.0% | 12.5% | 10.0% |
| Prefer not to answer | 33.3% | 12.5% | 20.0% |

Out of NHPI respondents, 7.5% reported to have tried herbal/homeopathic medicines as a method to quit and that this method helped them quit. None of the NHPI respondents reported that this method did not help them quit.

Out of LGBTQIA+ respondents, 3.8% reported to have tried herbal/homeopathic medicines as a method to quit and that this method helped them quit. Moreover, 3.8% of LGBTQIA+ respondents reported that this method did not help them quit. The following reason was listed as to why this method did not help them quit: transferred to a different address and supplier refused to supply to this location in fear of police contact.

Table 25. Tried Herbal/Homeopathic Medicines as a Method to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes, it helped me to quit | 7.5% | 3.8% | 4.8% |
| Yes, it did not help me to quit | 0.0% | 3.8% | 2.4% |
| No | 82.5% | 84.6% | 83.3% |
| Prefer not to answer | 7.5% | 0.0% | 3.6% |
| Doesn't apply I've never attempted to quit | 2.5% | 7.7% | 6.0% |
| | | | |
| **Yes, it did not help me to quit – Reasons** | **n=0** | **n=2** | **n=2** |
| Transferred to a different address and supplier refused to supply to this location in fear of police contact | 0.0% | 50.0% | 50.0% |
| Prefer not to answer | 0.0% | 50.0% | 50.0% |

The National Network of Tobacco Cessation Quitlines is operated by the National Cancer Institute and can be accessed at no cost by calling 1-800-QUIT-NOW. Individuals seeking to quit the use of tobacco products can use the Quitlines to gain information and be directed towards local and national cessation resources. All survey respondents were asked if they knew about the Quitlines. The tables below summarize the awareness of the Quitlines as a resource of survey respondents and if they had used the support line to try to quit.

Out of NHPI respondents, 60.0% were aware of the Quitlines, and 63.5% of LGBTQIA+ respondents were aware of the Quitlines.

Out of the respondents that were aware of the 1-800-QUIT-NOW support line, 12.5% of NHPI respondents reported to have tried the support line as a method to quit and that this method helped them quit. Out of NHPI respondents, 20.8% reported that this method did not help them quit.

Out of LGBTQIA+ respondents, 9.1% reported to have tried the support line as a method to quit and that this method helped them quit. In addition, 15.2% of LGBTQIA+ respondents reported that this method did not help them quit.

Table 26. Aware of 1-800-QUIT-NOW

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 60.0% | 63.5% | 58.3% |
| No | 32.5% | 36.5% | 38.1% |
| Prefer not to answer | 7.5% | 0.0% | 3.6% |
| | | | |
| **Yes - Tried 1-800-QUIT-NOW as a Method to Quit** | **n=24** | **n=33** | **n=49** |
| Yes, it helped me to quit | 12.5% | 9.1% | 8.2% |
| Yes, it did not help me to quit | 20.8% | 15.2% | 14.3% |
| No | 62.5% | 72.7% | 73.5% |
| Prefer not to answer | 0.0% | 3.0% | 2.0% |
| Doesn't apply I've never attempted to quit | 4.2% | 0.0% | 2.0% |

Out of NHPI respondents, 5.0% of NHPI respondents reported to have tried switching to smokeless tobacco as a method to quit and that this method helped them quit. Moreover, 10.0% of NHPI respondents reported that this method did not help them quit. The following reasons were listed as to why this method did not help them quit: didn't like it, and, "it was guideless, aimless and almost unscientific."

Out of LGBTQIA+ respondents, 11.5% reported to have tried switching to smokeless tobacco as a method to quit and that this method helped them quit. None of LGBTQIA+ respondents reported that this method did not help them quit.

Table 27. Tried Switching to Smokeless Tobacco as a Method to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes, it helped me to quit | 5.0% | 11.5% | 8.3% |
| Yes, it did not help me to quit | 10.0% | 0.0% | 4.8% |
| No | 72.5% | 76.9% | 75.0% |
| Prefer not to answer | 5.0% | 1.9% | 3.6% |
| Doesn't apply I've never attempted to quit | 7.5% | 9.6% | 8.3% |
| | | | |
| **Yes, it did not help me to quit - Reasons** | **n=4** | **n=0** | **n=4** |
| Didn't like it | 25.0% | 0.0% | 25.0% |
| It was guideless, aimless and almost unscientific | 25.0% | 0.0% | 25.0% |
| Prefer not to answer | 50.0% | 0.0% | 50.0% |

Out of NHPI respondents, 5.0% reported to have tried switching to e-cigarettes or vapor products as a method to quit and that this method helped them quit. Moreover, 15% of NHPI respondents reported that this method did not help them quit. The following reasons were listed as to why this method did not help them quit: “didn’t like it,” “expensive,” “it was guideless, aimless and almost unscientific,” and stress relief.

Out of LGBTQIA+ respondents, 11.5% reported to have tried switching to e-cigarettes or vapor products as a method to quit and that this method helped them quit. Moreover, 9.6% of LGBTQIA+ respondents reported that this method did not help them quit. The following reasons were listed as to why this method did not help them quit: “became addicted to it,” “just not the same feel,” “made me want a cigarette more than just not having them,” stress relief, and “taste of nicotine.”

Table 28. Tried Switching to E-cigarettes or Vapor Products as a Method to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes, it helped me to quit | 5.0% | 11.5% | 8.3% |
| Yes, it did not help me to quit | 15.0% | 9.6% | 11.9% |
| No | 65.0% | 69.2% | 67.9% |
| Prefer not to answer | 7.5% | 1.9% | 3.6% |
| Doesn't apply I've never attempted to quit | 7.5% | 7.7% | 8.3% |
| | | | |
| **Yes, it did not help me to quit - Reasons** | **n=6** | **n=5** | **n=10** |
| Didn't like it | 16.7% | 0.0% | 10.0% |
| Expensive | 16.7% | 0.0% | 10.0% |
| Became addicted to it | 0.0% | 20.0% | 10.0% |
| Just not the same feel | 0.0% | 20.0% | 10.0% |
| Made me want a cigarette more than just not having them | 0.0% | 20.0% | 10.0% |
| It was guideless, aimless and almost unscientific | 16.7% | 0.0% | 10.0% |
| Stress relief | 16.7% | 20.0% | 10.0% |
| Taste of Nicotine | 0.0% | 20.0% | 10.0% |
| Prefer not to answer | 33.3% | 0.0% | 20.0% |

In addition, 10% of NHPI respondents and 13.5% of LGBTQIA+ respondents reported using other methods to try to quit.

Table 29. Tried Any Other Methods to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 10.0% | 13.5% | 11.9% |
| No | 80.0% | 78.8% | 78.6% |
| Prefer not to answer | 5.0% | 0.0% | 2.4% |
| I've never attempted to quit | 5.0% | 7.7% | 7.1% |

For respondents that used additional methods to quit, NHPI listed the following additional methods: Cold Turkey (50.0%), Hypnosis (25.0%) and Pregnancy (25.0%). LGBTQIA+ respondents listed the following additional methods: Cold Turkey (28.6%), getting sick with Bronchitis (14.3%), Hypnosis (28.6%), Weed (14.3%) and Wellbutrin (14.3%). Aside from quitting Cold Turkey (50% said that this method did not help them quit), all of the other methods used were 100% effective for all respondents.

| Table 30. Additional Methods Used to Quit | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=4 | n=7 | n=10 |
| Cold Turkey | 50.0% | 28.6% | 40.0% |
| *This method helped you quit* | 0.0% | 50.0% | 25.0% |
| Got Sick with Bronchitis | 0.0% | 14.3% | 10.0% |
| *This method helped you quit* | 0.0% | 100.0% | 100.0% |
| Hypnosis | 25.0% | 28.6% | 20.0% |
| *This method helped you quit* | 100.0% | 100.0% | 100.0% |
| Pregnancy | 25.0% | 0.0% | 10.0% |
| *This method helped you quit* | 100.0% | 0.0% | 100.0% |
| Weed | 0.0% | 14.3% | 10.0% |
| *This method helped you quit* | 0.0% | 100.0% | 100.0% |
| Wellbutrin | 0.0% | 14.3% | 10.0% |
| *This method helped you quit* | 0.0% | 100.0% | 100.0% |

Respondents were asked about their reasons for quitting during their last quit attempt. The most common reason for the NHPI community was for their own health (47.5%). Additional reasons listed for trying to quit included "daughter's school cancer presentation" and pregnancy. The most common reason for the LGBTQIA+ community was for their own health (61.5%). Additional reasons listed for trying to quit included "daughter's school cancel presentation," not allowed at work, and yoga.

Table 31. Reasons for Quitting

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| For your own health | 47.5% | 61.5% | 58.3% |
| For someone else's health | 20.0% | 23.1% | 20.2% |
| It's too expensive to smoke | 17.5% | 23.1% | 17.9% |
| You were sick of smoking | 32.5% | 30.8% | 29.8% |
| Pressure from family and friends | 25.0% | 17.3% | 20.2% |
| It's anti-social/not socially acceptable | 17.5% | 19.2% | 14.3% |
| Something else | 10.0% | 5.8% | 7.1% |
| Don't know/unsure | 5.0% | 0.0% | 2.4% |
| Doesn't apply I've never attempted to quit | 5.0% | 11.5% | 9.5% |
| | | | |
| **Something else - Reasons** | **n=4** | **n=3** | **n=6** |
| Daughter's school cancer presentation | 25.0% | 33.3% | 16.7% |
| Not allowed at work | 0.0% | 33.3% | 16.7% |
| Pregnancy | 25.0% | 0.0% | 16.7% |
| Yoga | 0.0% | 33.3% | 16.7% |
| Prefer not to answer | 50.0% | 0.0% | 33.3% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

For those that selected someone else's health as a reason to quit, here is a breakdown of all relationships that influenced this person to want to quit. For the LGBTQIA+ community, 41.7% wanted to quit for their mother or father's health, while 25% of LGBTQIA+ wanted to quit for their civil union partner's health, as well as 25% for their spouse.

Table 32. Nature of Relationship that Influenced Decision to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=8 | n=12 | n=17 |
| Aunt or uncle | 25.0% | 8.3% | 17.6% |
| Boarder | 12.5% | 8.3% | 5.9% |
| Brother-in-law or sister-in-law | 12.5% | 8.3% | 5.9% |
| Civil union partner | 25.0% | 25.0% | 17.6% |
| Cousin | 25.0% | 8.3% | 11.8% |
| Friend or family friend | 25.0% | 8.3% | 17.6% |
| Grandparent | 25.0% | 8.3% | 11.8% |
| Grandchild | 12.5% | 8.3% | 5.9% |
| Mother or father | 12.5% | 41.7% | 29.4% |
| Other non-relative | 12.5% | 8.3% | 5.9% |
| Other relative | 12.5% | 0.0% | 5.9% |
| Partner or de facto, boyfriend or girlfriend | 0.0% | 16.7% | 11.8% |
| Roommate | 12.5% | 8.3% | 5.9% |
| Sister or brother | 0.0% | 16.7% | 11.8% |
| Son or daughter | 25.0% | 8.3% | 11.8% |
| Spouse/Legal husband or wife | 25.0% | 25.0% | 23.5% |
| Step-mother or step-father | 12.5% | 0.0% | 5.9% |
| Your unborn baby | 0.0% | 8.3% | 5.9% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

Next, respondents were asked if they currently use tobacco products because it is hard to quit; 35.0% of the NHPI respondents and 25.0% of the LGBTQIA+ respondents currently use tobacco because quitting is a difficult process.

Table 33. Currently Uses Tobacco Because it is Hard to Quit

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Yes | 35.0% | 25.0% | 29.8% |
| No | 42.5% | 63.5% | 54.8% |
| Don't know/ Unsure | 12.5% | 7.7% | 9.5% |
| Prefer not to answer | 10.0% | 3.8% | 6.0% |

Respondents were asked about their current thinking about quitting. For NHPI respondents, 15% reported a desire to quit sometime within the next 12 months, while 19.2% of LGBTQIA+ respondents reported the same.

Table 34. Currently Thinking About Quitting

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| I am planning to quit within the next month | 7.5% | 11.5% | 9.5% |
| I am thinking about quitting within the next 12 months | 15.0% | 19.2% | 16.7% |
| I will quit someday but not within the next 12 months | 20.0% | 13.5% | 16.7% |
| I am not interested in quitting | 15.0% | 17.3% | 15.5% |
| Don't know | 22.5% | 17.3% | 20.2% |
| Prefer not to answer | 20.0% | 21.2% | 21.4% |

Those respondents that were planning to quit within the next month, within the next 12 months, or someday were then asked what they think they would need to help them quit. For both NHPI and LGBTQIA+, the most common response was a supportive group meeting (35.3%) or a doctor or health professional (34.8%). For LGBTQIA+ respondents who reported “something else” would help in quitting included the following responses: anti-smoking events and a new habit.

Table 35. Would be Helpful in Quitting

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=17 | n=23 | n=36 |
| A self-help booklet | 17.6% | 13.0% | 16.7% |
| A supportive group meeting | 35.3% | 34.8% | 27.8% |
| A doctor or health professional | 35.3% | 34.8% | 33.3% |
| The free Quitline service | 5.9% | 13.0% | 11.1% |
| Nicotine replacement medication | 23.5% | 30.4% | 27.8% |
| An information site on the internet | 29.4% | 8.7% | 13.9% |
| Advice from a teacher, guidance counselor, nurse | 17.6% | 17.4% | 16.7% |
| Advice from friends or family | 17.6% | 21.7% | 19.4% |
| A chat room on the internet | 17.6% | 30.4% | 22.2% |
| A pharmacist | 11.8% | 4.3% | 8.3% |
| A texting service | 17.6% | 13.0% | 11.1% |
| Something else | 0.0% | 8.7% | 5.6% |
| No support needed. I would do it on my own Cold turkey | 0.0% | 26.1% | 16.7% |
| Don't know/ unsure | 17.6% | 4.3% | 11.1% |
| | | | |
| **Something else – Additional things listed** | **n=0** | **n=2** | **n=2** |
| Anti-smoking events | 0.0% | 50.0% | 50.0% |
| New habit | 0.0% | 50.0% | 50.0% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

## Perceptions of Harm

An important part of public health efforts to decrease tobacco use is educating the public about how smoking and other tobacco products can negatively influence health. Survey respondents were asked a series of questions regarding their knowledge or perceptions of harm caused by smoking and other tobacco products.

Overall, NHPI respondents felt that all types of cigarettes were all equally harmful (60.0%), but felt that cigarettes were the most harmful tobacco product (40.0%). LGBTQIA+ respondents felt that all types of cigarettes were all equally harmful (61.5%), but that cigarettes were also the most harmful tobacco product (48.1%).

Table 36. Perceptions of Harmfulness Based on Type of Cigarette

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Could be less harmful | 27.5% | 26.9% | 25.0% |
| All equally harmful | 60.0% | 61.5% | 63.1% |
| Don't know | 7.5% | 9.6% | 8.3% |
| Prefer not to answer | 5.0% | 1.9% | 3.6% |

Table 37. Respondent's Opinion of Most Harmful Tobacco Products

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| E-cigarettes or other electronic "vaping" products | 35.0% | 28.8% | 31.0% |
| Cigarettes | 40.0% | 48.1% | 45.2% |
| Cigars, cheroots, or cigarillos | 20.0% | 19.2% | 19.0% |
| Hand-rolled cigarettes | 17.5% | 13.5% | 15.5% |
| Kreteks | 15.0% | 7.7% | 10.7% |
| Pipes full of tobacco | 27.5% | 13.5% | 17.9% |
| Water pipe/hookah sessions | 20.0% | 19.2% | 17.9% |
| Snuff, by mouth | 17.5% | 13.5% | 14.3% |
| Snuff, by nose | 17.5% | 15.4% | 15.5% |
| Chewing tobacco | 12.5% | 28.8% | 21.4% |
| Betel quid with tobacco | 12.5% | 13.5% | 11.9% |
| Other | 5.0% | 1.9% | 2.4% |
| All are the same | 35.0% | 32.7% | 34.5% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

In addition, respondents were asked where they regularly get information regarding health and wellness. NHPI respondents stated the internet as their most common source (57.5%). Respondents who reported "other" sources to get health information included the following responses: church.

LGBTQIA+ respondents stated the internet to be their most common source (69.2%). Respondents who reported "other" sources to get health information included the following responses: none, PCP, Shaman, the VA, and Youtube.

Table 38. Media Sources Used to Get Health Information

| | NHPI | LGBTQIA+ | Total |
|---|---|---|---|
| | n=40 | n=52 | n=84 |
| Newspapers or Magazines | 32.5% | 26.9% | 29.8% |
| Television | 50.0% | 38.5% | 44.0% |
| Radio | 22.5% | 3.8% | 13.1% |
| Billboards | 12.5% | 3.8% | 7.1% |
| Bus stop benches/shelters | 5.0% | 3.8% | 4.8% |
| Signs in shopping malls | 10.0% | 0.0% | 4.8% |
| Internet | 57.5% | 69.2% | 64.3% |
| Social Media | 35.0% | 51.9% | 44.0% |
| Somewhere else | 2.5% | 9.6% | 7.1% |
| **If somewhere else was selected, specified:** | **n=1** | **n=5** | **n=6** |
| Church | 100% | 0.0% | 16.7% |
| None | 0.0% | 20.0% | 16.7% |
| PCP | 0.0% | 20.0% | 16.7% |
| Shaman | 0.0% | 20.0% | 16.7% |
| The VA | 0.0% | 20.0% | 16.7% |
| YouTube | 0.0% | 20.0% | 16.7% |

*Note. Respondents could select multiple answers so totals may not be equal to 100%.*

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