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WHAT IS CASAA AND HOW DOES OUR MISSION SUPPORT THE LGBTQ COMMUNITY?

CASAA is dedicated to providing truthful and complete information to consumers about low-risk alternatives to smoking so that they can make informed choices. Certain under-served populations are affected by disproportionately higher smoking rates and the resulting early death and disease attributed to smoking. One of the most affected populations continues to be the LGBTQ community. CASAA would like to open the dialogue and address the concerns of the community, as well as provide resources for information and access to low-risk alternatives.

With more than 30,000 early deaths attributed to smoking per year among LGBTQ people, the percentage is astonishingly higher than that of people who identify as heterosexual. It’s also more than double all of the annual deaths (12,000) attributed to HIV/AIDS. Equally concerning, a recent U.S. study reported that transgender girls who identify as lesbian are twice as likely to smoke compared to heterosexual teenage girls. These numbers highlight two very important points: LGBTQ people are more intensely exposed to contributing factors that lead to uptake of combustible tobacco and other substances and, therefore, a disproportionately higher percentage of LGBTQ people find themselves adopting risky coping strategies that are likely to result in injury and long-term health consequences.

WHY ARE SMOKING RATES SO MUCH HIGHER IN CERTAIN COMMUNITIES?

- Stigma
- Stress
- Depression
- Trauma
- Alienation
- Social bonding/Fitting in
- Poor information about safer products

E-CIGARETTES—THE BASIC FACTS

Vaping replaces most of the enjoyable and beneficial experience of smoking. Many people who don’t want to quit, or feel they can’t give up smoking find that switching to e-cigarettes is a satisfying alternative because of the sensory similarities to smoking. There are no apparent short-term health impacts from using e-cigarettes, and switching can quickly eliminate the cough and loss of stamina from smoking. Vaping does not produce secondhand smoke, and there is negligible risk from exposure to secondhand vapor, no residual odor or smoke residue, and no ashes or butts to dispose of. Extensive research has not found hazardous levels of harmful chemicals in e-cigarettes. In the long run, vaping is less expensive than smoking. The high taxes on cigarettes make e-cigarettes a more affordable option in most places. It is uniquely effective for helping many people quit or reduce their smoking habit. Many people who switch to vaping have already tried every other recommended quit strategy, and vaping was the only method that worked for them. Additionally, many people who tried e-cigarettes without actively wanting to quit smoking found that they unintentionally quit. Quitting smoking eventually is more hazardous than switching to vaping now. For the average person, smoking for just a few more months poses a greater health risk than switching to a low-risk alternative like e-cigarettes and using them for the rest of their life. For those who want to become nicotine-free, people who switch find it much easier to quit vaping (or switch to a nicotine-free e-liquid) than it was to quit smoking.

CASAA.ORG

References
For sources of the facts presented in this document, please see casaa.org/References
Find more information and free printable material on our website
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WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and a respect for, the rights of people who use drugs.

—HarmReduction.org, “Principles of Harm Reduction”

At the height of the HIV/AIDS epidemic in the ’80s and early ’90s, annual deaths from AIDS-related complications rose to more than 50,000 people. A public health crisis was declared, followed by the implementation of information campaigns, clean needle exchanges, and distributing free condoms. Employing these harm reduction strategies has contributed to a sharp decline in AIDS-related deaths. And while 12,000 deaths per year is still too many, this rapid decline is proof that harm reduction is a vital strategy to improving public health.

HOW IS HARM REDUCTION RELATED TO SMOKING?

Harm reduction understands that tobacco use is a complex, multifaceted phenomenon that encompasses a variety of behaviors and acknowledges that some ways of consuming nicotine are clearly safer than others. Harm reduction accepts that the desire to chemically alter our mood is part of our world, and chooses to work to minimize any harmful effects, rather than simply condemn, shame, or ban the behavior. It calls for non-judgmental, non-coercive education and resources be provided to people who use nicotine to assist them in reducing health risks, if they choose to do so. It ensures that tobacco and nicotine consumers have a legitimate voice in the creation of programs and policies designed to serve them. It affirms people who use tobacco, themselves, as the primary agents of protecting their own health and seeks to empower people to share information and support each other. It recognizes that the reality of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to, and capacity for,

effectively dealing with decisions related to tobacco and nicotine use.

Harm reduction does not attempt to minimize or ignore the relative risk and potential for harm associated with using tobacco and nicotine. It emphasizes the quality of individual, community life, and well-being—not necessarily nicotine cessation—as the criteria for successful interventions and policies.

WHAT ARE REDUCED RISK TOBACCO PRODUCTS?

E-cigarettes (vapor products), smokeless tobacco, and heat-not-burn products are all smoke-free. By virtue of not combusting/burning plant material, which creates many of the carcinogens and irritants found in cigarette smoke, these products are inherently lower risk. A lot of what we know about the low risk of non-combustible tobacco products comes from 30 years of epidemiological studies in Sweden and the United States. These studies show that when people who smoke completely switch to snus (a discrete oral tobacco product), they experience the same improvements in health as people who’ve quit smoking altogether.

ARE E-CIGARETTES SMOKING CESSATION PRODUCTS?

Not exclusively. Our perspective is that e-cigarettes are an enjoyable alternative or replacement for smoking. Although many people use e-cigarettes in an attempt to switch from using combustible tobacco, often successfully, many people also simply enjoy the experience of vaping. This differs from the opinion of many experts in public health who have a favorable view of vaping, but believe that smoking is a disease that requires medical intervention. They believe e-cigarettes are much like nicotine replacement products, a product that is exclusively marketed as an aid to quit smoking.

ARE E-CIGARETTES SAFE?

Nothing we consume or do is ever 100% safe, so that is a somewhat misleading question. There is compelling evidence that e-cigarettes are very low risk—possibly as low as 99% less harmful than smoking. Because nothing is burned, e-cigarettes do not produce the smoke and chemicals that make smoking so harmful. E-cigarettes do not produce the particles (“tar”) that damage the lungs and heart, or carbon monoxide and the thousands of other chemicals that are created by combustion. Among scientists there is a growing consensus that nicotine is not a particularly harmful drug. It is sold over the counter in many forms, and the FDA has changed its guidelines to allow indefinite use of aids like the nicotine patch. Like all drugs (including caffeine) there are potential risks for those who have health conditions inherently aggravated by mild stimulants like nicotine. However, in healthy adults, the risks associated with using nicotine are extremely low. E-cigarettes have been used long enough that we know they do not cause the short-term health effects such as lung problems and loss of stamina like smoking does, and reports of adverse health effects are rare and consistently minor.

In 2016, Public Health England concluded that e-cigarettes are not likely to exceed 5% of the risk of using combustible cigarettes. The estimate that vaping is at least 95% safer than smoking is based on these facts:

The constituents of cigarette smoke that harm health—including carcinogens—are absent in e-cigarette vapor or, if present, they are far below established safety limits for occupational exposure.

The main chemicals present in vaping liquid (e-liquid) have not been associated with any serious risk, and no significant harms have been reported when used as directed.

We believe, based on current science, this is a conservative estimate and that the actual risk is not likely to exceed 1% of the risk of smoking.