

## FOR PEOPLE WITH DISABILITIES:

### Why is it important for me to quit smoking or other tobacco use?


- My heart and lungs will function better, allowing me to move more easily.
- The medicine I take will work better and I might be able to take fewer medications.
- As a non-smoker, my life expectancy will improve, allowing me to enjoy my family and friends.
- I will have more money.
- My food will taste better and my sense of smell will get better.
- My chance of heart attack drops within 24 hours, and my risk for heart disease will be cut in half after one year of being smoke free.

### Your doctor can help you quit!

#### Questions to ask him/her:


- How will quitting make a difference in how I feel?
- What is the first step I can take to quit?
- Will you help me create a plan to help me quit?
- Is there medicine I can take to help me quit? What are the side effects?
- What reactions can I expect if I cut back on nicotine?
- How can I stay quit?



  
**QUITLINE**  
**1-800-QUIT-NOW**  
Ohio Department of Health **1-800-784-8669**  
<http://ohio.QuitLogix.org>



The Ohio Department of Health  
Tobacco Prevention and Cessation Program  
246 North High Street  
Columbus, Ohio 43215



## INFORMATION ON QUITTING TOBACCO FOR PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS



## FOR CAREGIVERS:

### As a caregiver, how do I identify a person with a disability?

A person with a disability has a long lasting physical, intellectual (cognitive), mental, or emotional condition. Not all disabilities are visible. It may be necessary to refer to a patient's medical records or ask the individual if they have a disability to fully address the person's health care needs.

### Did you know?

- People with mental health disabilities die an average of 25 years younger than the general population. This is largely due to conditions caused or worsened by smoking.  
*California Department of Public Health*
- Smoking rates are disproportionately higher (39.3%) in persons with any disability vs. in the general population (22.0%). *BRFSS, 2011*
- People with mental illness spend as much as 25% of their income on tobacco and consume 44% of the cigarettes sold in the U.S.  
*A Hidden Epidemic: Tobacco Use and Mental Illness, 2012*

### Why is it important to treat tobacco use in persons with disabilities?

- Approximately 70 percent of people with disabilities want to quit smoking. This is the same as people without disabilities.  
*Report of the Surgeon General, 2014*
- Tobacco use is a social justice issue. Everyone deserves to be healthy and to receive advice about maintaining good health, including tobacco use assessment and treatment.
- Smoking adversely affects serious secondary health conditions and may adversely affect the clinical response to the treatment of many conditions.

### How do I help people with disabilities quit tobacco?

#### Utilize the evidence-based "5 As" strategy



- 1 **ASK** about tobacco use and document the status at every visit

"Mr. Smith, do you smoke or use spit tobacco?"

- 2 **ADVISE** patient to quit

"Mr. Smith, do you know that smoking makes your heart work harder? Quitting is one of the best things you can do to keep your heart strong."

"Mrs. Jones, I can see you are having trouble breathing. By quitting, your asthma may get better."

"Miss Smith, smoking is making your diabetes worse. I strongly urge you to think about quitting."

*Don't stop here! Smokers need their care provider's full support to quit!*

- 3 **ASSESS** if the person is willing to try a quit attempt within 30 days

"Mr. Green, when is the last time you thought about quitting? Would you be willing to try to quit within the next month?"

"Mrs. Jones, tell me about a time when you quit smoking before. What helped you the most that time?"

- 4 **ASSIST** the person in the following ways:

- Establish a quit plan including quit date.
- Refer your patients to the Ohio Tobacco Quit Line: **1-800-QUIT-NOW**.
- Designate a quit smoking buddy.
- Assign the person to a staff member in the office who will follow up during the quit process.
- Provide easy to read information on strategies for quitting. Contact [TobaccoPrevention@odh.ohio.gov](mailto:TobaccoPrevention@odh.ohio.gov) to order materials.
- Discuss triggers and challenges and talk through how the patient will successfully overcome them.
- Prescribe medication for tobacco dependence if not contraindicated.

*Tobacco use is a chronic condition requiring ongoing support. Most people make several quit attempts before they are successful.*

- 5 **ARRANGE** for follow-up contact

- Reach out to your patients during the first week following their quit date and then again within the first month.
- Identify problems patients encounter and think about future challenges.
- Assess medication use and problems. Readjust psychotropic or other medications if needed.
- If tobacco use has occurred, review circumstances and elicit re-commitment to total abstinence.

*The "5 As" strategy is published in the "Clinical Practice Guidelines for Treatment of Tobacco Use Dependence."*

*Please note: It is well documented that many people "self medicate" with tobacco for its calming and anti-anxiety effects. Anxiety disorders, from mild depression to PTSD require diagnosis and adequate medical support while weaning the patient off tobacco products.*