For People with Disabilities:

Why is it important for me to quit smoking?

- My heart and lungs will function better allowing me to move more easily
- The medicine I take will work more effectively and I might be able to reduce some of the medications I am taking
- As a non-smoker, my life expectancy improves enabling me to enjoy my family and friends
- I will have more money
- My food will taste better and my sense of smell will improve
- The chance of heart attack drops within 24 hours, and my risk for heart disease is cut in half after one year of being smokefree

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 take to quit and will you help me create a plan?
- 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?

For more information about people with disabilities and quitting tobacco, please contact:

The Michigan Department of Community Health

Tobacco Control Program
517-335-8376
www.michigan.gov/tobacco

Health Promotion
for People with Disabilities

Candice Lee
517-335-3188
www.michigan.gov/mdch/0,1607,7-132-2940_2955_54051---,00.html

Health Promotion for People with Disabilities

TOBACCO REDUCTION AND PREVENTION

Everyone

HAS THE RIGHT
TO BE HEALTHY

INFORMATION FOR PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS ON HOW TO QUIT TOBACCO

For Clinicians:

As a clinician, 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

DID YOU KNOW?

- People with mental health disabilities die an average of 25 years younger[1] than the general population largely due to conditions caused or worsened by smoking
- Smoking rates are disproportionately higher (29.9% in persons with any disability vs. 19.8% in the general population) and they are more likely to be heavy smokers (32.6 percent smoke more than a pack/day)[2]
- 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.[3]

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

- 70% wish to quit smoking, the same as people without disabilities
- Everyone deserves to be healthy and to receive advice about maintaining good health, including tobacco use assessment and treatment. This is a social justice issue.
- Smoking adversely affects serious secondary health conditions and may adversely affect the clinical response to the treatment of a wide variety of conditions

[1] California Department of Public Health (CDPH) Office on Disability and Health (ODH), the California Tobacco Control Program (CTCP) and the California

[2] Preventing Chronic Disease - Study, www.cdc.gov/pcd/issues/2007/oct/06_0179.htm.

[3] USA Today 5/3/2007

How do I help people with disabilities quit tobacco?

Utilize the evidence-based **"5 As"** strategy published in the "Clinical Practice Guidelines for Treatment of Tobacco Use Dependence."

ASK about tobacco use and document the status at every visit

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

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

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?"*

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.

ASSIST the person in the following ways:

- *Establish a quit plan including quit date*
- *Fax refer to the MI Quitline 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*
- *Discuss triggers and challenges and 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.

ARRANGE for follow-up contact

- *During the first week following the 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*