

People With Disabilities (PWD)[†]

[†] Within this document the nomenclature used for the priority population reflects the original source material.

Why it Matters

Statistics from trusted resources do not paint a clear picture for the tobacco use burden for people with disabilities (PWD):

- The CDC Disability and Health Promotion website shows:
 - Current cigarette smoking is significantly higher among adults with a disability (27.8%) compared to adults without a disability (13.4%).¹
 - The percentage of adults with disabilities using e-cigarettes is also higher (8%) compared to adults without disabilities (3.9%).²
- At the same time, the CDC TIPS from Former Smokers website's Adults with Disabilities page has this statistic:
 - About 1 in 5 (19.2%) adults with disabilities smokes cigarettes in the U.S. compared with 13.1% of adults without disabilities.³
- While the Surgeon General's Report from 2020 says PWD are more likely to receive advice to quit and use cessation treatments:
 - Persons who had a disability/limitation were more likely to receive a health professional's advice to quit than those without these conditions (71.8% vs. 53.6%). This may be because such persons have more contact with the healthcare system and because quitting could improve, or avoid exacerbating, conditions that are related to smoking.⁴
 - Those who had a disability/limitation were more likely to use cessation treatments than those without such conditions (39.0% vs. 28.5%).⁵
- Recently published articles say the opposite:
 - PWD have more health complications and higher healthcare utilization related to tobacco than people without disabilities. Yet they are less likely to use tobacco cessation resources.⁶
- The burden for PWD is compounded by other health disparities including limited access to health care systems, increased engagement in health-compromising behaviors such as eating unhealthy diets and lack of physical activity, increased rates of obesity and cardiovascular disease, little to no emotional and social support and increased rates of negative social determinants of health such as low household income, poor education and unemployment.⁷
- Smoking also compounds many of the conditions experienced by PWD, including spinal cord injury, cerebral palsy, and hearing and vision loss.⁸



What We Know About What Works

- **Living Independent from Tobacco (LIFT)** is an evidence-based smoking cessation intervention that uses behavioral counseling and health education, including education on the harmful effects of tobacco and the benefits of quitting. Coupled with the LIFT intervention, participants are encouraged to use nicotine replacement therapy (NRT)⁹.
 - LIFT was evaluated via train the trainer model at three midwestern sites serving PWD. The LIFT curriculum is an eight-session program offered over four weeks (two sessions per week). Long-term tobacco users with disabilities significantly reduced tobacco use from pre-test to post-test compared to baseline and this reduction continued to be significant one month after the intervention. Qualitative data revealed the importance of coping skills to mitigate the negative effects of nicotine withdrawal.¹⁰
 - LIFT was developed with input from PWD and disability experts. Tobacco use decreased during LIFT classes and continued to decrease six months following the intervention.¹¹
 - Qualitative interviews revealed participants value social support, accessibility and a tailored program. Three overarching themes likely to contribute to the successful quit rate were:
 1. Program characteristics: having a facilitator that tailored the program to individual participants and allowed for flexibility
 2. Group characteristics: social support via the group setting, learning from other participants, comparing personal experiences
 3. Individual characteristics¹²

An unexpected theme was lack of tobacco knowledge among participants. Several stated they were unaware that tobacco use could cause further disability.¹³

What Other States are Doing

- Florida State University College of Medicine’s website of Resources for People with Disabilities who Want to Quit includes [A Quitter’s Journey using American Sign Language](#).
- The Ohio Disability and Health Program collaborated with the Ohio Department of Health’s Tobacco Use Prevention and Cessation Program (TUPCP) to encourage people with disabilities to use the Ohio Tobacco Quit Line with a [brochure](#) and a disability screener question on the Quit Line intake to track change in use of the Quit Line by people with disabilities. The Quit Line vendor also required disability sensitivity training for Ohio Tobacco Quit Line counselors.¹⁴
- New Hampshire Disability and Public Health Program developed materials that can be used by healthcare providers to support people with disabilities who want to quit smoking including a [brochure](#) with tips to help people with disabilities quit smoking.¹⁵

References

The Living Independent from Tobacco (Guide to Help People with Disabilities Live a Tobacco-Free Lifestyle) described above is available online.¹⁶

- 1 “Cigarette Smoking Among Adults with Disabilities,” Centers for Disease Control and Prevention. [https://www.cdc.gov/ncbddd/disabilityandhealth/smokinginadults.html#:~:text=Cigarette%20smoking%20kills%20almost%20one,without%20a%20disability%20\(13.4%25\)](https://www.cdc.gov/ncbddd/disabilityandhealth/smokinginadults.html#:~:text=Cigarette%20smoking%20kills%20almost%20one,without%20a%20disability%20(13.4%25)).
- 2 Ibid.
- 3 “Adults with Disabilities: Tips from Former Smokers,” Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco/campaign/tips/groups/disabilities.html>.
- 4 Smoking Cessation: A Report of the Surgeon General. 2020. US Department of Health and Human Services, Public Health Service, Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.
- 5 Ibid.
- 6 Wesley R Barnhart et al., “Implementing Living Independent from Tobacco with Dyads of People with Disabilities and their Caregivers: Successes and Lessons Learned.” *Intellectual and Developmental Disabilities* (2020) Vol 58, No 3, 241-250.
- 7 Ibid.
- 8 Jamie L. Pomeranz et al., “The Living Independent from Tobacco (Guide to Help People with Disabilities Live a Tobacco-Free Lifestyle),” *The National Cancer Institutes of Health, University of Florida*. <https://nisonger.osu.edu/wp-content/uploads/2019/06/LIFT-Tobacco-Workbook-2019.pdf>
- 9 Wesley R Barnhart et al., “Implementing Living Independent from Tobacco with Dyads of People with Disabilities and their Caregivers: Successes and Lessons Learned.” *Intellectual and Developmental Disabilities* (2020) Vol 58, No 3, 241-250.
- 10 Wesley R Barnhart et al., “Living Independent from Tobacco Reduces Cigarette Smoking and Improves General Health Status among Long-Term Tobacco Users with Disabilities.” *Disability and Health Journal* (December 19, 2019). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4688053/>.
- 11 Susan M Haverkamp et al., “Evidence for the Fidelity and Effectiveness of Living Independent from Tobacco for People with Disabilities and their Caregivers.” *Tobacco Use Insights* Volume 12: 1-5 (December 17, 2018).
- 12 Jessica L King et al., “Evaluation of a Newly Developed Tobacco Cessation Program for People with Disabilities.” *Disability Health Journal* Volume 9: 145-149 (January 2016).
- 13 Ibid.
- 14 Ibid.
- 15 Ibid.
- 16 Jamie L. Pomeranz et al., “The Living Independent from Tobacco (Guide to Help People with Disabilities Live a Tobacco-Free Lifestyle).”

Tags:

Low Socioeconomic Status, Chronic Disease