

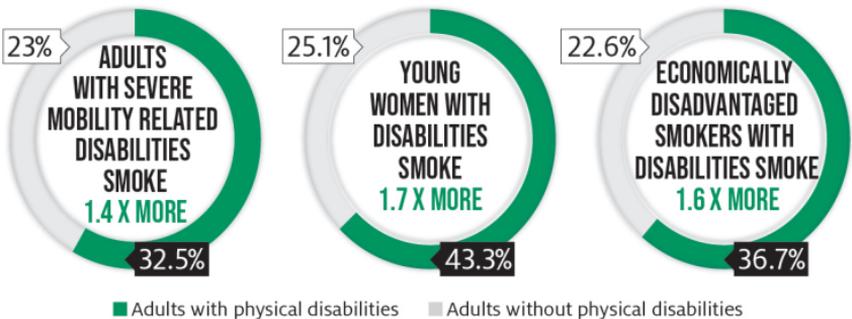


**ADULTS
 WITH DISABILITIES
 ARE MORE LIKELY THAN
 ADULTS WITHOUT
 DISABILITIES TO BE
 CURRENT SMOKERS.**

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- According to the CDC, 26% of adults in the United States have some type of disability, and 13.7% of adults with disabilities have a movement-related disability.
 - Currently, 27.8% of adults with disabilities smoke as compared to 13.4% of adults without disabilities
- Adults with physical disabilities have more risk factors associated with smoking.
 - These risk factors include lower income, greater levels of depression, and stress

Economically disadvantaged groups, younger women (18-44), and those with severe mobility-related disabilities are the MOST at risk for smoking.



- Smoking is a big risk factor for disease and death for **ANYONE** who smokes. Adults with physical disabilities are at an even greater risk because smoking is linked with:
 - Increased risk of pressure sores and slowed healing
 - Reduced blood flow that leads to increased healing time
 - Poor post-surgery outcomes in spinal surgeries and joint replacement procedures
- Smoking can worsen existing physical disabilities and increase the number of secondary conditions a person may experience.
 - On average, adults with physical disabilities experience 14 secondary conditions per year, such as respiratory difficulties, increased pain and tiredness, osteoporosis, arthritis, and muscle weakness

FACT OR FICTION?	
Smokers with physical disabilities are NOT motivated to quit because their lives are difficult and smoking makes their lives more enjoyable.	FICTION – A study has found that disabled smokers are highly motivated to quit smoking with high rates of unassisted quit attempts. ¹
Smokers with physical disabilities are less likely to receive counseling and evidence-based treatment to quit smoking from healthcare providers than non-disabled smokers.	FACT – Smokers with physical disabilities may face systemic barriers to receiving treatment to quit smoking. Many disabled smokers have limited access to healthcare resources due to economic and/or mobility restrictions. ¹
Quitting smoking does not improve health outcomes for individuals with physical disabilities. Their health and quality of life stay about the same.	FICTION – There is overwhelming evidence that suggests that quitting smoking improves health outcomes for people with physical disabilities and reduces the risk for secondary conditions. ¹

For more information, please see: 'Borrelli, B., Busch, A. M., & Trotter, D. R. (2013). Methods used to quit smoking by people with physical disabilities. *Rehabilitation psychology, 58*(2), 117-123. <https://doi.org/10.1037/a0031577>

HOW TO GET HELP

When thinking about treatment, it is important to consider barriers to care such as transportation challenges, architectural access, pain, tiredness, and potential interactions with other medications. Treatment options that can be accessed from home may be available.

- Ask your doctor or counselor for help quitting.
- Call 1-800-Quit-Now (1-800-784-8669) for free help.
- Explore the resources at www.TakingTexasTobaccoFree.com.

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