

ODH Tobacco Products

Disabilities

DISABILITY POSTER

WHEELCHAIR

“Cancer doesn’t discriminate”

Break Free From Tobacco with
Ohio Quit Line

8.5” x 11” Item #: DisWC8

11” x 17” Item #: DisWC11

Limit: 50



DISABILITY POSTER

WALL ART

Disability symbol combined
with no-smoking symbol

Break Free From Tobacco with
Ohio Quit Line

8.5” x 11” Item #: DisGraf8

11” x 17” Item #: DisGraf11

Limit: 50



DISABILITY BROCHURE INFORMATION ON QUITTING TOBACCO FOR PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS

Tri-fold brochure

Broken into two sections; one for caregivers with statistics and cessation strategy and another section for the disabled with important reasons to quit.

Item #: DisBro
Size: 8.5" x 11" Tri-fold
1 package contains: 50 Brochures
Limit: 250 (5 Packs)

FOR PEOPLE WITH DISABILITIES

Why is it important for me to quit smoking if I have a disability?

- My health and safety will be improved.
- My family and friends will be healthier.
- My doctor will be able to help me better.
- My life will be longer.
- My doctor will be able to help me better.
- My life will be longer.
- My doctor will be able to help me better.
- My life will be longer.

Your doctor can help you quit! Call 1-800-QUIT-NOW for more information.

- My doctor will be able to help me better.
- My life will be longer.
- My doctor will be able to help me better.
- My life will be longer.



INFORMATION ON QUITTING TOBACCO FOR PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS

FOR CAREGIVERS:

It is important for me to quit smoking if I have a disability because...

- My health and safety will be improved.
- My family and friends will be healthier.
- My doctor will be able to help me better.
- My life will be longer.
- My doctor will be able to help me better.
- My life will be longer.
- My doctor will be able to help me better.
- My life will be longer.

How do I help people with disabilities quit smoking?

1. **ASK** about tobacco use and discuss it in a non-judgmental way.
2. **ADVISE** people to quit.
3. **ASSIST** the person in the following ways:
 - Provide a list of resources.
 - Provide a list of resources.
 - Provide a list of resources.

Disabilities Tobacco Order Form

Organization _____

Last Name _____

First Name _____

Address _____ Suite _____

City _____ State _____ ZIP Code _____

Phone _____ E-Mail _____

Date Ordered _____

Item Name/No.	Size (put "N/A" if there is only one size)	Quantity (If product comes in packages please note that below)

All materials are free and subject to availability. Please allow at least one week for ODH to process and ship your order.

Please email request with the following information to tobaccoprevention@odh.ohio.gov