

BACKGROUND

- Adults with intellectual disability (ID) have high rates of tobacco use. ^{1,2}
- Despite this, tobacco cessation programs are rarely adapted to meet their unique needs, contributing to health disparities. ^{3,4}
- People with ID are underrepresented in research and public health initiatives, which limits evidence-based guidance for interventions. ⁶



Improve **understanding** of tobacco use and cessation in adults with ID to inform more inclusive, accessible, and equitable health interventions.

PROJECT DESCRIPTION

STUDY 1: SYSTEMATIC REVIEW

Substance Use and Problem Gambling Interventions for People With Intellectual Disability: A Systematic Review ⁷

16 studies included: small samples, mostly mild ID, male adults

Promising interventions

Mindfulness



Cognitive behavioral therapy



Motivational interviewing



Psychoeducation



Behavioral techniques



STUDY 2: QUALITATIVE STUDY

Interpretative phenomenological analysis (IPA) ⁵

Explored lived experiences of adults with ID + perspectives of families and support staff.

Methods

Semi-structured interviews across day services and residential settings.

Audio recorded

Transcription (QSR NVIVO 14)

Analysis (IPA)



Findings

- Smoking roles: social, emotional, coping mechanism
- Barriers to quitting: ambivalence, addiction, limited support, staff training gaps

Context differences:

• **Residential settings:**

- Smoking is restricted and structured → limits autonomy but provides routine and supervision

• **Day centers:**

- More flexible access to tobacco → promotes autonomy but creates tension between respecting choice and promoting health

CONCLUSIONS

- Evidence on tobacco cessation in people with ID is limited.
- Person-centered, context-adapted protocols can improve knowledge, motivation, and quitting success.
- More support and staff training, plus alternative emotional management strategies, are needed.
- Advancing this work helps reduce disparities and improve quality of life.

