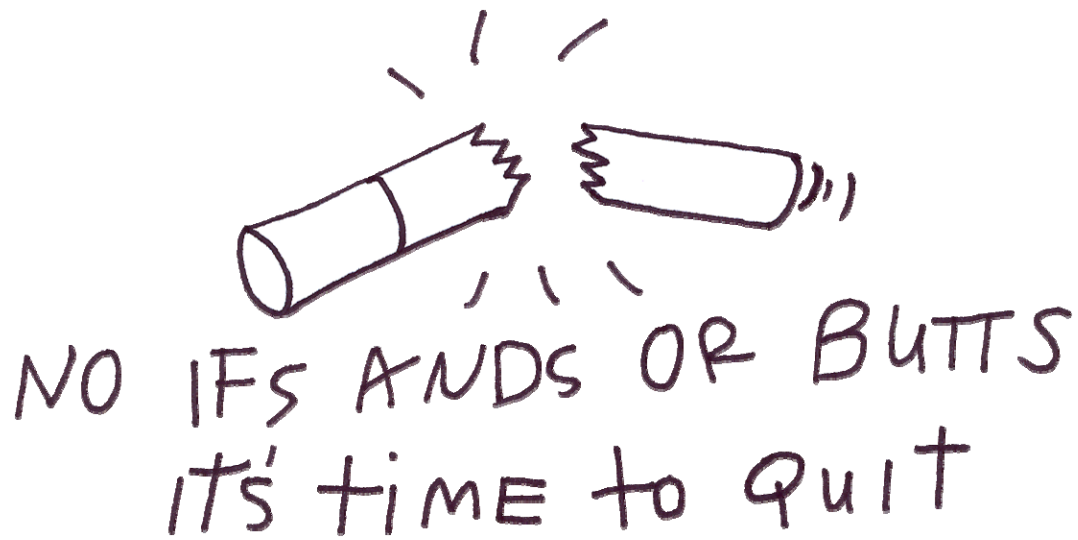




DEPARTMENT OF MENTAL HEALTH



**MENTAL HEALTH & SUBSTANCE USE PROVIDERS
SMOKING CESSATION SURVEY:
ASSESSING KNOWLEDGE AND ATTITUDES TOWARD TOBACCO USE IN
TREATMENT SETTINGS**



Artwork by Brenda Settles,
Mental Health/Tobacco Control Art Contest Winner

Authored by Rachel A. Tyree, MPH, Matthew French, BA, and Linda Aragon, MPH
Los Angeles County Department of Public Health Tobacco Control & Prevention Program

INTRODUCTION

It is estimated that persons with chronic mental health conditions and/or substance abuse constitute 22% of the United States population yet consume approximately 44% of all cigarettes sold in the U.S. (Grant et al., 2004; Lasser, 2000). Studies show that persons with mental health conditions die on average 25 years earlier than the general population, with tobacco-related illnesses being a major contributor to these premature deaths (Grant et al., 2004; Schroeder, 2009). Tobacco use also has a profound economic impact on persons with mental health conditions – they spend 27% of their income purchasing tobacco products. However, in spite of these grim statistics, mental health and substance use consumers can successfully quit smoking, and like the general population, they need the guidance, tools, and support to do it (Evins et al., 2005; George et al., 2002; Morris CD, Waxmonsky J, Giese JJ, Graves M, Turnbull J, 2009).

Although tobacco use is particularly problematic among persons with mental health conditions, it is also the most critical health issue facing the general population where there are an estimated 1.1 million adult smokers in Los Angeles County (Los Angeles Health Survey, 2007).

Recognizing that smoking cessation services are an important component of a successful comprehensive tobacco control program, a group of public health leaders and tobacco control advocates met in 2006 to develop the countywide program, “It’s Quitting Time L.A.!” The coalition set a goal to reduce the number of smokers by 200,000 by the year 2010 through partnerships, new initiatives, and additional resources. Towards this end, the Los Angeles County Department of Public Health Tobacco Control and Prevention Program and their partners have aggressively sought additional funding to address smoking prevalence, including one-time funding for fiscal years 2008-2010 from the Tobacco Master Settlement Agreement (MSA) through the Los Angeles County Board of Supervisors to specifically address the issue of disparities in tobacco use and tobacco-related illnesses among mental health consumers.

To ensure that the developed program was based on best practices and had strong community linkages, the Tobacco Control and Prevention Program created a workgroup comprised of the Los Angeles County Department of Mental Health (DMH), Public Health’s Alcohol and Drug Program Administration (ADPA), the Center for Tobacco Cessation, and the Smoking Cessation Leadership Center at the University of California, San Francisco. The workgroup established goals that were realistic, achievable, and sustainable. The developed workplan included: peer advocate trainings for mental health and substance use consumers utilizing the CHOICES

tobacco consumer specialist curriculum presented by the University of Colorado, Denver; trainings to familiarize providers and counselors with the “Ask, Advice, Refer” (AAR) tobacco cessation protocol to include during intake interviews and client appointments; and an online survey to assess attitudes and knowledge regarding tobacco cessation among mental health and substance use providers, the focus of the current paper.

METHODS

An online survey system, SurveyMonkey, was used to create the online survey instrument and collect provider data from mental health and substance use within the Los Angeles County health system and with contracted treatment centers and clinics. The survey was open online in February, 2009 with a reminder email sent during the third week of the survey.

The survey assessed the knowledge and attitudes of smoking behaviors among clients and consumers, and also assessed support and readiness for smoke-free workplace policies. The survey consisted of 35 close-ended questions, 33 multiple-choice, and two open-ended questions. There were two survey versions with questions using language appropriate for the mental health and substance use fields (e.g., “people with substance use issues” versus “people with mental illness”). In the mental health survey, an additional scale question was added, “Consumers die on average 25 years earlier than the general population, with the majority dying from tobacco-related illnesses.”

Simple descriptive analyses were performed using Microsoft Excel. Where indicated, response categories such as “strongly agree” and “agree” were combined to simplify data analyses.

RESULTS

Survey respondents were divided into two categories; Point-of-Care (clinician, physician, RN, LVN/psych tech, recreational/vocational rehab, substance use specialist, and community worker/peer advocate) and Administrative (Director, Case Manager, Coordinator, or Clerical).

Mental Health Survey

Sixty-three percent (n=364) of the respondents to the mental health survey were classified as Point-of-Care and 37% (n=213) as Administrative. Data suitable for analysis was available on 485 out of the 577 surveys.

The majority of mental health providers (50%) were unaware that consumers die 25 years earlier than the general population due to tobacco-related illnesses. At the same time, more than half of the providers (58%) agree that tobacco use poses health risks to their patients. Most providers (72%) also believe that their agency should help consumers quit smoking.

The majority of providers did not believe smoking is or should be used as a coping mechanism (73%), nor did they believe consumers will have significant psychiatric consequences when they try to quit smoking (72%).

Regarding smoke-free workplace policies, there is overwhelming support for mental health treatment facilities to become smoke-free (67%), and to offer smoking cessation services (82%).

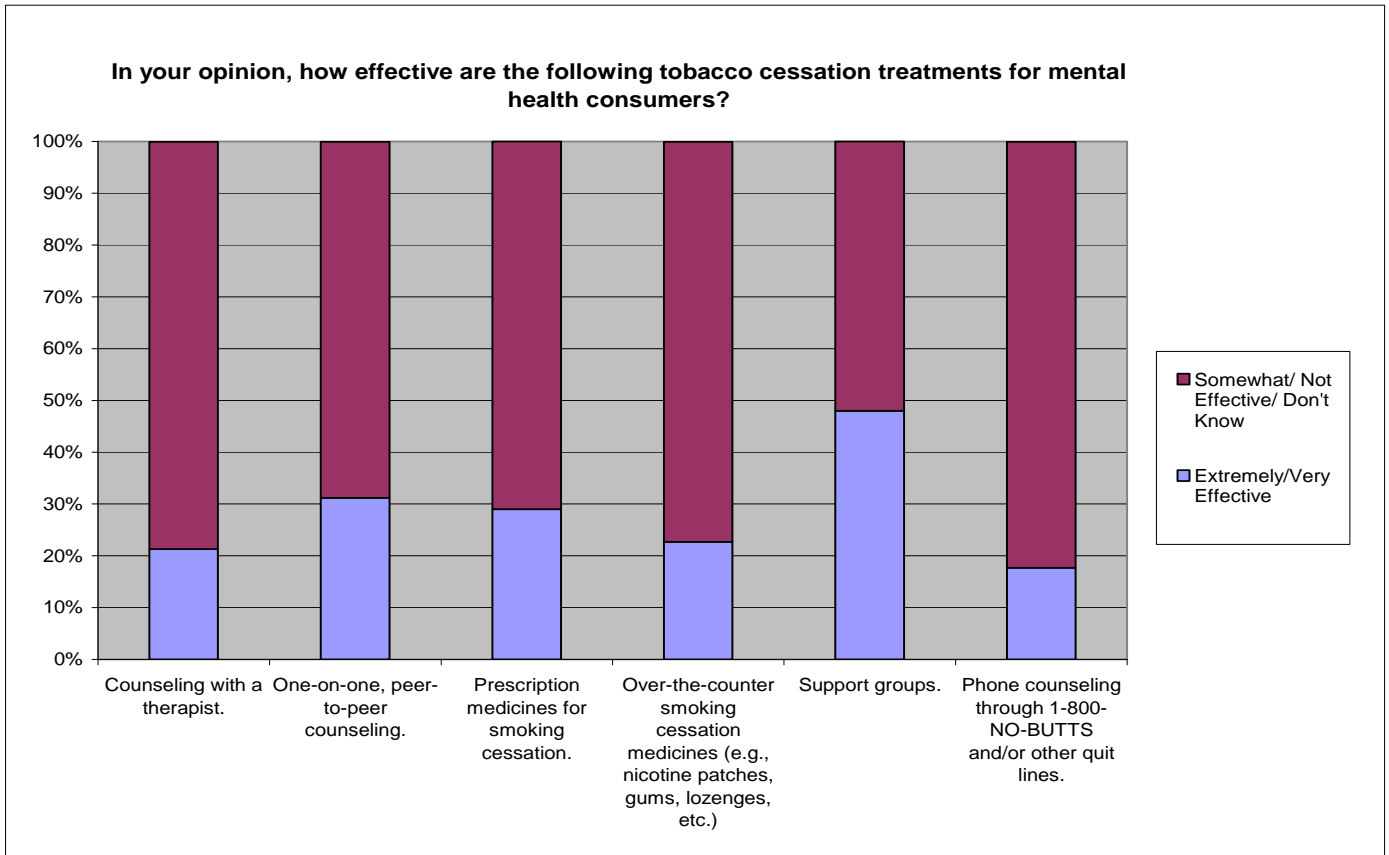
There is a need to raise awareness among providers about the availability of cessation resources and tools so they are better informed to share quitting strategies with consumers. They need information on local resources to refer consumers to, such as the California Smokers' Helpline, the state's quitline. More than a third (38.9%) of the respondents were not aware that the helpline or other quitlines are effective quit smoking tools (see Figure 1).

In the open-ended questions, mental health providers stated they needed more information, resources, and tools to implement smoking cessation programming (51%). Respondents also said they needed funding, staff, and time, as well as materials and hand-outs. Figure 2 demonstrates that there is a lack of knowledge regarding the proven efficacy of selected cessation interventions.

Figure 1: Selected mental health survey questions and responses

Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
3	Mental health treatment facilities should become smoke-free	67.4	26.2	6.3
4	People with mental illness can't quit smoking.	7.3	85	7.7
11	It's important for my agency to address tobacco use in consumers.	71.5	17.8	10.7
12	Mental health treatment facilities should offer smoking cessation services for consumers.	82.2	8.9	8.9

Figure 2: *Mental health survey question #15*



Substance Use Survey

Sixty-three percent (n=55) of the respondents to the substance use survey were classified as Point-of-Care and 37% (n=32) as Administrative. Data suitable for analysis was available on 69 out of the 87 surveys.

Substance use survey respondents indicated strong support (90%) for providing smoking cessation services to their clients. Similarly, 89% of respondents indicated that it is important for their agency to address tobacco use in clients, and 60% felt that treatment facilities should be smoke-free workplaces.

While almost half (47%) of the respondents disagreed with the statement that people with a substance use issue do not want to quit smoking, an equal number of respondents agreed with the statement that people wish to continue smoking. More than half of those surveyed indicated that smoking is one of the few pleasures people dealing with a substance use issue have in life (54%).

At the same time, a majority of providers do not believe smoking is or should be used as a coping mechanism (75%), nor do they believe clients will have significant psychiatric consequences when they try to quit smoking (78%).

The majority of respondents (88%) felt that people with a substance use issue can quit smoking, and most (65%) agreed that treatment providers should interfere with their clients' tobacco use.

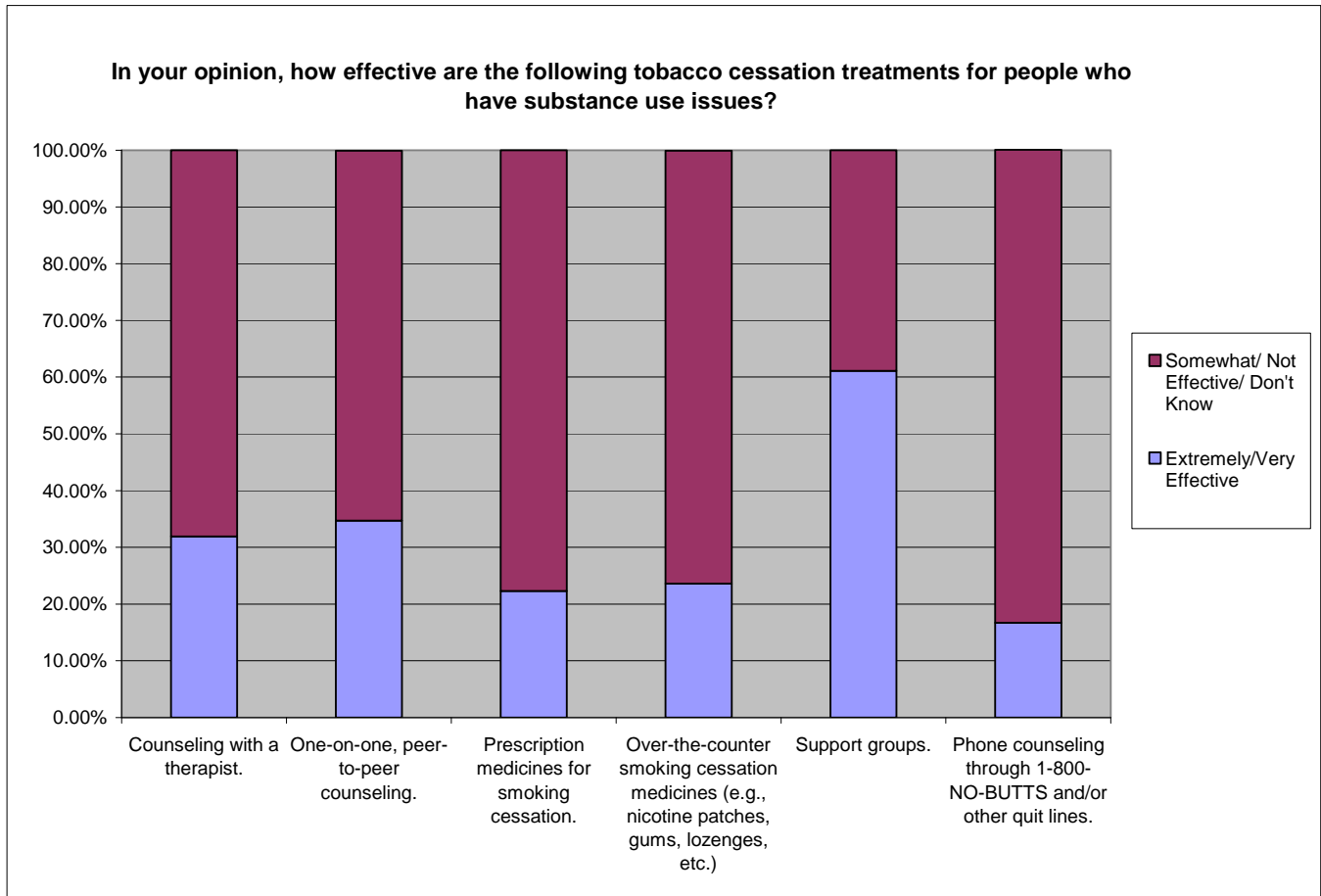
As seen with the mental health providers, there is a need to equip substance use providers with smoking cessation resources and tools. Similarly, they need information on local resources to refer consumers to, such as the California Smokers' Helpline. More than a third (36.1%) of the respondents were not aware of the helpline or other quitlines as effective quit smoking tools (see Figure 3).

Among the open-ended questions, almost half of the substance use providers stated they needed more information, resources, and tools to implement smoking cessation programming (46%). Respondents also said they needed funding, staff, and time, as well as staff training (33%). Figure 4 demonstrates a need to educate providers about the known efficacy of best practices cessation interventions.

Figure 3: Selected substance use survey questions and responses

Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
1	People with a substance use issue don't want to quit smoking.	47.2	47.3	5.6
2	Smoking is one of the few pleasures people dealing with a substance use issue have in life.	54.1	41.7	4.2
3	Substance use treatment facilities should be smoke-free.	59.8	36.1	4.2
4	People with a substance use issue can't quit smoking.	11.1	87.5	
6	Substance use treatment providers shouldn't interfere in their clients' tobacco use.	30.6	65.3	4.2
8	It is dangerous for clients to quit smoking because tobacco eases symptoms of illness and side effects of medication, and helps clients cope with stress.	13.9	75	11.1
9	People with serious substance use issues can't stop smoking without significant psychiatric consequences.	9.7	77.7	12.5
10	It's important for my agency to address tobacco use in clients.	88.9	7	4.2
11	Substance use treatment facilities should offer smoking cessation services for clients.	90.3	8.4	

Figure 4: Substance use survey question #14



When comparing the data from the two surveys, substance use providers were more knowledgeable of and provided referrals to smoking cessation treatment programs in their local community than mental health providers (see Appendix C). Substance use treatment centers were slightly more likely to offer programs to help their clients quit smoking cigarettes. Almost 40% of mental health centers did not know nor were not sure whether their centers provided programs to help consumers quit smoking (37.9%) (See Appendix C).

DISCUSSION

The survey findings indicate that mental health and substance use providers believe that consumers and people with substance use issues can quit smoking. There is overwhelming support for mental health facilities and substance use treatment centers to provide smoking cessation services and become smoke-free. However, there is currently a lack of smoking cessation services available, which may be due to the lack of information, resources, and tools.

Based on these findings, Los Angeles County is forging dynamic partnerships to increase access and utilization of smoking cessation services among mental illness consumers and people with substance use issues. Working in partnership with the Los Angeles County Department of Mental Health, the Smoking Cessation Leadership Center at the University of California, San Francisco, Public Health's Alcohol and Drug Program Administration, and the Center for Tobacco Cessation, county health officials are linking resources together to integrate smoking cessation services in community mental health and substance use settings.

References

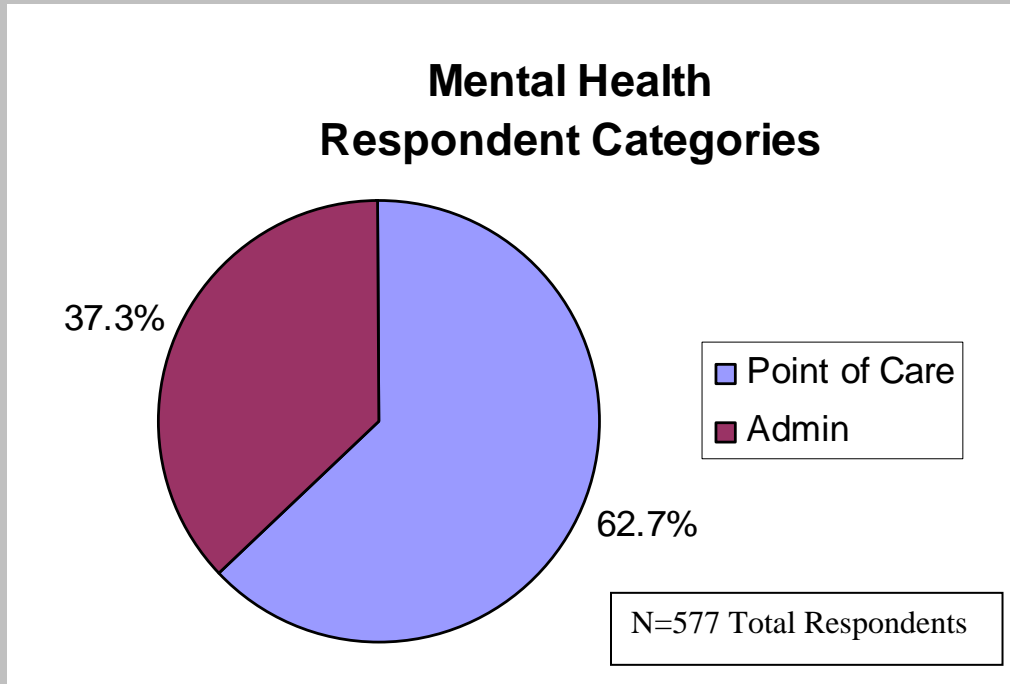
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Appendix A

Respondent Category: Mental Health

A total of 577 respondents participated, with 92 failing to complete the survey.



Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
1	People with mental illness don't want to quit smoking.	25.8	56.1	18
2	Smoking is one of the few pleasures consumers have in life.	40.3	52	7.7
3	Mental health treatment facilities should become smoke-free	67.4	26.2	6.3
4	People with mental illness can't quit smoking.	7.3	85	7.7

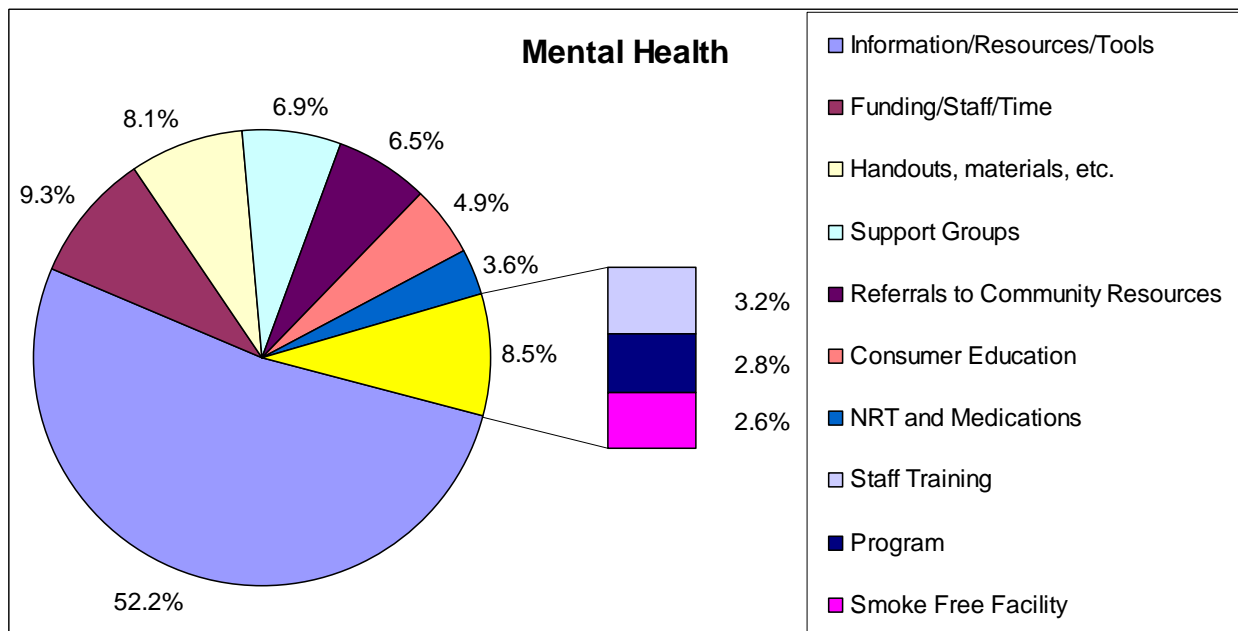
Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
5	Consumers have more important things to worry about than quitting smoking.	31.4	61	6.7
6	Mental healthcare providers shouldn't interfere in their clients' tobacco use.	20.4	71.2	8.5
7	Consumers die on average 25 years earlier than the general population, with the majority dying from tobacco related illnesses.	33.2	16.4	50.4
8	It is so difficult for consumers in mental health treatment facilities to quit smoking because most of the staff smokes too.	8.5	78.3	13.2
9	It is dangerous for consumers to quit smoking because tobacco eases symptoms of illness and side effects of medication, and helps consumers cope with stress.	15.2	72.5	12.3
10	People with serious mental illnesses can't stop smoking without significant psychiatric consequences.	11.3	71.7	17
11	It's important for my agency to address tobacco use in consumers.	71.5	17.8	10.7
12	Mental health treatment facilities should offer smoking cessation services for consumers.	82.2	8.9	8.9
13	The persons I serve are at risk of harming themselves if they use tobacco.	57.7	28.6	13.6
14	The persons I serve might be harmed by being in settings where others smoke.	68.9	20.6	10.5

Question		Response Data				
15	In your opinion, how effective are the following tobacco cessation treatments for mental health consumers?	Extremely Effective	Very Effective	Somewhat Effective	Not Effective	Don't Know/ Not Sure
A	Counseling with a therapist.	4.3%	17.0%	40.7%	14.0%	23.9%
B	One-on-one, peer-to-peer counseling.	5.7%	25.5%	38.9%	7.5%	22.3%
C	Prescription medicines for smoking cessation.	5.5%	23.5%	39.1%	3.6%	28.3%
D	Over-the-counter smoking cessation medicines (e.g., nicotine patches, gums, lozenges, etc.)	5.3%	17.4%	47.2%	5.9%	24.1%
E	Support groups.	13.4%	34.6%	32.6%	2.2%	17.2%
F	Phone counseling through 1-800-NO-BUTTS and/or other quit lines.	4.9%	12.8%	33.4%	9.9%	38.9%

Question		Response Data			
#	KEY	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not Knowledgeable
16	Availability of smoking cessation treatment programs and/or support services in your community.	3.6	11.7	33.8	51
17	How tobacco settlement funds are being used in your state.	5.5	24.7	68.4	
18	Existing research studies being conducted on tobacco use and consumers at local colleges and universities in your area.	5.3	21.5	72.3	
19	Existing partnerships involving state-level government agencies/departments that specifically address tobacco use among consumers.	3.8	19	76.3	
20	Availability of government or private (i.e., foundation) funding specifically for smoking cessation programming.	4.3	19.6	75.1	
21	If your state Medicaid program provides adequate coverage for prescription tobacco cessation services and medicines.	5.5	15	78.5	

Question		Response Data		
#	KEY	Yes	No	Don't Know/ Not Sure
22	Do providers in your agency offer referrals to smoking cessation treatment and/or support programs in the community?	35.3	26.8	37.9
23	Does your agency currently offer (or has it offered in the past) programs (e.g., direct services, education and outreach programs, support groups, etc.) to help consumers quit using tobacco products?	24.1	40.6	35.3
24	Has your agency collaborated with any government agencies/ departments (e.g. Department of Mental Health, MediCal, Department of Public Health, or substance use/addiction office)?	28.2	24.3	47.7
25	Have you smoked at least 100 cigarettes in your entire life?	31.5	65.6	
26	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	13.8	76.5	9.7
27	Do you smoke cigarettes every day or nearly every day?	7.4	89.5	

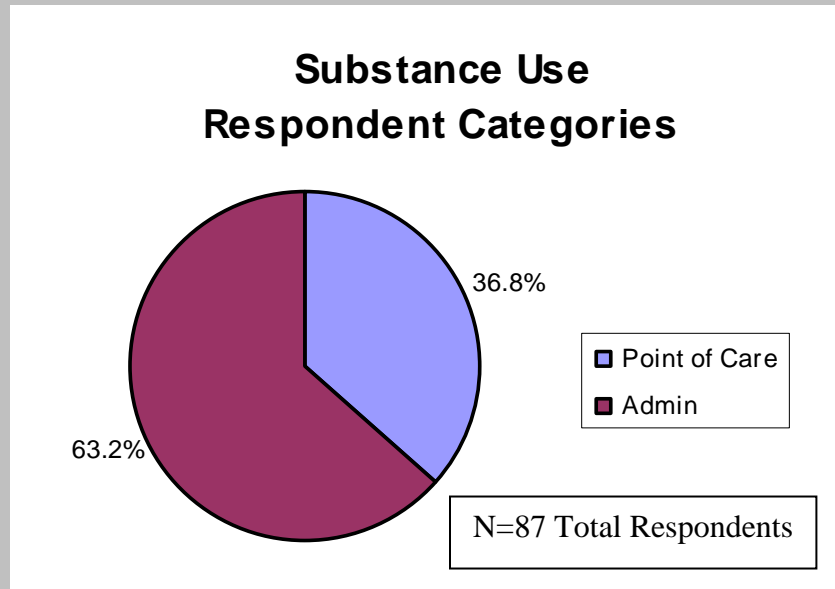
28. What specifically would your organization need to get involved in smoking cessation programming? (Information, resources, tools, etc.)



Appendix B

Respondent Category: Substance Use

A total of 87 respondents participated, with 18 failing to complete the survey.



Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
1	People with a substance use issue don't want to quit smoking.	47.2	47.3	5.6
2	Smoking is one of the few pleasures people dealing with a substance use issue have in life.	54.1	41.7	4.2
3	Substance use treatment facilities should be smoke-free.	59.8	36.1	4.2
4	People with a substance use issue can't quit smoking.	11.1	87.5	

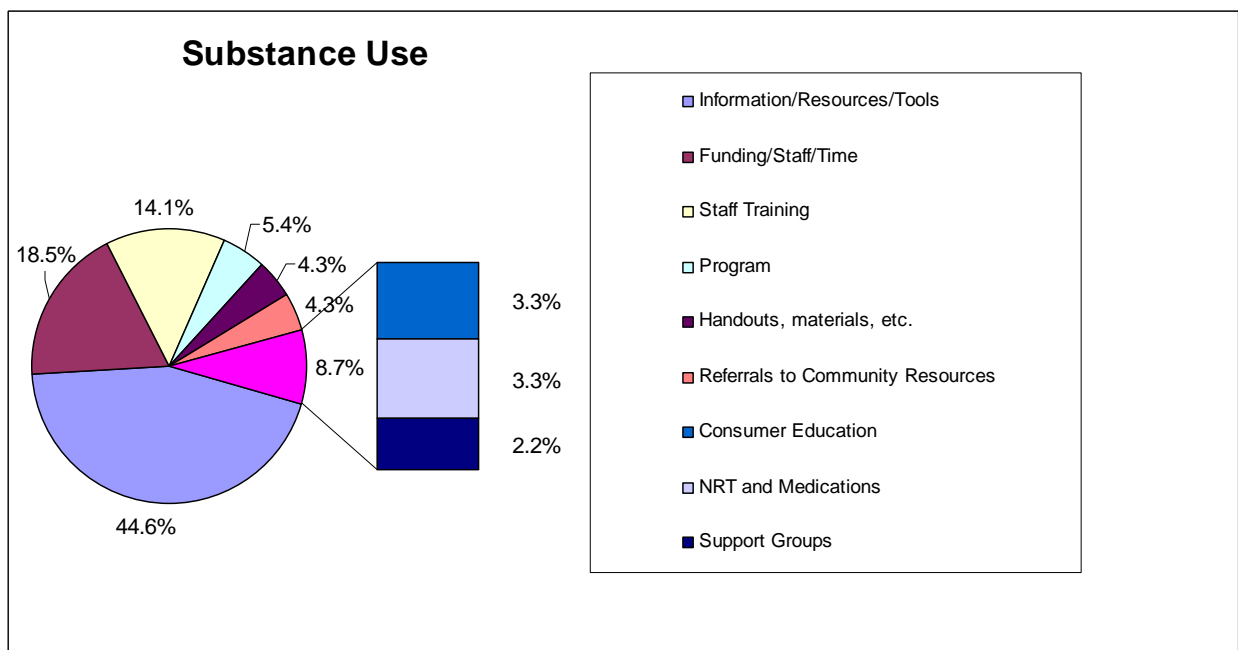
Question		Response Data		
#	KEY	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Don't Know/ Not Sure
5	People with a substance use issue have more important things to worry about than quitting smoking.	32	62.5	5.6
6	Substance use treatment providers shouldn't interfere in their clients' tobacco use.	30.6	65.3	4.2
7	It is so difficult for clients in substance use treatment facilities to quit smoking because most of the staff smokes too.	25	70.8	4.2
8	It is dangerous for clients to quit smoking because tobacco eases symptoms of illness and side effects of medication, and helps clients cope with stress.	13.9	75	11.1
9	People with serious substance use issues can't stop smoking without significant psychiatric consequences.	9.7	77.7	12.5
10	It's important for my agency to address tobacco use in clients.	88.9	7	4.2
11	Substance use treatment facilities should offer smoking cessation services for clients.	90.3	8.4	
12	The persons I serve are at risk of harming themselves if they use tobacco.	68.1	27.8	4.2
13	The persons I serve might be harmed by being in settings where others smoke.	59.7	34.8	5.6

Question		Response Data				
14	In your opinion, how effective are the following tobacco cessation treatments for people who have substance use issues?	Extremely Effective	Very Effective	Somewhat Effective	Not Effective	Don't Know/ Not Sure
A	Counseling with a therapist.	6.9%	25.0%	38.9%	13.9%	15.3%
B	One-on-one, peer-to-peer counseling.	6.9%	27.8%	47.2%	8.3%	9.7%
C	Prescription medicines for smoking cessation.	5.6%	16.7%	50.0%	8.3%	19.4%
D	Over-the-counter smoking cessation medicines (e.g., nicotine patches, gums, lozenges, etc.)	6.9%	16.7%	59.7%	8.3%	8.3%
E	Support groups.	19.4%	41.7%	29.2%	1.4%	8.3%
F	Phone counseling through 1-800-NO-BUTTS and/or other quit lines.	2.8%	13.9%	30.6%	16.7%	36.1%

Question		Response Data			
#	KEY	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not Knowledgeable
15	Availability of smoking cessation treatment programs and/or support services in your community.	6.9	19.4	45.8	27.8
16	How tobacco settlement funds are being used in your state.	5.6	9.7	23.6	61.1
17	Existing research studies being conducted on tobacco use and consumers at local colleges and universities in your area.	8.3	26.4	65.3	
18	Existing partnerships involving state-level government agencies/departments that specifically address tobacco use among consumers.	5.6	40.3	54.2	
19	Availability of government or private (i.e., foundation) funding specifically for smoking cessation programming.	6.9	19.4	73.6	
20	If your state Medicaid program provides adequate coverage for prescription tobacco cessation services and medicines.	4.2	9.7	84.7	

Question		Response Data		
#	KEY	Yes	No	Don't Know/ Not Sure
21	Do providers in your agency offer referrals to smoking cessation treatment and/or support programs in the community?	56.5	23.2	20.3
22	Does your agency currently offer (or has it offered in the past) programs (e.g., direct services, education and outreach programs, support groups, etc.) to help consumers quit using tobacco products?	49.3	43.5	7.2
23	Has your agency collaborated with any government agencies/ departments (e.g. Department of Mental Health, MediCal, Department of Public Health, or substance use/addiction office)?	34.8	46.4	18.8
24	Have you smoked at least 100 cigarettes in your entire life?	59.4	37.7	
25	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	33.3	63.8	
26	Do you smoke cigarettes every day or nearly every day?	15.9	82.6	

27. What specifically would your organization need to get involved in smoking cessation programming? (Information, resources, tools, etc.)



Appendix C

Data Analyses

Comparison of mental health and substance use provider survey data.

Question	Response Data												
<p>Respondent Categories (by percent)</p>	<table border="1"> <caption>Respondent Categories (by percent)</caption> <thead> <tr> <th>Category</th> <th>Substance Use (N=87)</th> <th>Mental Health (N=577)</th> </tr> </thead> <tbody> <tr> <td>Point-of-Care</td> <td>37%</td> <td>63%</td> </tr> <tr> <td>Administrative</td> <td>63%</td> <td>37%</td> </tr> </tbody> </table>	Category	Substance Use (N=87)	Mental Health (N=577)	Point-of-Care	37%	63%	Administrative	63%	37%			
Category	Substance Use (N=87)	Mental Health (N=577)											
Point-of-Care	37%	63%											
Administrative	63%	37%											
<p>People with a substance use issue/mental health illness don't want to quit smoking.</p>	<table border="1"> <caption>People with a substance use issue/mental health illness don't want to quit smoking.</caption> <thead> <tr> <th>Response</th> <th>Substance Use (n=72)</th> <th>Mental Health (n=506)</th> </tr> </thead> <tbody> <tr> <td>Agree/Strongly Agree</td> <td>47.2%</td> <td>25.8%</td> </tr> <tr> <td>Disagree/Strongly Disagree</td> <td>47.3%</td> <td>56.1%</td> </tr> <tr> <td>Don't Know/Not Sure</td> <td>5.6%</td> <td>18%</td> </tr> </tbody> </table>	Response	Substance Use (n=72)	Mental Health (n=506)	Agree/Strongly Agree	47.2%	25.8%	Disagree/Strongly Disagree	47.3%	56.1%	Don't Know/Not Sure	5.6%	18%
Response	Substance Use (n=72)	Mental Health (n=506)											
Agree/Strongly Agree	47.2%	25.8%											
Disagree/Strongly Disagree	47.3%	56.1%											
Don't Know/Not Sure	5.6%	18%											
<p>Smoking is one of the few pleasures people dealing with a substance use issue/mental health consumers have in life.</p>	<table border="1"> <caption>Smoking is one of the few pleasures people dealing with a substance use issue/mental health consumers have in life.</caption> <thead> <tr> <th>Response</th> <th>Substance Use (n=72)</th> <th>Mental Health (n=506)</th> </tr> </thead> <tbody> <tr> <td>Agree/Strongly Agree</td> <td>54.1%</td> <td>40.3%</td> </tr> <tr> <td>Disagree/Strongly Disagree</td> <td>41.7%</td> <td>52%</td> </tr> <tr> <td>Don't Know/Not Sure</td> <td>4.2%</td> <td>7.7%</td> </tr> </tbody> </table>	Response	Substance Use (n=72)	Mental Health (n=506)	Agree/Strongly Agree	54.1%	40.3%	Disagree/Strongly Disagree	41.7%	52%	Don't Know/Not Sure	4.2%	7.7%
Response	Substance Use (n=72)	Mental Health (n=506)											
Agree/Strongly Agree	54.1%	40.3%											
Disagree/Strongly Disagree	41.7%	52%											
Don't Know/Not Sure	4.2%	7.7%											

Question	Response Data												
<p>Please indicate how knowledgeable you are about the availability of smoking cessation treatment programs and/or support services in your community.</p>	<p>A stacked bar chart comparing knowledge levels for Substance Use (n=72) and Mental Health (n=506). The y-axis represents percentages from 0% to 100%. The legend includes: Very Know ledgeable/Kno w ledgeable (blue), Somew hat Know ledgeable (maroon), and Not Know ledgeable (yellow).</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Very Know ledgeable/Kno w ledgeable</th> <th>Somew hat Know ledgeable</th> <th>Not Know ledgeable</th> </tr> </thead> <tbody> <tr> <td>Substance Use (n=72)</td> <td>26.3</td> <td>45.8</td> <td>27.8</td> </tr> <tr> <td>Mental Health (n=506)</td> <td>15.3</td> <td>33.8</td> <td>51</td> </tr> </tbody> </table>	Category	Very Know ledgeable/Kno w ledgeable	Somew hat Know ledgeable	Not Know ledgeable	Substance Use (n=72)	26.3	45.8	27.8	Mental Health (n=506)	15.3	33.8	51
Category	Very Know ledgeable/Kno w ledgeable	Somew hat Know ledgeable	Not Know ledgeable										
Substance Use (n=72)	26.3	45.8	27.8										
Mental Health (n=506)	15.3	33.8	51										
<p>Do providers in your agency offer referrals to smoking cessation treatment and/or support programs in the community?</p>	<p>A stacked bar chart comparing provider referrals for Substance Use (n=69) and Mental Health (n=485). The y-axis represents percentages from 0% to 100%. The legend includes: Yes (blue), No (maroon), and Don't Know /Not Sure (yellow).</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Yes</th> <th>No</th> <th>Don't Know /Not Sure</th> </tr> </thead> <tbody> <tr> <td>Substance Use (n=69)</td> <td>56.6</td> <td>23.2</td> <td>20.3</td> </tr> <tr> <td>Mental Health (n=485)</td> <td>35.3</td> <td>26.8</td> <td>37.9</td> </tr> </tbody> </table>	Category	Yes	No	Don't Know /Not Sure	Substance Use (n=69)	56.6	23.2	20.3	Mental Health (n=485)	35.3	26.8	37.9
Category	Yes	No	Don't Know /Not Sure										
Substance Use (n=69)	56.6	23.2	20.3										
Mental Health (n=485)	35.3	26.8	37.9										
<p>Does your agency currently offer (or has it offered in the past) programs (e.g., direct services, education and outreach programs, support groups, etc.) to help clients/consumers quit using tobacco?</p>	<p>A stacked bar chart comparing agency programs for Substance Use (n=69) and Mental Health (n=485). The y-axis represents percentages from 0% to 100%. The legend includes: Yes (blue), No (maroon), and Don't Know/Not Sure (yellow).</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Yes</th> <th>No</th> <th>Don't Know/Not Sure</th> </tr> </thead> <tbody> <tr> <td>Substance Use (n=69)</td> <td>49.3</td> <td>43.5</td> <td>7.2</td> </tr> <tr> <td>Mental Health (n=485)</td> <td>35.3</td> <td>26.8</td> <td>37.9</td> </tr> </tbody> </table>	Category	Yes	No	Don't Know/Not Sure	Substance Use (n=69)	49.3	43.5	7.2	Mental Health (n=485)	35.3	26.8	37.9
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<p>Have you smoked at least 100 cigarettes in your life?</p>	<p>A stacked bar chart comparing smoking history for Substance Use (n=69) and Mental Health (n=485). The y-axis represents percentages from 0% to 100%. The legend includes: Yes (blue), No (maroon), and Don't Know/Not Sure (yellow).</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Yes</th> <th>No</th> <th>Don't Know/Not Sure</th> </tr> </thead> <tbody> <tr> <td>Substance Use (n=69)</td> <td>59.4</td> <td>37.7</td> <td>2.9</td> </tr> <tr> <td>Mental Health (n=485)</td> <td>31.5</td> <td>65.6</td> <td>2.9</td> </tr> </tbody> </table>	Category	Yes	No	Don't Know/Not Sure	Substance Use (n=69)	59.4	37.7	2.9	Mental Health (n=485)	31.5	65.6	2.9
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