Addressing Tobacco Use Among Those With Behavioral Health Conditions
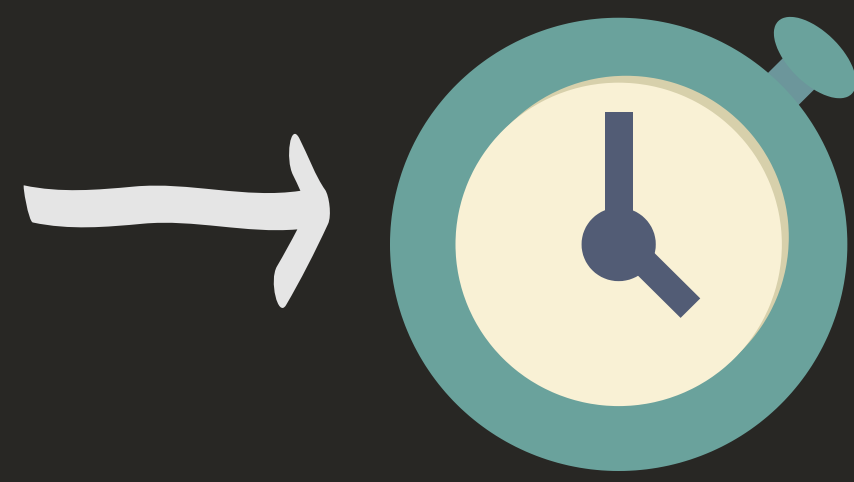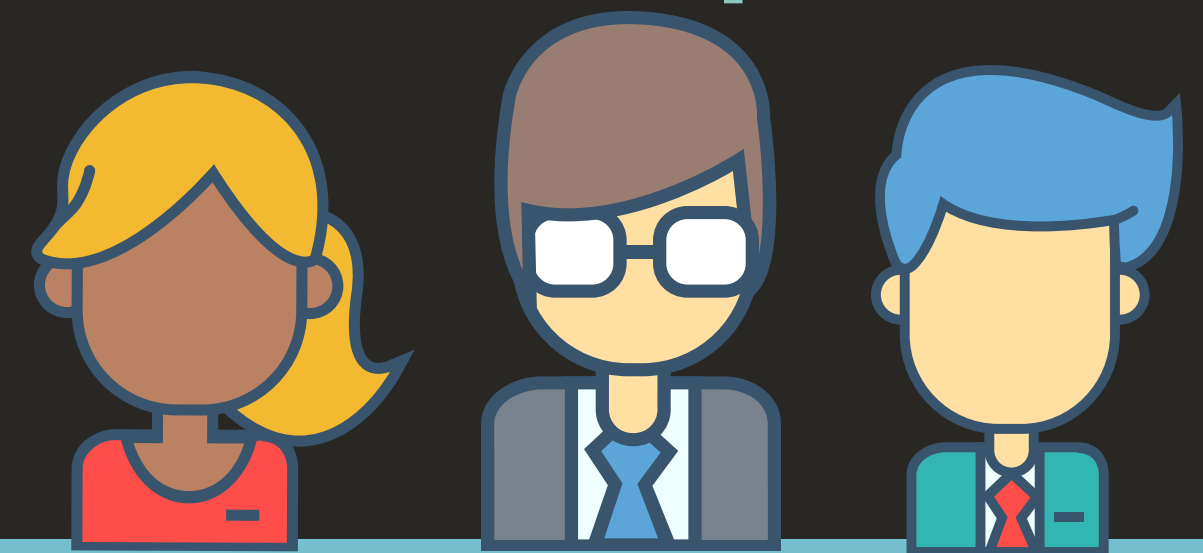
South Carolina Survey Results

Time frame:
January 11, 2019 - March 15, 2019
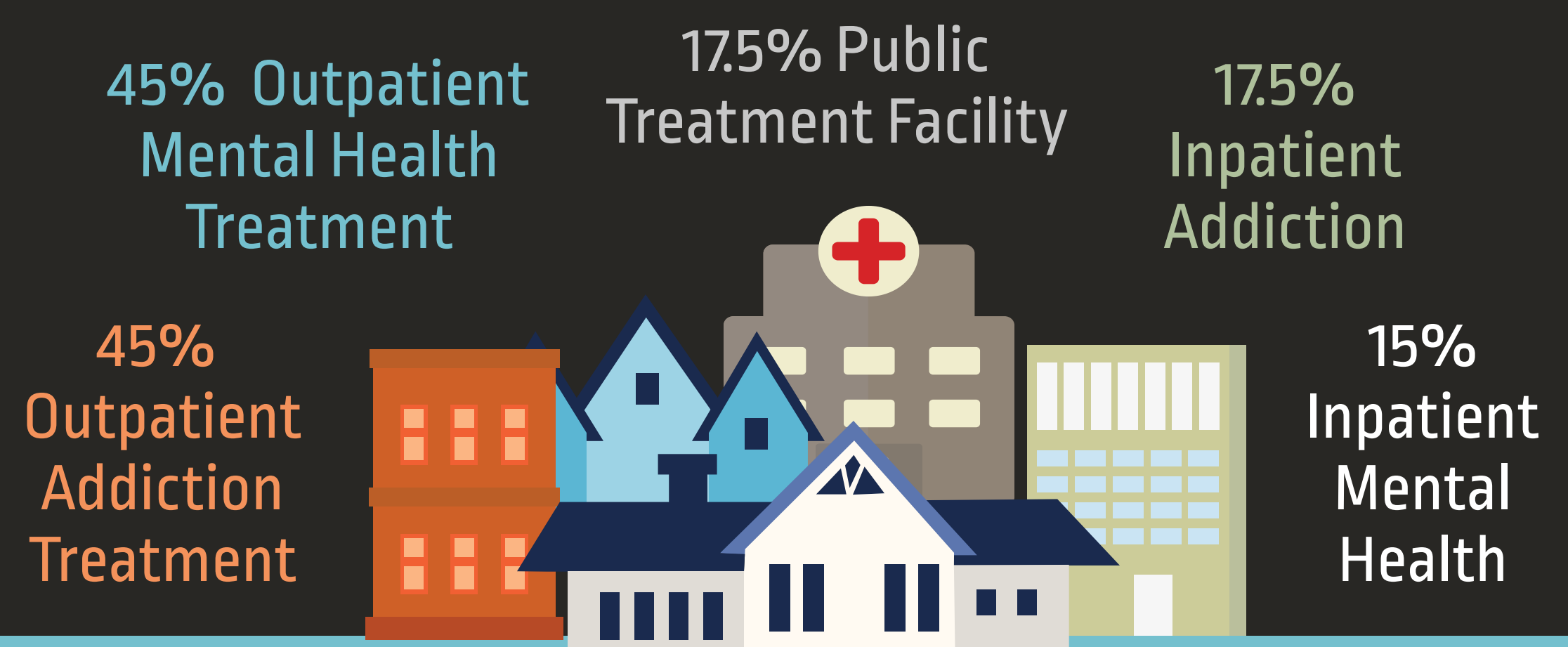
40 Total respondents

1. Breakdown of Respondent Roles

67% - Program managers / administrators

15% - Clinical supervisors

13% - Other (i.e., Community Care Coordinator, (RN); APRN; ED; DNP, APRN, PMHCNS-BC; Executive Director

5% - Physicians, other medical professionals, counselors, and psychologists

2. Respondent Agency / Organization

45% Outpatient Mental Health Treatment

17.5% Public Treatment Facility

17.5% Inpatient Addiction

45% Outpatient Addiction Treatment

15% Inpatient Mental Health

4-5. Routinely Provided Tobacco Assessment and Treatment Services

⭐ **High Priority**
❌ **Low Priority**

Top 3

⭐ Clients are asked about their tobacco use and offered education about their tobacco use

⭐ Tobacco dependence addressed in mental health and/or substance use disorder recovery interventions

⭐ Education about tobacco use and how it impacts mental and physical health

Bottom 3

❌ Cognitive behavioral strategies are used to treat tobacco dependence

❌ Peer-to-peer services for tobacco

❌ Individual or group counseling for tobacco

3. Agreement or Disagreement with Tobacco Treatment Statements

Agree

Disagree

Agree:

Clients are concerned about the effects of smoking or tobacco use

Clients who smoke expressed a desire to quit/cut back

Smoking impacts the effectiveness of medications used for mental illness treatment

Counseling by a clinician motivates smokers to quit

Disagree:

If a client is in recovery, quitting tobacco threatens sobriety

E-cigarettes are safe and effective for those quitting smoking

Smoking is a personal choice and clinicians are not expected to encourage quitting

Cigarettes / other nicotine products help clients during recovery

6. Top Five Moderate-Extreme Barriers to Tobacco Dependence Treatment
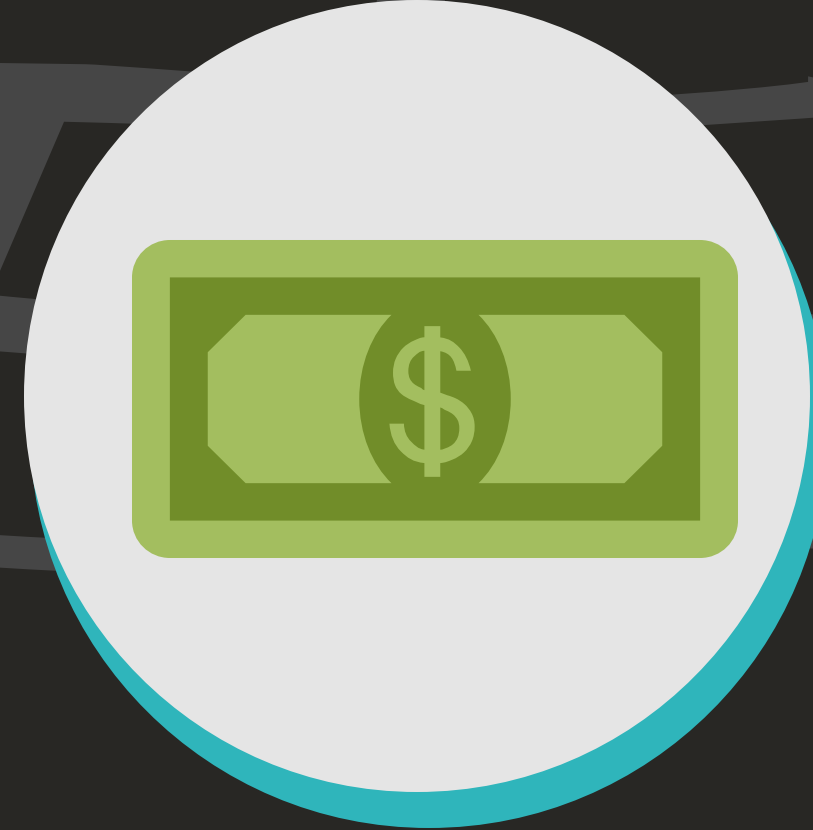
Lack of Interest by Clients

Lack of Access to Cessation Medications

Lack of Staff Training
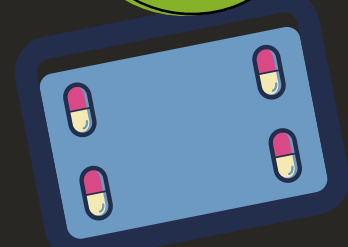
Lack of Time

Lack of Reimbursement

7. Respondent Identified Improvements to Tobacco Treatment Services
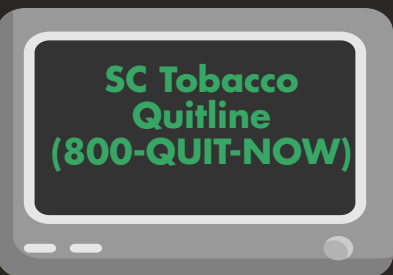
Staff training on the impact of tobacco use on mental health and addiction recovery

Additional funding or reimbursement for these services

Availability of nicotine replacement therapy and other cessation medications

SC Tobacco Quitline (800-QUIT-NOW)

Better linkage with community healthcare, social services, and the SC Tobacco Quitline

Increased access to community resources

8. Most Common Agency / Organizational Descriptions of Tobacco Policies

Smoking is prohibited inside all buildings

Smoking is prohibited near building entrances

There is signage posted on our property about the tobacco policy

The use of vapor devices (e-cigarettes) is prohibited

9. Most Effective to Least Effective Communication Method For The Agency / Organization's Tobacco Policy
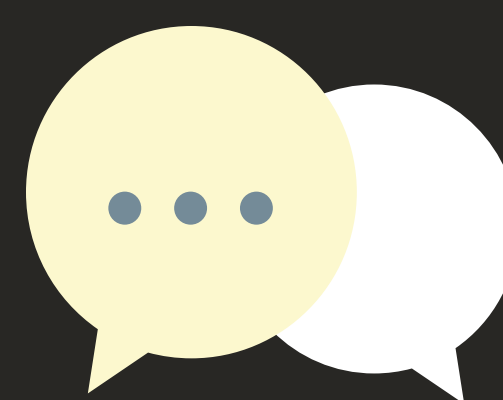
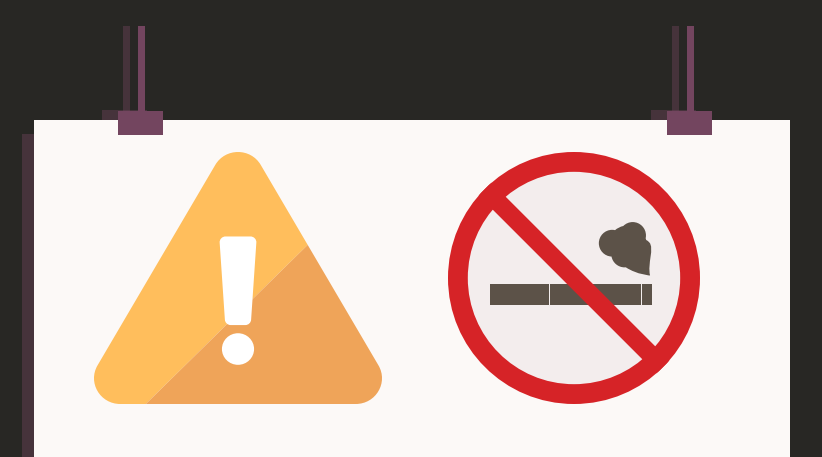Adequate signage is posted on the building or grounds

Policy is included in the new employee orientation and/or agency website

Communication to staff, clients, and/or visitors about the policy

Adequate signage clearly explaining the policy

Most Effective ⟶ **Least Effective**