

SUCCESS STORY

UTAH

Recovery PLUS:

Utah's Plan to Integrate Comprehensive Tobacco Policies into Mental Health and Substance Abuse Treatment

In Utah, it was common practice until recently for mental health and substance abuse professionals to overlook tobacco—the leading cause of preventable death—when treating those suffering from mental illness or substance use disorders.¹ When tobacco addiction is not addressed during treatment, patients who use tobacco remain at higher risk for many adverse health consequences, including premature death.² Residents of Utah who suffer from mental illness or substance use disorders have much higher tobacco use than the general population.^{3,4} Providers and others in the substance abuse community now understand that tobacco products kill more people than all other drugs combined.^{1,5} This realization, coupled with the evidence that tobacco cessation works in these populations, has resulted in mental health and substance abuse providers affirming that tobacco cessation should become a key component of a holistic treatment plan.

The Utah Tobacco Prevention and Control Program (TPCP) has a well-developed infrastructure to easily support emerging directions in tobacco control and prevention. Although Utah has the lowest prevalence of smoking in the country,³ TPCP leaders continue to reaffirm the importance of addressing cessation in the populations experiencing an increased health burden related to tobacco use.

In 2009, the TPCP developed the relationships and partnerships essential to reduce the disproportionate burden of tobacco-related disease in populations suffering from mental illness and substance use disorders. As a result, they were prepared to act fast and take advantage of the fortuitous opportunity of the Communities Putting Prevention to Work (CPPW) funding announcement and its 2-year time frame. This new funding allowed the program to engage partners to create systems change that prohibits tobacco use in all publically funded mental health and substance abuse treatment facilities by 2013 and incorporates cessation activities into treatment.

Building on the Utah State Hospital's tobacco-free state initiative of 2007 and following a model that was developed by New York, the TPCP and its mental health and substance abuse partners—including Division of Substance Abuse and Mental Health and Department of Health and Human Services from Utah's state and local level representatives—launched the following three-phase process to address the importance of treating tobacco use for those in mental health and substance abuse treatment:

PHASE ONE:

- Hire lead staff.
- Convene a leadership team of professional and community partners.
- Conduct a media campaign to brand the program as "Recovery Plus."
- Raise awareness of the importance of quitting tobacco when in substance abuse treatment.
- Have treatment facilities complete a stakeholder needs assessment to determine the current environment and attitudes towards supporting tobacco cessation in facilities.

PHASE TWO:

- Focus on clinical staff to make sure they have the training, resources, and systems in place they need to meet treatment challenges (including a system for health care providers to know their patient is receiving Nicotine Replacement Therapy (NRT) from the Utah Tobacco Quitline).⁶

PHASE THREE:

- Integrate tobacco cessation into treatment and develop and aid in carrying out tobacco-free policies.



**Communities Putting
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In Phase Two a new intake form for the mental health treatment centers to assess tobacco use was developed. Additionally, during Phase Two, the program worked with the Utah Tobacco Quitline to enact a special protocol for nicotine replacement therapy (NRT) distribution to callers from residential treatment facilities so there would be a specific contact person at each facility to make sure that the NRT requested was received and delivered to the correct client. The protocol in the treatment facility also included a site coordinator noting the NRT in the clients' medical chart and treatment providers monitoring it along with other treatments.

The CPPW funding enabled the Utah TPCP and its partners to establish the foundation for all publicly funded treatment facilities to become tobacco-free by March 2013. This oppor-

tunity allowed them to hire the additional staff and support media efforts to facilitate greater progress on the initiative. It also made it possible to integrate smoking cessation into mental health and substance abuse treatment which should help to reduce the disproportionate disease burden borne by this population. Moreover, going 100% tobacco-free is the only way to eliminate exposure to secondhand smoke, resulting in both immediate and long-term health benefits for the clients, employees, and those who visit facilities.^{2,7}



REFERENCES

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