

REVIEW OF SMOKING CESSATION SUPPORT IN THE VICTORIAN ALCOHOL AND OTHER DRUGS (AOD) SYSTEM

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Introduction and Aims: Many AOD service users are smokers, but cessation service provision and uptake is variable. A review of the smoking cessation support provided through the Victorian public AOD treatment service system was conducted to identify opportunities to better embed smoking cessation support in routine care.

Design and Methods: Larter conducted a scan of the system, consulting with 38 AOD agencies. Following the scan, 21 practitioners and managers were interviewed to identify existing cessation support, opportunities to embed systems changes, and enablers and barriers to implement change. Three service providers offering multiple treatment types were subsequently selected for in-depth organisational investigation, including consultation with clients, staff and executives.

Results: The study identified limited awareness of the smoking cessation evidence for this client cohort among AOD practitioners and managers. Specifically, there was limited awareness of the positive impact of smoking cessation on treatment goals and the availability of clinical guidelines applicable to this client group. Some staff was resistant to offering cessation support due to misconceptions about the difficulty in addressing tobacco while treating other substances. However, many staff expressed a readiness for incorporating smoking cessation into their treatment routines if the appropriate authorising environment was generated. Most AOD clients reported a desire to reduce or cease smoking, but many staff appeared unaware of these goals.

Discussions and Conclusions: Implementing a systematic approach to smoking cessation in the AOD system requires an integrated process of cultural change, workplace practice change, and sector change. The review found that the Victorian AOD sector is ready for this change.

Implications for Practice or Policy (optional): Sector-wide reform in Victorian AOD treatment requires an authorising environment upheld by contractual arrangements and governance structures, for example through: embedding smoking cessation into routine treatment protocols; a state-wide smoking cessation policy for the AOD treatment sector; inclusion of smoking cessation treatment as an AOD episode of care; and inclusion of smoking cessation in service accreditation mandates.

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