

## **Perspectives on limiting tobacco access and supporting access to nicotine vaping products among clients of residential drug and alcohol treatment services in Australia.**

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**Introduction:** Tobacco endgame strategies are designed to drive down population smoking rates, the success of which can be improved with public buy-in. This requires support from populations with high smoking rates, particularly alcohol and other drug (AOD) service clients. This study aimed to explore acceptability of three approaches to support AOD service clients following smoking cessation: tobacco retailer reduction, a mandatory very low nicotine content cigarette standard, and subsidising nicotine vaping products (NVP).

**Method:** We interviewed 31 Australian AOD service clients who currently or previously smoked, following a 12-week randomised trial comparing NRT to NVP for smoking cessation. Participants were asked how effectively three scenarios would support their tobacco cessation: 1) tobacco retailer reduction, 2) very low nicotine content cigarette standard, and 3) subsidised NVP access. We thematically analysed participant views on how each approach would support tobacco abstinence.

**Findings:** Tobacco retailer reduction raised concerns about increasing travel, and accessing cigarettes from alternate sources, with lower acceptability. Reducing nicotine content of tobacco products was described as reducing appeal of smoking, and potentially increasing non-reduced nicotine product purchases. Clients of AOD services were highly accepting of subsidised NVP access for tobacco cessation, as this would partly address financial and socioeconomic barriers.

**Conclusion:** Australian tobacco control policy should consider these how these three approaches impact ease and likelihood of tobacco access by AOD service clients. Understanding AOD service clients' acceptability of tobacco control and endgame measures can support health equity in implementation, considering that such measures are typically designed for broad populations.

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