

## **Perceptions of combination nicotine replacement therapy and vaporised nicotine product use for tobacco smoking cessation following discharge from alcohol and other drug residential withdrawal services: A qualitative analysis**

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**Introduction and aims:** Tobacco smoking is highly prevalent among alcohol and other drug (AOD) service clients in Australia (77%). Despite clients' interest in quitting smoking and nicotine replacement therapy, abstinence is infrequently sustained post-discharge. Vaporised nicotine products (VNP) are an alternative means of managing nicotine withdrawal after discharge from residential smoke-free clinical sites, which we are currently trialling. This study examined AOD service clients' experiences of combination nicotine replacement therapy (C-NRT) or VNP for smoking cessation post-discharge.

**Method/approach:** We interviewed a subset (n=31) of residential service users from the NEAT clinical trial (n=367), who used 12-week C-NRT or VNP with Quitline access for smoking abstinence post-discharge from a residential AOD withdrawal service. Participants aged ≥18 years who smoked tobacco and had not used a VNP in the past month described their health and social changes, tobacco cravings, nicotine use, Quitline experience, and barriers and facilitators to C-NRT or VNP for smoking cessation. We inductively analysed interview transcripts for salient themes.

**Key Findings:** C-NRT and VNP were feasible and acceptable for smoking cessation. C-NRT was useful for managing nicotine cravings, with inhalators having potential to address smoking behaviour. VNP use was viewed as effective for smoking cessation and managing cravings post-discharge, with some drawbacks for VNP (e.g., taste) and C-NRT (e.g., behavioural preferences). Quitline services received mixed support, as participants could access support via AOD counselling.

**Discussions and Conclusions:** Using C-NRT and VNPs for smoking cessation was considered generally acceptable by AOD service clients. Accessing suitable nicotine products for VNP use beyond the trial was a barrier to sustained abstinence.

**Implications for Practice or Policy:** Addressing experiential aspects of C-NRT and VNP use can inform services' support for smoking cessation approaches based on client suitability.

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