

Understanding alcohol and other drug workforce capabilities to inform capacity building around the delivery of comprehensive smoking and vaping programs

Anke van der Sterren^{1,2}, Elisabeth Yar^{1,3}, Ava Gajdatsy¹, Anita Mills¹

¹*Alcohol Tobacco and Other Drug Association ACT (ATODA), Canberra, Australia,* ²*School of Population Health, UNSW Medicine & Health, Sydney, Australia,* ³*College of Arts and Social Sciences, The Australian National University, Canberra, Australia*

Presenter's email: anke@atoda.org.au

Introduction:

With high prevalences of smoking and vaping among service users of ACT alcohol, tobacco and other drug (ATOD) services, and an associated high prevalence of harms, supporting ATOD services to deliver best practice smoking and vaping cessation and harm reduction programs alongside alcohol and other drug treatment and support is essential. Analyses of specific questions from the 2024/25 ACT ATOD Workforce Profile on smoking and vaping is providing baseline data to inform workforce and sector capacity building around smoking and vaping cessation and harm reduction.

Methods: The Workforce Profile survey was administered at nine government and non-government ATOD organisations in the ACT. A descriptive analysis of responses from 190 surveys investigated: smoking and vaping prevalence and associated demographic and work characteristics; and self-assessed provision of smoking and vaping support and capabilities (for workers delivering direct client services).

Results:

Higher proportions of ATOD workers compared to the general population reported (current daily or occasional) smoking (22.2%) or vaping (17.8%), with 9.1% reporting both. High proportions of workers—all over 55%—self-reported 'always' or 'most of the time' asking and advising about smoking and vaping; and 'agreeing' or 'strongly agreeing' to possessing capabilities associated with providing smoking and vaping support. However, across matching items, workers reported greater capability in the provision of smoking supports than vaping supports—e.g., for confidence in providing a smoking brief intervention (a score of 4.08 out of 5.0) versus a vaping brief intervention (3.72). Capability scores did not differ for workers who reported smoking/vaping versus non-smoking/vaping.

Discussions and Conclusions:

Nicotine dependence supports need to be available to the ATOD workforce to support smoking/vaping cessation and harm reduction. While self-reported capabilities to provide nicotine dependence treatment and support appear to be strong, there are clinically significant proportions of the workforce that need further professional development support, in particular in the emerging area of vaping cessation and harm reduction.

Implications for Practice or Policy:

A well-informed, skilled and confident health workforce is critical to developing and delivering comprehensive evidence-based smoking and vaping cessation and harm reduction supports to service users of ATOD services.

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