



NCETA
National Centre for Education
and Training on Addiction

Vaping policies in Australian Alcohol and Other Drug Treatment Services



This resource details
considerations for alcohol and
other drug (AOD) treatment
services in developing policies or
approaches to address vaping



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FHMRI

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Acknowledgement of Country

The National Centre for Education and Training on Addiction respectfully acknowledges the Kaurna people as the Traditional Owners of the land and waters on which our Centre is located. We pay our respects to Kaurna elders past, present and emerging.

About NCETA

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. Our purpose is to conduct and disseminate world class research that advances knowledge, innovation, and evidence-based practice to minimise harms associated with alcohol and other drug use.

Our core business is the promotion of workforce development principles, research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in the community; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations. NCETA is based at the Flinders Health and Medical Research Institute (FHMRI) in South Australia and is a collaboration between Flinders University and the Australian Government Department of Health, Disability and Ageing.

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Introduction

Vaping is an important issue for alcohol and other drug (AOD) treatment services. More individuals are using vapes (in some instances) to cut back or quit smoking, while others are expressing a desire to cut back on their use (or quit altogether). Balancing the need to reduce vaping risks for users and those exposed to second hand vapour in the workplace, while considering the potential benefits of smoking cessation and respecting clients' treatment goals, can be challenging.

This resource details considerations for AOD treatment services in developing policies or approaches to address vaping. It also presents findings from a survey that NCETA has conducted on how AOD treatment services in Australia have framed and implemented vaping policies.

The findings from the survey are presented in the second half of this resource, from page 7.

1. Vaping: The current evidence base

Electronic cigarettes—also known as e-cigarettes or vapes—are small battery-operated devices that heat a liquid to produce vapour, which is then inhaled [1]. This vapour may or may not contain nicotine. The liquid used in vapes does not contain tobacco but instead comprises various chemicals. Using a vape is referred to as “vaping.”

1.1. Trends in vaping among Australians

Vaping has grown in popularity among Australians (those over 14).

- Lifetime use of vapes increased from **9% in 2016** to **20% in 2022-23**.
- Current use increased from **1% to 7%** over the same period [2].

Some individuals, particularly *young people who have not previously smoked*, have opted for nicotine vaping products as an alternative method of nicotine delivery [3].

1.2. Health risks and uncertainties

Evidence about the adverse effects of long-term vaping is still developing, but:

- it is **highly likely to harm the health of those who use vapes and those who passively inhale its vapour** [4, 5]; and
- the various chemical compounds found in vapes, along with the harmful byproducts produced when heating carrier fluids, can harm the respiratory system and have **carcinogenic** effects [6, 7].

Recent research by the Clinical Oncology Society of Australia (COSA) suggests nicotine-based e-cigarettes are likely to be carcinogenic to humans who use them [8]. E-cigarettes are likely to cause lung cancer and oral cancer.

However, this determination is primarily based on the carcinogenic effects of e-cigarette aerosol observed in mice, along with a wide range of mechanistic findings gathered from both human studies and laboratory research.

Like tobacco smoke, the vapour emitted by vapes should be viewed as an **environmental hazard** due to the various harmful chemicals it contains (e.g., aldehydes, carbon monoxide, particulate matter, heavy metals, etc.) [5, 9, 10].

Yet, despite the presence of numerous harmful compounds in vapes [6, 7, 11, 12], emerging evidence suggests that **vaping may be less detrimental to one's health than tobacco smoking**) [13, 14].

1.3. Role in smoking cessation

Nicotine-containing vapes have been used by tobacco smokers as an **aid to quit/reduce smoking and to reduce associated harms** [3, 15]. However:

- While vaping may have a role in helping some people quit/reduce tobacco use [16, 17], vapes are **not recommended as a first-line approach** to achieve these outcomes [18].
- Therapeutic vapes are considered unapproved therapeutic goods and have **not been evaluated** by the Therapeutic Goods Administration (TGA) for inclusion in the Australian Register of Therapeutic Goods (ARTG).
- Concerns remain about vapes' **safety and longer-term health effects** [4, 18].

2. Australia's current vaping policies

From 1 October 2024, adults aged 18 and over may access Schedule 3 (S3) therapeutic vapes (nicotine concentration of 20 mg/mL or less) from participating pharmacies without a prescription, depending on state and territory laws and if deemed clinically appropriate. Patients must consult with the pharmacist to determine what cessation support options are clinically appropriate and show ID. A one-month supply limit applies.

Disposable vapes are prohibited, and it is illegal for any non-pharmacy retailer (e.g., convenience stores and tobacconists) to sell vaping products.

Individuals under 18, or anyone requiring nicotine concentration greater than 20 mg/mL must have a prescription from a medical or nurse practitioner. Flavours are limited to mint, menthol, and tobacco, and packaging must comply with TGA product standards.

Laws regularly change, so it's important to consult the relevant state or territory information and/or the following pages for the latest regulations:

- [About vaping and e-cigarettes](#) and [Vaping hub | Therapeutic Goods Administration \(TGA\)](#) – Department of Health, Disability and Ageing

3. Vaping in AOD treatment services

Clients in AOD treatment services often exhibit:

- high rates of tobacco smoking and dependence [19, 20]; and
- substantial vape use [20, 21].

AOD services play a vital role in **supporting individuals to reduce or cease substance use**. For some clients, this may include support to reduce or cease their use of tobacco and/or vapes.

- **Nicotine replacement treatment (NRT) and behavioural support** are effective approaches for reducing or ceasing tobacco smoking and are **well accepted** by AOD clients [22-24].
- Clients looking to quit or reduce tobacco use may find vapes helpful [16, 17]; however, vapes are **not recommended as a first-line approach** for achieving these goals [18].

3.1. Developing a vaping policy: The challenge for AOD treatment services

Developing a policy to address the use of vapes in an AOD treatment setting can be challenging. AOD treatment represents an important health promotion opportunity to use evidence-based approaches to support those individuals who do want to quit or reduce the harm associated with vaping. However, policies also need to avoid alienating clients for whom reducing or ceasing vaping is not a treatment goal.

AOD organisations must balance:

- **supporting clients to reduce harms from vaping**, including supporting them to not (re)turn to tobacco use instead;
- **minimising** staff, visitor, and client **exposure to second-hand vapour**;
- **respecting individual choices**—particularly of clients who are nicotine dependent but do not wish to quit vaping/smoking; and
- **complying** with relevant national and state/territory **legislation**.

These factors are similar to the factors that AOD organisations may need to consider when developing policies about tobacco smoking.

In developing a vaping policy, AOD treatment services may need to consider:

- who the policy will cover (e.g. clients, staff, visitors);
- when and where vaping will be permitted;
- whether exemptions will apply in specific situations (e.g., permitting the use of vapes as an aid to quitting);
- how vaping policies will be communicated;
- who is responsible for enforcing vaping policies;
- how the service will respond to non-compliance; and
- how staff can be trained and supported to discuss vaping with clients.

4. What's happening in Australia?

4.1 The survey

NCETA developed and distributed a short exploratory survey to explore how Australian alcohol and other drug (AOD) treatment services are managing onsite vaping.

Method: Survey distributed in early 2025 via:

- NCETA's social media platforms
- Peak bodies representing Australia's AOD non-government sector

Response rate: 22 responses. Not all participants answered every question.¹

Limitations: Findings reflect the approaches taken by the organisations of the respondents who participated in the survey but may not be representative of all organisations that provide AOD treatment services. Furthermore, the data reflect individuals rather than organisations, thus the number of distinct organisations represented in this survey's responses remains unknown.

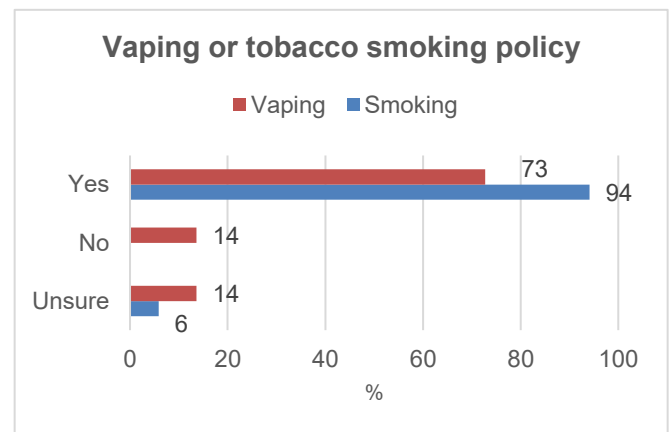
4.2 How many organisations have vaping policies?

Most respondents indicated that their organisations had vaping and smoking policies. Regarding onsite **vaping policies**:

- 73% responded that their organisation had a policy.
- 14% indicated their organisation did not have a policy.
- 14% were unsure.

Regarding onsite tobacco smoking policies:

- 94% indicated that their organisation had a policy
- 6% were unsure



4.3 Are vaping policies similar or different to smoking policies?

- 73% stated that the same rules apply to both vaping and smoking.
- 27% indicated that different rules apply.

4.4 Where is vaping permitted?

- 73% indicated that vaping is not allowed on their premises
- 20% noted that it is allowed in designated areas (such as specific zones for smoking)
- 5% mentioned that vaping is restricted only in enclosed spaces

¹ As such, where references are made to numbers or proportions of respondents, this refers to the numbers or proportions of individuals who provided a response to that question/issue.

4.5 Who is covered by vaping policies?

Of the respondents who described the coverage of their organisations' vaping policy:

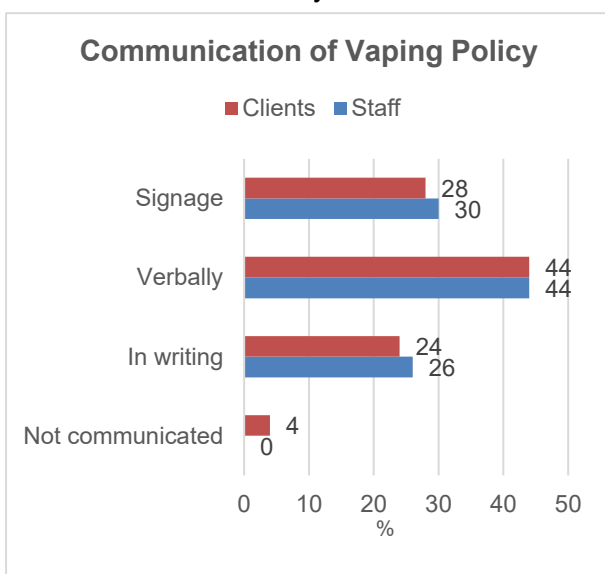
- 70% indicated that everyone (clients, visitors, and staff) was covered
- 15% specified that only clients and visitors were covered
- 7% detailed that only staff were covered
- 7% were unsure

4.6 Are there circumstances where people are exempt from vaping policies?

- 60% reported that they did not have exemptions from policies;
- 27% indicated that there were exemptions when vaping was used as a tool for quitting smoking, as a substitute for smoking, or in both scenarios; and
- 13% were unsure.

4.7 How are vaping policies communicated?

Participants reported that their organisations communicated their vaping policies to clients and staff in similar ways.



Respondents reported that policies were communicated to **clients** through:

- Signage (28%)
- Verbal communication (44%)
- Writing (24%)
- Not communicated at all (4%)

Participants indicated that policies were communicated to **staff** via:

- Signage (30%)
- Verbal communication (44%)
- Writing (26%)

4.8 Who is responsible for enforcing vaping policies?

Identifying responsibility for vaping policy enforcement is a key aspect of vaping policy development and implementation. When asked about who has responsibility for enforcing organisational vaping policies:

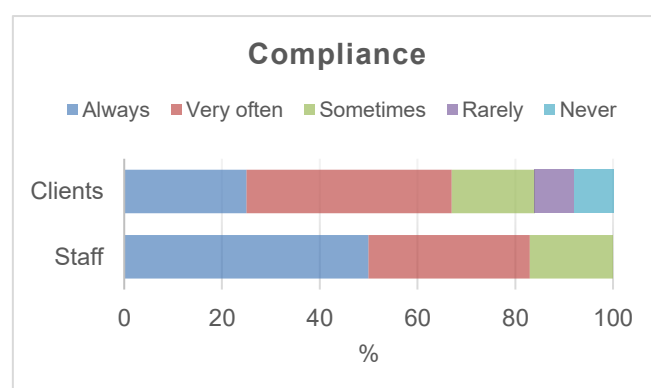
- 47% indicated that it was staff and management;
- 27% indicated that it was staff, management, and self-enforced;
- 13% indicated that it was staff, management, and security; and
- 7% indicated that it was staff, management, self-enforced, and security.

An equal proportion of respondents reported that the staff responsible for enforcing their organisation's vaping policy did (50%) and did not (50%) receive relevant education and training.

"Although we currently allow prescription only vaping for clients, we lack the information, training, and professional guidance to really understand whether vaping as an alternative to smoking is truly a harm minimisation approach." – Respondent from South Australia

4.9 Are vaping policies complied with?

Adherence to vaping policies among clients and visitors was mostly high.



Adherence by clients:

- 67% reported that clients and visitors always or very often adhered to the organisation's vaping policy
- 17% indicated compliance sometimes
- 17% suggested infrequent or non-compliance.

Adherence by staff:

- 83% indicated that staff always or very often adhere to the policy
- 17% reported that staff comply only sometimes

4.10 How do organisations respond to non-compliance?

Respondents' organisations primarily responded to client non-compliance with vaping policies by:

- Issuing a verbal warning: 42%
- Requesting clients leave the premises: 21%
- Imposing bans: 11%
- Suspension from treatment: 11%

One participant (5%) stated that their organisation's policy did not outline how to address non-compliance, while two participants (9%) indicated they were unsure how to handle such cases. In the case of non-compliance by staff members, one respondent mentioned that their employment would be terminated.

"If continued by a staff member, it would become a performance issue. If continued by a client, I am unsure what the consequences would be." – Respondent from South Australia

4.11 Do organisations offer support for quitting or cutting back vape use?

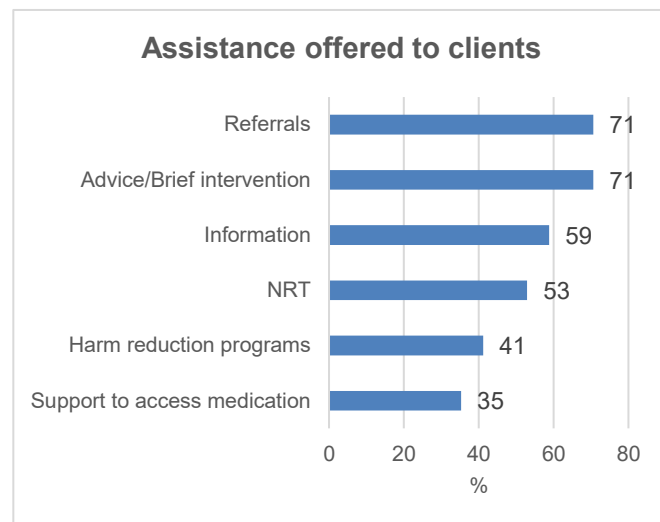
Clients

Organisations offering support to clients:

- Yes: 71%
- No: 18%
- Unsure: 12%

Types of support provided to clients:

- Advice / brief interventions: 71%
- Referrals (e.g., Quitline, GP): 71%
- Information: 59%
- Nicotine replacement therapy (NRT): 53%
- Harm reduction programs: 41%
- Support to access prescription medication support: 35%



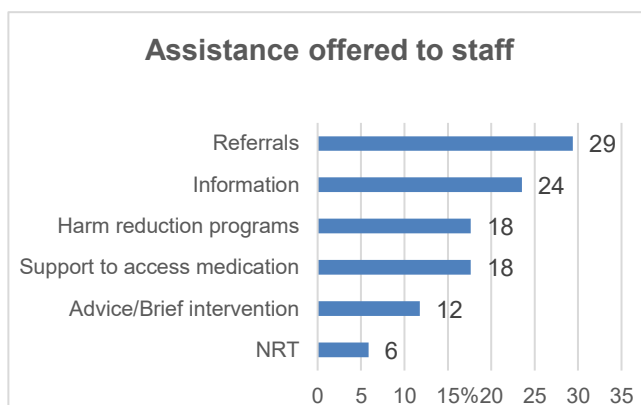
Staff

Organisations offering support to staff:

- Yes: 35%
- No: 35%
- Unsure: 29%

Types of support provided to staff:

- Referrals (e.g., Quitline, GP): 29%
- Information: 24%
- Advice / brief interventions: 18%
- Harm reduction programs: 18%
- NRT: 12%
- Prescription medication support: 6%



4.12 Criticisms of vaping policies

One respondent expressed concern that banning cigarettes or vapes in treatment settings could:

- Undermine the treatment process for individuals focusing on recovery from other substances.
- Disrupt motivation and stability in early stages of treatment.

“Vaping policies are not working. If people abuse substances, why would we take cigarettes and vapes off them when they are already trying to kick other habits? That sort of treatment will break a person’s will power to give up illicit drugs.” – Respondent from the Northern Territory

5. What's happening in other countries?

While there is limited international research on vaping policies in AOD treatment services, two U.S.-based studies provide insight into how other countries are managing this issue.

5.1 Study 1 – Tobacco-Related Clinical Services and Tobacco-Free Policies in Behavioral Health Treatment Facilities—United States

The first study reported significant variation in how AOD treatment organisations across the United States manage vaping [25].

Prevalence of vape-free policies varied by state:

- Low: 17% in Kentucky
- High: 91% in Oklahoma

Hospital inpatient settings had the highest proportion of vape-free facilities.

Support for clients offered by these facilities included:

- Nicotine Replacement Therapy (NRT): 40% of facilities
- Nicotine cessation medications: 35% of facilities

5.2 Study 2 – Examining Vaping Policies in Substance Use Disorder Treatment Facilities

The second study found that 44% of substance use treatment facilities had vape-free policies, while 35% had tobacco smoke-free policies [26].

- 46% of treatment organisations restricted vaping indoors and outdoors

- 46% allowed vaping in designated outdoor areas
- 8% had permissive policies, allowing vaping anywhere (indoors or outdoors)

Factors associated with policy differences included:

- State-level prevalence of nicotine vaping product use
- State-level indoor vaping restrictions
- Existing tobacco smoking policies
- Type and setting of treatment services provided.

6. Further guidance and support

A variety of evidence-based resources exist to help AOD organisations to support clients and staff in their efforts to quit or reduce vaping. Resources exist for health professionals and organisations, including:

- [Supporting smoking cessation: A guide for health professionals](#) – *The Royal Australian College of General Practitioners*
- [Thoracic Society of Australia and New Zealand \(TSANZ\) Guidance for the Management of Electronic Cigarette Use \(Vaping\) in Adolescents and Adults](#) – *The Thoracic Society of Australia and New Zealand*
- [Professional practice guidelines for pharmacists: Nicotine dependence support](#) – *The Pharmaceutical Society of Australia*
- [Clinical Tools & Guidelines](#) – *Quit Centre*
- [Vaping and other nicotine products](#) - *Insight*

There are also various resources for consumers, including:

- [I'm here because...](#), [Tools to help you quit](#), and [Resources](#) – *Quit*
- [My QuitBuddy](#) | A free app that provides helpful information, quit tips and distractions from cravings – *Department of Health, Disability and Ageing*
- Quitline (13 7848) | Provides confidential and professional counselling and information to people who smoke and/or vape.

There are also resources available concerning the regulatory arrangements surrounding the sale of vaping products and the occupational health and safety implications of vaping. These include resources from:

- [Vaping hub](#) – *The Therapeutic Goods Administration*
- [Vaping \(Electronic cigarettes\)](#) – *National Centre for Education and Training on Addiction*
- [A guide to developing a smoke-free and vape-free workplace](#) – *Cancer Council WA*

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Appendix

Who took part in the survey?

Respondents represented organisations operating in:

- South Australia: 33%
- Northern Territory: 28%
- Victoria: 17%
- New South Wales: 11%
- Western Australia: 5%
- Queensland: 5%

Respondents' organisations provided services in:

- Metropolitan areas: 55%
- Rural areas: 30%
- Remote areas: 15%

Respondents worked in a number of organisation types:

- Non-government: 76%
- Government: 12%
- Private sector: 12%

Respondents worked in organisations that operated in a range of different treatment settings:²

- Non-residential: 45%
- Outreach services: 45%
- Residential: 36%
- Office-based: 36%
- Online services: 23%
- Custodial settings: 9%
- Clients' homes: 9%
- Hospital inpatients: 9%
- Schools: 5%

Respondents worked in various roles:

- Management: 47%
- Direct service provision: 35%
- Professional support: 12%
- Research/project work: 1%

² These were not mutually exclusive.