

Guidance for Health Workers in Aotearoa New Zealand on supporting people to stop vaping and using vaping to stop smoking.

FACT SHEET 1 OF 6:

The following information is taken from the original NZ Vaping Cessation Guidance document and covers the topics,

- [*About the Guidance*](#)
- [*How to use the Guidance*](#)
- [*Acknowledgements*](#)
- [*¹Terminology*](#)
- [*Vaping in Aotearoa New Zealand*](#)

About the Guidance

- In early 2024, Health New Zealand contracted Waipapa Taumata Rau/University of Auckland to develop a guidance document on vaping cessation for health workers and others who work with people who smoke and/or vape and want to stop (hereafter referred to as the ‘Guidance’).
- The document is primarily intended to provide guidance for health workers in supporting clients or patients who vape and want to stop to do so. Some people who started vaping did so to stop or cut down smoking. Others did not smoke before beginning to vape. In both groups, it is essential to minimise the risk of taking up smoking after stopping vaping. Therefore, the document also provides current evidence on vaping to stop smoking.
- As a guidance document, this resource aims to outline good vaping cessation practices, given what is currently known about vaping cessation and vaping to stop smoking. This document does not constitute a set of mandatory guidelines or best practices.
- The Guidance also summarises evidence on the health effects of vaping, and vaping in specific population groups, such as pregnant people and young people. A more in-depth review of the evidence of the health effects of vaping, as well as stop-vaping interventions, is contained in a companion background document.
- The Guidance seeks to be theory- and evidence-based and aligns with current policies and regulations about vaping and vaping cessation in Aotearoa New Zealand. It aligns with the ‘ABC pathway for helping people to stop smoking’ from

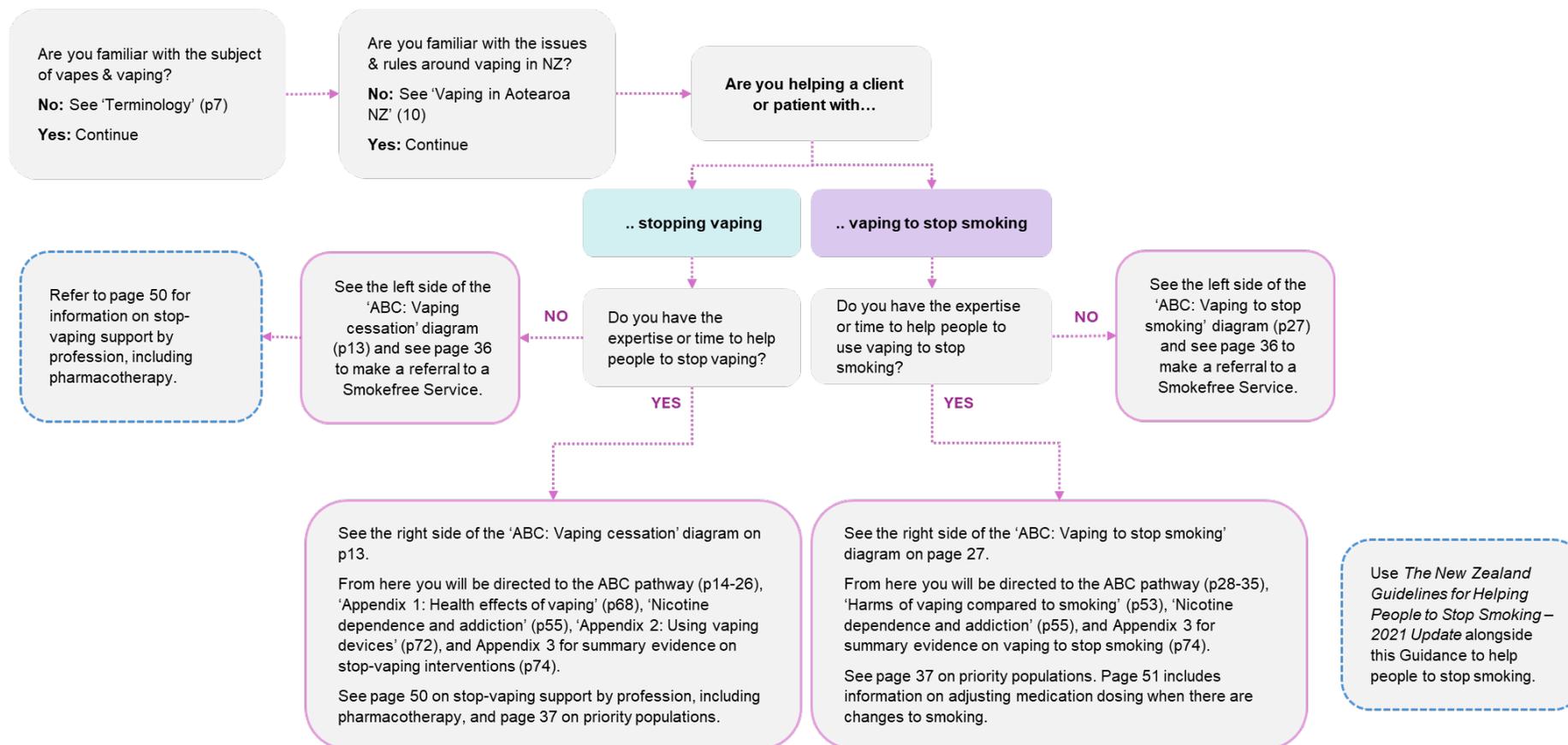
The New Zealand Guidelines for Helping People to Stop Smoking – 2021 Update. The Guidance should be used alongside these Guidelines to help people stop smoking. It is the first document to synthesise evidence on vaping cessation and vaping to stop smoking by drawing on local and international resources to create a New Zealand-specific resource.

- Longstanding health inequities between Māori and non-Māori reflect in part differences in smoking prevalence (Ball et al 2023). A disparity between Māori and non-Māori vaping prevalence is now emerging. It is important to name colonisation and environmental risk factors, such as racism, socioeconomic deprivation, and targeting by the tobacco industry, as factors that have created and maintained such disadvantage in Māori (Reid and Robson 2007). We have sought to uphold Te Tiriti throughout the Guidance development process. By Māori, for Māori approaches will be essential to ensure support for vaping cessation is designed and delivered in a culturally safe and effective manner.
- The Guidance was developed with advice from an Expert Working Group established in March 2024. The Working Group was co-led by Māori and Pacific experts in vaping, vaping cessation, and smoking cessation, including Smokefree Service providers. Significant stakeholder and end-user involvement in the consultation process included focus group work with Māori, Pacific, and Other Smokefree Service providers in the North and South Islands and with Māori, Pacific, and Other people who vaped and sought support to stop vaping. Experts in vaping cessation and smoking cessation from Australia, Canada, and the United Kingdom also reviewed this Guidance. The review focused

on the evidence on vaping cessation, vaping to stop smoking, and the health effects of vaping.

- The evidence for what works to support successful vaping cessation is limited but evolving rapidly. Similarly, the evidence on the health effects of vaping is still emerging. In addition to assessing the quality of research evidence, we prioritised recency and relevancy when including peer-reviewed articles to inform the Guidance. Some evidence may be superseded by the time of publication, and further review of the Guidance will need to occur as new evidence emerges. However, the underlying framework and principles of the Guidance are robust, building on well-established practices used in Smokefree Services.

How to use the Guidance



Acknowledgements

A small group at the School of Population Health, University of Auckland, led the writing of the Guidance. An Expert Working Group and an International Expert Peer Review Group provided valuable feedback on the Guidance as it evolved. Focus groups of providers and clients helped ensure that the Guidance was grounded in real-world practice and issues.

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- **Provider and end-user focus groups**

Dr Fa'asisila Savila (*School of Population Health, The University of Auckland*) facilitated focus group consultations.

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Terminology

The terms used to describe vaping and vaping products have changed over time as products and use have evolved. This section clarifies some of the terminology used to describe these products.

Vapes, vaping, and e-cigarettes

- The Guidance and the Background Document use the terms “vapes” and “vaping” to refer to electronic cigarettes and their use, respectively. Colloquial terms for the act of vaping include ripping, puffing, and hitting (Jonas 2022). Electronic cigarettes are also known as e-cigarettes, e-cigs, electronic nicotine delivery systems (ENDS), vapourisers, electronic vapour products, and electronic vapour delivery systems.
- Vapes are battery-powered devices that heat e-liquids into an inhalable aerosol via a metal coil (Gordon et al 2022; Jonas 2022) to a temperature between 100°C and 300°C and sometimes to over 350 °C, depending on the type of vape, e-liquid, and power output (Szumilas et al 2022). The e-liquid does not contain tobacco. Vaping e-liquid involves a process of heating and not burning. Smoking cigarettes, however, involves the combustion or burning of tobacco, which creates cancer-causing substances.



Image One: Fourth-generation pod mods containing a prefilled or refillable pod cartridge (“pod”) of e-liquid with a modifiable (“mod”) system (Centers for Disease Control and Prevention (U.S.) 2019).

E-liquid

- The liquid in vapes is known as E-liquids, “vape juice” or simply “juice”. E-liquids typically consist of propylene glycol and vegetable glycerine, which act as carriers for flavouring agents and nicotine and generate the smoke appearance of aerosols (Gordon et al 2022; Jonas 2022). The flavouring in e-liquids consists of a mixture of aldehydes, such as benzaldehyde, in fruit flavours (A. Ahmed 2022).

- E-liquids commonly contain nicotine, although some e-liquids are nicotine-free (Asfar et al 2022). “Nicotine vaping” refers to vaping e-liquid that contains nicotine. Researchers have reported nicotine content in the range of 0.3–5 percent (3–50 mg/mL) in e-liquids available for commercial retail (A. Ahmed 2022). However, discrepancies may exist between the labelled nicotine content on the packaging and the actual content determined by chemical analysis in the laboratory (A. Ahmed 2022).
- E-liquids usually contain nicotine in freebase (‘natural’) or salt form. The freebase nicotine is bound to acids such as benzoate in salt form. Nicotine salts are increasingly used because they reduce throat irritation by lowering the pH of the e-liquid and may increase nicotine absorption compared to freebase nicotine (Harvanko et al 2020).
- Each pod vape containing 40 mg of nicotine in salt form delivers the equivalent of smoking approximately a pack of 20 cigarettes, although this varies based on the person’s vaping use and experience and the flavour of the vape (Prochaska et al 2022).



Image Two: Third-generation rechargeable and modifiable tanks or “mods” that allow for customisation of substances in the device (Centers for Disease Control and Prevention (U.S.) 2019).

Vaping product types

Rapid vaping industry growth has led to a diverse range of vaping products. Older vape models included first-generation low-power cigalikes. Vape pens, pods or vape pods, pod mods, and vape mods refer to the newer models of vapes and vape components on the New Zealand market. Tank systems are used with vape mods and allow a wider range of e-liquids and advanced modifications for customisation (Gordon et al 2022). In pod systems, the range of e-liquids is more limited (Jonas 2022).

Different vape types and components for retail include:

- disposable vapes
- pre filled or refillable reusable vapes
- a wide selection of e-liquids in different nicotine strengths and flavours
- accessories such as chargers and replacement parts.

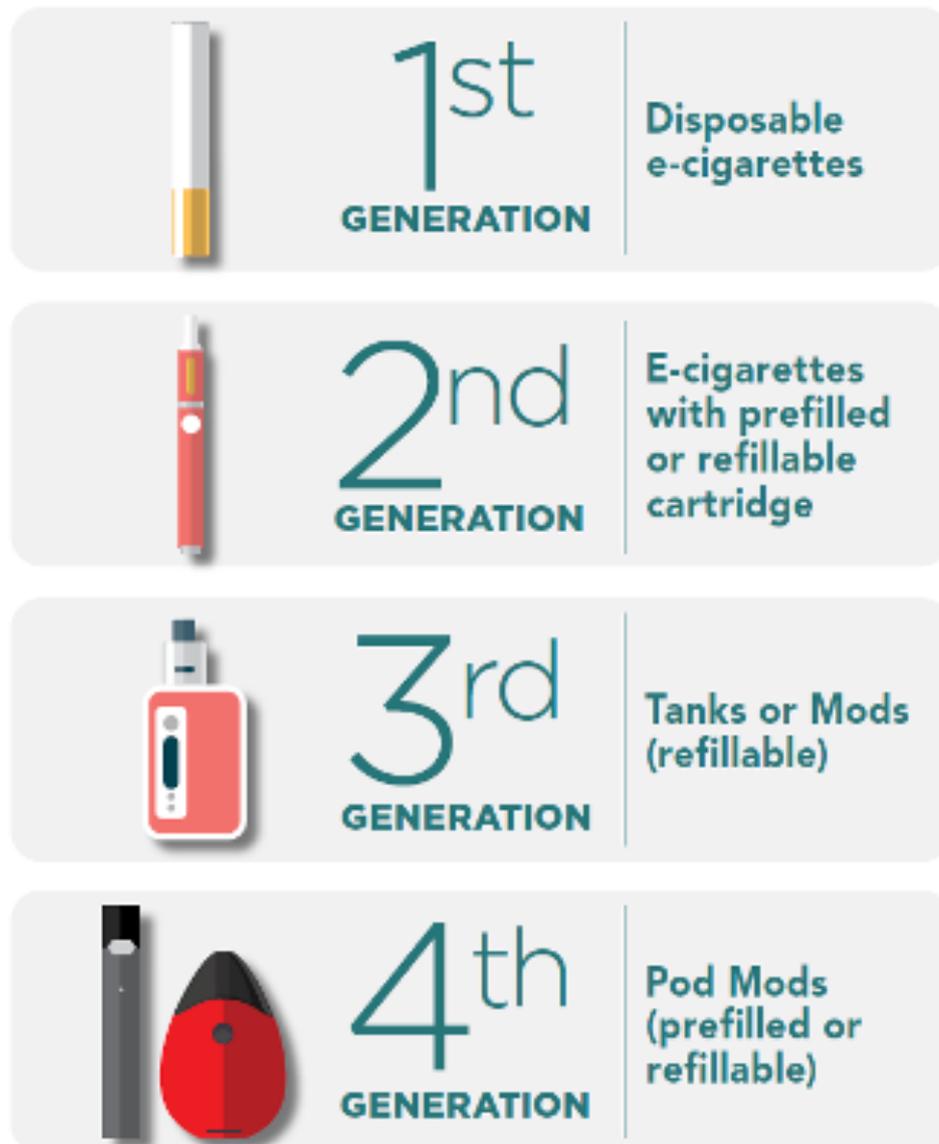


Image Three: A schematic of the different generations of vaping products: first-generation cig-a-likes, second-generation battery pens, third-generation modifiabiles (“tanks” or “mods”), and fourth-generation pod mods (Centers for Disease Control and Prevention (U.S.) 2019)

Vaping in Aotearoa New Zealand

This section summarises key issues relevant to vaping in Aotearoa New Zealand: regulation, equity, and use by young people.

Regulation of vaping in New Zealand

- Vaping has grown in popularity since the early 2000s when vapes were first brought to market, including in the US, China, and Europe (Jonas 2022; Rough et al 2024). Vaping became widespread worldwide from the mid-2010s (Rough et al 2024). In New Zealand, vapes are regulated products with a role in smoking cessation and in reaching the Smokefree goal as a less harmful form of nicotine delivery compared to combusted tobacco. They are not approved nor licensed smoking cessation medicines or devices (Ministry of Health 2021a).
- There is evidence supporting the effectiveness of nicotine vaping products in increasing long-term tobacco smoking quit rates, compared with nicotine replacement therapy (NRT) and with vaping products that do not contain nicotine (Lindson et al 2024). The evidence for nicotine vaping as an aid to smoking reduction (reducing the number of cigarettes smoked per day) and its association with increased smoking cessation rates extends to those who do not intend to stop smoking (Cobb et al 2021; Kasza et al 2023).
- In 2018, nicotine vapes were legalised for sale in New Zealand in an unregulated market and were regulated from 2020 as a consumer product under an amendment to the Smokefree Environments and Regulated Products Act 1990 (Hardie et al 2022).

- There has been a rise in the prevalence of daily vaping in people aged 15 years and over between 2019/20 (3.5 percent) and 2022/23 (9.7 percent) (Ministry of Health 2023c). Over the same period, the prevalence of adult daily smoking decreased from 11.9 percent in 2019/20 to 6.8 percent in 2022/23 (Ministry of Health 2023c).
- The legislation passed in Aotearoa in 2020 tried to prevent the normalisation of vaping and discourage non-smokers, especially children, adolescents, and young people, from taking up vaping (Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020). The regulatory measures included:
 - prohibiting the sale of vapes to people younger than 18 years
 - establishing specialist vape retailers (SVRs)
 - mandating indoor workplace areas and certain public enclosed areas to be vape free in addition to being smokefree, except SVRs
 - restricting promotion of and communication about vapes aside from at the point-of-sale, and in the case of SVRs, through limited communications with existing customers (Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020).
- General vaping retailers, such as petrol stations, supermarkets, and dairies, are restricted to selling three flavours (tobacco, menthol, and mint), but SVRs are permitted to sell the full range of flavours (Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020).

- In September 2023, new Approved Vaping Premises were required to be at least 300 metres from schools and marae (Ministry of Health 2023b). The Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act passed in 2020 banned smoking and vaping in motor vehicles carrying children and young people under 18 years. More recently, vaping regulations under the Smokefree Environments and Regulated Products Amendment Regulations 2023 (Ministry of Health 2023b) required vaping products to meet Product Safety Requirements, including having removable batteries, child safety mechanisms, and maximum nicotine concentrations (disposable vapes capped at 20 mg/mL and reusable vapes containing nicotine salt capped at 28.5 mg/mL). Additionally, only vaping products with permitted flavour descriptions can be sold. Vaping products with toys or cartoon images were banned.
- Regulatory changes designed to address the increasing prevalence of youth vaping have been announced for future implementation and include a ban on the manufacture and sale of disposable vaping products (Costello 2024). Disposable vaping products appeal to many young people due to their low cost and ease of use and access (Hardie et al 2024).

Vaping and equity

- Vaping has been increasing in Māori and Pacific Peoples since nicotine vapes were legally available for retail in 2018. Overall, the percentage of people aged 15 years and over who vaped daily in Aotearoa in 2022/2023 was 9.7 percent, but this percentage was much higher in Māori (23.5 percent) and Pacific Peoples (18.7 percent) (Ministry of Health 2023c).

- On one hand, this could be seen as a good result for public health because it appears that many people have switched from smoking to vaping. As vaping has increased, smoking prevalence has declined, especially in Māori women (Health Promotion Agency 2019; Ministry of Health 2023c). On the other hand, there is evidence that many Māori young people who have never smoked have taken up vaping (Walker et al 2020), and any harms associated with vaping will inequitably affect Māori (The Royal New Zealand College of General Practitioners 2023). The higher prevalence of vaping among Pacific people, a youthful population, may expose future generations to greater harm from vaping and nicotine addiction (Te Whatu Ora 2023).
- Vaping prevalence also differs by socioeconomic status, with higher percentages of people aged 15 years and over vaping daily in 2022/2023 in more deprived neighbourhoods (15.8 percent in the most versus 4.4 percent in the least deprived neighbourhoods) (Ministry of Health 2023c). The prevalence of vaping is also higher in disabled people compared with non-disabled people. 14.2 percent and 9.3 percent of disabled and non-disabled people, respectively, vaped daily in Aotearoa in 2022/2023 (Ministry of Health 2023c). More socioeconomically deprived neighbourhoods and disabled people also demonstrate higher smoking prevalence compared to less deprived neighbourhoods and non-disabled people, respectively (Ministry of Health 2023c).
- Dual use, or the interchangeable and concurrent use of vapes and cigarettes, may represent a transition period before stopping tobacco smoking altogether (Pisinger and Rasmussen 2022). The prevalence of daily vapers in the general population who also currently smoke and so are dual users was 22 percent in 2021/22, while in young people

aged 15–17 years, the prevalence was lower at 6 percent (Ministry of Health 2023a). The prevalence of daily vapers who also smoke in Māori and Pacific Peoples was higher than in the general population, at 28 percent and 35 percent, respectively (Ministry of Health 2023a).

Vaping and young people

- The sharp rise in daily youth vaping prevalence between 2019 (3.1 percent) and 2021 (9.6 percent) may have plateaued, according to the annual ASH (Action for Smokefree 2025) Survey (Action for Smokefree 2025 (ASH) 2021, 2023). In 2023, this survey showed that 10.0 percent of students aged 14 to 15 vaped daily, and 16.4 percent regularly (daily, weekly, or monthly). In the same year, the regular and daily vaping prevalences were far higher in Māori aged 14–15 years, at 32.0 percent and 22.3 percent, respectively. Similar to trends in adult smoking and vaping, the rise in youth vaping occurred following a decline in youth cigarette smoking (Action for Smokefree 2025 (ASH) 2023).
- Again, there is a point of tension. While vapes are smoking cessation aids for adults who smoke, youth vaping has increased despite current regulatory settings, driven by a rapidly evolving product range and youth-targeted marketing (Hardie et al 2023). Examples of product design and marketing that appeal to young people include enticing fruit and candy vape flavours (Hardie et al 2022) and using online influencers and social media content to promote vapes in a targeted and widespread manner (Hardie et al 2023).
- Some studies have suggested that young people who start their nicotine use by vaping may be more likely to go on to start smoking (the “gateway theory”) (Baenziger et al 2021; National Academies of Sciences, Engineering, and Medicine

2018). However, according to US data, the association between vaping and starting smoking in young people is as yet unclear. If it exists, the risk is small, with few young people likely to continue smoking once they start, regardless of their baseline vaping status (Sun et al 2023). Increases in vaping in NZ young people, along with historic declines in smoking prevalence in this group, suggest that vaping may have contributed to displacing smoking (Walker et al 2020).

- Another explanation for the connection between vaping and starting smoking in young people is the “common liability theory”. Youth experimentation with multiple tobacco or nicotine products is popular in a complex tobacco marketplace, and any such product use may be associated with starting smoking (Delnevo 2023).