

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

FACT SHEET 4 OF 6:

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

- [*The ABC pathway for priority population groups*](#)
- [*Maori and Pacific Peoples*](#)
- [*Pregnant and breastfeeding people*](#)
- [*Children, adolescents, and young people*](#)
- [*Mental health service users*](#)

The ABC pathway for priority population groups

Use this section to consider key points at all stages of the ABC pathway for using vaping to stop smoking and vaping cessation in priority population groups.

Maori and Pacific Peoples

Ask

Stopping vaping

Using vaping to stop smoking

- When working with Māori clients, consider incorporating tikanga Māori throughout the consult, if appropriate: mihi (greetings); karakia (say, or offer your client to say a prayer to open and close the consult); and whakawhanaungatanga (making connections by sharing experiences that may relate to whenua, or land, and whānau, or family ties) (Britt et al 2014).
- When working with Pacific clients, offering a greeting, saying or offering your client an opening and closing prayer, and making connections through shared experience may also be appropriate. Additionally, Pacific health and research frameworks such as talanoa and fonofale may inform engagement with Pacific clients. Talanoa refers to a holistic and collaborative style of face-to-face conversation (Vaioleti 2006). Fonofale is a holistic and dynamic model of health incorporating values, such as family and culture, represented using the concept of a fale or house (Minister of Health 2023; Pulotu-Endemann 2001).

Brief advice

Using vaping to stop smoking

- Research on experiences with vaping in Māori and Pacific Peoples found broad agreement on the need for clear and accessible lay information online and in the health sector on the health effects of vaping compared to smoking and the benefits of vapes as smoking cessation aids (Health Promotion Agency 2019; Strickett et al 2021; Te Whatu Ora 2023). People instead seek information from whānau, friends, and colleagues with experience and knowledge of vaping due to this lack of clear and accessible information (Health Promotion Agency 2019; Strickett et al 2021; Te Whatu Ora 2023).
- Consequently, there is uncertainty about the harms of vaping compared to smoking cigarettes in all population subgroups, including Māori and Pacific Peoples who smoke. Māori and Pacific Peoples are less likely to perceive vaping as less harmful than smoking (Guiney et al 2019; Health Promotion Agency 2019).
- Clear communication about the relative harms of vaping versus smoking is necessary in all subgroups of smokers and recent ex-smokers, including Māori and Pacific Peoples, as misperceptions about the harms of vaping compared to smoking remain common (Guiney et al 2019).

Cessation support

Stopping vaping

Using vaping to stop smoking

- Give Māori and Pacific Peoples the choice to consult with Māori and Pacific providers and to use language-appropriate services where possible. Ensure kaimahi (staff) seek training to provide technically and culturally safe support (Ministry of Health 2021b).
- Consider involving whānau and community members in smoking and vaping cessation support, particularly peers and whānau with lived experience of using vaping to stop smoking and stopping vaping (Strickett et al 2021).
 - Family, friends, and community influence Pacific peoples' uptake of vaping, including church and social media circles (Te Whatu Ora 2023).
 - Whānau (including children) and friends are also significant influences on the uptake of vaping to stop smoking in Māori (Health Promotion Agency 2019; Strickett et al 2021).
- Whānau-based support may be more appropriate than group-based cessation, which brings together strangers connected by the coincidental timing of their quit attempts, as opposed to by whānaungatanga (social and kinship ties) (Strickett et al 2021).

Using vaping to stop smoking

- Māori and Pacific Peoples who smoke should try to stop smoking using NRT or non-NRT medications in combination with behavioural support in the first instance, and by best practice guidelines, before using vaping to stop smoking.

Wāhine Māori have higher smoking prevalences than non-Māori women and may benefit from vaping as a means to stop smoking if NRT or non-NRT medications with behavioural support, and by best practice guidelines, do not help to stop smoking (Health Promotion Agency 2019). The following are important considerations when providing smoking cessation support to this group:

- encouragement to persist with vaping in early uptake is critical: wāhine Māori who try vaping and relapse back to smoking cigarettes tend to do so within two weeks (Health Promotion Agency 2019)
- acknowledge that changing from smoking to vaping is challenging, takes time, and requires a change in self-perception. There tends to be a period of dual use of about three months before wāhine Māori who smoke fully change to vaping. The process of identifying as vapers (and non-smokers) tends to take two to three months after starting vaping (Health Promotion Agency 2019).

- In Māori and Pacific Peoples who want to use vaping to stop smoking, it is important to find a device and regime appropriate to deliver the right amount of nicotine. The experience of changing from smoking to vaping depends on how satisfactory the experience of vaping is and the ability to source a device that meets the nicotine needs of the person (Strickett et al 2021; Te Whatu Ora 2023).

Pregnant or breastfeeding people

Ask

Stopping vaping

Using vaping to stop smoking

- Smoking and vaping may be under-reported in the pregnant population. A quarter to over half of validated smokers in pregnancy may not report their smoking status (Shipton et al 2009), which may be due to feelings of social stigma and shame (Bar-Zeev et al 2023).
- Avoiding moralistic and insensitive communication styles helps break down barriers to accurate self-disclosure (Bar-Zeev et al 2023). Instead of explaining what pregnant people should do or what is wrong with their current actions, adopt a non-judgemental approach by acknowledging the decision is their choice and focusing on providing an opportunity to make this informed choice (Bar-Zeev et al 2023). For example, saying: ‘This is your choice – we can discuss various options that help you and your baby’s health, to help you decide what you want to do’.

- In Australian Indigenous contexts, a conversational style of screening may be helpful (Bar-Zeev et al 2023). For example, take a smoking or vaping history by asking your client to tell their smoking or vaping story.

Using vaping to stop smoking

- Ask about the number of cigarettes consumed before and during the pregnancy in a non-threatening and non-judgemental way.
- Many pregnant people attempt to reduce their smoking while pregnant (Gould et al 2014). The number of cigarettes that people report smoking during pregnancy may not accurately reflect their level of dependence or addiction before pregnancy (Gould et al 2014). It is important to ask about the number of cigarettes smoked before any recent changes to tobacco use, in addition to the number of cigarettes smoked while pregnant.

Stopping vaping

- Ask about the concentration of nicotine consumed and the frequency of vaping during the pregnancy in a non-threatening and non-judgemental way.

Brief advice

Using vaping to stop smoking

- Advise all pregnant people to stop all smoking as soon as possible in pregnancy, not just cut down. Assure your client that they and their baby will benefit, even if stopping late in the pregnancy. Ask permission to share information about the harms of smoking and vaping and personalise the advice where possible.
- In people who smoke, vaping is considered less harmful in pregnancy compared to smoking tobacco, but vaping is not harmless. Only consider vaping in those unable or unwilling to use NRT medications to stop smoking according to best practice guidelines. Refer to The New Zealand Guidelines for Helping People to Stop Smoking: 2021 Update for information on stopping smoking in pregnancy.

Both nicotine and vaping e-liquid may be risky to the unborn baby. Communicate clearly with the pregnant person about the risks and benefits of nicotine vaping compared with ongoing smoking or other smoking cessation treatments during pregnancy. The following is a summary of advice about stopping smoking in pregnancy and using nicotine vaping to stop smoking while pregnant:

- smoking while pregnant delivers harmful substances from tobacco smoke, such as carbon monoxide, to the unborn baby
- any nicotine use (from smoking or vaping or NRT) by a pregnant person exposes the unborn baby to nicotine

and increases the risk of potentially harmful effects to the unborn baby

- however, using NRT to stop smoking is far safer than smoking cigarettes while pregnant
- the difference between vaping and NRT is that any vaping also exposes the unborn baby to vapour and the potentially harmful substances it contains, which is absent from NRT
- one large trial of pregnant people found that nicotine vapes were more effective in stopping smoking and equally safe, compared to NRT using nicotine patches (Hajek et al 2022)
- however, overall, there is not enough evidence on the efficacy of vaping in pregnancy to support smoking abstinence and on the safety of vaping on pregnancy outcomes and the development of the baby in the womb
- therefore, vaping should only be considered in pregnant people unable or unwilling to use NRT to stop smoking according to best practice guidelines
- vaping in pregnancy is the last option to stop smoking to avoid exposure of the unborn baby to harmful substances in tobacco smoke which are absent from vapour, such as carbon monoxide
- when vaping in pregnancy for smoking cessation, the goals are to minimise the amount and duration of nicotine used and vapour inhaled to achieve this smoking abstinence.

After giving birth, there are further considerations:

- mothers who smoke and/or vape should continue breastfeeding for its protective effects for mum and baby (Bar-Zeev et al 2023)
- depending on the concentration of nicotine in the pregnant person's bloodstream, nicotine may cross into breast milk. The following factors will all influence the nicotine concentration in the person's bloodstream: the amount of nicotine exposure, the interval between nicotine exposure and breastfeeding, and the frequency of breastfeeding (Ministry of Health 2021a)
- to reduce the amount of nicotine absorbed by the baby, always vape nicotine after breastfeeding, not before (Bar-Zeev et al 2023).

Stopping vaping

Strongly advise non-smoking pregnant people not to vape. See page 67 for evidence on the health effects of vaping in pregnancy.

Cessation support

Stopping vaping

Using vaping to stop smoking

- People who are pregnant or breastfeeding and who smoke cigarettes should be offered nicotine vaping as a second-line treatment to stop smoking after trialling NRT by best practice guidelines.

- People who are pregnant or breastfeeding and who vape exclusively can be offered behavioural therapies to stop vaping.

Explore reasons for stopping smoking or vaping during pregnancy.

- Explore the client's reasons for stopping smoking or vaping (Bar-Zeev et al 2023):
'What are your personal reasons for wanting to stop smoking or vaping?'
'What are your personal reasons for not wanting to stop smoking or vaping?'
- Strengthen the client's reasons for wanting to stop by asking them to elaborate on their thoughts (eg, 'Please tell me a bit more about...'). Focus on these reasons instead of contradicting or judging the client's reasons for not stopping.

Plan behavioural change techniques to stop smoking or vaping during pregnancy.

- The metabolism of nicotine is 60 percent higher in pregnancy (Dempsey et al 2002). Pregnant people may find that they need to smoke or vape more frequently or at higher than usual nicotine concentrations, compared to their smoking or vaping before pregnancy.
- Consider the increased nicotine metabolism during pregnancy in behavioural strategies to stop smoking or vaping. For example, advise clients who are pregnant so that they may adjust their expectations and plans on how to reduce and stop smoking or vaping, if necessary.

Support from the partner and family of the pregnant or breastfeeding person is crucial to the success of the smoking or vaping quit attempt (Gould et al 2014). Encourage partners and families to attend consultations with the client or separately to discuss their own smoking or vaping and how to support the client (Gould et al 2014). Strategies may include (Bar-Zeev et al 2023):

- maintaining a smokefree and vape free home and vehicle at all times, even in the client's absence
- distracting the client when they experience cravings or feel stressed instead of offering a smoke or vape
- understanding and accepting that the client may experience withdrawal symptoms, which include feeling more irritable and anxious in the first few weeks after stopping smoking or vaping
- providing positive support even when the client relapses
- congratulating and rewarding the client for every smokefree or vape free day achieved.
- Follow-up of smoking and vaping cessation in pregnant people may involve (Bar-Zeev et al 2023; Gould et al 2014):
 - arranging the first follow-up after the initial visit in a few days to a week
 - weekly consults until the quit attempt is going smoothly
 - fortnightly visits once the quit attempt is stable
 - offering post-partum follow-up.

- Encourage your client to return for follow-up visits regardless of the outcome of the quit attempt and give positive feedback.

Plan behavioural change techniques to prevent postnatal smoking or vaping relapse.

- There is little evidence on the prevention of postnatal smoking or vaping relapse. It is common for clients who stopped smoking during pregnancy to go back to smoking in the postnatal period (Ministry of Health 2021b). Clients who stopped vaping during pregnancy may also go back to vaping after giving birth. The highest risk of relapse occurs immediately after giving birth and when finishing breastfeeding (Bar-Zeev et al 2023). Some clients may not intend to stay abstinent after giving birth (Gould et al 2014).
- A pragmatic approach raises awareness of relapse risk. Discuss the benefits of remaining smokefree and vape free, and encourage planning for a smokefree and vape free postnatal period (Bar-Zeev et al 2023).
- Encourage your client to reflect on the benefits of remaining smokefree and vape free as visits progress and before they give birth (Bar-Zeev et al 2023; Gould et al 2014). Clients who stop smoking for themselves and not only their baby may have a higher intention to remain smokefree in the postnatal period (Gould et al 2014), which may also apply to pregnant clients who vape.
- Remind clients to avoid even one puff of a cigarette or vape (Bar-Zeev et al 2023). At the same time, relapse is not a failure – relapse occurs commonly and is the norm (Bar-Zeev et al 2023). Encourage clients to try again.

- For people who have stopped smoking and/or vaping, health care providers should regularly screen for relapse.

Children, adolescents, and young people

Ask

Stopping vaping

- Discussions about vaping should begin at 12 years (or earlier if appropriate), based on prevalence data in North American students from Grade 9 and above (Chadi et al 2021).
- It is important to screen for vaping in all young people. Young people who begin vaping tend to continue into early adulthood, along with other substance use (Livingston et al 2022). The possible health consequences of vaping are more severe and far-reaching when vaping begins in adolescence than when initiated in adulthood (Livingston et al 2022).
- Before asking about vaping status, explain the benefits and limits of keeping the information disclosed by young people confidential (Chadi 2021; Chadi et al 2021).
- Children, adolescents, and young people who vape may be reluctant to disclose their vaping status. Adopting a non-judgemental approach, familiarity with vernacular vaping terms, and asking parents or guardians to step away during history-taking may help to break down barriers (Jonas 2022).

- Asking about peer and family vaping at home, including parents and guardians, may help to identify quitting barriers to address (Becker and Rice 2022).
- Young people who are under the minimum legal age to purchase vapes may access them in multiple ways, including through sharing vapes with others, purchasing through networks in schools and on social media, and proxies such as older relatives and people they know (Frost et al 2024).

Brief advice

Stopping vaping

- Strongly advise children, adolescents, and young people not to vape.
- Brief advice on stopping vaping from a health professional is important to young people. Young adults aged 18–30 years perceive education from health experts as more credible than other sources such as friends or social media influencers (Lee et al 2024).
- Conversations with young people should empower and help them come to their own conclusions while making them feel respected, listened to, and in control. Asking for permission before giving advice and avoiding scare tactics align with such an approach (Hadland and Chadi 2020).
- When working with young people who vape or are at risk of taking up vaping, the conversation and advice will depend on their relationship with vaping.

- For young people experimenting regularly or occasionally and who think they have vaping under control and will not get addicted, advise them there is no safe way to vape. If your client expresses the belief that they can stop vaping at any time but only choose not to stop, encourage them to try stopping for a limited period. If the abstinence challenge proves difficult, this may prompt your client to reassess their vaping (Hadland and Chadi 2020).
- For young people who think they are addicted, want help to stop, and may have tried to stop but failed, advise them that it may take multiple attempts to stop for good. Explore what they did to try to cut down or stop, what made it hard, and what might make it easier. Each attempt is a new chance to figure out strategies that work, and each attempt takes your client closer to stopping for good.
- When working with adults who vape to stop smoking and who are concerned about young people vaping, encourage them to communicate openly with young people about their reasons for vaping.
- Discuss the health effects of vaping while also personalising messages to the young person's motivations and goals. While knowledge of the health effects of vaping can motivate young people not to vape or stop vaping (Crane et al 2023), health advice alone may not be effective. According to a US study, warnings about the potential effects of vaping on youth brain development did not influence vaping beliefs or willingness to vape among young people (Niederdeppe et al 2024). More research on targeted and tailored messages for preventing and especially stopping vaping in young people is needed (Wu et al 2024).

Cessation support

Using vaping to stop smoking

There is no evidence that vaping is an effective smoking cessation strategy in young people (Chadi et al 2021). **Do not recommend vaping for smoking cessation in young people aged under 18 years.**

Stopping vaping

Explore reasons for stopping vaping in young people.

- In addition to dependence or addiction, consider other reasons behind youth vaping and barriers to cessation, such as the discreet and highly social nature of vaping (Crane et al 2023; Sanchez et al 2021). Young people, particularly those who vape less regularly, often vape to be popular and fit in. Doing tricks and trying e-liquid flavours are other reasons to vape. Another common reason to vape is to manage negative emotions, such as reducing boredom and stress, and to feel good (or “get a buzz”).
- When exploring the good and bad things about vaping, consider the effects in the following areas: relationships with family and friends, the financial cost of vaping, hobbies, sports, and problems at school, such as difficulty concentrating, poorer academic performance, and missing days of school. Discuss the potential long-term effects of vaping, including impacts on health, addiction, and future educational aspirations and life goals (Crane et al 2023; Hadland and Chadi 2020; Tran et al 2024).

Plan behavioural change techniques to stop vaping in young people.

- The evidence on the long-term efficacy of NRT and non-NRT medications in adolescent vaping cessation is insufficient and emerging (Adams et al 2021).
- Use behavioural strategies alone to provide stop-vaping support to young people. Set an abrupt quit date or plan a gradual nicotine taper and accompany either method with close follow-up (see pages 18 to 26 of the full NZ Vaping Cessation Guidance).
- If the young person has yet to develop the readiness or motivation to stop vaping, continue to explore motivations at scheduled follow-up sessions to support change (Hadland and Chadi 2020).
- Other behavioural vaping cessation strategies include individual or group counselling, mindfulness approaches, phone and text quit lines, smartphone apps, and distraction techniques. Alternative activities, such as sports, are helpful if they do not involve spending time with peers who vape. Individualise treatment plans as young people may be open to receiving several of these supports, and ensure your client is aware of how to access stop-vaping resources.
- The convenience, accessibility, and discreetness of vaping mean that it is easy for young people to vape anywhere and anytime, which may lead to high vape use and a lack of self-awareness of vaping behaviours (Sanchez et al 2021). Encourage young people to keep a vaping diary or log: keep track of the nicotine concentration, type of vape, flavour of e-liquid, and the quantity or frequency of vape use (e.g., the number of pods used per week) (Becker and Rice 2022; Sanchez et al 2021).

- Integrating family or trusted adults into the plan may help support young people in following the behavioural interventions and give positive reinforcement for change (Hadland and Chadi 2020).
- Changes in the social environment may facilitate vaping cessation, such as having a different non-vaping peer group, but this may not be appropriate or possible for all clients (Tran et al 2024).
- Tūturu is a whole-school approach to alcohol and other drugs developed by schools and health services and led by the New Zealand Drug Foundation (Tūturu 2024). Tūturu promotes a wellbeing-focused school environment, offering targeted and proactive support and encouraging students to reflect on their decisions and next steps about vaping without judgement (Boyd and Overbye 2020; Tūturu 2024).

Mental health service users

Ask

Stopping vaping

Using vaping to stop smoking

When assessing the risk of taking up smoking, consider the potentially higher risk of relapse to or uptake of smoking in ex-smokers or never-smokers who experience higher rates of mental and emotional distress.

Brief advice

Stopping vaping

- Advise clients that there is currently no evidence on the effects of vaping on adult mental health conditions, insufficient evidence on the effects of vaping on adult mental health symptoms, and insufficient evidence on the effects of vaping on sleep in adults (eg, insomnia and the length of time it takes to fall asleep) (Banks et al 2023; Vanderkam et al 2023).
- Existing studies show there may be a connection between vaping and mental health problems (eg, depression, anxiety, and impulsivity) in adolescents and young adults (Becker et al 2021; Khan et al 2023; Livingston et al 2022). However, the types of evidence from these studies cannot claim that vaping causes mental health problems in this group.

Cessation support

Stopping vaping

- People with mental illness and substance use may require long-term support due to a higher risk of relapse in this group. This may include frequent clinic visits to monitor medication use.
- Including peer support and advice from people with lived experience of stopping vaping or smoking may increase adherence to treatment plans (The Centre for Addiction and Mental Health 2022).

Using vaping to stop smoking

- Vaping has benefits in both stopping smoking and reducing harm in people with mental illness who smoke, including people who are not motivated to stop or have been unable to stop previously. Easier-to-use devices, such as pod-based devices, may be more effective for people with mental illness to stop smoking (Royal College of Physicians 2024).
- For mental health service users who are using vaping to stop smoking, any change to the amount of tobacco smoked leads to changes in drug metabolism and the potential for adverse drug effects in some psychiatric medications. Stopping or changing the amount of tobacco smoked may necessitate changes to psychiatric medication dosing under medical supervision. Refer to the section 'Medical practitioners in primary care and inpatient settings' (page 51 of the full NZ Vaping Cessation Guidelines).