

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

FACT SHEET 2 OF 6:

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

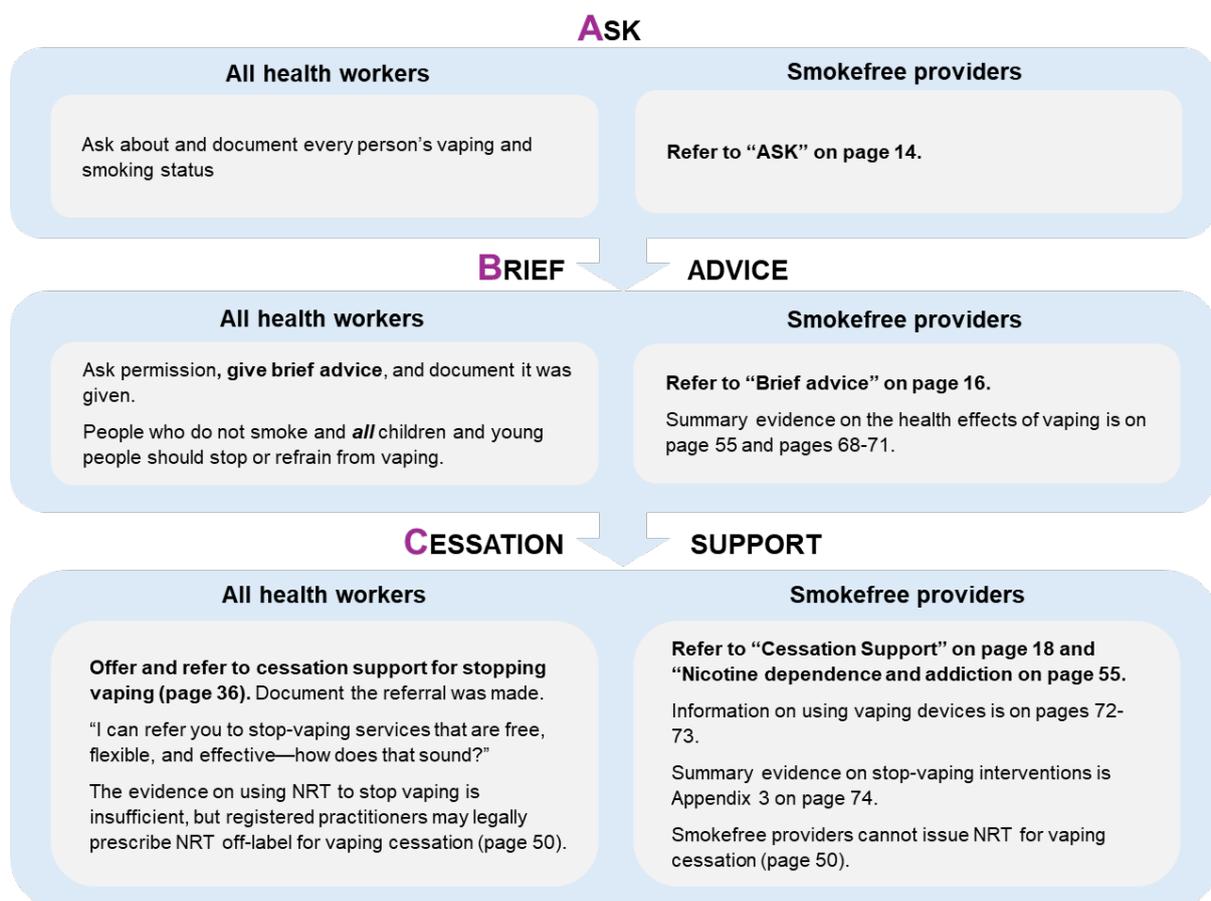
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ABC: Vaping Cessation

This section draws upon the ‘ABC’ framework (‘Ask, give Brief advice, provide Cessation support’) for smoking cessation to provide practical guidance for health workers on supporting people to stop vaping.

If you are a health worker, follow the left side of the diagram to screen for vaping and smoking, give brief advice, and make a referral to Smokefree Services.

If you are a Smokefree Service provider or a health worker with expertise and time to provide support, follow the right side of the diagram to navigate to the relevant sections of the Guidance to take a detailed history, give further advice, and provide cessation support.



Ask

Vaping Cessation

Use this section if you are a Smokefree Service provider or a health worker with expertise and time to provide further support and to take a detailed history as part of the 'Ask' step of the ABC pathway.

Key Points:

Taking a vaping and smoking history for all clients.

- 'Do you currently vape?'
- 'Do you currently smoke cigarettes?' (Assess dual use)
- 'Have you ever smoked?' (Ex- vs never-smoker)
- 'When did you first start vaping?'
- 'How often do you vape (daily / weekly / monthly / less than monthly)?'

Assess nicotine vaping dependence.

- Time to first vape
- Previous unsuccessful vaping quit attempts
- Self-perceived addition to nicotine vaping

Assess risk of smoking relapse or uptake.

- 'On a scale of 1 to 10, where one is not at all confident and 10 is extremely confident, how confident are you that if you stop vaping, you will **not** be tempted to smoke a single puff of tobacco?'

Take a vaping and smoking history for all clients.

- All health workers can screen people attending a health care service for vaping, smoking, and dual use of vaping and smoking.

- Taking a partial vaping history is better than not asking at all.
- It is important to ask about smoking tobacco because many people who vape may also smoke currently or in the past.
- Discussions about vaping should begin with people as young as 12 years of age or even younger when appropriate.
- Document smoking and vaping status in the client’s clinical records in provided templates or as free text^[1].

Assess nicotine vaping dependence^[2] (Table 1)

Table 1. Assess nicotine vaping dependence

Time to first vape	'How long after waking do you vape?' Vaping within 30 minutes of waking in the morning indicates higher dependence.
Previous unsuccessful vaping quit attempts	'Have you ever tried stopping vaping before?' Having previous unsuccessful quit attempts indicates nicotine vaping dependence.
Self-perceived addiction to nicotine vaping	'Would you say that you are very addicted to vaping, somewhat addicted to vaping, or not at all addicted to vaping?' Self-perceived nicotine vaping addiction is significantly associated with validated nicotine vaping dependence scales (Camara-Medeiros et al 2021).

Assess risk of smoking relapse or uptake.

- Ask your client how confident they feel about stopping vaping right now, without relapsing back to or taking up smoking:
- ‘On a scale of 1 to 10, where one is not at all confident and 10 is extremely confident, how confident are you that if you stop vaping, you will not be tempted to smoke a single puff of tobacco?’

- If your client responds with lower than a seven or eight, advise a more gradual plan for reducing vaping over several weeks or months.
- If your client indicates feeling not confident about staying free of tobacco smoking, delay vaping cessation and explore when a good time to stop vaping would be.

^[1]Codes for recording vaping status can be found here: www.health.govt.nz/our-work/preventative-health-wellness/smokefree-2025/information-practitioners-patients-who-are-quitting-smoking/recording-vaping-status

^[2]Use the Hooked on Nicotine Checklist (HONC) vaping dependence scale validated for youth (Hadland and Chadi 2020): www.aap.org/globalassets/tobacco/hooked-on-nicotine-checklist-honc-scale-and-scoring.pdf. The following vaping dependence scales have been validated for use with adults (Buu et al 2021):

- e-FTCD (e-cigarette Fagerström Test of Cigarette Dependence). Link: [https://intrepidlab.ca/en/Pages/electronic-nicotine-delivery-systems-\(ends\).aspx](https://intrepidlab.ca/en/Pages/electronic-nicotine-delivery-systems-(ends).aspx)
- e-WISDM (e-cigarette Wisconsin Inventory of Smoking Dependence). Link: <https://arc.psych.wisc.edu/self-report/wisconsin-index-of-smoking-dependence-motives-wisdm/>
- PS-ECDI (Penn State Electronic Cigarette Dependence Index). Link: <https://research.med.psu.edu/smoking/dependence-index/>

Brief advice

Vaping Cessation

Use this section if you are a Smokefree Service provider or a health worker with time and expertise to provide support and to give further advice as part of the 'Brief advice' step of the ABC pathway.

Key Points:

Ask permission before giving personalised advice on stopping vaping.

- 'I have some information to share with you, and it's up to you how you use it - would you like to hear more?'

Outline the health risks of vaping and the health benefits of stopping vaping (page 65)

- People who do not smoke and *all* children, adolescents, and young people should stop or refrain from vaping.
- There is limited evidence on the long-term effects of vaping. Stop or refrain from vaping to avoid potential harms to the body, exposure to cancer-causing chemicals, and nicotine dependence or addiction.

Ask permission before giving personalised advice on stopping vaping.

- Asking permission is a new recommendation included in the 'ABC pathway for helping people to stop smoking' since The New Zealand Guidelines for Helping People to Stop Smoking: 2021 Update.

- Asking permission before giving advice is an important part of shared decision-making and enhances client engagement. For example: ‘I have some information to share with you, and it’s up to you how you use it – would you like to hear more?’
- Adopt a person-centred and non-judgemental approach and give clear, supportive, and personalised advice on the benefits of stopping vaping. For example, link advice on the health effects of vaping to a current health condition.

Outline the health risks of vaping and health benefits of stopping vaping: see page 65 for more evidence-based information on the health effects of vaping by organ system.

- People who do not smoke and all children, adolescents, and young people should stop or refrain from vaping.
- There is limited evidence on the effects of vaping on many health outcomes, particularly on its long-term effects. Based on the current evidence, advise clients to stop or refrain from vaping to avoid harming their physical health (for example, potential harms to their lungs, heart, blood vessels, teeth, and gums), to avoid exposure to inhaling cancer-causing chemicals, and to avoid nicotine dependence or addiction.
- Based on the current evidence, children, adolescents, and young people should be discouraged from vaping to avoid harming their bodies, which may include their brains, and to avoid nicotine dependence or addiction.

Cessation support

Vaping Cessation

Use this section if you are a Smokefree Service provider or a health worker with time and expertise to provide further behavioural stop-vaping support as part of the 'Cessation' step of the ABC pathway.

There is currently insufficient evidence for the use of NRT or any medications for the indication of vaping cessation (page 72). Smokefree Service providers cannot issue NRT for vaping cessation (page 48).

Robust data testing behavioural stop-vaping interventions are limited. Use a person-centred approach when discussing the options and the lack of evidence about what is most effective for vaping to help clients make an informed decision. Refer to page 71 for evidence on behavioural stop-vaping support and other forms of stop-vaping interventions.

The current consensus view is that both adults and youth who vape exclusively may be offered a combination of behavioural therapy strategies to help stop vaping, including **abrupt or gradual vaping cessation in combination with behavioural counselling.**

Key Points:

Offer everyone behavioural stop-vaping support. ‘I can refer you to (or provide) stop-vaping services that are free, flexible, and effective - how does that sound?’

Explore reasons for stopping vaping. ‘What are the good and not so good things about vaping?’

Explore the importance of stopping vaping. ‘On a scale of 1 to 10, where one is not at all important, and 10 is extremely important, how important is it for you to stop vaping now?’

Support abrupt or gradual vaping cessation.

Plan behavioural change techniques to stop vaping.

- Consider your approach to vaping cessation support.
- Manage cravings and withdrawal symptoms.
- Change habits.
- Set personal rules and boundaries.
- Build social support.

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

- Optimise when to stop vaping.
- Manage relapse back to vaping and/or smoking.

Arrange follow-up. Offer ongoing support and decide timeframes for follow-up.

Offer everyone behavioural stop-vaping support.

- If a discussion about stopping vaping has occurred, consider personalising and framing the offer with a reflection of the client’s reasons or goals for stopping: ‘It sounds like you have some concerns about your vape use or would like to stop vaping. I can refer you to (or provide) free, flexible, and effective services to help you with your concerns – how does that sound?’
- If clients indicate that they are not yet confident about staying smokefree without a single puff of tobacco, make a “back pocket” offer of stop-vaping support. For clients who used vaping to stop smoking, you could say:
- ‘I’m hearing that you have recently stopped smoking and that your vape is keeping you smokefree. Congratulations on reducing the risk to your health. When you are confident you can remain smokefree when making changes to your vaping, without a single puff of tobacco, support to stop vaping is available. I can give you their details now for safekeeping if that’s helpful; what do you think?’

Explore reasons for stopping vaping.

- Explore the advantages and disadvantages of vaping:
 - *‘What are the good and not so good things about vaping?’*
 - *‘What are the best and worst outcomes of stopping vaping?’*
 - *‘What are the benefits and costs of stopping vaping?’*
- Explore your clients’ future goals and life satisfaction and how continuing vaping may affect these goals.
- Some reasons to stop vaping are valid, while some are due to misconceptions about the harms of vaping relative to smoking, which are important to address in people who are

using vaping to stop smoking and who are at risk of relapsing back to smoking. Refer to the sections ‘Harms of vaping compared to smoking’ and ‘Health effects of vaping’ to clarify misconceptions.

- Reasons to stop may include saving money, the health effects of vaping, and the consequences of vaping on loved ones (Tran et al 2024). The most typical reason for stopping vaping is for health reasons, which puts health workers in a good position to discuss the health effects of vaping when providing cessation support (Lin et al 2024). Use the identified reasons to encourage your client to stay focused when facing cravings or withdrawal symptoms.

Explore the importance of stopping vaping.

- Ask how important stopping vaping is at the moment: ‘On a scale of 1 to 10, where one is not at all important, and 10 is extremely important, how important is it for you to stop vaping now?’
- If low importance: explore and increase the importance of stopping, for example: ‘What would it take to make it more important for you to stop vaping?’
- If high importance but low confidence, explore barriers and previous successes to increase confidence, for example:
‘What do you see as the barriers to your quit attempt?’
‘What successes have you had with past quit attempts?’
‘What helped you to be successful then?’
- If high importance and high confidence, strengthen the commitment to stop by asking the main reasons for stopping and emphasising the positive changes in the lives of your client and their family.

Support abrupt or gradual vaping cessation.

Support abrupt vaping cessation

1. Agree on a date to stop vaping outside of periods of exceptional stress. Discuss healthy ways to manage stress levels in preparation for the quit.
2. Identify and avoid situations that trigger a desire to vape. Develop plans for each trigger, such as distractions (e.g., a sport or new hobby) and stress coping mechanisms.
3. Set up a support network.
4. Focus on the reasons for and benefits of not vaping.

OR

Create a plan for gradual vaping cessation (“cutting down”, “weaning”, “tapering”)

1. Agree on a date to start the stop-vaping plan outside of periods of exceptional stress. Discuss healthy ways to manage stress levels in preparation for the quit.
2. Tailor the treatment duration to individual needs and the smoking relapse risk. The suggested duration of support to stop vaping gradually is a minimum of 8–12 weeks. High nicotine dependence may indicate a need for a slower nicotine reduction plan. The nicotine reduction plan should be client-led; clients can usually manage the reduction speed themselves.
3. Set goals to reduce the time spent vaping or the e-liquid nicotine strength.

Reduce the time spent vaping: extend the time between sessions, including the time to first vape on waking, and reduce the number of puffs.

Reduce the nicotine strength: an example of a gradual nicotine reduction plan is to decrease the e-liquid nicotine strength or amount every two to four weeks or longer until reaching zero (e.g., 20 mg–18 mg–12 mg–6 mg–3 mg–0 mg).

Suggest two vapes to help with nicotine tapering: one at the current nicotine strength and another at a lower (or even zero) strength to use in the first instance.

4. Instead of using one strategy alone, consider reducing the nicotine strength and decreasing the time spent vaping (or the frequency and duration of sessions) together. To do this, alternate between reducing the nicotine strength while keeping the time spent vaping the same, and decreasing the time spent vaping while keeping the nicotine strength the same. Each change can take place weekly.
5. Keeping a diary can help clients develop insight into the amount of nicotine they vape. Suggest a physical or digital diary or app to record changes to the nicotine strength and the vaping frequency, duration, and timing, including evening and nighttime sessions. Clients may also find it helpful to track money spent on vapes.

The following are practical considerations for gradual vaping cessation.

- Consider the risk of ongoing vaping when deciding whether to go ahead with a gradual nicotine vape taper. On the other hand, the taper may increase client engagement by enabling them to work towards a quit date.
- It is important to find a vape with an adequate nicotine strength from generic or specialist vape retailers and to learn how to get enough nicotine from vaping:
 - to minimise more frequent vaping, also known as grazing. Vaping at lower nicotine concentrations may not be safer and may lead to more harm if it results in grazing, which is linked with increased exposure to substances that are potentially harmful to the body (Kochvar et al 2024)
 - to reduce withdrawal symptoms and urges to smoke and to decrease the risk of relapse back to smoking (if an ex-smoker) or the risk of smoking uptake (if a never-smoker).
- If your client cannot use vaping products that allow for reductions in nicotine concentration, use strategies to stop vaping gradually that reduce the time spent vaping instead (see page 21).
 - Examples of vaping products that may not be available in a variety of nicotine strengths or at the strength required include disposable vapes (although an announcement has been made on banning disposable vapes in the future) and certain flavours of reusable vape products.

Plan behavioural change techniques to stop vaping.

Consider your approach to vaping cessation support.

- Consider wider psychological, behavioural, social, and cultural factors affecting a person's smoking or vape use, for instance, partner vaping (Zawertailo et al 2023).
- Use OARS: Open-ended questions, Affirmations, Reflections, Summaries (Britt et al 2014).
- Use language that encourages your client to enact change: 'How would you like things to be different?' (Britt et al 2014).
- Use a strengths-based approach when engaging clients in weighing the advantages and disadvantages of smoking or vaping and when identifying specific goals for stopping vaping (Becker and Rice 2022).
- Group-based cessation may be more acceptable for some clients.
- Consider involving your client's social network and family members to increase their motivation to stop vaping.
 - Māori and Pacific Peoples may prefer whānau- (family) based cessation (Strickett et al 2021).
 - Integrating peer support may improve treatment adherence and success in mental health service users (The Centre for Addiction and Mental Health 2022). Involving partners in pregnant people and family in youth may be crucial to the success of the quit attempt (Gould et al 2014; Hadland and Chadi 2020).

Manage cravings and withdrawal symptoms.

- Reassure your client that withdrawal symptoms are normal and expected when stopping vaping. The long-term benefits of stopping outweigh the short-term discomfort of withdrawal symptoms.
- Withdrawal symptoms may include cravings, low mood, irritability, anger, frustration, disturbed sleep, poor concentration, and increased appetite.
- Withdrawal symptoms can be strong, particularly in the first week after stopping vaping, and should typically reduce after the first four weeks.
- Discuss your client's vaping triggers and plan how to avoid them, particularly in the first four weeks, to prevent going back to increased vaping.
- Try the four D's (distract, delay, deep breathing, and drinking water) to manage triggers and cravings, and brainstorm other ways that work for your client (eg, chewing gum, having sugar-free mints, exercising, listening to music, playing a video game).
- Encourage your client to practise healthy ways to manage mood or stress levels. Engaging in outdoor activity may be helpful to manage withdrawal symptoms and stress (Gwon et al 2024).
- Abruptly stopping vaping may cause withdrawal symptoms. A step-down approach helps to minimise nicotine withdrawal symptoms, although it may still cause some withdrawal symptoms.

- If using a gradual method to stop vaping, recommend slowing down the nicotine reduction or the decrease in vaping frequency or duration if your client experiences strong urges to smoke tobacco or strong withdrawal symptoms. Go back to the next highest nicotine strength or increase vape use until these feelings go away.

Change habits.

- Identify routines around how much, when, and where clients vape. Discuss how to change these routines and how to replace vaping with other activities.
- Encourage clients to change to a vape flavour they like less.
- Encourage clients to keep the vape out of sight and increase the time they choose not to carry it.
- Encourage clients to get rid of vaping paraphernalia.
- Vaping helps to stop smoking because it replicates the habitual hand-to-mouth action in smoking (Holliday et al 2021). Try another object to replace the device your client would otherwise hold and vape, such as a small fidget toy or a stress ball (Hadland and Chadi 2020).
- Set short-term goals and plan rewards for reaching these milestones.

Set personal rules and boundaries.

- Encourage clients to set their own rules about when, where, and how much vaping occurs. Setting rules is critical to help prevent bad vaping habits from forming and weakens the

link between vaping and specific situations. Examples include:

- no vaping in certain places, including where it is prohibited, such as at work, school, home, or in the car
- no vaping in certain situations, such as after meals, with hot drinks, and when socialising – make vaping a stand-alone task separate from these activities.

Build social support.

- Discuss with clients how they would like to tell friends and whānau that they are stopping vaping, and encourage them to find support (eg, family, friends, co-workers, stop-vaping buddies, stop smoking coaches).
- Encourage your client to make a promise to someone to stop or to adhere to a vaping rule.

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

- It is important to stop vaping in a way that prevents relapse back to tobacco smoking (if an ex-smoker) or the uptake of smoking (if a never-smoker).

Optimise when to stop vaping.

- Clients should stop smoking all tobacco before starting to stop vaping, including small amounts of tobacco mixed with other substances such as cannabis. If clients do not stop smoking all tobacco before attempting to stop vaping, they will have an increased risk of relapse to smoking when trying to reduce or stop their vaping.

- Advise clients to plan to stop vaping only if they feel confident about staying smokefree, without a single puff of tobacco.

Manage relapse back to vaping and/or smoking.

- If your client relapses, congratulate them on stopping, no matter the duration. Ask them what helped to stop and what led them to vaping again.
- If vaping helps with smoking cessation, there is no rush to stop, particularly if your client has recently stopped smoking tobacco or if they feel at risk of relapse. The priority here is to avoid relapse back to smoking tobacco (if an ex-smoker).
- Remind ex-smoking clients that going back to vaping is not a failure as it is less harmful than tobacco smoking.
- Remind clients that it may take multiple attempts to stop for good. Each attempt is a new chance to figure out strategies that work, and each attempt takes your client closer to stopping for good.
- For people who relapse back to smoking and who have tried approved smoking cessation interventions without success, attempt another trial of stopping vaping as outlined on page 21.
- For people who have never smoked and take up smoking, refer to The New Zealand Guidelines for Helping People to Stop Smoking: 2021 update.
- For people who have stopped smoking and/or vaping, health care providers should regularly screen for relapse.

Arrange follow-up.

- Offer ongoing support and decide follow-up timeframes to re-evaluate treatment plans.
- Proactively contact your client when they reach 12 weeks vape free.
- The duration of follow-up in studies on vaping cessation interventions in people who used to smoke and in non-smokers is variable, extending up to seven months (Amin et al 2023; Huerne and Eisenberg 2023; Kundu et al 2023).
- The effectiveness of behavioural therapy in vaping cessation may also depend on the frequency of follow-up (Huerne and Eisenberg 2023).