



**Asthma +
Respiratory**
FOUNDATION NZ

A REFERENCE GUIDE:

to support rangatahi to quit vaping



This guide aims to help health professionals who work with adolescents and young adults (AYA) to tackle vaping and e-cigarette addiction through five important steps: **screening, assessment, behavioural support, pharmacotherapy, and follow-up.**

V1: OCTOBER 23

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This is an interactive PDF
- clicking on these icons will link
you to a website or resource...



This icon will link to a
website.



This icon will link to the
relevant appendix.

The following icons are seen
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This icon indicates this
part of the guide is to
be completed by a
Health Professional (HP)



This icon indicates this
part of the guide is to
be completed by the
Adolescent or Young
Person (AYA).



The two icons together
indicate that it is
recommended for both
the HP and the AYA to
complete together.

*This reference guide is intended as a
'living document' that will be updated on
the www.asthmaandrespiratory.org.nz
website as new information, resources
and support services become available.*

Note:

AYA = Adolescents & Young Adults (aged 13 – 18)

HP = Health Professional

The terms **e-cigarettes** and **vapes** are used
interchangeably to refer to the same product.



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Young Adults Quitting Vapes.



Introduction

E-cigarette use (vaping) among young people has been steadily increasing in Aotearoa, New Zealand, since the widespread introduction of e-cigarettes and vaping products onto the commercial market in 2017. While these products are often promoted as a harm reduction tool to support smoking cessation amongst current adult smokers, their use and popularity among younger populations continues to be of concern.

It is now widely documented that around 1 in 5 (20%) of high school students are regular vapers (defined as 'at least once a week').^{1,2,3} In New Zealand, Māori students have the highest rates of regular vaping (34%) compared to other ethnic groups¹ with Māori girls having the highest regular vaping rates at 40%.



Research into what motivates such a high number of our rangatahi to vape was undertaken in 2022, by the Hā Collective⁴ and conducted via an online survey across eight schools in Auckland, Dunedin, and Gisborne, garnering responses from 2,021 rangatahi. The survey revealed that the top five reasons rangatahi were vaping included personal relaxation, enjoying the abundant flavours, considered it a way to connect and unwind with friends, finding amusement in learning vaping tricks, and genuinely liking it.⁴ Similarly, an online survey of 95 teenagers and parents attending a paediatric outpatient clinic at Christchurch Hospital yielded similar results with curiosity, enjoyment, and socialising or fitting in with friends identified as common reasons for vaping in teenagers.⁵

These motivating factors combined with the slow enactment of regulations in New Zealand around vape advertising and accessibility have led to 1 in 5 or 20% of high school students regularly vaping.^{1,6}

One of the most concerning harms around high youth vaping rates is the potential for nicotine addiction and the negative impacts of this on our rangatahi.⁷ Animal studies have shown the negative effects of nicotine on the brain as it changes some neural pathways, especially during times of development, such as in-utero and in adolescence.

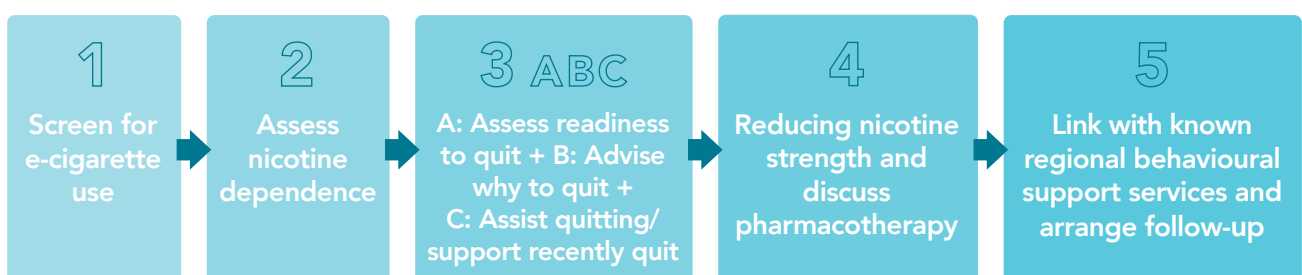
Nicotine withdrawal is also a concerning issue in AYA, as it can affect behaviour resulting in disruptive classroom learning.⁸

Despite the high rates of vape use in AYA, and the detrimental effects of nicotine addiction in youth, there is little to no support for rangatahi who want to quit vaping and work towards becoming nicotine-free.⁹

At the time of this publication current smoking cessation services are funded only to support those (over 16 years) wanting to stop or reduce their cigarette smoking.

This reference guide aims to assist those working with young people to effectively address their vaping and e-cigarette use, focusing on screening and assessment. The guide offers clinicians a starting point to build a discussion with a young person about their vaping. Quitting e-cigarettes and vapes may require a suite of cessation tools that include behavioural support and pharmacotherapy.

Figure 1: ARFNZ proposed clinical pathway





1: Screen for e-cigarette use



Screening and assessment are critical to provide safe and effective care, and to ensure our rangatahi are being listened to. Identifying substance use, its potential risks and impact on the AYA should form part of the assessment to reduce risk and provide interventions to promote good health and wellbeing.

Although there's no validated screening tools that explicitly ask AYA about use of e-cigarettes or other vaping products, there are well studied instruments that ask AYA about tobacco/cigarette use which can be adapted.

In most cases, the clinician or health provider doing the assessment (e.g., the school nurse, GP or practice nurse) may be the only person in a position to support the AYA with quitting, so the level of that 'cessation support' must be discussed.

From 10-13 years, when the young person is mature enough to be seen separately from their parents, all young people should be asked about whether they use e-cigarettes/vapes or any other tobacco products. This should prompt the clinician to ask further questions about their e-cigarette use, provide education about the risks of vaping for young people and provide support to quit vaping.¹⁰

Screening question Responses

- How often do you use electronic cigarettes or vaping devices?
- Never
 - Daily
 - Weekly
 - Monthly
 - Less than monthly

Additional questions to ask to determine vaping behaviour and habits.¹¹

When did you first start using e-cigarettes/vapes?

Do you vape with or without added nicotine?

What nicotine concentration do you usually vape with?

What type of e-cigarette or vape are you currently using?

What brand of e-cigarette are you currently using?

Where do you usually get your e-cigarettes or vapes from?

What flavours do you usually use?

How often do you vape in the day?

How long does a vape usually last you?

Have you ever tried to quit before?

These responses can be used as baseline information and to help develop their quit plan.

After these questions, the following information can be recorded:

Name or NHI:

Vaping status:

Date when vaping started:

Age when vaping started:

Vape with/without nicotine:

Nicotine concentration:

Type of vaping device used:

Preferred brand of vape:

Source of vapes:



2: Assess for nicotine dependence



Once vaping status has been determined and additional information on vaping behaviour and habits has been identified, clinicians can then assess for nicotine dependence.

The Modified Hooked on Nicotine Checklist (M-HONC) has been chosen as the assessment tool for this guideline.¹²

2.1: The Modified Hooked on Nicotine Checklist (M-HONC)



The Hooked On Nicotine Checklist (HONC) is a 10-item instrument used to determine the onset and strength of tobacco dependence and is designed to identify the point at which an adolescent has lost full autonomy over their use of nicotine.¹³⁻¹⁴ The M-HONC assesses nicotine dependence via e-cigarettes and vaping.

Initial questions	Yes	No
<i>Have you ever tried to QUIT vaping, but couldn't?</i>	<input type="radio"/>	<input type="radio"/>
<i>Do you vape NOW because it's really hard to quit?</i>	<input type="radio"/>	<input type="radio"/>
<i>Have you ever felt like you were ADDICTED to vaping?</i>	<input type="radio"/>	<input type="radio"/>
<i>Do you ever have strong CRAVINGS to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Have you ever felt like you really NEEDED to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Is it hard to keep from vaping in PLACES where you are not supposed to? e.g. school, home or work</i>	<input type="radio"/>	<input type="radio"/>
When you HAVEN'T vaped in a while (or when you've tried to quit vaping)...		
<i>Did you find it hard to CONCENTRATE because you couldn't vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel more IRRITABLE because you couldn't vape or use tobacco?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel a strong NEED or urge to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel NERVOUS, restless or anxious because you couldn't vape?</i>	<input type="radio"/>	<input type="radio"/>
TOTAL SCORE:		

Scoring

The M-HONC is scored by counting the number of YES responses. One or more YES answers suggest a serious problem with nicotine that needs further assessment. It indicates the young person has a level of dependence on nicotine and has lost full autonomy or control over their use of e-cigarettes/vapes.¹³⁻¹⁴



3A: Assess readiness to quit

3B: Advise why to quit



Assessing the readiness of the young person to quit vaping is an integral part of the pathway. The successful outcome of quitting will be influenced by how motivated and engaged the person is to quit. It is also important to recognise that a large part of this success will be reliant on establishing rapport, developing trust and asking permission to advise about e-cigarette/vape use first.¹² A non-judgemental 'no blame/fault' approach should always be taken.

Discussing the known risks associated with vaping may help the young person learn more about its impacts on their overall health and well-being and help them move closer to a state of readiness to quit. Open discussion about vaping also helps to strengthen the therapeutic relationship. Personalising the advice and benefits of quitting can further support the discussion around quitting e-cigarettes/vapes.

Helpful advice on why to quit vaping:


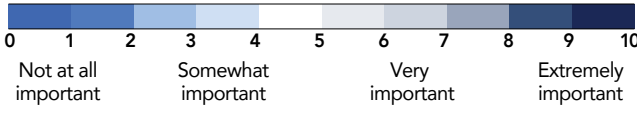
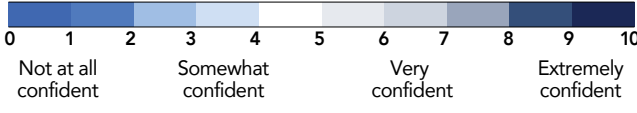
HEALTH:

- Makes the lungs more susceptible to infection¹⁵
- Exacerbates symptoms associated with asthma (1 in 8 NZ children have asthma)^{16,17}
- Adversely affects the cardiovascular system¹⁸⁻²⁰
- Effects of nicotine on brain development and nicotine dependence in teens²¹⁻²⁴
- Increased risk of seizures¹⁵

SCHOOL/SOCIAL/FAMILY:

- Negative behaviour at home and school²³
- Difficult to concentrate and pay attention at school²³
- Ongoing cost of vaping
- Self-reflection on how vaping affects their health, home life, school, sports, hobbies, and peer groups






Steps to take	Advice to give	Prompts
Advise young person to quit vaping	<p>Provide brief, consistent and positive reminders to quit.</p> <p>Use messages that are clear, personalised, supportive and non-confrontational.</p> <p>Provide advice about the positive reasons to quit (health, financial, environmental impact etc).</p>	<p><i>"One of the best things you can do for your health is to quit vaping. I can help you with this"</i></p> <p><i>"I know you have been worried about your level of energy and feeling breathless when playing rugby. Quitting vapes will help you feel much better, improve your fitness and not become breathless"</i></p> <p><i>"I can support you and help you quit vapes"</i></p>
Provide information about vaping and its associated risks and impacts with use	<p>Provide easy to understand snippets of information and key facts about the risks and impacts of vaping.</p> <p> Direct to dontgetsucked.in.co.nz</p>	<p><i>"Would you like more information about vaping?"</i></p>
Assess readiness to quit	<p>Identify how important quitting is at the moment and how confident the young person feels about quitting.²⁵</p>	<p>IMPORTANCE:</p> <p><i>"How important would you say it is for you to quit using e-cigarettes and vaping devices?"</i></p>  <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Not at all important Somewhat important Very important Extremely important</p> <p>CONFIDENCE:</p> <p><i>"How confident would you say you are, that if you decided to quit using e-cigarettes and vaping devices, you could do it?"</i></p>  <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Not at all confident Somewhat confident Very confident Extremely confident</p> <p>A person's score for importance can show you their reasons to quit (or not to quit) while their score for confidence shows their strengths and allows you to gauge what support would be best for them.²⁵</p> <p>Asking the person about their score (always use a lower number than what they gave as a comparison) can help the person identify their own motivators and barriers to quitting.²⁵</p> <p>Reassure the young person that with the right tools and treatment plan in place, they can be successful in their decision to quit vaping.¹¹</p>



3C: Assist with a quit plan if ready



Once the young person's readiness to quit is determined, clinicians will be able to tailor quit vaping interventions specific to their stage of readiness.

Stages of change	Type of intervention	Prompts
Pre-contemplation/ Not ready	<ul style="list-style-type: none"> • Discuss the benefits of quitting • Discuss the risks and impacts of ongoing use (health, financial and environmental impacts)  dontgetsucked.in.co.nz  protectyourbreath.co.nz • Provide information about the effects of secondhand vape exposure  thoracic.org/patients/patient-resources/resources/second-hand-smoke.pdf • Encourage re-engagement when ready 	
Contemplation/ Not sure	<ul style="list-style-type: none"> • Engage in motivational interviewing counselling • Explore motivations to quit • Explore barriers to quitting • Offer assistance when ready • Arrange follow-up appointment to re-assess their readiness to change and offer further motivational counselling 	<p><i>"What are good things and not so good things about vapes?"</i></p> <p><i>"What are some good things about quitting?"</i></p> <p><i>"What's stopping you from quitting?"</i></p> <p><i>"What are some barriers to quitting?"</i></p>
Preparation	<ul style="list-style-type: none"> • Provide affirmation and encourage decision to quit e-cigarettes/vapes • Assist young person to develop their own Quit Plan • Quit Plan should include behavioural approaches/strategies to support them and increase their changes of quitting vapes • Recommend pharmacotherapy • Assist young person to develop strategies to prevent relapse 	
Action and maintenance/ follow-up sessions and for those who have recently quit	<ul style="list-style-type: none"> • Recognition and congratulate them for taking the step to quit e-cigarettes/vapes • Assist them to develop strategies to prevent relapse • Review Quit Plan 	



4: Reduce nicotine strength and discuss pharmacotherapy

Also discuss: is abrupt quitting right for them?



There is currently little evidence for pharmacotherapy recommendations to help people quit vaping. Recommendations that have been published to date are based on preliminary results and are largely adapted from existing smoking cessation interventions. Use of NRT medications for vaping cessation would be considered 'off-label' and healthcare providers should inform clients that medication options are based on tobacco cessation treatment approaches.

Dealing with vaping cravings can be one of the most complex and difficult parts of quitting vaping. Several strategies may help minimise nicotine withdrawal symptoms, which can be uncomfortable and, for some people, quite severe depending on their level of nicotine dependence.

Common nicotine withdrawal symptoms for young people include:

- Feeling irritable or jittery
- Feeling sad or down
- Feeling anxious
- Feeling tired or groggy due to trouble sleeping
- Having trouble thinking clearly or concentrating
- Having trouble sleeping
- Feeling hungry
- Having intense cravings for e-cigarettes



www.smokefree.gov

Vaping addiction and nicotine withdrawal

Withdrawal symptoms are strongest in the first week after stopping vaping. This is the time when people are also at highest risk to start vaping again. Having a good quit plan with clear strategies and support systems in place will help the person to continue with the quit attempt to stay vape-free.



American Thoracic Society

Stopping smoking and nicotine vaping: how to cope with cravings, withdrawal, and relapse

4.1: Reducing nicotine strength

Slowly decreasing the nicotine content of your vape/e-liquid may assist in quitting vaping. This step-down approach may also help to minimise nicotine withdrawal symptoms.

Gradually lowering the nicotine concentration in commercial vape juices is usually dictated by nicotine strength availability. Nicotine salt which is predominantly used in vapes can come in 10, 20, 35 and 50 mg/mL nicotine strengths.

Note that new regulations will come into effect in New Zealand (2024) reducing the maximum concentration of nicotine allowed in vapes.

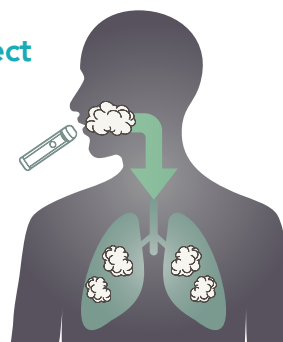
The maximum concentration of nicotine allowed in single use vapes will be reduced to 20mg/mL. The maximum nicotine concentration is set at 28.5mg/mL for reusable vaping products that contain nicotine salt.

It would be advisable to reduce the nicotine strength in the vape/e-liquid from 20mg/mL to 10mg/mL to 5mg/mL to 0mg/mL in two-weekly intervals.

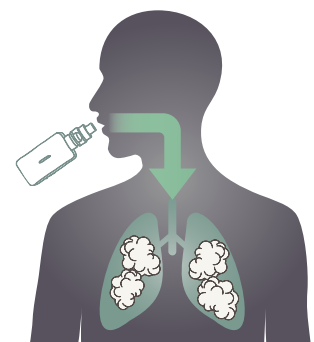
4.2: The way vapes are inhaled may also affect how much nicotine is being consumed

Direct to lung (DTL) vapes enable the user to consume much more nicotine per inhalation than a mouth to lung vape (MTL).

Switching to a MTL vape may help in reducing nicotine intake. Also discuss increasing the time to next vape, increasing intervals between vapes and use of the diary to monitor (Appendix 8).



Mouth-to-lung vapes



Direct-to-lung vapes



4.3: Reducing nicotine strength in DIY e-liquids

The nicotine strength in DIY e-liquids can also be gradually reduced to manage nicotine cravings while moving towards zero nicotine. An example of this would be reducing the strength every two weeks in smaller steps (6mg to 5mg to 3mg for example). This approach can also be done with commercial e-liquids by mixing the nicotine-containing e-liquid with some zero-nicotine liquid of the same flavour. More zero-nicotine flavour can be added every time until eventually the person is able to switch to zero altogether.

4.4: Keeping a vaping diary with the goal to reduce vaping frequency and quit

Recording nicotine strength, vaping frequency, timing and how much the person is spending of vapes may provide the person with insight into their nicotine dependence and the health and financial costs of their vaping. Vaping diaries can be a good way to record how and when the person is titrating down the nicotine strength, if they are changing the way they inhale and how much money they are saving as they reduce their vape use. These can all act as motivators to continue with their quit plan. Encourage the person to reward themselves when they reach even the smallest of milestones to reinforce their goal of quitting vaping for good.



4.5: Pharmacotherapy

Attempts to quit e-cigarettes/vapes can be hindered by cravings and other withdrawal symptoms. NRT may be helpful for young people who use e-cigarettes and vapes but this must be discussed with the person's healthcare professional.



Visit the Pharmac schedule website to see full list of funded NRT options for nicotine dependence. There are no funding criteria for any NRTs, i.e., they are funded without restriction. This means they are funded for any indication a prescriber deems clinically appropriate.



5: Link with known regional behavioural support services and arrange follow-up



Crucial to the success of the AYA's attempt to quit vaping is behavioural support and ongoing follow-up. While both the initial and ongoing support can be provided by a range of clinicians and key workers, referral to a more specialised service may be required for more complex needs.

At this point in time (September 2023), the range of specialist quit vaping support for young people is minimal with large regional variations on the type of support a young person is able to access. First point of contact for a young person wanting to quit vaping may be with any of the following key workers: school health nurse, teacher, school principal, youth worker, social worker, sports coach or a youth health service. Referral to their healthcare professional should follow to discuss their quit plan and to provide oversight of nicotine titrations and NRT usage if required. Once this has been determined, ongoing behaviour support and follow-up may be able to return back to the referring worker or service.

Points to consider

Some regions may have youth health services and youth one-stop shops that may be able to offer support for youth wanting to quit (please see list of known services in appendix 9). However, not all regions have these services available so access to behavioural support, peer support and counselling may be limited or absent.

At the time of this publication current smoking cessation services aren't funded to support youth to quit vaping. If youth 16 years and older are dual users (vape and smoke), they may be eligible for these services (please check across different regions).



5.1 Arrange follow-up appointments with AYA to review progress

Offer further support, strengthen motivation to quit and review titrating down of nicotine strength of current vape, initiation of pharmacotherapy, and/or effectiveness of pharmacotherapy.

Abrupt quitting

You can choose to cut down on your vapes gradually before your quit date, or you can choose a date to quit abruptly, going “cold turkey” and:

- avoid situations that trigger a desire to vape
- distract yourself with a new activity e.g. sport/hobby
- set up your support network
- focus on the benefits of not vaping

Reduce to quit

- Reduce your frequency of vaping
- Reduce nicotine concentration
- Use the vaping diary to assist (Appendix 8)

Arrange follow-up appointments

- AYA - committed to quitting
 - Congratulate them and affirm their position
 - Review progress and any challenges e.g. stress, peer use
 - Review nicotine titration and pharmacotherapy effectiveness (Table 1)
Encourage continuation of pharmacotherapy.
Discuss any lapses and relapses and support them to re-focus on achieving their goals “no blame” approach
 - Help them reflect on triggers/situations that led to the lapse/relapse
 - Explore relapse prevention counselling and develop personalised strategies to maximise their quit journey (Appendix 6)
 - Encourage other supports through various modes of interventions (face-to-face, Facebook group, SMS texts)
 - List known groups for support
 - AYA - relapsed:
Offer support and reframe as a learning experience
Explore reasons for relapse
Offer ongoing support
 - Encourage future quit attempts and review plan
-



APPENDIX 1: Pharmacotherapy to assist with nicotine addiction



There is currently little evidence for pharmacotherapy recommendations to help people quit vaping. Recommendations that have been published to date are based on preliminary results and are largely adapted from existing smoking cessation interventions. Use of NRT medications for vaping cessation would be considered 'off-label' and healthcare providers should inform clients that medication options are based on tobacco cessation treatment approaches.



Visit the Pharmac schedule website to see full list of treatments for nicotine dependence. For dosing and further information see the individual data sheets.



Visit the Medsafe website for dosing and further information – search "nicotine" under Consumer Medical Information to see the individual data sheets.

**APPENDIX 2: Modified Hooked On Nicotine (M-HONC)**

Initial questions	Yes	No
<i>Have you ever tried to QUIT vaping, but couldn't?</i>	<input type="radio"/>	<input type="radio"/>
<i>Do you vape NOW because it's really hard to quit?</i>	<input type="radio"/>	<input type="radio"/>
<i>Have you ever felt like you were ADDICTED to vaping?</i>	<input type="radio"/>	<input type="radio"/>
<i>Do you ever have strong CRAVINGS to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Have you ever felt like you really NEEDED to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Is it hard to keep from vaping in PLACES where you are not supposed to? e.g. school, home or work</i>	<input type="radio"/>	<input type="radio"/>
When you HAVEN'T vaped in a while (or when you've tried to quit vaping)...		
<i>Did you find it hard to CONCENTRATE because you couldn't vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel more IRRITABLE because you couldn't vape or use tobacco?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel a strong NEED or urge to vape?</i>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel NERVOUS, restless or anxious because you couldn't vape?</i>	<input type="radio"/>	<input type="radio"/>
TOTAL SCORE:		

Scoring

The MHONC is scored by counting the number of YES responses.

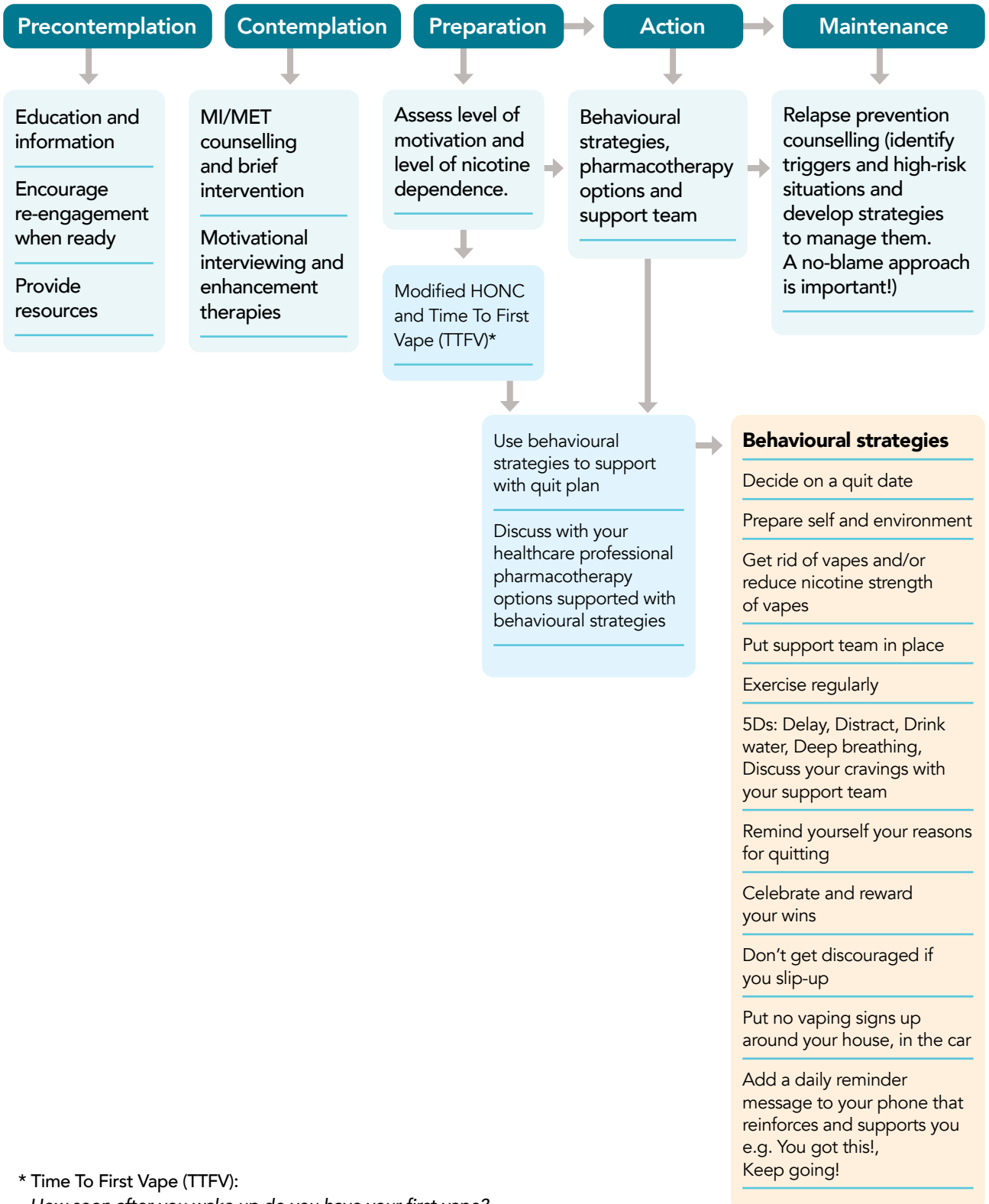
A young person who has a score above zero would indicate they have a level of dependence on nicotine, and they have lost full autonomy or control of their use of e-cigarettes/vapes.



APPENDIX 3: Readiness to quit vaping flowchart



ASSESS READINESS TO QUIT VAPING



* Time To First Vape (TTFV):
How soon after you wake up do you have your first vape?



APPENDIX 4: Record your reasons to quit vaping



Research shows that it helps to write down your reasons for making a change, looking at it from all angles. Take a minute to write out your personal reasons for vaping and thoughts about change using the table below.

Rate each item on a scale of one to ten to indicate how important these are to you, with one being not at all important and ten being extremely important.

Pros and cons of vaping

Good things about vaping	Not so good things about vaping
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
Total	Total

To get a further perspective, it is useful to record the pros and cons of changing or quitting. You may find that your reasons for change are not just the opposite of the reasons for vaping. This added information may help reinforce your decision for change.

Pros and cons of change/quitting

Good things about vaping	Not so good things about vaping
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
/10	/10
Total	Total



APPENDIX 5: My personal plan to quit vaping



My SMART goals

Specific, Measurable, Achievable, Relevant and Time-bound

THE BIG "QV" DAY!

My reasons to quit

Behavioural strategies:

What are my vaping triggers?

I'm most proud of

How do I manage my vaping triggers?

Who is my support team?



APPENDIX 6: My QUIT VAPING plan (example)



My SMART goals

Specific, Measurable, Achievable, Relevant and Time-bound

1. Start my vaping quit vaping diary and write every day for a month
2. Set up my support team, and tell them I want to quit vaping
3. Ask friends not to vape around me
4. Make an appointment to talk to my healthcare professional
5. Get rid of all vapes that I have
6. Write down my reasons for quitting vapes (Appendix 3)

THE BIG "QV" DAY!

Jan 1st, see my healthcare professional about two weeks prior to quit day e.g. 18th Dec

My reasons to quit

1. I want to be fitter to make the sports team.
2. I don't want to feel addicted to my vape.
3. I don't want to get in trouble at home and/or school

Behavioural strategies:

1. Get rid of all my vapes
2. Ask my friends for help and support
3. Reward myself with fun things I look to do that doesn't include vaping
4. Keep reminding myself I can do this

What are my vaping triggers?

1. When I am bored
2. When I feel stressed
3. When I am with friends who vape around me
4. Vape cravings
5. Going on walks by myself

I'm most proud of

1. Making an appointment to talk to my healthcare professional
2. Telling my friends and family I want to quit vaping
3. Starting my QUIT VAPING diary

How do I manage my vaping triggers?

1. Use the 5D's to distract myself
2. Do some exercise
3. Do something nice for myself e.g. play a game
4. Talk with my support team
5. Throw vapes away and/or reduce nicotine concentration of vapes

Who is my support team?

My friends, my parents, my teachers, my healthcare professional



APPENDIX 7: Coping with high-risk situations



Make a list below of the situations and or triggers that make you feel like vaping and write down some ideas to help deal with them. Examples include with friends, at a party, feeling down, anxious or stressed, feeling bored.

Make sure your plan/strategy is SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) and something you can easily do. It should also be enjoyable if possible, and you should reward yourself when you feel you are doing well. And don't be harsh on yourself if you have a slip-up!

Remember: If you have a slip-up, don't beat yourself up. These are all experiences to learn from. Reflect on what triggered the slip-up and list some strategies to better manage those triggers.

High-risk situation/triggers	Strategy or plan



APPENDIX 8: Weekly vaping diary



Your goal is to try and reduce your ticks for your health and your wallet.

The purpose of this diary is for you to record how/when/why you vape. It can be shared with your support team or simply used as a guide personally.

Did I vape today?

- Yes No

What time of day did I vape?

- Morning Lunch
 Afternoon Night

Why did I vape today?

- Feeling irritable because I haven't vaped in a while
 Feeling restless or jumpy
 Feeling strong cravings to vape
 Having a hard time concentrating
 Helps me wake up in the morning

What social situation/s was I in when I vaped last?

- Being offered a vape or new flavour
 Going to a party or other social event
 Hanging out with friends who vape or use another tobacco product
 Seeing someone else vape
 Seeing vapes on social media
 Smelling aerosol from a vape (sometimes called vapour)
 Studying with friends

What everyday situation/s was I in when I vaped last?

- Being on my phone
 Down time or in between activities
 Going in the school bathroom
 Seeing ads for vapes throughout the day
 Studying or doing homework
 Waiting for the bus or a ride
 Walking or driving
 Watching TV or playing video games

How do I feel when I vape?

- Anxious, worried, or nervous
 Bored
 Frustrated or upset after an argument
 Happy or excited
 Lonely
 Sad, down, or depressed
 Stressed or overwhelmed

How do I feel after I vape?

- Anxious, worried, or nervous
 Bored
 Frustrated or upset after an argument
 Happy or excited
 Lonely
 Sad, down, or depressed
 Stressed or overwhelmed

Date _____

Did I have a strong craving to vape today?

- Yes No

Did I hide my vaping in places where I am not supposed to vape, like school or home?

- Yes No

Did I find it hard to concentrate today because I didn't vape today?

- Yes No

Did I feel more irritable than usual because I couldn't vape today?

- Yes No

Did I feel nervous, restless, or anxious because I didn't vape today?

- Yes No

How much money did I spend this week?

On average, how much did you spend on vaping this week (estimate)? Include everything: vapes, pods, vape juice, etc.

Vaping cost \$ _____



APPENDIX 9: Regional behavioural support services



Stop smoking services can help with advice and information to stop vaping.

If rangatahi are dual users (smoking cigarettes and vaping) they may be eligible for stop smoking support. Rangatahi wanting to quit vaping should still contact their healthcare professional and/or their local stop smoking service in the first instance, who may then be able to refer on to other support services in their region.

Northland

Toki Rau Stop Smoking Services

Ph 0508 TOKIRAU (0508 8654 728)

www.tokirau.co.nz

Auckland and Waitematā

Ready Steady Quit

Ph 0508 500 601

www.readysteadyquit.org.nz

The Fono

Ph 0800 FON04U (0800 366 648)

www.thefono.org

Counties Manukau

Living Smokefree

Ph 0800 569 568

www.healthpoint.co.nz/public/other/living-smokefree-counties-manukau-te-whatu/

SouthSeas Healthcare

Ph 09 273 9017

www.southseas.org.nz

Waikato

Once and For All Stop Smoking Service

Ph 0800 ONCE4ALL (0800 6623 4255)

www.onceandforall.co.nz/

K'aute Pasifika Trust

Ph 0800 252 883

www.kautepasifika.co.nz

Western and Eastern Bay of Plenty

Hāpainga Stop Smoking Service

Ph 0800 HAPAINGA (0800 427 246)

www.ebpha.org.nz

Rotorua, Taupō, Tūrangi

Manaaki Ora Smokefree Support Services

Ph 0800 348 2400

manaakiora.org.nz

Taranaki

Taranaki Stop Smoking Services

Ph 0800 TUIORA (0800 884 672)

www.tuiora.co.nz

Tairāwhiti

Turanga Health Stop Smoking Service

Ph 06 869 0457

www.turangahealth.co.nz

Hawkes Bay

Te Haa Matea

Ph 0800 300 377

www.ourhealthhb.nz/community-services/want-to-be-smokefree/

Whanganui

Ngā Taura Tūhono(Whanganui Stop Smoking Service)

Ph 0800 200 249

www.wrhn.org.nz/stopsmoking

MidCentral

Te Ohu Auahi Mutunga (TOAM) (Otaki, Palmerston North, Manawatu, Horowhenua, Tararua)

Ph 0800 40 50 11

www.healthpoint.co.nz/mental-health-addictions/mental-health-addictions/te-ohu-auahi-mutunga-toam-stop-smoking-service/

Capital and Coast, Hutt Valley, Wairarapa

Takiri Mai Te Ata Regional Stop Smoking Service

www.takirimai.org.nz

Pacific Stop Smoking Service (Hutt Valley Pacific Health Service)

Ph 04 577 0394

Pacific Stop Smoking Service (Pacific Health Plus)

Ph 0800 747 587

www.phplus.co.nz/stop-smoking

Vibe Youth One Stop Shop

vibe.org.nz

Nelson Marlborough

Stop Smoking Service Nelson Marlborough

Ph 0800 NO SMOKE (0800 667 665)

www.nmdhb.govt.nz

Canterbury and Chatham Islands

Te Hā – Waitaha Stop Smoking Canterbury

Ph 0800 425 700

www.tehawaitaha.nz

Tangata Atumotu Trust (Pacific Stop Smoking Service)

Ph 0800 252 883

www.tat.org.nz

South Canterbury

South Canterbury Stop Smoking Service

Ph 0800 542 527

www.scdhb.health.nz

West Coast

Oranga Hā – Tai Poutini: Stop Smoking West Coast

Ph 0800 456 121

www.stopsmokingwestcoast.org.nz

Southern

Southern Stop Smoking Service

Ph 0800 925 242

www.nkmp.maori.nz/service/southern-stop-smoking-service/

Oamaru Pacific Island Community Group

Ph 0800 674 247

www.oamarupacific.nz



APPENDIX 10: Summary for health practitioners

1: Screen for e-cigarette use

Screening and assessment are critical to provide safe and effective care, and to ensure our rangatahi are being listened to. Identifying substance use, its potential risks and impact on adolescents and young adults (AYA) should form part of the assessment to reduce risk and provide interventions to promote good health and wellbeing.

Although there's no validated screening tools that explicitly ask AYA about use of vaping products, there are well-studied instruments that ask AYA about tobacco/cigarette use which can be adapted.

In most cases, the health provider doing the assessment (e.g., the school nurse, GP or practice nurse) may be the only person in a position to support the AYA with quitting, so the level of that 'cessation support' must be discussed.

From 10-13 years, when the young person is mature enough to be seen separately from their parents, they should be asked about whether they use e-cigarettes/vapes or any other tobacco products. This should prompt the clinician to ask further questions about their vape use, provide education about the risks of vaping and provide support to quit vaping.¹⁰

2: Assess for nicotine dependence



Once vaping status has been determined and additional information on vaping behaviour and habits has been identified, clinicians can then assess for nicotine dependence. The Modified Hooked on Nicotine Checklist (M-HONC) has been chosen as the assessment tool for this guideline.¹²

3A: Assessing readiness to quit



Assessing the readiness of the AYA to quit vaping is an integral part of the pathway. The successful outcome of quitting will be influenced by how motivated and engaged the person is to quit. It is also important to recognise that a large part of this success will be reliant on establishing rapport, developing trust and asking permission to advise about e-cigarette/vape use first.¹² A non-judgemental 'no blame/fault' approach should always be taken.

Discussing the known risks associated with vaping may help the young person learn more about its impacts on their overall health and well-being and help them move closer to a state of readiness to quit. Open discussion about vaping also helps to strengthen the therapeutic relationship. Personalising the advice and benefits of quitting can further support the discussion around quitting e-cigarettes/vapes.

3B: Assist with a quit plan if ready



Once the AYA readiness to quit is determined, clinicians will be able to tailor quit vaping interventions specific to their stage of readiness.

4: Reducing nicotine strength and consider NRT



There is currently little evidence for pharmacotherapy recommendations to help people quit vaping. Recommendations that have been published to date are based on preliminary results and are largely adapted from existing smoking cessation interventions. Use of NRT medications for vaping cessation would be considered 'off-label' and healthcare providers should inform clients that medication options are based on tobacco cessation treatment approaches.

Dealing with nicotine cravings can be one of the most complex and difficult parts of quitting vaping. Several strategies may help minimise nicotine withdrawal symptoms, which can be uncomfortable and, for some people, quite severe depending on their level of nicotine dependence.

5: Link with known regional behavioural support services and arrange follow-up

Crucial to the success of the AYA's attempt to quit vaping is behavioural support and ongoing follow-up. While both the initial and ongoing support can be provided by a range of clinicians and key workers, referral to a more specialised service may be required for more complex needs.

At this point in time (Sept 2023), the range of specialist quit vaping support for young people is minimal with large regional variations on the type of support a young person is able to access. First point of contact may be with any of the following key workers: school health nurse, teacher, school principal, youth worker, social worker, sports coach or a youth health service. Referral to their healthcare professional should follow to discuss their quit plan and to provide oversight of nicotine titrations and NRT usage if required. Once this has been determined, ongoing behaviour support and follow-up may be able to return back to the referring worker or service.

Points to consider

Some regions may have youth health services that may be able to offer support for youth wanting to quit (please see list of known services in appendix). However, not all regions have these services available so access to behavioural support, peer support and counselling may be limited or absent.

Current smoking cessation services aren't funded to support youth to quit vaping. If youth 16 years and older are dual users (vape and smoke), they may be eligible for these services (please check across different regions). Some cessation services are offering support e.g. Kokiri Marae Trust, but this is outside their 'business as usual' and is not funded.



References

1. Action for Smokefree 2025 (ASH). 2022. ASH Year 10 Snapshot Survey 2022: Information and methods. Available from: www.ash.org.nz/ash_year_10
2. Ministry of Health. 2023. Smoking Status of Daily Vapers. Wellington: Ministry of Health.
3. Cooper M, Park-Lee E, Ren C, et al. Notes from the Field: E-cigarette Use Among Middle and High School Students — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:1283–1285. doi.org/10.15585/mmwr.mm7140a3
4. *Hā Collective Vaping Survey Summary Report July 2022*
5. Nicolaou A, Moore A, Wamamili B, et al. E-cigarette use patterns, brand preference and knowledge about vaping among teenagers (13–16 years) and parents of children attending Christchurch Hospital. *N Z Med J*. 2022 Sep 2;135(1561):94-101. ISSN 1175-8716 www.nzma.org.nz/journal
6. *Ministry of Health. 2022. Methodology Report 2021/22: New Zealand Health Survey. Wellington: Ministry of Health.*
7. Chadi N, Hadland SE, Harris SK. Understanding the implications of the “vaping epidemic” among adolescents and young adults: A call for action. *Substance Abuse*. 2019;40(1):7-10. [doi: 10.1080/08897077.2019.1580241](https://doi.org/10.1080/08897077.2019.1580241).
8. Kong G, Bold KW, Cavallo DA, et al. Informing the development of adolescent e-cigarette cessation interventions: A qualitative study. *Addict Behav*. 2021 Mar;114:106720. [doi: 10.1016/j.addbeh.2020.106720](https://doi.org/10.1016/j.addbeh.2020.106720).
9. Stanford, E. (2023, June 26). Quitting support limited for those wanting to kick vaping - agencies. RNZ. www.rnz.co.nz/news/national/492681/quitting-support-limited-for-those-wanting-to-kick-vaping-agencies
10. Matua Raki: Mental health and Addiction. Screening and Assessment. The National Addiction Workforce Development Centre. Update 2016.
11. Cano Rodriguez, Zoila MD; Chen, Yingying MS, et al. Vaping: Impact of Improving Screening Questioning in Adolescent Population: A Quality Improvement Initiative. *Pediatric Quality and Safety* 6(1):p e370, January/February 2021. [doi: 10.1097/pq9.0000000000000370](https://doi.org/10.1097/pq9.0000000000000370)
12. Clinician’s Guide to Supporting Adolescents and Young Adults Quit Vapes <https://rb.gy/7x9hc>
13. Chaffee BW, Halpern-Felsher B, Jacob P 3rd, St Helen G. Biomarkers of nicotine exposure correlate with the Hooked on Nicotine Checklist among adolescents in California, United States. *Addict Behav*. 2022 May;128:107235. [doi: 10.1016/j.addbeh.2022.107235](https://doi.org/10.1016/j.addbeh.2022.107235).
14. DiFranza JR, Savageau JA, Fletcher K, et al. Measuring the loss of autonomy over nicotine use in adolescents: the DANDY (Development and Assessment of Nicotine Dependence in Youths) study. *Arch Pediatr Adolesc Med*. 2002 Apr;156(4):397-403. [doi: 10.1001/archpedi.156.4.397](https://doi.org/10.1001/archpedi.156.4.397).
15. Masso-Silva JA, Moshensky A, Shin J, et al. Chronic E-Cigarette Aerosol Inhalation Alters the Immune State of the Lungs and Increases ACE2 Expression, Raising Concern for Altered Response and Susceptibility to SARS-CoV-2. *Front Physiol*. 2021;12:649604. Published 2021 May 31. [10.3389/fphys.2021.649604](https://doi.org/10.3389/fphys.2021.649604)
16. Vaping is causing rise in asthma and wheezing episodes in children, MPs hear. *BMJ* 2023;381:p1503. doi.org/10.1136/bmj.p1503
17. Chatziparasidis G, Kantar A. Vaping in Asthmatic Adolescents: Time to Deal with the Elephant in the Room. *Children (Basel)*. 2022 Feb 24;9(3):311. [doi: 10.3390/children9030311](https://doi.org/10.3390/children9030311).
18. Osei AD, Mirbolouk M, Orimoloye OA, et al. Association Between E-Cigarette Use and Chronic Obstructive Pulmonary Disease by Smoking Status: Behavioral Risk Factor Surveillance System 2016 and 2017. *Am J Prev Med*. 2020;58(3):336-342. [doi:10.1016/j.amepre.2019.10.014](https://doi.org/10.1016/j.amepre.2019.10.014)
19. Vindhyal MR, Okut H, Ablah E, et al. Cardiovascular Outcomes Associated With Adult Electronic Cigarette Use. *Cureus*. 2020;12(8):e9618. Published 2020 Aug 8. [doi:10.7759/cureus.9618](https://doi.org/10.7759/cureus.9618)
20. Jason J. Rose, Suchitra Krishnan-Sarin, Vernat J. Exil, et al. Cardiopulmonary Impact of Electronic Cigarettes and Vaping Products: A Scientific Statement From the American Heart Association. *Circulation*. 2023;148:703–728 doi.org/10.1161/CIR.0000000000001160
21. Yuan M, Cross SJ, Loughlin SE, Leslie FM. Nicotine and the adolescent brain. *J Physiol*. 2015 Aug 15; 593(16):3397-412. [doi: 10.1113/JP270492](https://doi.org/10.1113/JP270492).
22. Hall FS, Der-Avakian A, Gould TJ, et al. Negative affective states and cognitive impairments in nicotine dependence. *Neurosci Biobehav Rev*. 2015;58:168-185. [doi:10.1016/j.neubiorev.2015.06.004](https://doi.org/10.1016/j.neubiorev.2015.06.004)
23. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults. Centers for Disease Control and Prevention. www.cdc.gov/tobacco/basic_information/e-cigarettes/
24. Whittington JR, Simmons PM, Phillips AM, et al. The Use of Electronic Cigarettes in Pregnancy: A Review of the Literature. *Obstet Gynecol Surv*. 2018;73(9):544-549. [doi:10.1097/OGX.0000000000000595](https://doi.org/10.1097/OGX.0000000000000595)
25. American Lung Association. (n.d.). Tobacco Cessation Quick Reference Guide - Using Scaling to Assess Readiness to Quit. [View PDF online](#).



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