



Public Health Services

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# Guide to Supporting Young People to Quit E-cigarettes

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# Terminology

## ABC

A three-stepped approach that consists of: **A**sking about e-cigarette use, providing **B**rief advice to quit and offering and providing **C**essation support.

## Cessation

Commonly referred to as **quitting**, is the process of discontinuing tobacco smoking and/or the use of e-cigarettes. Tobacco and most e-cigarettes contain nicotine, which is highly addictive, and people may need ongoing support to quit.

## E-Cigarette

A device that heats a liquid (commonly referred to as juice) to create an aerosol that is inhaled by the user, which typically contains nicotine and harmful substances. The liquid is often flavoured. Also known as electronic cigarettes or personal vaporiser products, and commonly called 'vapes'.

## Nicotine

Nicotine is the main chemical in tobacco. Nicotine is toxic, highly addictive and acts as a stimulant.<sup>1</sup> Nicotine is also found in many e-cigarettes, even if they are labelled as nicotine-free.

## Nicotine Dependence<sup>2</sup>

A disorder of regulation of nicotine use arising from repeated or continuous use of nicotine. Features include a strong internal drive to use nicotine, impaired ability to control use, increasing priority given to use over other activities and persistence of use despite negative consequences. Often accompanied by a sensation of urge or craving to use nicotine, tolerance to the effects of nicotine and withdrawal symptoms following cessation or reduction in use of nicotine.

## Nicotine Replacement Therapy (NRT)

A medically approved way to take nicotine by means other than tobacco. It is used to help with quitting smoking tobacco. It can also be used to assist with ceasing e-cigarette use.

## Withdrawal

In relation to e-cigarette use, withdrawal symptoms occur upon the abrupt discontinuation or decrease in the intake of nicotine. Withdrawal symptoms can include irritability, frustration, and anger; cravings; anxiety, difficulty concentrating; increased appetite; restlessness, depressed mood and difficulty sleeping (insomnia).

## Young person

For the purposes of this guide, a person aged 12-24 years.

**Note:** Special care should be taken in respect of treating and advising minors on cessation, who are children under the age of 18.

## About this guide

The purpose of this guide is to assist health professionals working with young people from ages 12 to 24 who require or are seeking help to effectively address their nicotine dependence from e-cigarette use. It is based on the ABC brief intervention framework.

This guide applies to health professionals working in schools, alcohol and other drug services, general practice, women's and children's services, oral health services, allied health services, paediatric and youth-oriented community services. The term health professional used throughout this guide is intended to include doctors, nurses, pharmacists, allied health professionals, dentists and others working in these settings.

Health professionals can also help adults such as parents, teachers or school staff who are seeking to support a young person to manage their nicotine dependence.

E-cigarettes simulate the feeling of smoking but without tobacco. They are commonly known as vapes and the action of using them is 'vaping'.

Throughout this guide, the term e-cigarette has been used rather than 'vape' except where to do so would be inappropriate (for example when providing examples of how a health professional would talk to a young person). E-cigarette is the preferred term as 'vape' is a commonly used tobacco industry term. Additionally, the term 'nicotine dependence' has been used instead of the term 'addiction' to align with the International Classification of Diseases 11<sup>th</sup> Revision.

The Tasmanian Department of Health has developed this guide with advice from experts in alcohol and other drug services, school health education, pharmacy, primary care, general practice, research and policy.

Guidance from the following publications has also been included:

- [New South Wales Health Guide to Support Young People to Quit E-cigarettes](#) <sup>3</sup>
- [RACGP Supporting smoking cessation: A guide for health professionals – Guidance updates on smoking and vaping cessation support related to changes to Australia's vaping regulation – Provisional draft for consultation](#) <sup>4</sup>

It is important to acknowledge that e-cigarettes are relatively new products and use, particularly among young people, is only a recent phenomenon. As such, evidence on the most effective management of e-cigarette use among young people is lacking and a practical approach has been used in this guide, based on interventions known to be effective for smoking cessation.

While this guide is designed to address e-cigarette use in young people, many of the same approaches may be adapted to address the dual use of e-cigarettes and/or tobacco, along with other smoking behaviours.

Content in this guide will be updated as new evidence and consensus emerges on best practice of managing nicotine dependence among young people who use e-cigarettes.

If you experience any issues with this guide or would like to provide feedback, please email: [yph@health.tas.gov.au](mailto:yph@health.tas.gov.au).



**Disclaimer:**

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. This guide is not binding on health professionals and is not meant to be strictly followed. Health professionals should exercise independent judgement and use this guide as an instructive and suggestive framework to inform their interactions with young people regarding e-cigarettes and cessation.

Special care should be taken in respect of treating and advising minors, who are children under the age of 18. Different rules apply on how minors can give consent. Generally, minors may only consent to clinical matters (including undergoing a medical procedure, receiving medical attention and advice, and the disclosure of personal health information) if health professionals form the view that the minor has “Gillick Competency”. To determine “Gillick Competency”, a health professional is to assess a minor’s capacity to demonstrate a sufficient understanding and intelligence to understand fully what is proposed by the health professional. In the absence of Gillick Competency, health professionals should obtain consent for treating the child from their parents or legal guardians. For more information, please contact the Legal Services of the Department of Health at [legal.services@health.tas.gov.au](mailto:legal.services@health.tas.gov.au).

Before any interaction, consent should be obtained from young people. This includes whether they are interested in receiving advice and information about e-cigarette cessation and before discussing their personal and sensitive health information with interested third parties (including parents, teachers, or school staff).

Every interaction with young people should be documented in an appropriate clinical record.

# Introduction

Most young Tasmanians don't smoke and don't vape. However, the use of e-cigarettes has increased rapidly among young people in the last few years.

The Australian Secondary Schools Alcohol and Drug Survey (ASSAD) 2022/2023<sup>5</sup> shows that since 2017, the proportion of young people who have tried e-cigarettes has increased from 12% to 33% and those who have used an e-cigarette in the past month have increased from 4% to 17%.

Legislative reforms being implemented by the Australian government commencing in 2024, will affect the supply of e-cigarette products and could limit access among young people, leading to increased nicotine withdrawal symptoms for those who are regular or frequent users.

The Australian Health Protection Principal Committee (AHPPC) has released a statement on e-cigarettes outlining concerns about the widespread human health harms of the e-cigarette epidemic and recognising it as a public health crisis that requires a collective, concerted, and bold response to prevent current and future generations developing nicotine addiction.<sup>6</sup>

## Harms of e-cigarettes

A misunderstanding about e-cigarettes is that they are harmless compared to tobacco cigarettes.<sup>7</sup>

Over 200 chemicals have been associated with the liquid in e-cigarettes including formaldehyde, heavy metals, solvents, and volatile organic compounds.

Immediate harms of e-cigarette use can include throat irritation and cough. E-cigarette aerosol impairs innate airway clearance mechanisms and can lead to the development of a wet cough, prolonged recovery after lower respiratory tract infections and worsening control of chronic respiratory conditions, including asthma.<sup>8</sup>

Other immediate harms include dizziness, headaches, nausea, seizures, loss of consciousness and serious lung injury.<sup>9</sup> This includes E-cigarette or Vaping Associated Lung Injury (EVALI) which is largely, but not exclusively, from liquid containing tetrahydrocannabinol (THC) contaminated with vitamin E.<sup>9</sup>

The full extent of the harms of inhaling chemicals in e-cigarettes is not yet known.

E-cigarettes can also explode causing serious burns.<sup>3</sup>

## Nicotine and e-cigarettes

The type of nicotine in e-cigarettes is different from tobacco cigarettes. Disposable e-cigarettes contain nicotine salts which cause less throat irritation than the type of nicotine found in tobacco cigarettes.<sup>10</sup> This allows the manufacturer to put more nicotine into the solution, which increases the chance of dependence.

E-cigarette technology has become more sophisticated. E-cigarette companies are making the particles in the aerosols the finest possible to increase absorption into the bloodstream, resulting in higher doses of nicotine. This is done intentionally to make e-cigarettes more rewarding and increase the likelihood of dependence.<sup>11</sup>

In addition to the adverse health effects of dependence, risks from regular nicotine use can include:

- Increased blood pressure and heart rate, causing narrowing of the arteries and hardening of the artery walls which can increase the risk of cardiovascular disease in the longer term.<sup>3</sup>
- Harmful impacts on foetal and postnatal development with risk of stillbirth and sudden infant death syndrome, deficits in auditory processing and altered brain development.<sup>3</sup>
- Inhalation or ingestion of nicotine can result in poisoning or fatality. Symptoms of nicotine poisoning include nausea, vomiting, abdominal pain, palpitations, wheezing, agitation, seizures and shortness of breath. It is important to educate users about keeping e-cigarettes and nicotine liquid **out of reach of children**.

### Nicotine Dependence

Because most e-cigarettes contain nicotine, even when the product is labelled **nicotine-free**, using them can lead to dependence.<sup>9</sup>

Nicotine alters the structure of the developing brain and can trigger long-term changes in brain function relating to reward pathways, learning, memory and mood as well as permanent susceptibility to nicotine dependence.<sup>10, 12, 13</sup> It has the potential to worsen stress, and increase depression and anxiety.<sup>3</sup>

Adolescents are more sensitive to nicotine than adults and develop dependence more quickly, even at low levels of use and exposure.<sup>14</sup>

Ten percent of young people show signs of nicotine dependence within two days and 25% can show signs of dependence within a month of inhaling their first cigarette.

Nicotine:

- Reaches the brain within 10 to 16 seconds and lasts for up to 2 hours.<sup>15</sup>
- Releases dopamine and causes dependence in a similar way to amphetamines and cocaine.<sup>15</sup>
- Concentrations in e-cigarettes can vary widely. The dose of nicotine a person receives from an e-cigarette can vary depending on the device, the electrical power of the device, the concentration of nicotine, and the length and intensity of the person's inhalation.<sup>16</sup>

Young people who use e-cigarettes end up with nicotine dependence faster than those who smoke tobacco because e-cigarettes are typically used more often and can expose the young person to high levels of nicotine. When a person stops using nicotine, withdrawal symptoms can start within hours and peak within the first week. Some people may experience withdrawal much sooner.

Three distinct aspects of nicotine dependence need to be considered when supporting someone to quit using e-cigarettes:



- *Chemical*: Nicotine binds to nicotine receptors in the brain and acts on the pleasure/reward centre of the brain. The absence of nicotine creates withdrawal symptoms.
- *Behavioural*: People link their use of e-cigarettes with certain behaviours and find it difficult to separate the two e.g. hanging out with friends, drinking coffee, drinking alcohol, after meals, walking home from school. It may be difficult for people to stop using e-cigarettes, despite the harms.
- *Emotional*: People link their use of e-cigarettes with certain emotions e.g. when stressed, upset, angry, as a reward.

**There is evidence that people who have never smoked and who use e-cigarettes are three times more likely than non-users to start smoking - raising concerns about a 'gateway' effect of e-cigarettes.<sup>17</sup>**

## ABC Brief Intervention and Support

Brief intervention means implementing an intervention that takes very little time, usually in a one-on-one situation.

It involves making the most of an opportunity to raise awareness, share knowledge and get a young person thinking about making changes to improve their health and behaviours.

The intervention can be brief and opportunistic and can work particularly well for young people as they are less likely to engage in ongoing counselling sessions.

The aim of brief intervention is to:

- Engage with young people regardless of whether they are ready for change or not.
- Increase the young person's perception of real and potential risks.
- Encourage and support change.

Brief interventions such as the ABC, are commonly used to guide smoking cessation.

It is well supported by evidence that brief interventions commonly used for smoking work to increase quitting rates. Due to limited evidence specific to e-cigarette cessation, this guide applies the same brief interventions used in smoking cessation to treat and manage nicotine dependence in young people who use e-cigarettes.

The ABC is a three-stepped approach that consists of –

1. **A**sking about e-cigarette use.
2. Providing **B**rief advice to quit e-cigarettes.
3. Offering and providing **C**essation support.

Health professionals should routinely ask about e-cigarette use, provide brief advice to quit e-cigarettes and then assist with quitting by providing cessation support.

# ABC Brief Intervention and Support Flowchart

## Ask:

All health professionals should ask young people whether they use e-cigarettes or other tobacco products. Be non-judgmental and supportive.

1. Screening questions to determine e-cigarette use  
**“Have you ever vaped?”**
2. Screening questions to determine dependence and understand nicotine withdrawal symptoms
3. Ask about immediate needs of the individual

No

**Reinforce behaviour and screen again at next visit.**

Yes

*Tip: If possible and appropriate, screen confidentially, without a parent or guardian present.*

## Brief advice:

All young people who use e-cigarettes should be offered advice to quit. Be clear, supportive, and use personal examples of the benefits of quitting.

1. Provide brief advice to young person to quit using e-cigarettes  
**“One of the best things you can do for your health is to stop vaping. I can help you with this”**
2. Provide brief advice on harms and risks associated with e-cigarette use and the benefits of quitting
3. Provide information **“Are you interested in stopping today?”**

No

**Revisit at next visit**

Yes

*Tip: Focus on the individual’s strengths, including their abilities, knowledge and capacity and use non-judgmental language.*

## Cessation support:

1. **Discuss behavioural strategies** eg. distraction of ‘urge surfing’ refer to [Appendix 4](#)
2. **Consider whether pharmacotherapies are appropriate** – eg NRT - refer to the [Pharmacotherapy section](#)
3. **Consider whether use of digital tools would suit the individual** eg My QuitBuddy app, [quittas.org.au](http://quittas.org.au)
4. **Refer to behavioural counselling services** eg Quitline 13 7848 (13 QUIT), THS Smoking Cessation Program or appropriate specialist services eg Mental Health Services, Alcohol and Drug Services
5. **Arrange follow-up calls or appointments** eg offer ongoing support, and if the young person has relapsed, motivate them to try another quit attempt

*Tip: Choose a support that meets the young person’s needs and link them while they are with you.*

# Ask

All health professionals should ask young people whether they use e-cigarettes or any other tobacco products. This should prompt further questions about usage and an assessment for nicotine dependence to ensure education about risks and the appropriate support to quit is provided.

How the question is asked is more important than the words used – be non-judgmental, non-accusatory and supportive.

Young people who use e-cigarettes are less likely to respond negatively if you show genuine concern about their health.

When asking young people about their use of e-cigarettes, it's often helpful to ask normalising 'third party questions' first, for example, "We know that lots of people your age have tried vaping, do any of your class/friends vape"?

Health professionals should feel comfortable to ask and enquire if unsure when a young person uses a term or phrase that isn't familiar.

The questions asked and answers provided should be documented (in an appropriate clinical record).

- 
- 1. Ask screening questions to determine e-cigarette use<sup>3</sup>** *"Have you ever vaped?"* Note Tasmanian young people commonly refer to using e-cigarettes as "choof, razz or puff".  
*"Have you ever used any other products with tobacco in them, like cigarettes, shisha (hookah) or cannabis (dope/weed)?"*

**If the young person responds yes to the above question, ask subsequent questions for both e-cigarettes and other tobacco product/s they use:**

*"In the last month, how many times have you vaped?"*

**If struggling to initiate conversation, try an open-ended question:**

*"Some people use vapes when they are feeling stressed or anxious, what has your experience been?"*

**If the young person has never used e-cigarettes or other tobacco products, affirm their choice.**

If the young person answers yes to any of the above, continue below.

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- 2. Ask screening questions to determine dependence** Assessing the level of nicotine dependence an individual is experiencing is essential to determine the most appropriate approach to supporting the young person.
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**and understand nicotine withdrawal symptoms**

A first step to enable a rapid assessment of the level of nicotine dependence an individual is experiencing is to use the Time to First Vape (TTFV) brief screening tool.<sup>1</sup>

To use TTFV, ask:

- *“How soon after waking would you have your first vape?”*

E-cigarette use within 30 minutes of waking (in the morning), experiencing withdrawals and cravings are all markers of nicotine dependence.<sup>18</sup> Withdrawal symptoms can include irritability, frustration, and anger; cravings; anxiety, difficulty concentrating; increased appetite; restlessness, depressed mood and difficulty sleeping (insomnia).

A second step, if time permits, is the use of longer format screening tools that provide a more comprehensive measure of nicotine dependence.

Refer to [Appendix 1 Modified-Hooked on Nicotine Checklist \(M-HONC\)](#) or [Appendix 2 Penn State E-cigarette Dependence Index](#).

Other additional questions that can help your assessment of dependence include:<sup>18</sup>

- *“How often do you vape in the day?”*
- *“How many puffs would you have per day?” or “How many vapes (units) do you go through in one week?”*
- *“Do you vape during the night?”*
- *“What type of vape do you use (e.g. disposable, rechargeable, refillable)?”*
- *“Do you know if there is nicotine in your vape? Do you know how much?”*
- *“Do you use weed or cannabis\* in your device?”*

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**3. Ask about the immediate needs of the individual**

Talk with the young person to identify their immediate priorities. For example, do they need support to manage nicotine withdrawal symptoms, assistance to link with local services or are there other personal priorities of importance to them?

The prospect of quitting is distressing for some. Consider screening mental health and referral for support.

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\*Using tetrahydrocannabinol (THC) in an e-cigarette may be associated with E-cigarette or Vaping-Associated Lung Injury (EVALI). Higher-concentration cartridges may be associated with greater risk. Using e-cigarettes containing a mix of nicotine and cannabis also places young people at risk of dual dependency.<sup>19</sup>

# Brief Advice

All young people who use e-cigarettes should routinely be offered advice to quit, even if they are not thinking of quitting.

Establishing rapport, developing trust, and asking permission to advise about e-cigarettes and risks associated with their use, helps to minimise the risk of hindering the therapeutic relationship.

Personalise the advice and benefits of quitting based on the young person's specific ideas, concerns and information needs.

Any provision or refusal of consent to receive advice should be documented (in an appropriate clinical record), as well as the advice provided.

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<b>1. Provide brief advice to young person to quit e-cigarettes</b>	<p>Ask permission to provide brief advice about the harms and risks of e-cigarettes.</p> <p>In a non-judgmental way, advise the young person to quit e-cigarettes, and inform them of the most effective ways to do so.</p> <p><b>Personalise advice</b></p> <ul style="list-style-type: none"><li>• <i>“You said you have been worried about your level of energy and feeling breathless when playing soccer. This could be due to your vaping. How would you feel about trying to stop vaping?”</i></li></ul> <p>Note most Tasmanian young people prefer the term “stop” over “quit” when referring to e-cigarette cessation.</p> <p><b>Provide positive reasons of what would improve if you quit</b></p> <ul style="list-style-type: none"><li>• <i>“health, cost/finances, fitness, long-term mental health...”</i></li></ul> <p><b>Be clear</b></p> <ul style="list-style-type: none"><li>• <i>“One of the best things you can do for your health is to stop vaping, I can help you with this if you are interested to stop vaping?”</i></li></ul> <p><b>Be supportive</b></p> <ul style="list-style-type: none"><li>• <i>“I can help and support you to stop vapes”</i></li></ul>
<b>2. Provide brief advice on risks associated with e-cigarette use</b>	<p><i>“How would you feel if I give you some information about the risks of vaping and why it is good to stop using vapes?”</i></p> <p>If the response is positive, some examples of risks to discuss include:</p>

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<p><b>and benefits of quitting<sup>3</sup></b></p>	<p><i>“Most vapes have nicotine in them, which is highly addictive and can harm your growing brain” (Noting the brain continues to develop until the age of 25)</i></p> <p><i>“Some people think that the vapour released is only water. Vape aerosol is not water.”</i></p> <p><i>“Vapes can contain the same harmful chemicals found in cleaning products, nail polish remover, weed killer and bug spray.”</i></p> <p><i>“Vaping has been linked to serious lung disease, and many of the other long-term health effects are not yet known.”</i></p> <p>Identify concerns specific to the individual and use these as a potential motivator to quit.</p>
<p><b>3. Provide information</b></p>	<p>Provide the young person with links to information about the risks associated with the use of e-cigarettes, ‘Do you know what you’re vaping?’ fact sheets and resources are available from the Tasmanian Department of Health website at <a href="http://www.health.tas.gov.au/vaping">www.health.tas.gov.au/vaping</a></p>
<p><b>4. Provide advice to young people who are not yet willing to quit<sup>3</sup></b></p>	<p>Some young people may display a reluctance to quitting. Where it is clear that the young person intends to continue e-cigarette use despite advising of the risks, some strategies that can be suggested in the meantime include:</p> <ul style="list-style-type: none"> <li>• Keep e-cigarette products/equipment well out of reach of children</li> <li>• Avoid adding other drugs eg cannabinoids to e-cigarette liquid</li> <li>• Avoid sharing e-cigarette products with others</li> <li>• Restrict flavours as some are known to contribute to gum disease and poor oral health</li> <li>• Avoid disposable devices</li> <li>• Avoid ‘dry vaping’ when the device is running out of e-liquid</li> </ul>



# Cessation Support

Congratulate the young person on taking the step to quit e-cigarettes and affirm their position.

Provide information that is clear and easy to follow (and evidence-based).

Guide but not force and don't try to rush change, the process often starts with tiny steps – your acceptance builds rapport.

Offer help to quit – information, referral and/or counselling.

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## 1. Discuss behavioural strategies<sup>3</sup>

Discuss barriers and opportunities for cessation that the young person may experience (refer to [Appendix 3](#)). Consider:

*“What are some good reasons to stop vaping?”*

*“What are some of the things that make it hard to stop vaping?”*

Discuss suitable behavioural strategies to support the young person with cessation (refer to [Appendix 4](#)) e.g.:

- Using an alternative dopamine reward e.g. lollipops, flavoured sugar-free gum, high protein foods like nuts or getting moving – exercise, dance
- Thinking of yourself as someone who does not use e-cigarettes
- Using the ‘urge surfing’ technique (refer to [Appendix 4](#))
- Trying distraction – do something else, keep busy
- Establishing rewards or incentives
- Making a promise (either committing to try one or more of the above behavioural strategies or to not using vapes for a certain time).
- Gradually reducing time spent in particular places/situations associated with using e-cigarettes
- Extending time between using e-cigarettes
- Avoiding flavours or changing to a less appealing flavour

Most young people want to quit once they recognise signs of dependence but find quitting hard for a range of reasons including the high motivation and self-control required, the cost to access cessation aids, and reluctance to seek help (parents may not know they use e-cigarettes).

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Research shows that it helps to write down reasons for making a change, looking at it from all angles.

'Recording your decision' is a tool to help a young person think about their personal reasons for using e-cigarettes and thoughts about change – refer to [Appendix 5](#).

Assist the young person to develop a plan to quit e-cigarettes (and tobacco if a dual user) and strategies for coping with high-risk situations – refer to Appendices [6](#), [7](#) and [8](#).

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**2. Consider whether pharmacotherapies are appropriate**

Depending on nicotine dependence and whether the young person is a dual user of tobacco and e-cigarettes, NRT (for young people over 12 years) or Varenicline (for young people over 18 years) may be appropriate to help manage cravings and nicotine withdrawals.

Decisions around pharmacotherapy use should be discussed with a GP or other suitably qualified health professional.

For more information, see [pharmacotherapy](#) section below or refer to sources such as:

- [RACGP Supporting smoking cessation: A guide for health professionals – Guidance updates on smoking and vaping cessation support related to changes to Australia's vaping regulation – Provisional draft for consultation](#)<sup>2</sup>

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**3. Consider whether the use of digital tools will suit the individual**

Refer the young person to:

- My QuitBuddy app (updated 2023/24 to include support for e-cigarette cessation)
- Quit Tasmania website: [www.quittas.org.au](http://www.quittas.org.au)

It is noted that Quitline services are increasing digital options to encourage contact from young people e.g. webchat, social media.

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**4. Refer\* to behavioural counselling services**

Refer the young person to:

- Quitline 13 7848 (Note: Quitline services are building capacity to counsel young people who use e-cigarettes and/or smoke tobacco.)
- Statewide Smoking Cessation Program (accepts referrals for inpatients and outpatients receiving care through the Tasmanian Health Service)
  - [smokingcessationnorth@ths.tas.gov.au](mailto:smokingcessationnorth@ths.tas.gov.au) (North)
  - [smokingcessationnw@ths.tas.gov.au](mailto:smokingcessationnw@ths.tas.gov.au) (North West)

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- [smokingcessation@ths.tas.gov.au](mailto:smokingcessation@ths.tas.gov.au) (South)
  - Aboriginal Health Service
    - Tasmanian Aboriginal Centre - 1800 132 260
    - Flinders Island Aboriginal Association Incorporated (FIAAI) – (03) 6359 3532

Depending on the circumstances (for example, if the young person is a dual user of e-cigarettes and other drugs or if they have coexisting mental health conditions or have identified using e-cigarettes as a coping mechanism), some young people may benefit from a referral to more specialised services that can support the young person to quit e-cigarettes whilst addressing their other needs<sup>1</sup>, such as:

- Mental Health Services  
<https://www.health.tas.gov.au/health-topics/mental-health>
- Alcohol and Other Drug Services  
[Accessing alcohol and drug services | Tasmanian Department of Health](#)
- Youth Health Service (Tasmanian Health Service - North, North West and South)  
[Youth Health Services | Tasmanian Department of Health](#)
- Other youth support services
  - The Link Youth Health Service (South):  
<https://thelink.org.au/>
  - Cornerstone Youth Services (North/North West):  
<https://www.cornerstoneyouthservices.com.au/>
  - Youth, Family and Community Connections (North West):  
<https://yfcc.com.au/what-we-do/youth-services/>
  - headspace  
<https://headspace.org.au/>

\*Health professionals should check pathways for referral and ensure referral criteria are met.

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<b>5. Arrange follow up calls or appointments</b>	Offer ongoing support to check-in by arranging follow-up appointments, weekly, if possible, to review progress and the effectiveness of pharmacotherapy if it is being used.
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If the young person has relapsed, motivate them to try another quit attempt.

*If required:* acknowledge that slip-ups are expected and that the young person should not be discouraged. Support the young person to re-commit to their goals and try again.

Explore reasons for relapse, help them reflect on triggers and situations that led to the lapse/relapse and assist the young person to develop strategies to deal with this – refer to [Appendix 8](#), 'Coping with high-risk situations'.

If it is appropriate to provide direct ongoing support, encourage the young person to contact you via the appropriate channels, including through your clinic and via telehealth.

---

# Quitting Methods

A combination of behavioural support and pharmacotherapy works best in adults but there are few studies with evidence about the effectiveness of interventions for young people.

Given the lack of clear evidence on specific interventions for young people, it is generally recommended that interventions shown to be effective for adult smokers be used, even though they may not always be effective for young people.

There are a range of ways a person can quit:

## Unassisted

This means giving up tobacco or e-cigarettes abruptly and completely without receiving specialist support – this is sometimes referred to as ‘cold turkey’.

## Self-support

A young person who wants to quit can gather information by searching credible websites such as the Quit Tasmania website ([www.quittas.org.au](http://www.quittas.org.au)) or apps such as My QuitBuddy. Online support forums may also be helpful and appealing to a young person.

## Behavioural strategies

Cognitive and behavioural strategies are commonly used as effective tools in supporting cessation and managing nicotine dependence for people who smoke tobacco, and these strategies have been adapted for e-cigarette use in young people (refer to [Appendix 4](#)).<sup>3</sup> They are not meant to be implemented as standalone interventions and should be used as one part of an overall plan for e-cigarette cessation.<sup>3</sup>

Health professionals should discuss behavioural strategies with the young person to determine what is most feasible for the individual, and what is most likely to meet their needs.

It is recommended that a combination of strategies be considered to support the young person to manage their cravings and quit – refer to [Appendix 4](#), which provides practical examples of how behaviours can be changed to manage cravings and support e-cigarette cessation.

These strategies are embedded in evidence-based science and require frequent practice to be effective. Use what is relevant and leave the rest. Health professionals and others who work with young people should communicate the behavioural strategy to the young person, then explain with an example of how they can put the strategy into practice.

Other support tools and tips can be considered and used in combination with the behavioural strategies in [Appendix 4](#). These may include supporting the young person to:

- Prepare themselves and their environment to quit:
  - Decide on a quit date.
  - Develop a quit plan using My Quit Plan (refer to [Appendix 6](#) and [7](#)) - consider planning to quit when temptation and stress will be lower e.g. on a family

holiday, in a period when not attending concerts or events where e-cigarette use is prevalent, and acknowledge slip-ups.

- Dispose of any e-cigarettes including used or 'dead' e-cigarettes.
- Mute or block friends who use or promote e-cigarettes, influencers, contacts, or dealers from social media (Instagram, TikTok, Snapchat etc.)
- Seek support from understanding family and friends.
- Plan to exercise, e.g. short high-intensity bursts such as 1-minute up and down stairs or push-ups when they have a craving for an e-cigarette.

## **Behavioural counselling**

People are generally more successful at quitting if they access qualified support to help identify strategies to manage withdrawal symptoms and to prevent and manage relapse.

This can be done through a third party such as Quitline or a smoking cessation/drug and alcohol specialist.

Quitline (13 7848 or 13 QUIT) is a free and confidential telephone information and counselling service helping people who smoke tobacco and/or use e-cigarettes to plan for quit attempts and prevent relapse. Quitline also provides tips and information for parents and family members of people who smoke tobacco and/or use e-cigarettes, and health professionals. Quitline services are building capacity to counsel young people who use e-cigarettes (and/or smoke tobacco). A proactive referral to Quitline is encouraged rather than only recommending that the person contact Quitline, as proactive referral has been found to result in a 13-fold increase in the use of behavioural intervention in a quit attempt. A proactive referral can be made with the person's consent. A health provider contacts Quit Tasmania (via the website online referral form, available [here](#), email or phone) and provides the person's details, enabling a counsellor to then contact the person.

The Statewide Smoking Cessation Program accepts referrals for patients and outpatients receiving care through the Tasmanian Health Service. Even if an inpatient is considering quitting or not, the Smoking Cessation Program can help to manage their cravings whilst undergoing care, whether that be in a hospital, a clinic setting or in their own home - refer to [page 14](#) for contact information.

A comprehensive, holistic and trauma informed approach may be required when addressing e-cigarette use. This can include consideration of the physical, spiritual, cultural, emotional, and social wellbeing of the young person.<sup>3</sup>

When offering support to Aboriginal and Torres Strait Islander young people and young people from culturally and linguistically diverse backgrounds, it is important to consider ways of acknowledging and responding to culturally specific needs. This could include a referral to a culturally specific service, seeking input from elders or other respected members of the community, or consulting with relevant cultural advisors.



## Pharmacotherapy

Individuals who are nicotine dependent and cannot access nicotine products (including e-cigarettes or tobacco) may experience cravings and withdrawals that can be highly disruptive to school and work and hinder attempts to quit e-cigarettes.

Pharmacotherapy (medicines) to manage nicotine withdrawals may be appropriate for some young people where behavioural strategies alone are not effective in controlling cravings or quitting, or where nicotine withdrawal symptoms are significantly disrupting the individual's quality of life. Behavioural support should always accompany treatment with pharmacotherapies to have the highest success rate.

The evidence for the use of pharmacotherapies in e-cigarette cessation is limited, especially in young people. Pharmacotherapy approaches in the context of e-cigarette use are largely informed by the smoking cessation literature and should be conducted under clinical supervision.<sup>20</sup> It is important to remember that the focus should be on nicotine dependence.

This Guide provides general information on the use of pharmacotherapies to aid in e-cigarette cessation. It is acknowledged that detailed guidance, including dosage, titration, precautions, and contraindications has not been developed by the Department of Health Tasmania. Health professionals should use their clinical judgement when considering pharmacotherapies for young people who use e-cigarettes, and seek advice from senior staff, pharmacy teams, or a drug and alcohol specialist, if unsure. For users of this Guide who are not health professionals with experience in this area, decisions around pharmacotherapy use should be discussed with a GP or other suitably qualified health professional.

The [\*RACGP Supporting smoking cessation: A guide for health professionals – Guidance updates on smoking and vaping cessation support related to changes to Australia's vaping regulation – Provisional draft for consultation\*](#)<sup>4</sup> contains further information about the use of pharmacotherapy for e-cigarette cessation.

Pharmacotherapy options for young people include:

- Nicotine Replacement Therapy (NRT) (>12 years)
- Varenicline (>18 years)

The use of NRT and varenicline to manage nicotine withdrawals related to e-cigarette cessation is 'off-label'. This means that the use of these medications for the purpose of e-cigarette cessation is not listed in the Australian Register of Therapeutic Goods (ARTG).

Off-label use of medications is not uncommon in clinical practice, but young people (and their guardians where appropriate) should be informed that their treatment is off-label and be engaged in a full and open discussion regarding benefits and risks depending on their own situation.

## Nicotine Replacement Therapy (NRT) (>12 years)

NRT is a form of pharmacotherapy that releases a measured dose of nicotine to help reduce withdrawal symptoms and cravings, without individuals inhaling the other harmful chemicals present in tobacco or e-cigarette aerosol.

NRT releases measured doses of nicotine and thereby has lower dependence risk.

It may be appropriate to start NRT if the young person is experiencing:

- daily e-cigarette use
- withdrawal symptoms or cravings
- TTFV within 30 minutes of waking or
- where other factors are preventing the young person from successfully managing their nicotine dependence (such as life stressors, underlying mental illness, other substance use).

Health professionals should assess the individual to determine their needs and decide together with the young person the most appropriate support plan.

NRT is available in a long-acting form (nicotine patch) and in a variety of short-acting oral forms (e.g., gum, lozenge, inhalator, mouth spray).<sup>3</sup>

Nicotine patches provide a sustained dose of nicotine. **Young people weighing less than 45 kilograms might require a lower-dose patch.**<sup>18</sup>

Short-acting NRT products help with break-through cravings.

Combination NRT (e.g. patch plus faster-acting product) can be useful for individuals with higher levels of nicotine dependence and/or in their early stages of quitting, while a single NRT product (e.g. gum, lozenge, mouth spray or patch) may assist those with lower levels of nicotine dependence.<sup>4</sup> (See Appendices 1 and 2 for information on how to measure nicotine dependence.)

It is important to advise young people on the correct use of the different forms of NRT to ensure an adequate dose is taken to relieve cravings and withdrawal symptoms and to encourage sufficient length of treatment. Young people should be encouraged to speak to their doctor or other health professional about whether NRT is appropriate for them, what doses they might need, and how to reduce it over time.

NRT is subsidised on the Pharmaceutical Benefits Scheme (PBS) for some individuals where clinical and treatment criteria are met. Further information about Eligibility for PBS subsidised NRT to assist in e-cigarette cessation has been released here: [Eligibility for nicotine replacement therapies – Advice for health professionals](#).

All forms of NRT are available over the counter in pharmacies and supermarkets in Australia. Young people should be informed about the costs of medications provided off-label.

## Varenicline (>18 years)

Varenicline was developed specifically for smoking cessation and acts as a partial agonist of nicotinic receptors in the central nervous system to relieve cravings and nicotine withdrawal symptoms, and a partial antagonist to block the rewarding effect of nicotine consumption.

There is emerging evidence varenicline may help to support individuals over 18 years to quit e-cigarettes.<sup>3</sup> Note that there is a risk of neuropsychiatric side effects, especially for those with mental illness. For more information on varenicline, refer to the Consumer Medicine Information (CMI) for Champix® available through the TGA. Varenicline is not recommended for pregnant and breastfeeding women, or adolescents.<sup>4</sup>

Varenicline is a prescription medication and is subsidised by the PBS for select circumstances as an aid to achieving abstinence from smoking. Varenicline is not currently approved for e-cigarette cessation in Australia, and so prescribing for this indication is considered off-label.

## Other Pharmacotherapies (Not Recommended)

- **Bupropion (>18 years)**

Bupropion is a non-nicotine oral therapy, originally developed and approved for use as an antidepressant. It reduces symptoms of nicotine withdrawal and reduces the urge to smoke tobacco, therefore may reduce the urge to use e-cigarettes. Given its potential for drug interactions and the lack of published evidence on use to support e-cigarette cessation it is not currently recommended as an option.<sup>4</sup>

- **Prescription nicotine e-cigarette products**

There is a lack of evidence of the effectiveness and safety of e-cigarettes as a cessation aid for young people. It is important to consider the risks, the age of the patient and the legality of supply. Refer to up-to-date guidance and information, for example:

- [RACGP Supporting smoking cessation: A guide for health professionals – Guidance updates on smoking and vaping cessation support related to changes to Australia’s vaping regulation – Provisional draft for consultation](#)<sup>4</sup>
- [TGA Vaping hub](#)<sup>21</sup>

## Medication interactions

Smoking tobacco and using e-cigarettes can affect a number of medications through pharmacokinetic and pharmacodynamic interactions. It is important to consider the potential impact this may have when offering cessation advice and to consider careful monitoring and dose adjustment of some medications during quit attempts as appropriate. Further, information may be found in the Pharmaceutical Society of Australia Guidelines for pharmacists providing smoking cessation support (reference) available at: [my.psa.org.au/s/article/Guidelines-for-pharmacists-providing-smoking-cessation-support](https://my.psa.org.au/s/article/Guidelines-for-pharmacists-providing-smoking-cessation-support)

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# Appendices

## Appendix 1: Modified Hooked On Nicotine Checklist (M-HONC)<sup>3</sup>

The M-HONC checklist is a series of simple questions used to determine nicotine dependence and related loss of autonomy in young people.

Questions	Yes	No
Have you ever tried to stop vaping, but couldn't?		
Do you vape <u>now</u> because it is really hard to quit?		
Have you ever felt like you were addicted to vaping?		
Do you ever have strong cravings to vape?		
Have you ever felt like you really needed to vape?		
Is it hard to keep from vaping in places where you are not supposed to, like school?		

### When you tried to stop vaping (or, when you haven't vaped for a while)...

Did you find it hard to concentrate because you couldn't vape?		
Did you feel more irritable because you couldn't vape?		
Did you feel a strong need or urge to vape?		
Did you feel nervous, restless or anxious because you couldn't vape?		
<b>Total Score:</b>		

### 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 nicotine dependence and they may have lost full autonomy or control of their use of e-cigarettes/vapes. Each YES indicates increasing dependence.



## Appendix 2: Penn State Electronic Cigarette Dependence Index<sup>3</sup>

The Penn State E-cigarette Dependence Index provides an estimation of the young person's nicotine dependence, ranging from 'not dependent' to 'high dependence'.

	Score
1. How many times per day do you usually use your e-cigarette? (Assume that one "time" consists of around 15 puffs or lasts around 10 minutes) <i>Scoring: 0-4 times/day=0, 5-9=1, 10-14=2, 15-19=3, 20-29=4, 30+=5</i>	
2. On days that you can use your e-cigarette freely, how soon after you wake up do you use your first e-cigarette? <i>Scoring: 0-5 mins=5, 6-15=4, 16-30=3, 31-60=2, 61-120=1, 121+=0</i>	
3. Do you sometimes awaken at night to use your e-cigarette? <i>Scoring: Yes=1, No=0</i>	
4. If yes, how many nights per week do you typically awaken to use your e-cigarette? <i>Scoring: 0-1 nights=0, 2-3 nights=1, 4+ nights=2</i>	
5. Do you use an electronic cigarette now because it is really hard to quit (e-cigarettes)? <i>Scoring: Yes=1, No=0</i>	
6. Do you ever have strong cravings to use an e-cigarette? <i>Scoring: Yes=1, No=0</i>	
7. Over the past week, how strong have the urges to use an e-cigarette been? <i>Scoring: None/Slight=0, Moderate/Strong=1, Very Strong/Extremely Strong=2</i>	
8. Is it hard to keep from using an e-cigarette in places where you are not supposed to? <i>Scoring: Yes=1, No=0</i>	
<b>When you haven't used an electronic cigarette for a while or when you tried to stop using....</b>	
9. Did you feel more irritable because you couldn't use an e-cigarette? <i>Scoring: Yes=1, No=0</i>	
10. Did you feel nervous, restless, or anxious because you couldn't use an e-cigarette? <i>Scoring: Yes=1, No=0</i>	

**Total**

### Scoring

0 – 3 = not dependent

4 – 8 = low dependence

9 – 12 = medium dependence

13 or more = high dependence

## Appendix 3: Barriers and Opportunities<sup>3</sup>

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It is important to consider the barriers the young person may be experiencing before discussing cessation strategies. Understanding the barriers can inform which strategies will be effective for the young person to quit e-cigarettes. There are several barriers and opportunities to consider when providing advice to young people on how to approach e-cigarette cessation. The barriers and opportunities outlined below can assist you to select strategies that meet individual patient's needs.

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### **Common barriers:**

- Perceived social acceptability of e-cigarette use
  - Lack of information about health risks compared to quitting smoking
  - Social benefits – time spent with friends and new connections
  - Stress reduction, sensory and behavioural gratification
  - Enjoyment of flavours and convenience – lack of smell, ability to use e-cigarettes in more places
- 

### **Key opportunities that may encourage e-cigarette cessation in young people:**

- Reduced accessibility of e-cigarettes due to legal changes
  - Health risks
  - Costs
  - Nicotine dependence
  - Appeal of, and willingness to use, technology-based interventions such as a quit app or text messaging programs
-

## Appendix 4: Behavioural strategies to support the young person to achieve their goal<sup>3</sup>

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<b>Strategy 1: Alternative dopamine reward</b>	<p>This strategy is based on the dopamine release as the reward. Dopamine is a ‘feel good’ chemical released in the brain. Research has shown that nicotine increases the level of dopamine in the brain.</p> <p><b>Suggest:</b> Instead of using an e-cigarette, for a dopamine release, the young person should carry a snack with them (for example, flavoured sugar free gum) or do some exercise (for example, walking or dancing).</p>
<b>Strategy 2: Think of yourself as someone who does not use e- cigarettes</b>	<p>This strategy is based on motivational interviewing so the young person can imagine themselves as someone who does not use e-cigarettes.</p> <p>To exercise this strategy, the young person can say to themselves:</p> <p>“I am not a vaper”</p> <p>“I don’t need to vape/smoke”</p> <p>This can include asking the young person to imagine an example of being offered an e-cigarette and role-playing the response.</p> <p><b>Example scenario 1:</b> Imagine your friend/a group of friends, have asked you to go for a vape/ take a hit of a vape. What is your response?</p> <p>“I don’t like it anymore; it gives me a headache”</p> <p>“I don’t want to waste my money”.</p> <p><b>Example scenario 2:</b> Role-play a scenario offering an e-cigarette to a young person.</p> <p>Think of other relevant scenarios with the young person so they can continue practising this strategy.</p>
<b>Strategy 3: Urge surfing<sup>20</sup></b>	<p>Urge surfing is a form of mindful noticing of cravings. It is not designed to make the craving disappear, but merely to notice that the feelings and thoughts come, peak and then pass. Merely noticing a craving is powerful when cravings have previously dictated actions multiple times a day.</p> <p>Urge surfing can be practised in other ways, such as holding a peppermint in the mouth without immediately swallowing the saliva that develops.</p>
<b>Strategy 4: Distraction</b>	<p>Suggest the young person distract themselves by doing something else, for example, go for a walk, listen to music, use fidgets, a toy or pen to distract their hands.</p> <p><b>Advanced technique:</b> distraction with imagery. While experiencing a craving the young person learns to visualise something completely</p>

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different like being on a beach, or cows grazing in a paddock. If stuck, it may help for them to focus on an aversive image e.g. vomiting.

**Practise:** Mindfully rehearse a simple distracting visualisation when there is no craving.

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**Strategy 5:**  
**Rewards or incentives**

Suggest the young person set measurable goals or not using e-cigarettes for one week to reduce or cease their e-cigarette use including positive reinforcement (rewards or incentives) for periods of abstinence.

**Example scenario 1:** Involve a parent/caregiver who agrees to provide a reward to the young person for one week of abstinence (or other agreed time).

**Example scenario 2:** Support the young person to identify a reward they can give themselves for an agreed period of abstinence.

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**Strategy 6:**  
**Make a promise**  
**(either committing to one or more of the above behavioural strategies, or to not using e-cigarettes)**

Studies have shown that when people make a promise to do something they are more likely to comply.

**Example 1:** Ask the young person to make a promise to commit to doing one or more of the behavioural strategies in this guide or make a commitment to a trusted friend or family member.

This can also be used in a situation where the health professional/worker asks the young person to make a promise to not use e-cigarettes at specific times or number of days.

**Example 2:** Do you promise me that you won't use vapes during school hours?

## Appendix 5: Recording your decision<sup>18</sup>

Research shows that it helps to write down your reasons for making a change, looking at it from all angles. You might like to 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

To get a further perspective, it is useful to record the pros and cons of changing or stopping. 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/stopping vaping

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

## Appendix 6: My Plan to STOP Vaping (Template)<sup>18</sup>

**My Goals**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**STOP Date**

\_\_\_\_\_

**My Reasons to STOP vaping**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**My Triggers to Vape**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Behavioural Strategies**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I'm most Proud of:**

\_\_\_\_\_

**My Support Team**

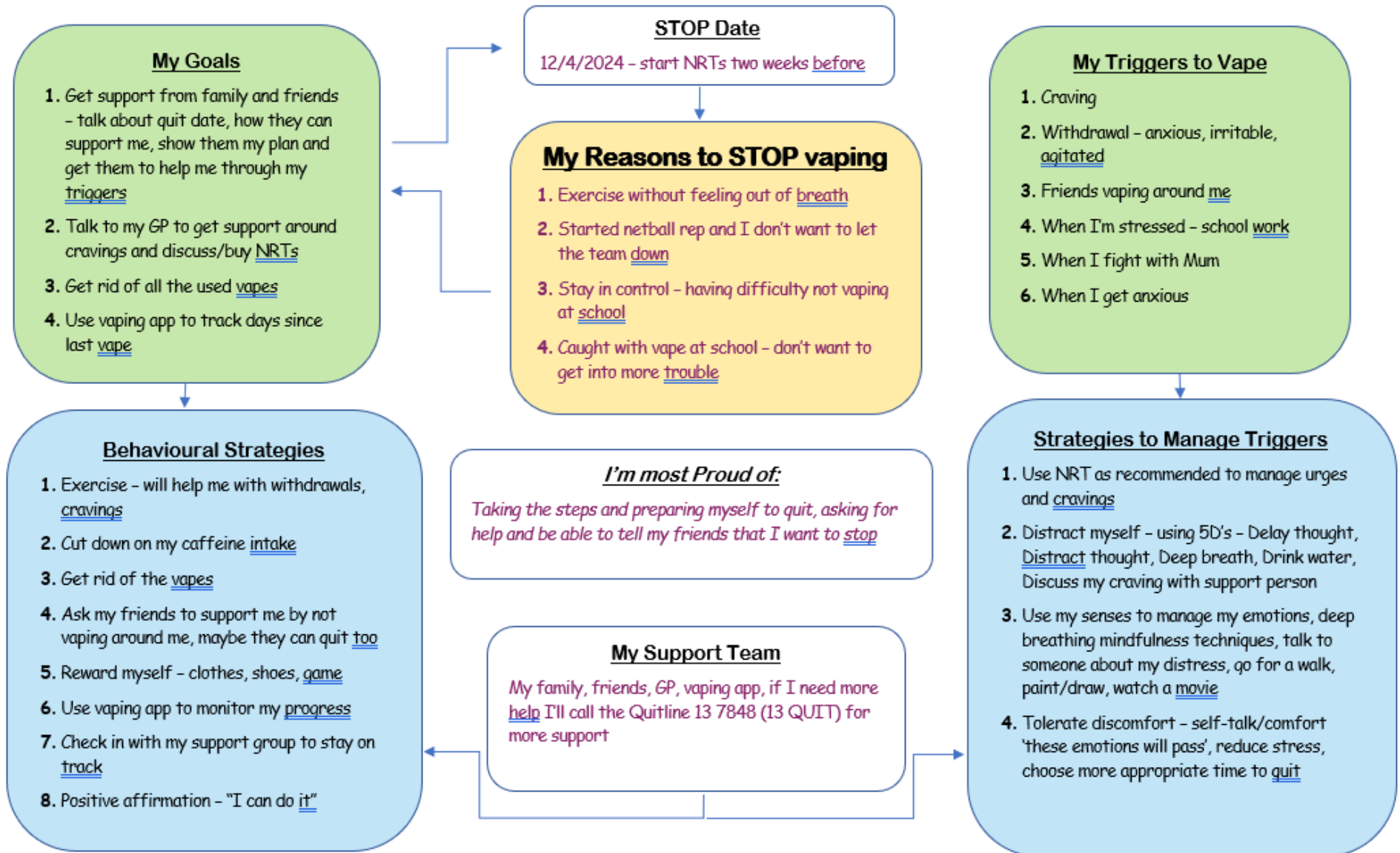
\_\_\_\_\_

**Strategies to Manage Triggers**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## Appendix 7: My Plan to STOP Vaping (Example)<sup>18</sup>



## Appendix 8: Coping with High-Risk Situations<sup>18</sup>

Make a list below of your personal high-risk situations and/or triggers and a plan for dealing with them. Examples include being with friends, at a party, feeling down or anxious, relaxing at home, getting paid, celebrating.

Make sure your plan/strategy is realistic and something you can easily do. It should also be enjoyable if possible.

High Risk Situation/Triggers	Strategy or plan
<i>eg. Experiencing a craving</i>	<i>eg. Distract myself – go for a walk, use fidget toys, listen to music</i>

Remember: If you have a slip up/lapse, don't beat yourself up. These are all experiences we learn from. Reflect on where the slip up was e.g. maybe going into a situation and not anticipating other people's use or maybe not being prepared about what to say if someone offers you something.