



Government of Western Australia
Department of Health

Guide to support young people to

QUIT VAPING

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Acknowledgement of Country and people

The WA health system acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.



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Acknowledgements

The Department of Health (the department) acknowledges New South Wales (NSW) Health's authorship of their *Guide to Support Young People to Quit E-cigarettes*, which has been adapted with permission for use in Western Australia (WA). Thank you to the subject matter experts from the WA organisations who contributed time to assist with the development of this guide (in alphabetical order):

- ▷ Cancer Council WA
- ▷ Child and Adolescent Health Service
- ▷ Department of Education
- ▷ East Metropolitan Health Service
- ▷ Mental Health Commission
- ▷ North Metropolitan Health Service
- ▷ South Metropolitan Health Service
- ▷ WA Country Health Service

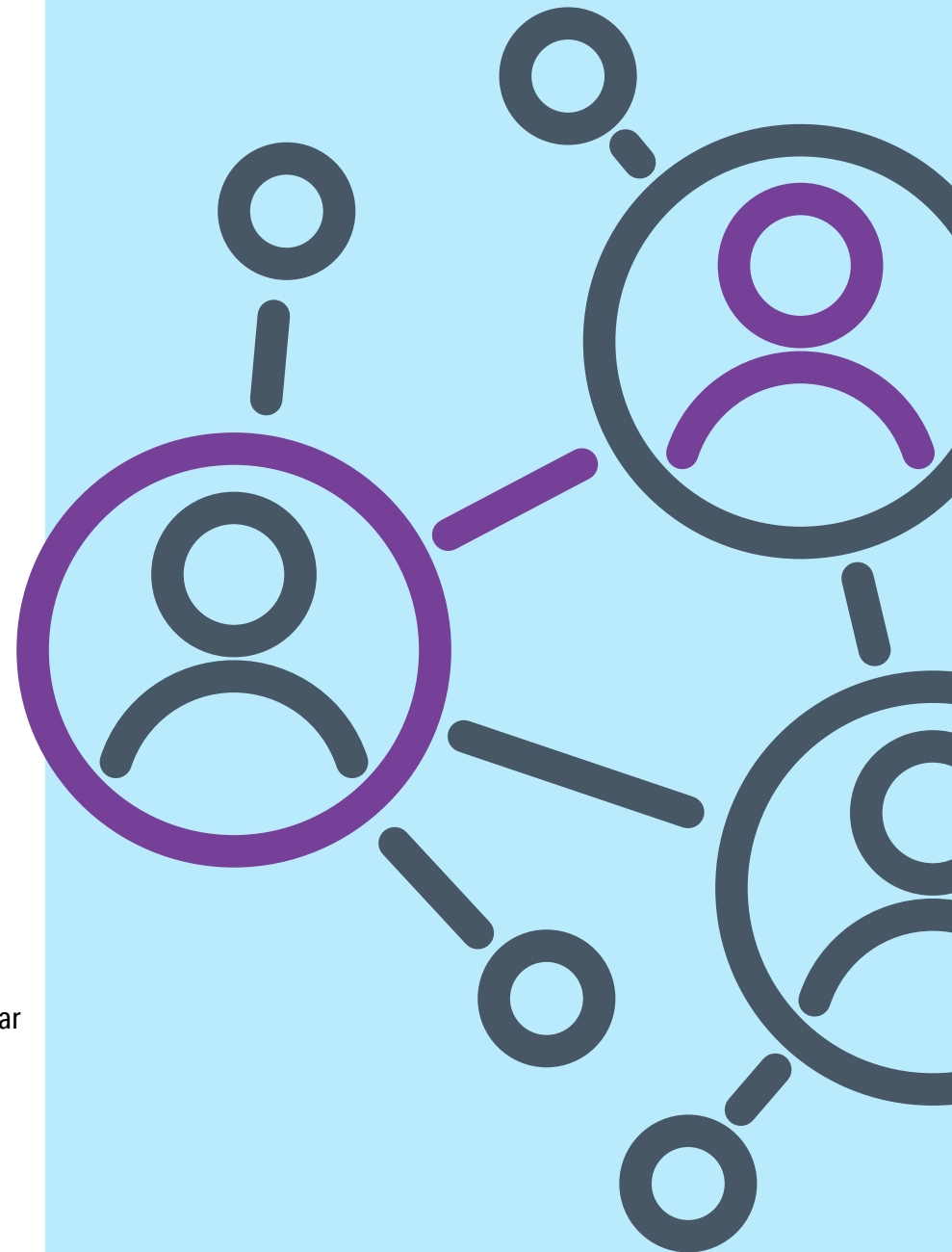
The Population and Preventive Health Directorate also acknowledges the following sections within the department who provided input on the guide:

- ▷ Aboriginal Health Policy
- ▷ Medicines and Poisons Regulation
- ▷ Consumer Engagement and Inclusion.

Disclaimer: The publication is intended as a general guide only and may not be relevant to particular individuals or circumstances. The content is based on sources considered reliable at the time of publication. It does not necessarily reflect the views of the Government of Western Australia.

Suggested citation:

Population and Preventive Health Directorate. Guide to support young people to quit vaping. Perth: Department of Health, Western Australia; 2025.



Definitions

ARTG	The Australian Register of Therapeutic Goods (ARTG) is the public database of therapeutic goods that can be legally supplied in Australia. These products have been approved for use by the Therapeutic Goods Administration (TGA).
CMI	Consumer Medicine Information is a leaflet or online document that has information on the safe and effective use of a medicine.
Electronic cigarettes (also known as e-cigarettes or vapes)	An e-cigarette is a battery-operated device that heats a liquid (also known as e-liquid) to produce an aerosol that the user inhales. E-cigarettes are also called e-cigs, vapes, electronic nicotine delivery systems (ENDS), or nicotine vaping products (NVPs). The use of e-cigarettes is known as "vaping". Throughout this guide, e-cigarettes will be used as an umbrella term for any other commonly used terms relating to e-cigarettes. In the practical section of this guide providing conversational examples, the term 'vape' has been used because the authors recognise this term is more commonly used and recognised by young people.
E-cigarette related terms	For a list of terms and phrases relevant to e-cigarette use, please see the ' Vaping Lingo Dictionary ' (noting this is an American resource and will be replaced with an Australian document as this becomes available).
Off-label	Off-label use generally refers to the use of a therapeutic good for an indication or intended purpose that is not specified in its ARTG entry.
TGA	The Therapeutic Goods Administration is Australia's government authority responsible for evaluating, assessing, and monitoring products that are defined as therapeutic goods.
Young people	The Western Australian Government defines young people as those aged 10 to 25 years old (See WA Youth Action Plan).

Purpose

This guide has been developed for health professionals working with young people to address e-cigarette use. It has been adapted for use in WA by the Department of Health with permission from New South Wales (NSW) Health.

The guide provides information and resources to screen for e-cigarette use and nicotine dependence, as well as strategies to support young people to quit vaping and manage nicotine withdrawals. These resources can be used in a range of settings, including public health services, primary care services, schools, and youth-oriented community services. It was developed in consultation with experts in youth dependence, youth alcohol and other drugs, youth mental health, pharmacy, primary care, general practice, research, and policy from WA and NSW.

E-cigarettes are relatively new products and widespread population use, particularly among young people, is a recent phenomenon. As such, evidence on the most effective management of e-cigarette use among young people is lacking. A pragmatic approach has been used in the guide, based on interventions known to be effective for smoking cessation and treating nicotine dependence.

The individual needs of young people should be considered when deciding the most appropriate support. Some young people will be seeking help to manage nicotine cravings and symptoms of nicotine withdrawal in certain situations (such as during school or work), while others may be more motivated to quit entirely. Some young people may be dual users of e-cigarettes and tobacco or other drugs. While this guide is designed to address e-cigarette use, many of the same approaches may be adapted to address dual use of e-cigarettes and tobacco and/or other drugs.

Young people may also need support from more specialised services where additional needs are identified, such as mental health issues or co-occurring substance use. Assessing and addressing the young person's individual needs should be the priority when supporting them at whatever stage they are at in the quitting process.

Note: for guidance and procedures on obtaining consent to medical and healthcare treatment from young people refer to the [WA Health Consent to Treatment Policy](#) or your organisation's relevant policy.



Supporting priority populations

Young people who use e-cigarettes and/or tobacco may have complex needs related to their nicotine and/or tobacco use, including psychosocial issues, trauma, mental health conditions, and drug and alcohol related health issues. Young people may also be part of priority populations with a higher prevalence of smoking, including:¹⁻¹³

- ▷ people living with and/or experiencing mental health issues
- ▷ people from lower socio-economic backgrounds
- ▷ Aboriginal people
- ▷ people who are culturally and linguistically diverse
- ▷ people of diverse genders and sexualities
- ▷ people affected by alcohol and other drug use
- ▷ people experiencing homelessness
- ▷ people with a disability
- ▷ people who are in prison or youth detention.

Health professionals working with young people, especially young people from priority populations, should provide e-cigarette and tobacco quit support that is strengths-based, holistic, and trauma-informed. This includes considering the physical, spiritual, cultural, emotional, and social wellbeing of the young person, and recognising the intersectionality that may exist between different population groups and their lived experience.





Aboriginal people

It is important to offer young Aboriginal people the opportunity to consult with an Aboriginal Health Worker/Practitioner they are comfortable with at an Aboriginal Community Controlled Health Service, or an [Aboriginal Quitline](#) counsellor. Support and interventions to quit e-cigarettes (and tobacco) should be self-determined and adopt a strengths-based approach which acknowledges the strengths of Aboriginal people, their families and communities. This approach also acknowledges the cultural determinants of health that support holistic health and wellbeing, including self-determination and leadership, beliefs and knowledge, and connection to culture, family, kinship, community and Country.

Culturally and linguistically diverse backgrounds

When working with young people from a culturally and linguistically diverse background, support must be culturally responsive and linguistically suitable. This may include acknowledging differences in expectations about family involvement, recognising the significant impact of stigma, discrimination, and trauma they may have experienced before and after migrating to Australia.

Additional resources

For further information on supporting priority populations please refer to relevant documents, including:

- ▷ [WA Aboriginal Health and Wellbeing Framework 2015–2030](#)
- ▷ [Young People’s Mental Health and Alcohol and Other Drug Use: priorities for action 2020–2025](#)
- ▷ [CAHS Strategy Plan 2023–2025](#)
- ▷ [WA Multicultural Policy Framework](#)
- ▷ [NSQHS Standards User guide for health service organisations providing care for patients from migrant and refugee backgrounds](#)
- ▷ [Infant, Child and Adolescent \(ICA\) Taskforce Implementation Program](#)
- ▷ [WA Lesbian, Gay, Bisexual, Transgender, Intersex \(LGBTI\) Health Strategy 2019–2024](#)
- ▷ [WA Disability Health Framework 2015–2025](#)

* Within Western Australia, the term ‘Aboriginal people’ is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Context

Vaping among young people

E-cigarette use (vaping) has increased among young people in recent years, including those who have never smoked. This is concerning due to the significant and expanding body of research on the harms of e-cigarettes ([see page 10](#)). Current prevalence of vaping among young people in WA aged 12 to 17 years, and 18 to 25 years, is displayed in Tables 1 and 2.

Changes to national vaping laws in 2024 are designed to reduce supply and access to illicit e-cigarette products, including single-use disposable vapes (the most common device used by young people). This may lead to increased nicotine withdrawal symptoms among young people who vape regularly.

Sale of e-cigarettes in WA

In WA, e-cigarettes (vapes) can only be legally obtained from a registered pharmacy with a prescription from a medical practitioner or nurse practitioner. This includes vaping substances, accessories and devices (with or without nicotine). General retail outlets, tobacconists, convenience stores or other non-pharmacy retailers are not permitted to supply any type of e-cigarette products. Vaping products sold from a pharmacy are strictly regulated under the [Therapeutic Goods Act 1989 \(Cth\)](#) and [Medicines and Poisons Act 2014 \(WA\)](#).

For more information visit [Electronic cigarettes in Western Australia \(health.wa.gov.au\)](#)

Table 1: prevalence of vaping among secondary school students in WA (12 to 17 years), 2022/23

	Prevalence (%)
Ever tried vaping	32.2
Vaped in the past month	18.4
Vape regularly*	6.9
Daily use	3.5

Source: [2022/23 Australian Secondary School Students Alcohol and Drug survey](#)

*Using e-cigarettes 20 or more days in the past month is considered as regular use.

Table 2: prevalence of vaping among young adults (18 to 25 years), 2022

	Prevalence estimate (%)
Ever tried vaping	46.7
Vaped in the past 12 months	36.7
Currently vape*	28.3

Source: [2022 WA Health and Wellbeing Surveillance System](#)¹⁴

*Defined as vaping "daily", "less than daily but at least once a week", "less than weekly but at least once a month" or "less than once a month but occasionally".

Key harms of e-cigarettes

- ▶ Over 200 chemicals have been found in e-cigarettes, including formaldehyde, heavy metals, solvents and volatile organic compounds.^{15,16}
- ▶ While the full extent of the harms of inhaling these chemicals is not yet known, the adverse health effects of regular nicotine use are well established.
- ▶ Nicotine can increase blood pressure and heart rate, cause narrowing of the arteries, and hardening of artery walls which can increase the risk of cardiovascular disease in the longer term.¹⁷
- ▶ Nicotine is highly addictive and acts on the brain to release the 'feel-good' chemical dopamine and other important neurotransmitters.¹⁸
- ▶ The brain keeps developing until around the age of 25. Exposing young brains to nicotine can rewire their brains to be more dependent on nicotine and other (addictive) drugs into adulthood.¹⁸
- ▶ Short term harms of e-cigarette use include nicotine poisoning (via inhalation or ingesting e-liquid), throat irritation, breathlessness, cough, dizziness, headaches, nausea, seizures, and lung damage. Vapes can also overheat and explode causing serious burns and trauma.^{17,19}
- ▶ Longer term harms of regular nicotine use, especially for young people, include changes to brain development leading to impaired attention, learning and memory, mood and/or behavioural changes, and the potential to worsen stress and increase depression and anxiety.²⁰
- ▶ Latest Australian research found that adolescents aged 12–17 who had vaped are 5 times more likely to start smoking in the future than those who had not.²¹
- ▶ Nicotine use can cause complications during pregnancy, impact an unborn baby's development, and have lifelong effects.²²

For more information visit healthywa.wa.gov.au/vaping



Breathlessness



Nicotine dependence



Nicotine poisoning



Throat irritation



Cough



Dizziness



Headaches



Nausea



Serious burns

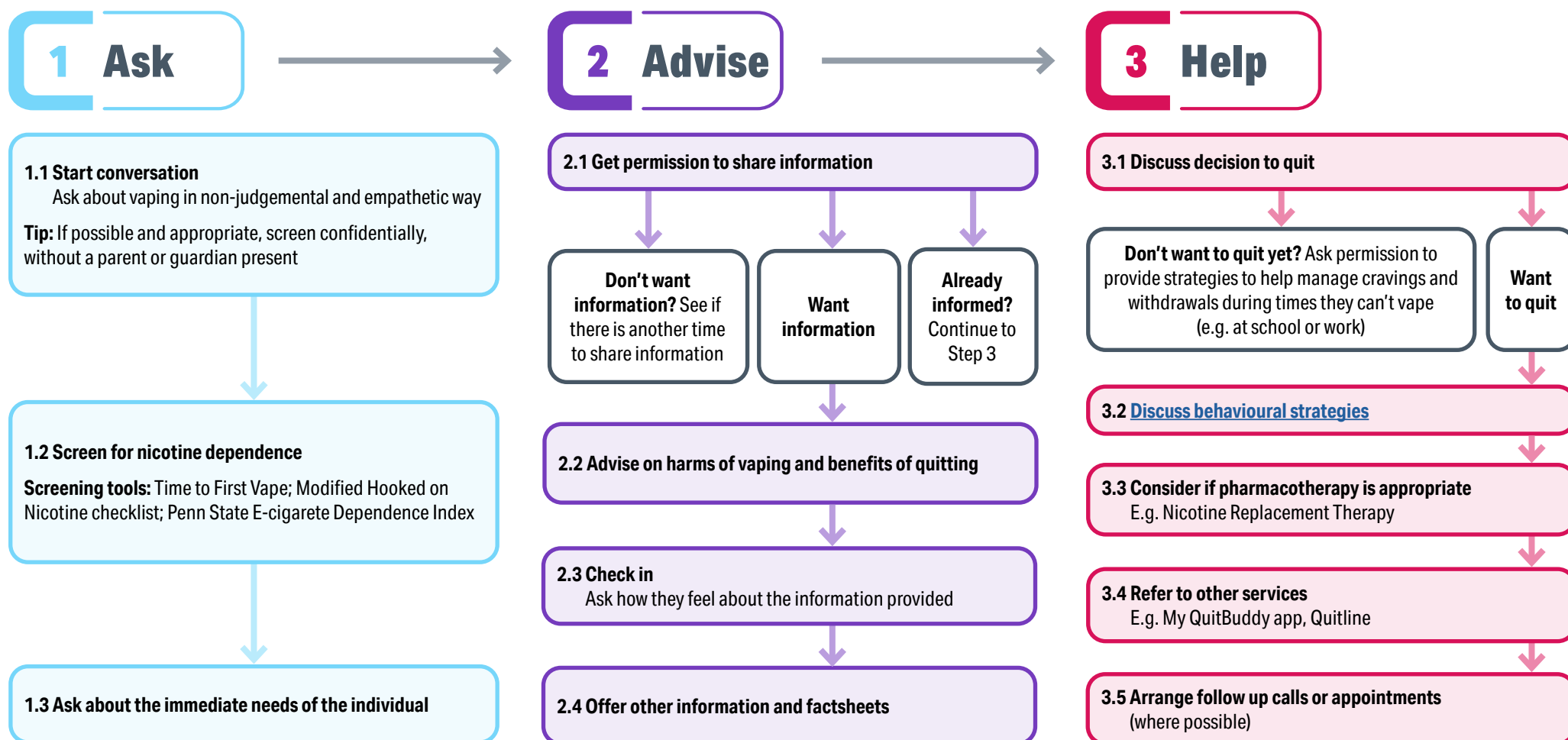


Increased chance of starting tobacco smoking

Brief advice: Ask, Advise, Help

The Ask, Advise, Help (AAH) brief advice model is recommended to support smoking and vaping cessation by the [Royal Australian College of General Practitioners \(RACGP\)](#) and the '[National Quit Training and Resource Centre for Nicotine Cessation](#)' (Quit Centre), and is WA Health's preferred brief advice model for smoking and vaping cessation.

The AAH model can be used by health professionals and others who work with young people to:



STEP 1 Ask

1.1 Start the conversation

Ask about their e-cigarette use in a non-judgemental and empathetic way. If appropriate, use local language when referring to products.

Note: young people may not feel comfortable being asked about e-cigarette use if a parent or guardian is present. It's important to ensure confidentiality.

- ▷ *Have you ever used vapes, tobacco products (like smokes, shisha), or cannabis mixed with tobacco or vapes?*

If they respond **yes**, consider asking follow up questions such as:

- ▷ *What made you want to try?*
- ▷ *Young people vape for lots of different reasons; tell me about your reasons...*
- ▷ *What was your first experience like when you first tried vaping?*
- ▷ *How do you feel about it now?*
- ▷ *How do you feel about the amount that you are vaping or smoking?*

If struggling to start a conversation to determine vaping status, try asking:

- ▷ *What thoughts or feelings do you have when you see other people/or your friends vape?*
- ▷ *What do you think about vaping?*

If the young person has **never** used e-cigarettes or tobacco products, affirm their choice and check in on the next visit (where possible).

- ▷ *There are lots of resources out there to help you stay informed and confident in your choice. Let me know if you need any more information.*
- ▷ *Stay strong in your decision. You're setting a great example for others.*
- ▷ *I'm really proud of you for making such a healthy choice. You're part of the majority who don't vape.*

If established that they vape, continue.

1.2 Screen for nicotine dependence

Screening for nicotine dependence can help determine the most appropriate approach to support the young person.

Short form screening tool: Time to First Vape.²³

The simple 'Time to First Vape' question is recommended as the first screening step:

▷ *How long after waking do you vape?*

Vaping within 30 minutes of waking (in the morning) and/or experiencing withdrawals and cravings ([see page 14](#)) are all markers of nicotine dependence.²⁴

Long form screening tools: Longer format screening tools may provide a more comprehensive measure of nicotine dependence (if required and/or time permits).

Refer to Modified-Hooked on Nicotine Checklist (M-HONC) ([Appendix 1](#)) and Penn State ([Appendix 2](#)) screening tools.

- ▷ **M-HONC**^{23,25} is a series of simple questions used to determine nicotine dependence and related loss of autonomy in young people.
- ▷ **Penn State E-Cigarette Dependence Index**²⁶ asks about a variety of aspects of nicotine dependence, including length of e-cigarette use sessions, night-time and morning use, cravings, and withdrawal symptoms. The results provide an estimation of nicotine dependence, ranging from 'not dependent' through to 'high dependence'.

1.3 Ask about the immediate needs of the individual

Reach agreement on their immediate priorities. For example, this could include managing nicotine withdrawal symptoms from smoking/vaping or supporting quitting in the long term.

If the young person is also smoking, it's best to quit both. Refer them to [Quitline](#) (see [Step 3.4](#)) or their local doctor for tailored support.



Note: Some young people may be using novel nicotine products like oral pouches. It's important to advise that these products are not legal, have not been assessed by the Therapeutic Goods Administration (TGA) for safety, quality and efficacy, and are not recommended for nicotine replacement therapy (NRT). Any nicotine use can harm the developing brain and lead to nicotine dependence.

Nicotine withdrawal symptoms

- ▶ Young people who are nicotine dependent are likely to experience nicotine withdrawal symptoms when they are not using their e-cigarettes. This can be either during intentional abstinent periods ('quit attempts') or when they do not have access to e-cigarettes e.g., during school or work.
- ▶ Common symptoms include:^{27,28}
 - ▶ Irritability, frustration, anger
 - ▶ Cravings
 - ▶ Anxiety
 - ▶ Difficulty concentrating
 - ▶ Increased appetite
 - ▶ Restlessness
 - ▶ Depressed mood
 - ▶ Difficulty sleeping (insomnia)
- ▶ People experience nicotine withdrawal differently. Most withdrawal symptoms will have gone or become manageable within the first few weeks of quitting.^{27,28} The psychological urge to use e-cigarettes can last longer.
- ▶ Young people should be reminded that nicotine withdrawal symptoms can be challenging, especially in the first few days or weeks of quitting, but they are a sign their body is recovering.
- ▶ Nicotine withdrawal is temporary and isn't dangerous.



Being **down** or **irritable**.



Being **unable to concentrate** or think clearly.



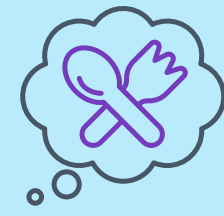
Feeling **anxious**, **restless** or **jittery**.



Not being able to **focus** on things apart from **vaping**.



Not being able to **sleep well**.



Feeling **more hungry** than usual.

STEP 2 Advise

2.1 Get permission to share information about vaping with them

Ask for their permission to share information with them about the harms and risks of vaping. This helps to build trust and respect.

For example:

- ▷ *Are you open to me sharing some of the harms and risks of vaping?*
- ▷ *Would you like me to give you some information about vaping?*
- ▷ *What do you know about the risks from vaping?*

If they say **no**, ask if there is another time you can meet to share the information with them (where possible).

If they don't want information because they already feel well informed about health harms or risks of vaping, continue to [Step 3](#).

2.2 Advise on harms and risks of vaping and benefits of quitting

If they say **yes**, advise vaping harms and risks in a non-judgemental way. Some examples include:

- ▷ *Vaping can make you feel breathless and impact your fitness. It has also been linked to serious lung disease, and many of the other long-term health effects are not yet known.*
- ▷ *Vape aerosol is not water vapour. Vapes can contain the same harmful chemicals found in cleaning products, nail polish remover, weed killer and bug spray.*
- ▷ *Most vapes contain nicotine which is highly addictive and can harm your brain (noting the brain continues to develop until the age of 25).*

Some benefits of quitting:

- ▷ *Your body and mind will feel better. Our lungs are designed to breathe in fresh air to power our bodies and minds. When people avoid vaping, they allow their lungs to do what they do best and keep them feeling well.*
- ▷ *Quitting vaping can help you feel more in control of your life.*
- ▷ *By quitting vaping, you'll have more money to spend on important things.*
- ▷ *You'll be protecting those around you and the environment from toxic chemicals in vapes.*

2.3 Check in

Ask the young person how they feel about the information you have provided.

For example:

- ▷ What are your thoughts about the information that has been shared with you?
- ▷ How do you feel about vaping, now that you have this information?
- ▷ Would you like some additional resources?
- ▷ Do you have any questions about the health effects of vaping?

2.4 Offer more information on vaping

Offer additional information about e-cigarettes and quitting using the below factsheets: 



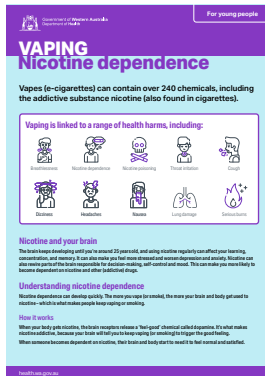
FOR YOUNG PEOPLE

THE FACTS ABOUT VAPING

Vapes are addictive. Nicotine is designed to produce an arousal that you benefit into your lungs. Vapes aren't safer. The more nicotine you inhale, the more you get addicted. Vaping is just as addictive as smoking. Nicotine is also found in cigarettes. Nicotine is also found in other products like chewing tobacco and cigars. Nicotine is also found in other products like chewing tobacco and cigars. Nicotine is also found in other products like chewing tobacco and cigars.

DO YOU KNOW WHAT YOU'RE VAPING?

- NICOTINE**: Many vapes contain nicotine making them very addictive.
- ADDICTIVE**: The nicotine in 1 vapo can = 50 cigarettes. If you vape you are 3 times as likely to take up smoking cigarettes.
- LUNGS**: Vaping has been linked to address lung disease.
- WATER VAPOR**: Vape aerosol is not just water vapor. Vapes also contain the same harmful chemicals found in cleaning products, nail polish, perfume, aerosol killer and bug spray.



FOR YOUNG PEOPLE

VAPING Nicotine dependence

Vapes (e-cigarettes) can contain over 240 chemicals, including the addictive substance nicotine (also found in cigarettes).

Vaping is linked to a range of health harms, including:

- Brain damage
- Heart disease
- Diabetes
- Liver damage
- Stomach issues
- Respiratory issues
- Eye irritation
- Headaches
- Stomach pain
- Stomach ulcers
- Stomach cancer
- Stomach bleeding
- Stomach perforation
- Stomach rupture
- Stomach infection
- Stomach inflammation
- Stomach irritation
- Stomach pain
- Stomach ulcers
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- Stomach rupture
- Stomach infection
- Stomach inflammation
- Stomach irritation

Nicotine and your brain

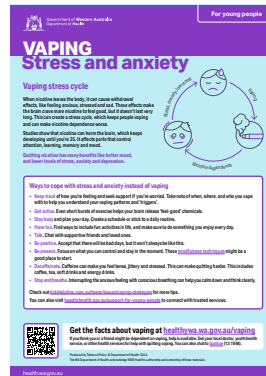
The brain keeps developing until you're around 25 years old. And using nicotine regularly can affect your learning, memory and energy. It can also make you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious.

Understanding nicotine dependence

Nicotine dependence can develop quickly. The more you vape, the more your brain and body get used to nicotine - which is what makes people keep vaping or smoking.

How it works

When you take a puff of nicotine, it reaches your brain in a few seconds. It makes you feel good. But it also makes you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious.



FOR YOUNG PEOPLE

VAPING Stress and anxiety

Vaping stress cycle

When nicotine leaves the body, it can cause withdrawal effects, like feeling nervous, stressed and sad. These feelings make the brain crave more nicotine to feel good, but it doesn't last very long. This creates a stress cycle, which keeps people vaping a lot and can make nicotine dependence worse.

Stress and anxiety

Stress and anxiety can be linked to nicotine. It can make you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious. Nicotine can also make you feel more stressed and anxious.

Why do people vape with stress and anxiety instead of quitting?

- 1. **Craving**: One of the main reasons people vape is because they're craving nicotine. Craving is a strong desire for something you need to feel good.
- 2. **Stress**: Vaping can help reduce stress and anxiety. It can make you feel more relaxed and happy.
- 3. **Withdrawal**: When you stop vaping, you can experience withdrawal symptoms like irritability, anxiety, and depression.
- 4. **Craving**: One of the main reasons people vape is because they're craving nicotine. Craving is a strong desire for something you need to feel good.
- 5. **Stress**: Vaping can help reduce stress and anxiety. It can make you feel more relaxed and happy.
- 6. **Withdrawal**: When you stop vaping, you can experience withdrawal symptoms like irritability, anxiety, and depression.

Get the facts about vaping at health.gov.au/topics/vaping



FOR YOUNG PEOPLE

VAPING Quit support

Nicotine in vapes is highly addictive, especially if you start vaping when you're young. It might take a few tries, but you can quit for good. There are many ways to quit and support is available.

Strategies young people have used to help them quit

- Get support**: Talk to your family, friends, or a healthcare professional. They can help you understand why you're addicted and how to quit.
- Use nicotine replacement therapy (NRT)**: NRT can help reduce withdrawal symptoms like irritability, anxiety, and depression.
- Use prescription medications**: Prescription medications can help reduce withdrawal symptoms and cravings.
- Use behavioral therapy**: Behavioral therapy can help you understand why you're addicted and how to quit.
- Use support groups**: Support groups can help you understand why you're addicted and how to quit.
- Use quitlines**: Quitlines can provide free support and resources to help you quit.
- Use quit apps**: Quit apps can provide free support and resources to help you quit.
- Use quit kits**: Quit kits can provide free support and resources to help you quit.
- Use quit camps**: Quit camps can provide free support and resources to help you quit.
- Use quit clinics**: Quit clinics can provide free support and resources to help you quit.
- Use quit hospitals**: Quit hospitals can provide free support and resources to help you quit.
- Use quit centers**: Quit centers can provide free support and resources to help you quit.
- Use quit services**: Quit services can provide free support and resources to help you quit.
- Use quit programs**: Quit programs can provide free support and resources to help you quit.
- Use quit initiatives**: Quit initiatives can provide free support and resources to help you quit.
- Use quit campaigns**: Quit campaigns can provide free support and resources to help you quit.
- Use quit events**: Quit events can provide free support and resources to help you quit.
- Use quit activities**: Quit activities can provide free support and resources to help you quit.
- Use quit games**: Quit games can provide free support and resources to help you quit.
- Use quit apps**: Quit apps can provide free support and resources to help you quit.
- Use quit kits**: Quit kits can provide free support and resources to help you quit.
- Use quit camps**: Quit camps can provide free support and resources to help you quit.
- Use quit clinics**: Quit clinics can provide free support and resources to help you quit.
- Use quit hospitals**: Quit hospitals can provide free support and resources to help you quit.
- Use quit centers**: Quit centers can provide free support and resources to help you quit.
- Use quit services**: Quit services can provide free support and resources to help you quit.
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- Use quit campaigns**: Quit campaigns can provide free support and resources to help you quit.
- Use quit events**: Quit events can provide free support and resources to help you quit.
- Use quit activities**: Quit activities can provide free support and resources to help you quit.
- Use quit games**: Quit games can provide free support and resources to help you quit.

What to expect when you quit

Some people can experience withdrawal symptoms for a few days after they stop vaping. These symptoms include irritability, anxiety, and depression. Psychological and emotional support can help you cope with these symptoms and learn how to work without nicotine.

Common withdrawal symptoms:

- Craving
- Irritability
- Anxiety
- Depression
- Headaches
- Stomach pain
- Stomach ulcers
- Stomach cancer
- Stomach bleeding
- Stomach perforation
- Stomach rupture
- Stomach infection
- Stomach inflammation
- Stomach irritation

Refer to Cancer Council WA's [Clear the Air](http://Clear the Air website) website for further information and tips to help young people quit vaping. Clear the Air is a multi-strategy program that aims to prevent vaping and support young people to quit through digital campaign activities and resources for those working with young people.



STEP 3 Help

3.1 Discuss decision to quit and behavioural strategies

Decision to quit

Discuss the pros and cons to help young people identify if they want to make a change ([Appendix 3](#)). Research shows it helps to write down reasons for making a change, looking at it from all angles. If they decide to quit vaping, congratulate them and continue with exploring barriers and opportunities to quit.

If they don't want to quit, ask for permission to provide behavioural strategies and/or information on pharmacotherapy to assist with managing their cravings or withdrawal symptoms when they are unable to vape (e.g. while at work or school).

The following strategies can also be suggested for those intending to keep vaping despite advising of the risks:

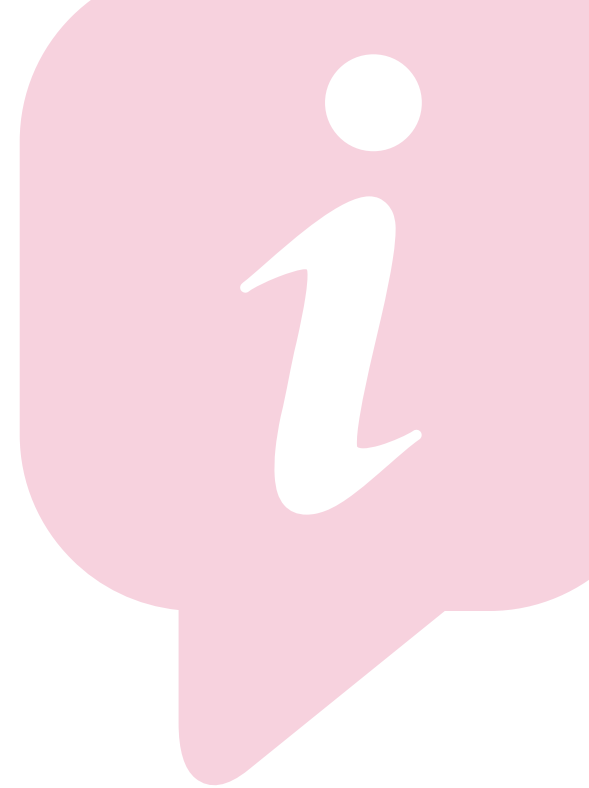
- ▷ *Keep vapes out of reach of babies and children as very small amounts of nicotine can be fatal to them.*
- ▷ *Avoid sharing vapes with others.*
- ▷ *Avoid 'dry puffing' when the vape liquid is running out because when the internal parts start to burn or wear out, they release toxic chemicals and heavy metals.*
- ▷ *Avoid tampering with disposable devices/batteries - the parts are not designed to be modified or re-used. This also increases the risk of vapes overheating and exploding and can expose you to harmful chemical residue.*

3.2 Discuss behavioural strategies

Barriers and opportunities

Start identifying barriers and opportunities they may experience when trying to quit (see [Appendix 4](#)). This can help to select strategies that meet the young person's needs. Consider:

- ▷ *What are some good reasons to quit vaping?*
- ▷ *What are some of the things that might make it hard to quit?*





Behavioural strategies

Discuss behavioural strategies to determine what is most feasible, and what is likely to support them to meet their goals. A combination of strategies may be needed to help them manage their cravings and quit. These strategies require frequent practice to be effective.

Encourage them to come up with their own strategies, however, the behavioural strategies in [Appendix 5](#) may also be helpful. For example:

- ▷ use an alternative dopamine reward such as healthy snacks (e.g. nuts or flavoured sugar-free gum)
- ▷ think of yourself as someone who does not vape
- ▷ use the “stray cat” metaphor (i.e. craving is like a stray cat. If you feed it, it will keep coming back. If you don’t, it will eventually go away)
- ▷ distraction (e.g., play a game, go for a walk, call or text a friend, listen to music)
- ▷ establish rewards or incentives
- ▷ make a promise (either committing to try one or more of the above behavioural strategies, or to not use vapes for a certain time).

Other strategies and tips

- ▷ Assist the young person to create a plan to quit vaping (and tobacco if a dual user) (see [Appendix 6](#)) and strategies for coping with high-risk situations (see [Appendix 7](#)).
- ▷ Dispose of any e-cigarettes including used or ‘dead’ e-cigarettes.
- ▷ Follow social media accounts that provide quit tips.
- ▷ Seek support from understanding family, friends, or mentors (e.g. coach or counsellor), who can help you stay motivated to quit.
- ▷ Exercise in short high-intensity bursts e.g., 1-minute up and down stairs or push-ups.
- ▷ Follow the ‘not a puff’ rule. Just a single puff reminds the mind and body of what it’s missing and can make withdrawal symptoms worse.
- ▷ Consider planning to quit during a time when temptation or stress will be lower, and ideally when not around other people who vape.
- ▷ Visit Clear the Air’s [‘How to quit vaping’](#) webpage.

3.3 Consider if pharmacotherapies are appropriate

Pharmacotherapy (NRT or other stop smoking prescription medications) may be appropriate to help manage cravings and nicotine withdrawals in some situations. For more information, refer to the [pharmacotherapy](#) section of this guide.

Pharmacotherapies should always be combined with behaviour change support (e.g., Quitline's online chat services).

It is recommended that young people discuss pharmacotherapy options with their doctor or other suitably qualified health professional.

3.4 Refer to other services

People are generally more successful at quitting if they access qualified support (where possible) to help manage withdrawal symptoms and prevent and manage relapse.

Quit support

[Quitline](#) (13 78 48) is a confidential, non-judgemental telephone counselling service. **It is important to emphasise to young people that the Quitline doesn't just offer telephone counselling – it also offers an online chat service via webchat, Facebook Messenger, and WhatsApp.** Quitline is tailored to meet the needs of priority populations, including pregnant women, young people, and people living with mental health issues.

Quitline counsellors are highly skilled in delivering behavioural interventions to support people on their journey to stop smoking and/or vaping. Quitline has dedicated youth counsellors as well as [Aboriginal counsellors](#) who provide culturally safe support. They also provide access to interpreters for people experiencing challenges communicating in English through the [Translation and Interpreter Service](#) and [National Relay services](#).

If the young person is receptive, the easiest way to make a referral is through this [online form](#).

[My QuitBuddy app](#) helps people quit and stay smoke-free and vape-free. It provides tips to help overcome cravings, customisable charts to track quitting progress, and other helpful reminders.

Other support services

Depending on the circumstances (e.g. if the young person is using other drugs), they may require referral to more specialised [mental health, alcohol and other drug services](#). These services can support the young person to quit vaping while addressing their other health needs.



What happens when referred:

- ▷ Quitline counsellors will call as soon as possible (within 2 business days).
- ▷ The initial call takes around 10 to 20 minutes and often covers smoking and vaping history, motivation to quit, and support to make a quit plan.
- ▷ Quitline will offer follow up counselling calls or other self-help materials and tools to support them through the quitting process.

Quitline can also provide guidance and advice to health professionals, family members, and other supporters of people who are trying to quit.

3.5 Arrange follow up calls or appointments

Offer ongoing support to check in (where possible).

Arrange follow up appointments to review progress and motivate them to continue quit attempts if possible or refer them to their local doctor, nurse practitioner, Aboriginal Health Worker or Quitline.

Review effectiveness of pharmacotherapy (where possible).

If required: acknowledge that slip-ups are expected and a young person shouldn't be discouraged, support them to re-commit to their goals and try again.



Pharmacotherapy

Pharmacotherapy (medicines) to manage nicotine withdrawals may be appropriate for some young people, including when:

- ▷ they vape daily
- ▷ they have nicotine withdrawal symptoms or cravings
- ▷ Time to First Vape is within 30 minutes of waking²³
- ▷ other factors (e.g. underlying mental health issues, other substance use, or other life stressors) are preventing them from successfully managing their nicotine dependence.

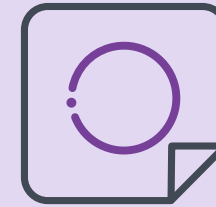
Behavioural support should always be provided with pharmacotherapy to have the highest success rate.

Health professionals should use their clinical judgement when considering pharmacotherapies for young people who vape and, if unsure, seek advice from senior staff, pharmacy teams, or an addiction specialist. **Those who are not health professionals should discuss decisions around pharmacotherapy use with a medical practitioner or other suitably qualified health professional.**

This guide provides high level information on using pharmacotherapy as specific guidance for dosage and titration has not been developed by WA Health. For further information on dosage and titrating NRT, refer to the Sydney Children's Hospital Network [Clinicians Guide to Supporting Adolescent and Young Adults to Quit Vapes](#), the RACGP [Supporting smoking and vaping cessation: A guide for health professionals](#), [American Academy of Pediatrics](#), Professor Renee Bittoun's [Monograph for counselling adult and adolescent vapers](#), or local resources where available.

Research on the effectiveness of pharmacotherapies for quitting vaping is limited, especially for young people. Pharmacotherapy approaches in the context of vaping are largely informed by smoking cessation literature and should be overseen by a clinician. It is important to remember to focus on addressing nicotine dependence.

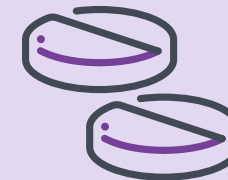
Pharmacotherapy includes:



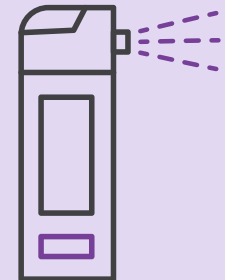
Patches



Gum



Lozenges



Mouth spray



Varenicline

Pharmacotherapy options for young people

	Nicotine Replacement Therapy (NRT) (12+ years)	Varenicline (18+ years)
What is it?	<ul style="list-style-type: none"> • NRT releases a small, measured dose of nicotine which can help reduce withdrawal symptoms and cravings, without inhaling the other harmful chemicals found in tobacco or e-cigarette aerosol.²⁹⁻³¹ • When used correctly, NRT can help prevent people from relapsing, especially in the early stages of a quit attempt.²⁹ • There are 2 forms of NRT available:³⁰ <ul style="list-style-type: none"> • fast-acting oral: mouth spray, gum, lozenge • long-acting: nicotine patch. • Evidence suggests using fast release oral NRT (e.g. mouth spray) in combination with nicotine patches is safe and more effective than using a single form of NRT.³⁰ • Combination NRT (e.g. patch plus fast-acting product) is even more effective when paired with behavioural support.²⁹ • It is important to advise young people on how to correctly use NRT products so they try them for a sufficient length of time, and take the right dose to help relieve cravings and withdrawal symptoms. 	<ul style="list-style-type: none"> • Varenicline is a prescription medication developed specifically to quit smoking.²⁹ • Reduces cravings and withdrawal symptoms, blocking the rewarding effect of using nicotine.³¹ • Emerging evidence shows varenicline may help to support individuals 18 years and over to quit e-cigarettes.³² • More information - refer to the CMI for Champix® (brand name for Varenicline).
Who is it for?	<ul style="list-style-type: none"> • Safe for people aged 12 years and over where no contraindications are present.²⁹ 	<ul style="list-style-type: none"> • Safe for people aged 18 years and over.²⁹ • Not recommended for adolescents or while pregnant or breastfeeding.²⁹
How to access	<ul style="list-style-type: none"> • Contact local doctor, pharmacist or other appropriate health professional for advice. • All forms of NRT can be purchased over the counter from pharmacies and supermarkets. 	<ul style="list-style-type: none"> • Contact local doctor or other appropriate health professional for advice. • Dispensed by a pharmacist with a prescription.

Contraindications for NRT include:

- Children under 12 years of age
- People with known hypersensitivity to nicotine or any other part of the NRT product
- People < 45 kg can use NRT but may require the lower dose such as a 14mg/24hr patch.

Drug interactions when quitting

Preliminary evidence suggests that vaping can change how some medications are metabolised.³³ Medication dosing for young people who are dual users (tobacco and e-cigarettes) should be monitored by prescribers (see [drug interactions guide](#) for further information).



Additional training and resources

For health professionals

- ▷ Australian National University: Review of global evidence on the health effects of electronic cigarettes (April 2022) [Summary Brief](#) or [Infographic](#)
- ▷ Quit Centre:
 - ▶ [Clinical Tools and Guidelines](#)
 - ▶ [Online Training](#)
- ▷ Australian Indigenous HealthInfoNet Alcohol and Other Drugs Knowledge centre: [Vaping](#)
- ▷ Cancer Council Victoria: [Tobacco in Australia – E-cigarettes and other alternative nicotine products](#)
- ▷ Mental Health Commission: [Helplines for mental health and Alcohol and Other Drugs support](#)
- ▷ Australian Journal of General Practice: [Assisting young people aged 12–25 years to cease e-cigarette use in general practice](#)
- ▷ Australian Government: [Youth vaping conversation guide](#)
- ▷ Department of Education: [Western Australian Schools Anti-Vaping Toolkit](#) (includes information for parents/carers, and young people)
- ▷ WA Health: [Multicultural Health Services Directory](#)

Information and resources for young people

- ▷ Australian Government:
 - ▶ [Young people and vaping](#)
 - ▶ [Resources about vaping](#) (includes posters, testimonials)
 - ▶ [Specific resources for Aboriginal young people](#)
- ▷ WA Health: [E-cigarettes and vaping](#) (includes factsheets for parents and carers)

Mental health and wellbeing support for young people

- ▷ [Head to Health: Support for young people](#)
- ▷ [Kids helpline](#) (1800 55 1800)
- ▷ [BeyondBlue](#) (1300 224 636)
- ▷ [Here For You](#) (1800 437 348)
- ▷ [13 YARN](#) (13 92 76)
- ▷ [Child and Adolescent Mental Health Service Crisis Connect](#) (1800 048 636)
- ▷ [Headspace](#)

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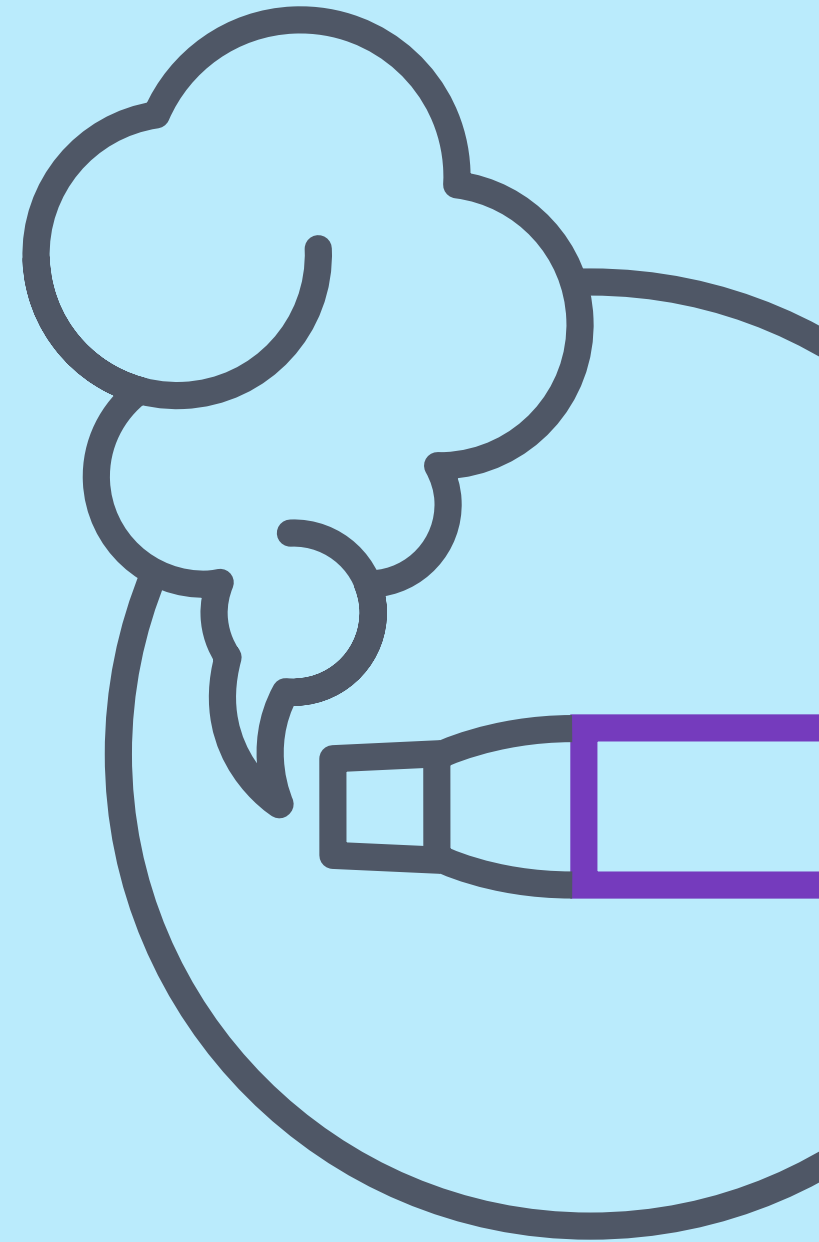


Appendices

Appendix 1 – Modified Hooked on Nicotine (M-HONC) (screening tool)

Questions	YES	NO
Have you ever tried to stop vaping, but couldn't?		
Do you vape now 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 questions (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?		
Total Score	<input type="text"/>	<input type="text"/>

The M-HONC is scored by counting the number of "YES" responses. A score above zero indicates the young person has a level of nicotine dependence and they may have lost full autonomy or control of their use of e-cigarettes/ vapes.



Appendix 2 - Penn state electronic cigarette dependence index (screening tool)

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

Total scoring: 0-3 = not dependent 4-8 = low dependence 9-2 = medium dependence 13+ = high dependence

Appendix 3 - Recording your decision

Research shows that it helps to write down your reasons for making a change, looking at it from all angles. To get further perspective, it is useful to record the pros and cons of changing or quitting. This added information may help reinforce your decision for change.

Rate each item on a scale of one to 10 to indicate how important these are to you, with one being not at all important and 10 being extremely important.

Pros and cons of change or quitting

Good things about quitting vapes	
	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10
Total	<input type="text"/>

Not so good things about quitting vapes	
	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10
Total	<input type="text"/>

Appendix 4 – Barriers and opportunities (information)

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 vaping. There are several barriers and opportunities to consider when providing advice on how to approach quitting vaping. The barriers and opportunities outlined below can help you select strategies that meet the young person's needs.

Common barriers to quitting vaping:

- ▷ perceived social acceptability of e-cigarette use
- ▷ lack of information about health effects compared to smoking
- ▷ social aspects i.e., time spent with friends and new connections
- ▷ perceived stress reduction, and sensory and behavioural gratification
- ▷ enjoyment of flavours and convenience—lack of smell, ability to vape in more places than smoking.

Key opportunities that may encourage vaping cessation in young people:

- ▷ reduced accessibility of e-cigarettes due to legislative changes
- ▷ awareness and/or experience of health effects of vaping
- ▷ costs (e.g. time and money spent, fitness level)
- ▷ dependence (e.g. young person is controlled by vapes, instead of being in control of themselves)
- ▷ appeal of, and willingness to use, technology-based interventions such as a quit app or text messaging programs.



Appendix 5 – Behavioural strategies to support the young person

The behavioural strategies below have been used with permission from the St. Vincent's Health Network NSW statewide smoking cessation training team.

<p>STRATEGY 1: Alternative dopamine reward</p>	<p>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>Suggest: Instead of using an e-cigarette, the young person could carry a healthy snack with them (nuts, flavoured sugar free gum), or do short bursts of physical activity (e.g. star jumps, brisk walk) for a dopamine release.</p>
<p>STRATEGY 2: Think of yourself as someone who does not use e-cigarettes</p>	<p>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" or "I don't vape/smoke"</p> <p>This can include helping the young person practise saying 'no' by asking them to imagine an example of being offered an e-cigarette and role playing what their response would be.</p> <p>Example scenario 1: Imagine your friend or a group of friends, have asked you to go for a vape or take a hit of a vape. What is your response?</p> <p>"I don't vape anymore" or "I don't want a hit"</p> <p>Example scenario 2: Role play a scenario offering an e-cigarette to the young person.</p> <p>Think of other relevant scenarios with the young person so they can continue practising this strategy.</p>
<p>STRATEGY 3: Use the "stray cat" metaphor</p>	<p>Uses the metaphor that the craving is like a stray cat. If you feed the cat, it will keep coming back. If you don't feed it, the cat will eventually go away.</p> <p>Practise: Ask the young person to mindfully rehearse the metaphor when they have no cravings. Use the image of the cat when the craving begins.</p>

STRATEGY 4:

Distraction

Suggest the young person distract themselves by doing something else e.g., play a game, go for a walk, call or text a friend, listen to music.

Advanced technique: Distraction with imagery. When experiencing a craving the young person learns to visualise something completely different like being on a beach, or cows grazing in a paddock. If stuck, it may help for them focus on an aversive image e.g., vomiting.

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

STRATEGY 5:

Rewards or incentives (contingency management)

Suggest the young person set measurable goals to reduce or cease their e-cigarette use including positive reinforcement (rewards or incentives) for periods of abstinence.

Example scenario 1: Involve a parent or caregiver who agrees to provide a reward to the young person for not using e-cigarettes for one week (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.

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 commit to doing one or more of the behavioural strategies in this guide.

This can also be used in a situation where the health professional or 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 e-cigarettes (vape) during school hours?

The young person may agree with a handshake (if appropriate).

My reasons to quit

- ▷
- ▷
- ▷
- ▷

Quit date

Pick a date less than 2 weeks away, ideally during a time when you're less likely to be stressed or around other people who vape.

- ▷

Triggers to vape

- ▷
- ▷
- ▷
- ▷

Strategies to manage triggers

- ▷
- ▷
- ▷
- ▷

Behavioural strategies

- ▷
- ▷
- ▷
- ▷
- ▷

My support team

- ▷
- ▷
- ▷
- ▷

Quitline (13 7848) or quit.org.au

My vape free milestone rewards

1 day:

1 week:

1 month:

My reasons to quit

- ▷ to be free from vapes
- ▷ exercise without feeling breathless
- ▷ save money
- ▷

Quit date

Pick a date less than 2 weeks away, ideally during a time when you're less likely to be stressed or around other people who vape.

- ▷ 25 December 2024

Triggers to vape

- ▷ as soon as I wake up
- ▷ when I'm stressed
- ▷ hanging out with friends
- ▷ bored at home

Strategies to manage triggers

- ▷ Shower first thing in the morning
- ▷ take a break and get some fresh air, practise deep breathing and stretches
- ▷ tell my friends I'm quitting vapes. try to avoid places I usually vape (for a bit)
- ▷ try a new recipe, facetime a friend

Behavioural strategies

- ▷ get rid of ALL my vapes
- ▷ keep myself distracted when craving a vape
- ▷ track progress in My QuitBuddy app
- ▷ remind myself "I don't vape anymore"
- ▷ go for a walk or exercise everyday

My support team

- ▷ family
- ▷ My QuitBuddy app
- ▷ friends (who don't vape or also trying to quit)
- ▷

Quitline (13 7848) or quit.org.au

My vape free milestone rewards

- 1 day: Start a new book
- 1 week: go out for fro-yo
- 1 month: go to the movies

Appendix 7 – Coping with high-risk situations (worksheet)

Make a list below of your personal high-risk situation and or triggers and a plan for dealing with them. Examples include, with friends, at a party, feeling down or anxious, relaxing at home, getting paid, celebrating, etc. Make sure your plan/strategy is realistic and something you can easily do. It should also be enjoyable if possible.

High risk situation or triggers	Strategy or plan
e.g. Smelling a vape	<ul style="list-style-type: none">• While quitting avoid places where people vape.• Chew flavoured sugar-free gum or suck on mints.

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

This document can be made available in alternative formats on request for a person with disability.

Produced by Population and Preventive Health Directorate.
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